



# Young Adult Suicide & Student Status

## Findings from a pilot for the National Violent Death Reporting System

Recent national initiatives aimed at preventing suicide among young people have earmarked funds for college-based programs. We used data from a pilot for the National Violent Death Reporting System to determine how many of the 18-24 year-old suicide decedents were and were not students at a college or other post secondary education program. We also compared characteristics of non-student and student suicides to identify opportunities for prevention in both groups. **Findings cover all suicides occurring in one year in four states and two counties.** See reverse for methods and sources.

### MOST 18-24 YEAR-OLDS WHO DIED BY SUICIDE WERE NOT STUDENTS

A total of 1,672 people died by suicide in the participating jurisdictions in one year, 181 of whom were ages 18 to 24. Eighty-eight percent of the young adults were male and 89% were white. Two-thirds were either working or unemployed (Table 1), and 23% had not completed high school. Among those beyond high school age (20-24 years), 20% had not completed high school.

TABLE 1. 18-24 year-old suicide decedents (N=181)

Status at time of suicide	
Employed	46%
Unemployed	20%
Student	15%
Other	2%
Unknown	18%
Years of education	
Less than 12 yrs	23%
12 yrs (high school grad)	52%
Over 12 yrs	23%
Unknown	2%

Few decedents were coded as "student" for employment status (15%). These include both high school and postsecondary education students. Employment status, however, was not reported in 18% of the records.

### ESTIMATING COLLEGE STUDENTS

The reporting system did not have a specific variable to identify postsecondary education (PSE) students (college, university, or training program students). An estimated 14%-20% of the 18-24 year-old suicide decedents were current or recent PSE students. The lower estimate includes those with at least 12 years of education and an employment status of "student" or a circumstance code for "school-related problem" (to capture recent drop-outs). The higher estimate adds victims whose age and years of education were suggestive of being a student, e.g. 20 years old with 14 years of education.

The low proportion of college students was not unexpected. Less than half of 18-24 year-olds in the US have any post-secondary education (US Census, Current Population Survey, 2001), and the suicide rate for US students is about half that of their non-student peers (Schwartz, *Journal of College Health*, 2006).

### BEYOND THE COLLEGE CAMPUS

Location of the suicide was reported in every case; only 2 (1%) of the suicides occurred on a college campus. Most (70%), even among students, occurred in a house or apartment.





Linking data to save lives

### DRINKING & SUICIDE

One-third of both non-students and students appear to have been drinking shortly before their suicide. Postmortem toxicologic tests were conducted on over 80% of decedents; 33% of those tested had positive blood alcohol results. This was about the same as for older adults and much higher than for youth under 18, only 4-5% of whom tested positive.

### FIREARMS AND HANGINGS

Young adults primarily took their lives with firearms (51%) or suffocation/hanging (37%). This varied by student status. Students were less likely to use firearms. No PSE students and few other young adults used poisoning. Over half of those that did used car exhaust.

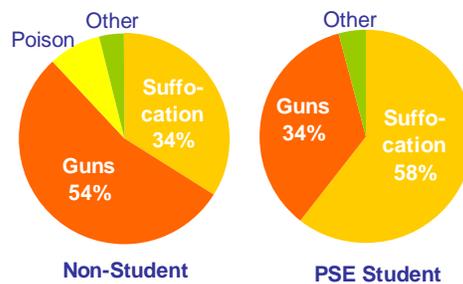
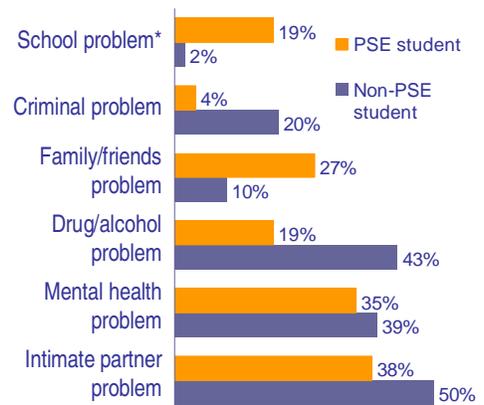


FIGURE 1. Means of suicide used by 18-24 year-olds (n=181).

### CIRCUMSTANCES

In over 95% of cases, the police or coroner/medical examiner report supplied at least



\*Non-PSE group includes some high school students

FIGURE 2. Percent of young adult suicides for whom listed problem was noted in the death investigation report, by student status.

partial information on problems faced by the decedent. Intimate partner problems (usually break-ups) topped the list and were noted more often than mental health problems. Criminal problems and drug/alcohol problems were more prominent in the non-student group while problems with family/friends and school were more prominent in the student group.

### CONCLUSIONS

Young adults who commit suicide are about as likely to be a high school drop-out or in trouble with the law as to be a college student. Expanding prevention venues beyond colleges and mental health centers may be useful.

### THE NVISS PILOT

Data shown here cover all suicide deaths in 2001 for which the injury occurred in one of four states (CT, ME, UT, WI) or two counties (Allegheny PA, San Francisco CA). Data were collected from the death certificate, coroner or medical examiner report, and police report. The agencies that provided these reports are gratefully acknowledged. Institutions that linked the data were Harvard School of Public Health, Medical College of Wisconsin, University of Utah, San Francisco Health Department, Connecticut Children's Medical Center, Maine Medical Center, and Allegheny General Hospital. The purpose of NVISS was to establish a federal reporting system.

### NVDRS

The Centers for Disease Control launched the National Violent Death Reporting System

(NVDRS) in 2002 to collect detailed information on homicide and suicide to assist prevention efforts. Currently 17 states participate (AK, CA [portions], CO, GA, KY, MA, MD, NC, OK, NM, NJ, OR, RI, SC, UT, VA, WI). The CDC plans to expand to all 50 as additional funding from Congress becomes available.

### SUICIDE PREVENTION RESOURCES

This fact sheet is part of a series by the Suicide Prevention Resource Center <www.SPRC.org> and Harvard Injury Control Research Center's NVISS project <hsph.harvard.edu/hicrc> to encourage use of the NVDRS to prevent suicide. Funding is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1 U79 SM57392-02. Any opinions, findings, conclusions, or recommendations expressed here are those of the author and do not necessarily reflect the views of SAMHSA.

