

## Suicide in Guam, 2024

### INTRODUCTION

In 2024, Guam continued to struggle in its recovery from the COVID-19 Pandemic and Super typhoon Mawar. Tourism revenues remained below the pre-pandemic level, adversely affecting the island’s economic situation.

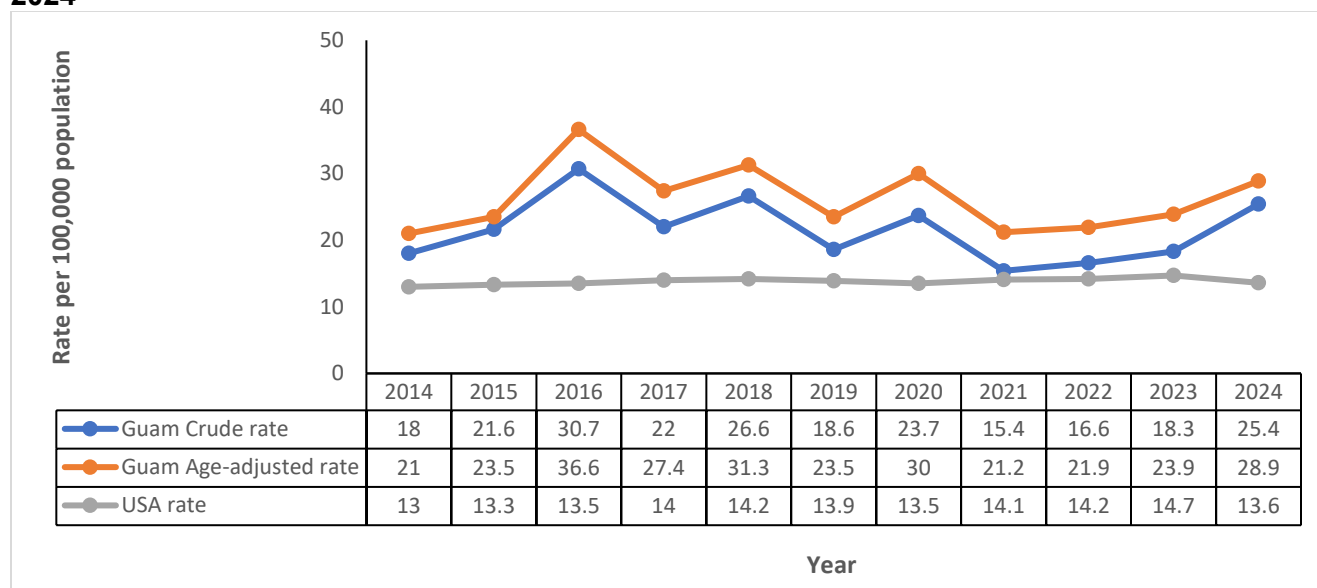
The Guam Behavioral Health and Wellness Center (GBHWC)’s Mobile Crisis Response Team (MCRT) piloted revised operations in June 2024 to active GBHWC consumers. Meanwhile the 988 Suicide and Crisis Helpline added a chat and text option in August 2024.

Against this backdrop, this data brief summarizes the analysis of suicide data for 2024.<sup>1</sup>

### TREND and PREVALENCE

In 2024, there were 43 suicide deaths in Guam, resulting in a crude suicide rate of 25.4 per 100,000. Age-adjustment to the US 2000 standard population raised the suicide rate to 28.9 per 100,000. This represents an increase from previous years, and the rate of increase appears to be accelerating (Figure 1). Suicide is now the 7<sup>th</sup> leading cause of death in the island. Guam’s suicide mortality remains significantly higher than the US (Figure 1, Table 1). The national suicide rate has remained stable over time, and provisional data indicate a decrease in 2024 from 2023, causing the gap between Guam and the US to widen.

**Figure 1. Annual trend in suicide death rates, Guam vs. USA, crude and age-adjusted, 2014-2024**



Sources: Calculated based on data taken from the Office of the Chief Medical Examiner, DPHSS Office of Vital Statistics and Bureau of Statistics and Plans, 2014-2024; US statistics from Drapeau, C. W., & McIntosh, J. L. (2025). U.S.A. suicide: 2023 Official final data. Washington, DC: National Council for Suicide Prevention (NCSP), dated January 14, 2025, downloaded from <https://www.save.org/wp-content/uploads/2025/02/2023datapgsv1a.pdf> and American Foundation for Suicide Prevention Suicide Statistics on <https://afsp.org/suicide-statistics/>, KFF analysis of Centers for Disease Control and Prevention (CDC), National Center

<sup>1</sup> NOTE: This is this is a supplemental report to the bi-annual epi report on substance use and mental health that is developed by/on behalf of the SEOW.

for Health Statistics, Provisional Multiple Cause of Death Data on CDC WONDER Online Database. Accessed at <https://wonder.cdc.gov/mcd-icd10-provisional.html> on June 25, 2025. (US 2024 official data not yet available.)

Note: 1) Guam crude data was age-adjusted using direct standardization against the 2000 US Standard Population  
 2) US 2024 data are still provisional and may change as more data is released.

**Table 1. Suicide death rate, Guam vs. US, 2023-2024**

	Guam 2023	Guam 2024	US 2023	US 2024
Deaths (number)	31	43	49,316	47,592
Crude suicide death rate per 100,000	18.3	25.4	---	---
Age-adjusted suicide death rate per 100,000	23.9	28.9	14.7	13.6
Suicide as a cause of death, rank	8	7	11	

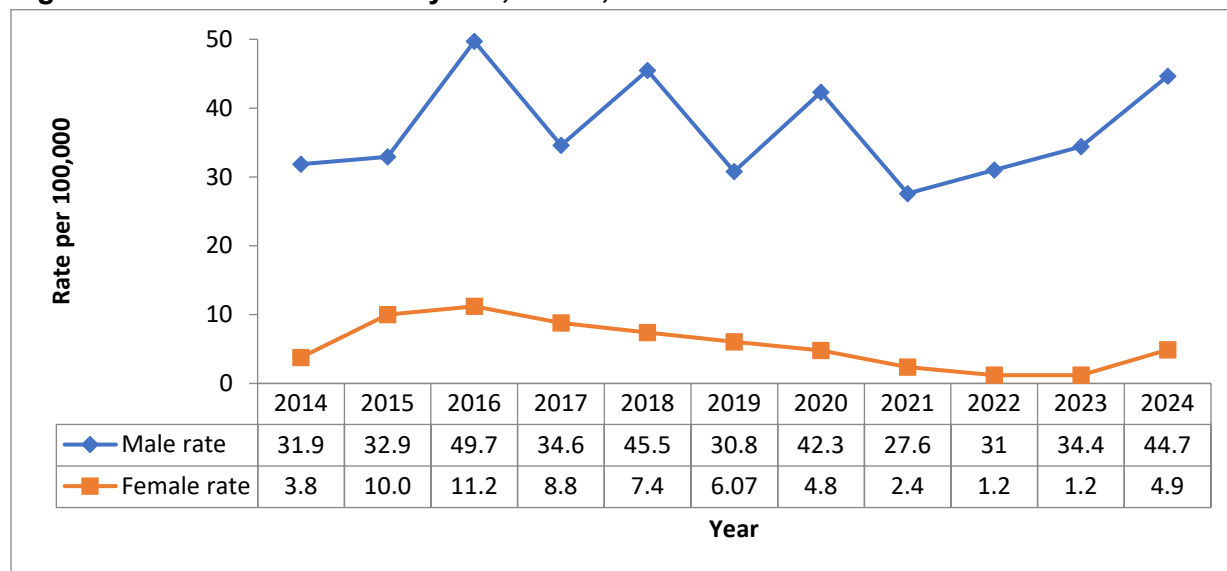
Sources: Guam rates calculated based on data taken from the Office of the Chief Medical Examiner, DPHSS Vital Statistics and population projections for 2024 based on the 2010 Census, Bureau of Statistics and Plans; US statistics from Drapeau, C. W., & McIntosh, J. L. (2025). U.S.A. suicide: 2023 Official final data. Washington, DC: National Council for Suicide Prevention (NCSP), dated January 14, 2025, downloaded from <https://www.save.org/wp-content/uploads/2025/02/2023datapgsv1a.pdf> and American Foundation for Suicide Prevention Suicide Statistics on <https://afsp.org/suicide-statistics/>, KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Provisional Multiple Cause of Death Data on CDC WONDER Online Database. Accessed at <https://wonder.cdc.gov/mcd-icd10-provisional.html> on June 25, 2025. (US 2024 data are still provisional and may change as more data is released.)

## CORRELATES OF SUICIDE MORTALITY

### Sex

Suicide deaths in Guam occur predominantly among males. In 2024 the ratio of male to female suicide deaths was 9:1. Suicide rates increased for both men and women in 2024, but the increase for men was significantly greater, maintaining the wide sex gap (Figure 2). In the US, in 2023, men died by suicide 3.8 times more often than women.

**Figure 2. Suicide death rate by sex, Guam, 2014-2024**



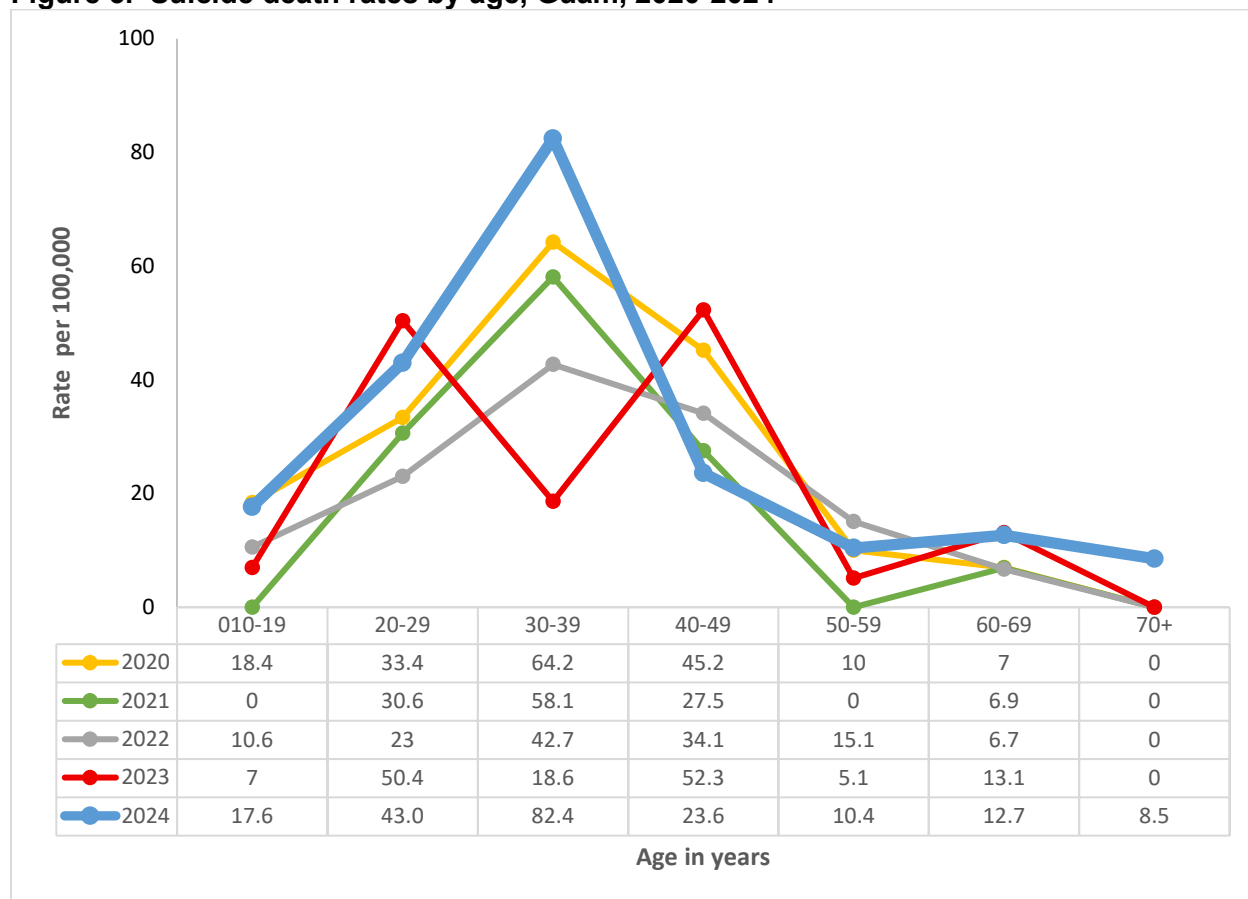
Sources: Calculated from data provided by the Office of the Chief Medical Examiner, 2014-2024 and 2024 population projections by sex based on the 2010 census as reported in the 2019 Guam Statistical Yearbook, Bureau of Statistics and Plans

### Age

In the US, suicide is highest among adults aged 85 and over (22.6 per 100,000 in 2023).<sup>2</sup> In Guam, for 2024, the suicide rate was highest for adults aged 30-39 years (82.4 per 100,000), followed by those aged 20-29 years (43 per 100,000) (Figure 3). Over the past decade, the peak rate in Guam has shifted from those aged 20-29 to those aged 30-39 years. Suicide deaths in 2024 ranged from 16 to 71 years, with a mean age of 34 years.

Collectively, nearly half (44%) of all suicide deaths in Guam from 2014-2024 occurred in those younger than 30 years, and nearly one-third (30%) happened among those aged 30-39 years (Figure 4). The proportion of suicide deaths was highest among those aged 20-29 years (33%). Only 1% occurred in those 70 years old or older. Thus, deaths by suicide in Guam occur predominantly among young people, unlike in the US mainland. However, suicide rates in older age groups appear to be increasing over time, reducing the difference in rates between younger and older age groups.

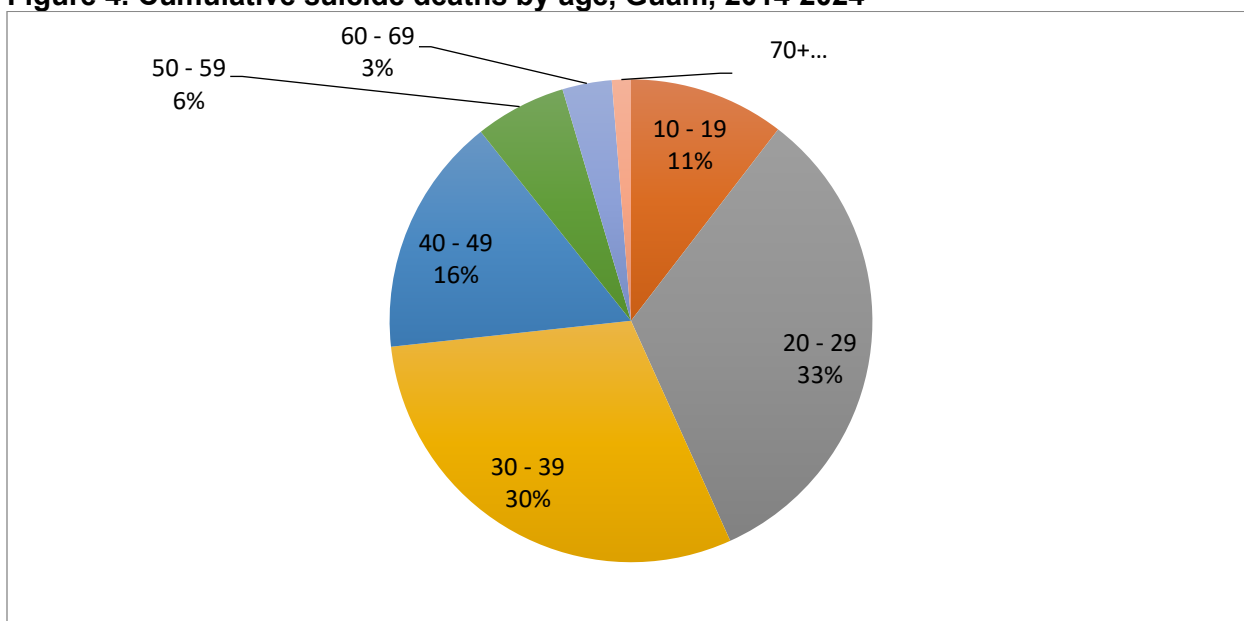
**Figure 3. Suicide death rates by age, Guam, 2020-2024**



Sources: Calculated from data provided by the Office of the Chief Medical Examiner and Bureau of Statistics and Plans, 2019-2023, and population projections by age based on the 2010 census provided by the Bureau of Statistics and Plans, 2019 Statistical Yearbook

<sup>2</sup> Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2022, as reported in American Foundation for Suicide Prevention Suicide Statistics, available at <https://afsp.org/suicide-statistics>

**Figure 4. Cumulative suicide deaths by age, Guam, 2014-2024**

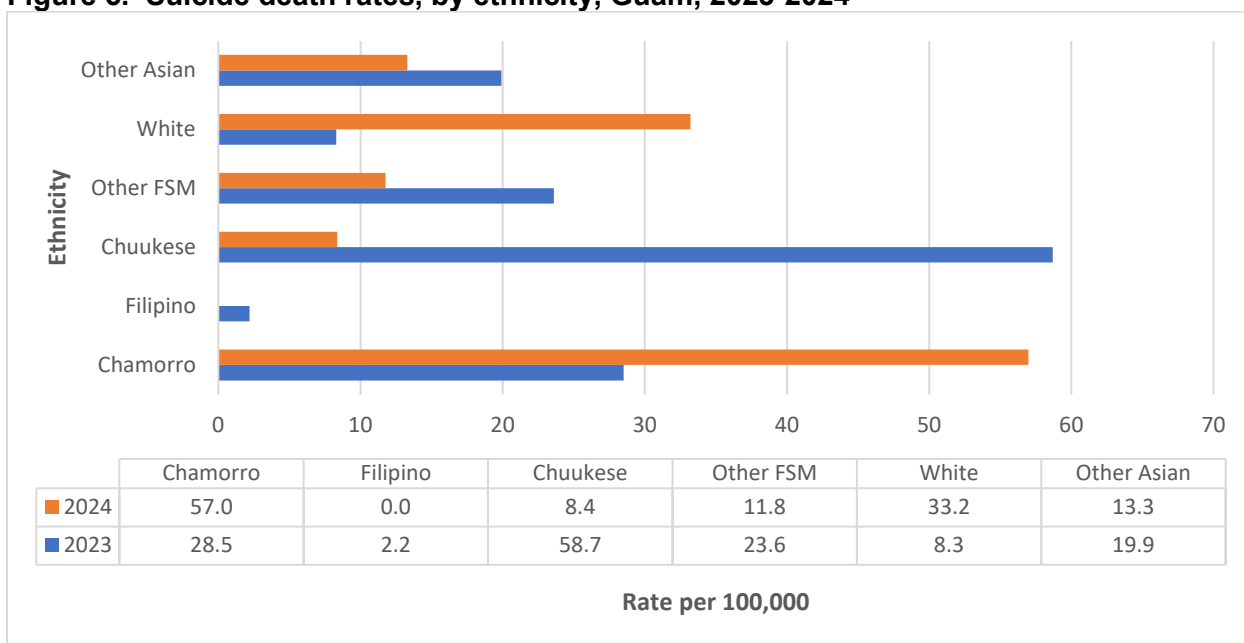


Sources: Calculated from data provided by the Office of the Chief Medical Examiner, 2014-2024

### Ethnicity

In 2024, the highest rates of suicides occurred among CHamorus (57 per 100,000), followed by Whites (33.2 per 100,000). In the US mainland, Pacific Islanders have the lowest suicide rates. The suicide rate for Chuukese, Other Micronesians and Filipinos decreased in 2024 (Figure 5).

**Figure 5. Suicide death rates, by ethnicity, Guam, 2023-2024**



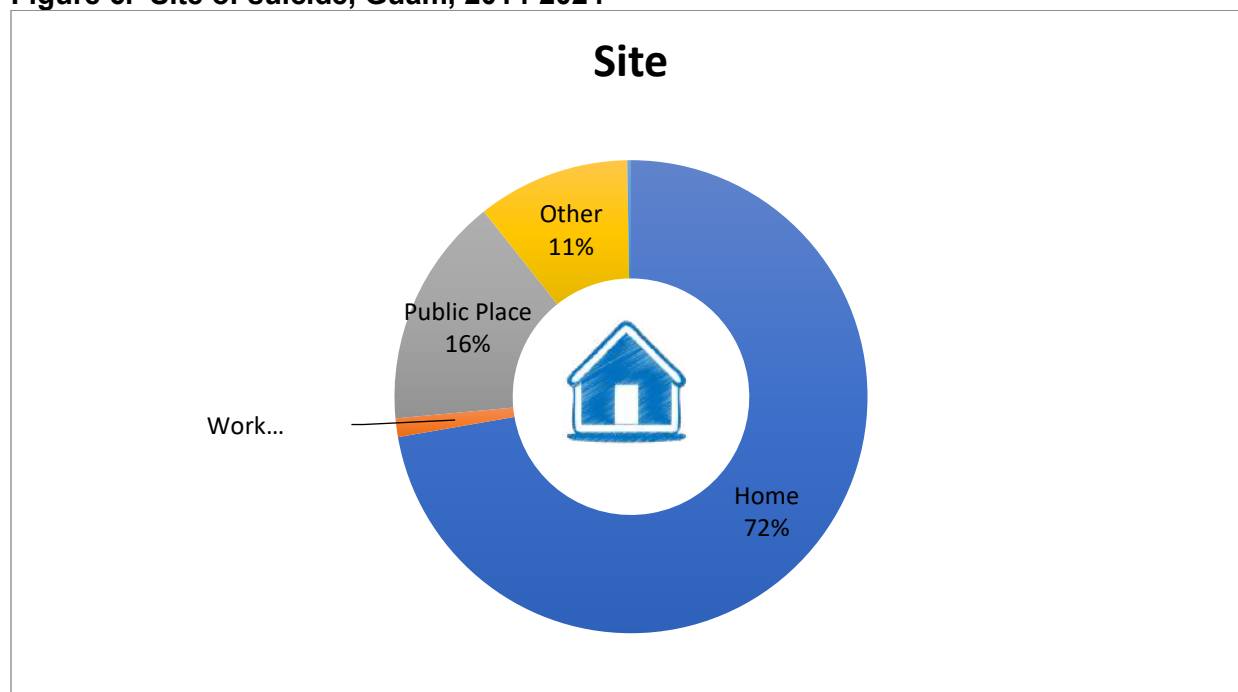
Source: Calculated from 2023 and 2024 data provided by the Office of the Chief Medical Examiner and population projections published in the 2019 Guam Statistical Handbook

Note: The actual numbers for each of these ethnicity categories are small; caution is needed in interpretation; the CME database still uses the old spelling "Chamorro."

### Site of suicide

In 2024, 88% of suicides in Guam occurred at home. Cumulative data from 2014-2024 indicate that the majority of suicides (72%) occurred within the home environment, while 16% took place in public settings and only 1% transpired at workplaces (see Figure 6). Effective suicide prevention initiatives should incorporate family involvement, providing them with the necessary resources to identify suicide risk in loved ones, make home environments safer by limiting access to means, and intervene proactively to help prevent suicide fatalities.

**Figure 6. Site of suicide, Guam, 2014-2024**

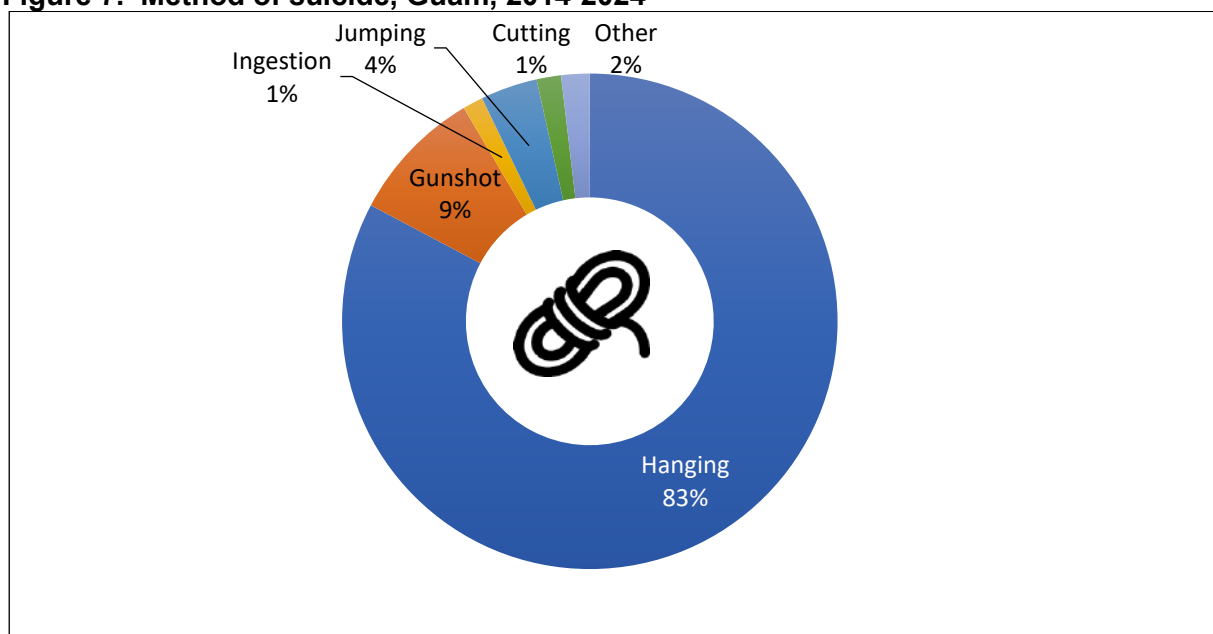


Source: Office of the Chief Medical Examiner, suicide data 2014-2024

### Method of suicide

In 2024, 77% of suicides involved hanging, and 16% involved gunshot wounds. Cumulatively, from 2014 to 2024, hanging was the predominant method of suicide, accounting for 83% of deaths. Less than one-tenth (9%) occurred through the use of firearms (Figure 7). This contrasts markedly from the pattern in the US mainland, where suicide by firearms was the predominant method. From a prevention policy perspective, interventions that reduce access to lethal means other than firearms may have a limited impact in Guam. Gun control may help avert about a tenth of suicides.

**Figure 7. Method of suicide, Guam, 2014-2024**



Source: Office of the Chief Medical Examiner, suicide data 2014-2024

**Evidence of intention to die**

In 2024, 4 (9%) persons who died of suicide left direct evidence of intent (suicide note), while 12 (28%) left indirect evidence. Expanding outreach and capacity building to recognize suicide risk and perform suicide first aid to as many community members as possible may strengthen the social safety net for those at risk of suicide.

**Other correlates of suicide mortality\***

In 2024, suicides in Guam had the following correlates:



**26%** involved the use of alcohol at the time of death

**47%** involved the use of drugs at the time of death  
**49%** had a history of substance use



**35%** had a history of previous mental illness or mental health symptoms

**35%** had made a previous attempt  
**7%** had experienced the suicide of someone else in the past



**7%** were serving or had served in the military

**37%** had a relationship problem prior to the suicide

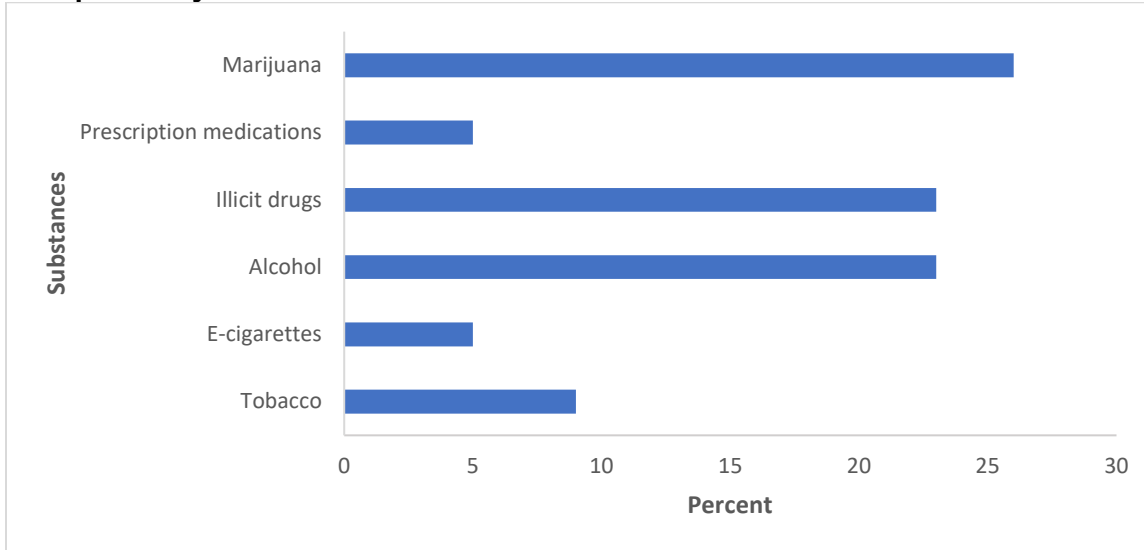


**49%** were unemployed

\*Note: Some of these data were obtained by interviewing family and friends of the deceased, without clinical confirmation. Thus, these may under-estimate the true prevalence of these correlates.)

Nearly half of those who died by suicide in 2024 had a history of substance use. Most of these individuals used multiple substances (Figure 8).

**Figure 8. Substances used by those who died by suicide with a history of substance use, as reported by next of kin**

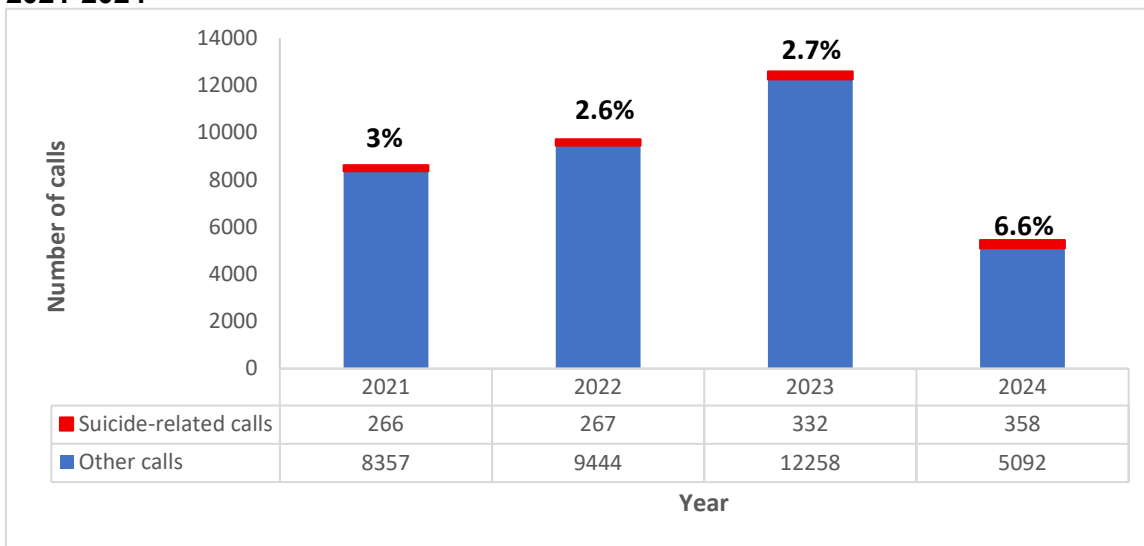


Source: Office of the Chief Medical Examiner, suicide data 2024

**GBHWC 988 SUICIDE and CRISIS HELPLINE CALLS, CHATS and TEXTS**

In 2024, the GBHWC 988 Suicide & Crisis Lifeline fielded a total of 5,450 calls, of which 358 (6.6%) were suicide related. The number of total calls to the helpline decreased from 2023 to 2024, but the number of suicide-related calls relative to total calls increased (Figure 9). 988 rolled out its chat and text option in August 2024, with an annual total of 186 chat and text calls, of which 41 (22%) were suicide related.

**Figure 9. Suicide-related calls to the GBHWC crisis helpline, as a proportion of total calls, 2021-2024**



Source: Data provided by Jestina Chaco, GBHWC 988 Suicide and Crisis Lifeline

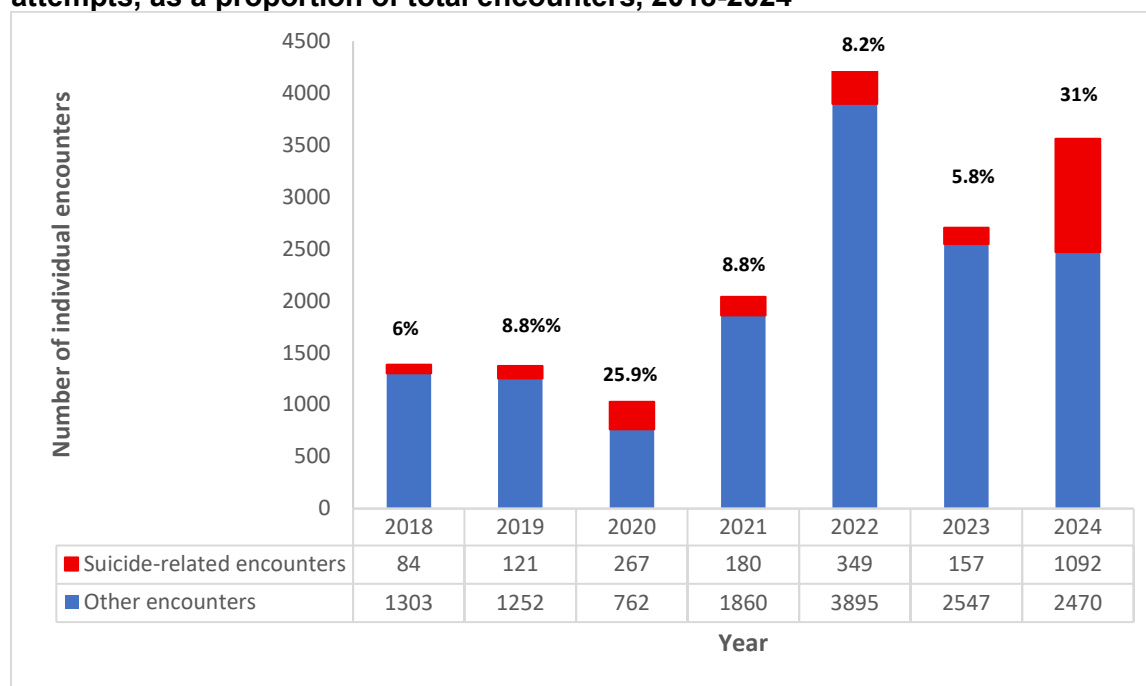
## GBHWC PATIENT ENCOUNTERS INVOLVING SUICIDE IDEATION AND/OR ATTEMPTS

GBHWC’s Mobile Crisis Response Team re-started operations in August 2024, with limited hours (one shift, Monday to Friday) and services (active GBHWC consumers only). There was a total of 20 activations in 2024, of which 9 were related to suicidal ideation (45%).

(Source: Mitchell C. Johnson, MS, Care Coordinator, Mobile Crisis & Family Services)

In 2024, a total of 1092 clinical encounters at the GBHWC had suicide attempts or suicide ideation attached to the diagnoses, compared to 2470 encounters for other reasons (31% of all encounters) (Figure 10). Of these, 42 were admitted to the Adult Inpatient Unit and 7 were admitted to the Children’s Inpatient Unit. The increase in clinical encounters for suicide-related diagnoses may represent either an increased rate of referral to the care system because of heightened community awareness of suicide risk factors or an actual increase in suicide risk incidence, or possibly both phenomena.

**Figure 10. Number of GBHWC individual encounters with suicide ideation or suicide attempts, as a proportion of total encounters, 2018-2024**



Source: GBHWC clinical encounters data, 2018-2024 provided by Bernadette Matthews (AWARDS Superuser- EBHR), with input also provided by Klein Mallare, Social Worker III (AWARDS super-user).

## CONCLUSION AND RECOMMENDATIONS

In 2024, the suicide rate in Guam increased from 2023 and was nearly double the US rate. Suicide as a cause of death climbed from 8th to 7th overall for Guam.

The prolonged economic challenges stemming from the COVID pandemic, the devastation wrought by Super typhoon Mawar, and the slow recovery in tourism revenues may have impacted suicide deaths. This year, for the first time, data on unemployment is available for suicide deaths, present in nearly half of those who died in suicide in 2024. This suggests unemployment may confer heightened suicide risk. In addition, relationship issues were reported for over one-third of suicide deaths. The pause in suicide prevention and early intervention services from the Mobile Crisis Response Team from January to July 2024, and the shrinkage of its coverage and hours of operation may have had a contributory effect.

The demographics of suicide in Guam differ from the US, with higher risk among males, younger persons, and those of CHamoru ethnicity (Figure 11). Previous suicide attempts, alcohol, and drug use, and/or a history of mental illness confer heightened risk. Hanging is by far the predominant method, and majority of suicides occur at home. Suicide from gunshot wounds increased in 2024, highlighting the need to enact and enforce sound gun control policies. Reducing access to lethal means in Guam needs to concentrate on gun control, which accounts for ~10% of suicide deaths. Given that hanging is the predominant method for Guam suicides, access to lethal means for hanging may be of limited value except in controlled environments like prisons.<sup>3,4</sup>

More than ever, suicide prevention remains a key public health priority, and the data point towards specific strategies to reduce suicide in Guam. These strategies include:

- Investing in suicide prevention efforts towards youth and young adults, especially CHamorus.
- Strengthening community capacity to recognize the signs of impending or possible suicide and training families, community members and first responders to effectively intervene to bring individuals at risk of suicide to professional attention.
- Training emergency room personnel and other hospital personnel to do brief interventions and referral to GBHWC and other mental health treatment providers for all cases of attempted suicide.
- Ensuring access to continuing care and support for those who have made suicide attempts.
- Strengthening the capacity of primary care and school systems to screen, recognize and treat mental illness and depression, especially among individuals with risk factors such as the use of alcohol and other drugs, which may be correlated with suicidal ideation and/or depression.
- Preventing, identifying and controlling alcohol and other drug use, and expanding efforts to eliminate illicit drug use.

<sup>3</sup> Gunnell D, Bennewith O, Hawton K, Simkin S, Kapur N. The epidemiology and prevention of suicide by hanging: a systematic review. *Int J Epidemiol*. 2005 Apr;34(2):433-42. doi: 10.1093/ije/dyh398. Epub 2005 Jan 19. PMID: 15659471.

<sup>4</sup> Pollock NJ. Place, the Built Environment, and Means Restriction in Suicide Prevention. *Int J Environ Res Public Health*. 2019 Nov 10;16(22):4389. doi: 10.3390/ijerph16224389. PMID: 31717635; PMCID: PMC6888187.

- Empowering families with awareness and techniques for lethal means safety in the home environment.
- Enacting stronger gun regulations to reduce access to guns.
- Within controlled environments, restricting access to lethal means, including hanging.
- Building a sustainable suicide prevention and treatment infrastructure.
- Incorporating mental health interventions and suicide prevention into emergency/crisis response and disaster preparedness.
- Long-term, investing in economic supports to ensure employability and life skills training to increase emotional resilience in the face of relationship issues, as protective factors, may contribute towards suicide prevention.

The establishment of the dedicated 988 Suicide and Crisis Lifeline and the Mobile Crisis Response Team in conjunction with community initiatives to counter suicide risk may reduce suicide rates as more members of the community are engaged in mental health promotion, early recognition of suicide risk and appropriate intervention. Towards this end, these evidence-informed strategies need to be scaled up to ensure widespread community education and prevention capacity building. Ensuring dedicated and sustainable local funding and resource support for these programs will be critical to maximize their value in suicide prevention and early intervention.

Figure 11. Suicides, Guam 2024 vs. USA 2023



Source: Guam data from Office of the Chief Medical Examiner, suicide data 2014-2024 and DPHSS Vital Statistics; US data from CDC National Vital Statistics System-Mortality Data (2023) via CDC WONDER, as reported in <https://www.cdc.gov/nchs/fastats/suicide.htm>

Note: US data for 2024 is provisional.

**TECHNICAL NOTES:**

Population projections by age, sex and ethnicity based on Guam’s 2020 census data have not yet been officially released. Thus, we continue to use the 2010 population projections by age, sex and ethnicity for this report.

At the time of the writing of this report, official 2024 suicide statistics for the US were not yet available. We used the 2023 official and 2024 provisional 2024 national data to compare with Guam; however, once the 2024 official national data are released, we will be amending this report to reflect the more current data.

Because the numbers of suicides per year for Guam are small, caution is needed when interpreting annual data. To help offset this, we have aggregated suicide data over several years to better understand demographic patterns.

**ACKNOWLEDGEMENTS:**

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