

U.S. suicide rates began to rise again in 2021

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In a disappointing finding, a new report shows that suicide rates in America are on the upswing again after a momentary, and minute, decline.

According to researchers from the U.S. Centers for Disease Control and Prevention, the suicide rate increased from 10.7 people per 100,000 people in 2001 to 14.2 per 100,000 in 2018. The rate then dropped to 13.5 per 100,000 through 2020, but rose again to 14.1 per 100,000 in 2021.

Why [suicide rates](#) rose, then dropped, then rose again isn't entirely clear, said senior study author [Sally Curtin](#), a statistician at CDC's National Center for Health Statistics.

"We're not exactly sure what happened, because we know that many of the suicide risk factors increased, depression increased and [money problems](#) increased, we know all that," she said.

And early numbers from the first half of 2022 show that the suicide rate continues to climb, Curtin added, so the short-lived decline might just have been a blip.

"Unfortunately, the suicide rate bounced back after a couple of years of decline," she said. "If you look at the long, long picture, 20 years, it's been almost steadily increasing."

For the study, Curtin's team used data from the U.S. National Vital Statistics System.

The researchers found that suicide rates among women increased between 2020 and 2021, but that increase was significant only for women aged 75 and older. Suicide rates also increased significantly for young men, ages 15 to 24, for men ages 25 to 44 and older men ages 65 and older.

Suicide rates also increased for both Black and [white women](#) and for American Indian, Alaska Native and Black and white men, the

researchers found.

In a separate report, using data from the National Hospital Ambulatory Medical Care Survey, CDC researchers found the rate of visits to emergency rooms for suicidal thoughts was 40 people per 10,000 between 2015 and 2020. That rate was higher among men (46 per 10,000) than women (34 per 10,000).

Among males, those aged 35 to 44 were those most likely to go to emergency rooms for feelings of suicide (97 per 10,000), while among women those aged 14 to 18 had the highest rate of emergency room visits for suicidal thoughts (128 per 10,000). Among minorities, the highest rate was among Black men and women (68 per 10,000), the researchers noted.

"Suicide is complex and is rarely caused by a single issue," said researcher [Deb Stone](#), a behavioral scientist in the CDC's Division of Injury Prevention. "A combination of risk and [protective factors](#) at the individual, relationship, community and societal levels can contribute to suicide."

Some of these factors include [social isolation](#), a lack of access to [mental health services](#), [substance abuse](#), problems with relationships, job or financial stress, community violence, easy access to guns and stigma around getting help, she said.

"These factors highlight the need for a comprehensive approach to suicide prevention that is aimed at preventing suicide risk, supporting those at increased risk of suicide, preventing reattempts and supporting survivors of suicide loss," Stone said.

It's critical to prevent people from becoming suicidal in the first place and support those at risk, she added.

The findings were published April 13 in the CDC reports [Suicide Mortality in the United States, 2001–2021](#) and [Emergency Department Visits With Suicidal Ideation: United States, 2016–2020](#).

"We have a lot of work to do on suicide prevention to ensure that our approach to identification and treatment and care is culturally resonant, that we continue to advance the research to better understand the causes and interventions for suicide risk," said [Julie Goldstein](#), vice president for suicide prevention at the Education Development Center.

Goldstein believes that [suicide prevention](#) needs to be at the forefront of medical care. Doctors and other [health care professionals](#) need to ask patients if they are depressed, anxious or have [suicidal thoughts](#). That also goes for schoolteachers, counselors and parents.

"When you ask directly, you get direct answers," she said. "We also know that reduces the anxiety on the part of the person being asked because they understand the question and they feel like, OK, somebody actually sees how I feel, especially if the individual is asking in a non-judgmental way."

Despite growing awareness of suicide and people being more willing to talk about it, suicide rates still rise. To curb this trend, Goldstein thinks that continued research in designing the right interventions that target communities most at risk is needed.

For those in crisis there is a suicide hotline that can help, Stone said.

"People who are struggling with thoughts of [suicide](#) can access the 988 Suicide and Crisis Lifeline by calling or texting 988, or chatting at [988Lifeline.org](#) to connect with a trained crisis counselor," Stone added.

"People can also dial 988 if they are worried about a loved one who may

need crisis support," she said. 988 is free of charge, confidential and available 24 hours a day, seven days a week to those living in the United States.

More information: For more on suicide prevention, see the [Suicide Prevention Resource Center](#).

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