This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations. The term *American Indians/Alaska Natives* (AI/AN) encompasses many ethnic and cultural groups, tribes, and traditions. We use the term here because it is what is used in most national data sets and research. Not all of the facts below apply to all of the subgroups. The Office of Management and Budget defines *American Indian or Alaska Native* as a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. In 2010, AI/AN people comprised 0.9% of the U.S. population.

The U.S. Census and national suicide-related data sets categorize data by individual racial groups, (e.g., AI/AN, White) and by one non-specific “other” or “multiple race” category. Therefore, the data in this sheet refer to individuals who classify themselves only as AI/AN and not to those who classify themselves as both AI/AN and of another racial/ethnic background.

![Graph of U.S. Suicide Rates, 2001-2010](image)

*Source: CDC, 2010 Fatal Injury Reports.*

**Mortality Data**

The Centers for Disease Control and Prevention (CDC) reports the following statistics:

- At 16.93, the suicide rate for American Indians/Alaska Natives of all ages was much higher than the overall U.S. rate of 12.08.
- Suicide was the eighth leading cause of death for American Indians/Alaska Natives of all ages and the second leading cause of death among youth ages 10–24.

*Visit [http://www.sprc.org](http://www.sprc.org) for the other fact sheets on suicide among different racial/ethnic populations.*
Suicide Deaths: Rates per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>AI/AN Rates</th>
<th>U.S. Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
<td>25.02</td>
<td>9.03</td>
</tr>
<tr>
<td>15–24</td>
<td>51.93</td>
<td>16.74</td>
</tr>
<tr>
<td>25–34</td>
<td>42.37</td>
<td>11.22*</td>
</tr>
<tr>
<td>35–64</td>
<td>26.60</td>
<td>9.93</td>
</tr>
<tr>
<td>65–84</td>
<td>8.51*</td>
<td>7.01*</td>
</tr>
<tr>
<td>85+</td>
<td>0.00*</td>
<td>9.01*</td>
</tr>
</tbody>
</table>

* Number of deaths too low for precision

- The AI/AN rate decreases significantly after early adulthood in contrast to the rate in the overall U.S. population, which increases with age.

Despite the general decline in suicide rates as the AI/AN population ages, a recent CDC\(^4\) study found that AI/AN men and women ages 35–64 had a greater percentage increase in suicide rates between 1999 and 2010 than any other racial/ethnic group.

Suicide Rates of American Indian/Alaska Native Men and Women Ages 35–64

<table>
<thead>
<tr>
<th>Sex</th>
<th>1999 Suicide Rates</th>
<th>2010 Suicide Rates</th>
<th>% Increase 1999–2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.0</td>
<td>27.2</td>
<td>59.5%</td>
</tr>
<tr>
<td>Women</td>
<td>5.7</td>
<td>10.3</td>
<td>81.4%</td>
</tr>
</tbody>
</table>

Suicide rates vary widely among tribes. For example, the rate found among the White Mountain Apache people was much higher (45.4 per 100,000) than among all American Indians/Alaska Natives (13.93 per 100,000) in the same time period of 2001–2006. The suicide rate for White Mountain Apache youth ages 15–24 (128.5 per 100,000) was much higher than the rate for all AI/AN youth of the same ages in the same time period (24.62 per 100,000).\(^5,6\)

In the years 2003–2006, Alaska Natives had a suicide rate of 51.4, compared to 16.9 in the non-Native Alaska population. However, there was considerable variation in the suicide rates of Natives among the different regions of the state and the different Native ethnic groups, with the Inupiat Eskimos having the highest rates, and the Aleuts having a rate lower than the rest of Alaska.\(^7\)

Suicidal Behavior

Adults

Based on data from a national survey in 2011, 13.1% of AI/AN adults ages 18 and older reported having serious thoughts of suicide in the past year, compared to 3.7% of adults in the total U.S. population. The rate among these AI/AN respondents represents a very significant increase over the previous three years since 2008.\(^8\)

Based on data from a national survey in 2010, 1.2% of AI/AN adults ages 18 and older reported having attempted suicide in the past year, compared to 0.5% of adults in the total U.S. population.\(^9\)
Youth

AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students:10

Results of 2011 Youth Risk Behavior Survey of high school students:

<table>
<thead>
<tr>
<th>“In the past 12 months have you:”</th>
<th>AI/AN</th>
<th>Total U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>21.8%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>17.7%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>14.7%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>6.1%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

The percentage of AI/AN female students reporting suicidal thoughts and behaviors was higher than that of White female and AI/AN male students:

<table>
<thead>
<tr>
<th>“In the past 12 months have you:”</th>
<th>AI/AN Females</th>
<th>White Females</th>
<th>AI/AN Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>29.9%</td>
<td>18.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>21.5%</td>
<td>13.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>19.9%</td>
<td>7.9%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>9.4%</td>
<td>2.2%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Lifetime rates of having attempted suicide reported by adolescents ranged from 21.8% in girls to 11.8% in boys and from 17.6% of both sexes raised on reservations to 14.3% of both sexes raised in urban areas.11, 12

Lifetime rates of suicidal ideation were significantly higher among youth raised on reservations (32.6%) compared to youth raised in urban areas (21%).13

Strengths and Protective Factors

Across all populations, some of the most significant protective factors are:14, 15

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

Two large studies found that for AI/AN youth strengthening protective factors may be more important than reducing risk factors in addressing suicide risk.16, 17 In addition to the four protective factors above, research has shown the following to be among the most significant protective factors in AI/AN populations:

Community control: In a Canadian study of data from the British Columbia Coroner’s Office, tribes with no suicides had more indicators of cultural continuity. Cultural continuity was defined as having infrastructure, such as the presence of cultural facilities, and sovereignty, such as self-government, having
title to their traditional lands, and the provision of services within the community, including education, police, and fire; health care delivery; and child and family services.\textsuperscript{18} In another Canadian study, preliminary evaluative data and Inuit community member narratives indicated that community control in designing and carrying out suicide prevention programming “can be effective towards preventing suicide.”\textsuperscript{19}

**Cultural identification:** Alaska Native tribal members following a more traditional way of life reported greater happiness, more frequent use of religion and spirituality to cope with stress, and less frequent use of drugs and alcohol to cope with stress.\textsuperscript{20}

Two studies of Native American youth in the Midwest found that those who had a stronger ethnic/cultural identity were better able to cope with acculturative stress and less likely to have suicidal thoughts.\textsuperscript{21, 22}

**Spirituality:** Commitment to tribal cultural spirituality (forms of spirituality deriving from traditions that predate European contact) is significantly associated with a reduction in suicide attempts. People with a high level of cultural spiritual orientation have a reduced prevalence of suicide compared with those with low levels of cultural spiritual orientation.\textsuperscript{23}

**Family connectedness:** Connectedness to family and discussing problems with family and friends are protective against suicide attempts among AI/AN youth.\textsuperscript{24}

### Risk Factors

Across all populations, some of the most significant risk factors are:\textsuperscript{25, 26}

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to a means to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health. In addition, research has shown the following to be among the most significant risk factors for AI/AN populations:

**Alcohol and drug use:** According to the National Violent Death Reporting System 2003–2009, of AI/AN suicide decedents tested for alcohol, 36% were legally intoxicated at the time of death. There were proportionally more positive test results for alcohol among AI/AN decedents than there were for any other racial or ethnic group.\textsuperscript{27}

In a small 2007–2010 study of White Mountain Apache youth ages 15-24, 64% were “drunk or high” when they died by suicide, 75.7% were “drunk or high” during a suicide attempt, and 49.4% during suicidal ideation.\textsuperscript{28} In a study of Alaska Natives in Northwest Alaska between 2001 and 2009, about 60% of those exhibiting suicidal behavior (attempts and deaths) had a history of substance abuse.\textsuperscript{29}

In 2011, AI/AN had the highest rate of current illicit drug use (13.4%) among those ages 12 or older compared to any other single racial/ethnic group, and illicit drug use is a risk factor for suicide. The overall rate for all racial/ethnic groups was 8.7%.\textsuperscript{30}

**Historical trauma:** Attempts to eliminate AI/AN culture—such as forced relocation, removal of children who were sent to boarding schools, prohibition of the practice of native language and cultural traditions, and outlawing of traditional religious practices—have affected multiple generations of AI/AN people and contribute to high rates of suicide among them.\textsuperscript{31, 32}
Alienation: In an analysis of suicide notes to determine motivation, alienation among Native Americans was double that of Whites. Alienation causes a loss of well-being when the individual feels emotionally disconnected from his or her family of origin or culture.33

Acculturation: Alaska Native tribal members with greater adaptation to the mainstream culture reported increased psychosocial stress, less happiness, and greater use of drugs or alcohol to cope with the stress of navigating the differences between two cultures.34 In less traditional American Indian tribes, there is more pressure to acculturate, greater conflict regarding traditional cultural practices, and a high suicide rate among adolescents and young adults.35

Discrimination: Studies of American Indian youth found that discrimination was as important a predictor of suicidal ideation as poor self-esteem and depression.36, 37 This association may be more common among reservation youth than their urban counterparts.38

LGBT AI/AN experience even more prejudice and discrimination and have higher rates of suicide deaths, attempts, and ideation than heterosexual AI/AN and LGBT people of other racial/ethnic backgrounds.39, 40, 41, 42

Community violence: AI/AN youth are 2.5 times more likely to experience trauma than non-AI/AN youth.43 Much of this trauma involves victimization from non-AI/AN perpetrators or from family violence and abuse.44

Mental health services access and use: Only 10% to 35% of American Indian adolescents and young adults use professional health services during a suicidal episode.45, 46

There are many reasons for not seeking help. In one study, youth reported that internal factors, such as embarrassment, not realizing they had a problem, a belief that nobody could help, and self-reliance, affected their decisions not to seek help.47 There is also a lack of American Indian mental health professionals.48 In addition, significant numbers of AI/AN live in rural, isolated areas where it is difficult to get to the few mental health professionals of any racial/ethnic background that are located within a reasonable distance.49

Many AI/AN people do not trust mental health professionals because they see mental health services as part of White culture and not sensitive to their culture.50 The underlying assumptions driving psychological intervention can neglect the social, societal, and historical issues that many AI/AN people associate with suicide.51, 52

Contagion: Many suicide deaths occur on reservations where AI/AN youth have considerable exposure to suicide.53 Suicide contagion has been observed among both AI/AN adults and youth, and there is evidence that youth may be at particular risk.54, 55, 56

Relationship of risk factors: The social significance and societal origins of AI/AN suicide underscore the linkages between shared risk factors, such as historical trauma, and personal risk factors, such as acculturation, discrimination, and even reluctance to seek mental health services.57, 58

Endnotes


5 CDC, WISQARS


13 Ibid.


16 Borowsky et al. Suicide Attempts


24 Borowsky et al., Suicide Attempts

25 HHS, 2012 National Strategy

26 SPRC and Rodgers, Understanding Risk and Protective Factors


32 U.S. Department of Health and Human Services. (2010). *To live to see the great day that dawns: Preventing suicide by American Indian and Alaska Native youth and young adults*. Rockville, MD: Substance Abuse and Mental Health Services Administration.


34 Wolsko et al., Stress, Coping and Well-Being


37 Yoder et al. Suicidal Ideation

38 Freedenthal and Stiffman, Suicidal Behavior


46 Wexler, Silveira, and Bertone-Johnson, Alaska Native Suicidal Behaviors

48 Olson and Wahab, American Indians and Suicide


58 Wexler and Gone, Culturally Responsive Suicide Prevention

This fact sheet was produced by the Suicide Prevention Resource Center (SPRC) which is supported by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1 U79 SM059945. The opinions, conclusions, and recommendations expressed are those of SPRC, and do not necessarily reflect the views of SAMHSA or any of the reviewers.

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This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations. The Office of Management and Budget (OMB) defines Asian as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, and Native Hawaiian or Other Pacific Islander as having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. In 2010, Asians comprised 4.8% of the U.S. population and Native Hawaiian or Other Pacific Islanders comprised 0.2%.

The national suicide mortality data set combines Asians, Native Hawaiians, and Other Pacific Islanders into one group, which is why we present combined data below. Whenever possible, however, we present separate data for each of these groups. However, we are not able to provide data on people in these groups who are of multiple racial/ethnic backgrounds because the national suicide data sets put all people of multiple races into a single category.

![U.S. Suicide Rates, 2001-2010](chart)

Source: CDC, 2010 Fatal Injury Reports.

**Mortality Data**

The Centers for Disease Control and Prevention (CDC) reports the following statistics:

- At 6.19, the suicide rate for Asians/Pacific Islanders of all ages was approximately half of the overall U.S. rate of 12.08.
- Suicide was the 10th leading cause of death for Asians/Pacific Islanders and the 2nd leading cause of death for youth ages 15 to 24.

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* Visit [http://www.sprc.org](http://www.sprc.org) for the other fact sheets on suicide among different racial/ethnic populations.

† Because most of the Federal data sources used in this sheet use the term Asian rather than Asian American, we are using Asian throughout the sheet.
Suicide Deaths: Rates per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Asian/Pacific Islander Rates</th>
<th>U.S. Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
<td>9.42</td>
<td>3.43</td>
</tr>
<tr>
<td>15–24</td>
<td>10.41</td>
<td>3.42</td>
</tr>
<tr>
<td>25–34</td>
<td>11.49</td>
<td>4.14</td>
</tr>
<tr>
<td>35–64</td>
<td>11.45</td>
<td>4.69</td>
</tr>
<tr>
<td>65–84</td>
<td>13.90</td>
<td>4.04</td>
</tr>
<tr>
<td>85+</td>
<td>29.76*</td>
<td>6.57*</td>
</tr>
</tbody>
</table>

* Number of deaths too low for precision

According to a recent report, Native Hawaiians living in Hawaii who were between the ages of 15 and 44 had a significantly higher suicide death rate than the other three main racial/ethnic groups, but those over 45 had a much lower rate than Whites, the same rate as Japanese, and a higher rate than Filipinos.5

Suicidal Behavior

Adults

Asian, Native Hawaiian, and Other Pacific Islander adults ages 18 or older who responded to a national survey reported similar rates of suicidal behavior compared to adults in the total U.S. population.6

Results of 2011 National Survey of Drug Use and Health

<table>
<thead>
<tr>
<th>“In the past year have you:”</th>
<th>Asians</th>
<th>Native Hawaiians &amp; Other Pacific Islanders</th>
<th>Total U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>2.9%</td>
<td>*</td>
<td>3.7%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>1.0%</td>
<td>0.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.9%</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>0.7%</td>
<td>*</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

* No reliable estimate was possible due to an inadequate number of responses.

The lifetime prevalence of suicidal ideation and suicide attempts of Asians has been placed at 9.02% and 2.55%, respectively. Those rates are lower than in any other racial/ethnic group.7

Asians who immigrated to the United States as children have higher rates of suicidal ideation and suicide attempts than U.S. born Asians. Asians who came as adolescents and adults have lower rates than either of those groups.8

Youth

Asian and Native Hawaiian and Other Pacific Islander high school students report higher rates of suicidal behaviors than the general population of U.S. high school students:9
results of 2011 youth risk behavior survey of high school students:

<table>
<thead>
<tr>
<th>&quot;in the past 12 months have you:&quot;</th>
<th>Asians</th>
<th>Native Hawaiians &amp; Other Pacific Islanders</th>
<th>Total U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>18.9%</td>
<td>16.7%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>14.4%</td>
<td>13.4%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>10.8%</td>
<td>9.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>4.5%</td>
<td>*</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

* No reliable estimate was possible due to an inadequate number of responses.

In addition, more Asian female students reported suicidal thoughts and behaviors than Asian male, White female, or White male students. The numbers of Native Hawaiian and Other Pacific Islander female and male students were too low to determine reliable rates.

<table>
<thead>
<tr>
<th>&quot;in the past 12 months have you:&quot;</th>
<th>Asians</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Had serious thoughts of suicide</td>
<td>21.1%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>15.6%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>15.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>5.1%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

In a national population-based study, about 62% of Asians who attempted suicide reported that their first suicide attempt occurred when they were under 18 years of age.10

In a survey of students attending high schools in Hawaii, Native Hawaiians had a significantly higher lifetime prevalence rate for suicide attempt (12.9%) than non-native Hawaiian students (9.6%).11 In another survey of Hawaiian high school students, Native Hawaiians (11.5%) and Filipinos (13.6%) had more than twice the rate of suicide attempts in the past 12 months than Caucasians (5.6%).12

strengths and protective factors

Across all populations, some of the most significant protective factors are:13, 14

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

In addition, research has shown the following to be among the most significant protective factors in Asian, Native Hawaiian, and Other Pacific Islander populations:

Cultural identification: Among Asians, higher levels of identification with Asian culture, such as a sense of belonging and affiliation with spiritual, material, intellectual, and emotional features of Asian culture, have been associated with a 69% reduction in the risk of suicide attempt.15
Family relationship: Among Native Hawaiian and Other Pacific Islander youth, strong and supportive family relationships and higher levels of family cohesion, family organization, and parental bonding have been related to lower risk of lifetime suicide attempt.\textsuperscript{16}

Among Asians, family cohesion and parental support were associated with lower levels of suicidal ideation.\textsuperscript{17,18}

Help seeking with native healers: Although Native Hawaiian youth do not seek help for their mental health problems from physicians as often as other groups, they do seek help from Native Hawaiian healers more often than other groups.\textsuperscript{19} Youth who had stronger Hawaiian cultural identification were more likely to use Native Hawaiian healers for mental health issues.\textsuperscript{20}

Risk Factors

Across all populations, some of the most significant risk factors are:\textsuperscript{21,22}

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to a means to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health.

In addition, research has shown the following to be among the most significant risk factors in Asian, Native Hawaiian, and Other Pacific Islander populations:

Family conflict: High levels of family conflict, such as witnessing family violence or experiencing low levels of family support, have been associated with suicide risk in Asian and Native Hawaiian populations.\textsuperscript{23,24}

Among Asian youth and college students, family problems and conflict, especially parent-child conflict, play a very significant role in increasing risk for suicidal ideation.\textsuperscript{25,26}

Family conflict created greater risk for suicidal behavior among less acculturated Asian adolescents compared to those who were very acculturated.\textsuperscript{27}

Acculturation: A study of Native Hawaiian youth found a small but statistically significant risk for attempting suicide in adolescents who had greater affiliation with Hawaiian culture. This may be due to increased cultural conflict and stress of being culturally Hawaiian in a Western environment.\textsuperscript{28}

One 10-year study of high school youth found that the high rate of suicidal behavior among Pacific Islanders, including Native Hawaiians may be related to cultural conflict and stress in acculturating. Non-Hawaiian Pacific Islanders living in the United States have had to deal with cultural barriers that cause loss of ethnic identity. Native Hawaiians have had to deal with colonialism similar to other native peoples, which has led to a significant change in values and a negative effect on family structure, health, and well-being.\textsuperscript{29}

Discrimination: Asians reporting that they are racially discriminated against have been found to be more likely to have a psychiatric disorder.\textsuperscript{30}

Immigrant Asian populations may be hampered in the U.S. mental health system by discriminatory attitudes and language proficiency issues.\textsuperscript{31}
Asian college students who perceive discrimination report higher rates of suicidal ideation\textsuperscript{32} and suicide attempts,\textsuperscript{33} and Asian adults who perceive discrimination have also reported higher rates of suicidal ideation and attempts.\textsuperscript{34}

**Mental health services access and use**: Due in large part to their cultural beliefs and values, Asians are less likely to seek professional help for psychological distress, and they are less likely to disclose suicidal thoughts. Two studies found that Asian adults and college students were less likely than other racial groups to seek professional psychological help for suicide ideation.\textsuperscript{35, 36}

Asians also are less likely to get a diagnosis of mental health problems because they tend to experience their problems through physical rather than emotional symptoms. Lack of access to treatment that is sensitive to their culture is also a barrier. When they do obtain professional help, Asians generally drop out of treatment sooner than Whites.\textsuperscript{37} Asians are more likely to use informal support systems than formal services for help with mental health problems.\textsuperscript{38}

In a large national survey, Asians/Pacific Islanders who reported suicidal thoughts or attempts were less likely than Hispanics, Blacks, or Whites to seek or receive psychiatric services.\textsuperscript{39}

**Percentages of adults who did not seek or receive any psychiatric services in the year prior to having suicidal thoughts or attempts**:

<table>
<thead>
<tr>
<th></th>
<th>Asian/Pacific Islanders</th>
<th>Hispanics</th>
<th>Blacks</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Thoughts</td>
<td>84.1%</td>
<td>61.6%</td>
<td>59.7%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td>70.1%</td>
<td>45.7%</td>
<td>57.8%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

The “model minority” myth that Asians are the most successful (academically, economically, and socially) of all the racial/ethnic minority groups in the United States not only hides the racism and discrimination that many experience, but it also masks the psychological issues Asians deal with and perpetuates the stigma that keeps them from seeking mental health services.\textsuperscript{40}

**Poor academic achievement**: Two studies of Asian college students in the United States found that poor academic performance and anxiety about performing well enough was a major risk factor for suicidal ideation.\textsuperscript{41, 42}

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**Endnotes**


8 Ibid.


15 Cheng et al., Lifetime Suicidal Ideation


Requests for access to the database can be made to Dr. Deborah Goebert, director of NCIHBH at GoebertD@dop.hawaii.edu.


HHS, 2012 National Strategy

SPRC and Rodgers, Understanding Risk and Protective Factors

Cheng et al., Lifetime Suicidal Ideation

Else, Andrade, and Nahulu, Suicide and Suicidal-Related Behaviors


Lau, Correlates of Suicidal Behaviors

Yuen et al., Cultural Identification


Cheng et al., Lifetime Suicidal Ideation


Spencer, Discrimination and Mental Health-Related Service Use


This fact sheet was produced by the Suicide Prevention Resource Center (SPRC) which is supported by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1 U79 SM059945. The opinions, conclusions, and recommendations expressed are those of SPRC, and do not necessarily reflect the views of SAMHSA or any of the reviewers.

Cite as: Suicide Prevention Resource Center. (2013). *Suicide among racial/ethnic populations in the U.S.: Asians, Pacific Islanders, and Native Hawaiians*. Waltham, MA: Education Development Center, Inc.
This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations. Black and African American are terms often used to describe this population, which can include Caribbean Blacks. The Office of Management and Budget defines Black or African American as a person having origins in any of the Black racial groups of Africa. Most national health data sources use the term Black. In 2010 Black people comprised 13% of the U.S. population.

The U.S. Census and national suicide-related data sets categorize data by individual racial groups, (e.g., Black, White) and by one non-specific “other” or “multiple race” category. Therefore, the data in this sheet refer to individuals who classify themselves only as Black and not to those who classify themselves as both Black and of another racial/ethnic background.

**Mortality Data**

The Centers for Disease Control and Prevention (CDC) reported the following statistics for 2010:

- At 5.37, the suicide rate for Blacks of all ages was slightly less than half of the overall U.S. rate of 12.08.
- Suicide was the 16th leading cause of death for Blacks of all ages and the 3rd leading cause of death for young Black males ages 15–24.

* Visit [http://www.sprc.org](http://www.sprc.org) for the other fact sheets on suicide among different racial/ethnic populations.
Suicide Deaths: Rates per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Black Rates</th>
<th>U.S. Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
<td>9.42</td>
<td>1.85</td>
</tr>
<tr>
<td>15–24</td>
<td>11.54</td>
<td>2.08</td>
</tr>
<tr>
<td>25–34</td>
<td>16.43</td>
<td>2.43</td>
</tr>
<tr>
<td>35–64</td>
<td>11.20</td>
<td>2.60</td>
</tr>
<tr>
<td>65–84</td>
<td>8.38</td>
<td>0.77*</td>
</tr>
<tr>
<td>85+</td>
<td>8.39*</td>
<td>1.09*</td>
</tr>
</tbody>
</table>

* Number of deaths too low for precision

Although Black suicide rates are lower than the overall U.S. rates, suicide affects Black youth at a much higher rate than Black adults. Suicide is the third leading cause of death among Blacks ages 15-24. Since the Black community in the United States is disproportionately young, the number of deaths among youth may have a particularly strong impact on the Black community.

Black Americans die by suicide a full decade earlier than White Americans. The average age of Black suicide decedents is 32, and that of White decedents is 44.

**Suicidal Behavior**

**Adults**

Black adults ages 18 or older who responded to a national survey reported similar rates of suicidal behavior compared to adults in the total U.S. population.

**Results of 2011 National Survey of Drug Use and Health**

<table>
<thead>
<tr>
<th>“In the past year have you:”</th>
<th>Blacks</th>
<th>Total U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>3.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

The lifetime prevalence of suicidal ideation and suicide attempts of Blacks has been placed at 11.82% and 4.15%, respectively.

Black rates can differ by ethnicity. One study found that among adult males, Caribbean Blacks had a higher rate of suicide attempts than African American Blacks. On the other hand, another study found that among adolescent males, African American Blacks were approximately five times more likely than Caribbean Blacks to attempt suicide.

**Youth**

Black high school students report slightly lower rates of certain suicidal behaviors, except for attempts, than the general population of U.S. high school students.
Results of 2011 Youth Risk Behavior Survey of high school students:

<table>
<thead>
<tr>
<th>&quot;In the past 12 months have you:&quot;</th>
<th>Blacks</th>
<th>Total U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>13.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>11.1%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>8.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

The percentage of Black female students reporting suicidal thoughts and plans was similar to that of White female students but higher than that of Black male and White male students:

<table>
<thead>
<tr>
<th>&quot;In the past 12 months have you:&quot;</th>
<th>Blacks</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Had serious thoughts of suicide</td>
<td>17.4%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>13.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>8.8%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Strengths and Protective Factors

Across all populations, some of the most significant protective factors are:¹², ¹³
- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

In addition, research has shown the following to be among the most significant protective factors in Black populations:

Religion: Orthodox religious beliefs and personal devotion have been identified as protective against suicide among Blacks.¹⁴

Participation in organized religious practices, such as church attendance, is linked to lower suicide risk in African Americans.¹⁵

Among Blacks with psychiatric disorders, religiosity has been found to delay age of onset of ideation as well as decrease the number of psychiatric disorders.¹⁶

Social and emotional support: Family support, peer support, and community connectedness have been shown to help protect Black adolescents from suicidal behavior.¹⁷ Similarly, positive interactions and social and family support have been shown to significantly reduce risk for suicide attempts among Black adults.¹⁸

Although emotional support from family decreased the risk of suicide attempts for both Caribbean Blacks and African Americans, the impact was stronger for Caribbean Blacks than for African Americans.¹⁹
Black identity: Two small studies of African American women found that having a strong sense of African American identity, heritage, and history was protective against suicide.\textsuperscript{20, 21}

**Risk Factors**

Across all populations, some of the most significant risk factors are:\textsuperscript{22, 23}
- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to a means to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health.

In addition, research has shown the following to be among the most significant risk factors in Black populations:

**Marital status:** Among Black Americans, being divorced or widowed has been significantly associated with increased odds of suicidal ideation compared with being married or never married.\textsuperscript{24}

**Family conflict:** Negative interaction with family members was associated with increased suicidal behavior among Black adults. The effect was more pronounced among Caribbean Blacks than among African Americans.\textsuperscript{25}

One study noted that Black adolescents reporting parental conflict were 6.4 times more likely to attempt suicide than Black adolescents who did not report parental conflict.\textsuperscript{26}

**Acculturation:** Increased acculturation into White society, which can include loss of family cohesion and support, leads to increased risk for suicidal ideation\textsuperscript{27} and suicide attempts\textsuperscript{28}.

**Hopelessness, racism, and discrimination:** Among Black youth, perceived racism and discrimination along with social and economic disadvantage may lead to having no hope for the future, which is a risk factor for suicide.\textsuperscript{29}

**Mental health services access and use:** In a study using a nationally representative sample, Black youth were substantially less likely than White youth to have used a mental health service in the year during which they seriously thought about or attempted suicide.\textsuperscript{30}

In a large national survey, Blacks who reported suicidal thoughts or attempts were less likely than Whites to seek or receive psychiatric services.\textsuperscript{31} The chart below shows the percentages of adults who did not seek or receive any psychiatric services in the year prior to having suicidal thoughts or attempts:

<table>
<thead>
<tr>
<th></th>
<th>Blacks</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Thoughts</td>
<td>59.7%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td>57.8%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>
Endnotes


4 Ibid.

5 Sherry Molock, e-mail message to author, May 30, 2013.


19 Ibid.


22 HHS, 2012 National Strategy

23 SPRC and Rodgers, Understanding Risk and Protective Factors

24 Joe, et al., Prevalence and Risk Factors

25 Lincoln, et al., Suicide, Negative Interaction and Emotional Support


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Cite as: Suicide Prevention Resource Center. (2013). Suicide among racial/ethnic populations in the U.S.: Blacks. Waltham, MA: Education Development Center, Inc.
This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations. The Office of Management and Budget defines Hispanic or Latino as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Although Hispanic and Latino are terms often used to describe this population, most national health data sources and the U.S. Census use the term Hispanic. In 2010, people of Hispanic origin comprised 16% of the U.S. population.

The Centers for Disease Control and Prevention (CDC) reports the following statistics:

- At 5.85, the suicide rate for Hispanics of all ages was slightly less than half of the overall U.S. rate of 12.08.
- Suicide was the 12th leading cause of death for Hispanics of all ages and the 3rd leading cause of death for Hispanic males ages 15 to 34.

Visit [http://www.sprc.org](http://www.sprc.org) for the other fact sheets on suicide among different racial/ethnic populations.

* This statistic reflects Hispanics of all races because that is how the census data are reported for Hispanics.
† These statistics reflect Hispanics of all races because that is how the suicide mortality data are reported for Hispanics.
Suicide Deaths: Rates per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Hispanic Rates</th>
<th>U.S. Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
<td>9.81</td>
<td>2.11</td>
</tr>
<tr>
<td>15–24</td>
<td>10.69</td>
<td>3.11</td>
</tr>
<tr>
<td>25–34</td>
<td>11.40</td>
<td>2.09</td>
</tr>
<tr>
<td>35–64</td>
<td>11.98</td>
<td>2.77</td>
</tr>
<tr>
<td>65–84</td>
<td>14.35</td>
<td>2.39</td>
</tr>
<tr>
<td>85+</td>
<td>30.58</td>
<td>0.57*</td>
</tr>
</tbody>
</table>

* Number of deaths too low for precision

Suicidal Behavior

Adults

Hispanic adults ages 18 or older who responded to a national survey reported similar rates of suicidal behavior compared to adults in the total U.S. population: 4

Results of 2011 National Survey of Drug Use and Health 6

<table>
<thead>
<tr>
<th>“In the past year have you:”</th>
<th>Hispanics</th>
<th>Total U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>2.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>0.8%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

The lifetime prevalence of suicidal ideation and suicide attempts of Hispanics has been placed at 11.35% and 5.11%, respectively. 5

Among Hispanic ethnic subgroups in the United States, the following was reported: 6

- Puerto Rican adults had the highest rates of suicide attempts.
- During the 10 years between 1992 and 2001, the lifetime prevalence of suicide attempts increased significantly among 18- to 24-year-old Puerto Rican women and Cuban men, and among 45- to 64-year-old Puerto Rican men.

Among Hispanic people who reported having attempted suicide at any point in their lifetime, most attempts occurred before age 18. 7

Suicidal ideation, suicide attempts, and immigration:

- Hispanics born in the United States have higher rates of suicidal ideation and suicide attempts than Hispanic immigrants.
- Immigrants who came to the United States as children have higher rates than those who came as adolescents and adults. 8

4 These statistics reflect Hispanics of all races because that is how the data in this survey are reported for Hispanics.
• One study found that U.S. born Hispanic adolescents with U.S. born parents have higher rates of suicide attempts than U.S. born Hispanic adolescents with immigrant parents.9

Youth

Hispanic high school students report higher rates of suicidal behaviors than the general population of U.S. high school students:8,10

Results of 2011 Youth Risk Behavior Survey of high school students:

<table>
<thead>
<tr>
<th>“In the past 12 months have you:”</th>
<th>Hispanics</th>
<th>Total U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>16.7%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>14.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>10.2%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>3.2%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

The percentage of Hispanic female students reporting suicidal thoughts and behaviors was higher than that of non-Hispanic White female students and Hispanic male students:

<table>
<thead>
<tr>
<th>“In the past 12 months have you:”</th>
<th>Hispanic Females</th>
<th>Non-Hispanic White Females</th>
<th>Hispanic Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>21.0%</td>
<td>18.4%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>17.6%</td>
<td>13.7%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>13.5%</td>
<td>7.9%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>4.1%</td>
<td>2.2%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Studies have consistently shown that since 1995 Hispanic adolescent females have higher rates of suicidal thoughts and behavior (but not deaths) than Black or White females.11, 12

Strengths and Protective Factors

Across all populations, some of the most significant protective factors are:13, 14

• Effective mental health care
• Connectedness to individuals, family, community, and social institutions
• Problem-solving skills
• Contacts with caregivers

In addition, research has shown the following to be among the most significant protective factors in Hispanic populations:

Familism: Hispanics have scored high on measures of familism, which has been described as the strong feelings of commitment, loyalty, and obligation to family members that extends beyond the nuclear family. The interdependent nature of family includes making family needs a priority over individual needs and

**These statistics reflect people who identify as just Hispanic and not another racial group because that is how the Youth Risk Behavior Survey data are reported for Hispanics.
being able to turn to family for support. Youth reporting strong, supportive relationships with their parents are less likely to attempt suicide.\textsuperscript{15, 16}

**Ethnic affiliation:** Latina adolescents with greater involvement in Hispanic culture have more positive relationships with their mothers and fewer withdrawn-depressive behaviors and suicide attempts.\textsuperscript{17} In addition, ethnic identity is positively associated with self-esteem among Latino/Latina adolescents, and has been shown to moderate the relationship between perceived discrimination and depression.\textsuperscript{18}

**Religiosity and moral objections to suicide:** Individuals identifying themselves as Hispanic report higher scores on measures of moral objections to suicide and on measures of religiosity compared to people who are not Hispanic.\textsuperscript{19} They are also more likely than other racial/ethnic groups to belong to religious denominations that have strong beliefs prohibiting suicidal thoughts and behaviors.\textsuperscript{20}

**Caring from teachers:** One recent national study found that perceived caring from teachers was associated with a decreased risk of suicide attempts by Latina adolescents.\textsuperscript{21}

### Risk Factors

Across all populations, some of the most significant risk factors are:\textsuperscript{22, 23}

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to a means to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health.

In addition, research has shown the following to be among the most significant risk factors in Hispanic populations:

**Alcohol:** According to the National Violent Death Reporting System 2003–2009, of the Hispanic suicide decedents tested for alcohol, about 28% were legally intoxicated at the time of death. Of the four racial/ethnic minority groups studied, Hispanics had the second highest rate of alcohol use during an attempt.\textsuperscript{24}

**Mental health services access and use:** Compared to non-Hispanic Whites, Hispanics underutilize mental health services, are less likely to receive care that follows recommended guidelines, and are more likely to rely on informal supports (e.g., family) and primary care providers than on mental health specialists for mental health services.\textsuperscript{25}

In a large national survey, Hispanic adults who reported suicidal thoughts or attempts were less likely than non-Hispanic White adults to seek or receive psychiatric services.\textsuperscript{26} The chart below shows the percentages of adults who did not seek or receive any psychiatric services in the year prior to having suicidal thoughts or attempts:

<table>
<thead>
<tr>
<th></th>
<th>Hispanics</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Thoughts</td>
<td>61.6%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td>45.7%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>
In a recent survey, Hispanics were less likely than other racial/ethnic groups to call a suicide crisis line during a suicidal crisis.27

**Alienation:** In an analysis of suicide notes to determine motivation, reported alienation among Hispanics was double that of non-Hispanic Whites. Alienation causes a loss of well-being when the individual feels emotionally disconnected from his or her family of origin or society.28

**Acculturative stress and family conflict:** Differences between the level of acculturation in parents and their children can create conflict and stress in the relationship, especially with Hispanic adolescent girls, given the high value placed on the family. This conflict and stress appears to play a pivotal role in Hispanic girls' suicide attempts.29,30

**Hopelessness and fatalism:** In a four-year analysis of a nationally representative sample, Hispanic adolescents and young adults had the highest rates of hopelessness and fatalism among all racial/ethnic groups.31

**Discrimination:** Perceived racial discrimination is associated with suicide attempts among Hispanic college students (Gomez, 2011).32

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**Endnotes**


8 Borges, et al, *Suicidality, Ethnicity and Immigration*


22 HHS, 2012 National Strategy

23 SPRC and Rodgers, Understanding Risk and Protective Factors


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This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations. White and Caucasian are the terms usually used to describe this population, which includes people from many different ethnic backgrounds. The Office of Management and Budget defines White as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Most national health data sources use the term White. However, they usually separate out Hispanics. So, in this sheet, the term White means non-Hispanic White. In 2010, White people comprised 72.4% of the U.S. population.

The U.S. Census and national suicide-related datasets categorize data by individual racial groups, (e.g., White, Black) and by one non-specific “other” or “multiple race” category. Therefore, the data in this sheet refer to individuals who classify themselves only as White and not to those who classify themselves as both White and of another racial background.

![U.S. Suicide Rates, 2001-2010](chart.png)

**U.S. Suicide Rates, 2001-2010**

Source: CDC, 2010 Fatal Injury Reports.

**Mortality Data**

The Centers for Disease Control and Prevention (CDC) reported the following statistics for 2010:

- At 14.95, the suicide rate for Whites of all ages was the second highest rate among racial/ethnic groups and higher than the overall U.S. rate of 12.08.
- Suicide was the 10th leading cause of death for White people of all ages and the 2nd leading cause of death for young White males ages 15–34.

* Visit [http://www.sprc.org](http://www.sprc.org) for the other fact sheets on suicide among particular racial/ethnic populations.
Suicide Deaths: Rates per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>White Rates</th>
<th>U.S. Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
<td>24.20</td>
<td>6.26</td>
</tr>
<tr>
<td>15–24</td>
<td>20.40</td>
<td>4.44</td>
</tr>
<tr>
<td>25–34</td>
<td>28.59</td>
<td>7.14</td>
</tr>
<tr>
<td>35–64</td>
<td>34.36</td>
<td>10.49</td>
</tr>
<tr>
<td>65–84</td>
<td>30.37</td>
<td>4.94</td>
</tr>
<tr>
<td>85+</td>
<td>51.75</td>
<td>3.49</td>
</tr>
</tbody>
</table>

Among the White population, the suicide rates of people in the middle years (ages 35–64) increased by 40.4% between 1999 and 2010. Although the suicide rates for men are much higher than for women, both showed a similar percent increase over this time period.4

Suicidal Behavior

Adults

White adults ages 18 or older who responded to a national survey reported slightly higher rates of suicidal thoughts compared to adults in the total U.S. population but similar rates for making suicide plans and attempting suicide:5

Results of 2011 National Survey of Drug Use and Health

<table>
<thead>
<tr>
<th>“In the past year have you:”</th>
<th>Whites</th>
<th>Total U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>4.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

The lifetime prevalence of suicidal ideation and suicide attempts of Whites has been placed at 16.10% and 4.69%, respectively.6

Youth

White high school students report rates similar to the general population of U.S. high school students for suicidal thoughts and plans but slightly lower rates for suicide attempts:7

Results of 2011 Youth Risk Behavior Survey of high school students:

<table>
<thead>
<tr>
<th>“In the past 12 months have you:”</th>
<th>Whites</th>
<th>Total U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>15.5%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>12.1%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>6.2%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>1.9%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
The percentage of White female students reporting suicidal thoughts, plans, and attempts was higher than that of White male students:

<table>
<thead>
<tr>
<th>&quot;In the past 12 months have you:&quot;</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
</tr>
<tr>
<td>Had serious thoughts of suicide</td>
<td>18.4%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>13.7%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>7.9%</td>
</tr>
<tr>
<td>Gotten medical attention for a</td>
<td>2.2%</td>
</tr>
<tr>
<td>suicide attempt</td>
<td></td>
</tr>
</tbody>
</table>

**Risk and Protective Factors**

Because the majority of the U.S. population is White (72.4%), most research on risk and protective factors for suicide has been done with samples comprised mainly of Whites. So, the risk and protective factors that have been identified as most important across all U.S. populations are especially relevant for Whites.

**Protective Factors**

Across all populations, some of the most significant protective factors are:
- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

**Risk Factors**

Across all populations, some of the most significant risk factors are:
- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health.

**Risk factors among Whites:** Below are results from the small number of studies on suicide risk factors that compare Whites to other racial/ethnic groups in the United States and that have a significant sample size.

**Alcohol and drug use:** According to the National Violent Death Reporting System 2003–2009, of White suicide decedents tested for alcohol, about 22% were legally intoxicated at the time of death. Compared to the four racial/ethnic minority groups studied, Whites had a higher rate of alcohol use during an attempt than Blacks and Asians/Pacific Islanders, but a lower rate than American Indians/Alaska Natives and Hispanics. As with the other groups, among White suicide decedents, acute intoxication was associated with being male.

**Acculturative stress and family conflict:** Among non-U.S. born Whites, conflicts between the values of their family and the dominant culture are associated with suicide attempts.
Mental health services access and use: In a large national survey, although Whites who reported suicidal thoughts or attempts were much more likely than Blacks, Hispanics, or Asians and Pacific Islanders to seek or receive psychiatric services, there were still a significant number who did not. The chart below shows the percentages of White adults who did not seek or receive any psychiatric services in the year prior to having suicidal thoughts or attempts:

<table>
<thead>
<tr>
<th></th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Thoughts</td>
<td>42.8%</td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

Similar results were found in a nationally representative sample of White, Black, and Hispanic adolescents. Although a higher percentage of White adolescents who attempted suicide accessed mental health care, the rate was still only 44.76%.

Serious psychological distress (SPD): SPD is defined as non-specific psychological distress as opposed to specific mental illnesses. Its symptoms overlap with those of disorders that are known risk factors for suicide, such as depression and anxiety. In a large national study, the prevalence of SPD was 3% among both U.S. born and foreign-born Whites. However, among those who were foreign born, the prevalence was 6% for those from the Middle East, 3% for those from Europe, and 2% for those from Russia. Possible reasons for the higher rate among Middle Easterners are the political and social conflicts and stigma associated with mental illness in that region. In addition, Whites from the Middle East were less likely to have seen a mental health provider than Whites born in the U.S. or from Europe or Russia.

Endnotes


8 U.S. Census Bureau, The White Population: 2010


11 HHS, 2012 National Strategy

12 SPRC and Rodgers, Understanding Risk and Protective Factors


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