

San Diego County Suicide Prevention Council

Annual Report to the Community 2024

Report Contents	
Key Measures	2
Data Summary	3
County Demographics	4
Mortality Data	5
Emergency Department Encounter Data	11
Survey Data	17
Suicide Among Youth	18
Youth Suicide Prevention	23
Conclusion	27
Take Action	28
Appendix: Methodology	29
Appendix: Supplemental Data	30
More Information	31

Suicide is a leading cause of death in the United States and in San Diego County. It is a complex public health issue that requires a multi-faceted approach to prevention and intervention. The San Diego County Suicide Prevention Council (SPC) aims to leverage data to inform suicide prevention efforts, ensuring services are available and accessible where and when they are needed most. By analyzing patterns in our data, we can gain insights on emerging trends, risk factors, and vulnerable populations, allowing us to develop a more comprehensive understanding of suicide in our county. The SPC Annual Report to the Community 2024 presents various data, including local, state, and national suicide rates; suicide rates by demographics and means; and emergency department data on intentional self-harm, suicide attempts, and suicidal ideation.

Although data can be a powerful tool in addressing suicide, we can never forget that this data represents real people – our family, friends, neighbors, and community members. As we strive to better understand suicide in our community, it’s vital that we approach this work with compassion, always honoring the humanity behind the numbers.

Each of us plays a crucial role in supporting this effort and prioritizing mental health in our communities. To learn more about how to get involved, please explore the ‘Take Action’ page in this report or visit the San Diego County Suicide Prevention Council website at www.spcsandiego.org.

The following data in this report contains the most recent information available on suicide death (2023, unless otherwise noted), suicide attempt / intentional self-harm and suicidal ideation emergency department encounters (2022), and local survey data (various years).



COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together



**San Diego County
Suicide Prevention
Council**

Convened by Community Health Improvement Partners

Key Measures

Indicator	2018	2019	2020	2021	2022	2023
1. Suicide Deaths						
a. Total Number	Not included in this report	416	392	344	359	363
b. Rate per 100,000 Population		12.5	11.8	10.4	10.9	11.0
2. Emergency Department Encounters: Nonfatal Suicide Attempt / Intentional Self-Harm						
a. Total Number	3,762	3,513	3,555	3,846	3,789	Not yet available
b. Rate per 100,000 Population	113.3	105.4	106.7	116.0	115.3	
3. Emergency Department Encounters: Nonfatal Suicidal Ideation						
a. Total Number	13,163	13,928	12,672	12,952	12,397	Not yet available
b. Rate per 100,000 Population	396.3	417.8	380.4	390.7	377.1	
4. Access & Crisis Line: Percent of all calls that are crisis calls	47.6%	55.0%	53.0%	59.5%	61.6%	56.0%
5. It's Up to Us Media Campaign						
a. Website visits	265,454	247,000	211,403	217,321	130,435	329,929
b. New Facebook fans	22,097	21,983	21,902	21,963	21,725	22,318
6. Suicide Prevention Gatekeeper Trainings						
a. Number of trainings	207	164	124	106	85	142
b. Attendees	5,553	3,483	1,977	1,950	1,822	1,948

Suicide numbers and rates may not reflect values indicated in prior report cards due to updated population estimates and coding methods.

- Total number and rate of residents that died by suicide (excludes deaths among non-residents). Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.
- Total number and rates of persons discharged from emergency departments or hospitalized that had nonfatal suicide attempt or intentional self-harm. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.
- Total number and rates of persons discharged from emergency departments or hospitalized that had nonfatal suicidal ideation. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.
- Total percentage of self-reported crisis calls to the San Diego County Access & Crisis Line from 2019-2023 now includes Coronado Bridge Line, SD Crisis, MCRT, and Lifeline calls. Source: OptumHealth.
- Total number of persons that visited the It's Up to Us media campaign website and cumulative number of fans of the Facebook campaign website page per year from 2019-2023. Source: Rescue Agency.
- Total number of Gatekeeper suicide prevention trainings [QPR, ASIST, GLSEN, First Responders, Pharmacists] overall held and participants trained as tracked by San Diego County Suicide Prevention Council. Source: Community Health Improvement Partners, 2019-2023.

Data Summary

Suicide Death

Highest Rates (2023):

- Male
- 65+ yrs
- NH White
- East Region

Greatest % Increase (2019-2023):

- 65+ yrs
- East Region

In 2023, there were **363** deaths by suicide among San Diego County residents (rate: 11.0 per 100,000), a **1%** increase in rate from 2022 but an overall **12%** decrease in rate compared to 5 years prior in 2019. Suicide death rates were highest among residents who were **male**, aged **65 or older**, Non-Hispanic (NH) **White**, or living in **East Region**.

From 2019 to 2023, females saw a smaller percent decrease in rate compared to males. Deaths by suicide decreased for all race or ethnicity groups. Individuals aged **65 and older** experienced an increase in rate while other age groups saw a decline. Residents who were living in **East Region** experienced the greatest percent increase in suicide rate during this period.

Suicide Attempt / Intentional Self-Harm

Highest Rates (2022):

- Female
- 10-24 yrs
- NH Black
- Central Region

Greatest % Increase (2018-2022):

- Female
- 10-24 yrs
- NH AIAN
- Central Region

In 2022, nonfatal suicide attempt / intentional self-harm emergency department encounter rates were highest among residents who were **female**, aged **10-24**, NH **Black**, or living in **Central Region**.

From 2018 to 2022, **females** experienced an increase in suicide attempt rate while males experienced a decrease. Youth aged **10-24** had an increase in rate while other age groups had a decrease. In addition, residents who were NH **American Indian / Alaska Native (AIAN)** or living in **Central Region** had the greatest percent increase in suicide attempt rate in this period.

Suicidal Ideation

Highest Rates (2022):

- Female
- 10-24 yrs
- NH Black
- Central Region

Greatest % Increase (2018-2022):

- Female
- 10-24 yrs
- Hispanic
- North Central Region

In 2022, nonfatal suicidal ideation emergency department encounter rates were also highest among residents who were **female**, aged **10-24**, NH **Black**, or living in **Central Region**.

From 2018 to 2022, **females** experienced an increase in suicidal ideation rate while males experienced a decrease. Residents who were aged **10-24**, **Hispanic**, or living in **North Central Region** had the greatest percent increase in rate during this time.

*NH = Non-Hispanic. AIAN = American Indian / Alaska Native.

Dial **1-888-724-7240** to connect to the **San Diego Access and Crisis Line** for free & confidential behavioral health resources & referrals, available 24/7 in over 200 languages.

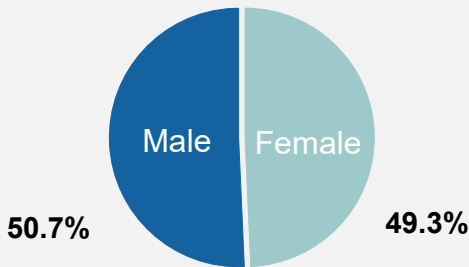
Dial **9-8-8** to connect to the **Suicide & Crisis Lifeline** network of crisis call centers, available 24/7.

Dial **2-1-1** for local information & connections to community, health, & disaster resources, available 24/7.

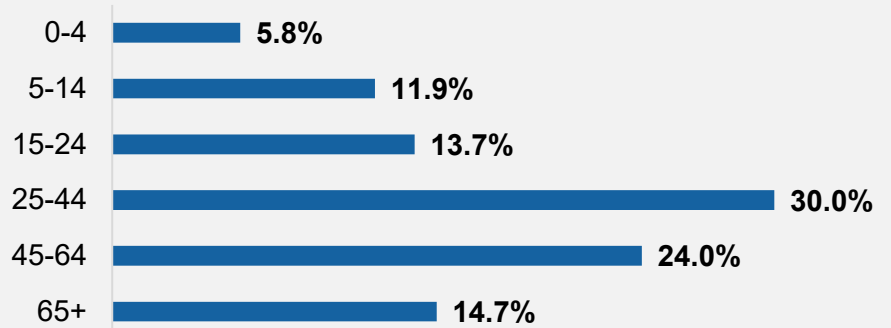
County Demographics

This data provides an overview of San Diego County's 3.3 million population. These charts represent percentages from the total population (n= **3,289,701**) from the 2018-2022 American Community Survey.

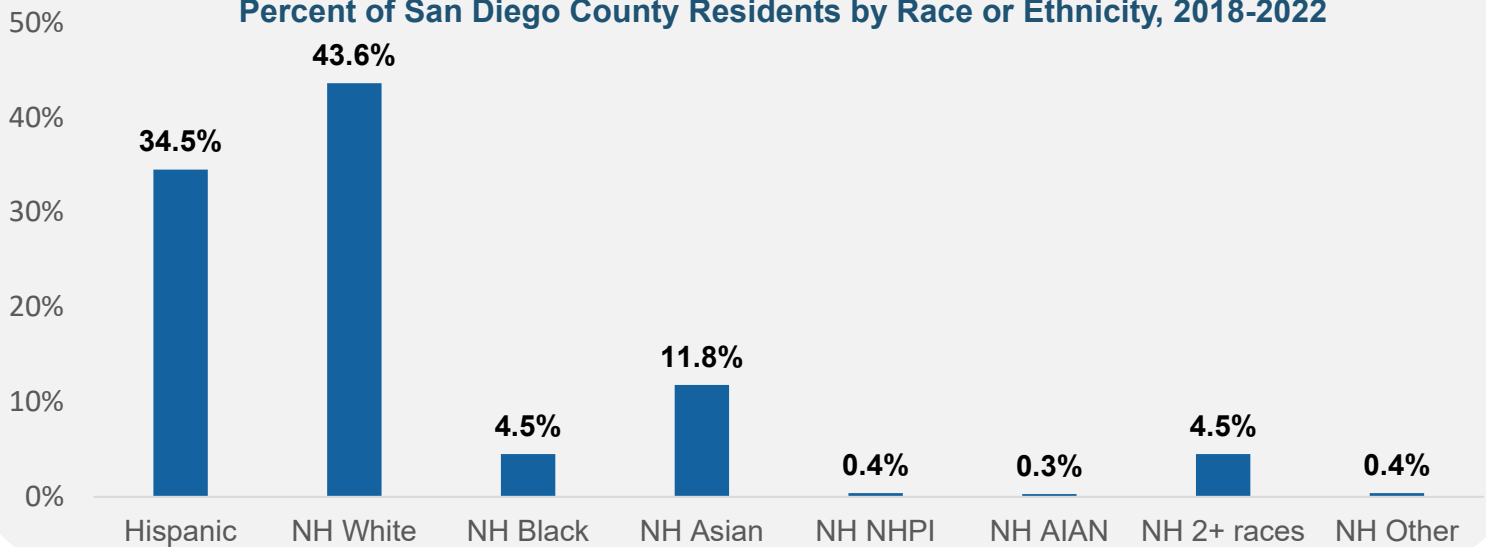
Percent of San Diego County Residents by Sex, 2018-2022



Percent of San Diego County Residents by Age Group, 2018-2022



Percent of San Diego County Residents by Race or Ethnicity, 2018-2022



NH = Non-Hispanic, NHPI = Native Hawaiian or other Pacific Islander, AIAN = American Indian or Alaska Native.

Data Source: US Census Bureau, 2018-2022 American Community Survey (ACS) 5-Year Estimates, Tables B01001, B03002, B09020, DP02.

Prepared by County of San Diego, Health and Human Services (HHSA), Public Health Services, Community Health Statistics Unit, 2024.

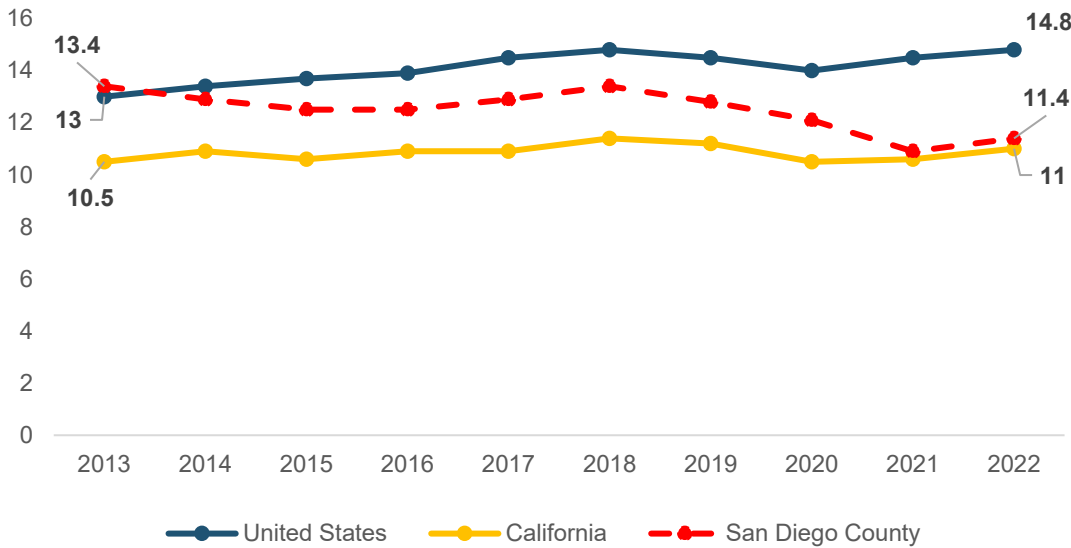
For more information, please visit the Community Health Statistics Unit [dashboard navigation page](#).

The subsequent suicide data presented in this report indicate that certain population groups experience a disproportionate burden of suicide-related outcomes. This is not due to inherent-risk, but to systemic inequities and social determinants of health.

Mortality Data

Suicide: 10-Year Trends

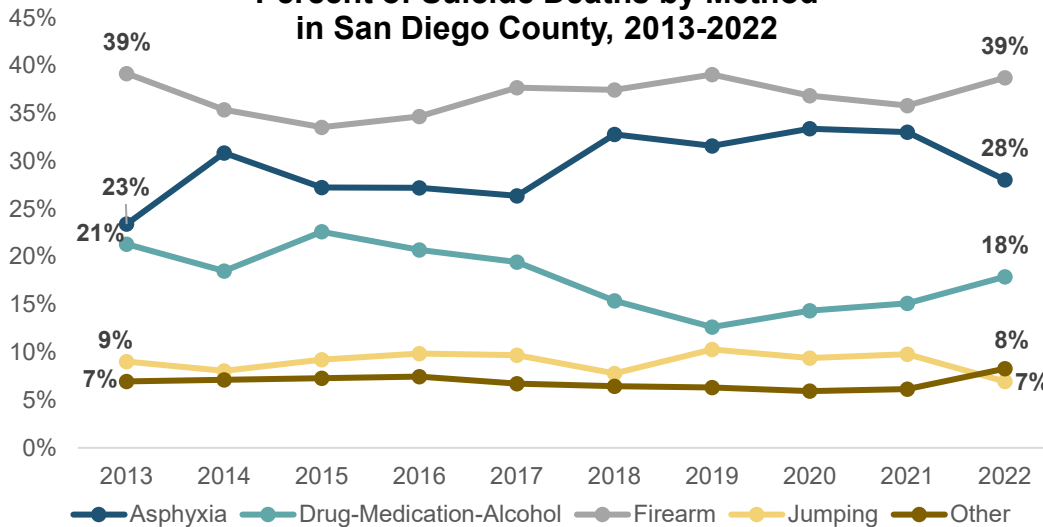
National, State, and County Suicide Trends, 2013-2022



In 2013, San Diego County's suicide rate was **28%** higher than California's. However, by 2022, the County's suicide rate was **4%** higher than the State's. Both the state and county's suicide rate increased slightly since the past year. The national rate has generally risen over the past ten years.

Rate per 100,000 residents. To achieve consistent comparisons, San Diego County rates displayed here are based on data from CDC Wonder. Please note that the CDC Wonder data is available only through 2022 currently. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File. CDC WONDER On-line Database. Prepared by: County of San Diego HHS, Behavioral Health Services, Population Health Unit 10/2024.

Percent of Suicide Deaths by Method in San Diego County, 2013-2022



In 2022, the most common method of suicide death was by **firearm**, which accounted for **39%** of deaths. **Asphyxia** made up **28%** of deaths.

From 2013 to 2022, the trends in method have remained relatively stable, with small fluctuations between these years.

Percent of Total Suicides. Please note that the CDC Wonder data is available only through 2022 currently. See Methodology on page 29 for a description of 'Other'. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File. CDC WONDER On-line Database. Prepared by: County of San Diego HHS, Behavioral Health Services, Population Health Unit 10/2024.

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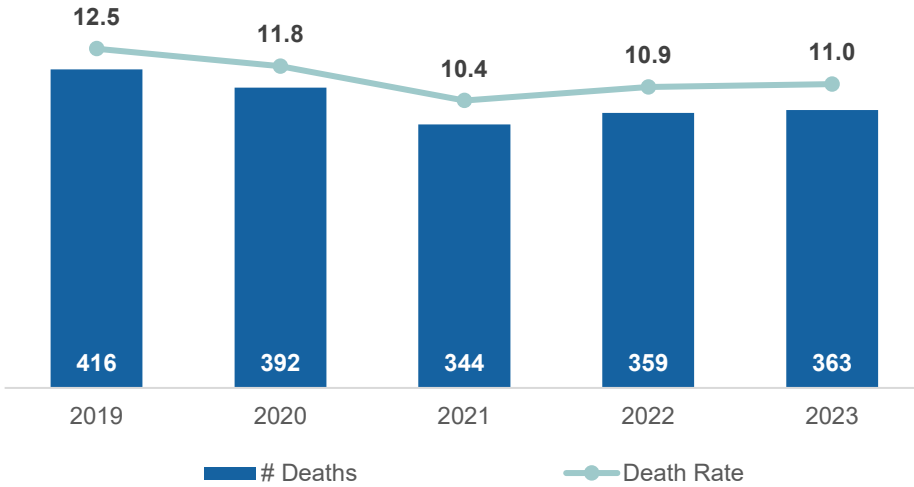
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Dial 2-1-1 for local information & connections to community, health, & disaster resources, available 24/7.

Mortality Data

Suicide: Overview

Suicide Death Trends in San Diego County, 2019-2023

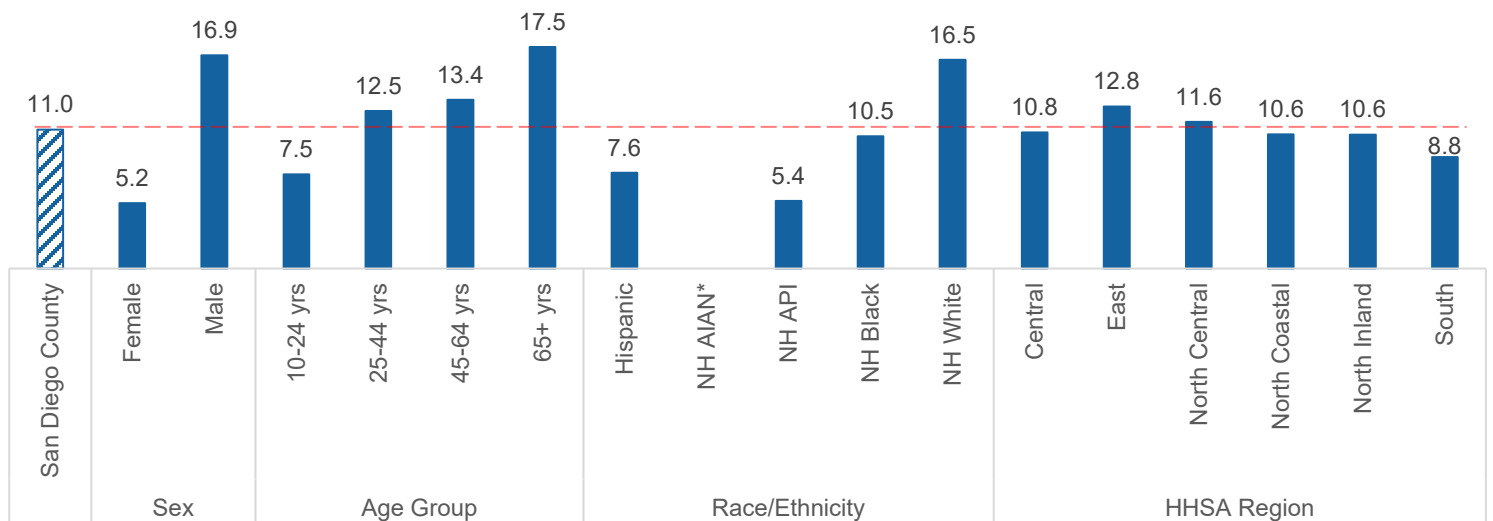


From 2019 to 2023, the suicide death rate decreased by **12%**. However, from 2021 to 2023, the suicide death rate rose by **6%**.

Note: These numbers do not include individuals who attempted suicide and survived or those who thought about suicide.

Rate per 100,000 residents. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

Suicide Death Rates, 2023



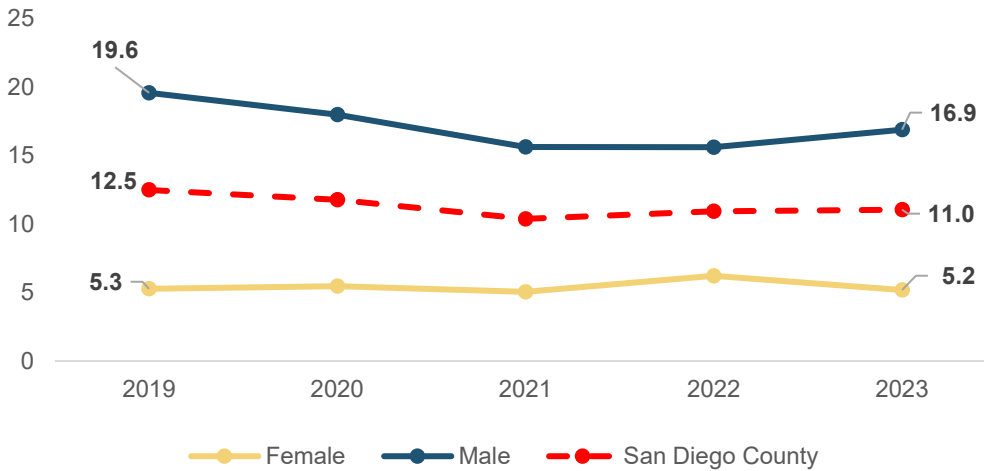
Rate per 100,000 residents. *Rates with counts < 11 were suppressed. Dotted line represents overall San Diego County rate for reference. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

In 2023, the highest suicide rates were among residents who were **male**, **65+** years old, Non-Hispanic **White**, or living in **East Region**. Although local rates for NH American Indian / Alaska Native residents were suppressed due to low counts, national data suggests that this race or ethnicity group has historically experienced the highest suicide rate.

Mortality Data

Suicide: Demographics

Suicide Death Trends by Sex



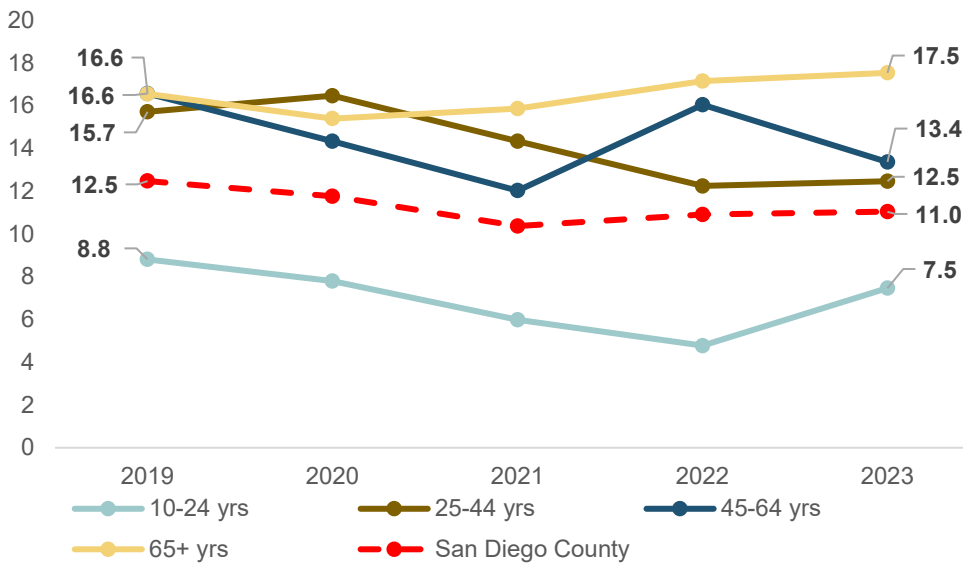
Rate per 100,000 residents. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

In 2023, **males** had the highest suicide rate.

From 2019 to 2023, suicide death rates decreased by **2%** for females and by **14%** for males, with slight increases in more recent years.

Note: Additional suicide data by gender and sexual orientation is not currently collected.

Suicide Death Trends by Age Group



Rate per 100,000 residents. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

In 2023, adults aged **65 and older** had the highest suicide rate, followed by adults between the ages of **45 to 64**.

From 2019 to 2023, most age groups experienced a decrease in suicide death rates, except for adults aged **65 and older** who experienced a **6%** increase.

From 2022 to 2023, youth aged **10 to 24** experienced a **56%** increase in suicide rate. There was also a **33%** increase in suicide rate for adults **45 to 64** from 2021 to 2022, though the rate dropped in 2023.

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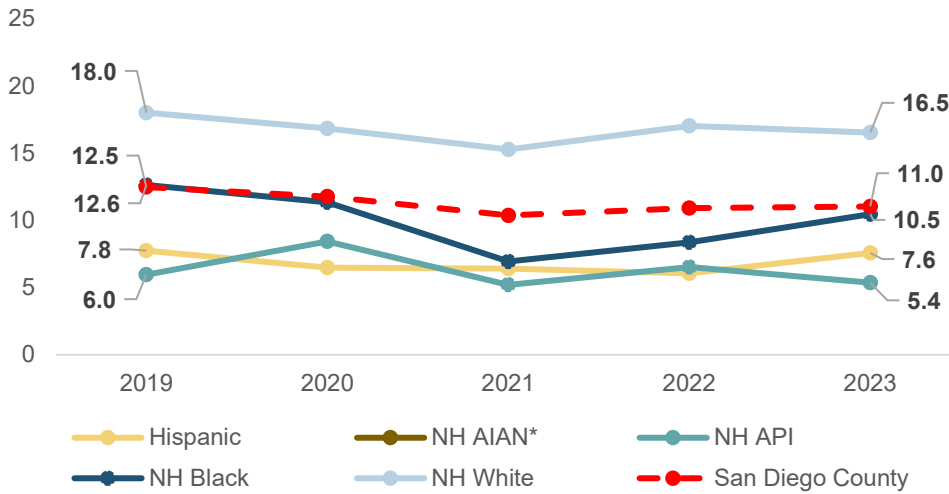
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Mortality Data

Suicide: Demographics

Suicide Death Trends by Race or Ethnicity

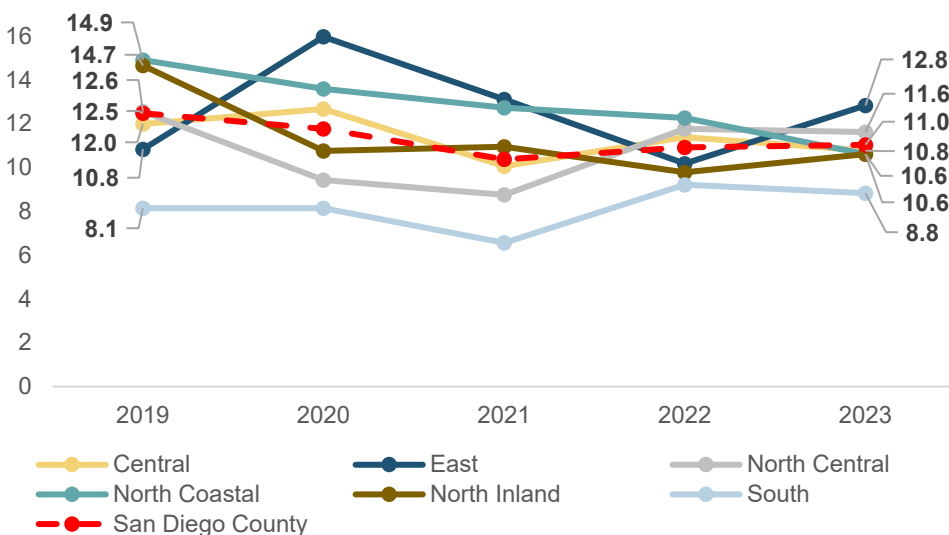


Rate per 100,000 residents. *Rates with counts < 11 were suppressed. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

In 2023, Non-Hispanic (NH) **White** residents had the highest suicide rate. Local rates for NH American Indian / Alaska Native residents were suppressed due to low counts, though national data indicates that this race or ethnicity group has historically had the highest suicide rate.

Over the last five years, suicide death rates decreased among all race or ethnicity groups, with some increases in more recent years. From 2021 to 2023, for example, the suicide rate among NH **Black** residents increased by **51%**.

Suicide Death Trends by HHS Region



Rate per 100,000 residents. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

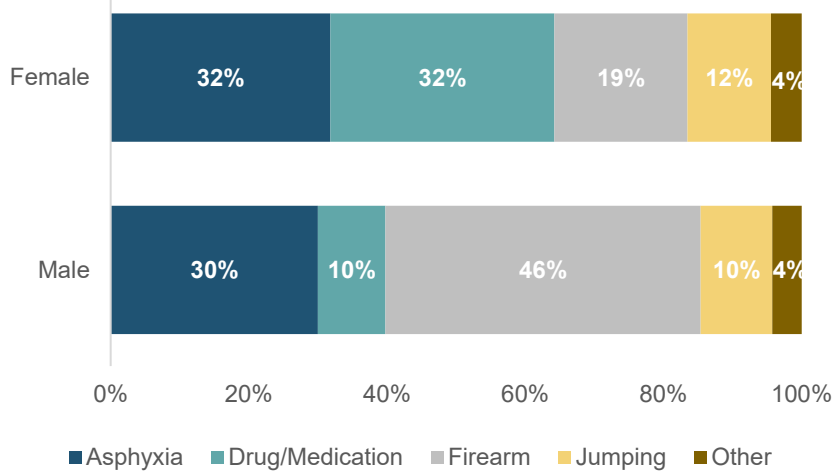
In 2023, residents living in **East Region** had the highest suicide rate.

From 2019 to 2023, suicide death rates decreased among residents living in all regions, except for **East Region** and **South Region** residents, who experienced an **18%** and **8%** increase, respectively.

Mortality Data

Suicide: Method

Percent of Suicide Deaths in San Diego County by Method and Sex, 2019-2023

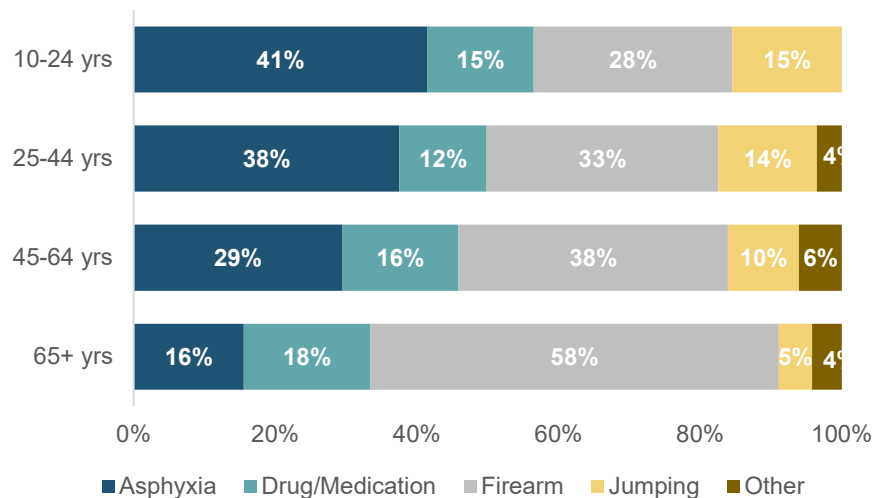


For the following bar charts, totals were pooled from 2019 to 2023 to achieve a sufficient sample size.

The most common method of death by suicide for **females** was **asphyxia** and **drug / medications**. **Firearm** was the most reported method of death by suicide for **males**, followed by **asphyxia**.

Percent of total suicides. See Methodology on page 29 for a description of 'Other'. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

Percent of Suicide Deaths in San Diego County by Method and Age Group, 2019-2023



From 2019 to 2023, the predominant method of suicide for **10-24-year-olds** and **25-44** years olds was **asphyxia**. For **45-64-year-olds** and those aged **65 and older**, **firearm** was the most reported method. **Firearms** accounted for **more than half** of deaths by suicide for those aged **65 and older**.

Percent of total suicides. See Methodology on page 29 for a description of 'Other'. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

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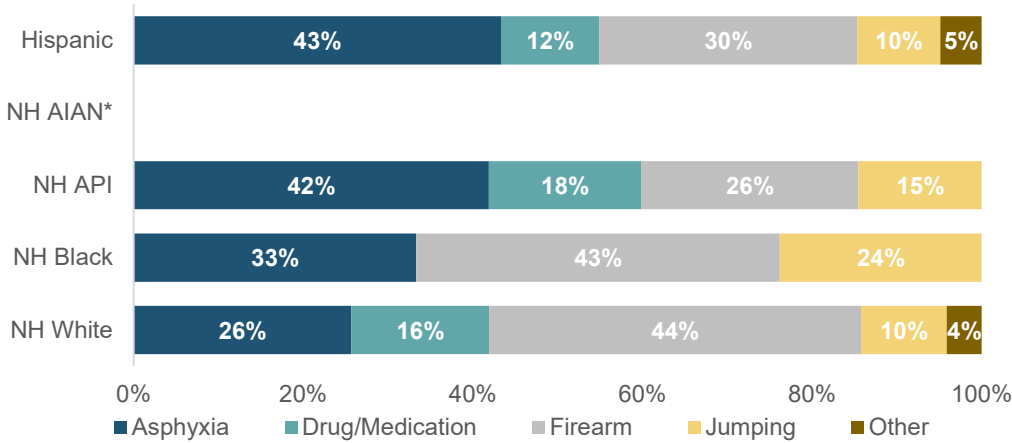
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Mortality Data

Suicide: Method

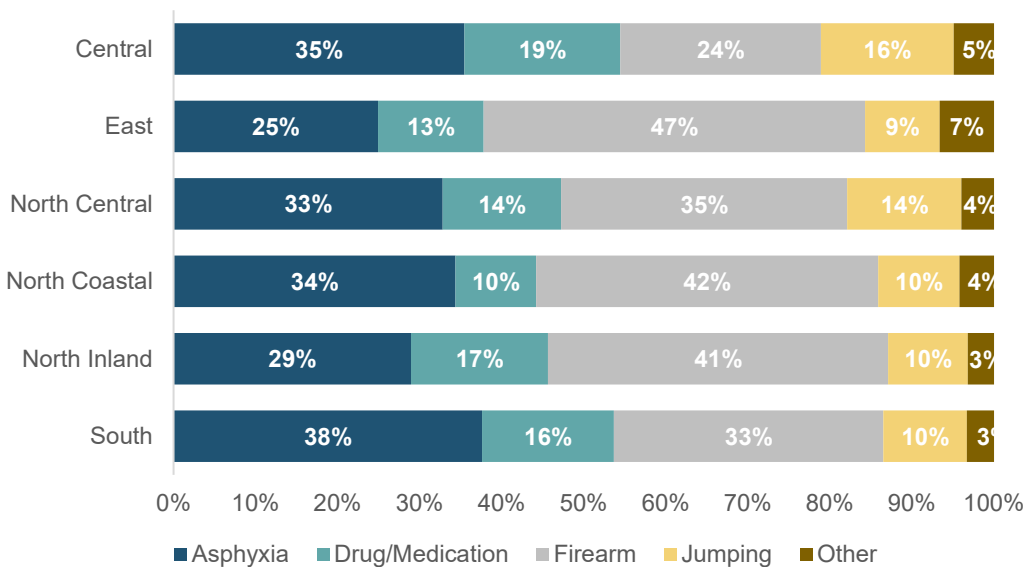
Percent of Suicide Deaths in San Diego County by Method and Race or Ethnicity, 2019-2023



The most common method of suicide death for **Hispanic** and Non-Hispanic (NH) **Asian / Pacific Islander** residents was **asphyxia**. For NH **Black** and NH **White** residents, **firearm** was the most reported method.

Percent of total suicides. *Percentages with counts < 11 were suppressed. See Methodology on page 29 for a description of 'Other'. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

Percent of Suicide Deaths in San Diego County by Method and HHS Region, 2019-2023



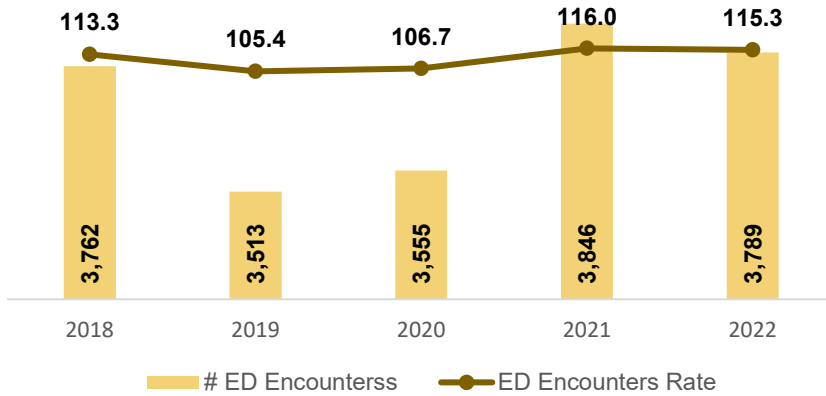
The predominant method of suicide death for **Central Region** and **South Region** residents was **asphyxia**. For all other regions, **firearm** was the most reported method.

Percent of total suicides. See Methodology on page 29 for a description of 'Other'. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

Emergency Department Encounter Data

Suicide Attempt / Intentional Self-Harm: Overview

Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends in San Diego County

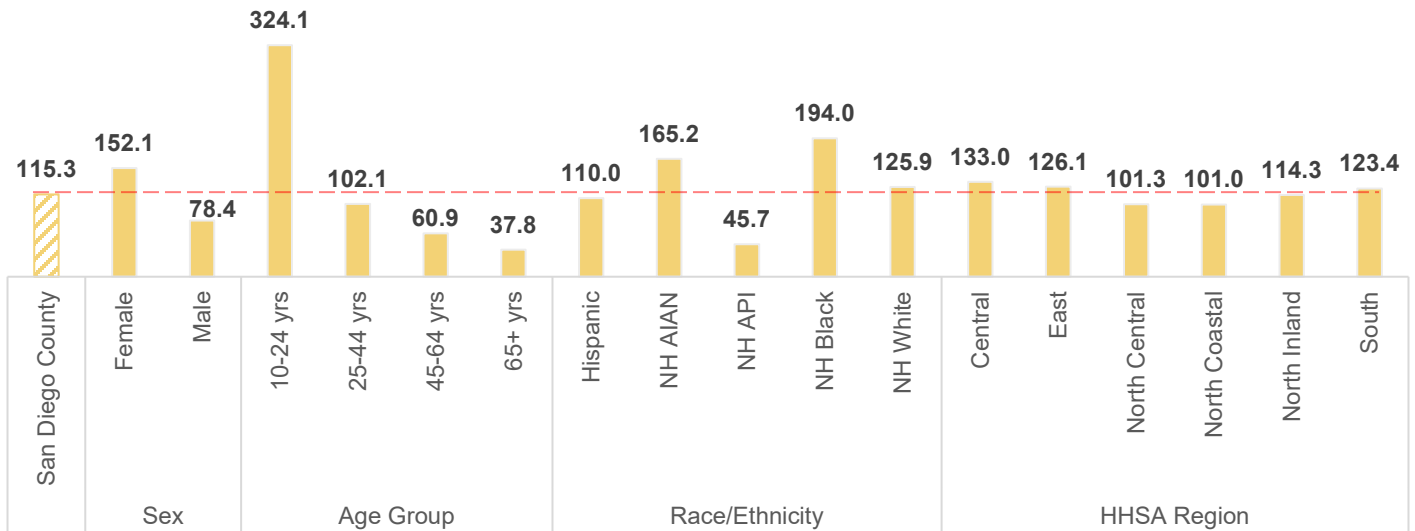


From 2018 to 2022, the Emergency Department (ED) encounter rate for suicide attempt / intentional self-harm increased by **2%**.

In 2022, there were an average **10** ED encounters per day for suicide attempt / intentional self-harm.

Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Rates, 2022



Rate per 100,000 residents. Dotted line represents overall San Diego County rate for reference. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2022. Population Data from SANDAG 2018-2022.

In 2022, the highest suicide attempt / intentional self-harm ED encounter rates were among residents who were **female**, **10-24** years old, Non-Hispanic (NH) **Black**, or living in **Central Region**.

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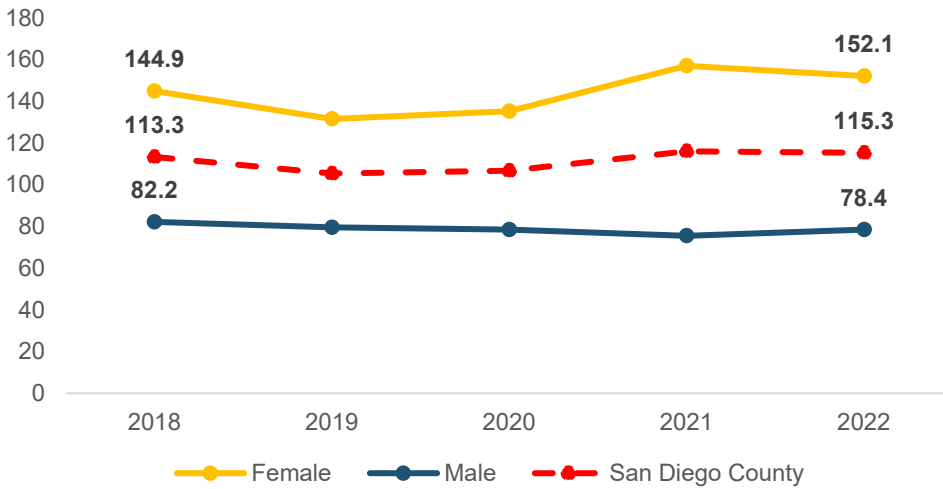
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Emergency Department Encounter Data

Suicide Attempt / Intentional Self-Harm: Demographics

Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by Sex



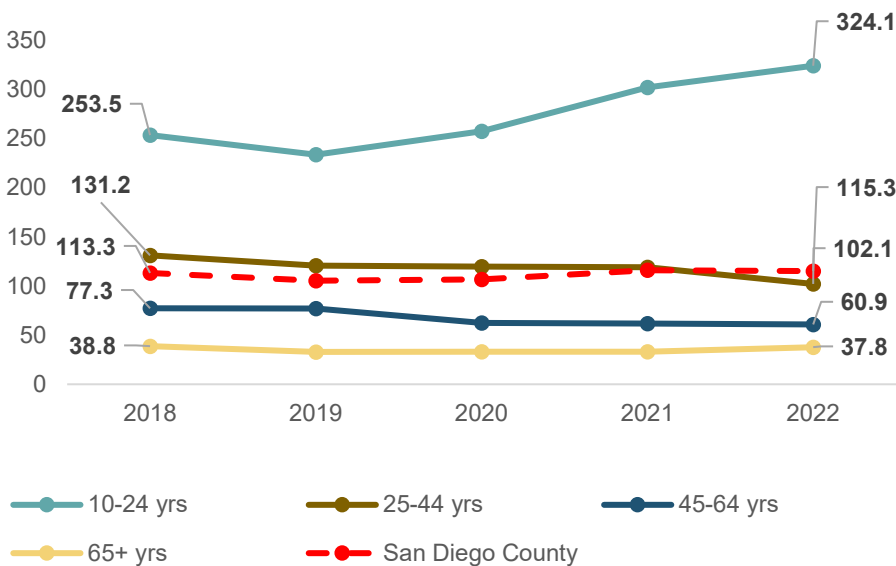
Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

In 2022, **females** had the highest Emergency Department (ED) encounter rate of suicide attempt / intentional self-harm.

From 2018 to 2022, the suicide attempt / intentional self-harm rates increased by **5%** for **females** and decreased by 5% for males.

Note: Additional suicide data by gender and sexual orientation is not currently collected.

Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by Age Group



Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

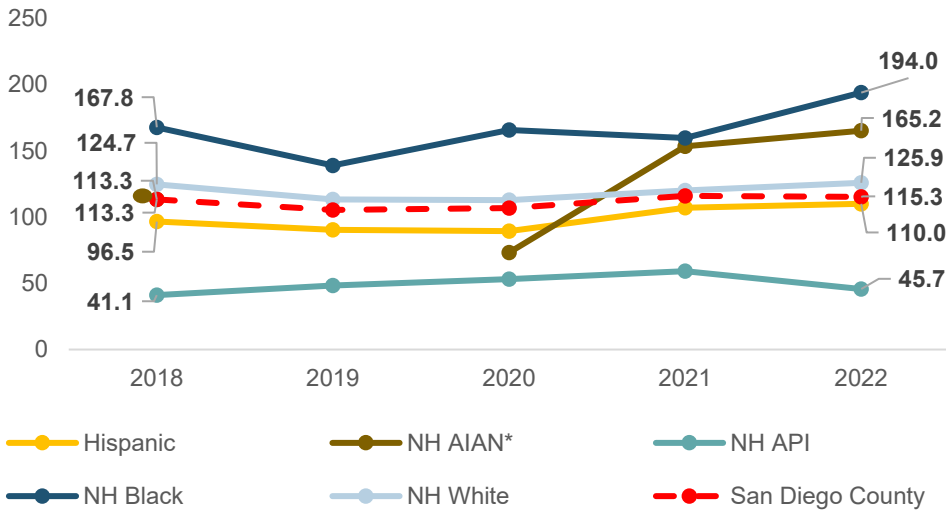
In 2022, youth aged **10 to 24** had the highest ED encounter rate of suicide attempt / intentional self-harm.

From 2018 to 2022, the suicide attempt / intentional self-harm rates increased by **28%** for youth aged **10 to 24**. All other age groups experienced a decrease in rate during this period.

Emergency Department Encounter Data

Suicide Attempt / Intentional Self-Harm: Demographics

Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by Race or Ethnicity

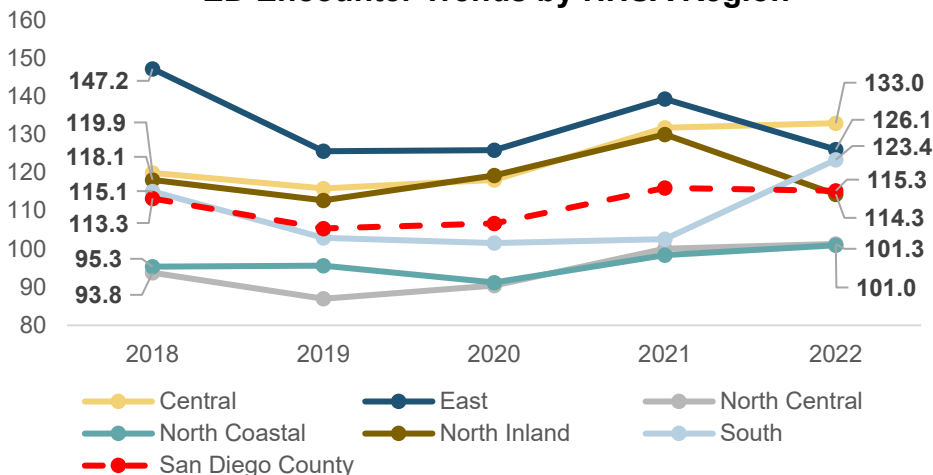


Rate per 100,000 residents. *Rates with counts < 11 were suppressed. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

In 2022, Non-Hispanic (NH) **Black** residents experienced the highest Emergency Department (ED) encounter rate for suicide attempt / intentional self-harm, followed by NH **American Indian / Alaska Native (AIAN)** residents.

Rates increased for residents of all race or ethnicity groups from 2018 to 2022. The highest increase was among NH **AIAN** residents, with a **46%** increase from **113.3** per 100,000 in 2018 to **165.2** per 100,000 in 2022. (Note: The overall San Diego County 2018 rate was also 113.3 and the 2019 rate for AIAN was suppressed).

Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by HHS Region



Rate per 100,000 residents. Note: The y-axis does not start at 0 to better highlight the trends. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

In 2022, residents living in **Central Region** experienced the highest ED encounter rate for suicide attempt / intentional self-harm, followed by residents living in **East Region**.

The highest percent increase in rate from 2018 to 2022 was also among **Central Region** residents, at **11%**. Rates also increased by **8%** for **North Central Region**, **6%** for **North Coastal Region**, and **7%** for **South Region** in this period. Rates decreased by **14%** for **East Region** and **3%** for **North Inland Region** residents.

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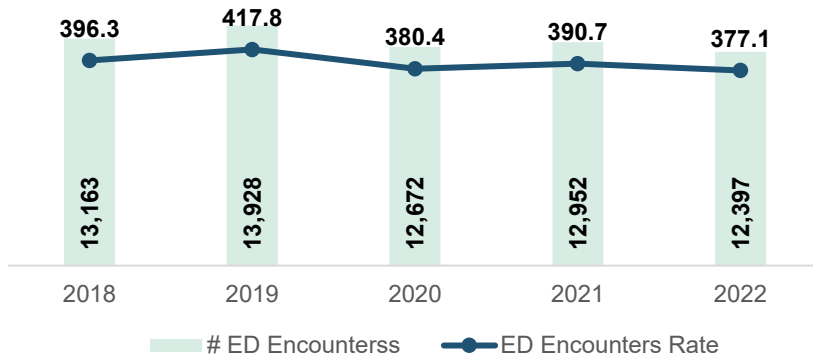
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Emergency Department Encounter Data

Suicidal Ideation: Overview

Nonfatal Suicidal Ideation ED Encounter Trends in San Diego County

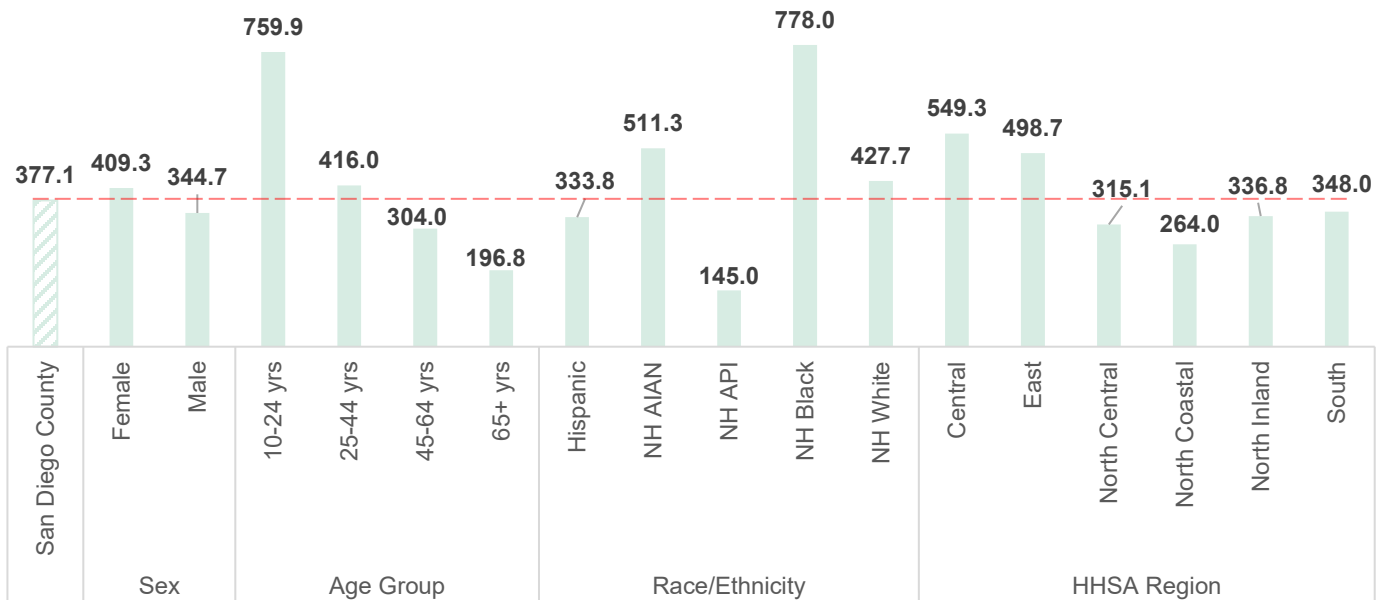


From 2018 to 2022, the Emergency Department (ED) encounter rate for suicidal ideation (SI) decreased by 5%.

In 2022, there were on average **34** ED encounters per day for SI.

Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

Nonfatal Suicidal Ideation ED Encounter Rates, 2022



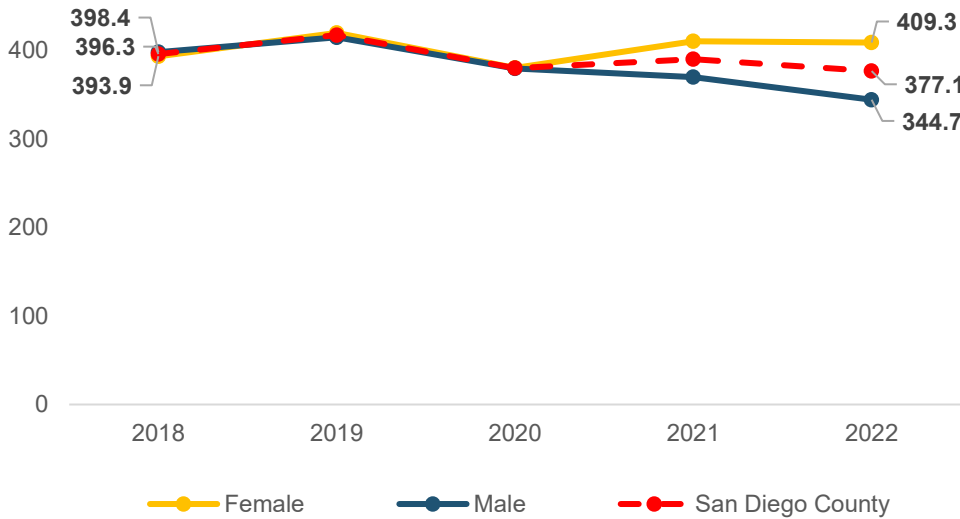
Rate per 100,000 residents. Dotted line represents overall San Diego County rate for reference. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2022. Population Data from SANDAG 2018-2022.

In 2022, the highest suicidal ideation ED encounter rates were among residents who were **female**, **10-24** years old, Non-Hispanic (NH) **Black**, or living in **Central Region**.

Emergency Department Encounter Data

Suicidal Ideation: Demographics

Nonfatal Suicidal Ideation ED Encounter Trends by Sex



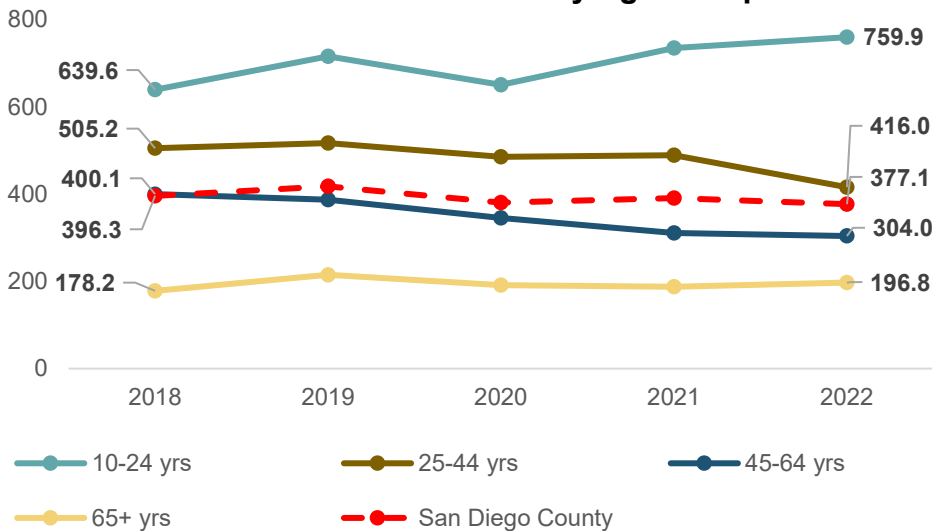
Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022.

In 2022, **females** had the highest Emergency Department (ED) encounter rate of suicidal ideation (SI).

From 2018 to 2022, SI rates increased by **4%** for **females** and decreased by **13%** for males.

Note: Additional suicide data by gender and sexual orientation is not currently collected.

Nonfatal Suicidal Ideation ED Encounter Trends by Age Group



Rate per 100,000 residents. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022.

In 2022, youth aged **10 to 24** had the highest ED encounter rate of SI.

From 2018 to 2022, the SI rates increased by **19%** for youth aged **10 to 24** and by **10%** for adults aged **65 and older**. Adults 25 to 44 years old and adults 45 to 64 years old experienced a decrease in rate of **18%** and **24%** respectively during this period.

Dial 1-888-724-7240 to connect to the **San Diego Access and Crisis Line** for free & confidential behavioral health resources & referrals, available 24/7 in over 200 languages.

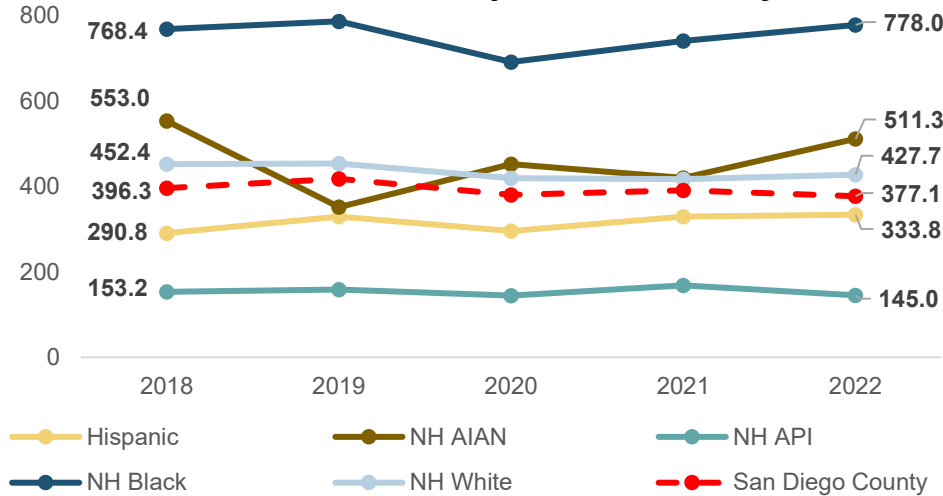
Dial 9-8-8 to connect to the **Suicide & Crisis Lifeline** network of crisis call centers, available 24/7.

Dial 2-1-1 for local information & connections to community, health, & disaster resources, available 24/7.

Emergency Department Encounter Data

Suicidal Ideation: Demographics

Nonfatal Suicidal Ideation ED Encounter Trends by Race or Ethnicity

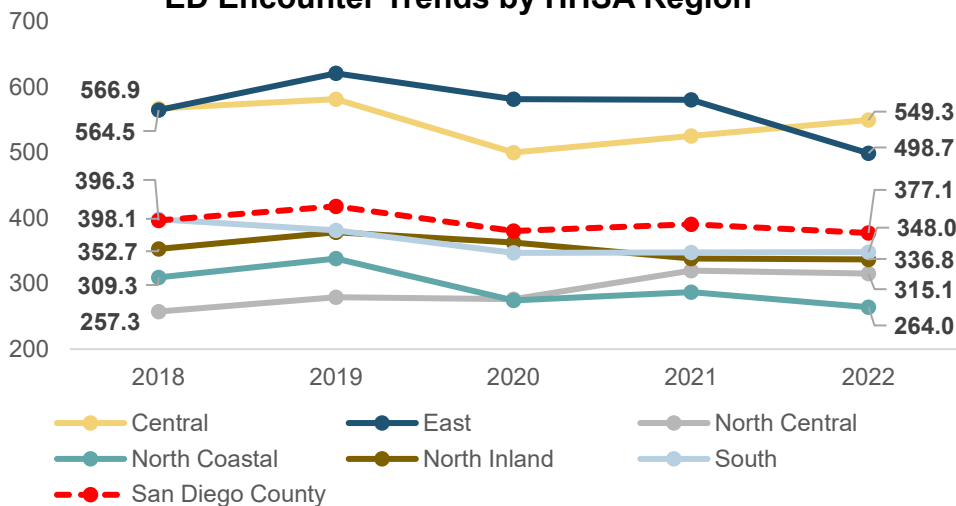


Rate per 100,000 residents. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

In 2022, Non-Hispanic (NH) **Black** residents experienced the highest Emergency Department (ED) encounter rate for suicidal ideation (SI), followed by NH **American Indian / Alaska Native** residents.

The highest percent increase in rate from 2018 to 2022 was among **Hispanic** residents, with a **15%** increase. The rate also increased by **1%** for NH **Black** residents and decreased for residents of all other race or ethnicity groups during this period.

Nonfatal Suicidal Ideation ED Encounter Trends by HHS Region



Rate per 100,000 residents. Note: The y-axis does not start at 0 to better highlight the trends. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

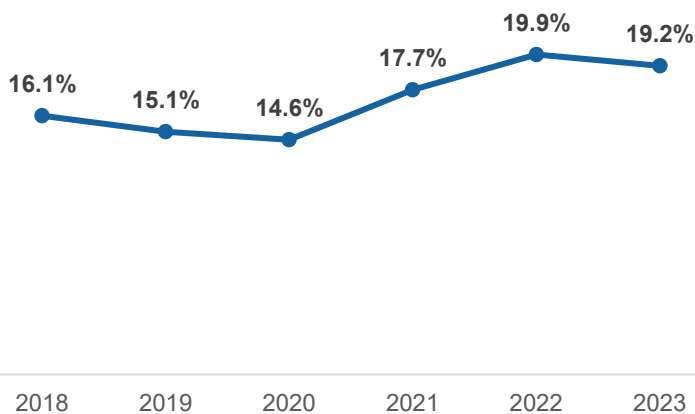
In 2022, residents living in **Central Region** experienced the highest ED encounter rate for SI, followed by residents living in **East Region**.

The highest percent increase in rate from 2018 to 2022 was in **North Central Region**, with a **22%** increase. The rate decreased for residents living in all other regions during this period.

Survey Data

California Health Interview Survey

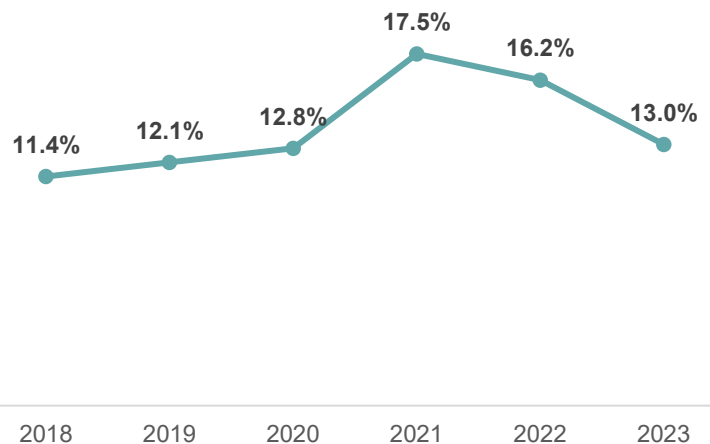
San Diego County, % That Ever Seriously Thought About Suicide, Ages 18+



In 2023, according to the California Health Interview Survey (CHIS), nearly **20%** of adults aged **18 and older** reported that they had ever seriously thought about suicide in San Diego County. This suggests an increase in suicidal ideation since 2018.

Source: 2018, 2019, 2020, 2021, 2022, 2023 California Health Interview Survey. UCLA Center for Health Policy Research. Accessed at <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard> on 9/25/24.

San Diego County, % In Past Year That Likely Had Serious Psychological Distress, Ages 18+



From 2018 to 2021, there was a rise in reported psychological distress, followed by a decrease from 2021 to 2023. In 2023, according to CHIS, **13%** of adults aged **18 and older** reported that they likely had serious psychological distress during the past year in San Diego County.

This variable provides a dichotomous measure of psychological distress in the past year using the Kessler 6 series. Distress in the past year was assigned to those indicating a month worse than the current month. If the respondent did not indicate a worse month, the current month's distress levels are assigned. Source: 2018, 2019, 2020, 2021, 2022, 2023 California Health Interview Survey. UCLA Center for Health Policy Research. Accessed at <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard> on 9/25/24.

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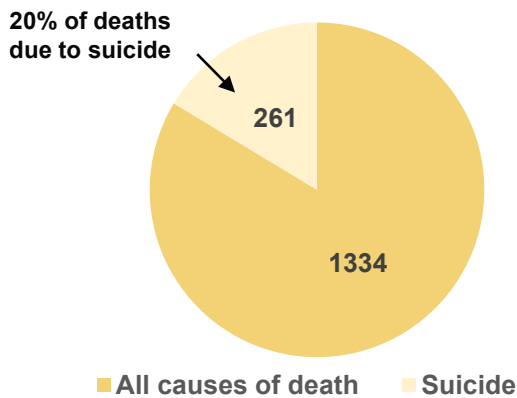
Dial 9-8-8 to connect to the **Suicide & Crisis Lifeline** network of crisis call centers, available 24/7.

Dial 2-1-1 for local information & connections to community, health, & disaster resources, available 24/7.

Suicide Among Youth

Suicide is a leading cause of death among youth, accounting for 20% of deaths among youth aged 10-24 in 2022. According to data from CDC Wonder, the County saw a decrease overall in the youth suicide mortality rate from 2013 to 2022, however recent mortality data from vital records indicates a slight increase in the rate for this age group [from 2022 to 2023](#). Additionally, emergency department (ED) encounter rates for [suicide attempt](#), [intentional self-harm](#), and [suicidal ideation](#) have increased for youth in the last five years, with ED rates particularly high among female and Black youth ([Table 1](#)). This section of the report highlights suicide related data for youth, followed by a description of youth prevention programs and strategies.

San Diego County, Total Deaths and % Suicide, Ages 10-24, 2018-2022

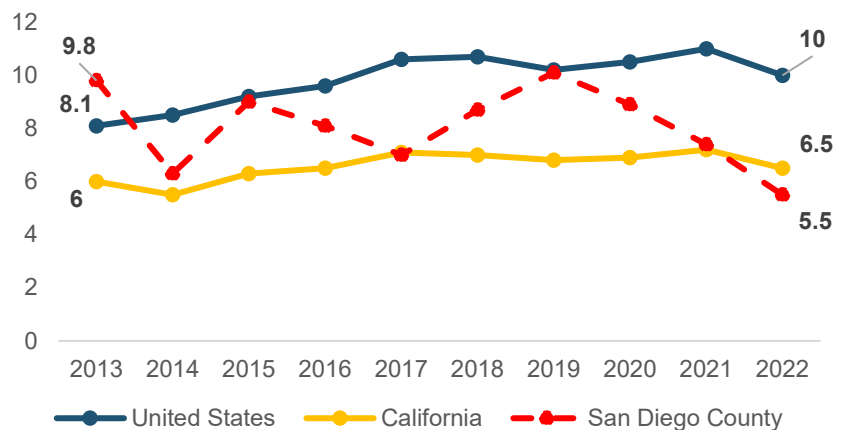


Please note that the CDC Wonder data is available only through 2022 currently. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File. CDC WONDER On-line Database. Prepared by: County of San Diego HHSA, Behavioral Health Services, Population Health Unit 10/2024.



In 2022, the County's youth suicide rate **fell below** the state rate for the first time in five years. However, the national rate has generally increased since 2013.

National, State, and County Suicide Rates Among Youth Ages 10-24, 2013-2022



Rate per 100,000 residents. To achieve consistent comparisons, San Diego County rates displayed here are based on data from CDC Wonder. Please note that the CDC Wonder data is available only through 2022 currently. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File. CDC WONDER On-line Database. Prepared by: County of San Diego HHSA, Behavioral Health Services, Population Health Unit 10/2024.

Suicide Among Youth

Rates for deaths by suicide, suicide attempts / intentional self-harm, and suicidal ideation are presented here for San Diego County youth ages 10-24. The highest rate in each demographic category is indicated by an asterisk.

Table 1. Suicide Death and Emergency Department (ED) Encounter Trends for San Diego County Youth Aged 10-24

	2021-2023 Pooled Total Rates: Suicide Deaths ¹	2022 ED Encounter Rates: Nonfatal Suicide Attempt / Intentional Self-Harm ²	2022 ED Encounter Rates: Nonfatal Suicidal Ideation ²
Overall Rate	6.1	324.1	759.9
Female	2.9	518.0*	1,046.2*
Male	8.9*	148.9	501.5
10-14 years	Suppressed	320.1	713.5
15-19 years	6.0	482.4*	1,054.9*
20-24 years	10.3*	188.6	541.2
Hispanic	5.6	293.6	682.2
NH AIAN	Suppressed	Suppressed	Suppressed
NH API	6.2	183.9	464.7
NH Black	Suppressed	479.7*	1,331.7*
NH White	6.3*	384.8	895.6
Central	5.8	294.2	728.3
East	4.3	355.7	948.0*
North Central	5.5	308.9	669.3
North Coastal	9.2*	284.8	616.7
North Inland	6.6	360.9*	860.0
South	4.7	351.3	797.3

*Indicates group with highest rate within the demographic category.

Rate per 100,000 residents. Rates with counts < 11 were suppressed. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. API = Asian/Pacific Islander.

Sources: ¹ California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2019-2023. Population data from SANDAG 2019-2022.

² California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022.

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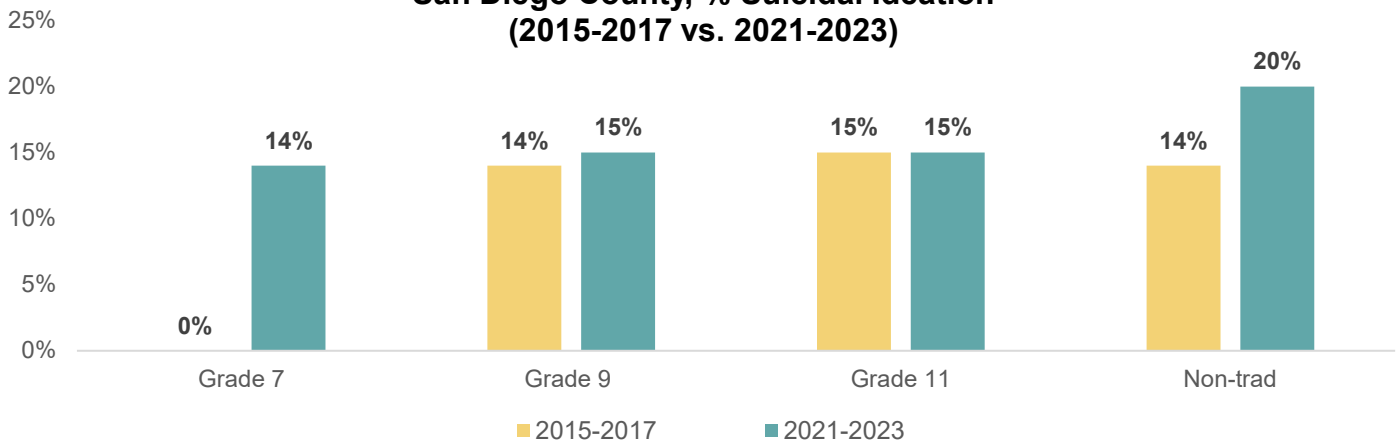
Suicide Among Youth

California Healthy Kids Survey

Percentages of youth reporting suicidal ideation (SI) and chronic sadness/hopelessness have generally **increased since 2015-2017**, with Tables [2](#) and [3](#) highlighting differences among groups. Specifically, students who identified as **nonbinary; gay, lesbian, or bisexual; were two or more races; or were living in a foster home or homeless** reported higher percentages of SI and chronic sadness / hopelessness.

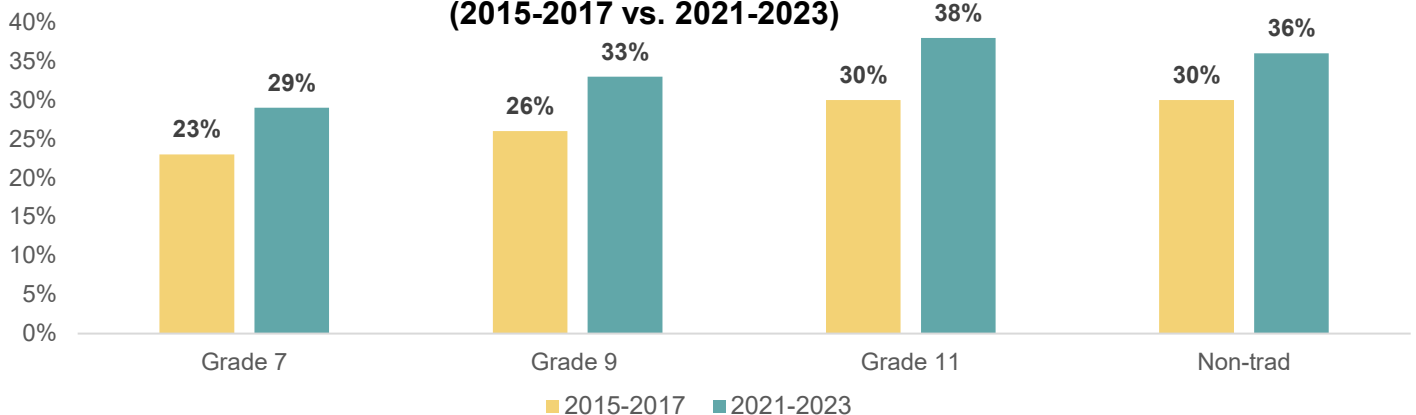


San Diego County, % Suicidal Ideation (2015-2017 vs. 2021-2023)



California Healthy Kids Survey, 2015-2017, 2019-2021. Non-trad = Non-Traditional Schools, which include Continuation High Schools, County Community Schools, District Community Day Schools, Juvenile Court Schools, Opportunity Schools, and Special Education Schools, as defined by the California Department of Education. Accessed online 10/30/24 at <https://calschls.org/reports-data/public-dashboards>

San Diego County, % Experienced Chronic Sadness / Hopelessness (2015-2017 vs. 2021-2023)



California Healthy Kids Survey, 2015-2017, 2019-2021. Non-trad = Non-Traditional Schools, which include Continuation High Schools, County Community Schools, District Community Day Schools, Juvenile Court Schools, Opportunity Schools, and Special Education Schools, as defined by the California Department of Education. Accessed online 10/30/24 at <https://calschls.org/reports-data/public-dashboards>

Suicide Among Youth

Percentages for suicidal ideation are presented here for San Diego County youth in 7th, 9th, and 11th grades as well as for those in non-traditional schools. The highest percentage in each demographic category is indicated by an asterisk.

Table 2. Suicidal Ideation School Survey Trends for San Diego County Youth

% Suicidal Ideation by Demographics (2021-2023)	7 th (%)	9 th (%)	11 th (%)	Non-Trad (%)
Overall Percentage	14	15	15	20
Female	17	18	17	22
Male	8	9	10	15
Nonbinary	45*	48*	46*	67*
Something Else	40	43	35	67*
Not Straight – Gay/Lesbian/Bisexual	36*	38*	34*	41
Straight/Heterosexual	9	9	10	12
Not Sure	22	23	27	67*
African American	16	15	17	11
American Indian/Alaska Native	10	18	15	Suppressed
Asian	14	16	17	22
Latino/a	15	14	14	17
Pacific Islander	16	19	20*	Suppressed
White	10	14	14	32*
Mixed (two or more)	17*	20*	20*	28
Home with one or more parent/guardian	13	14	15	19
Foster Home	24*	42*	28*	17
Homeless	22	21	28*	21
Other Living Arrangement	20	20	21	23*

*Indicates group with highest percentage within the demographic category.

Percentages with counts < 10 were suppressed. California Healthy Kids Survey, 2015-2017, 2019-2021. Non-trad = Non-Traditional Schools, which include Continuation High Schools, County Community Schools, District Community Day Schools, Juvenile Court Schools, Opportunity Schools, and Special Education Schools, as defined by the California Department of Education. Foster home includes foster home, group care, or waiting placement. Homeless includes friend's home, hotel or motel, shelter, car, campground, or other transitional or temporary housing. Other living arrangement includes other relative's home, a home with more than one family, or other living arrangement. Accessed online 10/30/24 at <https://calschls.org/reports-data/public-dashboards>

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Suicide Among Youth

Percentages for chronic sadness / hopelessness are presented here for San Diego County youth in 7th, 9th, and 11th grades as well as for those in non-traditional schools. The highest percentage in each demographic category is indicated by an asterisk.

Table 3. Chronic Sadness / Hopelessness School Survey Trends for San Diego County Youth

% Experienced Chronic Sadness / Hopelessness by Demographics (2021-2023)	7 th (%)	9 th (%)	11 th (%)	Non-Trad (%)
Overall Percentage	29	33	38	36
Female	37	41	47	45
Male	19	21	27	28
Nonbinary	66*	73*	74*	78
Something Else	60	65	62	85*
Not Straight – Gay/Lesbian/Bisexual	59*	62*	63*	60
Straight/Heterosexual	23	25	31	27
Not Sure	43	48	55	76*
African American	30	32	38	19
American Indian/Alaska Native	29	32	24	Suppressed
Asian	26	30	39	55*
Latino/a	34*	35	40*	33
Pacific Islander	24	29	35	51
White	31	35	35	Suppressed
Mixed (two or more)	30	37*	40*	49
Home with one or more parent/guardian	28	32	37	35
Foster Home	49*	50*	43	43
Homeless	48	35	52*	33
Other Living Arrangement	40	41	47	44*

*Indicates group with highest percentage within the demographic category.

Percentages with counts < 10 were suppressed. California Healthy Kids Survey, 2015-2017, 2019-2021. Non-trad = Non-Traditional Schools, which include Continuation High Schools, County Community Schools, District Community Day Schools, Juvenile Court Schools, Opportunity Schools, and Special Education Schools, as defined by the California Department of Education. Foster home includes foster home, group care, or waiting placement. Homeless includes friend's home, hotel or motel, shelter, car, campground, or other transitional or temporary housing. Other living arrangement includes other relative's home, a home with more than one family, or other living arrangement. Accessed online 10/30/24 at <https://calschls.org/reports-data/public-dashboards>

Youth Suicide Prevention: A Multi-Faceted Approach

Prevention of youth suicide is a priority in San Diego County with many innovative initiatives underway that address the unique challenges faced by youth at risk of suicide. San Diego County has intensified efforts to address the rising issue of youth suicide through implementing a combination of school-based education, community outreach, data-driven strategies, and public messaging which aim to save lives and foster a culture of behavioral health awareness and support for our youth. San Diego County is making significant strides in combating youth suicide through a range of programs and partnerships that are aimed at fostering safety, resilience, and well-being among young people. These efforts are driven by robust data collection, community engagement, and targeted interventions that emphasize prevention, early detection, and response. Here's a look at some of the key efforts shaping this vital work:



Youth-Centered Messaging Campaigns

San Diego County launched the youth-centered [Own Your Mindset](#) brand, providing tangible mental health tips and fostering open dialogue among teens. Paired with California's Never A Bother campaign, these initiatives emphasize that seeking help is always encouraged. Additionally, the Children and Youth Behavioral Health Initiative (CYBHI) is providing two new phone apps for mental health and suicide prevention to all California families, [BrightLife Kids](#) and [Soluna](#). These new apps provide free resources, including one-on-one coaching support via in-app chat, call or video; a place to chat with peers; various wellness exercises; and information about local behavioral health resources and crisis services. Users will find age-tailored educational content, such as videos, games and podcasts. The apps also offer community forums for users, with posts and connections pre-reviewed by moderators. The BrightLife Kids app is for parents or caregivers to use for youth ages 12 and younger and Soluna is tailored for youth ages 13 through 25. Both are available on Apple and Android devices. Complementing this is *Talk It Out SD*, a platform scheduled for release later this year, which provides targeted resources for suicide prevention, intervention, and postvention, all aimed at supporting youth across the county. For more information visit <https://www.calhope.org/> and <https://neverabother.org/about-us/>.



AMEA Stigma Reduction Campaign

The AMEA Stigma Reduction Campaign is a project of the San Diego Refugee Communities Coalition ([SDRCC](#)) focusing on Stigma Reduction of Mental Health and Substance Use within African, Middle Eastern and Asian (AMEA) refugee and immigrant communities. It is a part of the California state's department of public health, office of health equity's children and youth behavioral health initiative campaign.

Youth Suicide Prevention: A Multi-Faceted Approach



HERE Now Program: Fostering Safer Schools

The Helping, Engaging, Reconnecting, and Educating ([HERE](#)) Now Program, led by San Diego Youth Services, Lifeline, and South Bay Community Services, expands school-based suicide prevention. Using the SOS Signs of Suicide Curriculum, the program targets 7th-12th graders and their families, educating on warning signs and fostering help-seeking behavior. The initiative has reached over 3,800 students, employing tools like the Columbia Suicide Severity Rating Scale (CSSR-S) to assess risk and guide interventions. HERE Now is also participating in the Youth Suicide Reporting and Crisis Response (YSRCR) pilot to expand their reach into new charter schools and geographic areas of need and serve more grades within districts and schools.



Capacity Building in Schools: COPES Initiative

The Creating Opportunities in Preventing and Eliminating Suicide ([COPES](#)) program, supported by the Mental Health Student Services Act and implemented by San Diego County Office of Education (SDCOE), strengthens mental health infrastructure in schools. Since its inception in 2021, COPES has facilitated 675 events and trainings, reaching tens of thousands of students, staff, and caregivers. Efforts focus on wellness, stigma reduction, and coordinated pathways for accessing behavioral health services.



Mobile Crisis Response Teams Expand Capacity to Reach Schools

Launched by the County of San Diego in January 2021, the [Mobile Crisis Response Team](#) (MCRT) Program is a countywide service that offers an alternative response option for people of any age experiencing a mental health or substance use-related crisis. Non-law enforcement MCRTs respond, assess, and de-escalate behavioral health crises in the community. Beginning November 2024, MCRTs may be deployed to public school districts, charter schools, and adult schools across San Diego County. During school response MCRTs can provide assessment, utilize crisis intervention and de-escalation, initiate transportation if clinically indicated, provide care coordination for up to 30 days.



A Collaborative Approach to Mental Health Early Intervention and Prevention In Schools

Through partnerships with school districts across San Diego County, the Screening to Care Initiative aligns services with the Multi-Tiered System of Support (MTSS) Framework. This approach includes provision of a comprehensive screening tool to identify students who may benefit from additional support, offers small group interventions, and links students to services based on their individual needs. The initiative is designed to promote mental health and overall well-being for students throughout the county.

Youth Suicide Prevention: A Multi-Faceted Approach



San Diego County Suicide Prevention Council

The San Diego County Suicide Prevention Council (SPC) is a community-wide collaborative working toward a vision of zero suicides in San Diego County. Dedicated to preventing suicide and its devastating consequences, the SPC unites individuals, organizations, and stakeholders to implement the San Diego County Suicide Prevention Action Plan (SPAP). With facilitation from Community Health Improvement Partners (CHIP) and support from the County of San Diego Health and Human Services Agency Behavioral Health Services, the SPC fosters impactful partnerships and provides guidance to advance suicide prevention efforts across the region. Get involved today by joining our monthly council meetings, participating in a subcommittee, or requesting a free QPR (Question, Persuade, Refer) training for your organization. Together, we can make a difference. Visit www.spcsandiego.org to learn more and take action.



San Diego County Suicide Prevention Council: Empowering Gatekeepers

Since March 2024, the San Diego County Suicide Prevention Council (SPC), facilitated by Community Health Improvement Partners (CHIP), has trained 13 new QPR (Question, Persuade, Refer) trainers, conducted an additional 32 QPR [trainings](#), and equipped over 700 individuals to act as gatekeepers for youth. The council is also developing firearm safety and suicide prevention resources, emphasizing youth-focused public health education through forums and events.



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California Youth Suicide Reporting and Crisis Response Pilot

The State of California launched its Children and Youth Behavioral Health Initiative (CYBHI) in 2021, organizing efforts into 20 workstreams across four strategic areas: coverage, behavioral health ecosystem infrastructure, public awareness, and workforce training. The Governor's 2022-2023 budget provided funding for two pilot programs under CYBHI: the 'Never A Bother' youth suicide prevention media campaign and the Youth Suicide Reporting and Crisis Response (YSRCR) Program. Never A Bother launched statewide in April 2024 and San Diego County was one of 10 counties selected for the YSRCR Program, which is currently being implemented through June 2025. Targeting youth aged 12-25, YSRCR focuses on models for reporting youth suicides and crisis response services in schools and communities. San Diego County was allocated \$4.1 million by the California Department of Public Health Injury and Violence Prevention Branch and has leveraged funding to hire additional personnel and fund additional activities within five existing contracts active in the region. Activities focus on school-based suicide prevention curriculum, rural integrated behavioral health and primary care services, the countywide Suicide Prevention Council, public messaging and evaluation.



Bridging Behavioral Health Gaps: Addressing Needs in Rural Areas

Through the YSRCR Pilot, the Vista Hill Smartcare Integrated Behavioral Health program increased staffing to implement augmented evidence-based screening and rapid targeted behavioral health intervention and triage for youth ages 10-25 who screen with elevated risk for suicide in five Federally Qualified Health Centers in rural regions of San Diego County. In addition, the Smartcare Integrated Health program is providing outreach to the community regarding suicide awareness, stigma reduction, and firearm safety as a method to prevent suicide.



Community Health Workers: Trusted Allies in Prevention

Community Health Workers (CHWs) play a vital role in suicide prevention efforts. Sharing cultural and linguistic ties with the communities they serve, CHWs have engaged nearly 5,000 youth across 121 outreach events since April 2024. Comprehensive training equips CHWs to connect youth with resources, educate on risk factors, and reduce stigma around mental health. Under the YSRCR Pilot Program, the County has expanded its use of CHWs to enhance youth suicide prevention outreach. Their comprehensive training equips them to provide a well-rounded approach to outreach, increasing awareness of available support systems among young people and fostering long-lasting relationships within the community.



Syndromic Surveillance: Real-Time Insights to Save Lives

Under the YSRCR Pilot, the County of San Diego's Health and Human Services Agency (HHSA) Behavioral Health Services Epidemiology team has developed a surveillance report assessing trends in suicide-related encounters among youth aged 10-24 using syndromic data from emergency departments. This near real-time data tracks trends in suicide attempts, self-harm, and suicidal ideation, informing and enhancing San Diego County's youth-focused suicide prevention and intervention strategies.

Conclusion

Looking Ahead: A Unified Vision for Youth Suicide Prevention

These multifaceted efforts help San Diego County to strengthen its partnerships and expand services through new and existing contracts. Core activities include delivering school-based suicide prevention curriculum, enhancing integrated behavioral health services, supporting collaboration through San Diego County's Suicide Prevention Council (SPC), stigma reduction, expanding standardized and routine suicide assessment, firearm prevention and furthering public messaging initiatives.



San Diego County's commitment to youth suicide prevention reflects an integrated, community-driven approach designed to connect with youth in meaningful ways, provide timely intervention, and ensure no young person faces mental health challenges alone. Through strategic surveillance, education, rural support, and public awareness, the County continues to expand access to mental health resources, paving the way for a safer, supportive future for all young San Diegans. Developed for teens in San Diego, [Own Your Mindset](#) empowers youth with tips and activities to support mental health, highlights local resources, and encourages open dialogue about mental health.



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Dial 2-1-1 for local information & connections to community, health, & disaster resources, available 24/7.

Take Action

- ◇ If you or someone you know needs help for suicide or mental health challenges, call 9-8-8. The Access & Crisis Line also offers chat services with support in multiple languages, available M-F 4pm-10pm <https://omnidigital.uhc.com/SDChat/>.
- ◇ Learn the signs and what to do by hosting or attending a free QPR Suicide Prevention Gatekeeper training by visiting <https://www.sdchip.org/initiatives/suicide-prevention-council/trainings/>.
- ◇ Find more resources at the It's Up to Us website www.up2sd.org. You can also join the Facebook page at www.facebook.com/up2sd.
- ◇ Reach out to someone you think is struggling or if you are struggling try to connect to help.
- ◇ Volunteer your time and/or donate to suicide prevention efforts and organizations.
- ◇ If you need additional support, you can call 2-1-1. It is a general resource and information hub for community, health, and disaster services. Visit <https://211sandiego.org/>.
- ◇ Take a Mental Health First Aid Training to learn more about mental health and how you can help yourself and others by visiting <https://www.mhasd.org/mhfa>.
- ◇ For K-12 school suicide prevention resources, view our resource guide: <https://www.sdchip.org/wp-content/uploads/2024/11/San-Diego-SPC-Schools-K-12-Resource-Guide-2024-2025.pdf>.
- ◇ Learn more and participate with the San Diego County Suicide Prevention Council at www.spcsandiego.org and/or join our mailing list by emailing spcsandiego@sdchip.org.

Know the Signs¹

- 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 Respond¹

- 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 self-care after difficult conversations.

¹Source: Los Angeles County, Office of Violence Prevention, [Youth Suicide and Suicide Attempts in Los Angeles County \(2016-2020\)](#)

Appendix I. Methodology

Death Data:

- The mortality data presented in this report were obtained via VRBIS (Vital Records Business Intelligence System) and includes deaths of all San Diego County residents including deaths that occurred outside of the county. County of San Diego's Medical Examiner death data are inclusive of deaths occurring within San Diego County only.
- 2022 SANDAG data was used as population denominators for 2023 rates (2023 Population Files not available at the time of analysis).
- Rates with < 11 counts were suppressed.
- Deaths by suicide were identified using the following ICD-10 codes for the underlying cause of death:
 - U03: Terrorism (suicide)
 - X60-X69: Intentional self-poisoning (suicide)
 - X70-X84: Intentional self-harm (suicide)
 - Y87.0: Sequelae of intentional self-harm
- For suicide deaths by method, 'Other' includes U03.0; X71; X75-X79; X82-X84; Y87.0.

Emergency Department Data:

- Emergency Department (ED) encounters include patients who were admitted and discharged from an emergency department as well as those who were initially admitted to the ED and then subsequently hospitalized in San Diego County.
- Rates were calculated for those with a confirmed San Diego County resident zip code and did not include individuals experiencing homelessness. Refer to Appendix II for total counts by resident status.
- Rates with < 11 counts were suppressed.
- Resident status is determined using patient zip code. Out of county residents did not have a San Diego County patient county or the patient zip code was coded as out of county. San Diego County residents had a San Diego patient and hospital county. Individuals who were unhoused had a 'ZZZZZ' patient zip code or a 'Z590' diagnosis code and either a San Diego County patient county or hospital county. Individuals with unknown residence were neither San Diego County residents, out of county residents, or unhoused.
- Nonfatal suicide attempt / intentional self-harm ED encounters were identified using any mention of the following ICD-10 codes (not limited to primary diagnosis) for initial encounters and intentional self-harm, where the disposition was not coded as fatal:
 - T14.91: Suicide attempt
 - X71-X83: Self-harm by drowning/submersion, firearm, explosive material, fire/flame, hot vapors/objects, sharp object, blunt object, jumping from a high place, jumping or lying in front of a moving object, crashing of motor vehicle, other specified means
 - T36-T50: Self-harm by poisoning by drugs, medications, and biological substances
 - T51-T65: Self-harm by toxic effects of nonmedicinal substances
 - T71: Self-harm by asphyxiation, suffocation, hanging
- Nonfatal suicidal ideation ED encounters were identified using any mention of the following ICD-10 codes (not limited to primary diagnosis) for initial encounters and intentional self-harm, where the disposition was not coded as fatal:
 - R45851: Suicidal Ideation

Appendix II. Emergency Department Encounter Data

Total Counts

Nonfatal Suicide Attempt / Intentional Self-Harm

Resident Status	2018	2019	2020	2021	2022
	ED Encounters	ED Encounters	ED Encounters	ED Encounters	ED Encounters
	Count	Count	Count	Count	Count
Out of County Residents	113	80	113	139	122
San Diego County Residents	3,762	3,513	3,555	3,846	3,789
Unhoused	221	360	426	336	312
Unknown	195	112	111	127	168
Total	4,291	4,065	4,205	4,448	4,391

Resident status is determined using patient zip code. See 'Methodology' on page 29 for additional info. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

In 2022, there were **4,391** total Emergency Department (ED) encounters for nonfatal suicide attempt / intentional self-harm. Out of county residents made up **3%** of the total, San Diego County residents made up **86%**, individuals who were unhoused made up **7%**, and individuals with an unknown region of residence made up **4%**. This distribution is similar to previous years. The previous charts for nonfatal suicide attempt / self-harm focused on San Diego County residents.

Nonfatal Suicidal Ideation

Resident Status	2018	2019	2020	2021	2022
	ED Encounters	ED Encounters	ED Encounters	ED Encounters	ED Encounters
	Count	Count	Count	Count	Count
Out of County Residents	413	447	476	502	532
San Diego County Residents	13,163	13,928	12,672	12,952	12,397
Unhoused	2,654	4,398	4,185	3,476	3,211
Unknown	830	342	285	318	380
Total	17,060	19,115	17,618	17,248	16,520

Resident status is determined using patient zip code. See 'Methodology' on page 29 for additional info. Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2018-2022. Population Data from SANDAG 2018-2022.

In 2022, there were **16,520** total ED encounters for nonfatal suicidal ideation. Out of county residents made up **3%** of the total, San Diego County residents made up **75%**, individuals who were unhoused made up **19%**, and individuals with an unknown region of residence made up **2%**. This distribution resembles that of previous years. The previous charts for nonfatal suicidal ideation concentrated on residents of San Diego County.

More Information

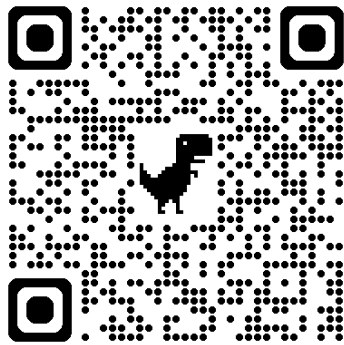
For questions about this report:

Please fill out a [Contact Us Form](#), or e-mail
HHSA, BHS Population Health Unit
bhspophealth.hhsa@sdcounty.ca.gov

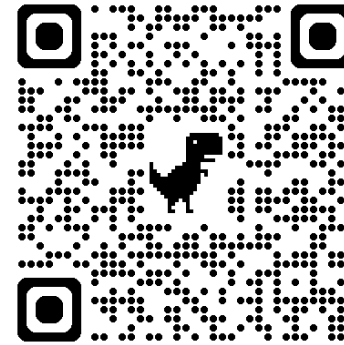
For additional resources, please visit:

[County of San Diego Suicide Prevention Resources](#)

Website: It's Up to Us



Website: Suicide Prevention Council



**San Diego County
Suicide Prevention
Council**
Convened by Community Health Improvement Partners



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