

Suicide

- Suicide is the 11th leading cause of death in the United States
- More than 30,000 Americans suicide every year.
- More than four times as many men as women die by suicide
- Women report attempting suicide during their lifetime about three times as often as men
- Men in the middle years of life (24-50) bear the largest public health burden due to suicide—more than for diabetes or stroke
- Suicide is the third leading cause of death among 10- to 24-year olds
- Every day, 10 young people between the ages of 15 and 24 die by suicide
- Individuals age 65 and older accounted for 18 percent of all suicide deaths in 2000
- Estimates indicate that there are at least 4.4 million Americans who are survivors of a loved one's suicide

Reasons

- It is difficult to know exactly why an individual may attempt suicide.
- Those who attempt suicide may do so because they cannot see or feel a change in circumstances
- For others, an impulsive act results in death.

Risk factors

- Suicide and suicidal behavior are not normal responses to stress
- Many people have one or more risk factors and are not suicidal
- Suicide is not a random act
- Suicide rarely results from stress or depression alone
- Suicide isn't a "yes/no" event...it's part of a continuum in which a decision is reached
- Higher-risk factors:
 - previous suicide attempt
 - mental disorders—particularly mood disorders such as depression (including postpartum depression) and bipolar disorder
 - recent job loss
 - recent losses, and/or anniversary of a major loss
 - co-occurring mental and alcohol and substance abuse disorders
 - family history of suicide
 - hopelessness
 - impulsive and/or aggressive tendencies
 - barriers to accessing mental health treatment
 - relational, social, work or financial loss
 - physical illness, particularly chronic conditions
 - easy access to lethal methods, especially guns (particularly true among certain job professions)
 - unwillingness to seek help because of stigma attached to mental and substance abuse disorders and/or suicidal thoughts
 - influence of significant people—family members, celebrities, peers who have died by suicide—both through direct personal contact or inappropriate media representations
 - cultural and religious beliefs—many cultures and religions hold differing views of suicide, for instance, the belief that suicide is a noble resolution of a personal dilemma or an appropriate response to an act that has perhaps caused family shame or disappointment
 - local epidemics of suicide that have a contagious influence (common in Japan)
 - isolation, a feeling of being cut off from other people

Warning signs

- talking or writing about suicide, death, dying
- giving direct verbal cues, such as “I wish I were dead” (suicidal threats)
- giving less direct verbal cues, such as “what is the point of living”
- increasing alcohol and/or substance abuse
- chronic insomnia
- social isolation
- neglecting appearance, hygiene

Special considerations

- recent recovery from depression
- unexpected happy mood
- comments about practical issues: giving away belongings, improved self-care, fixing up things, positive change in energy, etc.

Protective factors:

- effective and appropriate clinical care for mental, physical, and substance abuse disorders
- easy access to a variety of clinical interventions and support for help seeking
- restricted access to highly lethal methods of suicide
- family and community support
- support from ongoing medical and mental health care relationships
- learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
- cultural and religious beliefs that discourage suicide and support self-preservation instincts

Suicide can be prevented when we understand the nature of suicide and suicide risk factors, and intervene early.