

NSDUH DATA REVIEW

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Suicidal Thoughts and Behavior among Adults: Results from the 2015 National Survey on Drug Use and Health

Authors

SAMHSA: Kathryn Piscopo and Rachel N. Lipari; RTI International: Jennifer Cooney and Cristie Glasheen

Abstract

Background. In 2014, suicide was the 10th leading cause of death in the United States overall and ranked as the second highest cause of death among people aged 10 to 34. The National Survey on Drug Use and Health (NSDUH) collects data on serious thoughts of suicide, suicide planning, and suicide attempts.

Methods. This report presents findings from the 2015 NSDUH on the percentages and numbers of adults aged 18 years old or older in the United States who had serious thoughts of suicide, made a suicide plan, and attempted suicide in the past 12 months. Findings for 2015 are presented for all adults aged 18 or older, young adults aged 18 to 25, adults aged 26 to 49, adults aged 50 or older, and adult males and females aged 18 or older. Trend data for suicidal thoughts and behavior also are presented by comparing estimates in 2015 with estimates in 2008 to 2014. Statistically significant differences are noted among subgroups of adults in 2015 and for differences between estimates in 2015 and those in prior years.

Results. In 2015, 9.8 million adults aged 18 or older thought seriously about trying to kill themselves in the past 12 months, including 2.7 million who made suicide plans and 1.4 million who made a nonfatal suicide attempt. These numbers represent 4.0 percent of adults in 2015 who had serious thoughts of suicide, 1.1 percent who made suicide plans, and 0.6 percent who attempted suicide in the past year. These percentages for suicidal thoughts and suicide plans among adults aged 18 or older were stable in most years between 2008 and 2015. Young adults aged 18 to 25 in 2015 were more likely than adults in other age groups to have serious thoughts of suicide, to have made suicide plans, or to have attempted suicide. There was also an increase in serious thoughts of suicide among young adults between 2014 and 2015 (from 7.5 to 8.3 percent). The percentage of those aged 18 or older who attempted suicide was similar in most years between 2008

and 2015, but the percentage was slightly higher than the percentages for 2009 and 2014. The change between 2014 and 2015 was mostly due to a significant increase in young adult females (i.e., those aged 18 to 25) who attempted suicide in 2015, up from 1.5 percent in 2014 to 2.0 percent in 2015. Similar percentages of males and females aged 18 or older in 2015 had serious thoughts of suicide, made suicide plans, or had attempted suicide, but there were significant differences between males and females aged 18 to 25.

In 2015, the percentages of adults having serious thoughts of suicide were higher for past year alcohol users, past month binge and heavy alcohol use drinkers, past year illicit drug users, adults with a past year substance use disorder (SUD), and adults with a past year major depressive episode (MDE). Among adults in 2015 who had serious thoughts of suicide in the past year, more than half did not receive any mental health services in the past year, and about 1 in 8 perceived a need for mental health care but did not obtain care.

Conclusions. Findings from NSDUH on suicidal thoughts and behavior among adults are useful to the Substance Abuse and Mental Health Services Administration (SAMHSA) for understanding the size of the adult population that is at risk for suicide, tracking changes in the percentages of the population with suicidal thoughts and behavior over time, identifying factors that appear to increase the likelihood of adults having suicidal thoughts or behavior, and identifying whether adults who had suicidal thoughts are receiving mental health care. There are some limitations, however. For example, it is not possible to determine for the association between having an SUD and having suicidal thoughts or behavior whether adults experienced suicidal thoughts or behavior because of their SUDs or whether their SUDs were a consequence of their depressed mood or suicidal thoughts.

Introduction

Suicide is an important public health problem in the United States and a tragedy for all involved—families, friends, neighbors, colleagues, and communities. In 2014, suicide was the 10th leading cause of death in the United States overall.¹ Among people aged 10 to 34, suicide was the second highest cause of death, and for those aged 35 to 54, it was the fourth highest cause of death.²

Although deaths from suicide average to about 100 people each day,³ individuals who die from suicide represent a fraction of those who consider or attempt suicide. Research suggests that there are many more attempted suicides than there are deaths from suicide.⁴ Out of every 31 adults in 2008 to 2011 in the United States who attempted suicide in the past 12 months, there was 1 death by suicide.⁵ People are also likely to have thought about suicide before actually attempting suicide. The National Survey on Drug Use and Health (NSDUH) collects information on past year suicidal thoughts and behavior among adults aged 18 or older in the United States, their substance use and mental health characteristics, and their receipt of medical attention resulting from a nonfatal suicide attempt.

Survey Background

NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older.⁶ The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS). The survey covers residents of households and individuals in noninstitutional group quarters (e.g., shelters, boarding houses, college dormitories, migratory workers' camps, halfway houses). The survey excludes people with no fixed address (e.g., homeless people not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term care hospitals.

NSDUH employs a stratified multistage area probability sample that is designed to be representative of both the nation as a whole and for each of the 50 states and the District of Columbia. The 2015 NSDUH annual target sample size of 67,500 interviews was distributed across three age groups, with 25 percent allocated to adolescents aged 12 to 17, 25 percent allocated to young adults aged 18 to 25,

and 50 percent allocated to adults aged 26 or older. In 2002 through 2013, the NSDUH sample was allocated equally across these three age groups. Although the sample design changed in 2014, NSDUH had the same total target sample size per year of 67,500 interviews between 2002 and 2015.⁷

NSDUH is a face-to-face household interview survey that is conducted in two phases: the screening phase and the interview phase. The interviewer conducts a screening of the eligible household with an adult resident (aged 18 or older) in order to determine whether zero, one, or two residents aged 12 or older should be selected for the interview.⁸ NSDUH collects data using audio computer-assisted self-interviewing (ACASI) in which respondents read or listen to the questions on headphones, then enter their answers directly into a NSDUH laptop computer. ACASI is designed for accurate reporting of information by providing respondents with a highly private and confidential mode for responding to questions about illicit drug use, mental health, suicidal thoughts and behavior, and other sensitive behaviors. NSDUH also uses computer-assisted personal interviewing (CAPI) in which interviewers read less sensitive questions to respondents and enter the respondents' answers into a NSDUH laptop computer.

In 2015, screening was completed at 132,210 addresses, and 68,073 completed interviews were obtained, including 51,118 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 79.7 and 69.3 percent, respectively, for an overall response rate of 55.2 percent for people aged 12 or older. The weighted interview response rate was 68.4 percent for adults.⁹ Further details about the 2015 NSDUH design and methods can be found on the web at <http://www.samhsa.gov/data/>.¹⁰

Notable 2015 NSDUH Questionnaire Changes

The NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of the NSDUH data and to address the changing needs of policymakers and researchers with regard to substance use and mental health issues.¹¹ Details on the 2015 NSDUH questionnaire changes, reasons for the changes, and implications of the changes for NSDUH data users are included in a brief report on these questionnaire changes, in a report on the design changes for the 2014 and 2015 NSDUHs, and in the methodological summary and definitions report for 2015.^{12,13,14}

Data Presentation and Interpretation

This report presents 2015 NSDUH estimates of suicidal thoughts and behavior and service use for civilian, noninstitutionalized adults aged 18 years old or older, as well as trends between 2008 and 2015. This report presents information only for adults because NSDUH does not ask adolescents aged 12 to 17 about suicidal thoughts and behavior that occurred in the past 12 months. In addition to estimates of suicidal thoughts and behavior being presented for all adults aged 18 or older, estimates are presented for three age subgroups: young adults aged 18 to 25, adults aged 26 to 49, and adults aged 50 or older, as well as for men and women separately. Detailed NSDUH tables that show additional substance use and mental health-related outcomes, including data for various subpopulations covered in NSDUH, are available separately at <http://www.samhsa.gov/data/>.¹⁵

Estimates in this report do not reflect information from adults whose suicide attempts in the past year were fatal. In 2014, suicide was listed as the cause of death in about 43,000 out of approximately 2.6 million deaths among individuals of all ages in the United States.¹⁶ Also, NSDUH may underestimate suicidal thoughts, plans, and attempts for the nation overall because individuals in some population subgroups are not covered by NSDUH. For example, institutionalized individuals or homeless people not living in shelters could be more likely than those in the population covered by NSDUH to have had suicidal thoughts or experienced suicidal behavior in the past year.¹⁷

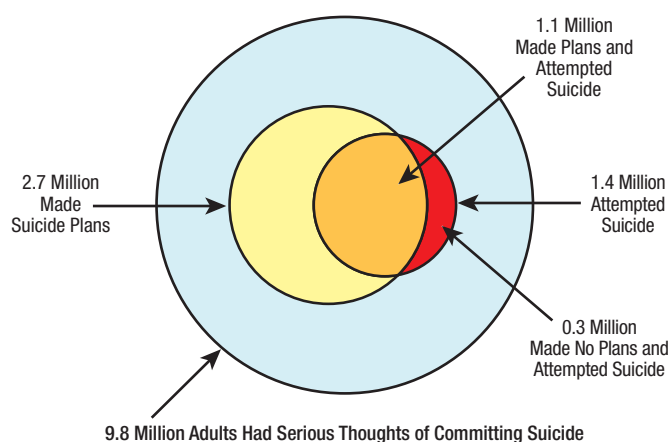
All estimates (e.g., percentages and numbers) presented in the report are derived from NSDUH survey data that are subject to sampling errors. The estimates have met the criteria for statistical reliability. Estimates that do not meet these criteria for reliability have been suppressed and are not shown.¹⁸ Trend analyses in this report focus on percentages because the percentages take into account any changes in the size of the total population and facilitate the comparison of estimates across years.¹⁹ This report focuses on long-term trends by comparing percentages in 2015 with percentages in each of the years from 2008 to 2014. Statistical tests also have been conducted for comparisons that appear in the text of the report. Statistically significant differences are described using terms such as “higher,” “lower,” “increased,” or “decreased.” Statements use terms such as “similar,” “remained steady,” or “stable” when a difference is not

statistically significant. Analyses of long-term trends in this report summarize whether the 2015 estimates are different from or similar to estimates in most previous years²⁰ while minimizing discussion of anomalous differences between any 2 years that can occur due to these estimates being based on samples.²¹ Graphics and tables contain estimates that support the statements in this report, and supplemental tables of estimates (including standard errors) are included in Appendix A.²²

Suicidal Thoughts and Behavior among Adults Overall

NSDUH respondents aged 18 or older were asked if at any time during the past 12 months they had thought seriously about trying to kill themselves. In 2015, 9.8 million adults aged 18 or older (4.0 percent) reported they had thought seriously about trying to kill themselves (Figures 1 and 2). Those who had serious thoughts of suicide were then asked whether they made a plan to kill themselves or tried to kill themselves in the past 12 months. Of the 9.8 million adults with serious thoughts of suicide, 2.7 million reported that they had made any suicide plans, and 1.4 million made a nonfatal suicide attempt. Among the 1.4 million adults aged 18 or older who attempted suicide in the past year, 1.1 million reported making suicide plans, and 0.3 million did not make suicide plans.²³ Stated another way, about one fourth of adults who had serious thoughts of suicide made suicide plans, and about 1 in 7 adults who had serious thoughts of suicide made a suicide attempt.

Figure 1. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: 2015



Serious Thoughts of Suicide

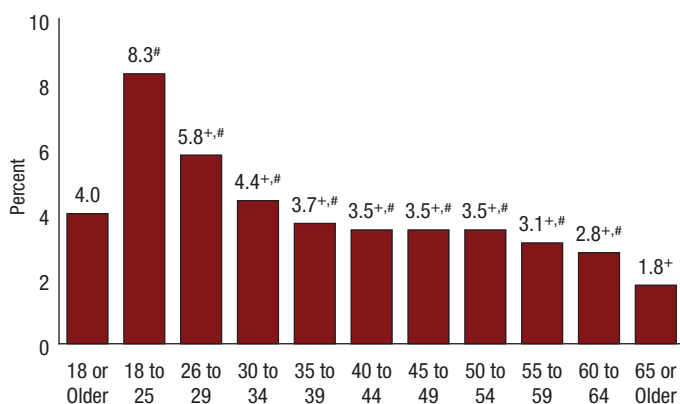
The estimated 9.8 million adults aged 18 or older in 2015 who had serious thoughts of suicide in the past year (Figure 1) represent 4.0 percent of adults aged 18 or older (Figure 2). The percentage of adults aged 18 or older who had serious thoughts of suicide remained stable in most years between 2008 and 2015 (Figure 3).

In 2015, the percentage of adults having serious thoughts of suicide was higher among adults aged 18 to 25 (8.3 percent) than in other adult age groups (Figure 2). In order to allow for a better understanding of the relationship between age and suicidal thoughts, Figure 2 shows finer age categories than are shown in the rest of this report. For example, adults aged 65 or older in 2015 were less likely than other adults to have serious thoughts of suicide. The percentages of adults aged 18 or older who had serious thoughts of suicide in the past year were similar for males and females (3.9 and 4.2 percent, respectively) (Figure 4).

Aged 18 to 25

The 8.3 percent of young adults aged 18 to 25 in 2015 who had serious thoughts of suicide represents 2.9 million young adults. The percentage of young adults with serious thoughts of suicide was higher in 2015 than the percentages in 2008 to 2014 (Figure 3). The percentage of young adult males in 2015 who had serious thoughts of suicide in the past year was lower than the percentage for females (7.2 vs. 9.5 percent) (Figure 4).

Figure 2. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2015



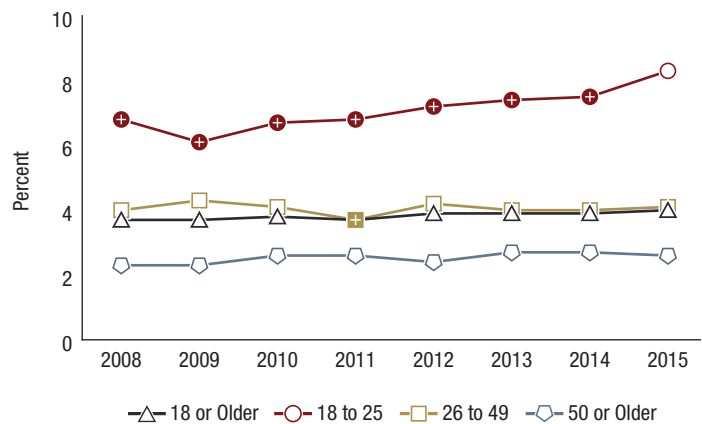
⁺ Difference between this estimate and the estimate for adults aged 18 to 25 is statistically significant at the .05 level.

[#] Difference between this estimate and the estimate for adults aged 65 or older is statistically significant at the .05 level.

Aged 26 to 49

In 2015, 4.1 percent of adults aged 26 to 49 (or an estimated 4.1 million adults in this age group) had serious thoughts of suicide (Figure 3). The percentage of adults aged 26 to 49 with serious thoughts of suicide was stable in most years between 2008 and 2015. Similar percentages of males and females aged 26 to 49 in 2015 had serious thoughts of suicide (4.0 and 4.3 percent, respectively) (Figure 4).

Figure 3. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2015



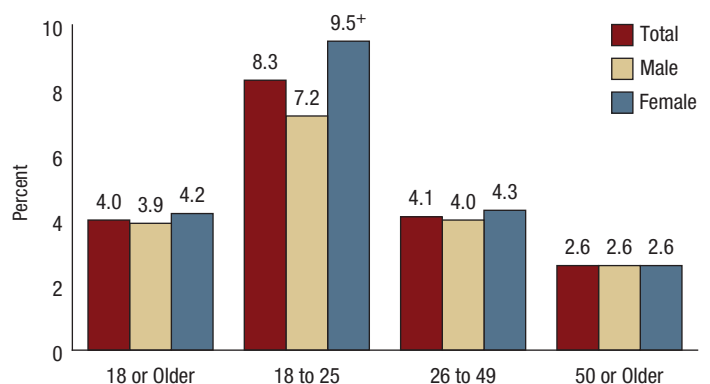
⁺ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

Figure 3 Table. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2015

Age Group	2008	2009	2010	2011	2012	2013	2014	2015
18 or Older	3.7	3.7	3.8	3.7 ⁺	3.9	3.9	3.9	4.0
18 to 25	6.8 ⁺	6.1 ⁺	6.7 ⁺	6.8 ⁺	7.2 ⁺	7.4 ⁺	7.5 ⁺	8.3
26 to 49	4.0	4.3	4.1	3.7 ⁺	4.2	4.0	4.0	4.1
50 or Older	2.3	2.3	2.6	2.6	2.4	2.7	2.7	2.6

⁺ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

Figure 4. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2015



⁺ Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Aged 50 or Older

In 2015, 2.6 percent of adults aged 50 or older had serious thoughts of suicide (Figure 3), which represents about 2.8 million adults aged 50 or older. The percentage of adults aged 50 or older with serious thoughts of suicide remained stable from 2008 to 2015. In 2015, similar percentages of males and females aged 50 or older had serious thoughts of suicide (both 2.6 percent) (Figure 4).

Suicide Plans

The estimated 2.7 million adults in 2015 who made suicide plans in the past year (Figure 1) represent 1.1 percent of adults aged 18 or older (Table 1). The percentage of adults aged 18 or older who made suicide plans remained stable between 2008 and 2015.

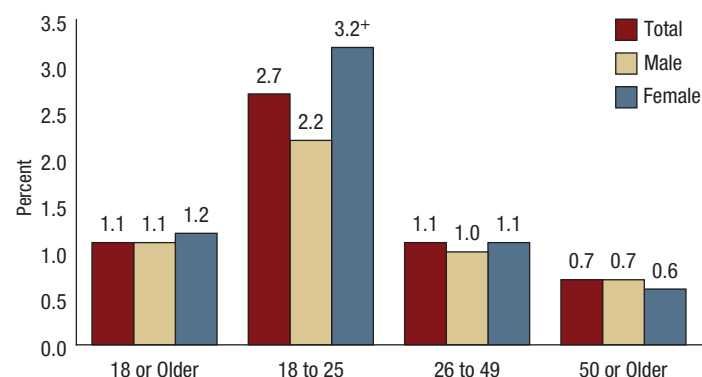
In 2015, the percentage of adults who made suicide plans in the past year was higher among adults aged 18 to 25 (2.7 percent) than among adults aged 26 to 49 (1.1 percent) and those aged 50 or older (0.7 percent). The percentage of men and women who made suicide plans was similar (1.1 and 1.2 percent, respectively) (Figure 5).

Table 1. Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2015

Age Group	2008	2009	2010	2011	2012	2013	2014	2015
18 or Older	1.0	1.0	1.1	1.0	1.1	1.1	1.1	1.1
18 to 25	2.0 ⁺	2.0 ⁺	1.9 ⁺	1.9 ⁺	2.4	2.5	2.3	2.7
26 to 49	1.1	1.0	1.0	1.1	1.3	1.3	1.1	1.1
50 or Older	0.7	0.6	0.9	0.7	0.6	0.6	0.7	0.7

⁺ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

Figure 5. Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2015



⁺ Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Aged 18 to 25

The 2.7 percent of young adults aged 18 to 25 in 2015 who made suicide plans in the past year corresponds to about 934,000 young adults. The percentage of young adults in 2015 who made suicide plans was higher than the percentages in 2008 to 2011 (Table 1). Among young adults in 2015, females were more likely than males to make suicide plans (3.2 vs. 2.2 percent) (Figure 5).

Aged 26 to 49

In 2015, the 1.1 percent of adults aged 26 to 49 who made suicide plans in the past year represents about 1.0 million adults in this age group. The percentage of adults in this age group who made suicide plans in the past year was stable from 2008 through 2015 (Table 1). Similar percentages of male and female adults aged 26 to 49 in 2015 made suicide plans in the past year (1.0 and 1.1 percent, respectively) (Figure 5).

Aged 50 or Older

In 2015, the 0.7 percent of adults aged 50 or older who made suicide plans in the past year represents about 734,000 adults aged 50 or older. The percentages of adults aged 50 or older who made suicide plans in the past year remained stable from 2008 to 2015 (Table 1). Similar percentages of males and females aged 50 or older in 2015 made suicide plans in the past year (0.7 and 0.6 percent, respectively) (Figure 5).

Suicide Attempts

The estimated 1.4 million adults aged 18 or older in 2015 who attempted suicide in the past year (with or without first making suicide plans) (Figure 1) represent 0.6 percent of adults (Table 2). The percentage of adults aged 18 or older who attempted suicide was similar in most years between 2008 and 2015, although the percentage in 2015 was slightly higher than the percentages in 2009 and 2014.

Table 2. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2015

Age Group	2008	2009	2010	2011	2012	2013	2014	2015
18 or Older	0.5	0.5 ⁺	0.5	0.5	0.6	0.6	0.5 ⁺	0.6
18 to 25	1.2 ⁺	1.1 ⁺	1.2 ⁺	1.2 ⁺	1.5	1.3 ⁺	1.2 ⁺	1.6
26 to 49	0.4	0.5	0.4	0.5	0.5	0.6	0.5	0.5
50 or Older	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3

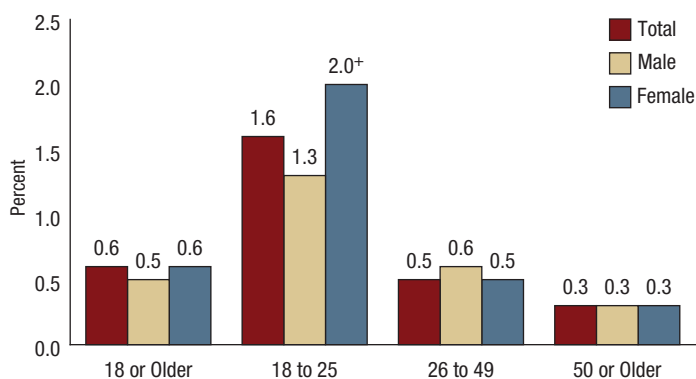
⁺ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

In 2015, the percentage of adults who attempted suicide in the past year was higher among adults aged 18 to 25 (1.6 percent) than among adults aged 26 to 49 (0.5 percent) and those aged 50 or older (0.3 percent) (Table 2). The percentage of men and women who attempted suicide in 2015 was similar (0.5 and 0.6 percent, respectively) (Figure 6).

Aged 18 to 25

The 1.6 percent of young adults aged 18 to 25 in 2015 who attempted suicide in the past year represents about 571,000 young adults. The percentage of young adults who attempted suicide was higher in 2015 than the percentages in most years from 2008 to 2014 (Table 2). Among young adults in 2015, females were more likely than males to have made a suicide attempt (2.0 vs. 1.3 percent) (Figure 6). Comparisons of the 2014 and 2015 estimates for males and females provides insight into the higher 2015 percentage of young adults who attempted suicide. The percentage of young adult females who attempted suicide in 2015 was higher than the percentage in 2014 (2.0 vs. 1.5 percent); however, the percentage of young adult males who attempted suicide was similar in 2014 and 2015.¹⁵ The comparisons between 2014 and 2015 indicate that the increase in suicide attempts among all young adults in 2015 was driven by an increase in the percentage of young adult females who attempted suicide. However, a long-term trend analysis, including data from future survey years, would be useful for understanding whether this increase in 2015 signals the start of a change in the trend, or if the percentage goes back down to the range that was observed in most previous years.

Figure 6. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2015



⁺ Difference between this estimate for females and the estimate for males is statistically significant at the .05 level.

Aged 26 to 49

In 2015, the 0.5 percent of adults aged 26 to 49 who attempted suicide in the past year represents about 506,000 adults in this age group. The percentages of adults aged 26 to 49 who attempted suicide in the past year were stable from 2008 to 2015 (Table 2). Similar percentages of males and females aged 26 to 49 in 2015 attempted suicide in the past year (0.6 and 0.5 percent, respectively) (Figure 6).

Aged 50 or Older

In 2015, the 0.3 percent of adults aged 50 or older who attempted suicide in the past year represents about 321,000 adults in that population. Percentages of adults aged 50 or older who attempted suicide in the past year were stable from 2008 to 2015 (Table 2). Similar percentages of males and females in this age group in 2015 attempted suicide in the past year (both 0.3 percent) (Figure 6).

Suicidal Thoughts and Behavior among Adults Who Used Substances

Substance use is a risk factor related to suicidal thoughts, plans, and attempts. NSDUH asks respondents whether they have used illicit drugs²⁴ or alcohol in the 12 months and 30 days prior to the interview (i.e., “past year” and “past month,”²⁵ respectively). Although NSDUH data may show a relationship between substance use or substance use disorders (SUDs) and suicidal thoughts and behavior, it is not possible to determine which came first. Therefore, NSDUH data cannot be used to make causal connections between substance use or SUDs and suicidal thoughts and behavior. For some individuals, substance use could have occurred before they started experiencing suicidal thoughts or behavior, with suicidal thoughts and behavior being a consequence of substance use. For other individuals, substance use could reflect their attempt to use alcohol or illicit drugs to “self-medicate” their depressed mood or suicidal thoughts, or another factor could be contributing both to substance use and suicidal thoughts and behavior.

This section presents findings on suicidal thoughts and behavior among adults who (1) used either alcohol or illicit drugs,²⁶ (2) used alcohol, (3) used illicit drugs, and (4) had an SUD. Throughout this section, estimates from these groups of adult substance users are compared with estimates from the overall adult population (i.e., including users and nonusers).

Past Year Substance Use and Suicidal Thoughts and Behavior

All NSDUH respondents are asked to indicate whether they used illicit drugs or alcohol in the past year. In 2015, about 7.9 million adults who used alcohol or illicit drugs had serious thoughts of suicide, 2.2 million made suicide plans, and 1.1 million attempted suicide in the past year. Corresponding percentages of adults aged 18 or older in 2015 who used either alcohol or illicit drugs in the past year were 4.5 percent for having serious thoughts of suicide, 1.3 percent for making suicide plans, and 0.6 percent for attempting suicide in the past year (Table 3). These percentages among adults who used alcohol or illicit drugs in the past year were slightly higher than the estimates among all adults. Adults in 2015 who used both alcohol and illicit drugs in the past year also were more likely than all adults to have serious thoughts of suicide, to make suicide plans, and to make suicide attempts in the past year. Among adults in 2015 who used both alcohol and illicit drugs in the past year, 9.8 percent had serious thoughts of suicide, 3.0 percent made suicide plans, and 1.8 percent attempted suicide in the past year. However, these higher percentages for suicide attempts among users of both alcohol and illicit drugs were driven by the higher percentages among adults who used illicit drugs. The percentages were similar between adults who used alcohol and all adults for suicide attempts (see the next section on alcohol use and suicidal thoughts and behavior).

Table 3. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Year Substance Use: Percentages, 2015

Adults	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	4.0	1.1	0.6
Past Year Alcohol Users	4.4 ⁺	1.2 ⁺	0.6
Past Year Alcohol OR Illicit Drug Users	4.5 ⁺	1.3 ⁺	0.6 ⁺
Past Year Alcohol AND Illicit Drugs Users	9.8 ⁺	3.0 ⁺	1.8 ⁺

⁺ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

Past Month and Past Year Alcohol Use and Suicidal Thoughts and Behavior

NSDUH asks respondents about their alcohol use in the 30 days and 12 months before the interview. In this report, estimates of suicidal thoughts and behavior are presented by past month and past year alcohol use, as well as by past month binge and heavy alcohol use. Binge alcohol use is defined in 2015 for men as having five or more drinks and for women as having four or more drinks on the same occasion on at least 1 day in the past 30 days.²⁷ Heavy alcohol use is defined in NSDUH as engaging in binge alcohol use on 5 or more days in the past 30 days. These are not mutually exclusive categories of use; heavy use is included in estimates of binge and past month use, and binge use is included in estimates of past month use.

An estimated 135.9 million adults aged 18 or older in 2015 used alcohol in the past month,²⁸ and 170.2 million used alcohol in the past year.²⁹ Of the 135.9 million adults who used alcohol in the past month, about 5.7 million had serious thoughts of suicide in the past year. Among adults who reported past month alcohol use and serious thoughts of suicide over the past year, about 1.5 million made suicide plans in the past year, and 781,000 attempted suicide in the past year. Corresponding percentages among adults aged 18 or older who were current alcohol users were 4.2 percent for having serious thoughts of suicide, 1.1 percent for making suicide plans, and 0.6 percent for attempting suicide (Table 4). The percentages of adults with serious thoughts of suicide were similar among those who were past month alcohol users and among all adults (4.2 and 4.0 percent, respectively).

Table 4. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Month Alcohol Use: Percentages, 2015

Alcohol Use Level	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	4.0	1.1	0.6
Past Month Alcohol Users	4.2	1.1	0.6
Past Month Binge Users	5.1 ⁺	1.5 ⁺	0.9 ⁺
Past Month Heavy Alcohol Users	5.7 ⁺	1.7 ⁺	1.1 ⁺

⁺ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

These findings indicate that adults who reported any alcohol use in the past month were no more likely than adults in general (i.e., including users and nonusers of alcohol in the past month) to have serious thoughts of suicide in the past year. The percentages of adults who made suicide plans or suicide attempts also were similar among those who were past month alcohol users and among all adults. However, the 2015 NSDUH data show an association between binge or heavy alcohol use and serious thoughts of suicide. The percentage of adults who had serious thoughts of suicide was higher among those who were past month binge drinkers than among all adults (5.1 vs. 4.0 percent) (Table 4). Similarly, the percentage of adults who had serious thoughts of suicide was higher among those who were past month heavy alcohol drinkers than among all adults (5.7 vs. 4.0 percent). Higher percentages of adults who were binge or heavy alcohol users also made suicide plans and suicide attempts compared with the percentages among all adults.

Although the estimates for serious thoughts of suicide, suicide plans, and suicide attempts were similar between adults who were past month alcohol users and adults in general, there was an association between alcohol use in the past year and suicidal thoughts and behavior. Among the estimated 170.2 million adults aged 18 or older who used alcohol in the past year, about 7.4 million reported serious thoughts of suicide, 2.0 million made suicide plans, and 1.1 million attempted suicide in the past year. Corresponding percentages

among adults who were past year alcohol users were 4.4 percent who had serious thoughts of suicide, 1.2 percent who made suicide plans, and 0.6 percent who attempted suicide (Table 3). Adults who were past year alcohol users were more likely than adults in the general population to have serious thoughts of suicide and to make suicide plans in the past year. However, the percentage of adult past year alcohol users who attempted suicide was similar to the percentage for all adults in the general population.

Past Year Illicit Drug Use and Suicidal Thoughts and Behavior

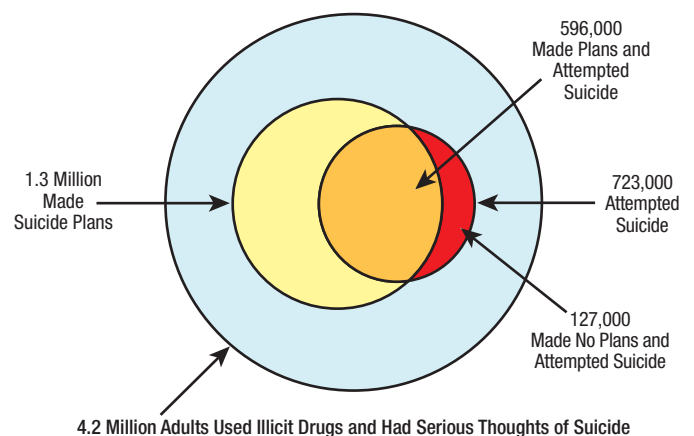
Adults aged 18 or older in 2015 who used illicit drugs in the past year were more likely to have serious thoughts of suicide, to make suicide plans, and to attempt suicide compared with all adults (i.e., including users and nonusers of illicit drugs in the past year) (Table 5). In 2015, an estimated 43.4 million adults aged 18 or older were past year illicit drug users.²⁸ Among the adults who used illicit drugs in the past year, about 4.2 million had serious thoughts of suicide, 1.3 million made suicide plans, and 723,000 attempted suicide in the past year (Figure 7). Corresponding percentages among adults who used illicit drugs in the past year were 9.8 percent who had serious thoughts of suicide, 3.0 percent who made a suicide plan, and 1.7 percent who attempted suicide in the past year (Table 5). Among the estimated 723,000 adults who were past year illicit drug users and who attempted suicide in the past year, about 596,000 reported making suicide plans, and 127,000 did not make suicide plans (Figure 7).

Table 5. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Year Illicit Drug Use: Percentages, 2015

Illicit Drug	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	4.0	1.1	0.6
Any Illicit Drug	9.8 ⁺	3.0 ⁺	1.7 ⁺
Marijuana	9.8 ⁺	2.8 ⁺	1.7 ⁺
Misuse of Prescription Pain Relievers	14.0 ⁺	5.0 ⁺	2.7 ⁺
Misuse of Prescription Stimulants	14.4 ⁺	4.8 ⁺	2.3 ⁺
Cocaine	15.0 ⁺	5.4 ⁺	3.8 ⁺
Hallucinogens	15.2 ⁺	4.4 ⁺	2.5 ⁺
Misuse of Prescription Sedatives	15.9 ⁺	5.6 ⁺	3.3 ⁺
Heroin	17.5 ⁺	5.4 ⁺	3.0 ⁺
Misuse of Prescription Tranquilizers	17.5 ⁺	7.9 ⁺	3.9 ⁺
Inhalants	19.2 ⁺	6.2 ⁺	5.6 ⁺
Methamphetamine	21.6 ⁺	7.2 ⁺	4.3 ⁺

⁺ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

Figure 7. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older Who Used Illicit Drugs in the Past Year: 2015



Estimates of serious thoughts of suicide, making suicide plans, or attempting suicide in the past year among adults aged 18 or older who used illicit drugs varied by the types of substances that were used in the past year. For serious thoughts of suicide in the past year, the percentage was lowest for adults who used marijuana (9.8 percent) (Table 5 and Figure 8). Among past year users of the 10 categories of illicit drugs shown in Table 5, the percentages who reported making suicide plans in the past year ranged from 2.8 percent for marijuana users to 7.9 percent for adults who misused prescription tranquilizers. Percentages of adult users of the 10 categories of illicit drugs in 2015 who made suicide attempts ranged from 1.7 percent among marijuana users to 5.6 percent among adults who used inhalants.

Substance Use Disorders and Suicidal Thoughts and Behavior

SUDs occur when the recurrent use of alcohol or other drugs (or both) causes significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. SUDs that co-occur with one or more other mental disorders can increase a person's risk of early death from suicide.³⁰ The NSDUH questions that are used to classify people as having an SUD

in the past 12 months are based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV).³¹

In addition to providing estimates on the use of illicit drugs or alcohol, NSDUH produces estimates of the percentage of the population aged 12 years old or older who had SUDs in the past 12 months. Substances for which SUDs are assessed include alcohol, marijuana, cocaine in any form, heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. This section provides information on suicidal thoughts and behavior among adults according to whether or not they had an SUD in the past 12 months.

An estimated 19.6 million adults aged 18 or older in 2015 had an SUD in the past year.²⁸ Among adults aged 18 or older in 2015 who had an SUD in the past year, an estimated 2.5 million (12.7 percent) had serious thoughts of suicide, 800,000 (4.1 percent) made suicide plans, and 429,000 (2.2 percent) attempted suicide in the past year (Figure 9). Adults aged 18 or older in 2015 who did not have a past year SUD were less likely than adults with an SUD to have serious thoughts of suicide (3.3 percent), make suicide plans (0.9 percent), or attempt suicide (0.4 percent) in the past year.

Figure 8. Suicidal Thoughts and Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Illicit Drug Use in the Past Year: Percentages, 2015

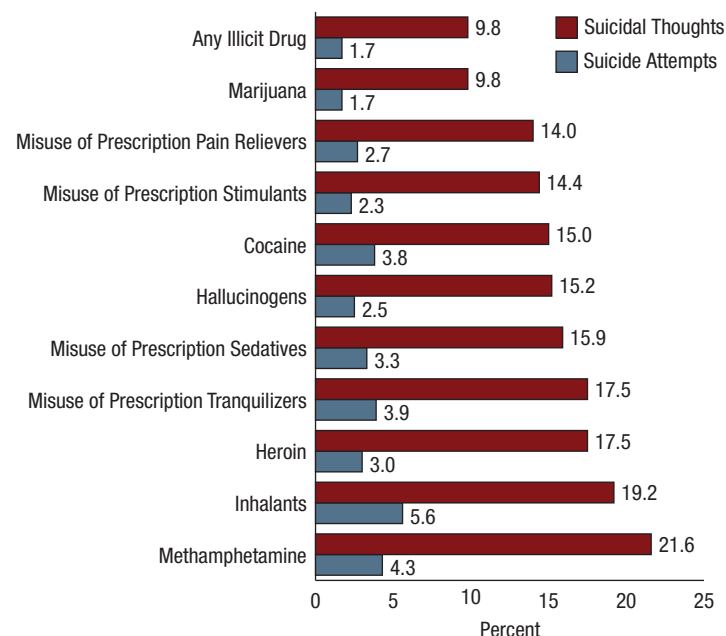
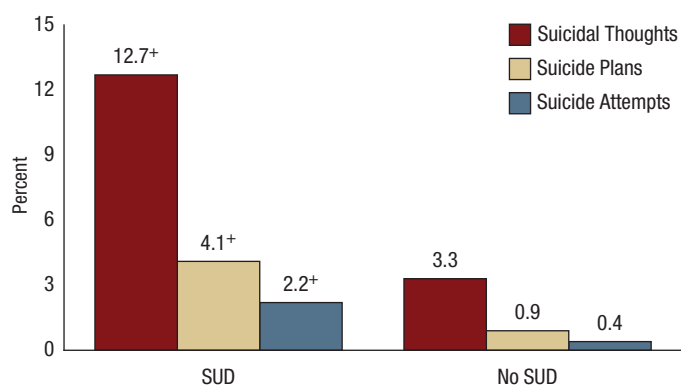


Figure 9. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Substance Use Disorder (SUD): Percentages, 2015



+ Difference between this estimate and the estimate for adults with no drug or alcohol dependence or abuse is statistically significant at the .05 level.

Suicidal Thoughts and Behavior among Adults with a Major Depressive Episode

NSDUH also provides estimates of having a past year major depressive episode (MDE) among adults. MDE is defined using the diagnostic criteria from DSM-IV.³¹ Adults were defined as having an MDE if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth.^{32,33} As part of the assessment for an MDE, adults were asked if they ever thought about committing suicide, made suicide plans, or attempted suicide at any point in their lifetime. Consequently, adults who had a past year MDE might be expected to be more likely than adults without a past year MDE to have had serious thoughts of suicide or to have made suicide plans or attempts in the past year. However, adults with a past year MDE who were suicidal in their lifetime may not have had suicidal thoughts or engaged in suicidal behaviors in the past year. Also, adults could have had an MDE in their lifetime without having serious thoughts of suicide, making suicide plans, or attempting suicide.

In 2015, an estimated 16.1 million adults aged 18 or older had a past year MDE.²⁸ Of these 16.1 million adults, about 4.6 million (28.6 percent) had serious thoughts of suicide, 1.6 million (9.9 percent) made suicide plans, and 681,000 (4.2 percent) attempted suicide in the past year (Table 6). Adults with a past year MDE were more likely to have serious thoughts of suicide, to make suicide plans, and to attempt suicide compared with all adults in the general population (4.0, 1.1, and 0.6 percent, respectively) and compared with adults without a past year MDE (2.2, 0.5, and 0.3 percent, respectively).

Table 6. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Past Year Major Depressive Episode (MDE): Percentages, 2015

MDE Status	Suicidal Thoughts	Suicide Plans	Suicide Attempts
All Adults	4.0	1.1	0.6
Past Year MDE	28.6+,#	9.9+,#	4.2+,#
No Past Year MDE	2.2+	0.5+	0.3+

+ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

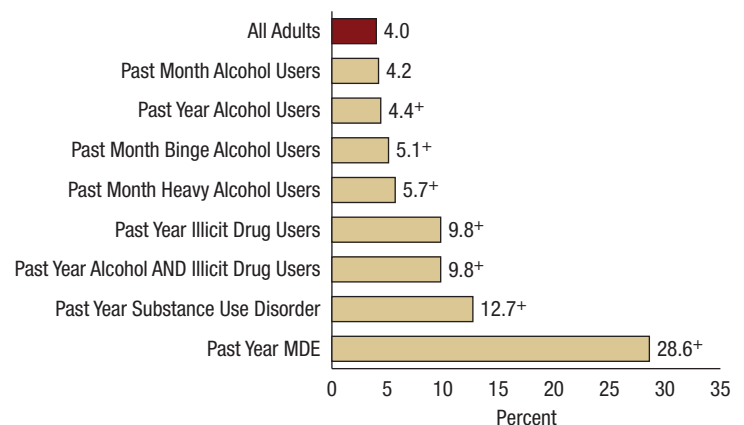
Difference between this estimate and the estimate for adults with no past year MDE is statistically significant at the .05 level.

Suicidal Thoughts among Adults, by Substance Use, Substance Use Disorder, and Major Depressive Episode

Estimates of serious thoughts of suicide among adults who engaged in substance use, had an SUD, or had a past year MDE were presented in the previous sections of this report. Figure 10 summarizes the information from these previous sections to show that the percentages of adults who had serious thoughts of suicide in the past year varied widely according to their patterns of substance use or whether they had a past year MDE. At one extreme, similar percentages of past month alcohol users and all adults had serious thoughts of suicide in the past year (4.2 and 4.0 percent, respectively). About 1 in 10 adults who used illicit drugs in the past year or who used both illicit drugs and alcohol in the past year had serious thoughts of suicide (9.8 percent for both groups of adults), and about 1 in 8 adults with a past year SUD (12.7 percent) had serious thoughts of suicide. At the other extreme of the estimates shown in Figure 10, more than 1 in 4 adults with a past year MDE (28.6 percent) had serious thoughts of suicide in the past year.

As was also noted previously, however, NSDUH data cannot be used to make causal connections between these behaviors or mental health issues and whether adults had suicidal thoughts. For example, it is not possible to differentiate between adults whose substance use occurred before they started having suicidal thoughts and those whose substance use started after they began having suicidal thoughts.

Figure 10. Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Substance Use, Substance Use Disorder, and Major Depressive Episode (MDE): Percentages, 2015



+ Difference between this estimate and the estimate for all adults is statistically significant at the .05 level.

Receipt of Medical Attention and Service Use among Adults with Suicidal Thoughts and Behavior

NSDUH has limited information that can be used to inform the discussion of medical or mental health services related to suicidal thoughts or behavior. Adults in NSDUH are asked whether they received treatment or counseling for any problem with emotions, “nerves,” or mental health in the past year. However, questions in NSDUH on mental health service utilization are asked of all adults, and, with one exception, adult respondents are not asked specifically about their use of services because of past year suicidal thoughts or behavior. The only exception is that adults in NSDUH who indicated that they attempted suicide are asked specific questions regarding the receipt of medical attention as a result of that attempt. The following sections provide estimates of medical attention received after suicide attempts and nonspecific mental health service use among adults who have had suicidal thoughts or behavior.

Receipt of Medical Attention for Suicide Attempts among Adults

Adult NSDUH respondents who reported making a suicide attempt in the past year were asked if they received medical attention from a doctor or other health professional because of the attempt. Adults who reported receiving medical attention were asked if they stayed in a hospital overnight or longer for their suicide attempt.

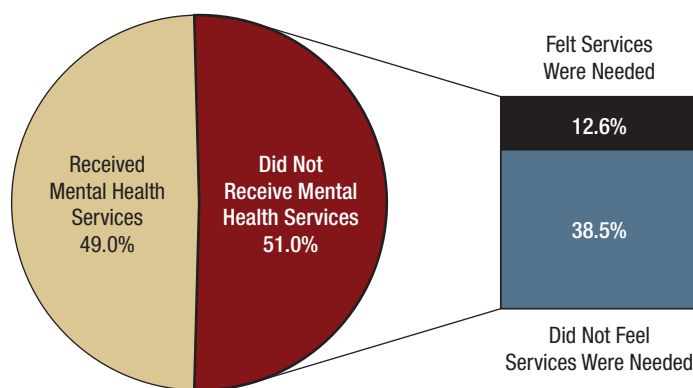
Of the estimated 1.4 million adults in 2015 who attempted suicide in the past year, about 845,000 (60.4 percent) received medical attention for a suicide attempt, and 571,000 (40.8 percent) stayed overnight or longer in a hospital (Table A.11B in Appendix A). Conversely, 2 out of 5 adults who attempted suicide did *not* receive medical attention after an attempt. Among young adults aged 18 to 25 who attempted suicide in the past year, 50.4 percent (i.e., approximately half) received medical attention, and 28.6 percent were hospitalized overnight for their suicide attempt. Among adults aged 26 to 49 who attempted suicide in the past year, 70.5 percent received medical attention, and 48.5 percent were hospitalized overnight for their suicide attempt. Estimates are not presented for adults aged 50 or older who attempted suicide because these estimates did not have sufficient statistical precision to be reported.¹⁸

Mental Health Service Use among Adults with Serious Thoughts of Suicide

Adults in NSDUH are asked whether they received treatment or counseling for any problem with emotions, “nerves,” or mental health in the past year in any inpatient or outpatient setting or if they used prescription medication in the past year for a mental or emotional condition, not including treatment for use of alcohol or illicit drugs. These NSDUH questions do not ask specifically about treatment for a particular mental health issue, such as for suicidal thoughts. Consequently, references to treatment or counseling for any problem with emotions, nerves, or mental health are described broadly as using “mental health services” or as receiving “mental health care.” Respondents also are asked if they thought they needed mental health services but were unable to obtain them.³⁴ However, these questions do not ask specifically about an unmet need for services because of suicidal thoughts or behavior.

Among the estimated 9.8 million adults in 2015 who had serious thoughts of suicide in the past year, about 4.8 million (49.0 percent) used mental health services in the past year,³⁵ and 5.0 million (51.0 percent) did not (Figure 11). Thus, nearly half of adults who had serious thoughts of suicide in the past year did not report any receipt of mental health care in the past year. Also, about 1 in 8 adults with past year suicidal thoughts (12.6 percent) perceived a need for mental health services but did not obtain care. About one third (38.5 percent) of adults who had serious thoughts of suicide did not receive mental health services and did not perceive a need for services.

Figure 11. Receipt of Mental Health Services and Perceived Need for Services in the Past Year among Adults Aged 18 or Older with Past Year Suicidal Thoughts: Percentages, 2015



Note: Percentages for adults who did or did not feel that services were needed do not sum to the overall percentage of adults with past year suicidal thoughts who did not receive mental health services because adult respondents with unknown information about a perceived unmet need for services were excluded.

Suicidal Thoughts and Behavior among Adults Who Used Mental Health Services

In 2015, a total of 34.2 million adults aged 18 or older used mental health services in the past 12 months.²⁸ Thus, among all adults who used mental health services in the past year, 14.0 percent had serious thoughts of suicide, 4.8 percent made suicide plans, and 2.4 percent attempted suicide (Figure 12). Among adults who did not use mental health services in the past year, 2.4 percent had serious thoughts of suicide, 0.5 percent made suicide plans, and 0.3 percent made a suicide attempt.

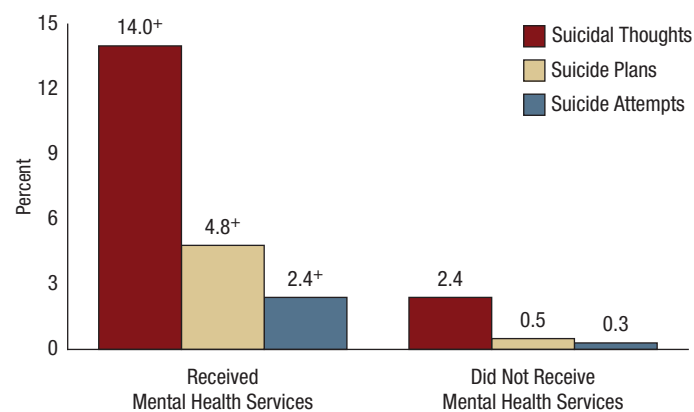
Suicidal Thoughts and Behavior among Adults Who Received Substance Use Treatment at a Specialty Facility

Respondents who reported that they received substance use treatment are asked whether they received treatment at a specialty facility. Specialty treatment includes treatment at a hospital (as an inpatient), a rehabilitation facility (as an inpatient or outpatient), or a mental health center in order to reduce or stop drug or alcohol use or for medical problems associated with drug or alcohol use. This NSDUH

definition of specialty treatment does not consider emergency rooms, private doctors' offices, prisons or jails, and self-help groups to be specialty substance use treatment facilities.³⁶ Estimates of suicidal thoughts or behavior among adults who received substance use treatment at one of these nonspecialty locations are not presented in this report.

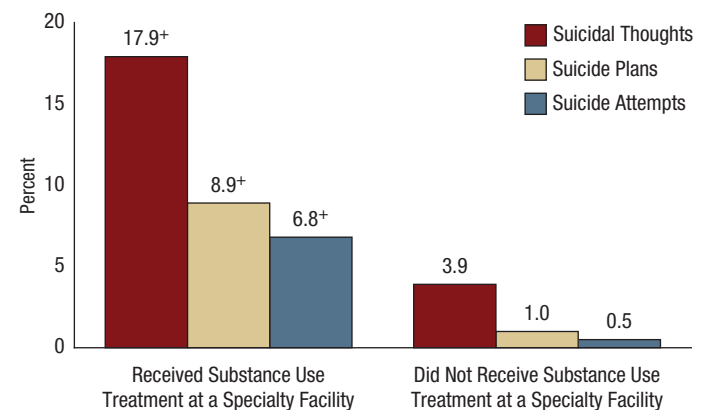
In 2015, about 2.3 million adults aged 18 or older received substance use treatment at a specialty facility in the past year,³⁷ including 401,000 who had serious thoughts of suicide, 199,000 who made a suicide plan, and 153,000 who attempted suicide in the past year. Among adults who received substance use treatment at a specialty facility in the past year, these numbers correspond to 17.9 percent who had serious thoughts of suicide, 8.9 percent who made suicide plans, and 6.8 percent who attempted suicide in the past year (Figure 13). These percentages for serious thoughts, plans, and attempts of suicide were higher among adults who received substance use treatment at a specialty facility in the past year than for adults who did not receive substance use treatment at a specialty facility (3.9 percent for serious thoughts of suicide, 1.0 percent for suicide plans, and 0.5 percent for suicide attempts).

Figure 12. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Receipt of Mental Health Services: Percentages, 2015



+ Difference between this estimate and the estimate for adults who did not receive mental health services is statistically significant at the .05 level.

Figure 13. Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older, by Receipt of Substance Use Treatment at a Specialty Facility in the Past Year: Percentages, 2015



+ Difference between this estimate and the estimate for adults who did not receive substance use treatment at a specialty facility is statistically significant at the .05 level.

Author Affiliations

Kathryn Piscopo and Rachel N. Lipari are with the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, MD. Jennifer Cooney and Cristie Glasheen are with RTI International (a registered trademark and a trade name of Research Triangle Institute), Research Triangle Park, NC.

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Suggested Citation

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Endnotes

1. Murphy, S. L., Kochanek, K. D., Xu, J., & Arias, E. (2015, December). *Mortality in the United States, 2014* (NCHS Data Brief 229). Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db229.pdf>
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [Producer]. (2016, February 25). *Web-based Inquiry Statistics Query and Reporting System (WISQARS™): 10 leading causes of death by age group, United States—2014*. Retrieved from <http://www.cdc.gov/injury/wisqars/leadingcauses.html>
3. National Center for Injury Prevention and Control. (2016). *Suicide: Facts at a glance 2015*. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>
4. Crosby, A. E., Han, B., Ortega, L. A. G., Parks, S. E., & Gfroerer, J. (2011, October 21). Suicidal thoughts and behaviors among adults aged ≥18 years—United States, 2008–2009. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 60(13), 1–22.
5. Han, B., Kott, P. S., Hughes, A., McKeon, R., Blanco, C., & Compton, W. M. (2016). Estimating the rates of deaths by suicide among adults who attempt suicide in the United States. *Journal of Psychiatric Research*, 77, 125–133. doi:10.1016/j.jpsychires.2016.03.002
6. In this report, terms such as “the general population” are used broadly to refer to the civilian, noninstitutionalized population that is covered by NSDUH. Although some people in the general population of the United States are outside of the civilian, noninstitutionalized population, information from the 2010 census suggests that the civilian, noninstitutionalized population includes at least 97 percent of the total U.S. population. See the following reference: Lofquist, D., Lugaila, T., O’Connell, M., & Feliz, S. (2012, April). *Households and families: 2010* (C2010BR-14, 2010 Census Briefs). Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-14.pdf>
7. Details about the sample design, weighting, and interviewing results for the 2015 NSDUH are provided in Sections A.1, A.3.4, and B.3.1 of CBHSQ (2016). In particular, Tables A.1 and A.2 in CBHSQ (2016) provide sample design information on the targeted numbers of completed interviews by state and by age group, respectively. See the following reference: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <http://www.samhsa.gov/data/>
8. The screening procedure involves listing all household members in order to determine whether zero, one, or two individuals aged 12 or older should be selected for the interview.
9. An overall response rate is not calculated for adults because the screening response rate is not specific to age groups.
10. See the CBHSQ (2016) reference in endnote 7.
11. The prescription drug questions were redesigned to shift the focus from lifetime misuse to past year misuse. Additionally, questions were added about any past year prescription drug use rather than just misuse. New methamphetamine questions were added, replacing the methamphetamine questions that were previously asked within the context of questions about prescription stimulants. Substantial changes were also made to questions about smokeless tobacco, binge alcohol use, inhalants, and hallucinogens. These changes led to potential breaks in the comparability of 2015 estimates with estimates from prior years. Consequently, these changes potentially affected overall summary measures, such as illicit drug use, and other measures, such as initiation,

- substance use disorder (SUD), and substance use treatment. Additionally, certain demographic items were changed as part of the partial redesign. Education questions were updated, and new questions were added on disability, English-language proficiency, sexual orientation of adults, and military families. Due to these changes, only 2015 data are presented for certain estimates until comparability with prior years can be established. Trends will continue to be presented for items that are assumed to have remained comparable with earlier years.
12. Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Summary of the effects of the 2015 NSDUH questionnaire redesign: Implications for data users*. Retrieved from <http://www.samhsa.gov/data/>
 13. Center for Behavioral Health Statistics and Quality. (2015). *National Survey on Drug Use and Health: 2014 and 2015 redesign changes*. Retrieved from <http://www.samhsa.gov/data/>
 14. See Section C in CBHSQ (2016). See endnote 7 for the reference.
 15. This report occasionally presents estimated numbers or percentages of people with a specific characteristic. Some of these estimated numbers or percentages are not included in figures or tables in the report but may be found in the detailed tables for the 2015 NSDUH. See the following reference: Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <http://www.samhsa.gov/data/>
 16. Centers for Disease Control and Prevention, National Center for Health Statistics. (2016, April 27). *FastStats: Deaths and mortality*. Retrieved from <http://www.cdc.gov/nchs/fastats/deaths.htm>
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 18. For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section B.2.2 in CBHSQ (2016). See endnote 7 for the reference.
 19. If the number of people in the population with a characteristic of interest has increased (e.g., the number of adults who had serious thoughts of suicide) simply because the size of the overall population has increased, then the percentages will control for the increases both in the number of people with the characteristic of interest and the total number of people in the population.
 20. The term “most years” is used when the 2015 estimate is either similar to or significantly different from the estimates in the majority of prior years. However, estimates may not follow the overall pattern in up to 1 or 2 nonsequential years for estimates of suicidal thoughts and behavior in 2008 to 2015.
 21. Anomalous differences between 2 years of data usually “correct” themselves with 1 or 2 additional years of data.
 22. Items about suicidal thoughts and behavior among adults have missing data. Respondents with missing data on suicidal thoughts and behavior were excluded from the relevant analyses. An investigation for the 2014 NSDUH indicated that fewer than 1 percent of all adult respondents had missing data for estimates related to suicidal thoughts and behavior. For only three estimates of suicidal thoughts and behavior in 2014, a maximum of 3.5 percent of adult respondents had missing data. Specifically, among adult respondents in 2014 who reported use of methamphetamine in the past year, 3.5 percent had missing data for serious thoughts of suicide, suicide plans, and suicide attempts. Given the relative stability of the estimates of suicidal thoughts and behavior among all adults aged 18 or older, this 2014 missing data analysis was not replicated for 2015.
 23. The estimate for the number of adults aged 18 or older in 2015 who attempted suicide (regardless of whether they made a suicide plan) is presented in the 2015 detailed tables (see the reference in endnote 15). However, the estimates for the numbers of adults who attempted suicide and made a plan or who attempted suicide without making a plan were made specifically for this report and are not included in the 2015 detailed tables.
 24. NSDUH estimates of illicit drug use include information from 10 categories: marijuana, cocaine in any form (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. Misuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one’s own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor.
 25. Past month use and current use are used interchangeably.
 26. Discussion of estimates for adults who used alcohol or illicit drugs also includes the group of adults who used both alcohol and illicit drugs.
 27. National Institute on Alcohol Abuse and Alcoholism. (2004, Winter). NIAAA council approves definition of binge drinking. *NIAAA Newsletter, 3*(3), 1-4. Retrieved from http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf
 28. Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>
 29. See the reference for the 2015 NSDUH detailed tables in endnote 15.
 30. Ferrari, A. J., Norman, R. E., Freedman, G., Baxter, A. J., Pirkis, J. E., Harris, M. G., Page, A., Carnahan, E., Degenhardt, L., Vos, T., & Whiteford, H. A. (2014). The burden attributable to mental and substance use disorders as risk factors for suicide: Findings from the Global Burden of Disease Study 2010. *PLOS ONE, 9*, e91936. <http://dx.doi.org/10.1371/journal.pone.0091936>
 31. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.
 32. The specific questions used to measure MDE and a discussion of measurement issues are included in Section B.4 of CBHSQ (2016). See endnote 7 for the reference.
 33. Adults were first asked about having an MDE in their lifetime, including whether they had at least five of nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in daily activities. Those who had lifetime MDE were asked if they had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and they reported that they had some of their other lifetime MDE symptoms in the past 12 months. These adults were defined as having past year MDE. Data on MDE in the past year for adults are available in NSDUH since 2005. Data on MDE with severe impairment for adults are available since 2009.

34. Respondents could report that they thought they needed treatment despite also reporting that they received mental health care in the past year. Adults who received mental health services in the past 12 months could have felt that unmet need for services before or after they received services. An unmet need for services after adults had received some services would indicate a perceived need for additional services that they did not receive.
35. Mental health service use is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown information on the use of mental health services were excluded.
36. People increasingly may seek treatment from private doctors for problems related to their use of alcohol or illicit drugs, especially with implementation of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (March 23, 2010). However, the definition for specialty substance use treatment facilities for 2015 continues to exclude private doctors' offices for consistency with the measures in earlier years.
37. Park-Lee, E., Lipari, R. N., Hedden, S. L., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Receipt of services for substance use and mental health issues among adults: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from <http://www.samhsa.gov/data/>

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Appendix A:
Supplemental Tables of Estimates for Suicidal Thoughts
and Behavior among Adults

Table A.1B Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older, by Demographics

Demographic Characteristic	2008	2009	2010	2011	2012	2013	2014	2015
TOTAL	3.7 (0.13)	3.7 (0.13)	3.8 (0.14)	3.7* (0.13)	3.9 (0.13)	3.9 (0.14)	3.9 (0.12)	4.0 (0.12)
AGE								
18-25	6.8* (0.23)	6.1* (0.20)	6.7* (0.22)	6.8* (0.25)	7.2* (0.23)	7.4* (0.24)	7.5* (0.25)	8.3 (0.26)
26 or Older	3.2 (0.15)	3.3 (0.15)	3.3 (0.15)	3.1 (0.14)	3.3 (0.15)	3.3 (0.16)	3.4 (0.13)	3.3 (0.13)
26-49	4.0 (0.19)	4.3 (0.20)	4.1 (0.20)	3.7* (0.17)	4.2 (0.21)	4.0 (0.21)	4.0 (0.17)	4.1 (0.17)
26-29	4.6 (0.47)	4.5* (0.47)	4.5 (0.54)	4.5* (0.44)	4.4* (0.51)	4.7 (0.51)	4.7 (0.41)	5.8 (0.46)
30-34	3.8 (0.39)	4.2 (0.46)	3.8 (0.43)	2.8* (0.32)	3.9 (0.42)	4.4 (0.51)	4.3 (0.36)	4.4 (0.34)
35-39	3.8 (0.45)	4.8 (0.50)	3.1 (0.37)	4.2 (0.44)	3.7 (0.47)	3.6 (0.46)	3.7 (0.34)	3.7 (0.36)
40-44	3.8 (0.41)	4.0 (0.39)	3.9 (0.42)	3.4 (0.40)	4.2 (0.47)	3.2 (0.41)	4.2 (0.36)	3.5 (0.33)
45-49	4.0 (0.41)	4.2 (0.43)	5.1* (0.48)	3.6 (0.42)	4.5 (0.46)	4.0 (0.42)	3.3 (0.33)	3.5 (0.33)
50 or Older	2.3 (0.23)	2.3 (0.23)	2.6 (0.22)	2.6 (0.23)	2.4 (0.21)	2.7 (0.26)	2.7 (0.18)	2.6 (0.19)
50-54	3.2 (0.55)	3.2 (0.52)	3.0 (0.50)	4.0 (0.57)	2.6 (0.43)	4.9 (0.88)	3.7 (0.44)	3.5 (0.43)
55-59	3.4 (0.65)	3.7 (0.62)	3.6 (0.58)	3.5 (0.65)	2.6 (0.46)	3.5 (0.56)	4.0 (0.52)	3.1 (0.46)
60-64	2.0 (0.51)	1.8 (0.43)	2.6 (0.56)	2.2 (0.46)	3.3 (0.63)	2.1 (0.47)	2.6 (0.46)	2.8 (0.41)
65 or Older	1.5 (0.28)	1.2 (0.28)	1.7 (0.32)	1.6 (0.27)	1.9 (0.29)	1.5 (0.25)	1.6 (0.23)	1.8 (0.26)
GENDER								
Male	3.5 (0.19)	3.5 (0.19)	3.8 (0.21)	3.4* (0.17)	3.6 (0.18)	3.8 (0.21)	3.9 (0.18)	3.9 (0.17)
Female	3.9 (0.18)	3.9 (0.18)	3.9 (0.18)	4.0 (0.19)	4.1 (0.18)	4.0 (0.19)	4.0 (0.15)	4.2 (0.16)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

*Difference between estimate and 2015 estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2015.

Table A.2B Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older, by Age Group and Gender

Demographic Characteristic	Total (2015)	Male (2015)	Female (2015)
TOTAL	4.0 (0.12)	3.9 (0.17)	4.2 (0.16)
AGE			
18-25	8.3 (0.26)	7.2 (0.36)	9.5 (0.39)
26 or Older	3.3 (0.13)	3.3 (0.19)	3.4 (0.17)
26-49	4.1 (0.17)	4.0 (0.24)	4.3 (0.22)
26-29	5.8 (0.46)	5.1 (0.62)	6.6 (0.68)
30-34	4.4 (0.34)	5.1 (0.55)	3.8 (0.41)
35-39	3.7 (0.36)	3.3 (0.50)	4.1 (0.51)
40-44	3.5 (0.33)	3.5 (0.52)	3.6 (0.42)
45-49	3.5 (0.33)	3.2 (0.50)	3.7 (0.47)
50 or Older	2.6 (0.19)	2.6 (0.28)	2.6 (0.25)
50-54	3.5 (0.43)	3.5 (0.67)	3.5 (0.57)
55-59	3.1 (0.46)	3.1 (0.64)	3.1 (0.63)
60-64	2.8 (0.41)	2.7 (0.61)	2.9 (0.57)
65 or Older	1.8 (0.26)	1.8 (0.38)	1.9 (0.36)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.3B Made Any Suicide Plans in the Past Year among Adults Aged 18 or Older, by Demographics

Demographic Characteristic	2008	2009	2010	2011	2012	2013	2014	2015
TOTAL	1.0 (0.07)	1.0 (0.07)	1.1 (0.07)	1.0 (0.07)	1.1 (0.07)	1.1 (0.07)	1.1 (0.06)	1.1 (0.06)
AGE								
18-25	2.0* (0.12)	2.0* (0.12)	1.9* (0.12)	1.9* (0.13)	2.4 (0.14)	2.5 (0.14)	2.3 (0.14)	2.7 (0.16)
26 or Older	0.9 (0.08)	0.8 (0.08)	1.0 (0.08)	0.9 (0.07)	0.9 (0.08)	0.9 (0.08)	0.9 (0.06)	0.9 (0.06)
26-49	1.1 (0.10)	1.0 (0.10)	1.0 (0.09)	1.1 (0.10)	1.3 (0.12)	1.3 (0.12)	1.1 (0.09)	1.1 (0.08)
26-29	1.2 (0.23)	0.9* (0.20)	0.9* (0.19)	1.6 (0.32)	1.4 (0.29)	1.5 (0.32)	1.2 (0.21)	1.6 (0.23)
30-34	1.1 (0.24)	0.8 (0.17)	1.1 (0.21)	0.6* (0.13)	0.8 (0.16)	1.4 (0.30)	1.0 (0.17)	1.1 (0.18)
35-39	1.1 (0.25)	1.1 (0.24)	0.7 (0.15)	1.3 (0.24)	1.4 (0.32)	1.3 (0.26)	1.3 (0.21)	0.9 (0.17)
40-44	0.9 (0.20)	1.3 (0.22)	1.3 (0.24)	1.0 (0.25)	1.4 (0.29)	1.1 (0.21)	1.1 (0.18)	0.8 (0.15)
45-49	1.0 (0.21)	1.0 (0.20)	1.1 (0.20)	1.0 (0.21)	1.5* (0.28)	1.1 (0.23)	1.0 (0.18)	0.9 (0.16)
50 or Older	0.7 (0.12)	0.6 (0.12)	0.9 (0.14)	0.7 (0.11)	0.6 (0.10)	0.6 (0.09)	0.7 (0.09)	0.7 (0.09)
50-54	1.2 (0.37)	1.0 (0.31)	1.4 (0.34)	1.3 (0.31)	0.7 (0.20)	0.7 (0.20)	0.7 (0.17)	1.3 (0.28)
55-59	0.8 (0.26)	0.9 (0.30)	0.9 (0.32)	1.0 (0.36)	0.5 (0.21)	1.0 (0.28)	0.9 (0.26)	0.7 (0.19)
60-64	0.6 (0.19)	0.6 (0.24)	0.7 (0.30)	0.4 (0.17)	0.9 (0.33)	0.5 (0.21)	0.9 (0.31)	0.5 (0.18)
65 or Older	0.3 (0.13)	0.3 (0.10)	0.7 (0.21)	0.3 (0.11)	0.4 (0.13)	0.4 (0.13)	0.5 (0.12)	0.4 (0.12)
GENDER								
Male	0.9 (0.10)	1.0 (0.10)	1.1 (0.11)	1.0 (0.09)	1.1 (0.10)	1.0 (0.09)	1.0 (0.08)	1.1 (0.08)
Female	1.1 (0.10)	1.0 (0.09)	1.1 (0.10)	1.1 (0.10)	1.2 (0.09)	1.3 (0.10)	1.2 (0.08)	1.2 (0.08)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

*Difference between estimate and 2015 estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2015.

Table A.4B Made Any Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group and Gender

Demographic Characteristic	Total (2015)	Male (2015)	Female (2015)
TOTAL	1.1 (0.06)	1.1 (0.08)	1.2 (0.08)
AGE			
18-25	2.7 (0.16)	2.2 (0.21)	3.2 (0.23)
26 or Older	0.9 (0.06)	0.9 (0.09)	0.8 (0.08)
26-49	1.1 (0.08)	1.0 (0.11)	1.1 (0.11)
26-29	1.6 (0.23)	1.5 (0.33)	1.7 (0.33)
30-34	1.1 (0.18)	1.3 (0.29)	1.0 (0.21)
35-39	0.9 (0.17)	0.8 (0.20)	1.0 (0.26)
40-44	0.8 (0.15)	0.7 (0.23)	1.0 (0.21)
45-49	0.9 (0.16)	0.9 (0.25)	0.8 (0.21)
50 or Older	0.7 (0.09)	0.7 (0.14)	0.6 (0.12)
50-54	1.3 (0.28)	1.4 (0.44)	1.2 (0.35)
55-59	0.7 (0.19)	1.0 (0.32)	0.5 (0.21)
60-64	0.5 (0.18)	0.2 (0.17)	0.8 (0.31)
65 or Older	0.4 (0.12)	0.5 (0.18)	0.4 (0.16)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.5B Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Demographics

Demographic Characteristic	2008	2009	2010	2011	2012	2013	2014	2015
TOTAL	0.5 (0.05)	0.5*(0.04)	0.5 (0.05)	0.5 (0.05)	0.6 (0.04)	0.6 (0.05)	0.5*(0.03)	0.6 (0.04)
AGE								
18-25	1.2*(0.10)	1.1*(0.09)	1.2*(0.09)	1.2*(0.10)	1.5 (0.12)	1.3*(0.10)	1.2*(0.10)	1.6 (0.13)
26 or Older	0.4 (0.05)	0.3 (0.04)	0.4 (0.05)	0.4 (0.05)	0.4 (0.05)	0.4 (0.06)	0.3 (0.03)	0.4 (0.04)
26-49	0.4 (0.07)	0.5 (0.06)	0.4 (0.06)	0.5 (0.07)	0.5 (0.08)	0.6 (0.09)	0.5 (0.06)	0.5 (0.06)
26-29	0.6 (0.18)	0.5 (0.14)	0.3*(0.09)	0.7 (0.19)	0.6 (0.21)	0.6 (0.19)	0.6 (0.13)	0.7 (0.14)
30-34	0.6 (0.20)	0.4 (0.13)	0.5 (0.14)	0.4 (0.11)	0.4 (0.13)	0.8 (0.26)	0.4 (0.10)	0.6 (0.13)
35-39	0.3 (0.11)	0.6 (0.18)	0.2 (0.08)	0.5 (0.15)	0.4 (0.17)	0.7 (0.19)	0.4 (0.13)	0.4 (0.11)
40-44	0.3 (0.13)	0.3 (0.11)	0.4 (0.15)	0.5 (0.15)	0.6 (0.16)	0.6 (0.16)	0.5 (0.12)	0.5 (0.14)
45-49	0.5 (0.13)	0.5 (0.14)	0.5 (0.15)	0.3 (0.13)	0.5 (0.18)	0.4 (0.13)	0.6 (0.15)	0.4 (0.12)
50 or Older	0.3 (0.08)	0.2 (0.06)	0.3 (0.08)	0.3 (0.08)	0.3 (0.06)	0.3 (0.07)	0.2 (0.04)	0.3 (0.07)
50-54	0.7 (0.31)	0.2 (0.11)	0.3 (0.14)	0.6 (0.24)	0.2 (0.11)	0.2 (0.11)	0.3 (0.10)	0.6 (0.20)
55-59	0.2 (0.16)	0.3 (0.17)	0.3 (0.16)	0.6 (0.30)	0.3 (0.14)	0.6 (0.22)	0.3 (0.15)	0.3 (0.17)
60-64	0.2 (0.11)	0.2 (0.18)	0.3 (0.23)	0.0 (0.01)	0.3 (0.14)	0.3 (0.18)	0.1 (0.08)	0.3 (0.14)
65 or Older	0.1 (0.05)	0.2 (0.08)	0.4 (0.15)	0.1 (0.05)	0.3 (0.11)	0.1 (0.09)	0.1 (0.05)	0.2 (0.08)
GENDER								
Male	0.4 (0.06)	0.4 (0.05)	0.5 (0.07)	0.4 (0.06)	0.5 (0.06)	0.5 (0.06)	0.4*(0.04)	0.5 (0.06)
Female	0.6 (0.07)	0.5 (0.06)	0.5 (0.06)	0.6 (0.07)	0.6 (0.06)	0.6 (0.08)	0.5 (0.05)	0.6 (0.06)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

*Difference between estimate and 2015 estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2015.

Table A.6B Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Age Group and Gender

Demographic Characteristic	Total (2015)	Male (2015)	Female (2015)
TOTAL	0.6 (0.04)	0.5 (0.06)	0.6 (0.06)
AGE			
18-25	1.6 (0.13)	1.3 (0.16)	2.0 (0.19)
26 or Older	0.4 (0.04)	0.4 (0.07)	0.4 (0.06)
26-49	0.5 (0.06)	0.6 (0.09)	0.5 (0.07)
26-29	0.7 (0.14)	0.8 (0.21)	0.6 (0.17)
30-34	0.6 (0.13)	0.8 (0.23)	0.5 (0.13)
35-39	0.4 (0.11)	0.3 (0.11)	0.5 (0.19)
40-44	0.5 (0.14)	0.7 (0.25)	0.4 (0.14)
45-49	0.4 (0.12)	0.3 (0.17)	0.4 (0.17)
50 or Older	0.3 (0.07)	0.3 (0.09)	0.3 (0.10)
50-54	0.6 (0.20)	0.3 (0.23)	0.8 (0.31)
55-59	0.3 (0.17)	0.7 (0.35)	** (**)
60-64	0.3 (0.14)	0.2 (0.17)	0.3 (0.23)
65 or Older	0.2 (0.08)	0.1 (0.05)	0.2 (0.14)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.7B Made Any Suicide Plans or Attempted Suicide in the Past Year among Adults Aged 18 or Older Who Had Serious Thoughts of Suicide in the Past Year, by Age Group and Gender

Suicide Behavior/Gender	Aged 18+ (2015)	Aged 18-25 (2015)	Aged 26+ (2015)	Aged 26-49 (2015)	Aged 50+ (2015)
Made Any Suicide Plans	27.7 (1.24)	32.5 (1.59)	25.7 (1.63)	25.5 (1.67)	26.1 (3.18)
Male	28.0 (1.91)	31.0 (2.34)	26.9 (2.44)	25.9 (2.48)	28.3 (4.74)
Female	27.5 (1.57)	33.7 (2.02)	24.7 (2.09)	25.1 (2.18)	24.1 (4.14)
Attempted Suicide	14.3 (0.93)	19.9 (1.40)	12.0 (1.20)	12.4 (1.29)	11.4 (2.42)
Male	13.8 (1.47)	17.5 (2.05)	12.4 (1.86)	14.1 (2.12)	9.8 (3.39)
Female	14.8 (1.26)	21.6 (1.82)	11.7 (1.69)	10.9 (1.54)	12.8 (3.45)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.8B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Alcohol Use in the Past Month

Substance	Had Serious Thoughts of Suicide (2015)	Made Any Suicide Plans (2015)	Attempted Suicide (2015)
Total	4.0 (0.12)	1.1 (0.06)	0.6 (0.04)
Past Month Alcohol	4.2 (0.14)	1.1 (0.07)	0.6 (0.05)
Binge Alcohol Use	5.1 (0.22)	1.5 (0.11)	0.9 (0.08)
Heavy Alcohol Use	5.7 (0.44)	1.7 (0.24)	1.1 (0.19)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.9B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Type of Illicit Drug Use in the Past Year and Alcohol Use in the Past Year

Substance	Had Serious Thoughts of Suicide (2015)	Made Any Suicide Plans (2015)	Attempted Suicide (2015)
Total	4.0 (0.12)	1.1 (0.06)	0.6 (0.04)
Alcohol Use	4.4 (0.13)	1.2 (0.07)	0.6 (0.05)
Both Illicit Drugs and Alcohol	9.8 (0.36)	3.0 (0.20)	1.8 (0.16)
Illicit Drugs or Alcohol	4.5 (0.13)	1.3 (0.07)	0.6 (0.05)
Illicit Drugs	9.8 (0.35)	3.0 (0.20)	1.7 (0.14)
Methamphetamine	21.6 (2.62)	7.2 (1.52)	4.3 (1.05)
Heroin	17.5 (3.16)	5.4 (1.70)	3.0 (0.99)
Inhalants	19.2 (2.53)	6.2 (1.76)	5.6 (1.75)
Misuse of Stimulants	14.4 (1.13)	4.8 (0.68)	2.3 (0.42)
Misuse of Tranquilizers	17.5 (1.23)	7.9 (0.89)	3.9 (0.51)
Misuse of Sedatives	15.9 (2.46)	5.6 (1.40)	3.3 (0.95)
Cocaine	15.0 (1.24)	5.4 (0.81)	3.8 (0.64)
Misuse of Pain Relievers	14.0 (0.85)	5.0 (0.55)	2.7 (0.35)
Hallucinogens	15.2 (1.16)	4.4 (0.63)	2.5 (0.46)
Marijuana	9.8 (0.40)	2.8 (0.21)	1.7 (0.17)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.10B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year among Adults Aged 18 or Older, by Major Depressive Episode, Mental Health Service Use, Substance Use Disorder, and Substance Use Treatment at a Specialty Facility in the Past Year

Past Year Mental Health or Substance Use Measure	Had Serious Thoughts of Suicide (2015)	Made Any Suicide Plans (2015)	Attempted Suicide (2015)
Major Depressive Episode	28.6 (0.97)	9.9 (0.63)	4.2 (0.42)
No Major Depressive Episode	2.2 (0.10)	0.5 (0.04)	0.3 (0.03)
Mental Health Service Use	14.0 (0.56)	4.8 (0.32)	2.4 (0.23)
No Mental Health Service Use	2.4 (0.10)	0.5 (0.04)	0.3 (0.03)
Substance Use Disorder	12.7 (0.58)	4.1 (0.35)	2.2 (0.24)
Alcohol Use Disorder	11.4 (0.65)	3.6 (0.36)	2.0 (0.26)
Illicit Drug Use Disorder	19.9 (1.22)	7.0 (0.78)	4.4 (0.57)
No Substance Use Disorder	3.3 (0.11)	0.9 (0.05)	0.4 (0.04)
Substance Use Treatment at a Specialty Facility	17.9 (2.06)	8.9 (1.54)	6.8 (1.37)
No Substance Use Treatment at a Specialty Facility	3.9 (0.11)	1.0 (0.06)	0.5 (0.04)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide, major depressive episode, or mental health service use information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.11B Attempted Suicide in the Past Year among Adults Aged 18 or Older, Received Medical Attention for Suicide Attempt, or Stayed Overnight or Longer in a Hospital for Suicide Attempt in the Past Year among Adults Aged 18 or Older Who Attempted Suicide in the Past Year, by Age Group

Age Group	Attempted Suicide (2015)	Received Medical Attention for Suicide Attempt among Adults Who Attempted Suicide (2015)	Stayed Overnight or Longer in a Hospital for Suicide Attempt among Adults Who Attempted Suicide (2015)
TOTAL	0.6 (0.04)	60.4 (3.58)	40.8 (3.87)
AGE			
18-25	1.6 (0.13)	50.4 (3.73)	28.6 (3.35)
26 or Older	0.4 (0.04)	67.3 (5.34)	49.3 (5.81)
26-49	0.5 (0.06)	70.5 (4.90)	48.5 (5.72)
50 or Older	0.3 (0.07)	** (**)	** (**)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.12B Mental Health Service Use and Perceived Need among Adults Aged 18 or Older Who Had Serious Thoughts of Suicide in the Past Year

Mental Health Service Use	Had Serious Thoughts of Suicide (2015)
Mental Health Service Use	49.0 (1.46)
No Mental Health Service Use	51.0 (1.46)
Perceived Need	12.6 (0.81)
No Perceived Need	38.5 (1.47)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown suicide, mental health service use, or perception of unmet need information were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

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