

# Suicide Prevention Plan

FOR ASHLAND COUNTY



March 2004  
(updated April 2017)

## Ashland County Suicide Prevention Coalition

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Coordinated by:  
Mental Health & Recovery Board of Ashland County

## Introduction

More than 1,600 Ohioans die by suicide every year. The impact of suicide does not stop with the lost lives. For every suicide death, it is estimated that six

**Suicide (49.1%) is the leading cause of violent deaths worldwide, outnumbering homicide (31.3 %) or war related deaths (18.6%)**

Source: World Health organization

individuals will be profoundly affected for the rest of their lives. These deaths and their effects are even more tragic as suicide is largely preventable. As the eleventh leading cause of death in Ohio, suicide remains an ongoing challenge for healthcare policymakers, providers of care, schools, faith communities and law enforcement. Ohio statistics continue to mirror national trends where suicide rates are increasing among particular areas of the population. Adolescents, young adults, men 35 to 54 years of age and the elderly are among those at the highest risk in Ohio. Economic downturns and the inability to effectively problem solve and cope with challenges increase the risk for these priority groups, making the development of suicide prevention policies even more essential.

Number of Suicides in Ashland County							
2000	10	2004	7	2008	10	2012	6
2001	4	2005	6	2009	8	2013	4
2002	6	2006	4	2010	5	2014	0
2003	5	2007	7	2011	7	2015	2

- Suicide (49.1%) is the leading cause of violent deaths worldwide, outnumbering homicide (31.3 %) or war related deaths (18.6%).
- About 1,650 Ohioans die by suicide each year.
- The rate is highest rate is among men (44+)
- The rate has tripled for those between the ages of 15-19 since the 1950's.
- Many cases are not identified as suicide- actual rates are estimated to be 2-3x greater than reported
- The vast majority of people who die by suicide have a diagnosable mental disorder (often undiagnosed, undertreated or untreated depression).

## A National Priority

In October 1998, at the request of the U.S. Surgeon General and in collaboration with the Suicide Prevention Advocacy Network (SPAN), the Substance

***More adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.***

Source: The Surgeon General's *Call to Action to Prevent Suicide*

Abuse and Mental Health Services Administration (SAMHSA) convened a national suicide prevention conference. The Ohio Department of Mental Health (ODMH) appointed an eight-member team to attend the conference and assist in drafting the Surgeon General's *Call to Action to Prevent Suicide*, which was released in 1999. ODMH Director Michael F. Hogan, Ph.D., was appointed to a national committee that assisted in the development of the National Goals and Objectives for Suicide Prevention 2000-2005. These National Goals serve as the framework for Ohio's state plan that utilizes Awareness, Intervention and Methodology, or AIM strategy to reduce the prevalence of suicide. In January 2001, the Report of Ohio's Mental Health Commission, *Changing Lives, Ohio's Action Agenda for Mental Health*, included a recommendation that Ohio should build an initiative to reduce suicides. Ohio's Suicide Prevention Plan is the next step in saving lives and reducing suicidal behaviors by developing a comprehensive strategy in response to a very complex set of issues.

## Ashland County Coalition

In September 2003, the Mental Health and Recovery Board of Ashland County received a \$10,000 grant from the Ohio Department of Mental Health for the purpose of establishing a community coalition to develop a suicide prevention plan. The first organizational meeting of the coalition was held in October. More than 50 individuals representing all aspects of the community attended, including county and city government, law enforcement, schools, providers, survivors and health care professionals. The Ashland County Suicide Prevention Plan is the result of four planning meetings of the coalition. The coalition identified target groups and then identified objectives for each group. The coalition also identified activities that would be utilized to reach these objectives (*see Matrix on page 6*)

Three target groups were identified by the coalition:

- Youth
- Older Adults
- Middle-aged Men

The general objectives of the plan are:

- Increase community awareness regarding suicide and depression
- Provide training regarding how to respond to a potentially suicidal person
- Establish Workgroups To Implement Plan:
  - Media
  - Awareness
  - Gatekeeper Training

Each section below identifies specific objectives for each target group.

### *Youth*

The 1999 Ohio Youth Risk Behavior Survey shows that nearly 20 percent of all high school students in Ohio seriously

***Between 1952 and 1995, the incidence of suicide among adolescents and young adults nearly tripled.***

Source: The Surgeon General's *Call to Action to Prevent Suicide*

contemplated suicide during the 12 months preceding the survey. Significantly more females (25 percent) than males (16 percent) seriously considered suicide. Young women are more likely to attempt suicide than young males by about 6 to 1, but completed suicide is more common in adolescent males than in females by about 3 to 1. While some clinicians believe that psychiatric illness, such as clinical depression, underlies all suicide among the young, others think it is more complex than that, pointing to developmental factors that influence behavior. Certainly, all agree that substance and/or alcohol abuse significantly increases the risk of suicide in young people, as does anxiety or impulsivity, sexual identity issues – including being gay, lesbian or bisexual – and sexual abuse.

### **Objectives**

- Get youth representatives on coalition
- Implement school-based programs
- Conduct depression screening
- Provide training to school personnel, youth and parents

### *Middle-aged Men*

At particular risk of suicide are Ohio men, 25 to 44 years of age. According to the Ohio Department

- ***Males are four times more likely to die from suicide than females***
- ***White males account for more than 75 percent of Ohio's suicides***

Source: Ohio Department of Mental Health

of Health, white men between the ages of 25 to 34 have the highest rate of this group. From 1996 to 1998, men between the ages of 25 and 34 had a suicide death rate of 23.7 per 100,000 and men between the ages of 35 to 44 had a suicide death rate of 23.0 per 100,000.

Men are generally more successful at completing suicide than women because they choose violent, more lethal means. However, the impulse to take one's own life is rooted in problems far more complex than the actual vehicle for death. Men who are 25 to 44 years of age are under enormous stress to perform, achieve, and provide. This oftentimes overwhelming stress coupled with a tendency to not seek help in times of need may help to describe why men of this age are at higher risk for suicide.

## Objectives

- Increase community awareness regarding depression and suicide in men
- Provide suicide prevention training to gatekeepers (physicians, probation officers, etc.)
- Conduct depression screening

### *The Elderly*

While the young are at particular risk for suicide, the group at greatest risk for suicide is the elderly. The suicide risk for Ohioans above the age of 80 is three to four times higher than for the average Ohioan.

Some of the factors that make the elderly more vulnerable to suicide are social isolation, significant losses (death of spouse, loss of home, family, and friends) illness, disability, chronic pain, depression, and oftentimes, hidden alcoholism. While many of these factors may be unique to the aging process, their presence and influence should not be fatal.

**In the month prior to their suicide, 75 percent of elderly suicide victims had visited a physician.**

Source: Center for Public Health Data and Statistics

## Objectives

- Increase representation/involvement of older adults
- Increase awareness regarding suicide and depression in older adults
- Provide training to older adults, their caregivers and gatekeepers
- Conduct depression screening
- Outreach to "shut-ins"

## Ashland County Suicide Prevention Coalition

Activity	General	Youth	Men	Elderly
<b>Media</b>	WNCO Radio WRDL Radio T-G Articles Channel 2 AU Media Dept. Web-site	T-G Kids Section School Newsletters Student newspaper City School Cable	<i>Real Men/Real Depression</i> Radio Newspaper Channel 2	Radio Newspaper
<b>Awareness, Education and Outreach</b>	Speakers Bureau Literature Educational Packets Support/bereavement groups Survivors Amish (Chiropractors)	Packets for teachers Orientation Packet for Students Resource table @ orientation AHS Home room comm. Jason Foundation Awareness/utilization of hotline Groups for “at-risk” students School Web Sites Teachers resource manual SOS	Packets for Physicians <i>Real Men/Real Depression</i> Paycheck stuffers Farm Bureau Newsletter REAP Extension office Posters in factories Employment office Unions	Packets for Clergy Sr. Ctrs/Nursing Homes “Shut-ins” Older Adult Behavioral Health Coalition
<b>Gatekeeper Training</b>	Physicians/Nurses DJFS Clergy Police/EMT/Fire Legal Community/Probate Chamber of Commerce Funeral Directors Human Resources Beauticians Vet clinics Chiropractors	Teachers/School Staff Daycare Providers Youth Pastors Christian Ed staff Student training Youth Probation Officers	College Staff Bar owners/Social Clubs 12-Step Groups Adult Probation Officers Service Clubs AA	Physicians Clergy Council on Aging Homecare services; LTC/ACF facilities

# Suicide Fact Sheet

## Common Warning Signs

Giving away favorite possessions

A marked or noticeable change in an individual's behavior

Previous suicide attempts and statements revealing a desire to die

Depression (crying, insomnia, inability to think or function, excessive sleep or appetite loss)

Inappropriate "good-byes"

Verbal behavior that is ambiguous or indirect: "I'm going away on a real long trip. You won't have to worry about me anymore. I want to go to sleep and never wake up."

Purchase of a gun or pills

Alcohol or drug abuse

Sudden happiness after long depression

Obsession about death and talk about Suicide

Decline in performance of work, school, or other activities

Deteriorating physical appearance, or reckless actions

High Risk Life Events Associated With Suicide

Death or terminal illness of a loved one

Divorce, separation, or broken relationship

Loss of health (real or imaginary)

Loss of job, home, money, self-esteem, personal security

Anniversaries

Difficulties with school, family, the law

Early stages of recovery from depression

## What To Do

Take suicide threats seriously, be direct, open and honest in communications.

Listen, allow the individual to express their feelings and express your concerns in a non-judgmental way.

Say things like, "I'm here for you. Let's talk. I'm here to help."

Ask, "Are you having suicidal thoughts?" A detailed plan indicates greater risk.

Take action sooner rather than later.

Get the individual who is at risk connected with professional help.

Dispose of pills, drugs and guns.

Don't worry about being disloyal to the individual; contact a reliable family member or close friend of the person

## What Not To Do

Do not leave the person alone if you feel the risk to their safety is immediate.

Do not treat the threat lightly even if the person begins to joke about it.

Do not act shocked or condemn. There may not be another cry for help.

Do not point out to them how much better off they are than others. This increases feelings of guilt and worthlessness.

Do not swear yourself to secrecy

Do not offer simple solutions

Do not suggest drugs or alcohol as a solution

Do not judge the person

Do not argue with the person

Do not try to counsel the person yourself

## Where to find help in Ashland County:

**Appleseed Emergency Crisis Hotline: 419-289-6111 or 1-888-400-8500**

**Mental Health and Recovery Board: 419-281-3139**

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

## Common Myths & Facts

**Myths about suicide are pervasive in our society. They also present a large barrier to learning and to effective suicide prevention.**

- 1. Myth:** No one can stop a suicide. It is inevitable.  
**Fact:** If people in a crisis get the help they need, they will possibly never be suicidal again.
- 2. Myth:** Confronting a person about suicide will only make them angry and increase the risk of suicide.  
**Fact:** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- 3. Myth:** Only experts can prevent suicide.  
**Fact:** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide. Most people who are contemplating suicide are not presently seeing a mental health professional. Most are likely to approach a family member or peer for help. Listening, taking a person seriously, displaying concern and care, and ensuring the person gets the help they need can help save lives.
- 4. Myth:** Suicidal people keep their plans to themselves.  
**Fact:** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- 5. Myth:** Those who talk about suicide don't do it.  
**Fact:** People who talk about suicide may try, or even complete, an act of self-destruction.
- 6. Myth:** Once a person decides to die by suicide, there is nothing anyone can do to stop them.  
**Fact:** Suicide is the most preventable kind of death, and almost any positive action may save a life. One of the most important things an individual can do to prevent suicide is to identify the warning signs of suicide and recognize a person at increased risk for suicide.

Source: QPR Institute. [www.qprinstitute.com/](http://www.qprinstitute.com/)

### Ask a Question, Save a Life!

You can become a QPR Gatekeeper.

**QPR=**

**1 Question 2 Persuade 3 Refer**

3 simple steps that anyone can learn to help save a life from suicide!



## Local Resources

**24 Crisis Hotline: 419-289-6111 or 1-888-400-8500**

Community Organization	Phone Number	Services
Mental Health And Recovery Board 1605 County Road 1095 Ashland, OH 44805 <a href="http://www.ashlandmhrb.org">www.ashlandmhrb.org</a>	419-281-3139	<ul style="list-style-type: none"> <li>• Information</li> <li>• Resources</li> <li>• Speakers Bureau</li> <li>• Training</li> </ul>
Appleseed Community Mental Health Center 2233 Rocky Lane Ashland, Ohio 44805 <a href="http://www.appleseedmentalhealth.com/">http://www.appleseedmentalhealth.com/</a>	419-281-3716	<ul style="list-style-type: none"> <li>• Crisis Intervention</li> <li>• Assessment</li> <li>• Counseling</li> <li>• Medication</li> <li>• Support Groups</li> </ul>
Catholic Charities Services 34 West 2 <sup>nd</sup> Street Ashland, Ohio 44805 <a href="http://ccdocle.org/county-served/ashland">http://ccdocle.org/county-served/ashland</a>	419-289-1903	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> <li>• Support Groups</li> </ul>
Ashland County Council on Alcohol and Drug Abuse 310 College Ave. Ashland, Ohio 44805 <a href="http://accada-rap.org/">http://accada-rap.org/</a>	419-289-7675	<ul style="list-style-type: none"> <li>• Alcohol/Drug Services</li> <li>• Assessment</li> <li>• Counseling</li> <li>• Support Groups</li> </ul>
<i>Private Providers</i>	<i>Phone Number</i>	<i>Services</i>
Cornerstone Psychological Affiliates 502 Claremont Avenue Ashland, Ohio 44805	419-289-1876	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> <li>• Support Groups</li> </ul>
John Jordan, Psychologist 432 Center Street Ashland, Ohio 44805	419-289-8100	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> <li>• Support Groups</li> </ul>
Ground Work Play Therapy, Inc. 1763 St. Rt. 60 Ashland, Ohio 44805	419-289-4825	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> </ul>
Encompass Christian Counseling 1590 Crestview Drive Ashland, Ohio 44805	419-289-0970	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> <li>• Support Groups</li> </ul>
Adina Fox Services 19 W. Main Street Ashland, Ohio 44805	419-564-9490	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> </ul>
Smetzer Counseling Center 910 Center Street Ashland, Ohio 44805	419-207-5558	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Counseling</li> </ul>

# Ashland County Suicide Prevention Coalition

## Selected Internet Resources

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Mental Health & Recovery Board of Ashland County

<http://ashlandmhrb.org/community-initiatives/suicide-prevention-coalition/suicide-prevention-resources>

American Association of Suicidology (info; statistics; research)

<http://www.suicidology.org/>

American Foundation for Suicide Prevention (info; survivor of suicide loss resources)

<https://www.afsp.org/>

National Suicide Prevention Lifeline (info, chat)

<http://www.suicidepreventionlifeline.org/>

Crisis Chat

<http://www.crisischat.org/>

Crisis Text Line

<http://www.crisistextline.org/>

Veterans Crisis Line (info, chat, text)

<https://www.veteranscrisisline.net/>

Suicide Prevention Resource Center (info; best practices)

<http://www.sprc.org/>

National Action Alliance for Suicide Prevention (policy)

<http://actionallianceforsuicideprevention.org/>

The Trevor Project (crisis phone/chat/text for LGBTQ youth)

<http://www.thetrevorproject.org/>

Alliance of Hope for Suicide Survivors (online survivor of suicide loss support)

<http://www.allianceofhope.org/>

Active Minds

<http://www.activeminds.org/>

Yellow Ribbon Suicide Prevention Program (youth suicide prevention)

<http://yellowribbon.org/>

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***For more information contact:***

**Mental Health and Recovery Board of Ashland County**  
1605 County Road 1095 Ashland OH 44805  
419-281-3139



# NOTES