DATA BRIEF

SUICIDES IN RIVERSIDE COUNTY

If you or anyone you know is having thoughts of suicide, call the Inland SoCal Crisis HELPline at 951-686-HELP or the National Suicide Prevention Lifeline at 988 or text "Home" to 741741.

2018-2022

SUICIDE AND SELF-HARM

2018-2022

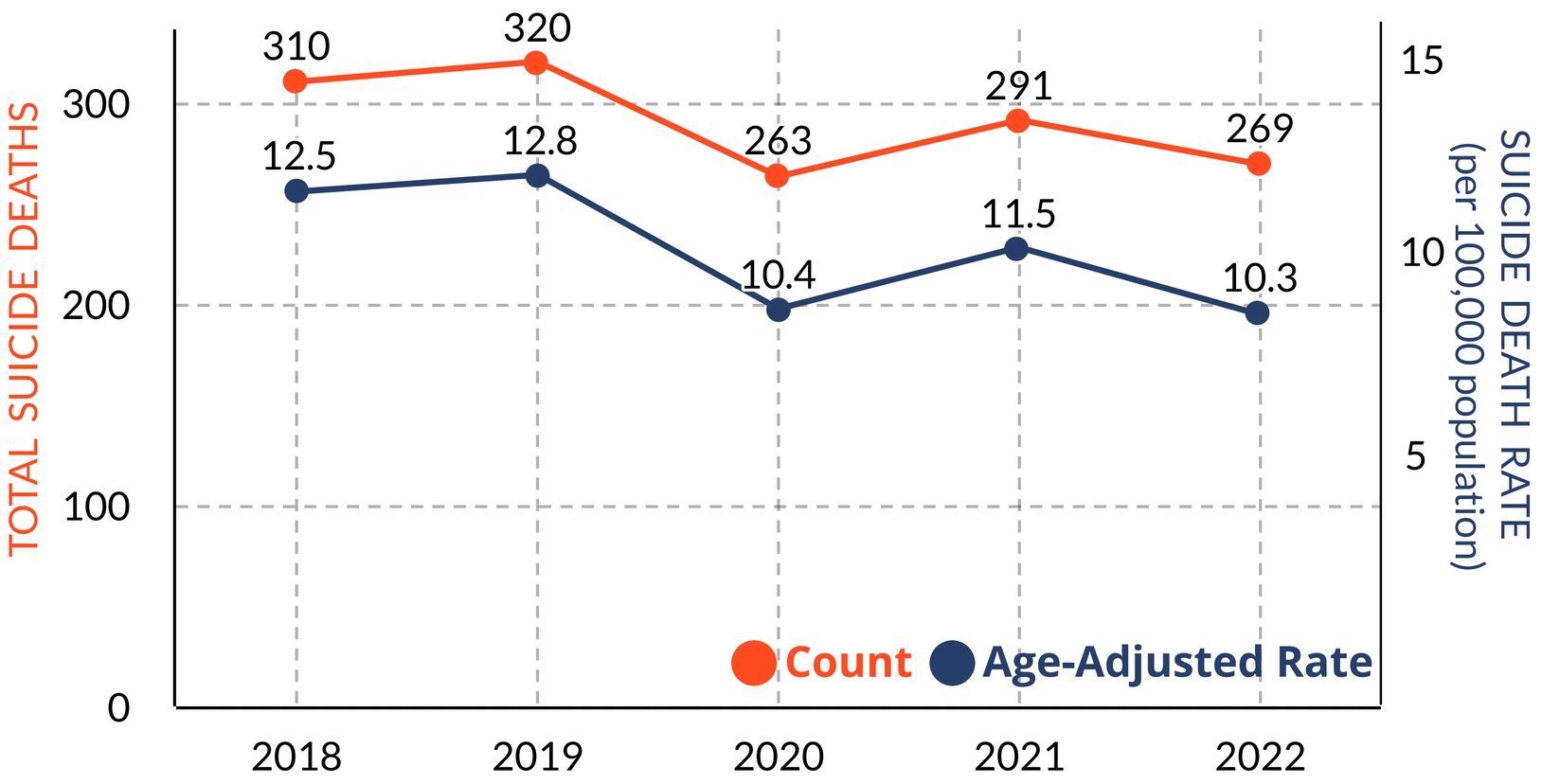
*The goal of the **Suicide Prevention Coalition** is to bring together multidisciplinary teams to work collectively to bring awareness to addressing risk factors associated with suicide, eliminate suicide deaths and attempts, as well as increase support and resources.*

KEY FINDINGS

- Suicides in Riverside County are among the **top 5 leading causes of death** in residents **less than 40 years old.**
- Suicides in Riverside County have **decreased 16%** between 2019 and 2022.
- **Suicide deaths** were higher among **males** while **suicide attempts** were higher among **females**.
- Adults aged **25-64** made up a **larger percentage** of suicide deaths; however, adults **65+ years** had the highest rate of suicide deaths in 2022. (*Page #3)*
- **Suicide by firearm** was the most common means for **males**, while **poisoning** was the most common means among **females**. (*Page #7)*
- **Veteran suicide deaths** accounted for **16%** of all suicide deaths. (*Page #4-5)*
- Suicide death rates were the highest among residents in the **Mid region** when compared to other regions of Riverside County. (*Page #9)*
- **Suicide ideation** was higher among **female youth** and nearly **half** of **LGBTQ youth** had **considered suicide** in the last year. (*Page #15)*

OVERVIEW

Suicide continuously ranks as one of the leading causes of death in the United States. It is a complex public health challenge that requires a multi-faceted intervention. The Riverside County Suicide Prevention Coalition aims to utilize a data-driven, collaborative approach to decrease suicides— partnering with community stakeholders, including local school districts, community partners, and behavioral health professionals to address the root causes of suicide.



Among all residents in Riverside County, suicide was the fifteenth leading cause of all deaths in 2022. However, suicide was the second leading cause of death among all aged 20-29 years, third among 30-39 years and sixth among under 20 years in 2022.

Suicides in Riverside County have decreased 16% from 2019 - 2022 with the lowest in 2020. Although total suicide deaths decreased in 2020, the rate of suicide increased among 10-18 and 85+ age groups compared to 2019. In 2022, suicide rates among the 10-18 age group decreased while rates increased among adults 85+ years. Suicide attempts/self-harm inflicted injuries has shown an increased trend from 2019-2021; however, decreased in 2022.

Suicide deaths consistently show a higher prevalence among White older male adults while suicide attempts are highest among young White and Latinx females. Additionally, more than 65% of all suicide deaths were among residents between 25-64 years old in 2021.

The focus of this data brief is to highlight suicide trends over time across demographic groups and geography to illustrate where intervention can be targeted in Riverside County. In this report, suicide refers to deaths due to suicide, and nonfatal self-inflicted injuries include suicide attempts and non-suicidal self-harm.

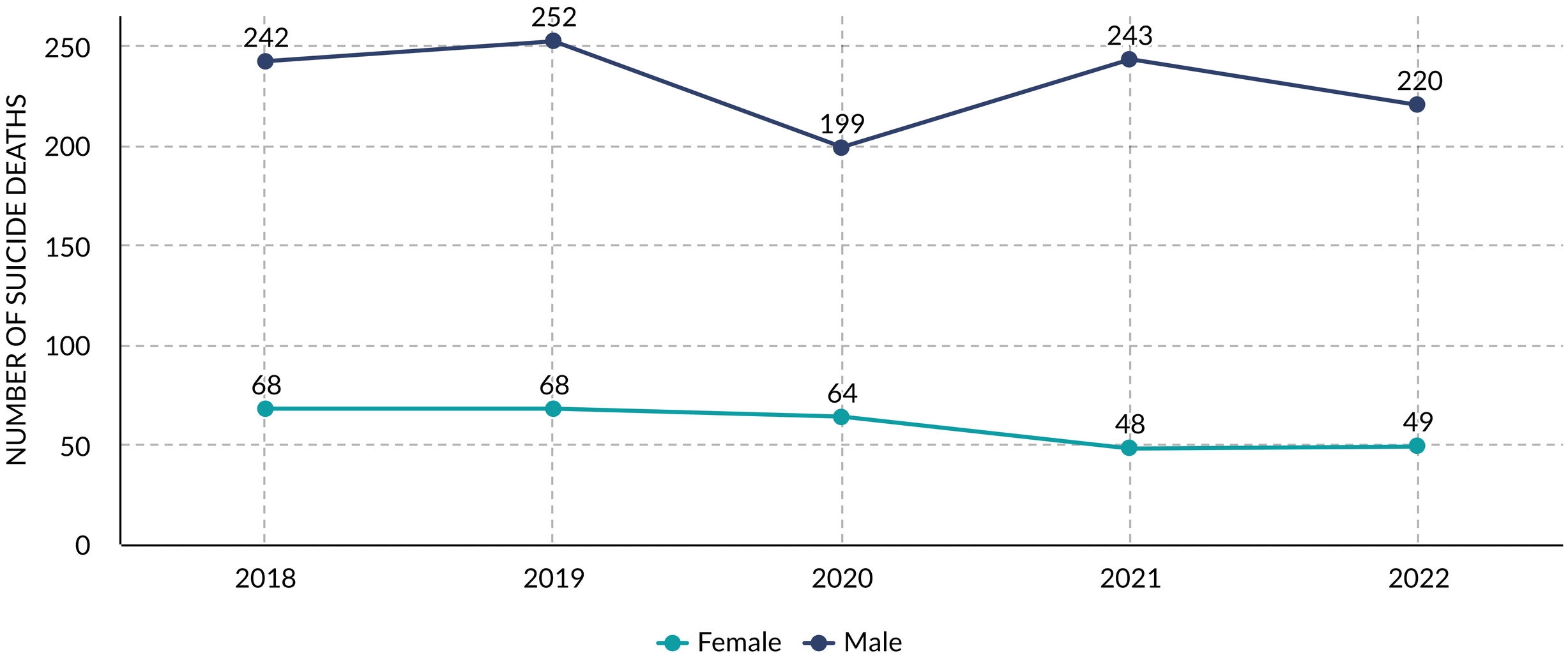
SUICIDE DEATH DEMOGRAPHIC CHARACTERISTICS (2020-2022)

	2020	2021	2022
	Percentage (Age-Adjusted Rate per 100,000 population)		
SEX*			
Female	**24.3%** (5.2)	**16.5%** (3.9)	**18.2%** (3.8)
Male	**75.7%** (16.3)	**83.5%** (19.7)	**81.8%** (17.1)
AGE			
10-18 years	**5.3%** (4.5)	**5.5%** (5.1)	**3.3%** (2.9)
19-24 years	**7.6%** (9.2)	**8.6%** (11.6)	**8.9%** (11.2)
25-44 years	**31.6%** (12.9)	**38.8%** (17.1)	**30.5%** (12.2)
45-64 years	**32.7%** (14.9)	**26.5%** (13.3)	**29.7%** (13.7)
65-84 years	**18.3%** (14.6)	**17.5%** (14.9)	**22.3%** (16.9)
85+ years	**4.6%** (20.6)	**3.1%** (15.1)	**5.2%** (22.7)
RACE AND ETHNICITY			
American Indian/Alaska Native**	**0.8%** (16.0)	**1.0%** (30.9)	**0.7%** (6.6)
Asian	**4.2%** (7.6)	**6.2%** (12.1)	**5.9%** (10.7)
Black/African-American	**8.4%** (16.1)	**4.1%** (8.1)	**3.7%** (5.9)
Latinx	**24.3%** (5.6)	**35.1%** (8.9)	**31.6%** (7.2)
Native Hawaiian/Pacific Islander**	**0.8%** (29.4)	**0.3%** (15.3)	**0.0%** (0.0)
White	**58.6%** (15.5)	**50.9%** (15.1)	**56.5%** (15.2)
Other/Unknown	**3.0%** (NA)	**2.4%** (NA)	**1.5%** (NA)

**Transgender/gender non-conforming data unavailable*
***Numbers should be interpreted with caution due to small numbers.*

- Suicide deaths in Riverside County have been consistently highest among males.
- Adults 25-64 years accounted for 60% of all suicide deaths and 88% of all suicide deaths were among White and Latinx racial/ethnic groups in 2022.
- Suicide death rate among the youngest age group (10-18) has increased since 2019 and decreased in 2022. The rate of Riverside County suicide deaths dropped in 2020 for all age groups except 10-18 years and 85+ years. Specifically, among youth 10-14 years, suicide deaths more than doubled in 2020 compared to previous years.
- Black/African-American residents have the lowest suicide death rate among all race/ethnicities. However, in 2020, the percent of Black/African-American suicide deaths were 3 times higher compared to 2019. Rates have decreased since 2020 and continue to have the lowest suicide death rate.

SUICIDE DEATHS BY SEX(2018-2022)



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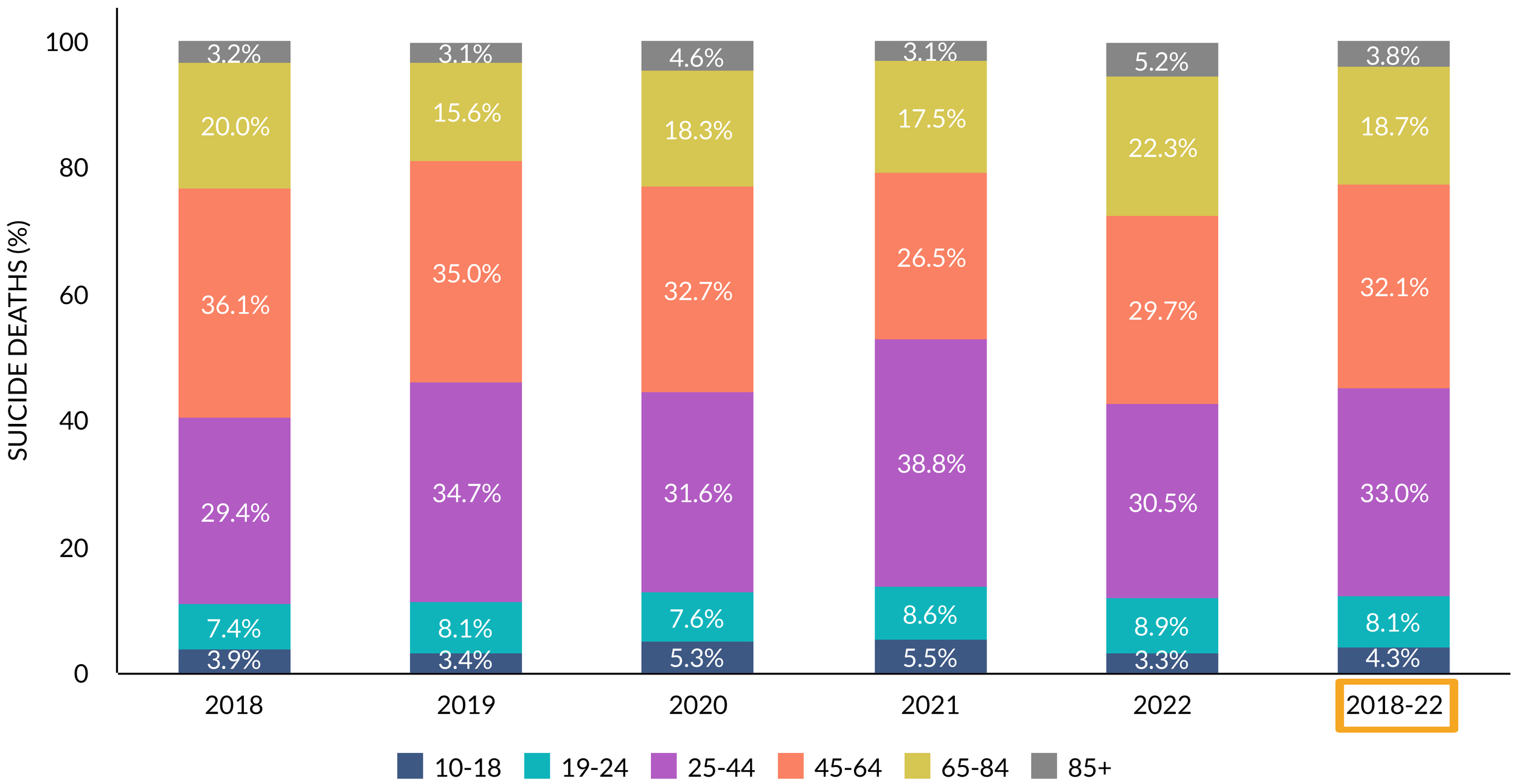
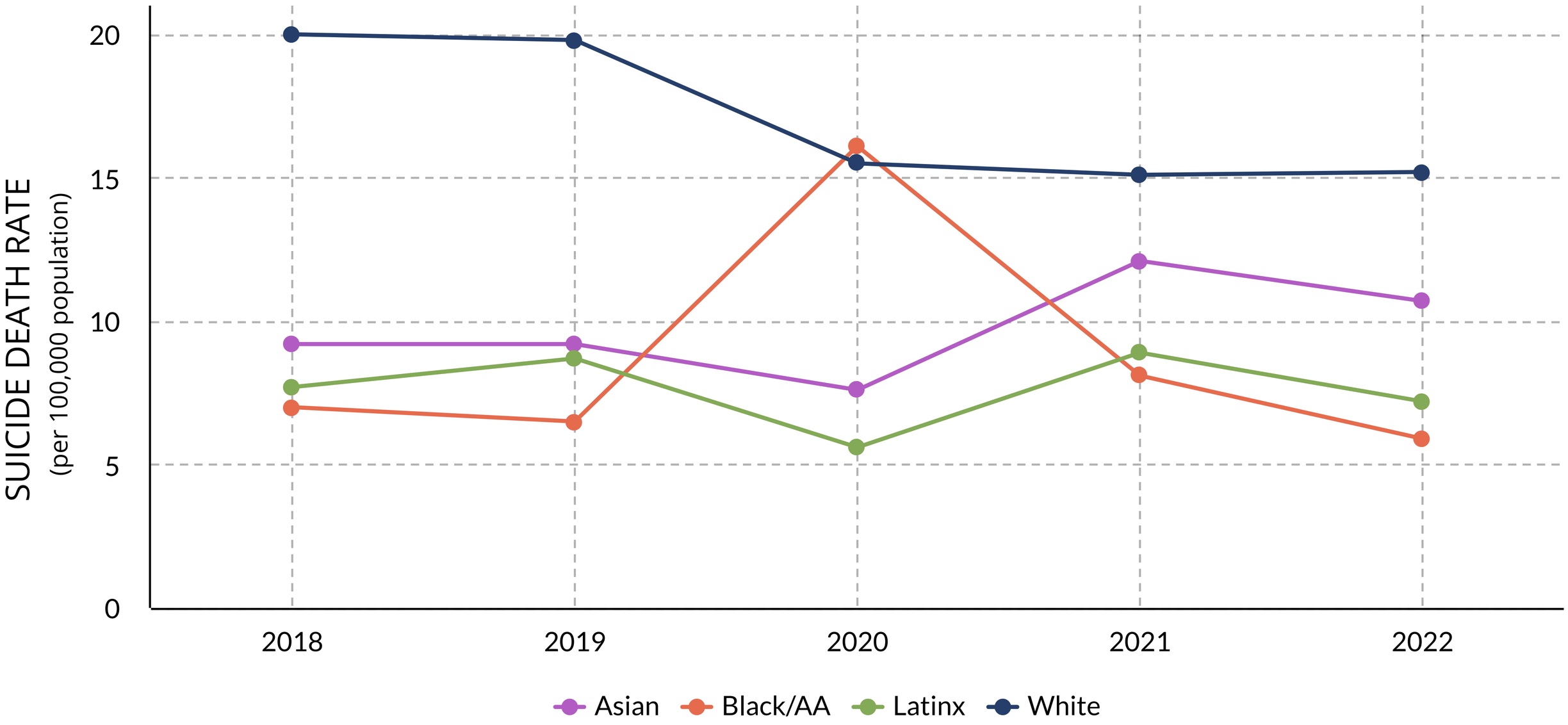
SUICIDE DEATHS BY AGE GROUP(2018-2022)



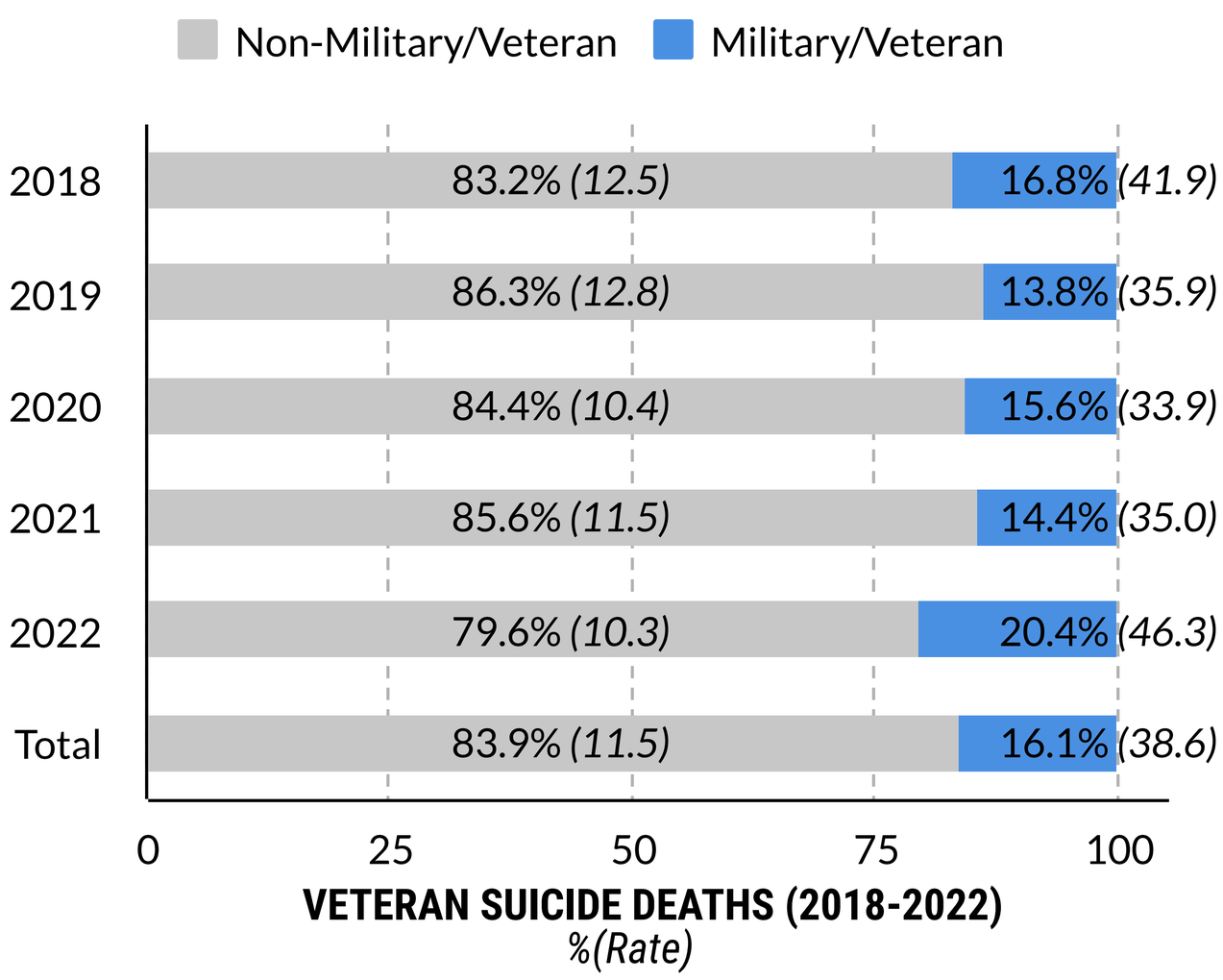
- Suicide deaths in 2022 among males were more than four times the number of suicide deaths among females.
- From 2018-2022, 65% of all suicide deaths were between 25 and 64 years.
- In 2021, the highest observed suicide deaths were among the 25-44 years age group (39%) , where 60% of the suicide deaths in this age group were among 25-34 years old.
- Among youth 10-18 years, 75% were 15-18 years, 25% were 10-14 years in 2022. In 2020, suicide deaths more than doubled among 10-14 years compared to the previous year.

SUICIDE DEATH RATE BY RACE/ETHNICITY(2018-2022)

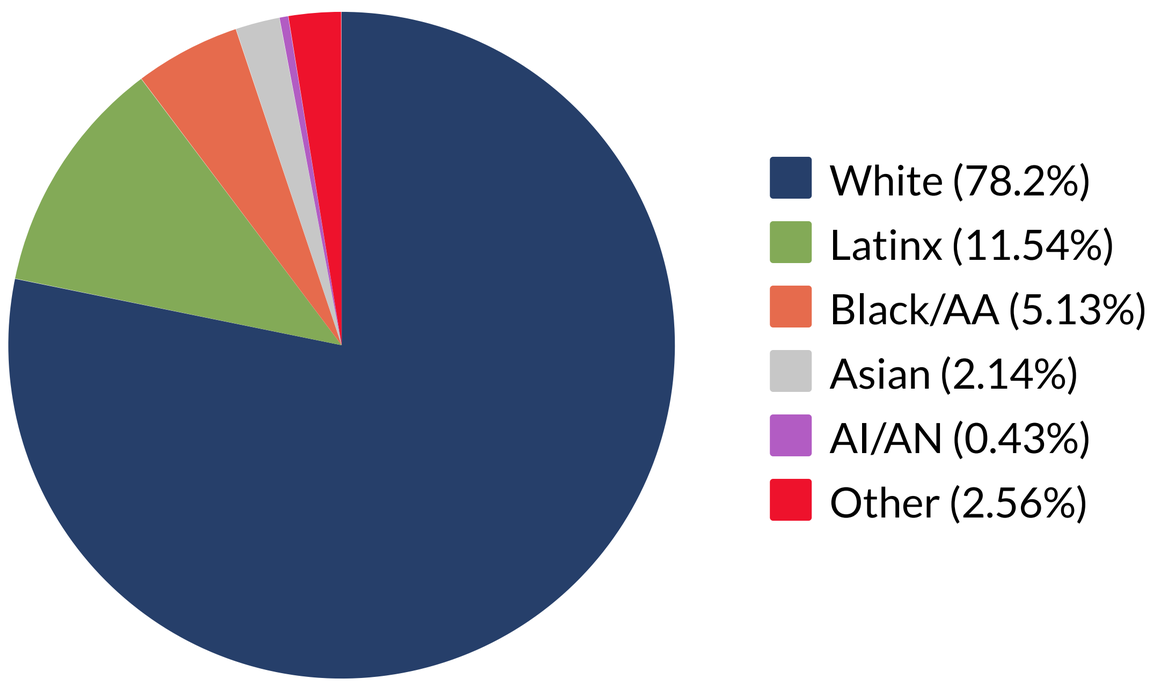


- White residents consistently had the highest proportion of suicides. Rates of suicide deaths decreased from 2018-2021; however in 2022, while all other populations decreased, rates remained stable.
- Black/African-American had the lowest suicide death rate among all racial/ethnic groups. However, while rates in all other racial/ethnic groups decreased in 2020, suicide deaths among Black/African-American populations showed a large increase and had the highest rate of all race/ethnicities.
- Suicide death rates in Asian and Latinx populations reached the highest in 2021.
- Rate comparisons for American Indian/Alaska Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI) populations have been excluded due to small numbers producing rate instability.

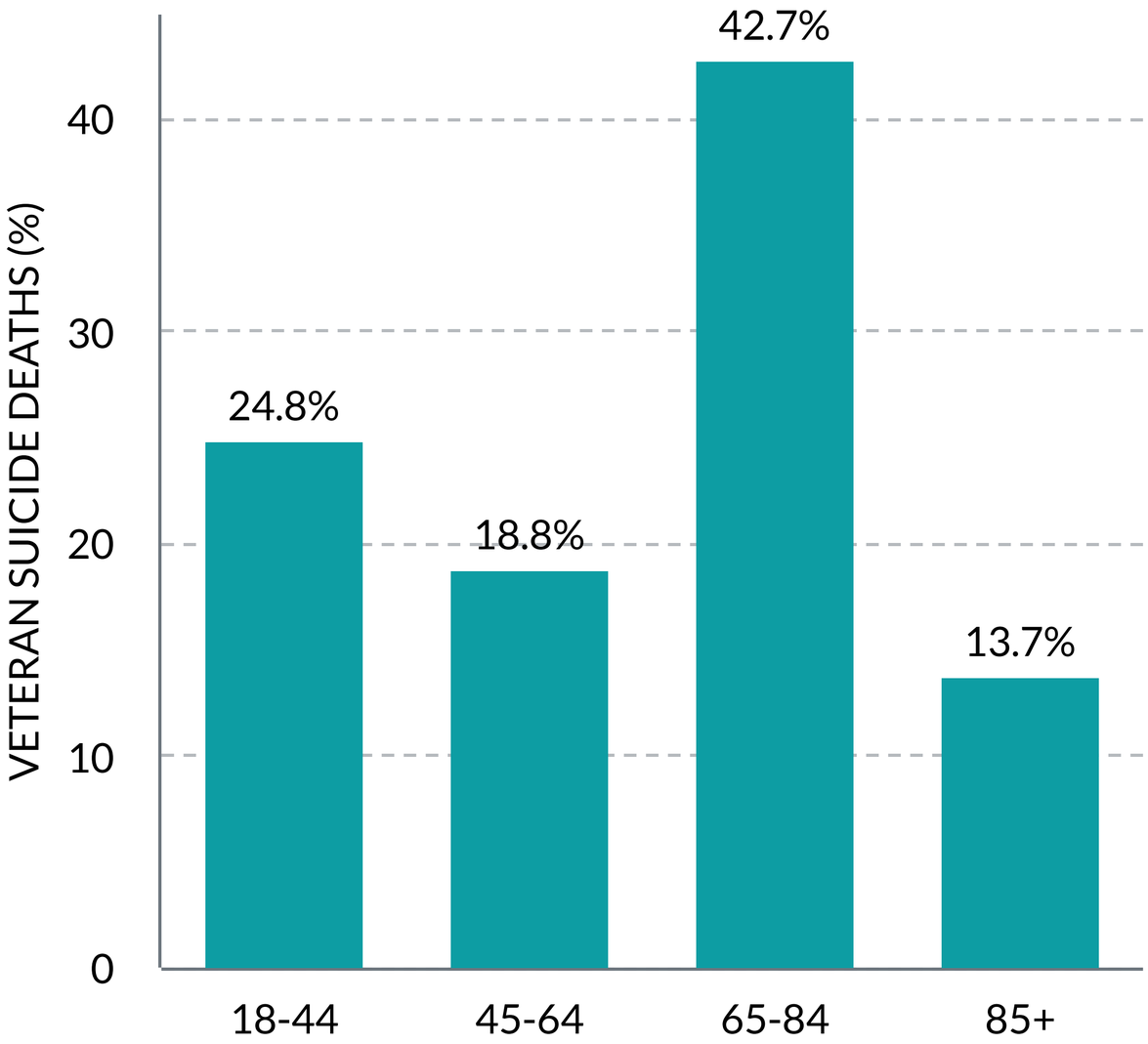
SUICIDE DEATHS BY VETERAN STATUS(2018-2022)



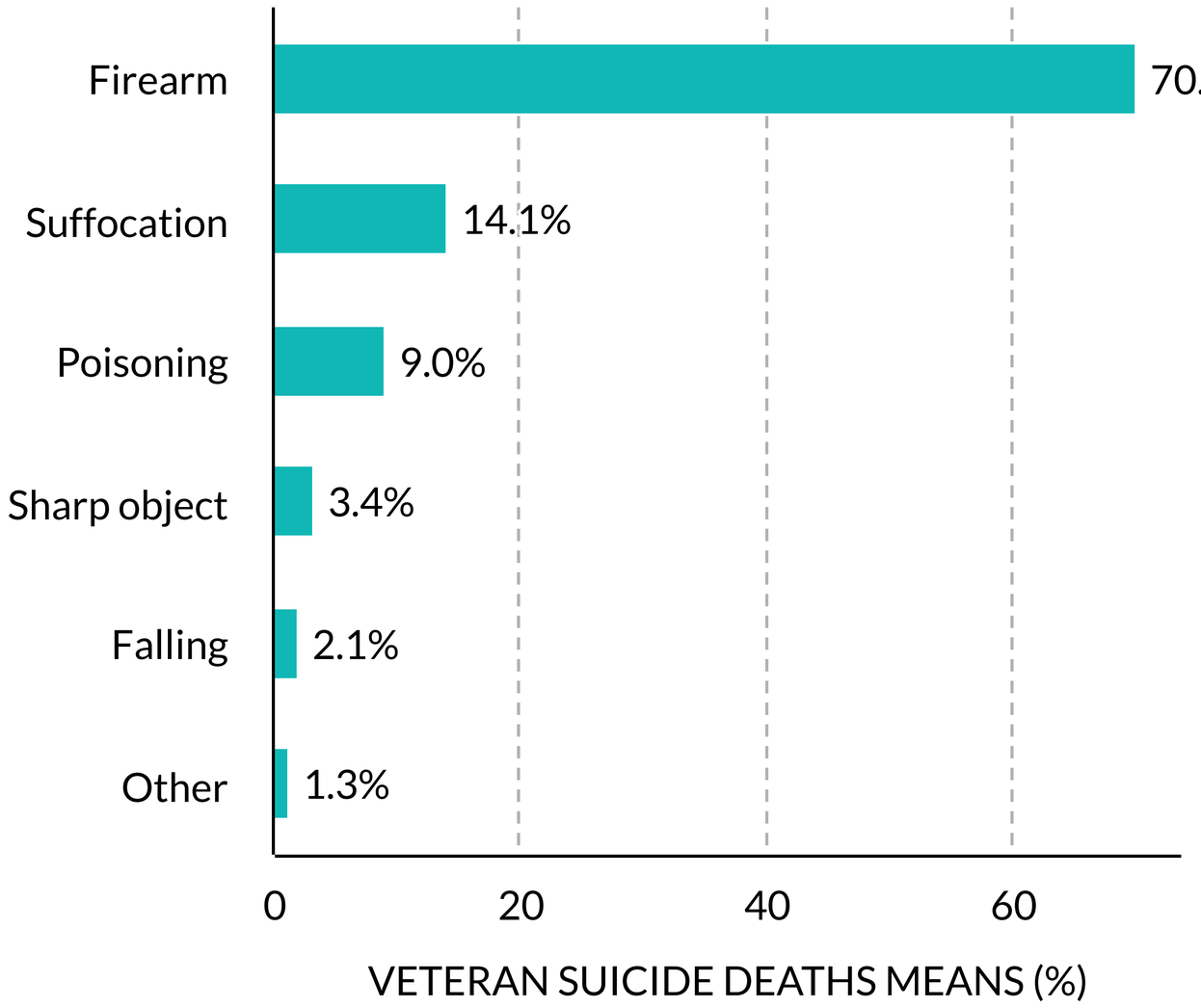
VETERAN SUICIDE DEATHS BY RACE/ETHNICITY



VETERAN SUICIDE DEATHS BY AGE GROUP



VETERAN SUICIDE DEATHS BY MEANS



VETERAN SUICIDE DEATH BY MEANS AND AGE GROUP

	Percentage (Number of Veteran Suicide Death by Means)					
	Firearm	**Suffocation**	**Poisoning**	**Falling**	**Sharp Object**	**Other**
18-44 years	**51.7**% (30)	**27.6**% (16)	**8.6**% (5)	**6.9**% (4)	**1.7**% (1)	**3.4**% (2)
45-64 years	**59.1**% (26)	**20.5**% (9)	**11.4**% (5)	**2.3**% (1)	**6.8**% (3)	**0.0**% (0)
65-84 years	**80.0**% (80)	**6.0**% (6)	**11.0**% (11)	**0.0**% (0)	**3.0**% (3)	**0.0**% (0)
85+ years	**87.5**% (28)	**6.3**% (2)	**0.0**% (0)	**0.0**% (0)	**3.1**% (1)	**3.1**% (1)

- From 2018-2022, there were 234 deaths among Riverside County Veterans (current active duty and former armed forces residents aged 18 years or older) accounting for 16% of all suicide deaths.
- Veteran suicide rates were 3-4 times higher than Non-Military/Veteran residents.
- More than 56% of veteran suicide deaths were among adults ages 65+ years.
- Among veteran suicide deaths the majority were male (97%) and identified as White (78%) and Latinx (12%).
- Of the total veteran deaths, 3% were in females. Among total female veteran deaths, 67% were 18-44 years old.
- The majority of veteran suicide deaths involved the use of firearms (70%) followed by suffocation (14%) and poisoning (9%). Older adult veterans (65+ years) primarily used firearms as a means of suicide.

SUICIDE MEANS BY DEMOGRAPHIC CHARACTERISTICS (2018-2022)

	Firearm	Suffocation	Poisoning	Falling	Sharp Object	Other
Female	19.9%	32.7%	34.7%	7.4%	1.7%	3.7%
Male	47.1%	32.4%	10.6%	4.2%	3.9%	1.9%
AGE						
10-18 years	33.9%	50.0%	11.3%	1.6%	0.0%	3.2%
19-24 years	33.1%	39.8%	9.3%	3.4%	1.7%	5.1%
25-44 years	35.2%	41.3%	10.8%	7.5%	2.9%	2.3%
45-64 years	35.5%	34.7%	21.2%	3.2%	3.4%	1.9%
65-84 years	61.6%	10.3%	18.1%	2.2%	6.3%	1.5%
85+ years	74.5%	9.1%	12.7%	0.0%	1.8%	1.8%
RACE AND ETHNICITY						
American Indian/ Alaska Native	40.0%	40.0%	10.0%	0.0%	10.0%	0.0%
Asian	30.1%	41.1%	16.4%	2.7%	6.8%	2.8%
Black/ African-American	41.3%	31.7%	11.1%	11.1%	3.2%	1.6%
Latinx	30.4%	46.1%	8.9%	8.2%	2.7%	3.7%
Native Hawaiian/ Pacific Islander	40.0%	60.0%	0.0%	0.0%	0.0%	0.0%
White	48.3%	24.2%	19.6%	2.9%	3.5%	1.6%
Other/Unknown	48.4%	32.3%	6.5%	6.5%	3.2%	3.2%

** Highlighted sections indicate the highest percentage in each category.*
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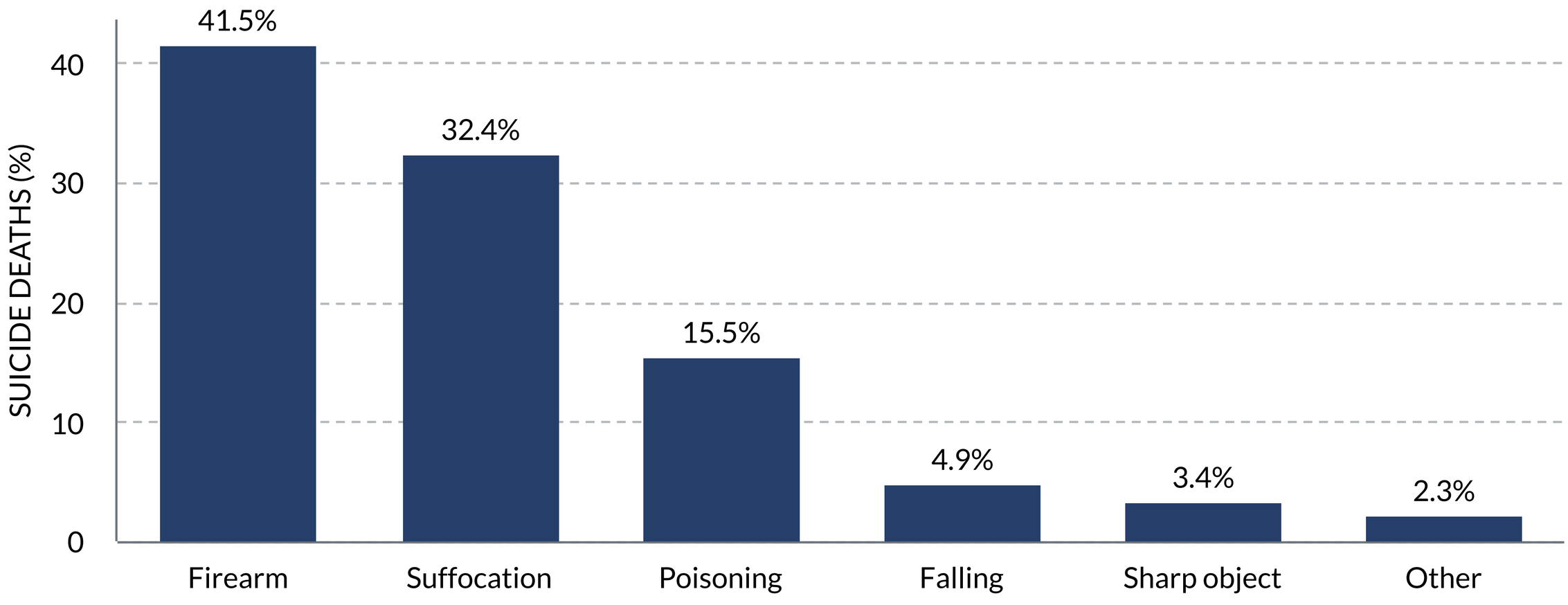
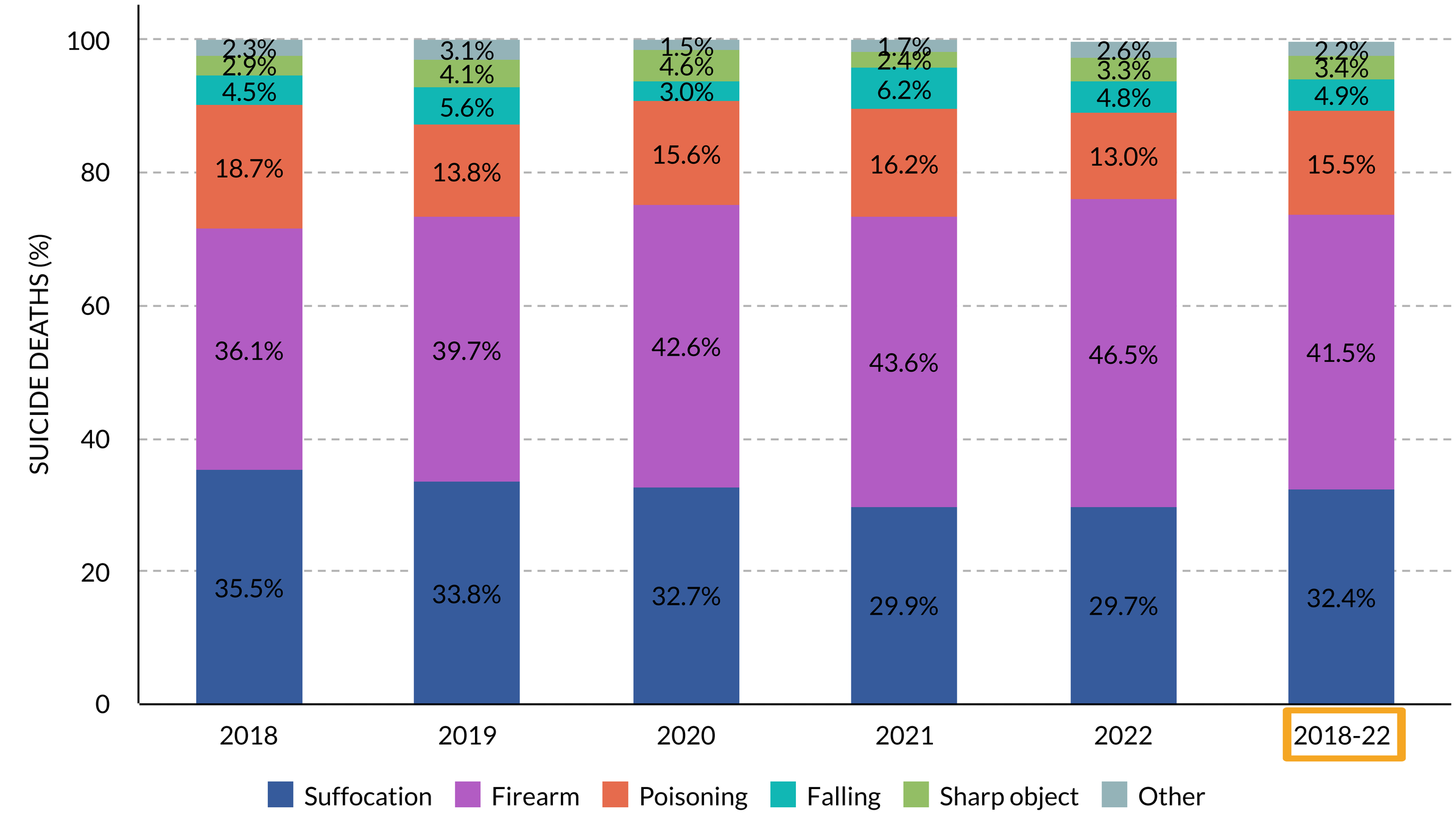
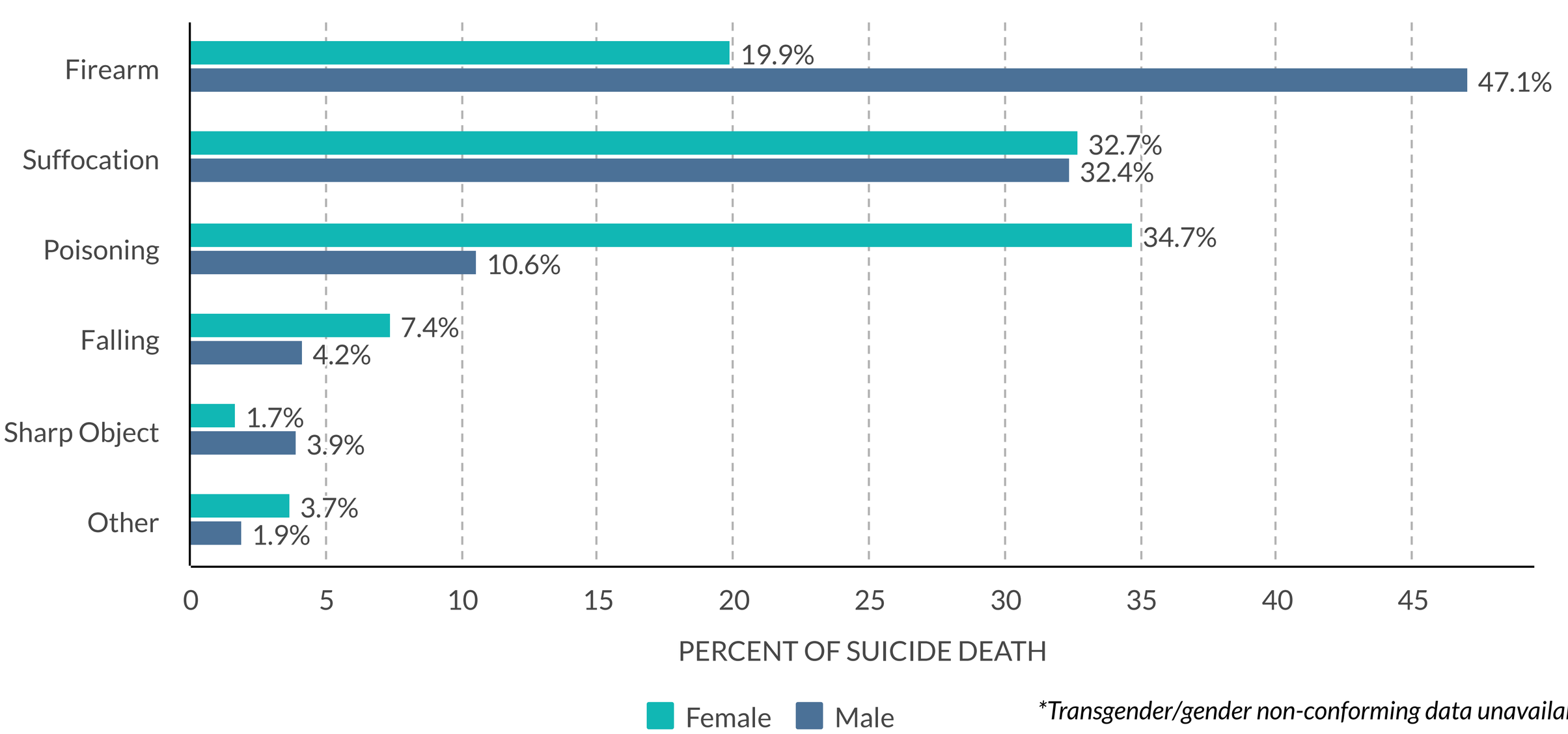


SUICIDE DEATHS BY MEANS (2018-2022)



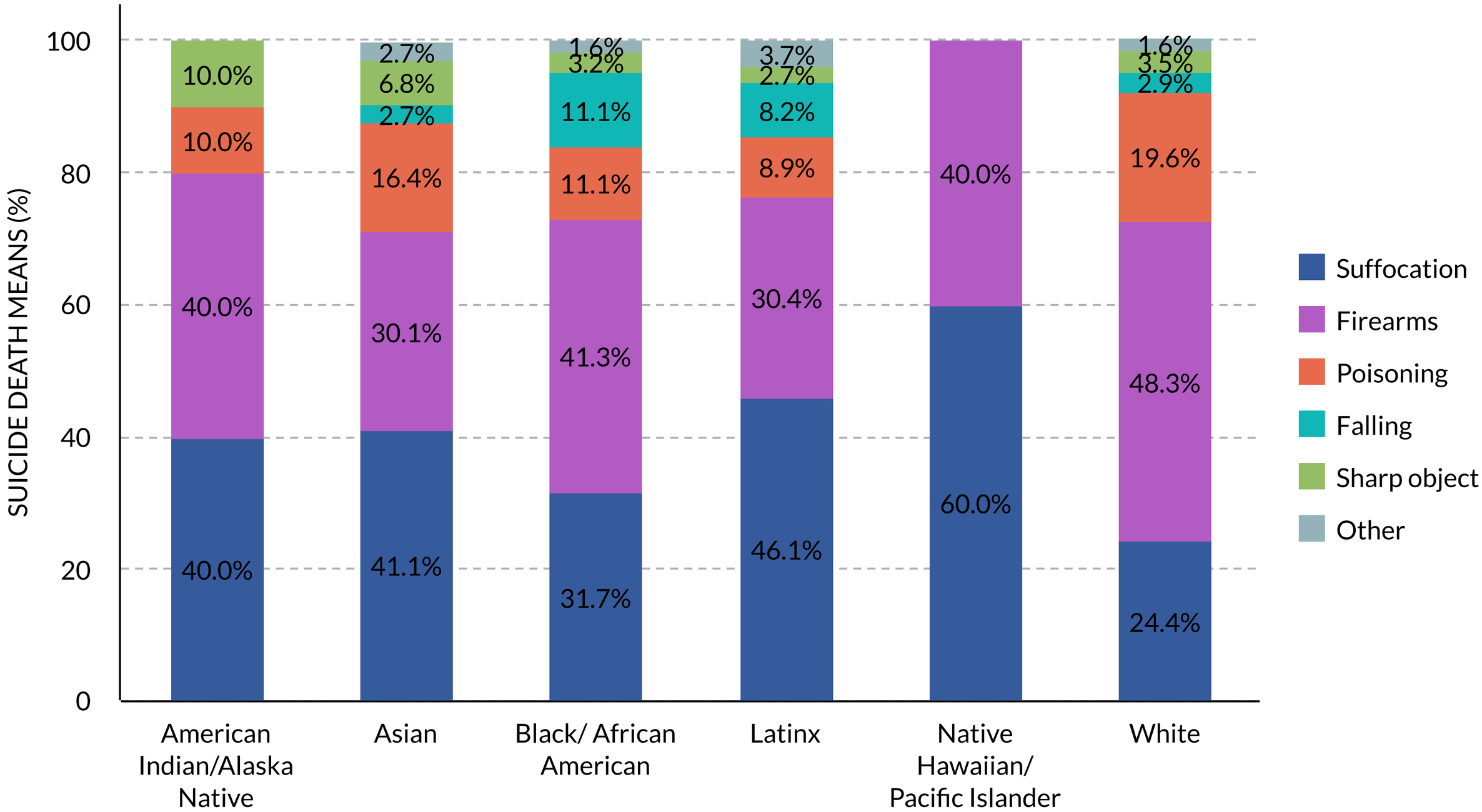
SUICIDE DEATH MEANS BY SEX (2018-2022)



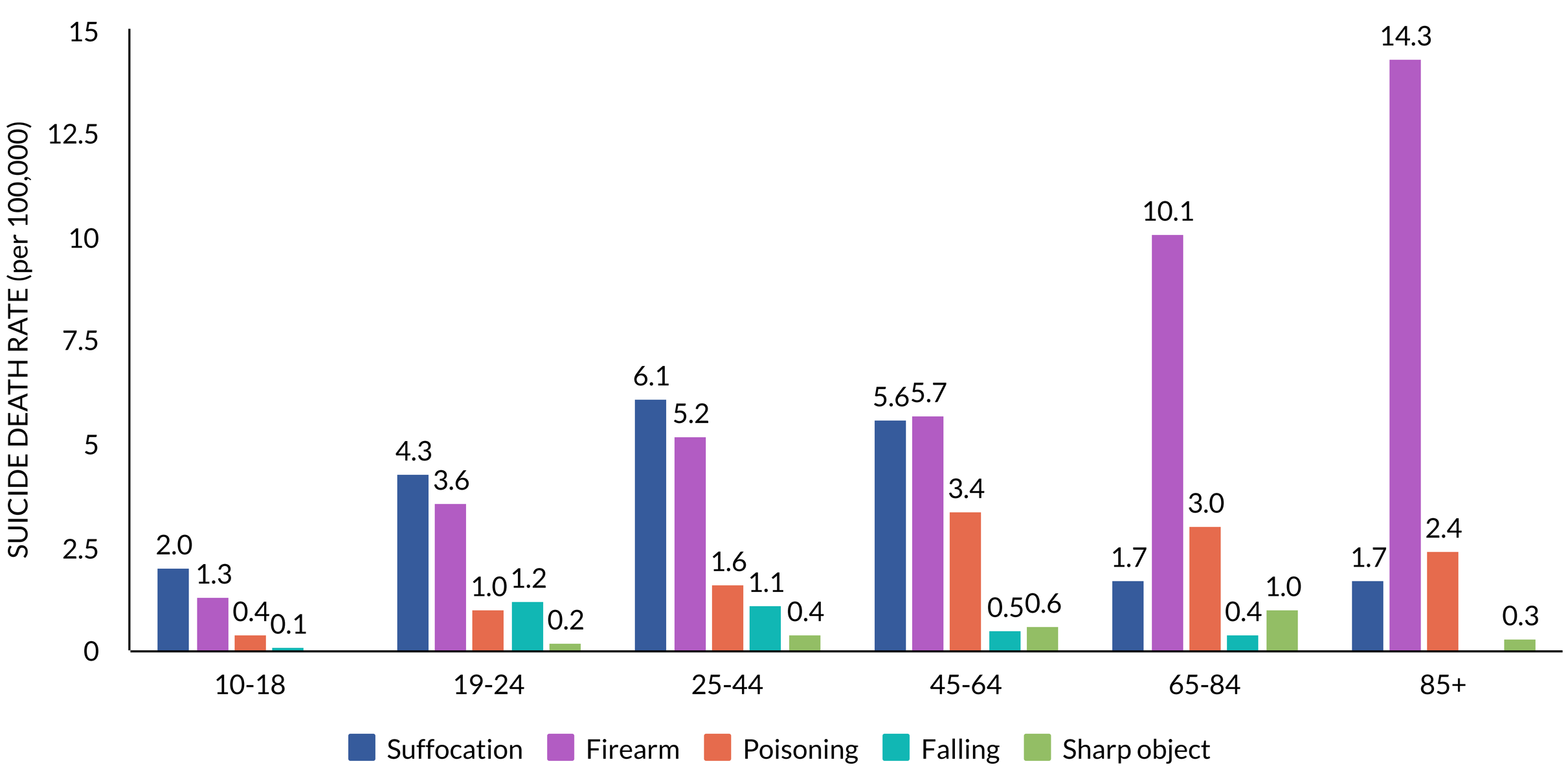
*Transgender/gender non-conforming data unavailable

- Firearms (42%) were the most common means of suicide deaths, followed by suffocation (32%) and poisoning (16%).
- The use of firearms was more common among male suicide deaths, whereas poisoning was the most common means among females. In 2022, 53% of male suicide deaths were by firearms and 35% of female suicide deaths were by poisoning.
- Since 2018, firearms as a means of suicide death increased by 10% while suffocation and poisoning decreased.

SUICIDE DEATH MEANS BY RACE/ETHNICITY (2018-2022)



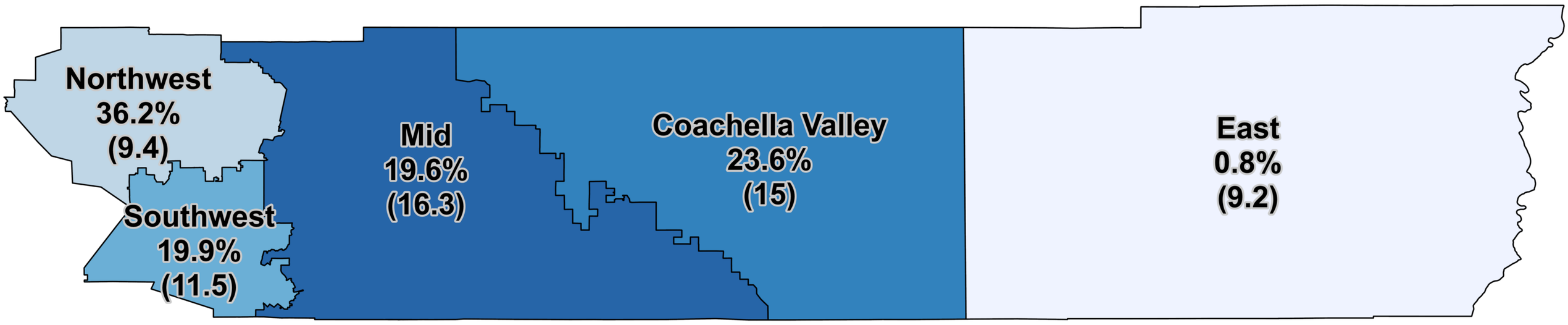
SUICIDE DEATH MEANS RATE BY AGE GROUP (2018-2022)



- Suicide deaths by suffocation had the highest rate among the younger age groups (10-18,19-24 and 25-44 years) while suicide by firearms had the highest rate in the older age group (65+ years).
- Suicide by firearms have been increasing among younger age groups. In 2021, firearms as a means of suicide death was nearly as common as suffocation among both 10-18 and 19-24 age groups and in 2022, suicide by firearm was the highest among 19-24 year age group (46%).
- The use of firearms were the highest among White and Black/African-American populations compared to other racial/ethnic groups that had a larger percentage of suicide deaths by suffocation.

SUICIDE DEATHS BY REGION (2018-2022)

Percentage (Average Rate per 100,000 population)



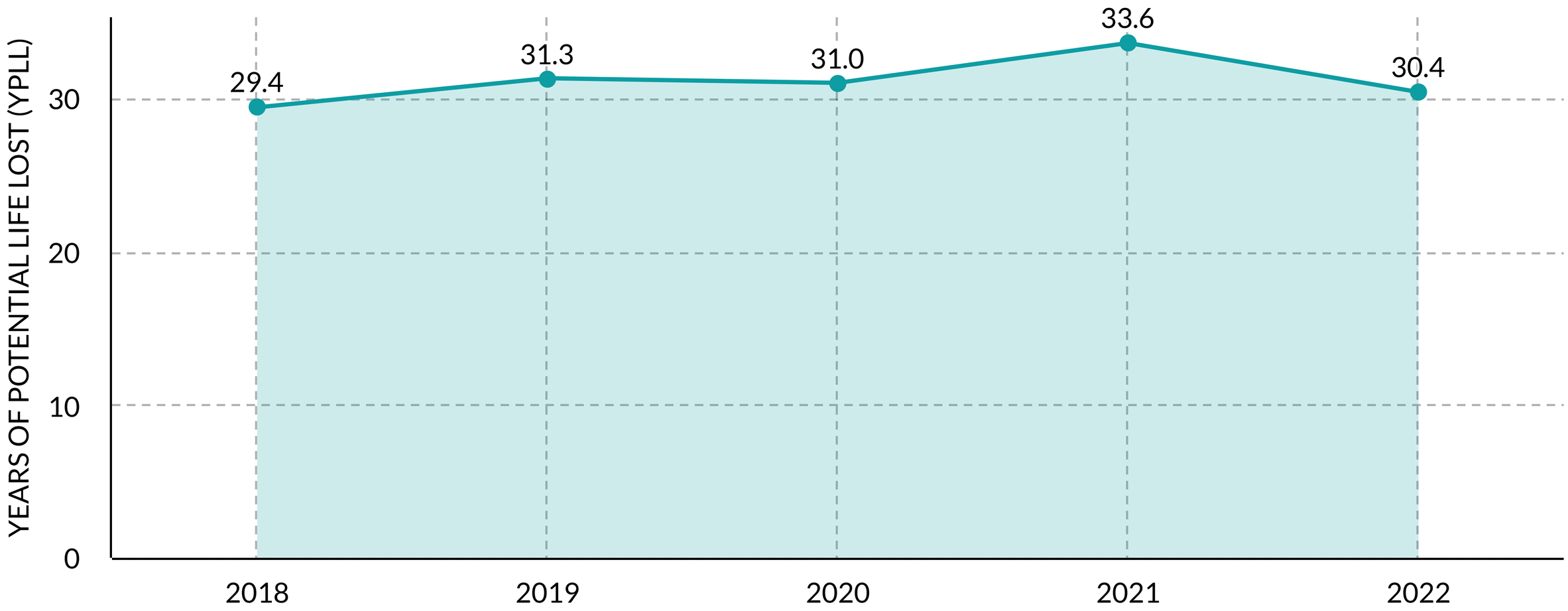
- Northwest region of Riverside County had the highest number of suicide deaths, Mid region had the highest average suicide death rate.
- Suicide death rates among White population, ages 45-64, were highest in all regions except Northwest region which was highest among Latinx populations ages 25-44 years.
- East region had a higher rate of suicide in the female population.

	Percentage (Average Rate per 100,000 population)				
	COACHELLA VALLEY	**EAST**	**MID**	**NORTH WEST**	**SOUTH WEST**
Female	**18.5%** (5.5)	**27.3%** (11.8)	**20.1%** (6.4)	**19.3%** (3.6)	**25.0%** (5.6)
Male	**81.5%** (24.1)	**72.7%** (17.9)	**79.9%** (26.7)	**80.7%** (15.2)	**75.0%** (17.4)
AGE					
0-18 years	**2.6%** (1.7)	**0.0%** (0.0)	**2.8%** (2.3)	**5.2%** (1.7)	**6.3%** (2.6)
19-24 years	**4.1%** (8.7)	**0.0%** (0.0)	**6.0%** (14.0)	**13.8%** (14.5)	**5.2%** (10.2)
25-44 years	**23.8%** (15.0)	**27.3%** (18.9)	**33.6%** (21.8)	**39.0%** (11.9)	**31.6%** (12.4)
45-64 years	**36.4%** (23.8)	**45.5%** (26.3)	**33.2%** (24.3)	**27.3%** (11.6)	**34.7%** (16.8)
65-84 years	**27.6%** (19.8)	**18.2%** (36.3)	**20.8%** (19.3)	**11.9%** (11.3)	**18.8%** (18.1)
85+ years	**5.6%** (26.9)	**9.1%** (**)	**3.5%** (19.2)	**2.9%** (26.9)	**3.5%** (32.0)
RACE AND ETHNICITY					
American Indian/ Alaska Native	**0.3%** (61.5)	**0.0%** (0.0)	**2.1%** (37.9)	**0.2%** (30.2)	**0.7%** (45.0)
Asian	**1.8%** (14.9)	**0.0%** (0.0)	**2.8%** (9.9)	**5.7%** (6.8)	**10.1%** (13.5)
Black/African-American	**1.2%** (9.5)	**0.0%** (0.0)	**3.5%** (13.6)	**6.5%** (7.2)	**5.2%** (12.0)
Latinx	**23.5%** (5.6)	**9.1%** (6.9)	**28.3%** (10.6)	**44.0%** (7.2)	**15.6%** (4.7)
Native Hawaiian/ Pacific Islander	**0.0%** (0.0)	**0.0%** (0.0)	**1.0%** (67.5)	**1.0%** (31.7)	**0.0%** (0.0)
White	**71.3%** (29.2)	**81.8%** (38.8)	**61.5%** (23.7)	**41.5%** (16.6)	**64.9%** (16.7)
Other/Unknown	**2.1%** (NA)	**9.1%** (NA)	**1.8%** (NA)	**1.1%** (NA)	**3.5%** (NA)

**Transgender/gender non-conforming data unavailable*
***Rate excluded due to small numbers.*

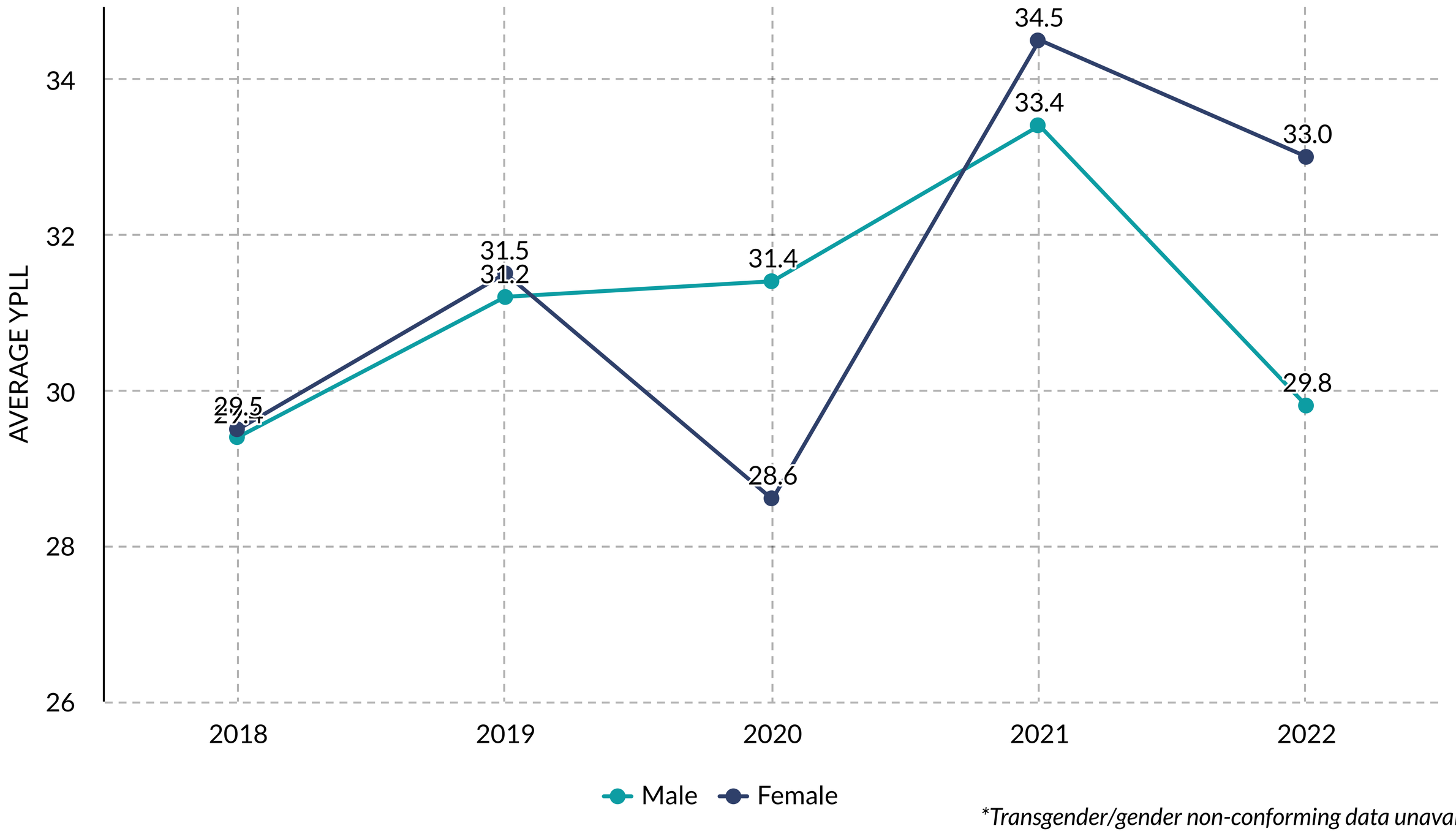
SUICIDE DEATHS - YEARS OF POTENTIAL LIFE LOST (YPLL)

Years of Potential Life Lost (YPLL) estimates the number of years of life lost due to premature death before 75 years old. If we expect residents to live at least 75 years, those who die earlier are considered to have died prematurely. For example, someone who dies at age 65 loses 10 years of potential life.



- In 2022, the average YPLL was 30.4 which translates into nearly 30 years of potential life lost as a result of suicide death. The average age of suicide death was 45 years of age.

YPLL BY SEX (2018-2022)



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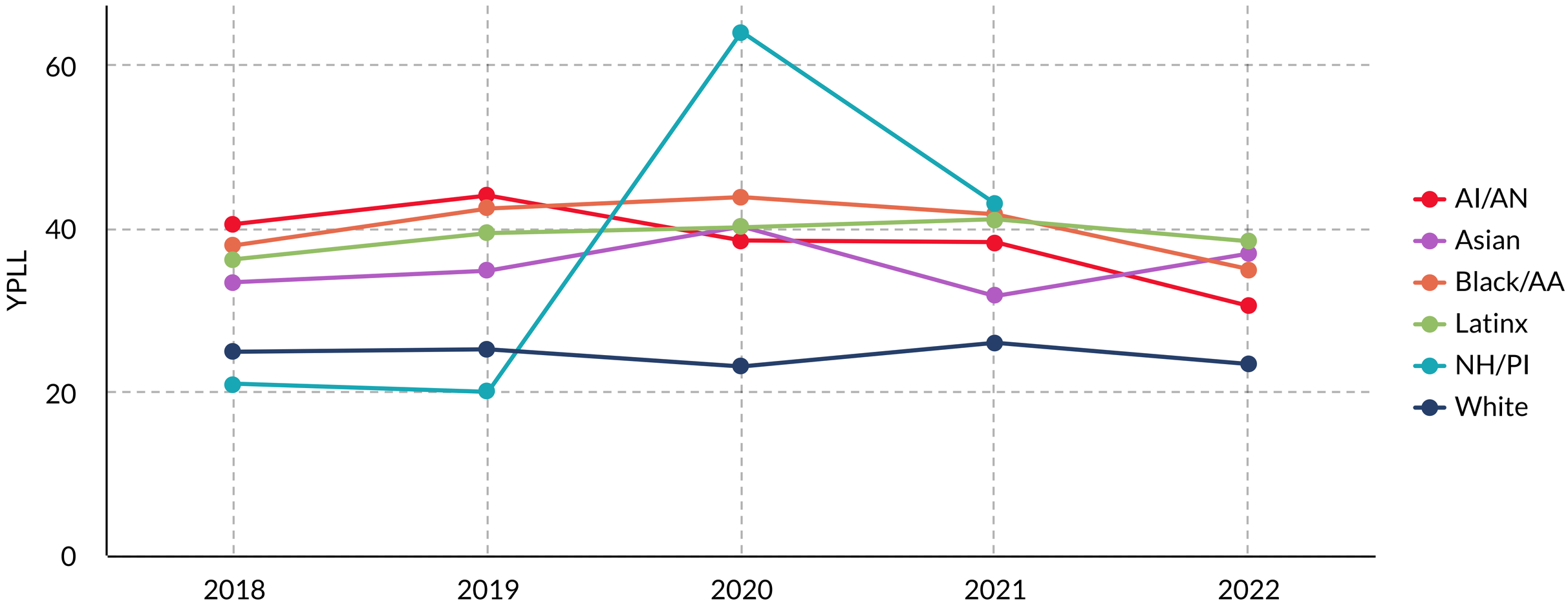
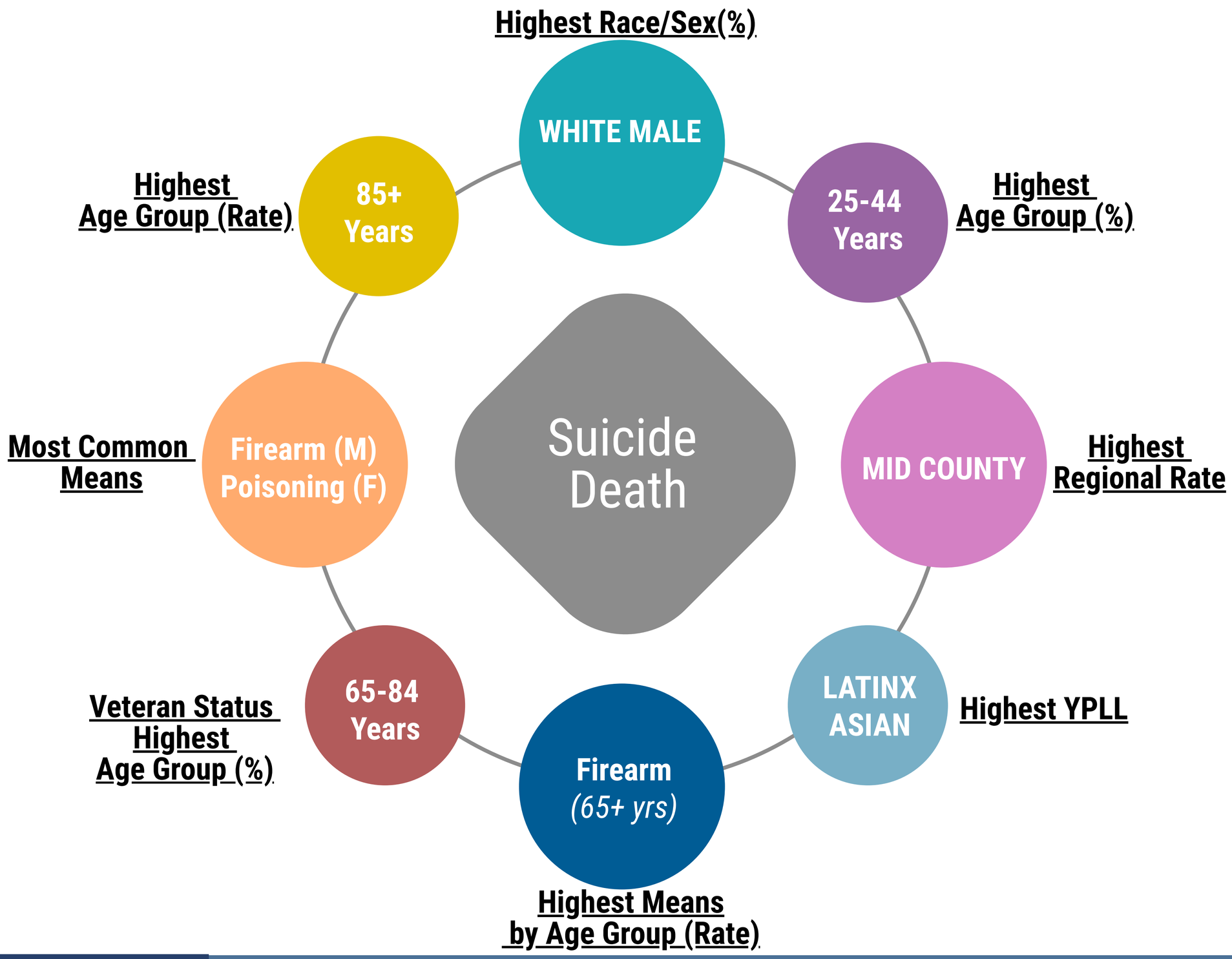
YPLL BY RACE/ETHNICITY (2018-2022)



- The average years of potential life lost (YPLL) due to suicide from 2018 to 2022 was 31.5, greater than that of cancer (12.1) and heart disease (11.1).
- Among females from 2018 to 2022, the average YPLL was 31.0. Among males, the average YPLL was 31.4. The difference in YPLL between sex was the greatest in 2022 (3.2). In 2021, YPLL among females exceeded males (1.1).
- Latinx and Black/African-American populations died by suicide at a younger age compared to other racial/ethnic groups (highest YPLL). Native Hawaiian/Pacific Islander had the highest YPLL; however this should be interpreted with caution due to small numbers.

Suicide Deaths Summary (2022)



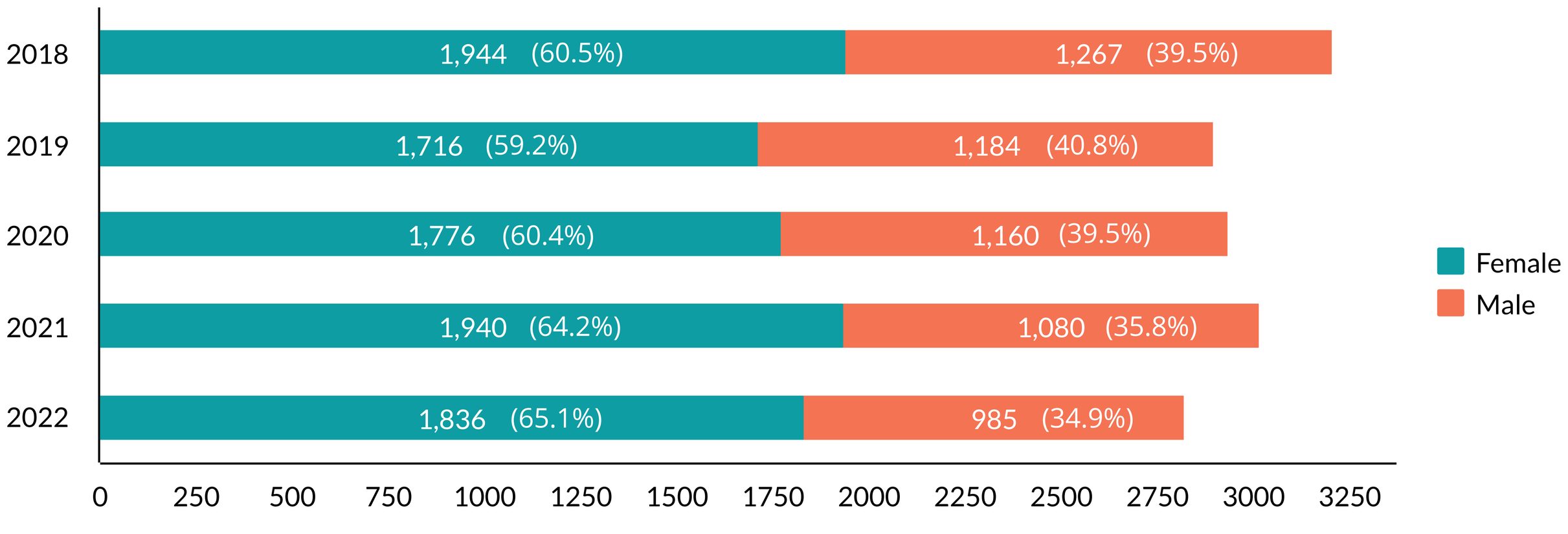
SUICIDE ATTEMPT/SELF-HARM BY DEMOGRAPHIC (2020-2022)

	2020	2021	2022
	Percentage (Age-Adjusted Rate per 100,000 population)		
SEX*			
Female	**60.4%** (145.2)	**64.2%** (158.4)	**65.0%** (151.0)
Male	**39.5%** (94.9)	**35.8%** (87.1)	**34.9%** (79.4)
AGE			
0-9 years	**0.6%** (5.5)	**0.2%** (2.3)	**0.4%** (3.9)
10-18 years	**34.1%** (321.2)	**38.5%** (372.9)	**37.5%** (340.6)
19-24 years	**16.3%** (220.5)	**16.1%** (225.2)	**17.2%** (226.6)
25-44 years	**31.4%** (143.0)	**28.2%** (129.2)	**27.8%** (116.7)
45-64 years	**12.5%** (63.2)	**12.2%** (63.8)	**12.2%** (57.4)
65+ years	**5.2%** (39.2)	**4.7%** (35.3)	**5.2%** (35.2)
RACE AND ETHNICITY			
American Indian/Alaska Native**	**0.2%** (57.3)	**0.3%** (78.7)	**0.2%** (49.1)
Asian	**1.9%** (39.4)	**2.2%** (45.5)	**2.1%** (39.3)
Black/African-American	**8.6%** (173.2)	**8.8%** (181.5)	**8.5%** (160.5)
Latinx	**40.4%** (103.3)	**41.6%** (109.6)	**41.9%** (101.6)
Native Hawaiian/Pacific Islander**	**0.4%** (177.7)	**0.5%** (197.9)	**0.2%** (103.6)
White	**43.2%** (139.0)	**40.9%** (134.3)	**40.7%** (125.2)
Other/Unknown	**5.2%** (NA)	**5.7%** (NA)	**6.3%** (NA)

**Transgender/gender non-conforming data unavailable*
***Numbers should be interpreted with caution due to small numbers.*

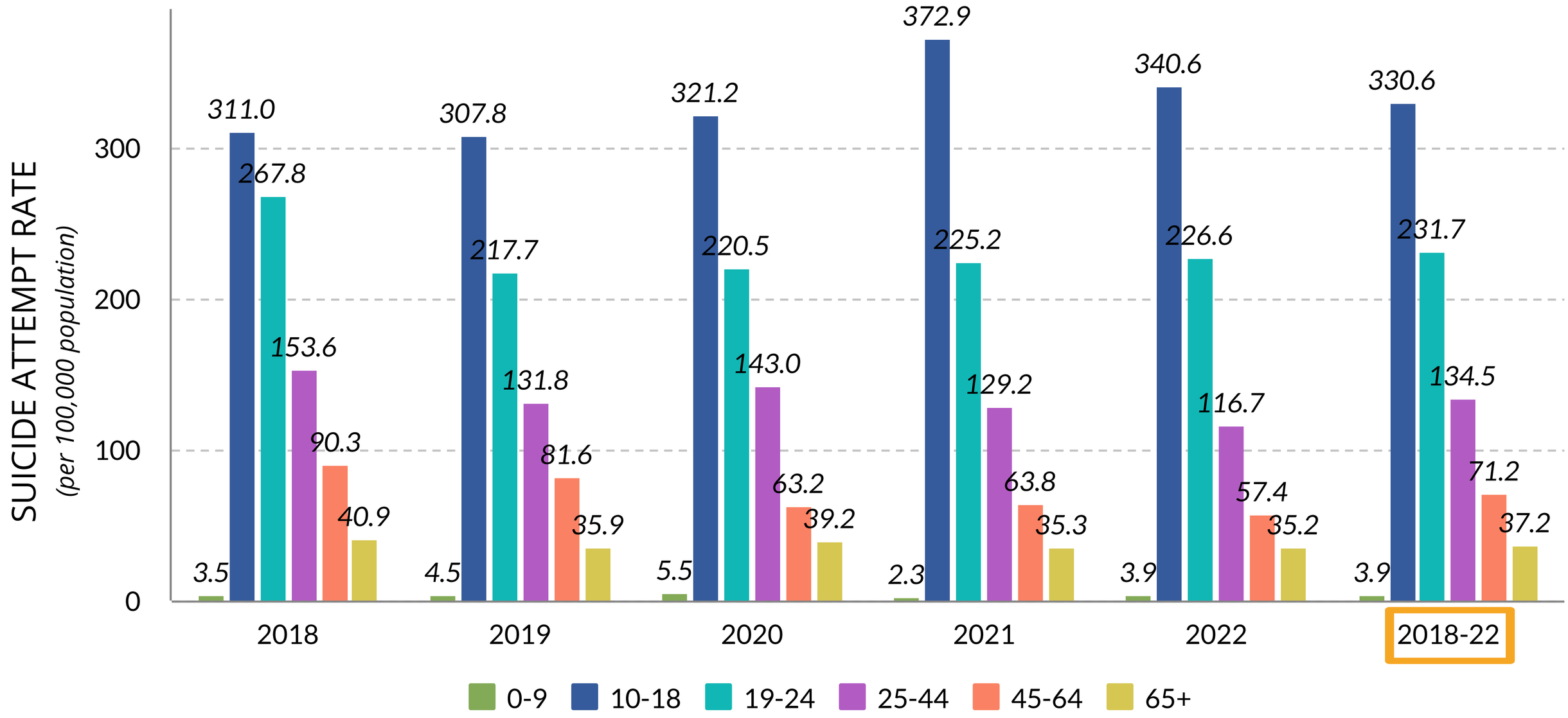
- The number of suicide attempt/self-harm related Emergency Department (ED) visits was higher among females compared to males.
- The 10-18 year age group had the highest number of suicide-related ED visits and the highest rate among all age groups. The smallest percent of suicide related ED visits was among the older age group 65+.
- White and Latinx populations made up more than 82% of the ED visits related to self-harm and suicide attempts.
- Black/African-American residents had the highest rate of suicide attempts/self-harm.

SUICIDE ATTEMPT/SELF-HARM BY SEX (2018-2022)



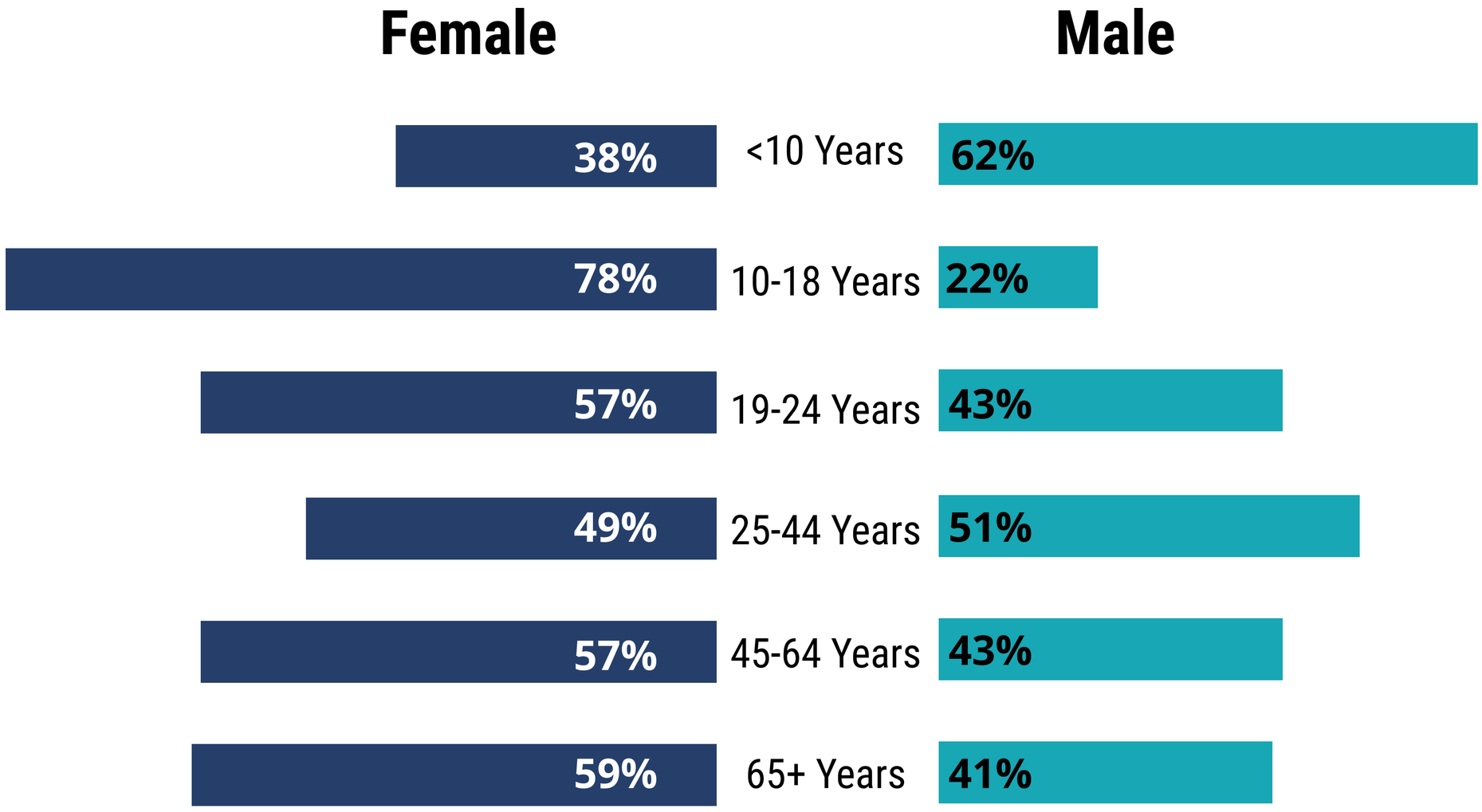
**Transgender/gender non-conforming data unavailable*

SUICIDE ATTEMPT/SELF-HARM RATE BY AGE GROUP (2018-2022)



- Riverside County suicide attempt/self-harm rates were the highest in 2021.
- From 2018 to 2022, females had higher numbers of suicide/self-harm related ED visits compared to males.
- The rate of suicide/self-harm related ED visits was consistently highest among the 10-18 year age group. Additionally, from 2019 to 2021, there was a 58% increase in suicide/self-harm related ED visits among 10-14 year age group.
- The smallest rate of suicide related ED visits was among the youngest (0-9 years) and oldest age group (65+ years). However, among the 85+ year age group, the number suicide attempts more than tripled from 2018 to 2022.

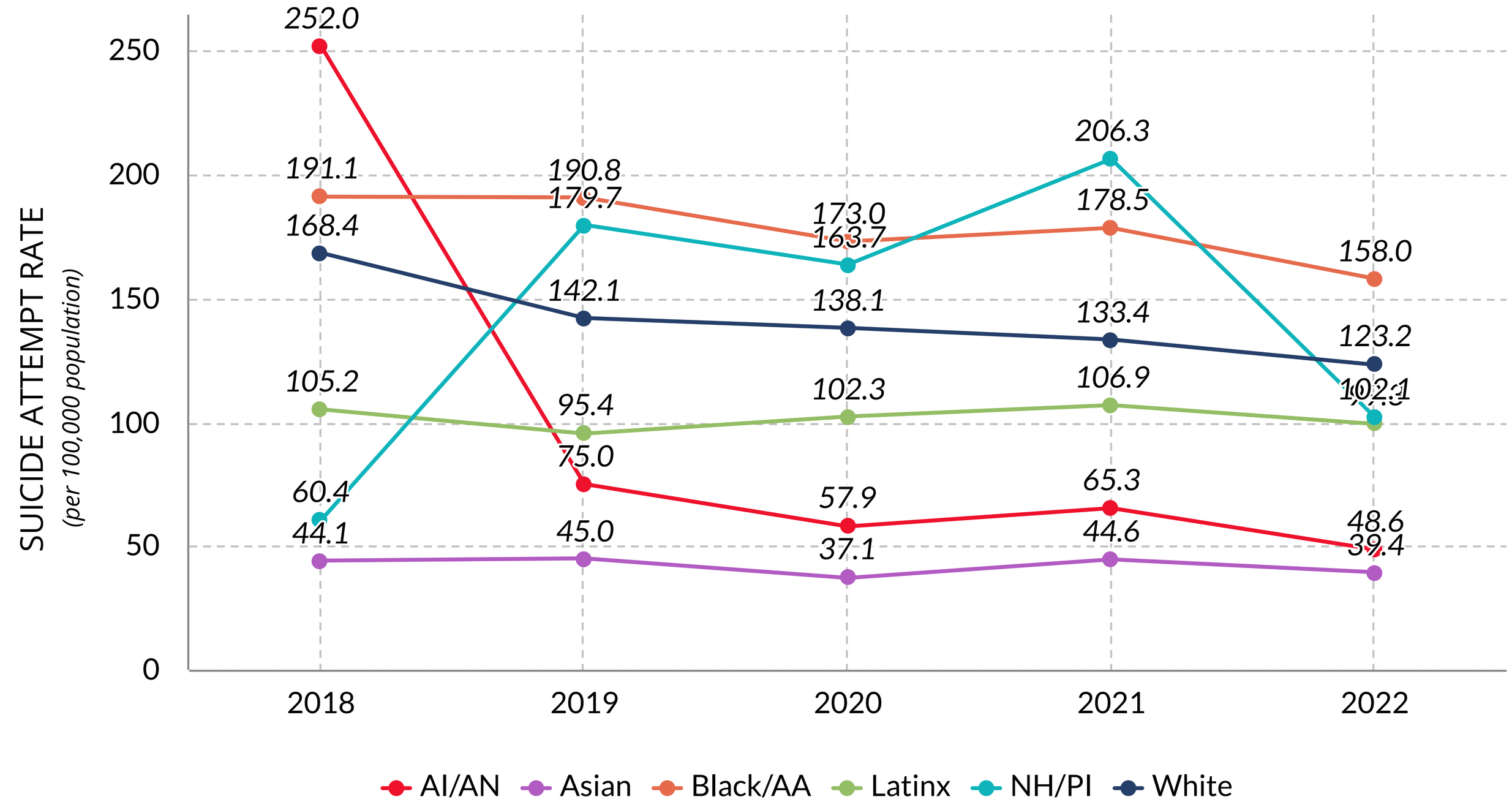
SUICIDE ATTEMPT/SELF-HARM SEX AND AGE GROUP (2018-2022)



**Transgender/gender non-conforming data unavailable*

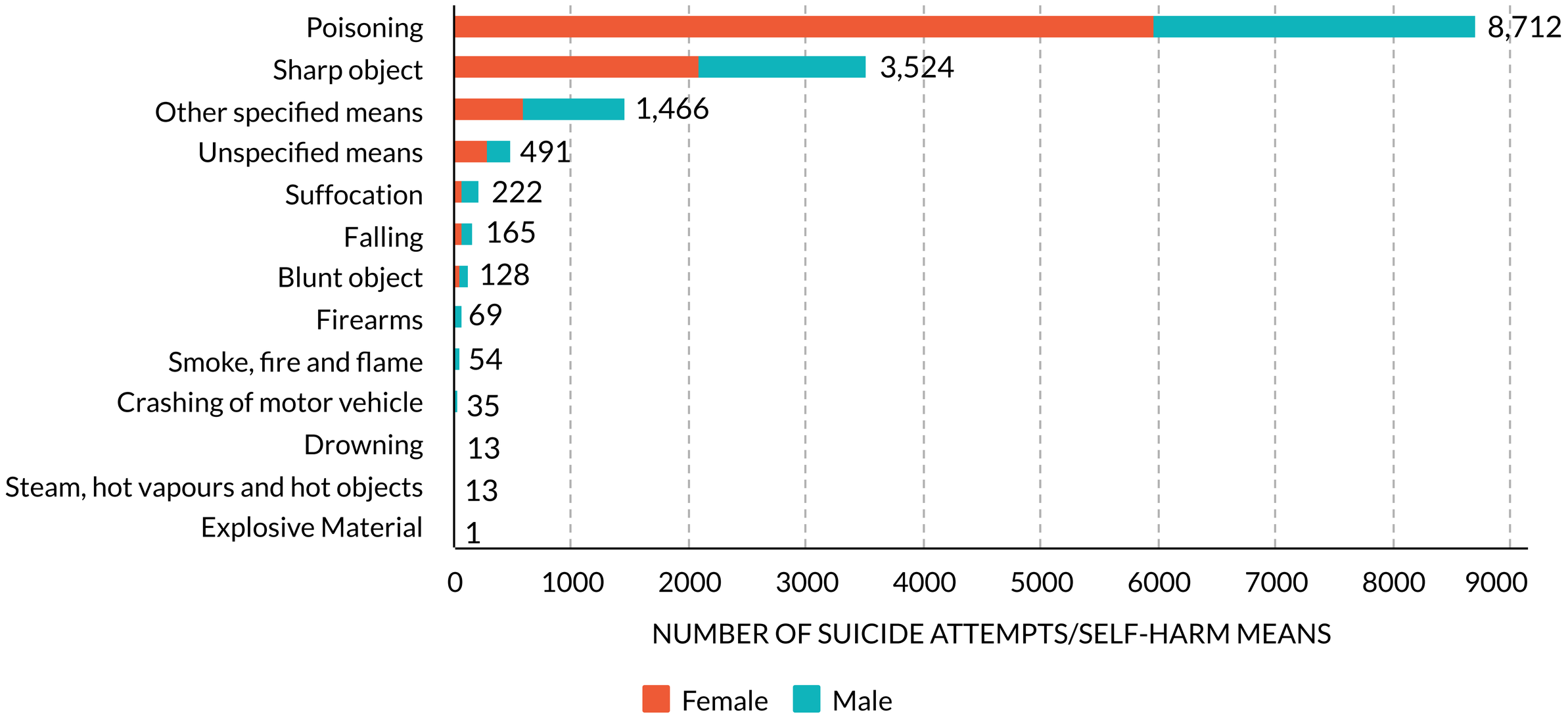
- Among ED visits related to suicide/self-harm, the youngest age groups (10-18 years old) were mostly female while <10 years were mostly male.

SUICIDE ATTEMPT/SELF-HARM BY RACE/ETHNICITY (2018-2022)



- Highest rates of suicide/self-harm related ED visits were observed among the Black/African-American (Black/AA) population.
- Beginning in 2019, there were higher suicide/self-harm rates among the Native Hawaiian/Pacific Islander (NH/PI) population but decreased in 2022; however, data should be interpreted with caution due to small counts.

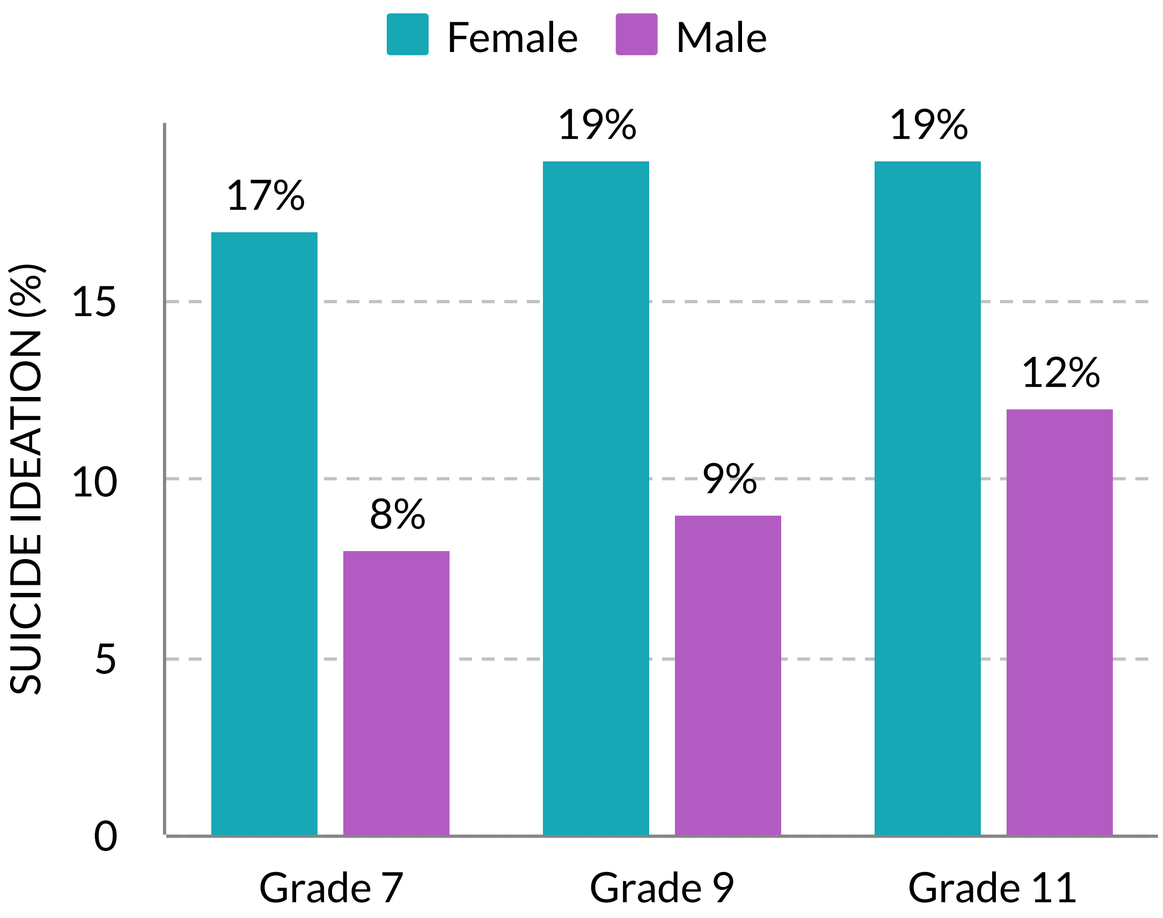
SUICIDE ATTEMPT/SELF HARM MEANS BY SEX (2018-2022)



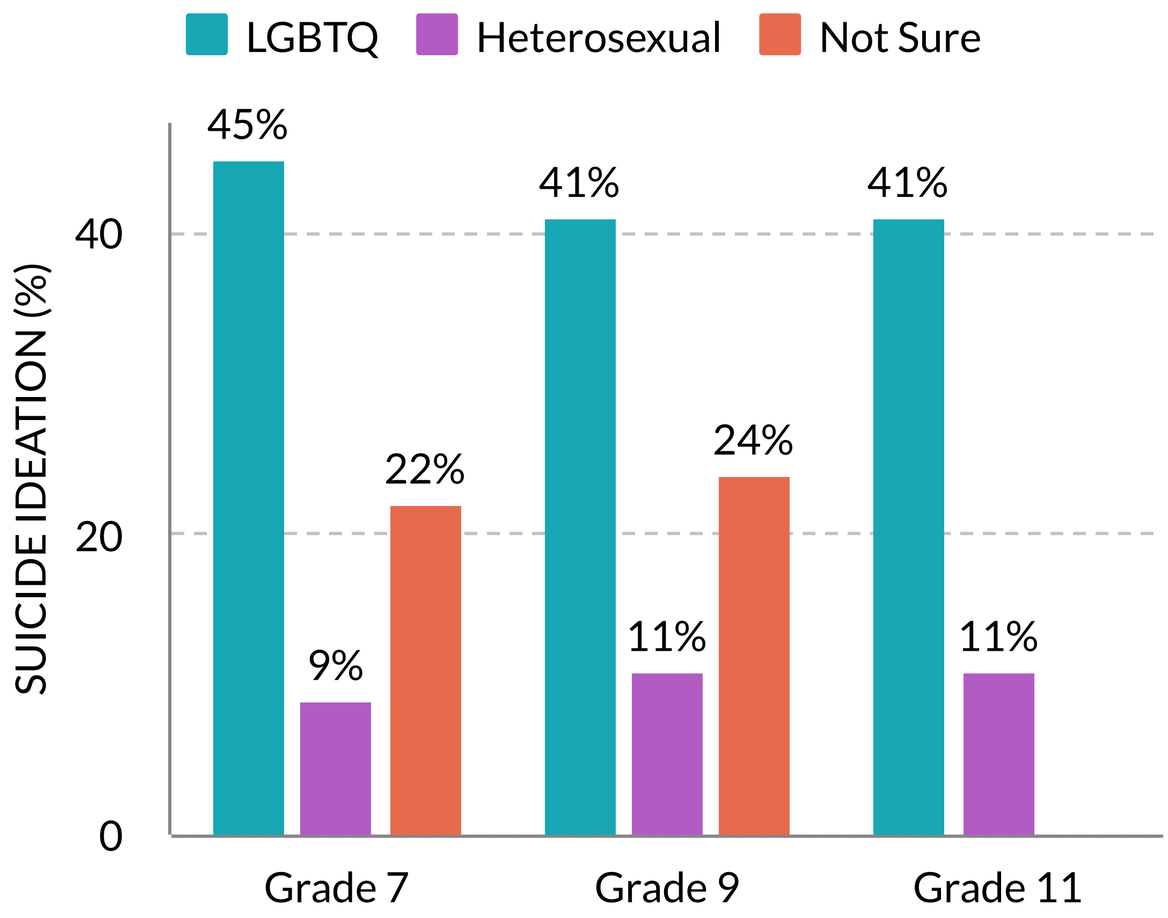
- Among ED visits related to suicide/self-harm, poisoning was the most common means among males and female groups, followed by sharp object.

SUICIDE IDEATION AMONG YOUTH (2019-2021)

SUICIDE IDEATION BY GRADE AND SEX

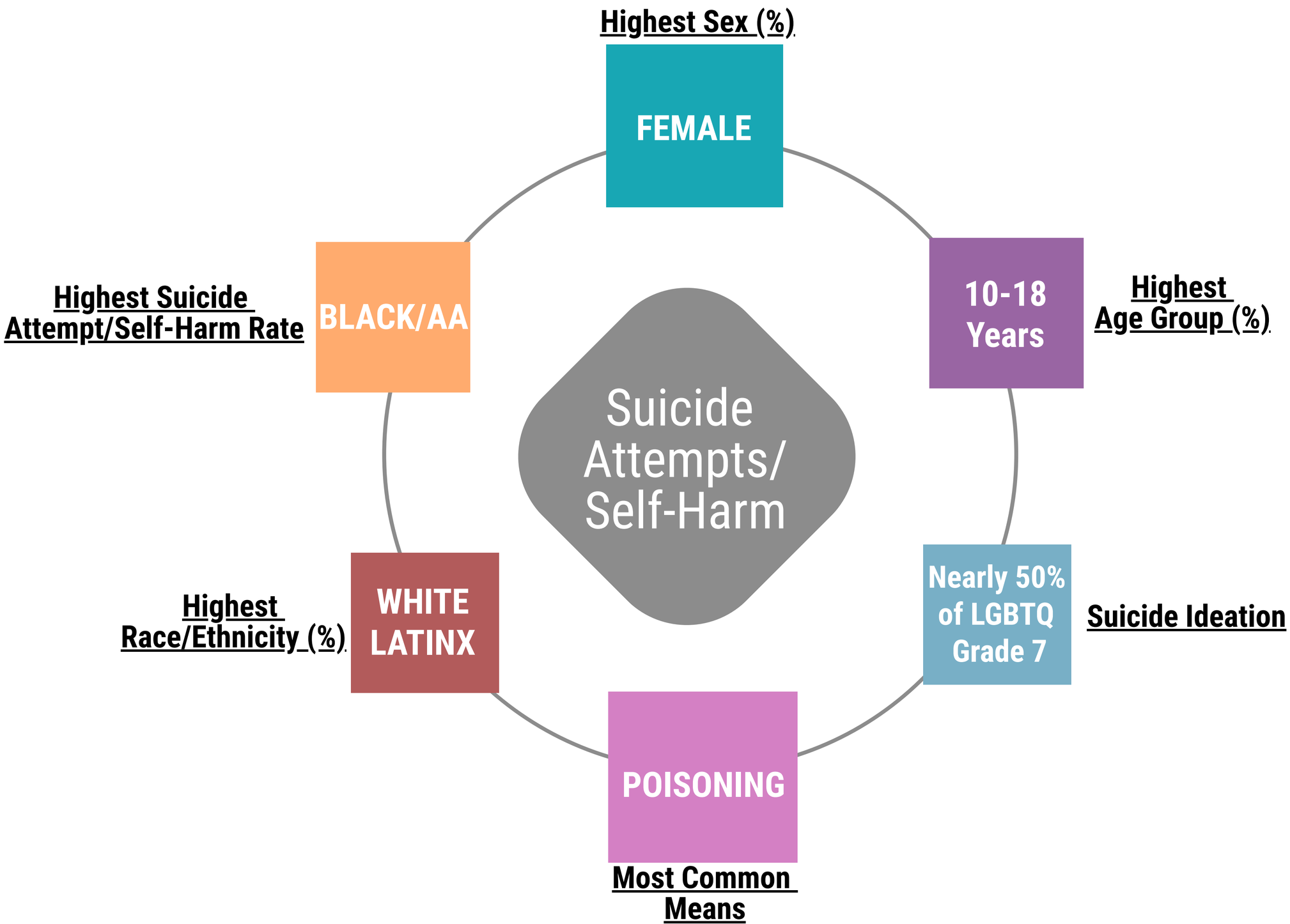


SUICIDE IDEATION BY SEXUAL ORIENTATION



- Thirteen percent of Grade 7, 16% of Grade 9 and 17% of Grade 11 students considered suicide in the past year.
- Higher percentage of female youth across all grades had thoughts of suicide/self-harm in the past year.
- Nearly 1 in every 2 LGBTQ youth in Grade 7 and 41% of Grade 9 and 11 youth considered suicide in the past year.

Suicide Attempt/Self-Harm Summary



METHODOLOGY

SUICIDE DEATHS

Source: Cal-IVRS (California Integrated Vital Records System), California Comprehensive Master Death File (CCMDF), Riverside County, 2018-2022, U.S. Department of Veterans Affairs (Loma Linda facility), 2018-2022.

The CCMDF includes in-county deaths and deaths of Riverside County residents that occurred in other states or jurisdictions. Suicide deaths are identified using International Classification of Diseases, 10th Revision (ICD-10) codes that appear in the underlying cause of death field on death certificates in accordance with Council of State and Territorial Epidemiologists (CSTE) methodology. A list of ICD-10 external cause of injury codes that are used to identify suicide deaths: X78(Sharp Object), X72-X74(Firearm), X70(Suffocation), X80(Fall), X60-X69 (Poisoning), Y87.0 (Latent Effects), and U03.0, U03.9, X71, X75-X77, X79, X81-X84 (Other).

Veteran death is identified based on the section of the death certificate that asks whether the decedent was “ever in the United States Armed Forces.” This does not distinguish between current active duty and former service members. Rates were not calculated due to the lack of estimates on the underlying population of Riverside County residents who have served in the U.S. Armed Forces.

All suicide death rates specified are crude death rates per 100,000 population.

SUICIDE ATTEMPTS/SELF-HARM

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Data (ED) and Patient Discharge Data (PD), Riverside County, 2018-2022.

Suicide attempt/self-harm data (includes non-suicidal self-harm) is derived from all non-fatal encounters that occurred in the emergency department. Suicide attempt/self-harm injuries include all Emergency Department patient encounters who had face-to-face contact with a provider. All ED patient encounters resulting in a hospitalization in the Patient Discharge (PD) datafile were also included. The HCAI files are limited to Riverside residents. Suicide attempt/self-harm injury-related hospitalizations and ED visits are identified using the suicide ICD-10, Clinical Modification (ICD-10-CM) codes within the CSTE ICD-10-CM Injury Surveillance list that appear in any of the 25 diagnosis fields and 12 external cause of morbidity fields.

All suicide attempt/self-harm rates specified are crude suicide attempt/self-harm rates per 100,000 population.

SUICIDE IDEATION

Source: WestEd, California School Climate, Health and Learning Surveys(CalSCHLS). California Department of of Education (2019-2021).

Estimated percentage of public school students in grades 9, 11, and non-traditional programs who considered suicide in the previous year, by sexual orientation and by gender and grade level.

FROM THE DESK OF

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As the data has shown, suicide attempts and fatalities continues to be an area of concern and focus for Riverside County. Guided by the development of a strategic plan titled "Building Hope and Resilience," which was endorsed by the Board of Supervisors in 2020, the Riverside County Suicide Prevention Coalition was formed. The coalition is made up of 8 sub-committees and workgroups, each addressing the following:

- **Effective Messaging & Communications** focuses on increasing safe reporting of suicide and healthy social media use. This group is working with Public Information/Communication Officers and individuals who might respond to a media interview (in response to a suicide death or regarding suicide prevention) to provide tips and tools for working with the news media.

- **Measuring and Sharing Outcomes** includes advanced data monitoring and evaluation. This group has developed data briefs and a data dashboard to effectively share information on the status of suicide and attempts utilizing multiple sources.

- **Upstream** aims to foster Healthy and Connected Communities' to increase connectedness between people, family members, and community. This sub-committee also focuses on Promoting Resiliency and help-seeking behaviors.

- **Prevention** includes 3 workgroups; **Trainings** focuses on strategic outreach to encourage more Riverside County residents to become trained helpers in suicide prevention; **Engaging Schools (K-12)** works to promote the standardization of policies across school districts to improve communication, collaboration, and consistency of suicide prevention, intervention, and postvention efforts; and **Engaging Higher Education** focuses on increasing education and awareness regarding mental illness and suicide amongst college students and staff, trauma-informed practices, and promoting help seeking behaviors amongst college youth.

- **Intervention** includes Means Safety with the goal of creating safe environments by reducing access to lethal means. Additionally, this group focuses on Expansion and Integration of Suicide Prevention in Health Services which involves delivering a continuum of crisis services across the county and facilitating safe, timely and effective transitions to ongoing care after suicide-related services.

- **Postvention** is focused on the expansion of support and services following a suicide loss to include an active postvention response (TIP), short term bereavement counseling, and building peer support groups throughout the county.

The sub-committees and workgroups meet monthly in addition to a quarterly Coalition meeting that features education in suicide prevention best practices as well as updates from the sub-committees. If you want to be part of the Coalition email PEI@ruhealth.org for more information. Nearly 10,000 Riverside County community members have been trained as suicide helpers and our community continues to be in need of trained helpers to support those that are experiencing mental health challenges and/or considering suicide. Please attend one of the free trainings we offer: Know the Signs, safeTALK, ASIST, Adult and Youth Mental Health First Aid. To register for an upcoming training email PEI@ruhealth.org

If you or anyone you know is having thoughts of suicide, call the Inland SoCal Crisis HELPline at 951-686-HELP or the National Suicide Prevention Lifeline at 988 or text "Home" to 741741.

Suggested Citation: Hyong, Amy and Silguero, Krystal. *Suicides in Riverside County, 2018-2022.* Riverside University Health System - Public Health, Epidemiology and Program Evaluation.

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