

# Suicide Facts & Figures: Washington, D.C. 2020



On average, one person died by suicide every seven days in D.C.

Six times as many people died by suicide in D.C. in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 1,159 years of potential life lost (YPLL) before age 65.



Suicide cost D.C. a total of **\$53,227,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,298,219 per suicide death.**



## 14th leading cause of death in Washington, D.C.

### 3rd leading

cause of death for ages 10-24

### 4th leading

cause of death for ages 25-34

### 5th leading

cause of death for ages 35-44

### 8th leading

cause of death for ages 45-54

### 15th leading

cause of death for ages 55-64

### 20th leading

cause of death for ages 65+

## Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
<b>D.C.</b>	<b>54</b>	<b>7.37</b>	<b>51</b>
Nationally	48,344	14.21	

CDC, 2018 Fatal Injury Reports (accessed from [www.cdc.gov/injury/wisqars/fatal.html](http://www.cdc.gov/injury/wisqars/fatal.html) on 3/1/2020).

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## Suicide Prevention Programs and Initiatives

- The D.C. Department of Behavioral Health (DBH) is home to the Access HelpLine, 1(888)7WE-HELP or 1-888-793-4357 ([dbh.dc.gov/service/access-helpline](http://dbh.dc.gov/service/access-helpline)), the District's only crisis center that is a member of the National Suicide Prevention Lifeline. The 24/7 line is staffed by behavioral health professionals and offers mobile crisis team services.
- D.C. Code § 7-1131.17 establishes and requires DBH to make available a Youth Behavioral Health Program ([supportdcyouth.com](http://supportdcyouth.com)) that, at a minimum, provides tools needed to identify students with unmet behavioral health needs, refer students to services for behavioral health screenings and assessments, and recognize warning signs and risk factors for youth suicide and implement best practices for suicide prevention, intervention, and postvention. All teachers and principals in public schools and public charter schools and child development facility staff must complete the program every 2 years.
- D.C. Code § 38-2602 requires the D.C. Office of the State Superintendent of Education (OSSE) to develop and publish online written guidance to assist LEAs in developing and adopting policies re: student mental and behavioral health, including model policies for suicide prevention, intervention, and postvention, especially for at-risk youth sub-groups. The resulting Mental Health Guidelines were published in 2018 (<https://bit.ly/2R6Xsml>).
- The Behavioral Health Parity Act of 2017 (L22-0242, now D.C. Code § 31-3175) requires all health benefit plans offered by an insurance carrier to meet the federal parity law requirements that insurance coverage for behavioral health services be no more restrictive than coverage for other medical conditions. All plans must submit an annual report to the Department of Health Care Finance to demonstrate compliance.

## Get Involved

The **AFSP Washington, D.C. Chapter** brings together people of all backgrounds in communities throughout the state to fight suicide. We help fund research, offer educational programs, advocate for public policy and support those affected by suicide.

For more information or to volunteer, please contact:

**AFSP Washington, D.C.**  
[nationalcapitalDC@afsp.org](mailto:nationalcapitalDC@afsp.org)

### Become an Advocate

AFSP's Washington, D.C. advocacy volunteers build relationships with public officials and advocate on behalf of sound suicide prevention policy.

**Visit [afsp.org/advocate](http://afsp.org/advocate) to sign up!**