



Injury and Violence Prevention Branch

Older Adult Suicide in California in 2019

Background

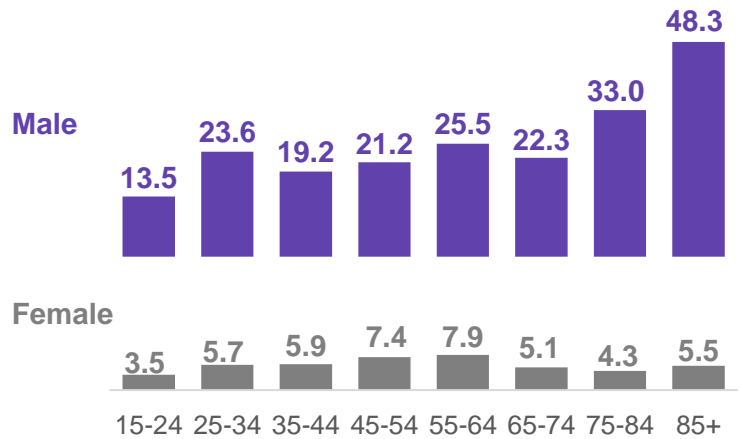
Suicide is a major public health concern in California that can have both immediate and long-term emotional and economic impacts on individuals, families, and entire communities. California suicide rates peak at multiple stages throughout the lifespan; however, the rates are highest in older adults aged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

Older Adult Suicide (Age 65 and Older)

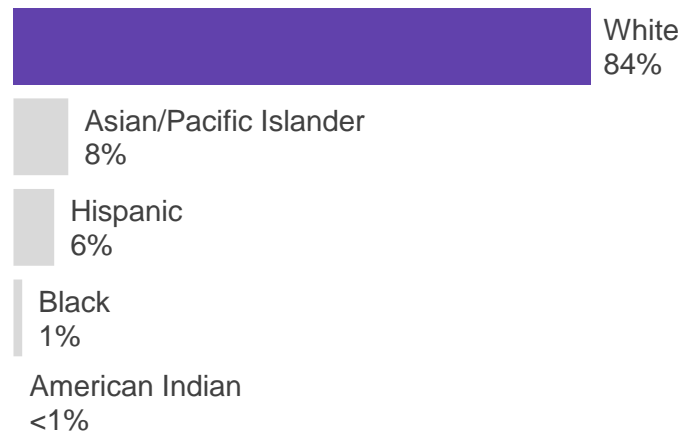
In 2019, there were 4,439 confirmed suicide deaths among California residents; 21% (927 suicides) were among older adults, for a rate of 15.3 deaths per 100,000 Californians 65 years and older. Of these 927 deaths:

- Approximately 82% were males; 44% of which were veterans.
- For males, the rate of suicide increased with age and was highest among those 85+ years.
- Those married or in a domestic partnership had a lower rate of suicide (16.7 per 100,000 for males and 2.7 for per 100,000 females) compared to those who were not married or in a domestic partnership (52.5 per 100,000 for males and 6.6 per 100,000 for females).

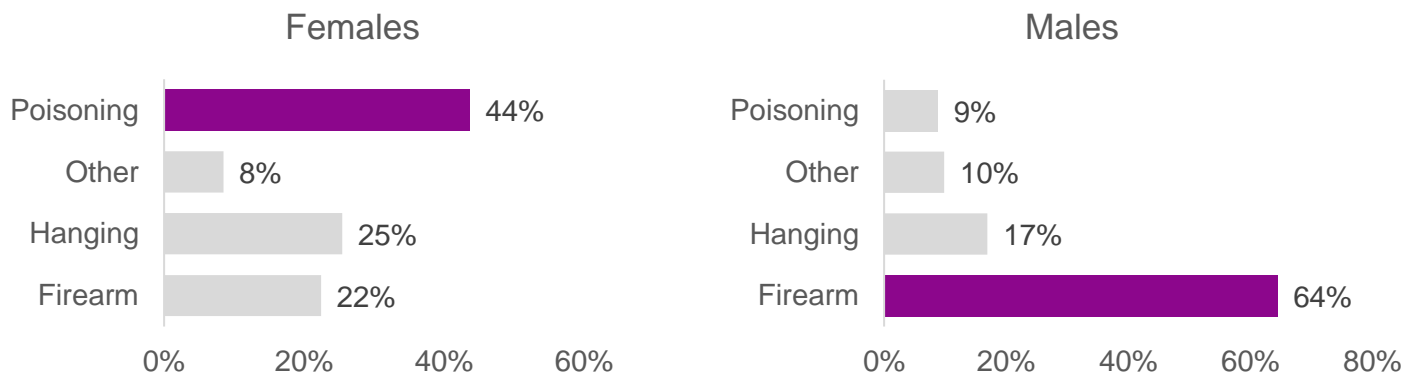
Among California residents in 2019, older male adults had higher suicide rates (per 100,000) than older female adults and all younger individuals.



Older adult suicides among California residents in 2019 were highest in individuals who were White.



Among California residents in 2019, firearm suicides were most common for older adult males, while suicides by poisonings were most common for older adult females.



What We Know

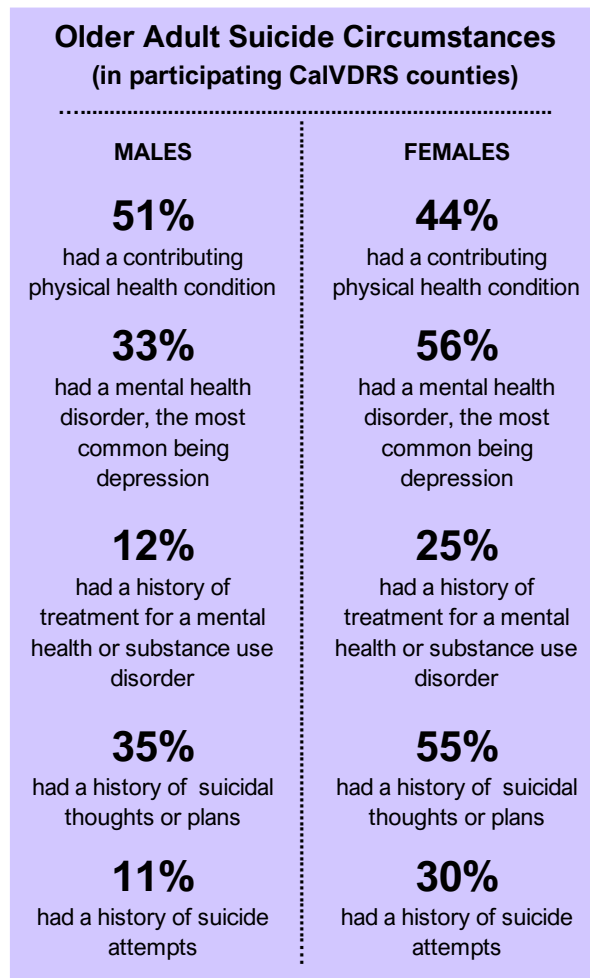
The California Violent Death Reporting System (CalVDRS) conducts surveillance on violent deaths that occur in a subset of California counties. CalVDRS combines data from death certificates with medical examiner/coroner, toxicology, and law enforcement reports.

In 2019, 30 of 58 counties participated in CalVDRS. Supplemental multi-source CalVDRS data were abstracted for 546 of the 927 older adult suicides in California in 2019. Circumstances are reported as a percentage of deaths with at least one known circumstance; circumstances were known for 88% (n=483) of the older adult suicides. Together, the 30 participating CalVDRS counties represented 59% of the older adult suicides that occurred in California in 2019 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; 39% had a history of suicidal thoughts and/or plans; 7% had a family member or friend die recently; 7% 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.



Opportunities for Prevention

Focus on Risk Factors:

Focusing prevention programs and resources on populations who are disproportionately impacted by suicide may reduce suicide deaths. For older adults, this could include a focus on: males; veterans; those with physical health conditions, functional impairment, or mental health conditions; those who have a history of suicidal thoughts or plans; and those experiencing prolonged loneliness or isolation.

Focus on Prevention:

Firearms: Firearms were used in 64% of older adult male suicides. Strategies to facilitate safe firearm storage or limiting access to firearms (e.g., gun locks, gun safes, and gun violence restraining orders) may help to prevent these deaths in the future.

Poisonings: Suicide by poisoning accounted for 44% of older adult female suicides. The leading cause of poisoning is drug overdoses. Safe storage of prescriptions and other drugs may help to prevent these deaths.

Use a Comprehensive Approach to Suicide Prevention:

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. 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, ready to listen and provide emotional support.

Contact the 988 Suicide and Crisis Lifeline if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support to connect with a trained crisis counselor. 988 is confidential, free, and available 24/7/365:

- Call or text 988
- Chat at 988lifeline.org



Data Sources:

California Violent Death Reporting System (CaVDRS), Injury and Violence Prevention Branch, Center for Healthy Communities, California Department of Public Health (CDPH); California Comprehensive Master Death File (CCMDF), CDPH, 2019 (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 2019 (for marriage rate estimates).

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