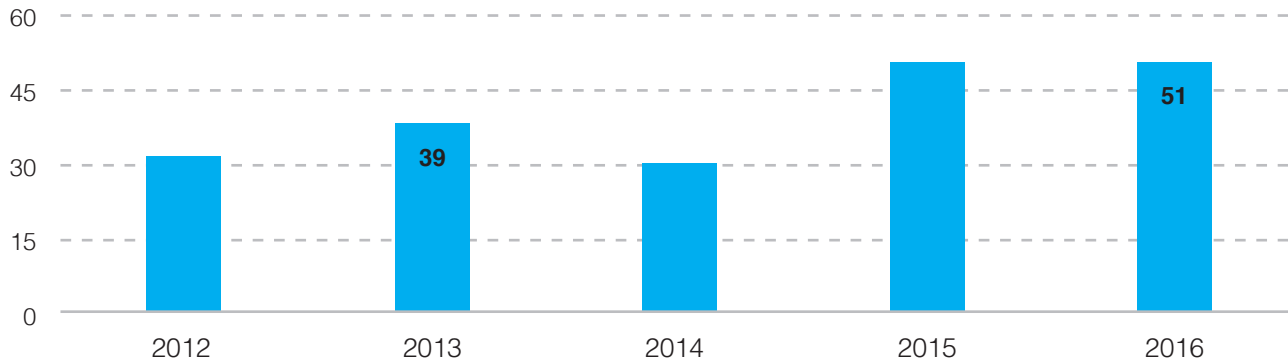


Youth Suicide in Georgia

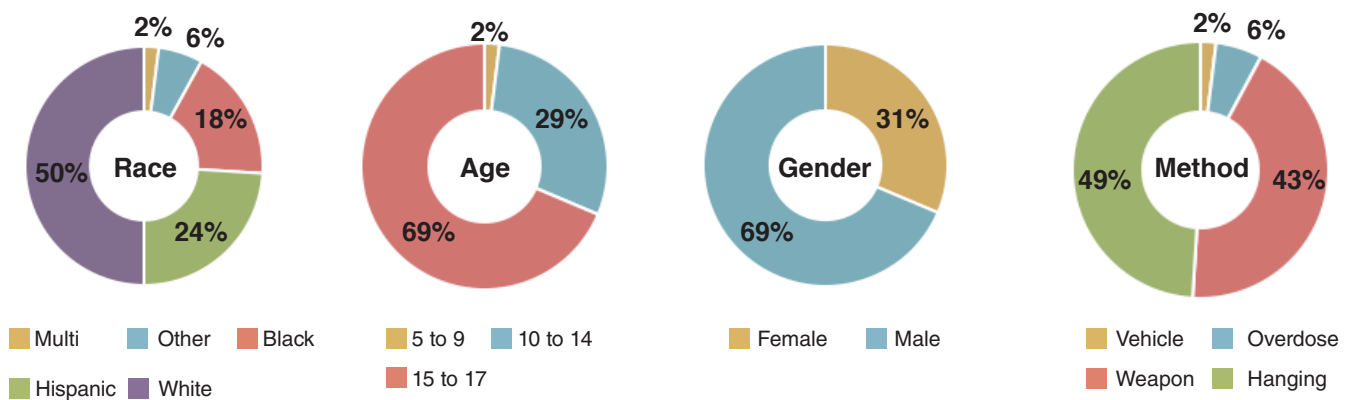
GEORGIA YOUTH SUICIDES, AGES 5 TO 17

Source: Georgia Bureau of Investigation, Child Fatality Review Unit



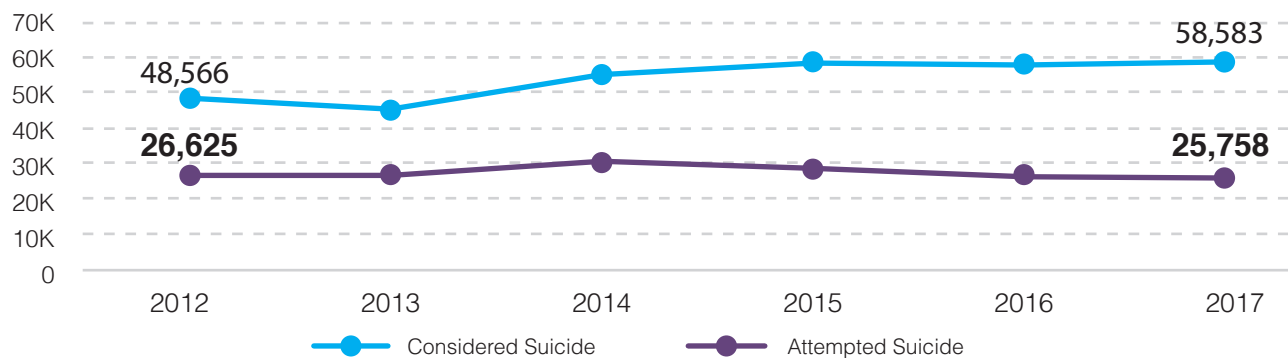
BREAKDOWN OF 2016 YOUTH SUICIDE DATA

Source: Georgia Bureau of Investigation, Child Fatality Review Unit



GEORGIA STUDENTS WHO REPORT CONSIDERING OR ATTEMPTING SUICIDE, GRADES 6 TO 12

Source: Georgia Department of Education, Georgia Student Health Survey 2.0



WARNING SIGNS OF SUICIDAL BEHAVIOR



These signs may mean that someone is at risk for suicide. Risk is greater if the behavior is new, or has increased, and if it seems related to a painful event, loss, or change. Risk is also greater with the presence of multiple warning signs.

- Talking about wanting to die or kill oneself
- Seeking or having lethal means, such as firearms or medication, to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Displaying extreme mood swings
- Putting affairs in order or saying goodbye
- Sudden cheerful mood after depression
- Losing interest in enjoyable things
- Difficulty dealing with life issues

CHILD POPULATIONS AT RISK FOR SUICIDE

Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves
- People who have previously attempted suicide
- People with medical conditions
- People with mental/substance use disorders
- People who are LGBT

Comprehensive Prevention Strategies	Example Activities
Identify and assist persons at risk	Gatekeeper training, suicide screening, teaching warning signs, referral to professional help
Increase help-seeking	Self-help tools and outreach campaigns
Ensure access to effective treatment	Safety planning, evidenced-based treatment, and reducing financial, cultural, and logistical barriers to care
Support safe care transitions and organizational linkages	Formal referral protocols, interagency agreements, cross-training, follow-up contacts, rapid referrals, and patient and family education
Respond effectively to individuals in crisis	Mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs
Provide for immediate and long-term post-vention	Protocols to respond effectively and compassionately after a suicide, supports for people bereaved by suicide
Reduce access to means of suicide	Educate families, distributing gun safety locks, changing medication packaging, and installing barriers on bridges
Enhance life skills and resilience	Skills training, mobile apps, and self-help materials
Promote social connectedness and support	Social programs for specific population groups