



INTRODUCTION

Youth suicide continues to be a pressing public health concern nationally, across the state, and in Riverside County. This brief refers to youth suicide deaths as a result of intentional self-harm by individuals between the ages of 10 and 25 years. Suicide among youth not only results in the tragic loss of life but also leads to farreaching ripple effects on families, schools, and communities. These deaths contribute disproportionately to years of potential life lost, and is one of the leading causes of death in younger populations (Riverside University Health System – Public Health, 2025)

In Riverside County, youth suicide has increased 8.1% from 2020 to 2024, however, the burden

is not equally shared, with distinct differences seen in sex, race/ethnicity, and place of death that emphasize the need for interventions informed by data and tailored to fit the needs of specific high-risk groups.

This brief also highlights common risk factors of youth suicide, including mental health challenges, substance use, history of trauma or abuse, and social or environmental stressors.

This brief utilizes Riverside County data with state and national findings to provide context and guide targeted public health strategies.

RIVERSIDE COUNTY KEY FINDINGS / 2020-2024



Black and Asian, youth experienced the

highest suicide death rates among all racial and ethnic groups.



Males make up 80% of suicides for youth aged 18-25, and 66% for youths aged 10-17.



63.4% of reported deaths occurred at home.



82% of suicide deaths occurred by suffocation or firearms.

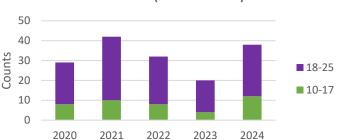
SUMMARY TRENDS

Between 2020 and 2024, Riverside County reported a total of 190 youth suicide deaths among individuals aged 10-25. This is a five-year suicide rate of 6.7 per 100,000 population. Rates have remained relatively stable across years for Riverside County and the state of California (Figure 1). A greater proportion of these deaths occurred among older youth aged 18-25 compared to those aged 10-17, highlighting the increased risk as individuals transition into early adulthood (Figure 2).

In California, the four-year aggregate youth suicide rate from 2020 to 2023 was 6.6 per 100,000 for youth ages 10-25 (California Department of Public Health [CDPH], 2025). Nationally, the rate was 11.0 per 100,000 for the same period (Centers for Disease Control and Prevention, 2025).

Figure 1. Youth Suicide Rate, Ages 10-25, 2020-2024 8.6 9.0 7.0 6.5 6.5 8.5 7.0 5.0 6.2 5.0 4.8 3.0 2020 2021 2022 2024 2023 -California Riverside County

Figure 2. Deaths by Suicide Among Riverside County Youth by Age Group and Year (2020-2024)



(Cal-IVRS, 2024)

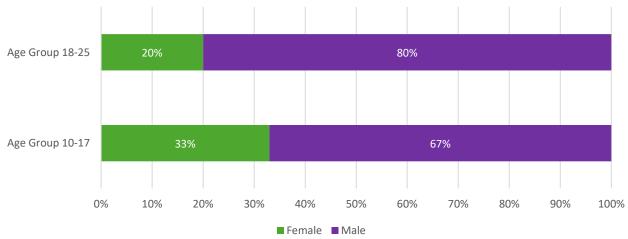
Notes: 3 – see Conclusion page for details.

(Cal-IVRS, 2020-24)

AGE AND SEX

In Riverside County, disparities in youth suicide deaths by sex follow state and national trends, with males making up a larger proportion of deaths. Males aged 10-17, accounted for 67% (N=28) of deaths, while females represented 33% (N=14). This gap is more pronounced in the 18-25 age group, where males comprised 80% (N=95) of deaths and females 20% (N=24) (Figure 3). These findings reflect a broader pattern in the U.S., in which males are generally more likely to die by suicide than females. (California Department of Public Health [CDPH], 2025; Curtin, Garnett, & Ahmad, 2024).

Figure. 3 Youth Suicide Deaths by Age Group and Sex (2020-2024)



Notes: 1, 2, 3 – see Conclusion page for details.

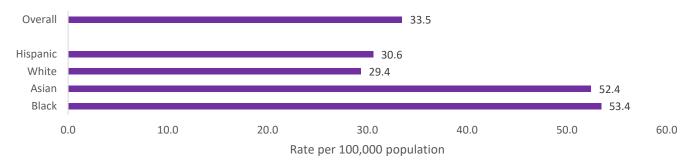
(Cal-IVRS, 2024)

DEMOGRAPHICS

Youth suicide deaths in Riverside County show disparities across racial and ethnic groups. Black youth experienced the highest death rate at 53.4 per 100,000 population, followed by Asian youth at 52.4 per 100,000 (Figure 4). Lower rates were observed among Hispanic and White youth. This pattern is consistent with the state.

From 2020 to 2023, among national data, suicide rates for individuals aged 10-25 were highest among AI/AN and NH/PI youth (CDC, 2025).

Figure 4. Youth Suicide Death Rate by Race/Ethnicity, Riverside County, 2020-2024



Notes: 3 – see Conclusion page for details.

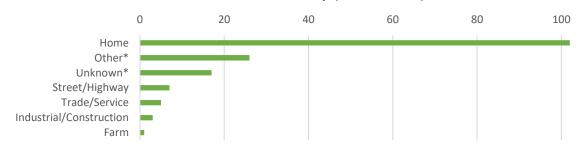
*Rates for certain racial and ethnic groups were not calculated due to small counts, which would result in statistically unreliable estimates.

(Cal-IVRS, 2024)

LOCATION OF DEATH

From 2020 to 2024, most youth suicide deaths in Riverside County occurred in the home, with over 100 deaths reported at residential locations. A smaller number of deaths occurred in other settings, including public areas, workplaces, and locations related to service or construction industries. "Other" classifies as any place that did not fit into known categories, and "Unknown" is when a place of death was not provided (Figure 5).

Figure 5. Youth Suicide Death Counts by Place of Injury, All Ages Riverside County (2020-2024)³



Notes: 3 – see Conclusion page for details.

(Cal-IVRS, 2024; Riverside County Sheriff's Department – Coroner's Bureau, 2020-2024)

st"Other" – any place that did not fit into the listed categories: often outdoor environments.

* "Unknown" – when place of death was not provided.

In terms of geographic distribution, the greatest concentration of youth suicide deaths was observed in the northwest region, with the mid-region reporting the second highest.



MEANS OF DEATH

Between 2020 and 2024, the leading means of youth suicide in Riverside County were suffocation and firearms, together accounting for 82.6% of youth suicides (Figure 6). Poisoning was the third most common method, followed by falls, cutting or piercing, other methods, and drowning. These patterns align with national data, where firearms and suffocation were the most frequently used methods of suicide. While countywide data shows suffocation as the leading method, firearms were the most frequent means of death in the Coachella Valley region accounting for 6.8% of all deaths, followed by suffocation at 3.7%.

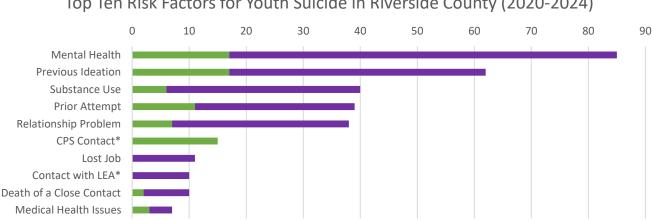
At the national level, in 2023, firearms ranked first, and suffocation ranked second among means of death among youth of the same age (CDC, 2025).

Firearm Suffocation Poisoning Cut/Pierce Other Drowning 20 30 40 50 60 70 80 ■ Ages 10-17 ■ Ages 18-25 Notes: 3 – see Conclusion page for details. (Cal-IVRS, 2024)

Figure 6. Youth Suicide Death by Means, Ages 10-25 Riverside County (2020-2024)

RISK FACTORS FOR YOUTH SUICIDE

According to data provided by the Riverside County Sheriff Coroner's Bureau, the most common risk factors associated with youth suicide deaths in Riverside County were mental health conditions, previous suicidal ideation, and substance use (Figure 7). These factors often appear in combination, with risk factors varying by age, with CPS contact more common among younger individuals and job loss or law enforcement contact more common among older individuals. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes these same issues as critical warning signs for suicide risk in youth (SAMHSA, n.d.).



Top Ten Risk Factors for Youth Suicide in Riverside County (2020-2024)

■ Age Group 18-25 ■ Age Group 10-17 *CPS = Child Protective Services, LEA = Law Enforcement Agency

Notes: 3 - see Conclusion page for details.

(Cal-IVRS, 2024; Riverside County Sheriff's Department - Coroner's Bureau, 2020-2024)

CONCLUSIONS

Youth suicide in Riverside County remains a serious public health issue. From 2020 to 2024, 190 youth aged 10 to 25 died by suicide, representing an 8.1% increase during the five-year period. This corresponds to a five-year aggregate death rate of 6.7 per 100,000 population. The death rate is generally consistent with state and national patterns.

The data presented in this brief highlight important differences by age, sex, race, ethnicity and geographical location. Youth aged 18 to 25 accounted for most deaths, with males largely represented across all age groups. Although males experience higher rates of suicide deaths, females experience higher rates of suicide attempts. Black and Asian youth experienced the highest rate of death, followed by Hispanic youth, with the lowest rate being among White youth.

In addition to demographic patterns, the brief highlights elements such as place and method of death. Most youth suicide deaths occurred at home, and the most common methods were suffocation and firearms. The highest number of deaths occurred in the Northwest and Midregions of the county.

Risk factors such as mental health conditions, previous suicidal ideation, and substance use were the most frequently identified among youth. These findings were consistent with national patterns and highlight shared areas of concern in youth suicide prevention. Agerelated differences were also observed, with CPS contact more common in younger age groups and job loss or law enforcement contact more common in older age groups.

By understanding the demographics, methods, locations, and risk factors associated with youth suicide in Riverside County, efforts to address this public health issue can help guide the development of more culturally appropriate prevention materials, targeted outreach efforts, and responsive communication strategies. Preventative efforts such as proper use of firearms locks and safes are important steps to prevent harm and protect individuals from accessing lethal means. These insights can support data-informed approaches to reach youth and families most impacted by suicide.

NOTES

- 1. Current data sources only provide gender as binary; RUHS Public Health fully supports the collection, analysis, and display of gender identity data. We continue to work with partners and advocate for the collection of this data for future reporting
- 2. Sex refers to the classification assigned at birth.
- 3. Coroner's data provided by Riverside County Sheriff's Department Coroner's Bureau.
- 4. To honor the privacy of those affected, certain data categories have been suppressed to protect confidentiality.

Data Sharing Best Practices

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When it comes to suicide, the words, phrases, and statistics can have a significant impact on the way messages are received. Messages can encourage someone to seek help and reach out or can push people further from needed support. When using any information provided in this report, please assess your presentation of this information through a safety lens.

RESOURCES





IF YOU ARE OUTSIDE OF THE INLAND Socal region, please call the National line at 1-800-273-talk



YOU ARE NOT ALONE. HELP IS HERE!

By calling 951-686-HELP, a community member can reach a trained helper for telephonic emotional support, get linkage to a 24/7 Mental Health Urgent Care Center, be routed to the Riverside County Crisis Mobile Unit, or find out how to help someone they are worried about.

In addition to crisis intervention services, the Inland Southern California Crisis Helpline provides community mental wellness, suicide prevention education, and bilingual community help promotion.

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SUGGESTED CITATION

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