

# Understanding Suicide

## Fact Sheet

2014

Suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions. Suicide is a leading cause of death in the United States.

A suicide attempt is when people harm themselves with the intent to end their lives, but they do not die as a result of their actions. Many more people survive suicide attempts than die, but they often have serious injuries. However, a suicide attempt does not always result in a physical injury.

To learn more about suicide and other self-directed violence, please visit: [http://www.cdc.gov/ViolencePrevention/pub/selfdirected\\_violence.html](http://www.cdc.gov/ViolencePrevention/pub/selfdirected_violence.html)



### Why is suicide a public health problem?

Suicide is a significant problem in the United States:

- 39,518 people killed themselves in 2011.<sup>1</sup>
- Over 483,586 people with self-inflicted injuries were treated in U.S. emergency departments in 2012.<sup>1</sup>
- Suicide and self-inflicted injuries result in an estimated \$41.2 billion in combined medical and work loss costs.<sup>1</sup>

These numbers underestimate this problem. Many people who have suicidal thoughts or make suicide attempts never seek services.<sup>2</sup>



### How does suicide affect health?

Suicide, by definition, is fatal and is a problem throughout the life span. In 2011, suicide was the second leading cause of death among persons aged 15-24 years, the second among persons aged 25-34 years, the fourth among person aged 35-54 years, the eighth among person 55-64 years, and the tenth leading cause of death across all ages.<sup>1</sup>

People who attempt suicide and survive may experience serious injuries, such as broken bones, brain damage, or organ failure. These injuries may have long-term effects on their health. People who survive suicide attempts may also have depression and other mental health problems.

Suicide also affects the health of others and the community. When people die by suicide, their family and friends often experience shock, anger, guilt, and depression. The medical costs and lost wages associated with suicide also take their toll on the community.



### Who is at risk for suicide?

There is no single cause of suicide. Several factors can increase a person's risk for attempting or dying by suicide. However, having these risk factors does not always mean that suicide will occur.

Risk factors for suicide include:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Feeling alone

Suicide affects everyone, but some groups are at higher risk than others. Men are about four times more likely than women to die from suicide.<sup>1</sup> However, women are more likely to express suicidal thoughts and to make nonfatal attempts than men.<sup>3</sup> The prevalence of suicidal thoughts, suicide planning, and suicide attempts is significantly higher among young adults aged 18-29 years than it is among adults aged  $\geq 30$  years.<sup>3</sup> Other groups with higher rates of suicidal behavior include American Indian and Alaska Natives, rural populations, and active or retired military personnel.<sup>4</sup>

Note: This is only some information about risk. To learn more, go to <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>.

# Understanding Suicide



## How can we prevent suicide?

Suicide is a significant public health problem, and there is a lot to learn about how to prevent it. One strategy is to learn about the warning signs of suicide, which can include individuals talking about wanting to hurt themselves, increasing substance use, and having changes in their mood, diet, or sleeping patterns. When these warning signs appear, quickly connecting the person to supportive services is critical. Promoting opportunities and settings that strengthen connections among people, families, and communities is another suicide prevention goal.

*For more information about suicide prevention and connectedness, see Preventing Suicide: Program Activities Guide ([www.cdc.gov/violenceprevention/suicide/index.html](http://www.cdc.gov/violenceprevention/suicide/index.html)) and Promoting Individual, Family, and Community Connectedness to Prevent Suicide Behavior ([www.cdc.gov/ViolencePrevention/pdf/Suicide\\_Strategic\\_Direction\\_Full\\_Version-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf)).*



## How does CDC approach prevention?

CDC uses a four-step approach to address public health problems like suicide.

### Step 1: Define the problem

Before we can prevent suicide, we need to know how big the problem is, where it occurs, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

### Step 2: Identify risk and protective factors

It is not enough to know that suicide affects certain people in certain areas. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and to increase protective factors.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent suicide.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

*For more information on suicide prevention activities at CDC, please visit <http://www.cdc.gov/violenceprevention/suicide>.*



## Where can I learn more?

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

### Centers for Disease Control and Prevention

[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

### CDC Facebook Page on Violence Prevention

[www.facebook.com/vetoviolence](http://www.facebook.com/vetoviolence)

### National Institute for Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### Substance Abuse and Mental Health Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

### Suicide Prevention Resource Center

[www.sprc.org](http://www.sprc.org)

### National Strategy for Suicide Prevention

[www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention)



## References

1. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2011). [cited 2014 Sept 2]. Available from [www.cdc.gov/injury/wisqars/index.html](http://www.cdc.gov/injury/wisqars/index.html).
2. Diekstra RFW. Epidemiology of attempted suicide in the EEC. In: Wilmott J, Mendlewicz J, editors. *New Trends in Suicide Prevention*. New York: Karger; 1982.
3. Crosby AE, Han B, Ortega LAG, Parks SE, Gfoerer J. Suicidal thoughts and behaviors among adults aged ≥18 years—United States, 2008–2009. *MMWR Surveillance Summaries* 2011;60(no. SS-13). Available from [www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm?s\\_cid=ss6013a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm?s_cid=ss6013a1_e).
4. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World report on violence and health* [serial online]. (2004). [cited 2012 July 23]. Available from [www.who.int/violence\\_injury\\_prevention/violence/world\\_report/wrvh1/en](http://www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en).