

A class-based catastrophe: US suicide rate jumps 37 percent in a quarter-century

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10 July 2025

The United States is in the throes of a profound and escalating public health catastrophe: a suicide rate that has soared to historic highs, claiming nearly 50,000 lives in 2023 alone, the equivalent of the population of Galveston, Texas. This crisis is a chilling indictment of a social order that prioritizes profit over human life, leaving vast segments of the population to contend with despair, isolation and economic ruin.

The official figures—a staggering 49,316 deaths by suicide in 2023, marking a 37 percent increase since 2000—are a stark reflection of the deep-seated crisis festering within the capitalist system. This is not an accidental or blameless crime. Rather, it is the result of a conscious policy of the ruling class to reduce life expectancy through the destruction of public health and the slashing of funding for social programs that millions depend upon to survive and prosper.

The brutal cutbacks in Trump’s “Big Beautiful Bill” will only increase the financial distress that contributes to this misery, with millions cut from Medicaid, Medicare, food stamps (SNAP) and other vital social programs.

The Centers for Disease Control and Prevention (CDC) web site provides some revealing figures about the economic drivers of suicide:

- Suicide rates were 26 percent lower in counties with the most health insurance coverage compared to counties with the least coverage.
- Suicide rates were 44 percent lower in counties where the most homes had internet access compared to counties where the fewest homes had internet.
- The suicide rate for American Indian/Alaska Native people in counties with the highest income was half the rate for the same ethnic group in the lowest income counties.

The US regions with the highest suicide rates are primarily located in the Mountain West, Alaska, and parts of the Midwest. States with the highest rates include Montana, Alaska and Wyoming, each reporting suicide rates exceeding 25 deaths per 100,000 people, with Montana often cited as the highest at around 28.7 per 100,000.

The scale of this tragedy is amplified by the proliferation of firearms. In 2023, 27,300 people committed suicide with a gun, comprising 58 percent of all gun deaths—a record high that

surpasses gun homicides, accidental shootings and police shootings combined. According to the *Washington Post*’s tracker of police shootings, 1,174 people were fatally shot by police in 2024, up marginally from 1,164 in 2023, although these figures are likely an undercount.

The American Indian and Alaska Native populations face the highest suicide rates of any ethnic group, with a combined rate of 28.1 percent per 100,000 (2021), about twice the overall US suicide rate. Mental health disorders, substance abuse and exposure to trauma and violence are contributing factors.

Youth in crisis: A future denied

The risk of suicide is particularly acute among youth, many of whom face a future increasingly devoid of security and hope. The 2023 Youth Risk Behavior Survey paints a devastating picture: nearly four in 10 high school students reported persistent feelings of sadness and hopelessness, and a staggering one in five seriously considered attempting suicide. Female students are about twice as likely as males to experience such distress.

LGBTQ+ students are two to three times more likely than their heterosexual peers to report suicidal thoughts and attempts.

Between 2014 and 2023, the gun suicide rate for black youth aged 10-19 more than tripled; the rate among Hispanic youth in the same age group nearly doubled during this period.

These figures reflect the compounded pressures faced by young people in a society where quality secondary education remains elusive for many and spiking tuition prevents young people from accessing a college education or saddles them with massive student debt.

The elderly: The discarded generation

The elderly, America's fastest growing age group, are also bearing an unconscionable burden. Despite comprising only 16.8 percent of the US population, individuals aged 65 and over account for approximately 22 percent of all suicide deaths. The suicide rate is highest among the 85-plus age group, at 23 per 100,000, with men aged 75 and older having the highest overall suicide rate.

This overlooked epidemic is compounded by the misconception that depression and suicide are normal aspects of aging. Rather than being a revered by society after putting in decades of work and caring for their families, older adults are left grappling with loneliness, grief over lost loved ones, declining health, and the crippling financial troubles that can be a trigger for suicidal thoughts.

The Trump administration's assault on Medicare and its plans to gut and/or destroy Social Security will doubtless exacerbate this crisis for seniors. There is currently a lack of geriatric-specific mental health training among providers, combined with age-related discriminatory insurance coverage and reimbursement policies for mental health care by private insurers.

The surge in suicides among middle-aged and older adults in the late 2000s directly coincided with the Great Recession, when bank bailouts and corporate profits took priority over the livelihoods of workers and their families. People who should have been looking forward to retirement found themselves unable to, often taking on financial responsibility for their adult children moving back home, a phenomenon that has only increased over the last quarter-century.

The private US healthcare system—which is based on amassing profits for the health insurers, drug companies and giant healthcare systems—adds additional weight to these miseries.

The COVID-19 pandemic, which has directly claimed the lives of more than 1 million Americans, continues to ravage countless millions more as people suffer from Long COVID. The Biden administration and both Trump administrations pursued a deliberate policy of allowing the virus to proliferate and blocking public health measures to mitigate and fight the disease.

Social isolation leading to suicide, particularly among the elderly, is not a natural phenomenon but a symptom of a society that prioritizes "personal responsibility," i.e., absolving society as a whole of any responsibility for providing healthcare, housing, education, decent-paying jobs—basic human rights—as the financial aristocracy pursue austerity, war, police violence and attacks on immigrants and the most vulnerable in society.

The decision to take one's own life is deeply personal, and often involves a confluence of mental and emotional distress, financial problems and social isolation. Yet the individual tragedies exposed by these rising suicide rates point to broader societal issues. Despite this reality, the focus of suicide prevention remains on individual "solutions" rather than addressing the conditions that contribute to such widespread despair.

A study by Weill Cornell Medicine using unsupervised machine learning technology, published in the May 12, 2025 edition of *Nature Mental Health*, identified clusters of social and economic factors that contributed to suicide risk (based on data from 2009-2019).

The study found that while mental health care is crucial in suicide prevention, social and economic factors are key contributors to suicide risk. These include poverty, unemployment, housing instability, income inequality, lack of educational opportunities, social isolation, exposure to violence, justice system involvement, divorce, foster care experience, and unemployment.

The rising suicide rates are a damning indictment of a society that produces immense wealth for a few while subjecting the majority to crushing economic insecurity, social isolation and chronic distress.

An overhaul of the profit-driven private healthcare system is a prerequisite in any suicide prevention strategy. Without a fundamental reordering of societal priorities America's suicide crisis will continue its devastating trajectory, exacting an unbearable human cost.

However, this requires the organization of genuine socialized medicine, through expropriating the oligarchs who own the current healthcare system and replacing it with a system in which human need, well-being, and genuine social connection are prioritized. This requires a break by the working class with the two big business parties and the establishment of a workers' government based on socialist policies.



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Contributing economic and social factors