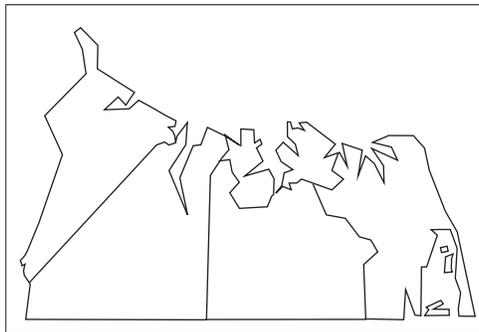


**AN INVESTMENT IN PRIORITIES**  
**FOR SOUTH HAMPTON ROADS**  
A Regional Human Services Initiative

**A Report on Suicide  
in South Hampton Roads**



## AN INVESTMENT IN PRIORITIES

**FOR SOUTH HAMPTON ROADS**

A Regional Human Services Initiative

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United Way of South Hampton Roads  
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This report was prepared by  
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Norfolk, VA

## Introduction

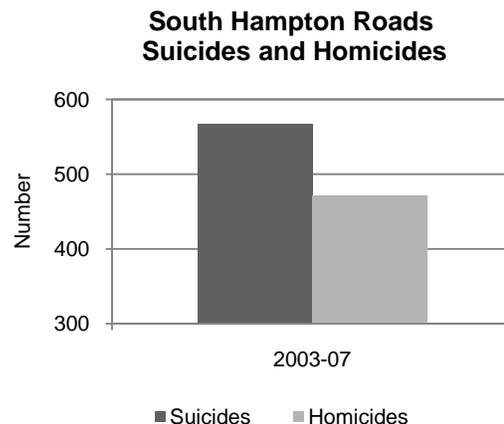
Suicide is a public health problem in the United States. From 2003-2007, it resulted in 567 deaths and serious injuries in Hampton Roads. According to the American Foundation for Suicide Prevention, 20% of Americans will have a suicide within their immediate family. Sixty percent will personally know someone who dies by suicide.<sup>1</sup> By working with individuals, families and communities, suicides and attempted suicides can be prevented.

Suicide is the 11<sup>th</sup> leading cause of death among Americans and the 3<sup>rd</sup> leading cause of death for those between the ages of 15-24. Suicide is the 2<sup>nd</sup> leading cause of death for individuals ages 25-34.<sup>2</sup> In South Hampton Roads, 117 residents died by suicide during 2007 and in Virginia, 872 died by suicide.

More people die by suicide each year than die because of homicide in the United States.<sup>3</sup> In the five year period from 2003 through 2007, twice as many people died from suicide as homicide. The suicide rates are even higher in rural areas where residents are more isolated and services are not as readily available.

**Table 1: Number of Suicides and Homicides<sup>4</sup>**

	2003-2007	
	Suicides	Homicides
Chesapeake	89	50
Franklin	3	3
Isle of Wight	14	3
Norfolk	121	209
Portsmouth	62	82
Southampton	10	5
Suffolk	31	25
Virginia Beach	237	94
Region	567	471
Virginia	4,203	2,075
United States	162,745	83,375



Each suicide death affects an estimated six additional people in the community. Since some cultures condemn suicide, family members may be uncomfortable disclosing or discussing the death by suicide of a loved one. Also, there is a strong association between mental health problems and suicide, which leads to difficulty discussing the

<sup>1</sup> American Foundation for Suicide Prevention, <http://www.afsp.org/>

<sup>2</sup> Suicide Prevention Resource Center – Suicide Prevention Basics, [www.sprc.org](http://www.sprc.org)

<sup>3</sup> Centers for Disease Control and Prevention, [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

<sup>4</sup> Source: Virginia Department of Health, Centers for Disease Control and Prevention, Virginia State Police, Federal Bureau of Investigation

death. Family members may blame themselves or others for failing to recognize the warning signs or to force victims to seek help before they died.

## Risk Factors

Ninety percent of suicides that take place in the United States are associated with mental illness. Depression is an indicator for risk of suicide; fifty percent of those who die by suicide suffer from depression, a treatable mental illness. The suicide rate of those suffering from depression is eight times higher than the general population suicide rate.<sup>5</sup> Other risk factors include previous suicide attempts, alcohol or drug abuse, family history of suicide or violence, physical illness, and feeling alone.

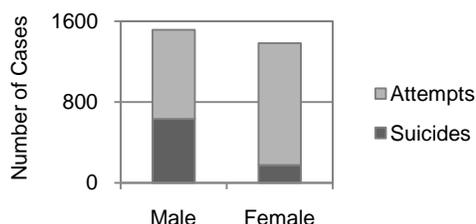
## Demographics

Age is also a risk factor for suicide. In Virginia, 16.1 percent of Virginia's population is considered elderly (over the age of 60). There were 970 elder suicides from 2003-2007 for a rate of 16.0 per 100,000 persons.<sup>6</sup> Elder suicides accounted for 23.1 percent of all suicides from 2003-2007. In 2007, the elder suicide rate was 16.4 and the non-elder rate was 12.8. There were 160 elder suicides in South Hampton Roads for a rate of 13.2 per 100,000 persons. Elder suicides accounted for 28.2% of suicides in South Hampton Roads from 2003-2007.

In addition to the increased rates of suicide, there are several additional indicators that elder and non-elder suicides are different social problems. Non-elder suicide victims have a higher rate of mental illness, are more frequently reacting to a life crisis, or are dealing with intimate partner problems. Elder suicide victims are more often dealing with physical health problems. While both elder and non-elder suicide victims are predominantly male and white, this trend is more pronounced among elder suicide victims. Elder suicide victims are 82.5% male and 92.0% white, compared to 75.3% male and 84.8% white for non-elder suicides.

Racial and gender differences exist among all suicide deaths. In Virginia from 1999-2005, suicide deaths among white non-Hispanics (69% of the total population) accounted for 84% of suicide deaths. Males accounted for 78% of suicide deaths in Virginia from 1999-2005.

**Suicides and Attempts  
by Gender, Virginia  
2006**



<sup>5</sup> Suicide Prevention Resource Center – Suicide Prevention Basics, [www.sprc.org](http://www.sprc.org)

<sup>6</sup> Elder Suicide in Virginia: A Report from the Virginia Violent Death Reporting System, Virginia Department of Health, <http://www.vdh.virginia.gov/>

## **Military**

Active duty military also have increased risk factors. The Army reported 140 suicide deaths in 2008 among active duty and a potential 160 deaths in 2009.<sup>7</sup> The military does have military-related mental health resources available at Military OneSource.<sup>8</sup> Military OneSource can help with issues including depression, addiction and recovery, stress, grief and loss, relationships or issues related to deployment. Also, free counseling sessions can be arranged in the local community. If active duty service members call a crisis hotline, the crisis worker is advised to refer them to Military OneSource. However, often active duty military do not wish to speak with anyone in the military because they are concerned about confidentiality and the stigma associated with seeking mental health services. Many active duty military fear that if they seek services that evidence of mental health treatment will appear in their personnel records and affect their promotion or job opportunities within the military.<sup>9</sup> However, even if they seek services outside the military, community-based alternatives may not be available or be equipped to work with the specific risk factors that affect active duty military.

Male veterans are twice as likely as civilians of either gender to die by suicide. One thousand suicides occur per year among veterans receiving VA care and 5,000 occur per year among all veterans.<sup>10</sup> Stresses that occur during military service increase the risk for suicide. Specific factors that may lead to an increased risk of suicide for veterans include frequent deployments, deployments to hostile environments, exposure to extreme stress, length of deployments and service related injury.

## **Deaths and Attempts**

More people survive suicide attempts than actually die. In Virginia in 2006, 872 persons died by suicide and an additional 2,088 individuals were hospitalized for suicide attempts.<sup>11</sup> Of those hospitalized attempts, 1,208 (58%) were by females and 880 (42%) were by males. Those who survive suicides often continue to deal with depression and other mental health problems as well as serious injuries resulting from the suicide attempt. These serious injuries include broken bones, brain damage or organ failure and require extensive medical care. The average medical cost per suicide attempt in Virginia in 2006 was \$8,367.

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<sup>7</sup> Army Suicide Prevention Office, <http://www.armyg1.army.mil/hr/suicide/>

<sup>8</sup> Military OneSource, [www.militaryonesource.com](http://www.militaryonesource.com)

<sup>9</sup> Army Suicide Prevention Office, <http://www.armyg1.army.mil/hr/suicide/>

<sup>10</sup> National Suicide Prevention Lifeline, <http://www.suicidepreventionlifeline.org/>

<sup>11</sup> Suicide Prevention Resource Center – Virginia Suicide Prevention Fact Sheet, [http://www.sprc.org/stateinformation/PDF/statedatasheets/va\\_datasheet.pdf](http://www.sprc.org/stateinformation/PDF/statedatasheets/va_datasheet.pdf)

**Table 2: Virginia Suicide Deaths by Age Group and Gender, 2006<sup>12</sup>**

Age Group	Male		Female		All	
	Number	Rate Per 100,000	Number	Rate Per 100,000	Number	Rate Per 100,000
5-14	5	1.0	2	0.4	7	0.7
15-19	32	12.5	6	2.6	38	7.7
20-29	96	18.8	18	3.6	114	11.4
30-49	248	21.9	85	7.3	333	14.5
50-69	160	23.0	48	6.4	207	14.4
70+	93	40.9	16	4.4	108	18.6

**Table 3: Virginia Hospitalized Suicide Attempts by Age Group and Gender, 2006**

Age Group	Male		Female		All	
	Number	Rate Per 100,000	Number	Rate Per 100,000	Number	Rate Per 100,000
5-14	n/a	1.4	n/a	7.1	23	4.2
15-19	65	44.8	122	89.8	187	66.6
20-29	241	80.5	250	86.1	491	83.2
30-49	445	74.4	623	103.0	1,068	88.8
50-69	114	25.5	178	36.9	292	31.4
70+	n/a	7.4	n/a	7.0	27	7.1

Firearm is the leading method in suicide deaths and is the 2<sup>nd</sup> ranking cause of all injury deaths. Poisoning is the 2<sup>nd</sup> leading method in suicide deaths, but the leading method in suicide attempts. In 2006, there were 1,956 annual attempts by poisoning in Virginia.

### Prevention – What Communities Can Do

The National Strategy for Suicide Prevention outlines a public health approach to suicide prevention. This approach is regarded as the method most likely to produce significant and sustained reductions in suicide deaths.<sup>13</sup> The public health approach to suicide prevention focuses on identifying patterns of suicide and suicidal behavior throughout the population rather than the history and health conditions that could lead to suicide in a single individual. There are several action steps that a community can take to prevent suicide including education, depression screening, intervention and treatment.<sup>14</sup>

Education is the first action step that needs to be undertaken to reduce the number of suicide deaths. Communities need to be educated about the warning signs as well as steps that individuals can take to assist friends and family members. The primary risk factor for suicide is mental illness, mainly depression. To prevent suicides, communities

<sup>12</sup> Suicide Prevention Resource Center – Virginia Suicide Prevention Fact Sheet, [http://www.sprc.org/stateinformation/PDF/statedatasheets/va\\_datasheet.pdf](http://www.sprc.org/stateinformation/PDF/statedatasheets/va_datasheet.pdf)

<sup>13</sup> United States Department of Health and Human Services – Substance Abuse and Mental Health Services Administration, <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/intro.asp>

<sup>14</sup> American Foundation for Suicide Prevention, *Saving Lives One Community at a Time* [http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page\\_id=598DA610-DC4C-A681-45A4701729BA0C93](http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=598DA610-DC4C-A681-45A4701729BA0C93)

must destigmatize depression, raise awareness that it is treatable and encourage those experiencing depression to seek treatment.

### **Intervention – What Individuals Can Do**

Learning to recognize and respond to the warning signs of suicide is also a key to preventing suicides. Fifty to 75 percent of all persons considering suicide give some warning to a friend or family members. Signs that most directly indicate suicide include:

- threatening to hurt or kill oneself
- looking for ways to kill oneself
- talking or writing about death, dying or suicide
- making plans or preparations for a potentially serious attempt

Additional warning signs include:

- insomnia
- intense anxiety
- pain or internal tension
- panic attacks
- feeling desperate or trapped
- feeling hopeless
- feeling that there's no reason or purpose to live
- rage or anger
- acting reckless or engaging in risky activities
- increasing alcohol or drug use
- withdrawing from friends and family

Because individuals vary, the suicide warning signs are going to vary for each individual. An individual considering suicide may not exhibit any of the preceding risk factors. However, any significant change in behavior could be a risk factor for suicide.

After learning the warning signs, there are practical steps community members can take to assist those who may be experiencing suicidal thoughts. First, individuals should respond by talking to the person exhibiting suicide warning signs. They should ask if the individual is having thoughts of suicide. Suicide is a crisis of non-communication and asking about suicide is allowing communication to occur. If someone is having suicidal thoughts, friends and family should listen, take the feelings seriously and link the person to professional help. To link a person to professional help community members need to be aware of available depression screening and treatment resources in the community

### **Prevention Activities in Virginia**

Virginia has received federal pass-through money for suicide prevention and the State developed a lifespan plan for suicide prevention. Awareness training has taken place for school personnel and at local universities. Educating those who work with youth on a daily basis is key in preventing suicide among this population.

Training has also taken place with staff in the emergency departments in local hospitals. When people who have attempted suicide present at the emergency department they should be connected with a crisis line worker to provide follow-up care.

In 2009, the Virginia Department of Health's Suicide Prevention Program and the Virginia Suicide Prevention Coalition released the *Virginia Suicide Prevention Resource Directory*. This resource guide is the first statewide publication of its kind and is designed to provide a reference to programs available in Virginia to assist individuals who may need suicide prevention resources. The following are resources in South Hampton Roads included in the directory.<sup>15</sup>

### **Crisis Centers**

The Crisis Line of Norfolk  
P.O. Box 3278  
Norfolk, VA 23514  
Hotline: 800-273-TALK (8255), 757-622-1126  
[www.preventsuicidetc.org](http://www.preventsuicidetc.org)

### **Veterans Services**

Each VA Medical Center has a suicide prevention coordinator to make sure veterans receive needed counseling and services.

Hampton VAMC, Virginia  
Teresa B. Godoy, LCSW, DCSW  
Suicide Prevention Coordinator  
Hampton VAMC  
100 Emancipation Drive  
Hampton, VA 23667  
757-722-9961 ext 1490  
[Teresa.Godoy@va.gov](mailto:Teresa.Godoy@va.gov)

### **Coalitions**

State and local coalitions build opportunities to continue to help educate the public in suicide prevention and intervention. They are typically comprised of all types of stakeholders.

Virginia Suicide Prevention Coalition (Statewide)  
Christy Letsom, Chair  
[cltsom@theplanningcouncil.org](mailto:cltsom@theplanningcouncil.org)  
757-622-1309

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<sup>15</sup> Virginia Department of Health Division of Injury and Violence Prevention,  
<http://www.vahealth.org/Injury/preventsuicideva/index.htm>

### I Need a Lighthouse Foundation (Eastern Region)

Chairperson: Kathleen Wakefield

2600 Barrett Street

Virginia Beach, VA 23452

757-496-9775

wakefield1@cox.net

[www.ineedalighthousefoundation.org](http://www.ineedalighthousefoundation.org)

### **Survivors of Suicide Loss Support Groups/Services/Meetings**

Support groups are meant as a support to someone who has lost a loved one to suicide. Participation in a suicide loss group can help at a time when nothing else seems to help.

Portsmouth

Name of Group: Healing After Suicide

St. Andrew's Lutheran Church

4811 High Street, West

Portsmouth, VA 23707

Contact Person: Christine Gilchrist

757- 483-5111 or 757-518-1818

### **Community Services Boards/Mental Health Centers**

A community services board (CSB) is the point of entry into the publicly-funded system of services for mental health, intellectual disability, and substance abuse. CSBs provide pre-admission screening services 24-hours per day, 7 days per week.

Chesapeake Community Services Board

224 Great Bridge Blvd.

Chesapeake, VA 23320

Crisis: (757) 548-7000

Main: (757) 547-9334

Fax: (757) 819-6326

<http://www.cityofchesapeake.net/services/depart/com-ser>

Norfolk Community Services Board

225 West Olney Road

Norfolk, VA 23510-1523

Crisis: (757) 664-7690

Main: (757) 823-1600

<http://www.norfolkcsb.org>

Portsmouth Department of Behavioral Healthcare Services  
505 Washington Street  
Suite 506  
Portsmouth, VA 23704  
Crisis: (757) 393-8990  
Main: (757) 393-8618  
Fax: (757) 393-5184  
<http://www.portsmouthva.gov/behaviorhealthcareservices>

Virginia Beach Department of Human Services  
289 Independence Blvd.  
Virginia Beach, VA 23462  
Crisis: (757) 385-0888  
Main: (757) 385-0871  
Fax: (757) 671-8536  
<http://www.vbgov.com>

Western Tidewater Community Services Board  
(Franklin, Suffolk, Isle of Wight, Southampton)  
5268 Godwin Boulevard  
Suffolk, VA 23434  
Crisis: (757) 942-1069  
Main: (757) 255-7126  
Fax: (757) 925-2205  
<http://wtcsb.org>

## **Additional Resources**

American Foundation for Suicide Prevention - <http://www.afsp.org>

Army Suicide Prevention Office - <http://www.armyg1.army.mil/hr/suicide>

Centers for Disease Control and Prevention - [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

Military OneSource - [www.militaryonesource.com](http://www.militaryonesource.com)

National Suicide Prevention Lifeline - <http://www.suicidepreventionlifeline.org/>

Suicide Prevention Resource Center - [www.sprc.org](http://www.sprc.org)

United States Department of Health and Human Services – Substance Abuse and Mental Health Services Administration - <http://mentalhealth.samhsa.gov>

Virginia Department of Health, Division of Injury and Violence Prevention - <http://www.vahealth.org/injury/>

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[www.theplanningcouncil.org](http://www.theplanningcouncil.org)

The Planning Council is a not-for-profit, non-stock Virginia corporation chartered in 1941 that plans, develops and manages human services to improve the quality of life.