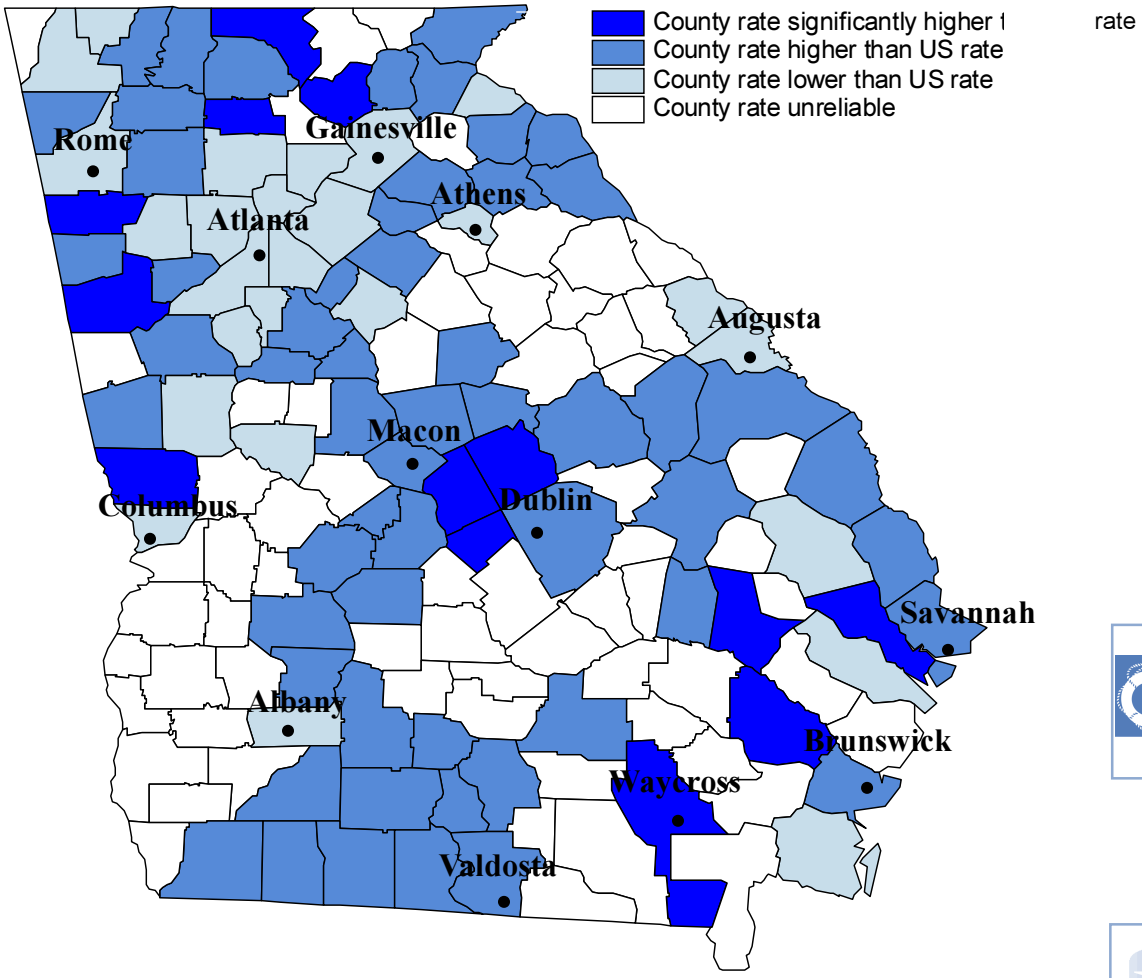
Suicide in Georgia: 2000

State and County Statistics
Strategic Plans

About 850 Georgians die every year from suicide

More Georgians die from suicide than homicide

Georgia County Suicide Rates, 1994 - 1998



AFSP
American Foundation for Suicide Prevention, Southeastern Division

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Faces of Suicide

from Lifekeeper Memory Quilts

www.lifekeeper.org

Table 1. Leading Causes of Death, Georgia, 1994 - 1998

Rank	Age Groups									
	0 - 4 (N = 6,325)	5 - 9 (N = 613)	10 - 14 (N = 708)	15 - 24 (N = 5,275)	25 - 34 (N = 8,743)	35 - 44 (N = 15,697)	45 - 54 (N = 23,676)	55 - 64 (N = 35,204)	65 + (N = 196,773)	Total (N = 293,014)
1	Perinatal Conditions 2,654	Unintentional Injury 310	Unintentional Injury 341	Unintentional Injury 2,354	Unintentional Injury 2,082	Malignant Neoplasm 2,556	Malignant Neoplasm 6,779	Malignant Neoplasm 11,946	Heart Disease 67,458	Heart Disease 87,509
2	Congenital Anomalies 1,062	Malignant Neoplasm 65	Malignant Neoplasm 65	Homicides 980	HIV 1,786	HIV 2,439	Heart Disease 6,071	Heart Disease 10,439	Malignant Neoplasm 41,155	Malignant Neoplasm 63,570
3	Unintentional Injury 571	Congenital Anomalies 32	Homicide 52	Suicide 648	Homicide 964	Heart Disease 2,439	Unintentional Injury 1,635	Stroke 1,778	Stroke 16,821	Stroke 20,594
4	Heart Disease 168	Heart Disease 24	Heart Disease 42	Malignant Neoplasm 226	Suicide 821	Unintentional Injury 2,208	Stroke 1,193	COPD 1,553	COPD 10,404	Unintentional Injury 14,916
5	Homicide 107	HIV 13	Suicide 30	Heart Disease 204	Malignant Neoplasm 716	Suicide 933	HIV 956	Unintentional Injury 1,159	Pneumonia & Influenza 8,892	COPD 12,671
6	Pneumonia & Influenza 107	Pneumonia & Influenza 13	Congenital Anomalies 20	HIV 113	Heart Disease 664	Homicide 755	Chronic Liver Disease 711	Diabetes 955	Diabetes 4,351	Pneumonia & Influenza 10,548
7	Septicemia 73	Homicide 10	Pneumonia & Influenza 12	Congenital Anomalies 59	Stroke 158	Stroke 534	Suicide 690	Chronic Liver Disease 699	Unintentional Injury 4,256	Diabetes 6,242
8	Malignant Neoplasm 62	Stroke 10	COPD 12	Pneumonia & Influenza 50	Pneumonia & Influenza 125	Chronic Liver Disease 416	Diabetes 532	Pneumonia & Influenza 613	Septicemia 3,237	HIV 5,717
9	Stroke 58	Septicemia 8	Stroke 9	Stroke 33	Diabetes 95	Pneumonia & Influenza 302	COPD 475	Septicemia 410	Nephritis & Nephrosis 3,049	Suicide 4,242
10	HIV 39	COPD, Anemia, Benign Tumor 7 each	Anemia 6	Diabetes, Anemia 28 each	Chronic Liver Disease 69	Diabetes 278	Pneumonia & Influenza 420	Suicide 400	Alzheimer's Disease 2,874	Septicemia 4,187

Highlights

- From 1994 through 1998, an average of 848 Georgians per year died from suicide.
- Suicide is the ninth most common cause of death in Georgia.
- From 1994 through 1998, 18% more Georgians died from suicide than homicide.
- Suicide rates are five times higher for males than for females in Georgia.
- Suicide rates are two times higher for whites than for blacks in Georgia.
- 15% of suicide deaths in Georgia occur among people 15-24 years of age.
- The suicide rate among young blacks, 15-24 years of age, was 40% higher in 1996-1998 than it was in 1984-1986.
- In Georgia, from 1994-1998, nearly three out of four suicides (73%) involved a firearm.
- The suicide rate for Georgia's non-urban counties is nearly 18% higher than the rate for urban counties.
- Appropriate clinical care for mental health, substance abuse, and physical health can reduce the frequency of suicide.
- Restricted access to highly lethal or common methods, such as firearms or sedatives, can reduce the frequency of suicide.
- *The Surgeon General's Call to Action to Prevent Suicide, 1999* provides a framework and 15 recommended actions to prevent suicide.

Introduction

Suicide is a leading cause of death in Georgia. From 1994-1998, 4,242 Georgians died of suicide, an average of 848 per year, making it the ninth most common cause of death in the state (Table 1). For younger people suicide ranks even higher as a cause of death. Among those 15-24 years of age, for example, it is the third most common cause of death. Overall, suicide is more common than homicide, causing in recent years nearly 20% more deaths each year. Suicide attempts are also costly. Nationwide, for each suicide death approximately five people are hospitalized and 20 visit emergency departments for injuries related to a suicide attempt.

Suicide rates in Georgia differ by sex, race, and age. Rates are five times higher for males than for females and two times higher for whites than for blacks. Suicide rates in Georgia are highest among residents 75 years of age and older. In Georgia, three out of four (73%) suicide deaths involved a firearm.

The large number of deaths and the potential preventability of suicide have established it as a public health priority. Governor Barnes and the Georgia Legislature set aside $250,000 to develop a plan to prevent suicide in Georgia. The recently released *U.S. Surgeon General's Call to Action to Prevent Suicide* provides guidelines to increase the public's awareness of suicide and its risk factors, to enhance clinical services and prevention programs, and to advance the science of suicide prevention.

This report, *Suicide in Georgia: 2000*, provides information about the burden of suicide in Georgia. It describes the sex, race, and age characteristics of those who die from suicide, the methods they most commonly use, and death rates for each county. The report combines deaths during the five year period 1994-1998 to provide more stable estimates.

Suicide in Georgia

Suicide is a leading cause of death in Georgia. From 1994-1998, 4,242 Georgians died of suicide, an average of 848 per year and an age-adjusted death rate of 11.8 per 100,000 population. Suicide was the ninth most common cause of death (Table 1). For younger people it ranked even higher. Among those 15-24 years of age, suicide was the third most common cause of death.

Since 1984 suicide rates in Georgia and the United States have been fairly stable (Figure 1). In most years, the Georgia rate exceeded the U.S. rate. Between 1984 and 1991, suicide rates rose slightly, peaking in 1991 at an age-adjusted rate of 13.9 deaths per 100,000 Georgia residents. Since 1991, suicide rates in Georgia have declined an average of 3% per year.

From 1994-1998, 18% more Georgians died from suicide than homicide. In recent years both suicide and homicide rates have declined. However, the rate of decline has been smaller for suicide than for homicide. Since 1991, Georgia suicide rates have decreased an average of only 3% per year, but homicide rates have decreased 6% per year.

Men have higher suicide rates than women, and whites have higher rates than blacks. From 1994-1998, the age-adjusted suicide rate for males was five times higher than for females (21.0 per 100,000 persons versus 4.2); and two times higher for whites than for blacks (13.8 per 100,000 persons versus 6.2). In Georgia the risk for dying from suicide was twice as high for white males as for black males and 3.5 times higher for white females than for black females (Figure 2). The death rates for men exceed the rates for women in part because men typically choose more lethal means to commit suicide, such as firearms, when compared to women. Racial differences are more difficult to explain and seem to involve many interacting factors.

Figure 1. Age-Adjusted Suicide Rates, Georgia and the United States, 1984-1998

Figure 2. Age-Adjusted Suicide Rates by Race and Sex, Georgia, 1994-1998

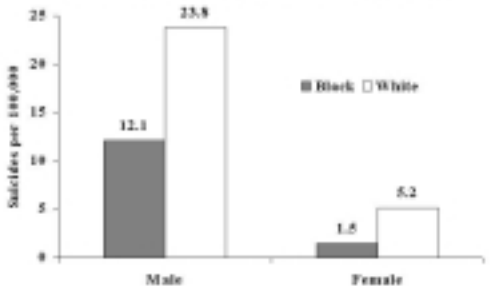


Figure 3. Suicide Rates by Age Group, Georgia, 1994-1998

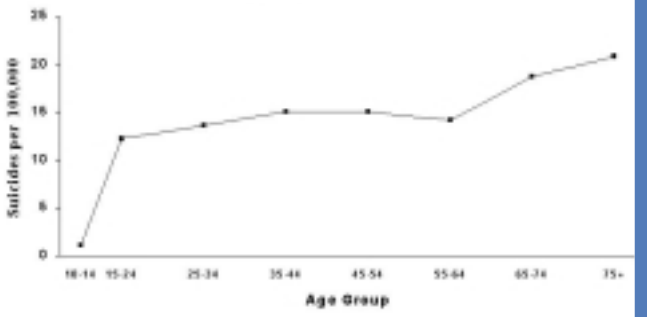


Figure 4. Average Annual Number of Suicides by Age Group, Georgia, 1994-1998

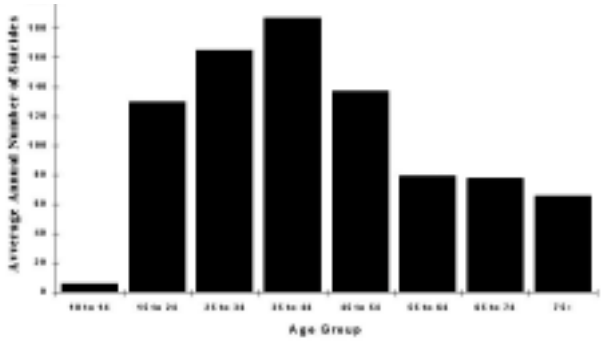


Figure 5. Suicide Rates for Youth 15-24 Years of Age by Race, Georgia, 1984-1998

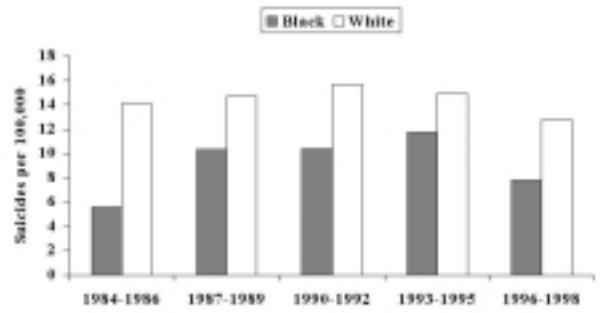
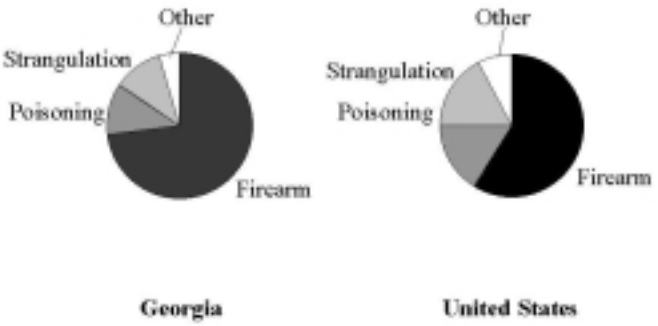


Figure 6. Percent of Suicides by Method, Georgia and the United States, 1994-1998



Suicide rates are highest among older Georgia residents. Persons 75 years of age and older have the highest rate (20.8/100,000 persons) (Figure 3). Suicide rates may be higher among older adults because they are more likely to live alone, to be widowed, and to have a physical illness.

Despite the higher risk of suicide for an older person than a younger person (Figure 3), more younger Georgians die from suicide than older adults (Figure 4) because there are more younger Georgians than older. Between 1994 and 1998, 58% of suicide deaths were among persons younger than 45 years of age.

Suicide is the third most common cause of death for Georgians 15-24 years of age, exceeded only by unintentional injury and homicide (Table 1). This young age group accounts for 15% of all suicide deaths. Between 1984 and 1995, suicide rates among young blacks (ages 15-24) more than doubled; during the same time period, rates among young whites were stable (Figure 5). The suicide rate among young blacks fell in the most recent time period, 1996-1998, but remained 1.4 times higher than for the period from 1984-1986. Risk factors associated with suicides among youth include hopelessness, depression, family history of suicide, impulsive and aggressive behavior, social isolation, a previous suicide attempt, and ready access to alcohol, illicit drugs, and lethal suicide methods.

In Georgia, from 1994-1998 nearly three out of four suicides (73%) involved a firearm (Figure 6). In contrast, for the United States as a whole 58% of suicide deaths involved a firearm. The next most common methods in both Georgia and the United States were poisoning and strangulation.

Suicide Statistics by County

For the period from 1994 through 1998, thirteen Georgia counties (Fannin, Lumpkin, Pickens, Polk, Carroll, Harris, Wilkinson, Twiggs, Bleckley, Bryan, Tattnall, Wayne, and Ware) had suicide rates that were significantly higher ($p < .10$) than the national rate (Figure 7). Another 57 counties had rates higher than the national rate but the difference was not statistically significant. Rates were not calculated for 64 Georgia counties because less than 10 residents died of suicide during the five year period.

Figure 7. Age-Adjusted Suicide Rates by County, 1994 - 1998.

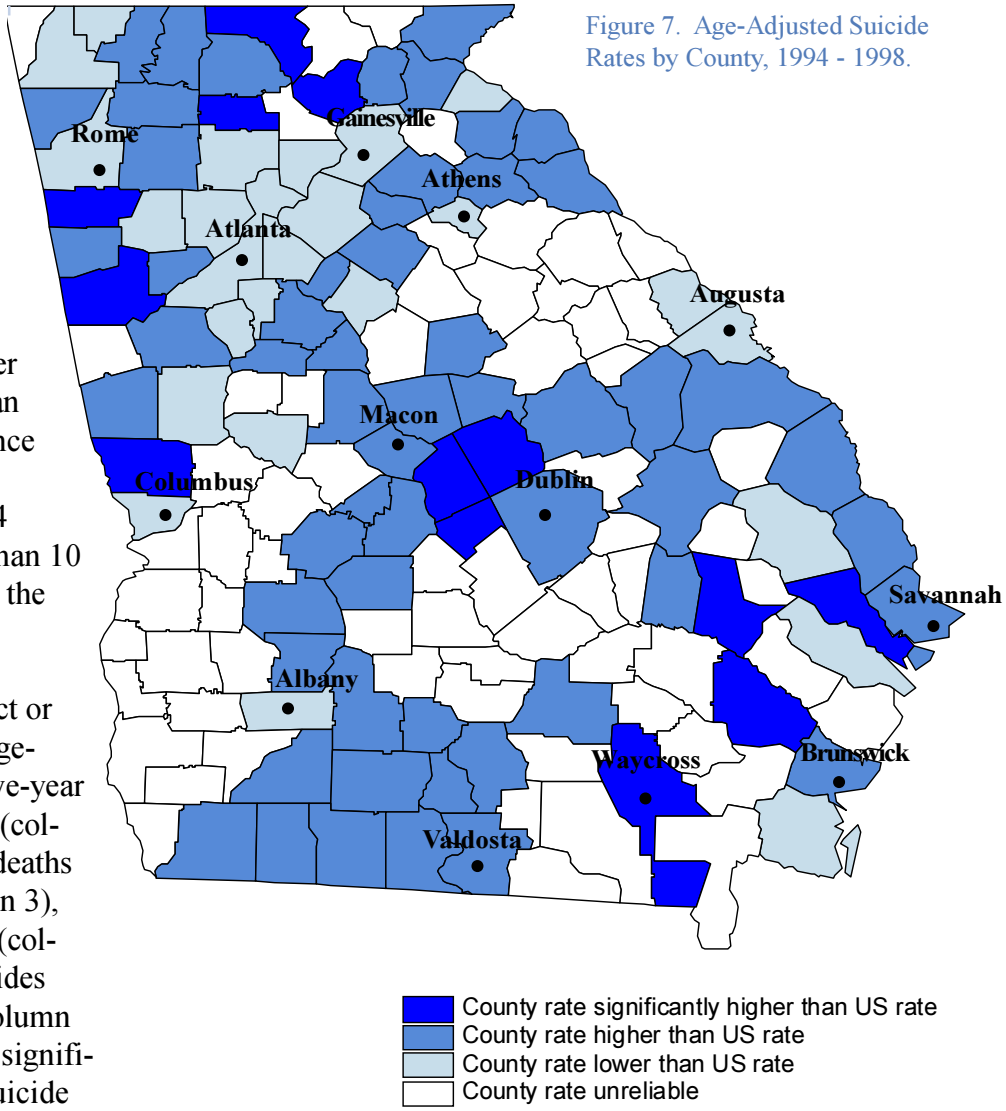
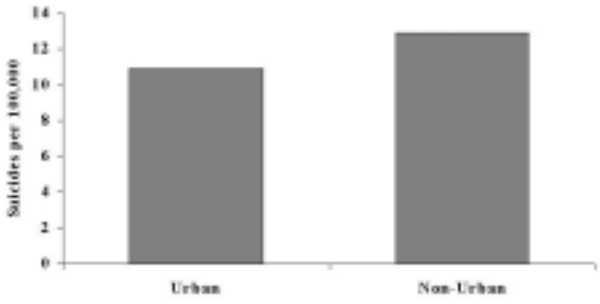


Table 2 shows the district or county name (column 1), the age-adjusted suicide rates for the five-year period between 1994 and 1998 (column 2), the number of suicide deaths between 1994 and 1998 (column 3), the number of firearm suicides (column 4), and the percent of suicides which were firearm suicides (column 5). Counties with suicide rates significantly higher than the overall suicide rate for the United States are shown in bold. Caution should be used when comparing county death rates because counties with small populations are more likely to have wide variations in death rates from year to year.

Suicide rates in Georgia are significantly higher in non-urban counties compared to urban counties (Figure 8). The suicide rate for Georgia's 117 non-urban counties combined is 18% higher than the rate for Georgia's 42 urban counties (12.9 per 100,000 people versus 10.9).*

Figure 7. Age-Adjusted Suicide Rates in Urban and Non-Urban Counties, Georgia, 1994-1998



* see definitions, page 12, for a list of urban counties

Table 2. Georgia District and County Suicides, 1994 - 1998 Combined.

District/County Name	Age-Adjusted Suicide Rate[1]	Number of Suicide Deaths	Number of Firearm Suicides	Percent of Suicides by Firearm
Georgia	**11.8**	**4,242**	**3,097**	**73**
District 1-1: Northwest	*12.4*	*284*	*214*	*75*
Bartow	12.5	41	30	73
Catoosa	10.1	25	16	64
Chattooga	13.6	16	11	69
Dade	10.6	8	6	75
Floyd	11.5	49	41	84
Gordon	15.2	29	21	72
Haralson	17.7	21	16	76
Paulding	10.8	33	30	91
Polk	**19.6**	**34**	**22**	**65**
Walker	9.2	28	21	75
District 1-2: Dalton	*12.3*	*175*	*129*	*74*
Cherokee	7.6	49	34	69
Fannin	**23.9**	**21**	**14**	**67**
Gilmer	15.1	13	12	92
Murray	14.0	21	17	81
Pickens	**20.1**	**18**	**15**	**83**
Whitfield	13.2	53	37	70
District 2: Gainesville	*12.3*	*232*	*180*	*78*
Banks	14.9	9	5	56
Dawson	3.5	1	1	100
Forsyth	11.4	37	25	68
Franklin	17.5	16	14	88
Habersham	15.3	24	18	75
Hall	11.3	65	50	77
Hart	16.2	17	12	71
Lumpkin	**22.8**	**19**	**16**	**84**
Rabun	14.6	11	9	82
Stephens	8.0	10	9	90
Towns	11.7	5	5	100
Union	8.2	7	6	86
White	13.1	11	10	91
District 3-1: Cobb-Douglas	*11.0*	*320*	*218*	*68*
Cobb	10.7	272	183	67
Douglas	12.4	48	35	73
District 3-2: Fulton	*11.6*	*411*	*264*	*64*
Fulton	11.6	411	264	64
District 3-3: Clayton	*11.1*	*111*	*74*	*67*
Clayton	11.1	111	74	67
District 3-4: East Metro	*10.9*	*296*	*209*	*71*
Gwinnett	10.8	230	165	72
Newton	9.8	25	18	72
Rockdale	12.9	41	26	63
District 3-5: DeKalb	*10.2*	*297*	*199*	*67*
DeKalb	10.2	297	199	67

District/County Name	Age-Adjusted Suicide Rate[1]	Number of Suicide Deaths	Number of Firearm Suicides	Percent of Suicides by Firearm
District 4: LaGrange	*13.2*	*352*	*255*	*72*
Butts	16.4	14	13	93
Carroll	**18.3**	**71**	**55**	**77**
Coweta	14.8	52	33	63
Fayette	10.6	40	26	65
Heard	14.8	7	6	86
Henry	13.8	58	45	78
Lamar	12.8	9	5	56
Meriwether	8.9	10	5	50
Pike	8.6	5	4	80
Spalding	12.1	34	26	76
Troup	13.4	38	30	79
Upson	10.7	14	7	50
District 5-1: South Central	*11.9*	*74*	*61*	*82*
Bleckley	**25.1**	**14**	**12**	**86**
Dodge	10.4	9	6	67
Johnson	13.2	5	3	60
Laurens	12.9	27	23	85
Montgomery	7.4	3	3	100
Pulaski	5.5	2	2	100
Telfair	13.7	8	6	75
Treutlen	3.4	1	1	100
Wheeler	3.5	1	1	100
Wilcox	10.5	4	4	100
District 5-2: North Central	*13.7*	*300*	*239*	*80*
Baldwin	12.7	26	25	96
Bibb	13.4	102	74	73
Crawford	13.9	7	7	100
Hancock	3.8	2	2	100
Houston	12.0	60	43	72
Jasper	6.8	3	3	100
Jones	16.0	16	12	75
Monroe	16.4	15	14	93
Peach	13.8	15	11	73
Putnam	17.9	15	13	87
Twiggs	**23.8**	**11**	**10**	**91**
Washington	15.5	15	13	87
Wilkinson	**26.4**	**13**	**12**	**92**
District 6: Augusta	*10.3*	*206*	*161*	*78*
Burke	12.8	13	10	77
Columbia	6.0	24	20	83
Emanuel	17.9	18	15	83
Glascock	17.6	2	2	100
Jefferson	13.0	11	11	100
Jenkins	2.4	1	1	100
Lincoln	17.7	7	3	43

Table 2. Georgia District and County Suicides, 1994 - 1998 Combined.

District/County Name	Age-Adjusted Suicide Rate[1]	Number of Suicide Deaths	Number of Firearm Suicides	Percent of Suicides by Firearm
McDuffie	7.5	8	6	75
Richmond	10.8	101	75	74
Screven	13.4	10	9	90
Taliaferro	31.3	3	1	33
Warren	12.8	4	4	100
Wilkes	8.0	4	4	100
District 7: West Central	*12.1*	*200*	*143*	*72*
Chattahoochee	23.4	8	5	63
Clay	22.2	4	3	75
Crisp	9.3	9	8	89
Dooly	21.9	11	7	64
Harris	**20.2**	**21**	**14**	**67**
Macon	15.7	10	7	70
Marion	6.9	2	2	100
Muscogee	10.7	94	63	67
Quitman	11.0	2	2	100
Randolph	10.3	4	2	50
Schley	4.7	1	1	100
Stewart	26.1	7	6	86
Sumter	11.9	18	15	83
Talbot	14.1	5	4	80
Taylor	10.2	4	4	100
Webster	0.0	0	0	0
District 8-1: Valdosta	*13.3*	*135*	*100*	*74*
Ben Hill	10.6	9	6	67
Berrien	18.7	14	11	79
Brooks	13.4	10	8	80
Cook	16.3	11	9	82
Echols	22.9	2	2	100
Irwin	16.0	7	5	71
Lanier	0.0	0	0	0
Lowndes	13.5	53	38	72
Tift	12.6	22	15	68
Turner	16.2	7	6	86
District 8-2: Southwest	*12.1*	*196*	*161*	*82*
Baker	12.3	2	2	100
Calhoun	10.7	3	3	100
Colquitt	14.0	27	25	93
Decatur	11.8	15	11	73
Dougherty	10.3	47	36	77
Early	3.1	2	2	100
Grady	16.7	18	15	83
Lee	15.1	15	12	80
Miller	13.0	4	4	100
Mitchell	12.7	12	7	58
Seminole	5.9	3	2	67
Terrell	12.8	7	7	100
Thomas	13.1	27	23	85
Worth	13.2	14	12	86
District 9-1: Savannah	*12.3*	*154*	*109*	*71*
Chatham	12.1	133	94	71
Effingham	13.9	21	15	71
District 9-2: Southeast	*13.5*	*193*	*148*	*77*
Appling	6.5	5	4	80
Atkinson	13.0	4	3	75
Bacon	16.2	8	7	88
Brantley	12.3	8	7	88
Bulloch	8.2	19	15	79
Candler	17.0	7	6	86
Charlton	0.0	0	0	0
Clinch	6.0	2	1	50
Coffee	13.4	21	17	81
Evans	17.5	8	6	75
Jeff Davis	12.6	8	6	75
Pierce	7.1	5	5	100
Tattnall	**27.3**	**25**	**19**	**76**
Toombs	14.1	17	14	82
Ware	**19.0**	**34**	**25**	**74**
Wayne	**18.3**	**22**	**13**	**59**
District 9-3: Coastal	*12.5*	*119*	*91*	*76*
Bryan	**19.6**	**20**	**16**	**80**
Camden	8.3	16	10	63
Glynn	13.4	45	36	80
Liberty	10.8	27	20	74
Long	7.3	3	3	100
McIntosh	16.5	8	6	75
District 10: Athens	*12.5*	*119*	*91*	*76*
Barrow	13.2	24	17	71
Clarke	10.0	46	36	78
Elbert	13.9	13	11	85
Greene	7.8	5	5	100
Jackson	14.5	25	17	68
Madison	15.0	18	12	67
Morgan	8.4	6	6	100
Oconee	8.4	9	9	100
Oglethorpe	15.1	8	7	88
Walton	13.7	32	22	69

Bold are statistically significantly higher than the United States rate.

[1] Age-adjusted to the United States Standard Population 2000

Risk Factors and Protective Actions

Risk factors are associated with a greater potential for suicide and suicidal behavior. For many of the risk factors for suicide, protective actions can be taken that will reduce risk (Table 3).

Table 3. Risk Factors and Protective Actions for Suicide*

Risk Factors	Protective Actions
Mental disorders - particularly mood disorders such as depression and bi-polar disorder	Appropriate clinical care for mood disorders
Substance abuse	Appropriate clincal care for substance abuse
Physical illness	Appropriate clinical care for physical illness
Barriers to appropriate clinical care	Improved access and coverage for mental health, substance abuse, and physical health problems
Easy access to highly lethal (e.g., firearms) or common methods (e.g., sedatives) of suicide	Restricted access to highly lethal or common methods of suicide
Family history of suicide or previous suicide attempt	Recognition and referral
Hopelessness or depression	Recognition and referral
Financial loss or social isolation	Family and community support
Cultural or religious beliefs that suicide is a noble resolution	Cultural or religious beliefs that discourage suicide

*Adapted from *The Surgeon General's Call to Action to Prevent Suicide, 1999.*

The Surgeon General's Call to Action to Prevent Suicide, 1999

The recently released *The Surgeon General's Call to Action to Prevent Suicide, 1999* is a framework for action at the local, state, and federal level. The *Call to Action* includes 15 recommendations for preventing suicide by reducing risk factors and promoting protective actions. The recommendations are grouped under three headings, **Awareness, Intervention, and Methodology**, or **AIM**. The three categories and their accompanying recommendations are presented here.

Awareness: Appropriately broaden the public's awareness of suicide and its risk factors.

- Promote public awareness that suicide is a public health problem and that many suicides are preventable.
- Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorder assessment and treatment.
- Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, and suicidal behavior and with seeking help for such problems.

Intervention: Enhance services and programs, both population-based and clinical care.

- Extend collaboration with and among public health and private sectors to complete a National Strategy for Suicide Prevention and a Georgia Strategy for Suicide Prevention.
- Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental health illnesses associated with suicide risk.
- Eliminate barriers in public and private insur-

ance programs for provision of quality mental and substance abuse disorder treatments and create incentives to treat patients with coexisting mental and substance abuse disorders.
- Institute training for all health, mental health, substance abuse, and human service professionals concerning suicide risk assessment and recognition, treatment, management, and aftercare interventions.
- Develop and implement effective training programs for family members of those at risk and for natural community helpers (educators, coaches, hairdressers, and faith leaders, etc.) on how to recognize, respond to, and refer people showing signs of suicide risk and associated mental and substance abuse disorders.
- Develop and implement safe and effective programs in educational settings for youth that address adolescent distress, provide crisis intervention, and incorporate peer support for seeking help.
- Enhance community care resources by increasing the use of schools and workplaces as access and referral points for mental and physical health services and substance abuse treatment programs and provide support for persons who survive the suicide of someone close to them.
- Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risk factors including mental illness and substance abuse disorders and approaches to prevention and treatment.

Methodology: Advance the science of suicide prevention.

- Enhance research to understand risk and protective factors related to suicide, their interaction, and their effects on suicide and suicidal behaviors. Additionally, increase research on effective suicide prevention programs, clinical treatments for suicidal individuals, and culture-specific interventions.
- Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.
- Establish mechanisms for federal, regional, and state interagency public health collaboration toward improving monitoring systems for suicide and suicidal behaviors and develop and promote standard terminology in these systems.
- Encourage the development and evaluation of new prevention technologies, including firearm safety measures, to reduce easy access to lethal means of suicide.

Summary and Recommendations

Information in this report documents that suicide is an important public health issue for the residents of Georgia. Suicide causes about 850 deaths every year in Georgia. Suicide is about five times more common among men than women; two times more common among whites than blacks. Rates among young blacks are 1.4 times higher than 15 years ago. Suicide rates are about 20% higher in nonurban than urban areas; and three out of four suicides in Georgia involve a firearm.

Suicide rates in Georgia and in the nation can be reduced by a combination of 1) increased awareness of the risk factors for suicide, 2) improved services and programs, 3) restricted access to highly lethal and common methods of suicide, and 4) evaluation of new suicide prevention efforts. Combined public and private efforts will be necessary to achieve these goals.

Appendix

Data Sources

The source for the number and cause of deaths in Georgia was the Georgia Department of Human Resources, Division of Public Health, Vital Records Branch.

The source for the Georgia population estimates was the US Bureau of the Census; estimates from December 1998 were used.

The source for national suicide death rates was the National Center for Health Statistics, Centers for Disease Control and Prevention.

Methods

International Classification of Diseases, 9th Revision, codes for suicide are E950-959.

Suicide death rates were age-adjusted using the direct method. The United States Standard Population 2000 was used as the standard.

Standard errors for age-adjusted rates were calculated as described in: National Center for Health Statistics, CDC, Monthly Vital Statistics Report, volume 45, number 11 (S)2, June 12, 1997, page 77. $P < .10$ was considered significant.

Definitions

Age-adjusted death rate - A rate calculated in a manner that allows for the comparison of populations with different age structures.

Risk factor - A habit, characteristic, or finding on clinical examination that is consistently associated with increased probability of a condition or complication from that condition.

Urban - Counties in designated metropolitan statistical areas according to the US Bureau of Census. Urban counties in Georgia are Dougherty and Lee (Albany), Clarke, Madison, and Oconee (Athens), Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton (Atlanta), Columbia, McDuffie, and Richmond (Augusta), Catoosa, Dade, and Walker (Chattanooga), Chattahoochee, Harris, and Muscogee (Columbus), Bibb, Houston, Jones, Peach, and Twiggs (Macon), and Bryan, Chatham, and Effingham (Savannah).

For More Information

In Georgia and in the United States many individuals and organizations are working toward the goals of the Surgeon General's Report and, ultimately, toward the goal of preventing suicide in Georgia. Some of these organizations are listed below. Interested persons are encouraged to contact these groups for more information.

For Help In A Suicide Emergency In Georgia Call 911 Or Your Local 7 Digit Emergency Number.

For information about Suicide Survivors Support Groups call 404-256-9797

Agencies Collaborating to Prevent Suicide in Georgia

American Foundation for Suicide Prevention, Southeastern Division
Phone: 888-333-2377 (Toll free, no local number)

Georgia Department of Human Resources, Division of Public Health
Phone: 404-679-0500

Georgia Mental Health Consumer Network
Phone: 404-687-9487

Georgia Parent Support Network
Phone: 404-758-4500
Phone: 800-832-8645 (Toll free)

Georgia School Counselors Association
Phone: 770-785-9302

The Link Counseling Center
Phone: 404-256-9797

National Alliance for the Mentally Ill (NAMI) -Georgia
Phone: 770-234-0855
Phone: 800-728-1052 (Toll free)

National Mental Health Association of Georgia
Phone: 404-527-7175

National Organization for People of Color Against Suicide - Georgia Contact
Phone: 404-505-7703

National Resource Center for Suicide Prevention and Aftercare
Phone: 404-256-9797

Suicide Prevention Advocacy Network (SPAN) - Georgia Contact
Phone: 404-505-7703

Time for Community Coalition
Phone: 404-687-9891

National Suicide Prevention Organizations

American Association of Suicidology (AAS)
4201 Connecticut Avenue, NW, Suite 408
Washington, DC 20008
Phone: 202-237-2280
E-mail: ssilive16@ixnetcom.com
Website: www.suicidology.org

National Alliance for The Mentally Ill (NAMI)
2107 Wilson Boulevard, 3rd Floor
Arlington, Virginia 22201
Phone: 800-950-6264(Toll free)
Website: www.nami.org

National Depressive and Manic-Depressive Association (NDMDA)
730 North Franklin Street, Suite 501
Chicago, Illinois 60610-3526
Phone: 800-826-3632 (Toll free)
Website: www.ndmda.org

National Mental Health Association (NMHA)
1021 Prince Street
Alexandria, Virginia 2231-2971
Phone: 800-969-NMHA (Toll free)
Website: www.nmha.org

National Organization for People of Color Against Suicide
P. O. Box 125
San Marcos, Texas 78667
Phone: 830-625-3576
E-mail: db31@swt.ed

American Foundation for Suicide Prevention (AFSP)
120 Wall Street, 22nd Floor
New York, New York 10005
Phone: 888-333-2377 (Toll free)
E-mail: rfabrika@asfp.org
Website: www.afsp.org

National Center for Injury Prevention and Control (CDC)
Division of Violence Prevention
Centers for Disease Control and Prevention
Mailstop K60, 4770 Buford Highway
Atlanta, Georgia 30341-3724
Phone: 770-488-4362
E-mail: dvpinfo@cdc.gov
Website: www.cdc.gov

National Institute of Mental Health (NIMH)
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, Maryland 20892-9663
Phone: 301-443-4513
E-mail: nimhinfo@nih.gov
Website: www.nimh.nih.gov

SA\VE-Suicide Awareness\Voices of Education
7317 Cahill Road, Suite 207
Edina, Minnesota 55439
Phone: 612-946-7998
E-mail: save@winternet.com
Website: www.save.org

Suicide Prevention Advocacy Network USA (SPAN USA)
5034 Odins Way
Marietta, Georgia 30068
Phone: 888-649-1366 (toll free)
E-mail: act@spanusa.org
Website: www.spanusa.org

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Georgia Department of Human Resources ..... Audrey W. Horne, Commissioner
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Epidemiology Branch ..... Paul A. Blake, M.D., M.P.H., Director
Chronic Disease, Injury, and Environmental Health Epi Section ..... Kenneth E. Powell, M.D., M.P.H., Chief

American Foundation for Suicide Prevention, Southeastern Division
Executive Director, National Office ..... Robert Gebbia

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Further information on this report may be obtained by contacting:
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Office of Injury Prevention, Environmental Health and Injury Prevention Branch
Division of Public Health, Georgia Department of Human Resources
2600 Skyland Drive, Upper Level, Suite 10, Atlanta, GA 30319
404-679-0500

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For information about Suicide Survivors Support Groups call 404-256-9797

Risk Factors and Protective Actions for Suicide*

Risk Factors	Protective Actions
Mental disorders - particularly mood disorders such as depression and bi-polar disorder	Appropriate clinical care for mood disorders
Substance abuse	Appropriate clincal care for substance abuse
Physical illness	Appropriate clinical care for physical illness
Barriers to appropriate clinical care	Improved access and coverage for mental health, substance abuse, and physical health problems
Easy access to highly lethal (e.g., firearms) or common methods (e.g., sedatives) of suicide	Restricted access to highly lethal or common methods of suicide
Family history of suicide or previous suicide attempt	Recognition and referral
Hopelessness or depression	Recognition and referral
Financial loss or social isolation	Family and community support
Cultural or religious beliefs that suicide is a noble resolution	Cultural or religious beliefs that discourage suicide

***Adapted from *The Surgeon General's Call to Action to Prevent Suicide, 1999*.**