

## SUICIDE IN CALIFORNIA, 2020

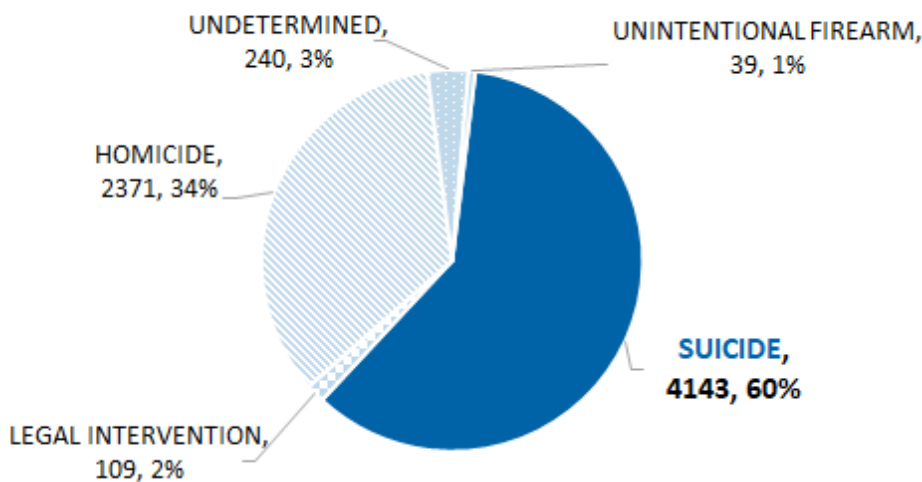
Vital statistics data are collected from death certificates for all violent deaths that occur in California. Enhanced surveillance through CaIVDRS is completed for a subset of participating counties by linking vital statistics data to data abstracted from coroner and medical examiner reports, toxicology 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 2020, including decedents from all 58 counties (i.e., statewide). Additionally, data regarding the circumstances surrounding the death are summarized for suicides that occurred in the subset of 34 participating CaIVDRS counties using data from multiple sources.

### STATEWIDE SUICIDE DATA (58 counties)

- There were 6,902 violent deaths to Californians in 2020.
- Sixty percent of these (4,143) were deaths due to suicide.
- The rate of death by suicide was 10.4 suicides per 100,000 individuals.
- There were nearly twice as many suicides as homicides.

### Violent death among CA residents, 2020



### 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

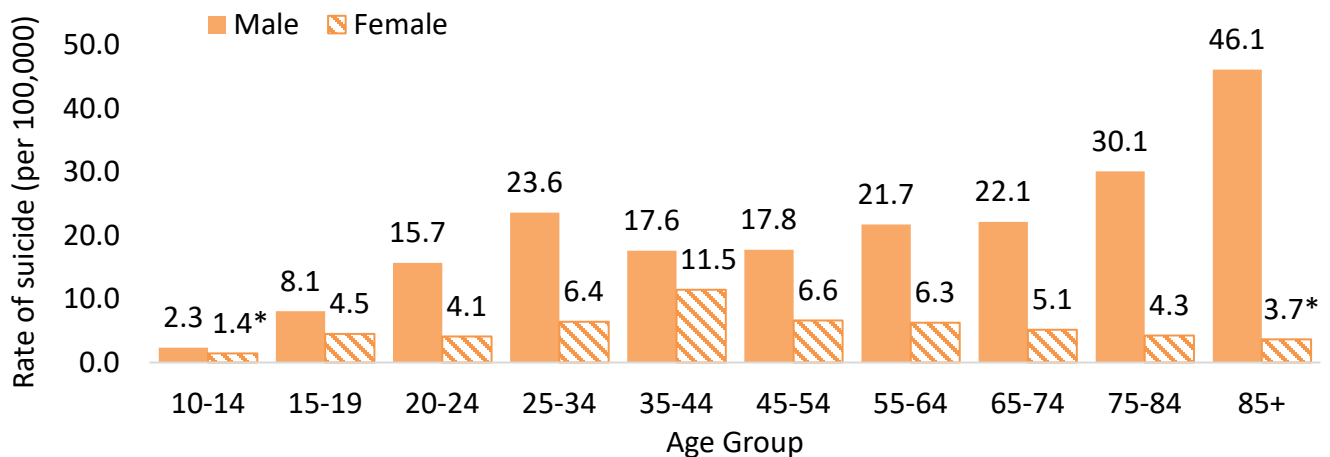
### Sex

- 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 (16.2 per 100,000) was 3.5 times the rate among females (4.6 per 100,000) and was higher than females across the lifespan.

### Age

- Among males, rates of death by suicide generally increased with age; the highest rates were in males aged 85 years and older (46.2 per 100,000) with a smaller peak at ages 25-34 (23.6 per 100,000).
- Among females who died by suicide, rates changed less with age; the rate was highest at ages 45-54 (6.6 per 100,000).
- In older age groups, the rates of suicide among males were up to twelve times higher than females.
- There were five suicide deaths among youth under the age of 10 in 2020; these are the first reported deaths by suicide in this age group among California residents since the inception of CalVDRS in 2017.

Suicide rates among CA residents, by sex and age group, 2020



\*Rates are based on small numbers (<20) and may be unstable.

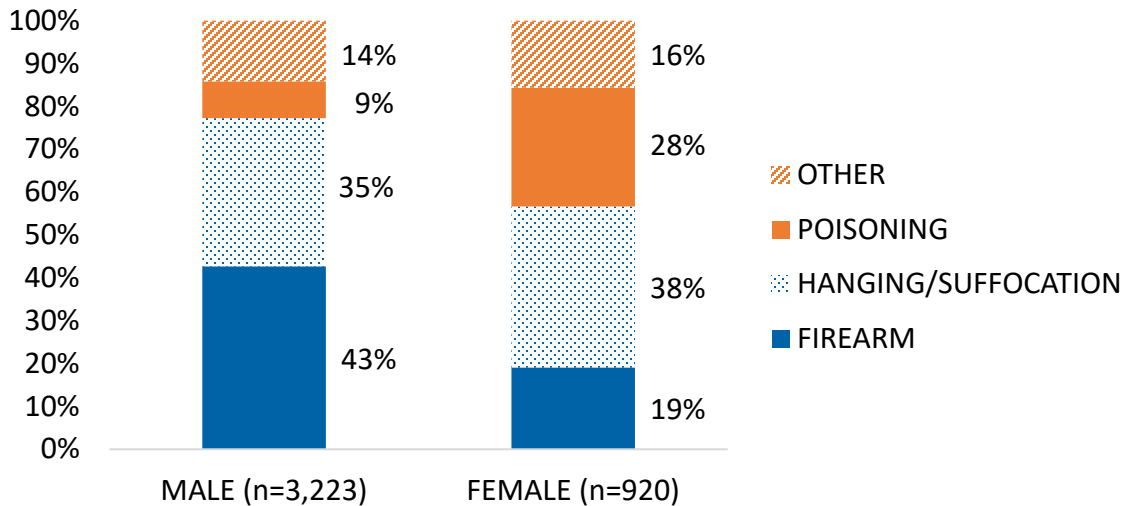
### Race/Ethnicity

- Most of those who died by suicide were people who were White (61%) or Hispanic (23%).
- The highest rates of death by suicide were among people who were White (16.7 per 100,000).

### Mechanism of Suicide

- Firearms were used in one out of every three suicide deaths (37%).
- Firearms were the most commonly used weapon among males who died by suicide, used in 43% of deaths.
- Among females, the most used mechanisms were hanging/suffocation (38%) and poisoning (28%). Firearms were used by 19% 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 56% of those younger than 18 who died by suicide and in 43% of those aged 18-24.
- The use of firearms as a method of suicide increased with age; firearms were used among 28% of those younger than 25 years old, 32% of those aged 25-64, and in 59% of those older than 65 years.

## Mechanism of suicide among CA residents by sex, 2020



### SUICIDE CIRCUMSTANCES IN CALVDRS COUNTIES (34 counties)

- There were 2,651 suicides in CalVDRS counties with data abstracted from supplemental reports. 90% had at least one circumstance documented (n=2,382).
- About half of those who died by suicide had a current diagnosed mental health problem (52%). The remaining half were 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: 82% of those younger than 18 and 79% of those 65 or older were injured at home.
- The COVID-19 pandemic was a contributing factor in 4% of suicide deaths. The impact of COVID-19 included a wide range of effects including concern over employment or financial issues resulting from lockdowns; increased isolation, distress, and depression; and fear of the disease itself.
- Overall, circumstances surrounding suicides varied across demographic groups.

### Mental Health and Suicide-Specific Circumstances by Sex

	MALES (n=1,835)	FEMALES (n=547)
Current mental health problem	49%	61%
Current or history of mental health/substance abuse treatment	22%	33%
Current perceived depressed mood	25%	27%
History of suicide thoughts or plans	36%	45%
History of previous suicide attempt	18%	37%
Recently disclosed intent to commit suicide	17%	17%
Left a suicide note	26%	38%

## Notable Circumstances Surrounding Suicide Across the Lifespan

### Under 18 years old (n=67)

- 22% had a recent or imminent crisis of any kind
- 15% experienced school problems
- 15% had other relationship problems (with family or friends, but not an intimate partner)
- 15% were involved in an argument or conflict prior to their death
- 9% had either alcohol dependence, substance abuse issues, or both
- 7% experienced effects of the COVID-19 pandemic that contributed to their death

### 18-24 years old (n=222)

- 27% had either alcohol dependence, substance abuse issues, or both
- 25% had a recent or imminent crisis of any kind
- 20% had a problem with their current or former intimate partner
- 15% were involved in an argument or conflict prior to their death
- 11% had other relationship problems (with family or friends, but not an intimate partner)

### 25-64 years old (n=1,556)

- 36% had either alcohol dependence, substance abuse issues, or both
- 23% had a recent or imminent crisis of any kind
- 21% had a problem with their current or former intimate partner
- 13% experienced job or financial problems that contributed to their death
- 11% were involved in an argument or conflict prior to their death

### 65 years and older (n=537)

- 47% experienced physical health problems that contributed to their death
- 20% had a recent or imminent crisis of any kind
- 11% had either alcohol dependence, substance abuse issues, or both
- 10% experienced a death of a family member or friend
- 7% experienced effects of the COVID-19 pandemic that contributed to their death

## 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., those who are older, white, and/or male). Other risk factors can also 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, individuals in crisis).

### Focus on Firearms:

Firearms, a uniquely fatal weapon, were used in one out of three suicides overall and in 43% 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 & Crisis Lifeline: CALL OR TEXT 988](#)

Chat also available at [988lifeline.org/chat](https://988lifeline.org/chat).



### 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](http://www.suicideispreventable.org) to learn more about suicide prevention.

### Notes about CalVDRS data

- 34 counties participated in CalVDRS data collection for 2020 deaths: Amador, Butte, Colusa, Contra Costa, Fresno, Glenn, Humboldt, Imperial, Kern, Kings, Lake, Lassen, Los Angeles, Marin, Mendocino, Merced, Modoc, Mono, Orange, Placer, Sacramento, San Benito, San Diego, San Francisco, San Mateo, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Trinity, Ventura, and Yolo Counties. These counties represent 69% of the suicide deaths that occurred in 2020 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 90% of abstracted suicide deaths in the 34 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, 2020.*
  - Suicides are identified in the CCMDF as an underlying cause of death with ICD-10 codes X60-X84, Y87.0, U03.0, or U03.9.
- *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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For more information on CalVDRS and/or suicide prevention please contact [CalVDRS@cdph.ca.gov](mailto:CalVDRS@cdph.ca.gov) or [Suicide.Prevention@cdph.ca.gov](mailto:Suicide.Prevention@cdph.ca.gov).

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