Preventing Suicide

What is suicide?
Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions.¹

Suicide is associated with several risk and protective factors, is connected to other forms of injury and violence, and causes serious health and economic consequences. For example, suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence. Other characteristics associated with suicide include a history of suicide attempts and lack of problem-solving skills. Protective factors like connectedness and easy access to health care buffer individuals from suicidal thoughts and behavior.²

By using a public health approach that addresses risk and protective factors for multiple types of violence, suicide and other forms of violence can be prevented.²

How big is the problem?

Suicide is a large and growing public health problem. Suicide is the 10th leading cause of death in the United States.³ It was responsible for 44,193 deaths in 2015, with approximately one death every 12 minutes.⁴ Many more people think about or attempt suicide and survive. In 2015, 9.8 million American adults seriously thought about suicide, 2.7 million made a plan, and 1.4 million attempted suicide.⁴

Suicide affects all ages. Suicide is a problem throughout the life span. It is the third leading cause of death for youth 10–14 years of age, the second leading cause of death among people 15–24 and 25–34 years of age, the fourth leading cause among people 35 to 44 years of age, the fifth leading cause among people ages 45–54, and the eighth leading cause among people 55–64 years of age.⁵

Some groups have higher rates of suicide than others. Suicide rates vary by race/ethnicity, age, and other population characteristics, with the highest rates across the life span occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.⁶ Other Americans disproportionately impacted by suicide include Veterans and other military personnel and workers in certain occupational groups. Sexual minority youth bear a large burden as well, and experience increased suicidal ideation and behavior compared to their non-sexual minority peers.⁶

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

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

Many adults think about suicide or attempt suicide.

- Seriously thought about suicide: 9.8 million
- Made a plan for suicide: 2.7 million
- Attempted suicide: 1.4 million

National Center for Injury Prevention and Control
Division of Violence Prevention

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Suicide, by definition, is fatal. 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 economic toll of suicide on society is immense as well. In 2015, suicides cost $56.9 billion in estimated lifetime medical and work-loss costs alone.7

People who attempt suicide and survive may experience serious injuries, such as broken bones or organ failure. These injuries can have long-term effects on their health. People who survive suicide attempts can also have depression and other mental health problems.8

In addition to the number of people who are injured or die, many other people are impacted by knowing someone who dies or by personally experiencing suicidal thoughts.9 Additionally, being a survivor or someone with lived experience increases one’s risk of suicide.

### How can we prevent suicide?

CDC developed a technical package that provides information on the best available evidence for suicide prevention. The technical package can be used to inform a comprehensive, multi-level and multi-sectoral approach within communities and states. It includes strategies to prevent suicide in the first place, by decreasing suicide risk factors and increasing protective factors. Strategies range from a focus on the whole population regardless of risk to strategies designed to support people at highest risk. Importantly, this technical package extends typical prevention strategies to approaches that go beyond individual behavior change to better address factors impacting communities and populations more broadly.

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

**Strengthen access 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 of suicide
- Organizational policies and culture
- Community-based policies to reduce excessive alcohol use

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

**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

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

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**Preventing Suicide: A Technical Package of Policy, Programs, and Practices**

A technical package is a collection of strategies based on the best available evidence to prevent or reduce public health problems. The strategy lays out the direction and actions to prevent suicide. The approaches include the specific ways to advance the strategy through programs, policies and practices. The evidence to support each of the approaches to preventing suicide and associated risk factors is also included.

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**References**


