



**Claudia Wallis** is an award-winning science journalist whose work has appeared in the *New York Times*, *Time*, *Fortune* and the *New Republic*. She was science editor at *Time* and managing editor of *Scientific American Mind*.

# The Other U.S. Epidemic

Suicides have been rising.  
Will the pandemic make things worse?

By Claudia Wallis

**Another epidemic** besides COVID-19 stalks the land. This one takes a heavy toll on the young. It has been raging ever more lethally for the past 20 years with no flattening of the curve in sight: an American epidemic of suicide.

Between 1999 and 2017 the age-adjusted suicide rate in the U.S. climbed 33 percent, from 10.5 to 14 deaths per 100,000 people, according to the Centers for Disease Control and Prevention. And the rise has been accelerating. The rate of suicide—the second leading cause of death in the U.S. among people ages 10 to 34 and the tenth overall—rose by an average of 1 percent a year between 1999 and 2006, after which it rose at double that pace. And although males in every age group are far more likely to take their own lives than girls and women are, females are slowly closing the gap.

Every year seems to bring a fresh helping of these dark statistics. A new CDC analysis looked at both suicide attempts and mortality. It reported that the sharpest rise in attempts—up a shocking 8 percent annually between 2006 and 2015—occurred among youngsters ages 10 to 19. (The study captured only the attempts that led to a hospital visit.) Nearly 80 percent of attempts were among people younger than 45, although there was also a rise in the 65-to-74 age group. As others have found, the incidence of attempts, as well as of fatalities, was shown to be rising faster in women and girls than in men and boys. Sadly, this “was not surprising to us,” says lead author Jing Wang, an epidemiologist at the CDC’s National Center for Injury Prevention and Control. The study also documented a rise in lethality—that is, a higher rate of attempts that resulted in death.

Measuring trends is a lot easier than explaining them. The suicide epidemic among adolescents and young adults, for example, “is consistent with the broader finding on rising rates of depression and depressed mood in young people,” says psychiatrist and epidemiologist Mark Olfson of Columbia University. On the other hand, he notes, “it’s a real puzzle that suicide rates are going up at a time when substance use is going down in this age group.” The two usually go hand in hand.

A possible factor is how much time young people spend with digital devices. A 2018 study that drew on data from more than half a million teenagers, led by psychologist Jean Twenge of San Diego State University, found that screen time correlates with depressive symptoms and suicide-related behaviors (considering it, making a plan, attempting it), especially for girls. “The rise in social media, the threat of cyberbullying, of being ostracized, can be a triggering event,” Olfson says, but in terms of causality, he notes, “it’s a difficult hypothesis to evaluate.” Wang mentions



other factors for which there is indirect evidence, such as parental use of opioids and exposure to a loved one’s suicide.

Among adults, suicide attempts track with the lack of a college degree, age between 21 and 34, very low income, mental illness, and a history of violence or past suicide attempts, a large study by Olfson and his colleagues found. Adults are much more likely than teenagers to actually kill themselves, in part because they have easier access to more lethal means such as guns and because they are more planful and less impulsive. Adults who take their own lives are predominantly male and white or Native American, often with a history of substance use, mental disorders, past attempts, loneliness and personal loss.

Mental health professionals worry that the social isolation, financial hardships and anxiety related to the coronavirus pandemic might worsen suicide trends. Past research in Europe and in the U.S. has shown that for every 1 percent rise in unemployment, there is a 0.8 to 1 percent jump in suicides. The pattern could be different in 2020 if people get back to work quickly or if the response is more akin to that in a time of war. “The rates go down in wartime, maybe because people feel more joined to a larger cause,” says Michael Hogan, who served as commissioner of mental health in New York, Connecticut and Ohio. Still, he’s concerned.

Hogan, who is also a founder of the Zero Suicide movement, argues that rather than waiting to address such massive issues as mental illness, unemployment and loneliness, it makes sense to focus on low-cost interventions that start closer to the critical period when thoughts of suicide take hold. One key idea is to ensure that medical personnel screen for such thoughts as routinely as they check blood pressure and to train them in next steps for vulnerable people. A number of interventions, including support from crisis hotlines, could save lives—if offered in time. ■