Suicide and suicide attempts are a major cause of death and morbidity worldwide. Suicide is generally a complication of a psychiatric disorder, but it requires additional risk factors because most psychiatric patients never attempt suicide. More than 90% of suicide victims have a diagnosable psychiatric illness, and most persons who attempt suicide have a psychiatric disorder. The most common psychiatric conditions associated with suicide or serious suicide attempts are mood disorders.

Suicide, the eighth leading cause of death in the United States, accounts for more than 30,000 deaths per year. The suicide rate in men (18.7 suicides per 100,000 men in 1998) is more than four times that in women (4.4 suicides per 100,000 women in 1998). In females, suicide rates remain relatively constant beginning in the midteens; in males, suicide rates are stable from the late teenage years until the late 70s, when the rate increases substantially (to 41 suicides per 100,000 persons annually in men 75 to 84 years of age).

Investigators have proposed many models to explain or predict suicide. One such explanatory and predictive model is the stress-diathesis model. One stressor is almost invariably the onset or acute worsening of a psychiatric disorder, but other types of stressors, such as a psychosocial crisis, can also contribute.

The diathesis for suicidal behavior includes a combination of factors, such as gender, religion, familial and genetic components, childhood experiences, psychosocial support system, availability of highly lethal suicide methods.

Suicidal behavior refers to the most “clear-cut” and unambiguous act of completed suicide but also includes a heterogeneous spectrum of suicide attempts that range from highly lethal attempts in which survival is the result of good fortune to low-lethality attempts that occur in the context of a social crisis and contain a strong element of means.

- Suicide ideation without action is more common than suicidal behavior. In most countries, men have a higher reported rate of completed suicide, whereas women have a higher rate of attempted suicide. Men tend to use more lethal methods than women; the suicide attempt more carefully, and avoid detection. In contrast, women tend to use less lethal means of suicide, which carry a higher chance of survival, and they more commonly express an appeal for help by conducting the attempt in a manner that favors discovery and rescue.

- Approximately 60% of all suicides occur in persons with a mood disorder. Lifetime mortality from suicide in discharged hospital populations is approximately 20% (20% of bipolar disorder, 15% of depression), 15% in persons with unipolar depression, 10% in persons with schizophrenia, 18% in persons with alcoholism, and 5% to 10% in persons with both borderline and antisocial personality disorders. These personality disorders are characterized by emotional ability, aggression, and impulsivity.

The lifetime mortality due to suicide is lower in general psychiatric populations.

- Suicide attempters differ in two important ways from nonattempters with the same psychiatric disorder. (i) They experience more subjective depression and hopelessness and, in particular, have more severe suicidal ideation. They also perceive fewer reasons for living despite having the same objective severity of psychiatric illness and a similar number of adverse life events. One possible explanation for the greater severity of suicidal ideation in suicide attempters than in nonattempters is a predisposition for such feelings in the face of illness or other life stressors. (ii) They are more aggressive toward others and their environment but are more impulsive in other ways that involve, for example, relationships or personal decisions about a job or purchases. A propensity for more severe suicidal ideation and a greater likelihood of acting on powerful feelings combine to place some patients at greater risk for suicide attempts than others.

- Other clinical features that increase the risk for suicidal behavior include comorbid substance abuse and alcoholism, a history of physical or sexual abuse during childhood, a history of a head injury or neurologic disorder, and cigarette smoking.

- Studies have reported a relationship between cigarette smoking and major depression that may contribute to the risk for suicide.

- Persons who attempt or commit suicide have a significantly increased reported rate of suicide attempts in their families. This relationship holds true even after adjustment for rates of psychoses and mood disorders.

- The heritability of suicide is comparable to the heritability of other major psychiatric disorders, such as bipolar disorder and schizophrenia.

- The specific genetic factors that contribute to this risk, independent of the genetic factors involved in psychiatric disorders themselves, remain unknown.

- Nongenetic familial factors that may contribute to suicide risk include the effect of parenting, physical or sexual abuse—possibly due to greater parental impulsivity and other psychiatric disorders, including alcoholism and substance abuse, that contribute to adverse parenting.