Youth Suicide in Georgia

Suicide was the third leading cause of death for Georgia children aged 5-17 in 2021.¹

**GEORGIA YOUTH SUICIDES, AGES 5-17**
Source: State Child Fatality Review Panel

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>86</td>
</tr>
<tr>
<td>2020</td>
<td>55</td>
</tr>
<tr>
<td>2019</td>
<td>60</td>
</tr>
<tr>
<td>2018</td>
<td>63</td>
</tr>
<tr>
<td>2017</td>
<td>43</td>
</tr>
<tr>
<td>2016</td>
<td>51</td>
</tr>
<tr>
<td>2015</td>
<td>51</td>
</tr>
<tr>
<td>2014</td>
<td>30</td>
</tr>
<tr>
<td>2013</td>
<td>36</td>
</tr>
<tr>
<td>2012</td>
<td>32</td>
</tr>
</tbody>
</table>

**BREAKING DOWN THE 2021 DATA²**

- **Race**
  - White: 16%
  - Black: 29%
  - Other: 55%

- **Gender**
  - Male: 33%
  - Female: 67%

- **Age**
  - 5 to 9: 1%
  - 10 to 14: 34%
  - 15 to 17: 65%

- **Method**
  - Firearm: 1%
  - Hanging: 46%
  - Other: 47%

**GEORGIA STUDENT HEALTH SURVEY**
Source: Georgia Department of Education

![Graph showing attempted and considered suicide rates from 2012 to 2022]

**In 2022:**
- 73,000 students reported having seriously considered harming themselves
- 43,905 students reported having harmed themselves

*The Georgia Student Health Survey was not administered during the 2020-2021 school year. Instead, GaDOE developed a brief Student Wellness Survey to highlight non-academic barriers to learning.

The number of children in Georgia who visited emergency rooms for reasons related to suicide nearly tripled between 2008 and 2021.³

www.georgiavoices.org
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.4

- 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

PROTECTIVE FACTORS TO PREVENT SUICIDE

According to the Centers for Disease Control and Prevention, protective factors buffer individuals from suicidal thoughts and behaviors.5

- Ongoing quality healthcare for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support
- Family and community support and connection
- Development of strong skills for non-violent conflict resolution and problem solving
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

### Comprehensive Prevention Strategies

<table>
<thead>
<tr>
<th>Identify and assist persons at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase help-seeking</td>
</tr>
<tr>
<td>Ensure access to effective treatment</td>
</tr>
<tr>
<td>Support safe care transitions and organizational linkages</td>
</tr>
<tr>
<td>Respond effectively to individuals in crisis</td>
</tr>
<tr>
<td>Provide immediate and long-term post-vention</td>
</tr>
<tr>
<td>Reduce access to means of suicide</td>
</tr>
<tr>
<td>Enhance life skills and resilience</td>
</tr>
<tr>
<td>Promote social connectedness and support</td>
</tr>
</tbody>
</table>

### Example Activities

- Gatekeeper training, suicide screening, teaching warning signs, referral to professional help (e.g., 988 Suicide and Crisis Lifeline, MyGCAL Line and App)
- Self-help tools and outreach campaigns
- Safety planning, evidenced-based treatment, and reducing financial, cultural, and logistical barriers to care
- Formal referral protocols, interagency agreements, cross-training, follow-up contacts, rapid referrals, and patient and family education
- Mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs
- Protocols to respond effectively and compassionately after a suicide, supports for people bereaved by suicide
- Educate families, distributing gun safety locks, changing medication packaging, and installing barriers on bridges
- Skills training, mobile apps, and self-help materials
- Social programs for specific population groups

Source: Suicide Prevention Resource Center
Sources for Youth Suicide in Georgia