# Youth Suicide Deaths in Los Angeles County (2017-2021)

An overview of youth suicide death data in Los Angeles County, including trends, patterns, and prevention efforts.

Content Warning: This report includes data about suicide deaths and methods of self-harm.

#### Suicide is a Leading Cause of Death Among Los Angeles County Youth

In Los Angeles County between 2017 and 2021, suicide was the third leading cause of death among youth ages 10 to 24 years, with over 100 deaths annually.<sup>i</sup> This important public health issue is not unique to Los Angeles County; nationally, youth suicide rates increased by 62% between 2007 and 2021.<sup>ii</sup> Other forms of suicidal behavior are even more common; a national survey found that in 2023, 1 out of 5 high school students had seriously considered suicide, and nearly 1 in 10 had attempted suicide.<sup>iii</sup>

In response to this public health concern, the California Department of Public Health (CDPH) funded 10 counties – including Los Angeles County – to participate in the Youth Suicide Reporting and Crisis Response Pilot Program in 2023. The program's goals include developing and testing models to report incidents of youth suicide deaths and attempts and to develop strategies for rapidly responding to these events by providing crisis services. This report was developed as part of Los Angeles County's data reporting component of the pilot program. The purpose of the report is to provide stakeholders and community members access to information about local-level patterns and trends in youth suicide deaths.

#### Methodology: Identifying Youth Suicide Deaths in Los Angeles County

This report uses data from the California Violent Death Reporting System (CalVDRS), which is part of the National Violent Death Reporting System (NVDRS). NVDRS was created by the Centers for Disease Control and Prevention to collect detailed information about violent deaths by combining data from multiple sources including death certificates, coroner/medical examiner reports, and law enforcement records. NVDRS collects data on suicides, homicides, deaths by legal intervention, deaths of undetermined intent, and unintentional firearm deaths. In this report, we share available data on all youth suicide deaths that occurred in Los Angeles County between 2017 and 2021. Throughout this report, we define "youth" to include individuals 10-24 years old.







### **Overview of the Los Angeles County Youth Population:**<sup>v</sup>

In 2021, almost 1.9 million youth between the ages of 10 and 24 years lived in Los Angeles County. These youth account for 19% of the county's overall population. Table 1 shows that while the youth population was fairly evenly split by gender and age group, the majority of youth in Los Angeles County were Latino/Latine.

### Table 1: Los Angeles County Youth Population Ages 10-24 Years, 2021

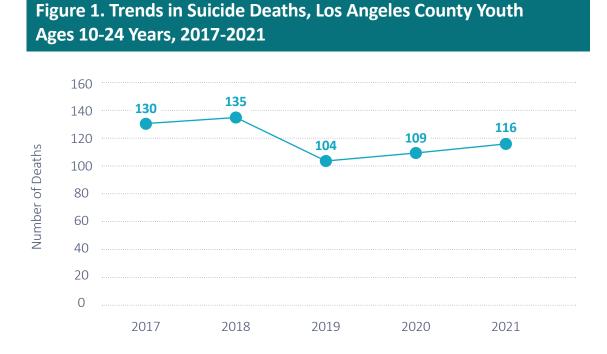
Demographic Group	Number of Youth	Percent of All Youth			
Total	1,924,567	100.0%			
Sex					
Male	979,800	50.9%			
Female	944,767	49.1%			
Race/Ethnicity					
Asian	221,691	11.5%			
American Indian and Alaska Native	3,075	0.2%			
Black	133,255	6.9%			
Latino/Latine	1,151,374	59.8%			
Native Hawaiian and Pacific Islander	4,205	0.2%			
White	324,093	16.8%			
Two or more races	74,204	3.9%			
Some other race	12,670	0.7%			
Age Group					
10-14 Years Old	604,722	31.4%			
15-19 Years Old	636,715	33.1%			
20-24 Years Old	683,130	35.5%			





2

## **Trends in Youth Suicide Deaths**



Between 2017 and 2021, there were 4,452 suicide deaths among all Los Angeles County residents. 594 (13%) of these deaths were among youth. As shown in Figure 1, the number of youth suicide deaths decreased from 2018 to 2019 (from 135 to 104) but increased from 2019 to 2021 (from 104 to 116). Nationally, youth suicide deaths showed a similar increase in 2020, marking the beginning of the COVID-19 pandemic.<sup>vi</sup>





3

## **Demographic Breakdown of Youth Suicide Deaths**

## Table 2: Number of Suicide Deaths and Rates per 100,000, Los AngelesCounty Youth Ages 10-24 Years by Demographic Group, 2017 – 2021

Demographic Group*	Number of Deaths	Percent of Deaths	Rate per 100,000 Youth
Total	594	100%	5.8
Sex			
Male	444	75%	8.5
Female	150	25%	3.0
Race/Ethnicity			
Asian	82	14%	6.9
Black	58	10%	6.8
Latino/Latine	299	50%	5.0
White	130	22%	6.1
Age Group			
10-14 Years Old	40	7%	1.3
15-19 Years Old	178	30%	5.3
20-24 Years Old	376	63%	10.2

\*We are not able to report data for some racial/ethnic groups to avoid reporting small numbers and potentially identifying individuals. This includes youth who identify as American Indian and Alaska Native, Native Hawaiian and Pacific Islander, Multiracial, or some other race, including those for whom race/ethnicity was not reported. Due to data collection and reporting practices, we are only able to report a youth's sex at birth and not their current gender identity.

As seen in Table 2, suicide did not impact all youth equally. Male youth, Asian and Black youth, and youth who are 20 to 24-years-old were disproportionately impacted by suicide.

Males accounted for three out of every four youth suicide deaths. Rates of youth suicide increased with age. Youth ages 20-24 years died by suicide at a rate almost twice that of 15-to-19-year-olds and nearly 10 times that of youth who were 10-to-14-years-old. Rates by race/ethnicity were highest among Asian and Black youth and lowest for Latino/Latine youth. At the same time, Latino/ Latine youth accounted for half of all youth suicide deaths. The lower suicide death rate is because of their large population; 60% of all youth in Los Angeles County identified as Latino/Latine.

Research shows that some smaller populations for whom we cannot report county-level data are disproportionally impacted by suicide. In the US, suicide death rates are significantly higher for Native Hawaiian and Pacific Islander and American Indian and Alaska Native youth than that of youth of other racial/ethnic groups.<sup>vii</sup> Youth who identify as LGBTQIA2S+\*\* are at disproportionate risk for suicidal thoughts and behaviors, including dying by suicide. This may be linked to the increased prevalence of certain risk factors such as stress, including experiences of prejudice or discrimination, family rejection, harassment, bullying, violence and victimization.<sup>viii</sup>

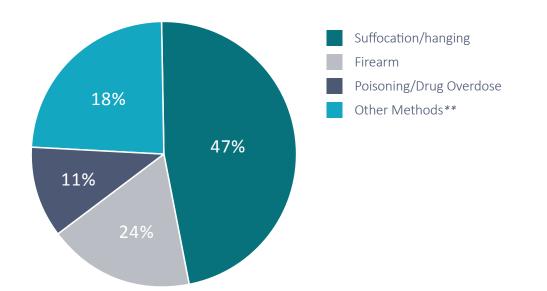
\*\*LGBTQIA2S+ is an umbrella term for various sexual orientations and gender identities, including Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit, and other identities not explicitly mentioned and represented by the "+".





### Methods Used in Youth Suicide Deaths

## Figure 2. Methods\* Used in Suicide Deaths, Los Angeles County Youth Ages 10-24 Years, 2017-2021



\*In 4 of the 594 youth suicide deaths, multiple methods were used. For reporting purposes, Figure 2 includes only the first method reported for each death.

\*\*The other most frequently used methods were falls/jumps or being struck by cars, buses, trains, and other forms of transportation.

Suffocation/hanging, firearms, and poisoning/drug overdose were the most common methods used in Los Angeles County youth suicide deaths (Figure 2). The most common methods used among youth suicide deaths statewide was very similar to that of Los Angeles County. Suffocation/ hanging (40%), firearms (28%), and poisoning/drug overdose (10%) were the most common methods used in California youth suicide deaths. Both Los Angeles County and California data differ from the national statistics. In the U.S., 54% of the youth who died by suicide used firearms. This is likely due to lower levels of firearm accessibility within Los Angeles County households in comparison to households nationally.<sup>ix, x</sup>

Note: We report data on methods involved in these deaths because access to lethal means is a risk factor for suicide.<sup>xi</sup> 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 strivingforsafety.org.





## **Circumstances Present in Youth Suicide Deaths**

One of the unique aspects of NVDRS is that it collects information about specific circumstances that may be related to a person's death. Many of the common circumstances reported that relate to suicide deaths can be categorized into broader groups including mental health conditions and/ or substance use; previous suicidal behaviors; and relationship problems. For example, among youth ages 10-24 years who died by suicide in Los Angeles County, more than half reported having a mental health condition (n=306) and over one-third (n=213) had previously expressed suicidal thoughts. Table 3 shows the most common circumstances reported for youth who died by suicide in Los Angeles County.

## Table 3: Top Circumstances Reported in Suicide Deaths, Los AngelesCounty Youth Ages 10-24 Years, 2017-2021

Life Circumstances <sup>*</sup>	Number of Youths	Percent of Youths
Mental health condition	306	52%
History of suicidal thoughts	213	36%
History of suicide attempt	143	24%
Relationship problem with family, friends, and/or intimate partners	134	23%
Ever treated for a mental health condition or alcohol/substance use problem**	122	21%
Alcohol/substance use problem	100	17%
Suicide intent disclosed	100	17%

While this data cannot contextualize the true depth, complexity, and personal nature of each individual's struggle with suicide, understanding common circumstances of youth suicide deaths can support prevention efforts. The circumstances described here can be used to inform tailored outreach and training to guide the development of programming for youth.

\*Multiple circumstances can be indicated for each youth suicide death. Percents will not sum to 100%. For more information on how reported circumstances are classified, please refer to "Section 5. Circumstance Variables" (pg. 76) of the <u>NVDRS</u> <u>coding manual version 6</u>.

\*\*NVDRS combines the treatment of alcohol or substance abuse and mental health conditions into one category.







## **Data Limitations and Challenges**

CalVDRS is a valuable data source that provides detailed information related to youth suicide deaths within Los Angeles County. However, as with all data sources, there are important limitations to consider when using and reporting these data.

- Data availability and abstraction into the CalVDRS system varied during the five-year period, particularly during the COVID-19 pandemic when the resources of participating agencies were significantly impacted.
- While law enforcement agencies are one of the primary entities that provide information to the system, only three of the more than 40 law enforcement agencies in Los Angeles County currently provide data to CalVDRS, so data are not consistently available across the county. However, these three agencies account for over three-quarters of violent deaths countywide.
- The data likely underestimate the true frequency of circumstances related to youth dying by suicide.
- NVDRS includes data on all youth suicide deaths that occurred in Los Angeles County, which includes both youth who lived in the county and those who did not; however, suicide death rates are calculated based on population estimates of youth living in Los Angeles County.
- To maintain privacy, we do not report small numbers and therefore are not able to report information for all demographic groups or for every type of circumstance. This is a concern because suicide may be more common among these very groups (e.g., youth identifying as LGBTQIA2S+ or American Indians and Alaska Natives).

## Conclusions

Almost 600 youth between the ages of 10 to 24 years lost their lives to suicide in Los Angeles County over the five-year span from 2017 through 2021. The data show us that not all youth were impacted equally – rates were particularly high for males and 20–24-year-olds, while Asian and Black youth were also disproportionately impacted. Most of these youth deaths were due to suffocation/hanging or firearms. Commonly reported circumstances included mental health conditions (50%) and a history of suicidal thoughts (36%). This information about trends, populations with higher rates of suicide, and other patterns can suggest opportunities for tailored prevention and education in homes, schools, and communities across Los Angeles County. For example, Los Angeles County Department of Public Health's Office of Violence Prevention (OVP) has provided data about suicide deaths and suicide attempts to inform a local media campaign; this increases the opportunity for prevention messages to reach populations at increased risk.

Suicidality is complex, with impacts that extend well beyond the data shared here. While this report focuses on youth suicide deaths, we acknowledge that for each death, there are many more youth who consider or attempt suicide. OVP, in collaboration with county and community partners, is committed to helping all youth thrive by promoting policies and prevention efforts that decrease stigma around suicide and self-harm, advocating for affirming and protective environments, and encouraging an investment into prevention across the life course.







## Preventing Youth Suicide Deaths and Attempts in Los Angeles County

In Los Angeles County, the Department of Public Health's Office of Violence Prevention (OVP), is supporting youth at home, in their schools, and in the broader community through the CDPH-funded Youth Suicide Reporting and Crisis Response Pilot Program. In addition to data collection, analysis, and reporting, this pilot program also ensures youth and their caregivers know how to access local, culturally relevant resources to support mental health and well-being, provide mental health resources to schools, train staff at local youth serving organizations to recognize signs of suicidality and how to respond, and provide youth with support and referrals to services after a crisis. These activities, further outlined below, were identified in consultation with a multidisciplinary group of local county and community partners that included experts in youth suicide prevention from diverse fields. This team included representatives from healthcare, mental health, schools, suicide prevention service providers, hotline organizations, parks and recreation, and others.

#### Increasing awareness of and access to resources

- Implementing a media campaign to raise awareness of suicide and mental health issues and how youth can access support. OVP is providing local-level data to ensure the campaign is focused on the areas of the county with the greatest need.
- Providing outreach materials from the California Department of Public Health's Never a Bother campaign to local youth-serving county partners and community-based organizations.
- Sharing suicide prevention resources including Never a Bother campaign materials at firearm safety outreach events attended by OVP staff.

#### Increasing access to mental health resources in schools

• Distributing mental health resources and reproductive health tools in local high schools after the Department of Public Health's School Wellbeing Centers identified reproductive health issues (pregnancy, sexually transmitted disease) as a key stressor for the youth they serve.

#### Providing trainings related to suicide prevention and mental health

• Providing suicide prevention and/or mental health awareness trainings to County staff, including from the Department of Public Health and the Department of Parks and Recreation.

#### Supporting youth at risk of suicidal behavior

8

- Funding two community-based organizations to run support groups for youth who have experienced a loved one die by suicide.
- Funding medical case workers to support youth who are treated in emergency departments for a suicide attempt. The medical case workers follow up with youth and their families after discharge from the emergency department and provide referrals and connections to local resources.







### We All Play a Role in Suicide Prevention

Suicide is preventable, and we can all play a role in reducing the impact of suicide on Los Angeles County youth. We can reduce the risk of suicide in our communities by educating ourselves and sharing information with our friends, families, and neighbors about the impact of suicide and selfharm, prevention strategies, and the local resources available for support. Most importantly, we can all learn to recognize warning signs for suicide and how to respond when our loved ones show these signs.

While funding from the Youth Suicide Reporting and Crisis Response Pilot Program ends in June 2025, OVP will continue to build upon the collaborative efforts of this program to ensure all youth in Los Angeles can access the resources they need to support their ongoing mental health and wellbeing. For more information, including additional resources, please visit OVP's website: publichealth.lacounty.gov/ovp.

#### 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 behavior.
- Increased drug or alcohol use.

#### How to Respond - What to do if you are worried:

- Ask them directly if they are considering suicide.
- Express 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.

#### **Support is Available**

- 988 Suicide Prevention & Crisis Lifeline: Call or text 9-8-8
- 24/7 Crisis Text Line: Text HOME to 741741 or text 443-787-7678 on WhatsApp
- LA County Department of Mental Health 24/7 Help Line: Call (800) 854 7771
- The Trevor Project: Call 1-866-488-7386 or text START to 678-678
- California Youth Crisis Line: Call or text 1-800-843-5200
- Teen Line: Call 310-855-4673 (6-10PT) or text TEEN to 839863 (6-9PT)

For immediate safety concerns, go to your closest emergency room, psychiatric hospital or dial 911. Ask for psychiatric emergency support, if available.

#### **Get Information**

Los Angeles County Office of Violence Prevention Email: ovp@ph.lacounty.gov

Scan for more resources ph.lacounty.gov/ovp/ suicideprevention.htm







## **Citations and Data Sources**

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**Funding provided by:** © 2025 California Department of Public Health. Funded under contract #22-11307.

**Suggested Citation:** Youth Suicide Deaths in Los Angeles County (2017-2021). Office of Violence Prevention. Los Angeles County Department of Public Health. May 2025.



