

SUICIDE IN CALIFORNIA, 2019

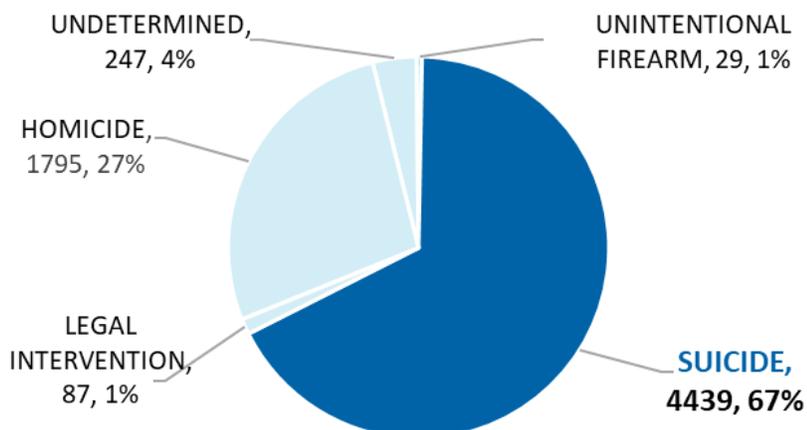
Vital statistics data are collected from death certificates for all violent deaths that occur in California. Enhanced surveillance through CaIVDRS is completed for a subset of participating counties by linking vital statistics data to data abstracted from coroner and medical examiner reports, toxicology reports, and law enforcement reports. Circumstances that contributed to the death that were documented in these reports were included in the surveillance system. This additional data can address the **who, what, where, when, and how** of the deaths to help us try to understand **why** they occurred and prevent similar deaths from occurring in the future.

This document summarizes demographic data for suicide deaths of California residents in 2019 aged 10 years and older. Additionally, data regarding the circumstances surrounding the death are summarized for suicides that occurred in the subset of 30 participating CaIVDRS counties using data from multiple sources.

STATEWIDE SUICIDE DATA

- There were 6,597 violent deaths to Californians in 2019.
- Two thirds of these (4,439) were deaths due to suicide.
- The rate of death by suicide was 11.0 suicides per 100,000 population.
- There were more than twice as many suicides as homicides.

Violent death among CA residents, 2019



ABOUT CaIVDRS

The California Violent Death Reporting System (CaIVDRS) is housed in the [Injury and Violence Prevention Branch](#) in the California Department of Public Health. CaIVDRS is funded by the [Centers for Disease Control and Prevention](#) to conduct statewide surveillance on violent deaths that occur in California. Violent deaths include homicide (including legal intervention deaths that result from law enforcement acting in the line of duty), suicide, unintentional firearm deaths, and deaths of undetermined intent that meet the CaIVDRS definition. CaIVDRS collects data from multiple sources (i.e., death certificates, medical examiner/coroner reports, and law enforcement reports) in order to gain a more comprehensive understanding of the circumstances surrounding these deaths. The goal of this system is to promote development of data-driven public health prevention strategies that aim to reduce the number of violent deaths that occur each year.

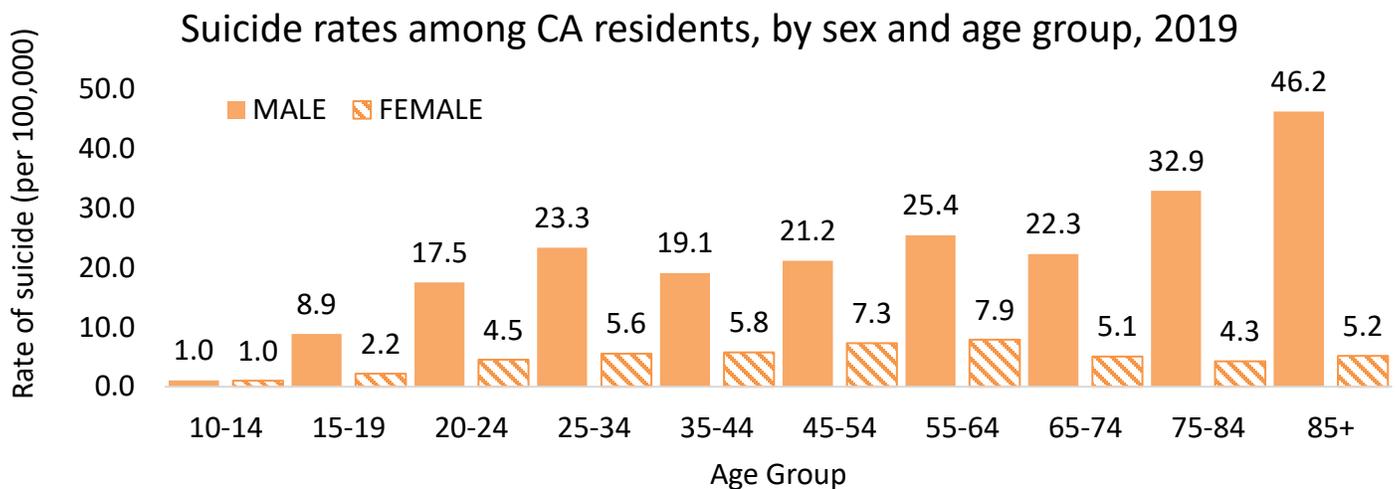
SUICIDE DEMOGRAPHICS

Sex

- More than three-quarters of those who died by suicide (78%) were male.
- Among those aged 65 years and older, 82% of those who died by suicide were male.
- The rate of suicide death among males (17.4 per 100,000) was 3.7 times the rate among females (4.7 per 100,000).

Age

- Among males, rates of death by suicide generally increased with age, with the highest rates in males aged 85 years and older (46.2 per 100,000).
- Among females who died by suicide, the rate peaked at age 55-64 (7.9 per 100,000).
- In older age groups, the rates of suicide among males were up to nine times higher than females.



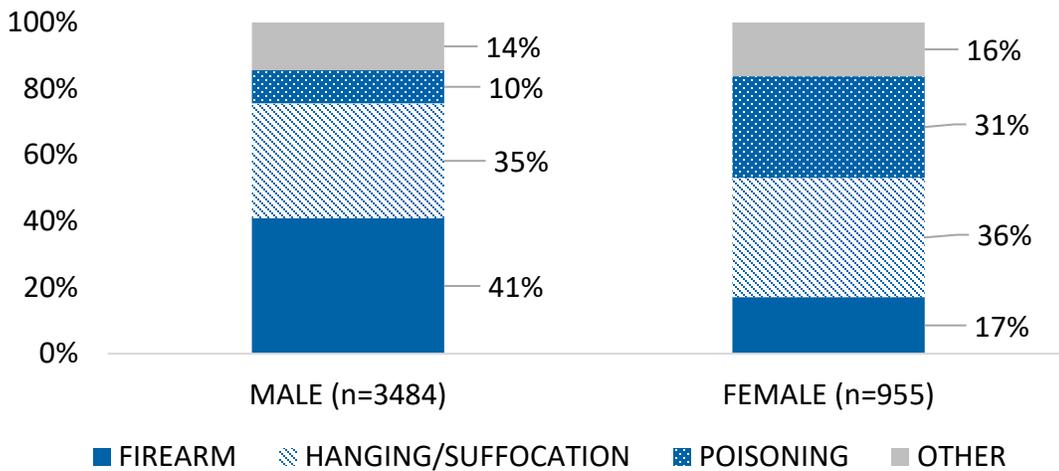
Race/Ethnicity

- Most of those who died by suicide were people who were White (63%) or Hispanic (21%).
- The highest rates of death by suicide were among people who were White or Native American (18.9 and 13.4 per 100,000, respectively).

Mechanism of Suicide

- Firearms were used in one out of every three suicide deaths (36%).
- Firearms were the most commonly used weapon among males who died by suicide, used in 41% of deaths.
- Among females, the most commonly used mechanisms were hanging/suffocation (36%) and poisoning (31%). Firearms were used by 17% of females who died by suicide.
- Among younger people who died by suicide, hanging/suffocation was the most common method used; hanging/suffocation was used in 52% of those younger than 18 who died by suicide and in 41% of those aged 18-24.
- The use of firearms as a method of suicide increased with age; firearms were used among 27% of those younger than 25 years old, 31% of those aged 25-64, and in 57% of those older than 65 years.

Mechanism of suicide among CA residents by sex, 2019



SUICIDE CIRCUMSTANCES (in CalVDRS counties)

- There were 2,433 suicides in CalVDRS counties with data abstracted from supplemental reports. 88% had at least one circumstance documented (n=2,137).
- Nearly half of those who died by suicide had a current diagnosed mental health problem (49%). The remaining half were in people with no identified mental health problem.
- 65% of suicides occurred at home. This was most likely among those in the youngest and the oldest age groups: 69% of those younger than 18 and 80% of those 65 or older were injured at home.
- Overall, circumstances surrounding suicides varied across demographic groups.

Mental Health and Suicide-Specific Circumstances by Sex

	MALES (n=1662)	FEMALES (n=475)
Current mental health problem	45%	64%
Current or history of mental health/substance abuse treatment	20%	36%
Current perceived depressed mood	26%	29%
History of suicide thoughts or plans	38%	46%
History of previous suicide attempt	18%	37%
Recently disclosed intent to commit suicide	16%	17%
Left a suicide note	29%	36%

Notable Circumstances Surrounding Suicide Across the Lifespan

Under 18 years old (n=55)

- 27% experienced school problems
- 25% had other relationship problems (with family or friends, but not an intimate partner)
- 16% had a recent or imminent crisis of any kind
- 11% had either alcohol dependence, substance abuse issues, or both
- 7% were involved in an argument or conflict prior to their death

18-24 years old (n=188)

- 30% had either alcohol dependence, substance abuse issues, or both
- 21% had a problem with their current or former intimate partner
- 18% had a recent or imminent crisis of any kind
- 11% were involved in an argument or conflict prior to their death
- 9% had other relationship problems (with family or friends, but not an intimate partner)

25-64 years old (n=1410)

- 36% had either alcohol dependence, substance abuse issues, or both
- 22% had a problem with their current or former intimate partner
- 16% had a recent or imminent crisis of any kind
- 12% experienced job or financial problems that contributed to their death
- 10% were involved in an argument or conflict prior to their death

65 years and older (n=483)

- 49% experienced physical health problems that contributed to their death
- 14% had a recent or imminent crisis of any kind
- 12% had either alcohol dependence, substance abuse issues, or both
- 8% experienced job or financial problems that contributed to their death
- 7% had a problem with their current or former intimate partner

OPPORTUNITIES FOR PREVENTION

Focus on Risk Factors:

It may be beneficial to focus prevention programs and resources on vulnerable populations who are most at risk of suicide (e.g., older white males, Native Americans). Other risk factors can also be used to identify groups who may be most in need of support (e.g., older adults with physical health problems, individuals with alcohol and/or substance abuse problems, individuals with a history of suicide thoughts or plans).

Focus on Firearms:

Firearms, a uniquely fatal weapon, were used in one out of three suicides overall and in 41% of male suicides. Strategies to facilitate safe firearm storage or those that may limit access to firearms (e.g., gun locks, gun safes, gun violence restraining orders) may help to prevent these deaths in the future.

Use a Comprehensive Approach:

The Centers for Disease Control and Prevention (CDC) recommend taking a comprehensive public health approach to suicide prevention that includes strategies for individuals, families, and communities.

Implementation of complementary prevention strategies tailored for populations who are most at risk within a community can lessen harm and prevent future risk.

RESOURCES FOR SUICIDE PREVENTION

[Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

National Suicide Prevention Hotline 1-800-273-TALK (8255)

Chat also available at suicidepreventionlifeline.org or text 741741.



Know the Signs

Every day in California friends, family and co-workers struggle with emotional pain. And, for some, it's too difficult to talk about the pain, thoughts of suicide, and the need for help. Everyone can play a role in suicide prevention by learning the warning signs of suicide, finding the words to reach out to a loved one, and knowing where to turn for help. Visit www.suicideispreventable.org to learn more about suicide prevention.

Notes about CalVDRS data

- Thirty counties participated in CalVDRS data collection for 2019 deaths: Amador, Butte, Colusa, Fresno, Glenn, Humboldt, Imperial, Kern, Kings, Lake, Lassen, Los Angeles, Marin, Modoc, Mono, Orange, Placer, Sacramento, San Benito, San Francisco, San Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Tehama, Trinity, Ventura, and Yolo Counties. These counties represent 56% of the suicide deaths that occurred in 2019 in California and cover a mix of both urban and rural counties across the state.
- Data regarding the circumstances surrounding the death are reported as a percentage of deaths with at least one known circumstance; circumstances were known for 88% of abstracted suicide deaths in the 30 CalVDRS counties.
- Circumstances contributing to the suicide are not mutually exclusive, and more than one can be indicated for a single suicide death.

Data Sources

- *California Violent Death Reporting System (CalVDRS), Injury and Violence Prevention Branch, Center for Healthy Communities, California Department of Public Health (CDPH).*
- *Vital Statistics data: California Comprehensive Master Death File (CCMDF), CDPH, 2019.*
 - Suicides are identified in the CCMDF as an underlying cause of death with ICD-10 codes X60-X84 or Y87.0.
- *Population numbers used for the calculation of rates: California Department of Finance, Report P-3: State and County Population Projections, 2010-2060.*

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Scan to
provide
feedback!



For more information on CalVDRS and/or suicide prevention please contact IVPB@cdph.ca.gov or Suicide.Prevention@cdph.ca.gov.

<https://tinyurl.com/CalVDRS>