Suicide and Self-Harm Emergency Department (ED) Visit Trends in California, 2021

Office of Suicide Prevention
Injury and Violence Prevention Branch
California Department of Public Health



Suicide Deaths

- Suicides are identified on the death certificate as an underlying cause of death with the following ICD-10 codes:
 - Cut/Pierce (X87)
 - Firearm (X72-X74)
 - Hanging/Suffocation (X70)
 - Fall (X80)
 - Poisoning (X60-X69)
 - Latent Effects (Y87.0)
 - Other (U03.0, U03.9, X71, X75-X77, X79, X81-X84)
- Suicide data are limited to California residents, therefore, suicide deaths to non-residents that occurred in California were excluded.
- Excludes age >119
- Data available through 2021



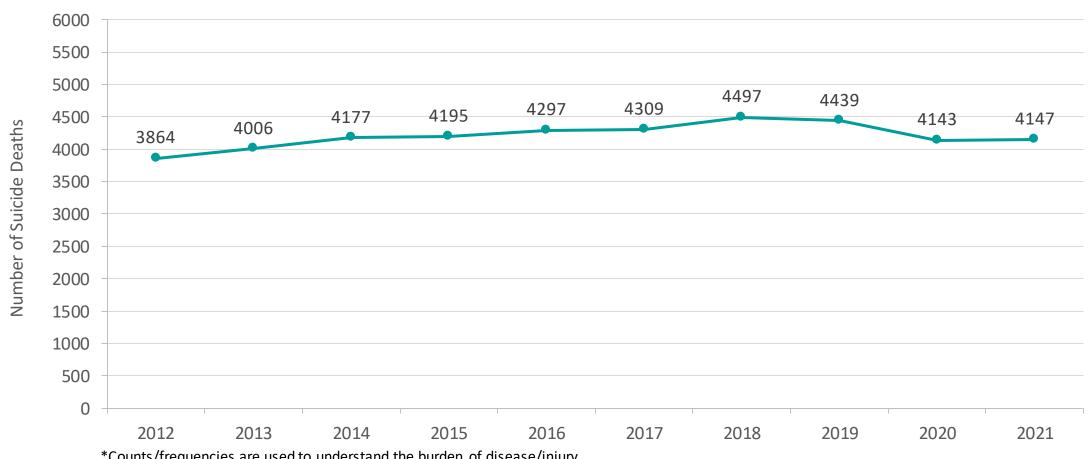
Suicide Rates (Risk*) in California, 1981-2021

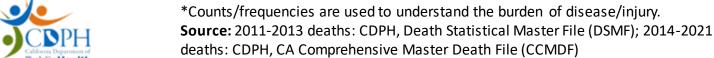




Source: 1981-2009, WISQARS; 2010-2013, CDPH, Death Statistical Master Files (DSMF); 2014-2021, CDPH, California Comprehensive Master Death Files (CCMDF); 2010-2021, CA Dept. of Finance, P-3 Population Projection File (2010-2060), July 2021 Release

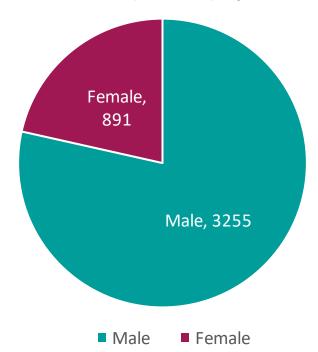
Number of Suicide Deaths (Burden*) in California, 2012-2021



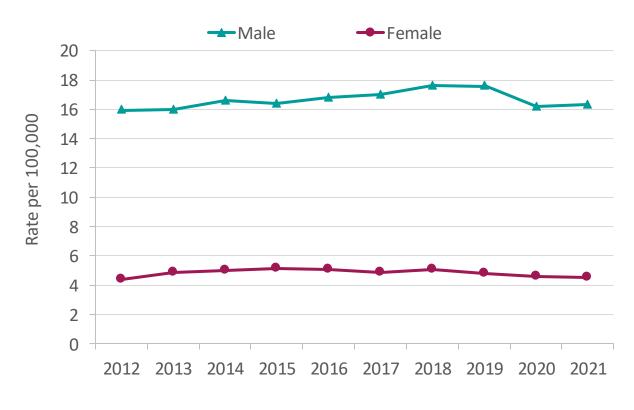


Suicide Counts (Burden) and Rates (Risk) by Sex in California

Suicide Counts (Burden) by Sex, 2021



Suicide Rates (Risk) by Sex, 2012-2021

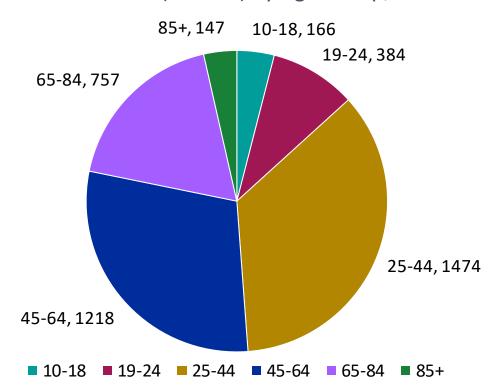




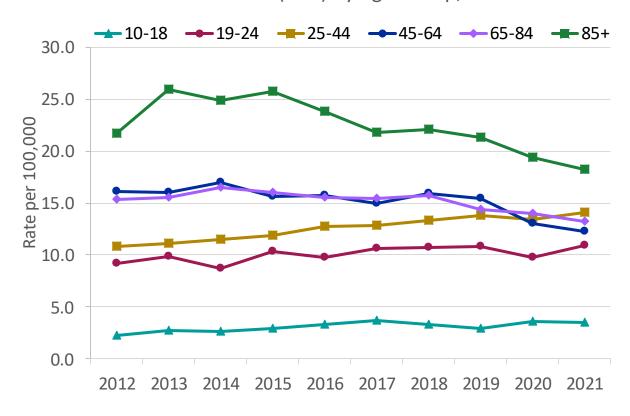
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2021 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); 2012-2021 population: CA Dept. of Finance P-3 Population Projection File (2010-2060), July 2021 Release

Suicide Counts (Burden) and Rates (Risk) by Age Group in California

Suicide Counts (Burden) by Age Group, 2021



Suicide Rates (Risk) by Age Group, 2012-2021

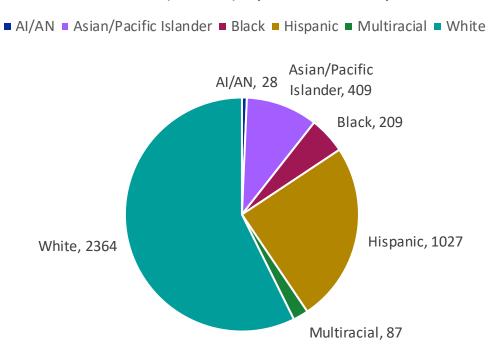




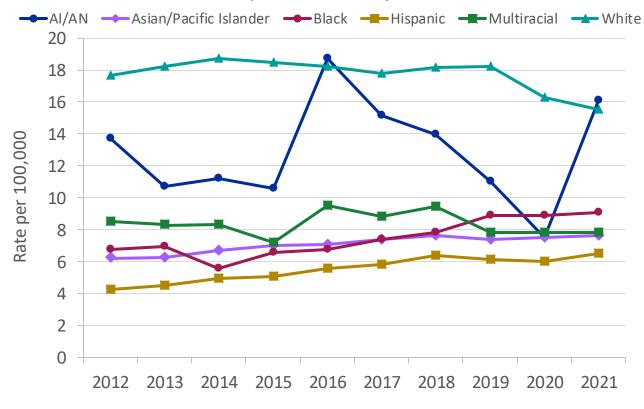
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2021 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); 2012-2021 population: CA Dept. of Finance P-3 Population Projection File (2010-2060), July 2021 Release

Suicide Counts (Burden) and Rates (Risk) by Race/Ethnicity in California

Suicide Counts (Burden) by Race/Ethnicity, 2021



Suicide Rates by Race/Ethnicity in California, 2012-2021

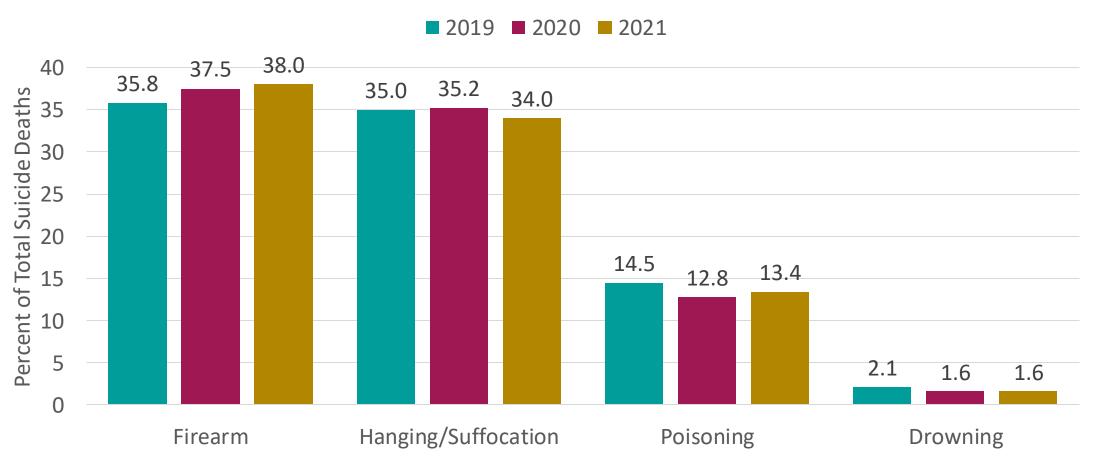




Note: AI/AN = American Indian/Alaska Native. Suicide rates for AI/AN are unstable due to small number of observations.

Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2021 deaths: CDPH, 2012-2021 population: CA Dept. of Finance P-3

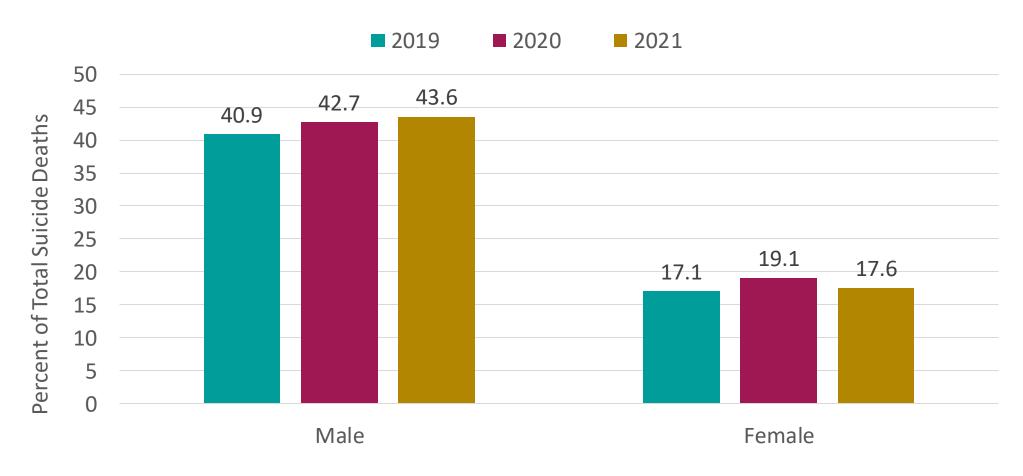
Mechanism of Suicide in California, 2019 - 2021





Note: Only the most common and other select mechanisms are presented in the graph so percentages for each year will not add up to 100%. **Source:** 2019-2021 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

Suicides by Firearm by Sex, California, 2019 - 2021



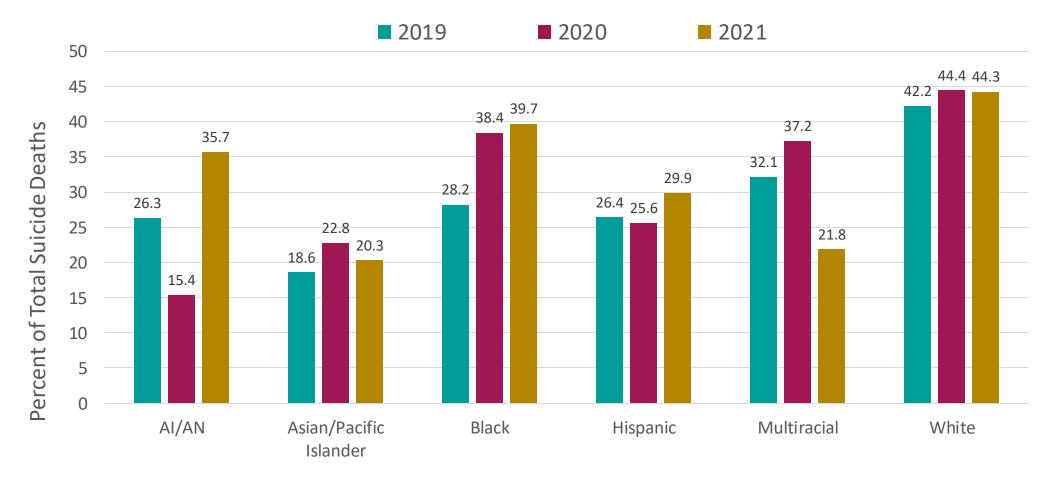


Suicide by Firearm by Age Group, California, 2019 - 2021



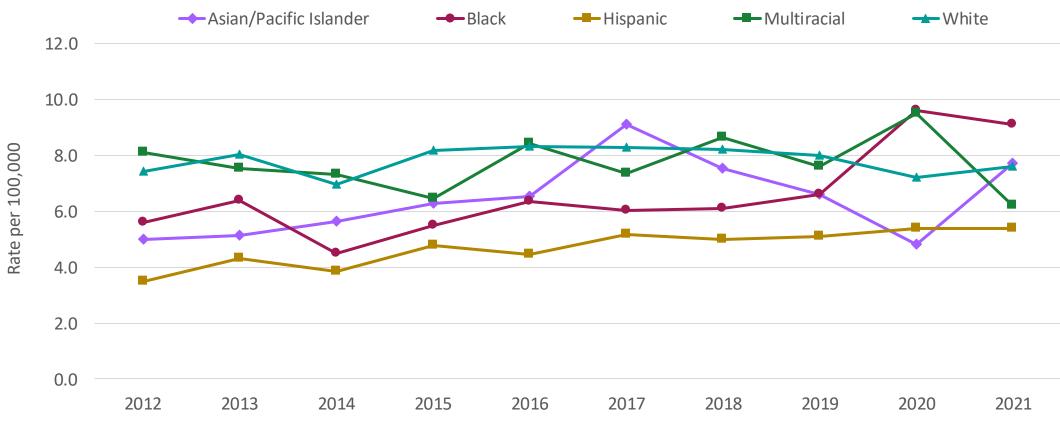


Suicide by Firearm by Race/Ethnicity, California, 2019-2021





Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in California, 2012-2021

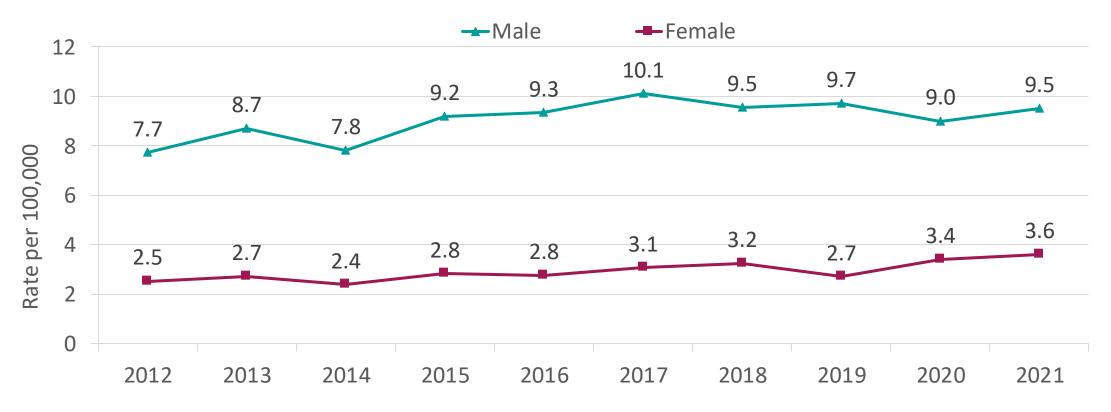




Note: Data for American Indian/Alaska Native (AI/AN) youth are not shown due to extremely small number of observations.

Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2021 deaths: CDPH, CA Comprehensive Master Death File (CCMDF);

Suicide Rates (Risk) among Youth (Ages 10-24) by Sex in California, 2012-2021





Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2021 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); 2012-2021 population: CA Dept. of Finance P-3 Population Projection File (2010-2060), July 2021 Release

Summary of Suicide Findings/Trends

- Number of suicides and suicide rates overall in California remained stable from 2020 to 2021.
- American Indians/Alaska Natives, Blacks, Hispanics, and Asian/Pacific Islanders experienced an increase in suicide rates between 2020 to 2021.
 - Rates for individuals who are American Indian/Alaska Native more than doubled.



Summary of Suicide Findings/Trends, continued

- Youth aged 19-24 saw the largest increase in suicide rates from 2020 to 2021, compared to other age groups.
- For youth aged 10-24:
 - Black youth continue to have the highest rates of suicide as of 2021.
 - Asian and White youth saw an increase in suicide rates from 2020 to 2021.
 - Female youth overall saw an increase in suicide rates from 2020 to 2021.
- Suicide deaths due to firearms increased from 2020 to 2021, especially among younger individuals (<25-years-old) and for individuals who are Black, American Indians/Alaska Natives, and Hispanic.

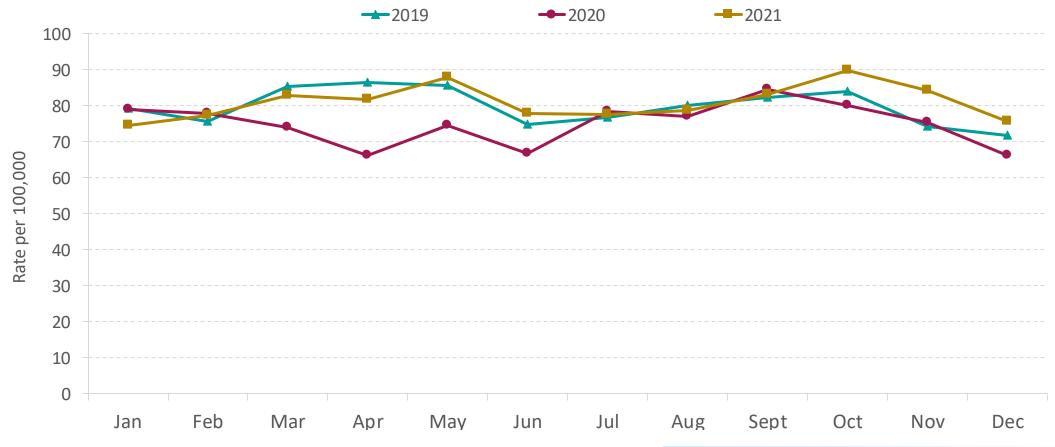


Self-harm Emergency Department (ED) visits

- Non-fatal injuries with or without suicidal intention (including non-suicidal self-harm and suicide attempts) and includes:
 - Treat and release (excludes same facility hospital admissions)
 - Only includes CA residents seen in CA facilities
 - Any mention of a self-harm injury*
- Excludes newborns (1 day old) and age >119
- Data available through 2021



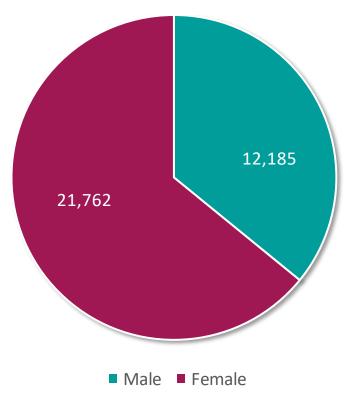
Monthly Self-harm ED Visit Rates in California, 2019 - 2021



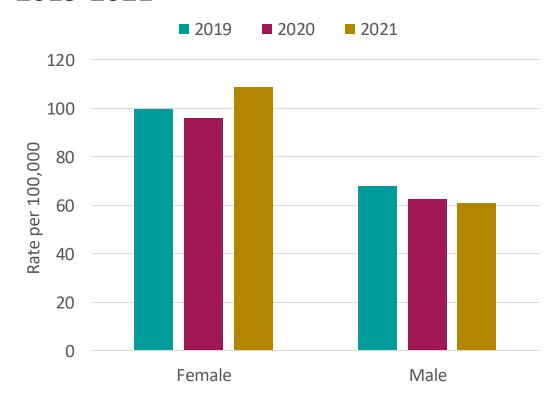


Self-harm ED Visits (Burden) and Rates (Risk) by Sex in California

Self-Harm ED Visits (Burden) by Sex, 2021



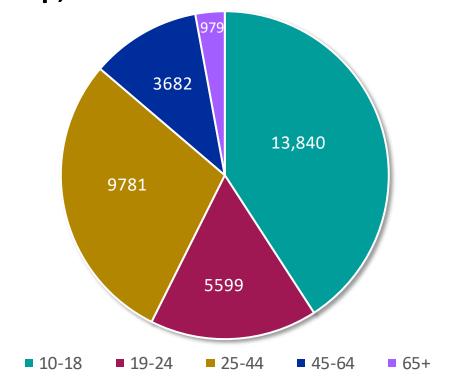
Self-Harm ED Visit Rates (Risk) by Sex, 2019-2021





Self-harm ED Visits (Burden) and Rates (Risk) by Age in California

Self-Harm ED Visits (Burden) by Age Group, 2021



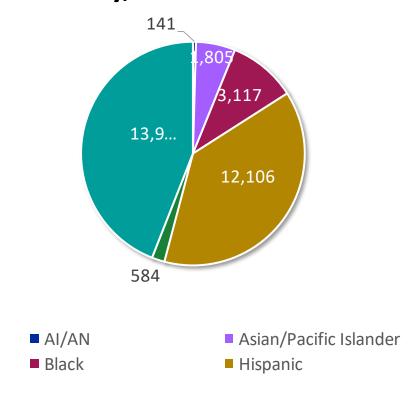
Self-Harm ED Visit Rates (Risk) by Age Group, 2019-2021



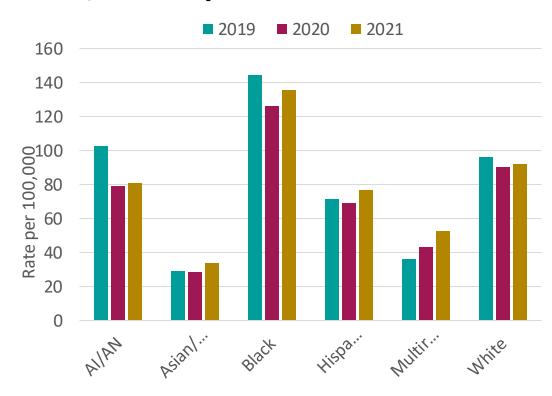


Self-harm ED Visits (Burden) and Rates (Risk) by Race/Ethnicity in California

Self-Harm ED Visits (Burden) by Race/Ethnicity, 2021



Self-Harm ED Visit Rates (Risk) by Race/Ethnicity, 2019-2021





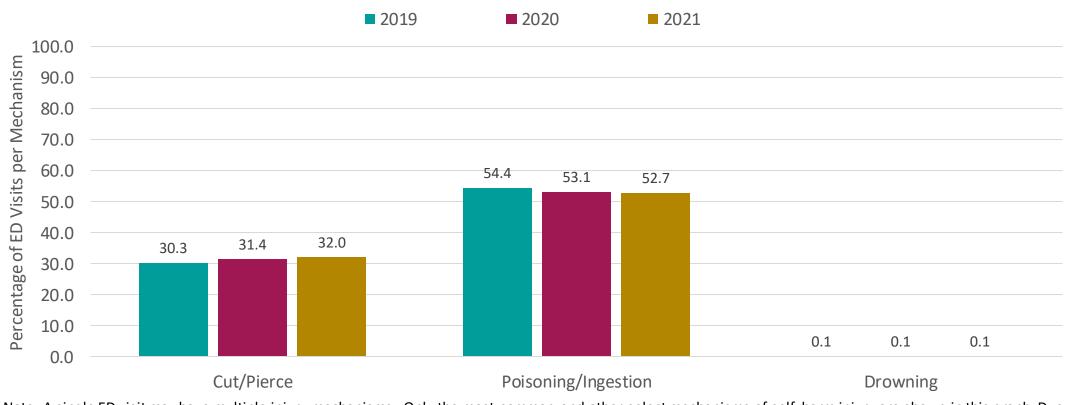
Note: AI/AN = American Indian/Alaska Native

Source data: 2019-2021 ED visits: CA Dept of Health Care Access and Information (HCAI); 2019-2021 population: 2019-

2021 population: CA Dept. of Finance P-3 Population Projection File (2010-2060), July 2021 Release

Reason (Injury Mechanism[s]) for Self-harm ED Visits in California, 2019 - 2021

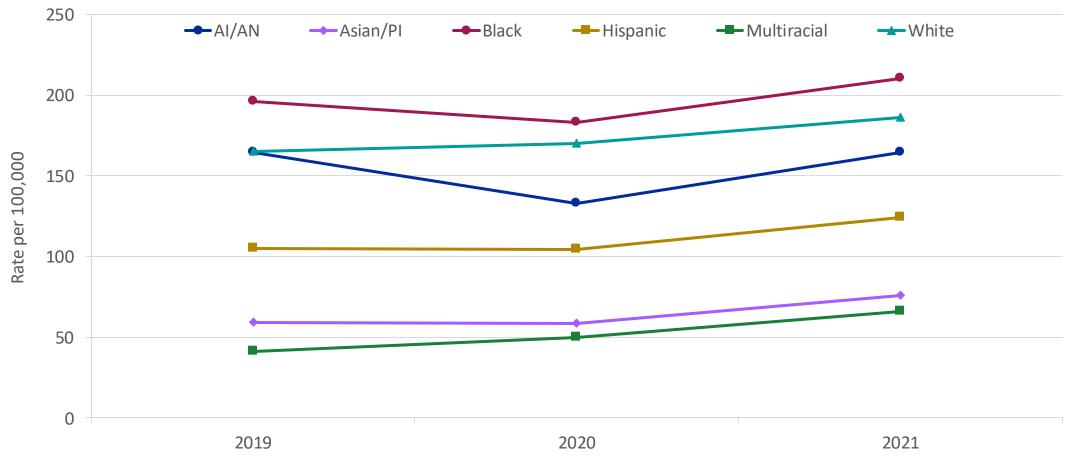
Percentage of Self-Harm ED Visits per Mechanism(s), 2019-2021





Note: A single ED visit may have multiple injury mechanisms. Only the most common and other select mechanisms of self-harm injury are shown in this graph. Due to these reasons, total percentages for each year may not add up to 100%.

Self-Harm ED Visit Rates (Risk) Among Youth Under 25 by Race/Ethnicity, 2019-2021

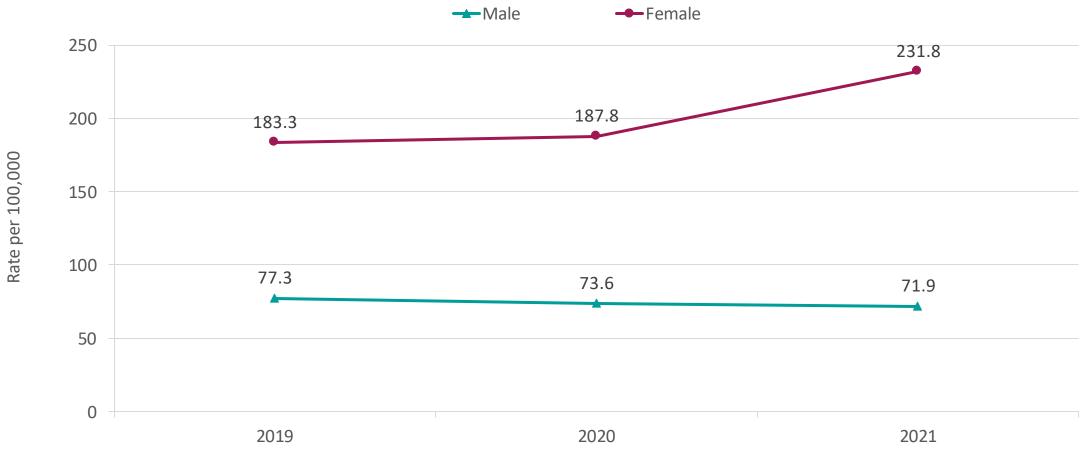




Note: AI/AN = American Indian/Alaska Native

Source data: 2019-2021 ED visits: CA Dept of Health Care Access and Information (HCAI); 2019-2021 population: 2019-2021 population: CA Dept. of Finance P-3 Population Projection File (2010-2060), July 2021 Release

Self-Harm ED Visit Rates (Risk) Among Youth Under 25 by Sex, 2019-2021





Summary of Self-Harm ED Visit Findings/Trends

- Overall self-harm ED visit rates increased from 2020 to 2021 in California.
- Females saw an increase in self-harm ED visits from 2020 to 2021, whereas males saw a decrease.
- Youth aged 10-18 had the highest rates of self-harm ED visits and experienced the greatest increase in rates from 2020 to 2021, compared to other age groups.
- For 2021, Black individuals had the highest rates of self-harm ED visits.
- All race/ethnicity groups saw an increase in self-harm ED visit rates from 2020 to 2021 with Multi-Race individuals experiencing the largest increase.



Summary of Self-Harm ED Visit Findings/Trends, continued

- For youth aged <25 specifically:
 - Black youth had the highest rates of self-harm ED visits as of 2021.
 - Female youth experienced an increase in self-harm ED visit rates from 2020 to 2021.
 - White youth and Multi-Racial youth experienced increases in self-harm ED visit rates from 2020 to 2021 (with Multi-Racial youth accounting for the greatest increase).
- The most common reason for a self-harm ED visit was poisoning/ingestion, followed by cutting/piercing, together accounting for approximately 85% of self-harm ED visits.

