

The Public Health Impact of Suicide in Los Angeles County

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Suicide is Preventable

Suicide is a public health issue and is one of the leading causes of premature death. The issue of suicide is multi-faceted and can develop long before individuals attempt to harm themselves.

In 2016, nearly **45,000** people died by suicide in the United States

Comprehensive suicide prevention efforts should include building community networks and social connections across the lifespan to have the greatest impact in reducing suicide deaths, suicide attempts, and all forms of self-harm.

Los Angeles County Data Snapshot

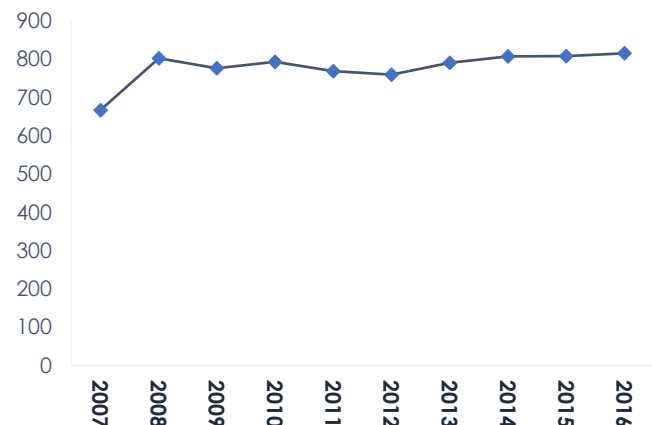
Suicide accounts for more than 800 deaths in 2016, and over 4,000 hospitalizations and 2,900 visits to the Emergency Department in 2014.

Demographics of Victims of Suicide and Suicide Attempts in Los Angeles County

	2016 DEATHS	2014 INPATIENT	2014 ED VISIT
TOTAL #	815	4,051	2,924
MALE	81%	44%	44%
FEMALE	19%	56%	56%
WHITE	50%	42%	35%
BLACK	6%	11%	14%
LATINO	30%	37%	40%
ASIAN/PI	13%	5%	4%
0-19 YEARS	3%	22%	33%
19-44 YEARS	39%	47%	50%
45-64 YEARS	35%	24%	15%
65+ YEARS	22%	7%	2%
SUFFOCATION	37%	---*	---*
FIREARM	36%	---*	---*
POISON	11%	65%	49%
CUT/ STABBING	---*	22%	28%

* Small cell size or information not available.

Figure 1. Total Number of Suicides in Los Angeles County, 2007-2016



Data Sources

Demographics & weapon information is reported for 2016 for mortality and 2014 for non-fatal injuries. The coding system for non-fatal injuries changed in 2015, and the comparability of the new system has not been established.

Mortality data are from the California Department of Public Health, provided by the Office of Health Assessment & Epidemiology in the Los Angeles County Department of Public Health. Non-fatal injury data are from the Office of Statewide Health Planning & Development in California.

Since 2009, Los Angeles County suicide rate has remained between 7.5 to 8.0 per 100,000 annually.

Preventing suicide begins with addressing the social determinants of health for all LA County residents



While there is a strong association between suicide and mental illness such as mood and anxiety disorders, suicide is most often related to a combination of individual, environmental, and relational factors.

Public Health Focus on Suicide Prevention: Well-being Across the Lifespan

Prioritize Protective Factors

- Foster positive relationships – through peer-to-peer engagement, appropriate communication tools, social-emotional curricula, and social networks
- Create and sustain supportive environments, free of violence, in homes, schools, work, and communities
- Pay attention to peers, neighbors and others who may be isolated – social connections help give our lives purpose and meaning
- Employ trauma-informed practices across all “helping organizations” (health care, education, etc.)
- Confront and stop cycles of abuse (individual, relationship, family, societal, systems)

Build and Enhance Emotional Well-Being

- Educate and support individuals/systems in managing emotions
- Recognize and address trauma
- Create cultures of self-care including preventive medical, mental, and behavioral health care; adequate sleep; recreation; and balanced nutrition
- Promote healthy communication and conflict resolution

Reduce Stigma and Incorporate Mental Health into Overall Health and Well-Being

- Teach social-emotional well-being and healthy relationships in schools
- Include emotional/mental health check-ins during annual physical exams
- Increase access to well-being/mental health preventive services across the lifespan (student/campus services, Employee Assistance Programs, primary care screenings, referral networks, older adult programs, parents, etc.)
- Promote safe storage of firearms, medications, and other potentially dangerous household products, which can reduce the risk of suicide by separating at-risk individuals from easy access to lethal means

If you or someone you know is having thoughts of suicide, call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**.