


CACJ Suicide Prevention Presentation

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Rachael Holloman, MS, LPC
DBHDD Suicide Prevention Director
October 10, 2022





"If we start being honest about our pain, our anger, and our shortcomings instead of pretending they don't exist, then maybe we'll leave the world a better place than we found it."

Russell Wilson

Why is it important to talk
about suicide prevention?

Talking About Suicide

It is important that we talk about suicide, but how we talk about it, is very important.

- Talking about suicide will not give someone the idea, but language should be tailored to consider those who might already be considering suicide.
- Using non-judgmental language: **died** by suicide, not **committed** suicide.
- Graphic details about method should be avoided at all costs.
- Celebrating or glorifying a person after a suicide death can lead to contagion.
- Promote resources and recovery stories and don't focus only on the tragedy of suicide.



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Myths VS Facts

MYTHS

- ✗ Talking about suicide encourages suicide
- ✗ Suicide death happens without warning
- ✗ Nothing can be done to keep someone from taking their own life.
- ✗ Only a licensed professional can help someone considering suicide
- ✗ Youth are not old enough to have a reason to want to die.

• FACTS

- ✓ Asking someone if they are considering suicide can open the door of communication
- ✓ Oftentimes there are warning signs for suicide that may go unnoticed
- ✓ Most people who receive help for suicide do not go on to end their life.
- ✓ Everyone can help prevent suicide
- ✓ Reasons for suicide are complex, and thoughts of suicide are experienced by people of all ages, including children and teens.

Key Terms & Definitions

Suicide is a serious public health issue. Suicide is preventable!

Suicide is death caused by injuring oneself with the intent to die.

Suicide Attempt is when someone harms themselves with the intent to die, but do not die.

Suicidal Ideation is thinking about dying or killing oneself.

Understanding Suicide

Risk Factors

Risk factors are characteristics of a person or their environment that increase their vulnerability to suicide thoughts and potential for death by suicide.

Protective Factors

Protective factors are personal or environmental characteristics that help protect a person from suicide.

Precipitating Factors

Precipitating factors are stressful events that can bring on a suicide crisis for someone who is at risk for or vulnerable to suicide.

Warning Signs

Warning signs are things a person says or does that may indicate they are at immediate risk for suicide.

Understanding Suicide

2016-2020 At-a-Glance



7,490
deaths by suicide



Average of

29 deaths weekly	4 <u>lives</u> lost daily
-------------------------------	--



78% of suicide
deaths were male



62% of suicides
involved firearms



Average suicide rates
were higher in rural
counties



861,350 survivors are estimated
to be impacted by suicide

Understanding Suicide

Georgia ranks
31st in suicide
deaths in the
US

Suicide is the
second
leading cause
of death for
youth ages
0-17

The age-adjusted
rate of suicide
deaths in Georgia
is higher than the
rest of the South
and the US

In 2019 there
were 1,582
suicide deaths

Firearms are
the most
common
means of
suicide death

Risk Risk Factors, Warning Signs & Protective Factors





Risk Factors for Suicide

Risk factors are stressors proven to increase suicide risk. Research has shown that certain characteristics are associated with increased odds of having thoughts of suicide.

- ✓ Mental illness (clinical depression, bipolar disorder, PTSD, schizophrenia, borderline personality disorder, & cooccurring substance abuse and mental health disorders have been shown to increase suicide risk)
- ✓ Adverse Childhood Experiences (ACES)
- ✓ Being a victim of bullying or being a bully
- ✓ Family stress/dysfunction/abuse
- ✓ Environmental risks, including presence of a firearm in the home.
- ✓ Situational crises (death of a loved one, especially by suicide; unwanted move; loss of a therapist, mentor, or other trusted adult; being expelled or facing punishment; being responsible for the death or injury of another.)



Precipitating Factors

Precipitating factors are stressful events that can bring on a suicide crisis for someone who is at risk for or vulnerable to suicide.

- End of a relationship or marriage
- Death of a loved one, including a pet
- An arrest, or upcoming / pending judicial hearing
- Serious financial problems
- Public humiliation (actual or anticipated)
- Episode of substance or alcohol use after a period of recovery
- Losing a scholarship, job, or promotion
- Academic failure
- Other life stressor or crisis



Warning Signs of Suicide

Observable behaviors that signal suicidal thinking:

- ✓ Threats of suicide in the form of direct and indirect statements.
- ✓ Suicide notes and plans (including online postings).
- ✓ Prior suicidal behavior.
- ✓ Preoccupation with death.
- ✓ Changes in behavior, appearance, thoughts and/or feelings. -Talking about suicide or wanting to die or disappear
- ✓ Talking, writing, or drawing about death
- ✓ Giving away belongings
- ✓ Withdrawing from friends and family
- ✓ Being angry or hostile
- ✓ Doing risky things, like driving too fast
- ✓ Using alcohol or drugs
- ✓ Having changes in eating or sleeping patterns, such as eating less or sleeping more than usual.





Protective Factors

There are some individual characteristics and things we can do in communities that may help protect people from having thoughts of suicide and/or behaviors associated with an increased risk of suicide.

- ✓ Coping and problem-solving skills
- ✓ Cultural and religious beliefs that discourage suicide
- ✓ Connections to friends, family, and community support
- ✓ Supportive relationships with care providers
- ✓ Availability of physical and mental health care
- ✓ Limited access to lethal means

COVID 19 Impact on Substance Abuse and Suicide in Georgia

Key Points

2019-2020

Demographic	Overdose Deaths	Overdose ED/Hospitalizations
Overall	INC	INC
0-17	INC	DEC
18-24	INC	INC
25-44	INC	INC
45-64	INC	INC
65+	INC	DEC
Male	INC	INC
Female	INC	INC

The table to the left shows whether opioid overdose deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2019 and 2020** in Georgia overall as well as by age group and sex.

As seen in the table, opioid overdose deaths increased overall, among age groups, and for males and females.

Opioid-related overdose ED/hospitalizations increased for all groups, except for the 0-17 and 65+ age groups.

Key Points

2019-2020

Demographic	Overdose Deaths	Overdose ED/ Hospitalizations
White	INC	INC
Black or African American	INC	INC
Asian	--	INC
American Indian or Alaska Native	INC	INC
Native Hawaiian or Other Pacific Islander	--	INC
Multiracial	INC	INC
Hispanic	INC	INC
Not Hispanic	INC	INC

The table to the left shows whether opioid overdose deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2019 and 2020** in Georgia across racial groups.

As seen in the table, opioid overdose deaths and ED/hospitalizations increased among almost all racial/ethnic groups.

The exceptions to this are the Asian and Native Hawaiian or Other Pacific Islander populations– which showed no change in overdose deaths between 2019 and 2020.

Key Points

2020-2021

Demographic	Overdose Deaths	Overdose ED/Hospitalizations
Overall	INC	INC
0-17	INC	INC
18-24	INC	INC
25-44	INC	INC
45-64	INC	INC
65+	INC	INC
Male	INC	INC
Female	INC	INC

The table to the left shows whether overdose deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2020 and 2021** in Georgia overall as well as by age group and sex.

As seen in the table, opioid overdose deaths and ED/hospitalizations increased overall, among age groups, and for males and females.

Key Points

2020-2021

Demographic	Overdose Deaths	Overdose ED/Hospitalizations
White	INC	INC
Black or African American	INC	INC
Asian	INC	DEC
American Indian or Alaska Native	DEC	INC
Native Hawaiian or Other Pacific Islander	INC	INC
Multiracial	DEC	INC
Hispanic	INC	INC
Not Hispanic	INC	INC

The table to the left shows whether opioid overdose deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2020 and 2021** in Georgia across racial groups.

As seen in the table, opioid overdose deaths and ED/hospitalizations increased across almost all racial groups.

Opioid overdose deaths decreased among American Indian or Alaska Natives and Multiracial populations. Opioid overdose ED/hospitalizations decreased among the Asian population.

Key Points

2019-2020

Demographic	Suicide Deaths	Suicide ED/Hospitalizations
Overall	DEC	DEC
0-17	DEC	INC
18-24	INC	DEC
25-44	DEC	DEC
45-64	DEC	DEC
65+	DEC	DEC
Male	DEC	DEC
Female	DEC	DEC

The table to the left shows whether suicide deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2019 and 2020** in Georgia overall as well as by age group and sex.

As seen in the table, suicide deaths decreased overall as well as among males and females. Suicide deaths decreased across all age groups, except for those 18-24.

Suicide ED/hospitalizations decreased overall as and among males and females. Suicide ED/hospitalizations decreased across all age groups, except for those 0-17.

Key Points

2019-2020

Demographic	Suicide Deaths	Suicide ED/Hospitalizations
White	DEC	DEC
Black or African American	INC	DEC
Asian	DEC	DEC
American Indian or Alaska Native	--	DEC
Native Hawaiian or Other Pacific Islander	DEC	DEC
Multiracial	INC	DEC
Hispanic	DEC	DEC
Not Hispanic	DEC	DEC

The table to the left shows whether suicide deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2019 and 2020** in Georgia across racial groups.

As seen in the table, suicide ED/hospitalizations decreased among all racial/ethnic groups.

Suicide deaths decreased among White, Asian, NH/OPI, Hispanic, and non-Hispanic populations. Suicide deaths increased among Black or African American and Multiracial populations. There was no change in suicide deaths among AI/AN.

Key Points

2020-2021

Demographic	Suicide Deaths	Suicide ED/Hospitalizations
Overall	INC	INC
0-17	INC	INC
18-24	INC	INC
25-44	INC	DEC
45-64	INC	DEC
65+	INC	INC
Male	INC	DEC
Female	INC	INC

The table to the left shows whether suicide deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2020 and 2021** in Georgia overall as well as by age group and sex.

As seen in the table, suicide deaths increased overall, as well as across age groups and among males and females.

Suicide ED/hospitalizations increased overall. Additionally, suicide ED/hospitalizations increased for those aged 0-24 and 65+ but decreased among those aged 25-64. Suicide ED/hospitalizations increased among females but decreased among males.

Key Points

2020-2021

Demographic	Suicide Deaths	Suicide ED/ Hospitalizations
White	INC	INC
Black or African American	INC	INC
Asian	INC	INC
American Indian or Alaska Native	--	INC
Native Hawaiian or Other Pacific Islander	DEC	INC
Multiracial	DEC	INC
Hispanic	INC	INC
Not Hispanic	INC	INC

The table to the left shows whether suicide deaths and ED/hospitalizations increased (INC) or decreased (DEC) **between 2020 and 2021** in Georgia across racial groups.

As seen in the table, suicide ED/hospitalizations increased among all racial/ethnic groups.

Suicide deaths increased among White, Black or African American, Asian, Hispanic, and non-Hispanic populations. Suicide deaths decreased among NH/OPI and Multiracial populations. There was no change in suicide deaths among AI/AN.

Key Points, cont.

- From 2020 to 2022, 6th and 7th graders experienced increases in all categories of substance use, self-harm, and suicide (GSHS).
- Reported self-harm and suicide attempts increased for males and females as well as across all grade levels (middle and high school) from 2020 to 2022 (GSHS).

Key Points, cont.

- Overall, overdose deaths and ED visits/hospitalizations increased from 2019 to 2020 and from 2020 to 2021.
- Overall, suicide deaths and ED visits/hospitalizations decreased between 2019 and 2020, then increased between 2020 and 2021

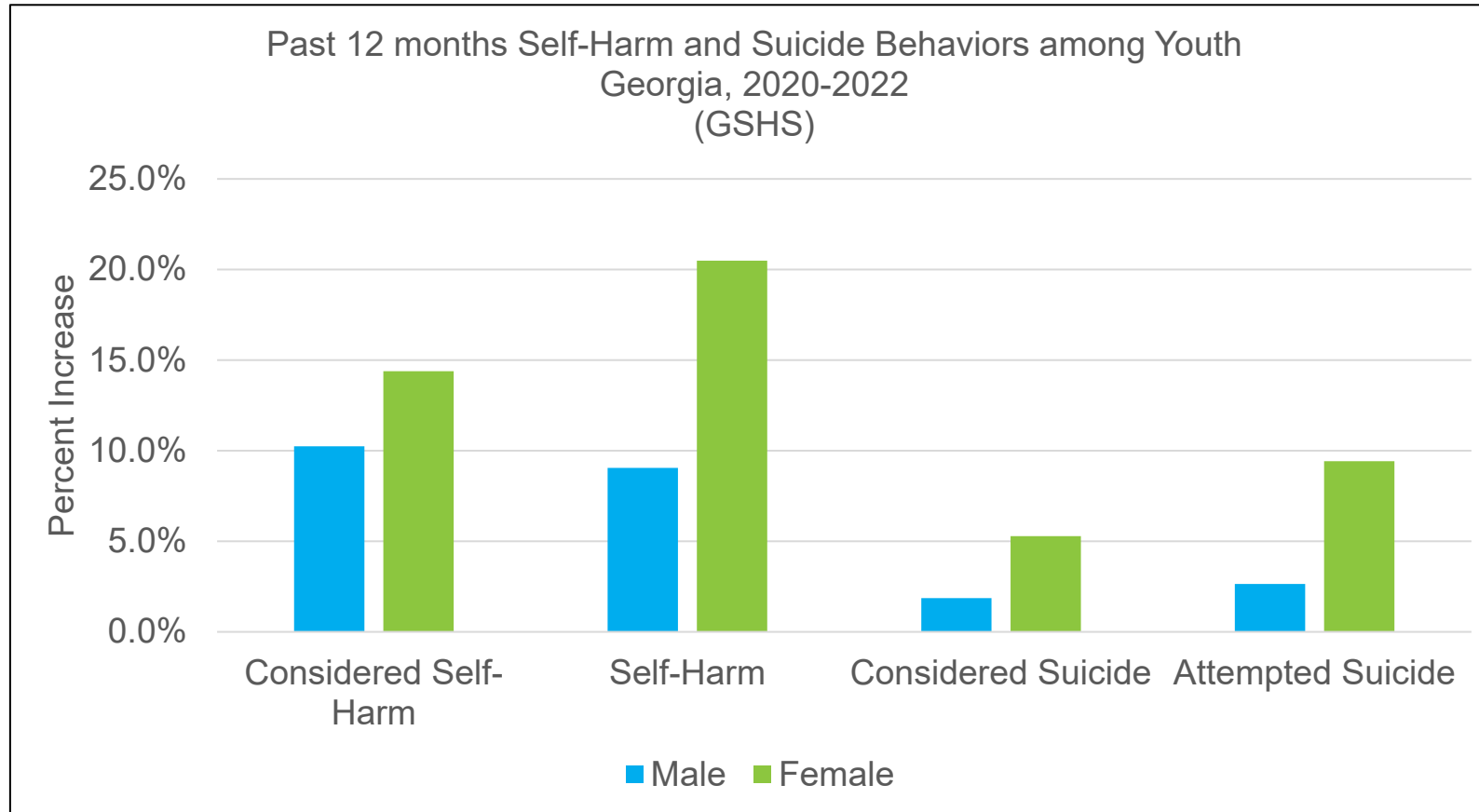
Key Points, cont.

- From 2020 to 2021, the 0-17 age group experienced a 214% increase in overdose deaths.
- When looking at 2020-2021, the 0-17-year age group experienced the highest increases in both suicide deaths and ED visits/hospitalizations when comparing to other age groups.
- While all other age groups experienced decreases from 2019-2020 in suicide deaths, the 18-24-year age group experienced an increase.

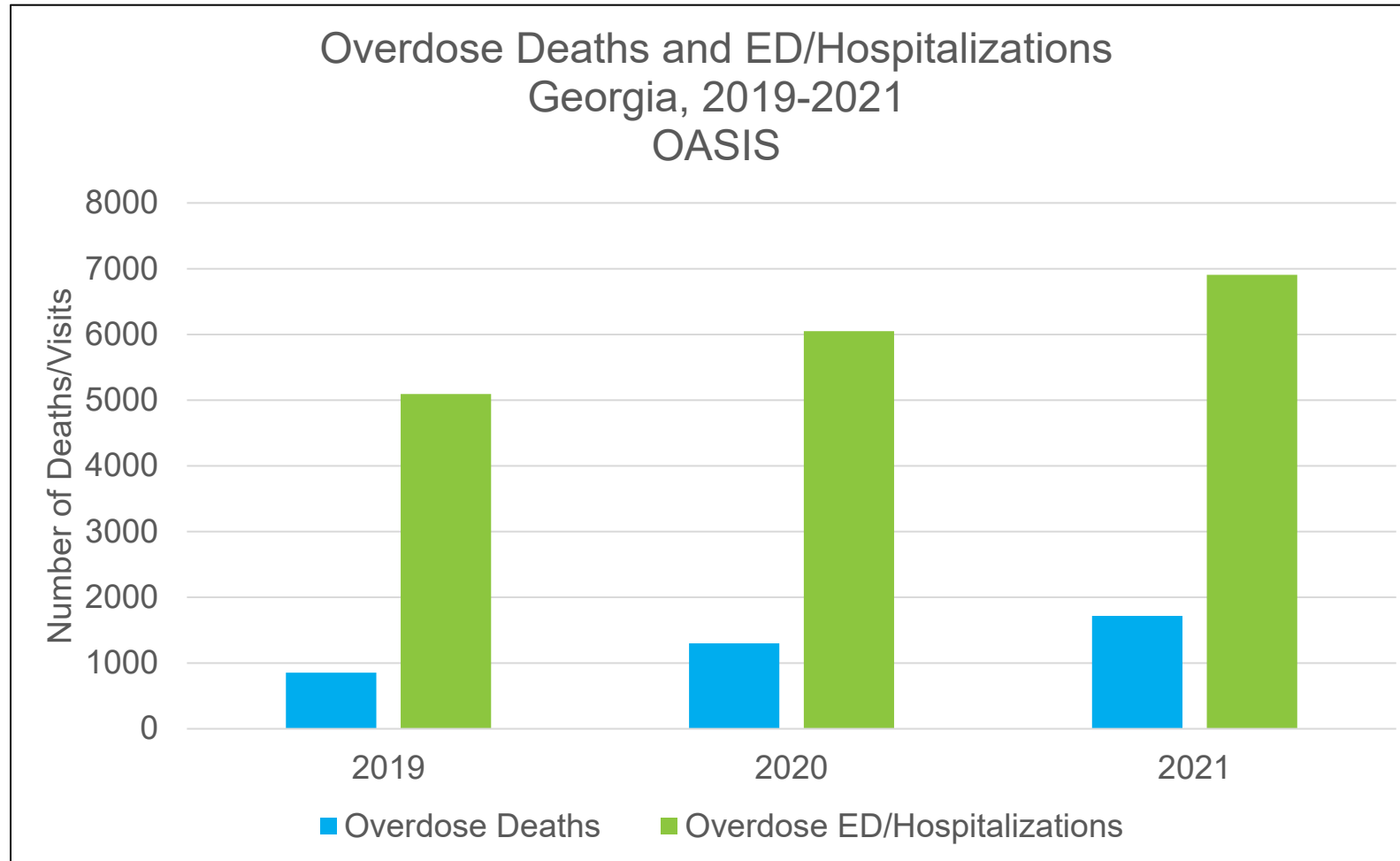
Key Points, cont.

- Black or African American and Multiracial individuals experienced an increase in suicide deaths from 2019 to 2020, whereas all other racial/ethnic groups experienced a decrease.
- While all racial/ethnic groups experienced increases in suicide deaths between 2020 and 2021, the largest increases were seen among Asian, Hispanic, and Black or African American individuals, respectively.

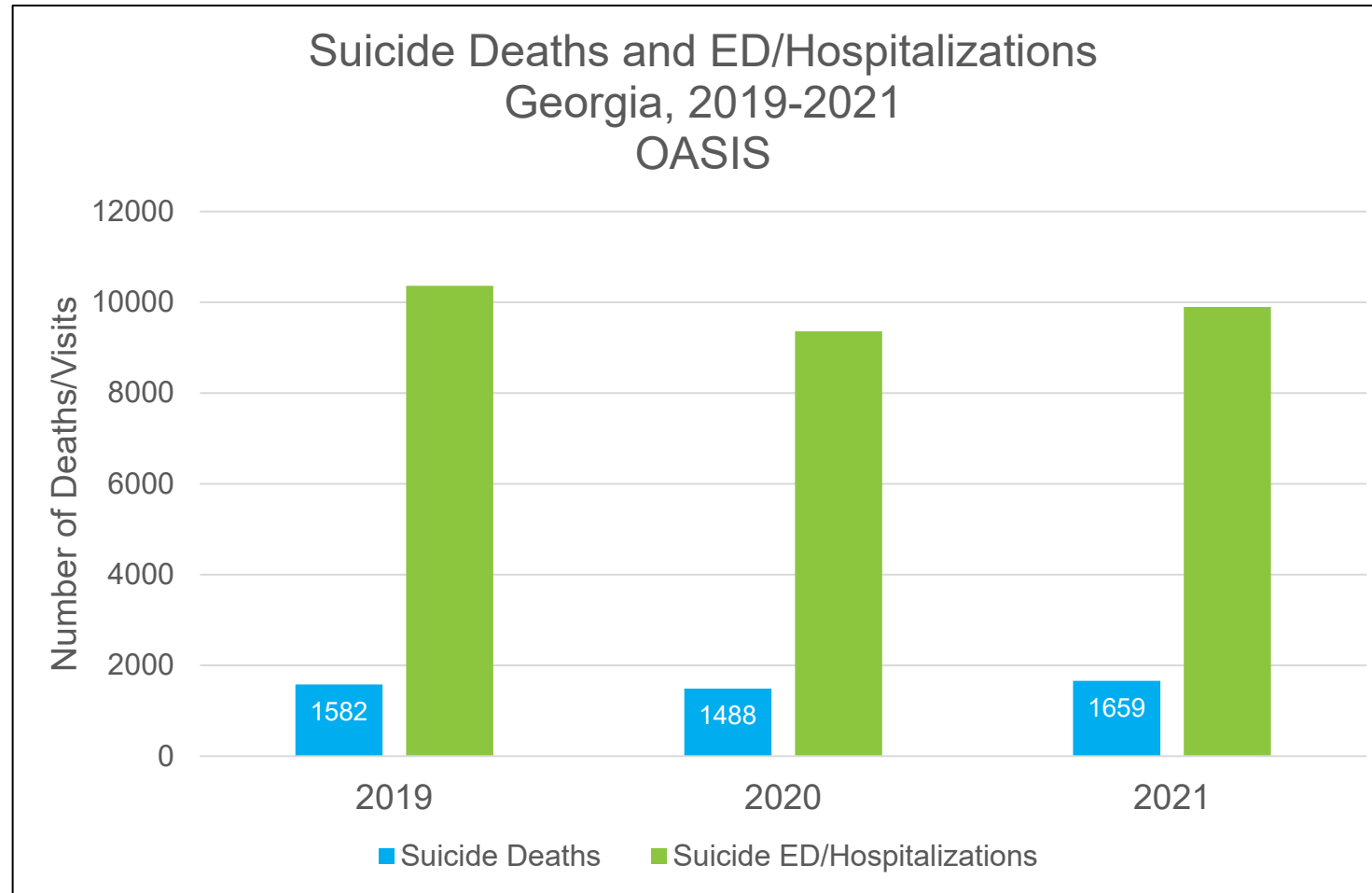
Self-Harm and Suicide Among Youth



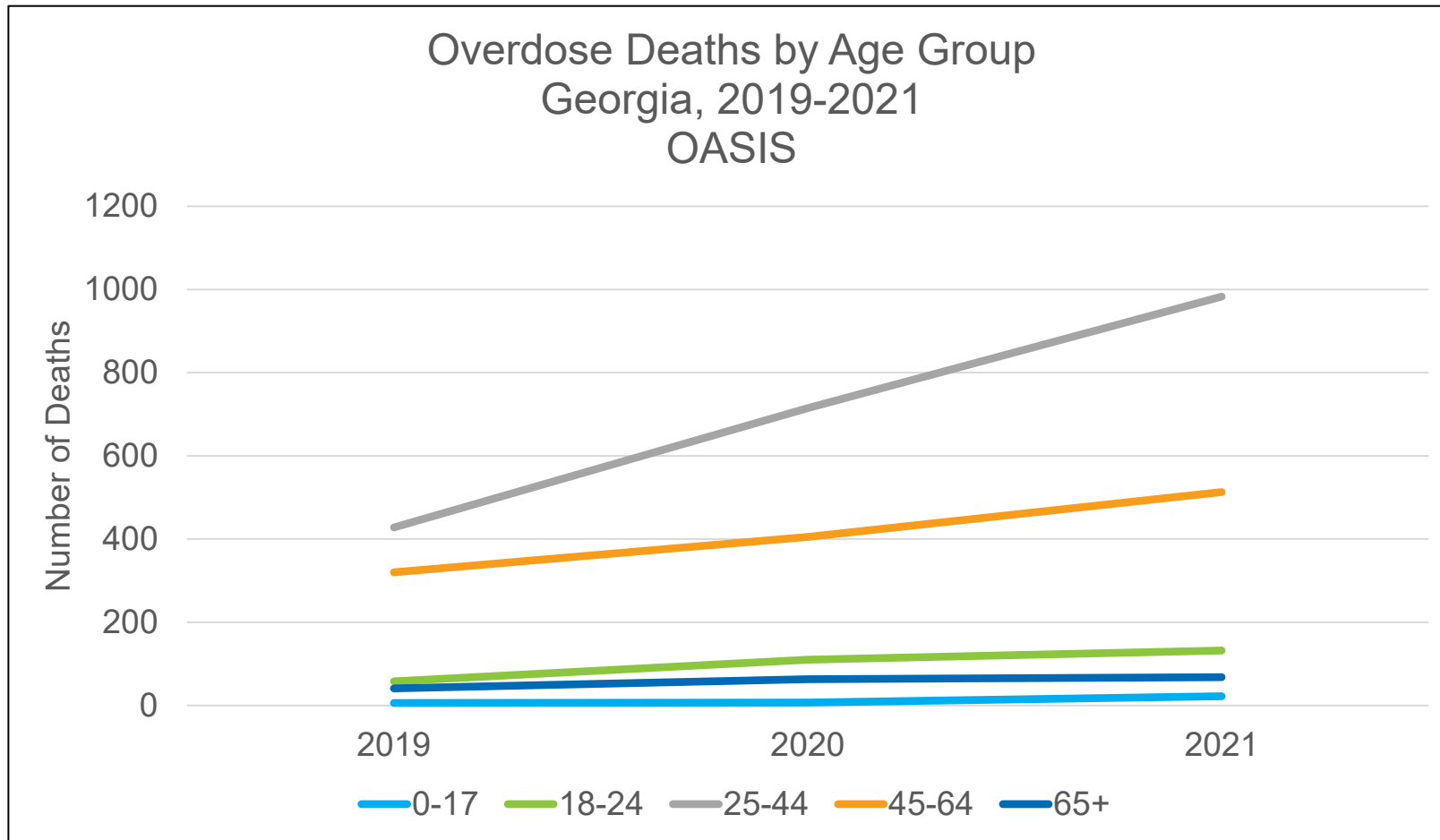
Overall Overdose Deaths & ED/Hospitalizations



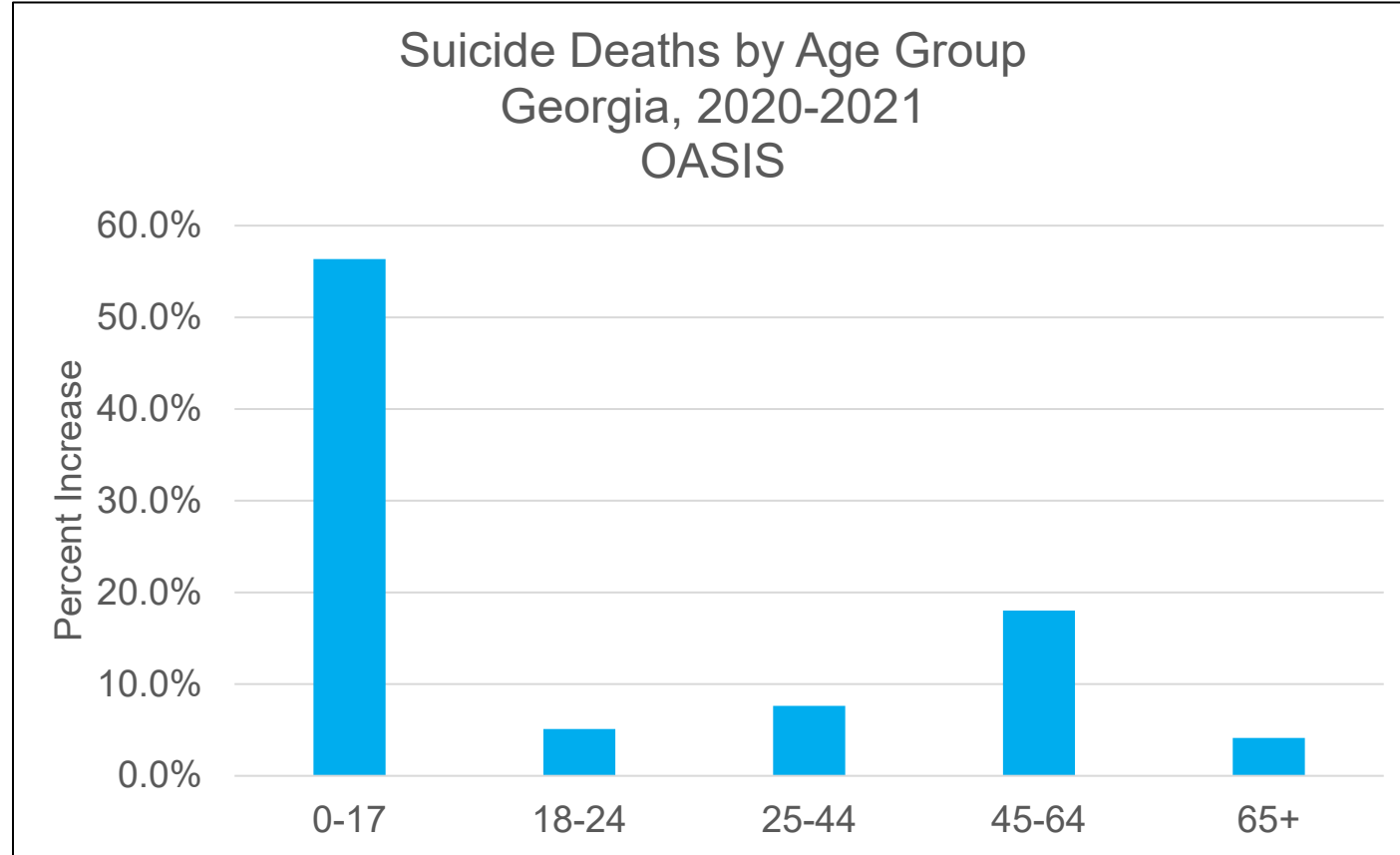
Overall Suicide Deaths & ED/Hospitalizations



Overdose Deaths by Age

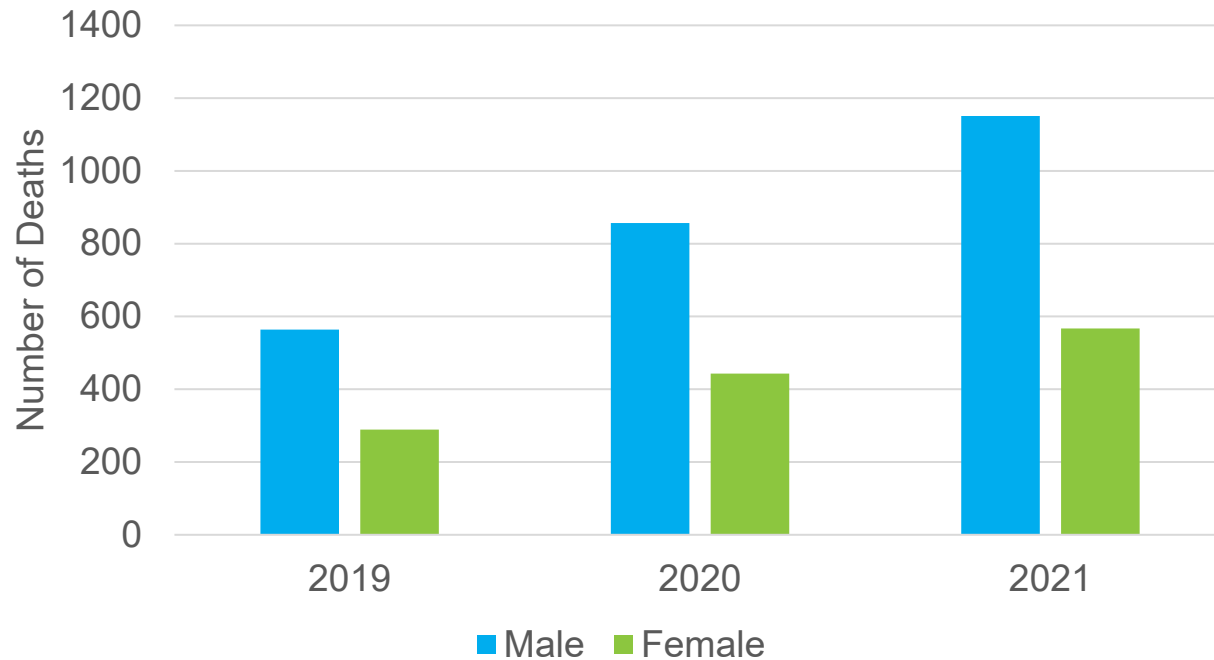


Suicide Deaths by Age

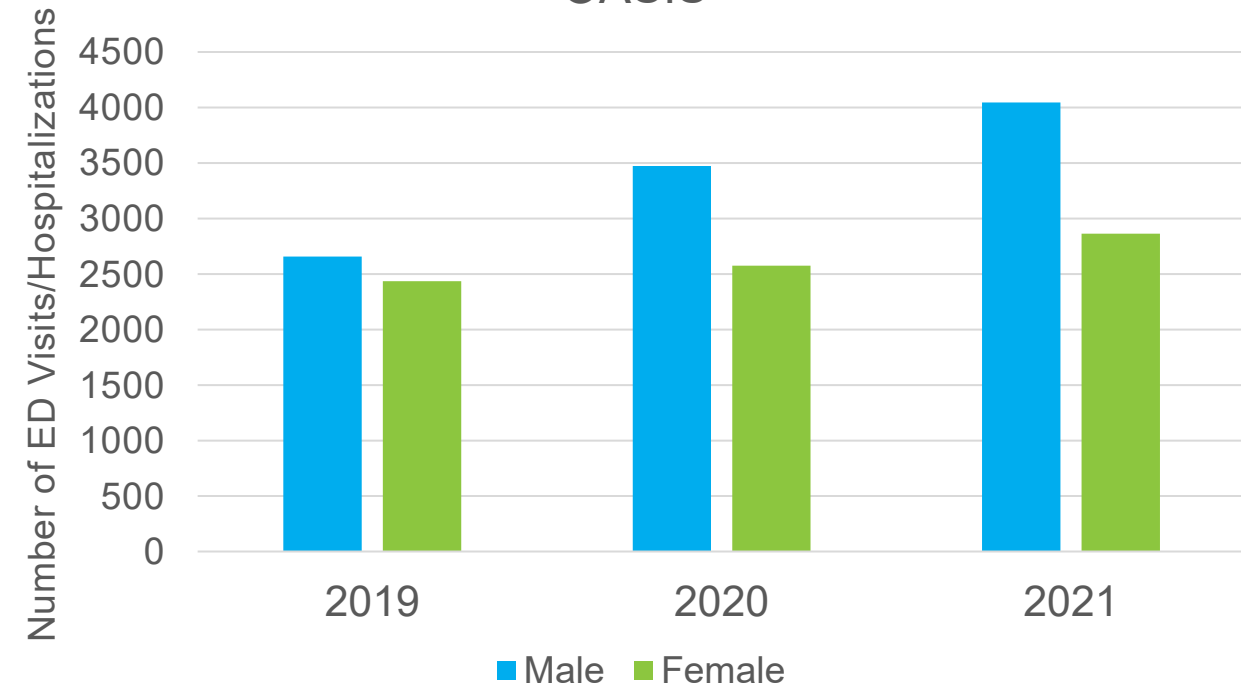


Overdose Deaths and ED/Hospitalizations by Sex

Overdose Deaths by Sex
Georgia, 2019-2021
OASIS

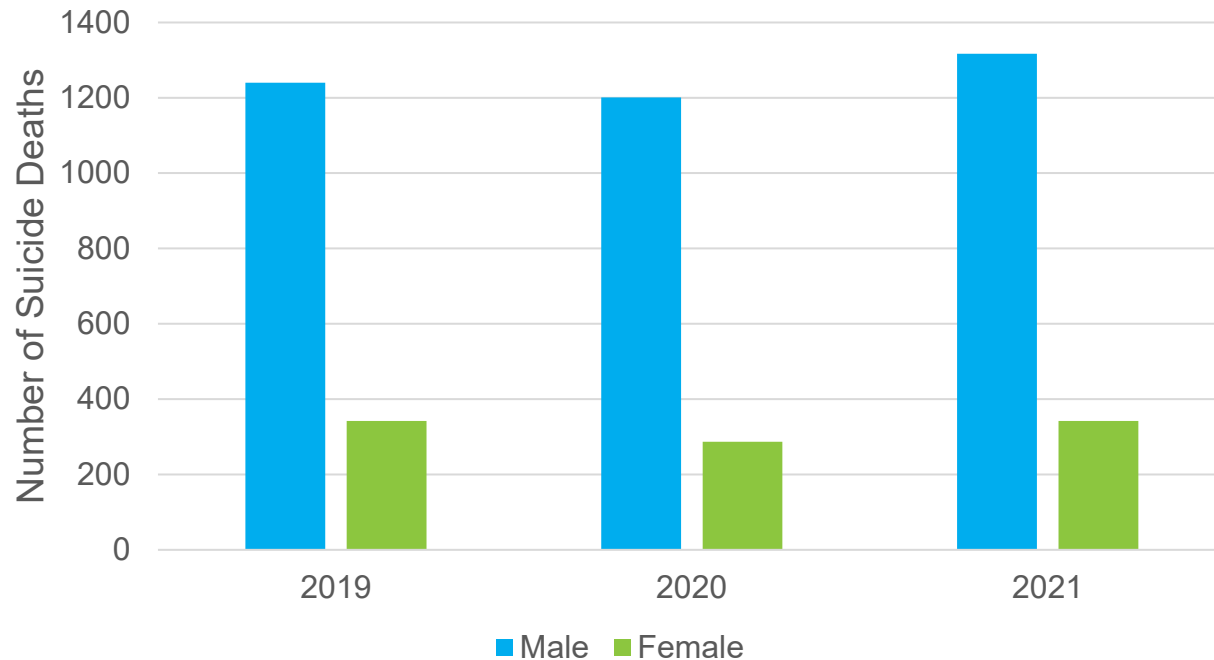


Overdose ED/Hospitalizations by Sex
Georgia, 2019-2021
OASIS

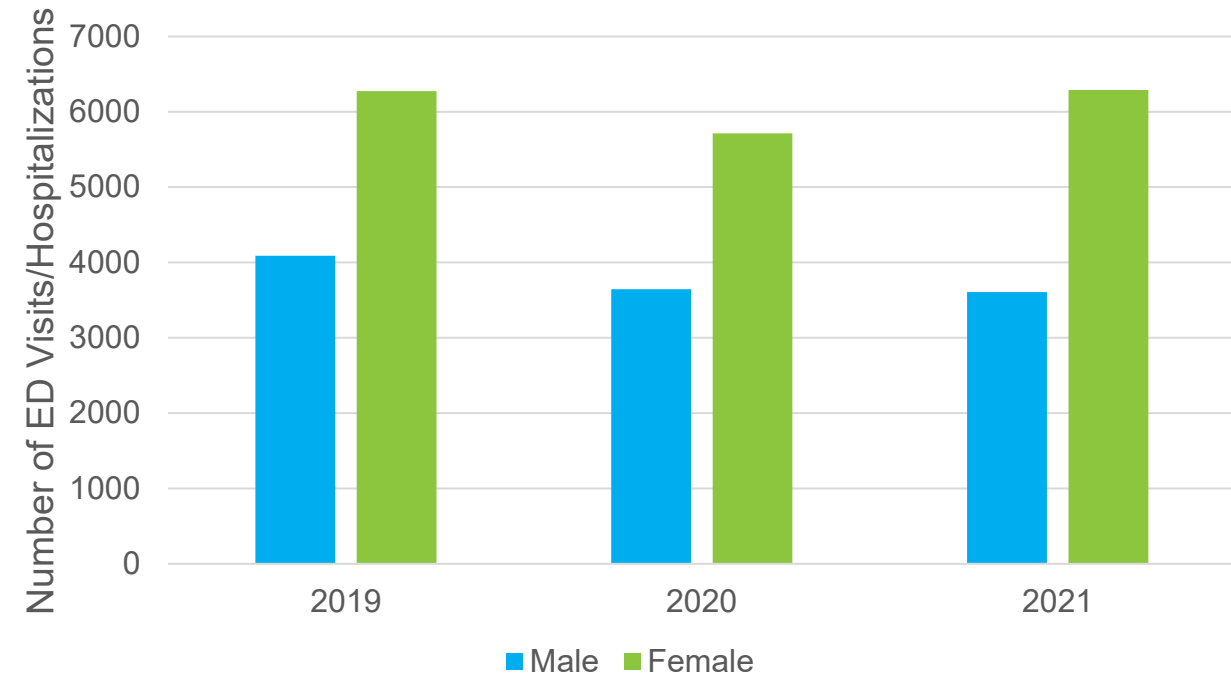


Overdose Deaths and ED/Hospitalizations by Sex

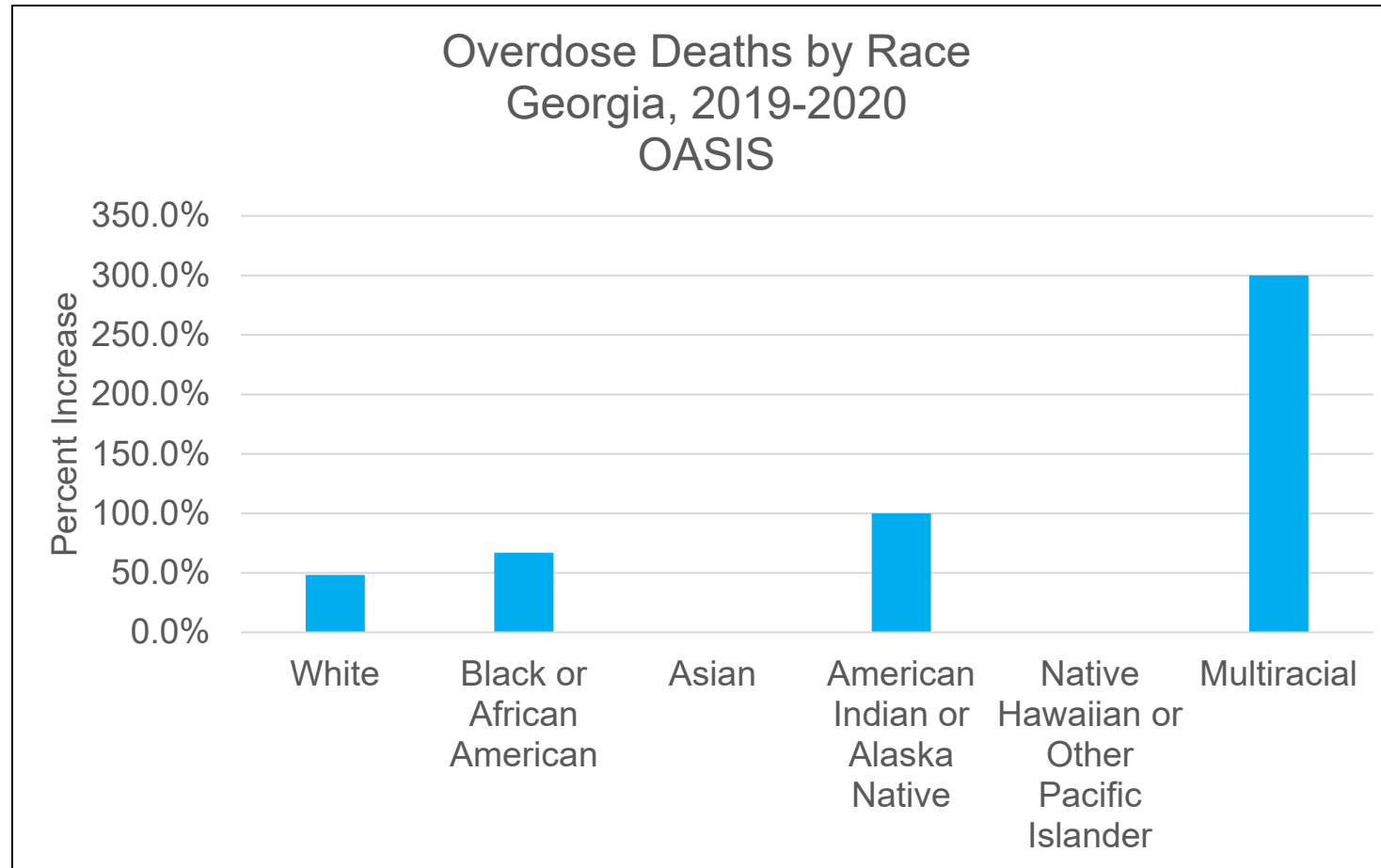
Suicide Deaths by Sex
Georgia, 2019-2021
OASIS



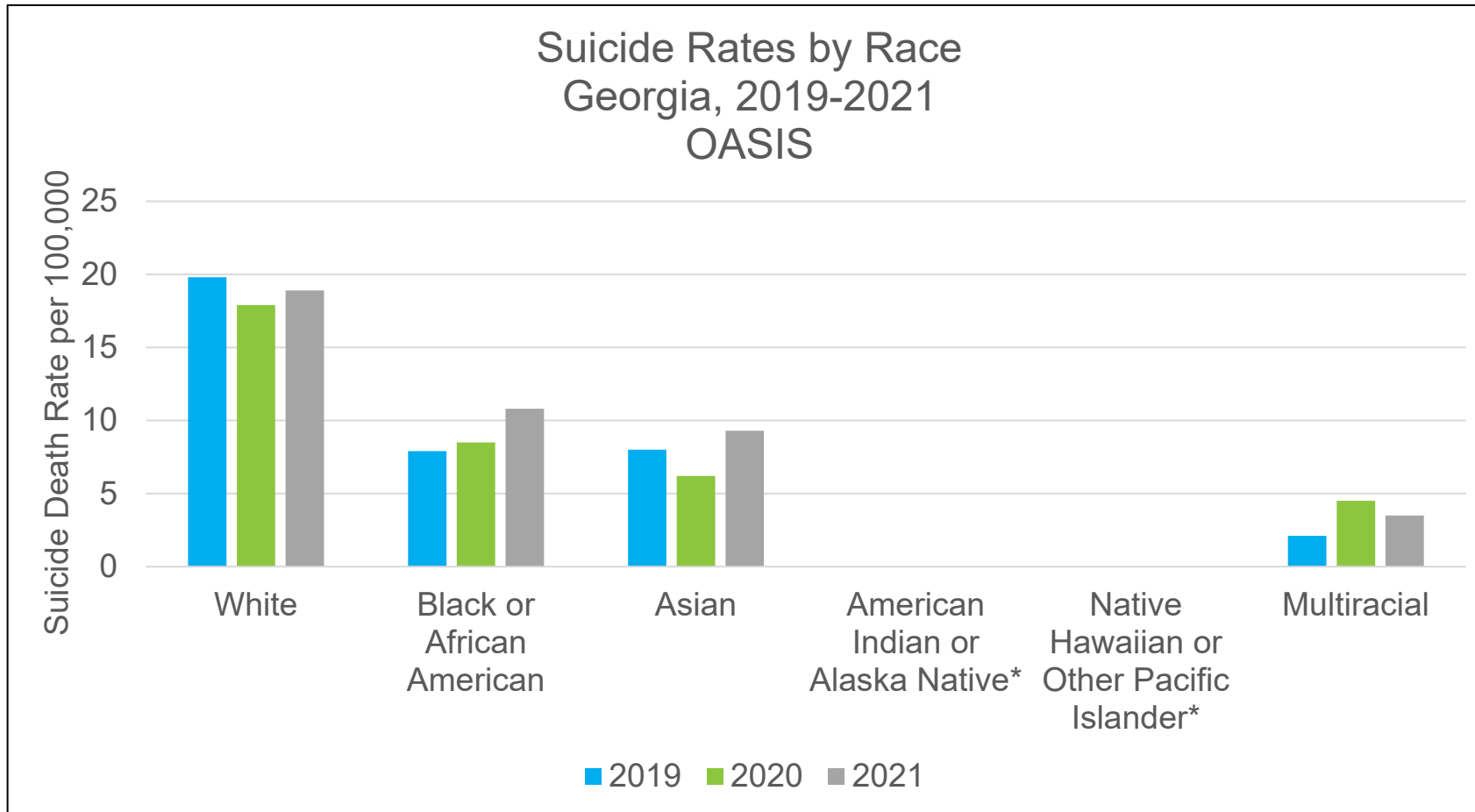
Suicide ED/Hospitalizations by Sex
Georgia, 2019-2021
OASIS



Overdose Deaths by Race

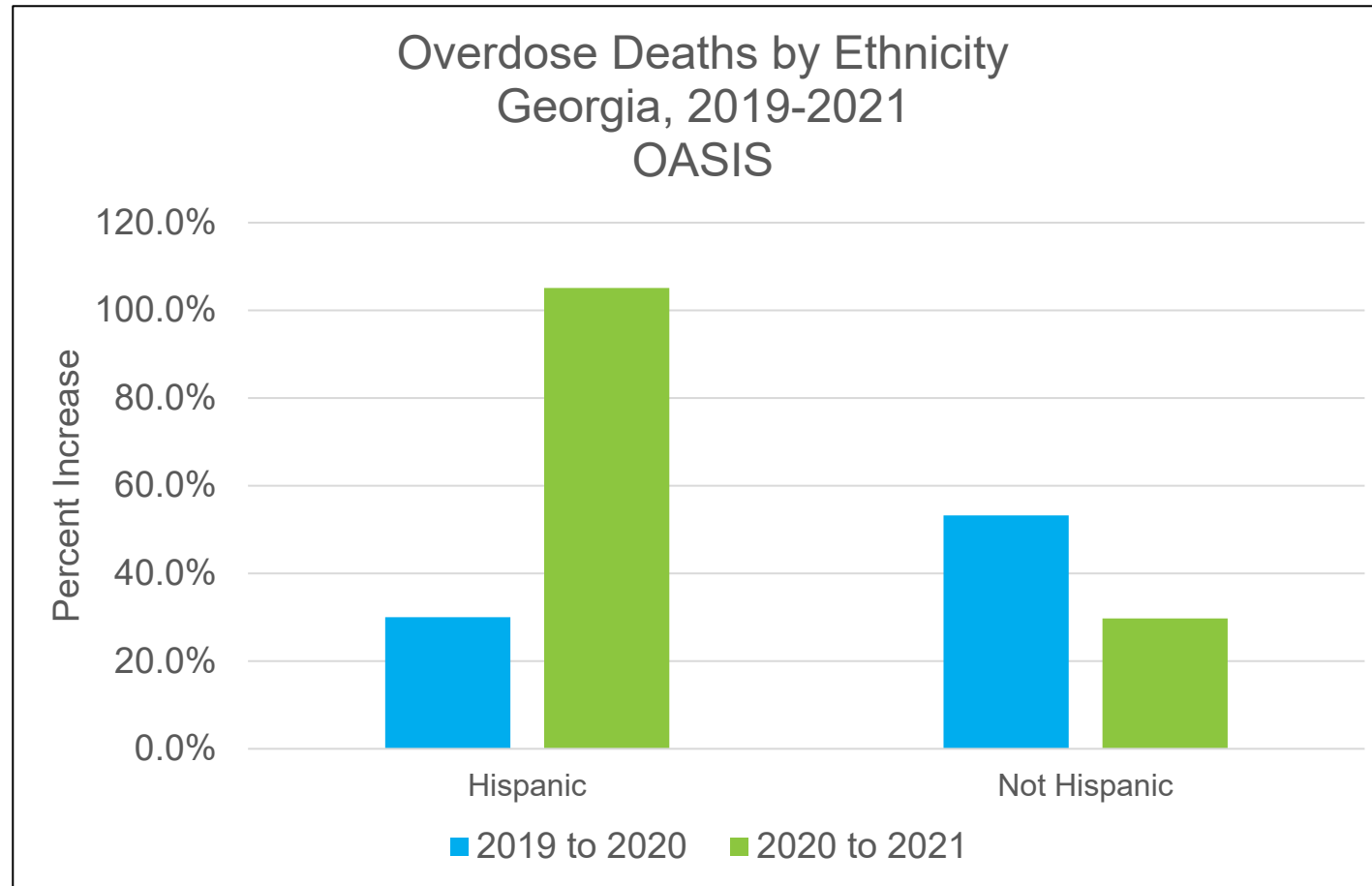


Suicide Deaths by Race

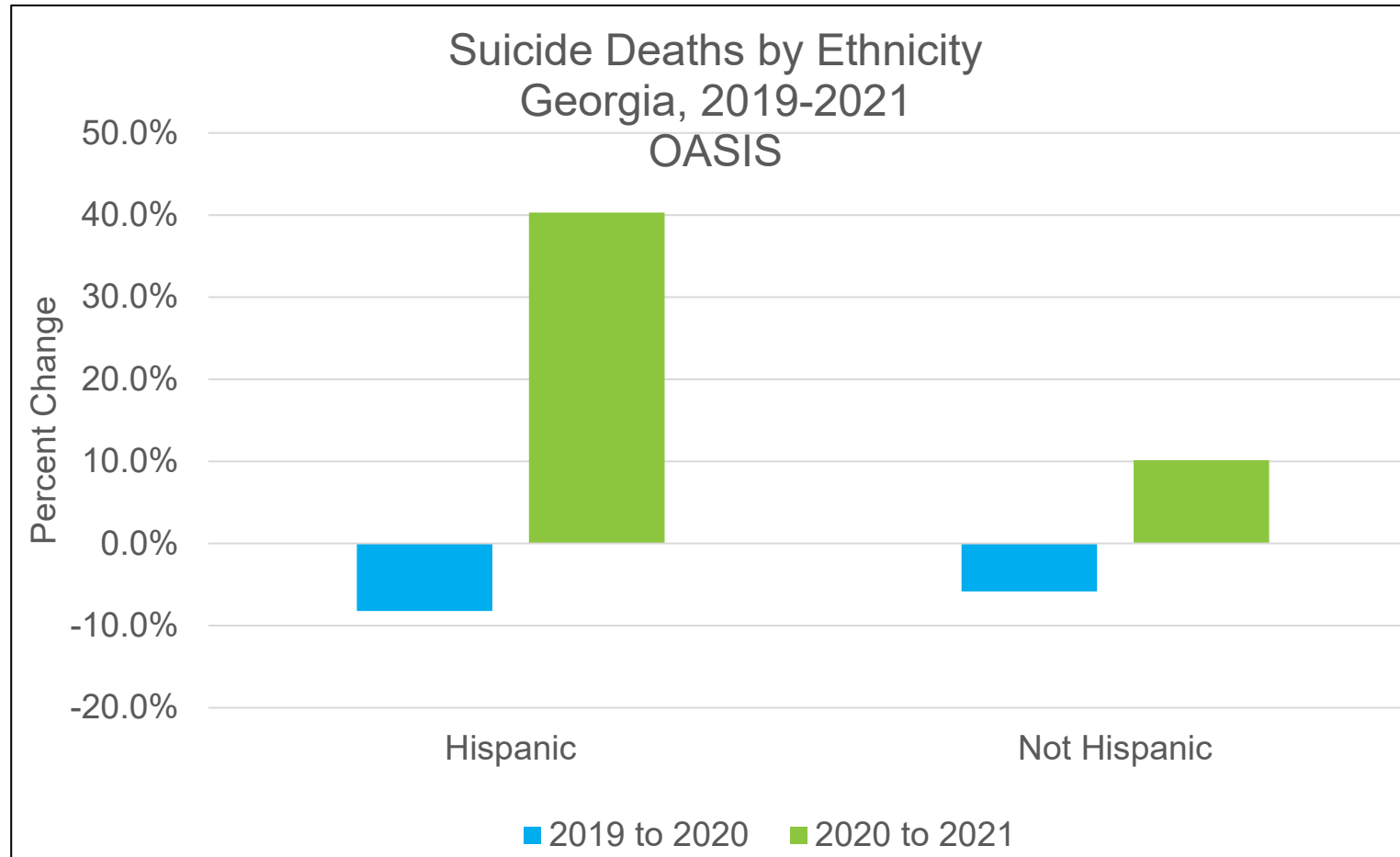


*American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander groups suppressed because of small quantities (<5)

Overdose Deaths by Ethnicity

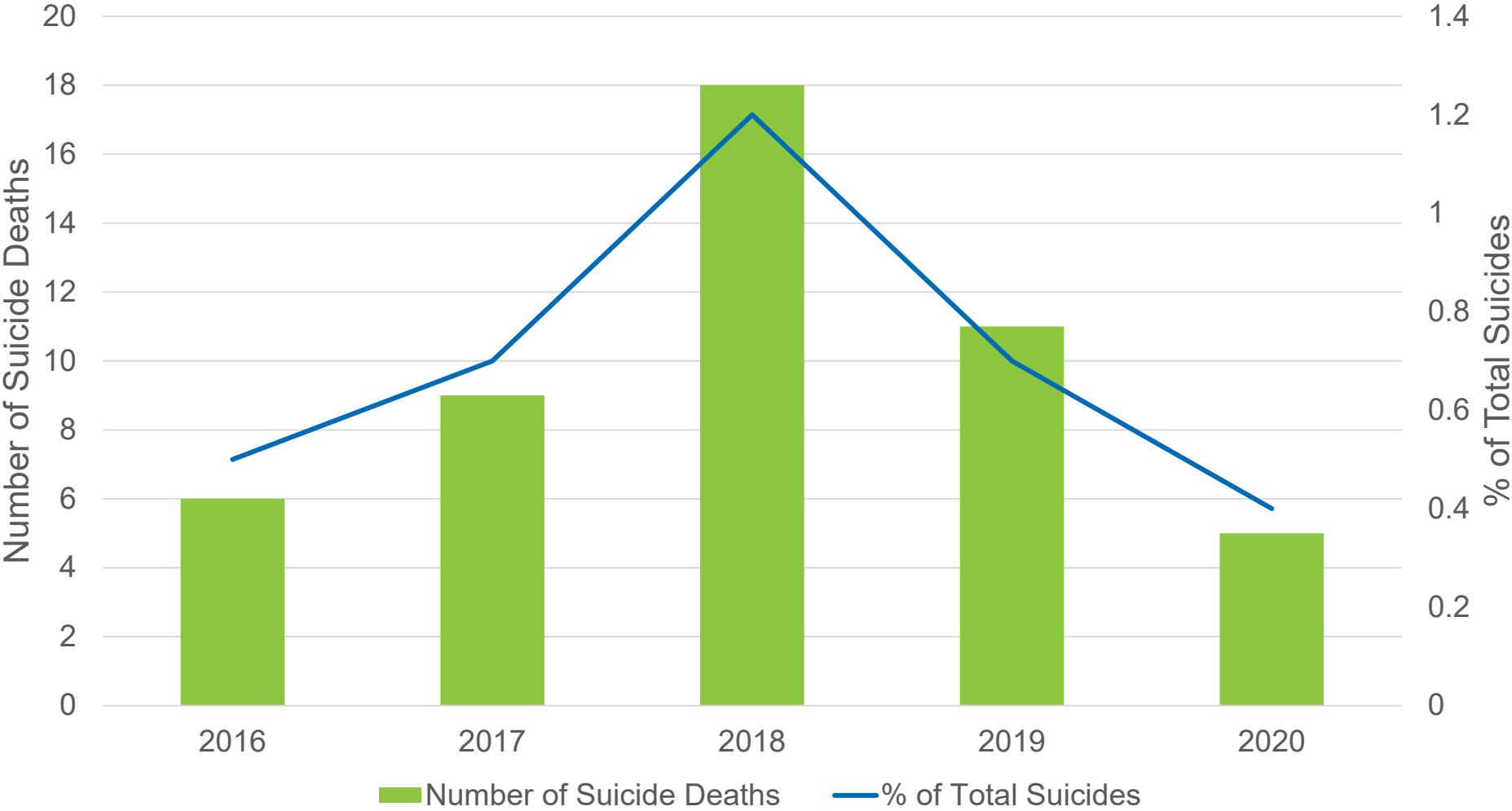


Suicide Deaths by Ethnicity

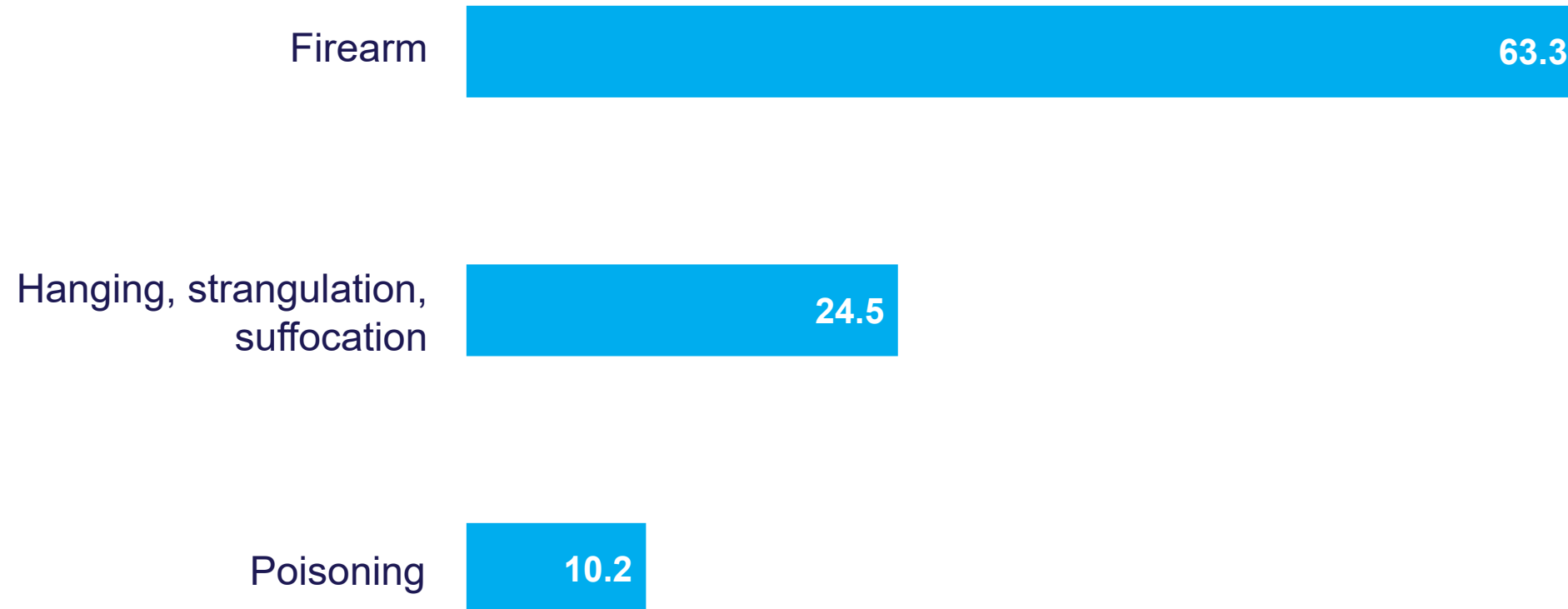


Suicide Data Among Legal Professionals

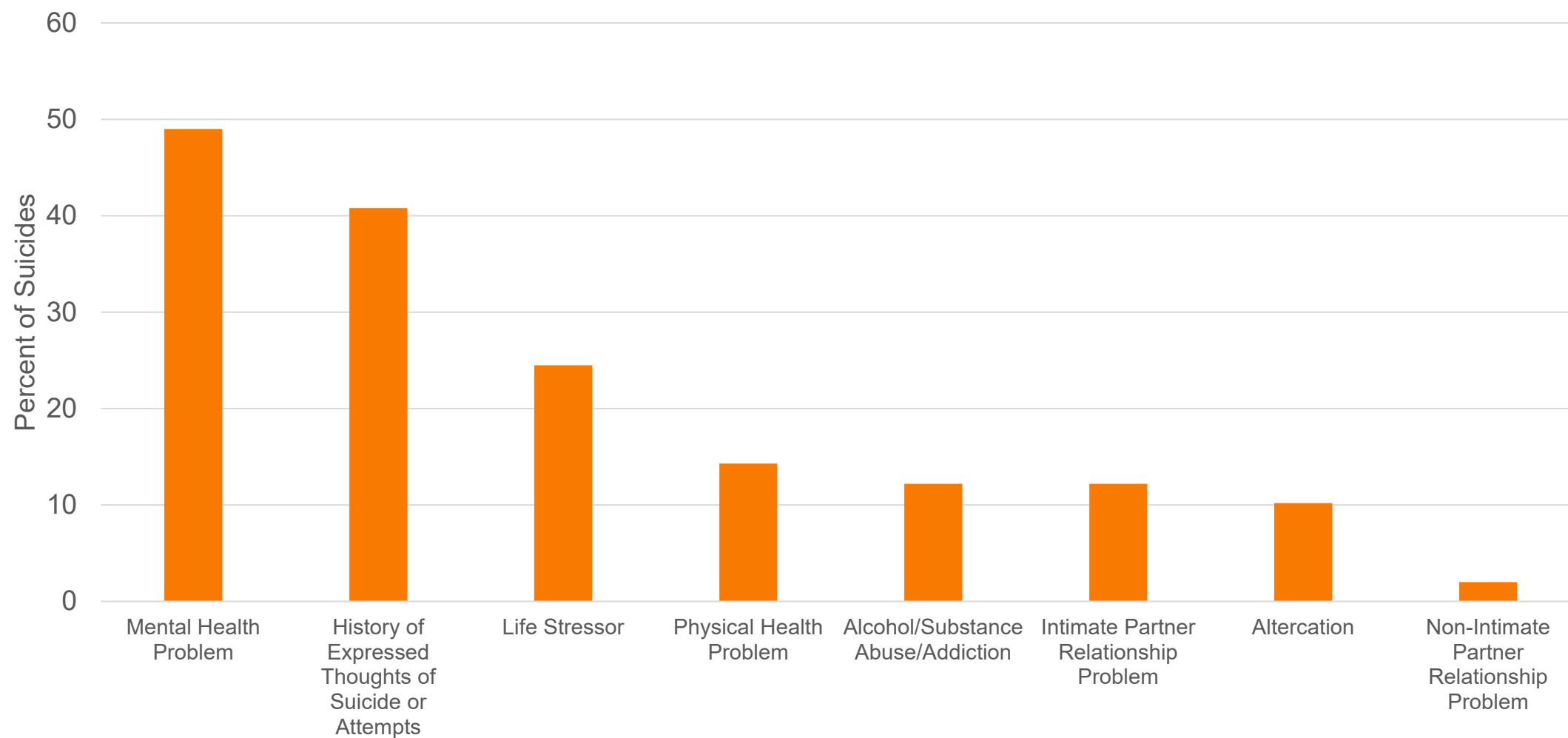
Suicides among Legal Professionals by Year in GA, 2016-2020



% of Total Suicides among Legal Profession Workers (n=49), 2016-2020



% of Suicides among Legal Profession Workers (n=49), 2016-2020



What can you do to prevent suicide?

Take Action

Ask

Listen

Stay

Help

The best way to know if
someone is thinking about
suicide is to ask...



Take Action

Ask

Ask, openly and compassionately, “Are you thinking about suicide?”

Asking the question opens the conversation, shows you care, and lets them know you are willing to talk.

Take Action

Listen

Listen instead of giving advice or trying to fix things.

Giving the person a chance to talk helps relieve stress, shows them someone cares to listen, and helps them feel less alone.

Take Action

Stay

If someone is thinking of suicide, stay with them.

Help keep them safe until they can get appropriate care. If you cannot stay, help them arrange to have someone else stay. Use a mobile device or send a messenger to get a councilor.




Take Action

Help

Work together to find the right kind of help.

If there is immediate danger, call 911.

In an emotional crisis you can call the Georgia Crisis and Access Line any time at 1.800.715.4225 or by dialing 988.



IMAGINE A FUTURE
without suicide



preventsuicidega.org

Resources | Crisis Lines:

- **Georgia Crisis & Access Line (GCAL)**

Call: **1.800.715.GCAL (1.800.715.4225)** | Text or Chat: [MyGCAL App](#)

- Call for access services or for immediate crisis support. Trained, caring professionals are available to assist with emotional, mental health, substance use, and developmental disability needs, 24 hours a day, 7 days a week. You may also download the [MyGCAL App](#) to text or chat with GCAL any time.

- **Crisis Text Line**

Text: **GA to 741741**

- **Veterans & Military Crisis Line**

Call: **1.800.273.8255** and **Press 1** | Text: **838255** | Chat: [Chat online](#)

- Confidential support for Veterans, Active Military, and their Families and Friends.

- **TrevorLifeline**

Call: 1.866.488.7386 | Text: **START** to **678678** | Chat: [TrevorChat](#)



Resources | Warm Lines:

Warm lines are non-emergency/non-crisis call lines that provide additional support when you need it.

- **Emotional/Mental Health**

- Georgia Mental Health Consumer Network (GMHCN) Peer2 Peer Warm Line
- Call: 1.888.945.1414
- Free, 24/7 support for people living with behavioral health needs, recovering from trauma or loss, or who are experiencing life's challenges.

- **Addiction Recovery**

- CARES (Certified Addiction Recovery Empowerment Specialist) Recovery Warm Line
- Call: 1.844.326.5400



Resources | Links:

SUICIDE PREVENTION RESOURCES:

- [Georgia Department of Behavioral Health & Developmental Disabilities \(DBHDD\)](#)
- [Survivors of Suicide Loss](#)
- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [American Association of Suicidology \(AAS\)](#)
- [Suicide Prevention Resource Center \(SPRC\)](#)
- [The Trevor Project](#)
- [Now Matters Now](#)
- [United Survivors International](#)
- [The Link Counseling Center](#)
- [Voices for Prevention \(V4P\)](#)
- [National Sports Shooting Foundation: Suicide Prevention](#)
- [State Opioid Response](#)
- [Sources of Strength](#)
- [Kevin Hines](#)
- [Will to Live Foundation](#)
- [Hayden Hurst Foundation](#)

CAMPAIGNS:

- [Free Your Feels](#)
- [Seize the Awkward](#)
- [#BeThe1To](#)
- [Love is Louder](#)
- [Project Childsafe | Parents & Gun Owners | Law Enforcement | Educators](#)
- [Own It? Respect It. Secure It.](#)

DOCUMENTARIES:

- [Suicide: The Ripple Effect](#)
- [My Ascension](#)
- [The S Word](#)
- [Each and Every Day](#)
- [Wake Up: Stories from the Frontlines of Suicide Prevention](#)
- [International Survivors of Suicide Loss Day Documentaries](#)

For More Information
Contact:

Rachael Holloman
rachael.Holloman@dbhdd.ga.gov

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

