

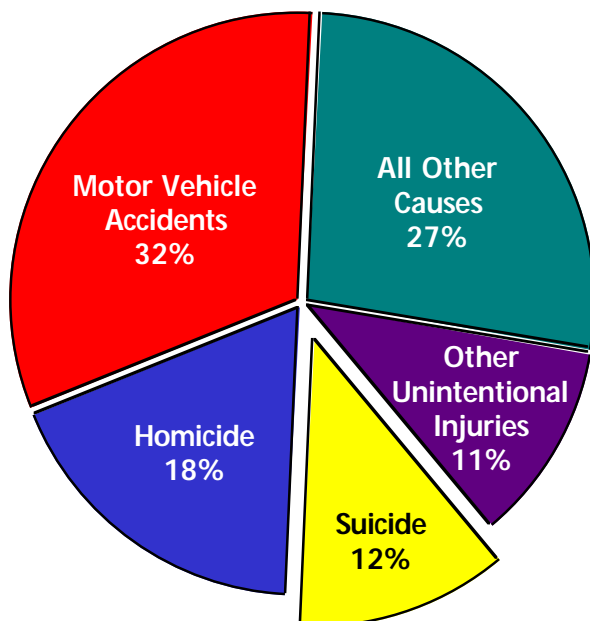


## Fact Sheet on **Suicide:** Adolescents & Young Adults

### **Highlights:**

- ▶ Suicide is the third leading cause of death for adolescents and young adults.
- ▶ Older adolescents are more likely to commit suicide than younger adolescents.
- ▶ Adolescent/young adult males are 4 times more likely to actually commit suicide than females.
- ▶ Adolescent females are twice as likely as adolescent males to *attempt* suicide.
- ▶ American Indian and Alaska Native adolescents have the highest rates of suicide.
- ▶ Since peaking in the early 1990s, suicide rates have fallen sharply for most adolescents.

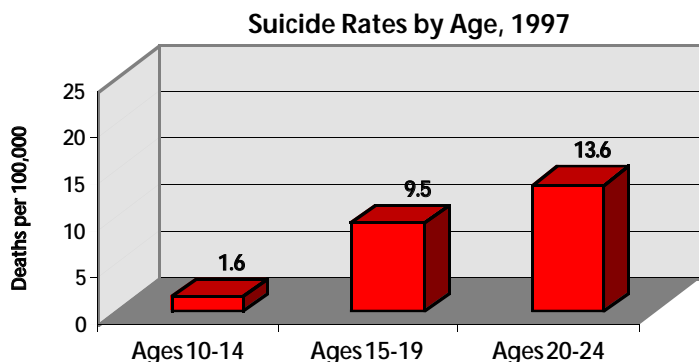
- ▶ Suicide is the third leading cause of death for adolescents and young adults.



In 1997, the Centers for Disease Control and Prevention reported that 2,115 adolescents and young adults ages 10-24 took their own lives, resulting in 5.6 suicide deaths per 100,000. In 1997, suicide accounted for 12% of all deaths for this age group. This makes suicide the third leading cause of death for adolescents and young adults after motor vehicle accidents and homicide (CDC Wonder, 1999).

**Leading Causes of Mortality:  
Adolescents/Young Adults Ages 10-24, 1997**

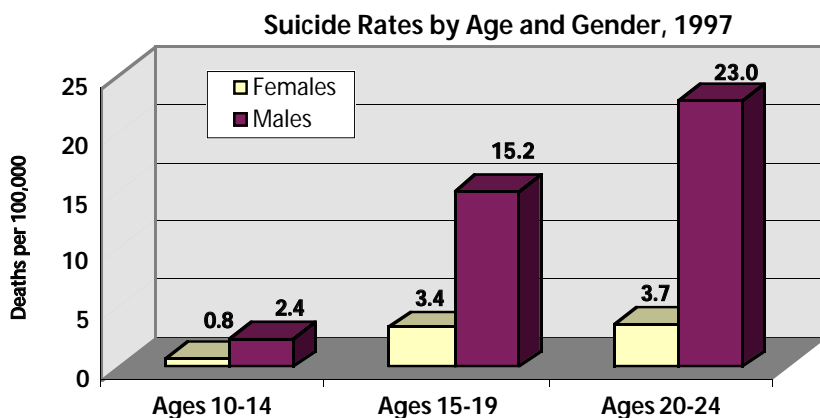
- ▶ Older adolescents are more likely to commit suicide than younger adolescents.



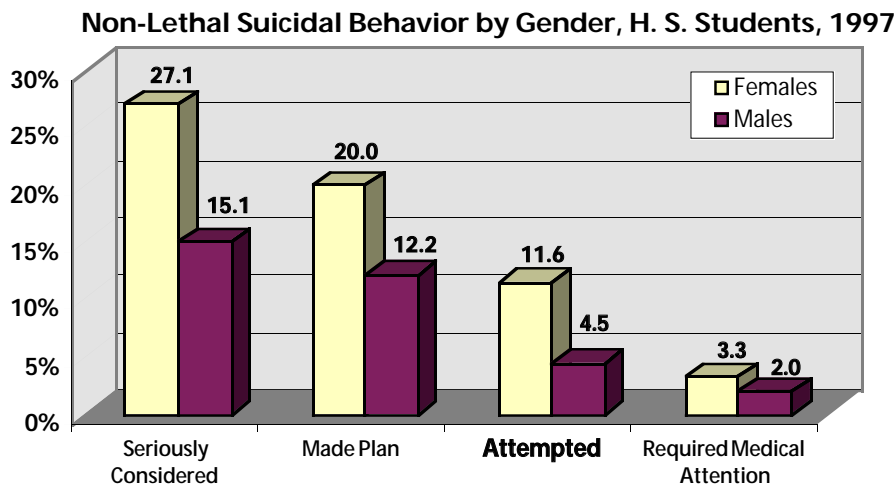
Although suicide is commonly viewed as a youth-centered problem, data show that suicide rates typically increase until the mid 20s, and then remain constant through most of the lifespan (CDC Wonder, 1999).

- ▶ Adolescent/young adult males are 4 times more likely to *actually commit* suicide than females.

Adolescent and young adult males have a consistently higher suicide rate than their female peers, averaging more than four times the rate of adolescent and young adult females. This is a long-standing trend: from 1980-1997, 83.8% of all suicides among 15-19 year olds were committed by males (NCHS, 1999).

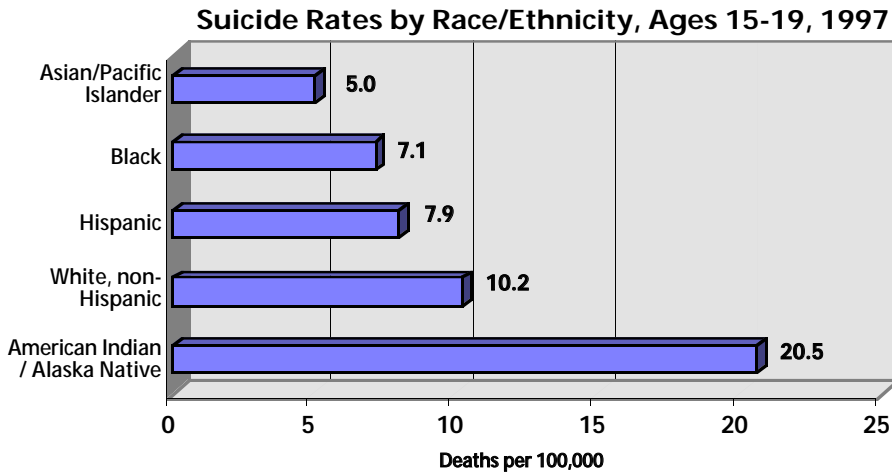


- ▶ Adolescent females are twice as likely as adolescent males to *attempt* suicide.



While adolescent males show much higher rates of death due to suicide, adolescent females are much more likely to exhibit non-lethal suicidal behavior. Among high-school students in 1997, 27.1% of females seriously considered suicide, compared to 15.1% of males. More than twice as many females as males (11.6% vs. 4.5%) attempted suicide (YRBSS, 1997).

- American Indian and Alaska Native adolescents have the highest rates of suicide.

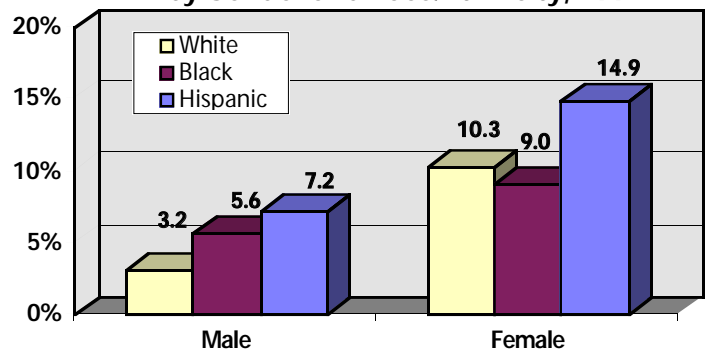


American Indian/Alaska Native (AI/AN) adolescents are more than twice as likely to commit suicide as any other racial/ethnic group. With 52.9 deaths per 100,000, adolescent AI/AN males are at four times the risk for suicide than are males of any other racial/ethnic group. Suicide is the second leading cause of death for AI/AN males (CDC Wonder, 1999 & IHS, 1999).

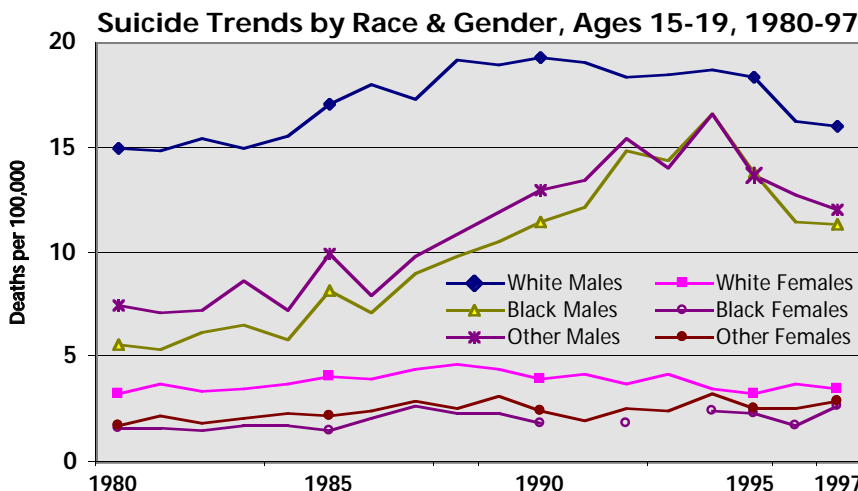
- Hispanic adolescents are most likely to exhibit non-lethal suicidal behavior.

The data for non-lethal suicidal behavior and ideation differ markedly from the actual mortality data. Among high school students, 10.7% of all Hispanics and 14.9% of Hispanic females reported attempting suicide in the past 12 months. In addition, 30.3% of Hispanic female high school students reported seriously considering suicide, compared to 26.1% of White females and 22% of Black females. This ideation by females occurred at roughly twice the rate of their Hispanic, White and Black male counterparts (17.1%, 14.4% & 10.6%, respectively) (YRBSS, 1997).

**H. S. Students Reporting Suicide Attempts by Gender and Race/Ethnicity, 1997**



- Since peaking in the early 1990s, suicide rates have fallen sharply for most adolescents.



Although adolescent suicide rates are still above 1980 levels, rates have fallen dramatically since peaking in the early 1990s. After a long, steep increase beginning in 1986, rates for Black males fell from a 1994 peak of 16.6 deaths/100,000 to 11.4 in 1997. Rates for Other\* males fell from 16.6 to 12.0 over the same period. Suicide rates for white males fell from 19.3 deaths per 100,000 in 1990 to 16.0 in 1997. Rates for females have remained relatively constant. This pattern holds for all age groups (NCHS, 1999).

## Data Sources:

Centers for Disease Control and Prevention, National Center for Health Statistics. (1999). CDC Wonder, Mortality (compressed) data set. [online database: <http://wonder.cdc.gov>]

Indian Health Service. (1998). *Trends in Indian Health, 1997*. Division of Program Statistics, Office of Planning, Evaluation and Legislation, Public Health Service, Department of Health and Human Services. [<http://www.ihs.gov>].

Indian Health Service. (1999). *Unpublished Mortality Data*. Division of Program Statistics, Office of Planning, Evaluation and Legislation, Public Health Service, Department of Health and Human Services. [<http://www.ihs.gov>].

Kann, L., Kinchen, S.A., Williams, B.I., Ross, J.G., Lowry, R., Hill, C.V., Grunbaum, J., Blumson, P.S., Collins, J.L., & Kolbe, L.J. (1998). *Youth Risk Behavior Surveillance, 1997*. Surveillance and Evaluation Research Branch, Division of Adolescent and School Health. Atlanta, GA: Centers for Disease Control and Prevention.

National Center for Health Statistics. (1999). *Report of Final Mortality Statistics, 1997*. (DHHS Publication No. PHS 97-1220.) Public Health Service, Department of Health and Human Services. Washington, DC: U.S. Government Printing Office.

National Center for Health Statistics. (1999). *Trend B Worktable 291: Death Rates for 72 Selected Causes, By 5-Year Age Groups, Race and Sex*. Public Health Service, Department of Health and Human Services. Washington, DC: U.S. Government Printing Office. [<http://www.cdc.gov/nchswww>].

**\*'Other' refers to the sum of all those who are not Black or White.**

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. For questions regarding data sources or availability, please contact NAHIC. For racial/ethnic data, the category names presented are those of the data sources used.

## 2000 NAHIC Adolescent Fact Sheets

Fact Sheet on Adolescent Demographics

Fact Sheet on Adolescent Mortality

Fact Sheet on Adolescent Homicide

Fact Sheet on Adolescent Suicide

Fact Sheet on Adolescent Injury

Fact Sheet on Preventive Health Services for Adolescents

Fact Sheet on Adolescent Pregnancy Prevention

Fact Sheet on Adolescent Substance Use

Fact Sheet on Adolescent Sexuality

Fact Sheet on Adolescent Health Care Utilization

Fact Sheet on Out-of-Home Youth

## 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  
ph. 415.502.4856, f. 415.502.4858  
email: [nahic@itsa.ucsf.edu](mailto:nahic@itsa.ucsf.edu)  
<http://youth.ucsf.edu/nahic>

### Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (4H06 MC00002) to serve as a national resource for adolescent health research and information 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  
Susan G. Millstein, PhD  
Elizabeth M. Ozer, PhD  
David Knopf, LCSW, MPH  
M. Jane Park, MPH  
Scott Burg  
Pamela S. Witt

Copies of any of the listed Adolescent Fact Sheets can be found on the World Wide Web at <http://youth.ucsf.edu/nahic>. Hard copies can be requested at (415) 502-4856, or by email at: [nahic@itsa.ucsf.edu](mailto:nahic@itsa.ucsf.edu).



**Cite as:** National Adolescent Health Information Center. (2000). Fact Sheet on Adolescent Suicide. San Francisco, CA: National Adolescent Health Information Center, University of California, San Francisco.