

BALLARD BRIEF

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High Suicide Rates Among Young Adults in the United States

By: Glory Thomas



Key Takeaways

- Suicide is a public health crisis that needs to be addressed for all age groups, particularly young adults because they are the most at risk.
- There are a variety of factors that lead someone to complete suicide including their mental condition, socio-economic status, and the support they receive. Society determines people's attitudes towards suicide and suicidal ideation which can greatly impact the help someone is able to receive.
- Suicide causes significant losses to individuals and society as a whole. This impact is because of the significant economic cost and negative toll on the mental health of everyone surviving the victim. Suicide affects all aspects of life: financial, familial, and emotional.
- The current best practice to help those suffering from prevailing suicidal thoughts and self-destructive behaviors is Dialectical Behavioral Therapy. This practice has proven to reduce the amount of suicides by 50% compared to other forms of therapy.

This treatment needs to become more accessible to people from all age groups and varying socio-economic statuses in order to have a greater impact when combatting suicide.

- Ninety percent of those who die by suicide have underlying mental health conditions like mood disorders, which include depression, bipolar disorder, and other similar disorders.

Summary

The United States has a much higher suicide rate than other developed countries with an average of 14.5 deaths by suicide per 100,000 people per year. By contrast, most countries across Europe, South America, and Asia report substantially lower rates, typically falling below 10 deaths per 100,000 people each year.¹ Suicide is the second leading cause of death for young adults in the United States.² Suicide is a public health crisis and is caused by multiple factors like untreated mental illness, individual attitudes towards suicide, and socio-economic status. Suicide leads to the negative consequence of suicide copycats, or people who complete suicide as a form of imitation after someone

dies by suicide. This phenomenon is largely caused by mass media coverage of a celebrity's suicide and by people being exposed to the suicidal behavior of someone close to them. It can also take a negative toll on the mental health of the family and friends of the victim. Dialectical Behavior Therapy (DBT) is proven to be one of the leading treatments for suicidal ideation. DBT teaches skills that help individuals cope with their extreme emotions, impulsive behavior, and suicidal thoughts. However, DBT may not be accessible to everyone because of the financial cost and lack of physical locations.

Key Terms

Copycat Suicide—A copycat suicide is an imitative suicide that occurs after exposure to a suicide, either by mass media coverage of a celebrity's suicide or a suicide within one's own community or social circle.³

Dialectical Behavior Therapy—Dialectical Behavior Therapy is a form of cognitive therapy that focuses on teaching at-risk individuals behavior skills including regulating emotions, tolerating distress, improving relationships, and living mindfully.⁴

Mental Illness—Mental illness is a condition

that often causes impairment of personal functioning or distress because of the negative effects it can have on a person's behavior, thought process, emotions, and mood. There are many different forms of mental illnesses, including anxiety, depression, bipolar disorder, and so on.^{5,6}

Social learning—Social learning is when a person learns new behaviors by imitating and observing others.⁷

Suicide—Suicide is death that is self-inflicted and provides explicit or implicit evidence that there was an intent to die. It is also known as “death by suicide” or “suicide completion.”⁸

Suicide Attempts—A suicide attempt is an unsuccessful intentional action that someone takes to end their life.⁹

Suicidal Ideation—Suicidal ideation is a general term used to describe the immense range of emotions, feelings, and thoughts a person may have in regard to suicide. These thoughts can have different levels of extremity depending on the situation and person.¹⁰

Suicidal Plan—A suicide plan is an individual's personal strategy that contains a time frame and method for suicide completion.^{11,12}

Suicidal Survivors—Suicide survivors consist of living friends and family members of a person who completed suicide.¹³

Trauma—Trauma is a long-lasting emotional response to an intensely stressful event or situation.^{14,15}

Context

Q: What is the process of suicide completion?

A: There are several stages that lead to suicide completion. The first stage is suicidal ideation, where an individual has thoughts about wanting to end their life. From 2015–2019, the annual average rate of American adults who experienced serious thoughts of suicide was 4.3%.¹⁶ Additionally, 1.3% of American adults made a specific plan of action about how to end their lives. Finally, 0.6% of American adults made a suicide attempt during the same period, where they acquired the means for death by suicide and attempted to end their life.¹⁷ Suicide attempts lead to either suicide completion or survival.¹⁸ Approximately 7% of people who attempted suicide eventually died by suicide, 23% nonfatally reattempted, and 70% of people had no further

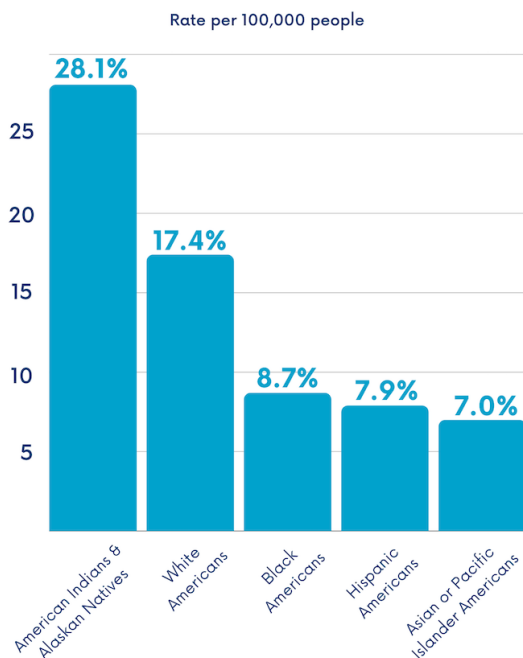
attempts.¹⁹ This brief will measure suicide rates based on suicide completion rates, which as of 2022 was 14.3 deaths per 100,000 people.²⁰

Q: What groups are most prone to death by suicide?

A: Suicide was the second leading cause of death for young people ages 15–24 in the United States, right behind unintentional injuries like drug poisoning.^{21,22} There was also a rise in suicide among young people ages 15–24, specifically among US high school students.²³ Almost 20% of US high school students reported experiencing suicidal ideation and 9% attempted suicide.²⁴ Risky behaviors, like substance abuse, exacerbate the risk of suicide in this particular population.^{25,26,27} Men were more likely to die by suicide than women due to their risk for more impulsive behaviors, as men were more likely to use a firearm, knife, or other

more deadly means to complete suicide.²⁸ Women experienced more suicidal ideation than men, despite being less likely to have a plan and carry it out to completion.²⁹ Women often overdose on drugs which are more easily treatable if medical attention is able to reach them quickly.³⁰

Suicide Rate by Race in the United States



In the United States, the racial and ethnic groups with the highest suicide rates were American Indians and Alaskan Natives, with a rate of 28.1 deaths (per 100,000 people) by suicide each year.³¹ Comparatively, White Americans were at a rate of 17.4, Black Americans followed at 8.7, Hispanic

Americans at 7.9, and Asian or Pacific Islander Americans at 7.0.³²

Q: How have perceptions about suicide and suicide awareness evolved over time?

A: Perceptions on suicide have a complicated history that date back to Ancient Greece, where citizens viewed suicide as justifiable if the person was in a time of great suffering. The ancient Roman people permitted suicide as an acceptable option instead of being dishonored.³³ The Christian war on suicide started in the 5th century when St. Augustine defined suicide as a sin, making it morally and socially unacceptable. St. Augustine’s decree resulted in a burial on the side of the road, the body being dragged through the streets, and having one’s inheritance taken away.³⁴ Some 18th-century Enlightenment philosophers like Voltaire voiced the opinion that suicide was a legitimate cause of death in cases of extreme grief, much like the Ancient Greeks.³⁵ In the 19th and 20th centuries, shame became the prevailing attitude towards suicide because new findings showed that self-harm was connected to insanity and illness.³⁶ Now, in the 21st century, suicide is talked about openly,

especially on social media, which some fear can glorify suicide.³⁷ People who have experienced suicidal ideation and attempted suicide are more likely to be accepting of suicide than those who have not, which could lead them to a greater risk of a repeat attempt.³⁸ In the United States, 94% of American adults today see suicide as a public health crisis that can be prevented.³⁹ In order to prevent suicides from being completed, Americans are working towards destigmatizing suicide and helping people receive help for their suicidal ideation and tendencies.

The earliest data source found for suicide that occurred in the 19th century in the United States was the mortality schedules that were part of that census.⁴⁰ The study of suicide began in the early 1900s but has not been extensively addressed and researched until the last 20 years. Following the dramatic rise in completed suicides from the years 2000 to 2020 in the United States (a 40% increase in suicides), research about suicide dramatically increased and suicide officially became a public health crisis.⁴¹ The World Health Organization officially declared suicide a global public health crisis in 2013.⁴² There are now many organizations like the American Foundation

for Suicide Prevention (AFSP), the National Action Alliance for Suicide Prevention (Action Alliance), and the Suicide Prevention Resource Center (SPRC) that conduct research to combat the rise in suicide and save more lives.⁴³

Q: How do suicide rates in the United States compare to other developed countries?

A: When examining suicide rates among developed nations, the United States reports a rate of 14.5 deaths per 100,000 individuals in 2019.⁴⁴ This statistic places the United States as the second highest among developed countries, with South Korea reporting the highest rate at 21.2 deaths per 100,000 people.⁴⁵ Other developed countries with notable rates include Japan, with 12.2 deaths per 100,000, and Sweden, with 12.4 deaths per 100,000.⁴⁶ The suicide rate in the United States was over double that of the United Arab Emirates, which is 5.2 deaths per 100,000 people, which was the lowest rate of suicide completion recorded in developed countries.⁴⁷ There is a serious amount of underreporting of deaths by suicide in developing countries, so the research is incomplete on this issue. Seventy-three percent of the developing

countries in the world haven't been surveyed due to the lack of resources to keep track of

Contributing Factors

Mental Health

Mental illness leads to suicide because it impairs brain function, specifically affecting behavioral control and decision-making capabilities.

Impaired brain function caused by mental illness can lead to a sense of hopelessness and an inability to find positive solutions like therapy and medication to treat their mental illness.⁴⁹ Ninety percent of those who die by suicide have underlying mental health conditions.⁵⁰

The most common mental illness found in those who died by suicide was depression, especially when undiagnosed or untreated. Depression is a mood disorder that can lead to symptoms like feelings of hopelessness, helplessness, worthlessness, and pessimism. These feelings can lead to thoughts of suicide or suicide attempts which can ultimately lead to death by suicide.⁵¹ Other mental illnesses that can contribute to an individual's death by suicide include bipolar disorder, conduct disorders,

the suicides.⁴⁸

anxiety disorders, substance use disorders, and schizophrenia.⁵² Among these disorders, it was found that mood disorders, which include depression, bipolar disorder, and other similar disorders, are the most commonly associated with death by suicide. In a study involving nearly 300 participants, researchers found that, compared to individuals without mood disorders, those with mood disorders were 10 times as likely to die by suicide.⁵³ When an individual has multiple mental illnesses, especially when unaddressed, there is a greater risk of death by suicide.⁵⁴



Traumatic Life Events

Mental illness can be caused by external factors such as life-altering traumatic events.⁵⁵ In general, traumatic life events increase a person's

risk of death by suicide.⁵⁶ A study found that, out of participants who had been exposed to traumatic events, 12.1% experienced lifetime suicidal ideation. In contrast, those who had not experienced exposure to trauma were significantly less likely to experience ideation, with only 1.1% reporting suicidal ideation.⁵⁷

There are two main types of traumatic life events: interpersonal and non-interpersonal. Interpersonal traumatic life events occur when people are hurt by other people which can include strangers, friends, loved ones, and acquaintances.⁵⁸ Some examples of this are child abuse, emotional abuse, emotional neglect, physical abuse, physical neglect, sexual abuse, physical assault, sexual assault, threatened assault with a weapon, incarceration as a prisoner of war, kidnapping, torture, and terrorism.⁵⁹ Non-interpersonal traumatic events do not involve interactions with other people and include exposure to warfare, life-threatening accidents, natural disasters, witnessing serious accidents or death, other stressful accidents, and indirect exposure to a stressful accident.^{60,61} Those who experience interpersonal trauma are more likely to be suicidal than those who have experienced non-interpersonal trauma because they experience distorted self-cognition which results in a sense of heightened vulnerability and intense feelings

of guilt, shame, and worthlessness.^{62,63}

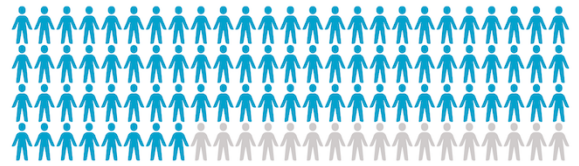
The two most significant forms of interpersonal trauma that lead to a greater risk of suicidality are childhood trauma and sexual trauma. Sexual trauma can evoke feelings of shame, anger, and guilt following the assault, which results in higher levels of depression, eating disorders, and substance abuse, which may increase their suicide risk.⁶⁴ Over 33% of women who have experienced sexual trauma, specifically rape, have contemplated suicide, compared to 8% of women who have not experienced rape.^{65,66,67} Childhood trauma also increases a person's suicide risk, especially childhood sexual trauma. Childhood trauma may include parental divorce, parental psychopathology, parental or family discord, history of childhood physical or sexual abuse, and impaired or neglectful parenting. Children who are abused as children are 3 times more likely to consider suicide than those who don't experience it.⁶⁸ Experiencing traumatic events as a child can be detrimental to their neurological development, which leads to an increased risk of suicide when they reach adulthood.^{69,70} Mental illness and traumatic life events are significant factors that contribute to the high risk of death by suicide in young adults.

Attitudes Towards Suicide

Negative Stigma

Suicide risk has increased because of the negative stigma the United States creates around mental health.⁷¹ American culture generally does not view suicide as an acceptable option for mental distress. Discussing suicide can become taboo even when trying to address the problem or addressing someone's suicidal thoughts. This negative stigma around talking about suicide can detrimentally affect individuals trying to seek help because seeking help may be very shameful, which may discourage seeking help. In fact, the amount of support, treatment, and resources available and the lack thereof are due in large part to this stigma around suicide. Those who are experiencing suicidal ideation may also become isolated from their friends and family, which could increase their risk of suicide completion because of the lack of support.⁷² Eighty-three percent of people who participated in a study done about seeking mental health treatment had difficulty seeking help because they were self-conscious of the negative stigma surrounding mental health.⁷³ Suicidal thoughts were also only discussed 54% of the time with spouses, peers, or family because of the stigma.⁷⁴

83% of people seeking mental health treatment hesitated because of negative stigmas



and only 54% of people discussed their suicidal thoughts with their spouses, peers, or family members.



The US also has a very strong individualistic value system embedded in its culture, as people believe in tackling obstacles and issues by themselves. The culture of individualism that the US promotes prevents people from seeking outside help for suicidal behavior.⁷⁵ This attitude creates a cultural barrier that prevents an individual from asking for help when struggling with suicidal ideation because it is not in line with the self-reliant view that the US culture has adopted. Therefore, the stigma that the culture and societal expectations that an individual grows up in and develops their worldview around will greatly determine the amount of risk an individual has for suicidal ideation and completion.⁷⁶

Economic Factors

Unemployment

The risk of death by suicide increases the longer that a person is unemployed due to the mental strain caused by lack of income and diminished savings. Unemployment is a strong predictor of suicide, especially among the male population, because men are most often the breadwinners of the family and feel the most pressure to provide. In 2023, 29% of marriages had both spouses earning the same amount of money, while the husband was the sole or primary breadwinner in 55% of marriages and only 16% had a wife that was the breadwinner.⁸⁰ Research shows that when men are unemployed, they experience a life stressor that triggers feelings of frustration, disrespect, powerlessness, and financial strain which increases their suicide risk.⁸¹ In a study performed in 2021, it was found that, after 3 years of follow-up, men who were unemployed were 2.3 times more likely to have died by suicide than those who were employed. Overall, researchers found that there was a 45% greater chance of dying by suicide among unemployed people than among those who were employed.⁸² Women were more at risk for suicide after being unemployed long term (10 years), whereas men were more at risk in the short term after their job termination.⁸³ In addition to unemployment, males experiencing job demotion were 7.29 times more likely to die by suicide than those who did not, due to the loss

of power over their work environment and the continued association with the individuals who demoted them.⁸⁴

Socioeconomic Status

Additionally, low socioeconomic status contributes to an individual's risk for death by suicide because it restricts an individual's ability to access mental health care and resources to optimize their physical health. States that have increased access to mental health care due to mental health parity laws experienced a 5% reduction in the suicide death rate compared to those that did not increase mental healthcare access.⁸⁵ Without financial resources, less access to the mental and physical health care that could reduce the risk of suicide creates a cycle of poor mental and physical health.⁸⁶ Because of this cycle, there is a positive correlation between suicide and reduced income. In a study done about the correlation between suicide risk and income, people who were in the bottom income category had a 1.61 greater risk of suicide than those in the other income categories.⁸⁷ This increased risk is due to the financial strain and feelings of hopelessness that having less income and opportunities has on an individual's quality of life.⁸⁸



In addition to a person's economic standing on an individual level, the country's economic state also affects someone's risk for suicide. For example, during the Great Depression and the

Consequences

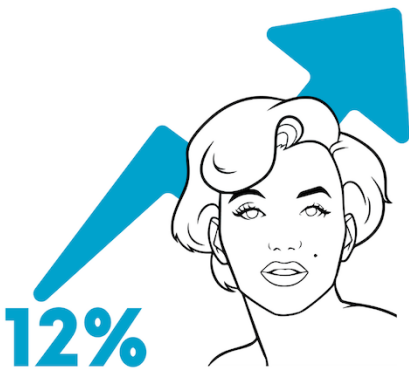
Suicide Copycats

After a suicide occurs, there is a rise in additional suicides caused by either the social learning of the community or by the mass media coverage of the suicide.⁹¹ This phenomenon occurs because people in the community who knew the person may see suicide as an option for an escape from their struggles. This behavior is normalized which can lead people who were contemplating suicide to finally go through with it.⁹² There are two different types of "copycat suicides". The first one is called a "point cluster". This type occurs when there is an increase in the number

of suicides within a contained community due to social learning and imitation, especially among people closest to the suicide victim.⁹³ The second type is "mass clusters". Mass clusters occur when there is an increase in suicides within the entire population of a country due to the suicide of a celebrity or well-known public figure and the mass media coverage the victim may have of their death.⁹⁴ The amount of suicides within the mass cluster is greatly determined by the amount of mass media coverage the suicide receives.⁹⁵ It gives people who are already struggling with suicidal ideation and those who are planning their suicide the courage to complete it.⁹⁶

When comparing studies that measured the effect of political or entertainment celebrity

suicide and studies that didn't, researchers found that the studies that did measure the effect were 14.3 times more likely to find copycat suicides. In addition to just hearing a story about suicide, whether or not it is a story about a real person matters. Studies found that real stories had a greater impact and were 4.3 times more likely to cause a copycat effect when compared to fictitious stories.⁹⁷ Entertainment celebrities have the greatest impact on copycat suicides.⁹⁸ In August of 1962, Marilyn Monroe, a very well-known movie star, passed away from suicide. There was a 12% increase in suicides during the month of her death, which shows the impact of the copycat effect on society.⁹⁹



After Marilyn Monroe passed away from suicide, there was a **12%** increase in suicides during the month of her death.

Within the copycat effect, there is an element of audience identification. If a young person hears about a young suicide victim, they are more likely to identify with the victim and also die by suicide. The group most affected by watching or

reading about suicide from the mass media or experiencing the effect of knowing someone personally who passed away from suicide are young adults ages 15–35.¹⁰⁰ This phenomenon occurs because they have less income, fewer ties to marriage and family, higher unemployment rates, and less significant social standings compared to other age groups.¹⁰¹ Those who are elderly (older than 65) also have strong suicidal moods that are associated with the copycat effect. A person's identification with a certain age group, especially young adults and the elderly, and how much media attention celebrity suicides receive all play a role in the copycat effect.¹⁰² The copycat effect creates a cycle of suicides making suicide a negative consequence of suicide.

Toll on the Mental Health of Suicide Survivors

When someone completes suicide, the effects on their family and friends, also known as the survivors of suicide, are immense.¹⁰³ Because the death is self-inflicted, people often do not know how to respond or communicate feelings of sympathy to suicide survivors.¹⁰⁴ Navigating the grieving process after a suicide is difficult because it brings up issues of blame, guilt, and resentment.¹⁰⁵ Even though it's not likely for a suicide survivor to be at fault for a person's

suicide, others may blame the survivors for the death through non-verbal and verbal communication.¹⁰⁶ Sometimes the entire social circle of the suicide victim is blamed for the death. In addition to external sources of blame, survivors often experience internal blame for the death.¹⁰⁷ Survivors often wonder, as they look back on their words and actions towards the victim, if what they did or said contributed to the victim's decision to die by suicide.¹⁰⁸ This reflection process is extremely detrimental to the survivor's mental health.¹⁰⁹



In the United States, 60,000 children experience a relative dying by suicide annually.¹¹⁰ Siblings of

someone who experienced a suicide completion were more likely to experience new onset depression, depending on their family history and other factors.¹¹¹ When a parent loses a child to suicide, the parents experience higher rates of depression and anxiety, lower income, and physical problems.¹¹² They are also more likely to isolate themselves because they feel greater blame due to the societal responsibility parents have over their children. How close a person's relationship is with the person who completed suicide can have an impact on their own risk level for suicide completion and their mental well-being.

Another issue that survivors of suicide face is self-isolation. In a 10-year longitudinal study done about the isolation of surviving family members after a suicide, researchers found that survivors were 30% more likely to develop minor mental disorders, meaning they don't exhibit all of the symptoms of having a diagnosable mental illness but still struggle with feelings of anxiety and depression, irritability, and forgetfulness, compared to the population control (16%).¹¹³ This increased risk was especially true in the case of a surviving spouse (39% compared to 11%). Survivors were also found to have fewer close friends.¹¹⁴ This phenomenon is caused in part by the stigma that surrounds suicide—most people think they are

better off grieving alone because people don't know how to help them grieve.¹¹⁵ A survivor of suicide may feel rejected by the deceased person as they wonder why the victim died by suicide.^{116,117} This feeling comes from a lack of understanding and confusion that occurs in the suicide survivor after death.^{118,119} The nature of the death leads to a lack of closure because it is hard to know the why behind the victim's decision.¹²⁰ Because of the lack of closure, survivors of suicide feel anger and resentment.¹²¹ Communication distortions arise surrounding suicide due to an increase in secrecy in efforts to prevent copycat suicides.¹²² The air of secrecy keeps people from knowing how to handle their grief and affects communication among family members, friends, and the social network of the victim.¹²³

The people closest to the person who died by suicide are the most affected. In a study, researchers found that children who have a parent complete suicide are at a much higher risk of also completing suicide in their lifetime. Having their parent die by suicide can create feelings of guilt, shame, or fear in children from a young age which can lead to mental disorders. The younger the child is when the parent dies, the greater the risk of their own suicide completion. There is also a big increase in social maladjustment and psychiatric symptoms like

anxiety and anger, especially in the 6 months following the death. It not only affects the child's psyche but also their self-perception, how they see themselves in the world.¹²⁴

Family Dynamics

In addition to the economic loss to society, the family unit experiences economic effects, their family dynamics shift, and their communication is disrupted.¹²⁵ After a suicide occurs within the family, members of the family are more likely to have decreases in cohesion and adaptation because of the changes in family dynamics.¹²⁶ For example, when trying to talk about the death of a family member by suicide, it was very challenging within the family which then led to the death being a taboo topic and created a silence for a long period of time. This silence can lead to family secrets because of the taboo around explaining the cause of death suicide to children in the family.¹²⁷ Managing parental roles, like supporting children, offering reassurance, and managing day-to-day details is difficult for parents to uphold, which leads to children becoming parentified after a suicide in the family.¹²⁸ Thirty percent of people who were grieving the loss of someone to suicide reported that there was a culture of conflicts and blame within their families.¹²⁹

A study found that women whose husbands died

by suicide, rather than an accident or natural causes, had more guilt and blame in their families.¹³⁰ Among the widowed population, there was a 2.5 increase in the suicide rate of suicide survivors 6 months after their spouse's suicide. For the next 4 years, the suicide rate for the grieving widowed population was 1.5 higher than a control group whose spouses died by causes other than suicide.¹³¹ Suicide survivors feel higher levels of grief and depression after the first year since the death by suicide, due to the lack of support they receive post-loss.¹³² Ostracization is an additional problem that families face after a suicide because they seem to feel punished by their communities and society in the form of isolation. This historical pattern has persisted since the Middle Ages and continues to affect families in the modern day, due to the stigma.¹³³

Another common disruption that destroys family dynamics after suicide is divorce. There is a higher likelihood of divorce found in families with a member of the family, especially a child, completing suicide.¹³⁴ Divorce is caused by disruptions in family communication which is a result of the change in family roles and dynamics.¹³⁵ Children of divorce are more likely to have mental disorders as adults, as well as having difficulty interacting with others, a reduction in financial status and standard of

living, and less parental supervision.^{136,137} In a study that observed children of divorce compared to children with continuously married parents, researchers found that between the ages of 5–16, 42% of children of divorced parents needed welfare assistance for more than 3 months, had financial struggles due to lowered income, and lived in less safe neighborhoods.¹³⁸ In regards to family dynamics, after divorce, 11% of participants reported that their mom did not put any effort into raising them. There is a disruption in communication skills and 14.3% reported having a poor relationship with their mom or dad.¹³⁹ Divorce is common among families that lose a family member to suicide, so all of these detrimental effects from divorce are negative consequences of suicide.



The average cost of one suicide is **\$1,329,553**

97%

are costs due to lost productivity

3%

are costs associated with medical treatment

The loss of a parent to suicide also drastically changes family economics. Because the loss of a provider may determine if the other parent or sibling has to work to provide income for the family, family dynamics are also impacted.¹⁴⁰ Whether through economic damages, changes in family dynamics, or loss of income, suicide detrimentally affects families and society as a whole. In 2018, the economic cost of suicide to society was about \$70 billion.¹⁴¹ One suicide alone on average costs \$329,553, with 97% of the cost due to lost productivity and the last 3% associated with medical treatment.¹⁴² These losses lead to lost income which causes a lower standard of living and negatively affects family dynamics.

Practices

Dialectical Behavior Therapy

One of the most effective ways to combat the rise in suicide is through Dialectical Behavior Therapy (DBT). DBT is based on cognitive behavior therapy and directly focuses on treating suicidal thoughts and behaviors, rather than underlying conditions that may lead to suicidal behaviors such as depression and anxiety. Built on the idea that problems come from skill deficits, DBT helps people develop

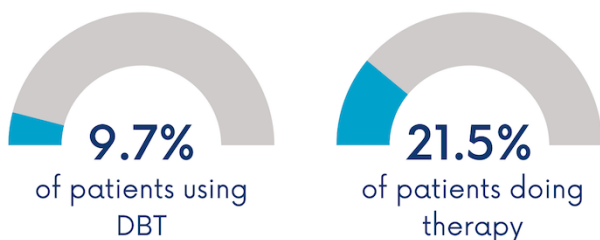
behavioral skills including regulating emotions, tolerating distress, improving relationships, and living an aware, intentional, and sustainable life. These skills help people change suicidal behavior patterns by offering alternate, skill-based solutions that help them develop a life where suicide is not an option.¹⁴³ These skill-based solutions are very effective in helping those who have developed extreme feelings of rejection and pain, and it combats destructive suicidal ideation, intense emotional reactions, and self-harm behaviors.¹⁴⁴



When intervening with DBT, therapists first assess how at-risk a person is for suicide completion. After the assessment, the therapists monitor the patient's suicidal thoughts and behaviors in order to provide the best treatment. Receiving DBT allows the patient to get the immediate and long-term care they need without the use of a restrictive psychiatric hospital. Another benefit of DBT is the focus on family

involvement, which leads to better treatment effects and protection.¹⁴⁵ DBT helps patients create value-driven life goals including cultivating lasting relationships, contributing meaningfully to society, and finding financial stability, which are factors in creating a healthy lifestyle.¹⁴⁶ One organization dedicated to providing resources to help people combat suicide with DBT is Now Matters Now. Now Matters Now is a nonprofit organization that offers free online videos that teach DBT-based skills to help people overcome their suicidal thoughts and behaviors.¹⁴⁷ DBT is also offered in mental health clinics as a treatment for suicide.

Reported suicide attempts



Impact

Dialectical Behavior Therapy has proven to significantly reduce self-harm and repeat suicide attempts. It also reduces intentional self-injury, suicidal ideation, inpatient hospitalizations, hopelessness, depression, substance abuse, disassociation, anger, and impulsivity.¹⁴⁸ When compared to non-

behavioral therapy, DBT reduces the rate of suicide attempts by 50%.¹⁴⁹ People receiving DBT are also more likely to respond positively to the exercises used in DBT and have a higher fulfillment of the treatment rate. In a study comparing the effectiveness of DBT compared to undergoing individual and group therapy, only 9.7% of patients using DBT reported suicide attempts, while 21.5% of the patients doing individual and group therapy reported a suicide attempt. When using DBT to treat patients, an additional resulting factor is the absence of self-harm. For example, 46.5% of the DBT group showed no self-harm while 27.6% of the group that received individual and group therapy exhibited an absence of self-harm.¹⁵⁰ DBT also decreased psychiatric hospitalizations for suicidality by 73%.¹⁵¹ Because DBT is effective, it decreases the high-cost inpatient services by \$6,000 per person each year in total services.¹⁵² The research that's been done so far has proven that DBT is an effective way to reduce suicide.

Gaps

Although Dialectical Behavior Therapy is a highly effective method of reducing suicide, there are gaps regarding accessibility, required intrinsic motivation for treatment, and lack of research. This expensive treatment is not as

accessible to a lot of individuals experiencing high suicidal ideation and behaviors because their condition negatively affects their financial situation. This treatment will be expensive for individuals who do not have insurance. DBT costs anywhere from \$75–100 per session or \$300–600 per month.¹⁵³ Even if people have financial means, there may not be any DBT resources in their area. In the time between 2005 to 2010, there was a 4.1% increase in shortages of mental health care and resources which resulted in a 4.6% increase in suicide rates.¹⁵⁴ Due to the stigma surrounding suicide, individuals also have a hard time talking about their thoughts, which prevents them from asking for the support they need.¹⁵⁵ The requirement to attend multiple sessions and completion of additional homework is an extensive time commitment that is a limitation of DBT. DBT tends to only work if a person completes the assignments and some people may not have the intrinsic motivation they need to complete them.¹⁵⁶ In order for the treatment to be effective, patients also need to focus on the

present and the future rather than the past and be committed to making a positive change within themselves.¹⁵⁷ This shift in focus may be particularly challenging for someone who is experiencing hopelessness. Finally, there is little research on DBT and its effectiveness in reducing the number of suicides. As of 2023, there was a lot of research on DBT use among adolescents, but not on older individuals. Most of the research's sample sizes are small which may not accurately measure the population as a whole. Additionally, not all of the studies follow up with their patients after the treatment so it is difficult to know who the therapy will be most effective for and how long those effects will last. If these gaps are addressed, our knowledge about the effectiveness DBT has on the whole population will be increased, it will be more affordable and accessible, and people suffering will receive the treatment they need.

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Endnotes

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