Adolescence refers to individuals between the ages of 15 and 19, an important developmental period marking the transition from childhood to adulthood. In 2017, an estimated 468,889 adolescents resided in Arizona, comprising 6.7 percent of the State’s population (Table 10A-1). The lives of 252 resident adolescents prematurely ended in 2017, resulting in a total mortality rate of 53.7 deaths per 100,000 adolescents. This mortality rate was 30.1 percent lower than the 2007 rate (Table 2C-11).

The likelihood of dying was three-fold greater for adolescent boys than for adolescent girls in 2017 (Figure 2C-9, Table 2C-11).

The five causes with the greatest number of deaths over the 2007-2017 period were unintentional injuries in accidents, suicide, homicide, malignant neoplasms, and diseases of heart (Table 2C-14).

In 2017, adolescents who were Asian, Hispanic, or White had greater survival chances than the state average for all adolescents, while American Indian and Black adolescents had lower survival chances than average (Figure 2C-10). If the 2017 mortality risk of Asian adolescents (i.e., their mortality rate) was applied to all adolescents, only 193 would have died: 59 less than the 252 who actually did.
In 2017, sixty-two suicide deaths were recorded among Arizonans age 15-19 years, an increase from 56 in 2016 (Table 2C-14). In 2017, as in prior years, male adolescents accounted for the absolute majority (80.6 percent) of completed suicides.

The suicide rate in 2013 was the lowest recorded since at least 1990 (Figure 2C-11, Table 2C-11). In 2017, the adolescent male suicide rate (20.8) and adolescent female suicide rate (5.2) was 70.5 percent and 14.1 percent higher than in 2007, respectively. The male to female ratio in suicide mortality rates decreased from 2.7:1 in 2007 to 4.0:1 in 2017. In other words, male adolescents were 4 times more likely to kill themselves in 2017 than female adolescents, compared to 2.7 times more likely in 2007.

From 2007 to 2017, homicide rates decreased for both adolescent males and females (Figure 2C-12, Table 2C-11). From 2008 to 2012, the homicide rate decreased by 62.4 percent for adolescent males, and by 69.5 percent for adolescent females. A shift occurred in 2013, as the adolescent homicide mortality rate increased for males while still declining for females. From 2016 to 2017, the rate of adolescent homicide deaths increased 14.9 percent for females but decreased 12.1 for males.