

# 2010 ANNUAL REPORT



## FLORIDA STATEWIDE OFFICE OF SUICIDE PREVENTION

Florida Office of Drug Control, Executive Office of the Governor  
The Capitol, Suite 2105, Tallahassee, Florida 32399-0001

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## EXECUTIVE SUMMARY

In 2010, 2,854 people died by suicide in Florida. Even more startling is the fact that twice as many Floridians die by suicide than homicide or HIV/AIDS. An estimated 90 percent of those who die by suicide had a diagnosable mental illness at the time of their death. While some suicides are among the very young and very old, the majority of suicides are among the working age population, reflecting the added stress of our economy on those already suffering.

The Statewide Office of Suicide Prevention is the vital link in the race to save lives among the citizens of the State of Florida, the Florida Legislature and the Executive Office of the Governor. It is charged with helping to develop and implement the *Florida Suicide Prevention Strategy*. It facilitates the Florida Suicide Prevention Coordinating Council, a multi-disciplinary task force working to bring measurable change to the practice of suicide prevention.

In 2010, the Office saw a number of its major initiatives more forward. The details in this annual report reveal a year of action and accomplishment; yet, it also shows the need for continued leadership in order to save lives and support strong community-based prevention. Here is a brief summary of major accomplishments and areas of concern. Additional details on these and other ongoing initiatives of the Office are in this report.

### **Creating Policy**

It is especially gratifying that the Florida Legislature passed a groundbreaking piece of legislation that will allow public school teachers to receive suicide prevention training for continuing education credit. The SOSF supports local school districts by identifying and providing access to training that is proven to be effective, uses sound prevention principles, and at no cost to the school system.

### **Raising Awareness**

In the effort to raise awareness of the underlying conditions that affect the rate of suicide among Floridians, the Office hosted the Eighth Annual Suicide Prevention Day at the Capital in March 2010. This annual event brings together representatives from local and state organizations, state agencies, lawmakers and other concerned citizens to bring attention to the public health threat of suicide. By heightening awareness the Office aims to reduce stigma associated with help-seeking behaviors.

### **Building Capacity**

The annual Statewide Prevention Conference and Suicide Prevention Symposium drew nearly 500 people in September. Three days of training, skill building, technical assistance and relationship building brought together national experts, state planners and local practitioners. In addition, the Office provided a special two-day training for suicide prevention practitioners and caregivers to increase their ability to address special populations, including veterans.

The Florida Adolescent Suicide Awareness and Prevention Project, a SAMHSA grant-funded project developed by the Office and implemented with the University of South Florida, entered its third year. This funding provides suicide prevention training to Duval County public school faculty and parents, and resident assistants at the University of North Florida.

**Special Focus for 2011**

In the year ahead, the Statewide Office of Suicide Prevention will sharpen State focus on the needs of a number of special populations. While the rate of suicide remains stable among Florida's youth, it continues to rise among those most hard hit by the economic downturn and among Florida's thousands of active and veteran military service personnel. The Office will use the power to convene and facilitate to build collaboration for addressing these growing areas of concern.

**Call to Action**

The Office of Suicide Prevention continues to strive to identify and remove barriers that prevent Floridians from seeking the help that they need to lead productive and healthy lives. It is with vision and leadership that collaboration is built, and it is through the collaboration of many that change becomes possible. Suicide prevention and promoting hope is a collective responsibility for us all.

Thank you to those who worked diligently this year to advance this cause. We want to especially thank the Florida Legislature, Governor Charlie Crist, Lieutenant Governor Jeff Kottkamp, and Office of Drug Control Director Bruce Grant for their support of the Statewide Office of Suicide Prevention, the Florida Suicide Prevention Coordinating Council, and the *Florida Suicide Prevention Strategy*.

## Recommendations to the Legislature:

The following are recommendations on how to meet the needs of Floridians and save lives that may otherwise be lost to suicide.

- Continue funding of the Statewide Office of Suicide Prevention at \$150,000 for fiscal year 2011/2012.
- Support suicide prevention related policy. In 2010, the Statewide Office of Suicide Prevention passed legislation which authorizes that each school district must provide access to suicide prevention education for all instructional and administrative staff. Therefore, if school personnel choose to take suicide prevention training they may now receive in-service credit. This legislation does not mandate training, however many school districts have expressed interest and support for this training becoming mandatory. It is our recommendation that in the future this legislation be amended so that all school personnel are required to take suicide prevention education.
- It is recommended that the Legislature fund the Department of Children and Families for the continuation of the Florida Suicide Prevention Implementation Project at \$80,000. Florida has gained considerable momentum in both State and local suicide prevention initiatives. The Statewide Office of Suicide Prevention requires technical assistance and support in order to guide communities in implementing the *Florida Suicide Prevention Strategy* on the local level. Ultimately, suicide rates will only drop if the statewide Strategy is complemented by local efforts. To maintain momentum, it is imperative to continue the technical assistance provided by the Louis de la Parte Florida Mental Health Institute at the University of South Florida in supporting communities.

## Vision

Suicide is a complex yet preventable public health problem. A coordinating strategy and effort are critical in reducing suicide. A centralized structure is necessary to integrate the statewide effort and provide a unified direction but success in suicide prevention depends on empowerment at the local level. An infrastructure built on cooperation between the federal, state, and a community level is essential for comprehensively combating this problem. Through these partnerships, we will be able to increase existing suicide prevention capacity and promote collaborative action.

## Mission

The Statewide Office of Suicide Prevention, in collaboration with the Suicide Prevention Coordinating Council, guides Florida's suicide prevention efforts by developing mechanisms for implementing the *Florida Suicide Prevention Strategy*, providing oversight, building capacity, creating policy, and mobilizing communities, with the overall goal of lowering suicidality and improving quality of life.

## Structure and Role

The Statewide Office of Suicide Prevention has been established since July 1, 2007 and consists of two staff members. Erin MacInnes was selected as the first Director, and Allyson Adolphson was selected in October 2007 as a Suicide Prevention Specialist. While Allyson currently remains in her position, Erin resigned in 2010 for a position with the American Association of Suicidology in Washington, DC. We thank Erin for her passion in commitment in pioneering the creation of the Office, developing the *Florida Suicide Prevention Strategy*, passing noteworthy legislation, and nurturing the Office to become a nationally recognized source for suicide prevention expertise and technical assistance. Senta Goudy began as the new Director in October 2010.

The Statewide Office of Suicide Prevention functions as a unit of the Office of Drug Control within the Executive Office of the Governor. In October 2009, Bruce Grant was appointed to the position of Director of the Office of Drug Control through which he is the Chair of the Suicide Prevention Coordinating Council. The Suicide Prevention Coordinating Council members have been in place since August 2007 and the group has convened quarterly since that time.

The statewide office functions within the following roles:

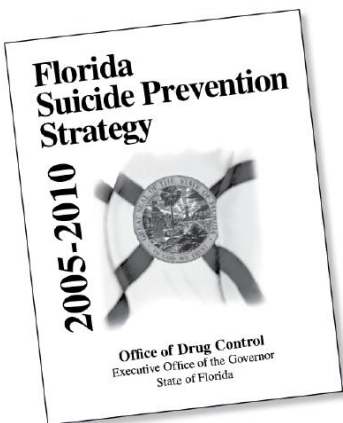
- Build capacity
- Develop strategy
- Guide implementation
- Create policy
- Seek funding

The Office also oversees organization of additional statewide activities and the creation of various resources.



STATEWIDE OFFICE OF SUICIDE PREVENTION  
AND  
SUICIDE PREVENTION COORDINATING COUNCIL





Suicide is a complex social phenomenon. The *Florida Suicide Prevention Strategy* calls for an integrated and long-term approach to building our State's capacity to reduce suicide and improve the quality of life for those that are suffering. Its purpose is to serve as both a framework and an action agenda for preventing suicide in Florida, to have a lasting impact in bringing suicide to the forefront as a public issue and over time, to change lives.

The first *Florida Suicide Prevention Strategy* was written to guide actions from 2005 – 2010; therefore, entering 2011 provides a natural segue into a re-examination and revision of the *Florida Suicide Prevention Strategy*. A close review of the goals and objectives showed the need to more closely align Florida's Strategy with the *National Strategy for Suicide Prevention*. Florida's updated goals and objectives seen here provide a framework for helping to identify priorities and organize efforts to prevent suicide and suicidal behavior across the lifespan. The ultimate goal of suicide prevention is to reduce rates of suicide attempts and deaths, and the goals outlined in this Strategy are focused on actions that can be done to achieve this imperative. As more agencies and communities become involved in prevention, more lives will be saved.

Drastic financial loss, home foreclosures, rising unemployment rates, extended and repeated military deployment, increases in prescription drug abuse, and other factors have contributed to higher suicide rates both statewide and nationally over the past few years. Studies show that there is a strong connection between joblessness and suicide. As the latest available national data is for 2007 before the unemployment rate reached its peak, it is likely that suicide rates will climb higher before declining.

Despite these challenges, Florida has made significant advancements in improving quality of life for Floridians and setting a strong foundation where suicide prevention has more visibility and support. Every day, people working at the State and community levels are making progress toward the objectives put forth in the Strategy. Florida is constantly increasing its capacity to help those in need through prevention, intervention, and postvention services.

Although there are data to show how many people were lost to suicide, it's far more difficult if not impossible to collect accurate data on how many people considered or attempted suicide but were saved due to services and efforts of individuals and organizations dedicated to this cause. One can only imagine how many more would be lost in the absence of life-saving measures such as those presented in this Strategy.

This Strategy will be used to guide Florida's suicide prevention efforts and the development of community-based plans. No one agency or organization has the capacity to address all of these goals, hence the menu of options is broad in scope to provide the opportunity for agencies, organizations, coalitions and individuals to contribute to the progress of the overall goals, objectives, and action ideas.

Measure progress and outcomes are key to evaluating implementation. It is expected that each community and agency will identify their priority actions, and measurable outcomes will be developed to monitor progress.

The Strategy has three basic performance measures for 2011 – 2015:

1. According to the Florida Department of Health, from 2005 – 2009 the Florida suicide rate increased from 12.8 to 15.2. The 2011 – 2015 Suicide Prevention Strategy is designed to stop the increase and reverse the trend in order to achieve a 5% reduction (14.4 per 100,000) by the end of 2014.
2. To decrease the suicide rate among youth aged 10 to 24 in Florida by 5% by the end of 2014 from approximately 6.7 per 100,000 to approximately 6.4 per 100,000.
3. To decrease the percentage of Florida middle and high school students who self-reported on the 2009 Youth Risk Behavior Surveillance “attempting suicide one or more times in the past year” by 5%, from 6.5 to 6.3 by the end of 2015.

To accomplish these measures, the Strategy includes a number of related goals and objectives. These objectives are:

***GOAL 1: Promote awareness that suicide is a preventable public health problem.***

OBJECTIVE: Provide education and disseminate information about the sources of help available for persons who are depressed or suicidal.

***GOAL 2: Reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.***

OBJECTIVE: Increase awareness of risk and protective factors and intervention skills should a crisis arise.

OBJECTIVE: Transform public attitudes to view mental health and substance use disorders as physical illnesses that respond to specific treatments, and address environmental factors such as discrimination and limited understanding of living with mental illness.

OBJECTIVE: Foster workplace changes that strengthen social support among workers.

OBJECTIVE: Improve media reporting and entertainment portrayals of suicidal behavior, mental illness and substance abuse.

***GOAL 3: Create collaborations and networks that support common goals in suicide prevention.***

OBJECTIVE: Strengthen suicide prevention efforts and ensure coordination between state agencies.

OBJECTIVE: Develop, advance and sustain community-based coalitions.

OBJECTIVE: Integrate suicide prevention activities into policies and initiatives of the broader prevention field.

***GOAL 4: Develop and implement evidence-based suicide prevention, intervention and postvention programs.***

OBJECTIVE: Implement suicide prevention programs in organizations and institutions that serve individuals and families.

OBJECTIVE: Implement training that teaches recognition of at-risk behavior and intervention skills.

***GOAL 5: Develop and promote clinical and professional practices for delivery of effective treatment.***

OBJECTIVE: Develop comprehensive systems of care that utilize evidence-based practices to screen for and help those at risk.

OBJECTIVE: Design and implement multi-disciplinary protocols for all those who respond to individuals in crisis.

OBJECTIVE: Increase cultural competence of service providers and promote culturally diverse services.

OBJECTIVE: Increase continuity of care for at-risk individuals through sustainable service linkages at the local, regional and state levels with all relevant providers.

***GOAL 6: Improve community access to mental health and substance abuse services.***

OBJECTIVE: Integrate mental health and suicide prevention into health and social services outreach programs for at-risk populations.

OBJECTIVE: Implement aftercare treatment programs for discharged individuals exhibiting suicidal behavior and those with on-going mental health needs.

OBJECTIVE: Link employees with substance abuse and mental health services.

***GOAL 7: Reduce access to lethal means and methods of self-harm.***

OBJECTIVE: Increase the safe storage of gun, alcohol, pharmaceuticals, poisons and other lethal means.

OBJECTIVE: Increase the use of official assessments of the presence of lethal means in the home and educate about actions that can reduce associated risks.

OBJECTIVE: Support the discovery and implementation of new means restrictions technologies.

***GOAL 8: Support suicide prevention research and improve surveillance systems.***

OBJECTIVE: Increase and expand research on suicide and suicide prevention, including program evaluation.

OBJECTIVE: Improve, expand and standardize suicide surveillance systems and methods of data collection.

The Strategy focuses on seven areas in which to pinpoint suicide prevention efforts:

**1. Public Awareness and Information**

- Reduce stigma of mental illness
- Improve public knowledge
- Teach intervention skills
- Social marketing

**2. Education and Training**

- Gatekeeper training to learning the warning signs of suicide
- First responders and crisis intervention training
- Educating physicians

**3. Screening and Intervention**

- Screening individuals for mental illness and suicidal ideation

**4. Creating Safer Environments**

- School intervention
- Bullying prevention
- Limiting access to lethal means

**5. Research**

- Improve data collection
- Conduct psychological autopsies

**6. Postvention** (actions after a suicide)

- Responsible media coverage
- Assisting survivors (those who have lost a loved one to suicide)

**7. Addressing Treatment Needs**

- Addressing disparities in treatment coverage
- Ensuring quality care
- Education about medications

The *Strategy* brochure highlights Florida’s plan to reduce suicide and it includes key elements such as goals, areas of focus and recommended action items. The brochure is designed to engage the average citizen in suicide prevention. Because of the brochure’s aesthetically appealing nature, it is easily placed on counters at doctor’s offices and pharmacies, and left with hairstylists, bartenders and other professions not typically associated with suicide prevention but who form bonds with many people. The Statewide Office of Suicide Prevention and Florida Suicide Prevention Coalition together printed 15,000 copies of the brochure and are organizing statewide distribution.



2011 – 2015



2005 - 2010

## EXISTING AND PLANNED INITIATIVES

Over the past year, the Statewide Office of Suicide Prevention has made great strides in shepherding new prevention initiatives and providing support to programs thriving within Florida. Although there are many on-going efforts across the State, the following collaborative initiatives were deemed particularly notable and were selected for this report.

The Statewide Office of Suicide Prevention functions within the following five roles: build capacity, develop strategy, guide implementation, create policy, and seek funding. For the purposes of this report, the initiatives below have been divided into these five roles, although many initiatives are multi-faceted and may overlap.

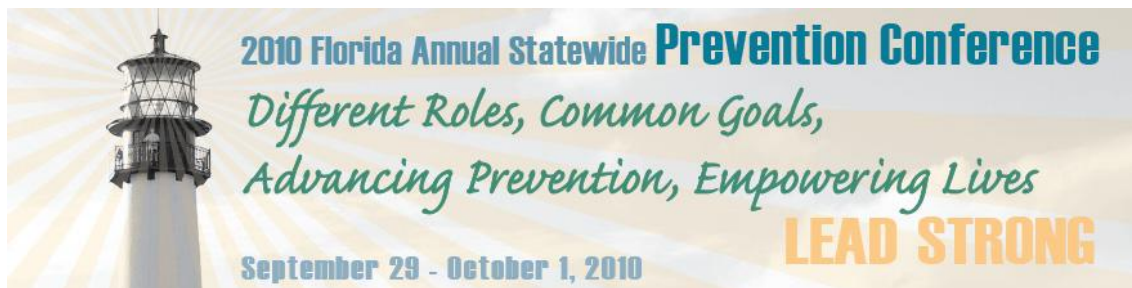
### **BUILDING CAPACITY**

#### **Florida Annual Statewide Prevention Conference**

The Prevention Conference is the premier event hosted by the Statewide Office of Suicide Prevention and Office of Drug Control for learning about successful research-based strategies and programs for the prevention of suicide and substance abuse. Florida's 23<sup>rd</sup> Annual Statewide Prevention Conference was held September 29 – October 1, 2010 at the Rosen Centre Hotel in Orlando. The three-day conference drew nearly 500 attendees from various fields to learn about the latest research, best practices, and strategies to prevent public health threats and promote healthy communities. Suicide, substance abuse, violence, compulsive gambling, and mental health problems are among issues that reduce quality of life, weaken communities, place added burdens on medical and judicial systems, and strain the resources of businesses.

The conference focused on reporting research on prevention, influencing advocacy and policy, developing stakeholder partnerships, implementing effective programs, promoting community well-being, exploring social and economic connections to prevention, promoting diversity and healing from adverse experiences and trauma. The conference showed attendees that using prevention has the ability to improve quality of life for Floridians, increase business productivity and growth, and contribute positively to the economy. Supporting prevention provides a valuable return on investment that allows Florida and its citizens to flourish and thrive.

The keynote speakers were Dr. Alvin Poussaint, Director of the Media Center at the Judge Baker Children's Center and Professor of Psychiatry at Harvard Medical School; Dr. Peter DeBenedittis, a leading expert on media education and prevention; Dr. Donald Meichenbaum, named by the American Psychological Association as one of the ten most influential psychologists of the 20<sup>th</sup> century and one of the founders of Cognitive Behavioral Therapy; and Dr. Howell Wechsler, who has served as the Director of the Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention.



### **Applied Suicide Intervention Skills Training**

The Applied Suicide Intervention Skills Training (ASIST) was held at the Rosen Centre Hotel in Orlando on September 27 – 28 as a preconference workshop for the Florida Annual Statewide Prevention Conference. ASIST provides practical training for all forms of caregivers ranging from healthcare professionals to concerned family members. It is designed to help caregivers become more engaged with suicide prevention and therefore more able to help mitigate suicide risk.

ASIST uses many different teaching processes to create a practice-oriented and interactive learning experience. Participants' received individual skill-building exercises and immediate performance feedback by working in small groups of one trainer to no more than 15 participants. The lead trainers were Jerry MacDaid and Alexandra "Ali" Martinez. Jerry has been extensively involved in suicide and crisis intervention with the Alachua County Crisis Center where he has been a trainer, consultant and crisis counselor since 1979. Ali Martinez has worked for several non-profit organizations providing counseling services to families struggling with issues of domestic violence, child abuse and substance abuse. Ali joined the Alachua County Crisis Center in 2005 and now runs the training program for crisis line counselors.

### **Florida Department of Education Summer Academy for Teachers of Health Education**

The Summer Academy is designed for public school teachers certified in other subject areas in addition to health education. The Academy offers hands-on instruction on the many topics (concepts) and skills of Health Education. Sessions are sixty minutes, three hours, and four hours in length. The sixty minute sessions lay a foundation that will be used to guide quality instruction in comprehensive Health Education and include instructional activities that can be used with students. The three and four hour sessions provide a more in-depth focus on instruction, instructional strategies, and activities. Teachers will be able to adapt and use the information provided in each of the sessions.

This year's Summer Academy took place on July 7-9, 2010 at the University of Florida College of Health and Human Performance. The Statewide Office of Suicide Prevention was represented by Dr. Marshall Knudson, licensed psychologist and Executive Director of the Alachua County Crisis Center. Dr. Knudson presented a four-hour workshop on adolescent suicide prevention which covered techniques for talking to students of varying maturity levels about suicide, including specific tips for each grade level and cultural sensitivity. The workshop was very well received and the Office has been asked to include another workshop in the 2011 Academy.

### **Unemployment Hotline Trainings**

Recent economic turmoil, increase unemployment and record foreclosure rates have spurred questions about whether these changes will lead to increased suicides. Research shows that a strong relationship exists between unemployment, the economy and suicide. A common "chain of adversity" can begin with job loss and move toward depression through financial strain and loss of personal control. In fact, this chain leads to myriad financial, social, health and mental health outcomes – all of them negative. The most common (but by no means the only) mental health outcome is depression, which significantly increases suicide risk. The potential link is that for vulnerable individuals, losses (whether real or anticipated) that result in humiliation, shame or despair can trigger suicide attempts.<sup>1</sup>

In December 2008, the Statewide Office of Suicide Prevention was contacted by the Agency for Workforce Innovation requesting assistance with unemployment hotline callers that threatened suicide. Because of the unemployment rate in Florida, hotline call volume had risen dramatically, and not all applicants qualified for benefits. In some instances, callers became so distressed that emergency services were asked to intervene and perform safety checks to ensure the caller's well-being. Through spring of 2010, the SOSOP conducted multiple trainings with the hotline operators on how to best help

suicidal callers and link them with further assistance. Each training session lasts two hours and includes a variety of instructional techniques including lecture, questions and answer, didactic practice exercises and immediate performance feedback. The Office continues to provide this training on an as-needed basis.

### **Lifesavers Youth Training**

Lifesavers is a peer-support, suicide and crisis prevention program developed to train young adults to be caring listeners in their interactions with their peers. It involves a team approach to helping teenagers cope healthfully with the challenges of drugs and alcohol, peer and family relationships, sexual issues, violence, academic problems, death and grieving, aggression, anxiety and suicide. Lifesavers trains selected students from 9<sup>th</sup> through 12<sup>th</sup> grades to be skilled listeners who can responsibly help other students deal with the emotional crises of adolescence. Students are not trained to be peer counselors, but to be listeners. Students learn to recognize when a peer's problem is beyond their abilities and to know what resources are available to refer peers to for the appropriate help.

Florida State University School located in Tallahassee, Florida sent 40 students to undergo the Lifesavers Training in fall 2010. The students participated in a three-day training retreat in which trainees gain a better understanding of the teenage concerns impacting their school that can lead to crisis, such as alcohol and drug use, sexuality and relationship issues, stress, anger and ineffective communication. The students also learned how to recognize signs of depression, chemical dependency or abuse, eating disorders, and suicide warning signs, among others. The Statewide Office of Suicide Prevention attending one day of the training and remains engaged with Florida State University School staff to discuss progress and provide technical assistance on school prevention strategies.

### **Media Response Effort**

A component of the *Florida Suicide Prevention Strategy* is educating the media on responsible coverage of suicide to not only create awareness but reduce the risk of contagion. The Statewide Office of Suicide Prevention proactively reaches out to media outlets to educate them on how to safely cover the topic. There are two different letters currently being sent to reporters and editors each time they run a piece on suicide. If they have responsibly reported on suicide, we offer congratulations and thank them for their advocacy. If there are ways in which the article may have been written differently, they receive a slightly modified letter offering suggestions for how they might change their future coverage and link them to recommendations for responsible media reporting.

## **DEVELOPING STRATEGY**

### **Florida Suicide Prevention Strategy 2011 – 2015**

The first *Florida Suicide Prevention Strategy* was written to guide actions from 2005 – 2010; therefore, entering 2011 provides a natural segue into a re-examination and revision of the *Florida Suicide Prevention Strategy*. A close review of the goals and objectives showed the need to more closely align Florida's Strategy with the *National Strategy for Suicide Prevention*. Florida's updated goals and objectives provide a framework for helping to identify priorities and organize efforts to prevent suicide and suicidal behavior across the lifespan. The ultimate goal of suicide prevention is to reduce rates of suicide attempts and deaths, and the goals outlined in the Strategy are focused on actions that can be done to achieve this imperative. As more agencies and communities become involved in prevention, more lives will be saved. *For more information, please see the Strategy section of this report.*

### **Suicide Prevention Coordinating Council Meetings**

The Florida Suicide Prevention Coordinating Council is a permanent entity comprised of 27 statutorily designated voting members which are held accountable to the Legislature for designing strategies to implement the *Florida Suicide Prevention Strategy*. The full Council meets four times per fiscal year but

ad hoc committees may hold additional meetings to develop particular initiatives. The Director of the Florida Office of Drug Control, Bruce D. Grant, acts as Chair of the Council.

The Council is subject to Sunshine Law. All meetings must be in open forum, minutes must be kept, and meeting notifications will be published in the *Florida Administrative Weekly*. Any issue that will come before the Council for official vote shall not be discussed between two or more voting Council members outside of a Council meeting.

The meetings of 2010 took place on January 13, March 23, June 2 and October 19. Each meeting follows a similar organized format, beginning with introductions and a review of housekeeping items, such as adoption of meeting minutes, by the Chair. This is followed by an update from the Statewide Office of Suicide Prevention, on existing and planned initiatives and a request for recommendations and guidance from the Council.

Many meetings feature updates from special guests on projects affecting the work of the Council and communities. During the January meeting, the Council received presentations on the latest suicide rates and trends, as well as an update on national prevention initiatives. In March, the meeting was held in collaboration with Florida Suicide Prevention Day, and the Council discusses pertinent legislation. June featured a brainstorming session regarding the *Florida Suicide Prevention Strategy* goals and objectives revision. Finally, the October meeting discussed legislative proposals, mental health and emergency management, as well as veterans' issues. All Council meeting minutes are available for review at [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com).

The Suicide Prevention Coordinating Council serves as a vehicle for facilitation and collaboration between organizations and programs around the State of Florida. This network continues to grow with regularity and has greatly increased over the past couple years. The first two meetings for 2011 are planned for January 12 and March 29.

## **GUIDING IMPLEMENTATION**

### **Suicide Prevention Day at the Capital**

March 24<sup>th</sup>, 2010 commemorated the 8<sup>th</sup> Annual Suicide Prevention Day at the Capital, Florida's statewide event to promote education and raise awareness. On this day, the Statewide Office of Suicide Prevention and Florida Suicide Prevention Coalition were joined by advocates, survivors, grassroots organizations, youth and other state agencies who came together to bring suicide to the forefront as a public issue and over time to save lives that may otherwise be taken by their own hands. Governor Charlie Crist supported the event by signing a statewide proclamation.

In addition to the Statewide Office of Suicide Prevention, 12 other organizations setup display tables and memory quilts in the Capitol Rotunda. Many constituents from these organizations used this opportunity to advocate with their legislators and share knowledge about the issue of suicide. One of the memorable aspects of the day was an over-sized portable billboard that was stationed in front of the Historic Capitol front steps at the intersection of Apalachee Parkway and Monroe Street. This billboard displayed the 2008 Florida Statistics: Suicide 2,723; HIV 1,412; and Homicide 1,301. Many remarked that these numbers were eye-opening and very few were aware that suicide deaths are over twice that of homicide and consistently higher than HIV-related fatalities. Many drivers and passersby were powerfully impacted by this message.

At 11:00 am, a press conference was held in the 22<sup>nd</sup> Floor Observatory opened by Office of Drug Control Director Bruce Grant who opened the press conference with an update on Florida's strides in

suicide prevention, followed by Florida Department of Children and Families Secretary George Sheldon who remarked on suicide among our youth. Vice-Chair of the Florida Suicide Prevention Coalition Judy Broward dedicated a poem to loved ones who have been lost, and James McDonough discussed mental illness and gave a call to action. Erin MacInnes, former Director of the Statewide Office of Suicide Prevention, was honored for her service and dedication to preventing suicide in Florida.

The 9<sup>th</sup> Annual Suicide Prevention Day at the Capital is slated for Wednesday, March 30, 2011.

### **National Suicide Prevention Week**

This year, National Suicide Prevention Week fell on September 5 – 11 and World Suicide Prevention Day was September 10. Governor Charlie Crist signed a proclamation recognizing this week. The Statewide Office of Suicide Prevention distributed a press release and Drug Control Director Bruce Grant published an editorial piece in the Sarasota. Local communities were encouraged to initiate or participate in local suicide prevention activities and the Office provided technical assistance and resources to help get these activities rolling.



The American Association of Suicidology and the International Association for Suicide Prevention both produced resource kits which were widely disseminated. These kits included tools for writing proclamations, writing press releases, how to contact political leadership and more. To support the work being done in communities, a website and online event were created to encourage others to join the suicide prevention movement at [www.Take5toSaveLives.com](http://www.Take5toSaveLives.com). The goal was for people to “Take 5” minutes to do something around suicide prevention, such as learning basic warning signs, helping a friend, sharing the message with 5 others, etc. The intent was for this campaign to become a virtual movement through newsletter advertisements, mass emails, Twitter tweets, and Facebook posts.

On World Suicide Prevention Day (9/10/10), Health and Human Services Secretary Kathleen Sebelius and Defense Secretary Robert Gates honored the event by launching the National Action Alliance for Suicide Prevention during a national press conference. Among the initial priorities for this alliance are updating and advancing the National Strategy for Suicide Prevention; developing approaches to constructively engage and educate the public, and examine ways to target high-risk populations. Some of the other supporters who spoke at the press conference included John McHugh, Secretary of the Army; Pam Hyde, Administrator of the Substance Abuse and Mental Health Services Administration; Senator Gordon Smith, President and CEO of the National Association of Broadcasters; and Dr. Dan Reidenberg, the Managing Director of the National Council for Suicide Prevention.

National Suicide Prevention Week will fall on September 4 – 10, 2011.

### **Website and Statewide Resource Directory**

The Statewide Office of Suicide Prevention website [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com) has been available since fall 2008. The website is designed for use by the Suicide Prevention Coordinating Council, state agencies, school personnel, community members, faith-based organizations, employers and others as a clearinghouse of suicide prevention information. The primary goals of the website are to:

- Build collaboration and facilitate cooperation between the State and communities
- Assist in the implementation of the *Florida Suicide Prevention Strategy*
- Ensure accessibility to suicide prevention resources statewide

- Provide updates to the people of Florida on current suicide prevention initiatives and activities overseen by the Statewide Office of Suicide Prevention

Additionally, the website features a statewide suicide prevention resource directory that includes crisis centers, suicide loss support groups, mental health programs, and coalitions. The website is updated on a weekly basis and continues to grow in depth and capacity. It is recognized as a leading source of suicide prevention information in the country.

### **Constituent Technical Assistance**

With an average of eight Floridians dying by suicide each day and even more making suicide attempts, it is no surprise that there are many concerned family members and friends reaching out trying to provide help to their loved ones. The Statewide Office of Suicide Prevention regularly receives phone calls, emails, and web inquiries from worried citizens who want help talking with someone in crisis, finding access to a treatment facility, seeking information on the Baker Act law, and a plethora of other mental health related topics. With a background in crisis management, suicide prevention, and public health awareness issues, the Office is proud to be able to make recommendations and referrals on what resources are available and link each person with the appropriate agency.

### **Social Media Presence**

Social media is the collection of online tools and web space that allow users to generate content and engage in peer-to-peer interaction and exchange of content that is published and shared in a social environment. The Statewide Office of Suicide Prevention has established online profiles on Twitter, Facebook, and Myspace. These online mediums help to raise awareness of our office, initiatives, promote events, and serve to disseminate general mental health and suicide prevention information. Maintaining this online presence helps the Office increase approachability and transparency with constituents and provides another avenue for outreach.

## **CREATING POLICY**

### **Suicide Prevention Education Legislation**

Suicide is a widespread public health problem that affects people at all levels of society. It is the third leading cause of death for young people ages 15 – 24 in the State of Florida. In the recent 2009, Youth Risk Behavior Survey conducted by the Centers for Disease Control Florida students were four questions related to suicidal ideation. Their responses indicated that of those surveyed in grades 9 – 12, 26.3% have experienced possible clinical depression in the past 12 months, 11.6% considered suicide, 9.4% made a suicide plan and 6.5% reported they had made an attempt.

Suicide is a national health concern that affects families from all race, cultures, and economic backgrounds. While there is no specific profile or “suicidal type,” a person who is considering suicide often exhibits warning signs before acting. An effective means of combating the problem is by educating the key people in a young person’s life: parents, teachers and friends. These gatekeepers serve as the first line of defense and need to be trained to recognize the warning signs of those who may be depressed or suicidal.

On June 4<sup>th</sup>, Senate Bill 434 sponsored by Eleanor Sobel and House Bill 1061 sponsored by Representative Bill Heller was signed into law by Governor Charlie Crist. This law amends s.1006.07 district school board duties relating to student discipline and school safety, and authorizes that beginning with the 2010-2011 school year, each school district must add suicide prevention education to the menu of options instructional and administrative staff must have when determining how to fulfill in-service training requirements. This law does not mandate training; it simply made suicide prevention

training available as an option. In the past, there were a handful of school districts that included suicide prevention in their in-service plans, but now the opportunity is afforded to all school personnel.

The law took effect on July 1, 2010 and implementation has begun. All suicide prevention training must first be approved by the Statewide Office of Suicide Prevention. Each training undergoes a review process to ensure it addresses issues school personnel may encounter, while taking into consideration the knowledge level and ability of the trainer, and feedback is provided. Each trainer must be capable of providing sound information and be able to answer questions appropriately should a difficult situation arise. Presentation examples have been provided online for review.

The Statewide Office of Suicide Prevention has dedicated a page on their website to listing the approved training options available to school personnel. This webpage explains the law and its implications, provides access to free online training options, and has a chart of trainers that personnel may contact to set up face-to-face instruction.

In the coming year, a tracking mechanism will be developed to measure the effectiveness of the legislation. A survey will be disseminated to each school district to gather data on suicide prevention for the 2009-2010 school year before the legislation passed to establish a baseline. The survey will be re-distributed on an annual basis to measure how much training has increased.

This legislation does not make suicide prevention training mandatory for all school personnel; however, some districts have taken the extra step to mandate it for their county. For example, Lee County School Board realized the need for this training and took progressive action to make it mandatory. Over the next two years, all school personnel in Lee County will be trained in suicide prevention by C.A.R.E.S. (Community Awareness in Recognizing and Educating on Suicide), a local non-profit organization based in Cape Coral.

### **Veteran Suicide Prevention Legislation**

For a third year, the Statewide Office of Suicide Prevention provided support for legislation that would create and strategically implement veterans services in a community based setting. SB 1404 directed the Florida Department of Veterans Affairs, in partnership with the Office, to seek federal funding for a grants program that addresses veterans' outreach and suicide prevention. The purpose of the grant program would be to help reduce suicide and increase access to mental health services and support for veterans and their families by coordinating mental health care in the Army, Air Force, Navy and Marines with post-discharge care through the Veterans Administration. The program was planned to focus on prevention, outreach, assessment, referral, and linkage to veterans in need of services and supports. Unfortunately, this legislation died in the House of Representatives.

Despite this, the State of Florida and the Statewide Office of Suicide Prevention continue to move forward in supporting veterans. The Department of Children and Families has stationed a Director of Veterans Issues within the Florida Office of Drug Control to collaborate on veteran suicide prevention, mental health, substance abuse, and homelessness. Florida also continues to assist veterans through efforts paid for by the Florida BrAlve Fund.

Throughout Florida, new programs are now available to assist OEF/OIF military personnel, veterans and their families, funded through three of Florida's largest community foundations. The Florida BrAlve Fund supports the efforts of nonprofit organizations that provide needed services and support in the State to active and former military personnel who are serving or have served in Iraq or Afghanistan and their families. The Dade Community Foundation, the Community Foundation in Jacksonville, and the Gulf Coast Community Foundation of Venice in Southwest Florida were each awarded \$5 million grants to establish a Florida initiative addressing the urgent needs of military personnel and their families

impacted by deployment. These initiatives include the BrAlve hotline, a statewide, toll-free telephone line that offers 24/7 assistance to Floridian military personnel and/or their families. All calls are free and confidential.

## **SEEKING FUNDING**

### **Garrett Lee Smith Youth Suicide Prevention Grant**

On October 6, 2008 the Substance Abuse and Mental Health Services Administration announced the award of 18 grants totaling almost \$27 million over three years to support state suicide prevention efforts. The Garrett Lee Smith Memorial Act provides authorization and funding for grants combating youth suicide. Florida was selected to receive the full grant amount of \$1.5 million to be awarded for the Florida Adolescent Suicide Awareness and Prevention (A.S.A.P.) Project.



The Florida A.S.A.P. Project is a three year project which will enhance the State's capacity to reduce the rate of suicide in youths between the ages of 10 and 24. The A.S.A.P. Project targets Duval County, a large county with a youth suicide rate higher than the national average. Agencies in this community will build upon existing state and community evidence-based and culturally competent youth suicide prevention efforts and partnerships. The A.S.A.P. Project will enhance a community infrastructure where suicide prevention is a targeted activity of the community's Children's Mental Health Task Force, a working collaboration of over 35 state, public, and private organizations. The targeted result will be a more comprehensive delivery of suicide prevention services. The five major aims of the grant project are 1) QPR Gatekeeper Training, 2) Case Management, 3) Signs of Suicide, 4) Family Involvement, and 5) Social Marketing. Grant activities are funded until 2011.

### **Garrett Lee Smith Campus Suicide Prevention Grants**

There are currently three college campuses in Florida with Garrett Lee Smith Campus Suicide Prevention Grant awards. The Statewide Office of Suicide Prevention provides support and technical assistance to these grants.

Daytona State College (2005 – 2008 & 2009 – 2012), Seminole Community College, and the University of Central Florida have formed Project SPEAK (Suicide Prevention Education and Knowledge), a consortium to conduct suicide awareness and prevention activities at three commuter institutions located in east central Florida. The three partner institutions serve approximately 63,000 students across 10 campuses in three counties. Project SPEAK institutions will provide education and training to students, faculty, administrators, faculty, staff, students and their families of the colleges and universities located in Volusia, Flagler and Seminole counties of the signs of depression, substance abuse, and suicidal ideation to prevent suicide among college students. Project SPEAK will utilize in-person seminars, develop and deploy online training, provide intensive gatekeeper training, create a stronger network of local resources through an annual conference, and produce a video on suicide awareness and prevention for commuter institutions. In addition, the project will establish an annual conference for mental health and community members, and host an annual student festival.

Edward Waters College (2009 – 2010), a small historical black liberal arts college located in the urban core of the city of Jacksonville, Florida, will create a Campus Wide Suicide Prevention Program. Specifically, the college will develop an infrastructure within its existing Counseling Center to create a network of gatekeepers, student leaders, and community behavioral health partners who will design and implement a strategic plan that will reduce or eliminate risk factors that predispose students to

suicidal ideation and prevent suicide attempts or other behavioral problems. This network will be known as Project Care. Project Care's major objectives include: 1) providing QPR training to college administrators, faculty, staff and student leaders; 2) facilitating educational seminars and cultural diversity workshops to students, their parents, faculty and staff on the myths and stigma associated with suicide and depression; 3) promoting help-seeking behaviors within the student body by replacing the negative attitudes of the behavioral health systems held by many African-Americans; 4) distributing informational literature on suicide and depression throughout the campus and at all organized student activities including Chaplain services; 5) strengthening the relationships of off-campus community behavioral health providers; and 6) providing educational information to parents on campus, over the Internet, and through mail, and establishing a Campus-Wide Suicide Help Line.

Nova Southeastern University (2009 – 2010) EPIC (Expansion of Prevention Initiatives Off-Campus) Project seeks to implement a web-based training format that will include PowerPoint slides, narration, and dramatic video vignettes. The project will benefit faculty and students involved exclusively in online education efforts. The goal is to create a human safety net that extends to the entire NSU community, providing training that explains the prevalence of student suicide, details the warning signs, and demonstrates how to help suicidal students access crisis and longer-term mental health resources.

The program will reach approximately 10,000 on-campus students, 6,000 graduate and undergraduate students who attend one of the six SECs, and the 10,000 students who study online within Florida and from other states. The newly developed web-based suicide prevention programs will be made available through an online virtual learning environment utilized for mandatory faculty training and student coursework. The EPIC Project goals are to: 1) improve identification and referral of at-risk students at the SECs across Florida; 2) increase awareness of suicide risk and protective factors and reduce the stigma associated with help-seeking behaviors among students attending classes at these SECs; and 3) increase awareness of suicide risk and protective factors and reduce the stigma associated with help-seeking behaviors among students completing online degree programs.

## STATISTICS AND DATA

### **National:**

- In the United States, an average of one person dies by suicide every 15.2 minutes. This is approximately 95 people per day.
- Suicide is consistently the 11<sup>th</sup> ranking cause of death in the United States.
- It is estimated that there are 25 attempts for every 1 suicide.
- There are approximately 3.6 male suicides for every 1 female suicide, but there are approximately 3 female attempts for each 1 male attempt.
- Each suicide is estimated to intimately affect at least 6 other people. If there is a suicide every 15.2 minutes, then there are 6 new survivors every 15.2 minutes as well.
- In 2007, there were 1,010,953 years of potential life lost before age 75.
- Firearms remain the most commonly used suicide method accounting for 50.2% of all deaths by suicide.

### **Florida:**

- In 2009, there were 2,854 suicides in Florida.
- An average of 8 Floridians per day lose their lives to suicide.
- Suicide was Florida's 9<sup>th</sup> leading cause of death in 2009.
- Florida's suicide rate is consistently double the homicide rate.
- Florida ranks 17<sup>th</sup> in the nation for highest suicide rate (2007).

### **General:**

- Over 90% of suicide victims have a significant psychiatric illness of substance abuse disorder at the time of their death. These are often undiagnosed, untreated or both.
- Research suggests that 20 – 50% of individuals who die by suicide have alcohol or drug use problems. Thus, substance use disorder is the psychiatric diagnosis with the second greatest association to suicide, second only to depression. Suicide prevention initiatives that identify at-risk populations and provide treatment must target people with both mental illness and/or substance use disorders, as both are associated with an increased risk of suicide.<sup>ii</sup>

## **Youth:**

- Suicide is the third leading cause of death for ages 10 – 24 (only accidents and homicides occur more in this age).
- It is the second leading cause of death for American college students.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
- Every day across the nation, there are approximately 11 youth suicides.
- Every 2 hours, 2 minutes a person under the age of 25 dies by suicide in the United States.
- In the United States in 2007, 34,598 people died by suicide. Of these, 4,140 deaths were by people between the ages of 15 – 24.
- For every youth suicide, it is estimated that 100-200 attempts are made.
- In 2007, young people were 14.1% of the population but comprised 12% of the suicides.

## **Adults:**

- Highest number of suicides.
- In 2009, 70% of suicides in Florida were among ages 25 – 64.

## **Elderly:**

- Nationally, 15 older adults die each day by suicide. On average, 1 elderly person (65+) dies by suicide every 1 hour 37 minutes.
- In 2007, elderly made up 12.6% of the population but represented 15.7% of the suicides.
- Nationally in 2007, people ages 65 and older died by suicide at a rate of 14.9. This figure is higher than the national average of 11.5 suicides per 100,000 people in the general population.
- This is the most lethal population group compared to younger populations. The rate of attempts to suicide deaths is 4:1 in older adults versus 100-200:1 in younger individuals.
- Eighty percent of seniors who die by suicide visited their primary care physician within the past 30 days, 40% were seen within the last week; and 20% saw their primary care physician on the same day as the suicide.

## **Protective Factors for Suicide:**

Protective factors are conditions or variables that help safeguard youth from suicide; they enhance resilience and may serve to counterbalance risk factors.

- Effective clinical care for mental, physical and substance use disorders.
- Easy access to a variety of clinical interventions and support for help-seeking.
- Restricted access to highly lethal means of suicide.
- Strong connections to family and community support.
- Support through ongoing medical and mental health care relationships.
- Skills in problem-solving, conflict resolution and nonviolent handling of disputes.
- Cultural and religious beliefs that discourage suicide and support self-preservation.

## **Risk Factors for Suicide:**

Risk factors are conditions that can increase ones potential for suicidal behavior.

### ***Biopsychosocial Risk Factors:***

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders.
- Alcohol and other substance use disorders.
- Hopelessness.
- Impulsive and/or aggressive tendencies.
- History of trauma or abuse.
- Some major physical illnesses.
- Previous suicide attempt(s).
- Family history of suicide.

### ***Environmental Risk Factors:***

- Job or financial loss.
- Relational or social loss.
- Easy access to lethal means.
- Local clusters of suicides that have a contagious influence.

***Sociocultural Risk Factors:***

- Lack of social support and sense of isolation.
- Stigma associated with help-seeking behavior.
- Barriers to accessing health care, especially mental health and substance abuse treatment.
- Certain cultural or religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma).
- Exposure to, including through the media, and influence of others who have died by suicide.

## Leading Causes of Death in Florida:

<b>2009</b>	
Cause of Death	Total Deaths (169,854)
1. Heart Disease	41,202
2. Cancer	40,817
3. Chronic Lower Respiratory Disease	10,163
4. Unintentional Injuries (Accident)	8,779
5. Stroke	8,385
6. Diabetes Mellitus	4,899
7. Alzheimer's Disease	4,613
8. Nephritis	3,046
<b>9. Suicide</b>	<b>2,854</b>
10. Pneumonia/Influenza	2,405
11. Chronic Liver Disease & Cirrhosis	2,361
12. Septicemia	1,873
13. Hypertension	1,866
14. Parkinson's Disease	1,631
15. AIDS/HIV	1,232
16. Homicide	1,135

<b>2008</b>	
Cause of Death	Total Deaths (170,473)
1. Heart Disease	41,931
2. Cancer	40,549
3. Chronic Lower Respiratory Disease	10,154
4. Unintentional Injuries (Accident)	8,918
5. Stroke	8,472
6. Diabetes Mellitus	5,154
7. Alzheimer's Disease	4,724
8. Nephritis	2,935
<b>9. Suicide</b>	<b>2,723</b>
10. Chronic Liver Disease & Cirrhosis	2,323
11. Pneumonia/Influenza	2,288
12. Septicemia	1,898
13. Hypertension	1,833
14. Parkinson's Disease	1,575
15. AIDS/ HIV	1,412
16. Homicide	1,301

<b>2007</b>	
Cause of Death	Total Deaths (167,708)
1. Heart Disease	41,956
2. Cancer	39,790
3. Chronic Lower Respiratory Disease	9,317
4. Unintentional Injuries (Accident)	9,020
5. Stroke	8,715
6. Diabetes Mellitus	5,092
7. Alzheimer's Disease	4,632
8. Nephritis	2,906
<b>9. Suicide</b>	<b>2,570</b>
10. Chronic Liver Disease & Cirrhosis	2,244
11. Pneumonia/Influenza	2,221
12. Septicemia	1,855
13. Hypertension	1,712
14. Parkinson's Disease	1,526
15. AIDS/HIV	1,526
16. Homicide	1,319

<b>2006</b>	
Cause of Death	Total Deaths (169,365)
1. Heart Diseases	43,968
2. Malignant Neoplasm (Cancer)	40,081
3. Chronic Lower Respiratory Diseases	8,869
4. Cerebrovascular Disease (Stroke)	8,864
5. Unintentional Injury (Accident)	8,837
6. Diabetes Mellitus	5,137
7. Alzheimer's Disease	4,679
8. Nephritis	2,587
9. Influenza & Pneumonia	2,424
<b>10. Suicide</b>	<b>2,410</b>
11. Chronic Liver Diseases	2,183
12. Septicemia	1,936
13. Hypertension	1,826
14. AIDS/HIV	1,746
15. Parkinson's Disease	1,428
16. Homicide	1,211

Source: Florida Vital Statistics Annual Report

## **Suicide, HIV, and Homicide Deaths by Florida County, 2009:**

COUNTY	SUICIDE	HIV	HOMICIDE	COUNTY	SUICIDE	HIV	HOMICIDE
FLORIDA	2,854	1232	1135	LAFAYETTE	2	0	1
ALACHUA	28	10	10	LAKE	53	11	12
BAKER	6	0	1	LEE	104	11	45
BAY	40	5	8	LEON	28	11	10
BRADFORD	8	4	2	LEVY	5	3	1
BREVARD	103	20	33	LIBERTY	1	0	1
BROWARD	226	193	93	MADISON	3	3	1
CALHOUN	7	0	2	MANATEE	66	13	26
CHARLOTTE	22	3	4	MARION	61	8	14
CITRUS	30	1	2	MARTIN	35	0	6
CLAY	41	6	11	MONROE	25	9	5
COLLIER	51	11	18	NASSAU	14	3	3
COLUMBIA	12	4	7	OKALOOSA	47	3	6
MIAMI-DADE	239	282	222	OKEECHOBEE	7	1	4
DESOTO	7	2	1	ORANGE	113	62	85
DIXIE	3	0	0	OSCEOLA	29	12	11
DUVAL	147	100	117	PALM BEACH	191	103	85
ESCAMBIA	42	23	26	PASCO	90	16	17
FLAGLER	17	7	4	PINELLAS	191	47	34
FRANKLIN	2	0	0	POLK	81	20	31
GADSDEN	6	5	3	PUTNAM	18	9	4
GILCHRIST	0	1	1	ST JOHNS	30	4	5
GLADES	0	0	0	ST LUCIE	46	21	9
GULF	2	0	1	SANTA ROSA	20	3	0
HAMILTON	1	1	1	SARASOTA	70	13	16
HARDEE	1	4	0	SEMINOLE	68	9	19
HENDRY	8	4	2	SUMTER	9	5	3
HERNANDO	38	8	5	SUWANNEE	5	1	0
HIGHLANDS	23	5	4	TAYLOR	5	1	3
HILLBOROUGH	180	72	56	UNION	2	11	1
HOLMES	4	1	0	VOLUSIA	80	26	22
INDIAN RIVER	24	8	7	WAKULLA	7	1	2
JACKSON	9	6	2	WALTON	12	3	3
JEFFERSON	3	0	1	WASHINGTON	6	2	4

Source: Florida Office Of Vital Statistics - Table D-12 (Adapted). Resident Deaths by Leading Cause of Death, By County, Florida, 2009

**County Ranking by Suicide Rate, 2009 vs 2008:**

2009					2008			
Ranking	County	Suicides	Population	Rates per 100,000 Population	Ranking	Suicides	Population	Rates per 100,000 Population
	Florida	2,854	18,819,000	15.2		2,723	18,812,155	14.5
1	Calhoun	7	14,309	48.9	67	0	14,287	0.0
2	Monroe	25	75,213	33.2	9	16	75,715	21.1
3	Bradford	8	29,108	27.5	27	5	29,062	17.2
4	Martin	35	143,585	24.4	19	27	143,816	18.8
5	Putnam	18	74,777	24.1	47	10	74,959	13.3
6	Okaloosa	47	196,662	23.9	8	43	197,439	21.8
7	Bay	40	169,955	23.5	32	27	169,454	15.9
8	Washington	6	25,600	23.4	2	9	24,971	36.0
9	Baker	6	26,049	23.0	34	4	25,918	15.4
10	Hernando	38	166,850	22.8	19	31	165,126	18.8
10	Highlands	23	100,834	22.8	60	10	100,341	10.0
12	Lafayette	2	8,981	22.3	54	1	8,326	12.0
13	Clay	41	185,678	22.1	35	28	185,064	15.1
14	Wakulla	7	31,931	21.9	66	2	31,057	6.4
15	Taylor	5	23,701	21.1	27	4	23,302	17.2
16	Citrus	30	143,857	20.9	22	26	142,493	18.2
17	Manatee	66	318,765	20.7	16	60	317,886	18.9
17	Walton	12	58,046	20.7	51	7	57,870	12.1
19	Pasco	90	437,880	20.6	10	91	438,895	20.7
20	Pinellas	191	932,909	20.5	16	177	937,353	18.9
21	Jefferson	3	14,732	20.4	11	3	14,579	20.6
22	Desoto	7	34,898	20.1	39	5	34,584	14.5
22	Holmes	4	19,943	20.1	3	7	19,815	35.3
24	Hendry	8	41,997	19.0	51	5	41,432	12.1
24	Nassau	14	73,732	19.0	7	17	72,248	23.5
26	Dixie	3	16,080	18.7	1	6	15,995	37.5
27	Brevard	103	555,944	18.5	15	108	556,387	19.4
28	Marion	61	330,749	18.4	29	55	329,866	16.7
29	Lake	53	292,605	18.1	25	50	289,193	17.3
30	Columbia	12	67,161	17.9	30	11	66,308	16.6
30	Flagler	17	95,220	17.9	44	13	95,513	13.6
30	Sarasota	70	391,997	17.9	39	57	393,385	14.5
33	Okeechobee	7	40,133	17.4	13	8	40,088	20.0
34	Indian River	24	141,926	16.9	23	25	141,811	17.6
35	Jackson	9	53,663	16.8	16	10	52,900	18.9
35	St. Lucie	46	274,460	16.8	49	35	276,250	12.7
37	Lee	104	620,966	16.7	33	98	623,355	15.7
38	Duval	147	908,562	16.2	35	137	905,177	15.1
39	Franklin	2	12,427	16.1	65	1	12,358	8.1
39	St. Johns	30	186,142	16.1	48	24	182,354	13.2

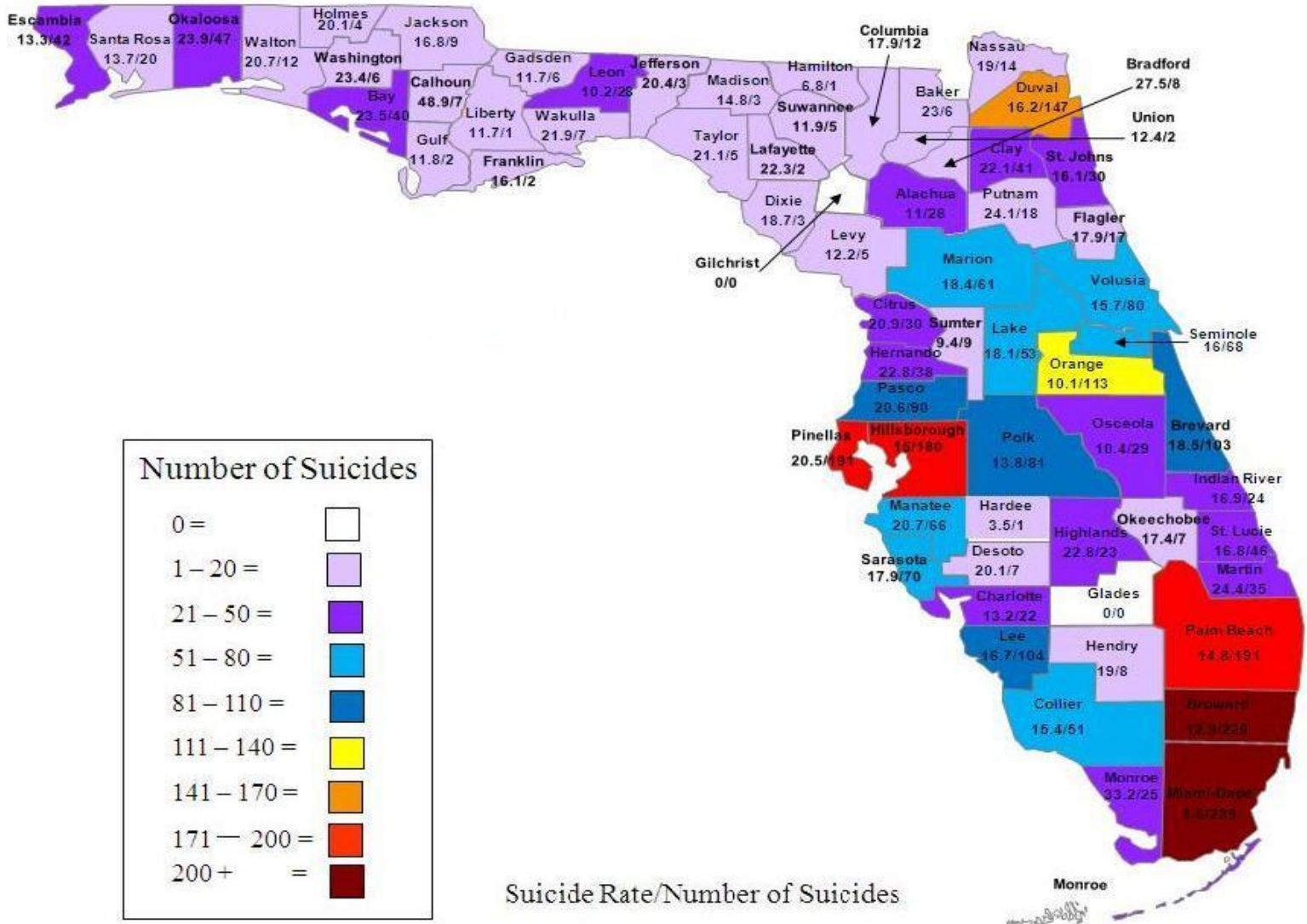
41	Seminole	68	423,947	16.0	58	47	425,911	11.0
42	Volusia	80	508,844	15.7	12	104	510,504	20.4
43	Collier	51	332,204	15.4	50	42	332,602	12.6
44	Hillsborough	180	1,202,309	15.0	44	163	1,200,986	13.6
45	Madison	3	20,266	14.8	6	5	20,188	24.8
45	Palm Beach	191	1,289,159	14.8	41	186	1,294,035	14.4
47	Polk	81	584,978	13.8	42	84	585,752	14.3
48	Santa Rosa	20	145,579	13.7	30	24	144,487	16.6
49	Escambia	42	314,698	13.3	38	46	313,837	14.7
50	Charlotte	22	166,298	13.2	24	29	165,827	17.5
51	Broward	226	1,748,249	12.9	44	238	1,755,971	13.6
52	Union	2	16,157	12.4	21	3	16,005	18.7
53	Levy	5	41,064	12.2	14	8	40,857	19.6
54	Suwannee	5	42,181	11.9	61	4	40,944	9.8
55	Gulf	2	16,885	11.8	56	2	16,924	11.8
56	Gadsden	6	51,430	11.7	61	5	50,843	9.8
56	Liberty	1	8,580	11.7	51	7	57,870	12.1
58	Alachua	28	254,690	11.0	57	28	253,119	11.1
59	Osceola	29	277,731	10.4	64	25	274,933	9.1
60	Leon	28	275,369	10.2	59	28	275,158	10.2
61	Orange	113	1,115,169	10.1	54	134	1,115,248	12.0
62	Miami-Dade	239	2,477,019	9.6	63	234	2,478,097	9.4
63	Sumter	9	96,033	9.4	37	14	93,602	15.0
64	Hamilton	1	14,769	6.8	4	4	14,784	27.1
65	Hardee	1	28,358	3.5	42	4	28,029	14.3
66	Glades	0	11,520	0.0	5	3	11,370	26.4
66	Gilchrist	0	17,502	0.0	25	3	17,299	17.3

*Rates based on <20 cases may be unstable, use with caution.*

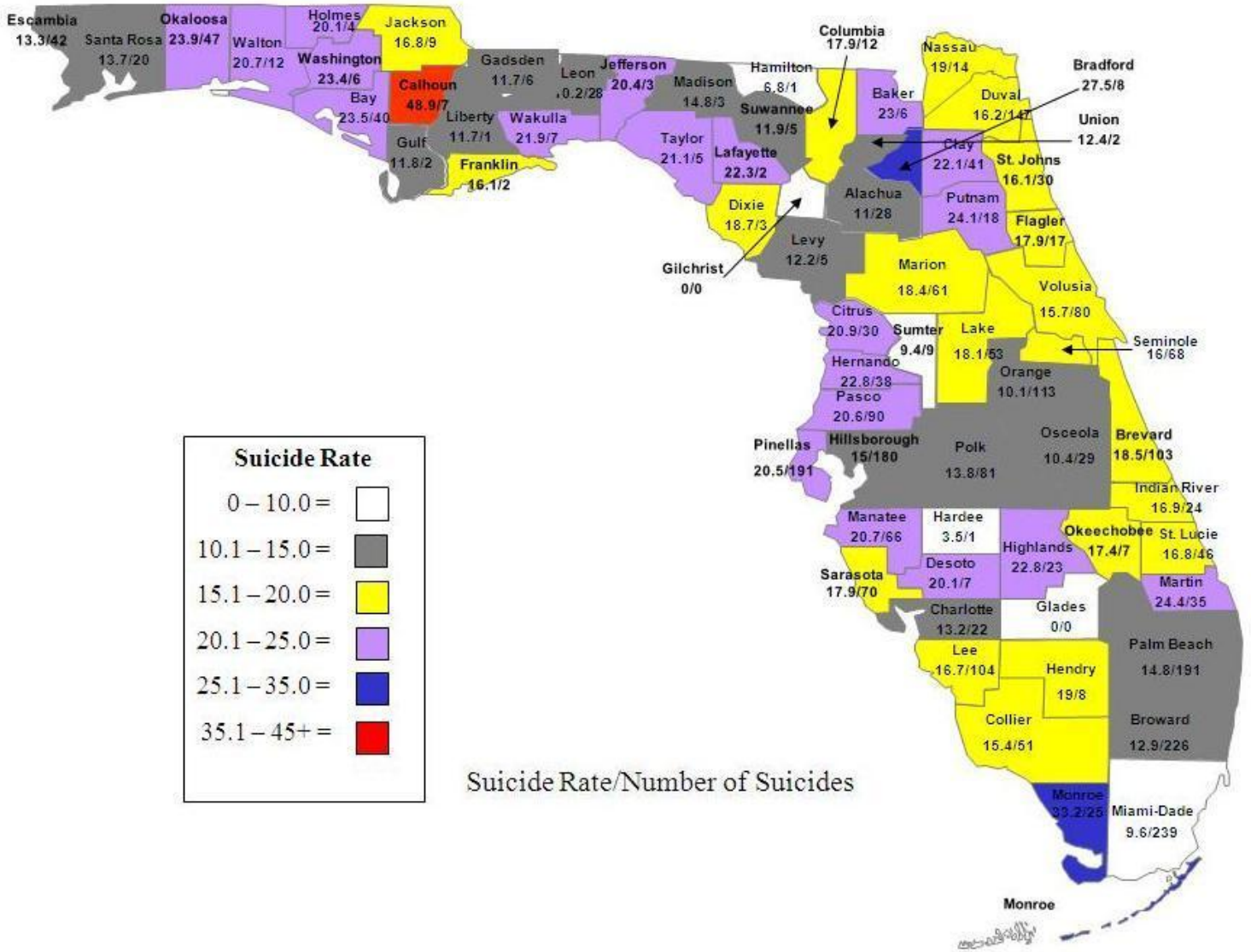
*Data Source: Florida Charts, Office of Planning, Evaluation, and Data Analysis, Florida Department of Health (<http://www.floridacharts.com>).*

*Population estimates are provided by the Florida Legislature's Office of Economic and Demographic Research (EDR). Population data shown on CHARTS and EDR's website may not agree, since EDR revises its population estimates twice a year and CHARTS population data are not revised as often.*

## 2009 Florida Suicide Data Map, Shaded by Number:

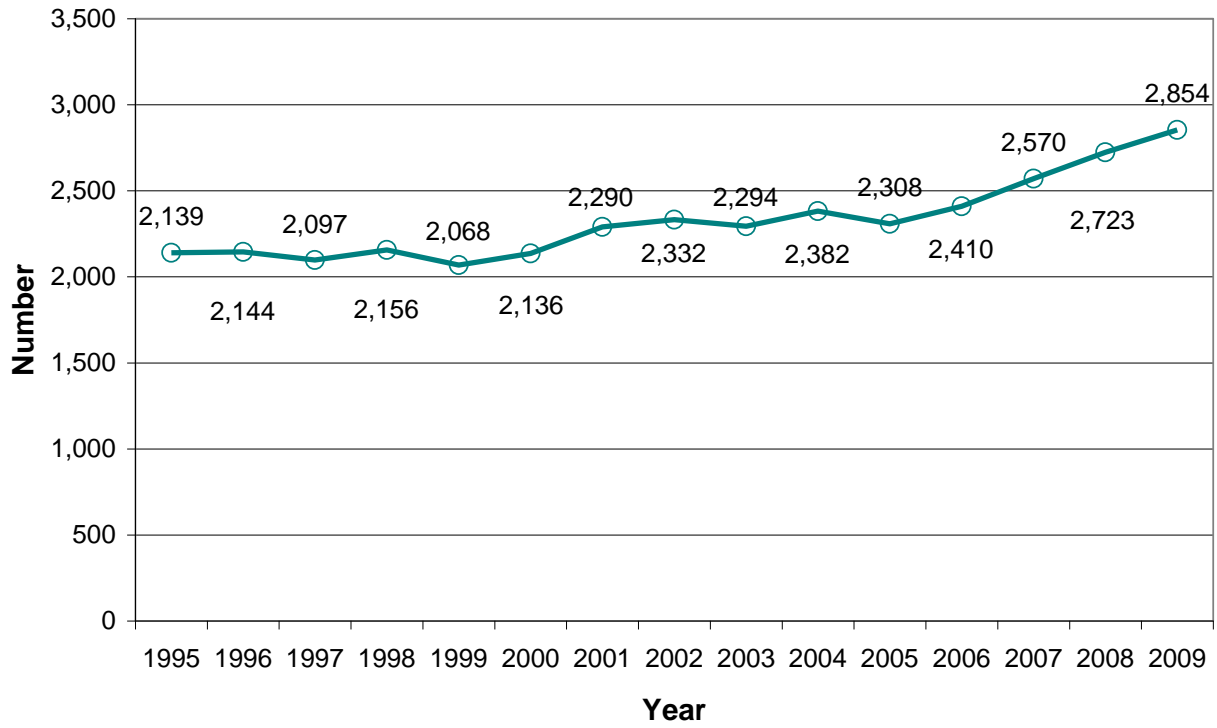


# 2009 Florida Suicide Data Map, Shaded by Rate:

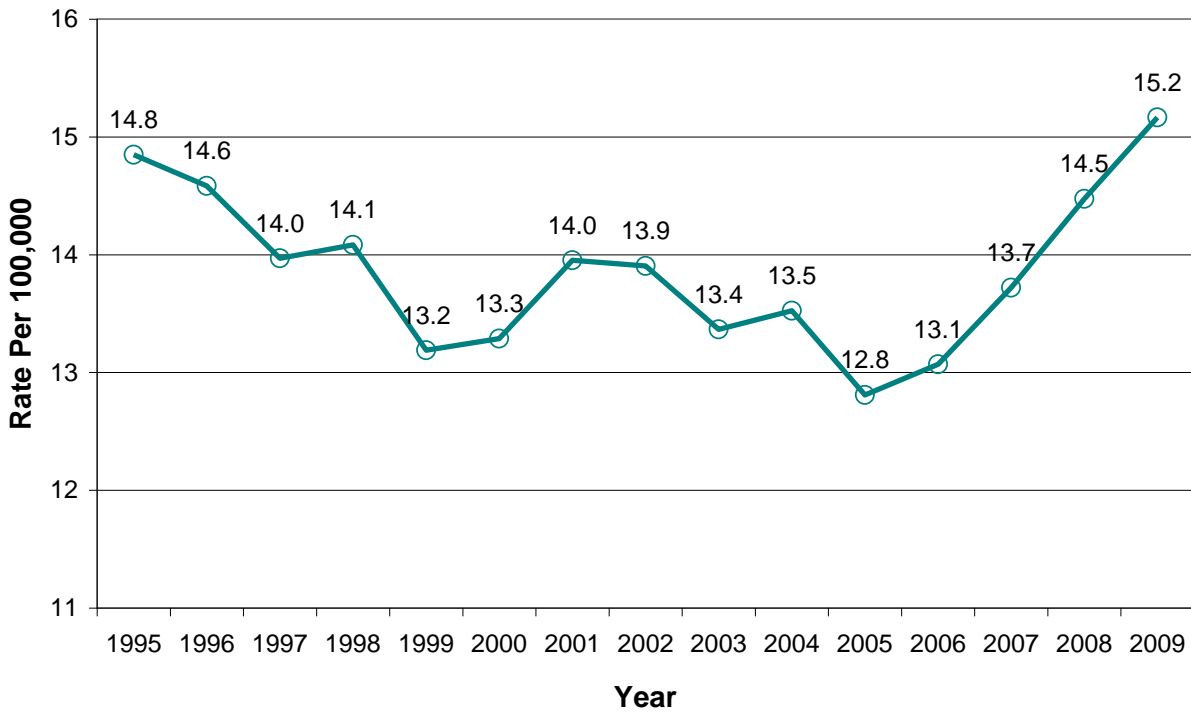


Suicide Rate/Number of Suicides

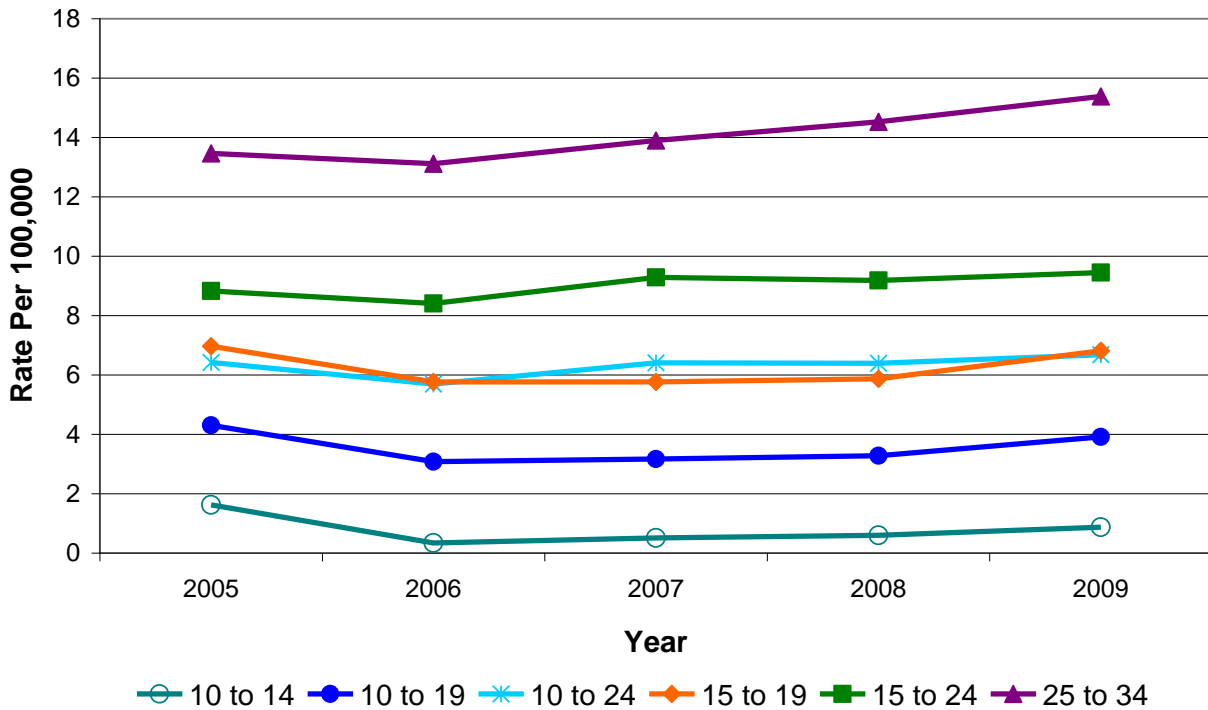
**Number of Suicides among Florida Residents, 1995-2009**



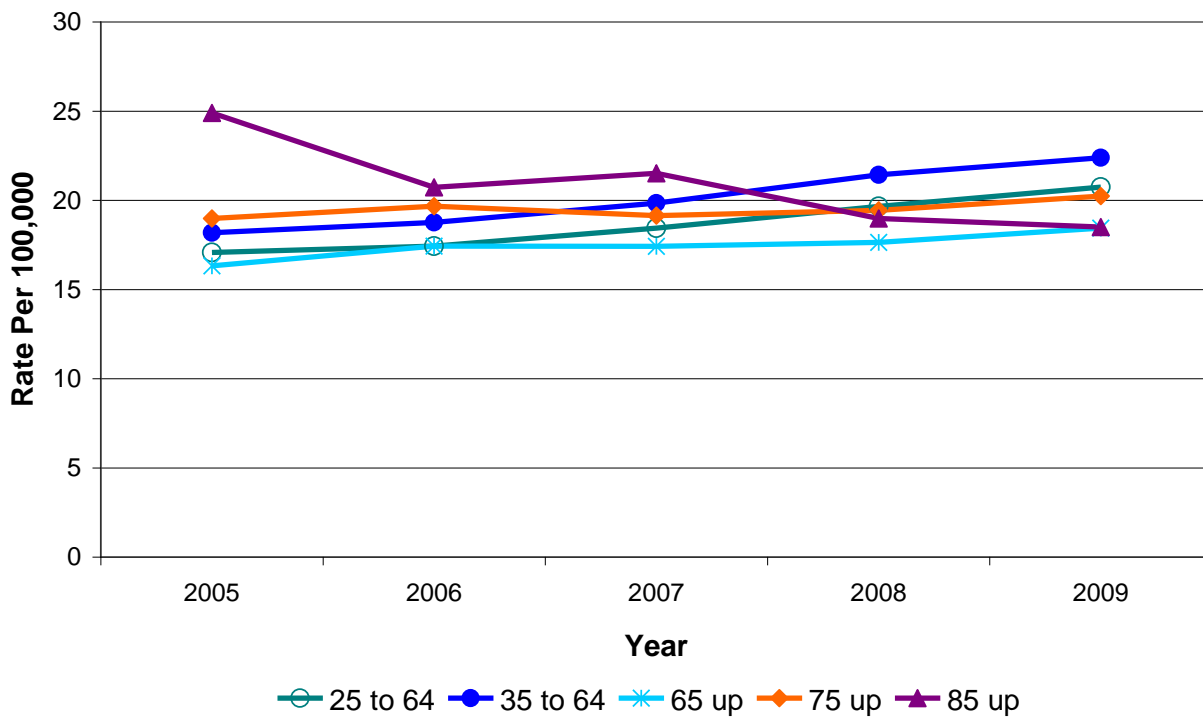
**Suicide Rates Per 100,000 Florida Residents, 1995-2009**



**Suicide Rates Per 100,000 Florida Residents,  
Select Age Groups, 2005-2009**



**Suicide Rates Per 100,000 Florida Residents,  
Select Age Groups, 2005-2009**



## Self-Injury and Suicide Ideation and Attempts Among Florida Public High School Students



Results from the 2009 Florida Youth Risk Behavior Survey

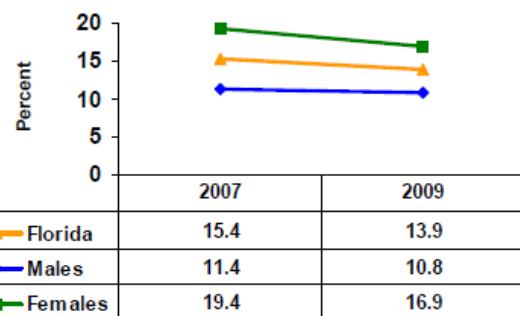
\*Fact Sheet 3\*

### Introduction

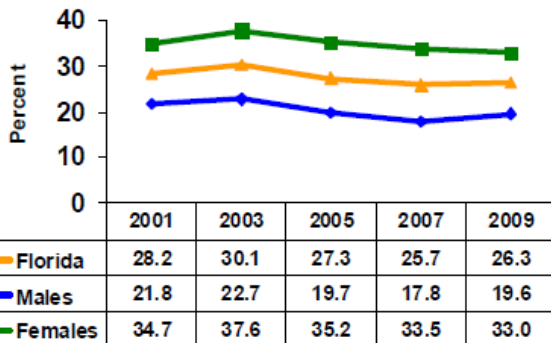
The Florida Youth Risk Behavior Survey (YRBS) is a self-administered, school-based anonymous survey that has been conducted in Florida public high schools every two years since 1991. It is part of a national survey effort led by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. In 2009, 5,684 students in 80 public high schools in Florida completed the YRBS. The overall response rate was 71%. Since 2001, the response rate has been high enough for the data to be weighted to represent all Florida public high school students.

### Self-injured, without wanting to die\*

In 2009, approximately 106,730 students (13.9%) did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose, one or more times during the past 12 months. Females (16.9%) were more likely than males (10.8%) to purposely hurt themselves.



\*Question first asked in 2007

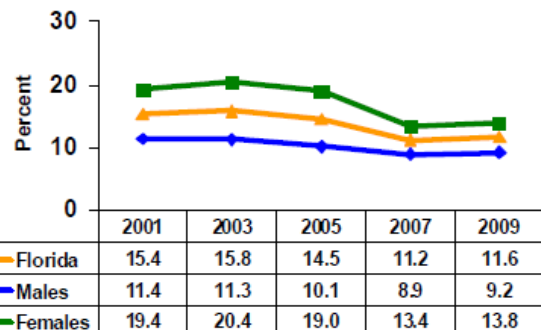


### Felt sad or hopeless and stopped doing some usual activities

In 2009, approximately 202,200 students (26.3%) felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. This prevalence did not change significantly from 2001 to 2009. Males consistently had a lower prevalence of this behavior than females.

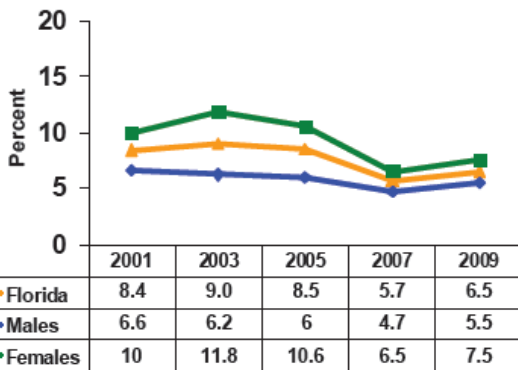
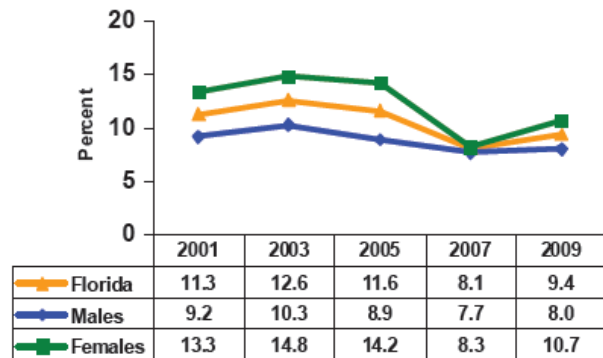
### Considered attempting suicide

In 2009, approximately 89,400 students (11.6%) seriously considered attempting suicide during the past 12 months. This prevalence decreased by 24.7% from 2001 to 2008. Males consistently had a lower prevalence of this behavior than females.



**Made a plan of how to commit suicide**

In 2009, approximately 71,500 students (9.4%) made a plan about how they would commit suicide during the past 12 months. This prevalence decreased by 28.3% from 2001 to 2007, but increased from 2007 to 2009. Males had a significantly lower prevalence of this behavior than females in all years except 2007.

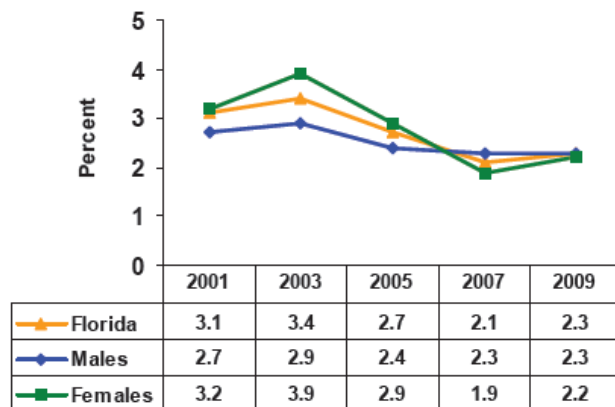


**Attempted suicide**

In 2009, approximately 45,300 students (6.5%) attempted suicide one or more times during the past 12 months. This prevalence decreased by 32.1% from 2001 to 2007, but increased from 2007 to 2009. Males consistently had a lower prevalence of this behavior than females.

**Medical attention was required**

In 2009, approximately 15,500 students (2.3%) attempted a suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months. This prevalence decreased by 32.3% from 2001 to 2009. The prevalence of this indicator did not differ significantly by gender in 2009.



For more information about the YRBS, please contact Ms. Jamie Weitz, M.S., Florida Youth Survey Coordinator, at (850) 245-4444, Ext. 2424, or by e-mail at [Jamie\\_Weitz@doh.state.fl.us](mailto:Jamie_Weitz@doh.state.fl.us) or visit our website at: <http://www.FloridaChronicDisease.org/YRBS/intro.htm>. For an interactive database of YRBS data, visit the CDC's YRBS web site at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs). This document was developed by the Bureau of Epidemiology for the Florida Department of Education's Office of Healthy Schools in Cooperation with the U.S. Centers for Disease Control and Prevention, Division of Adolescent and School Health Project Number U87/CCU001239-02.



### **14.2019 Statewide Office for Suicide Prevention**

14.2019, F.S. creates the Statewide Office for Suicide Prevention as a unit of the Drug Control Office of the Governor; provides appropriation of \$150,000 per fiscal year. The Statewide Office shall, within available resources:

- a) Develop a network of community-based programs to improve suicide prevention initiatives. The network shall identify and work to eliminate barriers to providing suicide prevention services to individuals who are at risk of suicide. The network shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, law enforcement agencies, first responders to emergency calls, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse treatment agencies, health care providers, and school personnel.
- b) Prepare and implement the statewide plan with the advice of the Suicide Prevention Coordinating Council.
- c) Increase public awareness concerning topics related to suicide prevention.
- d) Coordinate education and training curricula into suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.

The Statewide Office of Suicide Prevention may seek and accept grants or funds from any federal, state, or local source to support the operation and defray the authorized expenses of the office and the Suicide Prevention Coordinating Council. Revenues from grants shall be deposited in the Grants and Donations Trust Fund within the Executive Office of the Governor. In accordance with the s.216.181 (11), the Executive Office of the Governor may request additional changes to the approved operating budget to allow the expenditure of any additional grant funds pursuant to this subsection.

Agencies under the control of the Governor or the Governor and Cabinet are directed, and all others are encouraged to provide information and support the Statewide Office for Suicide Prevention as requested.

## **14.20195 Suicide Prevention Coordinating Council**

14.20195, F.S. creates the Suicide Prevention Coordinating Council within the Statewide Office for Suicide Prevention. The council shall develop strategies for preventing suicide.

The Suicide Prevention Coordinating Council is a coordinating council as defined in s.20.03 and shall:

a) Advise the Statewide Office of Suicide Prevention regarding the development of a statewide plan for suicide prevention, with the guiding principle being that suicide is a preventable problem. The statewide plan must:

1. Align and provide direction for statewide suicide prevention initiatives.
2. Establish partnerships with state and private agencies for the purpose of promoting public awareness of suicide prevention.
3. Address specific populations in this state who are at risk for suicide.
4. Identify ways to improve access to crisis services for individuals in acute situations.
5. Identify resources to support the implementation of the statewide plan.

b) Assemble an ad hoc advisory committee comprised of members from outside the council, if necessary, in order for the council to receive assistance in carrying out its responsibilities.

c) Make findings and recommendations regarding suicide prevention programs and activities. The council shall prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives January 1, 2008, and each year thereafter. The annual report must describe the status of existing and planned initiatives identified in the state plan for suicide prevention and any recommendations arising there from.

The Suicide Prevention Coordinating Council shall consist of 27 voting members. Thirteen members shall be appointed by the Director of the Office of Drug Control and shall represent the following organizations:

1. The Florida Association of School Psychologists – Dr. Gene Cash, Director, School Psychology Assessment and Consultation Center; Licensed Psychologist; and Associate Professor, Nova Southeastern University Center for Psychological Studies.
2. The Florida Sheriff's Association – Sheriff Donald Eslinger
3. The Suicide Prevention Action Network USA – Frank Buonauro, Founder, The Michael Buonauro Foundation
4. The Florida Initiative for Suicide Prevention – Jackie Rosen, Executive Director
5. The Florida Suicide Prevention Coalition – Judy Broward, Vice-Chair
6. The American Foundation for Suicide Prevention – Lorie Simmons, Southeast Chapter Area Director
7. The Florida School Board Association – Jeanne Dozier, President
8. The National Council for Suicide Prevention – Dan Reidenberg, PsyD
9. Florida AARP – Dee Miller
10. The Florida Alcohol and Drug Abuse Association – Bob Rihn, President
11. The Florida Counseling Association – Debbie Greer, Past President
12. The Florida Council for Community Mental Health – Wayne Dreggors, Senior Vice President of Adult Services, Seminole Behavioral Healthcare
13. National Alliance on Mental Illness – Judi Evans, Executive Director

The following state officials or their designees shall serve on the coordinating council:

1. Department of Elder Affairs – Michele Mule, Health and Wellness Manager
2. Department of Health – Lisa VanderWerf-Hourigan, Manager, Office of Injury Prevention
3. Department of Education – Bettye Hyle, Team Leader of Student Services
4. Agency for Health Care Administration
5. Department of Juvenile Justice – Dr. Tracy Shelby, Mental Health Consultant, Detention Services
6. Department of Corrections – Pam Denmark, Deputy Assistant Secretary, Community Corrections Program
7. Florida Department of Law Enforcement – Commissioner Gerald Bailey
8. Department of Veterans' Affairs – Joe Marino, Defense Coordinator, Office of Tourism, Trade, and Economic Development
9. Department of Children and Families – Jackie Beck, Chief of Adult Mental Health, Mental Health Program Office
10. Agency for Workforce Innovation

The Governor shall appoint four additional members to the coordinating council. The appointees must have expertise that is critical to the prevention of suicide or represent an organization that is not already represented on the coordinating council.

1. Dr. Marshall Knudson, Director, Alachua County Crisis Center
2. Stephen Roggenbaum, Assistant in Research, Florida Mental Health Institute, University of South Florida
3. Judge Thomas "Patterson" Maney, Okaloosa County
4. Donna Schulz, Law Enforcement Coordinating Manager, United States Attorney's Office Middle District of Florida

The Director of the Office of Drug Control shall be a non-voting member of the coordinating council and shall act as Chair. The coordinating council shall meet at least quarterly or upon the call of the Chair. Colonel Bruce Grant is the Director of the Florida Office of Drug Control and serves as Chair of the Council.

## ENDNOTES

<sup>i</sup> Suicide Prevention Resource Center. (2008). Relationship between the economy, unemployment and suicide. Retrieved from [http://www.sprc.org/library/Economy\\_Unemployment\\_and\\_Suicide\\_2008.pdf](http://www.sprc.org/library/Economy_Unemployment_and_Suicide_2008.pdf).

<sup>ii</sup> Murphy, G. (2000). Psychiatric aspects of suicidal behavior: Substance abuse. In K. Hawton and K. Van Heeringen (Eds), *International Handbook of Suicide and Attempted Suicide* (pp. 135-146). Chichester, UK: John Wiley and Sons.

## CONTACT INFORMATION

### **Senta M. Goudy**

Chief of Prevention, Florida Office of Drug Control  
Director, Statewide Office of Suicide Prevention  
Executive Office of the Governor  
The Capitol, Suite 2105  
400 South Monroe Street  
Tallahassee, Florida 32399-0001  
(850) 413-0854 voice  
(850) 922-2894 fax  
[Senta.Goudy@MyFlorida.com](mailto:Senta.Goudy@MyFlorida.com)

### **Allyson D. Adolphson**

Suicide Prevention Specialist  
Statewide Office of Suicide Prevention  
Florida Office of Drug Control  
Executive Office of the Governor  
The Capitol, Suite 2105  
400 South Monroe Street  
Tallahassee, Florida 32399-0001  
(850) 922-9350 voice  
(850) 922-2894 fax  
[Allyson.Adolphson@MyFlorida.com](mailto:Allyson.Adolphson@MyFlorida.com)

### **Online:**

Website: [www.HelpPromoteHope.com](http://www.HelpPromoteHope.com)  
Facebook: [www.facebook.com/FloridaSuicidePrevention](http://www.facebook.com/FloridaSuicidePrevention)  
Twitter: [www.twitter.com/HelpPromoteHope](http://www.twitter.com/HelpPromoteHope)  
Myspace: [www.myspace.com/FloridaSuicidePrevention](http://www.myspace.com/FloridaSuicidePrevention)

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