



DEMYSTIFYING THE DATA

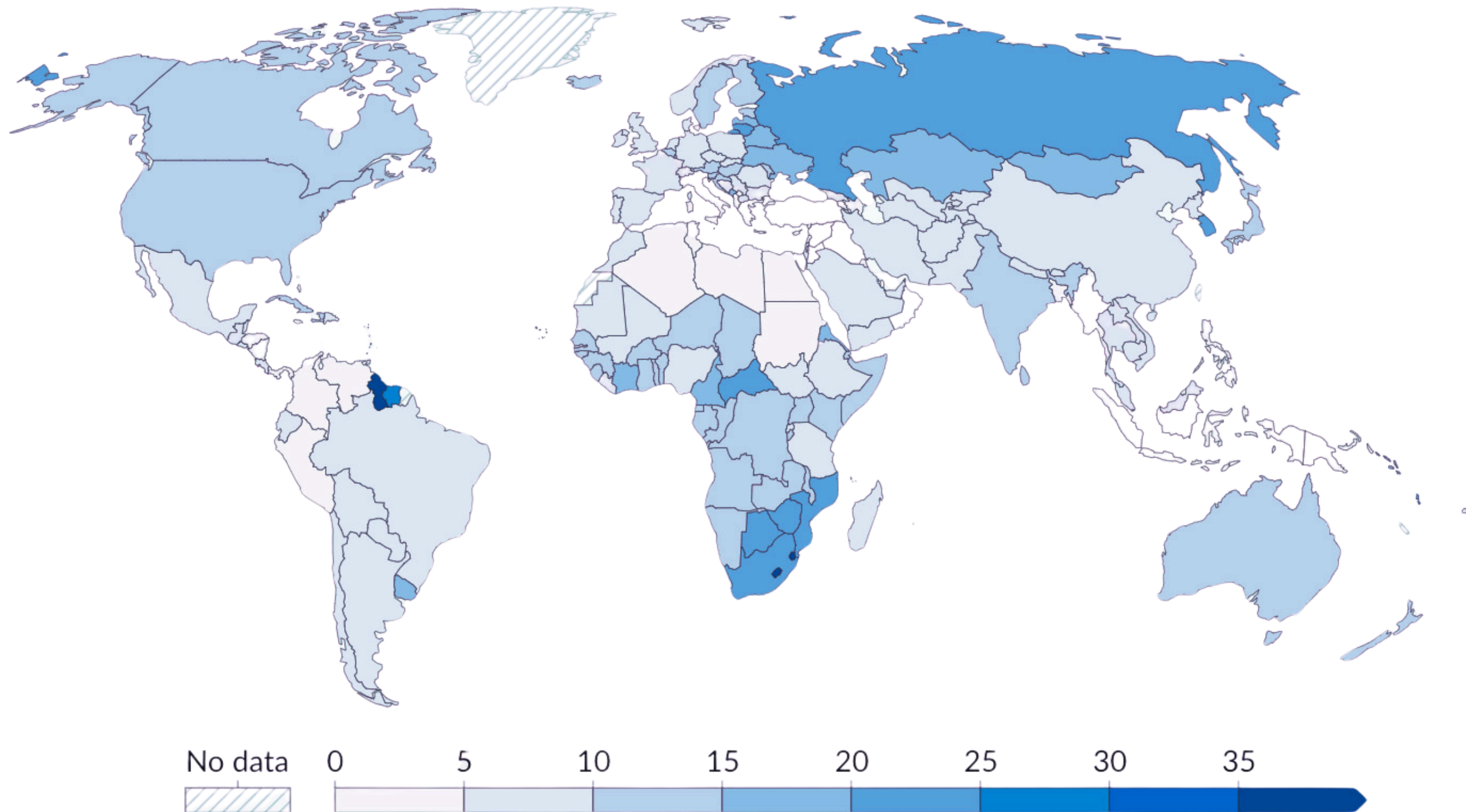
Understanding trends in suicide
and the mental health crisis

JUNE 4, 2025

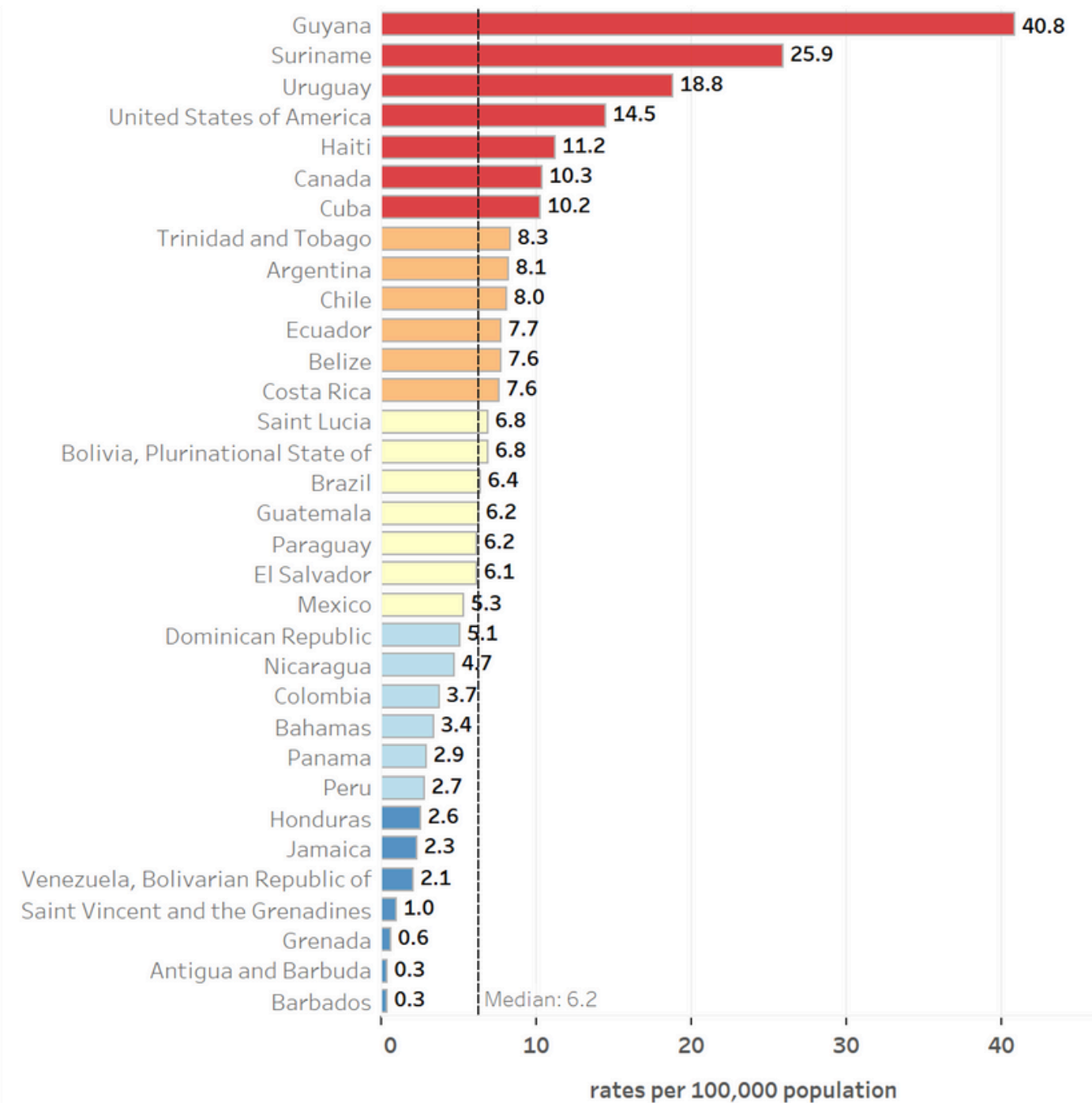


- Part of the non-religious, international, suicide prevention network providing life saving services in 48 countries.
- Created the world's first suicide hotline
- Operates NYC's only 24-hour, anonymous & completely confidential crisis response hotline
- Hotline staffed entirely by devoted, community volunteers
- Samaritans' NYC also has an education program & suicide bereavement support program.

GLOBAL SUICIDE RATE PER 100,000 (WHO, 2019)



BURDEN OF SUICIDE BY COUNTRY (AMERICAS)



US SUICIDE VITAL STATISTICS 2023

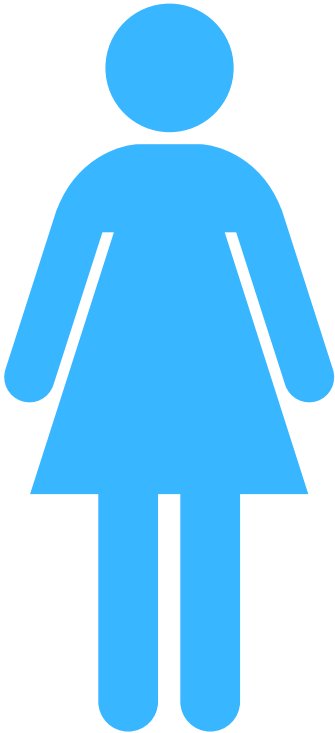
There were 49,316 suicide fatalities in 2023.

Suicide is the 2nd leading cause of death for all people aged 10-34.

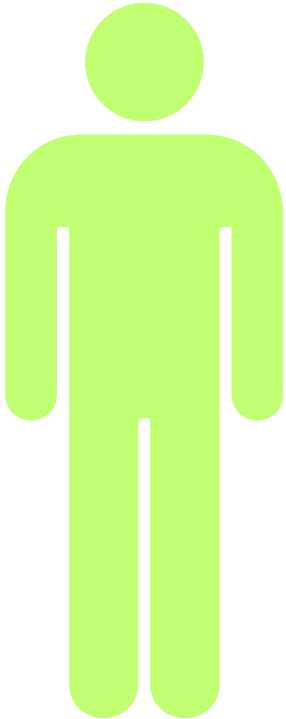
- 1.6 million adults attempt (18+)
- 953k adolescents (12-17 years old)

US SUICIDE VITAL STATISTICS (GENDER)

SUICIDES	
Total	49,316
Male	39,046
Female	10,270



Women attempt suicide at **3x** the rate of men.



Men are **4x** more likely to die by suicide than women.



Data on trans suicide is not available via CDC WISQARS™

(Drapeau & McIntosh, 2025)

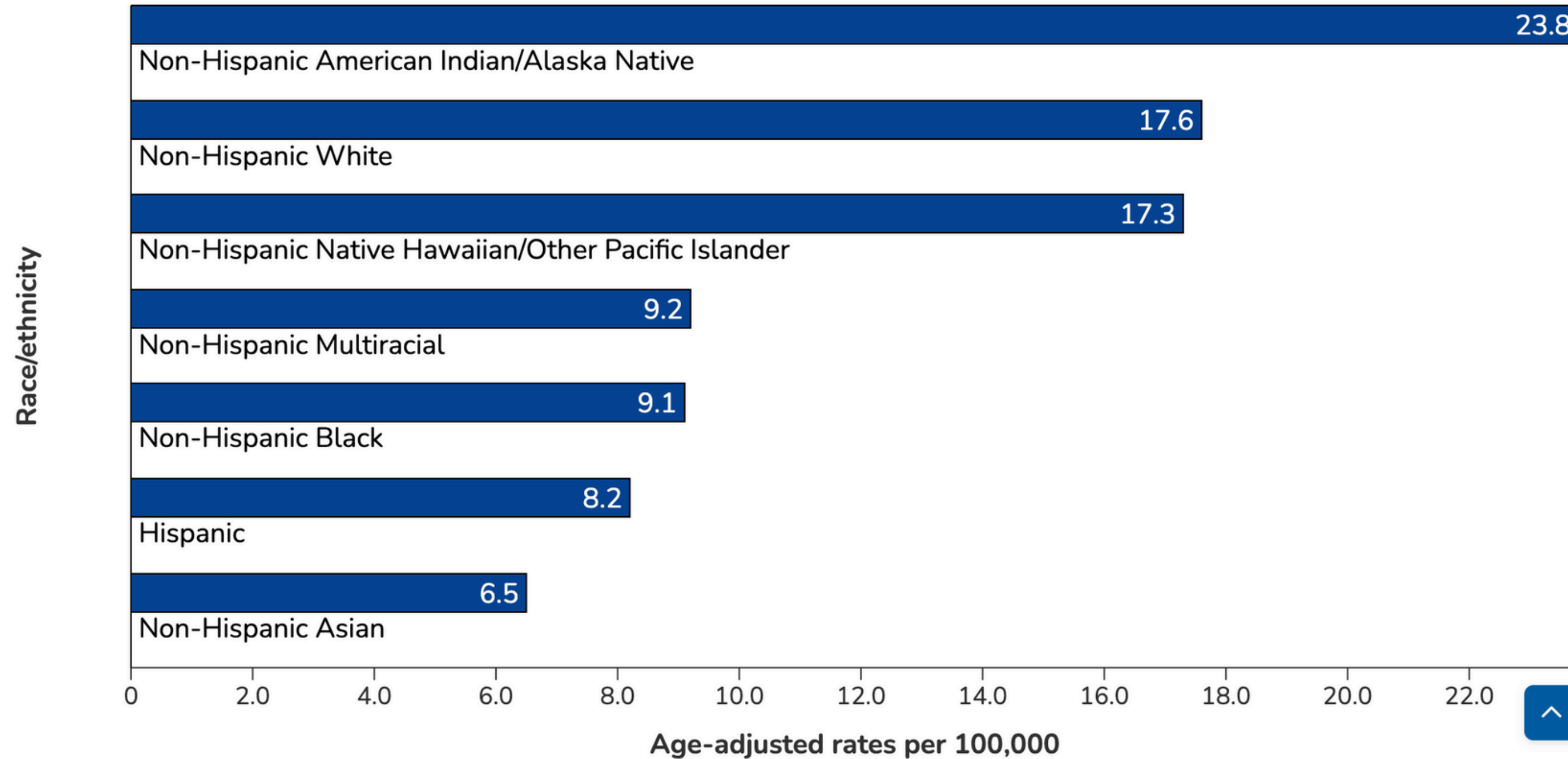
US SUICIDE VITAL STATISTICS (AGE)

SUICIDES	
Older Adults (65+)	10,437
Middle Aged (45-65)	15,469
Young (15-24)	5,936

(Drapeau & McIntosh, 2025)

ATTEMPTS	
Adults (18+)	1.6 million
Youth (12-17)	953,000
ADULTS (18+)	
Thoughts	12.8 million
Plan	3.7 million

FEMALE SUICIDE RATES BY GROUP (USA, 2021)



SUICIDE IN THE US

- The economic cost of suicide and nonfatal self-harm averages **\$510 billion** per year (2020 USD).
 - Working-aged adults (25–64) account for nearly 75% of suicide-related costs: \$356 billion of \$484 billion annually.
 - Youth and young adults (10–44) account for nearly 75% of nonfatal self-harm costs: \$19 billion of \$26 billion annually.

THE STATE OF SUICIDE New York City

A circular graphic containing a blue-toned map of New York City, showing the dense grid of streets and the surrounding water.

Every 16 hours,
one person dies
by suicide in NYC.

2x as many New Yorkers die by suicide each year than
die as the result of a fatal car accident.

1 in 3 New Yorkers are experiencing
depression and/or anxiety—a rate
that has not budged since May 2021.

41,500 Suicide attempts were made
by New Yorkers in 2023



VULNERABLE POPULATIONS

2 in 5

New Yorkers between the ages of 18 and 34 report having poor mental health. *(New York Health Foundation, 2023)*

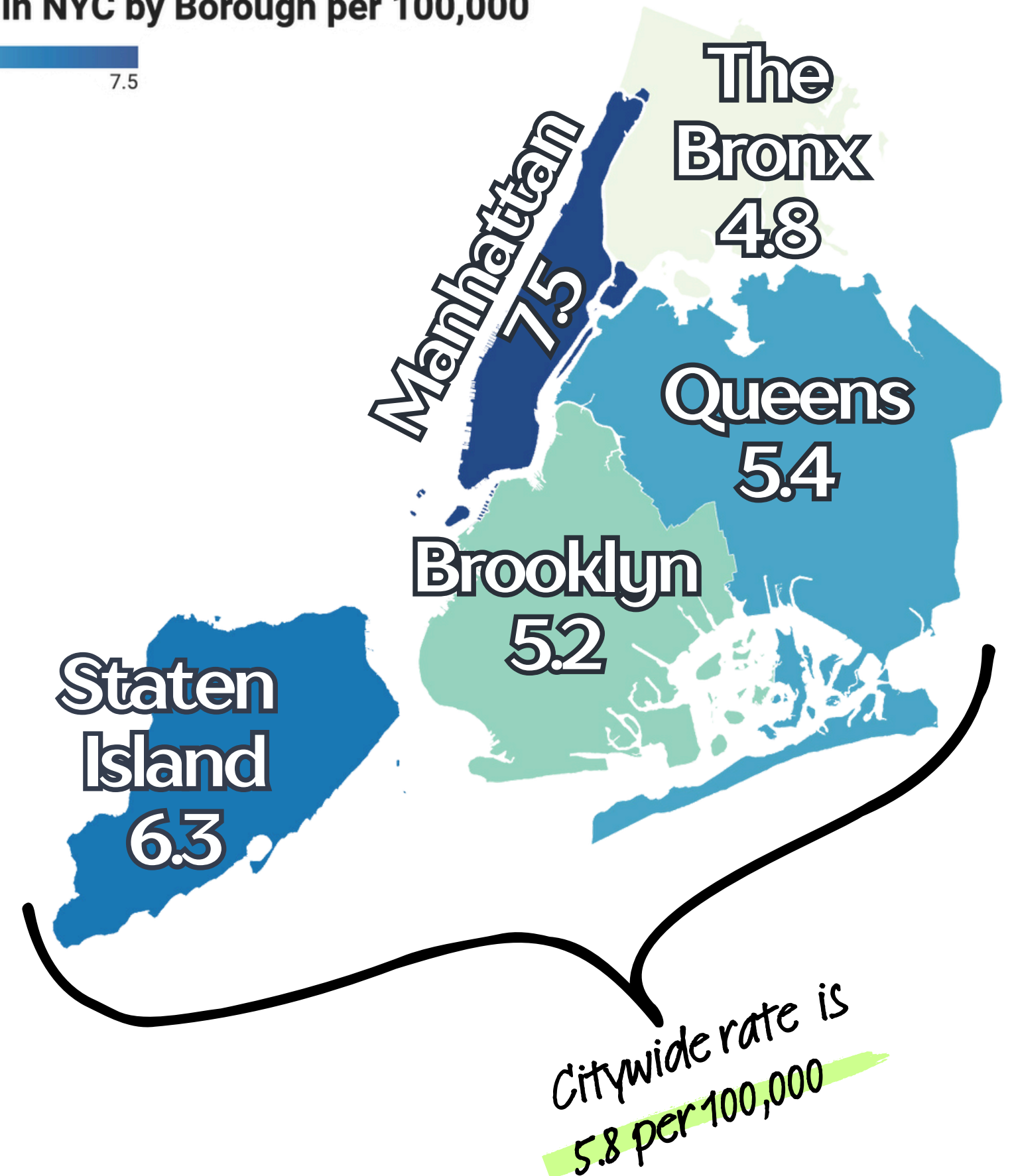
41%

of Hispanic New Yorkers reported anxiety and/or depression in the first quarter of 2023.

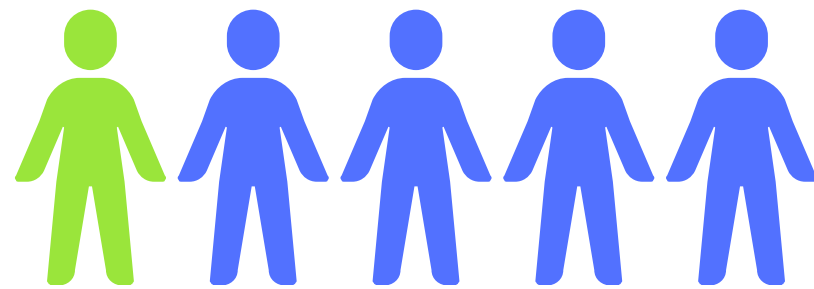
57%

of New Yorker's experiencing food-insufficiency reported poor mental health—nearly double the 29% with sufficient food who reported the same.

Suicides in NYC by Borough per 100,000



MENTAL HEALTH, SUBSTANCE USE DISORDERS (SUD) + SUICIDE



1 in 5 adults of U.S. adults experience mental illness each year (NAMI, 2024).

The **average delay** between onset of mental illness symptoms and treatment **is 11 years.**

MENTAL HEALTH, SUBSTANCE USE DISORDERS (SUD) + SUICIDE

46% of people who die by suicide had a diagnosed mental health condition (CDC, 2022).

What about the **"90%" Statistic?**

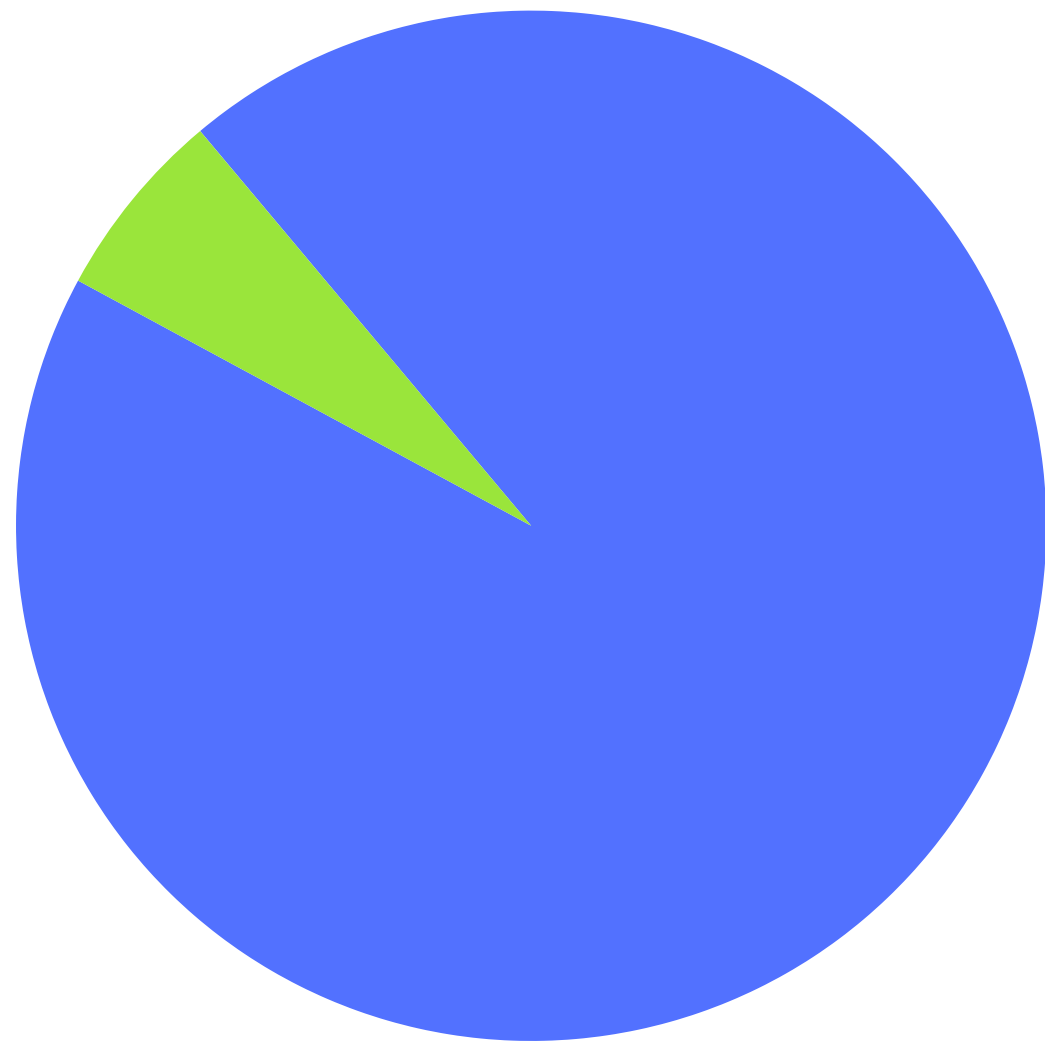
- *90% of people who die by suicide showed symptoms of a mental health condition*

ISSUES:

- Reliability of psychological autopsies
- Impulsivity
- Access to highly lethal means
- Social factors (economic, discrimination, minority stress, etc.)

MENTAL HEALTH, SUBSTANCE USE DISORDERS (SUD) + SUICIDE

- **17%** of Americans (12+) had a substance use disorder in the past year (NSDUH).



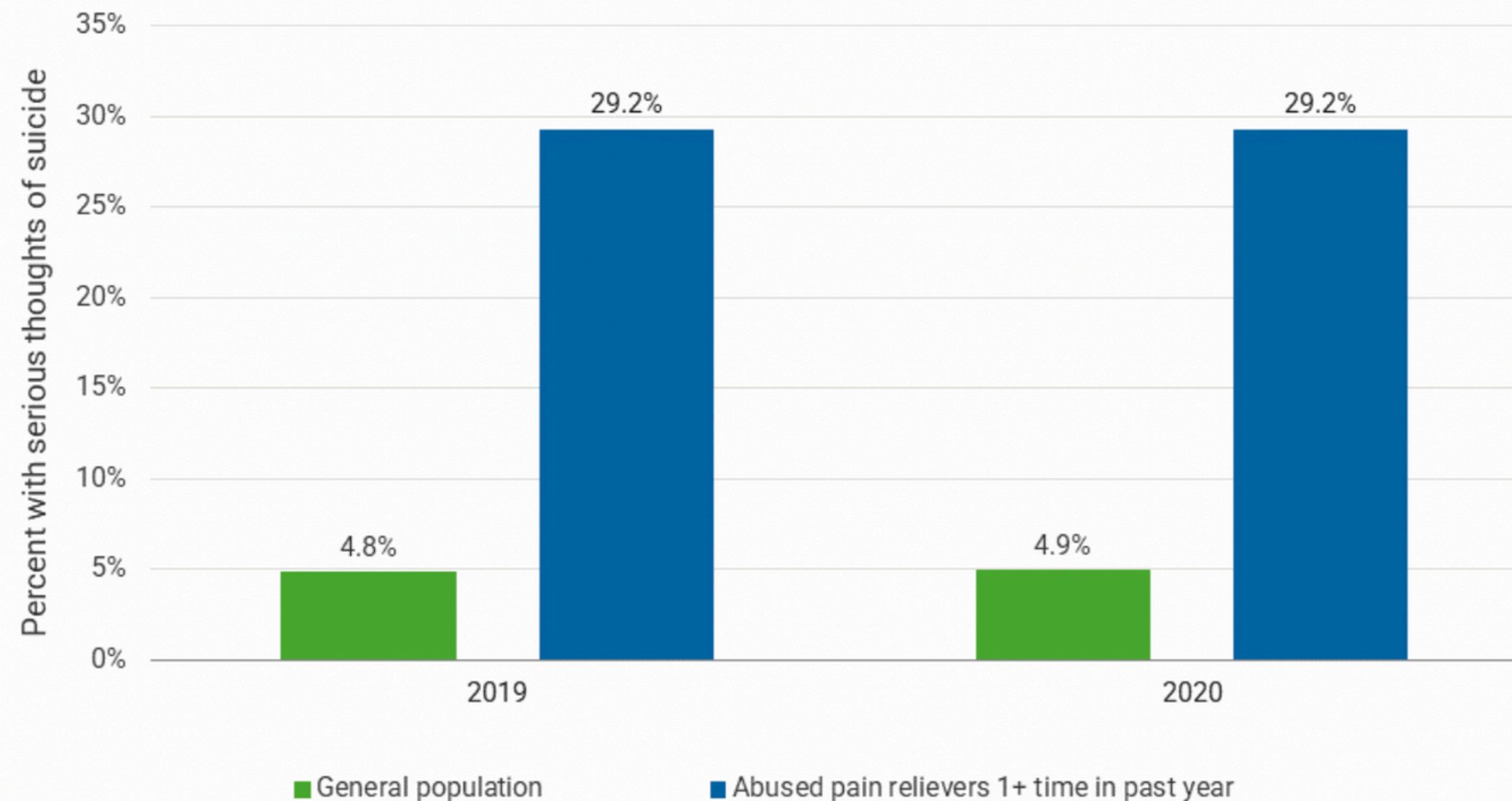
← **94%** of ppl with SUD did not receive any form of treatment (PEW, 2023).

The majority of people with MHD or SUD **NEVER receive treatment.**

MENTAL HEALTH, SUBSTANCE USE DISORDERS (SUD) + SUICIDE

SPRC | Suicide Prevention Resource Center

Serious Thoughts of Suicide and Pain Reliever Abuse, Adults (18+)



OPIOID USE DISORDERS (OUD) + SUICIDE

- **45%** of individuals with OUD reported a **desire to die** before their most recent overdose.
- **1 in 5** had intent to die—not just passive ideation.
- Calls for routine suicide screening in overdose treatment settings.
- **Suicide prevention and overdose prevention should be integrated in OUD care.**

(Connery et al., 2022)

BEHAVIORAL ADDICTION + SUICIDE

ADDICTIVE DISORDERS

- Internet
 - Gambling
 - Sex
 - Shopping
 - Gaming
- *Greater **impulsivity, emotional dysregulation, and longer illness duration** were all linked to higher suicide risk.*
 - ***Poor social support and financial problems** were common in those with suicidal behavior.*
 - *The study's findings indicated that patients at greater risk of committing a suicidal event (either suicidal ideation or attempts) are those with gambling disorder, sex addiction, or buying–shopping disorder.*
 - *the fact that gambling disorder, sex addiction, and buying–shopping disorder are characterized by higher levels of feelings of shame, isolation, and guilt may contribute to increase the risk of suicide.*

(Valenciano-Mendoza et al., 2021)

EATING DISORDERS + SUICIDE

EATING DISORDERS ARE THE DEADLIEST MENTAL HEALTH CONDITION.

EATING DISORDERS (DSM-5)

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Other Specified Feeding and Eating Disorder (OSFED)
- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Unspecified Feeding or Eating Disorder (UFED)
- Other:
 - Muscle Dysmorphia
 - **Orthorexia Nervosa (ON)**

STRUCTURAL INEQUITY, MENTAL HEALTH + SUICIDE

- Health disparities: The COVID-19 pandemic **worsened pre-existing deficits** in available mental health services for BIPOC, LGBTQ, veteran, essential workers, (SAMHSA, 2021).
 - Between 2010 and 2020, Black and American Indian or Alaska Native (AIAN) people experienced the **largest increases** in rates of death by suicide (KFF, 2022)
 - Drug overdose deaths increased for all groups, but were larger for people of color (AIAN reporting the largest) (CDC, 2022)
-

People of color were generally less likely to report experiencing any mental illness or substance use disorders compared to their White peers.

AND

Reports of moderate or severe anxiety and/or depression were similar among White (9%), Black (9%), and Hispanic (8%) adults. (KFF, 2022).

A CLOSER LOOK AT SPECIFIC POPULATIONS

VETERANS

- Veterans face **higher suicide rates than the general population**, with over 6,300 deaths by suicide in 2021—an 11.6% increase from 2020 (VA, 2023).
- Female veterans experienced a disproportionate **24% rise** in suicide rates from 2020 to 2021 (VA, 2023).
- **Firearms are used in 72% of veteran suicides**—significantly higher than among civilians—making firearm access a critical risk factor.
- Mental health conditions such as PTSD, depression, and traumatic brain injury are strongly associated with veteran suicide risk (American Addiction Centers, 2023)
- Transitioning from service is a high-risk period, especially in the first three months post-separation (VA, 2019).

IPV (DV) + SUICIDE

Prevalence of Suicidal Thoughts and Attempts

- 36% of female survivors of domestic violence have considered suicide, and 23% have attempted suicide (Cavanaugh et al., 2011).

Impact of Different Forms of Abuse

- Experiencing multiple forms of abuse (physical, sexual, emotional) increases the risk of suicidal behavior among survivors (Afifi et al., 2009).

Mental Health Consequences

- Victims of domestic violence are at a higher risk for developing depression, PTSD, and anxiety—all of which significantly raise suicide risk (Rasmussen et al., 2023)

IPV (DV) + Suicide

Gender Disparities in IPV-Related Suicide

- Among IPV-related single suicides, 81% occurred among males, with most (73%) having recently perpetrated non-fatal IPV (Kafka et al., 2022).

Children's Exposure

- Children exposed to domestic violence are also at increased risk for suicidal thoughts and behaviors (Afifi et al., 2009).

OLDER ADULTS

1. Higher Lethality of Suicide Attempts
2. Highest Age-Specific Suicide Rates
3. Gender Disparity
4. Mental & Physical Health Links
5. Under-Detection
6. Limited Prevention

OLDER ADULTS

- Older adults tend to plan out suicides more carefully and utilize **more lethal means**.
- They are **less likely to recover** from an attempt.
- Older adults may exhibit **passive self-harm behaviors** that may result in death
- **Misconception** that aging and sadness/depression go hand in hand reduces the likelihood of identifying risk and/or increases hesitance to seek help.

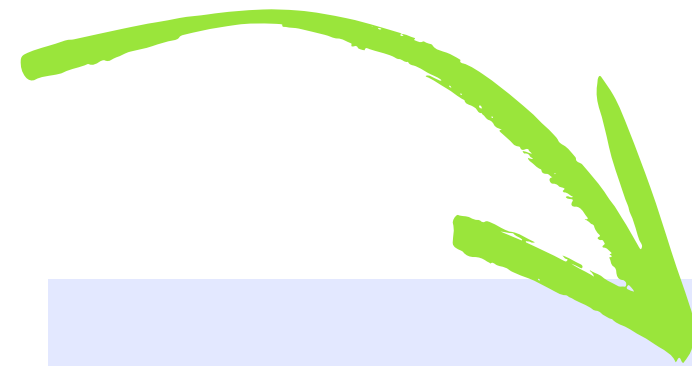
SUICIDE LOSS + EXPOSURE

- 135 people affected per suicide death → ~6.7 million exposed in 2023
- Estimated suicide loss survivors in 2023: 295,896
- Cumulative suicide loss survivors in U.S. (1999–2023): Over 5.9 million
- 6+ new loss survivors created every 10.7 minutes

SUICIDE LOSS SURVIVORS

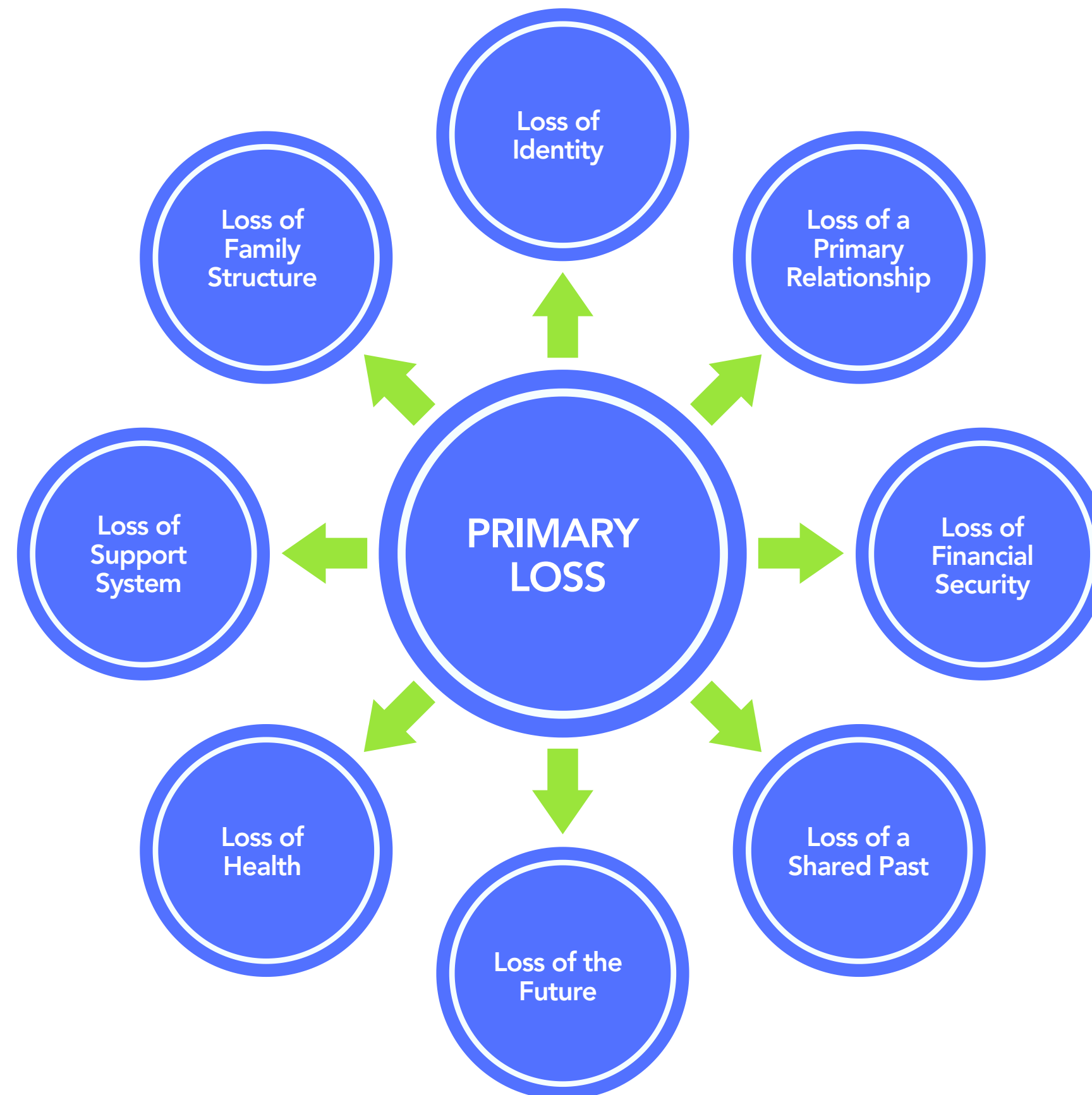
Survivors are at a higher-risk due to:

- The psychological trauma of a suicide loss
- Potential shared familial and environmental risk
- Suicide contagion through the process of social modeling
- Stigma associated with this loss



- **The Suddenness and Violence of the Loss**
- **Emotional and Physical Reactions**
- **Post-Traumatic Stress**
- **Persistent Questions**
- **Stigma and Isolation**
- **Lack of Privacy**
- **Family and Community Tensions**
- **Investigations**
- **Practical Concerns/ Death Administration**

SUICIDE LOSS SURVIVORS: SECONDARY LOSS



CHILDREN (5-11)

- Suicide is the **8th** leading cause of death in children age 5–11 (CDC, 2022). The actual incidence is **underreported**, but it is a fairly rare.
- By **3rd grade**, children have an elaborate understanding of suicide.
- **Younger children** generally understand the idea of “*killing oneself*”
- The most common way children died by suicide was by hanging (**78%**), followed by firearm use (**19%**) (NIMH, 2021).
- **96%** of suicides in this age group occurred at home, with **66%** occurring in bedrooms.
- Black children die by suicide at **2x** the rate of white children (Bridge et al., 2018)

U.S. Youth Suicide Rate: Ages 5-11 Years, 2000 to 2020

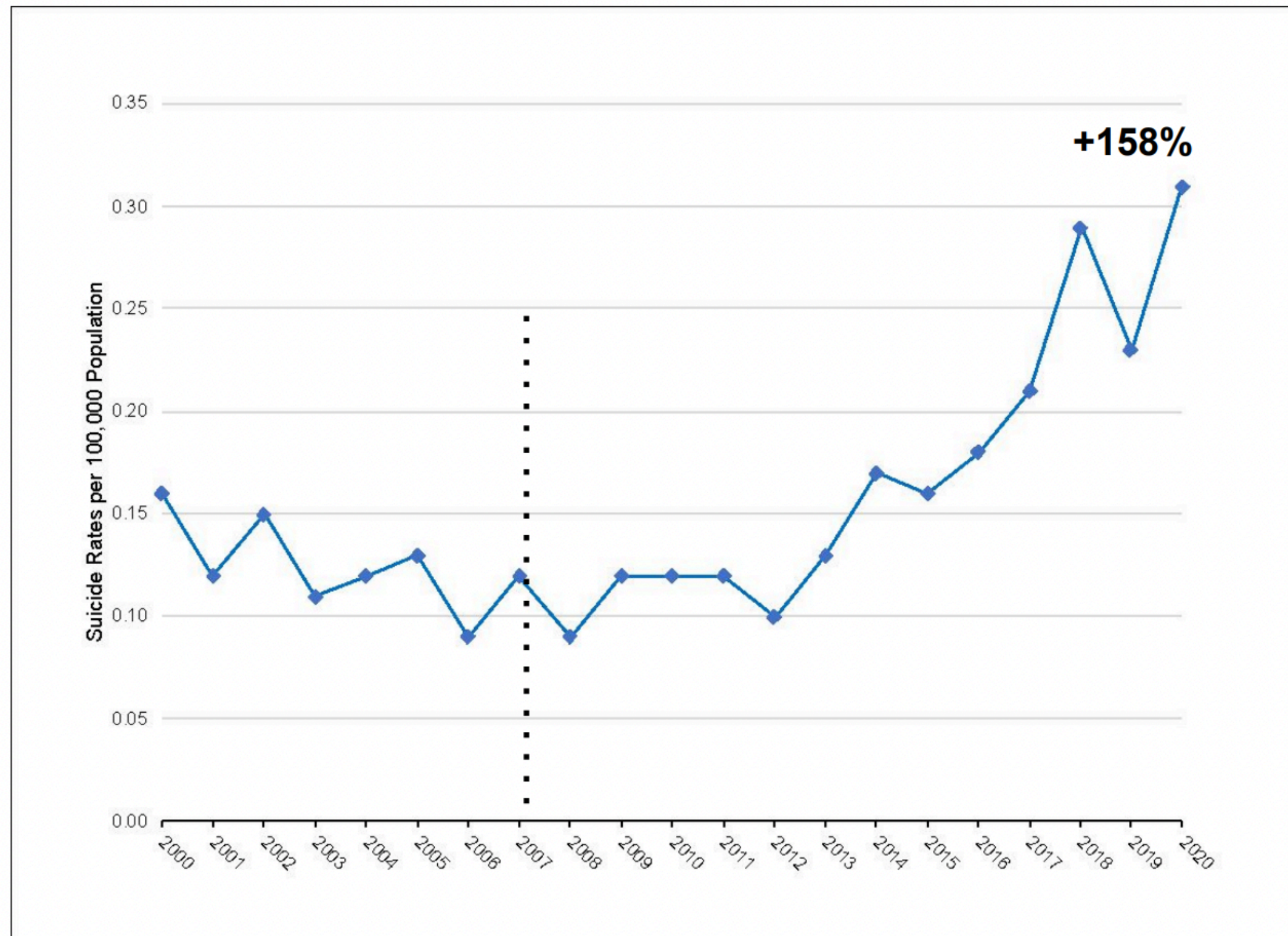
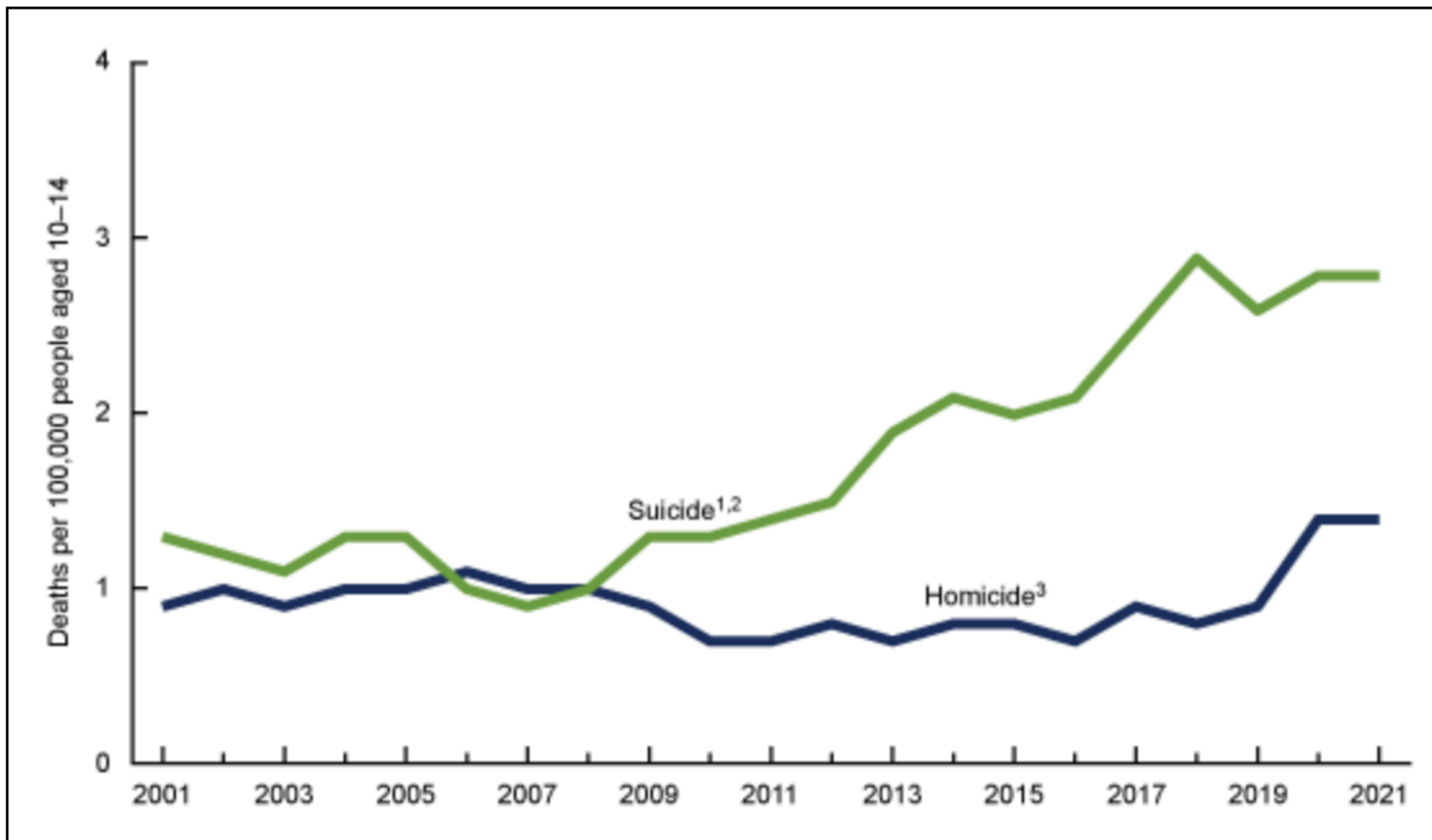


Figure 2. Suicide and homicide death rates among people aged 10–14: United States, 2001–2021



CHILDREN + SUICIDE

Sex Differences:

- No association found between sex and suicide attempts in preadolescents.

SGM (Sexual + Gender Minorities):

- Preadolescents identifying as sexual minorities have almost **4x** greater odds of experiencing suicidal ideation.
- Sexual minority youth with a history of suicidal ideation have over **2x** greater odds of making a suicide attempt.

CHILDREN + SUICIDE

Psychiatric Treatment + Disclosure:

- **35%** of preadolescent youth with a lifetime history of suicidal ideation and **54%** with a history of suicide attempts received psychiatric treatment.
- Low concordance between youth and parent reports of suicidal ideation and attempts suggests youth may not be disclosing these issues to parents/guardians.

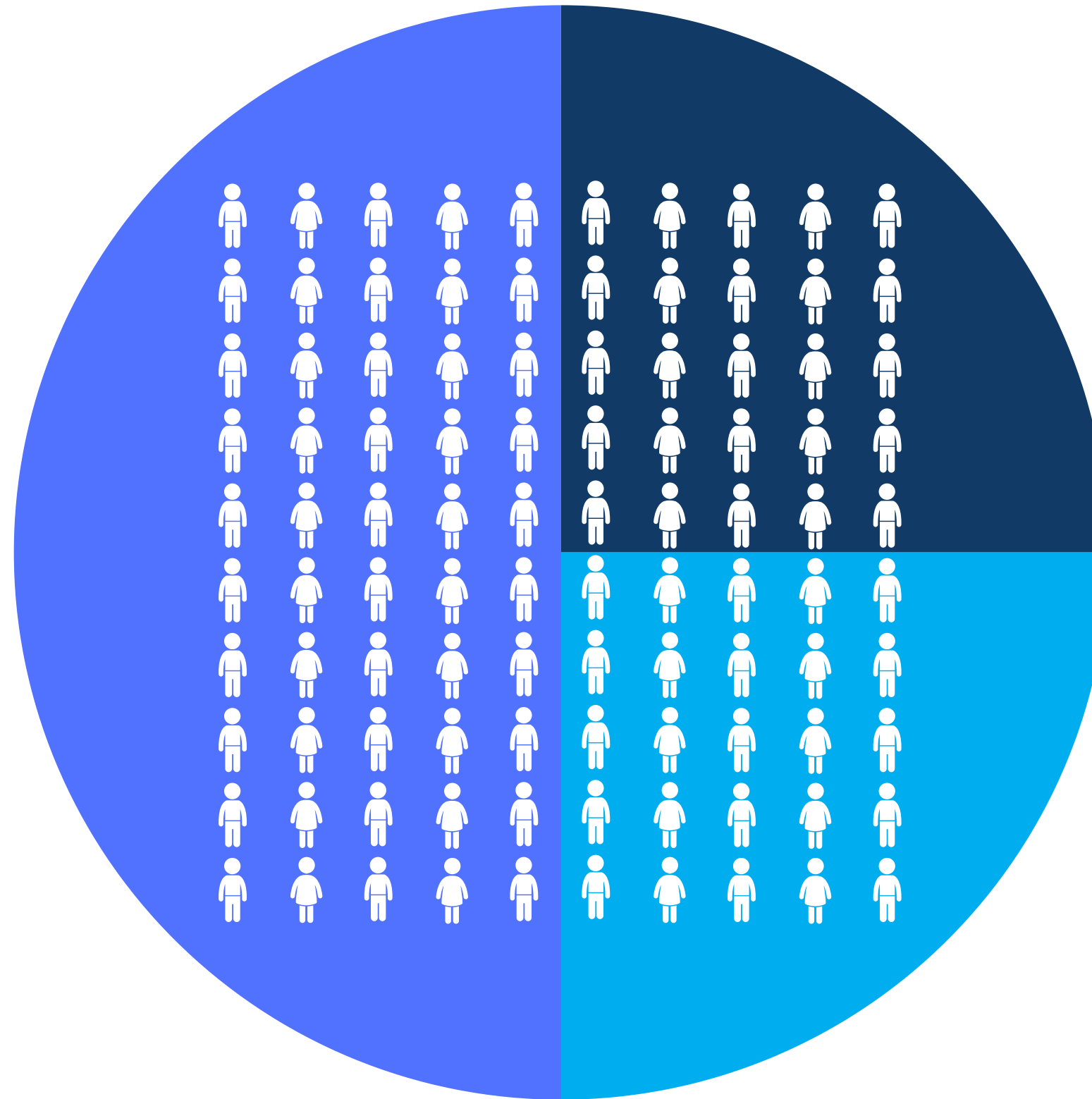
YOUTH (12-17)

Poverty is a significant risk factor for youth suicide

- Higher odds of suicidal ideation and attempts among 11- and 12-year-olds receiving free or reduced-price school lunch.

CHILDREN, YOUTH + MENTAL ILLNESS

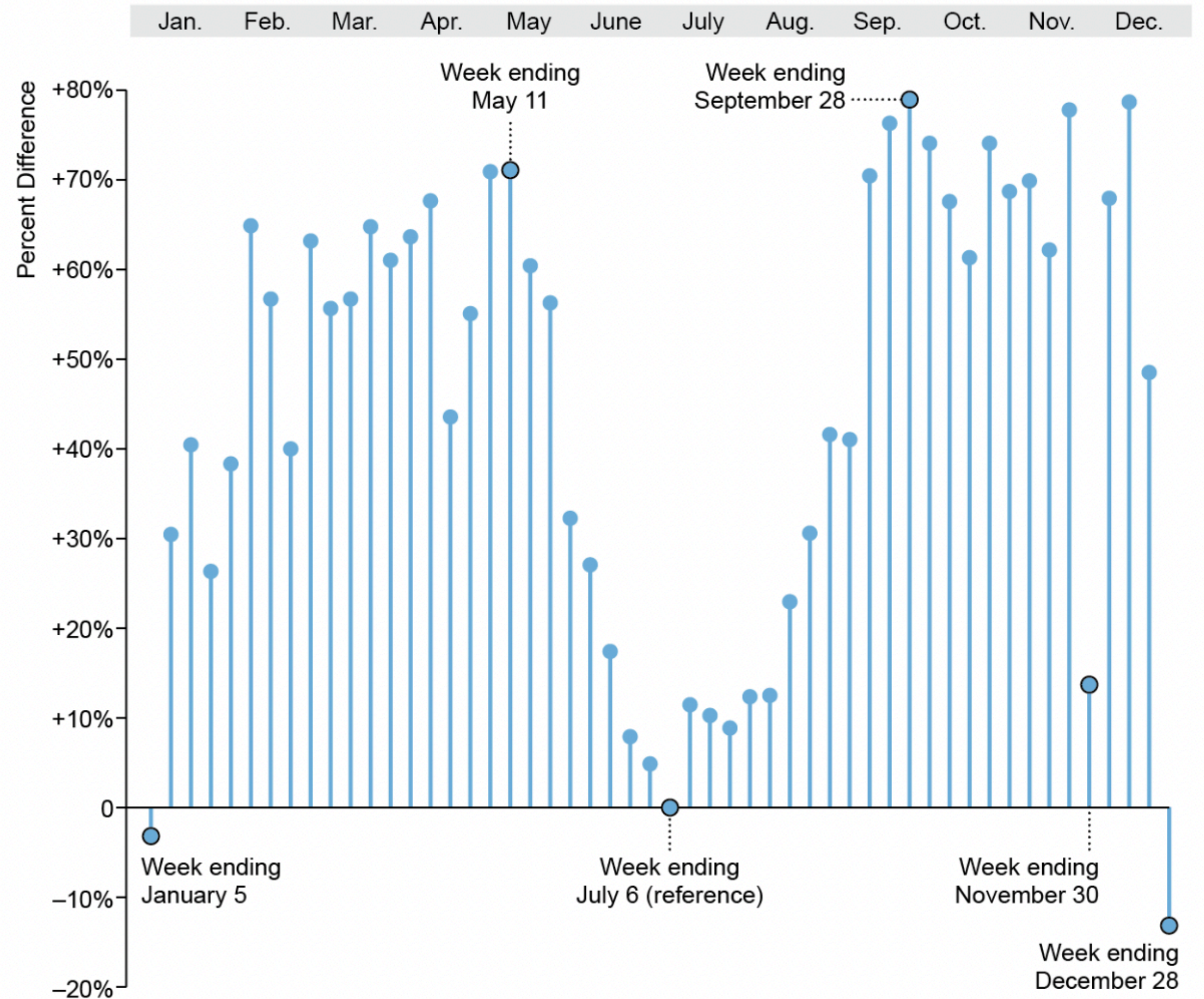
50% of all
lifetime mental
illness start by
age 14.



74% of all lifetime
mental illness start
by age 24.

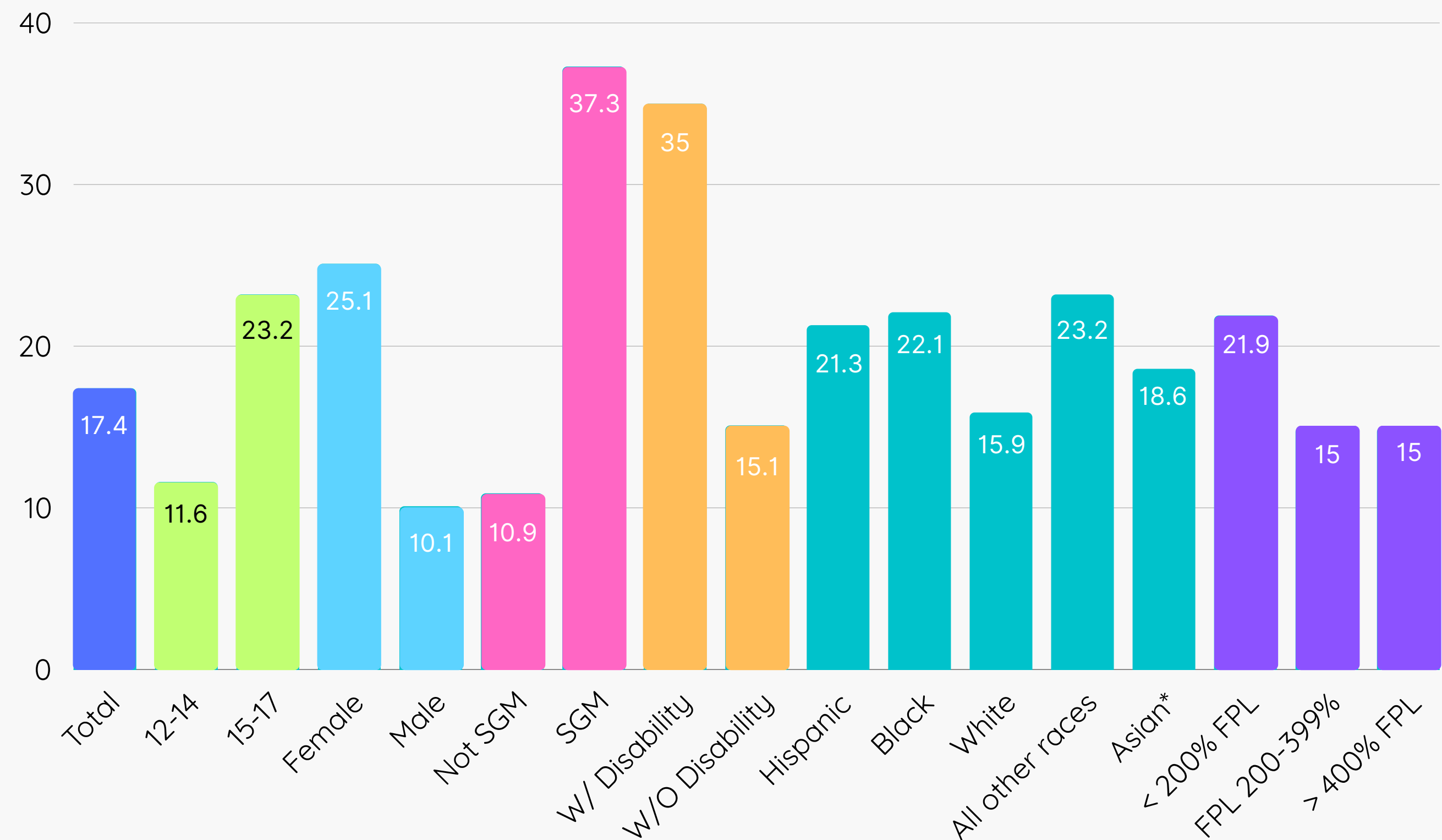
YOUTH MENTAL HEALTH ED VISITS BY WEEK

Samaritans



Amanda Montañez; Source: CDC Wonder, Centers for Disease Control and Prevention; Data analysis by Tyler Black

Percentage of teens aged 12-17 years with symptoms of depression during the past 2 weeks, United States



National Center for Health Statistics. National Health Interview Survey— Teen. Generated interactively:
May 23 2024 from https://wwwndev.cdc.gov/NHISDataQueryTool/NHIS_TEEN/index.html

LGBTQ+ YOUTH SUICIDE

Trevor Project 2024 Key Findings on Suicide Risk

- **39%** of LGBTQ+ young people **seriously considered** attempting suicide in the past year.
- **12% attempted** suicide during the same period.
- Transgender and nonbinary youth reported even higher rates:
 - **46%** seriously considered suicide.
 - **14%** attempted suicide.
- Youth of color experienced higher rates of suicide attempts compared to their White peers.

LGBTQ+ YOUTH SUICIDE

Rates of considered and attempted suicide among LGBTQ+ young people **by age:**

Considered suicide in the past year

46%

Ages 13-17

33%

Ages 18-24

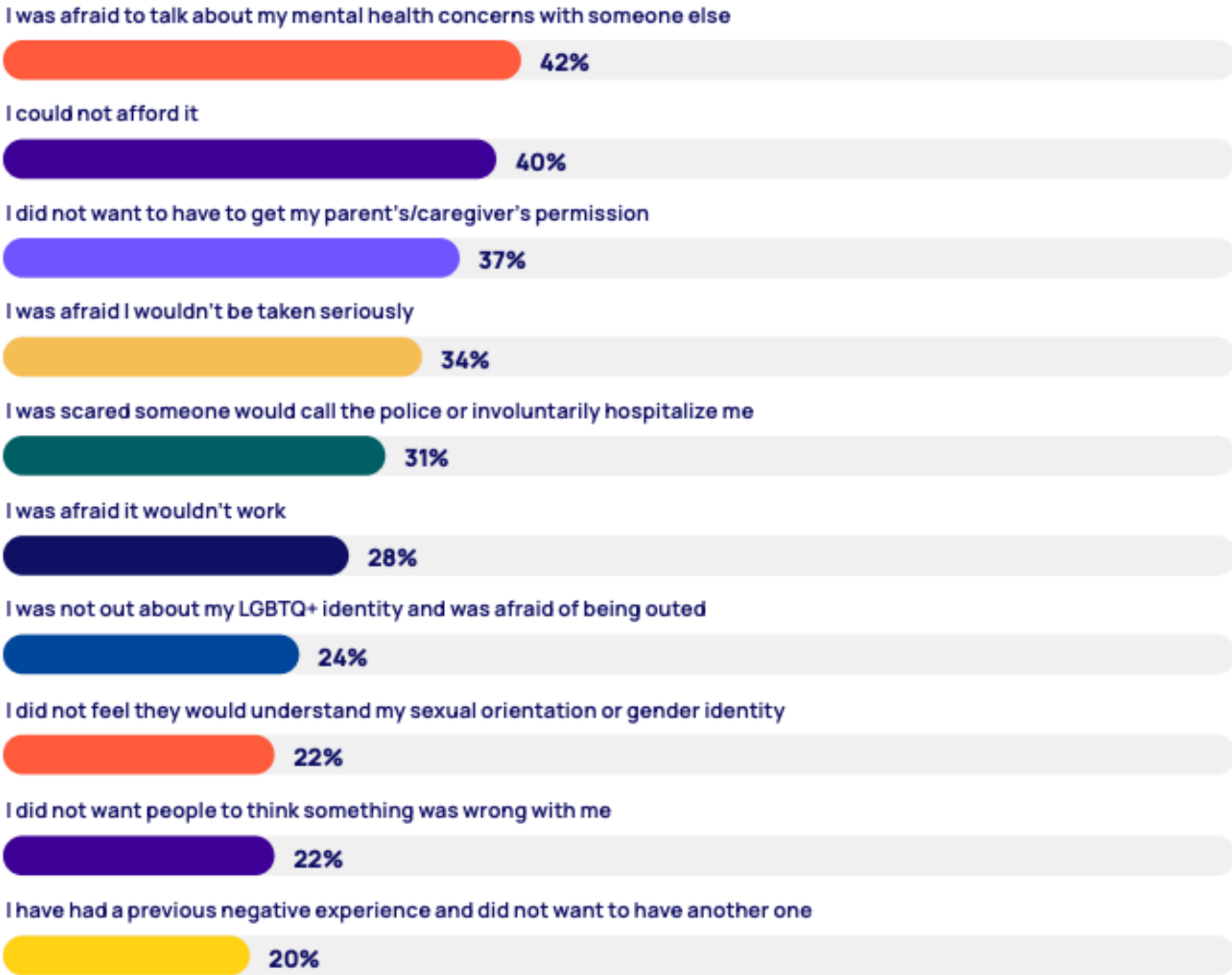
Attempted suicide in the past year

16%

8%

50% of LGBTQ+ youth who wanted mental health care in the past year were not able to get it.

LGBTQ+ young people who wanted mental health care but were unable to get it cited the following top ten reasons:



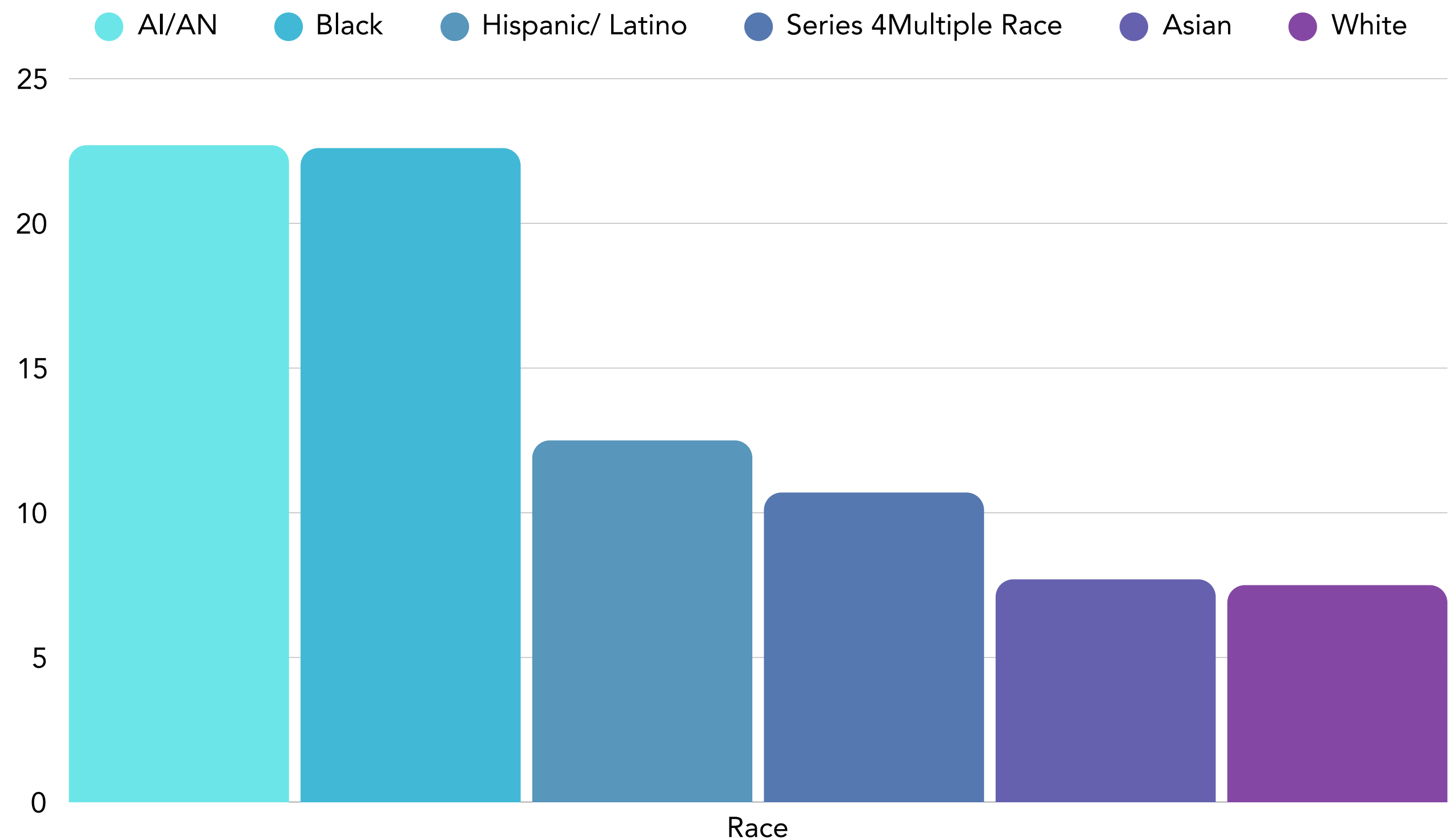
Data taken from Trevor, 2024 unless otherwise specified

LGBTQ+ YOUTH IN NYC

- Close to **70%** of LGBTQ+ students experienced persistent feelings of sadness or hopelessness during the past year and more than
- **50%** had poor mental health during the past 30 days.
- **25%** attempted suicide during the past year.

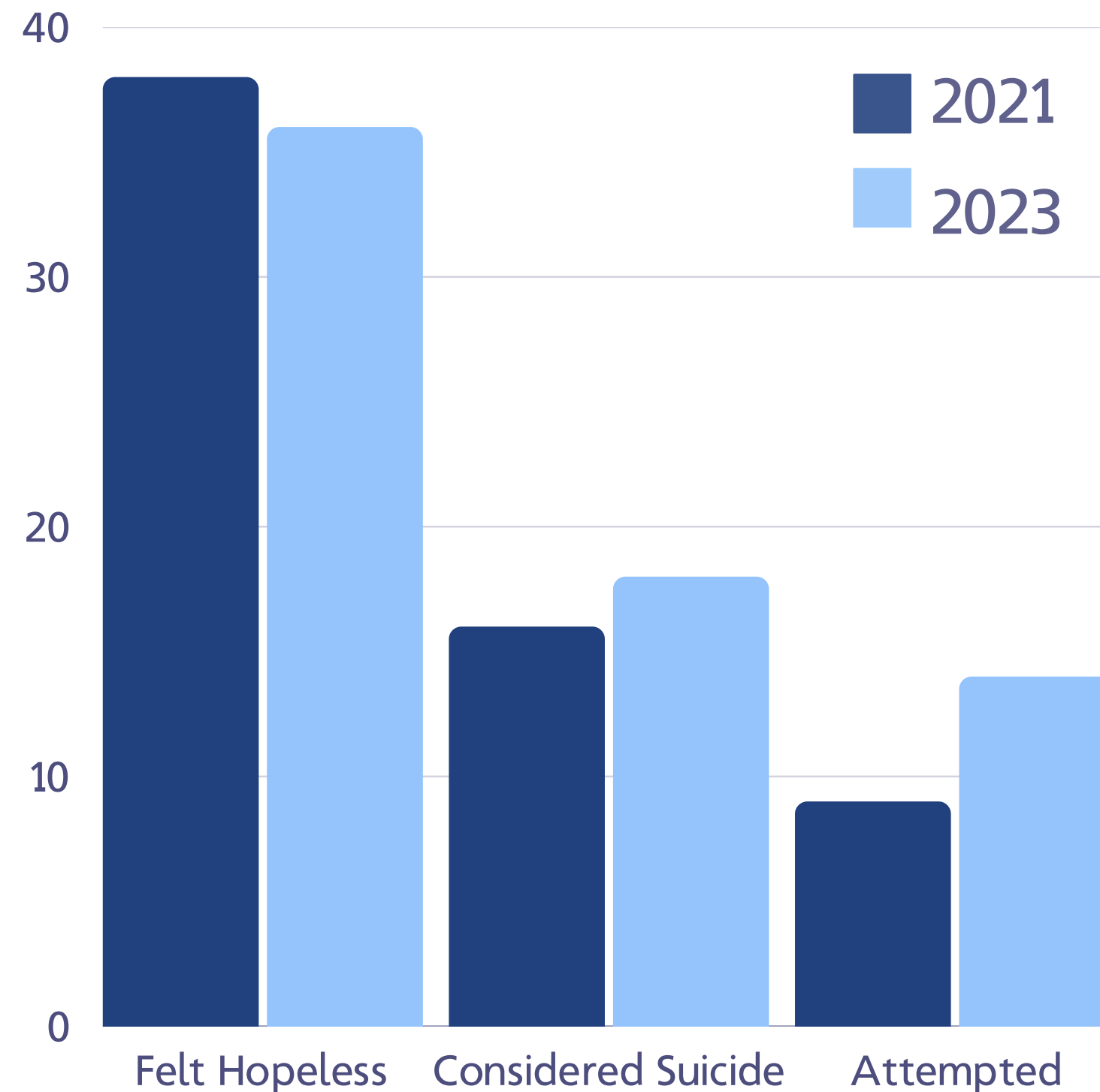
LGBTQ+ students and students who had any same-sex partners were more likely than their peers to experience unstable housing.

NYC Youth Suicide Attempt Statistics by Racial/Ethnic Group (YRBS, 2023)



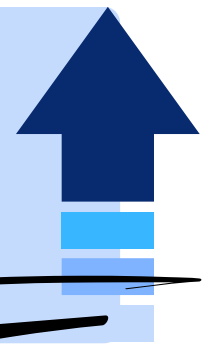
Student Suicide-related Experiences in the Last 12-months

(YRBS-NYC 2021, 2023, CDC 2024)



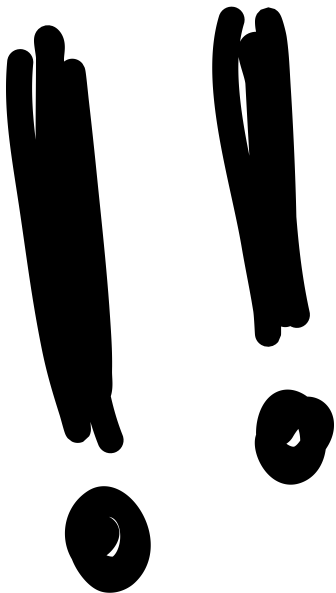
SUICIDE ATTEMPTS AMONG
NYC HS STUDENTS ARE UP

56%



Student Suicide-related Experiences in the Last 12-months

(YRBS-NYC 2021, 2023, CDC 2024)

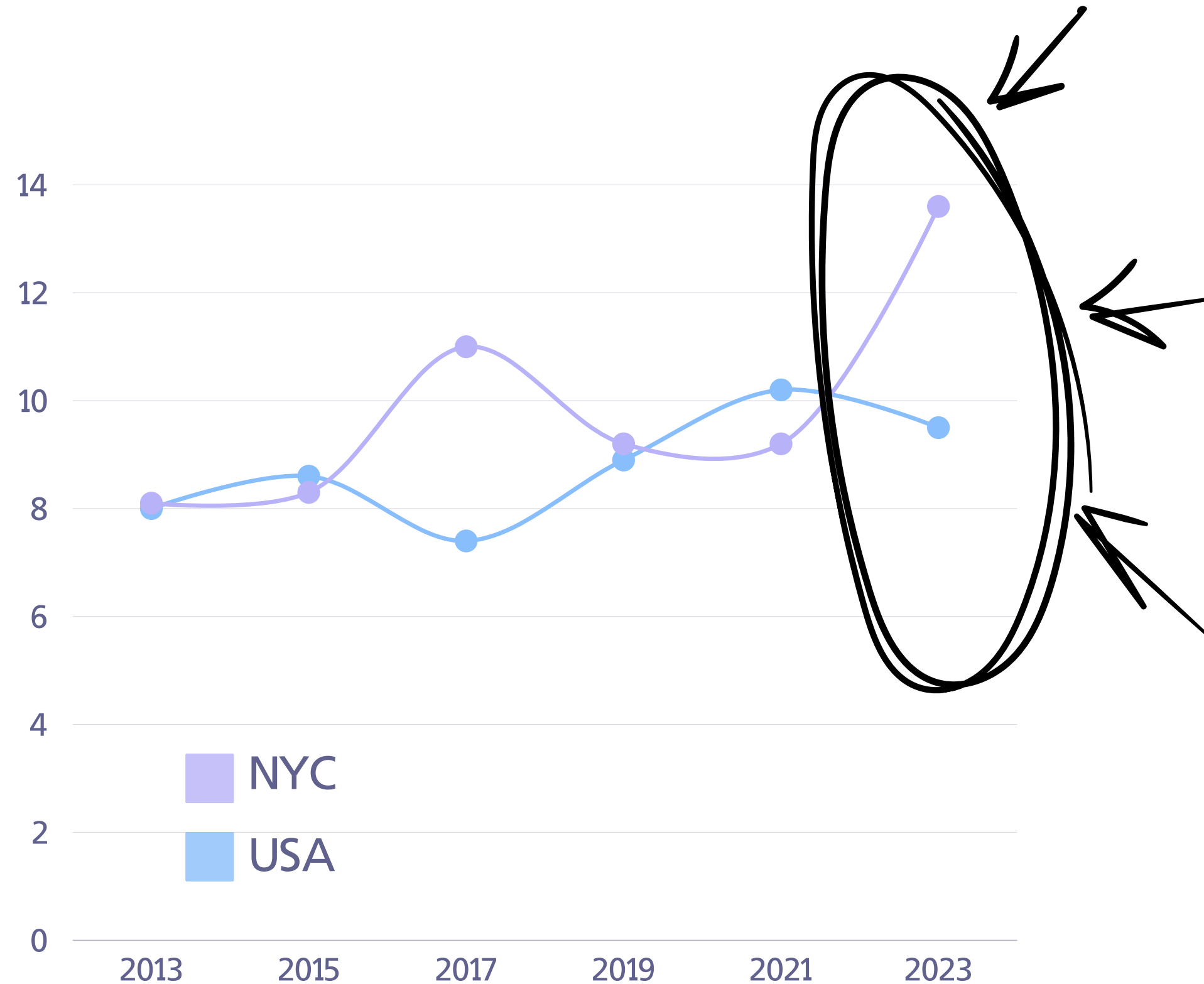


	2021	2023	% Change	
Felt Sad or Hopeless for 2+ Weeks	38%	36%	▼	-5%
Seriously Considered Suicide	16%	18%	▲	+13%
Made an Attempt	9%	14%	▲	+56%
Injured in an Attempt	2.9%	7.1%	▲	145%

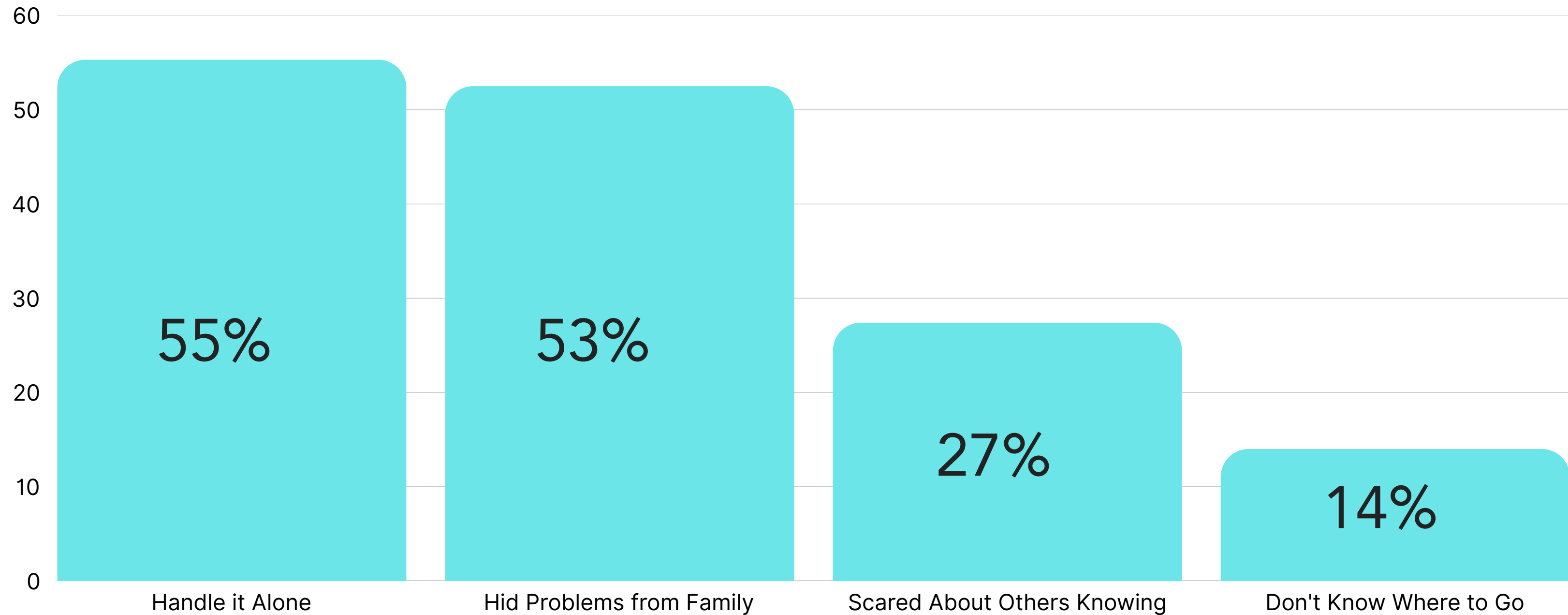


NYC VS. THE US: LONG TERM TRENDS IN YOUTH SUICIDE ATTEMPTS

(YRBS-NYC vs National Trends 2011, 2013, 2015, 2017, 2019, 2021, 2023, CDC 2024)



BARRIERS TO YOUTH MENTAL HEALTH CARE IN NYC



(NYC DOHMH, 2023)

BLACK YOUTH

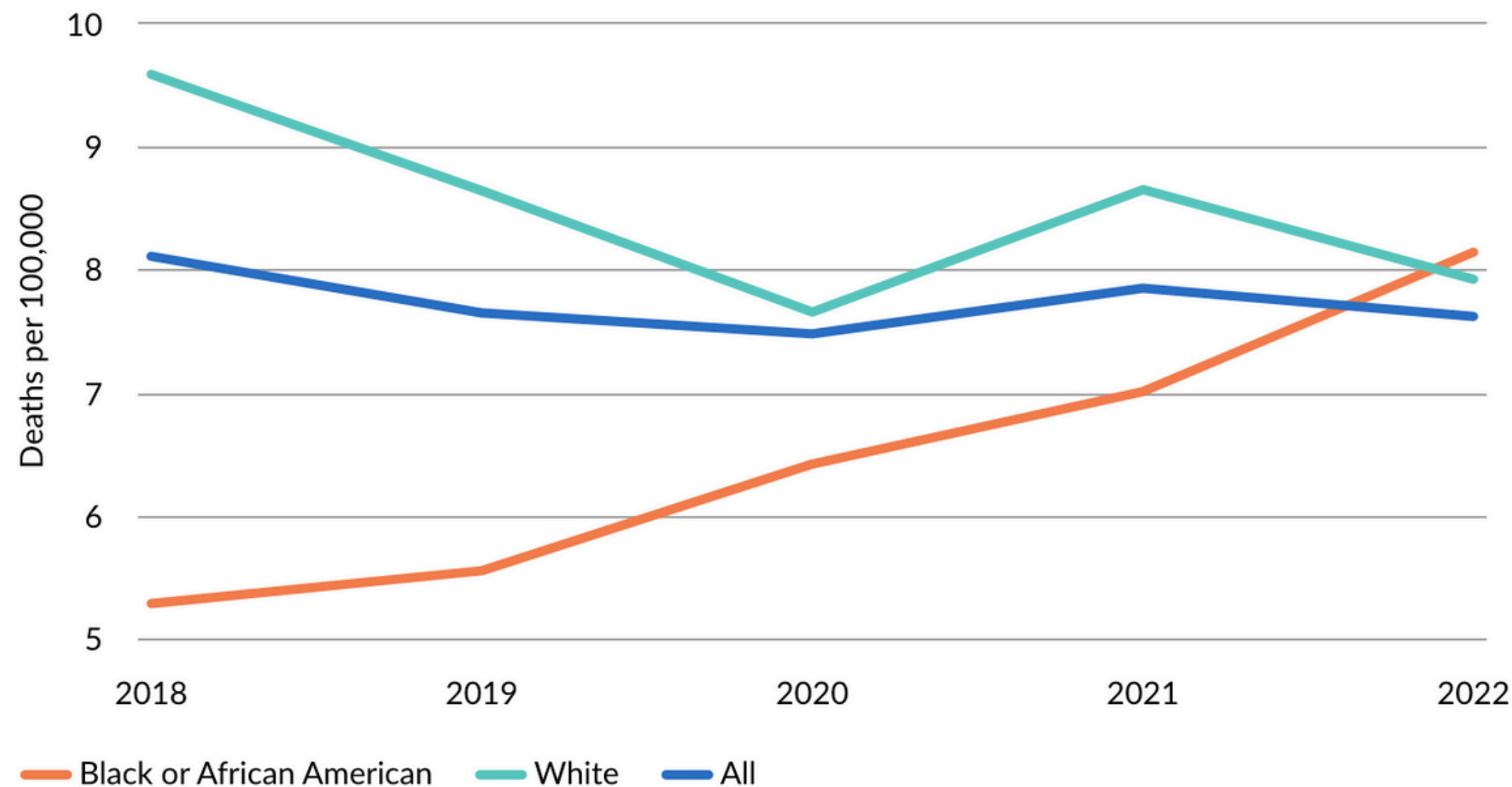
- Black students **significantly more likely** than Asian, Hispanic, and White students to have attempted suicide.
- Black children die by suicide at **2x** the rate of white children (Bridge et al., 2018)
- From 2000-2020 black youth also experienced the largest rise in suicide rates, at a staggering **78% increase**

From 2000-2020 black youth also experienced the largest rise in suicide rates, at a staggering **78% increase**.

(Wang & Liu, 2023)

Black Adolescent Suicides Increased From 2018-2022

Rate surpasses that of White peers



Between 2018 and 2022, the suicide rate among Black adolescents (ages 10-19) increased by 54%, surpassing the rate among their White peers (PEW, 2024).

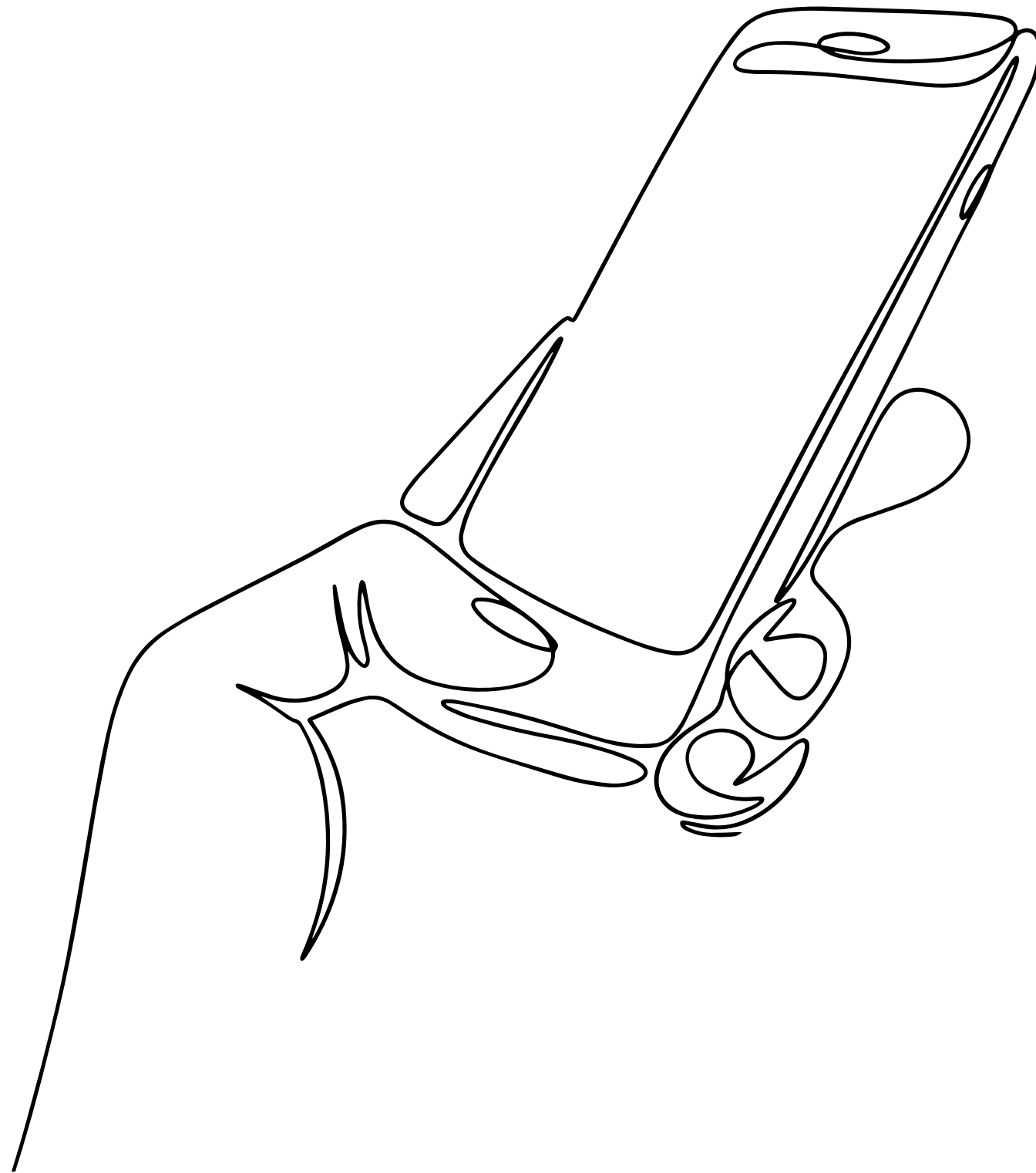
WHY IS THIS?

RACIAL DIFFERENCES IN THE EXPRESSION OF PSYCHOLOGICAL SYMPTOMS AMONG YOUTH

Symptom	White Individuals	Black Individuals	Asian Individuals	Hispanic Individuals
Depressive Symptoms	Higher levels of reported sadness and guilt	Higher levels of somatic complaints and irritability	Lower levels of reported depression overall	Higher levels of somatic complaints and anger
Anxiety Symptoms	Higher levels of reported anxiety and worry	Higher levels of somatic symptoms (e.g., chest pain)	Lower levels of reported anxiety overall	Higher levels of somatic symptoms (e.g., headaches)
Manic Symptoms	Elevated mood and hyperactivity	Increased irritability and aggressive behavior	Higher levels of somatic symptoms (e.g., sleep disturbances)	Increased irritability and aggression
Psychotic Symptoms	Hallucinations and delusions with paranoid themes	Higher prevalence of hallucinations and grandiosity	Lower prevalence of psychotic symptoms	Hallucinations with paranoid themes
Substance Use Symptoms	Higher levels of alcohol use	Higher levels of illicit drug use	Lower levels of substance use overall	Higher levels of alcohol and illicit drug use
PTSD Symptoms	Re-experiencing and hypervigilance	Higher levels of hyperarousal and avoidance	Lower levels of reported PTSD symptoms	Higher levels of hyperarousal and avoidance

McLaughlin KA, Hilt LM, Nolen-Hoeksema S. Racial/ethnic differences in internalizing and externalizing symptoms in adolescents. *J Abnorm Child Psychol.* 2007 Oct;35(5):801-16. doi: 10.1007/s10802-007-9128-1. Epub 2007 May 17. PMID: 17508278; PMCID: PMC2881593.

SOCIAL MEDIA USE + SUICIDE

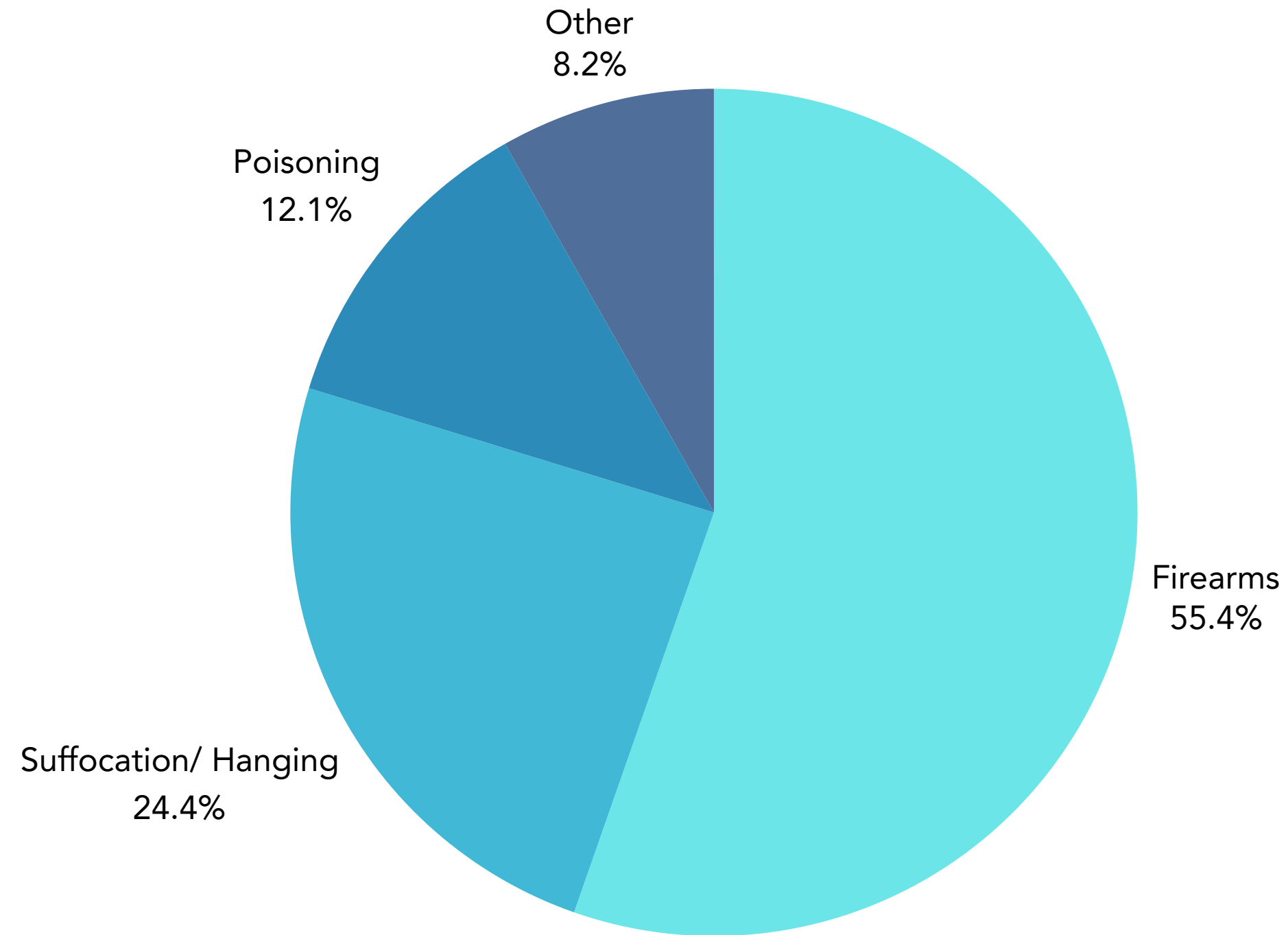


FACTORS CONTRIBUTING TO YOUTH SUICIDALITY

- ACEs
- Economic instability
- Health care access
- Housing instability
- Neighborhood and environment
- Education access
- Social and community interactions
- Early childhood development

LETHAL MEANS

MEANS FOR SUICIDE IN THE US (2023)

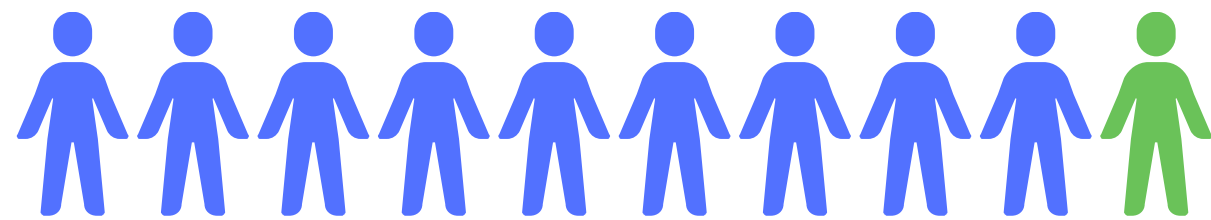


(NIMH, 2023)

Lethal means safety

WHAT IS LETHAL MEANS SAFETY?

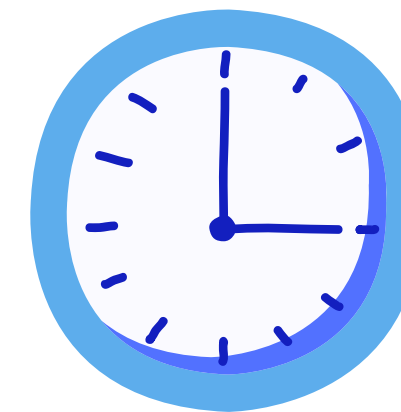
Lethal Means Safety refers to efforts aimed at making a suicide method less deadly and/or less available during a suicidal crisis.



 90%

of individuals who survive a nonfatal suicide attempt **WILL NOT** go on to die by suicide.

MINUTES MATTER



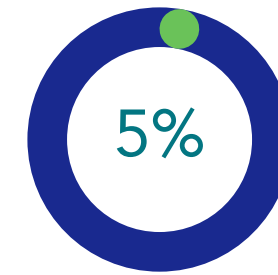
TIME



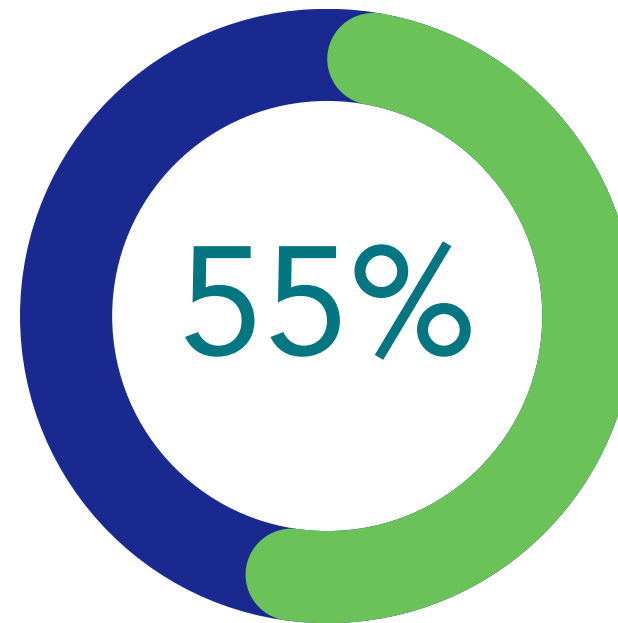
DISTANCE

Simple actions, taken before a person is in crisis, can make all the difference. Putting time and distance between a suicidal person and lethal means can help save a life.

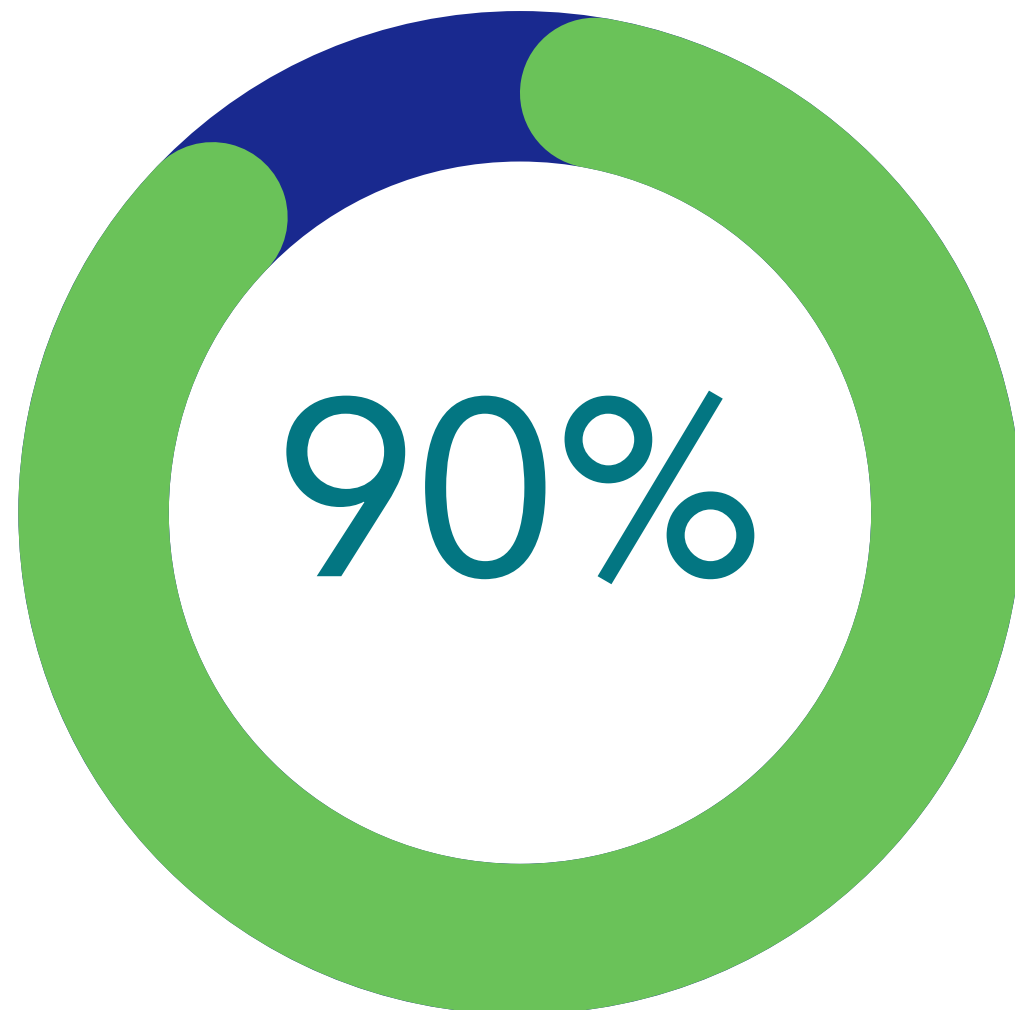
A closer look at firearms



Less than 5% of suicide attempts involved firearms.



However, firearms account for 55% of all deaths by suicide.



90% of suicide attempts using a firearm are fatal.
All other methods for suicide combined are 5% fatal.

SUICIDE + FIREARM OWNERSHIP

In 2023 suicide accounted for 58% of all gun-related deaths in the US.

- The vast majority of people who die by firearm suicide **die on their first attempt.**
- Prior suicide attempts are more common in non-firearm suicides.

(Anestis & Houtsma, 2015)

What the LongSHOT Study Found

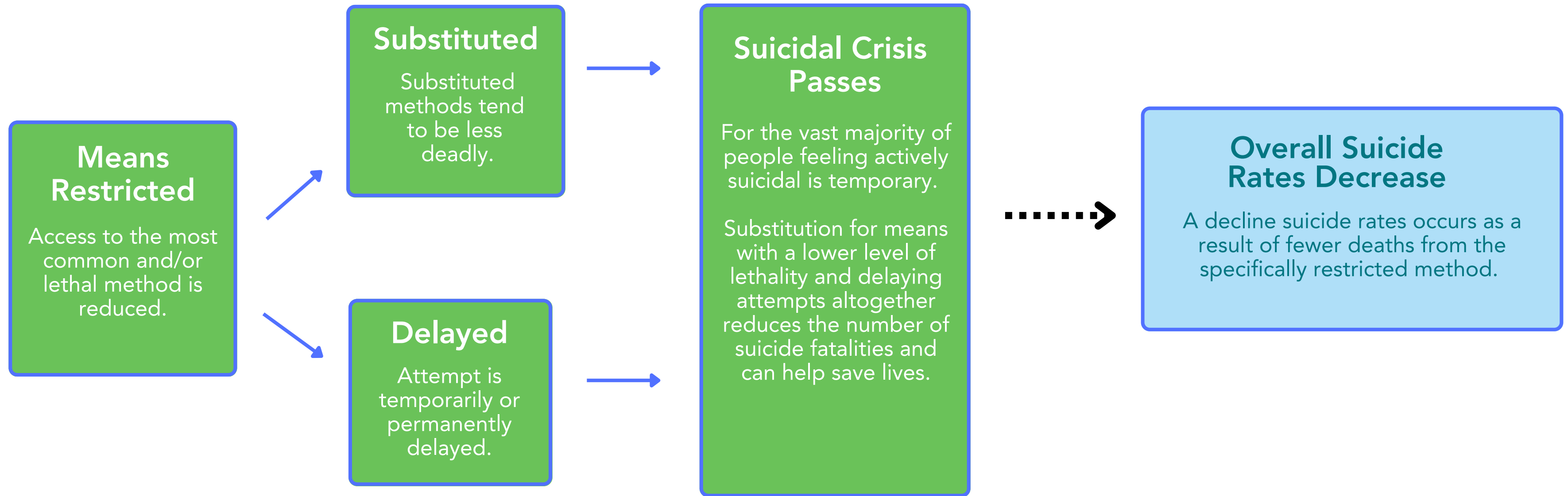
- Men who own handguns are nearly **8x** more likely to die by firearm suicide than men who don't.
- Women who own handguns are **35x** more likely to die by firearm suicide than non-owners.
- Risk is highest soon after acquiring a gun, but remains elevated for years.

(Studdert et al., 2020)

Access to firearms itself does not make a person suicidal.

It makes someone who is already thinking about suicide more capable of dying.

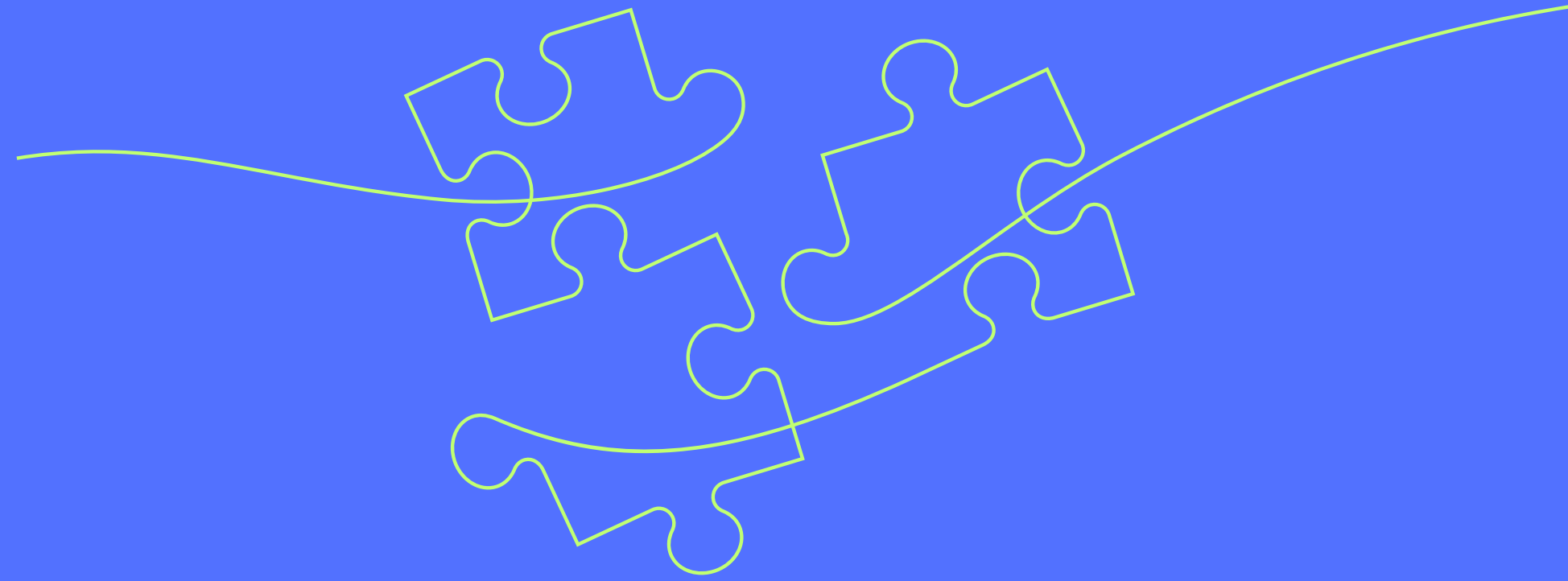
LETHAL MEANS SAFETY



Adapted from Barber, C & Miller, M. Reducing a suicidal person's access to lethal means of suicide: a research agenda. Am J Prev Med. 2014 doi: 10.1016/j.amepre.2014.05.028.

SUCCESSFUL LETHAL MEANS SAFETY INTERVENTIONS

- Coal gas (UK)
- Bridge barriers
- Pesticides (India, China)
- Medication blister packaging
- Firearms policy changes (Israel)



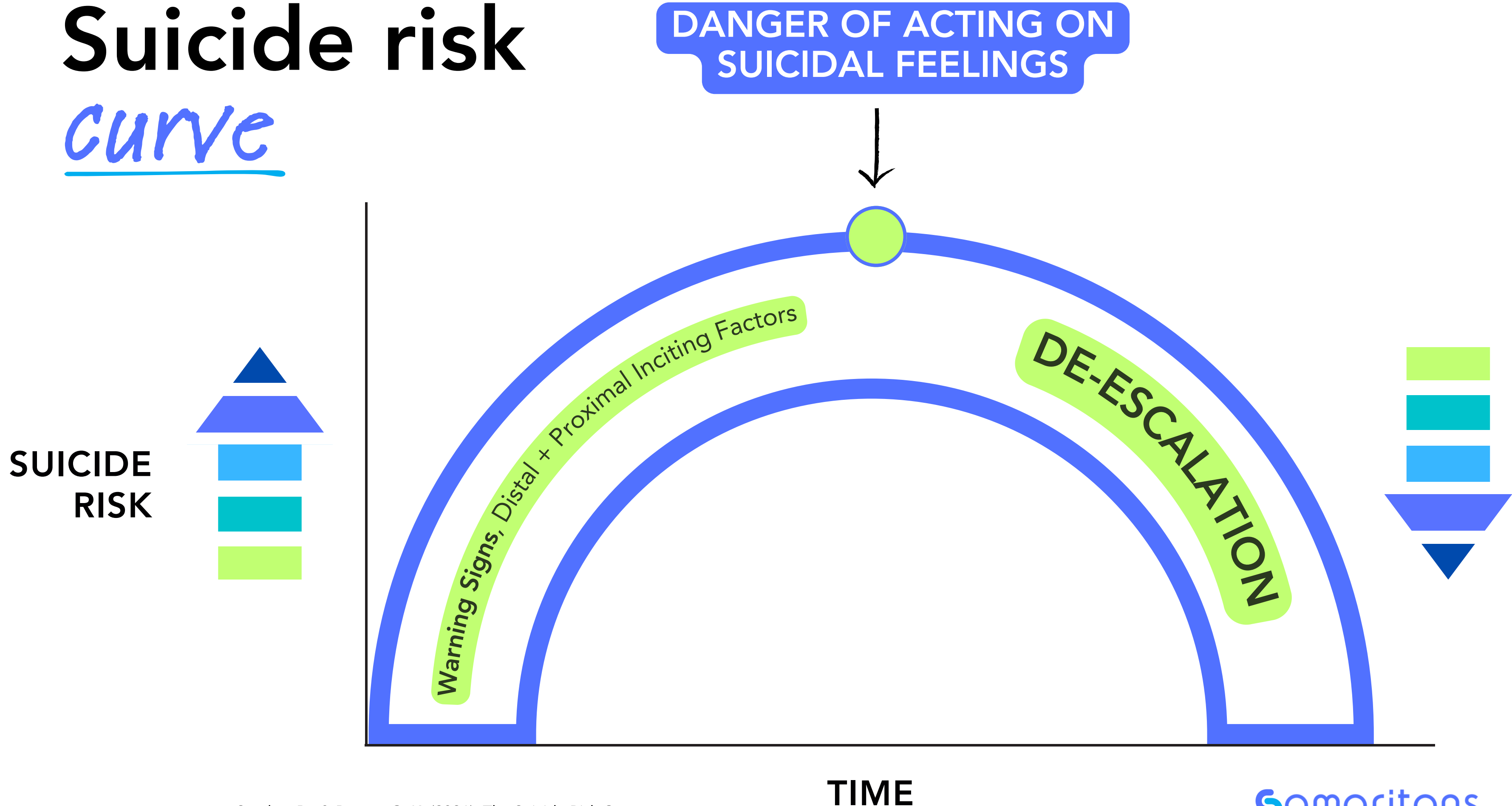
PUTTING THE PIECES TOGETHER

**We can't treat ourselves out
of this public health crisis.**

Understanding Suicide Risk: How the Suicide Risk Curve, Interpersonal Theory, and Intersectionality Help Us Make Sense of the Data

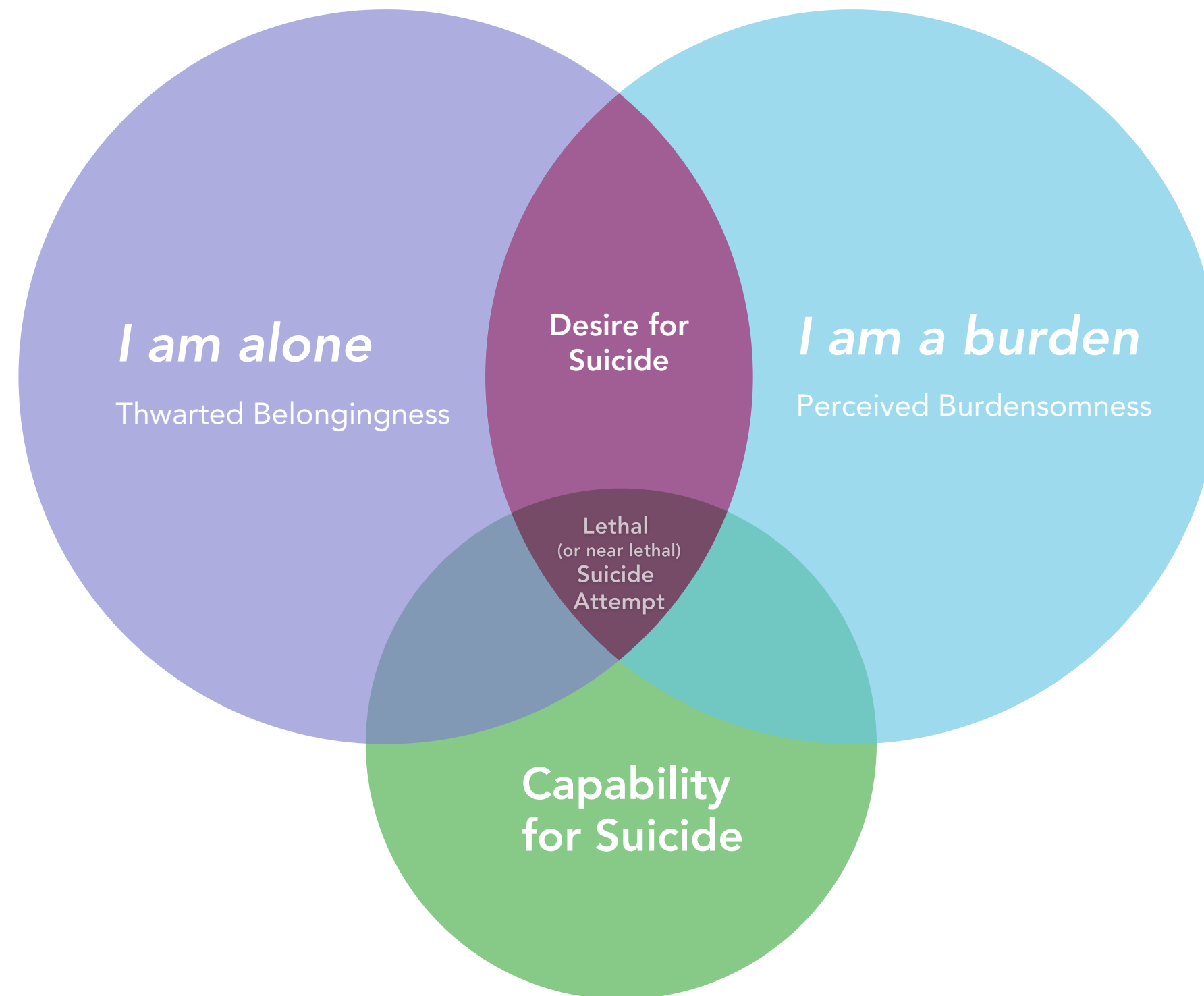
Suicide risk

curve



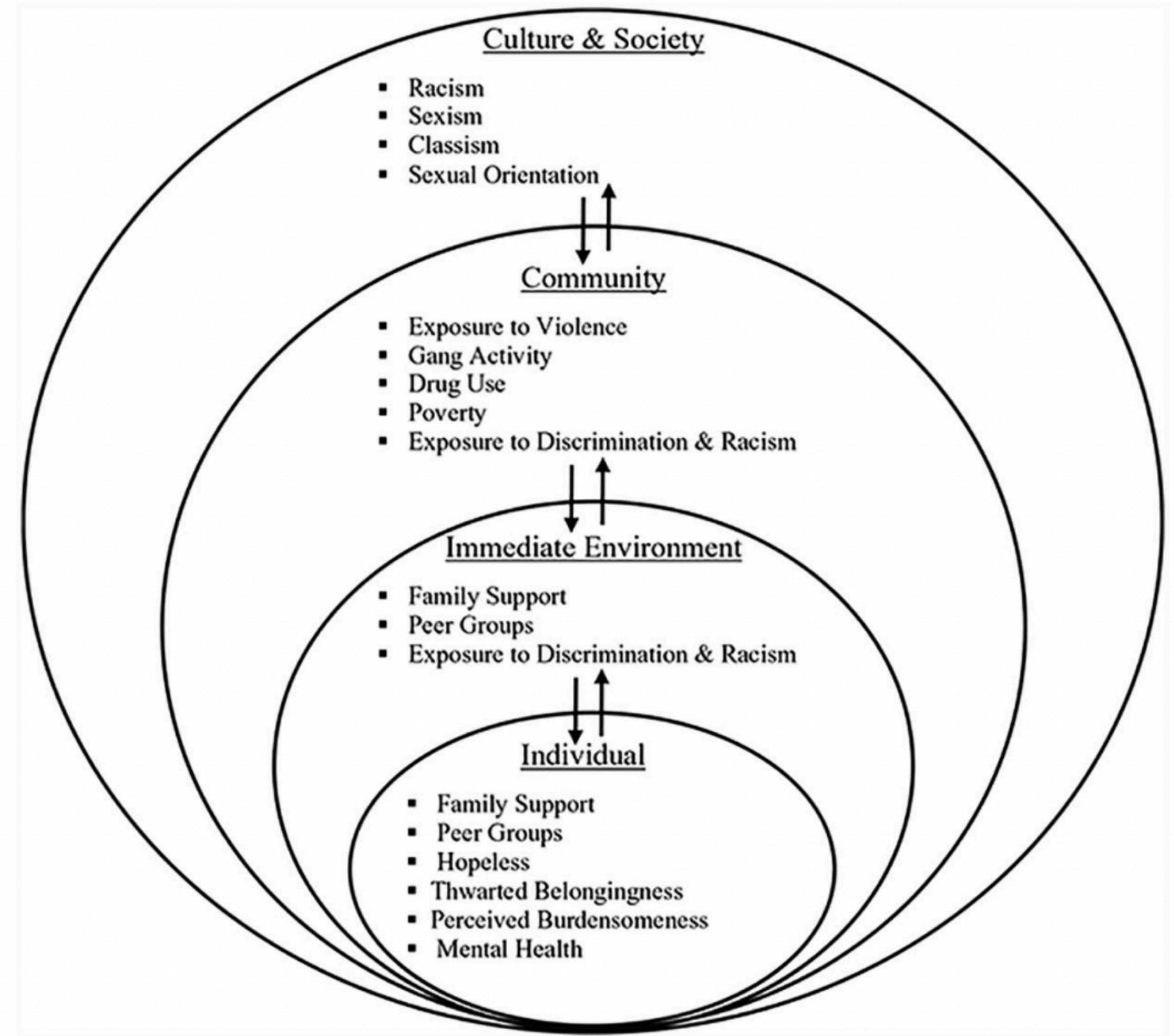
Stanley, B., & Brown, G. K. (2021). The Suicide Risk Curve

JOINER'S INTERPERSONAL THEORY OF SUICIDE



K.A. VanOrden et al. "Interpersonal Theory of Suicide." Psychol Rev. 117(2)(2010):575

COMBINED INTERPERSONAL + INTERSECTIONAL THEORIES OF SUICIDE



WHY THEORY MATTERS

Why do we need theory in suicide prevention?

- Numbers tell us what is happening—theory helps explain why.
- Theory helps identify patterns, anticipate risk, and guide interventions.
- When we combine theory with data, we can see the full picture

WHY THEORY MATTERS

- The curve shows suicide is dynamic and interruptible.
- Interpersonal theory shows how connection protects.
- Intersectionality reminds us risk is shaped by systems—not just symptoms.

EVERYONE HAS A ROLE TO PLAY IN PREVENTION.

THANK YOU FOR
PARTICIPATING
TODAY!



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