

Statistics Canada

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Suicides and suicide rate, by sex and by age group (Both sexes no.)

	2008	2009	2010	2011	2012
Both sexes					
number of suicides					
All ages ¹	3,705	3,890	3,951	3,896	3,926
10 to 14	25	25	32	31	34
15 to 19	208	202	198	202	227
20 to 24	255	277	288	313	291
25 to 29	256	258	271	270	273
30 to 34	257	298	292	305	275
35 to 39	316	332	343	304	294
40 to 44	452	431	365	368	368
45 to 49	468	491	502	446	463
50 to 54	418	476	484	468	465
55 to 59	337	371	386	400	428
60 to 64	224	241	272	252	277
65 to 69	145	138	152	155	173
70 to 74	114	122	117	132	133
75 to 79	100	82	103	106	86
80 to 84	67	73	76	78	71
85 to 89	42	54	51	52	49
90 and older	21	19	19	12	19

1. "All ages" includes suicides of children under age 10 and suicides of persons of unknown age.

Source: Statistics Canada, CANSIM, table [102-0551](#).

Last modified: 2015-12-10.

For more information, consult [Health in Canada](#).

[Find information](#) related to this table (CANSIM table(s); Definitions, data sources and methods; *The Daily*; publications; and related Summary tables).

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Factsheet: Who is most at risk for suicide in Canada?

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Suicide in Canada

- About 3,600 people commit suicide in Canada each year. That's about 10 suicides per day.
- About four times more men will commit suicide this year than women.
- Women make 3 to 4 times more suicide attempts than men. Women are also hospitalized for attempted suicide at 1.5 times the rate of men.
- For every suicide death, there are an estimated 20 to 25 attempts.
- Canada has a suicide rate of about 11 per 100,000. That's a slightly higher rate than the U.S.
- Canadians are about 6 times more likely to commit suicide than they are to be a victim of homicide.
- For people between the ages of 15 and 44, suicide is the fourth leading cause of death.
- The most-common method of completed suicide in Canada was suffocation, principally hanging. These account for 40 per cent of completed suicides. Poisoning, which includes drug overdoses and inhalation of motor vehicle exhaust, is the next most-common.
- By far, the most common method of self-injury and suicide attempts leading to hospitalization is poisoning.
- Suicide rates for the immigrant population are about half those for the Canadian-born.
- Suicide accounts for 24 percent of all deaths among 15-24 year old Canadians.
- Suicide is the second leading cause of death for Canadians between the ages of 10 and 24.
- The rate of suicide among Aboriginals is twice the national rate. Among women, the rate of suicide for Aboriginal is three times the national rate.

Suicide facts

- While suicide is often perceived as a problem among young people, men over the age of 80 have the highest suicide rate in Canada.
- The rate of suicide for women peaks in middle adulthood, ages 45-49, and then typically declines after age 60.
- Four out of 5 people who have died by suicide have made at least one previous attempt.
- According to the WHO, suicide rates have increased by 60 per cent worldwide in the last 45 years.
- More than 90 percent of suicide victims have a diagnosable psychiatric illness. In patients with mood disorders, major depression and bipolar disorder account for 15 to 25 percent of all deaths by suicide.
- Suicides do not increase around Christmas, despite the myth. Depression rates during the holidays. Late July and August have the highest suicide rate out of all the months of the year.
- Suicide is the most common cause of premature death for people with schizophrenia. About 40 per cent of people with schizophrenia will attempt suicide at least once.
- Depression is the most treatable of mental illnesses. The recovery rate for moderate to severe clinical depression is 60 to 80 percent using talk therapy and medication in combination.

Risk factors for suicide

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempts
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods

With reports from Statistics Canada, the Canadian Mental Health Association, the Centre for Addiction and Mental Health, and the Canadian Association for Suicide Prevention

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Suicide

If you are thinking about suicide right now, please [click here](#)

[Intro](#) [Signs](#) [Feeling suicidal?](#) [How to help?](#) [Treatment & Support](#)

Suicide is the act of intentionally causing one's own death. Suicide occurs across all ages, incomes, ethnicities and social factors. Males die by suicide more than three times as often as females, but three times more women than men attempt suicide.

Why do people turn to suicide?

Most often, people turn to suicide when they have lost hope and feel helpless. They want their pain to end, and they may see no other way out. Suicide can also be an impulsive act that follows the use of substances. In some cases, people with psychotic illnesses such as schizophrenia may hear voices that tell them to harm themselves.

Suicide can be prevented. Most people who die by suicide have shown warning signs that they were thinking of killing themselves.

If you are feeling suicidal, help is available. Many causes of suicidal thinking can be recognized and treated.

Who is at risk?

People at a higher risk of suicide include those who

- have a serious mental health and/or addiction problem
- have had a recent major loss (for example, the death of a loved one or a job loss)
- have a family history of suicide
- have made previous suicide attempts
- have a serious physical illness
- have an impulsive personality
- lack support from family or friends
- have access to weapons, medications or other lethal means of suicide

What are the warning signs?

- People who are feeling suicidal may
- show a sudden change in mood or behaviour
- show a sense of hopelessness and helplessness
- express the wish to die or end their life
- increase substance use
- withdraw from people and activities that they previously enjoyed
- experience changes in sleeping patterns
- have a decreased appetite
- give away prized possessions or make preparations for their death (for example, creating a will)

Can the risk be reduced?

The risk for suicide may be reduced when "protective factors" are present. In general, protective factors help to increase a person's resilience—the ability to recover or "bounce back" in the face of stress and adversity. Examples include:

- positive social supports
- a sense of responsibility for others, such as having children in the home (except when the person has postpartum depression or psychosis) or having pets
- positive coping skills
- a positive relationship with a medical or mental health provider
- self-efficacy (a person's belief in his or her ability to succeed in specific situations)
- a religious belief that suicide is wrong

What can I do if I am feeling suicidal?

If you are thinking about suicide, there are several things you can do to help yourself. It begins with letting someone else know how you are feeling. You can:

- Talk to someone you trust, such as a family member or friend
- Tell your doctor or a mental health provider
- Go to your local emergency department
- Call a [distress line](#)

Recognize that there is help out there. Even if you don't see any answers now, it doesn't mean they don't exist.

Create a safety plan that includes names and numbers of contact people and services. Involve family and friends and professionals.

Recognize that there are small things you can do to help your mood. These include avoiding isolating yourself and spending time alone, keeping a routine that includes regular sleep and waking times, eating regular meals, and exercising regularly.

Listen to them and take them seriously. Don't judge or minimize their feelings. Be positive and hopeful, and remember that suicide can be prevented.

Ask them if they are suicidal. Don't be afraid that you will put the idea in their head. It may be a relief for them to talk about it.

Ask if they have a plan. Depending on their answer you may want to limit their access to lethal means, such as medication, knives or firearms.

Ask them to rate their suicidal feelings on a scale of 1 to 10. Then regularly ask them to tell you where they are on the scale, so you can assess if things are getting worse.

Let them know help is available and that the cause of their suicidal thoughts can be successfully treated.

Encourage them to talk about how they are feeling

Encourage them to seek help from a doctor or mental health provider, and offer to help with this if they would like

Make a safety plan with them. Who will they call if their feelings get stronger? Who can stay with them to keep them safe? Make a list of phone numbers of people and services they can call if they feel unsafe. Avoid leaving the person alone if he or she is in crisis.

Seek support for yourself—it is important that you don't carry this burden alone.

What if the person refuses to go to the hospital?

In Ontario, if someone who is thought to be at *serious risk for suicide* refuses to go to the hospital, there are three ways that he or she may be compelled to go for an assessment.

1 A doctor may examine the person (either in the community or at a hospital) to issue an Application for Psychiatric Assessment (sometimes called Form 1). This allows for the person to be kept in hospital for up to 72 hours, to determine whether he or she needs psychiatric care and supervision.

2 A police officer may take the person to the hospital to be examined by a doctor.

3 A justice of the peace may authorize the police to take the person to the hospital.

What should I do if someone has attempted suicide?

Remain calm and call 911.

Treatment and Support:

Treatment and support are available:

[Treatment from CAMH](#)

[Help for Families](#)

[Ontario Mental Health Helpline](#) (open 24/7 for treatment anywhere in Ontario)

Other Resources:

Where can I get help in a crisis?

- Click here for a list of [emergency crisis and distress centres](#)

- [CAMH Emergency Department](#) in Toronto is open 24/7

Where else can I find treatment or support?

[Bereaved Families of Ontario](#)

More CAMH Resources about suicide:

[Hope and Healing after suicide](#)

[MORE INFO...](#)