Suicide Attempters and Suicide Deaths

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A recent analysis of pooled data from the National Surveys of Drug Use and Health and the U.S. Mortality Files from the National Vital Statistics System found that 3.2 percent of adults who attempted suicide in the United States during a 12-month period died by suicide. This 3.2 percent includes both the people who died on their first attempt during a 12-month period, as well as those who died on a subsequent attempt during the same 12-month period. That is, in the United States, 1 out of every 31 adults who attempted suicide in the past 12 months died by suicide (95% CI: between 1 out of 29 and 1 out of 34).

The data was also adjusted for age, gender, race/ethnicity, education, marital status, region (i.e., Northeast, Midwest, South, and West), and time (study year). The adjusted model revealed that the highest suicide case rate (16 percent) was among adults aged 45 years and older with less than a high school education. The rates were considerably lower for adults in this age group who had completed high school (1.9 percent) or college (1.8 percent).

This adjusted model also revealed that suicide case rates:

- were higher for men (4.9 percent) than for women (1.7 percent)
- increased with age (from 1.1 percent for those 18-25 years to 5.5 percent for those 45 years and older)
- decreased with education (from 9.6 percent for adults who had not completed high school to 1.4 percent for college graduates)
- were substantially higher among men 45 years and older (7.6 percent) than women 45 years and older (2.6 percent), men ages 26-44 (5.1 percent), and men ages 18-25 years (1.9 percent)
- were higher among Non-Hispanic whites (4.6 percent) than for Non-Hispanic blacks (0.8 percent), Hispanics (2.1 percent), and Non-Hispanic “other” (1.6 percent).

The authors suggested that increasing high-risk suicide attempters’ access to mental health treatment is crucial. Focusing on the demographic characteristics of people who died by suicide can help identify suicide attempters at higher risk for death by suicide, inform clinical assessments, and improve suicide prevention and intervention efforts.

