

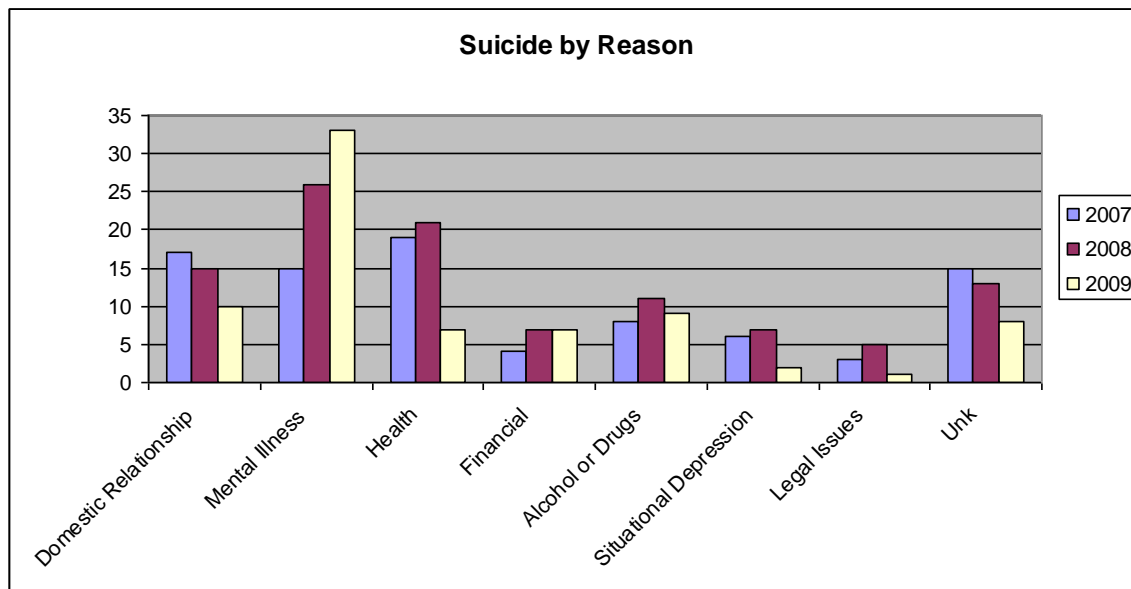


2009 Volusia County Suicide Report

There were 77 suicides in Volusia County in 2009. This is a 27% decrease in the number of deaths by suicide from 2008. However, it should be noted that in both 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 from the data that taking multiple drugs both illegal and legal is a sign of significant drug abuse and mental distress.

In 2009 there were sixty males (60) and seventeen (17) females who chose death by suicide. Mental Illness tops the reasons for 2009 and this number has been trending up since 2007 data and shows a 56% increase from 2007 data. The mental illnesses reported were depression, major mental illness (i.e. Bi-Polar, Schizophrenia), and post traumatic stress disorder. Nineteen (19) had previous suicidal ideation, attempts or had a history of being 'Baker Acted' (involuntarily committed). The primary reason was mental illness but there were nearly as many with depression as the secondary reason. The cases identified as situational depression involved recent losses and complicated life situations.

This chart shows the deaths by primary reason.



The increased trend of the Mentally Ill committing suicide is disturbing. A number of these people were known to the system and some had just been released from treatment facilities. There were several people as well that had limited access to the system, were showing signs of a danger to themselves or others and were not currently being treated. There is clearly a gap in the treatment system from the onset of crisis to the follow up care. Local agencies are reporting many uninsured people in crisis who are desperately seeking services for both medical treatment and crisis services. Many of these are self-medicating.

There was a number of people who chose death by suicide due to health reasons. The number of these people is dramatically lower than in previous years, however, it is possible that they are also part of the 'accidental' overdose groups. Pain medication such as oxycodone, vicoden and others are present in many of these cases as well.

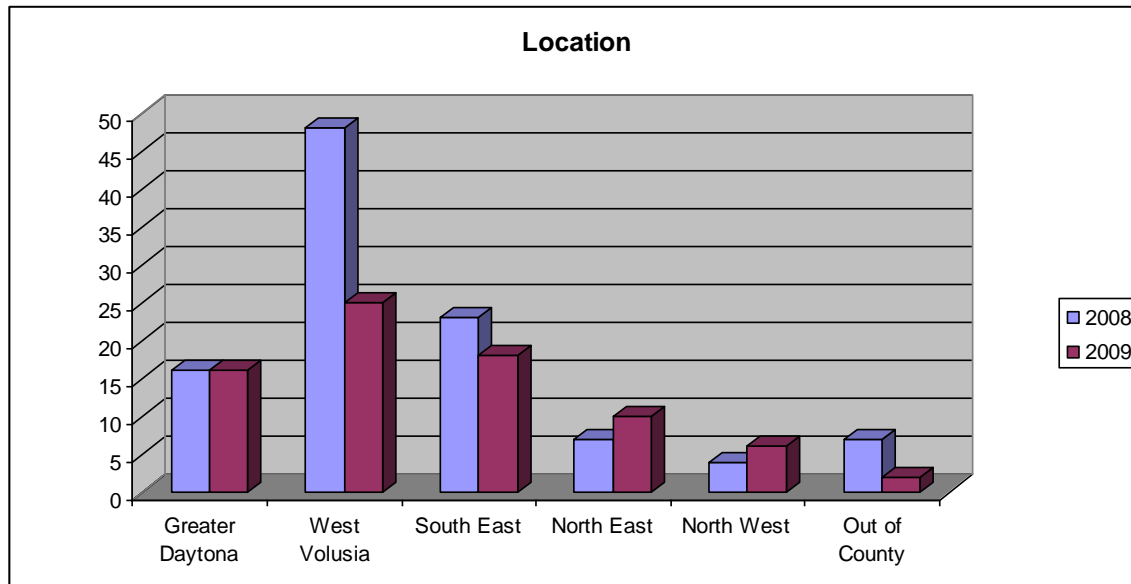
Alcohol and drug use claimed the lives of a number of folks who used multiple drugs both legal and illegal. The figures here are for people known to the system as drug users.

Domestic relationships played a role in suicides. The 2008 data is statistically similar in percentage with 2007 but in 2009 less so. Usually anger played a major role in these deaths and the suicides were more dramatic.

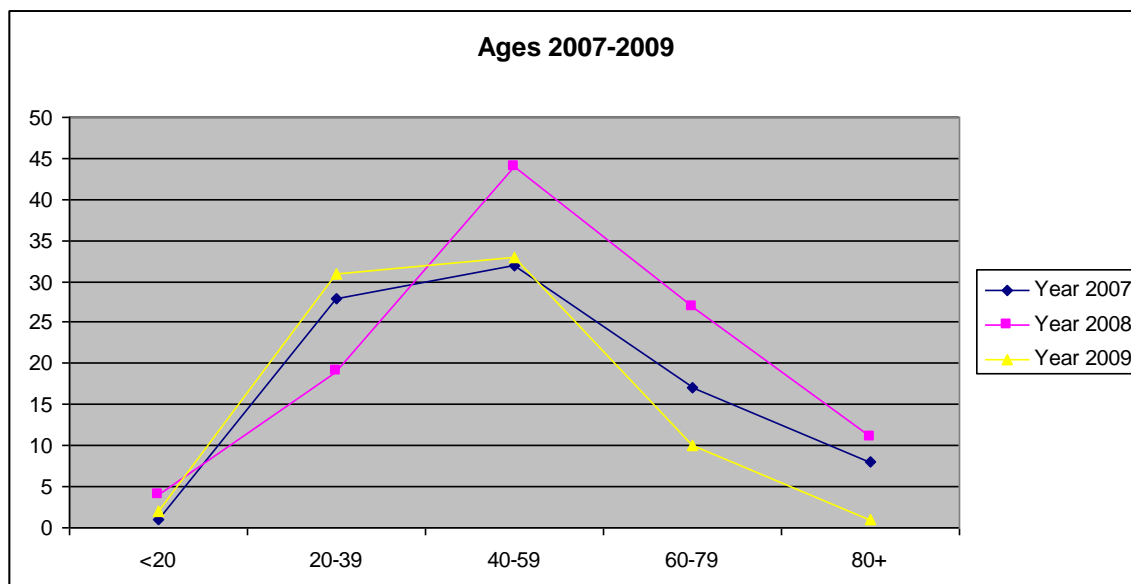
Financial reasons included foreclosures, loss of jobs, loss of portfolio and medical bills. Financial reasons are similar in 2008 and 2009.

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 residents who committed suicide continued to be in the western end of the county. This also can be attributed to the shifting of population centers.

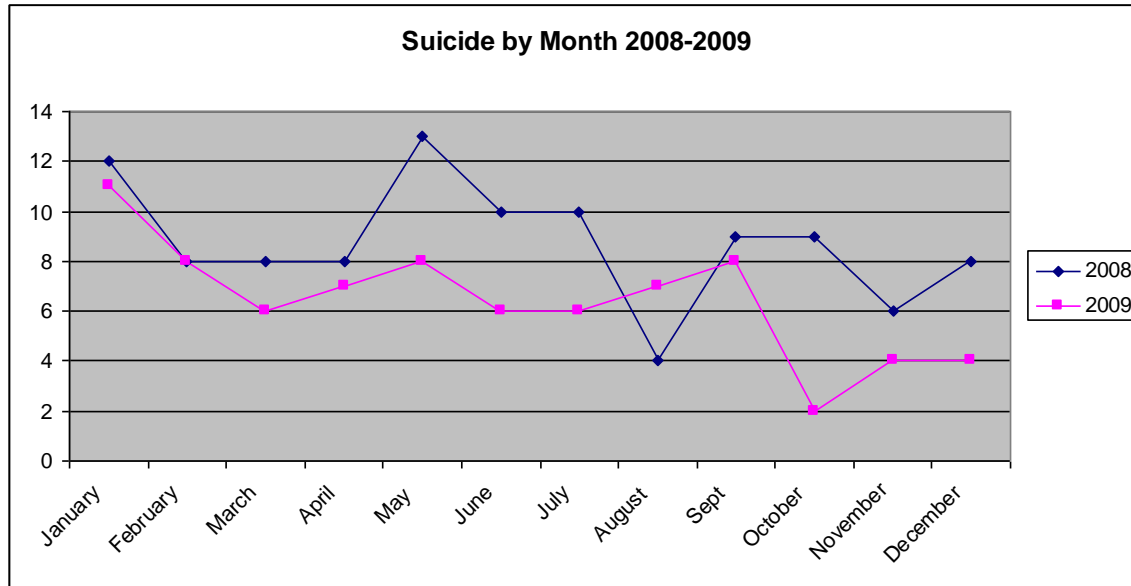


Ages: The number of young people committing suicide increased by percentage over the years. Eleven (11) people under the age of 25 chose death by suicide in 2009. 55% of those people had undiagnosed mental illness, previous attempts or suggestion of PTSD related to past trauma or military service.



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.

Month of death: The highest number of deaths in 2009 were in January with the lowest in October.



This points that 25% of the suicides had a history of suicidal ideation or attempts suggests problems in the mental health treatment delivery system. It appears that after an acute situation there is no safety net for follow-up services. In fact, three (3) of the completed suicides were people who were just released from treatment.

The lack of health insurance in this area also may be a contributing factor in the co-morbidity of health problems and depression leading to suicide. Most providers have waiting lists for serving a population that increasingly is uninsured or under-insured.

Recommendations:

1. Provide training in effective coping strategies in 'tough times'
2. Better collaborate with hospital emergency rooms to evaluate the extent of attempts and 'accidental' overdoses.
3. Provide support groups county-wide in a number of venues to work with families and individuals in crisis
4. Provide Psychological First Aid stations in agencies providing information and referral, social services and in the faith based services involving brief therapy interventions and psycho-education on stress and life management. It is proven that intervention at the onset of crisis reduces the threat of suicide and even severe depressive and anxious reactions. These interventions assist people in coping with

their emergent needs as well as provide a safety net for individuals and their families.

5. Provide a service whereby families and significant others can get support when dealing with a mentally ill family member or a person in crisis. 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.

The 2009 Volusia Suicide Report was compiled for the Suicide Prevention Coalition of Volusia County from data gathered from the Volusia County Medical Examiner's Office. For more information on suicide prevention in Volusia and Flagler counties, please contact the Mental Health Association of Volusia County, Inc. at 386-252-5785.