



# Behavioral Health: Developing a Better Understanding

Vol. Four, Issue II

## SUICIDE PREVENTION MEANS A ROLE FOR EVERYONE

A high school student, a neighbor, a relative, or another headline in the news - suicide has a way of stopping us cold. We ask ourselves, "What could be so bad that a person takes his/her own life?" The sense that "someone should have known" and "someone should have done something" is pervasive, but is it accurate?

### OHIO-SPECIFIC SNAPSHOT

Suicide is a public health issue. In Ohio there was an average of three suicides a day in 2005, the most recent year for which statistics are available. That year, Ohio had 1,319 suicide deaths, with 32,637 reported suicides throughout the United States. Ohioans complete suicide at a rate of 11.7 per 100,000 people with those aged 35-54 accounting for 41 percent of Ohio's deaths by suicide. Suicide does affect everyone, but some groups are at higher risk than others. It is the second leading cause of death for young people aged 15-24; the fourth leading cause of death among adults 18-65, and elderly white males are at the highest risk with a rate of approximately 31 suicides per 100,000 each year. Men are four times more likely than women to die from suicide, but women are three times more likely to attempt suicide. Currently, firearm death remains the most common method of suicide, accounting for 52 percent. In Ohio, suicides outnumber homicides 2 to 1.

*"Our hope and focus is to have a statewide infrastructure in place for suicide prevention that reaches all ages and all people in need."*

*Carolyn Givens, Executive Director, Ohio Suicide Prevention Foundation*

### WHAT CAN BE DONE

The warning signs that often precede suicide are recognizable, and suicides can be prevented. Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is expressed as a loss of pleasure or withdrawal from activities that had been enjoyable. Suicide can be prevented through early recognition and treatment of depression and other psychiatric illnesses. While some suicides occur without any outward warning, most people who are suicidal do give warnings. Persons who are considering suicide generally display symptoms of depression that may include but are not limited to the following:

#### SIGNS

- Sudden radical changes in mood, particularly depression
- Increasingly self-deprecating remarks
- Feelings of helplessness and hopelessness
- Increased use of alcohol or drugs
- Giving away of cherished items
- Making goodbyes
- Serious withdrawal from activities and significant persons
- Persistent discussions of death
- Self-destructive or high risk behavior
- Previous attempts of suicide
- Identification with someone who has committed suicide
- Statements of a desire to explore or complete suicide

#### RESPONSES

- Take it seriously
- Be willing to listen
- Seek professional help
- In an acute crisis: Do not leave person alone. Take him/her to a Psychiatric Hospital, Clinic, or Emergency Room. Remove dangerous items from area (firearms, drugs, or sharp objects)
- If the above options are unavailable, call your local emergency number or the National Suicide Prevention Lifeline at 1-800-273-TALK
- Follow-up on treatment; take an active role

*"For an increasing number of teens in Clermont County, suicide has become the resolution to their feelings of hopelessness, despite prevention efforts in the schools and promotion of a local crisis hotline. We can't tackle this issue alone - federal, state and local systems need to join together to advocate that suicide prevention must be a priority and receive adequate funding."*

*Lee Ann Watson, Ph.D., Clermont County MH&R Board Associate Director  
Chair, Clermont County Suicide Prevention Coalition*

## The Ohio Suicide Prevention Foundation

The Ohio Suicide Prevention Foundation (OSPF) was launched in 2005 for the purpose of building and supporting a statewide infrastructure of community programming that recognizes suicide as a public health issue, promotes suicide prevention, works to eliminate stigma, and encourages early intervention for Ohioans who are suffering from suicidal thoughts, mental illness, and substance abuse. Headquartered at The Ohio State University, the Foundation has two signature program areas, plus curriculum development and training:

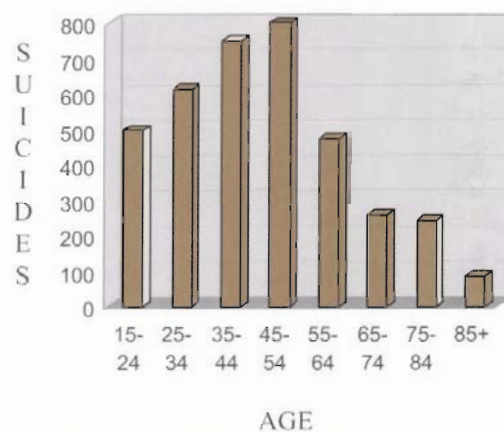
- County Suicide Prevention Coalitions that focus on awareness, intervention and methodology strategies to decrease suicide risk and increase help seeking behavior. There are 63 coalitions covering 69 of 88 counties.
- Ohio Youth Risk Assessment Project which provides volunteer mental health and suicide screening to young people when active parental consent is given. Currently, there are 110 Columbia TeenScreen and Signs of Suicide (SOS) screening sites that make up the Ohio project.
- A Safety and Violence Prevention Curriculum developed for the Ohio Department of Education to assist educators and other school professionals in identifying mental health, safety, violence and alcohol/drug issues in schools.
- Suicide prevention, education, and awareness training.

The Foundation provides training specifically designed to educate the public on the warning signs of suicide and steps to take to decrease risk for responsible adults considered "gatekeepers". Volunteers with a passion for suicide prevention and bullying prevention use their own stories to educate others on how to help someone through the OSPF's Speaker's Bureau. The Foundation serves as a central information source to ensure that data and facts regarding suicidology are consistent statewide. OSPF is a catalyst to bring about change in attitudes and perceptions regarding the stigma attached to suicide, mental illness and alcohol and other drug addiction. Ohio has utilized the AIM strategy: Awareness, Intervention and Methodology as the statewide suicide prevention plan.

### OHIO SUICIDE FACTS 2004

- Ohio is ranked 29th in state suicide rates
- Suicide is the 11th ranking cause of death of all ages
- 91% of suicides are white; 8% are black; 1% other
- Youth suicides, ages 15-24, have increased 18% since 2001
- Female youth suicides have increased 36% since 2001
- Male youth suicides have increased 9% since 2001
- 18% of Ohio teens reported seriously considering suicide
- 9% of Ohio teens reported attempting suicide during the past year
- Ohio's 45-54 year-olds have the highest suicide rate
- The act of completing suicide is rarely preceded by only one cause
- In the elderly population, common risk factors include:
  - The recent death of a loved one
  - Uncontrollable pain or the fear of a prolonged illness
  - Perceived poor health
  - Social isolation and loneliness
- In Ohio, 13% of suicides are persons 65 years or older

### Ohio Suicides by Age 2003-2005



**1-800-273-TALK**

### What can policy makers, local officials, and community members do to support suicide prevention in Ohio?

- ✓ Support adequate funding for suicide prevention and mental health and substance abuse prevention, treatment, and support services.
- ✓ Increase awareness and reduce the stigma of suicide by inviting speakers from the Ohio Suicide Prevention Foundation to speak at community meetings.

**Sources:** Ohio Suicide Prevention Foundation  
American Association of Suicidology  
Center for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC)  
2005 Youth Risk Behavior Survey Executive Summary, Ohio Department of Health  
American Foundation for Suicide Prevention  
SAMHSA Suicide Prevention Resource Center

Funded by the Ohio Suicide Prevention Foundation

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