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SALUD

GOBIERNO DE PUERTO RICO

ANNUAL REPORT ON SUICIDES IN PUERTO RICO

2024

Commission on Suicide Prevention
Puerto Rico Department of Health

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Background

Commission on Suicide Prevention

The Commission for the Implementation of Suicide Prevention Public Policy of the Puerto Rico Department of Health was established under [Act No. 227 of August 12, 1999](#), as amended, known as the "Act for the Implementation of Suicide Prevention Public Policy". In developing public policy on this matter, the Commission aims to prevent suicide through the promotion, development, implementation, and coordination of various actions and strategies. In compliance with the law, suicide data in Puerto Rico is collected monthly to demonstrate the magnitude of the issue and to inform suicide prevention efforts. The analysis and continuous updating of these statistics are essential components to achieving the goals of our office, and we are pleased to make them available to you.

Data Sources

The data source used for this report was the BEAST program of the Puerto Rico Institute of Forensic Sciences (ICF). It is important to note that this data is preliminary, as there are deaths still under investigation and pending evaluation. For this reason, this report includes and updates data from the past five years. In this report, we present the distribution of suicide cases by year, month, biological sex, age group, mechanism used, municipality, and health region. Additionally, we include statistics on suicidal ideation and suicide attempts derived from two sources: the Línea PAS Crisis Hotline of the Mental Health and Addiction Services Administration (ASSMCA), the Puerto Rico Poison Control Center, and the NYC Poison Control Center.

Methods

The Commission on Suicide Prevention received Excel files from the Puerto Rico Institute of Forensic Sciences containing updated data on suicides that occurred in Puerto Rico for the five-year period from 2020 to 2024 (received on March 6, 2025, and updated on May 14, 2025). Additionally, the Línea PAS Crisis Hotline provided data on the total number of calls received, broken down by the category "suicide-related," through December 2024 (received on January 24, 2025), while the Puerto Rico Poison Help and the NYC Poison Control Center submitted data on the total number of calls handled through December 2024 (received on February 10, 2025).

Variables

The following variables of interest were identified:

- Municipality where the events occurred
- Age with date of birth
- Cause of death

The following variables of interest were defined:

- Health region
- Age group



Descriptive Analyses

All variables of interest were examined using descriptive analyses. The statistical findings were presented through charts, tables, and visualizations to facilitate the interpretation of the results. Excel and RStudio software were used for the age-standardization and analysis of suicide rates.

Definitions

Suicide is defined by the Centers for Disease Control and Prevention (CDC, 2024) as a death caused by a self-inflicted, harmful act carried out with the intention to die. The term suicidal behavior refers to thoughts, verbalizations, and actions related to the possibility or intention of ending one's own life. **Suicidal ideation** refers to an individual's thoughts about killing themselves or wanting to die (APA, 2018). A **suicide plan** refers to specific thoughts regarding how and when a person intends to take their own life. A **suicide attempt** is defined as any self-inflicted act carried out with the intent to die, but which does not result in death (CDC, 2023). **Self-harm**, as defined by the National Institute for Health and Care Excellence (NICE), refers to the act of intentionally self-poisoning or self-injuring, regardless of the motive (O'Connor & Nock, 2014). According to the Annual Report on Vital Statistics: Deaths, 2017 to 2020, suicide was the 18th leading cause of death in Puerto Rico in 2020 (Department of Health, 2023). Suicide is perhaps the cause of death most closely associated with psychological factors, as it involves an individual making a conscious decision to end their own life. Therefore, the work of mental health professionals is essential to understanding suicide and developing strategies to prevent its occurrence. However, suicide prevention efforts are not solely the responsibility of mental health professionals. They require coordination and collaboration across multiple sectors of society, both public and private, including health, education, agriculture, business, justice, politics, and the media (Preventing Suicide: A Global Imperative, 2014).

Limitations

The statistics presented in this report are based on preliminary suicide mortality data through December 2024, as provided by the Puerto Rico Institute of Forensic Sciences. Morbidity data provided by the Línea PAS crisis hotline through December 2024 and by the Puerto Rico Poison Help and NYC Poison Control Center through December 2024 were also included. Crude mortality, morbidity, and other health event rates are among the key summary measures used to analyze population-level phenomena. Therefore, it is recommended to refer to adjusted rates for the period from 2020 to 2023 when making comparisons across years, age groups, and geographic regions.



Report

Suicides by Year in Puerto Rico

From 2000 to 2024, a total of 7,181 suicides have been reported in Puerto Rico, with an annual average of 287 suicides. As of 2023, this data represents an average crude rate of 8.0 suicides per 100,000 population and an average age-adjusted rate of 7.8 suicides per 100,000 population. Overall, the data indicates that suicides in Puerto Rico have decreased over time, particularly since 2014, when a notable decline in suicide deaths compared to previous years is observed.

During the period from 2020 to 2024, 1,098 suicides have been reported, of which 233 occurred in 2024. The annual average for the 2020 to 2024 period is 220 suicides, with a crude average rate of 6.7 and an adjusted average rate of 5.8 suicides per 100,000 population. For further details, please refer to **Table 1**. The adjusted rate for the period from 2020 to 2023 ranged between 5.7 and 6.0 suicides per 100,000 population in Puerto Rico for the 2020 to 2023 period (see **Figure 1**).

Table 1. Frequency and Suicide Rates by Year in Puerto Rico, 2000 – 2024

Year	Population*	Suicides	Crude Rate**	Age-Adjusted Rate***
2000	3,810,605	317	8.3	9.2
2001	3,818,774	318	8.3	8.9
2002	3,823,701	259	6.8	7.5
2003	3,826,095	307	8.0	8.5
2004	3,826,878	331	8.6	8.8
2005	3,821,362	342	8.9	9.1
2006	3,805,214	299	7.9	8.1
2007	3,782,995	308	8.1	8.3
2008	3,760,866	340	9.0	8.9
2009	3,740,410	356	9.5	9.4
2010	3,721,525	353	9.5	9.3
2011	3,678,732	326	8.9	8.6
2012	3,634,488	317	8.7	8.5
2013	3,593,077	323	9.0	8.7
2014	3,534,874	281	7.9	6.9
2015	3,473,232	266	7.7	7.0
2016	3,406,672	240	7.0	6.5
2017	3,325,286	300	9.0	7.8
2018	3,193,354	270	8.5	7.8
2019	3,193,694	230	7.2	6.6

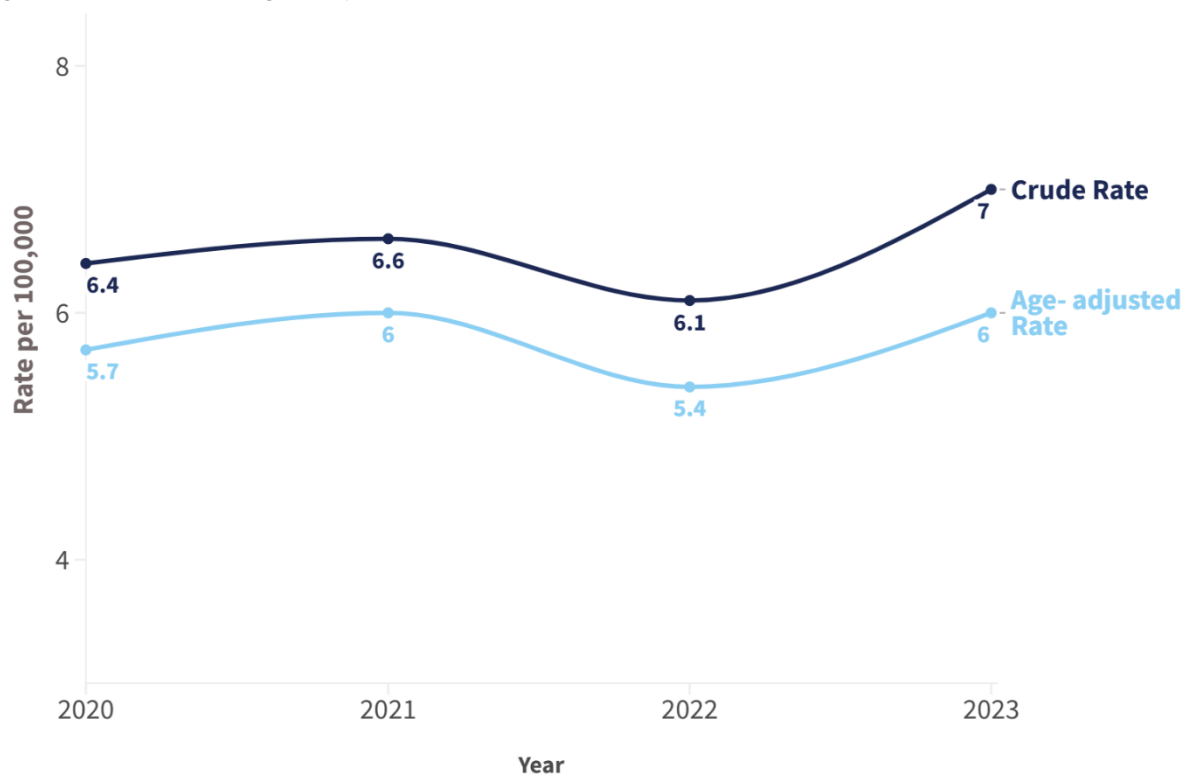


Table 1. Cont. Frequency and Suicide Rates by Year in Puerto Rico, 2000 – 2024

Year	Population*	Suicides	Crude Rate**	Age- adjusted Rate***
2020	3,281,557	212	6.5	5.7
2021	3,262,693	216	6.6	6.0
2022	3,221,789	201	6.2	5.4
2023	3,205,691	236	7.4	6.0
2024	-	233	-	-
Total	-	7,181	-	-
Average 2000 to 2024	-	287		
Average 2000 to 2024	-	220		

Note: The data is preliminary through 2024. This report was updated on May 14, 2025. All information included in this report is subject to data updates as the investigation process progresses. The adjusted rates were calculated based on Vintage 2019 and 2023 populations as of July 1, 2024. ** Crude and adjusted rates were calculated per 100,000 population. *** The age-adjusted rates were calculated using the U.S. 2000 standard population. Source: Puerto Rico Institute of Forensic Sciences, 2025.

Figure 1. Crude and Age-adjusted Suicide Rates in Puerto Rico, 2020 – 2023



Note: The data is preliminary through December 2023. The adjusted rates were calculated based on Vintage 2019 and 2023 populations as of July 1, 2024. The age-adjusted rates were calculated using the U.S. 2000 standard population. Source: Puerto Rico Institute of Forensic Sciences, 2024. Data visualization tool: <https://flourish.studio/>.



Suicides by Monthly Occurrence in Puerto Rico

In 2024, a total of 233 suicides were reported in Puerto Rico, representing a decrease of 3 suicides compared to the 236 suicides reported in 2023. The month with the highest number of suicides recorded was January, with 25 cases, followed by May with 24 deaths and June with 23 suicides. On the other hand, the month with the fewest suicides was February, with 8 cases reported.

When comparing the monthly occurrence of suicide deaths from 2020 to 2024, the months with the highest number of suicides were January of 2020, 2021, and 2022, with 28, 27, and 25 deaths, respectively; March 2023 with 32 deaths; and January 2024 with 25 deaths. Additionally, January is the month with the highest number of suicides reported between 2020 and 2024, occurring in four of the five years presented (2020, 2021, 2022, and 2024).

Furthermore, when comparing the average number of suicide deaths from 2020 to 2024, we observe an average of 18 suicides per month in Puerto Rico. The months with the highest average suicide rates from 2020 to 2024 are January (24) and August (22). For a better understanding of the data, **Table 2** is presented below. Please refer to **Figure 2** for a visual representation of the data.

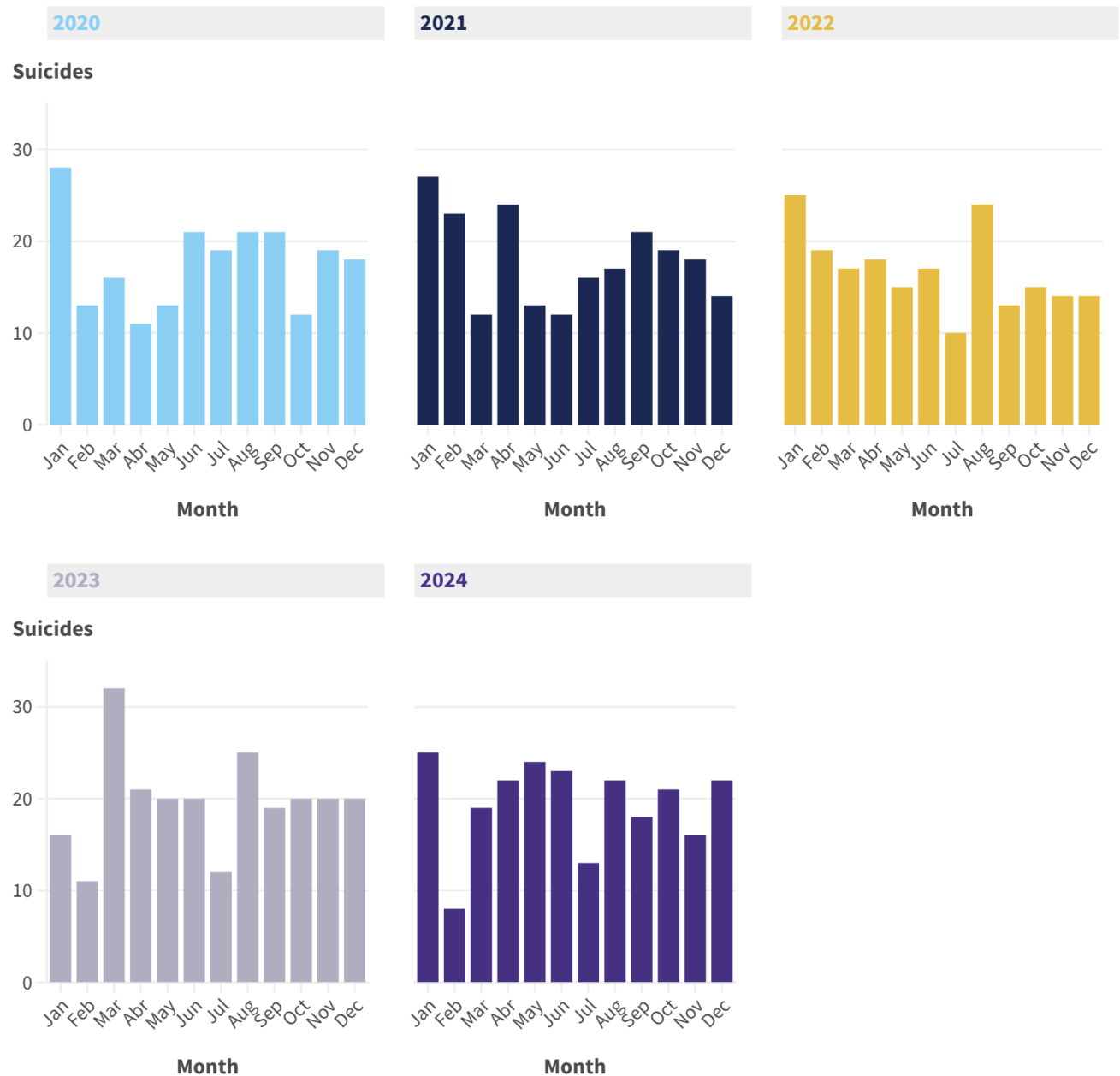
Table 2. Suicides by Monthly Occurrence in Puerto Rico, 2020 – 2024

Month	2020	2021	2022	2023	2024	Total	Average
January	28	27	25	16	25	121	24
February	13	23	19	11	8	74	15
March	16	12	17	32	19	96	19
April	11	24	18	21	22	96	19
May	13	13	15	20	24	85	17
June	21	12	17	20	23	93	19
July	19	16	10	12	13	70	14
August	21	17	24	25	22	109	22
September	21	21	13	19	18	92	18
October	12	19	15	20	21	87	17
November	19	18	14	20	16	87	17
December	18	14	14	20	22	88	18
Unknown	0	0	0	0	0	0	0
Total	212	216	201	236	233	1,098	18

Note: The data is preliminary through 2024. Source: Puerto Rico Institute of Forensic Sciences.



Figure 2. Suicides by Month of Occurrence in Puerto Rico, 2020 – 2024



Note: The data is preliminary through 2024. Source: Puerto Rico Institute of Forensic Sciences, 2025. Data visualization tool: <https://flourish.studio/>.



Suicides by Sex in Puerto Rico

Over the past five years (2020 to 2024), the proportion of suicide mortality among men ranged between 82.6% and 88.0%. In contrast, the proportion of suicide mortality among women ranged between 12.5% and 17.4%.

In 2024, there were 233 reported suicide deaths, of which 181 occurred among men (84.5%) and 30 among women (17.2%), reflecting an increase in suicides among men and a decrease among women compared to 2023. For further details, see **Table 3**.

When adjusting suicide rates in Puerto Rico for the period from 2020 to 2023:

- Among men, rates fluctuated between 9.8 and 11.1 per 100,000 population;
- Among women, rates fluctuated between 1.5 and 2.2 per 100,000 population.

The highest suicide rates were consistently observed among men throughout the four years analyzed. Please refer to **Figure 3** for additional details.

Table 3. Suicides by Year and Sex in Puerto Rico, 2020 – 2024

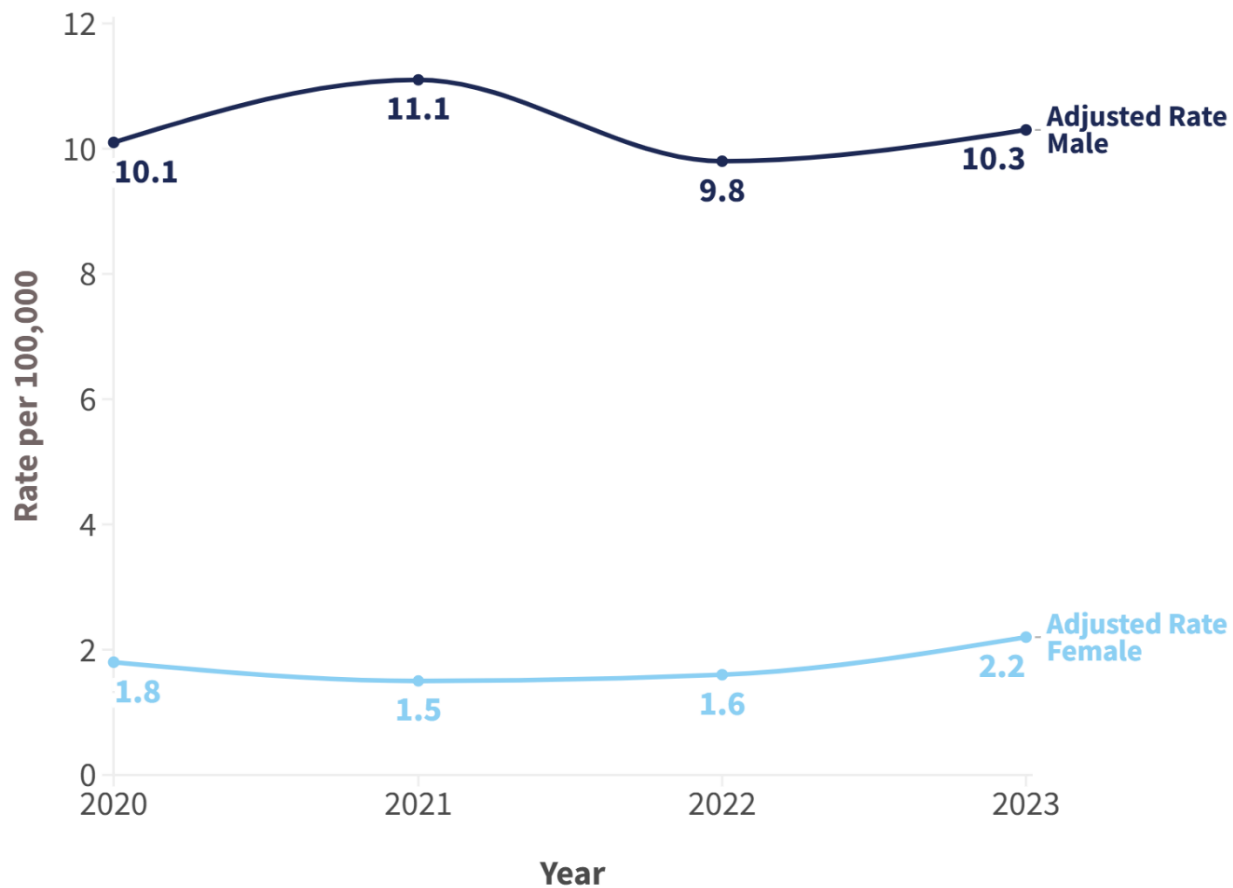
Year	Male			Female			Total
	Frequency	%	Adjusted Rate*	Frequency	%	Adjusted Rate*	
2020	177	83.5	10.1	35	16.5	1.8	212
2021	189	87.5	11.1	27	12.5	1.5	216
2022	173	86.1	9.8	28	13.9	1.6	201
2023	195	82.6	10.3	41	17.4	2.2	236
2024	193	82.8	~	40	17.2	~	233

Note: The data is preliminary through 2024. *Age- and sex-adjusted rate calculated per 100,000 population. Adjusted rates were calculated using Vintage 2019 and 2023 population estimates as of July 1, 2024. Source: Puerto Rico Institute of Forensic Sciences, 2025.

~ The number or rates are not presented when fewer than five cases are reported to protect the confidentiality of the information.



Figure 3. Age and Sex-Adjusted Suicide Rates in Puerto Rico, 2020 – 2023



Note: The data is preliminary through December 2023. Adjusted rates were calculated using Vintage 2019 and 2023 population estimates as of July 1, 2024. Age-adjusted rates were calculated using the U.S. 2000 standard population. Sources: Puerto Rico Institute of Forensic Sciences, 2024, and Puerto Rico Demographic Registry. Data visualization tool: <https://flourish.studio/>.

~ The number of suicides is not presented when fewer than five cases are reported to protect the confidentiality of the information.



Suicides by Age Group in Puerto Rico

From 2020 to 2024, suicides have been reported among individuals aged 15 to 85 years and older. During this period, the highest percentage of suicide deaths occurred among those aged 50 years and older: 54.7% in 2020, 48.1% in 2021, 50.7% in 2022, 60.2% in 2023, and 60.9% in the preliminary data reported for 2024.

In 2024, reported suicides occurred among individuals aged 15 to 85 years and older. The age groups with the highest number of reported cases were those aged 65–69, with 26 suicide deaths, followed by the 60–64 age group with 25 suicides. For further details, refer to **Table 4**. Please see **Figure 4** and **Figure 5** for a visual representation of the data.

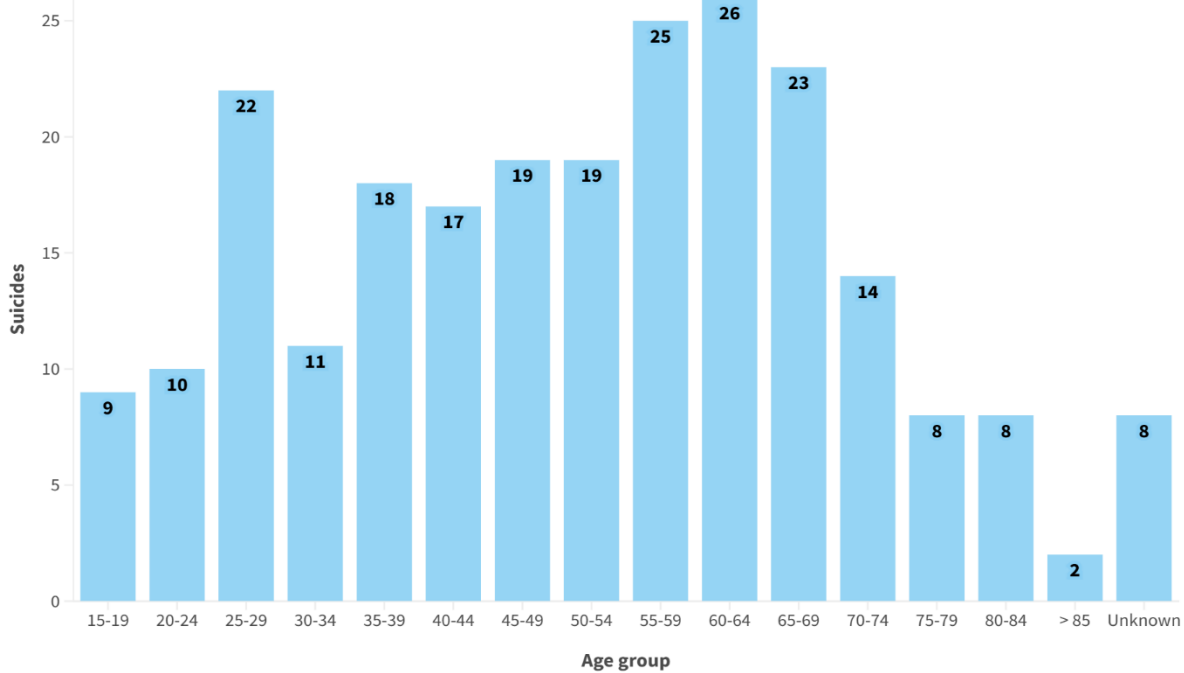
Table 4. Suicides by Age Group in Puerto Rico, 2020 – 2024

Age Group (years)	2020		2021		2022		2023		2024	
	Freq	Rate*	Freq	Rate*	Freq	Rate*	Freq	Rate*	Freq	Rate*
≤ 9	~	~	~	~	~	~	~	~	~	-
10-14	~	~	~	~	~	~	~	~	~	-
15-19	~	~	7	3.6	~	~	6	3.2	~	-
20-24	15	6.8	16	7.3	10	4.7	13	5.8	9	-
25-29	13	5.8	16	7.1	14	5.9	20	8.6	10	-
30-34	14	7.0	14	6.8	24	10.4	13	5.5	22	-
35-39	17	8.5	18	9.8	10	5.6	7	3.9	11	-
40-44	15	7.3	22	10.3	17	8.6	20	9.8	18	-
45-49	17	8.2	17	8.4	19	9.5	13	6.5	17	-
50-54	19	8.8	15	7.1	20	9.1	26	12.6	19	-
55-59	21	9.3	20	8.9	13	5.0	23	9.2	19	-
60-64	18	8.3	10	4.6	14	6.5	31	13.3	25	-
65-69	17	8.6	17	8.5	19	9.4	14	6.4	26	-
70-74	16	8.6	13	7.1	6	3.3	15	8.3	23	-
75-79	9	6.3	15	10.1	14	9.1	21	13.2	14	-
80-84	13	13.2	5	4.9	10	9.5	7	6.4	8	-
≥ 85	~	~	9	8.3	6	5.3	5	4.2	8	-
Unknown	1	-	2	-	1	-	1	-	2	-
Total	212	6.4	216	6.5	201	6.0	236	7.0	233	-

Note: Data is preliminary through 2024. *Age-specific rate per 100,000 population. Age-specific rates were calculated using Vintage 2019 and 2023 population estimates as of July 1, 2024. Source: Puerto Rico Institute of Forensic Sciences. ~ The number of suicides is not reported when fewer than five cases are recorded to protect the confidentiality of the information.

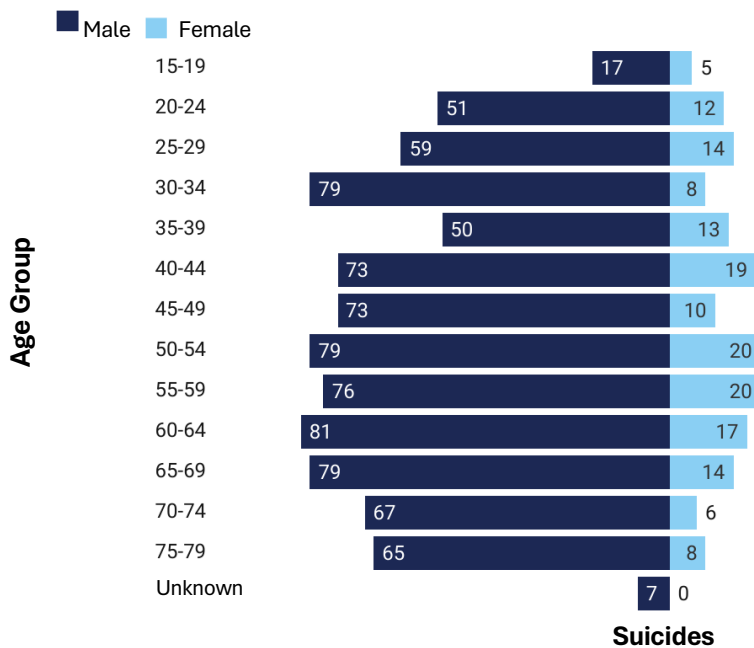


Figure 4. Suicides by Age Group in Puerto Rico, 2024



Note: The data is preliminary through 2024. Source: Puerto Rico Institute of Forensic Sciences. Data visualization tool: <https://www.datawrapper.de/>. ~ For confidentiality reasons, the number of suicides in the age groups ≤10-14 is not presented as fewer than five deaths were reported.

Figure 5. Cumulative Suicides by Sex and Age in Puerto Rico, 2020-2024



Note: The data is preliminary through 2024. Source: Puerto Rico Institute of Forensic Sciences. Data visualization tool: <https://www.datawrapper.de/>. ~ For confidentiality reasons, the number of suicides in the age groups ≤15-19 and ≥80 or older is not presented, as fewer than five deaths were reported.



Suicides by Methods in Puerto Rico

From 2020 to 2024, the most predominant suicide method for both men and women in Puerto Rico was asphyxiation by hanging (57.8% in men and 49.7% in women). For men, the second most used method was firearms (21.8%), followed by poisoning (9.1%). For women, the second most common method was poisoning (28.1%), followed by falls (8.8%). Other mechanisms accounted for 11.3% in men and 13.4% in women.

In 2024, asphyxiation by hanging continued to be the predominant suicide method in both sexes, with a total of 113 cases, representing 48.5% of the suicides reported for this year. This represents a decrease compared to the data reported in 2023 (53.8%), 2022 (57.7%), 2021 (62.0%), and 2020 (61.8%). On the other hand, firearms were the second most used method, accounting for 22.7% of suicides in 2024. This percentage has been increasing compared to previous years: 20.3% in 2023, 21.9% in 2022, 15.7% in 2021, and 16.5% in 2020. While deaths by hanging have decreased in recent years, the use of firearms as a method of suicide has been on the rise. For more details, please refer to **Table 5**. See **Figure 6** for the visual representation of the data.

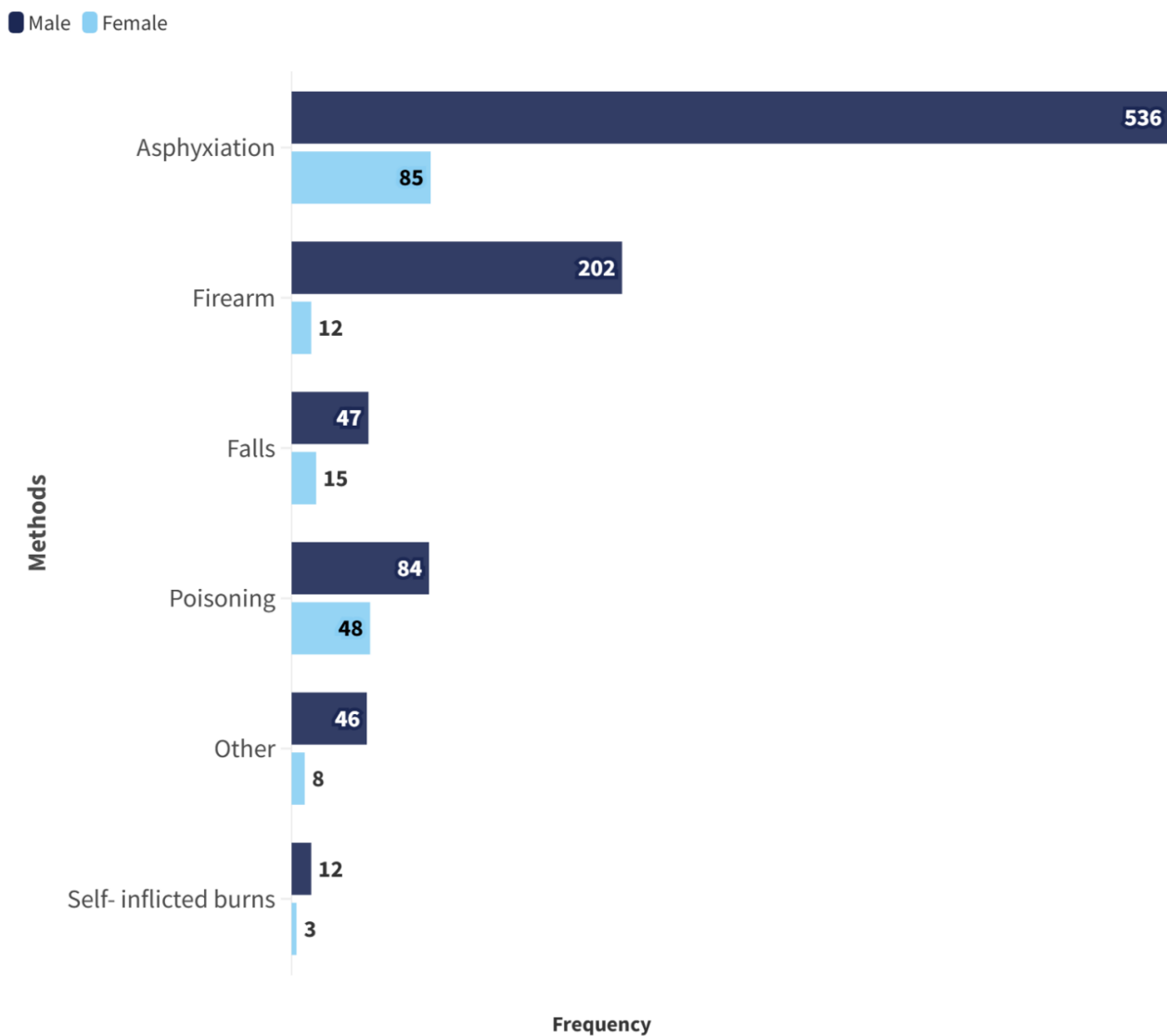
Table 5. Accumulated Suicides by Sex and Method Used in Puerto Rico, 2020 – 2024

Methods	Sex	2020	2021	2022	2023	2024	Total 2020–2024
Asphyxiation (hanging)	Male	114	119	101	109	93	536
	Female	17	15	15	18	20	85
Firearm	Male	32	34	40	45	51	202
	Female	~	~	~	~	~	12
Poisoning	Male	10	14	17	23	20	84
	Female	9	8	~	13	15	48
Self- inflicted burns	Male	~	~	~	~	6	12
	Female	~	~	~	~	~	~
Falls	Male	8	16	~	6	13	47
	Female	~	~	5	~	~	15
Other (Bladed weapon, traffic-related, drowning, hypovolemia, electrocution, other forms of asphyxia, tools, removal of medical devices, multiple, starvation, unknown)	Male	12	5	8	11	10	46
	Female	~	~	~	~	~	8

Note: The data is preliminary through 2024. Source: Institute of Forensic Sciences of Puerto Rico.
~ The number of suicides is not presented when fewer than five cases are reported to protect the confidentiality of the information.



Figure 6. Suicides by Sex and Method Used in Puerto Rico, 2020 –2024



Note: The data is preliminary through 2024. This report has been updated until May 14, 2025. All the information included in this report is subject to data updates as the research process continues. Source: Puerto Rico Forensic Sciences Institute. Data visualization tool: <https://flourish.studio/>.



Suicides by Health Region and Municipality in Puerto Rico

In Puerto Rico, during the period from 2020 to 2024, a total of 1,098 suicides have been reported across the eight health regions defined by the Puerto Rico Department of Health, as outlined in the technical note. From 2020 to 2024, the three health regions with the highest number of reported suicides were: Metro (219 suicides), Caguas (205 suicides), and Bayamón (192 suicides). For more details, refer to **Table 6**. Please refer to **Figure 7** for a visual representation of this data.

When adjusting the suicide rates by sex, health region, and year during the period from 2021 to 2023, the following observations were made:

- In men, the rates fluctuate between 8.4 to 11.4 per 100,000 population.
- In women, the rates fluctuate between 0.3 and 2.8 per 100,000 population.

The highest suicide rates were observed among men across all health regions of Puerto Rico. Refer to **Figure 8** for a visualization of this data.

Table 6. Suicides by Health Region in Puerto Rico, 2020 – 2024

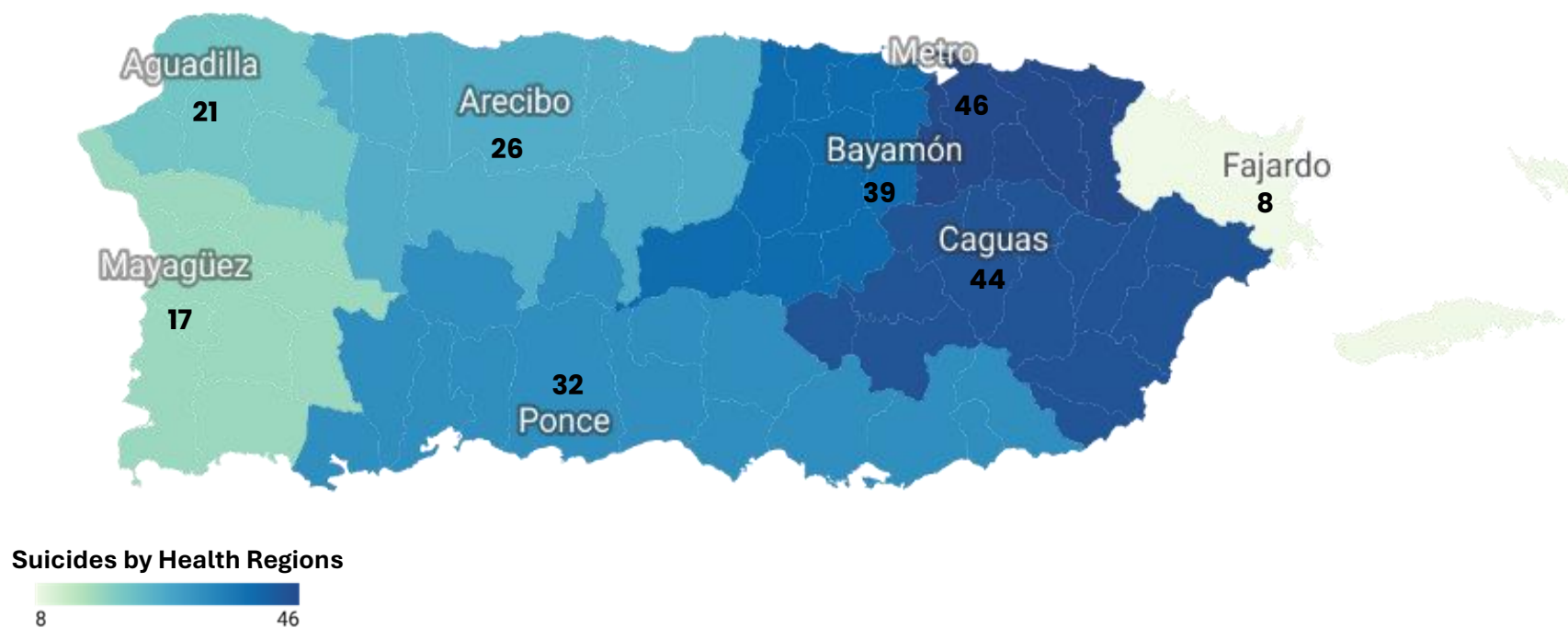
Health Regions	2020	2021	2022	2023	2024	Total 2020 – 2024
Aguadilla	13	18	15	16	21	83
Arecibo	27	19	23	27	26	122
Bayamón	35	37	42	39	39	192
Caguas	40	35	33	53	44	205
Fajardo	6	7	5	6	8	32
Mayagüez	20	16	20	12	17	85
Metro	34	53	38	48	46	219
Ponce	36	30	24	35	32	157
Unknown	1	1	1	0	0	3
Total	212	216	201	236	233	1,098

Nota: The data is preliminary through 2024. Source: Puerto Rico Forensic Sciences Institute.



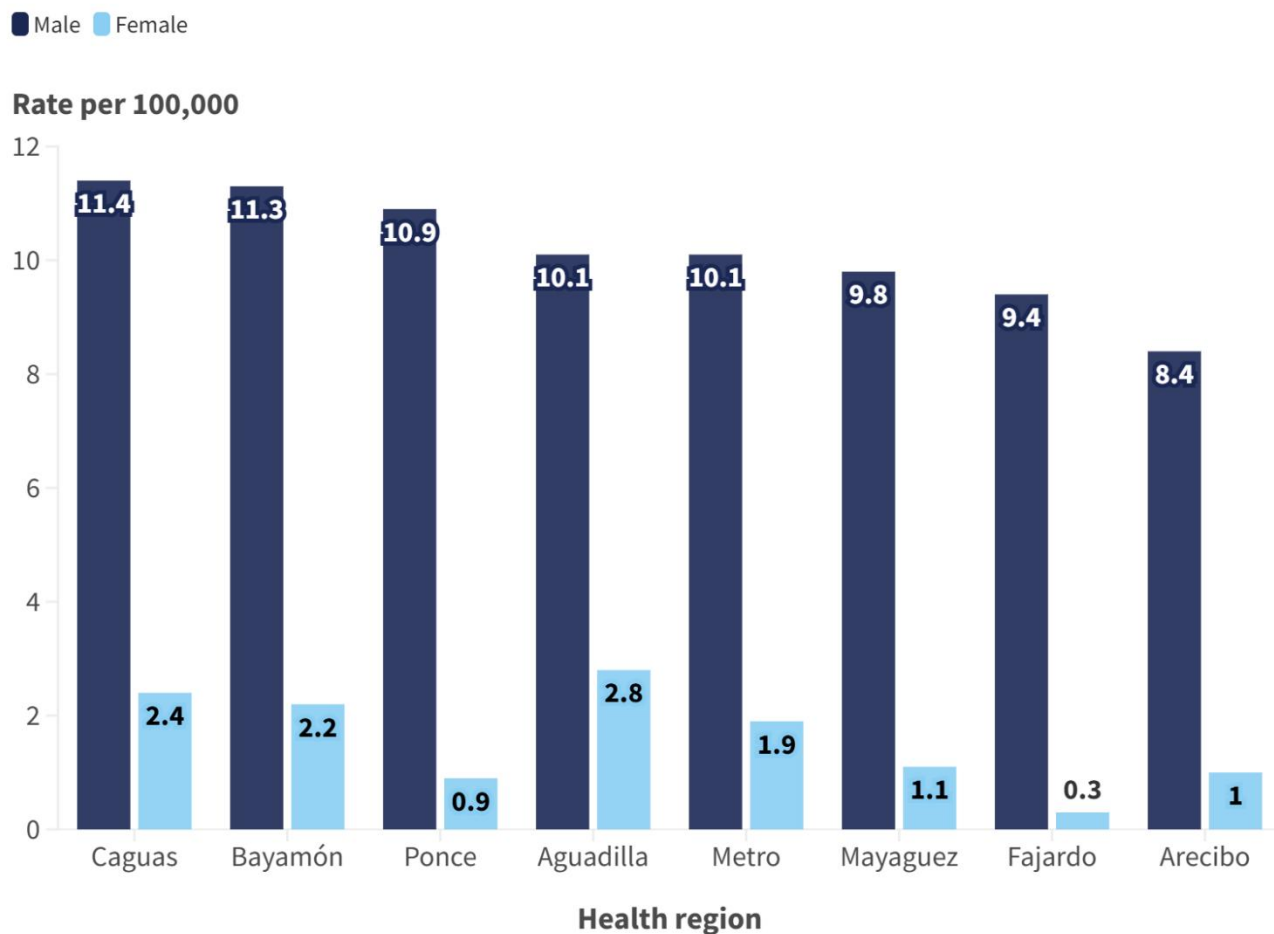
Below, in **Figure 7**, a map of the archipelago of Puerto Rico is shown with suicide frequencies distributed across the eight health regions defined by the Puerto Rico Department of Health. In 2024, the health regions with the highest number of reported suicides were: Caguas (46), Metro (44), and Bayamón (39).

Figure 7. Suicides by Health regions in Puerto Rico, 2024



Note: The data is preliminary through 2024. Source: Puerto Rico Institute of Forensic Sciences. Refer to the Technical Note for the distribution of municipalities by health region. Mapping tool: <https://www.datawrapper.de/>

Figure 8. Age-Adjusted Suicide Rates by Health Region and Year for Both Sexes in Puerto Rico, 2021 – 2023



Note: The data is preliminary through December 2023. The adjusted rates were calculated according to Vintage 2019 and 2023 estimates. Populations as of July 1, 2024. The age-adjusted rates were calculated using the U.S. 2000 standard population. Sources: Puerto Rico Institute of Forensic Sciences, 2024, and Puerto Rico Demographic Registry. Data visualization tool: <https://flourish.studio/>.



Below, **Figure 9** shows a map of the archipelago of Puerto Rico with age-adjusted suicide rates by municipality and year for both sexes during the period from 2016 to 2023. The five municipalities with the highest suicide rates per 100,000 population are: Culebra (21.7), Aibonito (19.0), Barranquitas (13.3), Naranjito (12.8), and Vieques (12.5).

Figure 9. Age-adjusted Suicide Rates by Municipality and Year for Both Sexes in Puerto Rico, 2016 – 2023



Note: The data is preliminary through December 2023. The adjusted rates were calculated according to Vintage 2019 and 2023 estimates. Populations as of July 1, 2024. The age-adjusted rates were calculated using the U.S. 2000 standard population. Sources: Puerto Rico Institute of Forensic Sciences, 2024, and Puerto Rico Demographic Registry. Mapping tool: <https://www.datawrapper.de/>



Suicidal Behavior and Suicide Attempts in Puerto Rico

The following data is based solely on calls received by the Línea PAS Crisis Hotline (First Psychosocial Aid) of the Integrated Crisis Intervention Program of the Puerto Rico Administration of Mental Health and Addiction Services (ASSMCA), as well as the Puerto Rico Poison Control Center and the NYC Poison Control Center. These data only reflect individuals who sought help and are not representative of the total number of situations related to suicidal ideation, threats, or attempts in Puerto Rico. However, analyzing these data provides an approximation of the incidence of suicidal behavior in the archipelago.

Línea PAS Crisis Hotline

Historically, the Línea PAS Crisis Hotline data has shown a steady increase since November 2017, following Hurricanes Irma and Maria and the gradual restoration of telephone service. Additional increases have been observed during public health emergencies, such as the threat of Hurricane Dorian in 2019, the January 2020 earthquakes, and the COVID-19 pandemic. A significant increase was noted after the government implemented the Línea PAS Crisis Hotline as a resource for information and guidance related to the pandemic.

In 2024, a total of 444,030 calls were handled, of which 18,431 were related to suicidal behavior. During this period, there was an increase of 76,424 calls intervened (367,606) and a decrease of 62 calls related to suicidal behavior (18,493) compared to 2023. This increase has been linked to natural disaster emergencies and electrical system failures.

Table 7. Calls Made to the Línea PAS Crisis Hotline Related to Suicidal Behavior, 2024

Month	Call Interventions	Calls Related to Suicidal Behavior
January	33,384	1,399
February	32,350	1,220
March	38,900	1,400
April	36,480	1,628
May	30,168	1,395
June	28,712	1,477
July	31,758	1,407
August	43,883	1,329
September	35,712	1,738
October	45,652	1,890
November	39,505	1,918
December	48,026	1,630
Total	444,030	18,431
Average	-	4.2

Note: The data is preliminary and updated as of December 2024. Source: ASSMCA's Línea PAS Crisis Hotline. For more information, you can access <https://www.assmca.pr.gov/estadisticas>



Suicide-Related Exposure Calls to Poison Control Centers

The data below refers to suicide attempts reported preliminarily by the Puerto Rico Poison Control Help Center. Starting September 2024, the NYC Poison Control Center began providing services to the population in Puerto Rico. During 2024, a total of 3,617 calls were reported, of which 598 were associated with suicide attempts. Out of the 598 calls handled, 220 (5.4%) were associated with suicide attempts by men, and 378 (7.2%) were associated with suicide attempts by women. Among the 598 reported suicide attempts, 36.8% were men and 63.2% were women.

Table 8. Calls Made to the Puerto Rico Poison Help Center, 2024

Month	Call Interventions	Suicide Attempts		
		Male	Female	Total
January	271	20	37	57
February	283	11	28	39
March	323	20	38	58
April	304	21	33	54
May	362	33	48	81
June	311	18	36	54
July	285	11	26	37
August	266	21	35	56
September	298	21	32	53
October	319	18	18	36
November	276	15	20	35
December	319	11	27	38
Total	3,617	220	378	598
Percentage of suicide attempts based on calls	–	5.4	7.2	12.7
Percentage of suicide attempts by sex	–	36.8	63.2	100

Note: The data is preliminary and updated as of December 2024. Sources: Puerto Rico Poison Help Center and NYC Poison Control Center.



Potential Years of Life Lost

The Potential Years of Life Lost (PYLL) due to Suicide is an epidemiological metric that quantifies the premature mortality impact of suicide on the population. This indicator estimates the number of years an individual would have lived if they had not died from suicide before reaching a predefined age limit, typically 75 years (CDC, 2025).

PYLL indicator allows for a more comprehensive evaluation of the public health burden of suicide beyond crude mortality rates, emphasizing the disproportionate loss of life years in younger and economically active populations. Analyzing this indicator is crucial for identifying disparities in suicide rates across sex, age groups, and socioeconomic contexts, which can inform the development of evidence-based prevention strategies. Given that suicide is a leading preventable cause of death, monitoring PYLL is essential for understanding the scope of the issue and guiding interventions to reduce premature mortality from suicide.

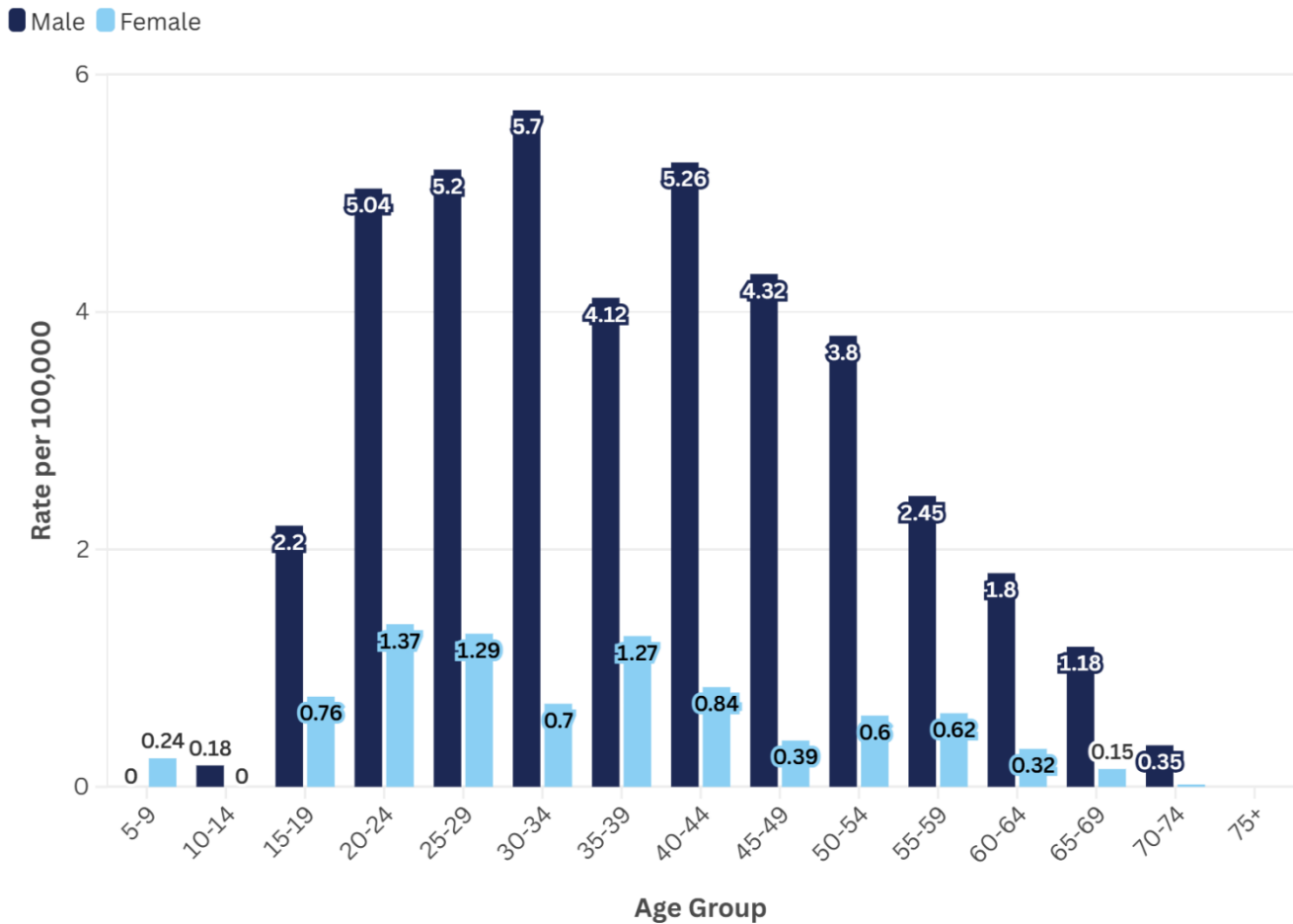
In Puerto Rico, between 2020 and 2023, suicide resulted in 1.65 years of life lost per 100,000 population. When stratified by sex, this corresponds to 2.71 years of life lost per 100,000 in males and 0.53 years per 100,000 in females. Males experience a higher burden of premature mortality compared to females, with marked differences in the 30-34 and 40-44 age groups. However, females exhibit a higher burden of premature mortality in the 20-29 age group. For further details, refer to **Table 9**. A visual representation of this data can be found in **Figure 10**.

Table 9. Potential Years of Life Lost (PYLL) Rate, Age-Specific in Puerto Rico, 2020–2023

Age Group	Sex	
	Male	Female
5–9	0.0	0.24
10–14	0.18	0.0
15–19	2.20	0.76
20–24	5.04	1.37
25–29	5.20	1.29
30–34	5.70	0.70
35–39	4.12	1.27
40–44	5.26	0.84
45–49	4.32	0.39
50–54	3.80	0.60
55–59	2.45	0.62
60–64	1.80	0.32
65–69	1.18	0.15
70–74	0.35	0.02
75+	0.0	0.0

Note: The data is preliminary through December 2023. The specific rates were calculated based on Vintage 2019 and 2023. Populations as of July 1, 2024. Sources: Puerto Rico Institute of Forensic Sciences, 2024, and Puerto Rico Demographic Registry.

Figure 10. Potential Years of Life Lost (PYLL) Rate, Age-Specific in Puerto Rico, 2020–2023



Note: The data is preliminary through December 2023. The specific rates were calculated based on Vintage 2019 and 2023. Populations as of July 1, 2024. Sources: Institute of Forensic Sciences of Puerto Rico, 2024, and Puerto Rico Demographic Registry.



Public Health Recommendations for Suicide Prevention

There are prevention strategies to reduce suicidal behavior in the population. These include recognizing warning signs, educating the community through coordinated multisectoral efforts, promoting help-seeking behaviors, and utilizing available support resources.

1. Recognize the warning signs

Childhood

- Drawings related to death or suicide
- Regressive behavior
- Changes in behavior or mood
- Aggressive or passive behavior

Adolescence

- Talking or writing about suicide
- Self-destructive behavior
- Persistent anger
- Difficulty concentrating
- Constant sadness

Adulthood

- Talking about dying or suicide
- Use of alcohol or drugs
- Changes in sleep or eating patterns
- Saying goodbye for no apparent reason

Note: This is not an exhaustive list of all warning signs.

2. Multisectoral Alliance for Suicide Prevention in Puerto Rico

- a. This Alliance (established in March 2024), as part of the Commission on Suicide Prevention, developed a work plan that responds to the urgent need of expanding multisectoral collaboration efforts that unite perspectives, experiences, and knowledge to better understand our resources, strengths, challenges, gaps, and promote prevention at all levels of society. Join the Alliance by accessing the following link: https://redcap.link/alianza_cps.
- b. Would you like to represent the lived experience sector regarding suicide in the Alliance? Complete the following form, and a team member of the Commission will contact you: https://redcap.link/experiencias_vivas_suicidio.

3. Support Resources

- a. Emergency Management Bureau: (9-1-1)
- b. Línea PAS Crisis Hotline: (9-8-8 | TDD 1-888-672-7622 | VRS: 787-615-4112)
- c. NYC Poison Help Center: (1-800-222-1222)
- d. ALAPÁS (Support for families of victims of violent deaths): (1-888-631-5528)
- e. Sexual Assault and Domestic Violence Victim Support Hotline: (787-765-2285)



Language Matters: How to Talk About Suicide

The Commission recommends when discussing suicide, using objective and neutral language can help reduce the stigma surrounding the topic. This approach fosters safer and more open conversations and encourages individuals to seek help.

Death by Suicide

Suicide is the result of complex factors and should not be framed as a “successful” or “accomplished” act. For example, the word “commit” implies that suicide is a criminal or immoral act. Similarly, using the word “completed” (e.g., “completed suicide”) may suggest that a goal was achieved, which sends the wrong message by portraying suicide as a task fulfilled. Such language is neither helpful nor appropriate when discussing suicide.

- ✓ Preferred language: Died by suicide, died of suicide.
- ✗ Language to avoid: Successful suicide, completed suicide, committed suicide.

Specific Populations

It is essential to use direct, factual language free of judgment about the person or the situation.

- ✓ Preferred language: Populations with high suicide rates, factors that may increase the risk of suicide, social and economic risks related to suicide.
- ✗ Language to avoid: High-risk populations, vulnerable or susceptible individuals, burden of suicide.

Suicide attempts

It is important not to frame suicide in positive or negative terms. Describing an attempt as “failed” or “incomplete” implies that death is the desired outcome.

- ✓ Preferred language: Attempted suicide.
- ✗ Language to avoid: Incomplete suicide, suicidal act, failed suicide, failed attempt, non-fatal suicide.

People Affected by Suicide

When addressing people bereaved by suicide or those who have survived a suicide attempt, it is important to use person-first language and avoid labels.

- ✓ Preferred language: Person bereaved by suicide, suicide loss survivor, suicide attempt survivor, individuals with lived experience.

Let us commit to promoting responsible communication by rejecting and addressing stigmatizing language when speaking about suicide.

Data to action

Suggestions from the Commission for actions within your organization or community for suicide prevention

1. Raise awareness about the issue, suicide prevention, and mental health promotion through:

- a. Educational campaigns
- b. Events focused on health promotion and well-being
- c. Utilizing social media to raise awareness about suicide and encourage help-seeking behaviors
- d. Disseminating available support resources in Puerto Rico

2. Disseminate suicide mortality and morbidity data through:

- a. Special bulletins
- b. Infographics
- c. Monthly and annual suicide reports
- d. Data included in applications for federal grants

3. Promote empathy regarding the topic of suicide and demonstrate its impact through:

- a. Actions grounded in solidarity and compassion
- b. Framing suicide as a multifactorial public health issue requiring the attention of multiple sectors
- c. Sharing stories of survivors, family members, and communities affected by suicide
- d. Showcasing suicide prevention efforts led by organizations, communities, and the government



Data Requests

1. To request updated data on suicides in Puerto Rico, you may contact us via email at:

vigilanciasuicidio@salud.pr.gov

2. Access our monthly reports and updated data through:

- o Link:

<https://datos.salud.pr.gov/suicide/events>

- o QR Code:



Technical Note

The eight health regions delimited by the Puerto Rico Department of Health include the 78 municipalities of the archipelago of Puerto Rico. **Table 9** breaks down the municipalities by health region: Aguadilla, Arecibo, Bayamón, Caguas, Fajardo, Mayagüez, Metro, and Ponce.

Table 9. Puerto Rico Municipalities Distributed by Health Region

Aguadilla	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
Aguada	Arecibo	Barranquitas	Aguas Buenas	Ceiba	Añasco	Canóvanas	Adjuntas
Aguadilla	Barceloneta	Bayamón	Aibonito	Culebra	Cabo Rojo	Carolina	Arroyo
Isabela	Camuy	Cataño	Caguas	Fajardo	Hormigueros	Guaynabo	Coamo
Moca	Ciales	Comerio	Cayey	Luquillo	Lajas	Loíza	Guánica
San Sebastián	Florida	Corozal	Cidra	Río Grande	Las Marías	San Juan	Guayama
	Hatillo	Dorado	Gurabo	Vieques	Maricao	Trujillo Alto	Guayanilla
	Lares	Naranjito	Humacao		Mayagüez		Jayuya
	Manatí	Orocovis	Juncos		Rincón		Juana Díaz
	Morovis	Toa Alta	Las Piedras		Sabana Grande		Patillas
	Quebradillas	Toa Baja	Maunabo		San Germán		Peñuelas
	Utua	Vega Alta	Naguabo				Ponce
	Vega Baja		San Lorenzo				Salinas
			Yabucoa				Santa Isabel
							Villalba
							Yauco



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