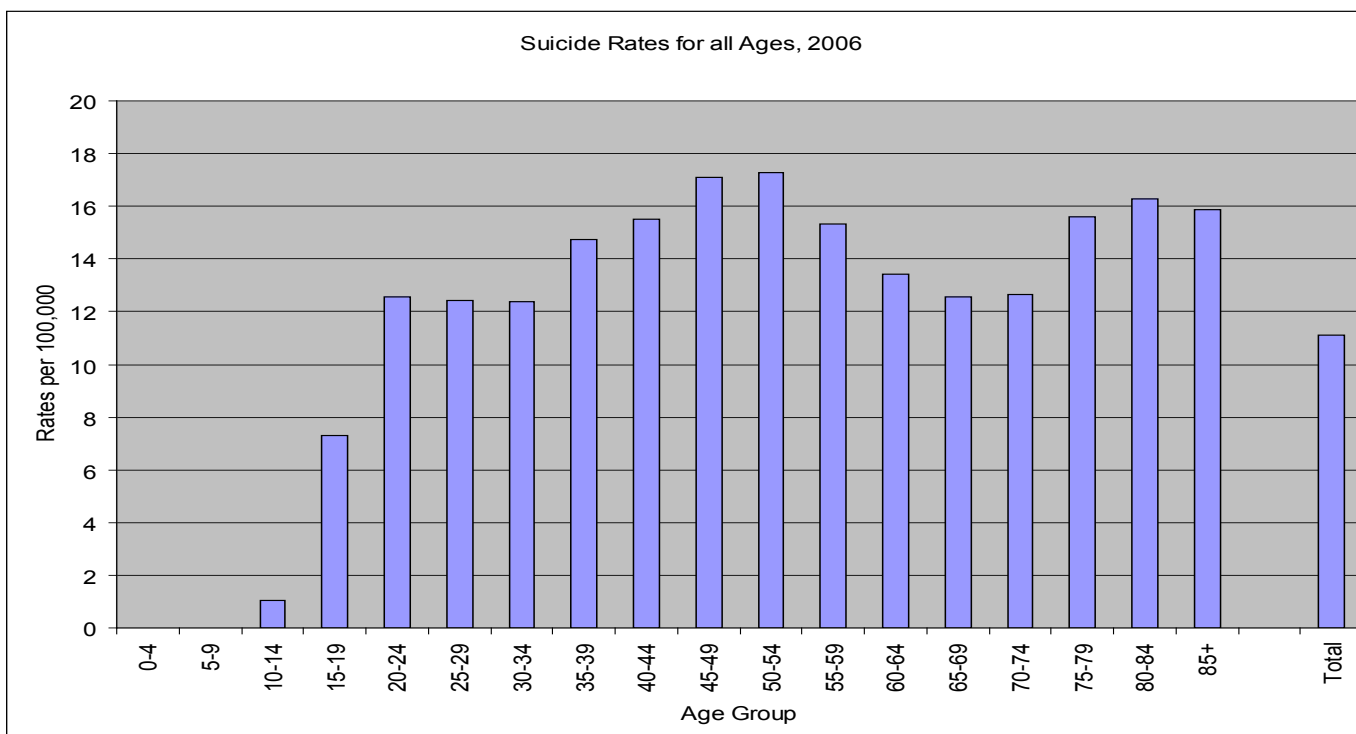




AMERICAN ASSOCIATION OF SUICIDOLOGY

Suicide in the U.S.A. Based on Current (2006) Statistics

1. In 2006 (the latest year for which we have national statistics), there were 33,300 suicides in the U.S. (91.2 suicides per day; 1 suicide every 15.8 minutes). This translates to an annual suicide rate of 11.1 per 100,000.
2. Suicide is the eleventh leading cause of death.
3. Suicide rates in the U.S. can best be characterized as mostly stable over time. Since 1990, rates have ranged between 12.4 and 10.7 per 100,000.
4. Rates of suicide are highest in the intermountain states. Seven of the top 10 states suicide rates are from those states.
5. Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.
6. Relative to those younger, rates of completed suicide are highest among the elderly (age 80 and over).



7. Elderly adults have rates of suicide close to 50% higher than that of the nation as a whole (all ages).
8. Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. From the late 1970's to the mid 1990's, suicide rates for youth remained stable and, since then, have slightly decreased.
9. Suicide ranks third as a cause of death among young (15-24) Americans behind accidents and homicides.
10. Firearms remain the most commonly utilized method of completing suicide by essentially all groups. More than half (50.7%) of the individuals who took their own lives in 2006 used this method. Males used it more often than their female counterparts.
11. The most common method of suicide for all females was poisoning. In fact, poisoning has surpassed firearms for female suicides since 2001.
12. Caucasians (12.4 per 100,000) have higher rates of completed suicides than African Americans (4.9 per 100,000).
13. Suicide rates have traditionally decreased in times of war and increased in times of economic crises.
14. Suicide rates are the highest among the divorced, separated, and widowed and lowest among the married.

Research Findings

- Although there are no official national statistics on attempted suicide (e.g., non-fatal actions) it is generally estimated that there are 25 attempts for each death by suicide.
- Risk of attempted (nonfatal) suicide is greatest among females and the young.
- Ratios of attempted to completed suicides for youth are estimated to range between 100 to 1 and 200 to 1.
- Mental health diagnoses are generally associated with a higher rate of suicide. Psychological autopsy studies reflect that more than 90% of completed suicides had one or more mental disorders.
- Those with the following diagnoses are at particular risk: depression, schizophrenia, drug and/or chemical dependency and conduct disorders (in adolescence).
- There is a relationship between depression and suicide; the risk of suicide is increased by more than 50 percent in depressed individuals. Aggregated research findings suggest that about 60 percent of suicides were depressed.
- There is a relationship between alcoholism and suicide; the risk of suicide in alcoholics is 50 to 70 percent higher than the general population.

- Feelings of hopelessness (e.g., there is no solution to my problem) are found to be more predictive of suicide risk than a diagnosis of depression per se.
- Socially isolated individuals are generally found to be at a higher risk for suicide.
- The vast majority of individuals who are suicidal often display cues and warning signs.

Warning Signs

Here's an Easy to Remember Mnemonic for the Warning Signs of Suicide: IS PATH WARM?

A person at risk for suicidal behavior most often will exhibit warning signs:

- | | | |
|---|-----------------|--|
| I | Ideation | <input type="checkbox"/> Expressed or communicated ideation
<input type="checkbox"/> Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself; and/or
<input type="checkbox"/> Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or
<input type="checkbox"/> Talking or writing about death, dying or suicide, when these actions are out of the ordinary. |
| S | Substance Abuse | <input type="checkbox"/> Increased substance (alcohol or drug) use |
| P | Purposelessness | <input type="checkbox"/> No reason for living; no sense of purpose in life |
| A | Anxiety | <input type="checkbox"/> Anxiety, agitation, unable to sleep or sleeping all the time |
| T | Trapped | <input type="checkbox"/> Feeling trapped (like there's no way out) |
| H | Hopelessness | <input type="checkbox"/> Hopelessness |
| W | Withdrawal | <input type="checkbox"/> Withdrawal from friends, family and society |
| A | Anger | <input type="checkbox"/> Rage, uncontrolled anger, seeking revenge |
| R | Recklessness | <input type="checkbox"/> Acting reckless or engaging in risk activities, seemingly without thinking |
| M | Mood Change | <input type="checkbox"/> Dramatic mood changes |

These warning signs were derived as a consensus from a meeting of internationally-renowned clinical researchers held under the auspices of the AAS in Wellesley, MA in November 2003.

Other Issues

- The designation of “survivor of suicide” refers to the family members and friends who are impacted by the death of their loved one by suicide.
- Although the number of survivors is difficult to calculate, conservative estimates indicate that there are six survivors for every completed suicide. Based on data from 1980 to 2006, we can estimate that the number of survivors in the U.S. is approximately 4.5 million. An estimated 199,800 survivors of suicide were added in 2006.

Sources

The information for this fact sheet was gathered from the National Vital Statistics Reports on the National Center for Health Statistics website (<http://www.cdc.gov/nchs/Default.htm>) run by the Centers for Disease Control and Prevention (CDC). Unless specified otherwise, information presented refers to the latest available data (i.e., 2006).

American Association of Suicidology

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

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