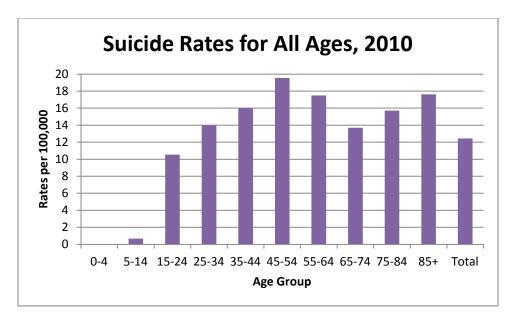


AMERICAN ASSOCIATION OF SUICIDOLOGY

SUICIDE IN THE USA BASED ON 2010 DATA



- In 2010 (the latest year for which we have national statistics), there were **38,364** suicides in the U.S. (105.1 suicides per day; 1 suicide every .07 minutes). This translates to an annual suicide rate of 12.43 per 100,000.
- Suicide is the tenth leading cause of death.
- The suicide rate trended upward slightly (3%) to 12.4 per 100,000 in 2010. Since 1990, rates have ranged between 12.4 and 10.7 per 100,000.
- Rates of suicide are highest in the intermountain states. Eight of the top 10 states suicide rates are from those states.
- Males complete suicide at a rate 3.85 times that of females. However, females attempt suicide three more often than males.
- Suicide rates are highest among those aged 45-54 (19.6 per 100,000).
- Elderly adults (aged 85+) have rates of suicide close to 36% higher than all those younger than 85.

- Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. Between 2000 and 2010, rates have ranged only between 9.7 and 10.5 per 100,000.
- Suicide ranks third as a cause of death among young (15-24) Americans behind accidents and homicides. However, it ranks second (behind accidents only) among those aged 15-24.
- Firearms remain the most commonly utilized method of completing suicide by essentially all groups. About one-half (49.5%) of the individuals who took their own lives in 2010 used this method. Males used firearms more often than did females.
- The most common method of suicide for all females was poisoning. In fact, poisoning has surpassed firearms as the most common method used in female suicides since 2001.
- Caucasians (14.13 per 100,000) have higher rates of completed suicides than African Americans (5.1 per 100,000). American Indian and Alaska Native (AI/AN) rates (10.87) per 100,000 are intermediate, but among 15-24 year olds are considerably elevated (20.89 per 100,000) and 30.62 per 100,000 among young Al/AN males.
- Suicide rates have traditionally decreased in times of war and increased in times of economic crises.
- 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 (non-fatal) suicide is greatest among females and the young.
- Ratios of attempted to completed suicides for youth are estimated to range between 100-200 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	 Expressed or communicated ideation Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself; and/or Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or Talking or writing about death, dying or suicide, when these actions are out of the ordinary
S	Substance Abuse	Increased substance (alcohol or drug) use
P A T H	Purposelessness Anxiety Trapped Hopelessness	 No reason for living; no sense of purpose in life Anxiety, agitation, unable to sleep or sleeping all the time Feeling trapped (like there's no way out) Hopelessness
W A R	Withdrawal Anger Recklessness	 Withdrawal from friends, family and society Rage, uncontrolled anger, seeking revenge Acting reckless or engaging in risk activities, seemingly without thinking
M	Mood Change	Dramatic mood changes

These warning signs were derived as a consensus from a meeting of internationally-renowned clinical researches 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 member and friends who are impacted y the death of their loved one by suicide.
- Although the number of survivors is difficult to calculate (Berman, 2011), conservative estimates indicate that there are six survivors for every completed suicide. Based on data from 1983 to 2009, we can estimate that the number of survivors in the U.S. is approximately 4.73 million. An estimated 221,454 survivors of suicide were added in 2009.

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., 2009).

Berman, A. L. (2011). Research Note: Estimating the population of survivors of suicide: Seeking an evidence base. Suicide and Life-Threatening Behavior, 41(1), 110-116.

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:

American Association of Suicidology

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If you or someone you know is suicidal, please contact a mental health professional or call 1-800-273-TALK (8255).