Q&A: Why are US suicide rates so high? And can more deaths be prevented?

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Since the turn of the century, US suicide rates have ticked up almost every year. Now, deaths by suicide are at their highest in more than 80 years, according to new estimates from the Centers for Disease Control

and Prevention.

In 2022, the provisional number of deaths by suicide was just under 50,000, or 14.3 deaths per 100,000 people, a 3 percent increase from 2021. That level is unmatched since 1941, when the United States was on the precipice of World War II.

One shimmer of light in the latest numbers was a decline in the suicide rate in young people—by 18 percent among 10- to 14-year-olds and by 9 percent among 15- to 24-year-olds. But older adults remained at especially high risk, particularly males aged over 75 (43.7 deaths per 100,000 people); American Indian and Alaska Native non-Hispanic people of all ages had the highest suicide rate (26.7 deaths per 100,000 people) of any race group.

To find out why the overall rates are so high and what more the United States could be doing to reduce deaths, The Brink spoke with Sarah Ketchen Lipson, a Boston University School of Public Health associate professor of health law, policy, and management. She's the principal investigator of the Healthy Minds Network, where she leads the nation's largest survey of mental health in higher education.

The Brink: Why have suicide rates been rising steadily this century?

Lipson: There are so many factors to think about. Of course, not everyone who dies by suicide has been experiencing depression or another mental health condition, but these are generally correlated. So, some of the same reasons that we've seen increases in prevalence of depression, anxiety, and other disorders can also be thought of as risk factors for suicide. Some of these include financial stress, uncertainty—around the economy, the job market, and sociopolitical

factors—and loneliness, which has changed dramatically over the last century, even if we take out the years of the pandemic.

And then there's the means: how people die by suicide in this country. We can't discuss suicide and suicide prevention without talking about gun laws. Most deaths by suicide are with firearms and decreasing access to firearms is an important way to prevent folks from dying by suicide.

One standout data point is the decline in deaths by suicide among young people.

I am always hopeful that there will be indications of positive trends in mental health, but I think it might be overstating to say that there's been a significant decrease. For example, the data among females 15 to 24, which went from 6.1 to 5.9 deaths per 100,000 from 2021 to 2022—a small change, but a change in the right direction. I think it's important to keep looking at these trends, but not put too much value on just one year of data; I would like to see that trend continue next year. I wouldn't go as far as to say these [CDC] data are good news—the rates of death by suicide and suicidal ideation are still very high.

Your research has found that mental health conditions, like anxiety and depression, have been rising in recent years among college students. How do the latest CDC numbers fit with what you see in your research?

We focus primarily on population level mental health. And regarding suicidality, we focus a lot on suicidal ideation, so the proportion of students who report seriously considering attempting suicide in the past year. It was right around 2016 that we saw that prevalence surpass one in

10 students. Every year, it inched up half a percent or a percentage point until 2022, when we surpassed 15 percent of students reporting suicidal ideation. That is a very alarming statistic.

In our most recent data, 2022, 2023, we saw a very, very slight decrease. So, where we had got to about 15.5 percent of students, that went back down to about 15.1 percent of students. Again, we're really focused on trends and not putting too much weight on just one year of data, and really waiting to have more years of data to say, "Did this trend really shift?" But we also saw in our data from 2022, 2023, slight increases in flourishing—it's very good to see positive mental health indicators. We also saw slight decreases in depression and anxiety symptoms. All of these were very small, but statistically significant, because we have such a large sample size.

You mention how alarming that 15 percent statistic is, but it's not an abstract one either, given that the population you study includes the students you work with every day.

Exactly. I have worked in higher education for decades now. I talk a lot with faculty and I tell them, when you start a new class, and you have 100 students, it can be really terrifying to think 15 of those students may have seriously thought about attempting suicide. It's important for everyone on campus—students, faculty, and staff—to be aware of the mental health risk factors, signs and symptoms, because the support is not just going to come from the counseling centers.

How do you hope the work you're doing is shaping policy or change at the local or national levels to help prevent suicide?

I've really shifted to thinking about the inequalities that exist. The

biggest inequalities in terms of prevalence are for LGBTQ+ and low-income students—those students are significantly more likely to screen positive for a mental health problem. And that is not because of something related to their individual identities, it's because of experiences of discrimination, exclusion, financial stress, things that are mutable at a system level.

I wish that this work were not needed, I wish it were enough to say there are large inequalities that we can see in the data, and we can intuit that there are policies that we could implement that would protect these students from discrimination and allow them to thrive on campus. But as is the case for so many things, we need data to support that, so I'm working on doing national policy tracking around a set of 14 policies—like name change policies—that we think of as uniquely affecting trans and nonbinary students. We know that policies are shaping student well-being, and we know that schools can change their policies if they want to.

The second outcome in terms of inequality is access to mental health services. There's an enormous unmet need for mental health services, and that is disproportionately among students of color and international students. So, we need to target efforts specifically for those populations.

What message would you have for people who might be struggling or families and friends who are concerned about a loved one?

I'm not a trained mental health professional, but it's widely known that asking someone if they're thinking about suicide or self-harm is not a trigger, it's not going to put that idea in someone's mind. And if the answer is yes, the follow-up questions are about plans, do they have means—really understanding the level of immediate risk and severity

and then knowing what resources exist that you can refer people to. I also think a lot about what we can do before a crisis: normalizing feelings of loneliness and being overwhelmed by the current state of the world, increasing belonging and connectedness. Those are the types of things that I've tried to think about in classrooms, in advising and mentoring.

The 988 Suicide & Crisis Lifeline has resources to support yourself and help others, as well as a chat service to talk with crisis counselors 24/7.

Provided by Boston University

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