

Sharing Data to Prevent Young Adult Suicide | 2018–2020

Young Adult Suicide

The Washington state suicide rate among young adults (18–24 years old) has slightly decreased (from 21.44 per 100,000 in 2018 to 18.67 per 100,000 in 2020) and has remained higher than the national rate in the same time frame. Suicide has remained the **second leading cause of death** among young adults for both males and females. More than **81%** of young adults who died by suicide were males and nearly **65%** were Non-Hispanic whites.

What Happened and Why

The Washington Violent Death Reporting System (WA-VDRS) is part of the National Violent Death Reporting System (NVDRS) that collects more than 600 unique data elements from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports on **who**, **when**, **where**, and **how** of suicide deaths to help us better understand **why** they occurred.

Between 2018 and 2020, 3,706 suicide deaths were reported into the WA-VDRS. Of those, **10%** were adults between ages 18 and 24. Approximately **63%** of young adult suicides occurred at home; **45%** had mental health problems, with **74%** diagnosed as depression; **24%** disclosed their suicide thoughts or plans to another person—intimate partners, family, friends, or health care workers; **19%** had a non-alcohol substance abuse problem; and, **21%** suspected of alcohol use in the hours preceding the suicide. In the **51%** of cases where a fire arm was used, **22%** were owned by the decedents and **14%** were owned by a family member or friend.

#BeThe1To

The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline promote #BeThe1To’s five action steps for communicating with and supporting someone thinking about suicide. Visit [#BeThe1To](#) for information about how and why to take action.

WA-VDRS Young Adult Suicides

MALES

55.1%

died by firearm

41.8%

had history of suicide thoughts and/or plans

20%

had history of suicide attempt

27.4%

had problems with intimate partner

16.3%

had argument or conflict preceding death

29.2%

left a suicide note

FEMALES

44.4%

died by suffocation/hanging/strangulation

44.4%

had history of suicide thoughts and/or plans

41.7%

had history of suicide attempt

37.5%

had problems with intimate partner

22.2%

had argument or conflict preceding death

36.1%

left a suicide note

Examples of intimate partner problems: broke up with boyfriend, had argument with girlfriend, separated from husband, had problems with ex-girlfriend (mother of his child).

ASK



- Ask the tough questions directly, “Are you thinking about suicide?”

BE THERE



- Listen to the reasons behind their distress.
- Listen with compassion and empathy—no dismissing or judgment.

KEEP THEM SAFE



- Ask if they’ve thought about how they would do it.
- Separate them from anything they could use to hurt themselves.

HELP THEM CONNECT



- Connect them with a support system such as their family, friends, clergy, coaches, co-workers, or therapists.
- Encourage them to call or text 988 or chat online at 988Lifeline.org.

FOLLOW UP



- Check in on a regular basis.
- Making contact in the days after a crisis can make the difference in keeping them alive.

Suicide Is Preventable — Everyone Can Play a Role

Suicide prevention requires a comprehensive approach that occurs at all levels of society. The Centers for Disease Control and Prevention (CDC) has developed a set of strategies to help states, communities, and people reduce risk and increase resilience:

- **Create** protective environments.
- **Promote** connectedness.
- **Teach** coping and problem-solving skills.
- **Identify** and **support** people at risk.
- **Lessen** harms and **prevent** future risk.
- **Strengthen** economic supports.
- **Strengthen** access and delivery of suicide care.

For planning and prevention resources visit [CDC's Suicide Prevention](#) website and [DOH's Suicide Prevention](#) webpage.

More Resources

Upstream Support: [Sources of Strength](#) is an evidence-based suicide prevention program designed to build socioecological protective influences around youth and to reduce the likelihood that vulnerable youth/young adults will become suicidal.

Prevention: Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) provides suicide prevention information and other helpful resources to mental and behavioral health professionals, the general public, and people at risk.

Means: Reducing access to highly lethal means is an important part of suicide prevention. Learn more about means reduction at [Harvard's Means Matters](#).

Location: The majority of Washington suicide deaths occur in the home. Learn how to reduce access to lethal means before and during a crisis at [Washington's Safer Homes](#).

Circumstances: Suicide is complex, and many factors contribute to thoughts of suicide. Learn more from [CDC's Risk and Protective Factors for Suicide](#).

Lived Experience: If you are thinking of suicide or made a suicide attempt, know that help is available. Along with supportive family and friends, people who have experienced thoughts of suicide and suicide attempt survivors have created strong peer communities. Learn more at [Now Matters Now](#).

Postvention: It's important to support the people, families, and communities affected by suicide loss, to break the cycle of trauma and suicide risk. Learn more at the [American Foundation for Suicide Prevention](#).

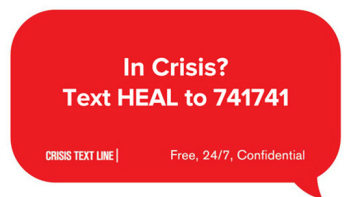
Note: At this time NVDRS only tracks based on sex assigned at birth, per CDC.

Be Part of the Solution

Preventing suicide involves families, communities, partnerships, peers, and work across sectors.



Crisis Help



Text: HEAL to 741741 if you or someone you know is in crisis.