

# SUICIDE

# SUICIDE

## THE PROBLEM:

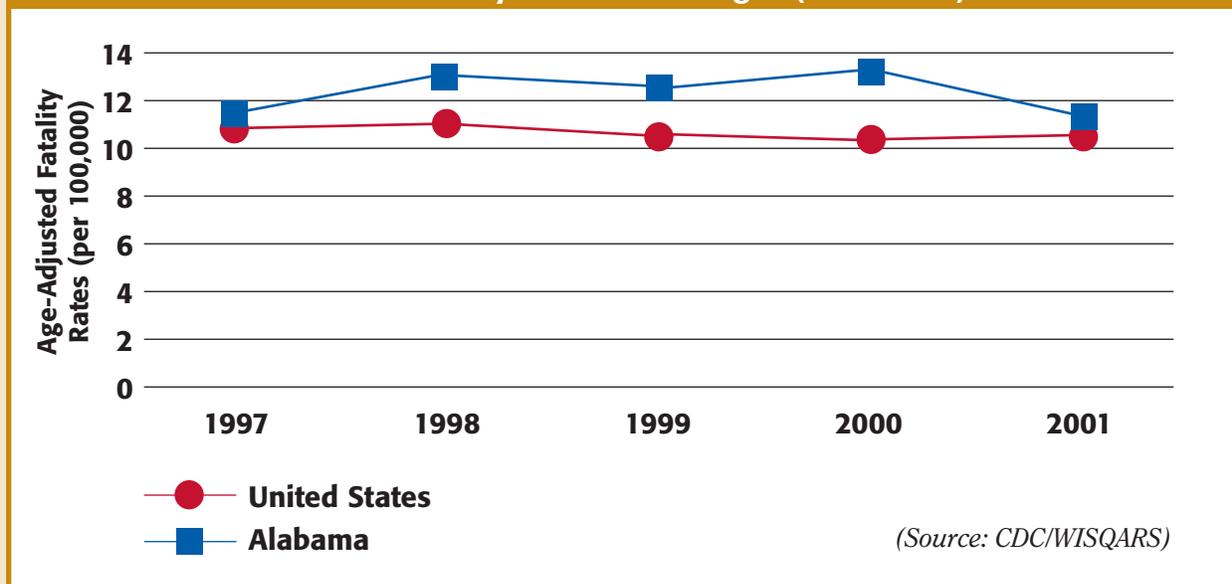
- **86 people commit suicide each day in the United States and over 1,500 attempt suicide.**
- **Suicide is the second leading cause of death among Americans aged 25-34.**

Nearly 30,000 individuals die as a result of suicide each year and another 650,000 receive emergency care after attempting to take their own lives. For young people ages 10 to 24, suicide is the third leading cause of death in the United States. It is the second leading cause of death among Americans ages 25 to 34. For pre-teens (10 to 14 year-olds) the rate of suicide has nearly doubled in the past two decades.

Across all ages, suicide is the 11th leading cause of death in the United States.

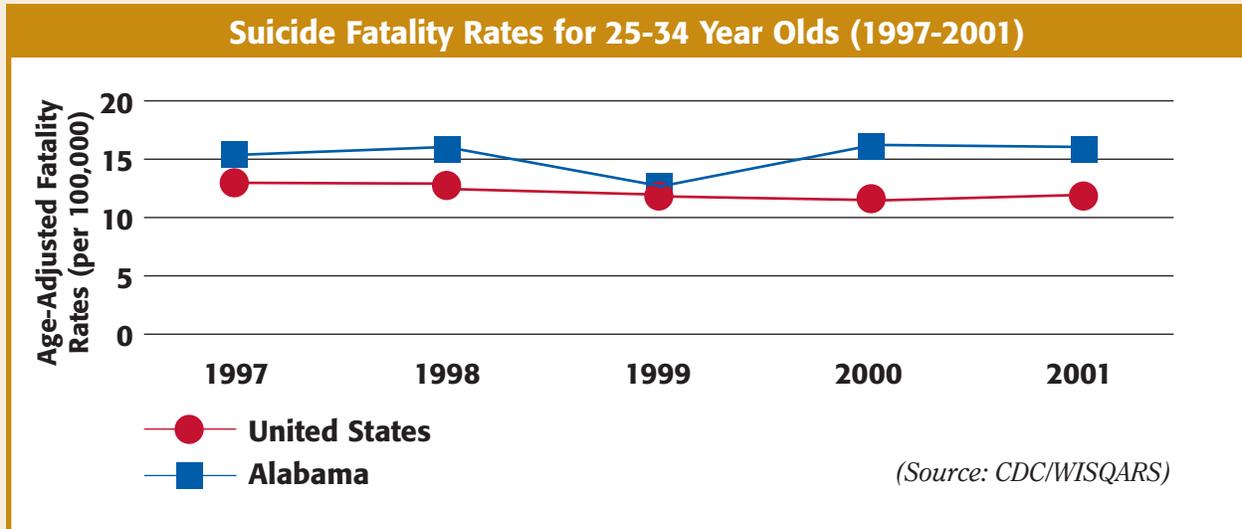
Suicide is the second leading cause of death due to injury in Alabama, second only to motor vehicle crashes. Over 500 suicides are committed in the state each year. Alabama's age-adjusted fatality rate in 2001 was 11.34 deaths per 100,000 people, higher than the United States age-adjusted fatality rate of 10.69 deaths per 100,000 people. For 15 to 24 year-olds, the age-adjusted fatality rate for Alabama in 2001 was 10.13 deaths per 100,000 compared to 9.88 deaths per 100,000 in the U.S. For 25 to 34 year-olds, Alabama's rate is significantly higher at 15.46 deaths per 100,000 compared to a national rate of 12.73 deaths per 100,000.

**Suicide Fatality Rates for All Ages (1997-2001)**



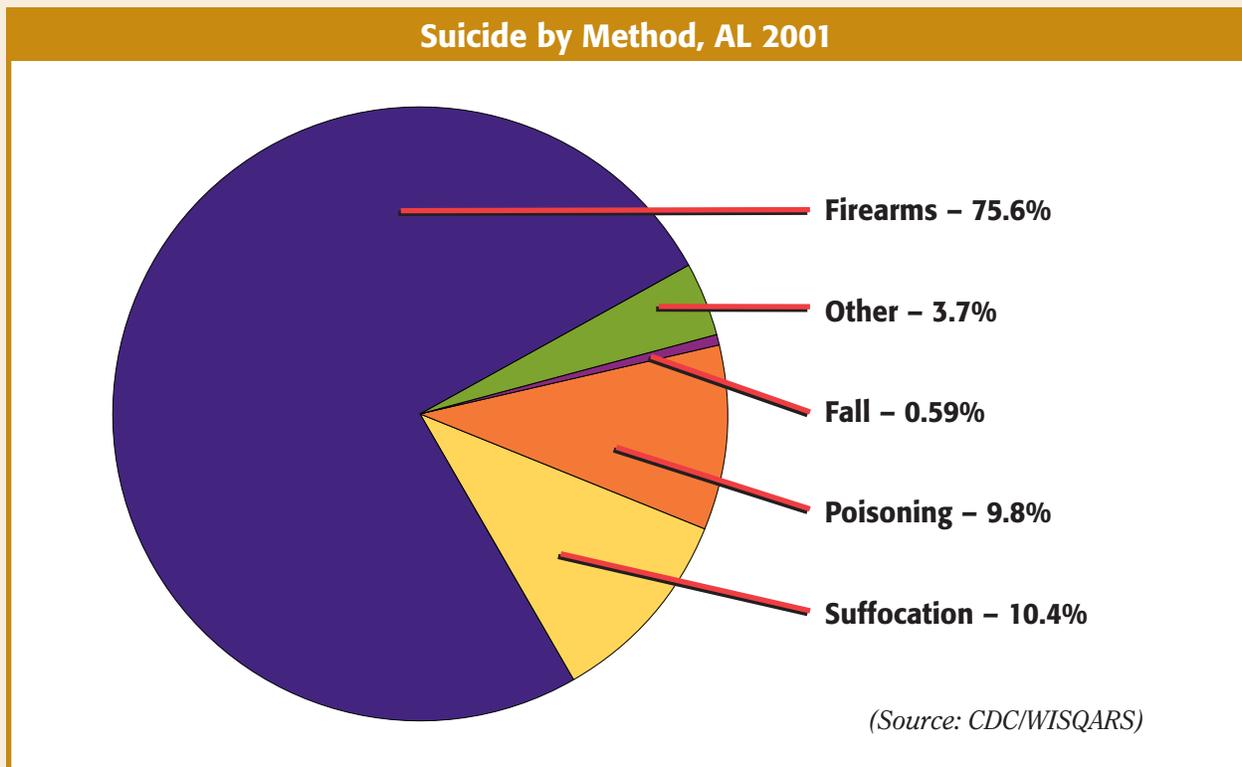
*Continued next page.*

**SUICIDE** *continued*



The method most commonly used in suicide deaths in Alabama is firearms. In 2001, 55% of suicides in the United States were committed using a firearm; while in

Alabama 75.6% of suicides were committed using a firearm. Suffocation and poisoning are the next most common methods of suicide.



## THOSE AT RISK:

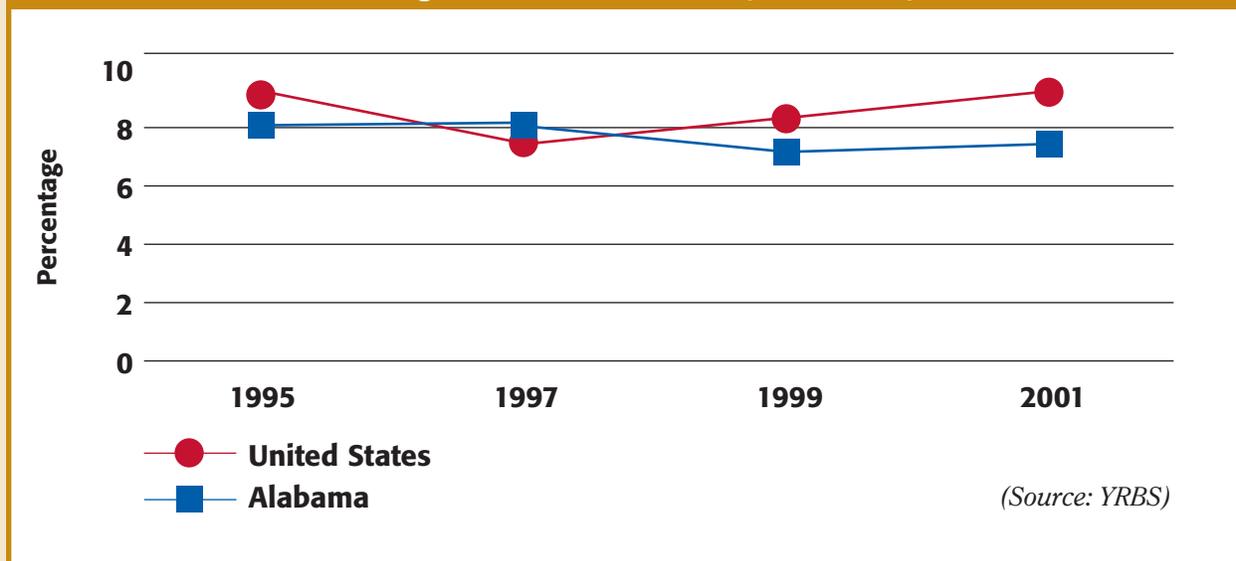
- One young person dies from suicide every two hours.
- Depressive symptoms occur in up to 80% of people who commit suicide.

Suicide behavior has several complex risk factors which interact with one another. They include psychiatric, biological, social and environmental factors. Depression plays a major role in suicide and is thought to be involved in approximately 65-90% of all suicides with psychiatric pathologies. Studies have revealed that up to 80% of people who committed suicide had several depressive symptoms.

It is the 8th leading cause of death for men and the 19th leading cause of death for women. White females attempt suicide more often than males; however, males are at least four times as likely to die from suicide. White males account for nearly 80% of all cases.

The Youth Risk Behavior Survey (YRBS) conducted by CDC provides important information on attempted suicide in young people. It has consistently shown that a large number of youth in grades 9 through 12 consider or attempt suicide. In 2001, 7.8% of Alabama students reported attempting suicide within twelve months of the survey. Another 12% had created a plan about how they would attempt suicide and 2.2% were treated by a doctor or nurse due to their attempted suicide.

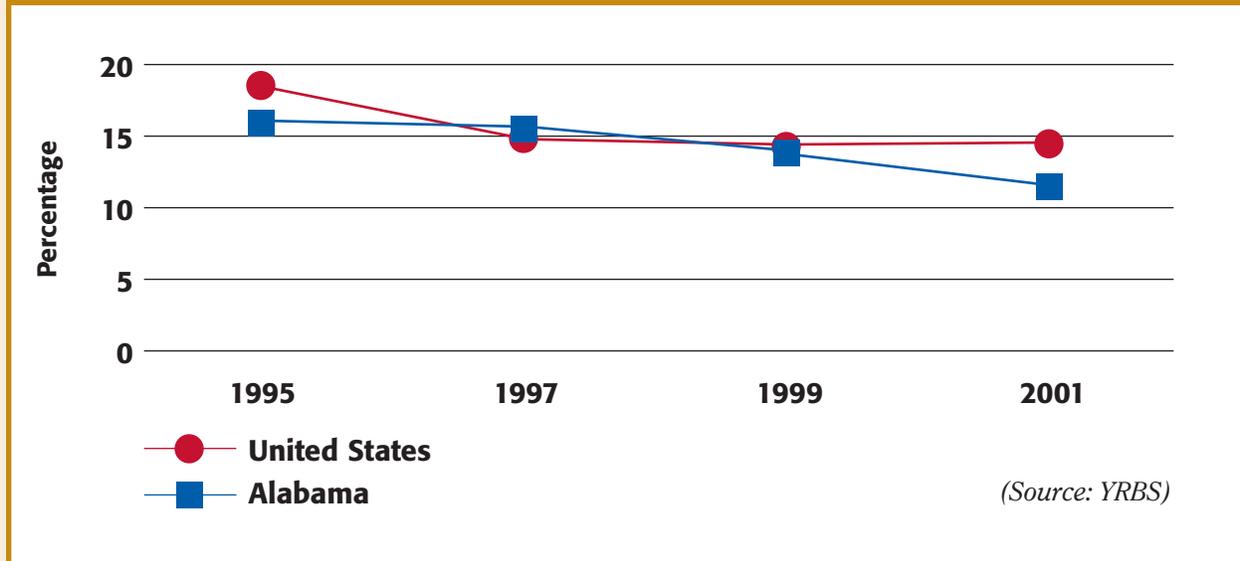
**Percentage of Students Who Actually Attempted Suicide One or More Times During the Past 12 Months (1995-2001)**



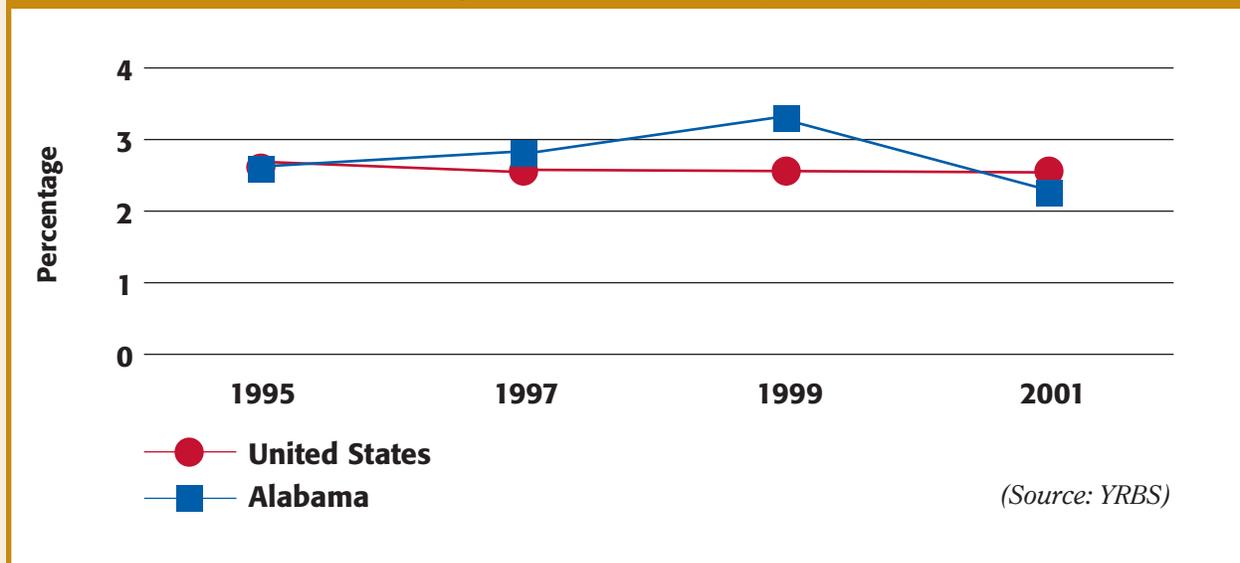
*Continued next page.*

## SUICIDE *continued*

**Percentage of Students Who Made a Plan About How They Would Attempt Suicide During the Past 12 Months (1995-2001)**



**Percentage of Students Whose Attempted Suicide During the Past 12 Months Resulted in an Injury, Poisoning or Overdose that had to be Treated by a Doctor or Nurse (1995-2001)**



## **COST:**

Suicide is a major cause of death in the nation and also contributes to disability and suffering. Suicide is a serious public health problem that affects not only those who attempt or succeed in suicide but also the emotional trauma of family and friends left behind. The cost of suicide to society is high, as medical expenses, work-related losses, years of potential life lost and quality of life costs are estimated to be in the billions.

## **PREVENTION:**

- **Suicide is a serious public health problem that is preventable.**

In an effort to address suicide on a national level, the 1999 *“Surgeon General’s Call to Action to Prevent Suicide”* and related 2001 *“National Strategy for Suicide Prevention: Goals and Objectives for Action”* outline goals and methods to prevent the loss of life and suffering that suicide causes. The reports recognize that mental and substance abuse disorders are the greatest risk for suicidal behavior. As a result, the report suggests an important approach for preventing suicide is by addressing the problems of undetected and undertreated mental and substance abuse disorders. This approach is further supported by *“The President’s New Freedom Commission on Mental Health”* released in 2003.

The *National Strategy to Prevent Suicide* provides 11 goals. They are to:

- 1) promote awareness that suicide is a public health problem that is preventable,
- 2) develop broad-based support for suicide prevention,
- 3) develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services,
- 4) develop and implement suicide prevention programs,
- 5) promote efforts to reduce access to lethal means and methods of self-harm,
- 6) implement training for recognition of at-risk behavior and delivery of effective treatment,
- 7) develop and promote effective clinical and professional practices,
- 8) improve access to and community linkages with mental health and substance abuse services,
- 9) improve reporting and portrayals of suicide behavior, mental illness, and substance abuse in the entertainment and news media,
- 10) promote and support research on suicide and suicide prevention and,
- 11) improve and expand surveillance systems.

*Continued next page.*

## SUICIDE *continued*

The *World Report on Violence and Health* recognizes suicide as a very serious global public health problem. It cites not only the deaths from suicide, but also the people who survive attempts and require serious medical attention. Further, for every person that commits suicide, family and friends left behind are profoundly affected emotionally, socially and economically. The report makes several recommendations for reducing suicidal behavior which include the need for better data and continued research to understand risk factors, protective factors and effective interventions; better psychiatric treatment; environmental changes which restrict access to methods of suicide; and strengthening community-based efforts. It is estimated that there are 16 suicide attempts for every suicide completed. With preventive efforts like those mentioned in the National Strategy to Prevent Suicide and recognition of suicide as a public health problem from the World Health Organization, the 16 people who attempt suicide may not turn into the one who completes the process.

## ALABAMA'S STRATEGY FOR SUICIDE PREVENTION:

### GOAL:

To reduce injuries and deaths due to suicide.

- 1. Support the development of a comprehensive multi-disciplinary task force to develop a suicide prevention plan.**
- 2. Support the development and implementation of a statewide suicide prevention plan which follows the “Surgeon General’s Call to Action to Prevent Suicide” and related “National Strategy for Suicide Prevention.”**
  - a. Address the 11 goals outlined in the “National Strategy for Suicide Prevention”.
    1. Promote awareness that suicide is a public health problem that is preventable.
    2. Develop broad-based support for suicide prevention.
    3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.

4. Develop and implement suicide prevention programs.
5. Promote efforts to reduce access to lethal means and methods of self-harm.
6. Implement training for recognition of at-risk behavior and delivery of effective treatment.
7. Develop and promote effective clinical and professional practices.
8. Improve access to and community linkages with mental health and substance abuse services.
9. Improve reporting and portrayals of suicide behavior, mental illness and substance abuse in the entertainment and news media.
10. Promote and support research on suicide and suicide prevention.
11. Improve and expand surveillance systems.

**3. Support the development of a comprehensive surveillance system to accurately measure the impact of suicide on our state.**

**Suicide References:**

1. Alabama Department of Public Health, Center for Health Statistics.
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Injury Fact Book 2001-2002*. Atlanta, GA: 2001.
3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Suicide in the United States Fact Sheet. Available from URL: <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>
4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from URL: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars).
5. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. Available from URL: <http://www.cdc.gov/nccdphp/dash/yrbs/2001/youth01online.htm>
6. Healthy People 2010: Objectives for Improving Health, Injury and Violence Prevention. Washington, DC, November 2000.
7. National Strategy for Suicide Prevention: Goals and Objectives for Action. DHHS. Rockville, MD, 2001
8. New Freedom Commission on Mental Health. *Achieving the Promise: Transforming Mental Health Care in America*. DHHS. Rockville, MD, 2003.
9. The Surgeon General's Call to Action to Prevent Suicide. U.S. Public Health Service. Washington, DC, 1999.
10. World Health Organization. *World Report on Violence and Health*. Geneva 2002.