

2010 Suicide Data Report for Volusia County



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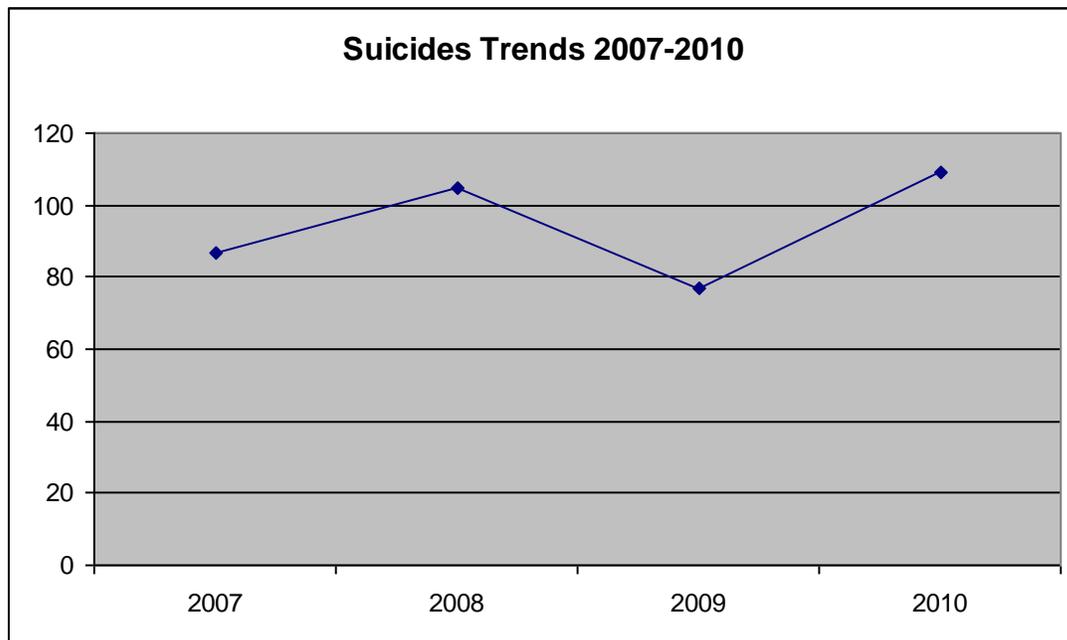
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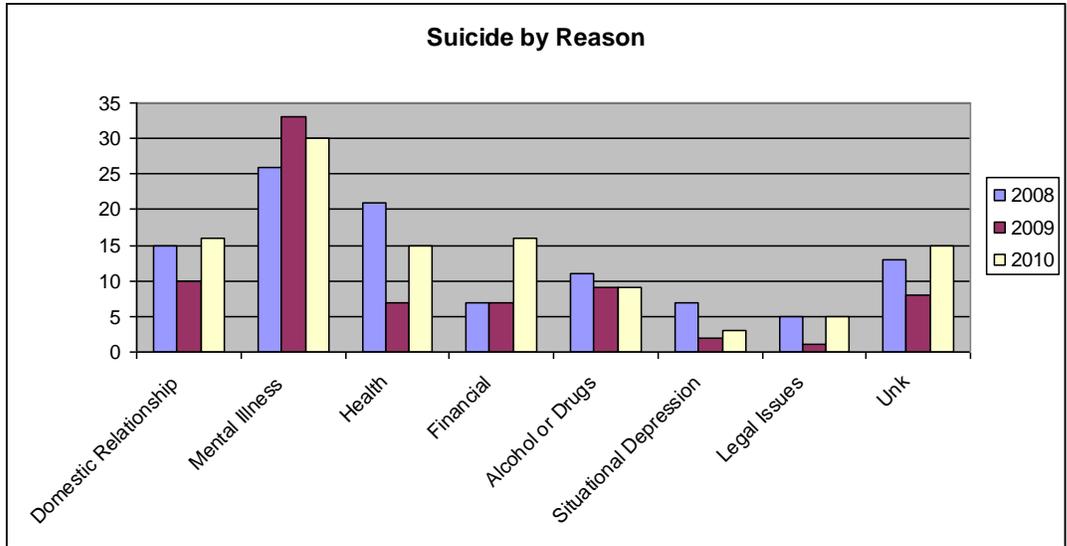
2010 Suicide Data Report for Volusia County

There were 109 suicides in Volusia County in 2010. This is a 41.5% increase in the number of deaths by suicide from 2009, however, it is similar to the numbers for 2008. This increase may be an anomaly as the number of suicides in 2009 were very low compared to previous years.



In 2010 there were eighty-five males (85) and twenty-four (24) females who chose death by suicide. It is consistent over the past four years that approximately 22% of completed suicides are by females.

The primary reasons for suicide deaths are reflected in the following chart.



Mental Illness

Mental Illness comprised 27.5% of the total as the primary factor in the death by suicide. The major mental illnesses reported were depression, bi-polar disorder and schizophrenia. Nearly half of these had previous suicidal ideation, attempts or had a history of being involuntarily committed for treatment and several completed suicide after being released from a treatment facility. In addition, situational depression was identified as a secondary factor in eight (8) additional cases. These involved depression primarily related to financial or domestic losses.

Financial Loss

This year the impact of the financial downturn has shown an increase in suicides with nearly 15% of all deaths by suicide having a primary reason as financial (job loss, home loss, etc.). In addition, another 5% had financial issues as a secondary reason. Financial reasons included foreclosures, loss of jobs, loss of portfolio and medical bills. Financial reasons increased dramatically in 2010.

Addiction and Drug Use

Alcohol and drug use claimed the lives of a number of folks who used multiple drugs both legal and illegal. There were nine (9) suicides attributed to the use of alcohol and/or drug usage. The figures here are for people known to the system as drug users or used multiple drugs and were suicidal.

It is to be noted that in the past few years there were substantial deaths ruled as 'accidental' that were caused by the ingestion of multiple drugs. These were ruled accidental by the Medical Examiner's Office as there was no evidence to show that the person intentionally committed suicide. But one could infer that taking multiple drugs both illegal and legal is a sign of significant drug abuse as well as mental and physical distress. This phenomenon of multi-drug usage (prescription and/or street drugs) for pain, stress and/or addictions has increased the number of deaths in this category over the past few years.

There were 97 (ninety seven) accidental deaths through multi-drug usage in 2009 and 124 (one hundred and twenty four) in 2010. There was a 28% increase in deaths over the previous year. Oxycodone usage was implicated in a number of these deaths. Further study and interventions are warranted in this area.

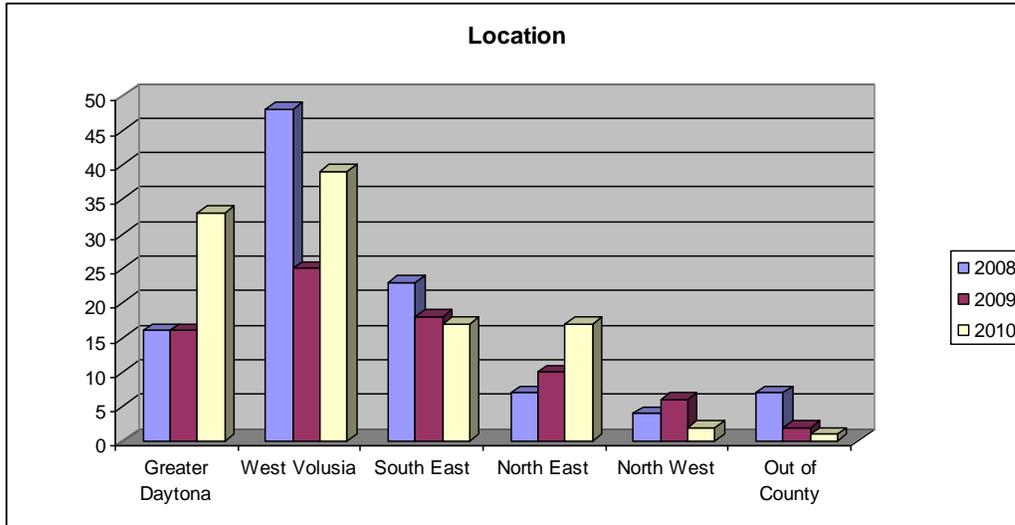
Domestic Relationships

Domestic relationships always plays a role in suicides particularly in younger populations. The 2010 data is statistically similar in percentage with 2007 and 2008 but in 2009 less so. Usually anger played a major role in these deaths and the suicides were more dramatic such as using electronic media at the time of the suicide to communicate with the significant other.

The number of unknowns represent cases where additional information is needed to identify the reason for the suicide.

Location

The location of the highest number of people who committed suicide continued to be in the western end of the county. This also can be attributed to the shifting of population centers. It is to be noted that New Smyrna and Port Orange had 19 of the deaths by suicide in 2010. There was a spike in suicides and homicide/suicides in the greater Daytona area in 2010. The City of Daytona Beach, alone, had 20 in 2010. These involved multiple reasons involving drugs, mental illness, domestic issues, often combined.



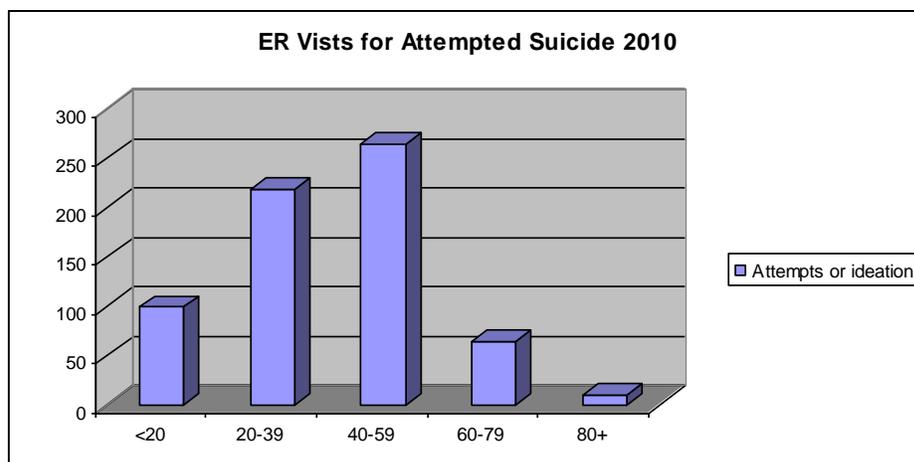
Age

The number of young people committing suicide continues to be high. Fifteen (15) people under the age of 30 chose death by suicide in 2010. Some had undiagnosed or treated mental illness and others the reason was unknown.

Under the age of 20 there were 2 deaths by suicide.

The middle ages of 40-59 had the highest number of deaths with depression heading the list of reasons. 21% of this group left a note.

There were over 650 visits to the Emergency Room related to suicide attempts or suicidal ideation. There were nearly equal numbers of males and females. It is interesting to note that the statistics from local hospitals show a corresponding ratio of suicidal ideation or attempts in similar age groups as the completed suicides. The statistics given by the American Association of Suicidology is that there are approximately 5 attempts for every one completed suicide. That figure is affirmed by our local statistics.



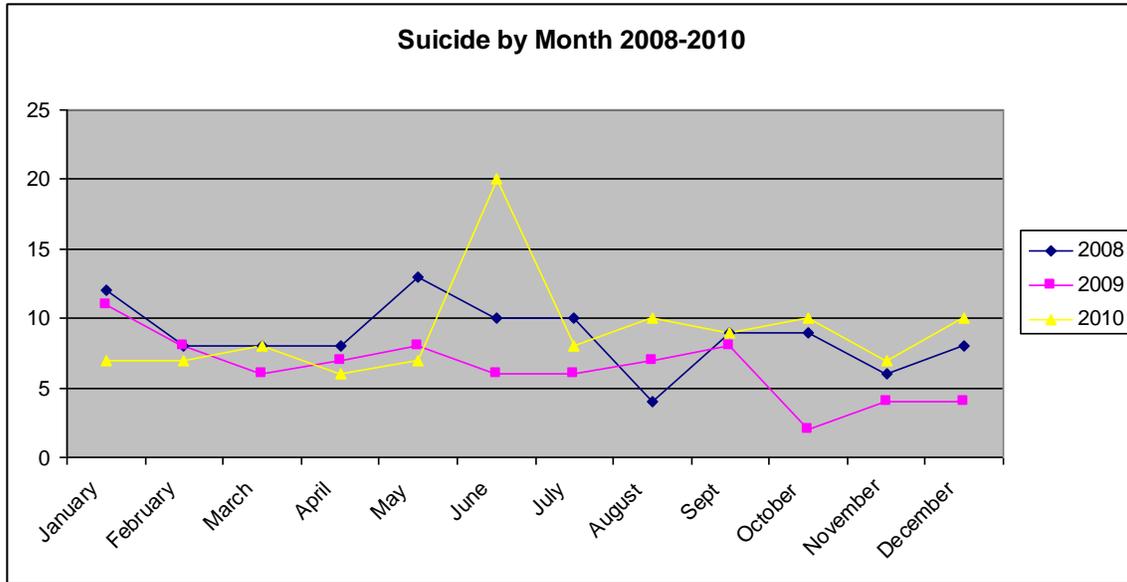
Halifax Hospital (Daytona and Port Orange) had 329 visits which nearly equal numbers of ER visits for suicidal behavior/ideation as the Florida Hospital System which had 301. Of those visits for suicidal behaviors 20% of the people coming to Halifax Center were treated for suicide attempts while the others were treated for a variety of disorders including suicidal ideations. Halifax Hospital is also a Baker Act receiving facility which accepts patients meeting the criteria for involuntary commitment.

The under 20 age group were generally brought to the ER often by concerned family members. Most had suicidal ideations or threats. In this group there were a little over 10% who overdosed and over 10% had self-mutilating behavior (cutting). Suicidal ideation was the primary reason for the Emergency Room visits. Depression also played a role.

Of the 119 people arrived at the ER in the 20-30 age group 38% were actual suicide attempts. The use of sharp objects and drug overdoses were the most frequent method used. The others in this group did not attempt but had significant suicidal ideation and obsessive thoughts of suicide.

Month of Death

The highest number of deaths in 2010 were in the month of June.



The reasons for the suicides varied from drug use to a number of unknown reasons with the largest variable in June being for financial reasons.

Resources

In addition to the suicide prevention helpline provided by Stewart Marchman Act and the more formal detox services, these other initiatives are in place to assist residents cope with life's crises and pain and suffering.

1. Mental Health America of East Central Florida in partnership with the County of Volusia, Chrysalis Foundation and United Way Women's Initiative has implemented a Psychological First Aid Program to provide interventions for those in crisis to avert the escalation of that crisis to hurting themselves or others as well as needing more intensive services.
2. Daytona State College, under a grant Garrett Lee Smith College Campus Suicide Prevention Grant in collaboration with other local colleges has a suicide prevention program "Project Speak" and throughout the year has offered many community wide educational efforts in recognizing students who may have suicidal ideation and how to help them.
3. Palmer College of Chiropractic launched a large outreach effort to provide other methods of dealing with pain as well as recovery from

addictions. Services are provided through Haven Recovery Center and Salvation Army. These services provide a non-pharmaceutical way of working through pain, stress, and recovery.

4. Hospice of Volusia/Flagler provides support for families who have had a love one die as the result of suicide or other trauma.

Recommendations

1. Current data suggests that there may be a correlation between suicide attempts and drug overdoses involving both prescription medications and illegal street drugs. Pain medications such as Oxycodone were implicated in suicides during 2010. Further exploration is needed to clarify the relationship between drug overdose and suicide attempts.
2. Although, Psychological First Aid has proven to be a valuable tool in deescalating crisis situations that do not meet the criteria for involuntary commitment, further exploration is needed in identifying innovative approaches to dealing with crisis situations, especially in the non-typical crisis situations such as financial issues relating to the economic downturn.
3. The mental health community needs to explore the value of the use of psychiatric autopsies in looking at the mental health history and the circumstance that led to the suicide.
4. The collection of more detailed demographics on suicide victims such as Psychiatric diagnosis, veteran status and law enforcement records may lead to a better understanding of the risk factors associated with suicides.
5. There is a need for on-going support for the survivors of suicide and their family members. This can be accomplished, in part, through providing peer support groups county-wide in a number of venues to work with families and individuals.
6. In 2010, there were several suicides involving individuals who had a mental illness and were recently released from a treatment facility. Also, people tend to be released from a crisis center and the family or

significant others do not know how to relate to the individual and/or provide needed support. There may be benefit in exploring services where families and significant others can get support when dealing with a mentally ill family member or a person in crisis.

Conclusion

Suicide is a permanent solution to a temporary problem. President Barack Obama recently stated in a message to youth who were being bullied, "please tell them, it gets better." Accordingly, research has consistently shown that if intervention is provided before a crisis reaches the criteria for involuntary commitment, the crisis may go away and the chances of another crisis occurring is significantly reduced. Yes, it does get better. Clearly, finding innovative approaches to prevention is the key.

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