

Root Cause Analysis Summary Report

Suicide Rates in Savannah-Chatham County, Effingham County, and Bryan County

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Background

This report will review data relevant to a root cause analysis for Chatham, Effingham, and Bryan counties in Georgia. Data is drawn from multiple sources including: qualitative data from feedback from community members and service providers from the key counties, public data from the Georgia Student Health Survey, the Georgia Department of Public Health, county level Community Health Assessments, the U.S. Census Bureau American Community Survey, Mental Health America of Georgia, and the Georgia Department of Community Health.

More investigation, that includes interviews with and more detailed data collection with those involved with suicide attempts or suicide completions would provide more information specific to particular service provisions and interactions with individuals during interventions and engagements. This level of data collection was not possible during this particular effort due to the ongoing COVID-19 pandemic. It is recommended that this level of data collection be done at least in part in person to facilitate more connection and increased sharing of information.

Based on feedback from key stakeholders during this root cause analysis, it is also anticipated that the ongoing pandemic and related isolation factors may play a significant role in any increase in suicidal ideation and attempts that have been observed during this particular window of time. For these reasons, this report focuses on the secondary data analysis and the feedback from key stakeholders in each of the communities in a more macro level examination of the issues.

Literature Review

Other root cause analyses of suicide have indicated a number of factors to consider. Some of these factors include:

- Expressions of suicidal ideation change rapidly making it difficult to predict and monitor for intervention
- Focusing on interventions that support the whole person and include a range of support types may be the most beneficial

Research also indicates the importance of hospitals and mental health treatment facilities should include a practice of reviewing individual cases where suicide is attempted or completed to determine more detailed information about what could have prevented the event. This involves extensive interviews and reviews of case events to determine factors impacting access to care, personal characteristics and other factors.

Previous studies about suicide have found that:

- Men are more likely to die of suicide than women (NIMH and OMH studies)
- Individuals age 30 to 50 were more likely to die of suicide than those who are younger or older
- Caucasians were more likely to die of suicide than other racial groups including African American, Asian and Hispanic individuals
- Mental health disorders and substance use disorders increase the risk for suicidal behaviors

- Environmental factors (stress, access to lethal means) increase risk for suicide
- Veterans are at greater risk for suicide

Factors that health providers and communities can address to reduce the risk and impact of suicide ideation include:

- Addressing communication among service providers about individuals at risk
- Frequent communication with individuals receiving support
- Increased and improved record documentation to improve communication among providers
- Staff training and advocacy for how to work with individuals at risk
- Providing universal screening at emergency rooms and among first responders
- Planning and utilizing resources to provide resources for identified patients promptly
- Access to care
- Collaborative care with extensive communication among partners

Key Data Elements

This section of the report will review the key data elements that have been collected and consolidated to provide a more thorough understanding of suicide in the target communities and the potential causes and factors impacting potential interventions. The information presented in this section will be focused on secondary data gathered from a variety of sources including:

- CDC Violent Death Reporting Systems
- Georgia Department of Public Health Online Analytical Statistical Information System
- County Community Health Assessments for Effingham Health System and St Joseph Candler Health System
- County Health Rankings data compiled by the University of Wisconsin
- Coastal Georgia Indicators Coalition
- Georgia Department of Education – Georgia Student Health Survey
- American Community Survey – US Census Bureau
- Behavioral Risk Factor Survey (BRFSS)
- America Health Rankings

Feedback from key stakeholders that has been obtained through qualitative feedback obtained during various meetings, observational data, and other events.

Suicide Rates and Patterns in Target Counties

Suicide is the 10th leading cause of death in Georgia (CDC). Suicide rates increased by 25% between 1999 and 2016. The table below shows the suicide rate for each of the counties in 1999 and 2016 and the rate of change. Due to the small number of suicides each year, 3-year aggregates are used for the analysis below. Data displayed below was collected from the Centers for Disease Control WONDER Database.

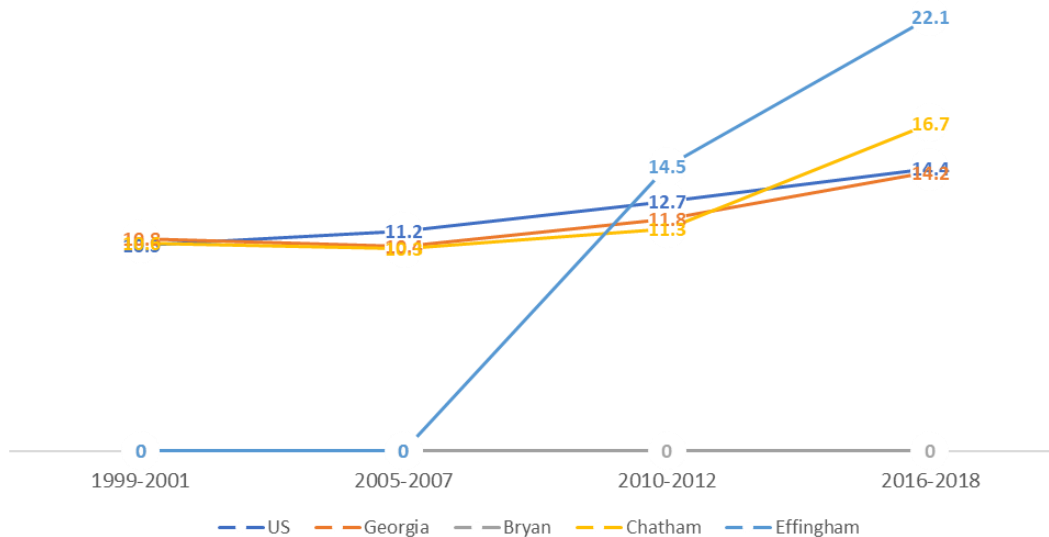
Table 1: Suicide Rates

	1999-2001		2005-2007		2010-2012		2016 - 2018	
	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000
US	89,044	10.5	100,288	11.2	118,280	12.7	140,295	14.4
Georgia	2,649	10.8	2,845	10.4	3,461	11.8	4,431	14.2
Bryan County	NA		NA		18	-	13	-
Chatham County	74	10.6	76	10.3	92	11.3	145	16.7
Effingham County	12	-	16	-	23	14.5	40	22.1

As you can see in the table above, the rates of suicide in the target counties have increased exponentially over the past 20 years. Not only have the counties experienced an increased number of suicides (they have also experienced increases in population) but the rates of suicide per 100,000 has increased and the percent of total deaths that are intentional have also increased for two of the three counties. The suicide rate for African Americans in Chatham County was 8.3 between 2015 and 2018 compared to the rate of 24.1 per 100,000 among white residents in the county (CDC Wonder). Females also had a lower rate than males (8.2 per 100,000 compared to 25.8 per 100,000) (CDC Wonder).

As you can see in the graph below, the rate per 100,000 has risen significantly for Effingham and Chatham County, leading to rates that are higher than the state and national average.

Figure1: Rate per 100,000 over time



In 2019, almost 10% of all deaths in Chatham County were suicide (9.19%), 6.52% of deaths in Bryan County, and 3.98% in Effingham. Over the past 5 years, the percentage of all deaths that were suicide have increased in each of the target counties. This data is drawn from the Georgia Department of Public Health OASIS.

Table 2: Percentage of Total Deaths that are Suicide

	2010	2015	2016	2017	2018	2019
Georgia	4.62%	4.93%	5.43%	5.57%	6.03%	6.10%
Bryan County	6.64%	15.65%	3.52%	3.07%	5.99%	6.52%
Chatham County	3.39%	5.72%	6.50%	6.53%	7.61%	9.19%
Effingham County	6.13%	7.36%	5.69%	13.73%	7.50%	3.98%

Each of the figures below show where each of the target counties is in relation to the state of Georgia on the age adjusted death rate for intentional self-harm (suicide). The Georgia Age-Adjusted Death Rate is 13.7 during 2015-2019. As can be seen in the graph below, all of the counties in this project have age-adjusted death rates that are higher than the state. Bryan County has remained the most consistent between the two time periods, while each of the other counties has seen a significant increase (Georgia DPH, OASIS).

Figure 2: Comparison of Age-Adjusted Death Rates for Intentional Self-Harm

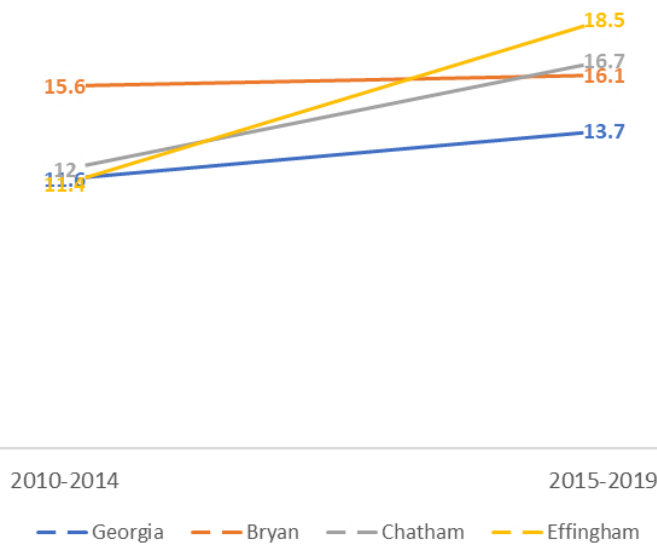
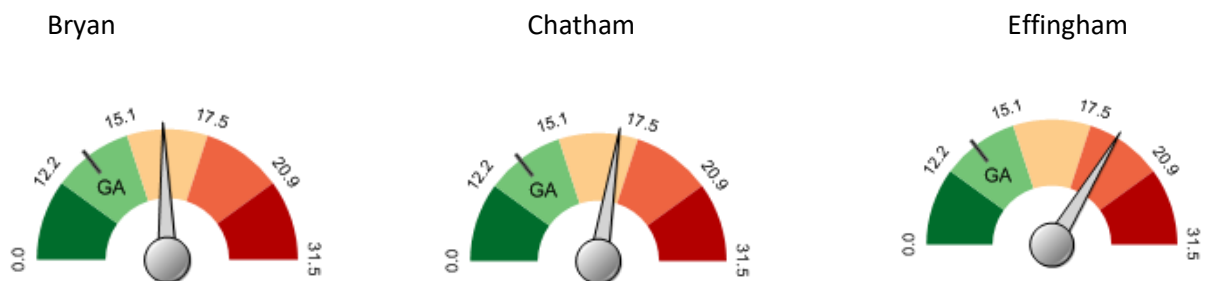


Figure 3: Dashboards for target counties for age-adjusted death rates for intentional self-harm



The dashboards above show that each of the counties of interest have age-adjusted death rates for intentional self-harm. Each of the counties of interest have rates that are significantly higher than the state rate.

Each of the maps below shows the census tracts within each county with the highest age-adjust death rates due to intentional self-harm (suicide). By reviewing these maps, it is possible to see the areas within each county that have the greatest need and highest risks. These maps are products of the Georgia Department of Public Health, OASIS. As can be seen in the Bryan County map below, the pockets with the highest rates of age-adjusted death rates are separated by the military base that bisects the county. This can cause many challenges to accessing service providers when needed.

Figure 4: Bryan County Map: Age-Adjusted Death Rate, Intentional Self Harm (2015-2019)

Percent of Deaths Within Area due to Intentional Self-Harm (Suicide) by Census Tract, Bryan County, 2015 - 2019

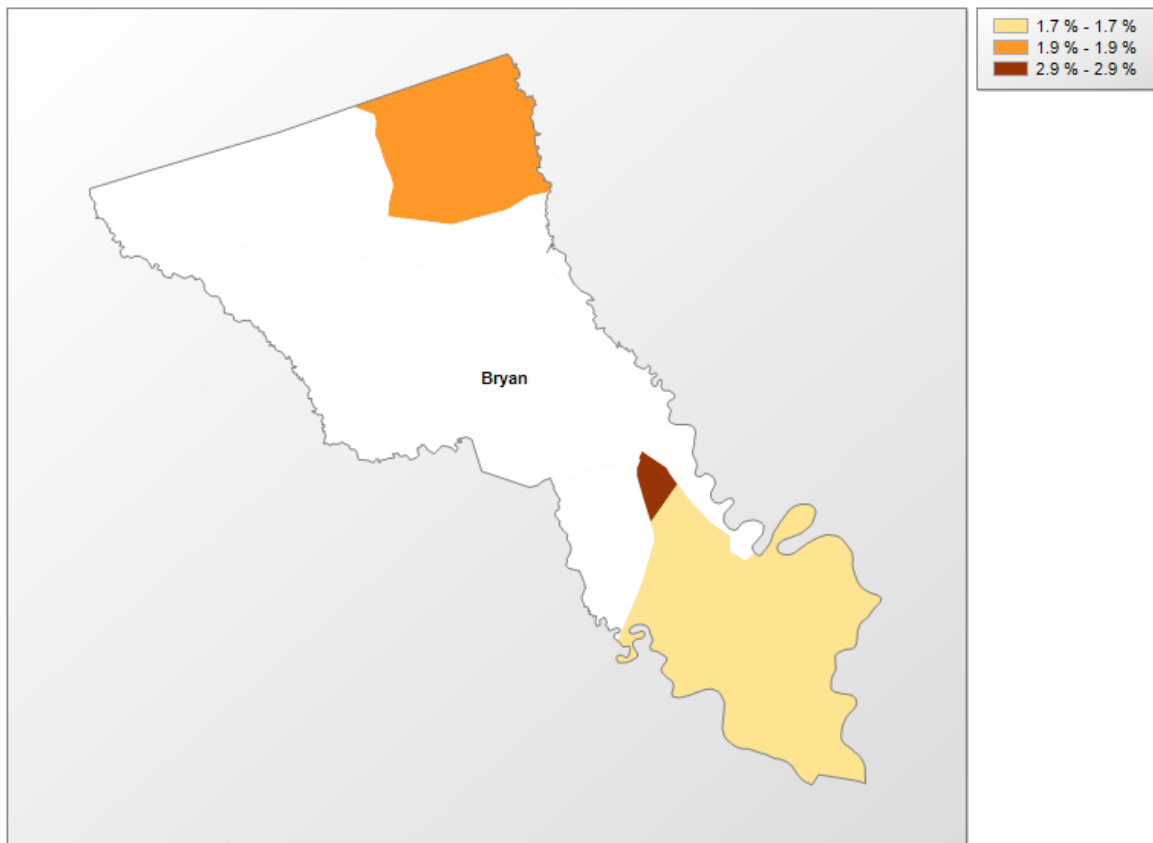


Figure 5: Chatham County Map: Age-Adjusted Death Rate, Intentional Self Harm (2015-2019)

Percent of Deaths Within Area due to Intentional Self-Harm (Suicide) by Census Tract, Chatham County, 2015 - 2019

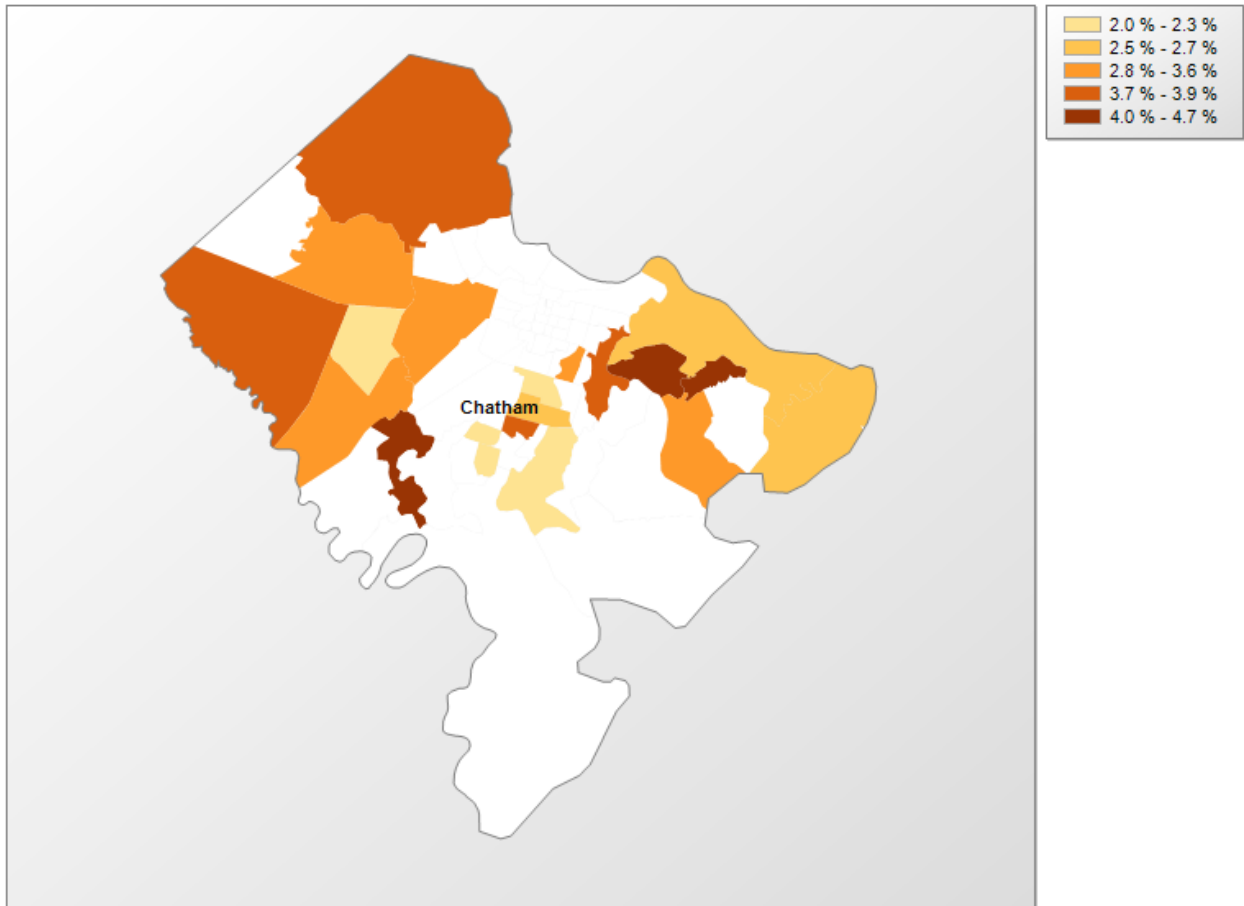
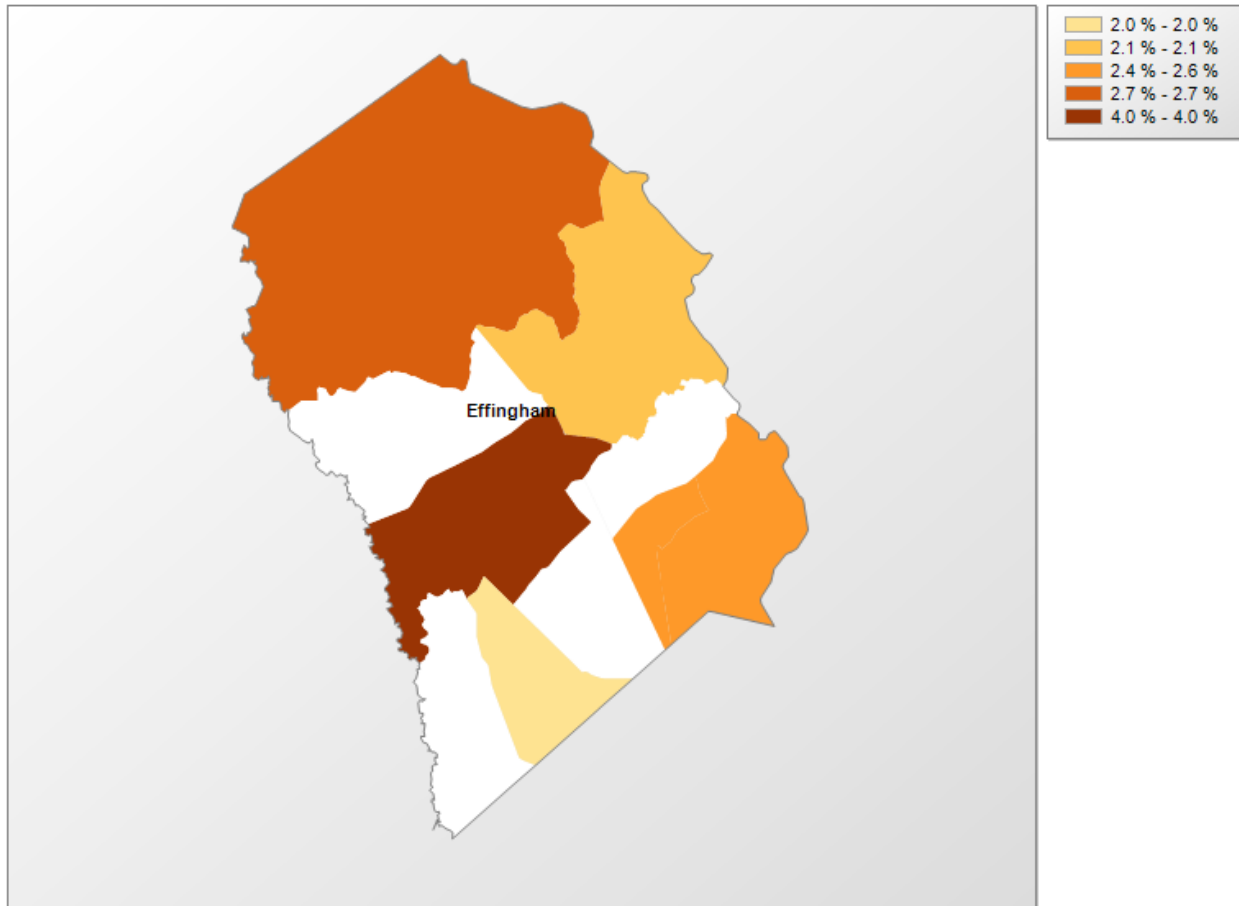


Figure 6: Effingham County Map: Age-Adjusted Death Rate, Intentional Self Harm (2015-2019)

Percent of Deaths Within Area due to Intentional Self-Harm (Suicide) by Census Tract, Effingham County, 2015 - 2019



Mental Health and Wellness

The table below shows the rates of depression among the Medicare population in each of the target counties. Depression is one of the mental health challenges that has been linked to risk of suicide. (Data drawn from Coastal Georgia Indicators Coalition). Each of the target counties is consistent with or lower than the national and state percentages of depression.

Table 3: Percentage of the population experiencing depression

	2010	2013	2015	2017
US	14.0%	15.9%	16.7%	17.9%
Georgia	13.3%	14.9%	16.0%	16.8%
Bryan County	11.7%	14.6%	16.2%	14.8%
Chatham County	11%	13.7%	14.8%	14.3%
Effingham County	13.4%	14.5%	15.5%	16.3%

The counties of interest for this project demonstrated levels of stress, depression and challenges with mental health that are lower than the state and national averages. This data was drawn from the BRFSS

survey conducted by CDC and is reported among the Coastal Georgia Indicators. (Frequent mental distress).

Table 4: Percentage of the population reporting frequent mental distress

	2014	2015	2016	2017
US	12%	11%	15%	12%
Georgia	10%	11%	12.5%	12.4%
Bryan County	10.4%	10.7%	11.3%	11.5%
Chatham County	11.6%	11.7%	12.1%	11.8%
Effingham County	10.3%	10.6%	11.1%	11.2%

In addition, residents in the target county were more likely to report more poor or fair general health than the Georgia and US average. (BRFSS data reported on Coastal Georgia Indicators)

Table 5: Percentage of population reporting poor or fair general health

	2014	2015	2016	2017
US	17.0%	14.7%	16.0%	17.0%
Georgia	18.5%	17.5%	18.8%	18.0%
Bryan County	13.9%	14.7%	15.6%	15.8%
Chatham County	16.8%	17.8%	17.1%	18.4%
Effingham County	13.6%	13.4%	14.2%	14.3%

Georgia student health survey

The Georgia student health survey is collected annually in elementary, middle, and high schools throughout the state. Some of the questions that are asked in the survey are directly related to the risk of suicide for young people in our communities. The data presented below is drawn from the 2019-2020 student health surveys for the middle and high school students in each county.

Table 6: Georgia Student Health Survey Key Questions

	2019-2020			
	Georgia	Bryan	Chatham	Effingham
In the last 30 days, I have been bullied or threatened by other students (Once or more)	114,585 (16%)	700 (17%)	2,340 (17%)	879 (17%)
In the last 30 days, someone has bullied me by making fun of me or spreading rumors about me (Once or more)	159,464 (22%)	995 (25%)	2,930 (21%)	1,306 (25%)
During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose? (Once or more)	113,279 (16%)	752 (19%)	2,196 (16%)	758 (15%)
During the past 12 months, on how many occasions have you harmed yourself on purpose (Once or more)	64,895 (9%)	406 (10%)	1,293 (9%)	380 (7%)
During the past 12 months, on how many occasions have you seriously considered attempting suicide (Once or more)	78,957 (11%)	503 (12%)	1,593 (11%)	506 (10%)
During the past 12 months, on how many occasions have you attempted suicide? (Once or more)	39,283 (5%)	203 (5%)	850 (6%)	226 (4%)
In the past 30 days, how many days did you feel depressed, sad, or withdrawn? (1 or more)	335,827 (46%)	2,103 (52%)	6,248 (44%)	2,566 (49%)
In the past 30 days, on how many days have you experienced out of control behavior that could hurt yourself or others? (1 or more)	88,544 (12%)	519 (13%)	1,868 (13%)	662 (13%)

Students who consider harming themselves on purpose and those who have harmed themselves on purpose are also asked about the most likely reason. The table below shows is a breakdown of the potential reasons. Most prevalent reasons for considering and attempting self-harm were other, family reasons, school grades or performance, and problems with peers or friends.

Table 7: Reasons for considering and attempting self-harm

	2019-2020					
	Bryan		Chatham		Effingham	
	Consider	Attempt	Consider	Attempt	Consider	Attempt
Demands of school work	270 (11%)	139 (9%)	894 (12%)	469 (10%)	320 (12%)	320 (12%)
Problems with peers or friends	319 (13%)	202 (13%)	938 (12%)	567 (12%)	352 (13%)	352 (13%)
Social Media	103 (4%)	77 (5%)	429 (6%)	305 (6%)	140 (5%)	140 (5%)
Family reasons	443 (18%)	246 (16%)	1,345 (17%)	793 (16%)	458 (17%)	458 (17%)
Being Bullied	142 (6%)	102 (7%)	572 (7%)	397 (8%)	181 (7%)	181 (7%)
School grades or performance	310 (13%)	168 (11%)	974 (13%)	525 (11%)	344 (13%)	344 (13%)
School discipline or punishment	76 (3%)	53 (4%)	309 (4%)	226 (5%)	113 (4%)	113 (4%)
Argument or breakup with a partner/girlfriend/boyfriend	185 (8%)	128 (8%)	506 (7%)	354 (7%)	202 (8%)	202 (8%)
Dating violence	64 (3%)	52 (3%)	183 (2%)	161 (3%)	67 (2%)	67 (2%)
Drugs or alcohol	51 (2%)	40 (3%)	163 (2%)	131 (3%)	68 (3%)	68 (3%)
Other	491 (20%)	305 (20%)	1,460 (19%)	984 (20%)	439 (16%)	439 (16%)

The table below reviews the reasons that youth indicated for considering and attempting suicide. Family Reasons were the primary reason that youth indicated that they considered or attempted suicide. Other primary reasons included problems with peers or friends, school grades or performance, or demands with school work.

Table 8: Reasons for considering and attempting suicide among youth

	2019-2020					
	Bryan		Chatham		Effingham	
	Consider	Attempt	Consider	Attempt	Consider	Attempt
Demands of school work	171 (11%)	70 (8%)	571 (11%)	268 (9%)	207 (12%)	96 (10%)
Problems with peers or friends	221 (14%)	100 (12%)	597 (12%)	344 (11%)	203 (11%)	100 (10%)
Social Media	80 (5%)	42 (5%)	296 (6%)	225 (7%)	106 (6%)	67 (7%)
Family reasons	298 (19%)	143 (17%)	894 (17%)	497 (16%)	320 (18%)	156 (16%)
Being Bullied	105 (7%)	69 (8%)	383 (7%)	295 (9%)	125 (7%)	73 (8%)
School grades or performance	188 (12%)	79 (10%)	603 (12%)	290 (9%)	209 (12%)	95 (10%)
School discipline or punishment	49 (3%)	24 (3%)	233 (4%)	172 (6%)	86 (5%)	52 (5%)
Argument or breakup with a partner/girlfriend/boyfriend	117 (7%)	65 (8%)	345 (7%)	225 (7%)	132 (7%)	81 (8%)
Dating violence	43 (3%)	38 (5%)	133 (3%)	106 (3%)	49 (3%)	37 (4%)
Drugs or alcohol	37 (2%)	29 (4%)	116 (2%)	103 (3%)	55 (3%)	40 (4%)
Other	294 (18%)	169 (20%)	1,012 (20%)	602 (19%)	291 (16%)	160 (17%)

Mental health service providers within each county

Access to mental health providers is an issue across the state, but in particular in rural communities (America’s Health Rankings, 2019). There has been some increase and improvement in this area in recent years with the number of mental health providers increasing by 12% between 2017 and 2019, increasing from 122.5 to 137.3 per 100,000.

The ratio of individuals/county residents to mental health providers is significantly higher in the target counties than in the state of Georgia. The rate for Georgia is 730 to 1, while in Chatham it is 690 to 1, Bryan it is 1,270 to 1 and in Effingham it is 2,220 to 1. The higher ratio of individuals per provider makes access to care much more difficult in these counties than in the state in general.

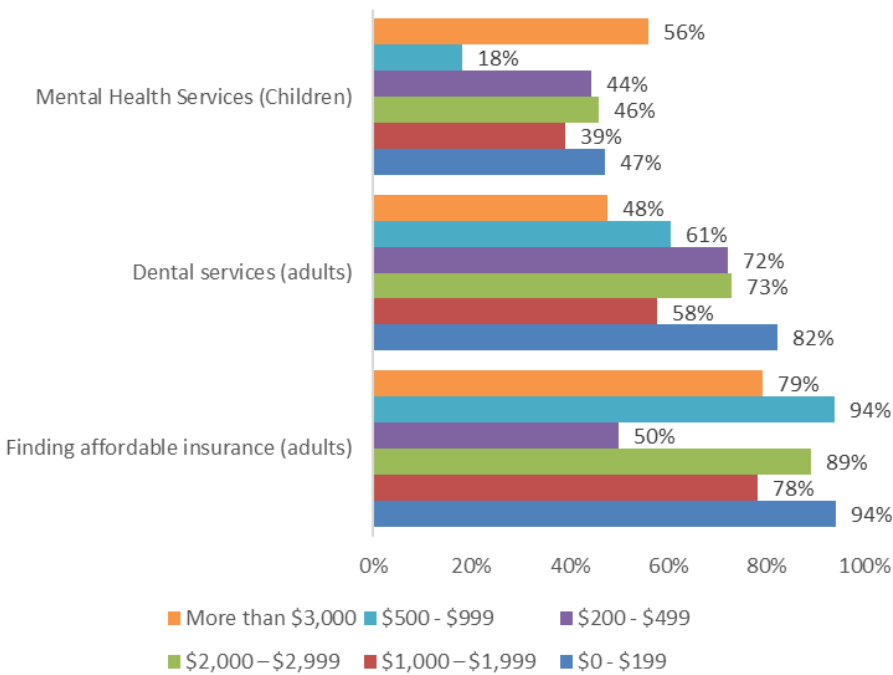
There are 30 mental health providers in Bryan County, 420 in Chatham (the most urban of the counties), and only 28 in Effingham. The Effingham Health System Community Health Assessment indicated that the supply of all providers, including mental health providers, is lower than the state average. Rates for all healthcare providers are more than double for Effingham than for Georgia overall.

As part of the Community Health Assessment by the Effingham Health System, a community survey returned feedback that only slightly over half of respondents indicated that clinics are open when they need them (54.7%), less than a quarter indicated that adequate transportation to health care facilities is available (19.1%) and that adequate mental health services are available (13.7%), only 10% indicated

that there were adequate alcohol or drug addiction services. Suicide was seen as a significant issue in the community by 27% of respondents. Lack of access to health care was listed as an issue in the community by 19% of respondents, substance abuse by 70% of respondents, and poor mental health by 43.2% of respondents. Survey respondents also indicated that mental health issues (55.8%) and bullying (55%) were issues for children in the community. Barriers to health care access included high cost (19.6%), lack of insurance (16.0%), and difficulty getting an appointment (15.1%). The inadequacy of existing mental health services and substance abuse services also were identified during the focus groups as part of the community health assessment. Both access to care and quality of care and treatment were discussed as challenges related to mental health care access in the community.

The St. Joseph Candler Community Health Assessment in Chatham County also included a community survey. In that effort, again mental health services were indicated as a primary health issue for adults and children by 65% and 44% of respondents respectively. It was one of the top 5 health issues for both children and adults. Mental health services for children was more likely to be seen as a health issue in the county by those in the high-income brackets.

Figure 7: Primary Health Issue for Adult and Children in Chatham County by Income



The rates of hospitalization for mental health disorders in the Effingham Health System service area have been increasing since 2012 and surpass the state average (Georgia Department of Public Health OASIS and Effingham Health System).

Table 9: Rate of hospitalizations for mental health disorders

	2015	2017	2019
Georgia	5.4%	5.5%	5.1%
Bryan County	6.2%	4.8%	6.4%
Chatham County	6.5%	5.5%	6.3%
Effingham County	5.2%	4.4%	4.6%

Respondents in the Chatham County Community Assessment indicated that mental health services and access were an issue for individuals in the community (46% of respondents). In the Community Survey conducted by the Coastal Georgia Indicators Coalition in 2019, mental health was listed as one of the top 5 issues facing the county. Only a quarter of respondents indicated being satisfied or very satisfied with behavioral health/mental health care in the county, with 18% were dissatisfied and 35% did not know, 14% reported lacking access. In addition, almost a quarter (23%) of households reported needing mental/behavioral health support.

Substance Use Rates

According to America’s Health Rankings in 2019, in general Georgia has a low prevalence of excessive drinking and low drug death rate which reduces the risk of suicide. However, the target counties for this project have high rate of adults who drink excessively (CDC, BRFSS data reported on Coastal Georgia Indicators).

Table 10: Percentage of adults who drink excessively

	2014	2015	2016	2017
US	19.0%	18.0%	18.0%	19.0%
Georgia	15.6%	16.8%	15.1%	17.0%
Bryan County	17.9%	18.5%	17.8%	18.1%
Chatham County	17.4%	16.1%	17.7%	17.0%
Effingham County	17.6%	18.9%	18.5%	17.4%

Similarly, the target counties have higher age-adjusted death rates due to all drug overdoses compared to the state averages (Georgia Department of Health, reported on Coastal Georgia Indicators). Chatham County in particular has seen a significant increase in the age-adjusted death rates due to drug overdoses.

Table 11: Age-adjusted death rates due to drug overdoses

	2014	2016	2018
Georgia	11.4	13.1	13.1
Bryan County	-	-	13.1
Chatham County	7.4	12.7	15.0
Effingham County	-	8.6	-

Environmental Factors

As stated previously, military veterans have a greater risk for suicide than civilians. Each of the counties targeted in this project have a significant portion of the population that are active duty military or veteran. There are 2 military bases in the counties of interest. The table below shows the percent of the population in each county that is military veteran (data gathered from the US Census Bureau). As can be seen in table below, the counties of interest have a higher percentage of veterans than the state or national average.

Table 12: Percentage of the population that are military veteran

	Veteran	Civilian
US	7.5%	92.5%
Georgia	8.2%	91.8%
Bryan County	14.9%	85.1%
Chatham County	10.5%	89.5%
Effingham County	11.8%	88.2%

Likewise, individuals in rural areas are more likely to die of suicide than those in urban areas. The graph below shows the proportion of each county that is rural and the percentage of the population that resides in rural areas. As can be seen in the table below, two of the target counties have much larger rural populations than the US or Georgia (data from the 2010 US Census).

Table 13: Percentage of the population that live in rural areas

	Urban	Rural
US	80%	20%
Georgia	75%	25%
Bryan County	46%	54%
Chatham County	95%	5%
Effingham County	32%	68%

The counties of interest for this project also had higher rates of unemployment than the state or national average. (BLS reported on Coastal Georgia Indicators). In general unemployment rates are consistent (slightly lower) than the state and national averages.

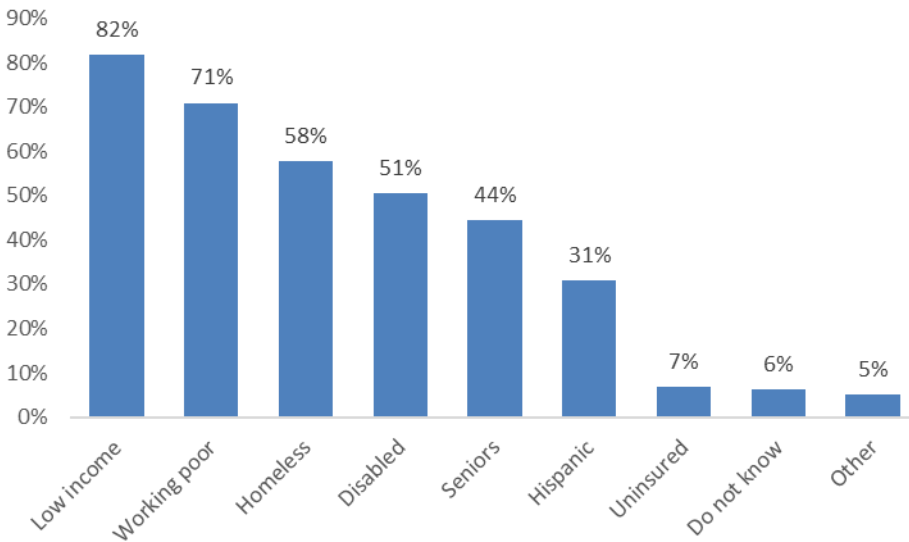
Table 14: Unemployment percentages by county

	January 2015	January 2018	January 2020
US	6.1%	4.5%	4.5%
Georgia	6.5%	4.6%	4.6%
Bryan County	5.6%	3.9%	3.9%
Chatham County	6.6%	4.3%	4.3%
Effingham County	5.4%	3.9%	3.9%

The Chatham County Community Health Assessment also asked survey respondents what subpopulations in the community needed the most support in accessing health care. Low-income and working poor were two of the primary groups that respondents indicated needed support (82% and 71%

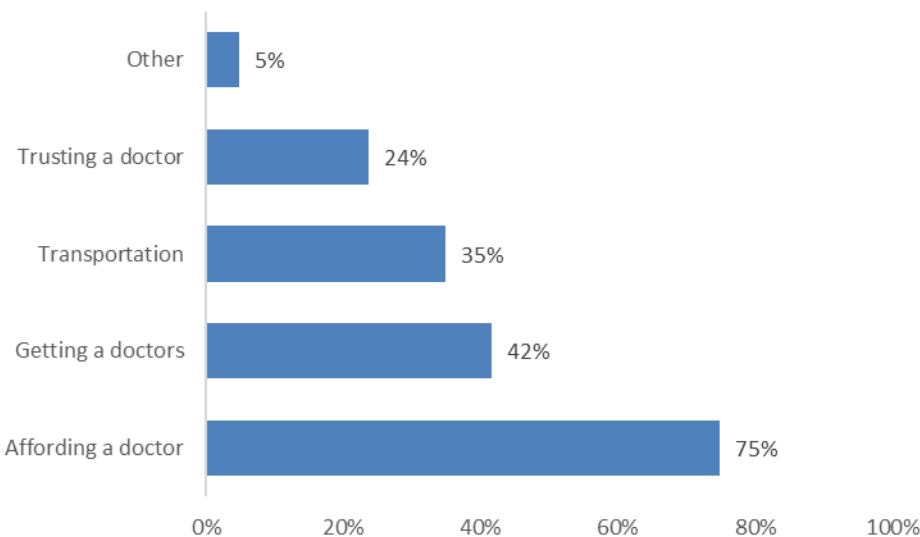
respectively. According to the responses to the Coastal Georgia Indicator Coalitions survey of residents, 44% of Chatham County residents live paycheck to paycheck.

Figure 8: What subgroups in Chatham County need the most support in accessing health care



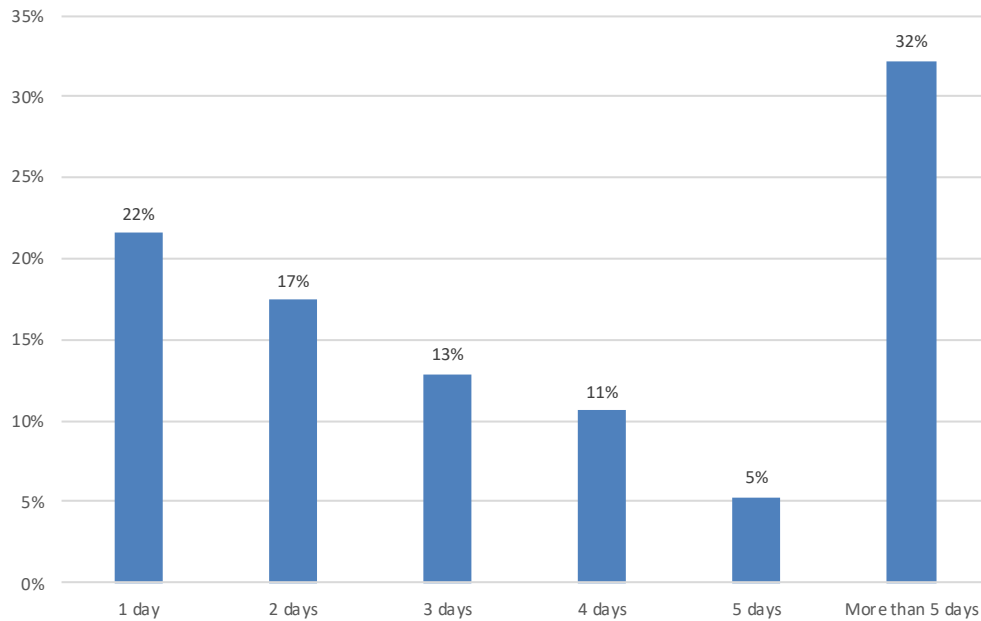
A third of the survey respondents in the Chatham County Community Health Assessment indicated that transportation was a barrier to accessing healthcare and three-quarters indicated affording the doctor was the greatest barrier.

Figure 9: Barriers to accessing health care (including mental health care) in Chatham County



Over half, 63%, of respondents indicated that having enough free or reduced cost clinics was a barrier for individuals in Chatham County. A quarter (25%) of respondents reporting not having any insurance. Almost a third, 32%, of respondents indicated that they had to wait more than 5 days for an appointment with a health care provider. This could create significant challenges for those who are trying to seek care and support for mental health challenges.

Figure 10: How long have you had to wait to get an appointment with a health care provider



In the Coastal Georgia Indicators Coalition survey of Chatham County residents, approximately a third (34%) were neutral or disagreed about having friends in their neighborhood and feeling like people in their neighborhood were willing to help each other (27%).

Feedback from Key Stakeholders

During meetings and discussions with key stakeholders in each county over multiple years (stakeholders include Family Connection Collaborative members and coordinators, Mental Health America of Georgia, higher education institutions, and mental health service providers), discussions have centered around the challenges with reaching individuals, access to care for all community members, age specific resources particularly those focused on youth and senior citizens). Other key issues have included:

- Recruiting and retaining mental health providers to work in more rural areas
- Mental health services that are accessible throughout the county and to all residents in the county
- Mental health services that are receptive and supportive and inclusive of all race and gender identities
- Expanding mental health and substance abuse services in quality and quantity
- Greater inclusion of mental health resources to individuals regardless of race, income or geographic location.

The Effingham Health System is working on the following steps to increase mental well-being of Effingham County residents and to reduce substance abuse in the county:

- Reducing time between ER encounters and referral to appropriate services for mental health and substance abuse services
- Reduce drug and alcohol use across the county

Each of the other counties are also investing in different strategies to begin to improve wellness in the communities and to reduce the risk of suicide. The Effingham Family Connection organization is invested in developing a robust mental health strategy and reducing suicide risk among adults and youth.

Bryan County has been working with the schools as well as with other partners to increase access to mental health and service providers throughout the community by trying to ensure that providers have availability on both ends of the county. Bryan County is unique in that it is bisected by a military base, which can cause challenges for residents accessing care and resources.

Chatham County is working to improve communication among health providers (clinical, behavioral, and mental health providers) to increase the quality of care offered to individuals. In addition, focus on providing greater mental health access has been a focus for many groups in the community. Training on trauma and mental health access for educators and first responders has also been a priority for the community.

Conclusions and Recommendations

After the review of the historical and current suicide rates as well as relevant demographic and survey data, it is possible to gain a greater understanding of the suicide rate and prevalence within the communities of interest. When this information is combined with the feedback from key stakeholders, recommendations can be drawn about how to work to address the rates within the counties.

Conclusions

- Age-adjusted death rates and general rates of death by suicide within each of the counties of interest are on par or higher than the state average.
- Youth who have considered or attempted self-harm are likely to have done so due to family or school related challenges
- Two of the counties of interest have higher than average percentages of the population living in rural areas
- All of the counties of interest have higher rates of military veterans (higher risk of suicide) than the state or national average
- All of the counties of interest have challenges related to mental health access
- The counties of interest all have higher than average ratios of population to mental health providers (almost double the state ratio)
- Transportation was listed as a key issue for health care access in each of the community health assessments.
- While unemployment rates are consistent with the state and national averages, in the community health assessments conducted in the communities residents reported trouble accessing care due to insurance and cost factors
- Substance abuse rates are consistent with state and national averages.
- Rates for mental health hospitalizations are higher than the state averages and may be one of the key factors to reducing suicide rates.

Recommendations

- Improving access to mental health services in the community by increasing the number of providers
- Improving communication among providers – both medical and mental health providers to create a more streamlined system and improve quality of care
- Reducing access barriers to care by improving transportation options and reducing costs
- Reducing stigma of seeking mental health support
- Providing extensive supports to youth in middle and high school, particularly related to family relationships and school pressures
- Provide trauma and mental health training for educators, first responders, and other key stakeholders.

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