

SUICIDE IN CALIFORNIA, 2021

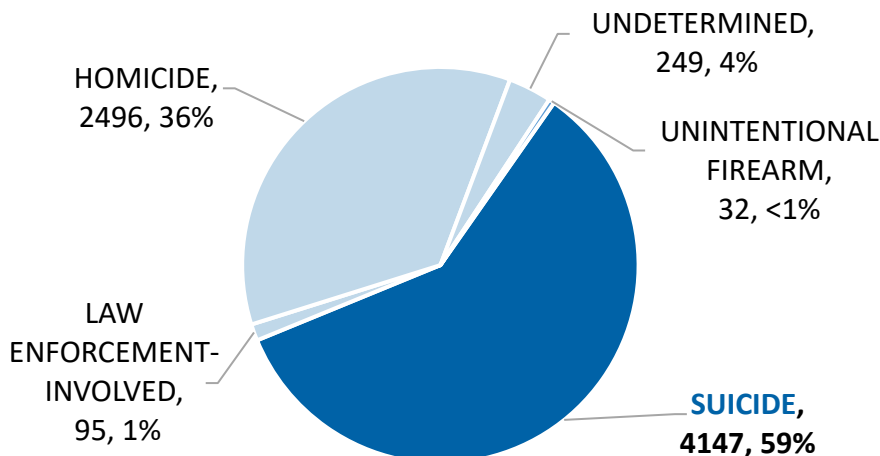
Vital statistics data are collected from death certificates for all violent deaths that occur in California. Enhanced surveillance through CaIVDRS is completed for a subset of participating counties by linking vital statistics data to data abstracted from coroner and medical examiner reports, toxicology 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 2021. Additionally, data regarding the circumstances surrounding the death are summarized for suicides that occurred in the subset of 31 participating CaIVDRS counties using data from multiple sources.

STATEWIDE SUICIDE DATA (N=58 Counties)

- There were 7,019 violent deaths to Californians in 2021.
- Fifty-nine percent of these (4,147) were deaths due to suicide.
- The rate of death by suicide was 10.4 suicides per 100,000 population.
- There were 66% more suicides than homicides.

Violent death among CA residents, 2021



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 law enforcement-involved fatal encounters, where a person is killed or dies as the result of injuries inflicted by a law enforcement officer), 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 (N=58 Counties)

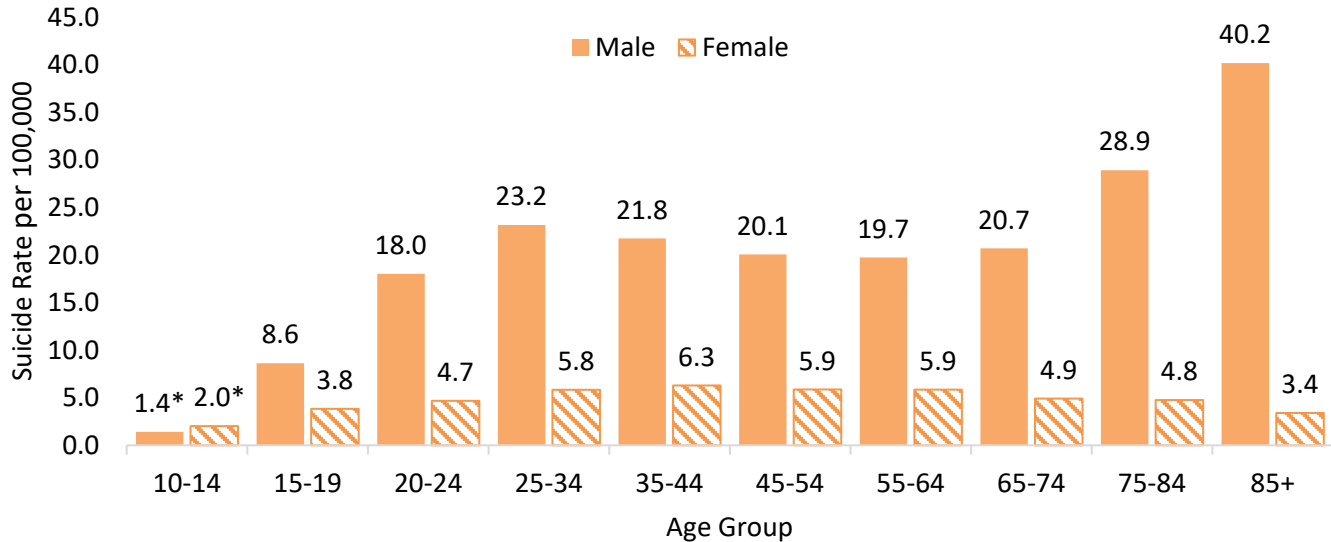
Sex

- 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 (16.7 per 100,000) was 3.7 times the rate among females (4.5 per 100,000) 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 (40.2 per 100,000) with lower peaks at ages 75-84 (28.9 per 100,000) and ages 25-34 (23.2 per 100,000).
- Among females who died by suicide, rates increase and then decrease, peaking at ages 35-44 (6.3 per 100,000).
- In ages 85+, the suicide rate among males was nearly twelve times higher than females.

Suicide rates among CA residents by sex and age group, 2021



*Rates are likely to be unstable due to the small sample size and thus should be interpreted with caution. Rates for those younger than age 10 are not shown due to very small numbers.

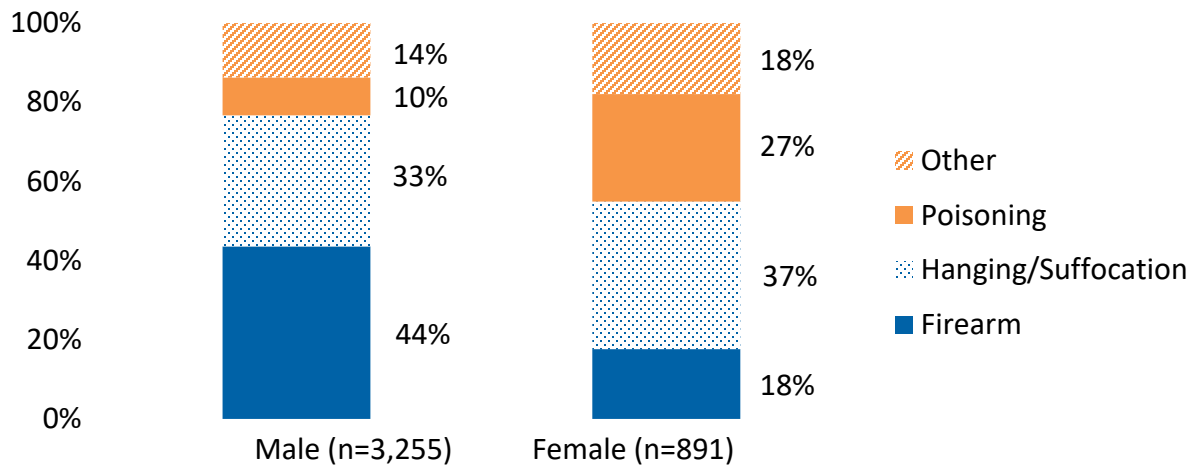
Race/Ethnicity

- Most of those who died by suicide were people who were White (57%) or Hispanic of any race (25%).
- The highest rates of death by suicide were among people who were American Indian/Alaska Native (17.5 per 100,000) followed by people who were White (17.1 per 100,000).

Mechanism of Suicide

- Firearms were used in one out of every three suicide deaths (38%).
- Firearms were the most commonly used weapon among males who died by suicide, used in 44% of deaths.
- Among females, the most used mechanisms were hanging/suffocation (37%) and poisoning (27%). Firearms were used by 18% 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 under 18 and in 37% of those aged 18-24.
- The use of firearms as a method of suicide was highest among older adults; firearms were used among 33% of those younger than 25 years old, 32% of those aged 25-64, and in 58% of those older than 65 years.

Mechanism of suicide among CA residents by sex, 2021



SUICIDE CIRCUMSTANCES (in CalVDRS counties; n=31)

- There were 2,513 suicides in CalVDRS counties with data abstracted from supplemental reports; 94% had at least one circumstance documented (n=2,359).
- Half of those who died by suicide had a current diagnosed mental health problem (50%). The remaining half had no identified mental health problem.
- 65% of suicides occurred at the victim’s home. This was most likely among those in the youngest and the oldest age groups: 73% of those younger than 18 and 80% of those 65 or older were injured at home.

Mental Health and Suicide-Specific Circumstances by Sex

	MALES (n=1,817)	FEMALES (n=541)
Current mental health problem	46%	64%
Current or history of mental health/substance use treatment	27%	42%
Current perceived depressed mood	25%	29%
History of suicide thoughts or plans	36%	45%
History of previous suicide attempt	17%	33%
Recently disclosed suicidal intent	17%	17%
Left a suicide note	27%	36%

Notable Circumstances Surrounding Suicide Across the Lifespan

Under 18 years old (n=52)

- 29% had a recent or imminent crisis of any kind
- 15% had other relationship problems (with family or friends, not an intimate partner)
- 13% experienced school problems
- 13% were involved in an argument or conflict prior to their death
- 8% had a problem with their current or former intimate partner

18-24 years old (n=229)

- 31% had a recent or imminent crisis of any kind
- 22% had a problem with their current or former intimate partner
- 17% had either alcohol dependence, substance use issues, or both
- 12% were involved in an argument or conflict prior to their death
- 6% experienced job or financial problems that contributed to their death

25-64 years old (n=1,539)

- 35% had either alcohol dependence, substance use issues, or both
- 34% had a recent or imminent crisis of any kind
- 22% had a problem with their current or former intimate partner
- 12% experienced job or financial problems that contributed to their death
- 12% were involved in an argument or conflict prior to their death

65 years and older (n=539)

- 46% experienced physical health problems that contributed to their death
- 34% had a recent or imminent crisis of any kind
- 9% had either alcohol dependence, substance use issues, or both
- 8% experienced a death of a family member or friend
- 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., 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 use problems, individuals with a history of suicide thoughts or plans, individuals in crisis).

Focus on Firearms:

Firearms, a uniquely fatal weapon, were used in over one-third of all suicides and in 44% of suicides among males. 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

[Centers for Disease Control and Prevention Suicide Prevention Resource for Action Webpage](#)

Visit the California Department of Public Health [Suicide Prevention](#) webpage for more information on suicide prevention resources and additional reports or data on older adult suicide, youth suicide and self-harm, etc.

[988 National Suicide & Crisis Lifeline: CALL OR TEXT 988](#)

Chat also available at 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 [Know the Signs Webpage](#) to learn more about suicide prevention.

Notes about CalVDRS data

- 31 counties participated in CalVDRS data collection for 2021 deaths: Amador, Butte, Colusa, Fresno, Glenn, Humboldt, Imperial, Kings, Lake, Lassen, Los Angeles, Mendocino, Merced, Modoc, Mono, Orange, Placer, Sacramento, San Benito, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Tehama, Ventura, and Yolo Counties.
- These CalVDRS counties represent 63% of the suicide deaths that occurred in 2021 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 94% of abstracted suicide deaths in the 31 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), 2021.
 - [Access the CalVDRS Suicide Data Dashboard](#)
- Vital Statistics: California Comprehensive Master Death File (CCMDF), CDPH, 2021. 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.
- California Department of Finance, [Report P-3: Complete State and County Population Projections Dataset](#), Vintage 2023 release (2023.7.19).

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

[Scan code to provide feedback!](#)

