



Teen and Adult Suicide in Riverside



Suicide is the 10th leading cause of death in the U.S., presenting a major but preventable public health problem. Studies show that addressing psychiatric illness through early recognition, intervention and treatment is an effective way to combat suicidal behavior.

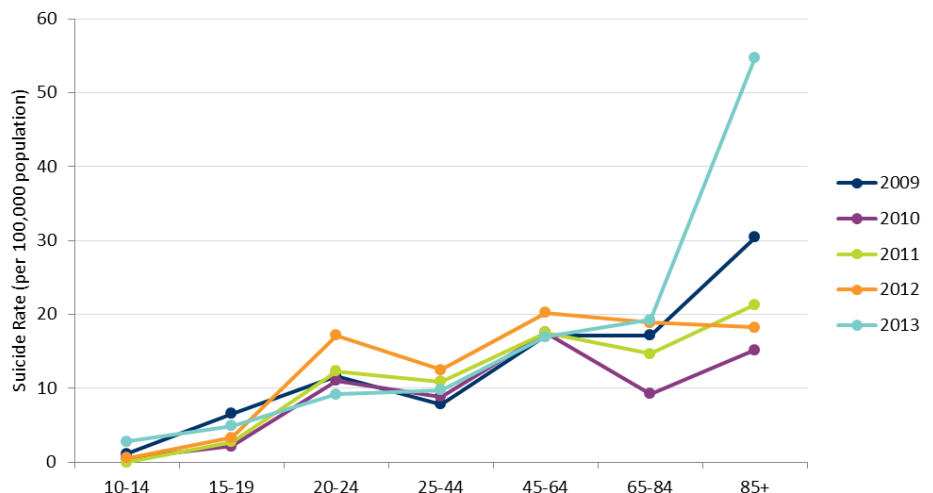
Risk factors for suicide include depression, physical and mental illness, alcohol and substance abuse, incarceration, loss and other stressful life events. Impacts of suicide include the combined medical and work-loss costs on the community and the physical and emotional toll on family and friends.

In Riverside County, there have been 1,136 suicides between 2009 and 2013, totaling approximately \$1.3 billion in medical and economic losses independent of the human toll. Suicide rates are highest among older age groups and specifically older men in both Riverside County and across the U.S.

key findings

- Suicide is the 10th leading cause of death in the U.S., taking more lives than homicide each year.
- For every one suicide death, it is estimated that **25 attempted suicides** take place.
- Although suicide rates are higher among older populations, **attempted suicides are more prevalent in younger age groups.**
- Men are about four times more likely than women to die by suicide. However, **women are three times more likely to attempt suicide.**

Figure 1: Suicide Rate (per 100,000 population by Age and Year), Riverside County, 2009-2013



Suicide

In 2013, there were 238 recorded suicides (189 males, 49 females); a rate of 10.5 suicides per 100,000, which is similar to California overall. In comparison, more than twice as many people die by suicide (238 deaths in 2013) than by homicide (104 deaths in 2013) in Riverside County each year.

Although suicide rates have fluctuated in the last five years, the highest rates have consistently been in individuals between 45-64 years of age, and 85 and older.

Men are four times more likely to die by suicide than women in most age groups. In 2013, men 85 and older were 10 times as likely to die by suicide when compared to women in the same age group (129.8 per 100,000 population and 9.7 per 100,000 population, respectively). This is also consistent with California data trends. In the past five years, 78 percent of all suicide deaths within Riverside County were men.

Attempted Suicide

While men are more likely to die by suicide, women are more likely to be hospitalized for suicide attempts, regardless of age. From 2010 to 2015, females averaged 462 hospitalizations per year compared to 361 hospitalizations for men. This discrepancy is further highlighted among teens. In 2013, females between 10-14 years old were four times more likely to be hospitalized for attempted suicide than males.

Although suicide rates are higher among older populations, attempted suicides are more prevalent in younger age groups. Between 2009 and 2013, 1 in 3 (34.9%) attempted suicides were within those between 25-44.

Method of Suicide

In 2013, firearms were involved in 45 percent of suicides, followed by hanging/suffocation (26.1%) and poisoning (18.5%). From 2009 to 2013, firearm use was the most common method of suicide for males. Nearly half (46.1%) of all male suicides in this time period were caused by firearm. In contrast, for women in this same time period, the most common method of suicide was by poisoning (45.8%).

Fig. 2: Suicide Incidence by Age and Sex, Riverside County, 2013

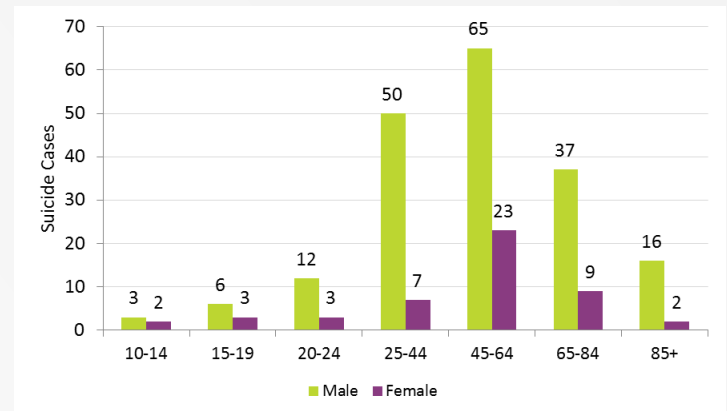


Fig. 3: Self-harm Hospitalizations by Age and Sex, Riverside County, 2013

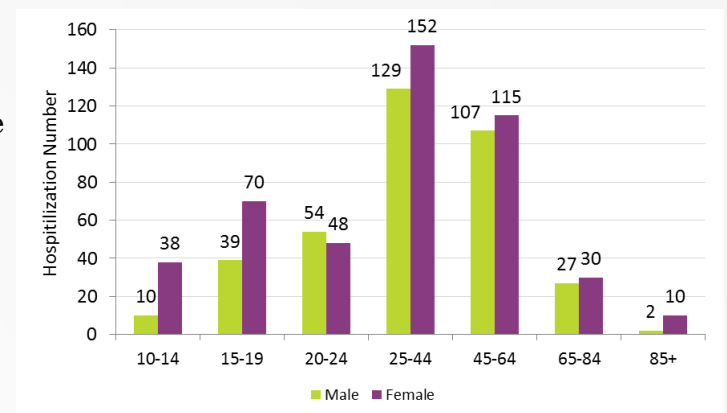
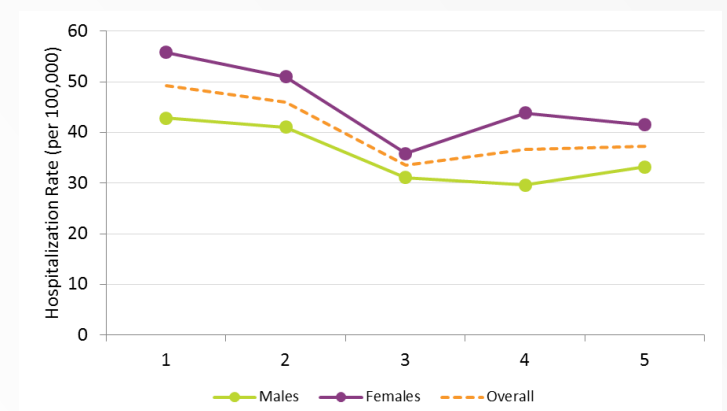


Fig. 4: Self-harm Hospitalization Rate by Sex, Riverside County, 2009-2013



In the Shoes Of— My Destructive Experiences

by Anonymous

I am a 16 year old female. I have been in therapy since I was 9 years old. At that time my parents got divorced and my mom left me to be taken care of by my grandparents.

When I was 11 years old, I was hospitalized from school for suicidal thoughts and plan. At 13 years old, CPS came to my school asking me if I was sexually abused. The abusers were my sister and boyfriend, they are now in jail.

Since that time, I have been in ETS [Mental Health – Emergency Treatment Services] for 72 hour holds about 10 times feeling suicidal. I have overdosed on medication twice. My thoughts at the time I tried to harm myself were very confused. I did not know what to do as the flashbacks from being abused as well as other very negative thoughts overtook my thinking. I could not get relief from those thoughts and decided to end it all. I spaced out and overdosed. I have been in residential treatment twice, once for four months and the last time for five months.



After five months in residential [treatment], I didn't feel like I was as stable as I wanted to be at that point. I went to a group home for 3 months. The first two months I was there, I still felt lost and had destructive behavior. I ran away with someone that I thought I could trust and ended up with no food and no water. That night, being afraid, I slept in a Port-A-Pot. This was a wakeup call for me. That experience started going in a positive direction. In my last month, I started working a positive path in my program which led to my being able to go home.

In the last five months, I have been home and I have a strong support system around me. I have a therapist, family, psychiatrist, and therapeutic school teachers and counselors who love and support me.

The [Public Health Nursing] WRAPAROUND program has done so much for me and my family. They have come into our home and helped us learn the skills we all need to be a better family, to help one another to stay positive, have better communication, and to lift one another up.

I am learning how to socially interact appropriately with other people through the YAUTS (Youth Advocates Uniting to Succeed) Program, through the youth ministry, and through the church choir. Presently, I am beginning a Transitional Age Youth (TAY) program to help me into adulthood.

My biggest support comes from my dad as we both strive to do our best in both of our programs. We bond and become closer as we go. We learn how to be there for each other. Having my dad in my life has made my life complete in a lot of ways. Just having him here is amazing. Even more so, it makes me feel so blessed and happy like I have always wanted.



I think what makes me so resilient whenever I get depressed, mad, or any other not so good emotion, is just knowing that I do have a purpose in life. My faith in my Lord, knowing that I don't have to hold on to what I am feeling and that I can give it all to Him, helps me through the rough times.

When the time is right, I will work on those feelings which cause me to be depressed and have destructive thoughts. It is important to me to have my Lord and people in my life to look up to.

Regardless of who I reach out for, I do need those positive people and my faith to get me through the hard times.

I hope this has inspired you to reach out to people, the Lord, and find coping strategies that work for you.

From The Desk of Janine Moore, LMFT

Prevention and Early Intervention Manager at Riverside University Health System – Behavioral Health

"Pain isn't always obvious, but most people show some signs that they are thinking about suicide. Some of those warning signs include talking about wanting to die or suicide, giving away possessions, putting their affairs in order, withdrawal, changes in sleep, sudden mood changes and increases in drug and alcohol use. Knowing what to look for is the first step in being there for a family member or friend in need. If you sense something is wrong, trust your instincts and get help. Information is available at Up2Riverside.org and Suicideispreventable.org. These websites offer a lot of information and resources to help you if you are in need or to help you support loved ones. If you suspect that someone is thinking about taking their life, it is important to find the words to ask them. By recognizing the signs, finding the words to start a conversation and reaching out to local resources, each of us has the power to make a difference -- the power to save a life. If you or someone you love is thinking about suicide call the Riverside County 24/7 Crisis and Suicide Intervention HELPLine at 951-686-HELP (4357)."

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Acknowledgements: Janine Moore, Wendy Hetherington, Michael Osur

References:

1. California Department of Public Health, *Vital Statistics Death Statistical Files*
2. Centers for Disease Control and Prevention (CDC). *Web-based Violence Prevention and Suicide website*. Available from: <http://www.cdc.gov/violenceprevention/suicide/>
3. National Institute of Mental Health (NIMH). *Suicide Prevention*. Available from: <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>



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