

SUICIDE IN AMERICA:

Frequently Asked Questions

Suicide is a major public health problem and a leading cause of death in the United States. The effects of suicide go beyond the person who acts to take his or her life: it can have a lasting effect on family, friends, and communities. This fact sheet, developed by the **National Institute of Mental Health (NIMH)**, can help you, a friend, or a family member learn about the signs and symptoms, risk factors and warning signs, and ongoing research about suicide and suicide prevention.

If You Know Someone in Crisis: Call the toll-free **National Suicide Prevention Lifeline (NSPL)** at **1-800-273-TALK (8255)**, 24 hours a day, 7 days a week. The service is available to everyone. The deaf and hard of hearing can contact the Lifeline via TTY at **1-800-799-4889**. All calls are confidential. Contact social media outlets directly if you are concerned about a friend's social media updates or dial 911 in an emergency. Learn more on the NSPL's website. The Crisis Text Line is another resource available 24 hours a day, 7 days a week. **Text "HOME" to 741741.**



National Institute
of Mental Health



Wesley Counseling
Working together toward positive change

What Is Suicide?

Suicide is when people direct violence at themselves with the intent to end their lives, and they die because of their actions. It's best to avoid the use of terms like "committing suicide" or a "successful suicide" when referring to a death by suicide as these terms often carry negative connotations.

A **suicide attempt** is when people harm themselves with the intent to end their lives, but they do not die because of their actions.

Who Is at Risk for Suicide?

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk.

The main risk factors for suicide are:

- A prior suicide attempt
- Depression and other mental health disorders
- Substance abuse disorder
- Family history of a mental health or substance abuse disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Being in prison or jail
- Being exposed to others' suicidal behavior, such as a family member, peer, or media figure
- Medical illness
- Being between the ages of 15 and 24 years or over age 60

Even among people who have risk factors for suicide, most do not attempt suicide. It remains difficult to predict who will act on suicidal thoughts.

Are certain groups of people at higher risk than others?

According to the **Centers for Disease Control and Prevention (CDC)**, men are more likely to die by suicide than women, but women are more likely to *attempt* suicide. Men are more likely to use more lethal methods, such as firearms or suffocation. Women are more likely than men to attempt suicide by poisoning.

Also per the CDC, **certain demographic subgroups are at higher risk**. For example, American Indian and Alaska Native youth and middle-aged persons have the highest rate of suicide, followed by non-Hispanic White middle-aged and older adult males. African Americans have the lowest suicide rate, while Hispanics have the second lowest rate. The exception to this is younger children. African American children under the age of 12 have a higher rate of suicide than White children. While younger preteens and teens have a lower rate of suicide than older adolescents, there has been a significant rise in the suicide rate among youth ages 10 to 14. Suicide ranks as the second leading cause of death for this age group, accounting for 425 deaths per year and surpassing the death rate for traffic accidents, which is the most common cause of death for young people.

Looking for more data and statistics? For the most recent statistics on suicide and more information about risk, please visit the CDC website at www.cdc.gov/ViolencePrevention/suicide/index.html.

Why do some people become suicidal while others with similar risk factors do not?

Most people who have the risk factors for suicide will not kill themselves. However, the risk for suicidal behavior is complex. Research suggests that people who attempt suicide may react to events, think, and make decisions differently than those who do not attempt suicide. These differences happen more often if a person also has a disorder such as **depression**, **substance**

abuse, anxiety, borderline personality disorder, and psychosis. Risk factors are important to keep in mind; however, someone who has *warning signs* of suicide may be in more danger and require immediate attention.

What Are the Warning Signs of Suicide?

The behaviors listed below may be signs that someone is thinking about suicide.

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Planning or looking for a way to kill themselves, such as searching online, stockpiling pills, or newly acquiring potentially lethal items (e.g., firearms, ropes)
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain, both physical or emotional
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking risks that could lead to death, such as reckless driving
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

Do People Threaten Suicide to Get Attention?

Suicidal thoughts or actions are a sign of extreme distress and an alert that someone needs help. Any warning sign or symptom of suicide should not be ignored. All talk of suicide should be taken seriously and requires attention. Threatening to die by suicide is not a normal response to stress and should not be taken lightly.

If You Ask Someone About Suicide, Does It Put the Idea Into Their Head?

Asking someone about suicide is not harmful. There is a common myth that asking someone about suicide can put the idea into their head. This is not true. Several studies examining this concern have demonstrated that asking people about suicidal thoughts and behavior does not induce or increase such thoughts and experiences. In fact, asking someone directly, “Are you thinking of killing yourself,” can be the best way to identify someone at risk for suicide.

What Should I Do if I Am in Crisis or Someone I Know Is Considering Suicide?

If you or someone you know has warning signs or symptoms of suicide, particularly if there is a change in the behavior or a new behavior, **get help as soon as possible.**

Often, family and friends are the first to recognize the warning signs of suicide and can take the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions. If someone is telling you that they are going to kill themselves, do not leave them alone. Do not promise anyone that you will keep their suicidal thoughts a secret. Make sure to tell a trusted friend or family member, or if you are a student, an adult with whom you feel comfortable. You can also contact the resources noted below.

How can doctors and other health care providers play a role in suicide prevention?

Health care providers can help prevent suicide when they understand the risk factors and use evidence-based treatments and therapies. In addition, **The Joint Commission** recommends screening all patients in all medical settings for suicide risk using validated, population and setting-specific tools.

Clinicians should be advised that it is no longer acceptable to “contract for safety” with patients. Safety planning for managing future suicidal thoughts and means restriction (removing or ensuring safe storage of potentially lethal items) have been proven to be effective ways of preventing suicide. Health care providers can find educational resources on the **Zero Suicide website** and news about the latest research on the NIMH website at www.nimh.nih.gov.

What if Someone Is Posting Suicidal Messages on Social Media?

Knowing how to get help for a friend posting suicidal messages on social media can save a life. Many social media sites have a process to report suicidal content and get help for the person posting the message. In addition, many of the social media sites use their analytic capabilities to identify and help report suicidal posts. Each offers different options on how to respond if you see concerning posts about suicide. For example:

- Facebook Suicide Prevention webpage can be found at www.facebook.com/help/ [use the search term “suicide” or “suicide prevention”].
- Instagram uses automated tools in the app to provide resources, which can also be found online at <https://help.instagram.com> [use the search term, “suicide,” “self-injury,” or “suicide prevention”]
- Snapchat’s Support provides guidance at <https://support.snapchat.com> [use the search term, “suicide” or “suicide prevention”]
- Tumblr Counseling and Prevention Resources webpage can be found at <https://tumblr.zendesk.com> [use the search term “counseling” or “prevention,” then click on “Counseling and prevention resources”].
- Twitter’s Best Practices in Dealing With Self-Harm and Suicide at <https://support.twitter.com> [use the search term “suicide,” “self-harm,” or “suicide prevention”].
- YouTube’s Safety Center webpage can be found at <https://support.google.com/youtube> [use the search term “suicide and self injury”].

If you see messages or live streaming suicidal behavior on social media, call 911 or contact the toll-free National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**, or text the Crisis Text Line (text HOME to 741741) available 24 hours a day, 7 days a week. Deaf and hard-of-hearing individuals can contact the Lifeline via TTY at **1-800-799-4889**. All calls are confidential. This service is available to everyone. People—even strangers—have saved lives by being vigilant.

What Treatment Options and Therapies Are Available?

Effective suicide intervention practices are based on research findings and tested to see how various programs benefit various specific groups of people. For example, research has shown that borderline personality disorder is a risk factor for suicidal behavior, and there are **programs** that are effective in reducing suicide attempts.

Among its research on suicide, the **National Institute of Mental Health (NIMH)** has supported research on strategies that have worked well for those who have mental health conditions related to suicide such as **depression** and **anxiety**. These mainly include types of psychotherapies (such as cognitive behavior therapy or dialectical behavioral therapy). NIMH also conducts research on suicide risk screening tools for health care clinicians to use as a guide for screening patients for suicide risk.

For basic information about **psychotherapies** and **medications**, visit the NIMH website (www.nimh.nih.gov/health). For the most up-to-date information on medications, side effects, and warnings, visit the **Food and Drug Administration (FDA)** website.

Looking for a mental health provider in your area?

For general information on mental health and to locate treatment services in your area, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at **1-800-662-HELP (4357)**. SAMHSA also has a **Behavioral Health Treatment Locator** on its website that can be searched by location.

Talking to Your Doctor

Suicide is often not discussed in medical visits where physical symptoms are more of the focus. If you have thoughts of suicide, tell your health care provider. Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.

Where can I learn about research on suicide?

NIMH is committed to supporting research to improve the ability to identify who is at risk for suicide and develop effective treatments for at-risk individuals. As the government lead in the **National Action Alliance for Suicide Prevention's Prioritized Research Agenda for Suicide Prevention**, NIMH has helped shape priorities in suicide prevention research. For example, NIMH-supported researchers continue to study:

- Long-term risk factors, such as childhood events like trauma
- Immediate risk factors, such as mental health and recent life events
- How genes can either increase risk of suicide or make someone more resilient to loss and hardships
- Treatments for patients with treatment-resistant depression and active suicidal ideation (e.g., ketamine infusions)
- Instruments to detect suicidal ideation and behavior

Visit the NIMH website to learn more about NIMH's **research priorities** and **recent research on suicide prevention**.

For additional information about suicide prevention efforts, visit Zero Suicide: <http://zerosuicide.sprc.org>.

What Are Clinical Trials?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct many studies with patients and healthy volunteers. We have new and better treatment options today because of what clinical trials uncovered years ago. Be part of tomorrow's medical breakthroughs. Talk to your doctor about clinical trials, their benefits and risks, and whether one is right for you.

- For more information about clinical trials conducted at NIMH, contact us at 301-496-5645 or nimhcore@mail.nih.gov.
 - For questions about participating in research studies that are being conducted at the National Institutes of Health (NIH) and where to find them, contact prpl@mail.cc.nih.gov (link sends e-mail).
 - For a listing of clinical trials being conducted around the country by NIH and others, be sure to check the www.clinicaltrials.gov website.
-

Finding Help

Mental Health Treatment Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at <https://findtreatment.samhsa.gov/>. For additional resources, visit <https://www.nimh.nih.gov/findhelp>.

Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. Citation of NIMH as a source is appreciated. We encourage you to reproduce it and use it in your efforts to improve public health. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

- NIMH does not endorse or recommend any commercial products, processes, or services, and our publications may not be used for advertising or endorsement purposes.
- NIMH does not provide specific medical advice or treatment recommendations or referrals; our materials may not be used in a manner that has the appearance of providing such information.
- NIMH requests that non-Federal organizations not alter our publications in ways that will jeopardize the integrity and “brand” when using the publication.
- The addition of non-Federal Government logos and website links may not have the appearance of NIMH endorsement of any specific commercial products or services, or medical treatments or services.
- Images used in publications are of models and are used for illustrative purposes only. Use of some images is restricted.

If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at **1-866-615-6464** or e-mail nimhinfo@nih.gov.

For More Information

To learn more information about suicide, visit:

Medline Plus (National Library of Medicine)

<http://medlineplus.gov> (En español: <http://medlineplus.gov/spanish>)

For information on clinical trials, visit:

ClinicalTrials.gov: <http://www.clinicaltrials.gov>

(En español: <http://salud.nih.gov/investigacion-clinica/>)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website (<http://www.nimh.nih.gov>).

National Institute of Mental Health

Office of Science Policy, Planning and Communications

Science Writing, Press, and Dissemination Branch

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or Toll-free: 1-866-615-NIMH (6464)

TTY: 301-443-8431 or TTY Toll-free: 1-866-415-8051

Fax: 301-443-4279

E-mail: nimhinfo@nih.gov

Website: www.nimh.nih.gov



National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. TR 18-6389

