



# Injury and Violence Prevention Branch

## Older Adult Suicide in California, 2020

### Background

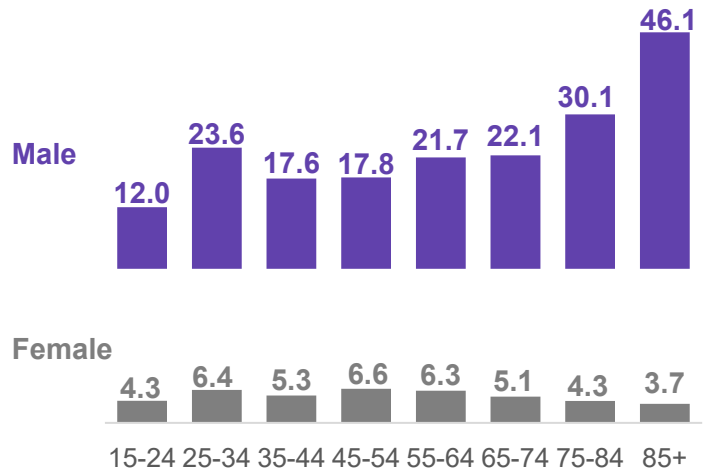
Suicide is a major public health concern in California that can have both immediate and long-term emotional and economic impacts on individuals, families, and entire communities. California suicide rates peak at multiple stages throughout the lifespan; however, the rates are highest in older adults aged 85 and above, compared to other age groups. Data-driven suicide prevention efforts that focus on those most at risk are needed, including older adults.

### Older Adult Suicide (Age 65 and Older)

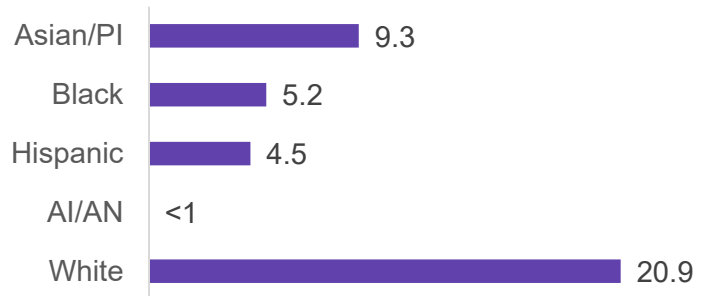
In 2020, there were 4,143 confirmed suicide deaths among California residents; 22% (920 suicides) were among older adults, for a rate of 14.6 deaths per 100,000 Californians 65 years and older. Additionally, for males, the rate of suicide increased with age and was highest at 85 years and older. Of these older adult suicide deaths:

- Approximately 82% were males.
- 34% were known veterans (all males).
- For females, approximately 40% were married, 28% were divorced, and 20% were widowed.<sup>1</sup>
- For males, approximately 44% were married, 23% were divorced, and 19% were widowed.<sup>1</sup>

Among California residents in 2020, older male adults had higher suicide rates (per 100,000) than older female adults and all younger individuals (<65 years).

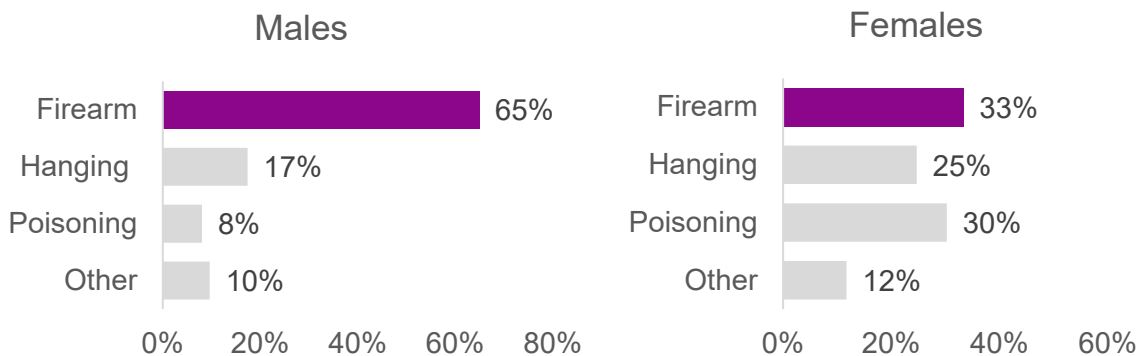


In 2020, suicide rates (per 100,000) for older adults among California residents were highest amongst White individuals.



Note: PI = Pacific Islander, AI/AN = American Indian/Alaska Native. Suicide rate for AI/AN was <1.

Among California residents in 2020, firearm suicides were most common for both older adult males and females, compared to other methods. In prior years, intentional poisoning has been the most common method of suicide for older adult females.



## What We Know

The California Violent Death Reporting System (CalVDRS) conducts surveillance on violent deaths that occur in a large subset of California counties. CalVDRS combines data from death certificates with medical examiner/coroner, toxicology, and law enforcement reports.

In 2020, 34 of 58 counties participated in CalVDRS. Supplemental multi-source CalVDRS data were abstracted for 599 of the 920 older adult suicides in California in 2020. Circumstances are reported as a percentage of deaths with at least one known circumstance; circumstances were known for 90% ( $n = 537$ ) of the abstracted older adult suicides. Together, the 34 participating CalVDRS counties represented 65% of the older adult suicides that occurred in California in 2020 and covered a mix of both urban and rural counties across the state.

These data provide details on the circumstances of the deaths that can be used to help identify ways to prevent similar deaths from occurring in the future.

CalVDRS data on older adult suicide shows approximately 79% of suicides occurred at the person's home; 36% had a known history of suicidal thoughts and/or plans; 8% had a family member or friend die recently; 4% had a financial problem that appeared to contribute to their death; and more than 15% disclosed their suicide thoughts or plans to someone in their personal or professional circle prior to their death.

## Older Adult Suicide Circumstances (in participating CalVDRS counties)

MALES	FEMALES
<b>46%</b> had a contributing physical health condition	<b>51%</b> had a contributing physical health condition
<b>41%</b> had a mental health problem, the most common being depression	<b>58%</b> had a mental health problem, the most common being depression
<b>13%</b> had a history of treatment for a mental health or substance use problem	<b>20%</b> had a history of treatment for a mental health or substance use problem
<b>34%</b> had a known history of suicidal thoughts or plans	<b>45%</b> had a known history of suicidal thoughts or plans
<b>9%</b> had a known history of suicide attempts	<b>31%</b> had a known history of suicide attempts

## Opportunities for Prevention

### Focus on Risk Factors:

Focusing prevention programs and resources on populations who are disproportionately impacted by suicide may reduce these rates. For older adults, risk factors include: being a male, being a veteran, having a history of physical health conditions and functional impairment, mental health conditions, and having a history of suicidal thoughts or plans.

### Reduce Access to Lethal Methods:

**Firearms:** Strategies to facilitate safe firearm storage or limit access to firearms (e.g., gun locks, gun safes, and gun violence restraining orders) may help to prevent firearm suicide deaths in the future.

**Poisonings:** The leading cause of poisonings is an intentional drug overdose. Safe storage of prescriptions, over-the-counter medications, and other drugs can help to prevent these deaths.

## Use a Comprehensive Approach:

The Centers for Disease Control and Prevention (CDC) recommend taking a comprehensive public health approach to suicide prevention. Implementation of complementary prevention strategies tailored for populations who are disproportionately impacted by suicide can lessen harm and prevent future risk. For example, populations at risk for suicide, like older adults, can be encouraged and taught to use tele-mental health services as a means of connecting with mental health providers. Learn more in CDC's [Suicide Prevention Resource for Action](#) guidance document. Additionally, successful community-based suicide prevention efforts can be found within the National Action Alliance for Suicide Prevention's [Transforming Communities](#) report.

## Resources for Suicide Prevention

- The California Department of Public Health (CDPH) [Suicide Prevention webpage](#) offers more information on suicide prevention resources for professionals as well as information on crisis hotlines and support resources.
- Visit the [Know the Signs website](#) to learn more about how 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.
- Contact [Friendship Line California](#), 1.888.670.1360, a free crisis intervention hotline and warmline for non-emergency emotional support calls. This line is specifically for ages 60+ and adults with disabilities to connect with a caring, compassionate voice who is ready to listen and provide emotional support.
- Contact the 988 Suicide and Crisis Lifeline to connect with a trained crisis counselor if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support. 988 is confidential, free, and available 24/7/365:
  - Call or text 988
  - Chat at [988lifeline.org](https://988lifeline.org)



Data Sources: California Violent Death Reporting System (CalVDRS), Injury and Violence Prevention Branch, Center for Healthy Communities, California Department of Public Health (CDPH); California Comprehensive Master Death File (CCMDF), CDPH, 2020 (for vital statistics data); California Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 (for population numbers used in the calculation of rates); and US Census Bureau American Community Survey (ACS) 1-Year Estimate Public Use Microdata Sample 2020 (for marriage rate estimates).

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<sup>1</sup>The married category includes both married and state registered domestic partnerships. Marital status percentages do not include individuals with unknown or missing marital status data.

For more information please contact: [Suicide.Prevention@cdph.ca.gov](mailto:Suicide.Prevention@cdph.ca.gov).

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