Mike DeWine, *Governor*

Ohio Veteran Suicide Report November 2020

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Executive Summary

House Bill 166 section 337.30 passed by the Ohio legislature in 2019 laid the foundation to address Veteran suicide in Ohio by supporting suicide prevention efforts for Veteran and non-Veteran Ohioans. The legislation provided $500,000 for suicide prevention programming designed to promote prevention efforts on Veteran suicide, with the goal of achieving significant improvement in reducing completed suicides and behavioral health outcomes in the coming years. Additionally, the legislation required the Ohio Department of Mental Health and Addiction Services in coordination with the Department of Veterans Services to conduct a study on the rates of suicide in Ohio for the previous 10 calendar years (2010-2019). The following report examines suicide rates for Ohio's general population as a whole and suicide rates for Veterans of the United States armed forces as a subgroup.

KEY FACTS:

Ohio continues to be impacted by a significant increase in suicides in the population. From 2010-2019:

15,554 Ohioans died from suicide

2,717 Ohio Veterans died from suicide

The rate of suicide for Veterans increased by **49%**

The rate of suicide for non-Veteran Ohioans increased by **21%**

Firearms was the method used in **72.5%** of Veteran suicides.

The Ohio Veteran Suicide study demonstrates that Ohio Veterans are successfully completing suicide at higher rates than the general population. The Ohio Department of Health (ODH) has multi-year evidence that suggests that over the past 10 years, Ohio Veterans are at increasing risk of completing suicide. The rate of suicide among Veterans has increased 49% between 2010 to 2019 (30.0 vs. 44.7 deaths per 100,000), while adults aged 18+ increased 21% (15.8 vs. 19.1 deaths per 100,000). In Ohio during this period, the rate of Veteran suicide was more than twice as high as the rate among adults aged 18+ (35.1 vs. 17.3 deaths, respectively, per 100,000 population). As evidenced by these statistics, Ohio has more to accomplish in achieving its goal of reducing suicides by 10% over the next three years.

Access to lethal means remains a key feature of the suicide epidemic in Ohio. The most common lethal methods of suicide completion include firearms, suffocation, poisoning, and overdoses. In Ohio, over the past 10 years, firearms have been the mechanism used most often, with 52.7% of all completed suicides. This is followed by suffocation (26.2%), drug overdose (11.1%), and other causes (10.1%). Ohio Veterans used firearms at a higher rate than the general population. Veterans used firearms as the mechanism to complete suicide 72.5% of the time. Drug overdoses as a mechanism for suicide has seen a sharp decline in Ohio over the past 10 years, dropping 33.8% for Veterans and 65% for non-Veterans.

Improving Outcomes for Ohioans: The Suicide Prevention Plan for Ohio

The Ohio Suicide Prevention Foundation and its government and community partners are working to improve the lives of Ohioans and reduce suicides by creating programs to address the objectives outlined in the Suicide Prevention Plan for Ohio, the goal of which is to reduce the number of suicides every year until not one life is lost. This new initiative has been launched to prevent future suicides, through several actions:

- All Ohioans will recognize the warning signs and risk factors of suicide and respond appropriately.
- Ohio will concentrate efforts on integrating suicide prevention practices and suicide care, including postvention (support for those left behind following suicide events) into high impact systems, including health care, public safety, and education.
- Ohio will build suicide prevention capacity and infrastructure at the organizational, local, and state levels.
- Ohio will concentrate prevention efforts on groups identified by data as those with a higher rate of suicide, including youth, ages 10-24, males, ages 25-59, Veterans and military members, and residents of highest-risk Appalachian counties.
- Ohio will standardize, gather, and utilize data to continuously inform and evaluate its approach.

Epidemiological Summary

- Key Points in this study of Ohio suicide between the years 2010 to 2019 include:
- 15,554 Ohioans completed suicide
- Veterans comprise of 17% of all suicides in Ohio
- Veteran suicides are more than twice the rate of non-Veteran suicides
- Veteran's ages 18-34 had the highest suicide rate
- The Suicide rate for Veterans ages 18-34 has increased 34%
- In 2019, the highest number of Veteran suicides was among Veterans ages 75+
- The highest number of Ohio Veteran suicides was Veterans ages 75+, with 762 deaths
- The rate of suicide for female Veterans in Ohio has increased 22.6% compared to 13% for non-Veteran females
- The rate of suicide for male Veterans in Ohio has increased 42% compared to 22.6% for non-Veteran males
- For both Veterans and non-Veterans, firearms are the most frequent mechanism used to complete suicide.
- 64% of Ohio suicide decedents had a mental health diagnosis
- 51% of Ohio suicide decedents had a history of mental health treatment
- 40% of Ohio suicide decedents were in mental health treatment at the time of their death
- 17% of Ohio suicide decedents had a previous suicide attempt
- Evidence of an intimate partner problem was reported for 27% of suicide decedents
- 6% of suicide decedents were affected by a family member or friend's death
- Alcohol was the most common substance present at time of death (31% of all deaths)
- 10 of the Ohio counties with the highest suicide rate (17.4 or greater) were designated Appalachian counties and 5 were designated rural counties.

Providing education about the need for safe storage of firearms during times of emotional crisis as well as increasing outreach and support to aging Veterans (particularly those over 75 years old) are two key components in the Plan necessary to promote reduction in Veteran suicide.

Introduction

Suicide is a serious public health problem that is preventable with proper identification and evidence-based interventions. Every year close to 1,555 Ohioans die by suicide and there are many more people who attempt suicide. All suicides are a tragedy that affects the decedent's family, friends and their community, and has long-term effects for those left behind. Suicide in Ohio happens across the lifespan and is a leading cause of preventable death.

Highest Risk of Suicide

There is a definitive link between suicide and existing mental health disorders. In Ohio, according to the Ohio Violent Death Reporting Systems (OH-VDRS), 64% of all suicide decedents had been diagnosed with a mental health problem (80% for females, and 60% for males). Of the suicide decedents, 51% had a history of mental health treatment and 40% were receiving mental health services at the time of their death. Additionally, suicide often occurs during times of crisis with a failure to deal with life stressors, such as relationship problems, chronic illness, grief and loss, and financial difficulties. In Ohio, 27% of suicide decedents had intimate partner problems, 5% had familial relationship problems, and 6% had experienced a death of a family member or friend.

According to research, those that experience conflict, violence, abuse, and social isolation are also more likely to experience suicidal ideation and suicide completion (Haggi, 2008; Trout, 1980). Suicide rates are also high amongst specific populations, such as refugees and immigrants, lesbian, gay, bisexual, transgender, and intersex persons, prisoners, and Veterans (Rimes, K., 2018, Kaplan, M, 2007). The strongest predictor of suicide completion is a previous suicide attempt. In Ohio, 29% of females and 14% of males had a previous suicide attempt, and 25% had disclosed their intent to complete suicide to another person prior to the event.

Another prevalent risk factor is the use of substances prior to the completed suicide. According to Ohio statistics from OH-VDRS (2017), 18% of men and 20% of women who completed suicide had a substance abuse problem, and 14% had a problem with alcohol. Of the suicide decedents with a positive toxicology result for alcohol, approximately 60% had a blood alcohol concentration of 0.08 or higher at the time of their death. Additionally, 30% of women had benzodiazepines in their system at the time of their death.

Methods of Suicide

Knowledge of suicide methods is important to devise prevention strategies which have shown to be effective at reducing completed suicides, such as restriction of access to means of suicide.

Violent suicide attempt methods are highly correlated with an elevated suicide completion risk compared to suicide attempts with non-violent methods.

The most common lethal methods of suicide completion include firearms, suffocation, poisoning, and overdoses. In Ohio, over the past 10 years, firearms have been the mechanism used most often, with 52.7% of all completed suicides. This is followed by suffocation (26.2%), and drug overdose (11.1%), and other causes (10.1%). Ohio Veterans used firearms at a higher rate than the general population. Veterans used firearms as the mechanism to complete suicide 72.5% of the time. Drug overdoses as a mechanism for suicide has seen a sharp decline in Ohio over the past 10 years, dropping 33.8% for Veterans and 65% for non-Veterans.

Prevention

Suicides among Ohio's general population and Veterans are a preventable cause of death in Ohio. There are several actions that can be taken to prevent suicide and suicide attempts. These include:

- reducing access to the means of suicide (e.g. pesticides, firearms, certain medications);
- media reporting on suicide events in a responsible way;
- school-based interventions;
- introducing alcohol policies to reduce the harmful use of alcohol;
- early identification, and provision of effective treatment for individuals with mental health and substance use disorders, chronic pain and acute emotional distress;
- training health workers beyond those in the behavioral health workforce in the recognition of suicidal behavior and assisting those at risk for suicide in accessing resources for help;
- providing follow-up care and community supports for individuals attempting suicide.

Prevention efforts for suicide are multifaceted and require collaboration between multiple sectors including health, mental health, criminal justice, education, business, law, government, the Veterans Administration, and media. Interventions should be comprehensive and cohesive because the causes and solutions for suicide are as complex as the systems that work to prevent it.

A Word About Stigma

Stigma is defined as a mark of disgrace associated with a particular circumstance, quality, or person. Stigma, and the associated negative attitudes and beliefs, is a common occurrence experienced by people who have mental health conditions. These beliefs can lead to discrimination from others, either through negative remarks, avoidance of the person, or even employment. These experiences are so commonplace that many individuals contemplating or attempting suicide will not seek help and therefore do not receive the assistance and support they need. The prevention of suicide is often not openly discussed because of the stigma associated with mental illness. This stigma is particularly evident in the military and Veteran populations. Studies have found that Veterans experiencing high levels of stigma related to mental health are less likely to seek treatment for mental health conditions (Pietrzak, 2009; Campbell, 2016). Consequently, suicide prevention efforts should work to raise community awareness among the general population and Veterans to dispel the myths about mental illness and its treatment.

State of Ohio Response

The state of Ohio views suicide as a public health priority. The Suicide Prevention Plan for Ohio (2020) aims to increase awareness of the significance of suicide in Ohio and make suicide prevention a high priority for public health. In the FY20–21 state operating budget, Ohio set aside $18 million dollars for mass media and hyperlocal stigma reduction and awareness campaigns. In addition, Ohio invests in local communities to develop and strengthen their suicide prevention strategies using widely accepted public health evidence-based approaches.

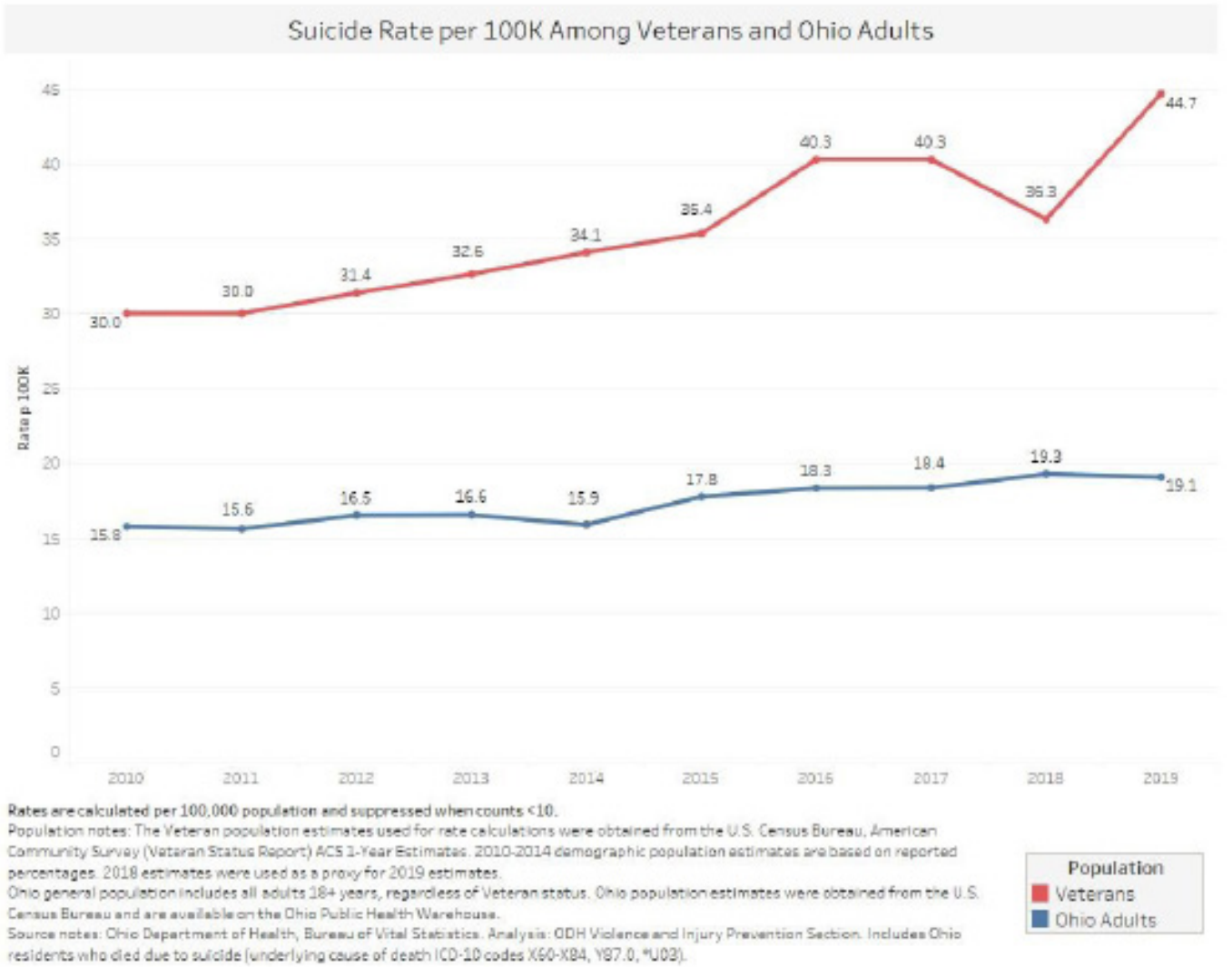
Suicide is one of the priority areas for the state of Ohio 2020 State Health Improvement Plan (SHIP). Stakeholders from across multiple sectors in the state have committed themselves to working towards reducing the suicide rate in Ohio for adults from 19.3 deaths per 100,000 (2018) to 15.4 deaths per 100,000 by 2028. This may be accomplished through several suggested initiatives in the SHIP, including: school-based suicide awareness, youth peer mentoring, integration of behavioral health in primary care, expansion

of crisis services statewide, implementing the Zero Suicide approach for suicide prevention across Ohio, increasing Mental Health First Aid and Question, Persuade, Refer training opportunities, alcohol outlet density restrictions, and implementing Ohio suicide reporting guidelines for media sources.

In 2020, Ohio released its first statewide Suicide Prevention Plan. With the support of Ohio Governor Mike DeWine, diverse stakeholders partnered with state and county agencies, private providers, philanthropic entities, local coalitions, and advocacy voices—most importantly those of families and suicide survivors—to craft a plan to mobilize and align efforts to prevent suicide.

Suicide In Ohio

- The rate of suicide among Veterans has increased 49% between 2010 to 2019 (30.0 vs. 44.7 deaths per 100,000), while adults aged 18+ increased 21% (15.8 vs. 19.1 deaths per 100,000).
- In Ohio during this period, the rate of Veteran suicide is more than twice as high as the rate among adults aged 18+ (35.1 vs. 17.3 deaths, respectively, per 100,000 population).



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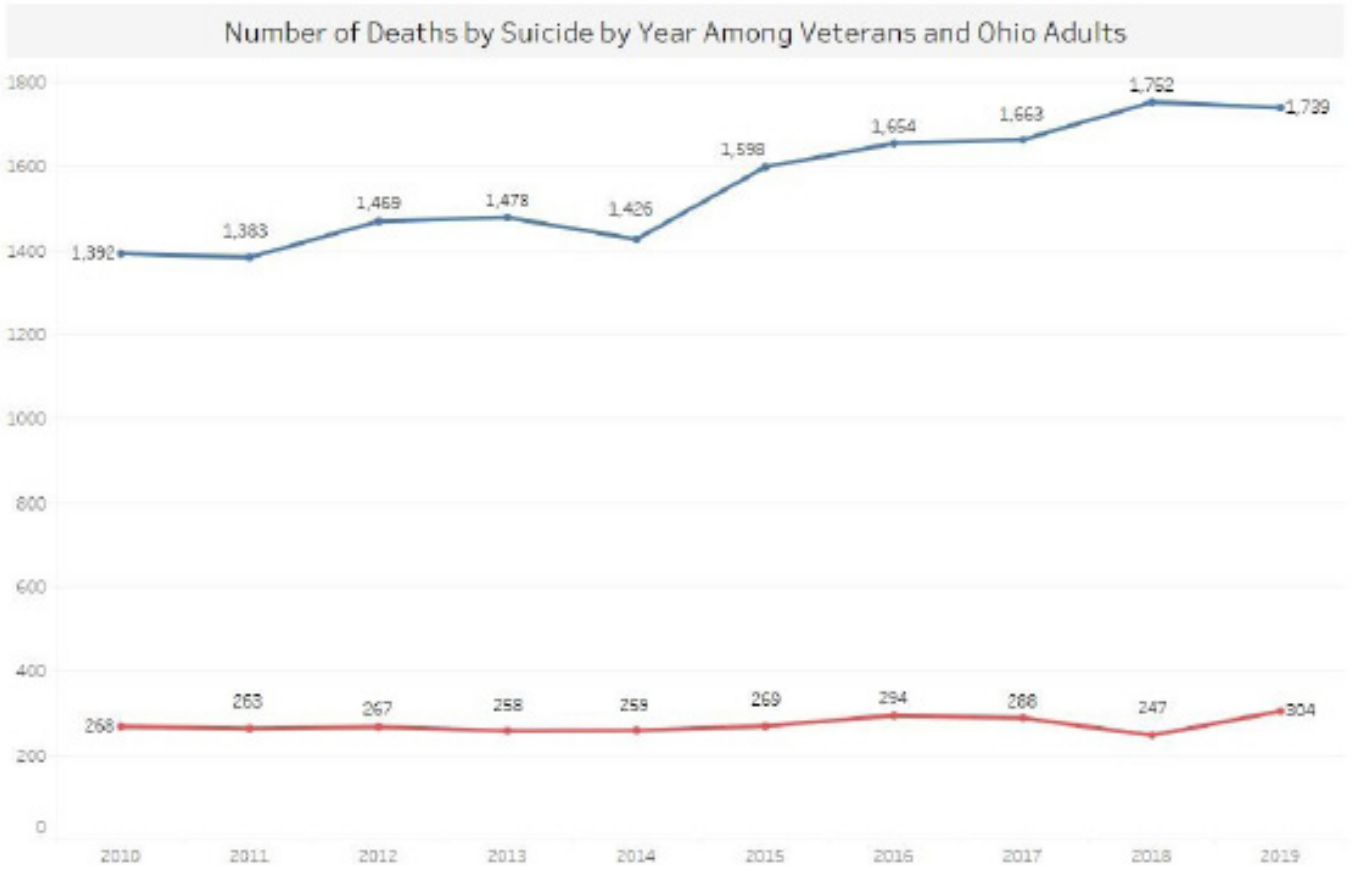
Ohio general population includes all adults 18+ years, regardless of Veteran status. Ohio population estimates were obtained from the U.S. Census Bureau and are available on the Ohio Public Health Warehouse.
Source notes: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to suicide (underlying cause of death ICD-10 codes X60-X84, Y87.0, *U03).

Total Number of Veteran Suicides 2010-2019

- 1,739 Ohioans aged 18 and older died by suicide in 2019, compared to 1,392 in 2010.
- These deaths included 304 Veterans in 2019, compared to 268 in 2010.
- In 2019, Veterans accounted for 17% of all deaths by suicide. In 2010, Veterans accounted for 15% of all deaths by Suicide.
- The number of Veteran suicides in Ohio exceeded 300 for the first time in 2019.
- The annual number of Veteran suicides in Ohio increased by 57 from 2018 to 2019.



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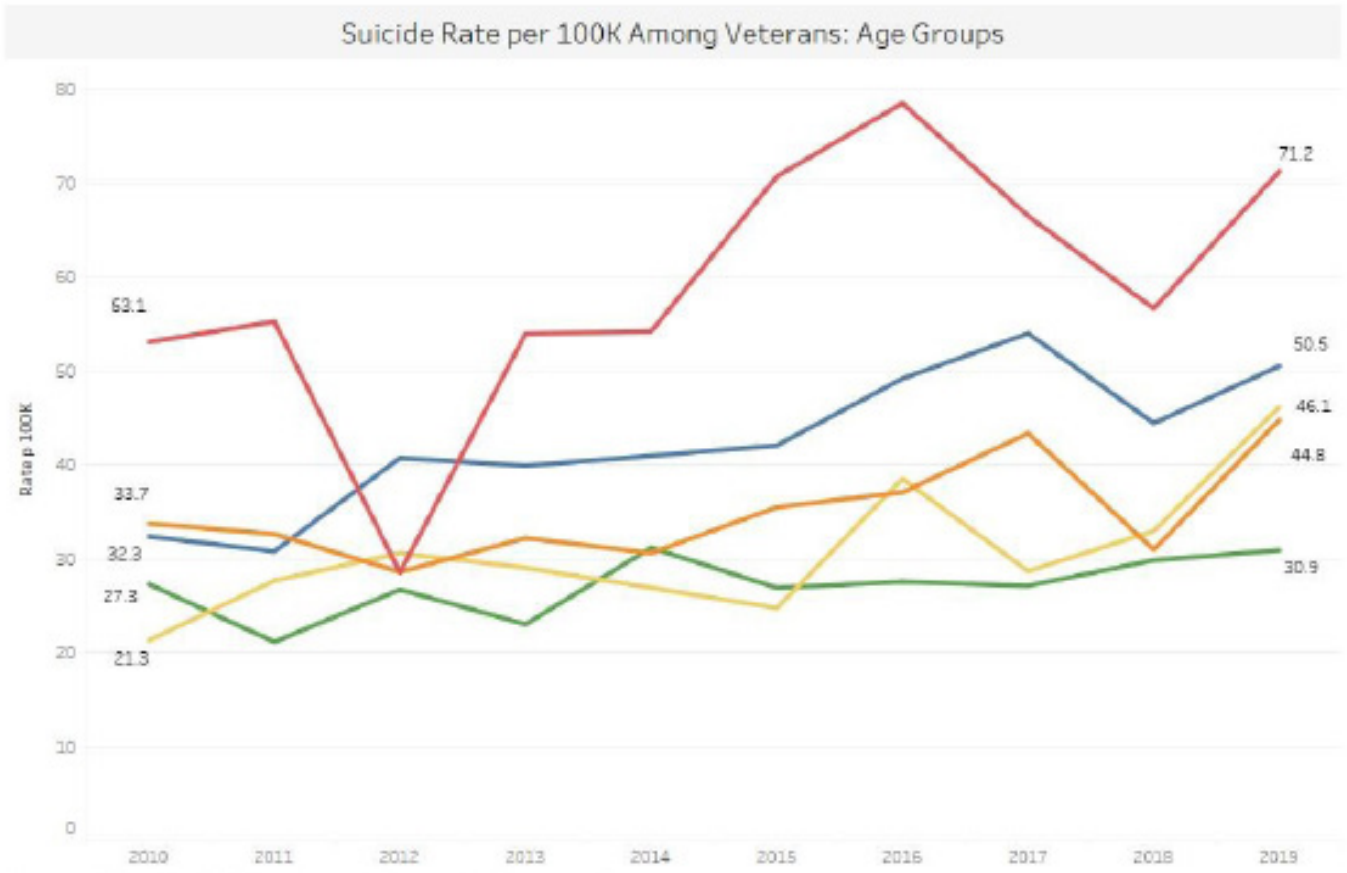
Veteran Suicide Rates by Age Group

- Veteran's ages 18-34 had the highest suicide rate in 2019, 71.2 per 100,000.
- The second highest age group is Veteran's ages 75 and above, with a suicide rate of 50.5 per 100,000.
- The Suicide rate for Veterans ages 18-34 has increased 34% from 2010-2019.
- Veterans ages 65-74 had the lowest suicide rate (30.9 per 100,000) in 2019.



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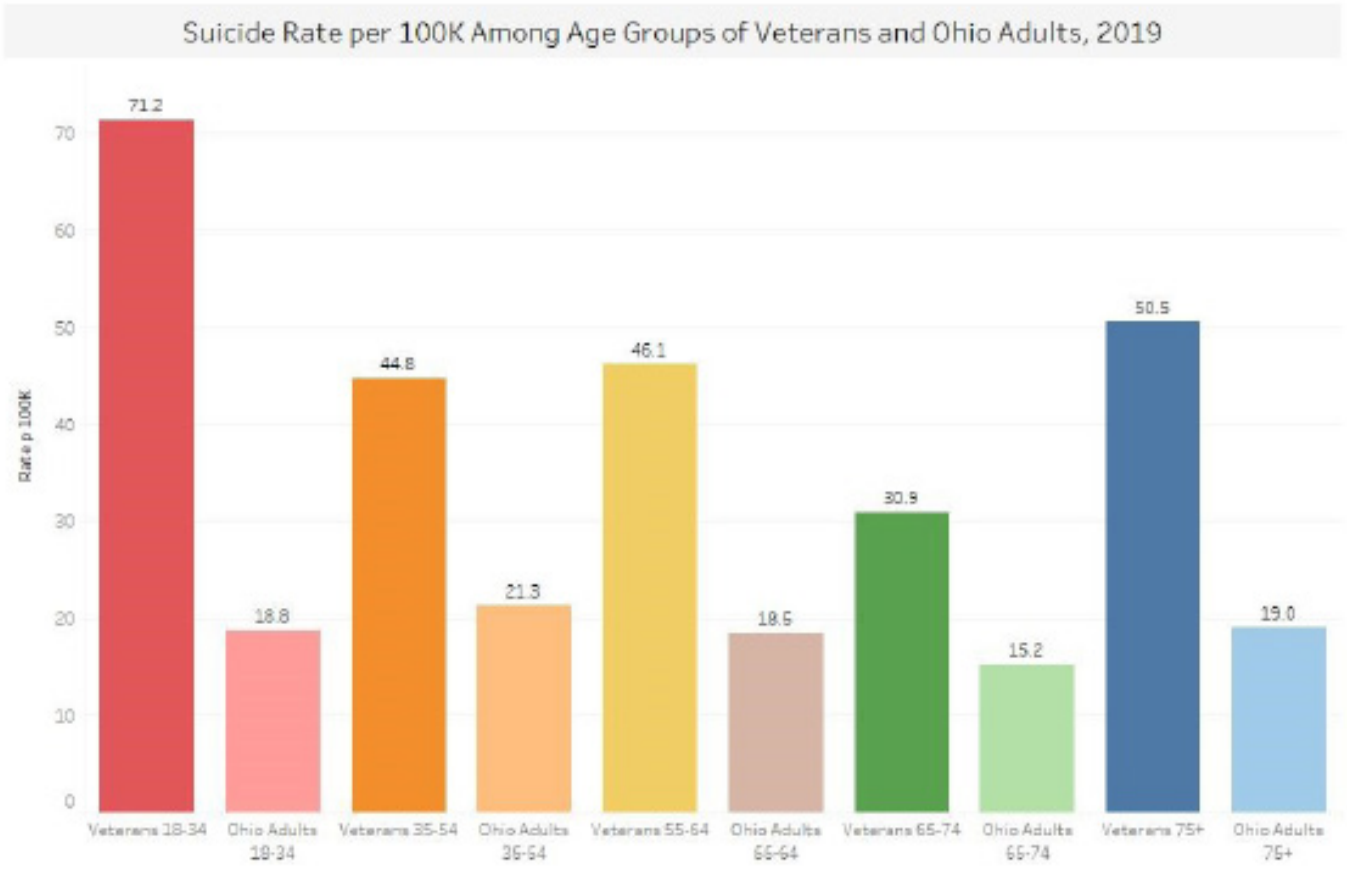
Suicide Rate per 100,000 by Age Group, 2019

- On average, between 2010-2019 Veteran suicide rates were 2.59 times higher than suicide rates for all Ohio adults.
- In 2019, Veteran suicide rates were 3.7 times higher for Veterans ages 18-35 than the rate for all Ohio adults of the same age range.
- In 2019, Veteran suicide rates were 2.67 times higher for Veterans ages 75+ than the rate for all Ohio adults of the same age range.
- The highest number of Veteran suicides was among Veterans ages 75+ in 2019. This group accounted for 27% (n=83) of all Veteran suicides in 2019.
- The highest number of Ohio Veteran suicides between 2010 to 2019 was Veterans ages 75+, with 762 deaths, or 28% of all Veteran suicide deaths during that time period.



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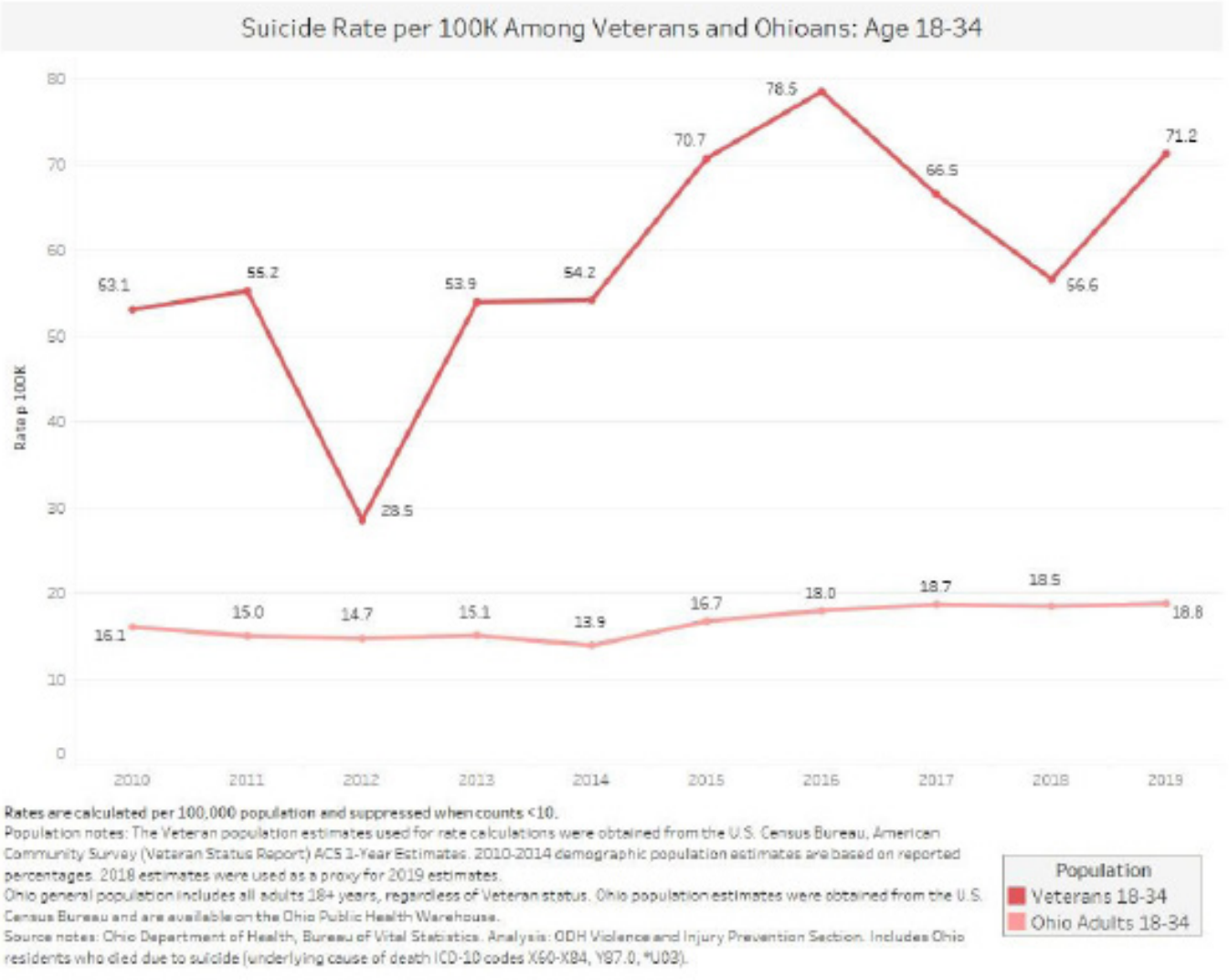
Suicide Rates by Age Group, 2010-2019

- Between 2010 to 2019:
    - Ohio Veterans of all ages had higher rates of suicide than non-Veteran Ohioans.
    - Suicide rates for Ohio Veterans ages 18 to 34 increased by an average of 34%, while suicide rates for non-Veterans increased by an average of 16%.
    - Suicide rates for Ohio Veterans ages 35 to 54 increased by an average of 32%, while suicide rates for non-Veterans increased by 24.5%.
    - Suicide rates for Ohio Veterans ages 55 to 64 increased by an average of 16%, while suicide rates for non-Veterans increased by 25.8%.
    - Suicide rates for Ohio Veterans ages 75 and above increased by an average of 56%, while suicide rates for non-Veterans increased by 44%.



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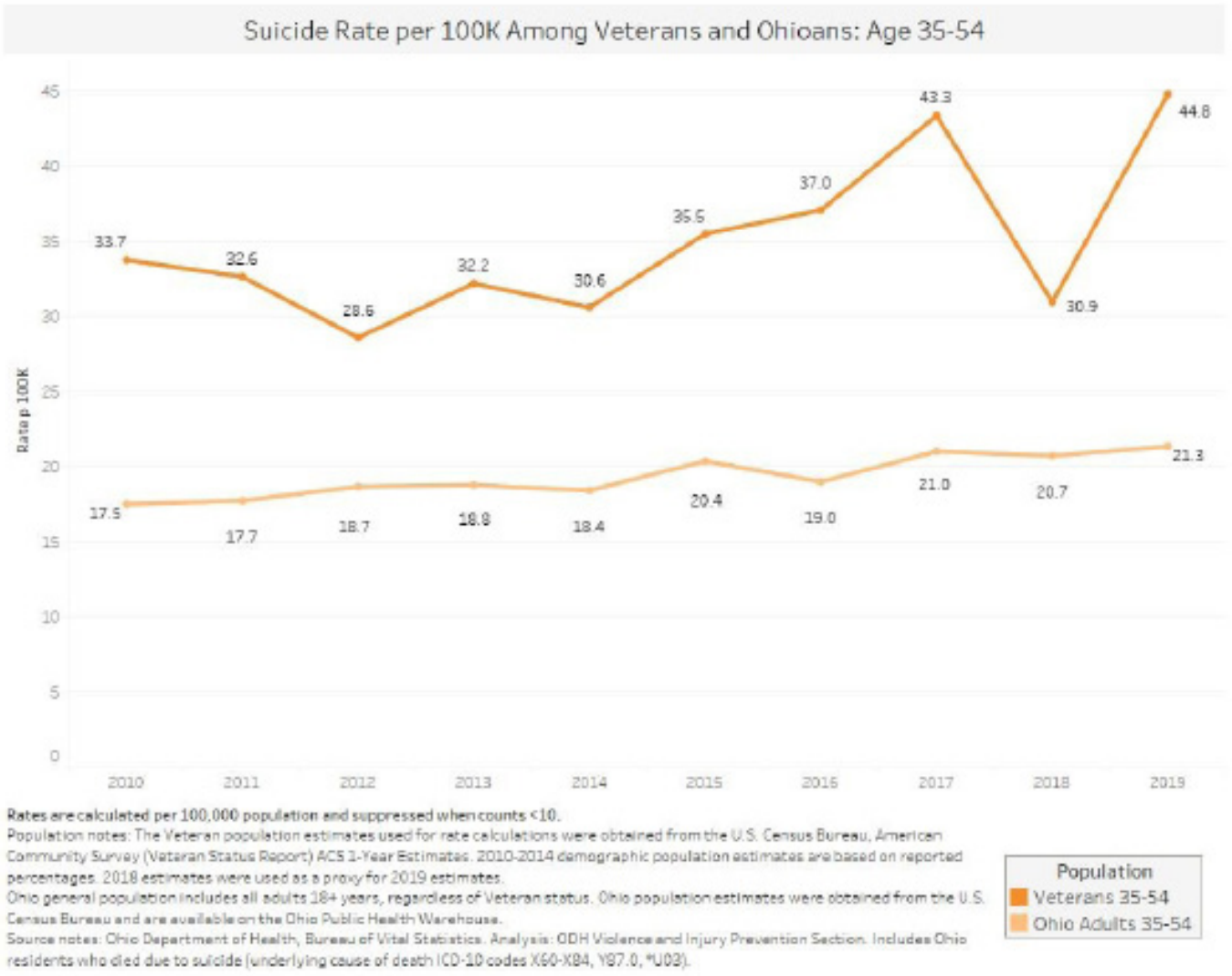
Suicide Rates by Age Group, 2010-2019



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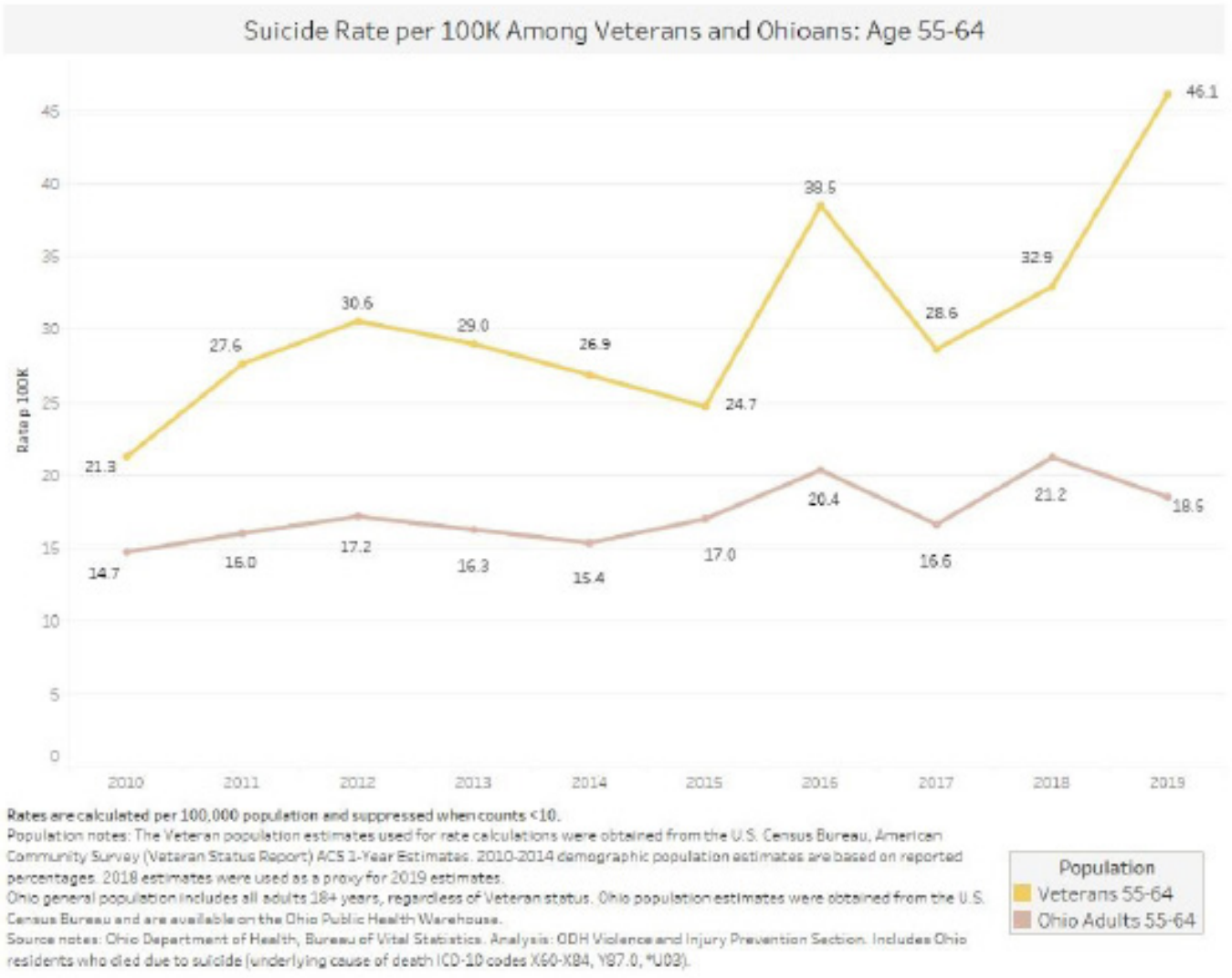
Suicide Rates by Age Group, 2010-2019



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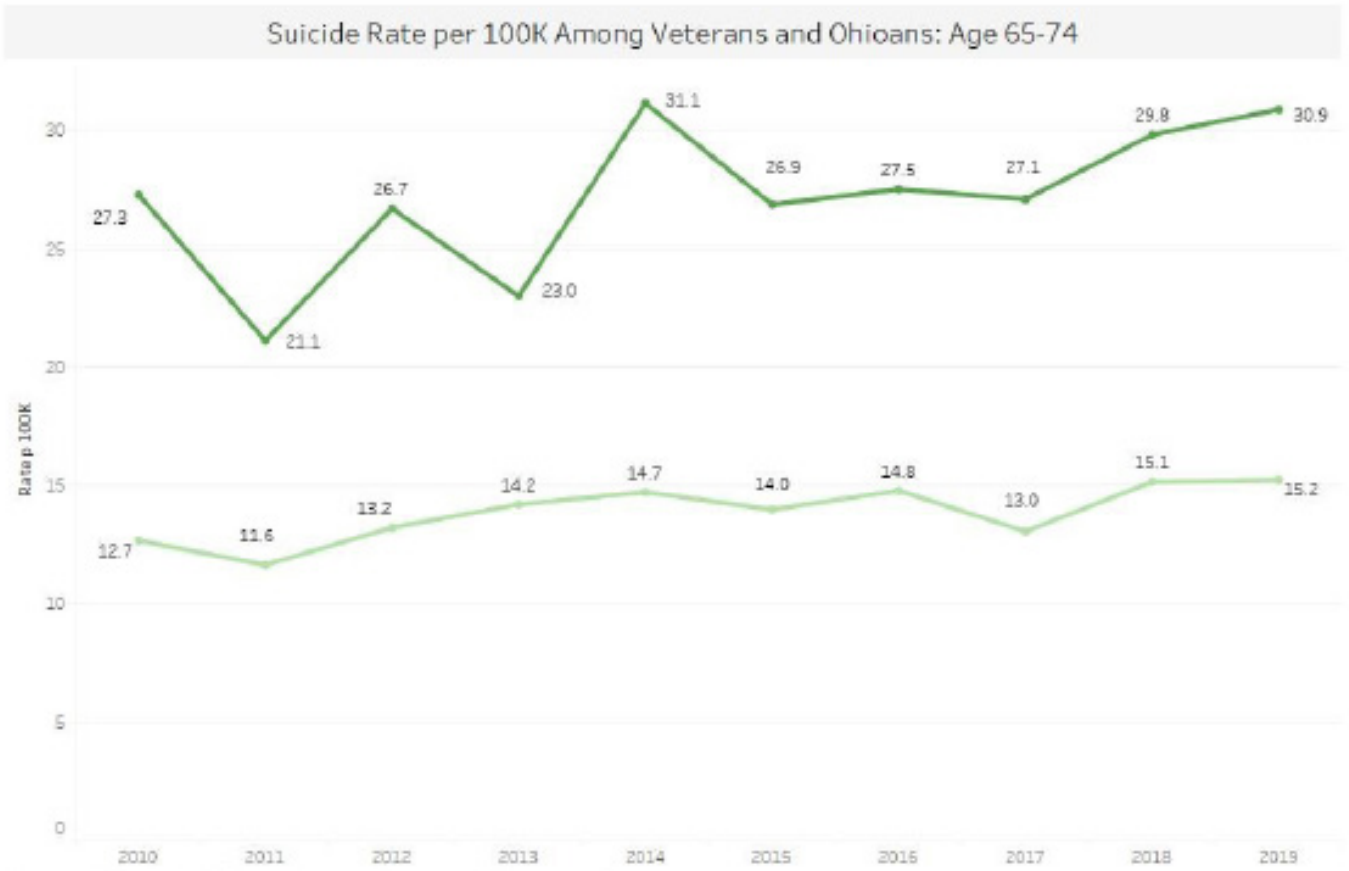

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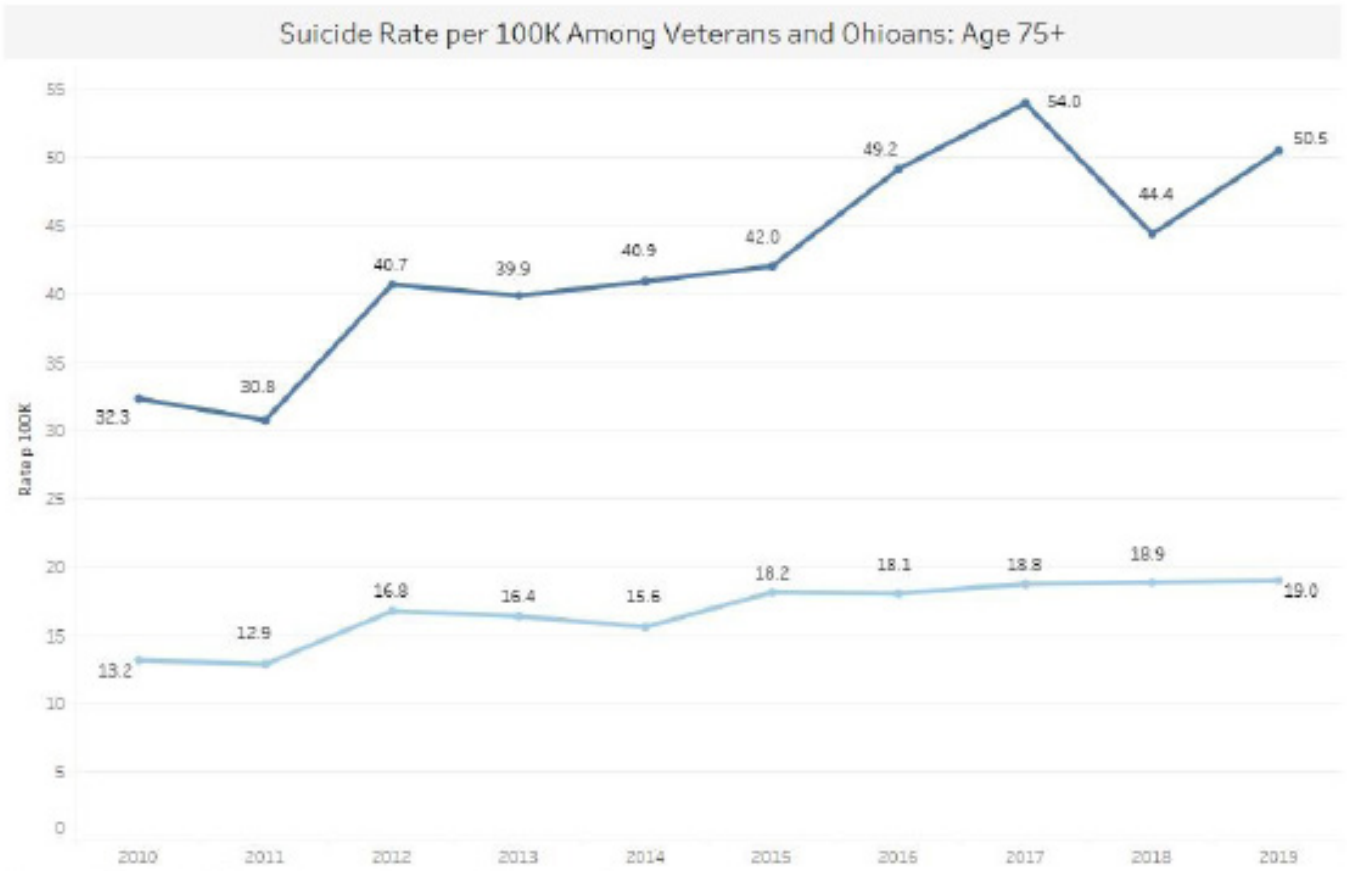

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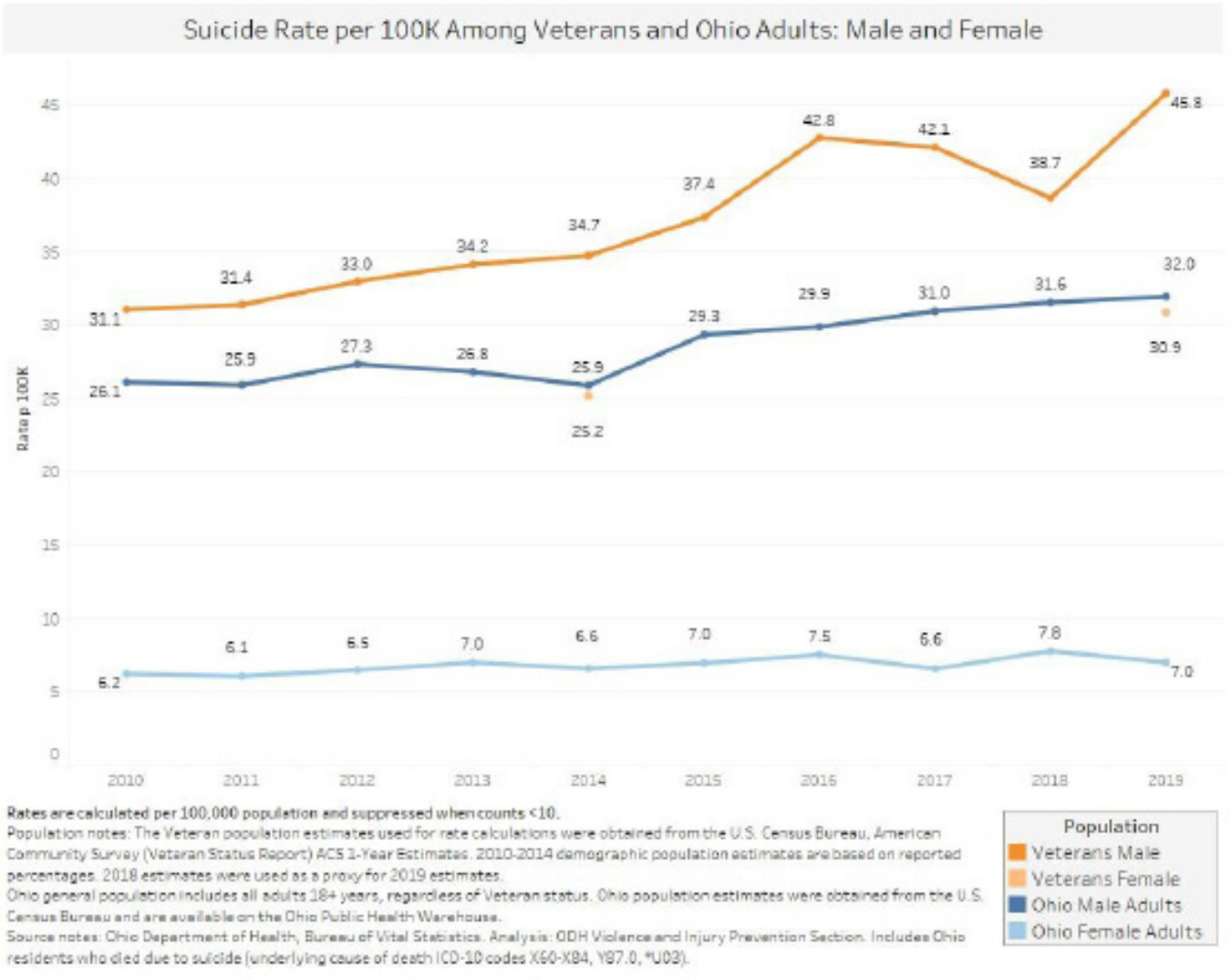
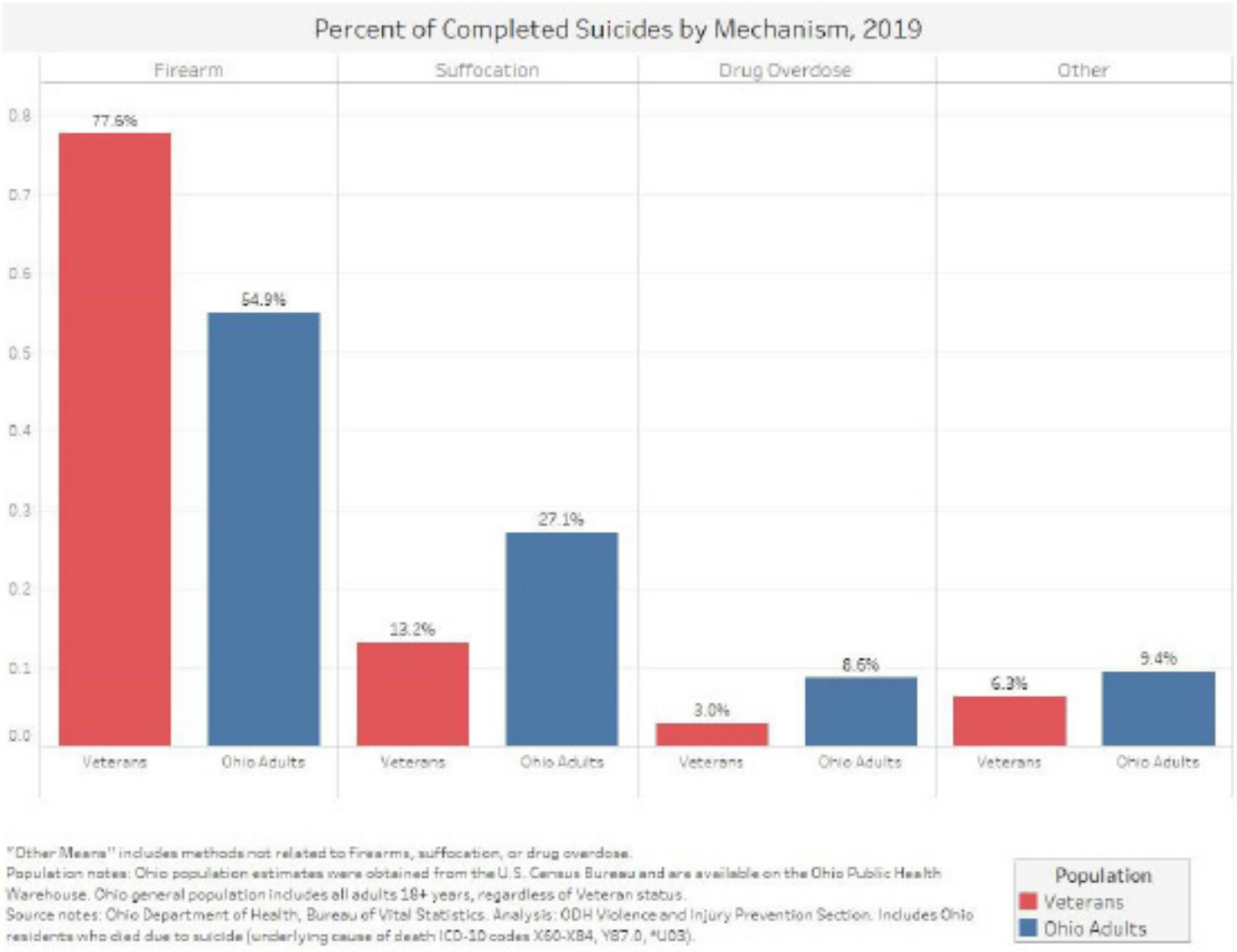
Veteran Suicide Rate by Sex

- The 2019 rate of suicide among female Veterans in Ohio was 4.4 times higher than the rate amoung non-Veteran females.
- The 2019 rate of suicide among male Veterans in Ohio was 1.43 times higher than the rate among non-Veteran males.
- The 2019 rate of suicide among female Veterans in Ohio was 30.9 per 100,000 compared with 45.8 per 100,000 among male Veterans.
- The rate of suicide for male Veterans in Ohio has increased 42% compared to 22.6% for non-Veteran males between 2010 to 2019.
- The rate of suicide for female Veterans in Ohio has increased 22.6% compared to 13% for non-Veteran females between 2014 to 2019.



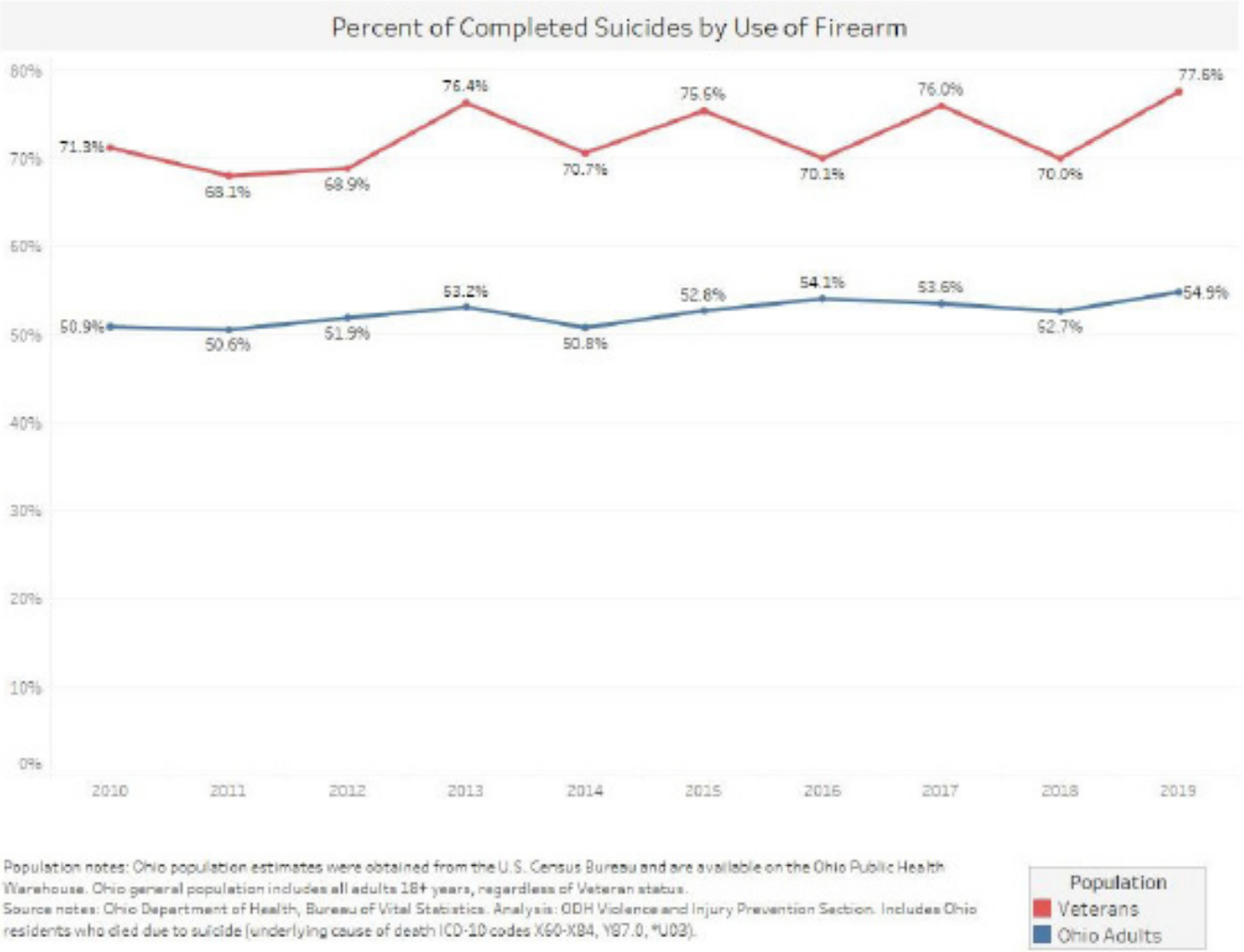
Veteran Suicide Methods

- In 2019, 77.6% of completed Veteran suicides were due to firearms, while 54.9% of non-Veteran Ohioan suicides resulted form firearms.
- In 2019, 27.1 percent of suicide deaths of non-Veteran Ohioans was due to suffocation, compared to 13.2% of Veteran suicide deaths.
- Drug Overdose was the least used method for suicide deaths among Ohio Veterans (3%).



Veteran Suicide by Firearms and Overdose

- On average, Ohio Veterans are 20% more likely to complete suicide by firearm than non-Veteran Ohioans.
- Between 2010 and 2019, suicides by overdose have gone down for both Ohio Veterans and non-Veteran Ohioans



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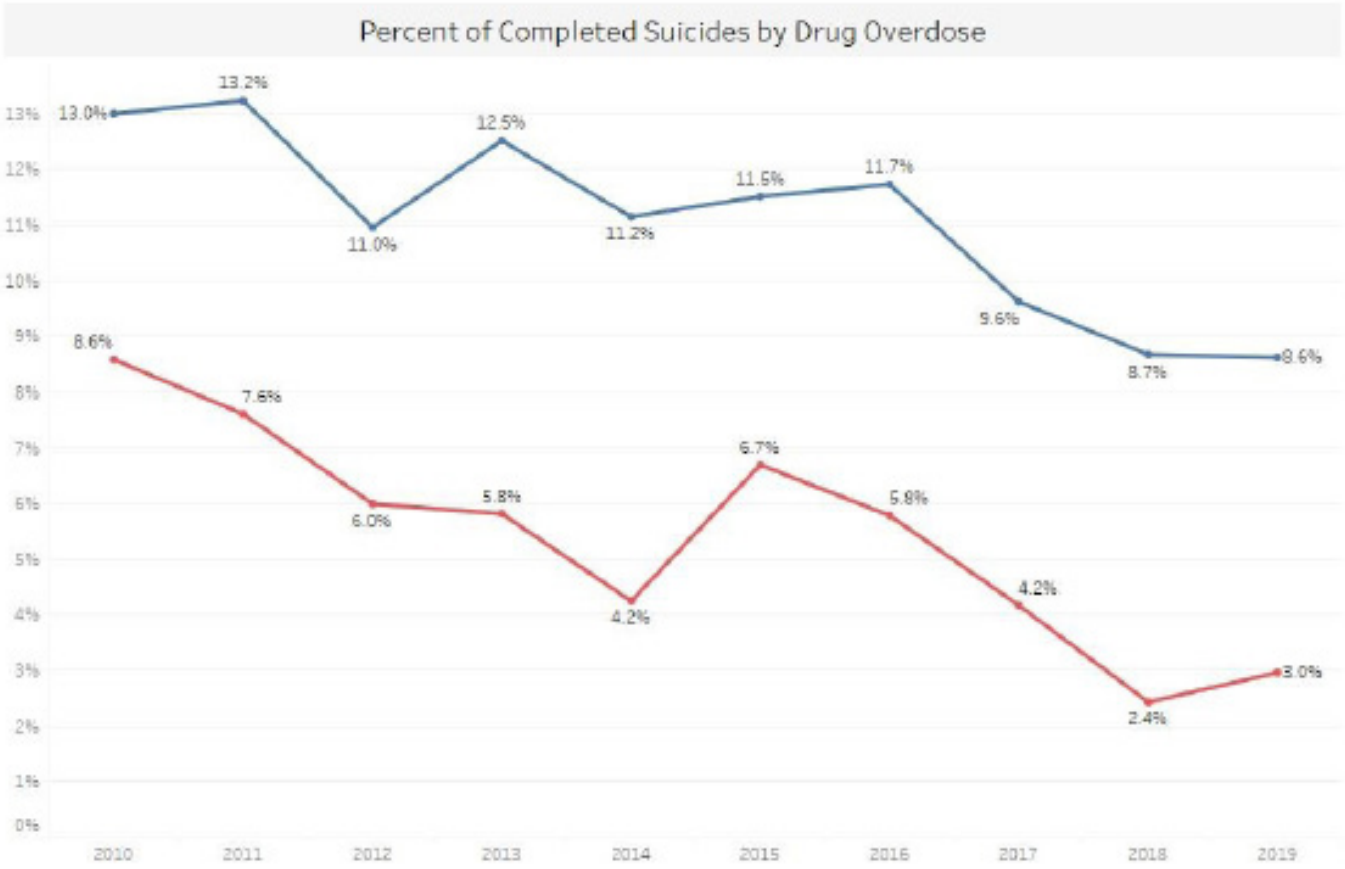
Veteran Suicide by Firearms and Overdose



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Key Suicide Initiatives Reaching Ohioans

The Suicide Prevention Plan for Ohio is the result of a statewide effort designed to guide and focus Ohio's suicide prevention efforts. The resulting plan sets out actions to be implemented over the next three years. The objectives identified in the plan were informed by data, evidence-based approaches, and lessons learned from current suicide prevention practices. The following table summarizes the Ohio Suicide Prevention Strategic Plan.

Goal	Objective
Strengthen the public's knowledge and ability to promote wellness, recognize suicide risk, and take appropriate action for self and others.	• Implement a suicide prevention awareness campaign that will resonate with target groups, their communities, and their support systems including youth, families, friends, and colleagues. • Promote responsible media reporting of suicide that includes accurate portrayals of suicide and mental illness along with safe online content related to suicide. • Ensure that public awareness campaigns include promotion of healthy lifestyles and community connections.
Provide training to community groups, families, and other individuals in a person's support system on the prevention of suicide and related behaviors.	• Increase availability of evidence-based suicide prevention gatekeeper trainings to those working with higher-risk groups. • Increase access to and the number of people trained in evidence-based prevention for community members (i.e. youth, families, friends, peers, co-workers).

Encourage safe storage of firearms, medication, and other lethal means.	• Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means as part of an overall educational effort.
	• Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership and to include safe storage as part of an overall educational effort.
	• Embrace new safety technologies to reduce access to lethal means as part of an overall educational effort.
	• Increase the number of family members who have access to education and information pertaining to:
	  • Available resources.
	  • How to access training.
	  • How to reduce access to lethal means.

Goal	Objective
Integrate suicide-specific care across health care, behavioral health care and addiction treatment organizations.	• Provide learning opportunities to organizations on the core components of the Zero Suicide approach and in developing and implementing protocols for delivering services for individuals at differing levels of suicide risk in the most collaborative, responsive, and least-restrictive settings. • Incentivize providers for incorporating elements of evidence-based suicide care through Medicaid reimbursement mechanisms.
Provide training to clinical and social service providers on the prevention of suicide and other related behaviors.	• Promote the adoption of core education and training guidelines regarding suicide prevention into the higher education curricula of health professions. • Promote core education and training guidelines in suicide prevention best practices for professional licensing boards and related entities. • Focusing on education also means elevating the engagement of school districts and institutions of higher education. The education system must continue its commitment to helping address the alarming rate of suicide among youth and young adults. • As a final point, while first responders and emergency personnel are often on the front lines of caring for those at-risk of suicide or who have attempted suicide, they also constitute a group at higher risk for suicide. They need the tools to help those they serve. Across all three fields, professionals need to be supported for secondary trauma and its effects.
Integrate suicide prevention best practices and suicide-specific care across educational systems, including Educational Service Centers.	• Increase implementation and support for the PAX Good Behavior Game to improve self-regulation in children. • Provide guidance and support to school districts and community partners to develop and implement evidence-based strategies to prevent suicide and promote mental wellness. • Provide guidance and support for developing model school policies for suicide prevention and postvention services and protocols. • Expand the use of OHYES! (Ohio Healthy Youth Environments Survey) for students grades 7–12 across school districts to provide the data to inform local strategies.
Increase the number of suicide prevention coalitions aligned with the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide.	• Provide statewide training, technical assistance, and networking opportunities to suicide prevention coalitions to elevate coalition capacity and performance. • Annually review coalition capacity using performance metrics. • Establish a statewide partnership of suicide prevention coalitions.

Goal	Objective
Assess and strengthen postvention programs in local communities.	• Assess resource and service gaps related care transition services. • Develop a comprehensive postvention model for Ohio. • Provide training and technical assistance on implementing comprehensive postvention services at the local level.
Increase understanding of the function and capacity of local fatality review boards.	• Engage current Fatality Review Boards that include suicide reviews to share their experiences and practices. • Encourage suicide prevention coalition members to develop relationships with existing County Fatality Review Boards.
Explore opportunities to build capacity that address identified social determinants, barriers to care, and factors that contribute to the suicide rate.	• Promote the use of Ohio's Community Collective Impact approach to address community trauma and suicide with community planning entities. • Provide technical assistance to coalitions on how to expand partnerships to better address community factors contributing to suicide and health disparities.
State government will prioritize its suicide prevention resource allocations and program actions toward target populations and encourage its partners to do the same.	• Ohio partners will prioritize targeted groups of people in funding, staffing, training, and other appropriate program policies. • The Suicide Prevention Plan for Ohio will be widely disseminated to local government, non-profits, faith-based organizations, schools, civic clubs, philanthropic, and other stakeholder partners. • The U.S. Department of Veterans Affairs and Ohio National Guard will identify military liaisons and a structure for integrating suicide prevention practices within military culture and coordinating strategies that will improve access to resources for military members, Veterans, and their families. • Promote the Ohio Department of Health's Youth Suicide Prevention Coalition Plan and resources. • Engage ADAMHS Boards as partners to improve the adequacy of suicide care in their provider networks for youth and other target populations as informed by local data.

Goal	Objective
Refine data systems including collection and evaluation.	• Establish a surveillance system with near-real time data for nonfatal suspected suicide attempt emergency department visits. • Collaborate with federal stakeholders and partners from other states to evaluate and refine nonfatal suspected suicide attempt definitions. • Undertake research to determine how billing codes/claims data may inform future suicide care. • Enhance and coordinate the collection of risk-factor surveys and associated data [i.e. Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Ohio Healthy Youth Environments Survey (OHYES!)] • Continue monitoring trends in suicide deaths utilizing ODH's Vital Statistics Mortality Data and the Ohio Violent Death Reporting System.
Improve data dissemination and public access to data.	• Complete data mapping focused on suicide care that includes specific county-level data. • Create and publicize a data dashboard for suicide and suicide-related outcomes. • Create fact sheets on established high-risk populations. • Continuously monitor data to identify new/emerging high-risk groups.

Conclusion

Suicide is a serious public health problem in Ohio for both the general population and Veterans alike. As evidenced by the data presented in this report, rates of suicide have been on the rise for well over a decade. The impact of suicide on Ohio family, friends, and the community is far-reaching. There are challenges that have slowed progress in the area of suicide prevention, including stigma related to mental illness and seeking help for those conditions. The good news is that suicide is preventable and stakeholders across Ohio are doing more than ever before to address this long-standing public health problem. As evidenced in this document, the goals and objectives set forth in Ohio's Suicide Prevention Plan include approaches to prevent the risk of suicide in the first place, as well as improve interventions that address individuals in immediate suicidal crisis. The plan is comprehensive and recommendations include substantial community education and professional training, reducing access to lethal means, integrating suicide care across health care and public safety/emergency systems, improving data collection on both suicide attempts and completions, and addressing social determinants which underlie suicide. Providing education about the need for safe storage of firearms during times of emotional crisis as well as increasing outreach and support to aging Veterans (particularly those over 75 years old) are two key components in the Plan necessary to promote reduction in Veteran suicide.

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