**SUICIDE / SUICIDE ATTEMPT**

- Suicide is the second leading cause of injury death and the eleventh overall leading cause of death in Georgia.
- The majority (90%) of hospitalizations for suicide attempts were due to poisonings, with white females having the highest hospitalization rate among all race/ethnic/sex groups.

Suicide (death) or suicide attempt (nonfatal) is an intentional injury with the intent to harm or kill oneself.

**Deaths from Suicide**

Suicide is the second leading cause of injury death and the eleventh overall leading cause of death in Georgia. From 1999 through 2001, 2,620 Georgians committed suicide, an average of 873 deaths per year. Of those dying from suicide, 40% were 25 to 44 years of age, 80% were males, and 85% were white (Table 16).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Total</th>
<th>Average per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Under 5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5-14</td>
<td>14</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15-24</td>
<td>244</td>
<td>51</td>
<td>82</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>25-44</td>
<td>662</td>
<td>189</td>
<td>149</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>45-64</td>
<td>501</td>
<td>159</td>
<td>55</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>65+</td>
<td>332</td>
<td>74</td>
<td>21</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1753</td>
<td>476</td>
<td>308</td>
<td>40</td>
<td>34</td>
</tr>
</tbody>
</table>
The death rate from suicide in Georgia is similar to the death rate in the US. The suicide rates for both Georgia and the US have remained almost unchanged over the past two decades (Figure 44).

**Figure 44. Age-Adjusted Death Rates: Suicide, Georgia, 1979-2001**

![Graph showing age-adjusted death rates for suicide in Georgia and the US, 1979-2001.](image)

*NOTE.* The dotted line indicates a change in coding systems used for cause of death. ICD-9 codes were used in 1979-1998 and ICD-10 codes were used in 1999-2001.

The suicide rate in Georgia was highest among persons aged 75 to 84 years (Figure 45).

**Figure 45. Age-Specific Death Rates: Suicide, Georgia, 1999-2001**

![Graph showing age-specific death rates for suicide in Georgia, 1999-2001.](image)
The suicide rate was 4.5 times higher for males (19.2 per 100,000 population) than for females (4.2 per 100,000 population). Whites were more likely to die from suicide (13.7 per 100,000 population) than blacks (5.1 per 100,000 population). White males had the highest suicide rate (22.9 per 100,000 population) among all the race/sex groups (Figure 46).

Firearms were the most common method for suicide in Georgia, accounting for 70% of total suicides from 1999 to 2001, while hanging or suffocation accounted for 14% and poisoning accounted for 12% of suicides (Figure 47).
Map 11. Age-adjusted Death Rate by County of Residence: Suicide, Georgia, 1994-2001

Suicides per 100,000 population
- Rate not calculated (less than 10 deaths)
- <12.0
- >=12.0 and <14.0
- >=14.0
Hospitalizations from Suicide Attempts

Suicide attempts were the third leading cause of injury hospitalizations. From 1999 through 2001, a total of 6,688 Georgians were hospitalized for suicide attempts, an average of 2,229 per year, resulting in approximately 6,400 hospitalization days and $19.7 million in hospital charges per year. Of those hospitalized, about 51% were 25 through 44 years old, 61% were female and 73% were white (Table 17).

Table 17. Number of Hospitalizations by Age, Race and Sex: Suicide Attempt, Georgia, 1999-2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Total*</th>
<th>Average per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Under 5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5-14</td>
<td>31</td>
<td>139</td>
<td>10</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>15-24</td>
<td>428</td>
<td>580</td>
<td>171</td>
<td>252</td>
<td>20</td>
</tr>
<tr>
<td>25-44</td>
<td>1,029</td>
<td>1,464</td>
<td>335</td>
<td>437</td>
<td>26</td>
</tr>
<tr>
<td>45-64</td>
<td>413</td>
<td>598</td>
<td>84</td>
<td>98</td>
<td>6</td>
</tr>
<tr>
<td>65+</td>
<td>90</td>
<td>101</td>
<td>11</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>1,992</td>
<td>2,882</td>
<td>611</td>
<td>850</td>
<td>57</td>
</tr>
</tbody>
</table>

*Total includes all other races/ethnicity.

Georgians aged 15 to 44 years had the highest hospitalization rate for suicide attempts among all age groups (Figure 48).
The rate of hospitalization for suicide attempts was higher for females (31.5 per 100,000 population) than for males (22.2 per 100,000 population). Non-Hispanic whites were more likely to be hospitalized (30.9 per 100,000 population) than non-Hispanic blacks (19.8 per 100,000 population) and Hispanics (18.3 per 100,000 population). White females had the highest hospitalization rate among all race/ethnic/sex groups (Figure 49).

**Figure 49. Age-Adjusted Hospitalization Rates by Race and Sex: Suicide Attempt, Georgia, 1999-2001**

The methods used for attempted suicides resulting in hospitalization were different from the methods used for completed suicides. The majority (90%) of hospitalizations for suicide attempts were due to poisoning, while 4% were from firearm injuries and 4% from cutting/piercing (Figure 50).

**Figure 50. Suicide Attempt by Method Used, Georgia, 1999-2001**
Map 12. Age-adjusted Hospitalization Rate by County of Residence: Suicide Attempt, Georgia, 1999-2001

Suicide attempt hospitalizations per 100,000 population
- Rate not calculated (less than 10 deaths)
- <26.0
- >=26.0 and <40.0
- >=40.0
Suicide/Suicide Attempt Prevention Strategies

Suicide may be prevented by increasing awareness of the risk factors for suicide, identifying the warning signs of major depression and suicidal thoughts, and referring those experiencing depression or suicidal ideation for appropriate treatment. In addition, because 70% of suicides in Georgia were committed with firearms, and 90% of suicide attempt hospitalizations were from poisoning, such as sedatives, restricting access to firearms as well as to sedatives by people at higher risk of suicide will also help reduce the incidence of suicide attempts.

Injury Prevention Programs for Suicide/Attempted Suicide

The former Georgia Legislature, through a public-private partnership with the Suicide Prevention Advocacy Network (SPAN USA), designated funds for development of a Georgia Suicide Prevention Plan. SPAN, in collaboration with the Injury Prevention Section of the Division of Public Health, Georgia Department of Human Resources, and the National Mental Health Association of Georgia, engaged nearly 1,000 Georgians in this year-long effort. The Injury Prevention Section is continuing its collaboration with SPAN, their partners and other advocates to increase community awareness of suicide and implement best practice programs that address youth suicide.

Suicide Prevention Resources

Georgia Suicide Prevention Plan
http://www.georgiasuicidepreventionplan.org/

Suicide Prevention Action Network
http://www.spanusa.org/

Suicide Prevention Action Network: Georgia
http://www.spanusa.org/GSPP.html

American Association of Suicidology
http://www.suicidology.org/
1-202-237-2280

American Foundation for Suicide Prevention
http://www.afsp.org/

National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov

National Strategy for Suicide Prevention
http://www.mentalhealth.org/suicideprevention/

National Youth Violence Prevention Resource Center
http://www.safeyouth.org/
1-866-SAFEYOUTH (723-3968)