



2025

Annual Report to the Community: Suicide in San Diego County



San Diego County
Suicide Prevention CouncilSM

BY COMMUNITY HEALTH
IMPROVEMENT PARTNERS 

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Introduction



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)** works to address this challenge. Formally established in 2011 by the **County of San Diego's Health and Human Services Agency and Community Health Improvement Partners (CHIP)**, the SPC is a collaborative, community-based initiative committed to reducing and ultimately preventing suicide across San Diego County.

Data can be used 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 and vulnerable populations. The 2025 Annual Report to the Community presents the most recent data available for suicide deaths (2024, unless otherwise noted), emergency department encounters for suicide attempt / intentional self-harm and suicidal ideation (2023), and local survey data for additional measures of suicidal ideation (2023-2025).

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

In 2011, the SPC launched its first **Question, Persuade, Refer (QPR)** Gatekeeper Trainings, marking the beginning of a countywide effort to equip San Diegans with the knowledge and confidence to recognize suicide warning signs and connect those at risk to help. Since then, the SPC has expanded its training portfolio to include multiple specialized training programs designed to reach diverse sectors and populations across the region.

Each of us plays a critical role in building a safer, more connected, and more compassionate San Diego County. We invite you to engage with the data, resources, and trainings highlighted in this report and to join us in advancing a shared commitment to mental wellness and suicide prevention in our county. To learn more about how to get involved, please explore page 16 for '[Trainings](#)' or visit the San Diego County Suicide Prevention Council website at www.spcsandiego.org.

Key Data Takeaways



In 2024, San Diego County had **377** suicide deaths (rate: 11.4 deaths per 100,000 people). This was a **4%** decrease in rate compared to 5 years prior in 2020, though a **3%** increase in rate from the previous year of 2023. Suicide death rates were highest among residents who were **male**, ages **70-79**, **Non-Hispanic (NH) White**, or living in **East Region**.

In 2023, emergency department (ED) encounter rates for nonfatal suicide attempt / intentional self-harm were highest among residents who were **female**, ages **10-17**, **NH Black**, or living in **Central Region**. ED encounter rates for nonfatal suicidal ideation were also highest among residents who were **female**, ages **10-17**, **NH Black**, or living in **Central Region**.

Firearms continue to be the leading method of suicide. Suicide deaths by firearm were more common among residents who were **male**, ages **45+**, **NH American Indian / Alaska Native**, **NH Black**, or **NH White**, and for those living in all HHSAs regions except for Central Region, where asphyxia was most common. **Asphyxia** was the second leading method of suicide overall.

Suicide affects everyone, though some demographic groups are disproportionately impacted. The Suicide Prevention Council has identified 12 priority populations for suicide prevention efforts. These include residents who are **Asian American** or **Pacific Islander**, **Black** or **African American**, **Latinx**, **LGBTQIA+**, **Middle Eastern** or **South Asian**, **military** or **veterans**, **Native American** or **American Indian**, **re-entry** or **justice-involved**, **seniors** or **older adults**, **suicide attempt survivors** or **those with lived experience**, **survivors of suicide loss**, and **transitional age youth** (16-25 years). See the [‘Priority Populations’](#) section for more info.

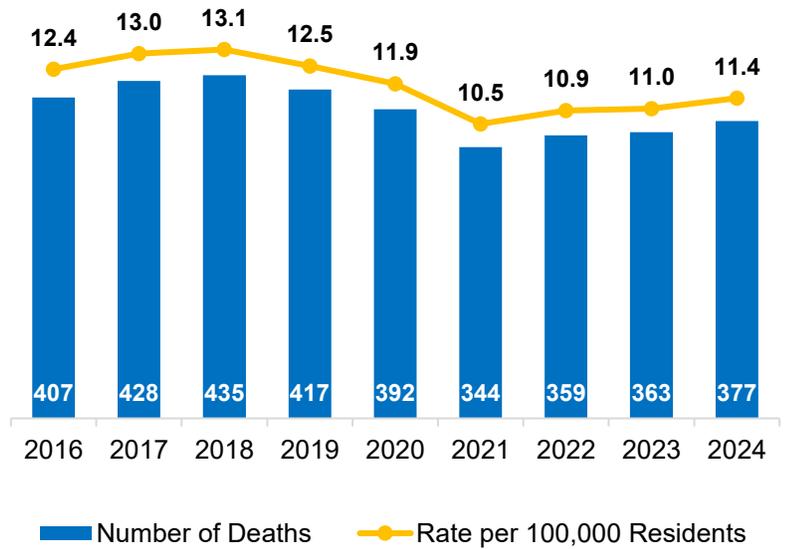
Overview of Suicide Trends

This section provides an overview of suicide statistics in our county. Monitoring suicide trends helps us understand where progress is being made and where more work is needed.

From 2016 to 2024, suicide rates in San Diego County decreased by **8%**, though increased by **3%** from 2023 to 2024 (**Figure 1**). This suggests that we have made some progress in the last several years, though we have more work to do.

To compare our local data to the latest state and national data, we referenced CDC Wonder. San Diego County has generally had a higher suicide death rate in California, though the gap between the two rates has narrowed in recent years. The national rate has generally increased since 2016. For more details, see [Appendix A](#).

Figure 1. San Diego County Suicide Death Counts and Rates, 2016-2024



Source: Vital Records Business Intelligence System (VRBIS), 2016-2024.

2016-2024, % change

rate, -8%



2023-2024, % change

rate, +3%



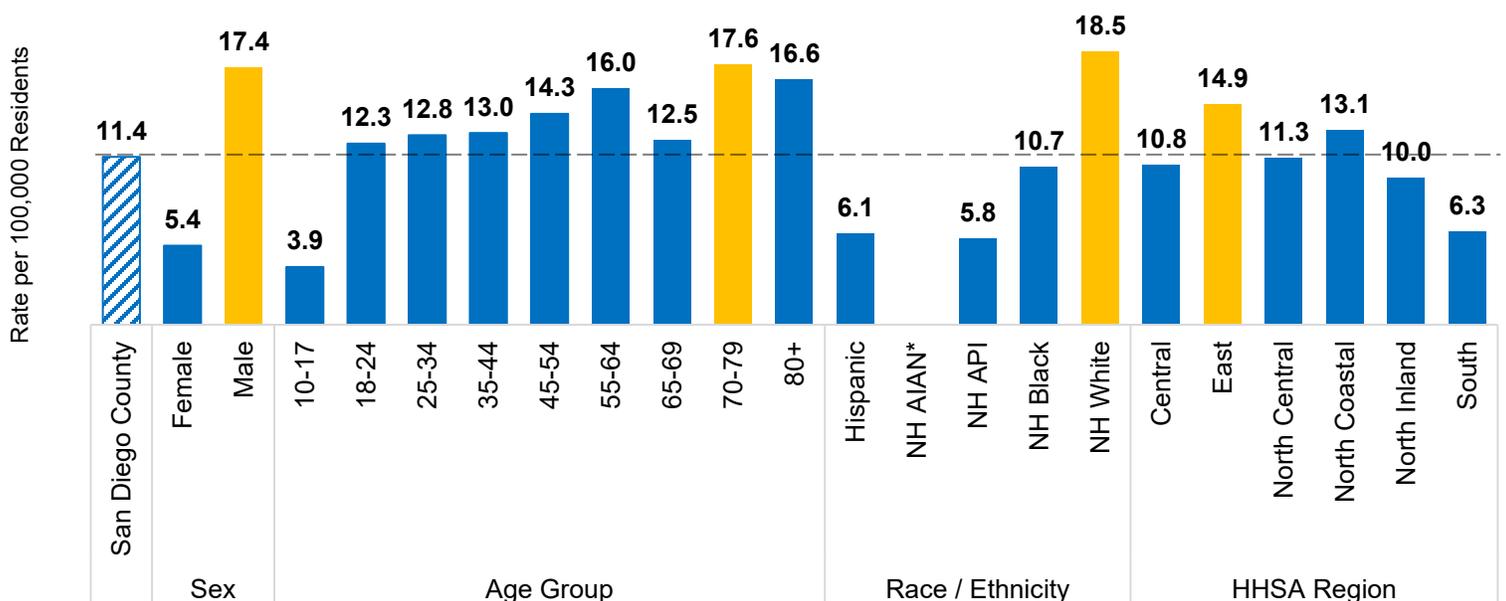
Mortality Data

Suicide is death caused by injuring oneself with the intent to die. To direct prevention and response efforts for suicide toward communities that need them most, we must break down the data by demographic groups and regions to see where there are disparities.

In 2024, suicide death rates in San Diego County were highest among residents who were **male, ages 70-79, Non-Hispanic (NH) White**, or living in **East Region (Figure 2)**. To protect confidentiality and ensure data reliability, data for **NH American Indian / Alaska Native** residents was suppressed, while data for **NH Pacific Islander** residents was combined with **NH Asian** residents due to small counts. In addition, local death data isn't available for residents who were **nonbinary, transgender, or lesbian, gay, bisexual, or questioning their sexual orientation**. However, national and state data consistently show that these groups experience elevated risk of suicide.



Figure 2. Suicide Death Rates, 2024



Source: Vital Records Business Intelligence System (VRBIS), 2024. Yellow bars represent the highest rate in each demographic group. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian/Pacific Islander. *Rates were suppressed for <11 deaths.

Figure 3. Suicide Death Trends by Sex

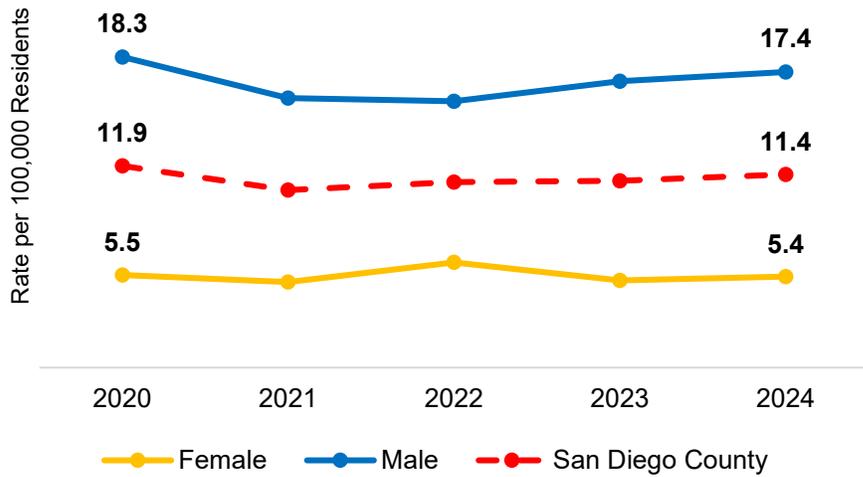


Figure 4. Suicide Death Trends by Age Group

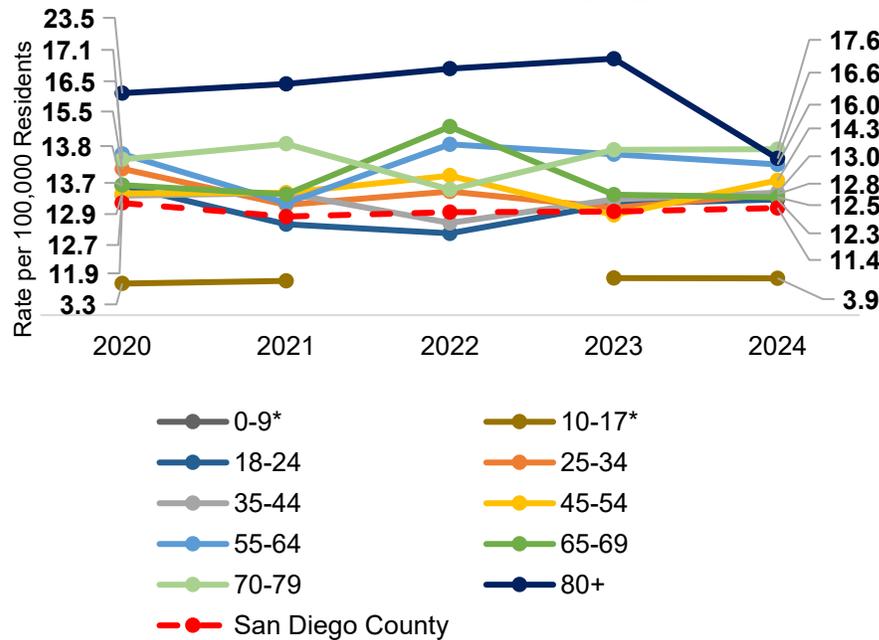
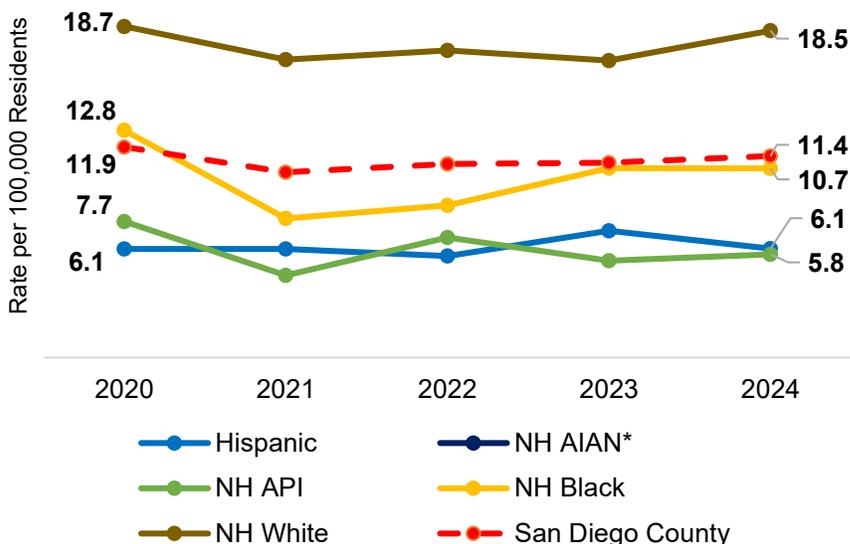


Figure 5. Suicide Death Trends by Race / Ethnicity



Mortality Data

Sex

In 2024, as in previous years, **male** residents had higher rates of suicide deaths than females. From 2020 to 2024, rates declined for both groups overall. However, there were slight increases in both male and female suicide death rates from 2023 to 2024 (**Figure 3**).

Age Group

In 2024, residents **ages 70 to 79** had the highest suicide death rate, though in previous years residents **ages 80+** had the highest rates. From 2020 to 2024, rates increased among **ages 10–17, 35–54, and 70–79**. There was also an increase in suicide death rates for residents ages **25–54** from 2023 to 2024 (**Figure 4**).

Race or Ethnicity

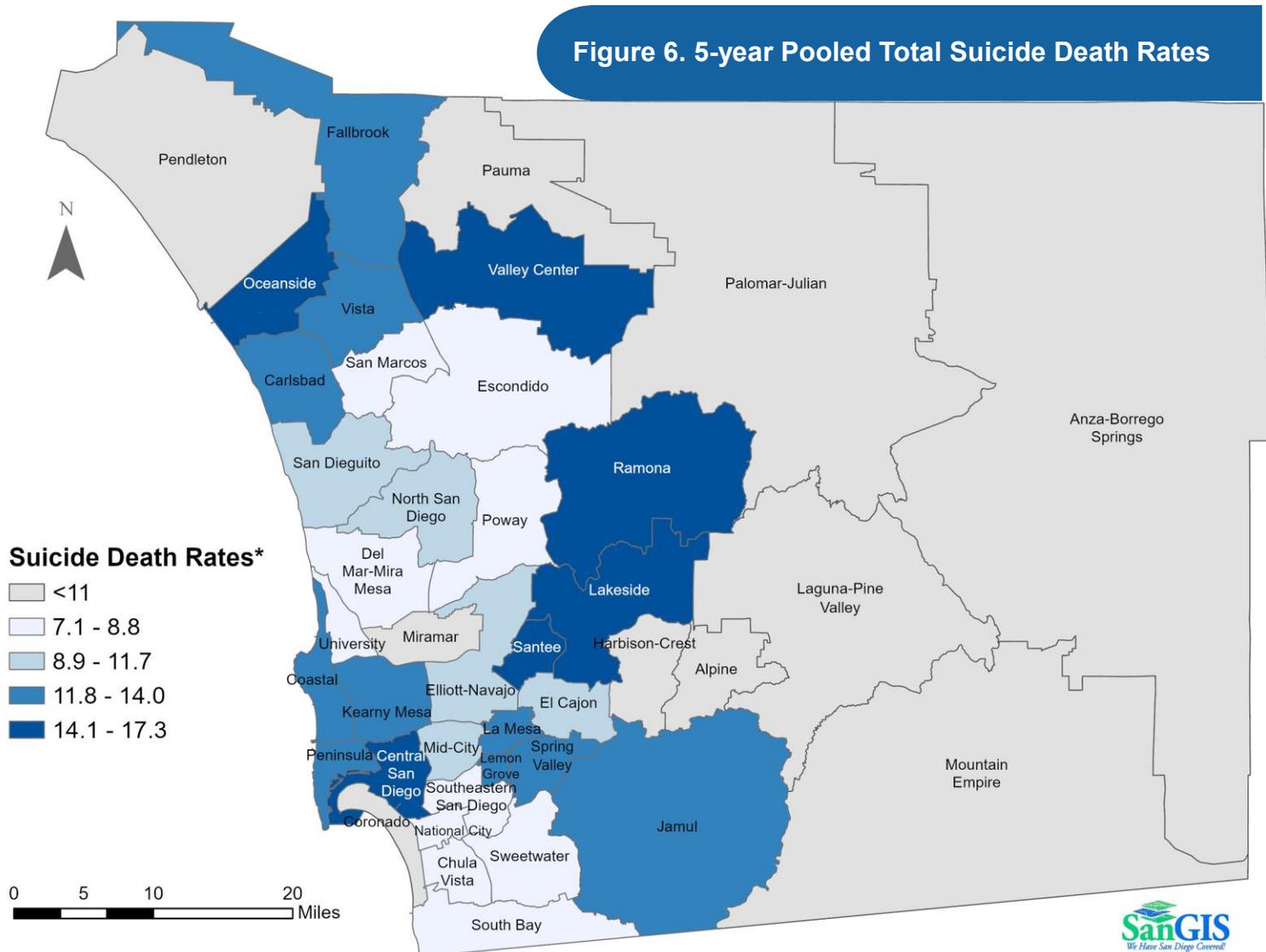
In 2024, **Non-Hispanic (NH) White** residents had the highest suicide death rate. Suicide death rates for NH American Indian / Alaska Native residents were suppressed due to small counts. From 2020-2024, suicide death rates declined across all racial and ethnic groups overall, except for Hispanic residents, whose rates remained unchanged. Rates increased for **NH White** and **NH Asian / Pacific Islander** residents from 2023 to 2024 (**Figure 5**).

Source: Vital Records Business Intelligence System (VRBIS), 2020-2024. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian / Pacific Islander. *Rates were suppressed for <11 deaths.

Suicide Death Rates by Sub-Regional Areas

Suicide death rates can differ by geographic region. Understanding these geographic differences can help target resources where they can make the most impact. This map shows **suicide death rates** across sub-regional areas (SRAs) in San Diego County (**Figure 6**). SRAs are combinations of census tracts and are named for the largest city or community within them. Their boundaries generally remain consistent over time to allow for meaningful statistical comparisons. SRAs are assigned to larger Health & Human Services Agency (HHSA) Regions.

The darker areas of the map indicate higher suicide death rates. These are based on the zip code where the resident lived—not the location where the suicide occurred. Data were pooled to minimize the suppression of information caused by death counts of less than 11. There were 6 communities that had higher rates, including **Valley Center, Santee, Ramona, Lakeside, Central San Diego,** and **Oceanside**.



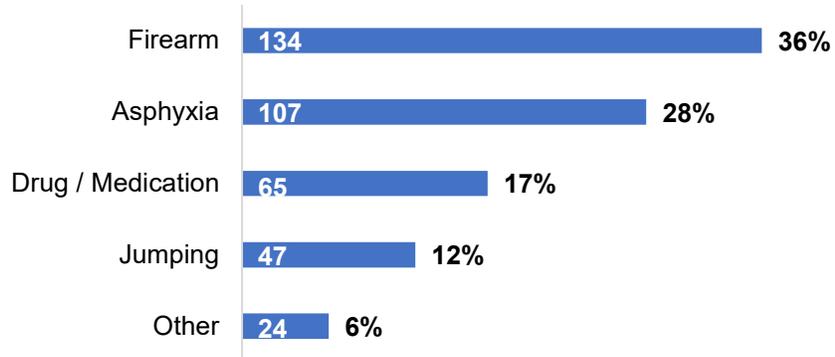
Source: Vital Records Business Intelligence System (VRBIS), 2020-2024. *Rates per 100,000 residents; suicide death rates are based on decedent's zip code of residence noted in the death record. Rates were suppressed for <11 deaths.

Leading Methods of Suicide Deaths

In 2024, firearms and asphyxia were the leading methods of suicide deaths (Figure 7). These have been the leading methods of suicide deaths in the last several years.

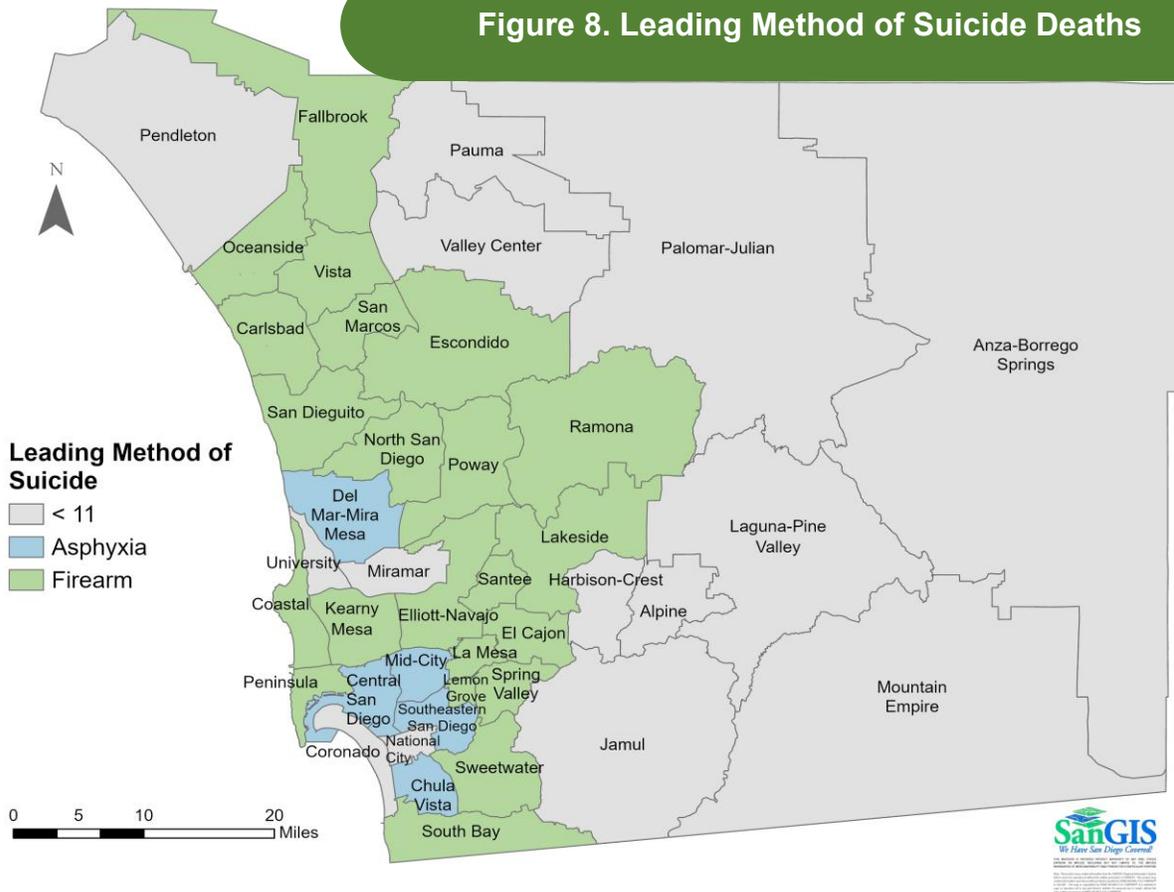
The density map below (Figure 8) displays the leading method involved in suicide deaths by sub-regional area (SRA) from 2020 to 2024, based on the zip code where the resident lived. Areas shaded in green represent SRAs where firearm was the leading method, while areas in blue represent SRAs where asphyxia was most common. Firearm was the leading method in most SRAs. However, there were exceptions, such as in Del Mar-Mira Mesa, Mid-City, Central San Diego, Southeastern San Diego, and Chula Vista, where asphyxia was the leading method.

Figure 7. Count and Percent of Suicide Deaths by Method



Source: Vital Records Business Intelligence System (VRBIS), 2024.

Figure 8. Leading Method of Suicide Deaths



Source: Vital Records Business Intelligence System (VRBIS), 2020-2024. *Counts were suppressed for <11 deaths.

Leading Methods of Suicide Deaths

Firearm was the leading method of suicide death among San Diego County residents who were **male**, ages **45+**, **Non-Hispanic (NH) American Indian / Alaska Native, NH Black**, or **NH White**, as well as residents living in most regions, except for **Central Region** residents.

Asphyxia was the leading method among residents ages **10–44 years old** and those who were **Hispanic, NH Asian / Pacific Islander, NH Black**, or living in **Central Region**.

Drugs or medication was the leading method for **female** residents. Among NH Black residents, firearms and asphyxia were equally prevalent, both ranking as the highest suicide method for this group. **Drugs or medication** was the leading method among female residents.

These demographic and geographic differences can help inform targeted prevention and response strategies. They reinforce the importance of ongoing work by the **SPC Means Reduction Subcommittee**, which is focused on reducing access to lethal means and promoting safer environments across our region. Please see below for more information on how to get involved.

Firearm

- Male residents
- 45+ year-old residents
- NH American Indian / Alaska Native, NH Black, and NH White residents
- East, North Central, North Coastal, North Inland, and South Region residents

Asphyxia

- 10–44-year-old residents
- Hispanic, NH Asian / Pacific Islander, and NH Black residents
- Central Region residents

Drug/Medication

- Female residents

Source: Vital Records Business Intelligence System (VRBIS), 2020-2024.
NH = Non-Hispanic.



Means
Reduction

The **SPC Means Reduction Subcommittee** aims to mitigate the risk of lethal means of suicide through education and advocacy.

To join the subcommittee or find out more information, visit [@spsandiego](#) | [Linktree](#) or scan the QR code.



Emergency Department Encounter Data



The term “**Emergency Department (ED) encounters**” includes anyone who was admitted to the emergency department, whether they were treated there and discharged, or admitted for inpatient care afterward. The following data is based on confirmed San Diego County residents treated in county facilities and is coded using standard ICD-10 diagnosis codes. Any mention of ICD-10 codes for nonfatal suicide attempt or intentional self-harm, or nonfatal suicidal ideation, were included. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die because of their actions. Suicidal ideation is thinking about, considering, or planning suicide. We look at nonfatal encounters to distinguish from our suicide death data.

From 2019 to 2023, the Emergency Department encounter rate for nonfatal **suicide attempt / intentional self-harm** decreased by **5%** (**Figure 9**). In 2023, there were an average **9** ED encounters per day for nonfatal **suicide attempt / intentional self-harm**.

Similarly, from 2019 to 2023, the rate of ED encounters for nonfatal **suicidal ideation** decreased by **8%** (**Figure 10**). In 2023, there were an average of **35** ED encounters per day for nonfatal **suicidal ideation**. These decreases indicate progress, but continued effort is essential.

Figure 9. Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends in San Diego County

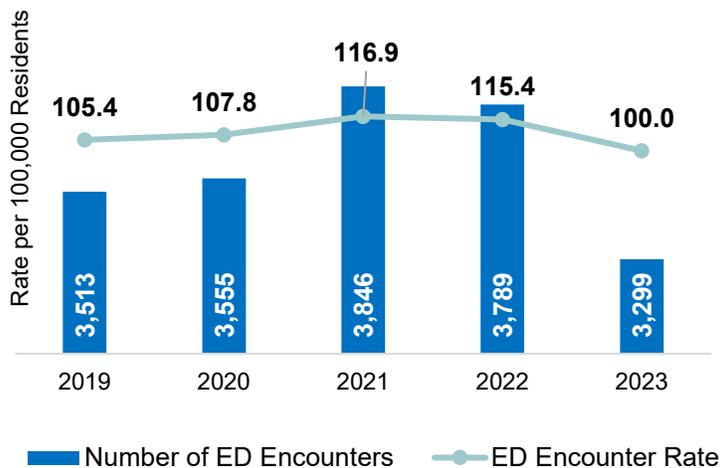
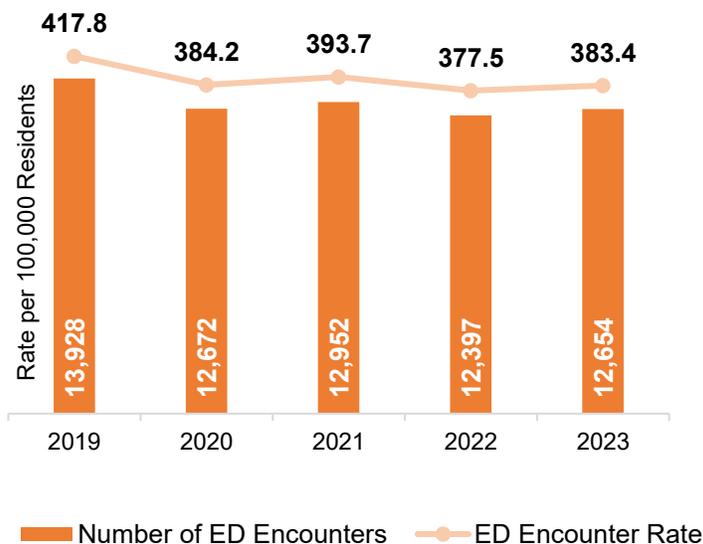


Figure 10. Nonfatal Suicidal Ideation ED Encounter Trends in San Diego County



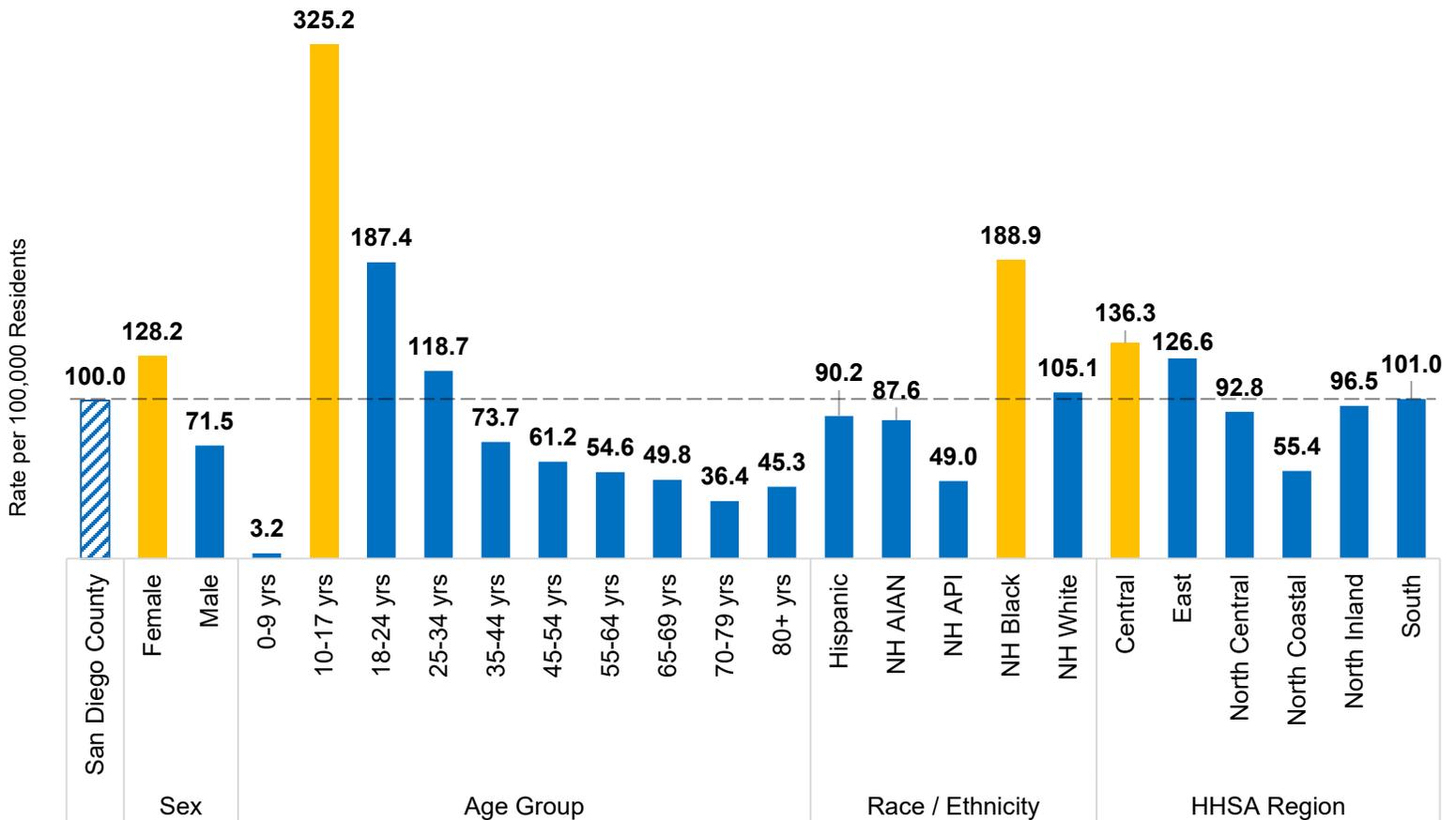
Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023.

Emergency Department Encounter Data

Emergency Department (ED) data can provide valuable insight into the health impacts of nonfatal suicide attempt and intentional self-harm, as well as nonfatal suicidal ideation. Furthermore, when we examine the data by sex, age group, race / ethnicity, and geographic region, we can see important differences and identify disparities, which can help inform prevention and response strategies.

In 2023, the highest ED encounter rates for nonfatal suicide attempt / intentional self-harm were among residents who were **female**, ages **10-17 years old**, **Non-Hispanic (NH) Black**, or living in **Central Region** (**Figure 11**). These same demographic groups and this same geographic region also had the highest rates of nonfatal suicidal ideation (**Appendix C.1**). [Appendix B](#) includes additional data for nonfatal suicide attempt / intentional self-harm and [Appendix C](#) includes additional data for nonfatal suicidal ideation.

Figure 11. Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Rates, 2023

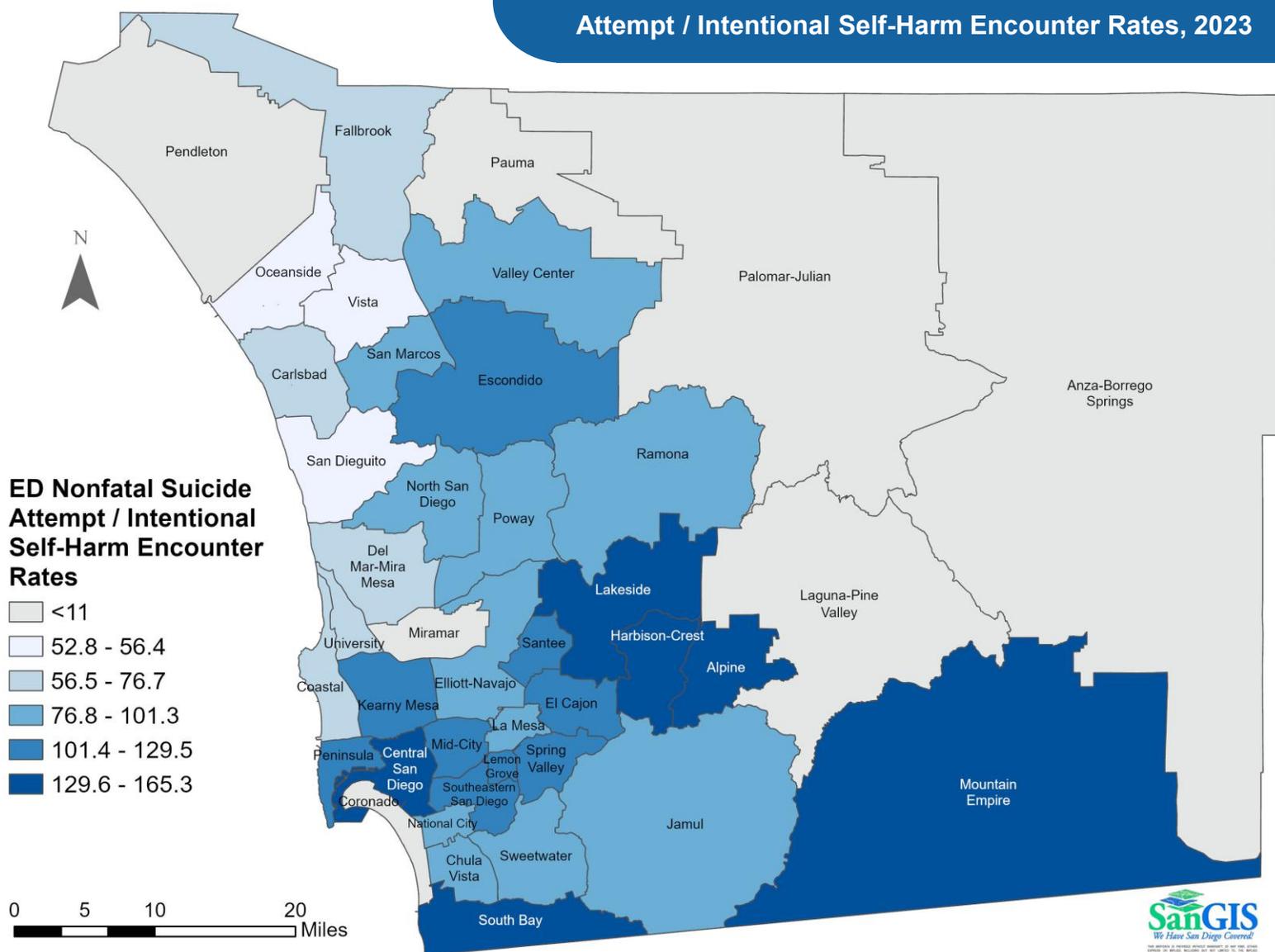


Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2023. Yellow bars represent the highest rate in each demographic group. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian / Pacific Islander.

Nonfatal Suicide Attempt / Intentional Self-Harm Rates by Sub-Regional Areas

This map shows Emergency Department (ED) encounter rates for nonfatal **suicide attempt / intentional self-harm** across sub-regional areas (SRAs) in San Diego County (**Figure 12**). The darker areas indicate higher ED encounter rates. These are based on the zip code where the resident lived, not the location where the suicide occurred. There were 6 communities that had higher nonfatal suicide attempt / intentional self-harm rates, including **Central San Diego, Alpine, Lakeside, Mountain Empire, Harbison-Crest, and South Bay**.

Figure 12. Emergency Department (ED) Nonfatal Suicide Attempt / Intentional Self-Harm Encounter Rates, 2023

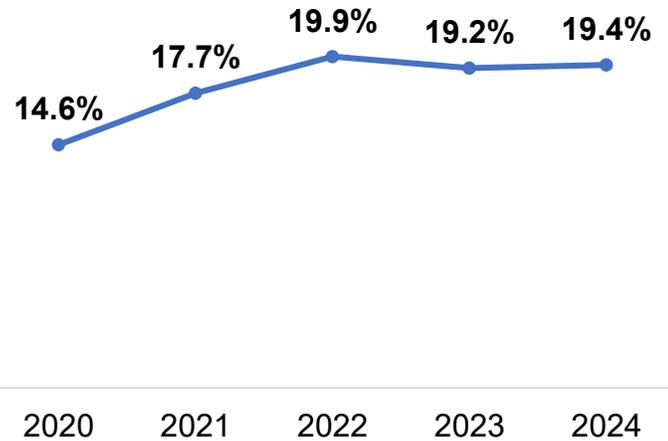


Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2023. *Rates per 100,000 residents; ED encounter rates were based on patient's zip code of residence. Rates were suppressed for <11 ED encounters. ED encounters include patients who were admitted and discharged from an emergency department as well as those who were initially admitted to the ED and then subsequently routed to inpatient care in San Diego County.

According to the **California Health Interview Survey (CHIS)**, in San Diego County in 2024, over **19%** of adults aged **18 and older** reported that they had ever seriously thought about suicide (**Figure 13**). This percentage reflects an increase in reporting of suicidal ideation since 2020.

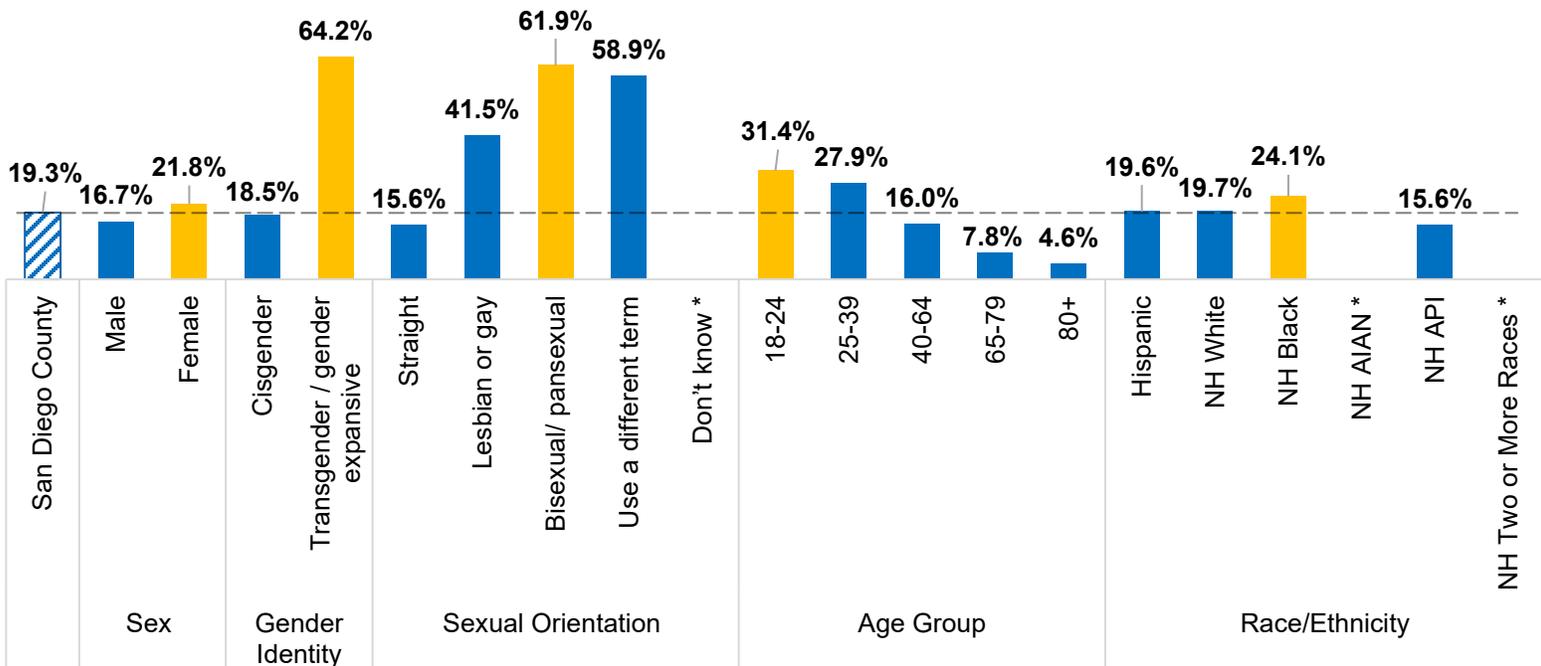
Furthermore, when we look at the data by demographics, we see that the highest percentages of adults that reported that they ever seriously thought about suicide were **female, transgender or gender expansive, bisexual or pansexual, ages 18-24**, or **Non-Hispanic Black** (**Figure 14**). Data were pooled to minimize unstable estimates due to small counts.

Figure 13. Percent of San Diego County Residents Ages 18+ That Ever Seriously Thought About Suicide



Source: California Health Interview Survey, 2020-2024. UCLA Center for Health Policy Research.

Figure 14. Percent of San Diego County Residents Ages 18+ That Ever Seriously Thought About Suicide, Pooled Total 2023-2024



Source: California Health Interview Survey, 2023-2024. UCLA Center for Health Policy Research. Yellow bars represent the highest rate in each demographic group. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian / Pacific Islander. Data for all demographics is pooled for 2023-2024 to minimize unstable estimates. *Statistically unstable; suppressed.

Suicide Among Youth

Suicide is one of the leading causes of death among youth, and these losses can be felt deeply by families, friends, classmates, teachers, and the broader community. Understanding youth suicide is especially important because early intervention can change the course of a person's life. In San Diego County, suicide death rates among youth ages 10-24 increased by **6%** from 2016 to 2023. In addition, in 2023, our local youth suicide death rate was above the California suicide death rate (see [Appendix D.1.](#)). This suggests that suicide prevention for youth is an important issue in our county. To investigate differences within the data, we pooled total rates from 2020 to 2024 to obtain stable estimates despite our small counts. We saw that suicide accounted for nearly **1 in 5 deaths** among youth, with rates highest among residents who were **male, ages 20-24, Non-Hispanic (NH) Black**, or living in **North Coastal Region** (Figure 15).

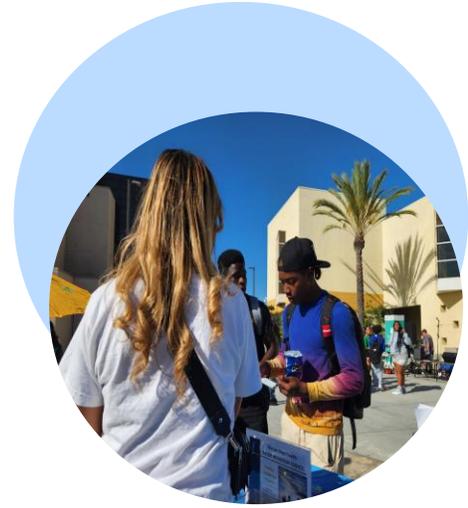
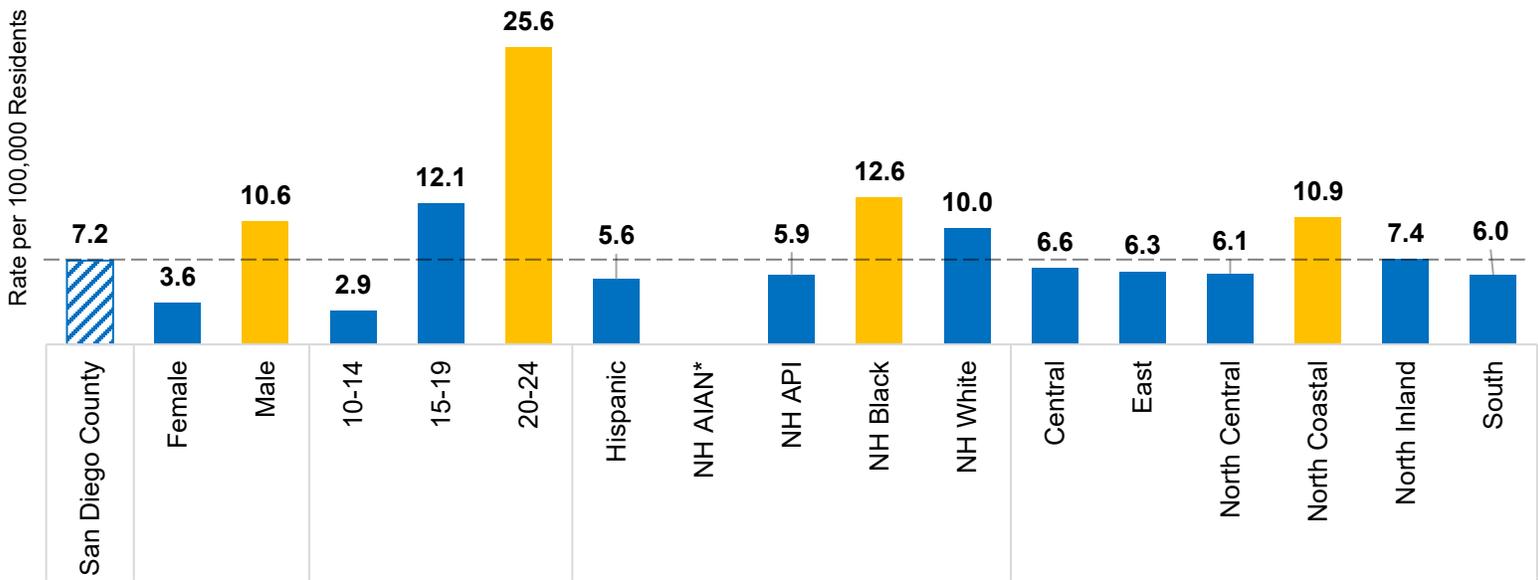


Figure 15. Suicide Death Rates, Ages 10-24, Pooled Total Rates 2020-2024



Source: Vital Records Business Intelligence System (VRBIS), 2020-2024. Yellow bars represent the highest rate in each demographic group. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian / Pacific Islander.

*Rates were suppressed for <11 deaths.

According to the California Healthy Kids Survey, from 2023 to 2025, about **11%** of ninth graders reported thinking about suicide in the past year, though the percentage has ranged up to 15% in the last several years (see [Appendix D.2.](#)). In addition, from 2021 to 2023, the percent of 9th grade students that considered suicide in the past 12 months was highest among students who were **nonbinary**, were **transgender**, were **gay, lesbian, or bisexual**, were **Non-Hispanic Pacific Islander**, or were **homeless** (see [Appendix D.3.](#)).



LIVE WELL
SAN DIEGO

Suicide Prevention Trainings



Training and capacity-building remain at the heart of our collective efforts to reduce suicide in our county. As reflected in this year's report to the community, San Diego County has continued to experience rising suicide numbers, which is an urgent reminder of the need for coordinated, informed, and compassionate prevention strategies. The SPC has been steadfast in not only providing, promoting, implementing, and designing suicide prevention trainings across the county, but also in reinforcing a strong network of local trainers and advocates. Through "Train-the-Trainer" initiatives for Question, Persuade, and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and First Responders Suicide Prevention Trainings (FRSP), the SPC has helped expand a network of community trainers who can deliver these life-saving courses countywide. While the SPC offers stipends to support trainers, it is important to note that the vast majority serve as dedicated volunteers, reflecting the heart and commitment to community that make San Diego's suicide prevention network exceptional.

The SPC's training framework is rooted in accessibility, inclusion, and collaboration. SPC trainings are provided free of charge to the community, ensuring equitable access regardless of financial means. Each training program is structured to build confidence, expand community capacity, and promote a shared understanding that suicide prevention is everyone's responsibility. Each training provides specific information and resources to collectively support individuals in need.



San Diego County
Suicide Prevention CouncilSM
BY COMMUNITY HEALTH
IMPROVEMENT PARTNERS

The **SPC Training & Education Subcommittee** aims to support trainings and education on suicide prevention.

To join the subcommittee or find out more information, email spcsandiego@sdchip.org.

Over the past 14 years, the SPC has trained **29,725 individuals as gatekeepers**, conducted more than **800 trainings**, and created over **80 certified trainers**. To accomplish this, the SPC coordinated, developed and implemented the following evidence-based and population-specific trainings.

QPR (Question, Persuade, Refer) Prevention Training

Created by the QPR Institute, the QPR Gatekeeper Training remains SPC's most widely implemented and recognized program. Offered at no cost, QPR teaches participants to identify warning signs of suicide and confidently question, persuade, and refer someone to help. Since 2011, SPC has trained over fifteen thousand community members in QPR, including educators, students, healthcare professionals, parents, and peer leaders.

In 2024, there were **154** QPR trainings completed, with **2,556** people getting trained. Participants reported an average rating of 9.5 out of 10 in comfortability on the training topic, indicating strong satisfaction and confidence in the learning experience.



ASIST (Applied Suicide Intervention Skills Training)

Created by Living Works over 40 years ago, ASIST is a two-day suicide intervention training conducted exclusively in person. This evidence-based 16-hour training prepares participants to recognize when someone may be at risk of suicide and to develop a plan to support their immediate safety. Participants engage through real conversations, group practice, and reflection in a safe space. Though widely used by health professionals, ASIST is designed for anyone who wishes to learn suicide first-aid skills. There have been **643** participants who have completed ASIST trainings. In 2024, there were **4** ASIST trainings completed, with **220** participants.



LGBTQIA+ Safer Spaces Training

The SPC collaborated with two former GLSEN trainers and the San Diego County Office of Education to develop a locally designed training program on creating affirming environments for LGBTQIA+ youth.

Completed in January 2024, this curriculum emphasizes the importance of safe spaces in schools and community settings, contributing to suicide prevention by promoting belonging and acceptance. This training was inspired by the original GLSEN training that was provided to over 1,300 educators prior to transitioning to the new curriculum. A total of 1,220 participants have completed LGBTQIA+ Safer Spaces trainings. In 2024, there were 4 LGBTQIA+ Safer Spaces trainings completed, with 220 participants.



First Responder Suicide Prevention Training

Developed in 2013, this SPC First Responder Suicide Prevention Training program provides first responders—law enforcement officers, firefighters, paramedics, and other emergency personnel—with the knowledge and tools to recognize and respond to signs of suicide. The training focuses on understanding risk factors, engaging in supportive conversations, accessing resources, and addressing the unique mental health challenges faced by those working on the frontlines. There have been 4,285 first responders who have completed suicide prevention training. In 2024, there were 24 trainings completed by first responders, with 105 participants.



Pharmacist QPR (Question, Persuade, Refer) Prevention Training

Since 2016, the SPC has partnered with the UC San Diego Skaggs School of Pharmacy to deliver a tailored version of QPR for pharmacy students and professionals. This QPR emphasizes the importance of providing medications responsibly as a means reduction strategy and ensuring the ability to identify at risk individuals. The training includes pre-and post-assessments that measure participants' attitudes, confidence, and understanding of their role in suicide prevention. This collaboration continues to highlight the importance of integrating suicide prevention education into healthcare settings. There have been 293 pharmacy students and professionals trained in QPR.



Additional Training Opportunities



The **Suicide Prevention Council (SPC)** remains steadfast in its mission to prevent suicide through awareness, training, and collaboration. The SPC's work continues to align with the **2024 Suicide Prevention Action Plan Update**, emphasizing the integration of suicide prevention across systems, sectors, and communities. Through these collective efforts, the SPC continues to advance a countywide culture of hope, connection, and resilience, ensuring that every individual, family, and organization has a role to play in saving lives and supporting mental wellness for all.

The SPC continues to expand its network of training opportunities to ensure that individuals across all sectors—community members, educators, health professionals, faith leaders, and organizations—have access to high-quality, evidence-based programs that promote early intervention and safe, effective responses to individuals in distress.

In addition to trainings offered by the SPC, the following trainings have been utilized, recommended, and shared by the SPC community. These programs have proven useful to individuals and organizations across sectors—enhancing knowledge, skill, and confidence in identifying and responding to suicide risk.

Community & General Public

LivingWorks Start

- A 90-minute online, self-paced training for anyone 15+ that teaches how to recognize suicide risk and connect someone to help, using interactive simulations and a simple four-step model. More information: <https://livingworks.net/training/livingworks-start/>

LivingWorks safeTALK

- A four-hour in-person workshop that trains participants to notice warning signs, engage someone having thoughts of suicide, and connect them to support through hands-on practice and guided discussion. More information: <https://livingworks.net/training/livingworks-safetalk/>



Community & General Public, continued

Mental Health First Aid (MHFA)

- A nationally recognized course that teaches people how to identify and respond to mental health or substance use challenges, with versions tailored for adults, youth, and workplaces. More information <https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/>

Gun Violence Restraining Orders Training (GVRO)

- The San Diego City Attorney's Office provides presentations on GVROs and firearm-violence prevention for community organizations, schools, health agencies, and the public, with referrals available for crisis intervention services. To schedule a training, email kamerige@sanidiego.gov or call **619-533-5886**; for crisis intervention referrals (starting 2026), contact YSPReferrals@sanidiego.gov or call **619-533-6000**.

Faith & Spiritual Care

Faith Based Mental Health Academy - San Diego

- A free English- and Spanish-language resource sponsored by the County of San Diego that offers trainings and presentations to help faith communities understand mental illness, support those affected, and connect them to treatment. More information: <https://www.interfaithservices.org/get-involved/faith-relations>

LivingWorks Faith

- A 5–6-hour online training for Christian clergy and lay leaders that integrates Scripture with best-practice suicide prevention skills to support people in crisis and strengthen life-affirming ministries. More information: <https://livingworks.net/training/livingworks-faith/>

Health, Behavior, and Clinical Providers

Counseling on Access to Lethal Means (CALM)

- CALM is an evidence-informed training that teaches providers and community members how to collaboratively reduce access to firearms, medications, and other lethal means to help prevent suicide. Learn more: calmamerica.org

Training & Workforce Development

EQUIP (Ensuring Quality in Psychological Support)

- EQUIP is a free WHO and UNICEF online platform that improves the quality of psychosocial and mental health support through competency-based training, digital skill assessments, and supervision tools. More information: equipcompetency.org

Military and Veterans

PsychArmor

- PsychArmor provides military-cultural education through online courses, live trainings, podcasts, and consulting to help organizations better understand and engage with service members, veterans, families, and caregivers. Guided by experts and staffed by individuals with lived military experience, their programs strengthen cultural competency and improve financial, social, wellness, and employment outcomes for the military-connected community. Their services help workplaces, schools, and organizations nationwide build more effective, inclusive environments for veterans and military families. More information: <https://psycharmor.org/>

SPC Training Metrics

Training	# of trainings	# of participants
Question Persuade Refer (QPR)	122	2,143
First Responder Training	24	105
ASIST training	4	88
LGBTQIA+ Safer Spaces	4	220
Total	154	2,556

Note: All trainings occurred from Jan 1 – Dec 31, 2024.

Priority Populations



San Diego County
Suicide Prevention CouncilSM

BY COMMUNITY HEALTH
IMPROVEMENT PARTNERS 

The **San Diego County Suicide Prevention Council (SPC)** has identified 12 priority populations for suicide prevention efforts. The SPC identifies a priority population as a population with marginalization in society that can hinder their capability of accessing resources or make them more susceptible to thoughts of suicide. Marginalization can be based on age, sex, gender, sexuality, race, and immigration status. In 2024, the SPC released Priority Population Resource Guides to help inform and support prevention efforts for specific populations identified below. For more information on priority populations, please visit www.spcsandiego.org or scan the QR code. All citations for statistics below can be found on page 33 in the [‘References’](#).



[Priority Population
Resource Guides](#)

Asian American & Pacific Islander

In 2024, 15.6% of Asian / Pacific Islander (API) residents in San Diego County reported lifetime suicidal ideation. Statewide, Pacific Islander residents had the second-highest suicide death rate when looked at separately within API. (CHIS 2024 & CDPH EpiCenter, 2023)

[Asian American/Pacific Islander Suicide Prevention and Mental Health Resources](#)

Black & African American

In 2023, San Diego County residents who were Non-Hispanic Black had the highest nonfatal suicide attempt / intentional self-harm and suicidal ideation emergency department (ED) encounter rates among all racial/ethnic groups.

[Black & African American Suicide Prevention and Mental Health Resources](#)

Latinx Community

Approximately 19.6% of Hispanic residents in San Diego County reported lifetime suicidal ideation. (CHIS, 2023-2024) In addition, in 2023, Hispanic residents in San Diego County had the third highest ED encounter rate for nonfatal suicide attempt / intentional self-harm.

[Latinx Community Suicide Prevention and Mental Health Resources](#)

LGBTQIA+

From 2023 to 2024, lifetime suicidal ideation was reported by 64.2% of transgender or gender expansive, 61.9% of bisexual or pansexual, 58.9% of those using a different term, and 41.5% of lesbian or gay adults in San Diego County (CHIS). LGBTQ+ youth also showed higher suicidal ideation from 2023 to 2025. (CHKS)

[LGBTQIA+ Suicide Prevention and Mental Health Resources](#)

Middle Eastern / South Asian

While local data are limited, national findings show higher mental health stigma and suicide-related thoughts or behaviors among South Asian residents ^[1,4]. In addition, over 1 in 5 Middle Eastern and Northern African LGBTQ+ youth reported a suicide attempt in the past year ^[7].

[Middle Eastern / South Asian Suicide Prevention and Mental Health Resources](#)

Military & Veterans

In 2024, in San Diego County, approximately 16% of suicide deaths were among residents who were active-duty military or veterans. Among U.S. veterans in 2022, there were 6,407 suicide deaths or a rate of 34.7 deaths per 100,000. This was more than double the rate among non-veteran adults (17.1 deaths per 100,000) ^[8].

[Military and Veteran Suicide Prevention and Behavioral Health Resources](#)



San Diego County Suicide Prevention CouncilSM

BY COMMUNITY HEALTH
IMPROVEMENT PARTNERS 



[Priority Population
Resource Guides](#)

Native American & American Indian

According to the California Healthy Kids Survey, 14% of 9th graders who were Non-Hispanic American Indian / Alaska Native reported considering suicide in the past year—the third highest percentage among all racial / ethnic groups.

[Native American and American Indian Suicide Prevention and Mental Health Resources](#)

Reentry & Justice Involved

A recent study published in 2023 found that formerly incarcerated people had double the rate of suicide mortality compared to the general population three years after their release, with the highest risk of suicide occurring within the first two weeks of their release ^[2].

[Reentry and Justice Involved Suicide Prevention and Mental Health Resources](#)

Senior & Older Adults

In 2024, San Diego County residents ages 70–79 had the highest suicide death rate among all age groups, though in previous years, residents ages 80+ had the highest rates. In the U.S. in 2023, adults ages 85 and older had the highest suicide death rate, followed by those ages 75-84. (CDC Wonder)

[Senior and Older Adult Suicide Prevention and Mental Health Resources](#)

Suicide Attempt Survivors & Lived Experience

A literature review showed that approximately 7% of people who attempt suicide and receive medical care eventually die by suicide. The review also noted about 23% will make a non-fatal re-attempt ^[5].

[Suicide Attempt Survivors and Lived Experience Suicide Prevention and Mental Health Resources](#)

Survivors of Suicide Loss

A survey found that 42.2% of U.S. adults knew someone who died by suicide, and 57.9% of those with recent suicidal thoughts knew someone who died by suicide as well ^[6]. A systematic review showed suicide-loss survivors had the highest suicidal ideation compared to other bereaved individuals ^[3].

[Survivors of Suicide Loss Suicide Prevention and Mental Health Resources](#)

Transitional Age Youth (16-25 Years)

Approximately 31.4% of San Diego County residents ages 18-24 reported lifetime suicidal ideation, which was the highest among all age groups. (CHIS, 2023-2024) Furthermore, residents ages 10-17 and ages 18-24 had the highest and second highest emergency department (ED) encounter rates for nonfatal suicide attempt / intentional self-harm.

[Transitional Age Youth \(16-25 years\) Suicide Prevention and Mental Health Resources](#)

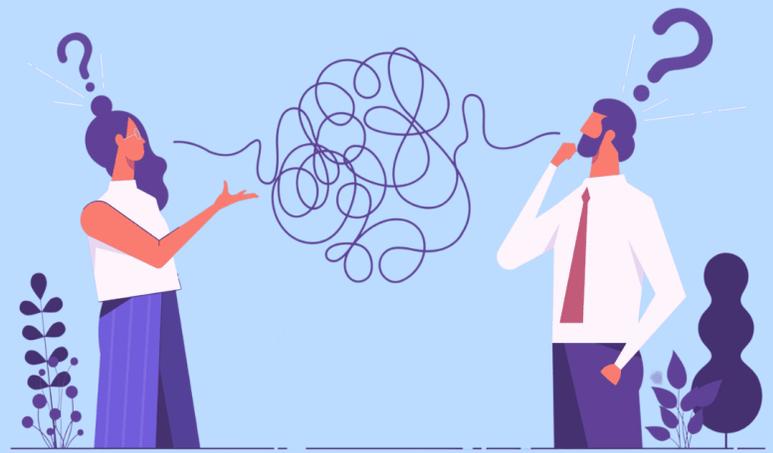


Priority
Populations &
Communities

The SPC Priority Populations and Communities Subcommittee aims to elevate the experiences and needs of priority populations that experience disproportionate impacts of suicide and break down barriers that contribute to suicide by providing prevention through education.

To join the subcommittee or find out more information, visit <https://www.sdchip.org/initiatives/suicide-prevention-council/subcommittees/>

Safe & Effective Messaging



When talking about suicide and suicide prevention:

Even while sharing difficult and sometimes tragic information, messaging can promote a positive narrative to support those who are struggling by including focus points such as:

- ✓ Provide a suicide prevention resource ([988](#), [Never a Bother](#), [Trevor Project](#)).
- ✓ There are actions that people can take to help prevent suicide.
- ✓ Prevention works.
- ✓ Resilience and recovery are possible.
- ✓ Effective programs and services exist.
- ✓ Help is available.



Source: [Framework for Successful Messaging](#)

Know the Signs

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

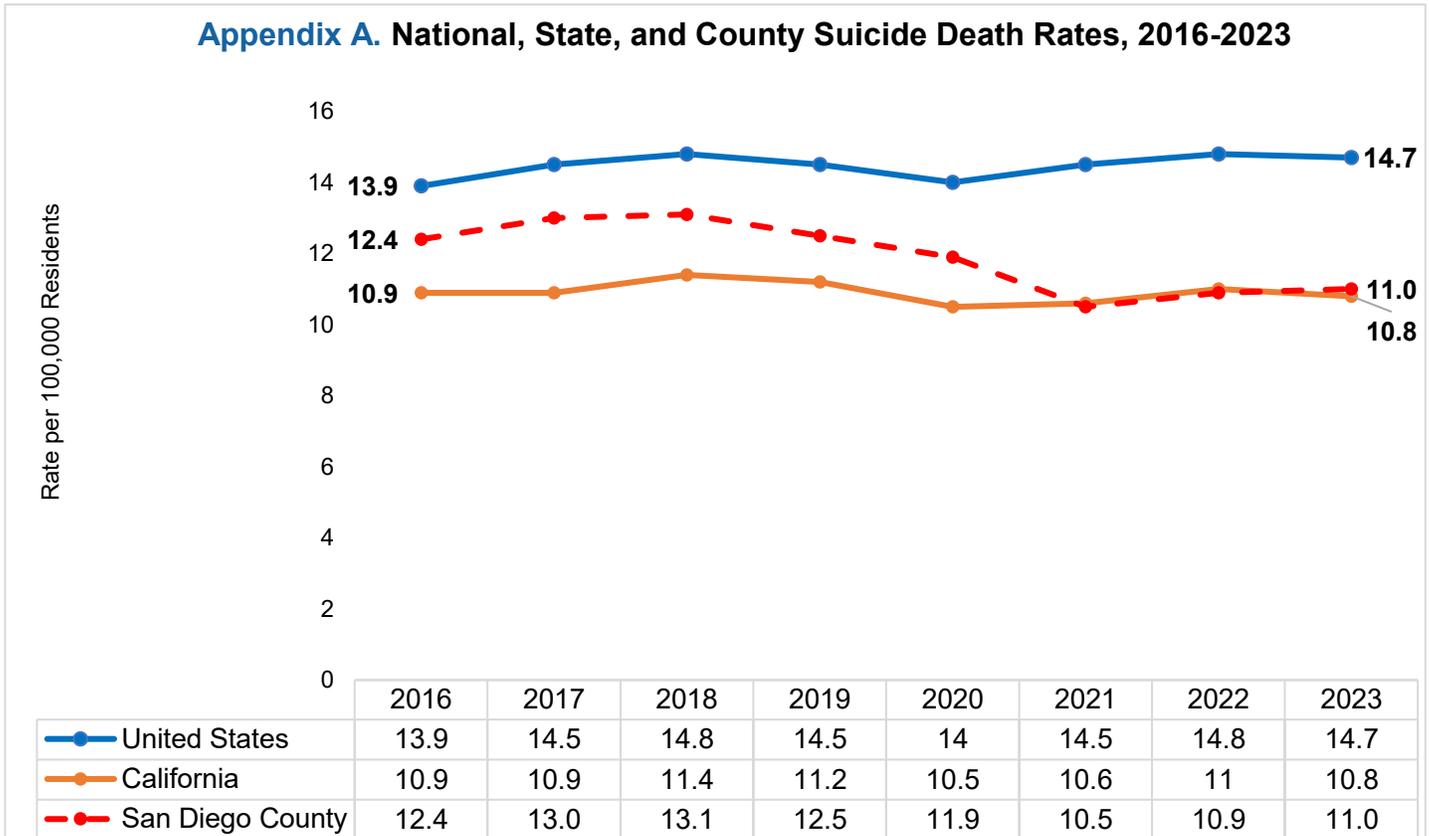
How to Respond

- Ask them directly if they are considering suicide.
- Express your concern, including any warning signs you have noticed.
- Listen carefully and acknowledge the challenging feelings 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.



24/7 CALL, TEXT, CHAT



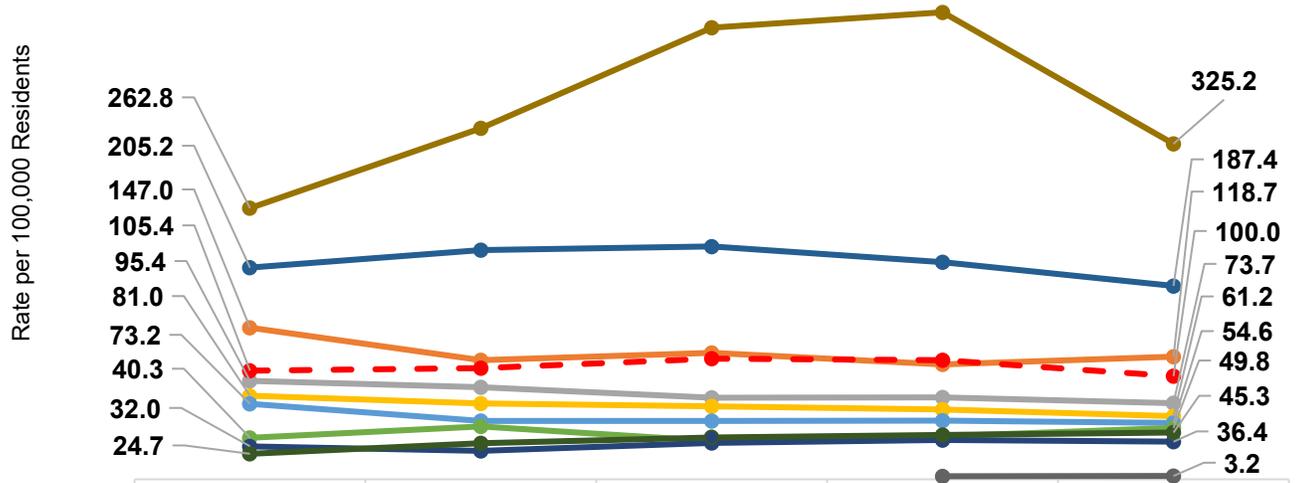


Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2016-2023. (5/15/25); Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released 2021. Underlying Cause of Death by Single Race 2018-2023 on CDC WONDER Online Database, released 2025. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed 4/2025. San Diego County rates are from vital records data to be consistent with the rest of the report. California and United States rates are from CDC Wonder. Vital Records deaths include San Diego County residents whose death occurred either in the county limits or outside of county limits in the state of CA. For death data 2023 and onward, these could include resident deaths that occurred outside of the state of CA..

Appendix A. In 2016, San Diego County’s suicide death rate was **14%** higher than California’s suicide death rate (12.4 vs 10.9 deaths per 100,000 residents), whereas in 2023, our county’s suicide death rate was **2%** higher than the state’s rate (11.0 vs 10.8 deaths per 100,000 residents). From 2022 to 2023, while our county’s suicide death rate increased, the state’s suicide death rate decreased. The national rate has generally increased over the past several years.

Emergency Department Encounter Data – Nonfatal Suicide Attempt / Intentional Self-Harm

Appendix B.1. Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by Age Group



	2019	2020	2021	2022	2023
0-9 yrs*				3.0	3.2
10-17 yrs	262.8	340.3	437.8	452.7	325.2
18-24 yrs	205.2	222.3	225.7	210.3	187.4
25-34 yrs	147.0	115.5	122.6	111.3	118.7
35-44 yrs	95.4	89.2	79.0	79.3	73.7
45-54 yrs	81.0	73.5	70.7	67.5	61.2
55-64 yrs	73.2	56.5	56.5	56.7	54.6
65-69 yrs	40.3	51.2	37.1	41.8	49.8
70-79 yrs	32.0	27.5	35.4	38.1	36.4
80+ yrs	24.7	34.8	40.5	43.0	45.3
San Diego County	105.4	107.8	116.9	115.4	100.0

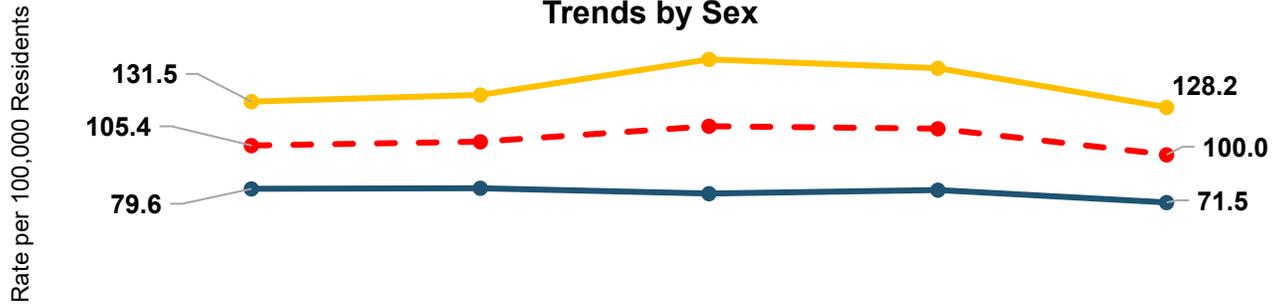
Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. *Rates were suppressed for <11 ED Encounters.

Appendix B.1. From 2019 to 2023, the Emergency Department (ED) encounter rate for nonfatal suicide attempt / intentional self-harm remained highest among **10-to-17-year-olds**. However, there was a notable 28% decrease in rate of nonfatal suicide attempt / intentional self-harm among 10-17-year-olds between 2022 and 2023, from 452.7 to 325.2 ED encounters per 100,000 residents. The second highest rates for nonfatal suicide attempt / intentional self-harm from 2019-2023 were among **18-to 24-year-olds**.

Appendix B

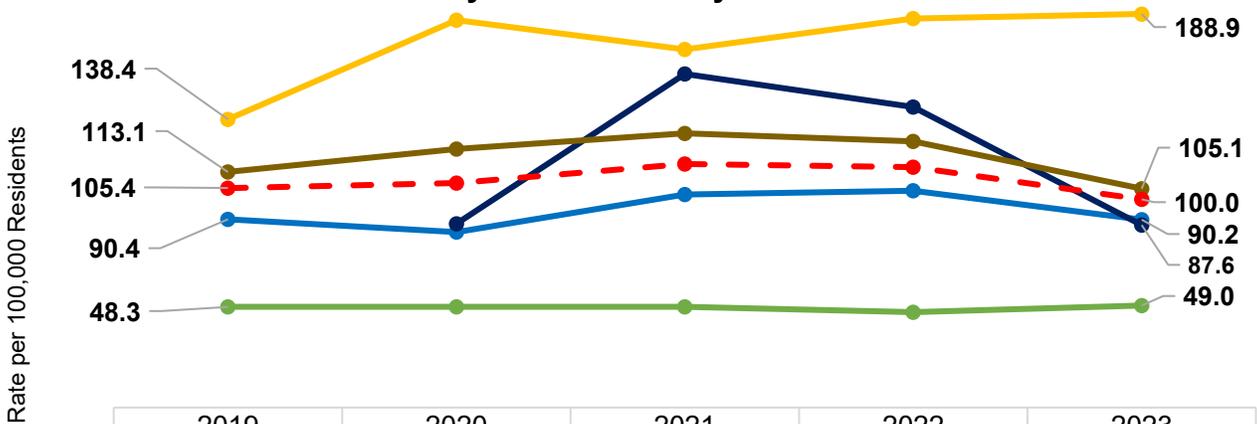
Emergency Department Encounter Data – Nonfatal Suicide Attempt / Intentional Self-Harm

Appendix B.2. Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by Sex



	2019	2020	2021	2022	2023
Female	131.5	135.5	156.7	151.5	128.2
Male	79.6	79.9	76.8	78.9	71.5
San Diego County	105.4	107.8	116.9	115.4	100.0

Appendix B.3. Nonfatal Suicide Attempt / Intentional Self-Harm ED Encounter Trends by Race / Ethnicity



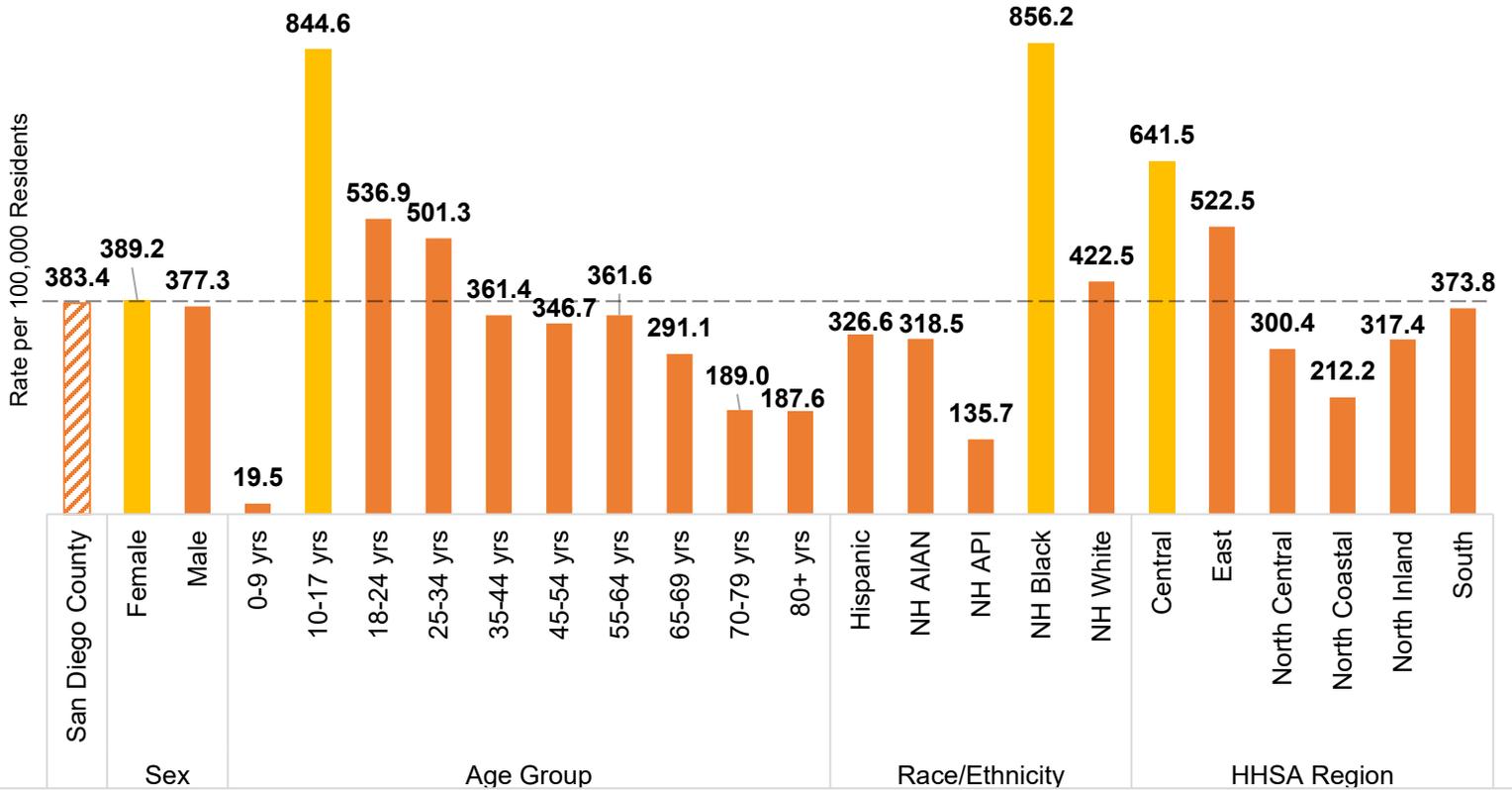
	2019	2020	2021	2022	2023
Hispanic	90.4	84.2	102.2	104.1	90.2
NH AIAN*		88.2	160.1	144.2	87.6
NH API	48.3	48.3	48.3	45.8	49.0
NH Black	138.4	186.0	172.0	186.7	188.9
NH White	113.1	124.1	131.6	127.8	105.1
San Diego County	105.4	107.8	116.9	115.4	100.0

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian / Pacific Islander. *Rates were suppressed for <11 ED encounters.

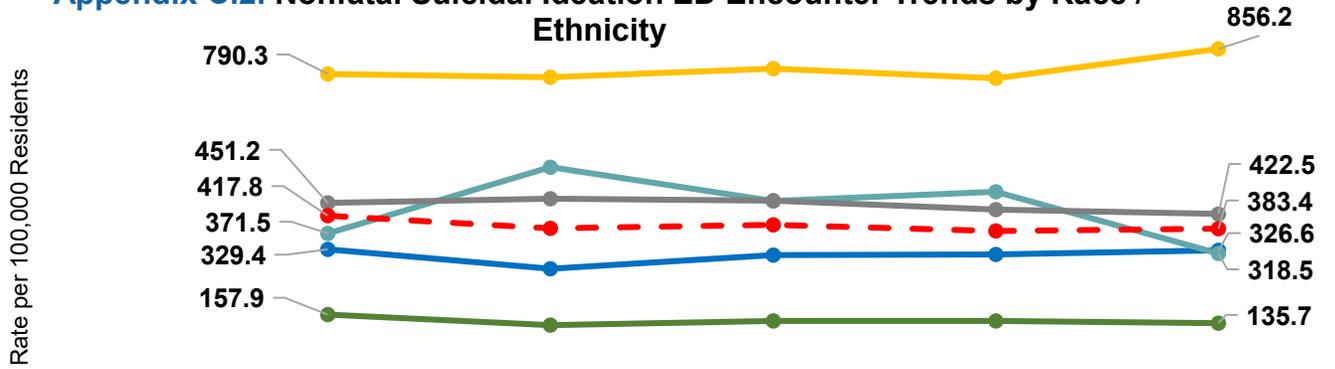
Appendix B.2 From 2019 to 2023, the Emergency Department (ED) encounter rates for nonfatal suicide attempt / intentional self-harm were highest among residents who were **female**.

Appendix B.3 Non-Hispanic (NH) Black residents had the highest ED encounter rate for nonfatal suicide attempt / intentional self-harm. There was a notable 39% decrease in rate of nonfatal suicide attempt / intentional self-harm among **NH American Indian / Alaska Native** residents from 2022 to 2023, from 144.2 to 87.6 ED encounters per 100,000 residents.

Appendix C.1. Nonfatal Suicidal Ideation ED Encounter Rates, 2023



Appendix C.2. Nonfatal Suicidal Ideation ED Encounter Trends by Race / Ethnicity

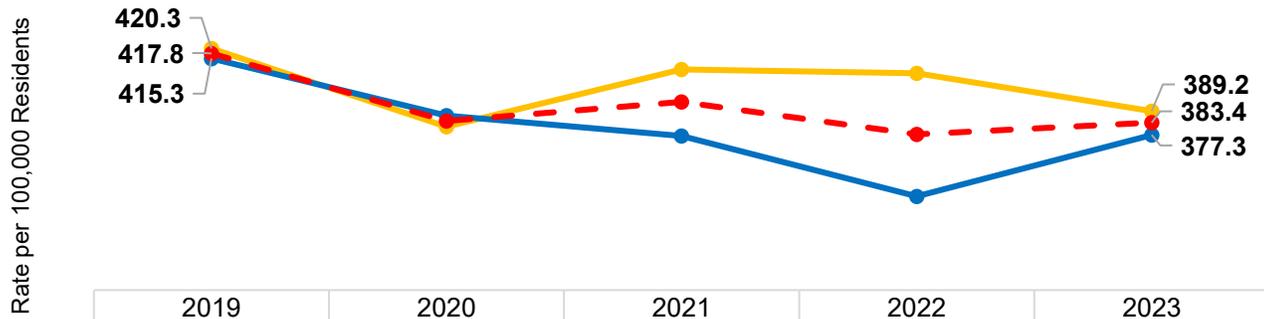


Race/Ethnicity	2019	2020	2021	2022	2023
Hispanic	329.4	278.3	314.2	315.7	326.6
NH AIAN	371.5	545.4	456.3	480.8	318.5
NH API	157.9	130.1	141.1	141.5	135.7
NH Black	790.3	781.6	804.2	778.9	856.2
NH White	451.2	462.5	457.0	433.9	422.5
San Diego County	417.8	384.2	393.7	377.5	383.4

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023. NH = Non-Hispanic. AIAN = American Indian / Alaska Native. API = Asian / Pacific Islander.

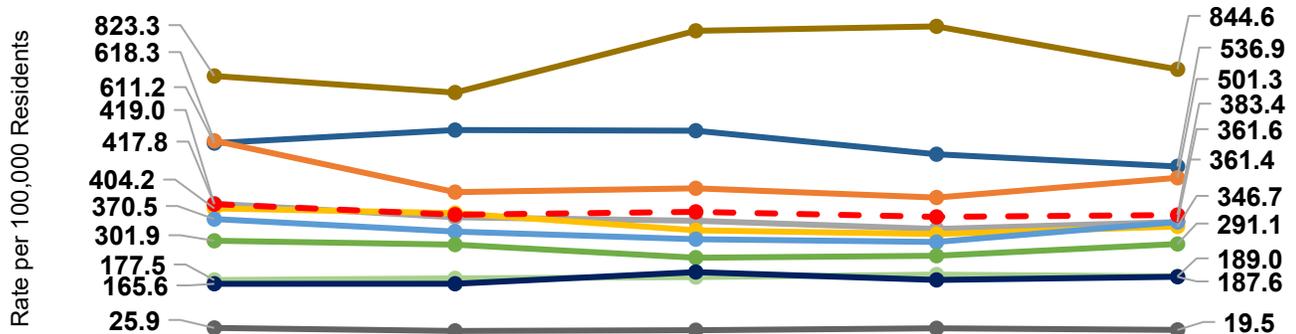
Appendix C.1. In 2023, the Emergency Department (ED) encounter rates for nonfatal suicidal ideation were highest among residents who were **female**, **10-17-years-old**, **Non-Hispanic (NH) Black**, or living in **Central Region**. **Appendix C.2.** From 2022 to 2023, the ED encounter rate for nonfatal suicidal ideation increased by 10% for **NH Black** residents and decreased by 34% for **NH American Indian / Alaska Native** residents.

Appendix C.3. Nonfatal Suicidal Ideation ED Encounter Trends by Sex



	2019	2020	2021	2022	2023
Female	420.3	381.4	409.9	407.9	389.2
Male	415.3	386.8	376.7	346.7	377.3
San Diego County	417.8	384.2	393.7	377.5	383.4

Appendix C.4. Nonfatal Suicidal Ideation ED Encounter Trends by Age Group

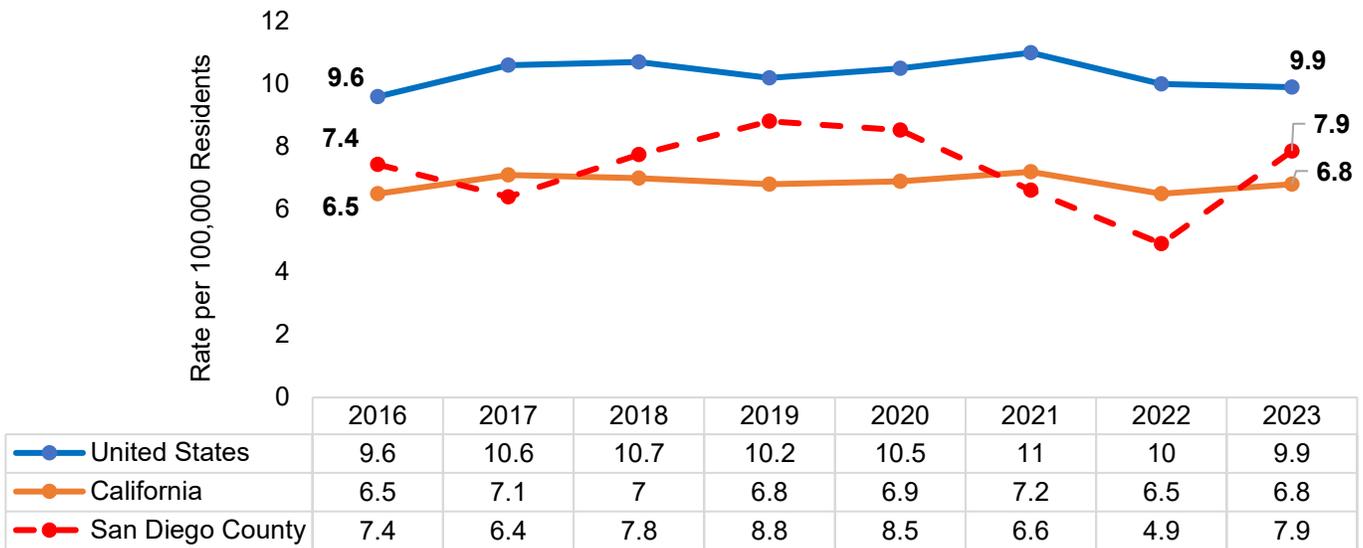


	2019	2020	2021	2022	2023
0-9 yrs	25.9	16.3	19.0	24.4	19.5
10-17 yrs	823.3	770.7	966.0	980.3	844.6
18-24 yrs	611.2	652.3	650.3	575.8	536.9
25-34 yrs	618.3	455.8	467.5	438.6	501.3
35-44 yrs	419.0	376.0	364.7	339.2	361.4
45-54 yrs	404.2	388.9	335.2	323.2	346.7
55-64 yrs	370.5	330.7	306.8	298.1	361.6
65-69 yrs	301.9	289.6	248.1	254.1	291.1
70-79 yrs	177.5	183.3	186.5	194.7	189.0
80+ yrs	165.6	165.6	202.6	177.4	187.6
San Diego County	417.8	384.2	393.7	377.5	383.4

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2019-2023.

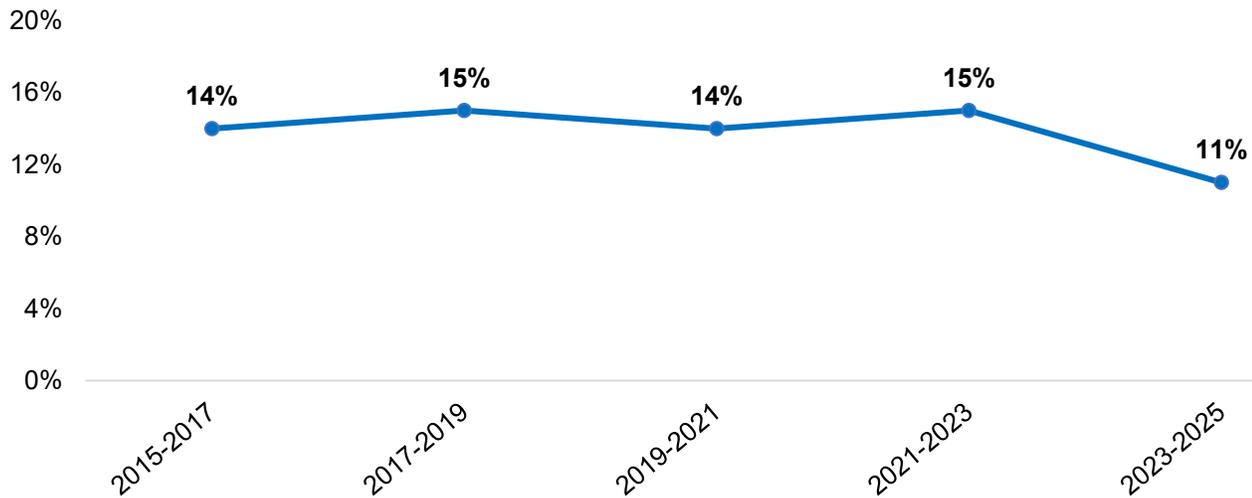
Appendix C.3. From 2022 to 2023, the Emergency Department (ED) encounter rate for nonfatal suicidal ideation increased by 9% for **males**. **Appendix C.4.** From 2022 to 2023, the ED encounter rate for nonfatal suicidal ideation increased by 21% for residents **ages 55-64**, increased by 15% for residents **ages 65-69**, and increased by 14% for residents **ages 25-34**.

Appendix D.1. National, State, and County Suicide Death Rates among Youth Ages 10-24, 2016-2023



Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2016-2023. (5/15/25); Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released 2021. Underlying Cause of Death by Single Race 2018-2023 on CDC WONDER Online Database, released 2025. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed 4/2025. San Diego County rates are from vital records data to be consistent with the rest of the report. California and United States rates are from CDC Wonder. Vital Records deaths include San Diego County residents whose death occurred either in the county limits or outside of county limits in the state of CA. For death data 2023 and onward, these could include resident deaths that occurred outside of the state of CA..

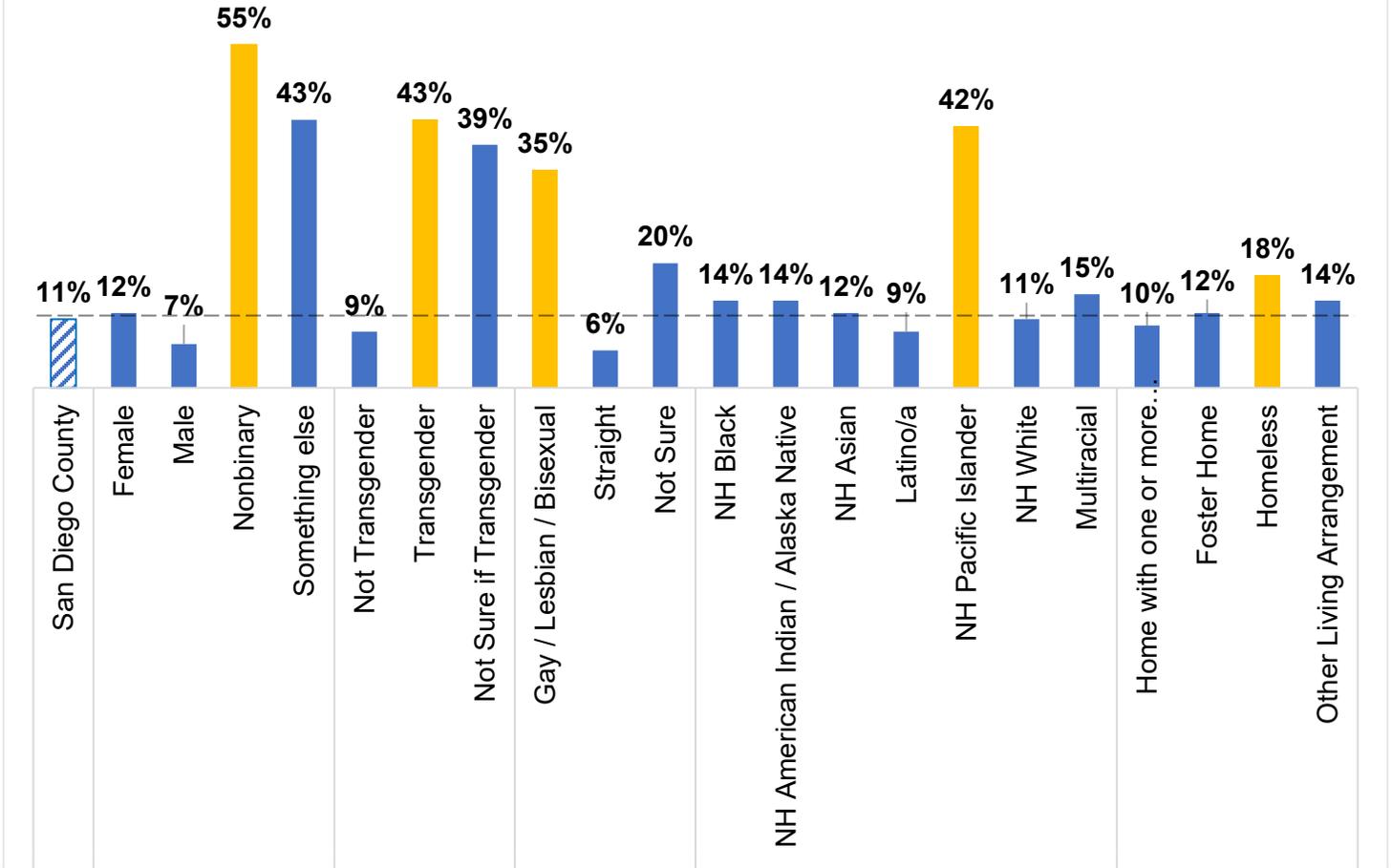
Appendix D.2. Percent of 9th Grade Students in San Diego County that Considered Suicide in Past 12 Months



Source: California Healthy Kids Survey, 2015-2017, 2017-2019, 2019-2021, 2021-2023, 2023-2025. Accessed online 12/11/25.

Appendix D.1. Among San Diego County youth ages 10 to 24, suicide death rates increased by **6%** from 2016 to 2023. From 2022 to 2023, however, suicide death rates increased by **60%** in our county, from a rate of 4.9 to 7.9 deaths per 100,000 residents, compared to a **5%** increase in California. **Appendix D.2.** Among 9th grade students in San Diego County, the percent that considered suicide in the past 12 months has ranged from **11-15%** in the past several years.

Appendix D.3. Percent of 9th Grade Students in San Diego County that Considered Suicide in Past 12 Months, 2023-2025



Source: California Healthy Kids Survey, 2023-2025. Accessed online 12/11/25 at <https://calschls.org/reports-data/public-dashboards>. Yellow bars represent the highest rate in each demographic group. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. 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.

Appendix D.3. From 2023 to 2025, the percentages of 9th grade students that considered suicide in the past 12 months were highest among students who were **nonbinary** (55%), **transgender** (43%), **gay, lesbian, or bisexual** (35%), **Non-Hispanic Pacific Islander** (42%), or were **homeless** (18%), compared to the county overall (11%)

Appendix E.1. [Access and Crisis Line \(ACL\)](#) – Crisis Statistics

From: 1/1/2024 – 12/31/2024

Call Volume	All Calls
Total Answered Calls	94,942
Crisis Calls Answered	58,842
Percentage Crisis	62%

Crisis calls received from Access and Crisis Line, Coronado Bridge Line, Mobile Crisis Response Team, and Lifeline

Data Source: ACL-1

Appendix E.2. [It's Up to Us \(IU2U\)](#)

From: 1/1/2024 – 12/31/2024

Total IU2U website visits	83,562
Total IU2U Facebook followers	22,570

Appendix E.3. [Own Your Mindset \(OYM\)](#)

From: 1/1/2024 – 12/31/2024

Total OYM website visits	71,568
Total OYM Instagram followers	54

Data Sources

1. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File. **CDC WONDER** Online Database. Prepared by: County of San Diego HHSA, Behavioral Health Services, Population Health Unit. Accessed online 4/1/25.
2. California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (**VRBIS**), 2016-2024. (5/15/25)
3. California Department of Health Care Access and Information (**HCAI**), Emergency Department Database and Patient Discharge Database, 2019-2023.
4. San Diego Association of Governments (**SANDAG**) Population Estimates, 2024 vintage. (v.11/2025)
5. UCLA Center for Health Policy Research, California Health Interview Survey (**CHIS**), 2020-2024 “AskCHIS,” <http://www.chis.ucla.edu>
6. California Healthy Kids Survey (**CHKS**), 2015-2017, 2017-2019, 2019-2021, 2021-2023, 2023-2025. Accessed online 12/11/25. <https://calschls.org/reports-data/public-dashboards>
7. California Department of Public Health, Injury and Violence Prevention Branch. (2025, May 1). **EpiCenter**: California Injury Data Online. Accessed 11/21/25. <https://skylab4.cdph.ca.gov/epicenter/>

Methodology

- **Vital Records deaths** include San Diego County residents whose death occurred either in the county limits or outside of county limits in the state of California. For death data 2023 and onward, these could include resident deaths that occurred outside of the state of California. Suicide deaths are based on decedent’s zip code of residence noted in the death record.
- **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 routed to inpatient care in San Diego County. ED encounter rates are based on patient’s zip code of residence. The following ICD-10 codes were used, for initial encounters of intentional self-harm / suicide attempt or suicidal ideation: Suicide attempt - T1491XA, T36-T65, T71, X71-83; Suicidal ideation - R45851.
- **San Diego Association of Governments (SANDAG) Population Estimates**, 2024 vintage (v.11/2025). Estimates for 2021-2024 should not be compared with earlier published figures due to methodological differences.
- Data in this report was prepared by County of San Diego, Behavioral Health Services, Population Health, Epidemiology Unit.



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4. Nath, S. R., VanLeer, S., & Ahmad-Stout, F. (2018). South Asians and suicide: Beliefs about suicide in a U.S. community sample. *Asian American Journal of Psychology*, 9(4), 334–343. <https://doi.org/10.1037/aap0000145>
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6. Singichetti, Bhavna, et al. (2025). Department of Health and Human Services. Centers for Disease Control and Prevention | MMWR, 74(12). www.cdc.gov/mmwr/volumes/74/wr/pdfs/mm7412a4-H.pdf. Accessed 20 Nov. 2025.
7. The Trevor Project (2022). 2022 National Survey on LGBTQ Youth Mental Health. www.thetrevorproject.org/survey-2022/#intro
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Contact and More Information



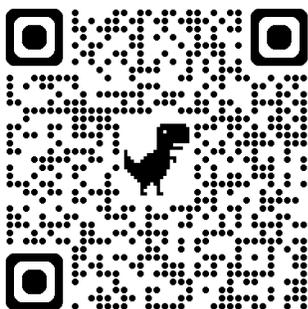
For questions about this report:

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

