
Suicide Prevention Toolkit for Rural Primary Care: *Module 1 – Prevalence and Comorbidity*

A Primer for Primary
Care Providers

Western Interstate Commission
for Higher Education (WICHE)
Mental Health Program

and

Suicide Prevention Resource
Center (SPRC)



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Module 1- Prevalence and Comorbidity

Prevalence of Suicide



More than 32,000 deaths by suicide occur each year in the U.S.ⁱ

Suicide rates across demographic groups are higher in rural counties than in urban counties.ⁱⁱ

Suicide is the second leading cause of death in persons 25-34 years old in the U.S.

Suicide is the third leading cause of death in persons 15-24 years old in the U.S.

Suicide is the eleventh leading cause of death (all ages) in the U.S.ⁱⁱⁱ

In Primary Care:^{iv}

Up to 90% of people who die by suicide had contact with their primary care provider (PCP) in the year prior to their death.

Up to 76% had contact with their PCP in the month prior to their suicide.

These same individuals were more than twice as likely to have seen their PCP than a mental health professional in the year and month prior to their suicide.

Comorbidity

Mental illness is neither a necessary nor sufficient condition for suicide, but is strongly associated with suicide:

More than 90% of people who die by suicide have a mental health disorder or substance abuse disorder, or both. (For youths under 16, that percentage is much lower, but still significant.)

More than 50% of suicides are associated with a major depressive episode.

At least 25% of suicides are associated with a substance abuse disorder, especially with alcohol abuse or dependence.

Ten percent of suicides are associated with a psychotic disorder such as schizophrenia.^v

Aggressive treatment of psychiatric and substance use disorders is an important part of a comprehensive, primary-care based approach to suicide prevention.

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