Suicide is a leading cause of death.

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions.

Many factors can increase the risk for suicide or protect against it. Suicide is connected to other forms of injury and violence. For example, people who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk. Being connected to family and community support and having easy access to health care can decrease suicidal thoughts and behaviors.

Suicide is a large and growing public health problem.

Suicide rates increased 33% between 1999 and 2019, with a small decline in 2019. Suicide is the 10th leading cause of death in the United States. It was responsible for more than 47,500 deaths in 2019, which is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2019, 12 million American adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.4 million attempted suicide.

Suicide affects all ages. It is the second leading cause of death for people ages 10-34, the fourth leading cause among people ages 34-54, and the fifth leading cause among people ages 45-54.

Some groups have higher suicide rates than others. Suicide rates vary by race/ethnicity, age, and other factors. The highest rates are among American Indian/Alaska Native and non-Hispanic White populations. Other Americans with higher than average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations like mining and construction. Young people who are lesbian, gay, or bisexual have a higher rate of suicidal ideation and behavior compared to their peers who identify as straight.

If you or someone you know is in crisis, please contact the National Suicide Prevention Lifeline

• Call 1-800-273-TALK (8255)
• Use the online Lifeline Crisis Chat

Both are free and confidential. You'll be connected to a skilled, trained counselor in your area. For more information, visit the National Suicide Prevention Lifeline. You can also connect 24/7 to a crisis counselor by texting the Crisis Text Line. Text HOME to 741741.

1-800-CDC-INFO (232-4636) • www.cdc.gov/suicide
Suicide has far-reaching impacts.

Suicide and suicide attempts cause serious emotional, physical, and economic impacts. People who attempt suicide and survive may experience serious injuries that can have long-term effects on their health. They may also experience depression and other mental health concerns. The good news is that more than 90% of people who attempt suicide and survive never go on to die by suicide.

Suicide and suicide attempts affect the health and well-being of friends, loved ones, co-workers, and the community. When people die by suicide, their surviving family and friends may experience shock, anger, guilt, symptoms of depression or anxiety, and may even experience thoughts of suicide themselves.

The financial toll of suicide on society is also costly. Suicides and suicide attempts cost the nation over $70 billion per year in lifetime medical and work-loss costs alone.

Suicide can be prevented.

Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities. Suicide prevention requires a comprehensive public health approach. CDC developed Preventing Suicide: A Technical Package of Policy, Programs, and Practices, (also available in Spanish), which provides information on the best available evidence for suicide prevention. States and communities can use the technical package to help make decisions about suicide prevention activities. Strategies range from those designed to support people at increased risk to a focus on the whole population, regardless of risk.

Strategies to Prevent Suicide

- **Strengthen economic supports**
  - Strengthen household financial security
  - Housing stabilization policies

- **Strengthen access to and delivery of suicide care**
  - Coverage of mental health conditions in health insurance policies
  - Reduce provider shortages in underserved areas
  - Safer suicide care through system change

- **Create protective environments**
  - Reduce access to lethal means among persons at risk for suicide
  - Organizational policies and culture
  - Community-based policies to reduce excessive alcohol use

- **Teach coping and problem-solving skills**
  - Social-emotional learning programs
  - Parenting skill and family relationship programs

- **Identify and support people at risk**
  - Gatekeeper training
  - Crisis intervention
  - Treatment for people at risk of suicide
  - Treatment to prevent re-attempts

- **Promote connectedness**
  - Peer norm programs
  - Community engagement activities

- **Lessen harms and prevent future risk**
  - Postvention
  - Safe reporting and messaging about suicide

References can be found at: www.cdc.gov/suicide/facts

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