

Introduction

Between 1994 and 2004, youth suicide rates in the United States declined 23 percent — from a high of 9.36 suicides per 100,000 youth to 7.17 in 2004.¹ These declines are encouraging, but for the families and friends left behind in suicide’s wake, trends and statistics matter less than the irrevocable, singular loss of one life — a child, a sister or brother, a best friend. The grief from suicide is shadowed by what-ifs. Loved ones (also referred to as survivors) are haunted by a sense that somehow, this outcome could have been prevented. Sometimes, shame commingles with grief — a vestige of cultural and religious stigma and reproach that surrounds suicide.

Even after two decades of decreasing rates, suicide remains the third leading cause of death among youth between the ages of 10 and 24.² Moreover, the declines are not evenly distributed. In 15 states, youth suicide rates remain as high as or even higher than the 20-year peak of 9.36 suicides per 100,000.³ Western and mountain states consistently have higher suicide rates than the rest of the country, and all of the states with the highest suicide rates have many counties that would meet most definitions of “rural” — that is, with very low population density and residents living in relatively small communities, separated by vast landscapes.

Small rural communities may be better prepared to launch prevention efforts because their social and economic infrastructures are well integrated and community members are linked to one another in ways that may be less common in urban areas. However, these same strengths can turn into barriers when small communities lack the resources, access to care, and privacy or anonymity that larger communities may offer.

This report presents recommendations that approach youth suicide prevention through the lens of America’s rural communities, so that both the strengths and limitations of rural settings can be taken into account to design and implement more effective prevention strategies.

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¹ CDC. Suicide Trends Among Youths and Young Adults Aged 10-24 Years -- United States, 1990-2004. *MMWR* 2007;56(35):905-908.

² *Ibid.*

³ CDC. National Center for Health Statistics (<http://www.cdc.gov/nchs/Default.htm>)