
Suicide Prevention Toolkit for Rural Primary Care: *Module 2 - Epidemiology*

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 2: Epidemiology

High Risk Populations:ⁱ

All demographic groups have some level of risk. It is important not to dismiss any individual as being free of risk because they belong to a low-risk demographic group. There are some demographic groups that are at relatively greater risk than others.

Adults

Aging white males have the highest suicide rate of all demographic groups. Though males in all age groups die by suicide four times as frequently as females, females attempt suicide much more frequently.ⁱⁱ Therefore, it is important to consider both males and females as targets for suicide prevention.

Adolescentsⁱⁱⁱ



Suicide rates rise rapidly during adolescence; rates are very low before age 14 and approach adult levels by age 19. Adolescents in general have high rates of suicide attempts; most are not fatal, but may be harbingers of future, lethal attempts. **Adolescent males complete suicide at a rate four times that of females; however, females have much higher rates of suicide attempts.** Hispanic females have the highest rates of suicide attempts among all youth. **The use of firearms accounts for approximately 60% of completed suicide among male adolescents.**

American Indians and Alaska Natives

For ages 10-39, Native American and Alaska Natives have the highest suicide rates of all races and ethnicities.^{iv}

Lesbian, Gay, Bisexual, and Transgendered Individuals

These groups have **disproportionately high rates of suicide attempts.**^v This is likely due to being victims of discrimination and having increased risk of social isolation and depression. **Whether LGBT youths perceive their parents as being accepting or rejecting appears to play a major role.**^{vi}

Veterans

U.S. veterans often have multiple risk factors for suicide, including: male gender, elderly, diminished social support, medical and psychiatric conditions associated with suicide, and knowledge of and access to lethal means.^{vii} **Veterans in the general population are twice as likely to die by suicide as non-veterans.** Veterans who die by suicide are also more likely than non-veterans to own firearms and to use firearms to end their lives.^{viii}

Three-quarters of U.S. veterans receive their healthcare from primary care providers outside of the VA.^{ix} Additionally, veterans frequently return to rural home towns far from military or veterans services.

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