

Data Summary

Suicide in Georgia, 2006-2009

DESCRIPTION

- The Georgia Violent Death Reporting System (GVDRS) is part of the National Violent Death Reporting System (NVDRS), which is funded by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC/NCIPC)
- GVDRS is a population-based surveillance system designed to capture information about deaths due to homicides, suicides, undetermined intent, unintentional firearm, and legal intervention, for both multi-victim incidents and individual persons (victims and suspects)

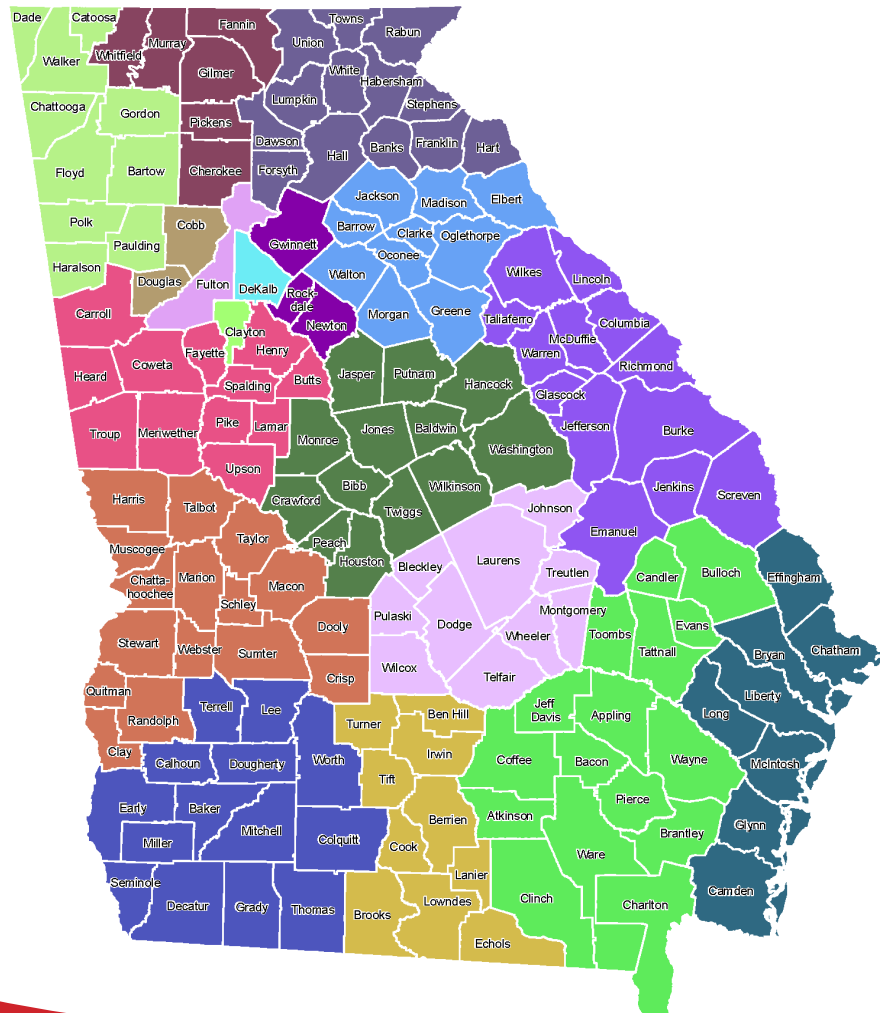
GVDRS combines data from several sources, including:

- Death certificates
- Medical examiner and/or coroner records
- Law enforcement records
- Supplemental homicide reports
- Crime laboratory records

GVDRS Goals

- Inform decision makers and program planners about the magnitude and characteristics of violent death in Georgia
- Monitor violent death trends in Georgia

GEORGIA COUNTIES

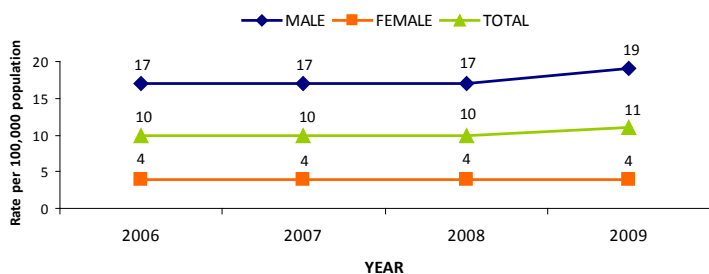


Suicide in Georgia, 2006-2009

DEATHS BY SUICIDE

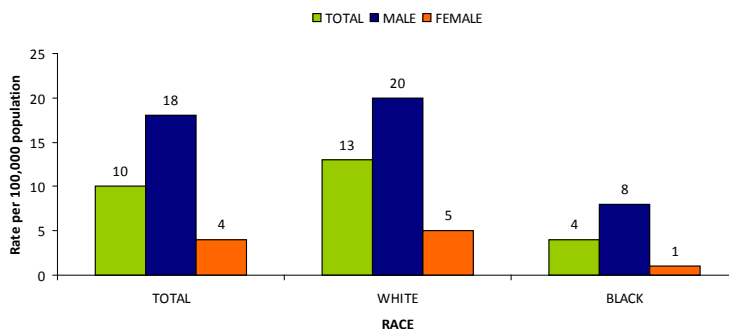
- Suicides (51%) were responsible for more violent deaths than homicides (36%) from 2006-2009
- During this period, a total of 4,123 suicides were reported in Georgia (averaging 1,030 per year)
- Of the 4,123 suicides that occurred in Georgia, 3,559 (86%) were among Georgia residents
- The majority (71%) of suicides were completed at the victim's residence

Age-Adjusted Suicide Rates by Year and Sex, Georgia, 2006-2009

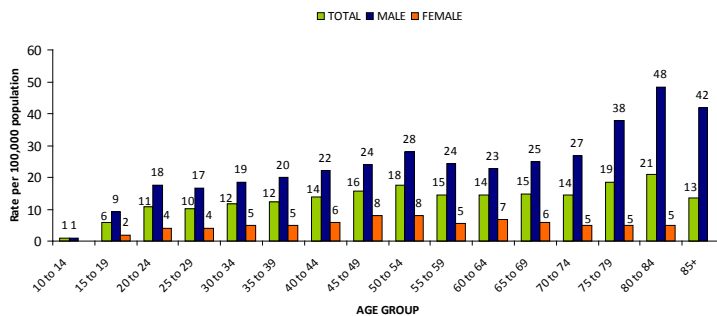


- The total age-adjusted suicide rate in Georgia increased by 10% from 2006 to 2009
- Between 2006 and 2009, the age-adjusted suicide rate in Georgia increased by 12% for males while it remained stable for females

Age-Adjusted Suicide Rates by Race and Sex, Georgia, 2006-2009



Age-Specific Suicide Rates by Age Group and Sex, Georgia, 2006-2009

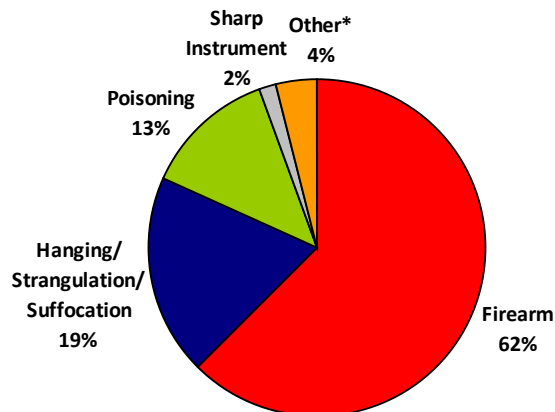


WHO IS AT RISK?

- Men were almost five times more likely than women to complete suicide
- Whites males were more than two times more likely to complete suicide than black males
- White females were five times more likely to complete suicide than black females
- Amongst females, suicide rates were highest in the 45-54 year age group
- Suicide rates increase with age among males

METHODS USED TO COMPLETE SUICIDE

- Firearms were used most frequently (62%) in Georgia to complete suicide



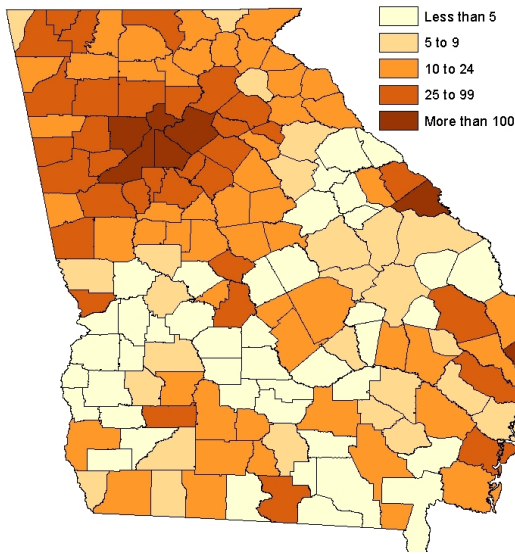
Data Source: Georgia Violent Death Reporting System, Chronic Disease, Healthy Behaviors and Injury Epidemiology; Epidemiology; Health Protection; Georgia Department of Public Health.

*Includes: blunt instrument, drowning, falls, fire or burns, motor vehicle, and other.

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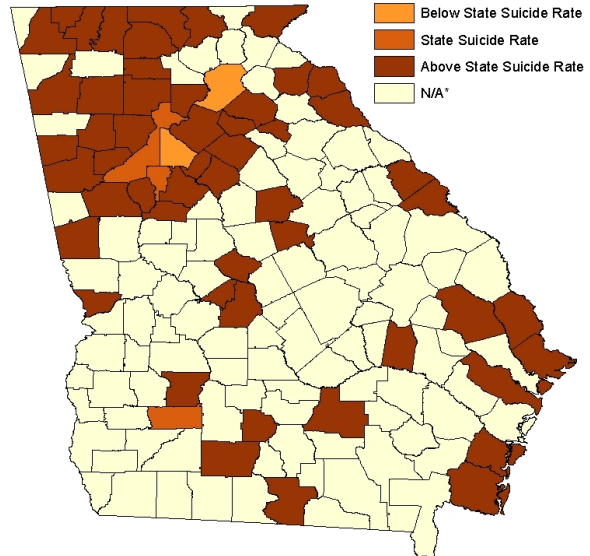
BURDEN OF SUICIDE BY COUNTY

Total Number of Suicides by County of Occurrence, Georgia, 2006-2009



- More than 100 suicides each occurred in Chatham, Cobb, DeKalb, Fulton, Gwinnett, and Richmond Counties during 2006 – 2009

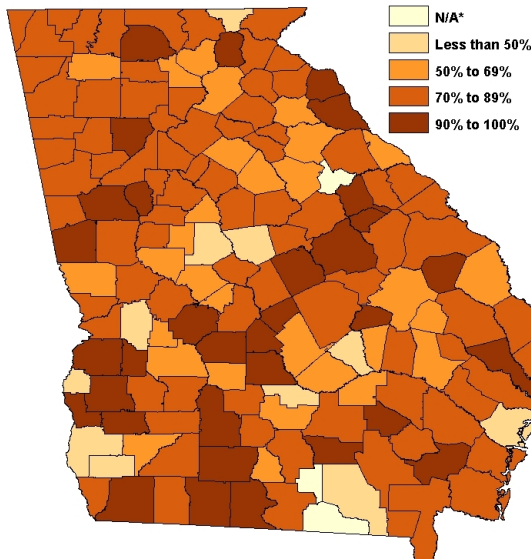
Age-Adjusted Suicide Rates by County of Residence, Georgia, 2006-2009



*Rates were not reported for Counties with <15 suicides.

- During 2006 to 2009, the age-adjusted suicide rate for Georgia was 10/100,000 population
- Of the 58 Counties in Georgia with more than 15 suicides, 53 Counties had suicide rates higher than the state suicide rate
- Rabun and Fannin counties had the highest age-adjusted suicide rates
- Clayton, Dougherty, and Fulton Counties had age-adjusted suicide rates equal to the state suicide rate
- Additionally, Hall and DeKalb Counties had age-adjusted suicide rates lower than the state suicide rate

Percent of Suicides Completed by County Residents, Georgia, 2006-2009



*No suicides occurred among residents.

- For most Counties (151 of 159), more than 50% of suicides were completed by residents of the same county

NATIONAL RECOMMENDATIONS FOR SUICIDE PREVENTION

- Promote awareness that suicide is a serious public health problem and that many suicides are preventable
- Develop broad-based support of suicide prevention
- Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services
- Develop and implement community based suicide prevention programs
- Promote efforts to reduce access to lethal means of self-harm
- Implement training for recognition of at-risk behavior and delivery of effective treatment
- Develop and promote effective professional practices and support services
- Improve access to and community linkages with mental health and substance abuse services
- Improve reporting and portrayals of suicidal behavior, mental illnesses and substance abuse in the entertainment and news media
- Promote and support research and evaluation on suicide prevention
- Improve and expand systems for suicide data collection