

Making the Connection: Suicidal Thoughts and Behaviors and Academic Grades

Data from the 2015 National Youth Risk Behavior Survey (YRBS) show that students with higher academic grades are less likely to consider or attempt suicide compared to students with lower grades. It is important to remember that these associations do not prove causation. School health professionals, school officials, and other decision makers can use this information to better understand the associations between suicidal thoughts and behaviors and grades, as well as to emphasize the importance of suicide prevention strategies that support the health and well-being of students.

Key findings

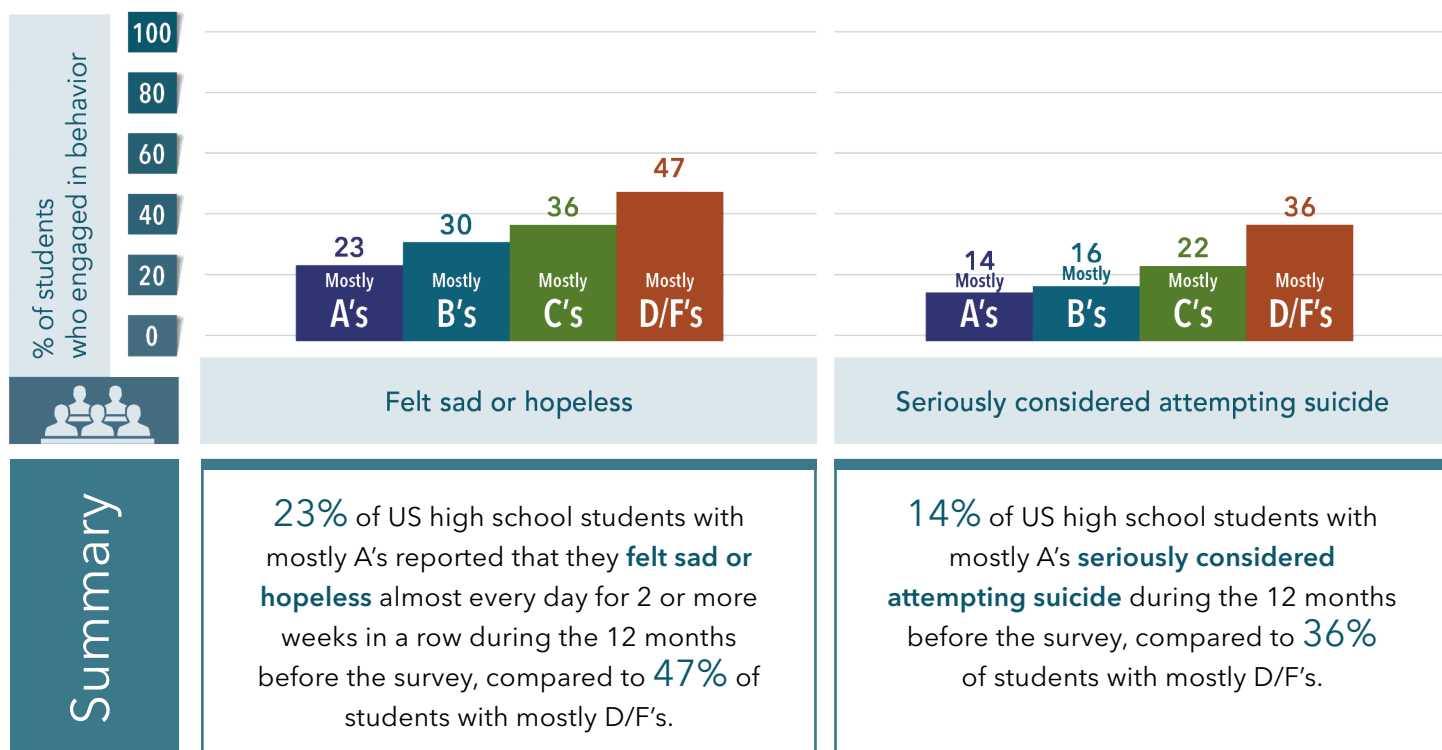
Compared to students with lower grades, **students with higher grades are**

less likely to:

- Feel sad or hopeless nearly every day for at least 2 weeks in a row.
- Seriously consider attempting suicide.
- Make a plan about how they might attempt suicide.
- Attempt suicide.

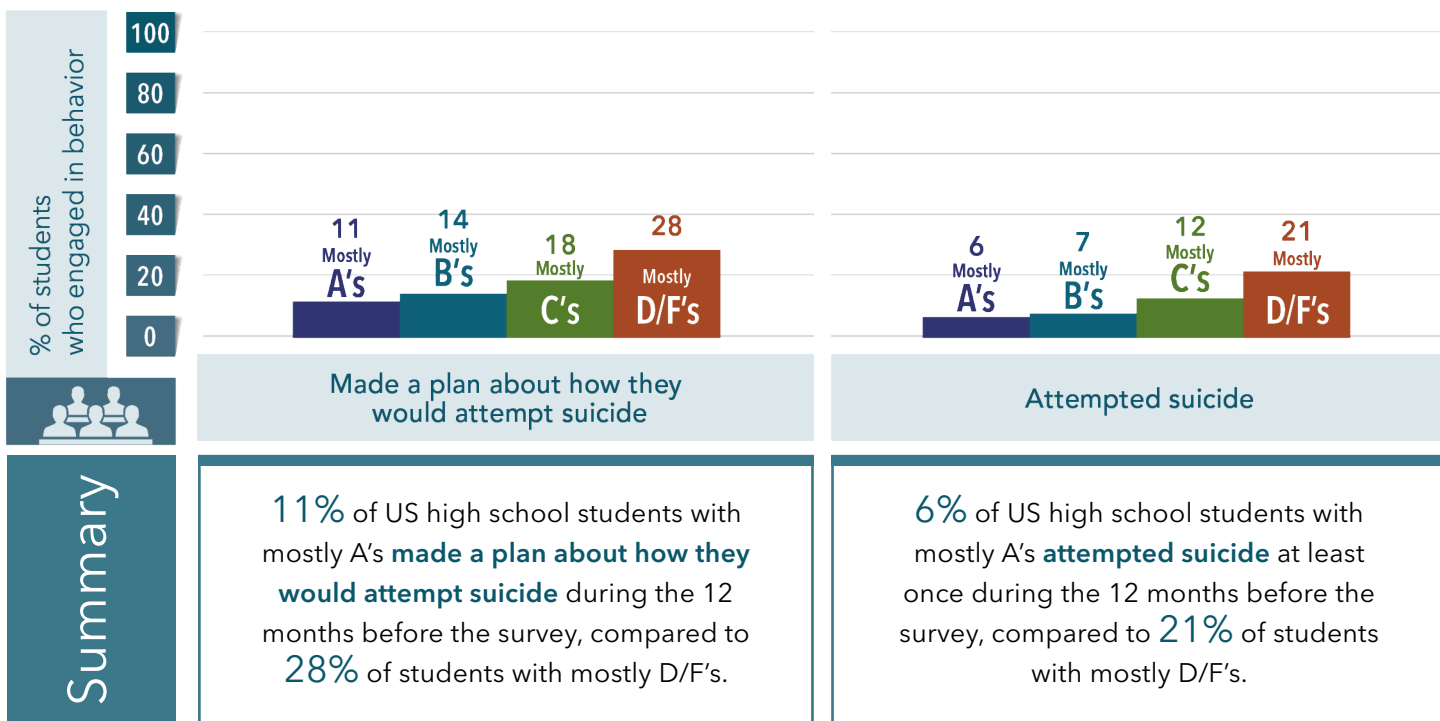
FIGURE 1A

Suicide-Related Behaviors, by type of academic grades earned
- United States, Youth Risk Behavior Survey, 2015



*Figure 1^A and Figure 1^B illustrate the percentage of students who engaged in each risk behavior, by type of grades mostly earned in school (mostly A's, B's, C's, D's/F's) (row proportions). The percentage of students who did not engage in each risk behavior are not shown. However, the percentages of students who did and did not engage in each risk behavior, by type of grades mostly earned in school, sum to 100%. Logistic regression analyses (not shown) controlling for sex, race/ethnicity, and grade in school confirmed a significant association between suicidal thoughts and behaviors and academic grades. You can also view data from other [2015 YRBS suicide variables](#).

FIGURE 1B Suicide-Related Behaviors, by type of academic grades earned
- United States, Youth Risk Behavior Survey, 2015



Conclusions

These results from the YRBS provide evidence of a significant association between academic grades and suicidal thoughts and behaviors. Further research is warranted to determine whether higher grades in school lead to less risk of suicidal thoughts and behaviors, if fewer suicidal thoughts and behaviors lead to higher grades, or some other factors lead to these behaviors.

There is a close relationship between health and education. By working together, education and health agencies, parents, and communities can ensure that students are healthy and ready to learn in school. To help inform decisions about suicide prevention strategies that are based on the best available evidence, please see CDC's resource, [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#).

If you think a student may be considering suicide, encourage them to contact the National Suicide Prevention Lifeline by calling 1-800-273-TALK (1-800-273-8255) or using the online [Lifeline Crisis Chat](#). Both are free and confidential. For more information, visit the [National Suicide Prevention Lifeline website](#).

About the Data

The National YRBS monitors priority health-risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. It is conducted every 2 years during the spring and provides data representative of 9th through 12th grade students in public and private schools throughout the nation. In 2015, students completing the YRBS were asked, "During the past 12 months, how would you describe your grades in school?" and given seven response options (Mostly A's, Mostly B's, Mostly C's, Mostly D's, Mostly F's, None of these grades, Not sure). In 2015, 32% of students received mostly A's, 38% received mostly B's, 20% received mostly C's, 6% received mostly D's or F's, and 4% reported receiving none of these grades or not sure.

For more information, visit the [CDC's Healthy Youth website](#), or call 800-CDC-INFO (800-232-4636).



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

