

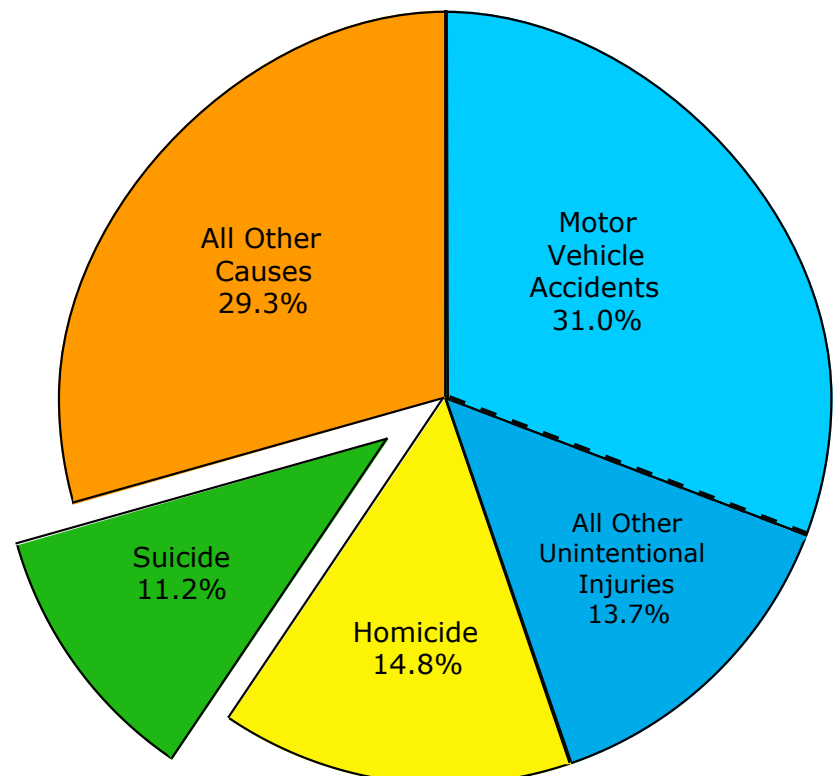
2006 Fact Sheet on Suicide: Adolescents & Young Adults

Highlights:

- ▶ Suicide is the third leading cause of death for adolescents and young adults.
- ▶ Young males are much more likely to commit suicide than their female peers.
- ▶ American Indian/Alaskan Native male adolescents have the highest suicide rate.
- ▶ The suicide rates for young adult males have fallen sharply in the past decade.
- ▶ Female adolescents are more likely to attempt suicide than their male peers.

- ▶ **Suicide is the third leading cause of death for adolescents and young adults.**

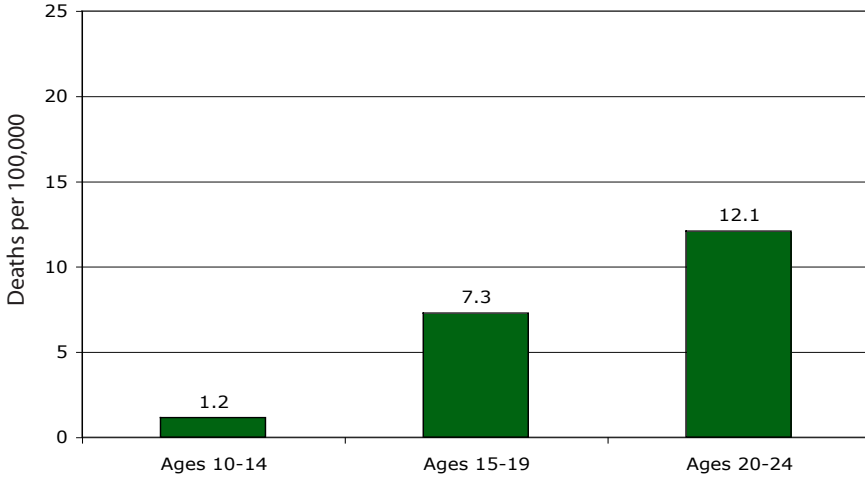
Leading Causes of Death, Ages 10-24, 2003¹



In 2003, 4,232 adolescents and young adults ages 10-24 took their own lives, resulting in a suicide rate of 6.8 per 100,000. Suicide accounted for 11.2% of all deaths for adolescents and young adults, making it the third leading cause of death for this age group after motor vehicle accidents and homicide.¹

► **Suicide rates increase dramatically between early adolescence and young adulthood.**

Suicide Rates by Age, Ages 10-24, 2003¹

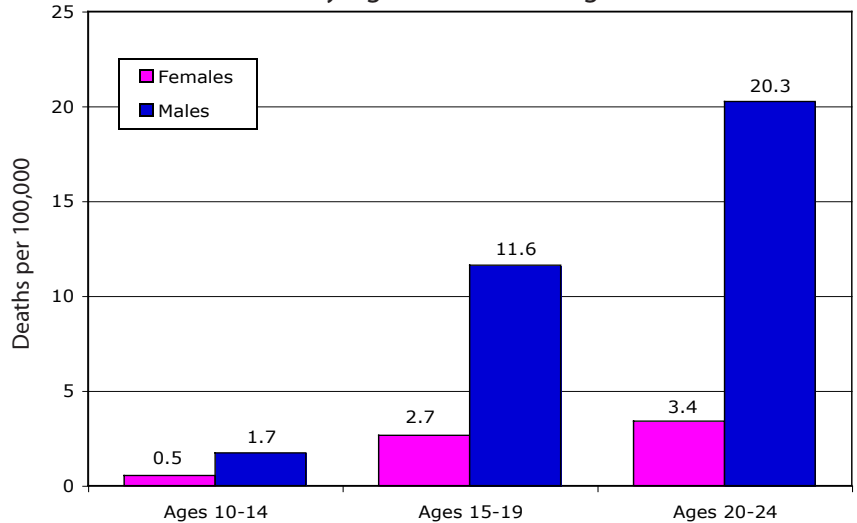


In 2003, the rate of suicide increased ten-fold between early adolescence (ages 10-14) and young adulthood (ages 20-24). Suicide rates continue to increase in adulthood until age 49, decrease between ages 50-74, then increase again at age 75.¹

► **Young males are much more likely to commit suicide than their female peers.**

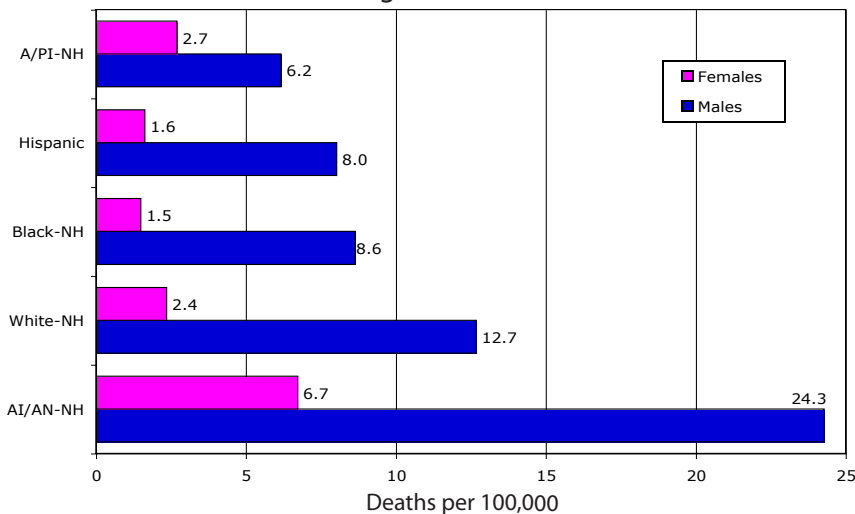
Adolescent and young adult males ages 10-24 have a consistently higher suicide rate than their female peers, averaging more than five times the rate of same-age females. This is a long-standing trend: from 1981 to 2003, 84.1% of 10- to 24-year-olds who committed suicide were male.¹

Suicide Rates by Age and Gender, Ages 10-24, 2003¹



► **American Indian/Alaskan Native male adolescents have the highest suicide rate.**

Suicide Rates by Race/Ethnicity* and Gender, Ages 10-24, 2003¹



Among adolescents and young adults ages 10-24, American Indian/Alaskan Native, non Hispanic have the highest suicide rate. In 2003, the suicide rate for AI/AN-NH* males was two to four times that of same-age males in other racial/ethnic groups and eleven times that of same-age females. Black-NH and Hispanic females are least likely to commit suicide. Suicide is the second leading cause of death for AI/AN-NH adolescent and young adult males.¹

* These abbreviations apply to all graphs and text throughout the fact sheet:

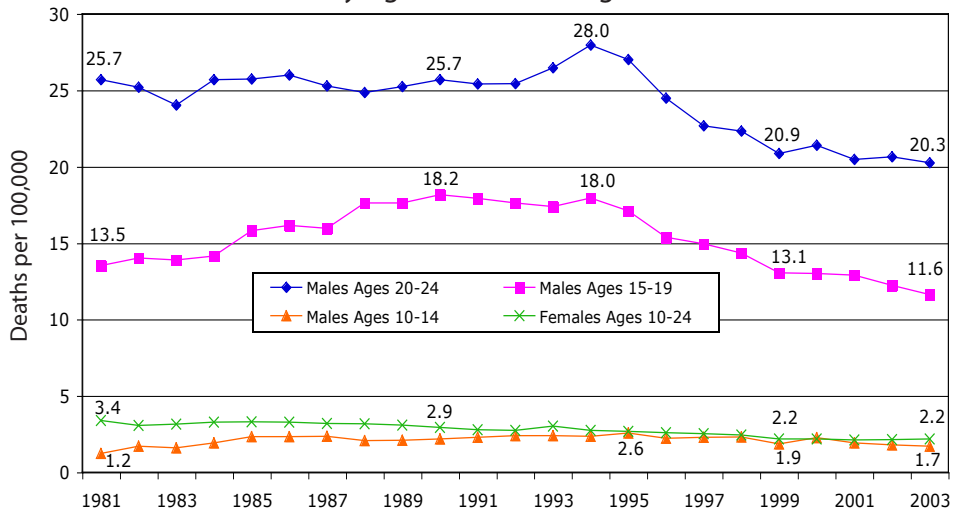
NH(s)=non Hispanic(s)

AI/AN=American Indian/Alaskan Native

A/PI=Asian/Pacific Islander

► **The suicide rates for young adult males have fallen sharply in the past decade.**

Suicide Trends by Age and Gender, Ages 10-24, 1981-2003^{1,2}

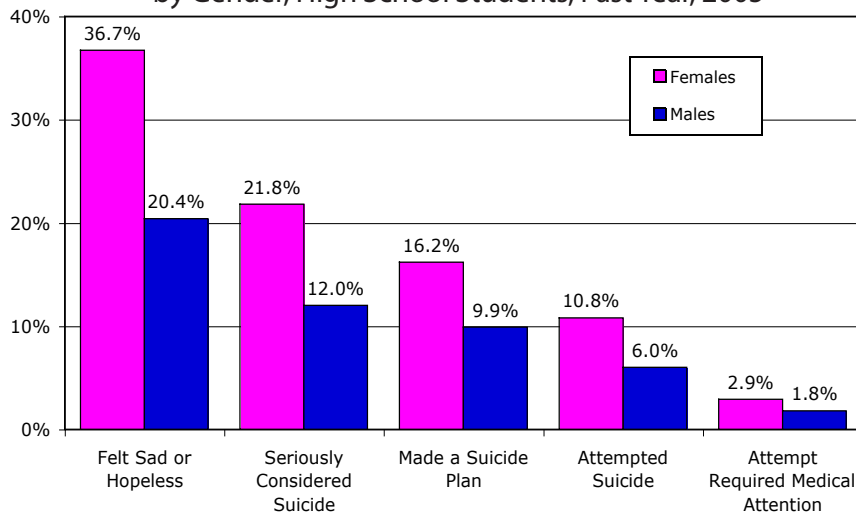


Suicide rates for older adolescents and young adult males ages 15-24 have decreased since peaking in the early 1990s. By contrast, the rate (per 100,000) for adolescent males ages 10-14, while relatively low, increased slightly from 1.2 in 1981 to 1.7 in 2003. Rates for all females ages 10-24 decreased during the same period.¹

► **Female adolescents are more likely to attempt suicide than their male peers.**

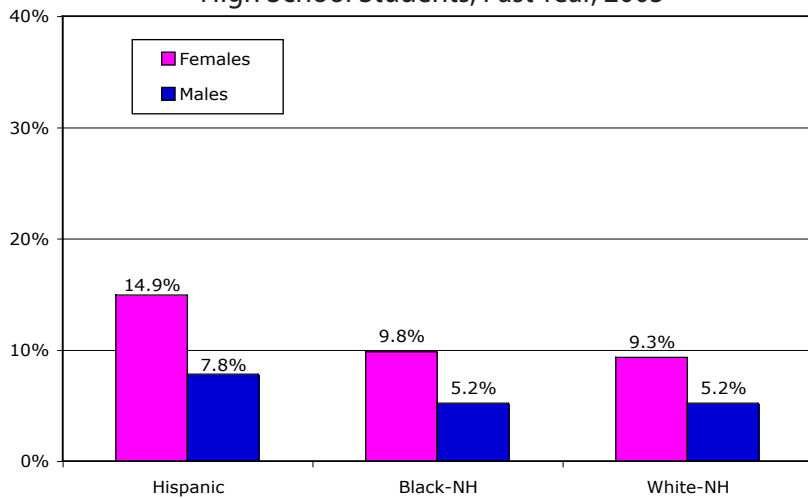
Sad Feelings, Suicidal Ideation and Attempts by Gender, High School Students, Past Year, 2005³

While adolescent males commit suicide at greater rates, their female peers are more likely to report sad feelings,⁺ suicidal ideation and attempts. Female high school students were almost twice as likely to report suicidal ideation and attempts in the past year than male peers. Overall, the percentage of students who reported an attempted suicide in the past year increased slightly from 7.3% in 1991 to 8.4% in 2005.³



► **Female Hispanic adolescents are more likely to attempt suicide than their peers.**

Suicide Attempts by Race/Ethnicity and Gender, High School Students, Past Year, 2005³



Female Hispanic students are more likely to attempt suicide than all other students. The suicide attempt rate varies by race/ethnicity: attempts are slightly higher for Hispanic students (11.3%) than for Black-NH and White-NH students (7.6% and 7.3%, respectively). Hispanic students have reported higher rates of suicide attempts than Black-NH and White-NH students since data collection began in 1991.³

* These abbreviations apply to all graphs and text throughout the fact sheet:

NH(s)=non Hispanic(s)

AI/AN=American Indian/Alaskan Native

A/PI=Asian/Pacific Islander

Data and Figure Sources & Other Notes:

1. National Center for Injury Prevention and Control [NCIPC]. (2006). Leading Causes of Death and Fatal Injuries: Mortality Reports [Online Database]. Atlanta, GA: Centers for Disease Control and Prevention. [Available online at URL (11/06): <http://www.cdc.gov/ncipc/wisqars/>]
2. The female mortality trend is presented in one age group (ages 10-24) because the rates among the three age groups differed only slightly compared to the sizeable differences in male rates for the three age groups.
3. Youth Risk Behavior Surveillance System [YRBSS], Division of Adolescent and School Health, Centers for Disease Control and Prevention. (2006). Youth Online [Online Database]. [Available online at URL (11/06): <http://apps.nccd.cdc.gov/yrbss/>]

+ = "Feeling Sad or Hopeless" refers to the percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.³

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. In some cases, trend data with demographic breakdowns (e.g., race/ethnicity) are relatively limited. For racial/ethnic data, the category names presented are those of the data sources used. Every attempt was made to standardize age ranges; when this was not possible, age ranges are those of the data sources used. For any questions regarding data presented, please contact NAHIC.

NAHIC Briefs & Fact Sheets

A Health Profile of Adolescent & Young Adult Males

Fact Sheet on Demographics: Adolescents & Young Adults

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

National Adolescent Health Information Center

Division of Adolescent Medicine,
Department of Pediatrics &
Institute for Health Policy Studies,
School of Medicine,
University of California, San Francisco
UCSF Box 0503
San Francisco, CA 94143-0503
T: 415.502.4856
F: 415.502.4858
Email: nahic@ucsf.edu
Web site: <http://nahic.ucsf.edu/>

Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

NAHIC Faculty and Staff

Charles E. Irwin, Jr., MD
Claire D. Brindis, DrPH
David Knopf, LCSW, MPH
Sally H. Adams, RN, PhD
M. Jane Park, MPH
Tina Paul Mulye, MPH
Jody K. Williams, MA
Michael Berlin, MA

We'd like to acknowledge Eileen Collins for her assistance in formatting NAHIC fact sheets.

All listed Briefs & Fact Sheets can be downloaded at <http://nahic.ucsf.edu/>.



Suggested citation: National Adolescent Health Information Center. (2006). Fact Sheet on Suicide: Adolescents & Young Adults. San Francisco, CA: Author, University of California, San Francisco.