

Ashland County **SUICIDE PREVENTION PLAN**

PRESENTED BY:

Ashland County Suicide Prevention
Coalition

COORDINATED BY:

Mental Health & Recovery Board of
Ashland County

UPDATED 2022





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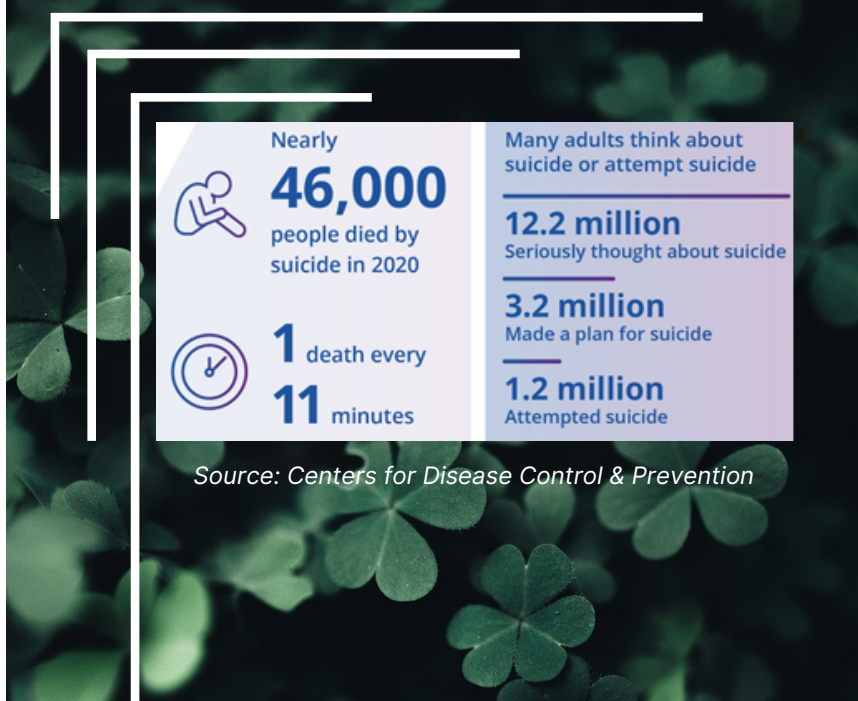
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SEE APPENDIX FOR PRINTABLE/SHAREABLE WORKSHEETS INCLUDING:
Suicide Fact Sheet, Common Myths & Facts Sheet, Local Resources

INTRODUCTION

More than 1,800 Ohioans die by suicide every year. The impact of suicide does not stop with those who died; for every suicide death, it is estimated that six individuals will be profoundly affected by the loss for the rest of their lives. What makes these deaths and their effects even more tragic is the fact that suicide is largely preventable.

As the eleventh leading cause of death in Ohio, suicide remains an ongoing challenge for healthcare policymakers, care providers, schools, faith communities, and law enforcement. Ohio statistics continue to mirror national trends where suicide rates increase among specific populations. Adolescents, young adults, men 35 to 54 years of age, and the elderly are 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.



KEY STATISTICS

From 2015-2019, 68 deaths were attributed to suicide in Ashland County, Ohio.

(Ashland County Coroner's Office data)

In Ohio, five people die by suicide every day. One youth (10-24 years) dies by suicide every 34 hours.

(Ohio Department of Mental Health & Addiction Services)

Many cases are not identified as suicide- actual rates are estimated to be 2-3x greater than reported.

(Centers for Disease Control & Prevention)

From 2011-2020, suicide deaths increased by 189% among Ohioans 10-14 years of age.

(Ohio Department of Health)

In 2020, 247 Ohioans 10-24 years of age died by suicide.

(Ohio Department of Health)

Among males, those 75 years and older had the highest rate of suicide.

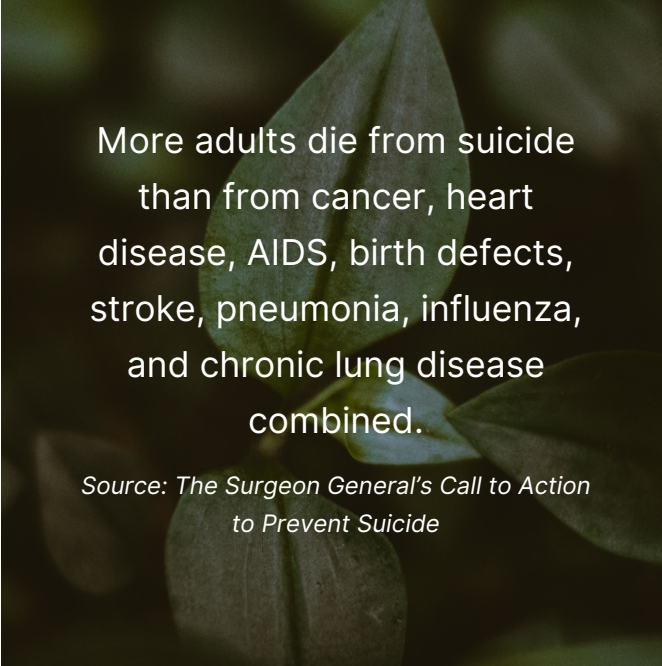
(Centers for Disease Control & Prevention)

Among females, those 45-54 years old had the highest rate of suicide.

(Centers for Disease Control & Prevention)

A National Priority

In October 1998, at the request of the US Surgeon General and in collaboration with the Suicide Prevention Advocacy Network (SPAN), the Substance 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 meeting and assist in drafting the Surgeon General's Call to Action to Prevent Suicide, released in 1999.



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

ODMH Director Michael F. Hogan, Ph.D., was appointed to a national committee that assisted in developing 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 complex set of issues

STATEWIDE SUICIDE PREVENTION PLAN

The Suicide Prevention Plan for Ohio is the result of a statewide effort to guide Ohio's suicide prevention efforts. Diverse stakeholders partnered, with the support of Ohio Governor Mike DeWine, 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.

The plan directs energy, focus, and resources to attaining its vision and outcomes by implementing specific goals and objectives. The objectives identified in the plan were informed by data, evidence-based approaches, and lessons learned from current practice. Any suicide prevention strategy not specifically called out in the plan or listed as part of a goal workplan also remains important to an overall initiative that blankets Ohio. As a collective impact effort, asking everyone involved in preventing suicide to focus on priority strategies will help to achieve the overall, shared vision of reducing the number of suicides every year until not one life is lost. Ashland County has adopted the state's plan and will work towards the goals of this initiative.

The following pages summarize Ashland's Suicide Prevention Strategic Plan (adopted from the statewide plan). The final plan delineates its core assumptions, vision statement, target outcomes and five priority strategies with associated goals, objectives, and performance measures.

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 to establish a community coalition with the goal of developing a suicide prevention plan for the county. The first organizational meeting of the coalition was held in October, of that year. 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 a culmination of coalition planning meetings in the years since the birth of the local coalition, in addition to state-level suicide prevention initiatives. The plan will continue to be updated to meet the needs of the community.

ASHLAND'S SUICIDE PREVENTION STRATEGIC PLAN



VISION

Ashland will reduce the number of suicides every year until not one life is lost.

STRATEGIES

People in Ashland will recognize the warning signs and risk factors of suicide and respond appropriately

Ashland will concentrate efforts on integrating suicide prevention practices and suicide care, including postvention, into high- impact systems, including health-care, public safety, and education.

Ashland will build suicide prevention capacity and infrastructure at all systemic levels.

Ashland will concentrate prevention efforts on groups identified by data as those with a higher rate of suicide, including:

- Youth
- Males (ages 25-29)
- Veterans and military
- Older Adults

ASHLAND SUICIDE PREVENTION COALITION GOALS

(informed by the Ohio Statewide Suicide Prevention Strategic Plan)

STRATEGY 1: ASHLAND WILL RECOGNIZE THE WARNING SIGNS AND RISK FACTORS OF SUICIDE AND RESPOND APPROPRIATELY.

1. Strengthen the public's knowledge and ability to promote wellness, recognize suicide risk, and take appropriate action for self and others
2. Provide QPR training to community groups, families, and other individuals in a person's support system on the prevention of suicide and related behaviors
3. Encourage safe storage of firearms, medication, and other lethal means

STRATEGY 2: ASHLAND WILL CONCENTRATE EFFORTS ON INTEGRATING SUICIDE PREVENTION PRACTICES AND SUICIDE CARE, INCLUDING POSTVENTION, INTO HIGH-IMPACT SYSTEMS INCLUDING HEALTHCARE, PUBLIC SAFETY, AND EDUCATION.

1. Integrate suicide-specific care across healthcare, behavioral healthcare, and addiction treatment organizations
2. Provide QPR training to clinical and social service providers on the prevention of suicide and other related behaviors
3. Integrate suicide prevention best practices and suicide specific care across systems

STRATEGY 3: ASHLAND WILL BUILD SUICIDE PREVENTION CAPACITY AND INFRASTRUCTURE AT ALL LEVELS.

1. Increase community engagement with the Ashland Suicide Prevention & Awareness Walk planning and event
2. Continue to provide griever's postvention group in the Ashland community
3. Increase understanding of the function and capacity of local Fatality Review Board
4. Explore opportunities to build capacity that addresses identified social determinants, barriers to care, and factors that contribute to the suicide rate

STRATEGY 4: ASHLAND WILL CONCENTRATE PREVENTION EFFORTS ON GROUPS THAT CURRENT DATA HAS IDENTIFIED AS BEING HIGH RISK FOR SUICIDE.

1. Ashland will focus suicide prevention efforts, especially on groups that are at high risk (youth, older adults, middle aged men).
2. These groups will be considered in planning of all prevention events (e.g., Suicide Prevention/Awareness Walk, QPR Trainings)

STRATEGY 5: OHIO IS WORKING TO STANDARDIZE, GATHER, AND UTILIZE DATA TO CONTINUOUSLY INFORM AND EVALUATE IT'S APPROACH

1. Ashland will follow Ohio's lead in refining data systems, including collection and evaluation.
2. Ohio is working to improve data dissemination and public access to data.

YOUTH

The 2019 Ohio Youth Risk Behavior Survey reveals that nearly 16 percent of all high school students in Ohio seriously contemplated suicide during the 12 months preceding the survey and 11 percent of high school students reportedly had a plan for how they would attempt suicide. A significantly higher percentage of females (20 percent) than males (12 percent) seriously considered suicide. Young women are more likely to attempt suicide than young males, but completed suicide is more common in adolescent males than females. While some clinicians believe that psychiatric illness, such as clinical depression, underlies all suicide among the young, others think it is more complex, pointing to developmental factors influencing behavior. Indeed, all agree that substance use 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 involved with the coalition
- Implement school-based suicide prevention programs
- Engage youth in Suicide Prevention & Awareness Walk
- Provide QPR suicide prevention training to school personnel, youth, and parents

OLDER ADULTS

While the young are certainly at risk for suicide, the elderly remain the population with the highest rate of suicide deaths (42.0 per 100, 000). The suicide risk for Ohioans above the age of 75 is three to four times higher than for the average Ohioan. Among females, those aged 45-54 had the highest rate of suicide deaths. 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 frequently hidden alcoholism. While many of these factors may be unique to the aging process, their presence and influence should not be fatal.



OBJECTIVES:

- Increase representation/involvement of older adults
- Increase awareness regarding suicide and depression in older adults
- Provide QPR suicide prevention training to older adults, their caregivers, and gatekeepers, primary care physicians/healthcare staff.
- Outreach to “shut-ins.”
- Engage older adults in the Suicide Prevention & Awareness Walk

MIDDLE-AGED MEN

Men between 25 and 44 years of age have an increased suicide risk. According to the Ohio Department of Health, white men between the ages of 25-44 have the second highest rate in this group. For example, in 2019, men between the ages of 25 and 34 had a suicide death rate of 26.9 per 100,000, and men between the ages of 35 to 44 had a suicide death rate of 35.9 per 100,000. In 2020, white males accounted for 69.68% of suicide deaths in America.

In 2019, females made up 19.5% of suicide deaths, while males made up 80.5%. Men generally complete suicide at a higher rate 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 choice of mechanism for suicide. Men 25 to 44 years of age are under enormous stress to perform, achieve, and provide. This often-overwhelming stress coupled with a tendency not to 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 QPR suicide prevention training to gatekeepers (physicians, probation officers, etc.)
- Engage middle-aged men in the Suicide Prevention & Awareness Walk



SUICIDE FACT SHEET

WARNING SIGNS

Giving away favorite possessions

A noticeable change in a person's behavior

Previous suicide attempts and statements revealing a desire to die

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 a long depression

Obsession with death and talking about suicide

A decline in the performance of work, school, or other activities

Deteriorating physical appearance, or reckless actions

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, and 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?" Again, a detailed plan indicates a more significant risk.

Take action sooner rather than later.

Get the individual who is at risk, connected to a professional who can 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 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/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 24/7 Emergency Crisis Hotline:
419/289-6111

Mental Health & Recovery Board:
419/281-3139

COMMON MYTHS AND FACTS ABOUT SUICIDE

Myths about suicide are pervasive in our society. Unfortunately, they also present a significant barrier to learning and effective suicide prevention.

MYTH: No one can stop suicide. It is inevitable.

FACT: If people in crisis get the help they need, they will possibly never be suicidal again

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 communication, and reduces the risk of an impulsive act.

MYTH: Only experts can prevent suicide.

FACT: Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide. Most people thinking about 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 support they need can help save lives.

MYTH: Suicidal people keep their plans to themselves.

FACT: Most suicidal people communicate their intent during the week preceding their attempt.

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.

MYTH: Once a person decides to die by suicide, there is nothing anyone can do to stop them.

FACT: Suicide is the most preventable form of death, and almost any positive action may save a life. Know the warning signs.

LOCAL RESOURCES

ASHLAND'S 24/7 CRISIS HOTLINE

419/289-6111

Call in situations that are not life-threatening

Call to talk with a **local professional** who is **knowledgeable** about local mental health/substance use resources

Call when intervention is possible without an immediate response from law enforcement or medics

EXAMPLES OF MENTAL HEALTH/ ADDICTION CRISES:

- talking about suicide or planning to harm oneself
- talking about harm to self or others
- self-injury that doesn't need immediate medical attention
- overuse of alcohol or other drugs
- extreme sadness, worry, or other behavioral changes

WHAT TO EXPECT WHEN YOU CALL:

- A local dispatcher will answer your call and ask about your crisis
- The dispatcher will provide immediate supports over the phone
- If there is a threat of safety, the dispatcher may involve medic/law enforcement to assist the caller
- Information about **local resources** will be provided

COMMUNITY ORGANIZATION	PHONE #	SERVICES
Mental Health & Recovery Board 1605 County Road 1095 Ashland, OH 44805 www.ashlandmhrb.org	419-281-3139	Information Resources Speakers Bureau Training
Appleseed Community Mental Health Center 2233 Rocky Lane Ashland, Ohio 44805 http://www.appleseedmentalhealth.com/	419-281-3716	Crisis Intervention Assessment Counseling Medication Support Groups
Catholic Charities Services 34 West 2nd Street Ashland, Ohio 44805 http://ccdogle.org/county-served/ashland	419-289-1903	Assessment Counseling Support Groups
ACCADA 310 College Ave. Ashland, Ohio 44805 http://accada-rap.org/	419-289-7675	Alcohol/Drug Services Assessment Counseling Support Groups

Please Note: This information is subject to change. Please call the MHRB at 419/281-3139 if you have trouble locating a resource or need updated information.

LOCAL RESOURCES

24/7 CRISIS HOTLINE: 419/289-6111

PRIVATE PROVIDERS	PHONE #	SERVICES
Cornerstone Counseling of Ashland 502 Claremont Avenue Ashland, Ohio 44805	419-289-1876	Assessment Counseling Support Groups
John Jorden, Psychologist 432 Center Street Ashland, Ohio 44805	419-289-8100	Assessment Counseling Support Groups
Encompass Christian Counseling 1590 Crestview Drive Ashland, Ohio 44805	419-289-0970	Assessment Counseling Support Groups
Adina Fox Services 19 W. Main Street Ashland, Ohio 44805	419-564-9490	Assessment Counseling
Ground Work Play Therapy, Inc. 1763 St. Rt. 60 Ashland, Ohio 44805	419-289-4825	Assessment Counseling
Smetzer Counseling Center 910 Center Street Ashland, Ohio 44805	419-207-5558	Assessment Counseling
Advocates for Families (Ashland Parenting Plus) 1763 State Rt. 60 Ashland, Ohio 44805	419-281-3788	Assessment Wraparound Services Youth and Parent Interventions
Family Life Counseling & Psychiatric Services 127 N. Water St. Loudonville, Ohio 44842	567-560-3585	Assessment Counseling Support Groups
Veterans Crisis Line veteranscrisisline.net	1-800-273-8255 (press 1)	Phone and Text Support for Veterans
Heritage Christian Counseling 1060 Claremont Ave. Ashland, Ohio 44805	419-496-0169	Assessment Counseling Support Groups
HOPE 419 626 E. Main St Ashland, Ohio 44805	419-951-2020	Assessment Counseling Support Groups

Please Note: This information is subject to change. Please call the MHRB at 419/281-3139 if you have trouble locating a resource or need updated information.



ASHLAND COUNTY SUICIDE PREVENTION COALITION

Selected Internet Resources

MENTAL HEALTH & RECOVERY BOARD OF ASHLAND COUNTY

<https://www.ashlandmhrb.org/get-involved/suicide-prevention-coalition/suicide-prevention-resources>

AMERICAN ASSOCIATION OF SUICIDOLOGY

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

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

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

NATIONAL SUICIDE PREVENTION LIFELINE

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

988 LIFELINE CHAT

<http://www.988lifeline.org>

CRISIS TEXT LINE

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

VETERANS CRISIS LINE

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

SUICIDE PREVENTION RESOURCE CENTER

<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

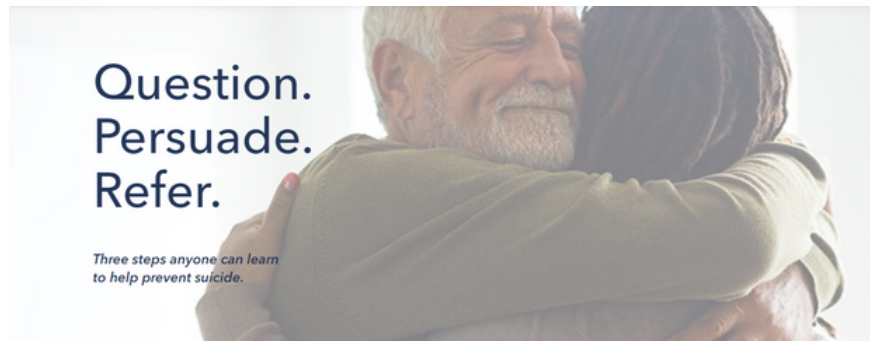
<http://www.activeminds.org/>

YELLOW RIBBON SUICIDE PREVENTION PROGRAM (YOUTH SUICIDE PREVENTION)

<http://yellowribbon.org/>



INTERESTED IN QPR SUICIDE PREVENTION TRAINING?



QPR STANDS FOR QUESTION, PERSUADE, AND REFER — THE 3 SIMPLE STEPS ANYONE CAN LEARN TO HELP SAVE A LIFE FROM SUICIDE.

Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor.

QPR can be learned in our Gatekeeper course in as little as one hour.

According to the Surgeon General's National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide.

Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

As a QPR-trained Gatekeeper you will learn to:

- Recognize the warning signs of suicide
- Know how to offer hope
- Know how to get help and save a life

**If you or your organization is interested in participating in QPR Gatekeeper Training,
please contact the Mental Health & Recovery Board of Ashland County:**

1605 County Road 1095
Ashland, OH 44805
www.ashlandmhrb.org
Phone: 419.281.3139



MENTAL HEALTH &
RECOVERY BOARD
OF ASHLAND COUNTY

