

Youth Suicide and Suicide Attempts in Los Angeles County (2016-2020)

An overview of the data, including 2020 trends and prevention strategies for young people.

January 2023

CONTENT WARNING: This brief includes data about suicide and self-harm. We invite everyone to trust their instincts and read with caution. Trauma-informed tips and techniques for self-care can be found at: http://ph.lacounty.gov/ovp/TIC_LearningResources.htm

Suicide Prevention Terminology

Self-Harm - Behavior deliberately intended to cause injury to oneself without intent to die.

Suicidal Ideation - A spectrum of thoughts or emotions related to the idea of ending one's life or feeling like life is not worth living. These may remain internal or may be expressed to others.

Suicidal Attempt - Self-inflicted injury with intent to die; may or may not result in injury.

Medically Treated Suicide Attempts - Suicide attempts specifically treated within Emergency Departments or Hospitals.

Suicide - Death from self-inflicted injuries intended to take one's life.

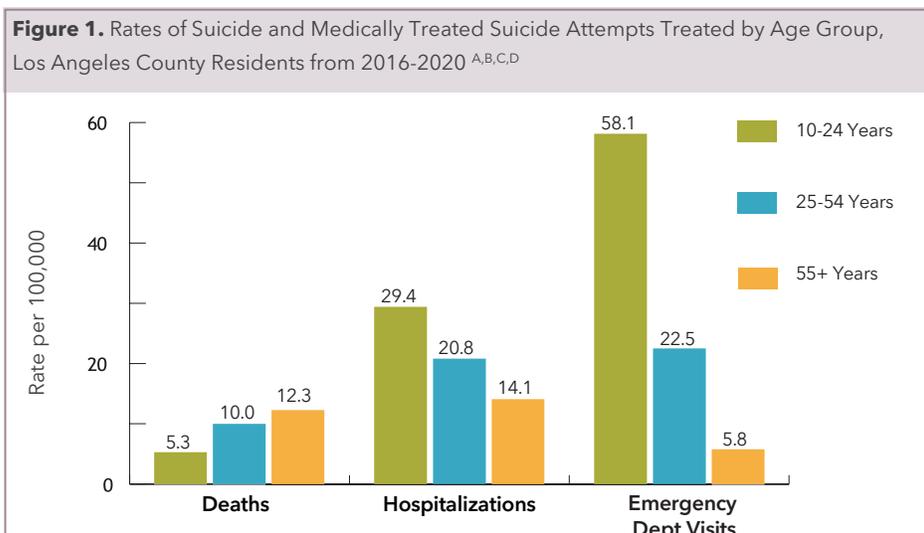
Suicidal Behavior - General phrase used to encompass the thoughts and behaviors that include thinking about, planning, attempting and/or dying by suicide.

Suicide Prevention - Coordinated efforts to reduce risk factors for suicide, to increase protective factors that can help build resilience, and to normalize seeking support by decreasing stigma within communities.

Suicidal Behavior Has a Significant Impact on Los Angeles County Youth

Between 2016 and 2020, suicide was the third leading cause of death among 10-24-year-old county residents.¹ During the same time period, non-fatal suicide attempts among youth were even more common than fatal suicides; for each death, 16 youth were treated for suicide attempts in hospitals and emergency departments (Table 1).

Youth are treated for suicide attempts in emergency departments at a rate ten times higher than people 55 and over, and are hospitalized for suicide attempts at a rate twice as high (Figure 1).



Understanding suicide and suicide attempt rates among youth can guide targeted prevention efforts to help reduce this disparity.

This report was developed by the Office of Violence Prevention to provide data on suicides and medically treated suicide attempts among Los Angeles County youth ages 10 to 24. Suicide data for 2020 are still considered provisional and may be updated; however, we do not expect the update to substantially change reported patterns and trends.

In this informational brief we identify the demographic groups with the highest rates, most common methods used in suicides/suicide attempts, and recent trends (including how patterns changed during 2020 at the start of the COVID-19 pandemic). We also discuss stressors youth faced during the start of the pandemic before concluding with prevention information and resources that specifically target youth, schools, and families.

Demographic Data for Youth Suicide and Suicide Attempts

Among Los Angeles County youth, demographic patterns were quite different when comparing suicides with medically treated suicide attempts (Table 1). Rates of suicide were highest among males, Asians/Pacific Islanders and 20-24 year olds. Rates of suicide attempts treated in hospitals and EDs were highest among females, Blacks and Whites, and 15-19 year olds.

Table 1. Rates of Suicide and Medically Treated Suicide Attempts by Demographic Group, Los Angeles County Youth, 2016-2020 ^{A,B,C,D}

	Deaths	Hospitalizations	ED Visit
Total #	545	3,040	6,005
Overall Rate	5.3	29.4	58.1
Male	7.9	18.8	38.8
Female	2.6	40.5	78.1
White	5.6	32.6	72.4
Black	6.0	34.8	83.3
Latinx	4.6	25.4	48.2
Asian/PI *	7.3	17.0	22.5
10-14 Years	1.2	15.7	42.1
15-19 Years	4.8	40.2	80.1
20-24 Years	9.2	31.3	51.6

Data collection and reporting practices can obscure the impact of violence on smaller racial and ethnic groups.

In this report, we were not able to report statistics separately for Asian and Pacific Islander populations because of the way race/ethnicity was reported in the hospital and emergency department data. Additionally, we were not able to report on the impact of suicide/suicide attempts in smaller populations, which includes American Indians/Alaskan Native population and gender identities other than male or female.

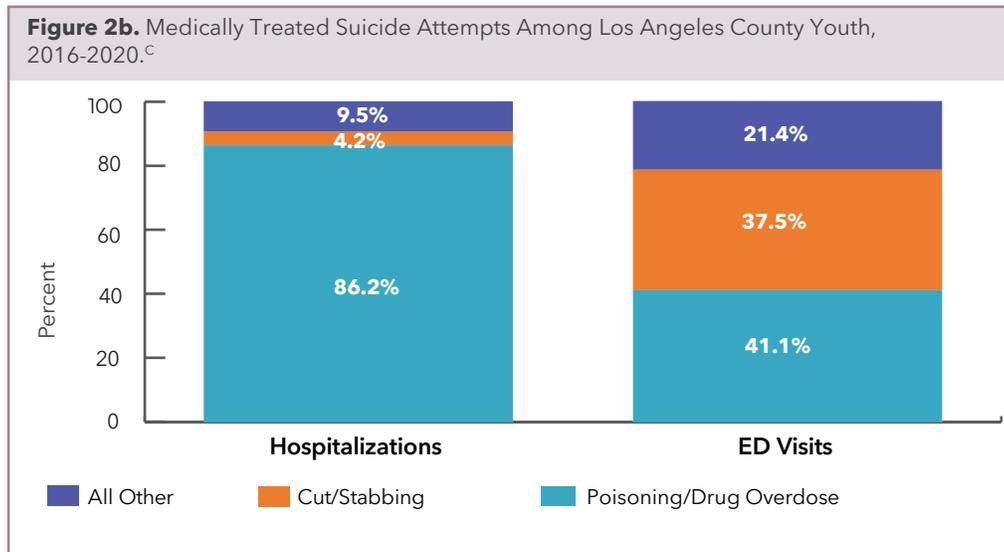
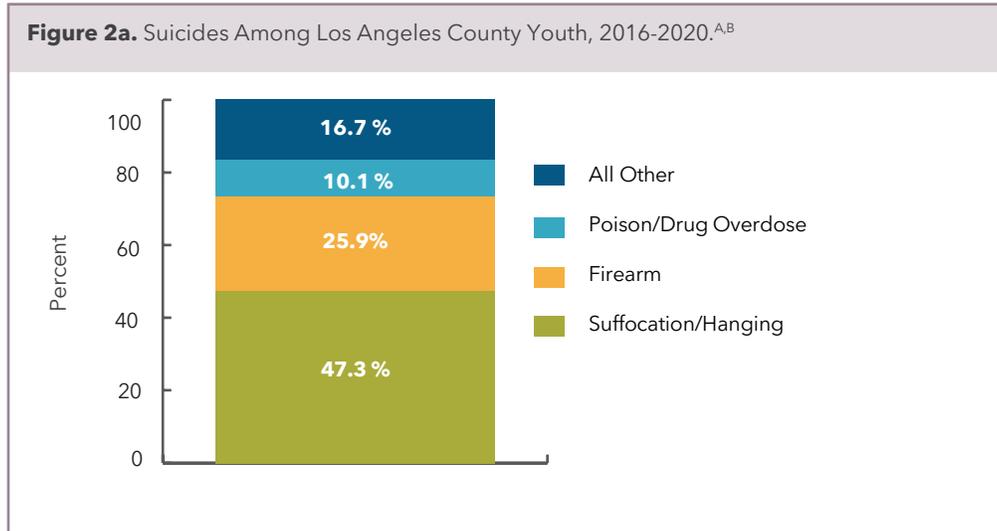
*Includes both Asians and Pacific Islanders. Prior to 2019, it was not possible to look at these populations separately.

All rates are per 100,000 population. The rates in the table do not include individuals of other or unknown race/ethnicity or gender.

Methods Used in Youth Suicides and Suicide Attempts

Suffocation/hanging and firearms were the most common methods of youth suicide (Figure 2a).

Poisonings (which include drug overdoses) accounted for 86.2% of hospitalized suicide attempts. Poisoning and cut/stabbing injuries were the two most reported methods of suicide attempts treated in emergency departments (Figure 2b).

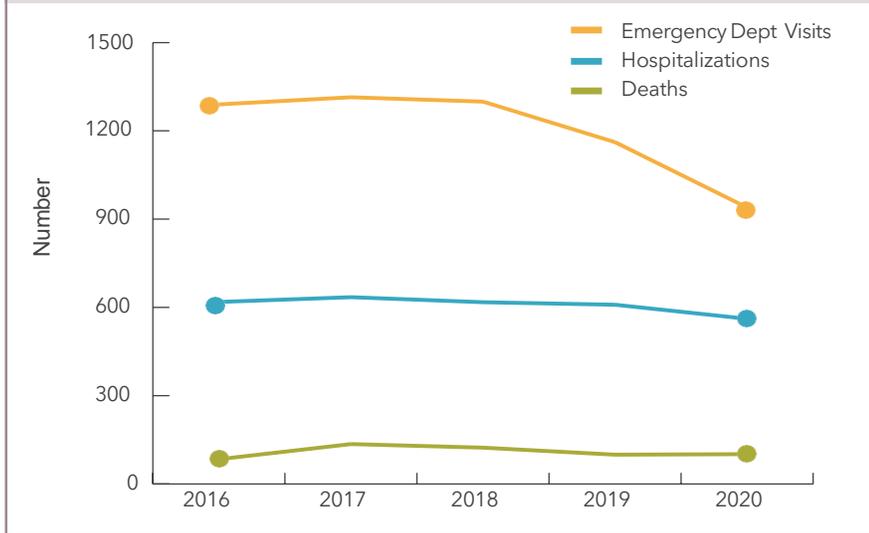


NOTE: Access to lethal means is a risk factor for suicide.² Resources exist to help families safely store firearms and other lethal means in their home, along with how to safely dispose of medications and/or other drugs. To learn more, please visit: <http://www.publichealth.lacounty.gov/ovp/GetEducated.htm>.

Changes in Youth Suicides and Suicide Attempts Over Time (2016-2020)

Between 2016 and 2020, the number of youth suicides and suicide attempts treated in hospitals stayed relatively flat. By comparison, the number of youth suicide attempts treated in emergency departments sharply decreased in both 2019 and 2020 (Figure 3). The number reported in 2020 (n=940) is 28% lower than the 2018 number (n=1299).

Figure 3. Number of Youth (10-24 Years) Suicides and Medically Treated Suicide Attempts Treated in Hospitals and Emergency Departments by Year, Los Angeles County Residents from 2016-2020.^{A,B,C}



Provisional 2020 data shows a

28%

decrease in youth suicide attempts treated in emergency departments compared to 2018.

Youth Suicides and Suicide Attempts During 2020

During March of 2020, school districts across the nation announced that students would begin remote learning due to the COVID-19 pandemic. This unprecedented action interrupted students' access to critical sources of social support, including their peers, teachers, and coaches.

For some populations, COVID-19 worsened existing challenges related to food security, digital access, financial stability, and the precarious health of loved ones.³ In the summer of 2020, racial injustice and health system inequities throughout the world led to increased civil unrest within communities. These stressors, along with reports of a rise in firearm sales within the last year⁴ (resulting in easier access to lethal means) increased concerns about youth mental health, safety, and wellbeing.⁵

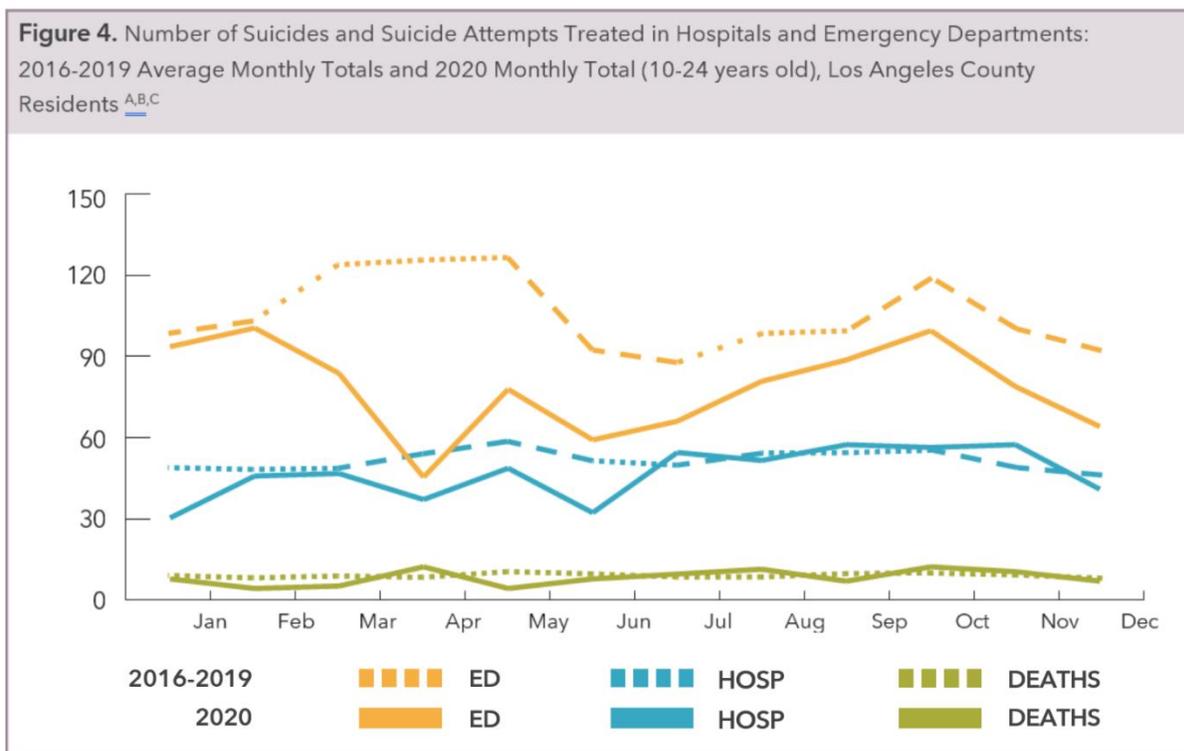


Image by upkyak on freepik

2020 Data on Youth Suicides and Suicide Attempts

Data from 2020 did not show an increase in suicides or medically treated suicide attempts among LA County youth (Figure 4). Monthly numbers of suicides among youth were similar to the average for the previous four years. Between April and June 2020, the monthly numbers of hospitalized suicide attempts dropped compared to previous years, but then returned to levels similar to before.

For suicide attempts treated in emergency departments, monthly numbers dropped dramatically compared to earlier years during March and April of 2020. Although the gap narrowed after April, monthly numbers for the remainder of 2020 stayed lower than previous years.



There are several potential explanations for the decreases seen in medically treated suicide attempts, such as a possible protective effect of spending more time with family or a reluctance to seek medical care due to concerns about exposure to COVID-19 in hospitals and emergency departments. These data from 2020 only show patterns from the very beginning of the pandemic and may not fully reflect the impact of COVID-19 on youth mental health.

Research has indicated that mental health outcomes related to stressful events like natural disasters may not emerge for a substantial period of time, so these trends may change in the future.⁶ Additional research is needed to assess the ongoing impact of COVID-19 on youth throughout LA County, particularly among communities most deeply impacted by the pandemic. The Los Angeles County Office of Violence Prevention will continue to advocate for ongoing research and to monitor and report on trends in youth suicide and suicide attempts as additional years of data become available.

Preventing Youth Suicide and Suicide Attempts in Los Angeles County

Youth suicide and self-harm continue to be a leading public health concern across LA County.

More than 500 youth died by suicide between 2016 and 2020.^{A,B} The rates were highest among males, Asians/Pacific Islanders, and 20-24 year olds.^{A,B,D} More than 3,000 youth were treated in hospitals and 6,000 in Emergency Departments for non-fatal suicide attempts.^C Rates of medically treated suicide attempts were highest among females, Blacks, and 15-19 year olds.^{C,D} Most suicide deaths were due to suffocation/hanging or firearms and most non-fatal attempts were due to poisoning/drug overdose or cut/stabbing.^{A,B,C}



The public health approach to violence prevention maintains that effective prevention starts with defining the scope of the problem. Understanding not only the extent, but the causes, predictors, and impact of youth suicide in our communities can help us to identify, prioritize, and uplift best practices for intervention. Examining trends over time, the methods of suicides or suicide attempts, and the specific groups who are most affected offers opportunities for targeted prevention and education in our homes, schools, and communities.

The Office of Violence Prevention, housed within the Los Angeles County Department of Public Health, is committed to preventing suicide and self-harm among young people. This includes addressing bullying, discrimination, and other forms of exclusion; integrating mental health care, loss support, and substance use prevention into learning environments; and challenging cultural norms about care, healing, recovery, and connection. We must also work as a community to decrease stigma around suicide and self-harm, to advocate for affirming and respectful environments, and to encourage an investment into prevention across the life course.

Recommendations for Preventing Suicide Among Youth

Effective suicide prevention for youth starts by reducing stigma and normalizing mental health as an important component of the overall health and well-being of youth.

- Increase access to culturally relevant mental health and other supportive services for children and youth of all ages (campus services, parent education programs, primary care screenings, mentoring, etc.).

LEARN MORE: [CONSIDER THE CULTURE OF YOUTH](#) | [FIND AN ACES AWARE MEDICAL PROVIDER](#)

- Support schools and other youth-serving organizations in developing and teaching children and youth about social-emotional well-being and healthy relationships.

LEARN MORE: [LACOE YOUTH SUICIDE PREVENTION PROJECT](#) | [CA DEPT. OF EDUCATION RESOURCES](#) | [BUILDING RESILIENCE THROUGH SOCIAL AND EMOTIONAL LEARNING](#)

- Advocate for inclusive and equitable services and support for youth with disabilities, LGBTQ+ youth, youth of racial and ethnic minority groups, survivors, and/or other underrepresented backgrounds.

LEARN MORE: [THE TREVOR PROJECT](#) | [NAMI RESOURCES FOR ETHNIC AND CULTURAL GROUPS](#)

- Encourage youth and their caregivers to engage in conversations about the importance of taking care of their mental health. Normalize discussing mental health as an important part of wellbeing.

LEARN MORE: [TAKE ACTION 4 MENTAL HEALTH](#) | [NORMALIZING MENTAL HEALTH CONVERSATIONS](#)

- Help parents, mentors, teachers, coaches and other adults to learn, model, and promote healthy coping skills and self-care at home, at school, and in the community.

LEARN MORE: [CALHOPE SCHOOLS INITIATIVE](#) | [CA SURGEON GENERAL'S PLAYBOOK FOR CHILD STRESS](#)

- Educate caregivers and communities about how to reduce access to lethal means - safe storage and disposal of firearms, medications, and other potentially dangerous household products.

LEARN MORE: [WHY MEANS MATTER](#) | [SECURE FIREARM STORAGE](#) | [LETHAL MEANS DISPOSAL](#)

We Can All Play a Role in Suicide Prevention

Suicide is preventable and we all have an important role to play in this work. This includes educating each other and ourselves about the impact of suicide/self-harm, learning prevention strategies, and making ourselves aware of resources available for support.

KNOW THE SIGNS

Pay attention to the following signs:

- Sudden changes in mood or behavior.
- Loss of interest in hobbies or social activities.
- Choosing to isolate or withdraw from others.
- Researching or creating plans to die (including acquiring means such as medications, guns, etc.)
- Talking about feeling hopeless.
- Saying goodbye or giving away possessions.
- Engaging in dangerous or extremely risky behaviors.
- Increased drug or alcohol use.

HOW TO RESPOND

What to do when you are worried:

- Ask them directly if they are considering suicide.
- Express your concern, including any warning signs you have noticed.
- Listen carefully and acknowledge the challenging feeling they are facing.
- Ask them about what has helped them cope in the past.
- Share resources and create a safety plan.
- Reduce access to lethal means.
- Maintain a connection.
- Practice your own self-care after difficult conversations.

GET
HELP

- National Suicide Prevention Lifeline Text or Call 988
- California Youth Crisis Line Text or Call 800-843-5200
- Crisis Text Line Text "HOME" to 741-741
- Teen Line Call 310-855-4673 (6 pm – 10 pm PST)
- Trevor Project Call 1-866-488-7386 or Text "START" to 678-678
- CalHOPE COVID-19 Connect Warmline Text 833-317-4673
- DMH 24/7 Access Helpline 800-854-7771

For immediate safety concerns go to your closest emergency room, psychiatric hospital or dial 911.

Los Angeles County
Office of Violence Prevention (OVP)

✉ Email Us at: ovp@ph.lacounty.gov

Scan for more resources or
visit: [http://ph.lacounty.gov/
ovp/SuicidePrevention.htm](http://ph.lacounty.gov/ovp/SuicidePrevention.htm)



GET
INFORMATION

CITATIONS

- 1 Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
- 2 Means Matter. Means Reduction Saves Lives. <https://www.hsph.harvard.edu/means-matter/means-matter/saves-lives/>
- 3 Volkin, S. (2020, May 11). The Impact of the COVID-19 Pandemic on Adolescents. The Hub. <https://hub.jhu.edu/2020/05/11/covid-19-and-adolescents/>.
- 4 Schleimer, JP, et al. Firearm purchasing and firearm violence during the coronavirus pandemic in the United States: a cross-sectional study. *Injury Epidemiology* 8.1(2021):1-10
- 5 Office of the Surgeon General. (2021). Protecting youth mental health: The U.S. Surgeon General's advisory. U.S. Department of Health and Human Services. <https://pubmed.ncbi.nlm.nih.gov/34982518/>
- 6 SAMHSA Disaster Technical Assistance Center. Supplemental Research Bulletin. Issue 5: Traumatic Stress and Suicide After Disasters. August 2015. https://www.samhsa.gov/sites/default/files/dtac/srb_sept2015.pdf

DATA SOURCES

- A. 2016-2019 Mortality data from California Department of Public Health Vital Statistics, Provided by Los Angeles County Department of Public Health Office of Health Assessment and Epidemiology.
- B. 2020 provisional Mortality data from California Department of Public Health Vital Statistics, Provided by Los Angeles County Department of Public Health Office of Health Assessment and Epidemiology.
- C. 2016-2020 Hospital Discharge Data and Emergency Department Data from California Office of Statewide Health Planning and Development.
- D. 2016-2020 Population data for rates from Hedderson Demographic Services for Los Angeles County ISD.

SUGGESTED CITATION:

Sarkodee-Adoo N. and Sternfeld I. et al., "Youth Suicides and Suicide Attempts in Los Angeles County (2016-2020) Los Angeles County Department of Public Health, Office of Violence Prevention, 2022.

For more information about violence prevention, including additional education and resources related to suicide prevention and other forms of violence, please visit the Office of Violence Prevention's website at: <http://www.publichealth.lacounty.gov/ovp/>.

Los Angeles County Department of Public Health

Barbara Ferrer, PhD, MPH, M.Ed.

Los Angeles County Health Officer Director

Paul Simon, MD, MPH

Chief Science Officer

Amy Lightstone, MPH, MA

Chief Epidemiologist, Office of Health Assessment and Epidemiology

Muntu Davis, MD, MPH

Los Angeles County Health Officer

Rashmi Shetgiri, MD, MSHS, MSCS

Director, Office of Health Assessment and Epidemiology

Office of Violence Prevention

Andrea Welsing, MPH

Executive Director

Nana Sarkodee-Adoo, MPH, MSW, CHES

Health Program Analyst II

Jessica Phung

Graphic Designer

Isabelle Sternfeld, MSPH

Supervising Epidemiologist

Thomas Waldman

Communication Strategist

Domestic Violence Council

Nicolle Perras, MA, MPH, LMFT

Interim Director

Health Promotion Bureau

Deborah Allen, ScD

Deputy Director

DMH Partners in Suicide Prevention/Los Angeles Suicide Prevention Network

Tracie Andrews, LCSW

Mental Health Clinical Supervisor/Co-Chair

