

# Suicide Trends & Prevention

*Our vision: No lives lost to suicide*

National Center for Injury Prevention and Control

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# Suicide and Suicidal Behavior, United States, 2020



Nearly

**46,000**

people died by  
suicide in 2020



**1** death every  
**11** minutes

Many adults think about  
suicide or attempt suicide

**12.2 million**

Seriously thought about suicide

**3.2 million**

Made a plan for suicide

**1.2 million**

Attempted suicide

Among high school students  
during COVID-19:

**20%**

Seriously thought about suicide

**15%**

Made a plan for suicide

**9%**

Attempted suicide

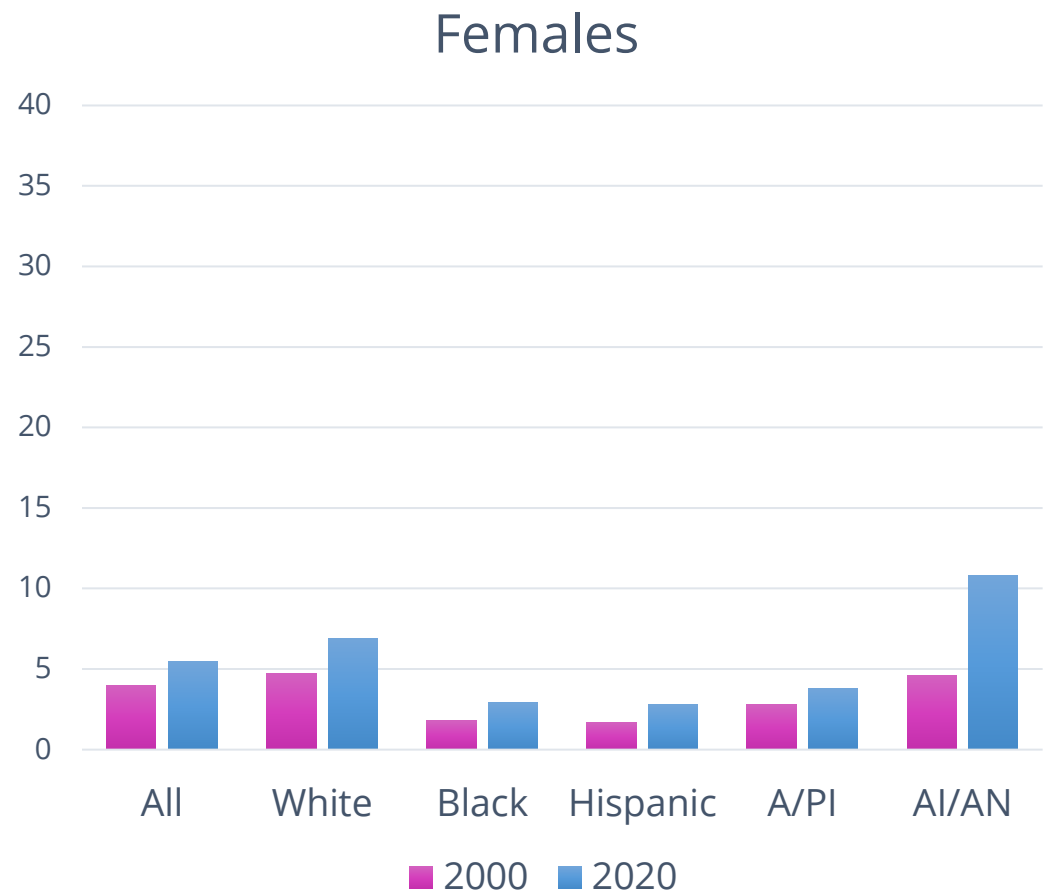
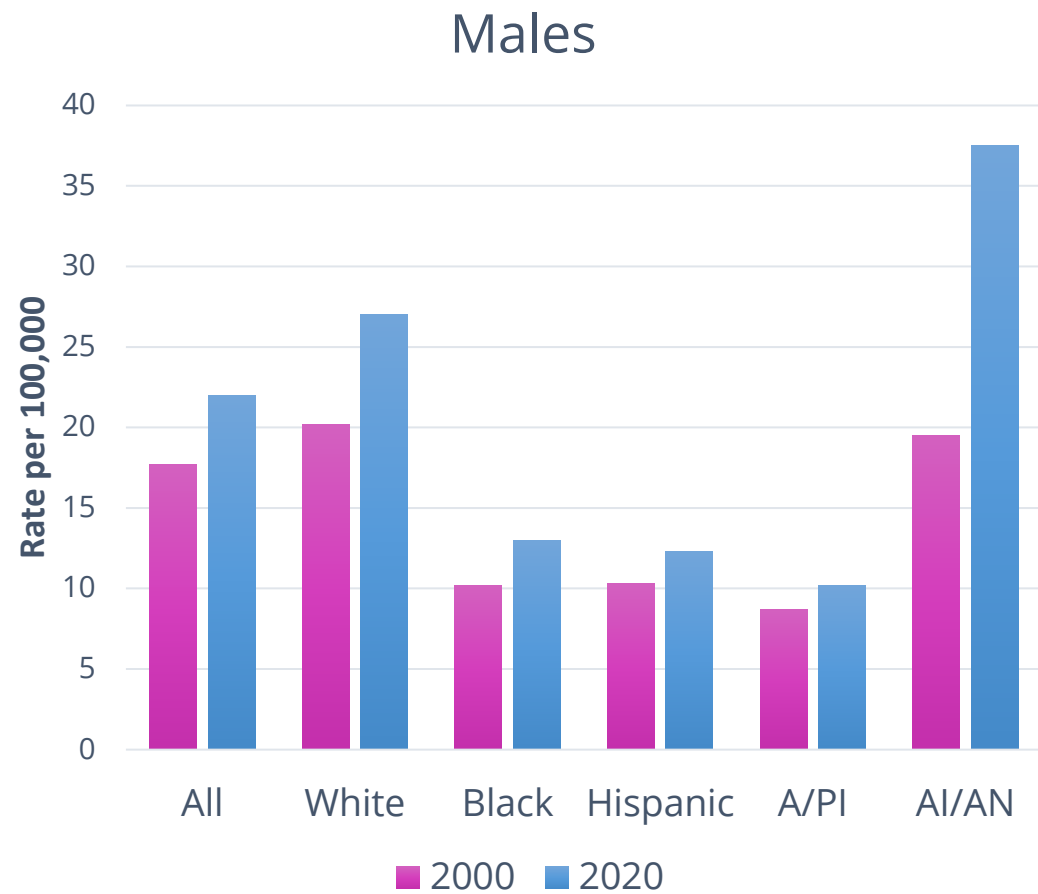
# Leading Causes of Death by Race/Ethnicity, All Ages – United States, 2020

Rank	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian/Pacific Islander	Hispanic
1	Heart Disease	Heart Disease	COVID-19	Cancer	COVID-19
2	Cancer	Cancer	Heart Disease	Heart Disease	Heart Disease
3	COVID-19	COVID-19	Cancer	COVID-19	Cancer
4	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Stroke	Unintentional Injuries
5	Chronic Low Respiratory Disease	Stroke	Liver Disease	Diabetes	Stroke
6	Stroke	Diabetes	Diabetes	Unintentional Injuries	Diabetes
7	Alzheimer's Disease	Homicide	Chronic Low Respiratory Disease	Alzheimer's Disease	Alzheimer's Disease
8	Diabetes	Chronic Low Respiratory Disease	Stroke	Chronic Low Respiratory Disease	Liver Disease
9	Influenza & Pneumonia	Alzheimer's Disease	Suicide	Influenza and pneumonia	Chronic Low Respiratory Disease
	Suicide=11 <sup>th</sup> leading cause	Suicide=15 <sup>th</sup> leading cause		Suicide=12 <sup>th</sup> leading cause	Suicide=12 <sup>th</sup> leading cause

# Leading Causes of Death by Age Group – United States, 2020

Rank	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years
1	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Cancer	Cancer
2	<b>Suicide</b>	Homicide	<b>Suicide</b>	Heart Disease	Heart Disease	Heart Disease
3	Cancer	<b>Suicide</b>	Homicide	Cancer	Unintentional Injury	COVID-19
4	Homicide	Cancer	Heart Disease	<b>Suicide</b>	COVID-19	Unintentional Injury
5	Congenital Malformations	Heart Disease	Cancer	COVID-19	Liver Disease	Chronic Lung Disease
6	Heart Disease	COVID-19	COVID-19	Liver Disease	Diabetes	Diabetes
7	Chronic Lung Disease	Congenital Malformations	Liver Disease	Homicide	<b>Suicide</b>	Liver Disease
8	Diabetes, Influenza & Pneumonia	Diabetes	Diabetes	Diabetes	Cerebrovascular Disease	Cerebrovascular Disease
9	Diabetes, Influenza & Pneumonia	Chronic Lung Disease	Cerebrovascular Disease	Cerebrovascular Disease	Chronic Lung Disease	<b>Suicide</b>

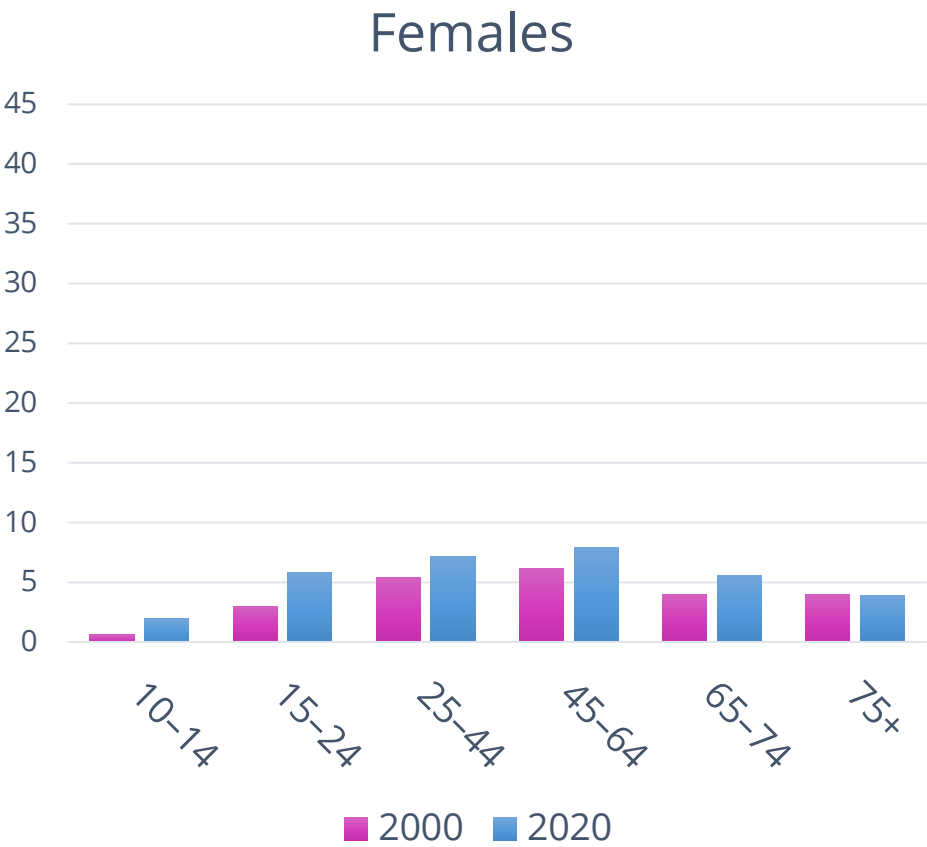
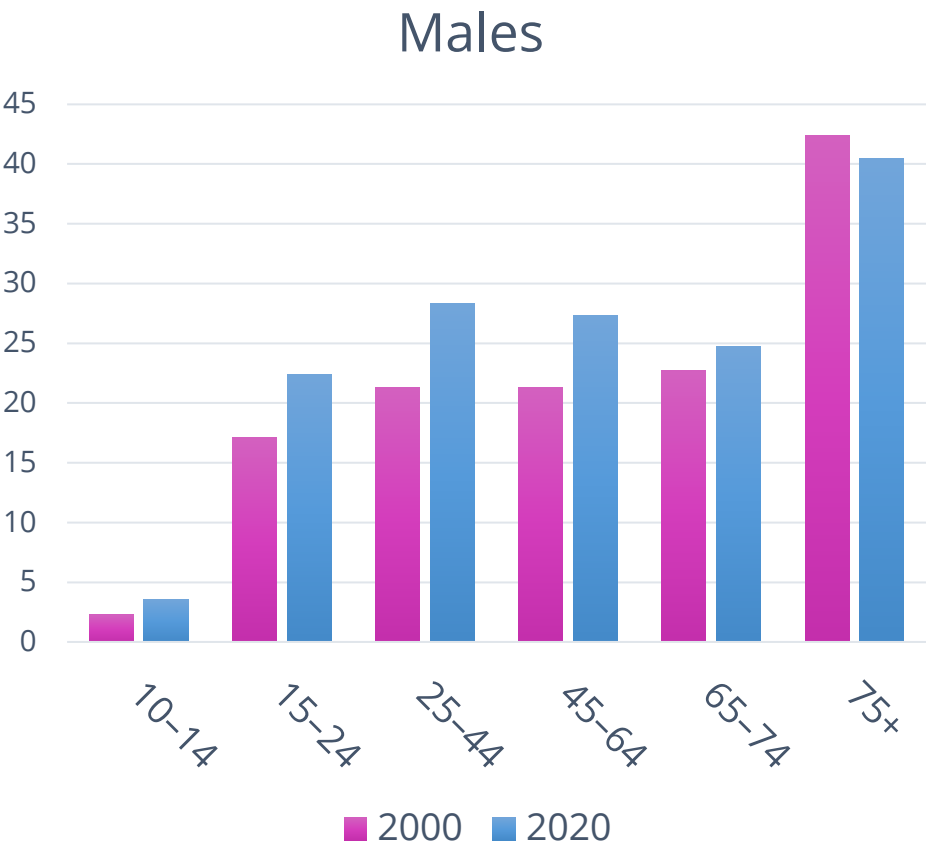
# Age-adjusted Suicide Rates by Race/Ethnicity and Sex-- United States, 2000 and 2020



Note: White, Black, A/PI, and AI/AN are non-Hispanic with Hispanic including all races.

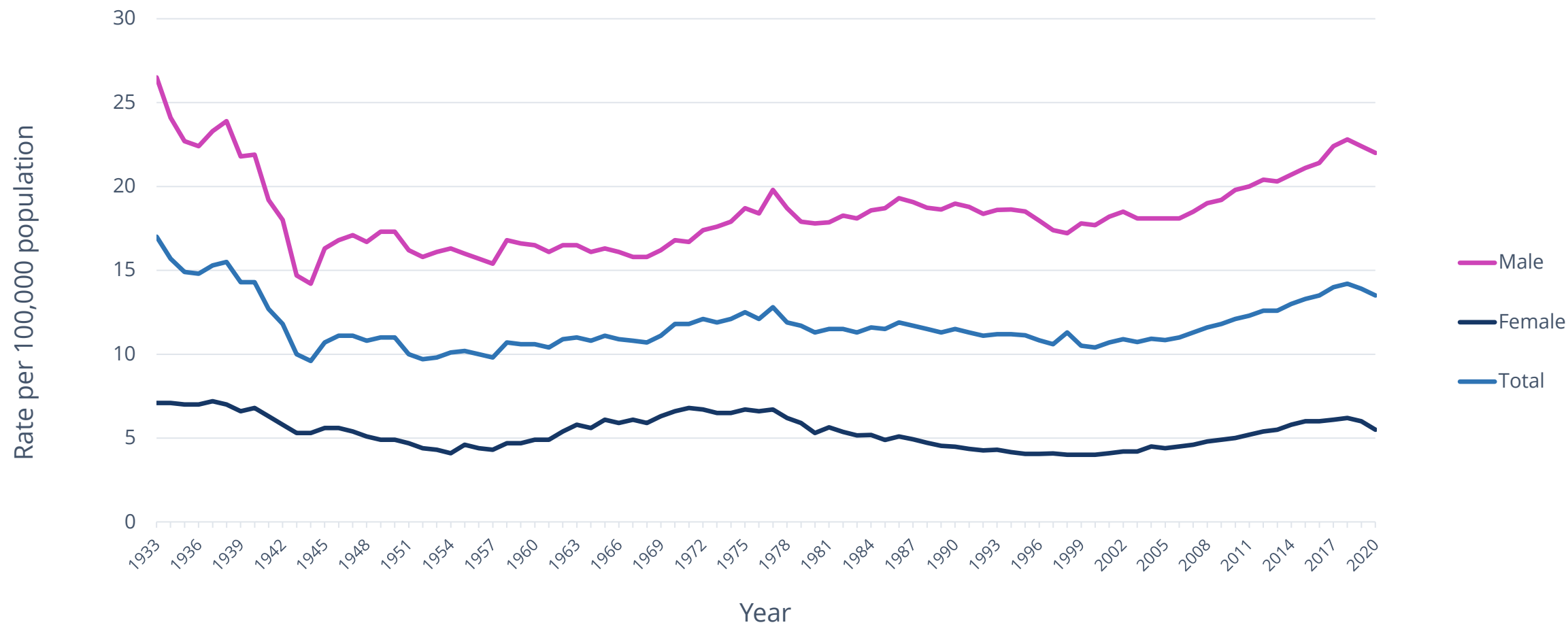
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021.

# Suicide Rates by Age Group and Sex– United States, 2000 and 2020



Source: Centers for Disease Control and Prevention, National Center for Health Statistics.  
Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021.

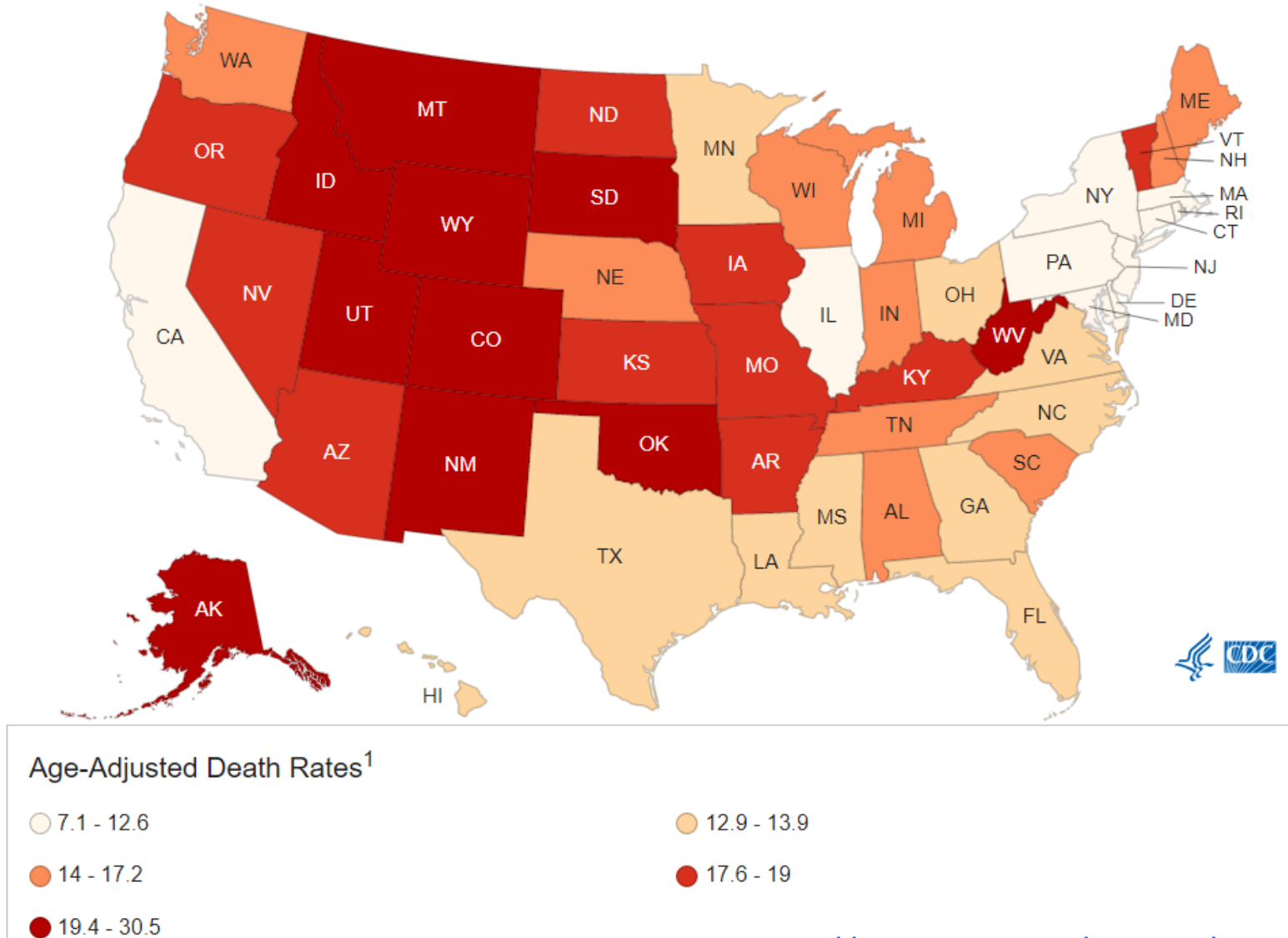
# Suicide Rate Among All Persons by Sex – United States, 1933–2020



Source: CDC Vital Statistics



# Suicide Rates by State, 2020

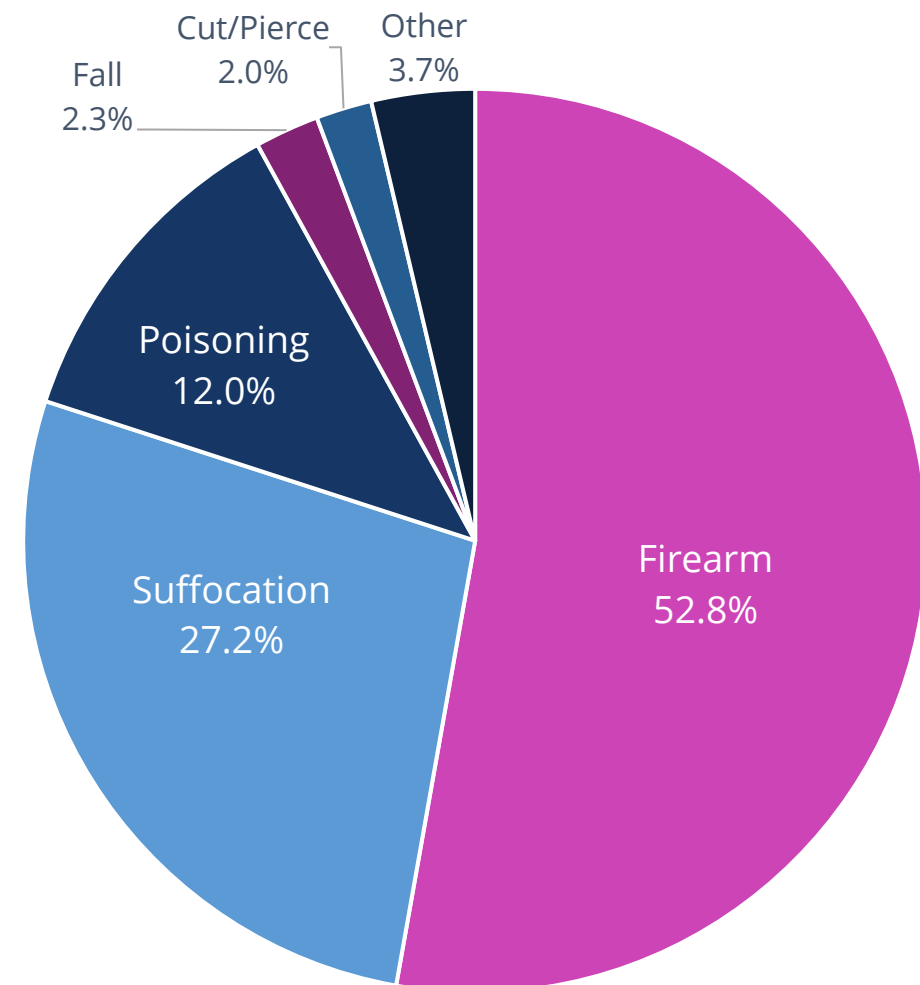


Source: CDC Vital Statistics

<https://www.cdc.gov/suicide/suicide-rates-by-state.html>



# Suicide by Method – United States, 2020



Source: CDC Vital Statistics

# Suicide Risk Factors





Relationship problem

42%

Crisis in the past or upcoming two weeks



22%

Physical health problem



28%

Problematic substance use



16%

Job/Financial problem



9%

Criminal/Legal problem



4%

Loss of housing

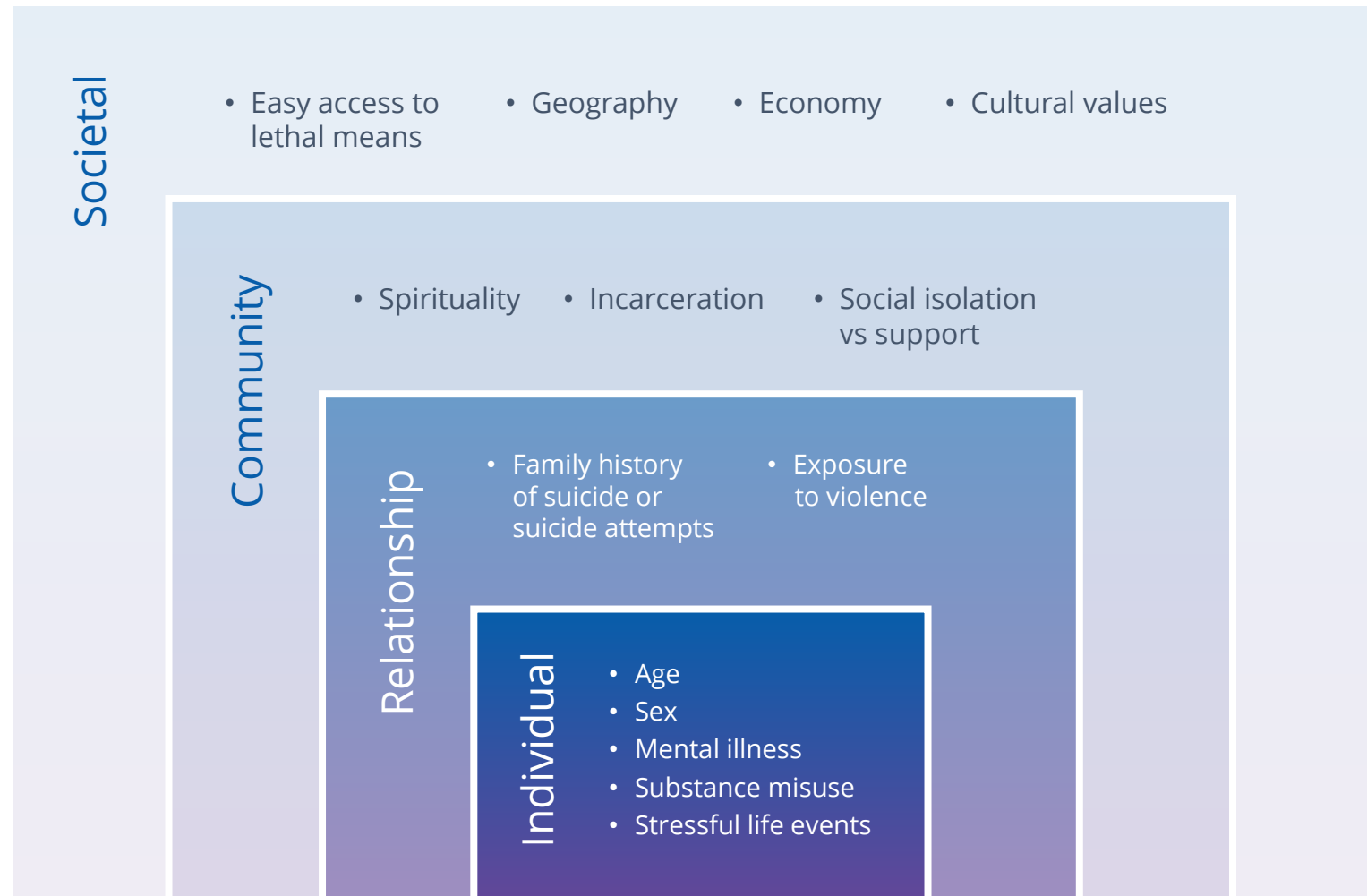


Many factors contribute to suicide in addition to known mental health conditions

# Many factors contribute to suicide risk

## Social Ecological Model

Risk Factors





# Potential Contributors to Suicide Risk During COVID-19



Based on past disasters and current trends, impacts of COVID-19 may increase suicide risk by way of:



New or worsening mental health concerns (such as anxiety, depression)



Financial strain due to unemployment or economic downturn



Social distancing/ isolation



Increased interpersonal violence, including partner violence, Adverse Childhood Experiences (ACEs)



Increased substance use



Trauma associated with COVID-related deaths (among healthcare workers or other essential workers)

# COVID-19 & Suicide Risk

**During late June, 40% of U.S. adults reported struggling with mental health or substance use\***

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE†



\*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

†In the 30 days prior to survey

For stress and coping strategies: [bit.ly/dailylifecoping](https://bit.ly/dailylifecoping)

CDC.GOV

[bit.ly/MMWR81320](https://bit.ly/MMWR81320)

MMWR

**Emergency department visits for suspected suicide attempts among U.S. girls ages 12–17 have increased during the COVID-19 pandemic\***

February–March 2021

**51% ↑**

From the same period in 2019

\* After an initial drop

**CDC.GOV**

### **Suicide can be prevented**

- ▶ Increase social connections for youth
- ▶ Teach youth coping skills
- ▶ Learn the signs of suicide risk and how to respond
- ▶ Reduce access to lethal means (like medications and firearms)

06/11/2021



**Help is available 24/7 at  
[suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)**

[bit.ly/MMWR61121](https://bit.ly/MMWR61121)

**MMWR**

# Youth Suicide Risk During COVID-19



# CDC's Strategy for Suicide Prevention





# Our Vision & Mission

## Vision

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No lives lost to suicide

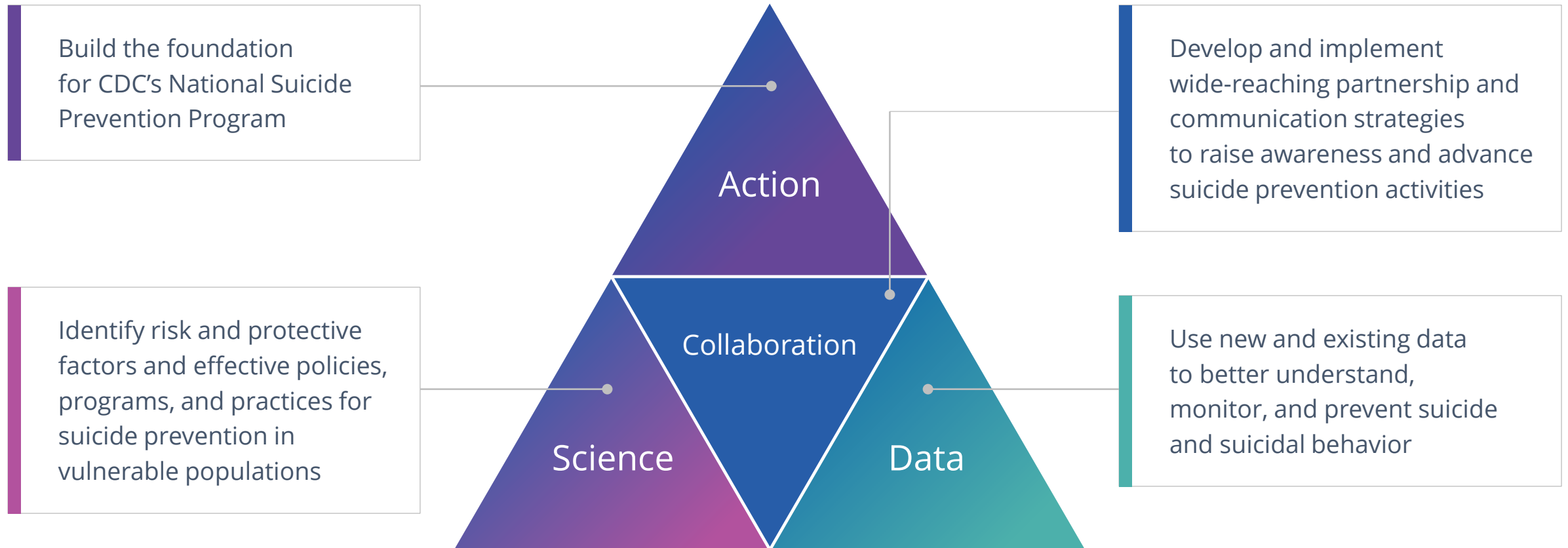
## Mission

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Use data, science, and partnerships to identify and implement effective suicide prevention strategies to foster healthy and resilient communities across the United States



# Our Suicide Prevention Priorities





# CDC's Comprehensive Suicide Prevention (CSP) Program



# Purpose of Comprehensive Suicide Prevention Program

To implement and evaluate a comprehensive public health approach to suicide prevention to reduce suicide morbidity and mortality, with specific attention to one or more *vulnerable populations*

## Disproportionately Affected Populations

- Represent a significant proportion of the suicide burden (i.e., large number of suicides)
- Suicide/attempt rates greater than general population, in a jurisdiction (e.g., state, city/county, tribe)
- Examples: veterans, tribal populations, rural communities, LGBTQ, youth, other



A key outcome is a **10% reduction in suicide morbidity and mortality** in the disproportionately affected population(s) in the jurisdiction(s).



# Activity 1: Develop the Comprehensive Approach

1

Multi-sectoral  
partnership plan

2

Surveillance data to select  
vulnerable population(s)  
and to understand  
circumstances of suicide  
in the population(s)

3

Inventory of ongoing  
suicide prevention  
programs in the  
jurisdiction(s) and identify  
prevention gaps  
and opportunities

4

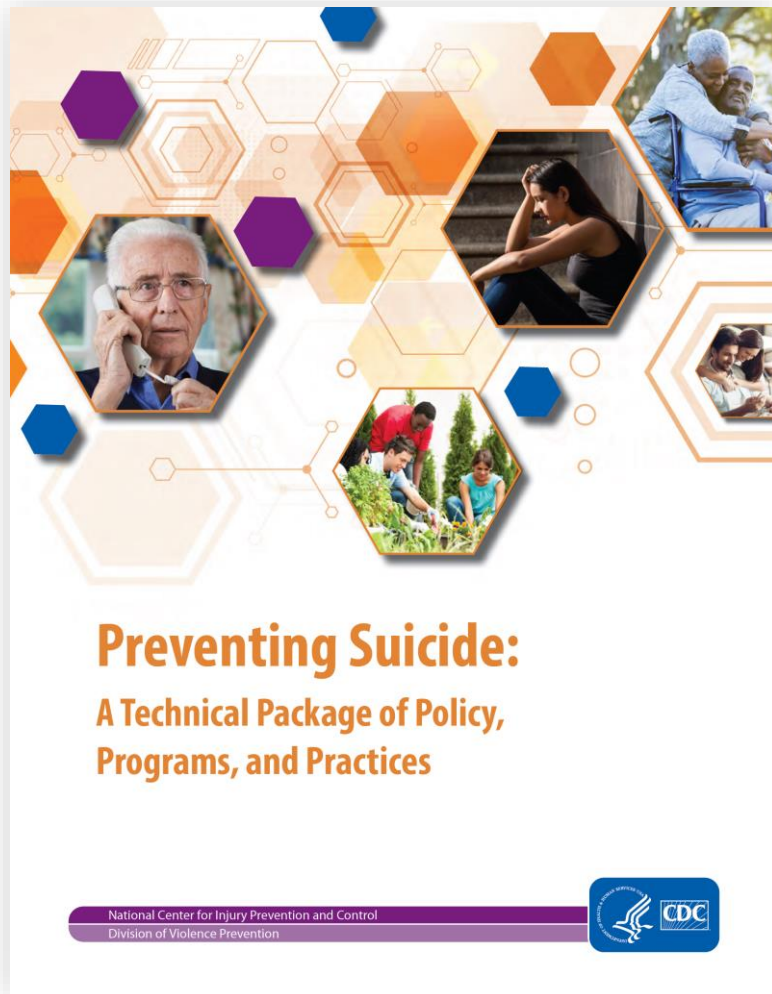
Strategies & approaches  
from CDC's Suicide  
Prevention Technical  
Package

5

Communication and  
dissemination plan



# Selection of Strategies from CDC's Technical Package



## What is a technical package?

A technical package includes a select group of strategies based on the **best available evidence** to help communities and states sharpen their focus on priorities with the **greatest potential** to prevent suicide.

## Strategies

Broad direction to achieve goal of suicide prevention

## Approaches

Ways to advance the strategies

- Best available evidence
  - Programs
  - Practices
  - Policies

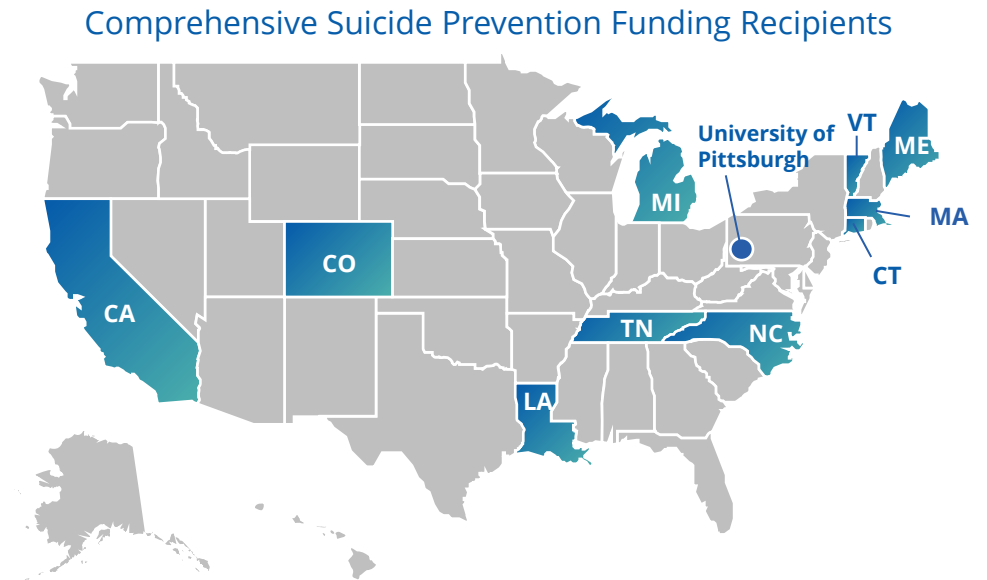


# CDC's Suicide Prevention Technical Package: Strategies & Approaches

	1	2	3	4	5	6	7
Strategy	Strengthen economic supports	Strengthen access and delivery of suicide care	Create protective environments	Promote connectedness	Teach coping and problem-solving skills	Identify and support people at risk	Lessen harms and prevent future risk
Approach	<ul style="list-style-type: none"> <li>Strengthen household financial security</li> <li>Housing stabilization policies</li> </ul>	<ul style="list-style-type: none"> <li>Coverage of mental health conditions in health insurance policies</li> <li>Reduce provider shortages in underserved areas</li> <li>Safer suicide care through system change</li> </ul>	<ul style="list-style-type: none"> <li>Reduce access to lethal means among persons at-risk of suicide</li> <li>Organizational policies and culture</li> <li>Community-based policies to reduce excessive alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>Peer norm programs</li> <li>Community engagement activities</li> </ul>	<ul style="list-style-type: none"> <li>Social-emotional learning programs</li> <li>Parenting skill and family relationship approaches</li> </ul>	<ul style="list-style-type: none"> <li>Gatekeeper training</li> <li>Crisis intervention</li> <li>Treatment for people at-risk of suicide</li> <li>Treatment to prevent re-attempts</li> </ul>	<ul style="list-style-type: none"> <li>Postvention (activities that reduce risk and promote healing after a suicide death)</li> <li>Safe reporting and messaging about suicide</li> </ul>

# CSP Recipients, 2020 & 2021

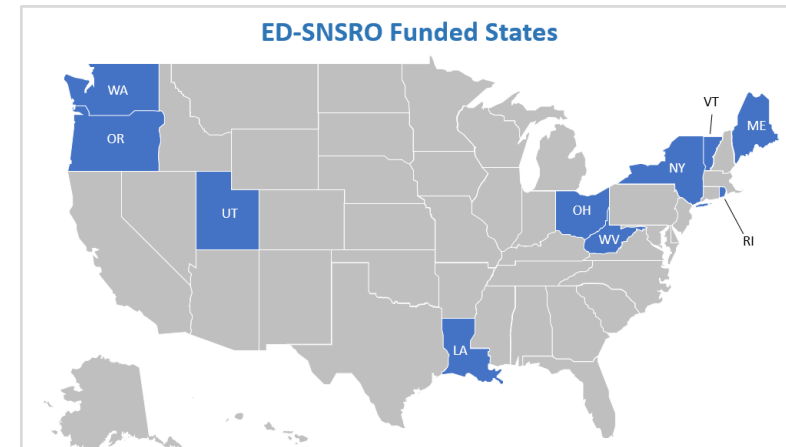
1. California Department of Public Health
2. Colorado Department of Public Health and Environment
3. Connecticut Department of Public Health
4. Louisiana Department of Health
5. Maine Department of Health and Human Services
6. Massachusetts Department of Public Health
7. Michigan Department of Health and Human Services
8. North Carolina Department of Health and Human Services
9. Tennessee Department of Health
10. University of Pittsburgh
11. Vermont Department of Health



# CDC is Strategically Implementing Suicide Prevention Programs



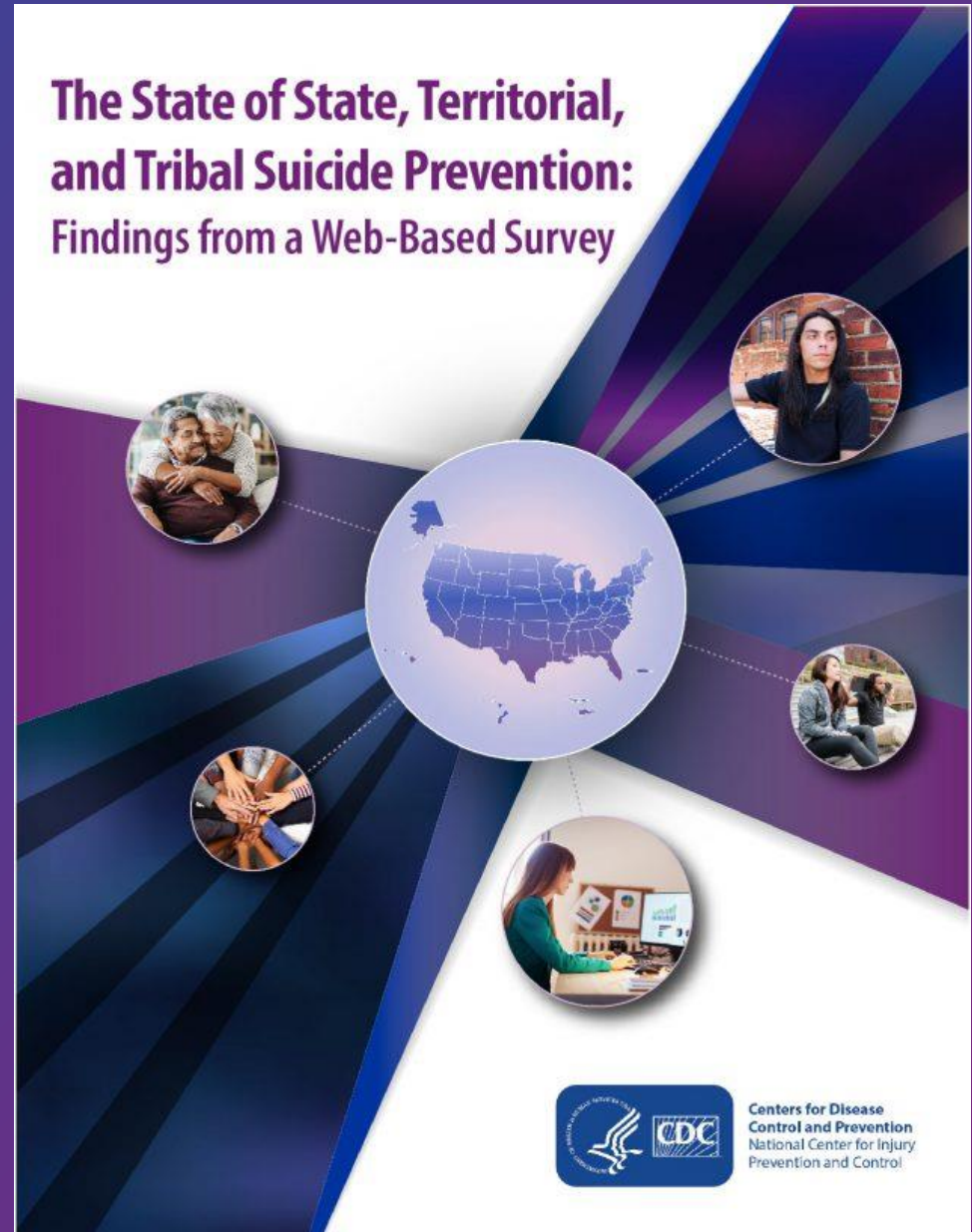
## Comprehensive Suicide Prevention



ED SNSRO--Emergency Department Surveillance of Nonfatal Suicide Related Outcomes

# The State of State, Territorial, and Tribal Suicide Prevention: Findings from a Web-Based Survey

<https://www.cdc.gov/suicide/resources/sos.html>



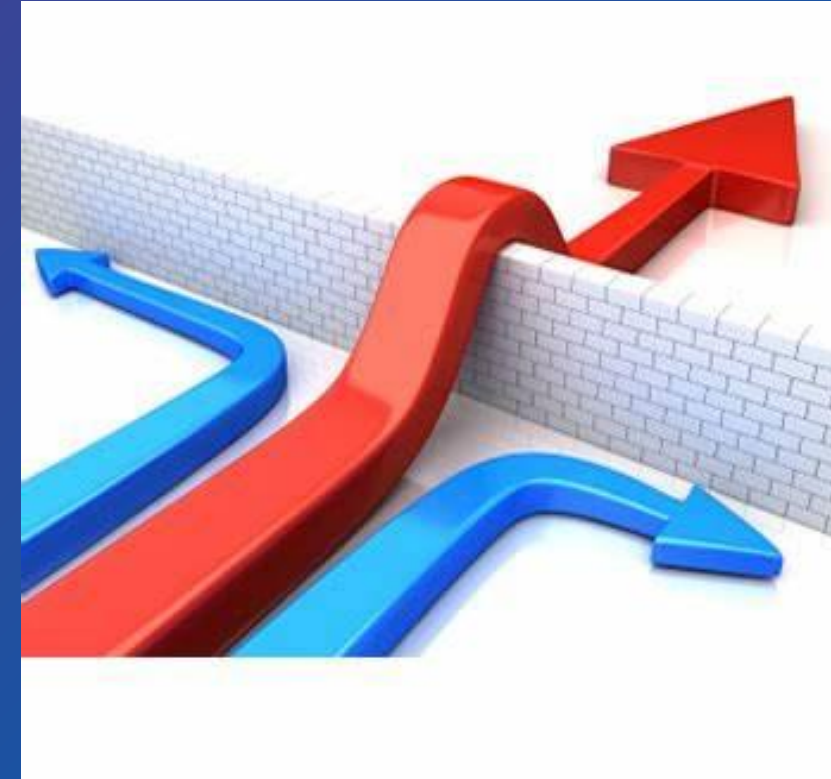
Topic of suicide prevention legislation passed 2012-2017	Percent
K-12 suicide prevention	76.5
Crisis support services	39.2
Mental health parity/ insurance coverage	39.2
Military/veteran support	37.3
Funding appropriation for suicide prevention	37.3
Public awareness campaigns	35.3
Behavioral health services	31.4
Health/Mental health provider training/ed	29.4
Suicide prevention capacity or infrastructure	27.5
Lethal means	25.5
Prevention planning/implementation/evaluation	25.5
Public/private partnership (e.g., commission)	21.6
Graduate training requirements in suicide prev.	11.8
Workplace suicide prevention	5.9

Legislation  
passed in the  
past 5 years  
prior to the  
survey



# Results – Top Barriers for Suicide Prevention

Barriers	States	Territories	Tribes
Lack of sufficient funding	X		
Lack of adequate staffing	X		X
Lack of surveillance resources	X		X
Lack of suicide prevention legislation and policies	X	X	
Lack of coordination and integration of services between partners			X



# Results – Top Facilitators

Facilitators	States	Territories	Tribes
Increased awareness of suicide as a public health issue	X	X	X
The National Strategy for Suicide Prevention	X	X	
Federal and national guidance materials	X		
Partnerships across key sectors	X		
Surveillance resources		X	
Funding dedicated to suicide prevention			X
Strategic plans		X	





# Additional Resources & Links



## **Technical package**

<https://www.cdc.gov/suicide/pdf/suicideTechnicalPackage.pdf>

## **CDC's Veto Violence Website**

<https://vetoviolence.cdc.gov/apps/violence-prevention-practice/>

*Information on selecting/implementing strategies in the technical package.*

## **Transforming Communities:**

### **Key elements for comprehensive community-based suicide prevention**

<https://theactionalliance.org/resource/transforming-communities-key-elements-implementation-comprehensive-community-based-suicide>

## **CDC Evaluation Framework**

[www.cdc.gov/eval/framework/](http://www.cdc.gov/eval/framework/)

## **CDC Welcome Packet**

[www.cdc.gov/grants/welcome-packet/](http://www.cdc.gov/grants/welcome-packet/)

## **CDC Suicide Prevention Strategic Plan**

[www.cdc.gov/violenceprevention/suicide/strategic-plan/](http://www.cdc.gov/violenceprevention/suicide/strategic-plan/)

## **CDC Suicide Data Sources**

[www.cdc.gov/injury/wisqars/](http://www.cdc.gov/injury/wisqars/)

# Thank you!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348  
[www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

With help comes hope  
**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE™**  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
Help is available for you or  
someone you care about, 24-7

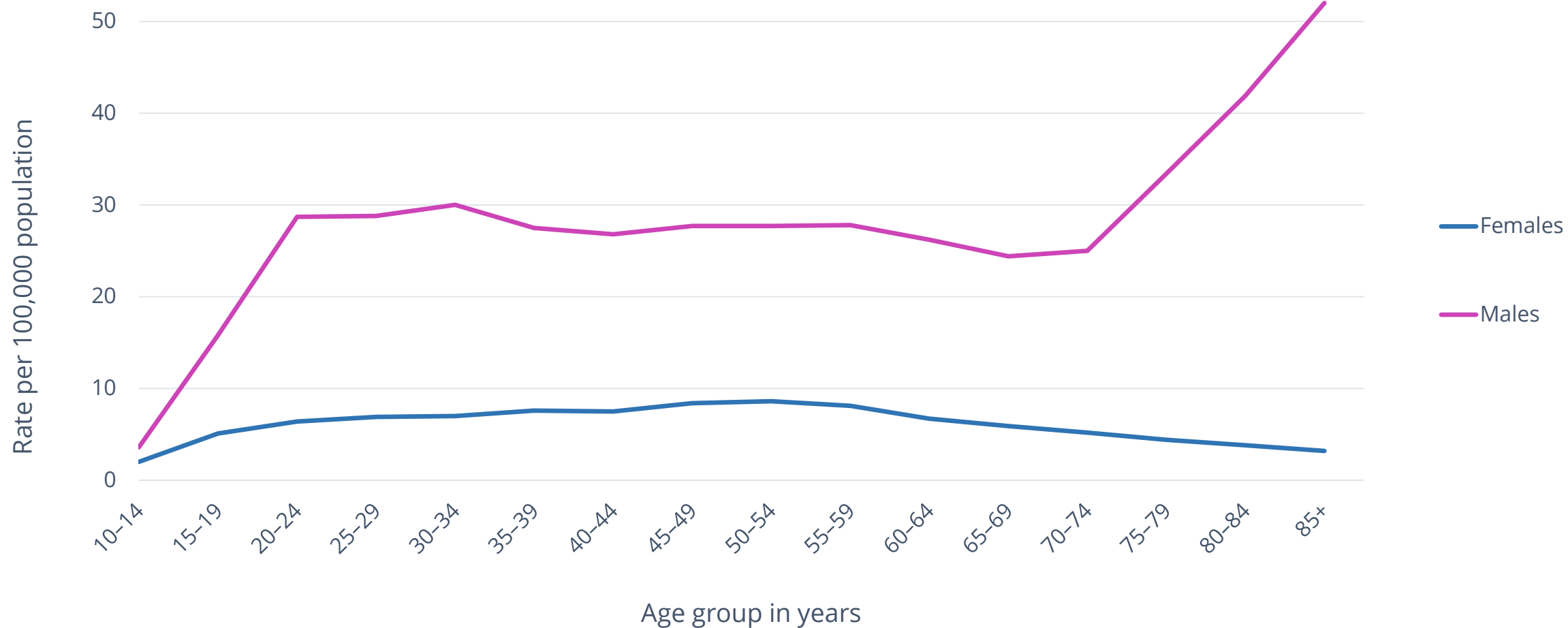




Extra Slides

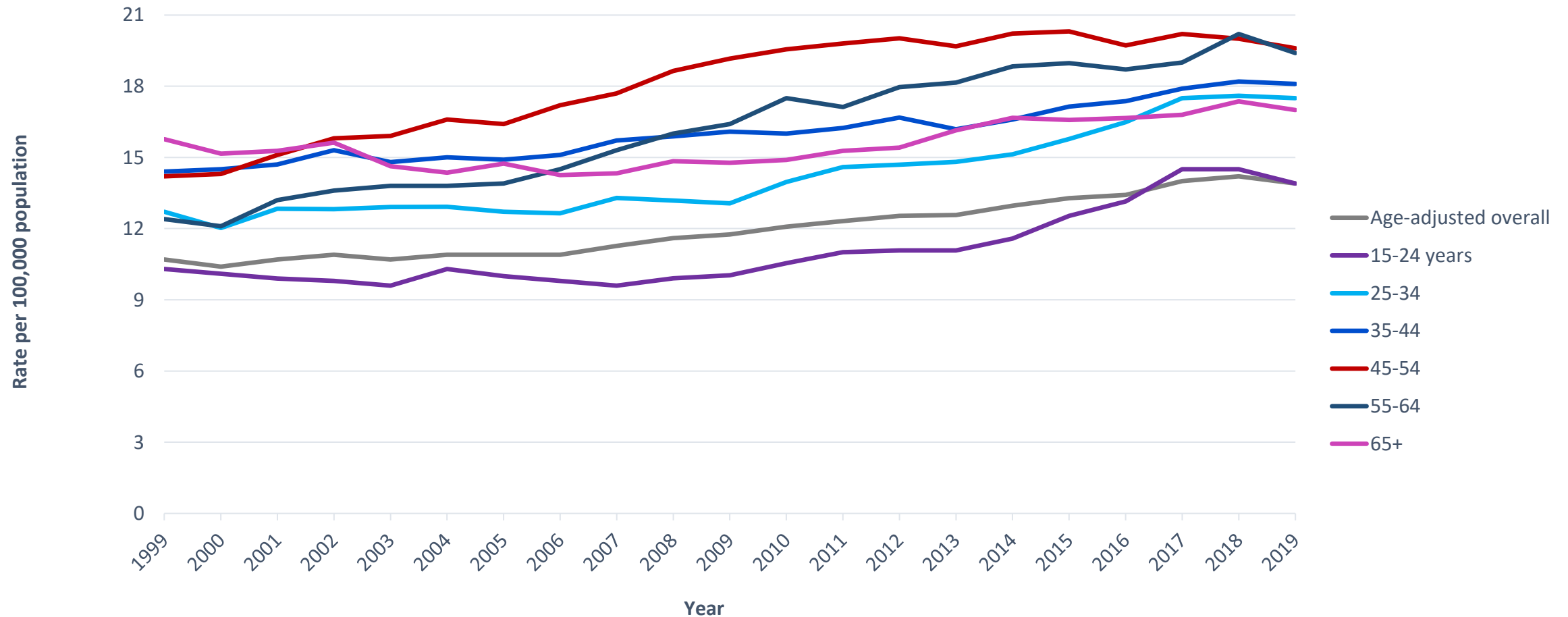
# Suicide Rates by Age and Sex

## – United States, 2020



# Suicide among all persons by selected age groups

## – United States, 1999-2019





# Public Health Approach to Suicide Prevention

The public health approach seeks to answer the foundational questions:

- What is the problem?
- How can we prevent it from occurring?

To answer these questions, public health uses a systematic, scientific method for understanding and preventing suicide.



# SOS Purpose

- CDC conducted an environmental scan in 2018. The scan had six main objectives:
- Identify, document, and synthesize information about state, territorial, and tribal (STT) policies, programs, infrastructure, and other prevention activities
- Describe climate around suicide prevention
- Identify barriers/facilitators to implementing prevention strategies
- Identify how these factors may relate to variation in suicide rates
- Provide insight into suicide rate increases
- Share lessons learned





# SOS Methods

- Eligible participants
  - Up to 3 representatives per STT jurisdiction
  - Suicide prevention coordinators, grant program directors, other state officials, delegates
- Survey
  - Web-based, hosted in Epi Info
  - 54 questions, covering 10 domains
- Analysis
  - SPSS statistical software
  - Results weighted to the state, territorial, and tribal levels
  - 138 respondents-- 87 (states), 6 (territories), 45 (tribes)

## Domains

1	Awareness of recent suicide trends
2	Data sources
3	Infrastructure*
4	Prevention planning*
5	Collaboration
6	Legislation/policy*
7	Prevention readiness/capacity
8	Populations addressed
9	Risk & protective factors
10	Barriers & facilitators*