

# Suicide Rates in California

## Trends and Implications for Prevention and Early Intervention Programs

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*This brief is based on an interim evaluation report of the California Mental Health Services Authority (CalMHSA) Prevention and Early Intervention Programs, which are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). In that report, we present the results from RAND's analysis of suicide fatalities in the state of California to provide necessary context for evaluating CalMHSA's investment in suicide prevention activities in the State.*



### RESEARCH QUESTIONS

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- How do California suicide rates compare with those of the nation as a whole?
- How do those rates break down by age, sex, race, and geography in the state?
- What are the implications for prevention and early intervention programs?



### KEY FINDINGS

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#### **Over the Past Decade, the Suicide Rate in California Has Been Consistently Lower Than the National Suicide Rate**

- Between 1999 and 2009, the suicide rate in California averaged around 9.4 per 100,000 individuals; national averages are around 11.1 per 100,000.

#### **Nearly Three-Quarters of California Suicides Are Among Adults, Which Is Generally Consistent with the Nation As a Whole**

- California's lower suicide rate relative to the nation is driven by a rate that is generally lower among those *over* 55. The suicide rate among those *under* 55 in California is slightly higher than the rate in the United States.
- Adults (ages 20–59) account for 71 percent of suicides in California, with those over 60 accounting for 26 percent and adolescents accounting for less than 5 percent.
- Suicide rates in California increase with age, starting at age 10 and increasing until age 55, where they plateau, only to rise again at age 70.

#### **In 2009, Males Accounted for Three-Quarters of California Suicides**

- Nationally, suicide rates are four times higher among males than females. In California, as in the rest of the United States, this difference is greater at older ages, where men over 70 have a suicide rate eight times that of women.

#### **Suicide Rates in California Are Consistently Higher Among Whites, As Is True More Broadly for the United States**

- Between 1999 and 2009, California suicide rates for whites hovered between 9 and 12 per 100,000. The state's suicide rates for blacks and Asian/Pacific Islanders are around half that of whites, ranging from 5 to 7 per 100,000.
- American Indians/Alaskan Natives have the lowest suicide rate across all racial groups in California at 4 per 100,000. This is notably lower than the national suicide rate for American Indians/Alaskan Natives: 11 per 100,000.

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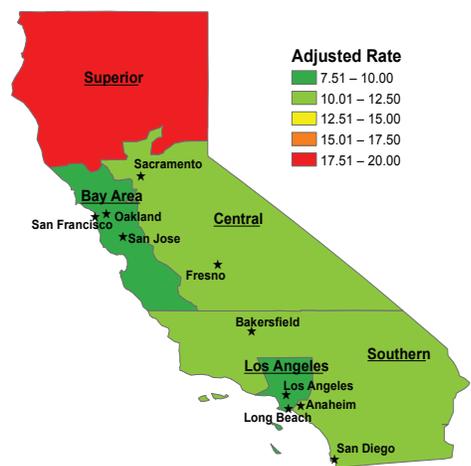
## Suicide Rates Vary Dramatically by Region in California

- After accounting for age differences across the state, California's Superior region (the most rural region) has the highest suicide *rates* from 2008–2010—around 20 per 100,000; Los Angeles (the most populous region) has the lowest rates—around 8 per 100,000.
- But the *number* of suicides is highest in the more populous regions: for example, there were 2,358 suicides in Los Angeles county between 2008 and 2010, compared to 660 across the entire Superior region. The highest number of suicides over the three-year period was in the Southern region—nearly 4,000.

## Suicide Surveillance in California Could Be Improved

- There is a two- to three-year lag in the availability of suicide data in California, primarily because of the time it takes to collect, compile, verify, and prepare data.
- Verifying suicide data is an important component of surveillance because there is variability in how suicide deaths are defined, in requirements for who makes cause-of-death determinations, in how suicide deaths are investigated, and in how data are managed across counties.

2008–2010, Age-Adjusted Suicide Rates by Region



## IMPLICATIONS FOR SUICIDE PREVENTION PROGRAMS

- Reducing suicide in California requires balancing efforts between rural areas where individual risk is highest and more-populated regions that account for most suicides. Strong and effective suicide prevention programs are needed in California's rural Superior area, where focus should be on reducing individual risk of suicide. But it is critical that suicide prevention programs also be strong in the denser regions to ultimately reduce the societal burden of suicide in the state.
- Significant efforts are needed to prevent suicide among California's adult male population, which accounts for the bulk of suicides in the state.
- Suicide surveillance could be improved by enhancing the efficiency by which counties verify suicide deaths, data are submitted to the state, and these data are made available for analysis. Such improvements would provide more-timely data on the burden suicide poses to California and support evaluation of the impact of California's investment in suicide prevention programs.



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The California Mental Health Services Authority (CaIMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CaIMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.