

Suicide

If you are in crisis, call or text the [988 Suicide & Crisis Lifeline](https://www.nimh.nih.gov/health/statistics/suicide) at **988**, available 24 hours a day, 7 days a week. The Lifeline provides confidential support to anyone in suicidal crisis or emotional distress. Support is also available via [live chat](#) . Para ayuda en español, llame al 988.

Suicide is a major public health concern. Suicide is among the leading causes of death in the United States. Based on recent mortality data, suicide in some populations is on the rise.

Definitions

- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.

Additional information about suicide can be found on the [NIMH health topics page on Suicide Prevention](#).

Suicide is a Leading Cause of Death in the United States

- According to the [Centers for Disease Control and Prevention \(CDC\) WISQARS Leading Causes of Death Reports](#) , in 2021:
 - Suicide was the eleventh leading cause of death overall in the United States, claiming the lives of over 48,100 people.
 - Suicide was the second leading cause of death among individuals between the ages of 10-14 and 25-34 , the third leading cause of death among individuals between the ages of 15-24, and the fifth leading cause of death among individuals between the ages of 35 and 44.
 - There were nearly two times as many suicides (48,183) in the United States as there were homicides (26,031).

Table 1 shows the twelve leading causes of death in the United States, and the number of deaths attributed to each cause. Data are shown for all ages and select age groups where suicide was one of the leading twelve causes of death in 2021. The data are based on death certificate information compiled by the CDC.

Table 1

Leading Cause of Death in the United States for Select Age Groups (2021) Data Courtesy of CDC								
Rank	5-9	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 827	Unintentional Injury 915	Unintentional Injury 15,792	Unintentional Injury 34,452	Unintentional Injury 36,444	COVID-19 36,881	Malignant Neoplasms 108,023	Heart Disease 695,540
2	Malignant Neoplasms 347	Suicide 598	Homicide 6,635	Suicide 8,862	COVID-19 16,006	Heart Disease 34,535	Heart Disease 89,342	Malignant Neoplasms 605,200
3	Homicide 188	Malignant Neoplasms 449	Suicide 6,528	Homicide 7,571	Heart Disease 12,754	Malignant Neoplasms 33,567	COVID-19 73,725	COVID-19 416,800
4	Congenital Anomalies 171	Homicide 298	COVID-19 1,401	COVID-19 6,133	Malignant Neoplasms 11,194	Unintentional Injury 31,407	Unintentional Injury 33,471	Unintentional Injury 224,900

Rank	5-9	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
5	Heart Disease 66	Congenital Anomalies 179	Malignant Neoplasms 1,323	Heart Disease 4,155	Suicide 7,862	Liver Disease 10,501	Diabetes Mellitus 18,603	Cerebr vascul 162.89

CLRD: Chronic Lower Respiratory Disease

COVID-19: Coronavirus disease 2019 caused by severe acute respiratory syndrome coronavirus 2

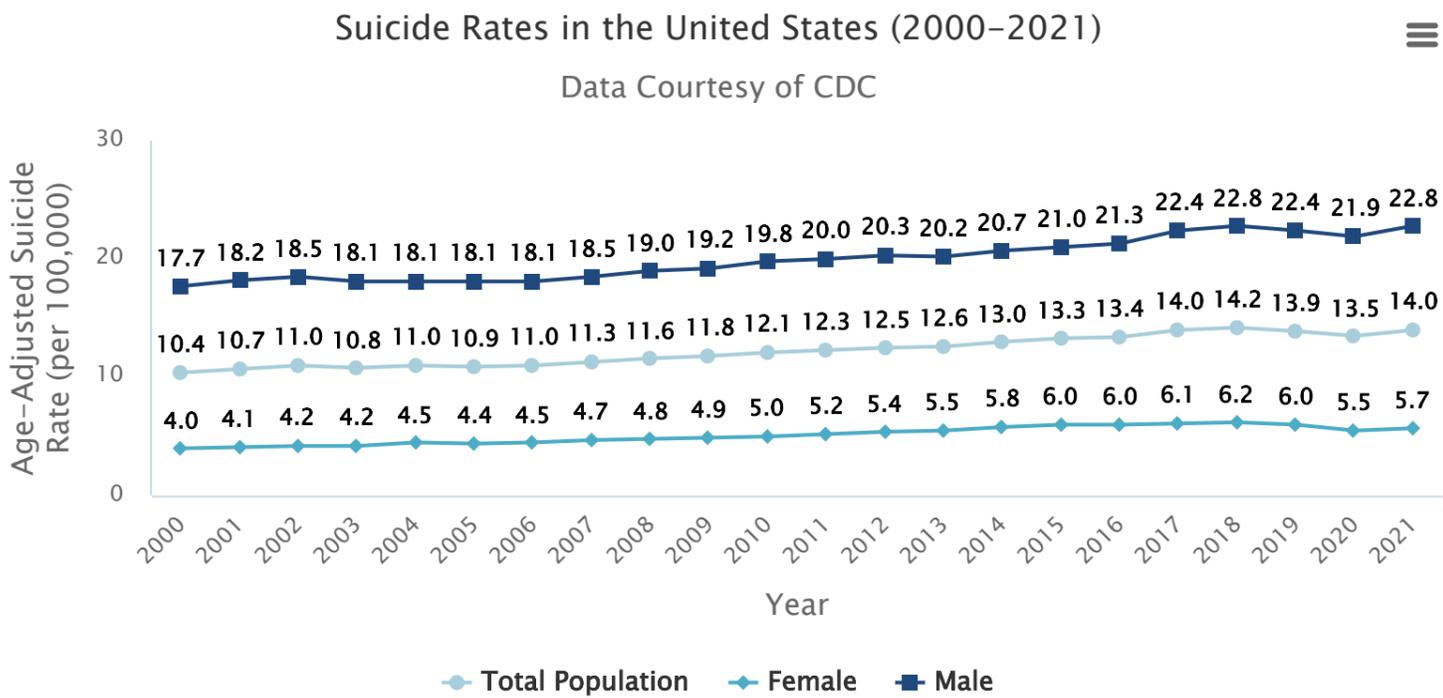
Note: Suicide is not among the twelve leading causes of death among children in the 0-4 year age group nor in adults in the age group 65 years and older (data not shown).

Suicide Rates

Trends over Time

- Suicide rates are based on the number of people who have died by suicide per 100,000 population. The use of 'age-adjusted' rates allows comparison of differences in population age distributions and changes in population size over time, including from one year to another year.
- Figure 1 shows age-adjusted suicide rates in the United States for each year from 2000 through 2021 for the total population, and for males and females separately.
 - The total age-adjusted suicide rate in the United States increased 35.2% from 10.4 per 100,000 in 2000 to 14.2 per 100,000 in 2018, before declining to 13.9 per 100,000 in 2019 and declining again to 13.5 per 100,000 in 2020. The total age-adjusted suicide rate in the United States in 2021 increased to 14.0 per 100,000.
 - In 2021, the suicide rate among males was 4 times higher (22.8 per 100,000) than among females (5.7 per 100,000).

Figure 1



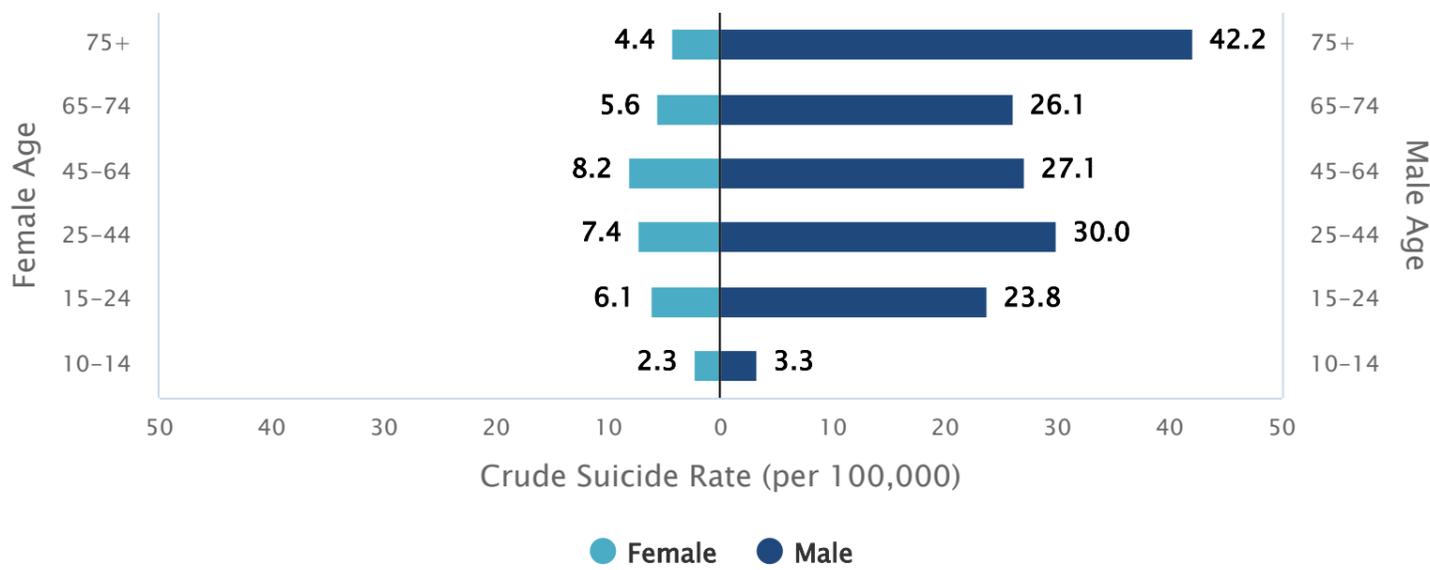
Demographics

- Crude suicide rate calculations take population size within subgroups in any given year or timeframe into account. They can be a useful tool for understanding the relative proportion of people affected within different demographic groups.
- Figure 2 shows the crude rates of suicide within sex and age categories in 2021.
 - Among females, the suicide rate was highest for those aged 45-64 (8.2 per 100,000).
 - Among males, the suicide rate was highest for those aged 75 and older (42.2 per 100,000).

Figure 2

Suicide Rates by Age Group (2021)

Data Courtesy of CDC

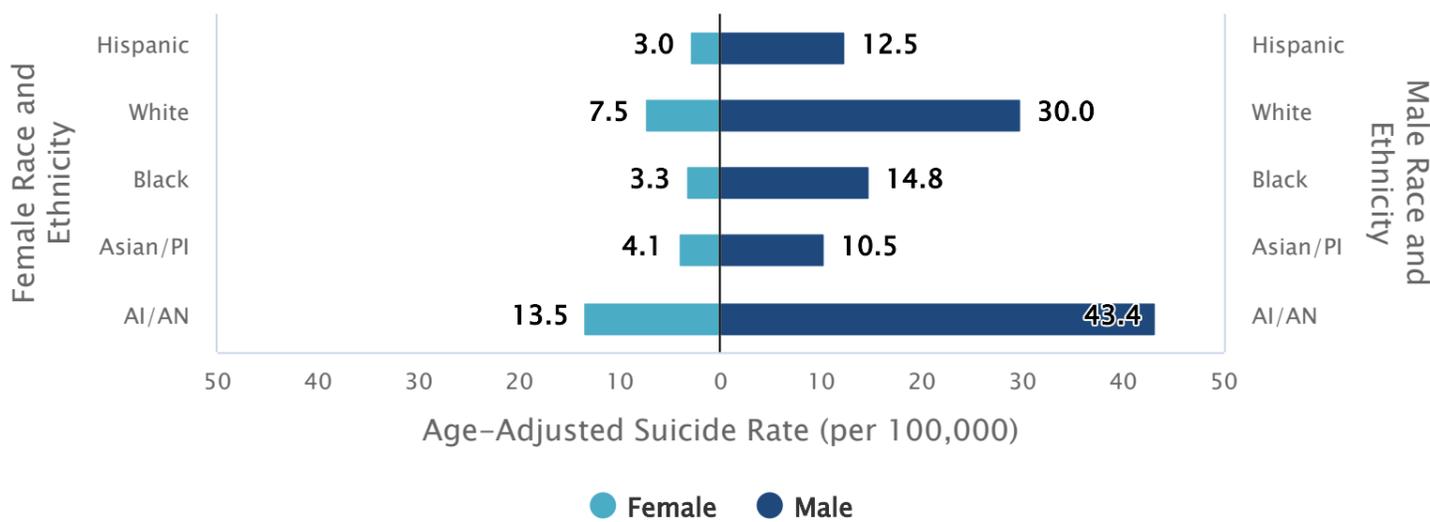


- Figure 3 shows the age-adjusted rates of suicide for race and ethnicity groups in 2021 based on data from the CDC’s [WISQARS Fatal Injury Data Visualization Tool](#).
- The rates of suicide were highest for American Indian/Alaskan Native, Non-Hispanic males (43.4 per 100,000) and, followed by White, Non-Hispanic males (30.0 per 100,000). Among females the rates of suicide were highest for American Indian/Alaskan Native, Non-Hispanic females (13.5 per 100,000) and White, Non-Hispanic females (7.5 per 100,000).

Figure 3

Suicide Rates by Race and Ethnicity (2021)

Data Courtesy of CDC



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic
AI/AN = American Indian/Alaskan Native, PI = Pacific Islander

Suicide Rates by State

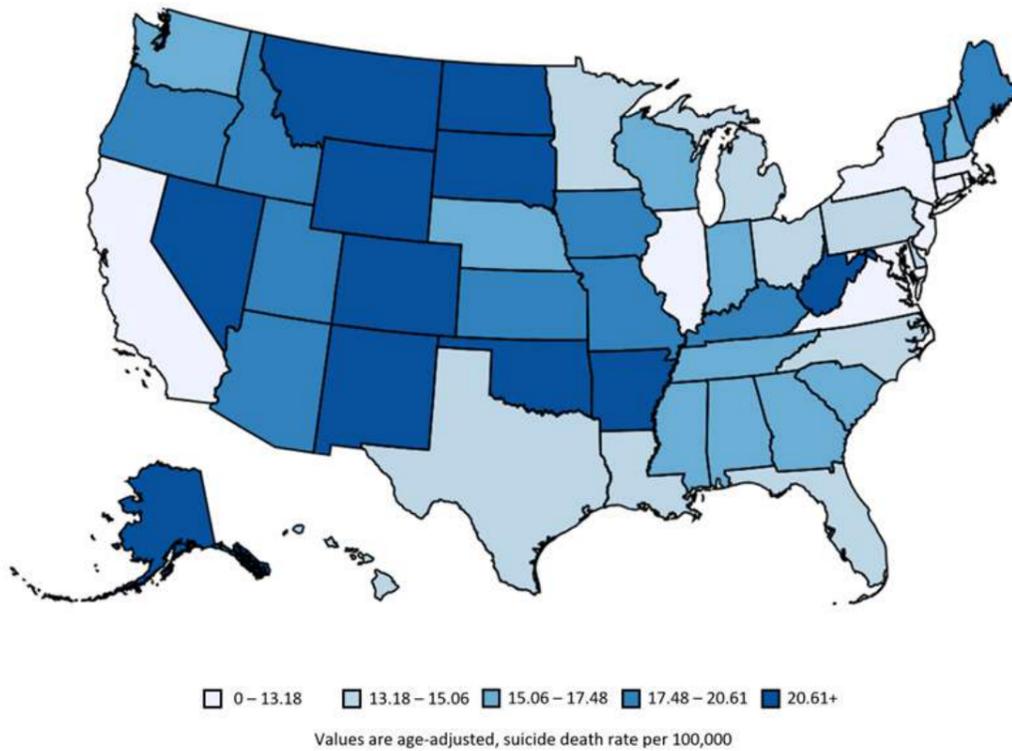
- Just as state population numbers and age distributions vary, suicide rates can vary widely from state to state. Based on data from the CDC [WISQARS Fatal Injury Data Visualization Tool](#), Figure 4 shows a map of the United States with each state’s age-adjusted suicide rate in 2021 indicated by color.

Figure 4

Suicide Rates by State (2021)



Data Courtesy of CDC



Suicide by Method

Data in Table 2 and Figure 5 are courtesy of the [CDC WISQARS Fatal Injury Reports](#).

Number of Suicide Deaths by Method

- Table 2 includes information on the total number of suicides for the most common methods.
- In 2021, firearms were the most common method used in suicide deaths in the United States, accounting for over half of all suicide deaths (26,328).

Table 2

Suicide by Method (2021) Data Courtesy of CDC	
Suicide Method	Number of Deaths
Total	48,181
Firearm	26,328
Suffocation	12,431
Poisoning	5,568
Other	3,854

Percent of Suicide Deaths by Method

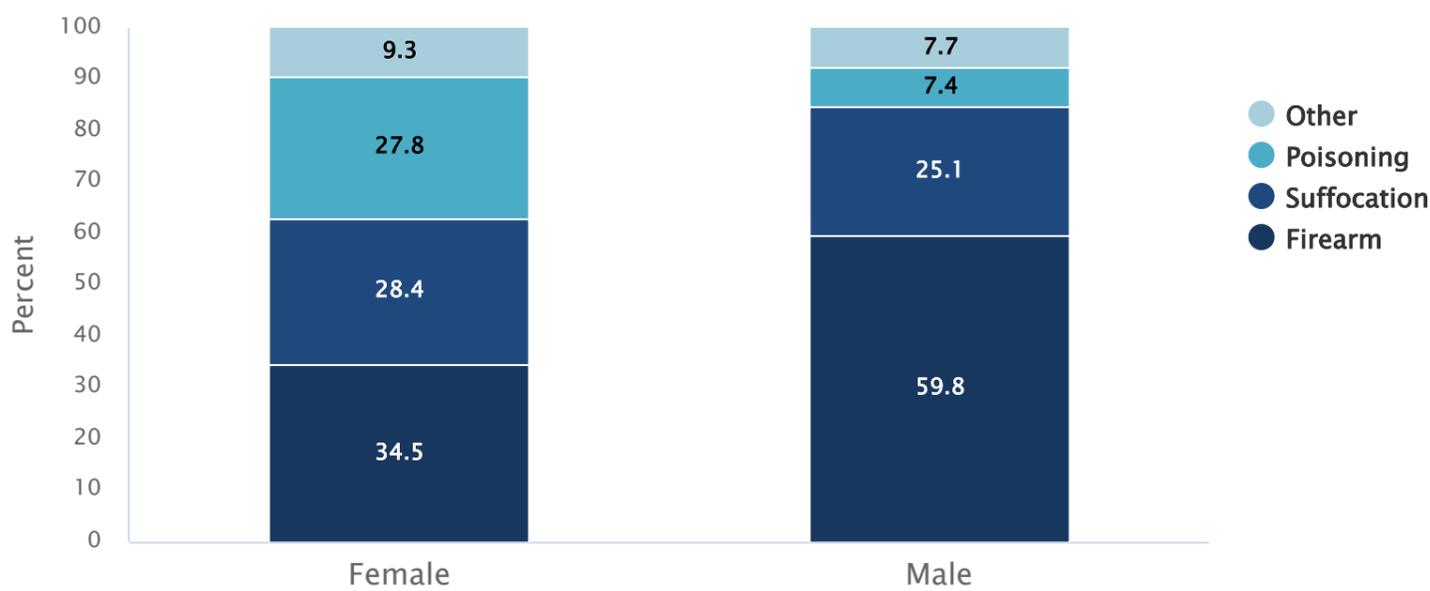
- Figure 5 shows the percentages of suicide deaths by method among females and males in 2021. Among females, the most common methods of suicide were firearm (34.5%), suffocation (28.4%), and poisoning (27.8%). Among males, the most common methods of suicide were firearm (59.8%) followed by suffocation (25.1%).

Figure 5

Percentage of Suicide Deaths by Method in the United States (2021)



Data Courtesy of CDC



Suicidal Thoughts and Behaviors Among U.S. Adults

Data in Figure 6, Figure 7, and Figure 8 are based on data from the [2022 National Survey on Drug Use and Health](#) (NSDUH)¹ by the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA).

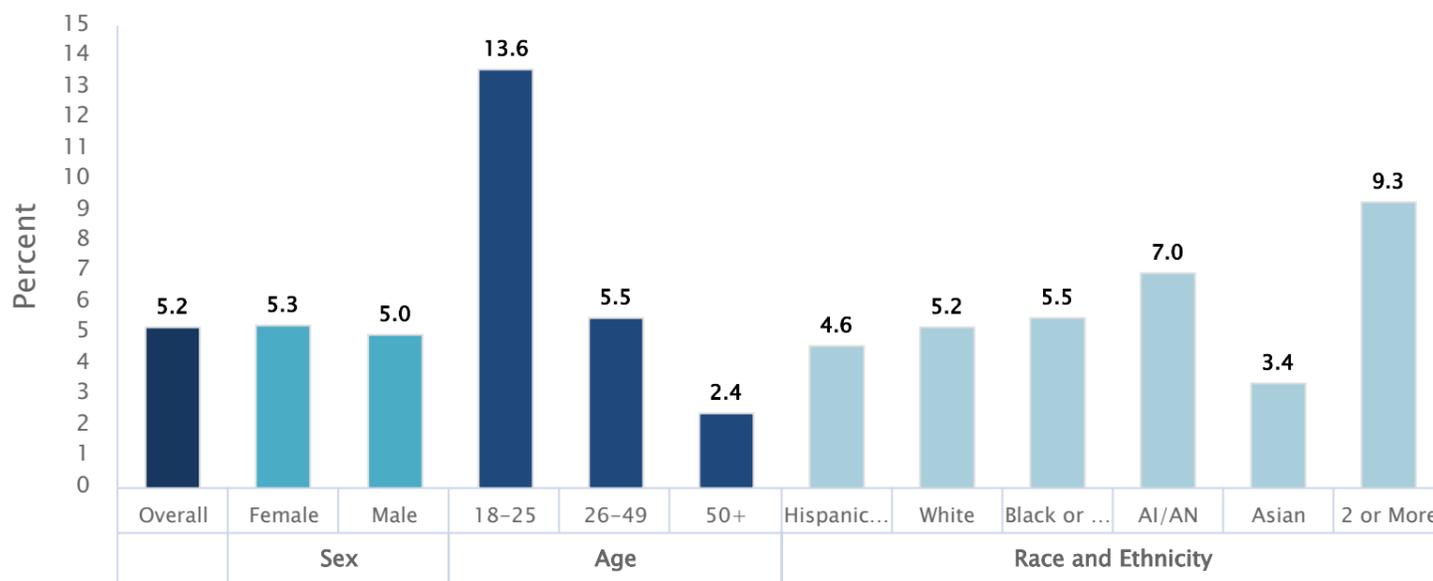
- Figure 6 shows that 5.2% of adults aged 18 and older in the United States had serious thoughts about suicide in 2022.
 - Among adults across all age groups, the prevalence of serious suicidal thoughts was highest among young adults aged 18-25 (13.6%).
 - Among adults age 18 and older, the prevalence of serious suicidal thoughts was highest among adults who identify with two or more races (9.3%).

Figure 6

Past Year Prevalence of Suicidal Thoughts Among U.S. Adults (2022)



Data Courtesy of SAMHSA



* Persons of Hispanic origin may be of any race; all other racial and ethnic groups are non-Hispanic.

** The estimate for the Native Hawaiian / Other Pacific Islander group is not reported in the above figure due to low precision of data collection in 2022.

NH/OPI = Native Hawaiian / Other Pacific Islander | AI/AN = American Indian / Alaskan Native

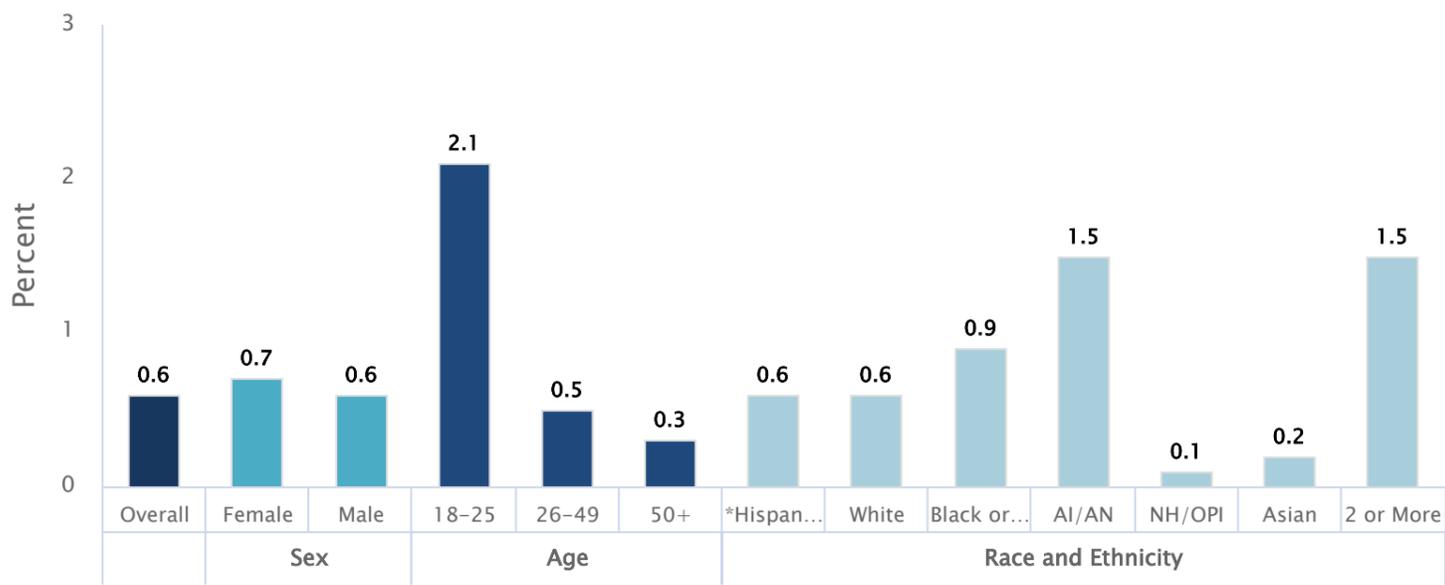
- Figure 7 shows that in 2022, 0.6% of adults age 18 and older in the United States report they attempted suicide in in the past year.
 - Among adults across all age groups, the prevalence of suicide attempt in the past year was highest among young adults 18-25 years old (2.1%).
 - Among adults age 18 and older, the prevalence of suicide attempts in the past year was highest among American Indian / Alaskan Native adults and adults who identify with two or more races (both 1.5%).

Figure 7

Past Year Prevalence of Suicide Attempts Among U.S. Adults (2022)



Data Courtesy of SAMHSA



* Persons of Hispanic origin may be of any race; all other racial and ethnic groups are non-Hispanic.

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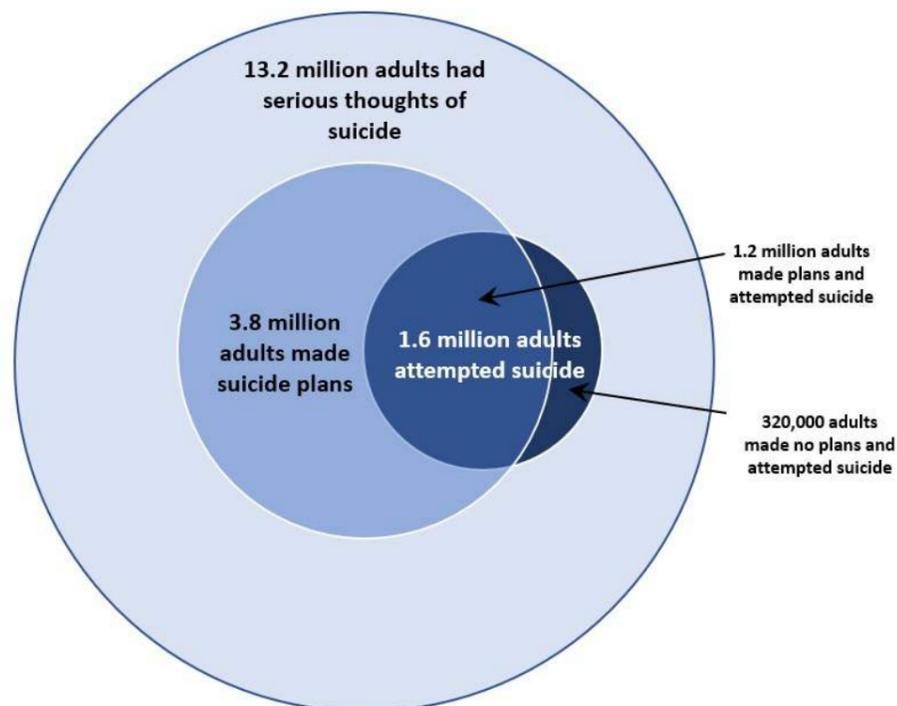
- Figure 8 shows that in 2022, 13.2 million adults aged 18 or older reported having serious thoughts of suicide, and 1.6 million adults attempted suicide during the past year.

Figure 8

Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2022)



Data Courtesy of SAMHSA



Data Sources

Centers for Disease Control and Prevention. (2024). Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: National Centers for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/injury/wisqars/index.html>.

Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-006, NSDUH Series H-57). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>.

Statistical Methods and Measurement Caveats

National Survey on Drug Use and Health (NSDUH)

Population:

- NSDUH participants are representative of the civilian, non-institutionalized population aged 12 years old or older residing within the United States.
- The survey covers residents of households (persons living in houses/townhouses, apartments, condominiums; civilians living in housing on military bases, etc.) and persons in non-institutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses).
- The survey does not cover persons who, for the entire year, had no fixed address (e.g., persons experiencing homelessness and/or transient persons not in shelters); were on active military duty; or who resided in institutional group quarters (e.g., correctional facilities and hospitals).
- Data regarding sex of the respondent was assessed using male and female categories only. Gender identity information was not collected in the survey.

Interview Response and Completion:

- In 2022, 52.0% of the selected NSDUH sample of people 18 or older did not complete the interview. This rate of non-response is higher than in years before 2020. Please see the Background on the 2022 NSDUH and the COVID-19 Pandemic section below for more information.
- Reasons for non-response to interviewing include the following: refusal to participate (29.3%); respondent unavailable, never at home, or did not respond to the web survey (18.2%); and other reasons such as partially completed but unusable interviews, physical/mental incompetence or language barriers (4.5%).
- People with suicidal behavior may disproportionately fall into these non-response categories. While NSDUH weighting includes non-response adjustments to reduce bias, these adjustments may not fully account for differential non-response by suicide behavior status. Prior to the 2020 NSDUH, this bias was deemed small and inconsequential due to low rates of item nonresponse and low prevalence estimates for outcomes imputed using the zero-fill method. With the increase in break-offs among adults in 2020 who completed the questionnaire via the web, the potential bias of this approach for handling missing data became of greater concern. Therefore, missing values in the variables associated with multiple outcomes, including for suicidal thoughts and behaviors, were statistically imputed beginning in 2021.

Data Suppression:

- For some groups, data are not reported due to low precision. Data may be suppressed in the above charts if the data do not meet acceptable ranges for prevalence estimates, standard error estimates, and sample size.

Background on the 2022 NSDUH and the COVID-19 Pandemic:

- Data collection methods for the 2022 NSDUH changed in several ways because of the COVID-19 pandemic: the 2022 NSDUH continued the use of multimode data collection procedures (both in-person and virtual data collection) that were first implemented in the fourth quarter of the 2020 NSDUH. Overall, 40.7% of interviews were completed via the web, and 59.3% were completed in person. For comparison, more than half of interviews in 2021 (54.6%) were completed via the web. In 2022, the weighted response rates for household screening and for interviewing were 25.5% and 47.4%, respectively, for an overall response rate of 12.1% for people aged 12 or older. Given the use of multimode data collection procedures through the entirety of the collection year and the rate of non-response, comparison of estimates from the 2022 NSDUH with those from prior years must be made with caution.

Please see the [2022 National Survey on Drug Use and Health Methodological Summary and Definitions report](#) for further information on how these data were collected and calculated.

Last Updated: February 2024

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Additional Resources

- [National Suicide Prevention Lifeline](#)
- [Veterans Crisis Line](#)
- [National Action Alliance for Suicide Prevention](#)
- [National Library of Medicine - Suicide](#)
- [National Strategy for Suicide Prevention](#)
- [NIMH Multimedia on Suicide Prevention](#)
- [NIMH Suicide Prevention](#)
- [StopBullying.gov](#)