

## Shining Light on a Difficult Subject

Until recent times, suicide was not considered a subject for “polite” discussion, much less investigation into its causes and prevention. But clearly, society cannot maintain this “head in the sand” posture in light of escalating statistics. The American Association of Suicidology reports that:

- In 2009, there was one suicide every 15.2 minutes in the United States.
- Suicide is the eleventh leading cause of death.
- Suicide rates among those aged 15-24 have increased more than 200% since the 1950’s. In fact, suicide is the third leading cause of death among youth behind accidents and homicide.
- According to a recent Youth Risk Behavior Survey, 16.9% of students in grades 9-12 “seriously considered” suicide during the past 12 months.
- Elderly adults have rates of suicide close to 50% higher than all other age categories
- Caucasians have higher rates of completed suicides (12.9 per 100,000) compared with Native Americans (11); Hispanics (5.4) and African Americans (4.9).
- Suicide rates have traditionally increased during time of economic crisis.
- It is generally estimated that for each completed suicide there are at least 25 unsuccessful attempts by others.

An increasing number of professions with suicide completion rates higher than the general population are addressing the problem directly. For example, a study conducted by the National Association of Chiefs of Police found that twice as many police officers—about 300 annually—commit suicide as are killed in the line of duty.

But suicide is not predictable based solely on occupation or lifestyle. Just recently, Henderson, NV police determined that 25 year-old professional golfer Erica Blasberg took her own life. Generally considered one of the most attractive and talented members of the LPGA Tour, her death was a shock to the sports world.

While the risk of suicide is highest among individuals suffering from depression and chemical dependency, the American Association of Suicidology clearly states that *“Feelings of hopelessness are found to be more predictive than a diagnosis of depression.”*



If you or a friend, family member or co-worker are experiencing suicidal thoughts or a sense of profound hopelessness, remember that most suicidal people do not really want to be dead. Rather, they are looking for a way to get through the terrible pain they are experiencing. We strongly recommend that you immediately contact the **National Suicide Prevention Lifeline** at **800-273 TALK (8255)**. The phones are answered 24/7/365 by counselors specifically trained in suicide prevention. You may also wish to visit them at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org). This is the nation’s premier suicide prevention service and is endorsed by the U.S. Department of Health Human Services.