

2024



FRANKLIN COUNTY  
**Suicide  
Prevention**  
COALITION

# FRANKLIN COUNTY SUICIDE REPORT

This report was compiled by the Franklin  
County Suicide Prevention Coalition Data and  
Research Action Team







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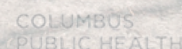
# INTRODUCTION

The Franklin County Suicide Prevention Coalition (FCSPC) unites organizations across Central Ohio to strengthen collective suicide prevention efforts. By fostering better communication, coordination, and collaboration, the coalition aims to prevent suicide and offer hope and support to those affected. Its key focus areas include reducing stigma, raising awareness of available resources, enhancing suicide prevention education, and improving the quality of suicide-related data.

Hosted by Mental Health America of Ohio (MHAOhio) and funded by the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH), the FCSPC is one of the few coalitions in the nation with fully dedicated staff positions. The coalition's Data and Research Action Team plays a crucial role in expanding access to and use of suicide data to inform prevention efforts within Franklin County.

The FCSPC extends its gratitude to the many organizations and individuals who contributed to the development of this county-wide report, including ADAMH, the Center for Community Solutions, Columbus Public Health, the Franklin County Coroner's Office, Franklin County Public Health, MHAOhio, Netcare Access, and The Ohio State University.

This report is intended to serve as a comprehensive resource for community agencies, policymakers, and residents, offering compiled suicide data from local, state, and national sources to better inform prevention strategies. Additionally, the report seeks to identify data gaps and provide recommendations for addressing them. It also encourages readers and organizations to engage in the local collaborative movement to prevent suicide in Franklin County.





# WHERE AND HOW TO GET HELP

Experiencing or supporting someone experiencing a mental health or suicide crisis can be overwhelming. Help is available.

## 988 Suicide & Crisis Hotline



Call, text, or [chat](#) the [988 Suicide & Crisis Lifeline](#) to connect with trained counselors who will listen, provide support, and connect community members to resources in both English and Spanish. Counselors provide support for both individuals in a crisis and individuals concerned about someone else.



To connect with the [Veterans Crisis Line](#), call 988, [chat](#) with them directly, or text 838-255.

## Central Ohio Crisis Hotlines & Support



Nationwide Children's Hospital offers mental health and substance abuse crisis services to youth who are 17 years old or younger. The [Franklin County Youth Crisis Line](#) is available 24/7 and can be reached at (614) 722-1800.



Netcare Access offers mental health and substance abuse crisis intervention and assessment services for adults. Call 614-276-CARE (2273) or [visit their website](#).



[North Central Mental Health Services](#) offers a 24-hour Suicide Prevention Hotline. Community members can speak with trained volunteers at (614) 221-5445. Volunteers also offer assistance for individuals who may be concerned about someone else. The 24-hour Teen Hotline offers peer counseling and can be reached at (614) 294-3300. The 24-hour Senior Hotline can be reached at (614) 294-3309.





Be Present Ohio, a project of the Ohio Suicide Prevention Foundation, connects teens and young adults to help and hope through mental health resources, information, and peer-to-peer support. Their “To Be Me” initiative provides specific resources and education for LGBTQ+ youth, including an interactive Ohio resource map that lists counseling services, community organizations, and more within the state.

## National Hotlines and Support



The Trevor Project provides resources and support to LGBTQ+ young people. Their counseling services are free, confidential, and available 24/7. Counselors can be reached by phone at 1-866-488-7386, by text (send “START” to 678-678), and by chat through their website.



Trans Lifeline is a peer support phone service run by trans people for trans and questioning peers. The hotline is available in Spanish and English and can be reached at (877) 565-8860.



Safe Call Now is a confidential 24-hour crisis referral service for all public safety employees, emergency personnel, and their family members nationwide. Call (206) 459-3020.



The Kids Mental Health Foundation offers free resources on a wide variety of mental health and wellness topics for children and caregivers. They include research-backed curriculum and articles, as well as guides for adults in young people’s lives on how to address mental health challenges, prevention, and healthy coping strategies.



The National Maternal Mental Health Hotline is a free, confidential hotline for mothers and new parents who feel overwhelmed, anxious, or need someone to talk to. The hotline is available in both English and Spanish and can be reached 24/7 by texting or calling 1-833-TLC-MAMA. Additionally, for support during business hours in Franklin County, Mental Health America of Ohio's POEM program can be reached at (614) 315-8989. For all other times, the National Maternal Mental Health Hotline remains available for assistance.

## Loss Survivor Resources



LOSS Community Services provides grief support for those bereaved by suicide, including support groups and a loss survivor companion program.



North Central Mental Health Services provides a Survivors of Suicide Support Group for persons who have lost a loved one to suicide. The group meets monthly; call (614) 395-0727 or email [sps@ncmhs.org](mailto:sps@ncmhs.org) for more information.



The OhioHealth Community Grief Program offers individual grief counseling, support groups and workshops, and school-based programming. For information about services for adults, please call (614) 533-6060 or email [griefsupport@ohiohealth.com](mailto:griefsupport@ohiohealth.com). To learn more about services for children and adolescents, please call (614) 566-1728 or email [youthgrief@ohiohealth.com](mailto:youthgrief@ohiohealth.com).



The Dougy Center provides free grief resources for anyone experiencing or anticipating a loss. They offer resources geared toward children, teens, young adults, and parents and caregivers.



## Finding Local Providers



The [Alcohol, Drug and Mental Health Board of Franklin County](#) offers a directory of more than 30 community-based mental health and addiction services, and individuals can search for specific types of programs using helpful filters.



Mental Health America of Ohio's [Get Connected Program](#) links callers with a mental health professional who provides assistance with navigating the mental health care system in Central Ohio. Call or text (614) 242-4357 or email [connect@mhaohio.org](mailto:connect@mhaohio.org).



[OhioHealth](#) is a not-for-profit healthcare system that offers connection to specific services and providers, including both inpatient and outpatient behavioral health services. Their full list of services can be found on their [website](#). They also offer grief support, parenting education classes, and connection to others experiencing challenges due to a health condition. Call (614) 443-2584 for information about classes and support groups offered.



# RESPONSIBLE REPORTING ON SUICIDE IN THE MEDIA

Suicide contagion occurs when exposure to a death by suicide, in the local community or the news or social media, results in an increase in suicidal behavior in others. Research into the impact of media stories about suicide points to a link between media depictions of suicide (real or fictional) or media reporting on suicide deaths and a subsequent increase in deaths by suicide. Examples may include depictions of suicide deaths in mainstream media, such as television shows, or reporting on high-profile celebrity deaths. Responsible reporting on suicide deaths can reduce the risk of suicide contagion, provide crisis resources for those at risk, and convey positive public health messaging around suicide. This is especially important for youth and young adults, who consume online media more heavily.

- Visit [Reporting on Suicide](#) to find best practices and recommendations for reporting on suicide in English and other languages, as well as a Checklist for Responsible Reporting.
- Access suicide reporting recommendations for media professionals on word choice and appropriate framing of stories on suicide from the [American Association of Suicidology](#).

The FCSPC is a leading force in advocating for responsible reporting on suicide, particularly on social media. Our organization has been instrumental in:

- **Educating the public:** Through our outreach efforts, we have empowered community members to recognize and challenge harmful portrayals of suicide on social media. Our initiatives equip individuals with the knowledge to report problematic content and seek support when needed.
- **Collaborating with stakeholders:** We maintain strong partnerships with media outlets, social media platforms, and mental health organizations to ensure consistent messaging and best practices in suicide reporting.
- **Measuring impact:** The FCSPC continuously evaluates the effectiveness of our efforts to promote responsible reporting. We track changes in media coverage and public perception to inform our ongoing strategies.

By taking a proactive approach to addressing this critical issue, the FCSPC has made significant strides in creating a safer and more supportive online environment for individuals affected by suicide.



# FRANKLIN COUNTY FAST FACTS

- From July 2022 to June 2024, the 988 Suicide & Crisis Lifeline received 37,288 calls from Franklin County community members experiencing a mental health crisis.
- In 2022, suicide was the 10th leading cause of death among Franklin County residents, accounting for 168 deaths overall. Among youth ages 13-18 years and young adults ages 19-24 years, suicide was the second and third leading cause of death, respectively.
- In 2022, about 1 in 25 (4%) Franklin County adults had seriously considered suicide in the past year.
- Despite males and females in Franklin County experiencing suicidal ideation at similar rates, male residents are 5 times more likely to die by suicide than female residents.
- In total, older age groups in Franklin County have higher suicide rates. Franklin County residents ages 75 to 84 years old have the highest rate of suicide mortality compared to other age groups. However, among the non-Hispanic Black community in Franklin County, younger age groups have higher suicide rates.
- The suicide rate among younger age groups is increasing. From 2019 to 2022, the suicide rate among residents ages 15 to 24 increased 70%.
- Those at higher risk for suicide and/or suicidal ideation in Franklin County include individuals with lower educational attainment, members of the veteran/armed forces community, and members of the LGBTQIA+ community. Community members who work in certain industries may also be at higher risk for suicide and/or suicidal ideation.
- Firearms were the leading mechanism of suicide in Franklin County and accounted for nearly half (48.6%) of suicides.

# HOW TO HELP SOMEONE CONSIDERING SUICIDE

Every individual and every organization can play a role in suicide prevention. Stigma associated with suicide is prevalent and has a negative impact on those who are struggling with their mental health. Stigma discourages individuals from seeking mental health support. Because of this, it is essential to promote suicide prevention conversations and decrease stigma.

In 2023, the FCSPC administered a Brief Community Readiness Assessment to measure Franklin County’s readiness to implement a comprehensive approach to suicide prevention. On a scale of 1 to 9, with 9 being the highest level of readiness, Franklin County received a score of 5.39, falling into the ‘Preparation’ stage. The results indicate that the attitude in the community is “We are concerned about this and we want to do something about it.” Community members also have basic knowledge about causes, consequences, signs, and symptoms of suicidality. This shows an improvement from the results of the full Community Readiness Assessment in 2020, where Franklin County received a score of 3.5, falling into the ‘Vague Awareness’ stage.

To address barriers to understanding, the FCSPC partners with local organizations to coordinate evidence-based suicide prevention training for Franklin County organizations and groups. This includes the evidence-based Question, Persuade, and Refer training, which teaches individuals how to identify and respond to someone showing warning signs of suicide, as well as how to refer an individual to support services. Franklin County organizations and groups can request this 60- to 90-minute training through the FCSPC's website. In 2023, 85% of individuals who became certified in QPR through the FCSPC and completed the pre- and post- surveys reported feeling confident in their ability to help a suicidal person.

The proportion of people who felt confident in their ability to help a suicidal person almost doubled after completing **Question, Persuade, & Refer** training.

Agree or Strongly Agree with "I feel confident in my ability to help a suicidal person", 2023





## **Ask the Question: “Are you considering suicide?”**

It is important to remember that discussing suicide with individuals will not push them to take their own life. If you suspect that someone may be contemplating suicide, do not wait to ask the question. When asking someone if they have been thinking about suicide, try to ask directly and withhold personal judgment.

Here is an example: “Sometimes, when people feel overwhelmed, they might start thinking about suicide. Have you thought about suicide?”

### **Listen**

Asking someone if they are considering suicide creates a safe space for them to disclose what they are struggling with. It is important to listen without judgment and to give individuals the chance to speak without being interrupted. Use active listening skills to let the person know that you are listening and that you care.

### **Refer to Support Services**

Encourage the person to speak with a mental health professional about what they are experiencing. If it is safe, you may offer to stay with them while you help connect them with support services, such as the [988 Suicide & Crisis Lifeline](#).

### **Follow Up**

If your relationship allows, check back in with the person. Let them know that you are thinking of them. This is also a good opportunity to ensure they are receiving the assistance they need.

**To request a suicide prevention training for your Franklin County organization or group, visit the Franklin County Suicide Prevention Coalition's [website](#).**

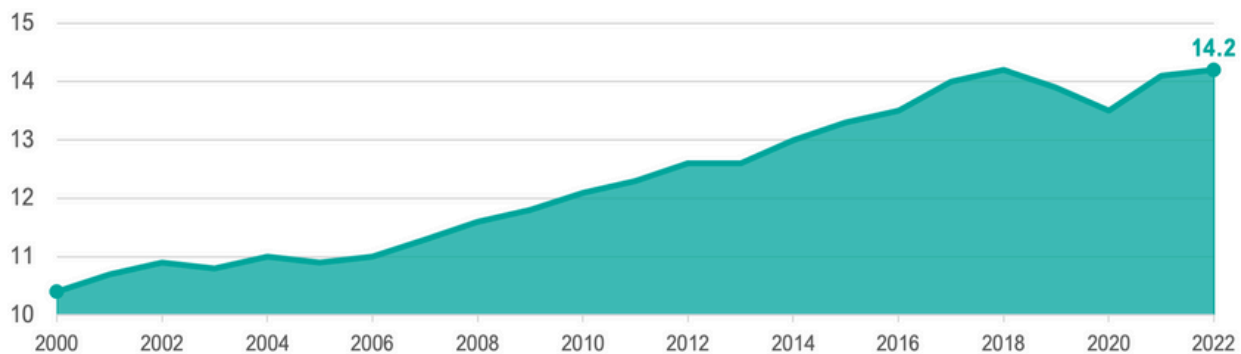


# UNITED STATES DATA ON SUICIDE

In 2022 in the United States, there were an estimated 49,476 deaths by suicide, making suicide a leading cause of death.<sup>1,2</sup> This amounts to 1 death by suicide every 11 minutes. Between 2000-2022, suicide rates increased in the United States by 36%, despite a decrease from 2018-2020.<sup>1,3</sup> In 2022, suicide was the second leading cause of death for people ages 10-14 and 25-34 years.<sup>3</sup>

Suicide death rates in the United States **increased 36%** from 2000 to 2022.

Age-adjusted mortality rate for death by suicide per 100,000 population, 2000-2022



In 2021, 12.3 million US adults seriously thought about suicide, and 1.7 million adults attempted suicide. Individuals ages 85 years and over experience the highest rate of death by suicide, followed by people ages 75-84 and 25-34.<sup>1</sup> Youth and young adults ages 10–24 years account for 15% of all suicides. While the suicide rate for this age group is lower than other age groups, this rate increased 52% between 2000-2021.<sup>4</sup>

In the US, non-Hispanic American Indian/Alaska Native and non-Hispanic White populations experienced the highest rates of suicide.<sup>1</sup> Furthermore, males died by suicide at four times the rate of females (22.8 deaths per 100,000 and 5.7 deaths per 100,000, respectively).<sup>1</sup>

Other groups in the United States with above-average rates of suicide include veterans, people who live in rural areas, and workers in the mining and construction industries.<sup>3,4</sup> Young people who identify as lesbian, gay, or bisexual have higher prevalence of suicidal thoughts and behavior, compared to their peers who identify as heterosexual.<sup>3,4</sup> While data is limited, there is also evidence that suicidal ideation is higher among people with disabilities.<sup>4</sup>

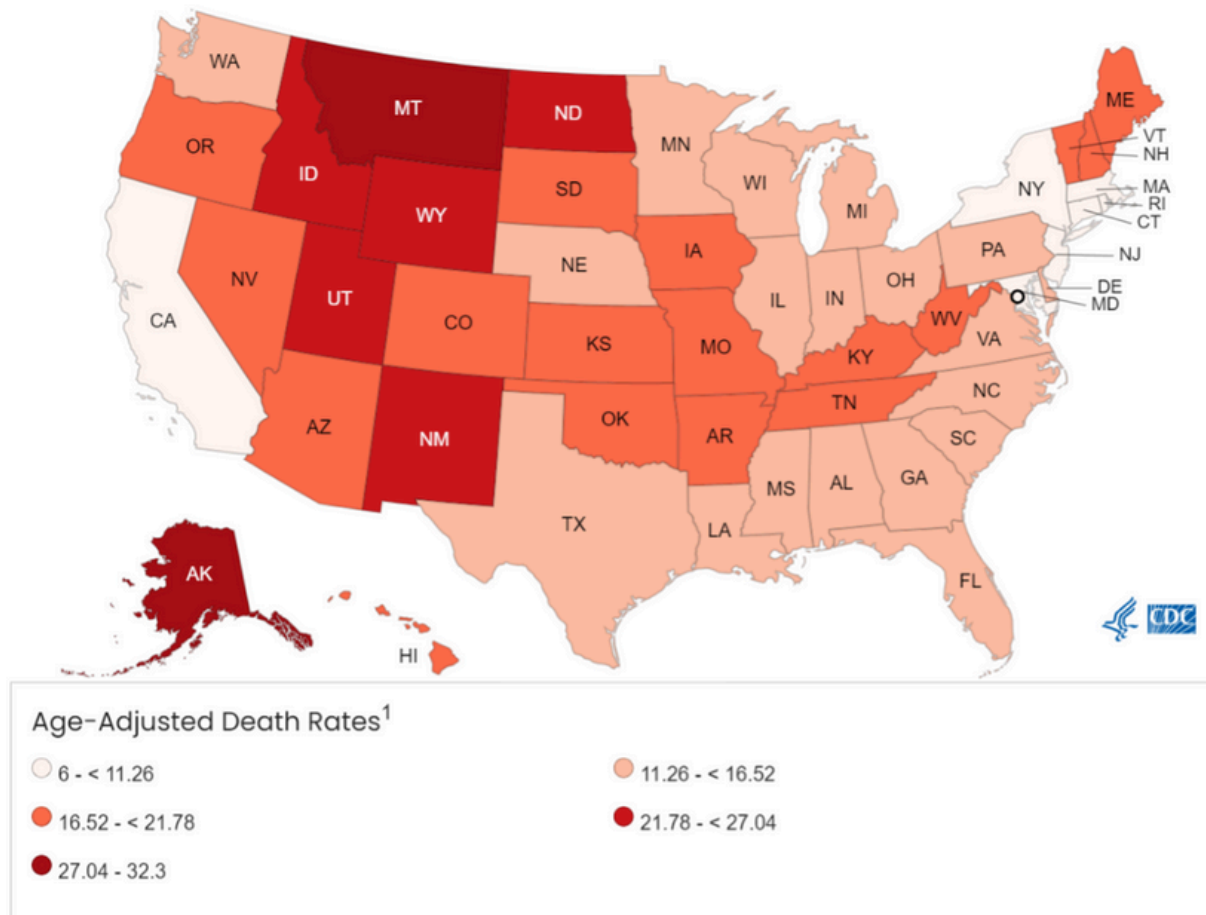


Suicide is preventable. Strategies to prevent suicide include:<sup>3</sup>

- Strengthen economic supports
- Create protective environments
- Improve access and delivery of suicide care
- Promote healthy connections
- Teach coping and problem-solving skills
- Identify and support people at risk
- Lessen harms and prevent future risk

## OHIO DATA ON SUICIDE

In 2022, 1,797 Ohioans died by suicide (15.0 deaths per 100,000 residents). This indicates a 2% increase from 2021 compared to a 3% increase nationally.<sup>5</sup> Suicide was the second leading cause of death among Ohioans ages 10-14 and 20-34 and the 13th-leading cause of death in Ohio overall.<sup>5</sup> While Ohio has a lower age-adjusted suicide rate compared to many other US states, the rate is still higher than the United States overall (14.2) and the Healthy People 2030 goal (12.8).<sup>6,7</sup>



In 2022, Ohioans ages 35-44 years had the highest rate of death by suicide.<sup>5</sup> From 2020 to 2022, the suicide rate among youth and young adults ages 10-24 years increased 3%.<sup>5</sup>

From 2021 to 2022, non-Hispanic Black females and males had the largest increases in the rate of death by suicide (56% and 9%, respectively).<sup>5</sup>

Among Ohio counties, Vinton County had the highest suicide death rate in 2020-2022 (38.8 per 100,000) and Mercer County had the lowest rate (9.4 per 100,000).<sup>5</sup> Specific county totals, rates, and information about trends can be found in the Ohio Department of Health’s [2022 Ohio Suicide Report](#).

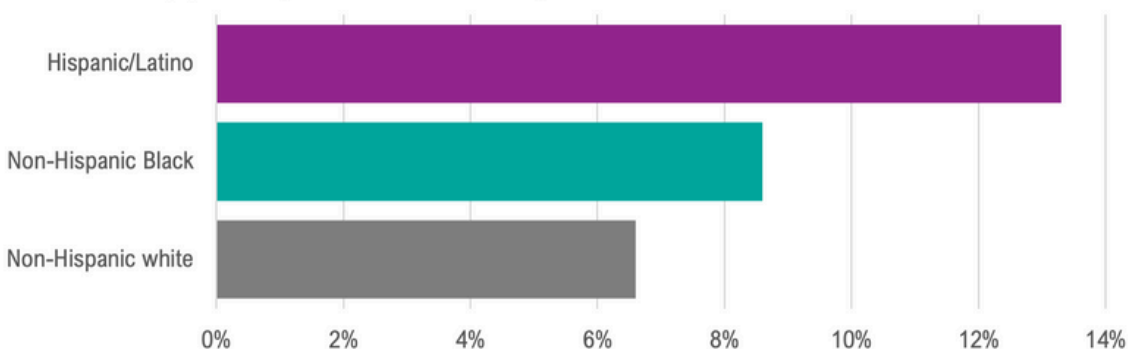
In 2023, 14.0% of Ohio middle schoolers and 18.1% of Ohio high schoolers reported that they had seriously considered attempting suicide in the past 12 months.<sup>8,9</sup>

Despite more Ohio high schoolers seriously considering suicide, a similar proportion of Ohio middle schoolers (8.1%) and Ohio high schoolers (9.0%) attempted suicide in 2023.<sup>8,9</sup>

Among both middle and high school students, female students were more likely to attempt suicide than males.<sup>8,9</sup> Furthermore, non-Hispanic Black and Hispanic/Latino middle schoolers were more likely to attempt suicide than non-Hispanic White students.<sup>8</sup>

**Hispanic/Latino and non-Hispanic Black middle schoolers in Ohio are more likely to report a suicide attempt in the last year.**

Suicide attempt prevalence, Ohio middle school students, 2023



# FRANKLIN COUNTY DATA ON SUICIDE

## Local 988 Utilization

The 988 Suicide & Crisis Lifeline provides free and confidential support to people in suicidal crisis or emotional distress across the country - including Franklin County - through call, chat, and text. From July 2022 to June 2024, the 988 Suicide & Crisis Lifeline received 37,288 total Franklin County calls. In addition to accessing local centers, Franklin County callers also elected to reach the Veteran Crisis Line, the LGBTQI+ Youth Line, and the Spanish Language Line. At the time of reporting, these include all of the additional lines offered by 988.

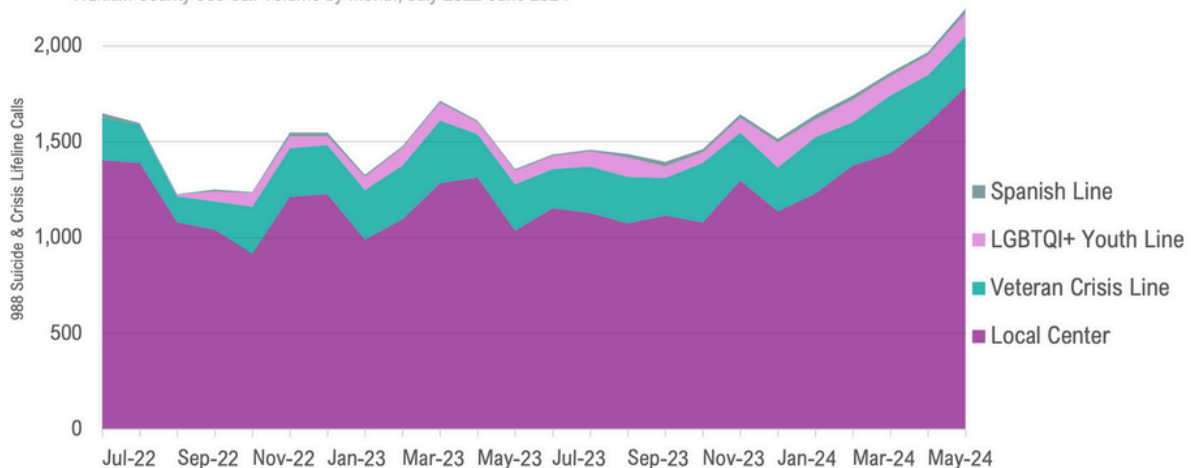
From June 2022-July 2024, Franklin County community members called 988 over 37,000 times to access the Veteran Crisis Line, LGBTQI+ Youth Line, and Spanish Line in addition to local centers.

Franklin County 988 Call Volume, July 2022-June 2024



In June 2024, the 988 Suicide & Crisis Lifeline received more Franklin County calls than any other month in the previous two years.

Franklin County 988 Call Volume by Month, July 2022-June 2024



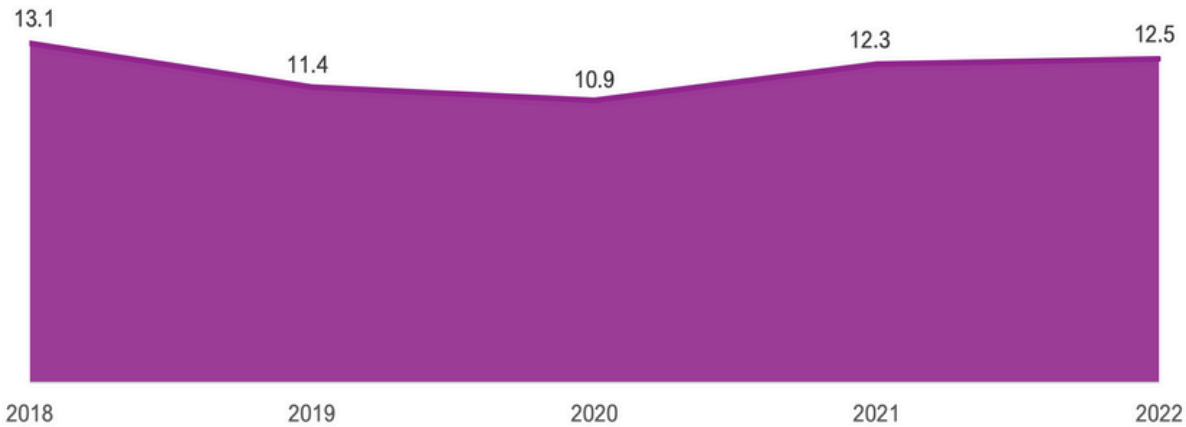


## Suicide, Suicidal Ideation, & Self-Harm

From 2018-2022, 809 Franklin County residents died by suicide. Suicide was the 10th leading cause of death among Franklin County community members in 2022. Among youth ages 13-18 years and young adults ages 19-24 years, suicide was the second and third leading cause of death, respectively.

Suicide rates among Franklin County residents have **increased** since 2020 despite decreasing from 2018 to 2020.

Age-adjusted mortality rate per 100,000, Franklin County, 2018-2022



In addition to those who die by suicide, individuals may think about suicide or make plans to attempt suicide. This is often referred to as suicidal ideation, or suicidal thoughts.

Between 2020-2022, about 4% of Franklin County adults seriously considered suicide in the past year. Among adults who seriously considered suicide, more than half (57%) made a plan about how they would attempt suicide in the past year, and 11% attempted suicide at least once in the past year. While suicidal thoughts and behaviors can affect anyone, some groups experience more suicidal ideation than others.

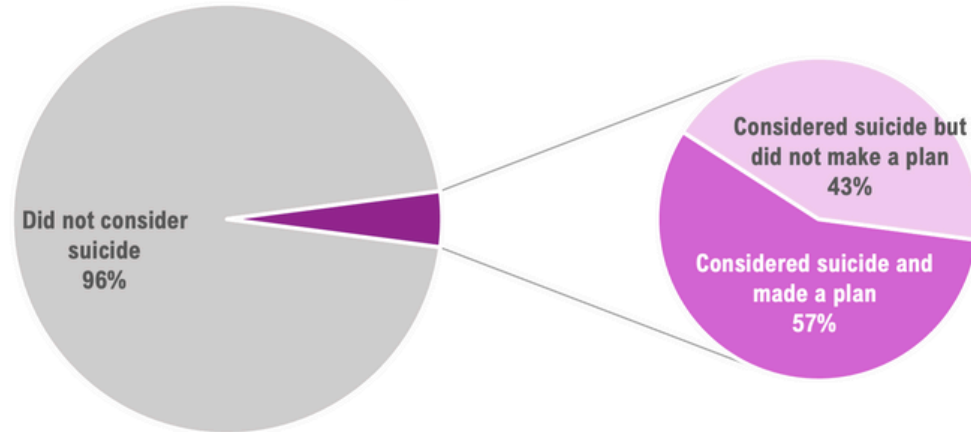
**1 in 25** Franklin County adults thought about suicide in the last year.

Prevalence of suicidal ideation, Franklin County adults, 2020-2022



Four percent of Franklin County adults **seriously considered suicide in the past year**. Of adults who seriously considered suicide, over half also made a suicide plan.

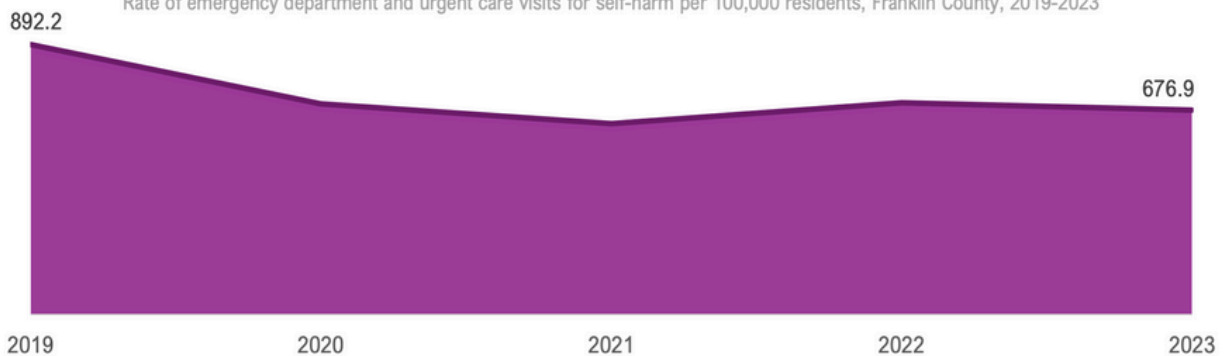
Prevalence of suicidal ideation, Franklin County adults, 2020-2022



In 2023, there were almost 9,000 visits to urgent care centers and emergency departments related to self-harm among Franklin County residents. This is a decrease from 2019, in which there were almost 12,000 visits to emergency departments.

The rate of emergency department and urgent care visits for intentional self-harm has been fairly stable since 2020.

Rate of emergency department and urgent care visits for self-harm per 100,000 residents, Franklin County, 2019-2023

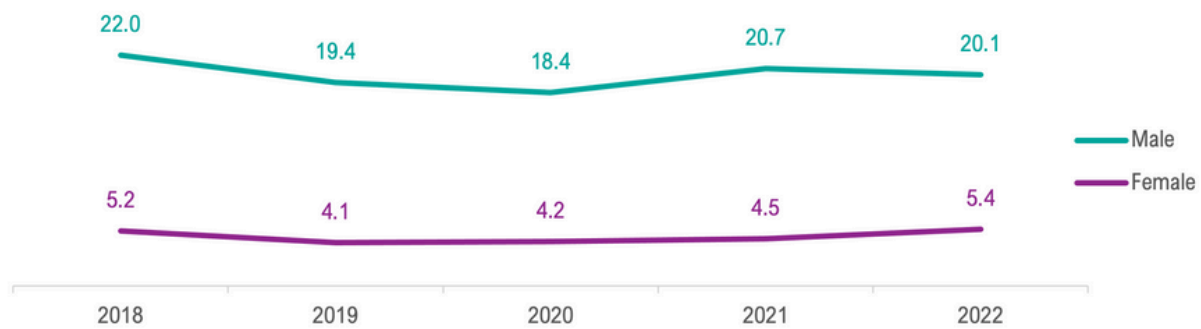


## Sex

In Franklin County, male and female community members consider suicide at similar rates. Despite this, male residents are 5 times more likely to die by suicide than female residents. This is true for both non-Hispanic Black and non-Hispanic White residents of Franklin County. Higher suicide rates among male residents could be related to higher likelihood of firearm use among male suicides. Firearms are more likely to be the mechanism of suicide for male residents than female residents.

The suicide rate among **male** Franklin County residents is five times higher than the rate among **female** residents.

Age-adjusted mortality rate per 100,000, Franklin County, 2018-2022



## Race & Ethnicity

In Franklin County, non-Hispanic White community members have the highest suicide rate, compared to residents who are non-Hispanic Black, non-Hispanic Asian, and Hispanic/Latino. Despite non-Hispanic Black residents experiencing lower suicide rates overall, suicide rates among adults ages 20 to 24 years and 25 to 29 years are higher among non-Hispanic Black residents.

Non-Hispanic White residents have the highest suicide rate, followed by non-Hispanic Black residents.

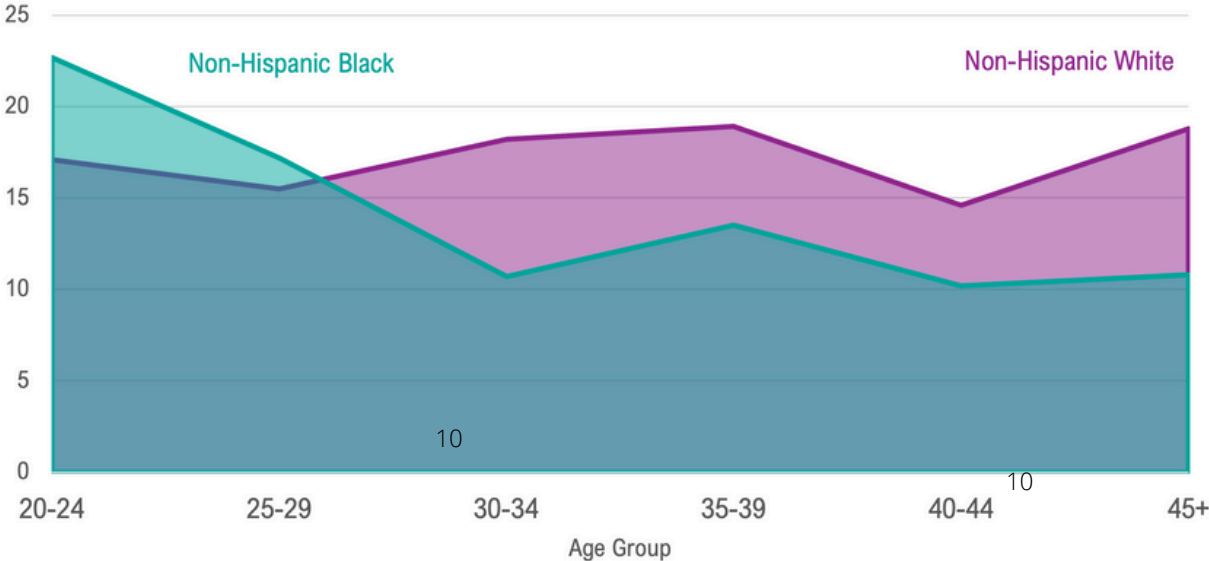
Age-adjusted mortality rate per 100,000, Franklin County, 2018-2021





Young adult **non-Hispanic Black** residents are more likely to die by suicide compared to **non-Hispanic White** residents.

Age-specific mortality rate per 100,000, Franklin County, 2018-2021

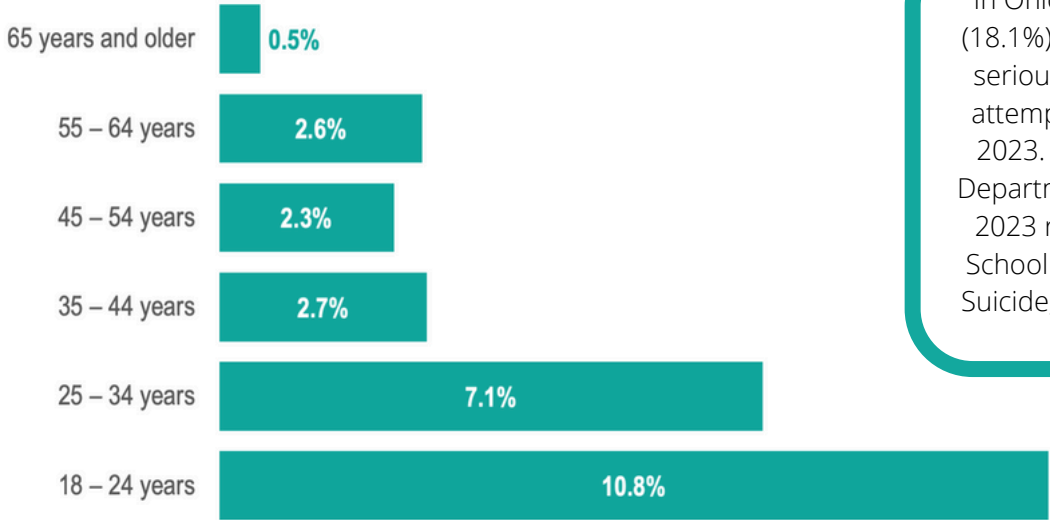


**Age Group**

Suicidal ideation is more common among young adults, compared to older adults in Franklin County. Adults aged 18-34 years were more likely than older adults to have seriously considered suicide in the past year, with those aged 18-24 reporting suicidal ideation most frequently. Adults aged 65 and older were least likely to report having considered suicide or to have made a suicide plan.

Young adults were most likely to have **seriously considered suicide** in the past year.

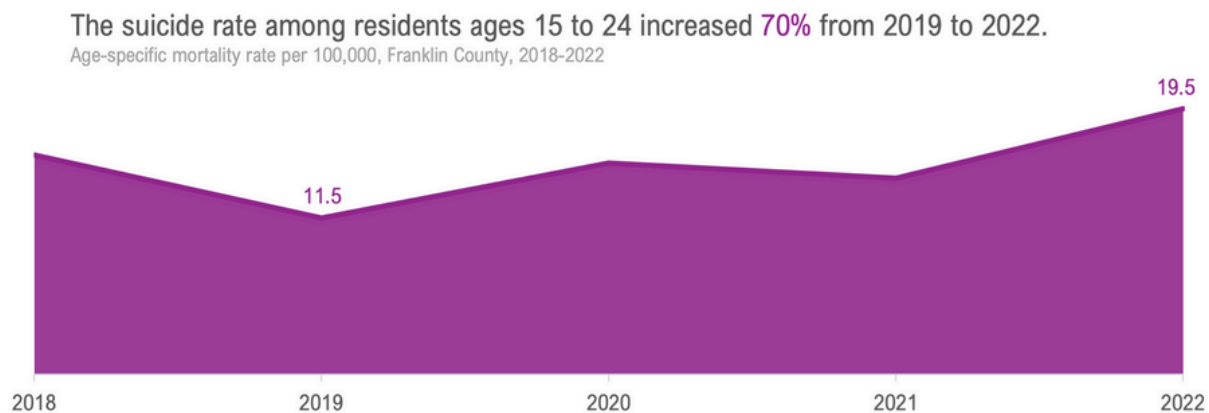
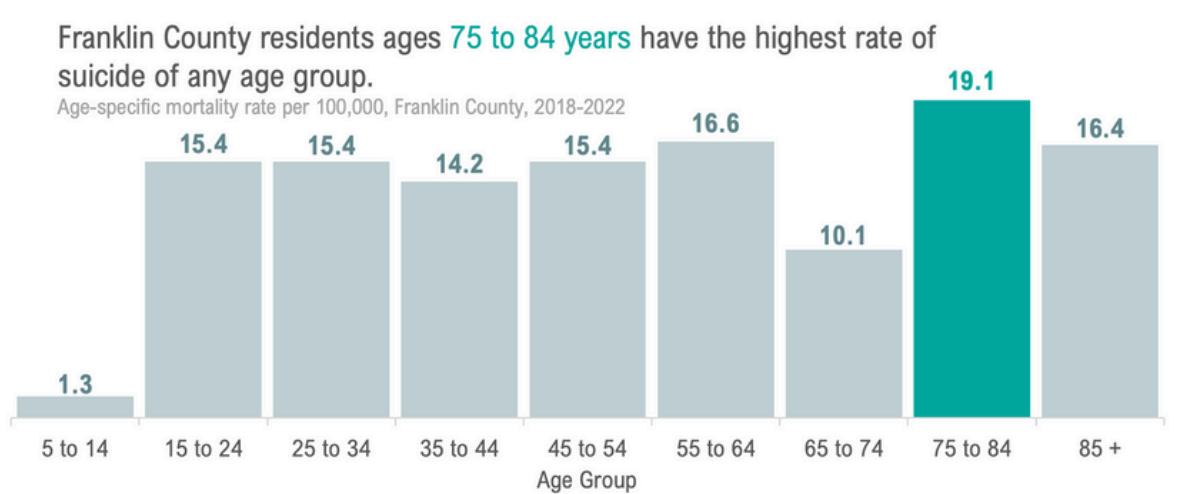
Prevalence seriously considered suicide, Franklin County adults, 2020-2022



In Ohio, nearly 1 in 5 (18.1%) high schoolers seriously considered attempting suicide in 2023. View the Ohio Department of Health’s 2023 report on High School Mental Health, Suicide, and Self-Harm [here](#).

Franklin County residents ages 75 to 84 years old have the highest rate of suicide, compared to other age groups. In general, older adults in Franklin County experience higher rates of suicide than younger adults.

That said, the suicide rate among younger age groups is increasing. From 2019 to 2022, the suicide rate among residents ages 15 to 24 increased 70%. Research indicates that the COVID-19 pandemic may have increased the risk of suicide and suicide attempts, particularly among youth.<sup>10,11</sup>

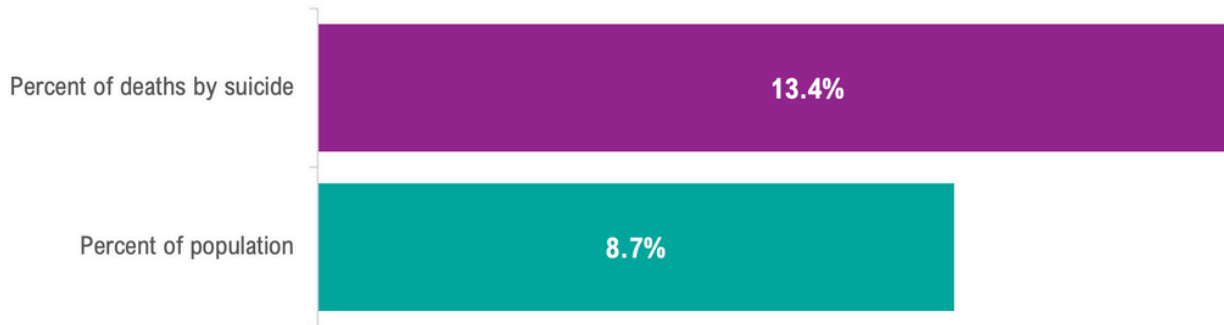


## Education

Franklin County adults without a college degree were more likely to have seriously considered suicide, compared to adults with a college degree. Similarly, residents without a high school diploma are overrepresented in suicide deaths, compared to the share of the population that they make up.

Residents without a high school diploma are overrepresented in **suicide deaths** compared to their share of the Franklin County **population**.

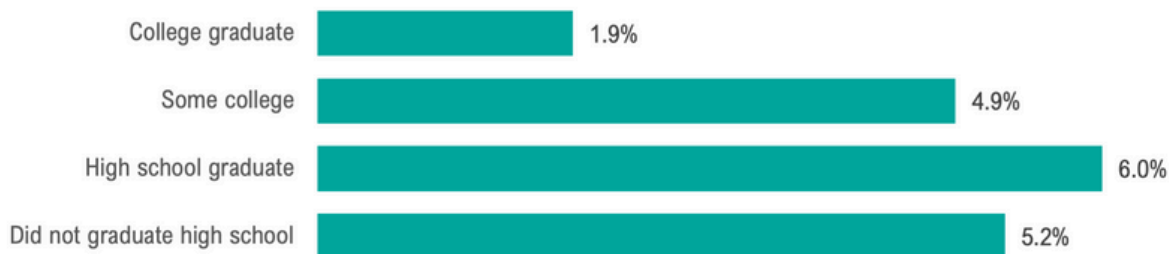
Percent of deaths by suicide, Franklin County adults 25 years and older, 2018-2022



This might be reflective of differences in social conditions and experiences associated with educational attainment, such as household income, access to healthcare, employment, community violence, and discrimination, which could increase risk of suicidal thoughts and behaviors.<sup>12,13</sup>

Adults without a college degree were more likely to have **seriously considered suicide** in the past year.

Prevalence seriously considered suicide, Franklin County adults, 2020-2022



### Place of Birth

In Franklin County, individuals born outside of the United States are at lower risk of suicide death, compared to the amount of the population they make up. From 2018-2022, New American community members made up 9.3% of suicide deaths and 12.0% of the Franklin County population. Still, nearly 1 in 10 suicide deaths was among a New American community member, and resources are needed to address the unique challenges New American individuals and communities may face.

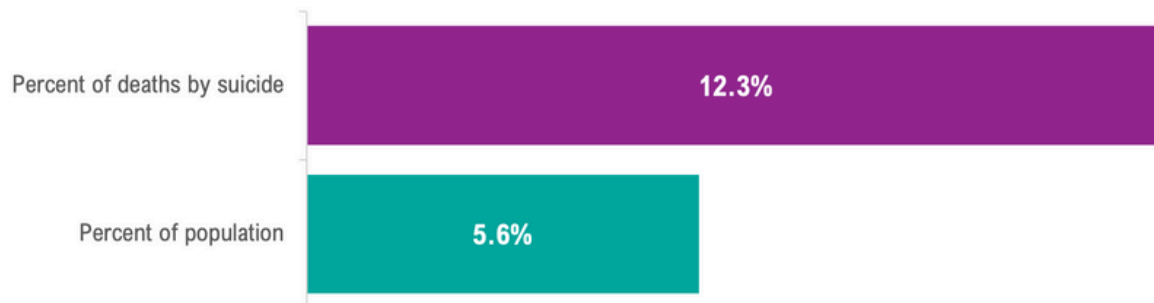


## Veterans & Armed Forces

Survey data for Franklin County adults shows similar rates of considering suicide between veterans and non-veterans. However, similar to national trends, veterans and members of the armed forces are at higher risk of suicide in Franklin County. From 2018-2022, members of the armed forces made up 12.3% of suicides, despite making up only 5.6% of the Franklin County population.

Resident members of the armed forces are overrepresented in **suicide deaths** compared to their share of the Franklin County **population**.

Percent of deaths by suicide, Franklin County adults 18 years and over, 2018-2022

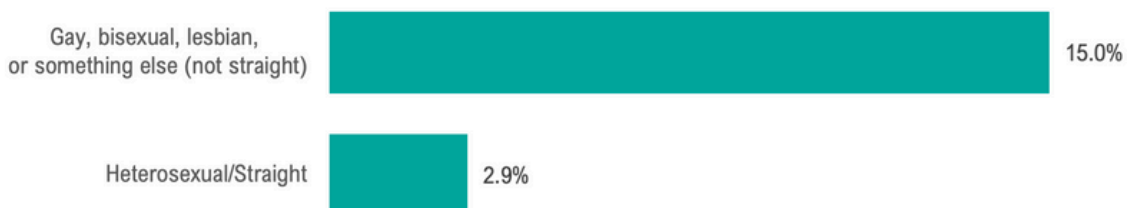


## LGBTQIA+ Community

Adults who identified as as gay, bisexual, lesbian, or another identity were about 5 times as likely as adults identifying as heterosexual (straight) to have seriously considered suicide in the past year. Possible contributors to higher suicidality among the LGBTQIA+ community include social stigma, prejudice, and discrimination associated with minoritized sexual orientation, including institutionalized discrimination.<sup>14</sup> Suicide death data for the LGBTQIA+ community is currently unavailable for Franklin County.

Adults identifying as gay, bisexual, lesbian, or something else (not straight) were five times as likely have **seriously considered suicide** in the past year.

Prevalence seriously considered suicide, Franklin County adults, 2020-2022



## Work Industry

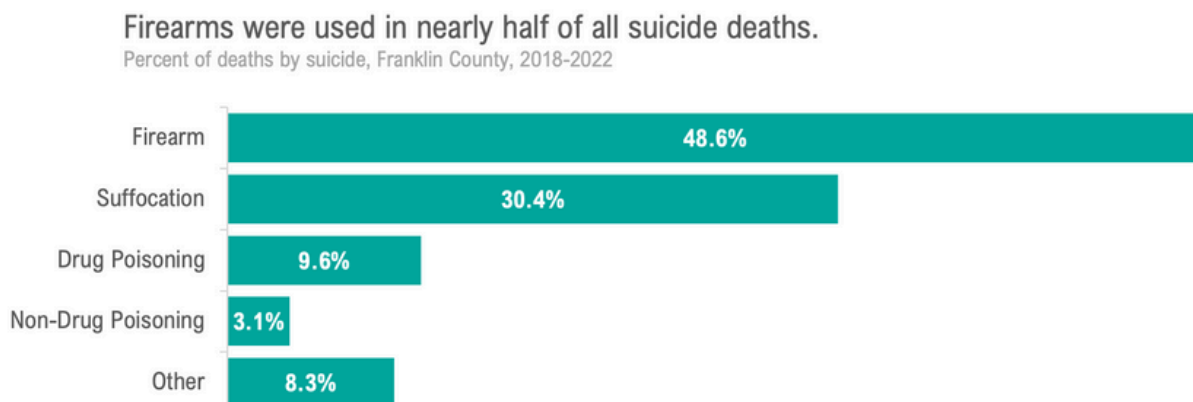
From 2018-2022, among those with known occupation\*, working-age community members in the workforce in the following industries had the highest prevalence of death by suicide:



\*For many deaths, industry records were missing, so conclusions about work industries at higher risk of dying by suicide should be interpreted with caution.

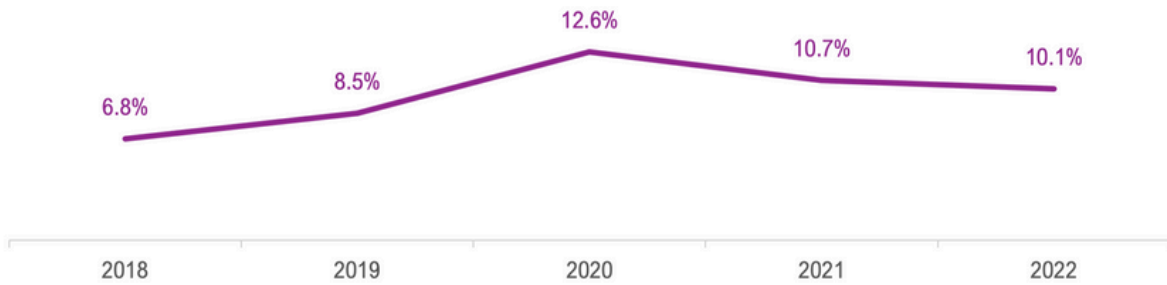
## Means

From 2018-2022, firearms were used in nearly half (48.6%) of suicides, followed by suffocation (30.4%), drug poisoning (9.6%), non-drug poisoning (3.1%), and other causes (8.3%). While males were most likely to die from a firearm, females were most likely to die from suffocation, followed closely by drug poisoning, or overdose. The proportion of suicides due to drug poisoning increased from 2018 (6.8%) to 2022 (10.1%).



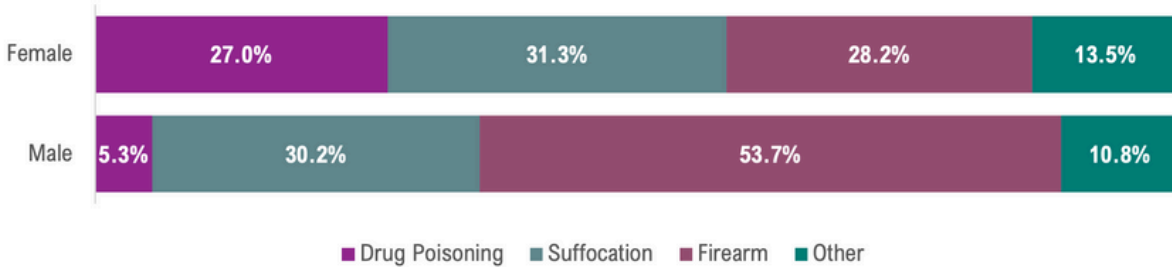
The proportion of suicide deaths due to drug poisoning, or overdose, has increased since 2018.

Percent of deaths by suicide, Franklin County, 2018-2022



Among suicide deaths, males were almost twice as likely to use a firearm than females, while females were over 5 times more likely to die by drug poisoning/overdose.

Percent of deaths by suicide, Franklin County, 2018-2022



From 2018-2022, 3 in 4 (78.9%) suicide deaths among members of the armed forces died by firearm. Among Franklin County residents with a firearm, veterans were almost twice as likely to keep that firearm loaded than non-veterans.

About 29% of Franklin County adults report keeping a firearm in or around their homes. Safe storage of firearms - meaning firearms that are stored **unloaded** and **locked** - can reduce immediate access to firearms. Increasing the time and distance between a person in suicidal crisis and their access to lethal means, such as firearms, can reduce suicide risk and save lives.

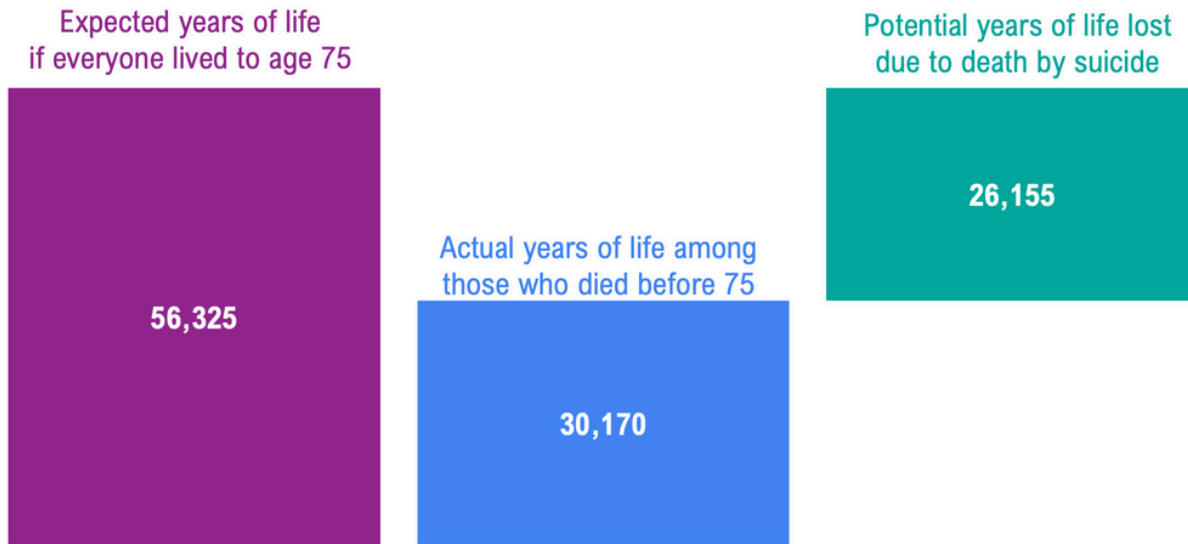
### Year of Potential Life Lost

Years of Potential Life Lost is a measure of early death that estimates how many years of life someone would have lived if they hadn't died prematurely. In Franklin County, there were over 26,000 years of potential life lost from 2018-2022 due to death by suicide.



From 2018 to 2022, there were over 26,000 potential years of life lost due to death by suicide in Franklin County.

Potential years of life lost due to suicide among Franklin County residents, 2018-2022



# LOCAL SUICIDE PREVENTION EFFORTS

## Franklin County Suicide Fatality Review

The purpose of the Suicide Fatality Review (SFR) is to decrease the incidence of preventable suicide deaths by promoting cooperation, collaboration, and communication between all groups and professions engaged in suicide prevention, education, and treatment efforts. The SFR is backed by legislation (Ohio HB 110, Section 3701.0411), which grants agencies the ability to share appropriate information with each other in a closed review setting. The committee includes various mandated agencies that must be in attendance for each review. The mandated agencies include local law enforcement, a public health official, the executive director of a local ADAMH board, and a physician that is authorized to practice medicine. Additional individuals and agencies can be added at the discretion of the SFR facilitator.

During the SFR meeting, a suicide death that was investigated by the Franklin County Coroner's Office is presented in detail. The committee then engages in a collaborative discussion about the case, and recommendations are created with the aim of preventing a similar situation from happening in the future. Although resources exist in Franklin County, they are sometimes complex and difficult to access. The SFR process is designed to address those gaps and improve on them for the future.

Throughout 2023, there were nearly 70 recommendations created by the Franklin County SFR Committee. Common themes included increasing education, promotion of continuous care, and awareness of first responder/veteran mental illness.

### **Increasing Education**

Increasing community education related to suicide prevention was mentioned in every review. Messaging related to Question, Persuade, and Refer training and guidelines on how to create a safety plan could lead to earlier detection of mental health complications and help individuals de-escalate when in a moment of crisis. Members of the committee also felt that increased professional cross-training for physicians and therapists could better equip them to handle clients with comorbidities. Additionally, messaging regarding safe storage of lethal means should be advertised and readily available to the public.

### **Continuous Care**

Numerous cases reviewed by the committee revealed that families often knew their loved one was struggling, but keeping their loved one connected with services was difficult. Promoting continuous care will increase the likelihood that an individual is successful in their mental health journey. The “disjointed” healthcare system and turnover rates for mental health professionals are challenges that the committee believes need to be explored.

### **Awareness of First Responder/Veteran Mental Illness**

Data shows that the first responder/veteran community is at higher risk for suicide, compared to the average individual. As a community, we must come together to better understand issues that are prevalent within this at-risk population. The review committee highlighted limitations to time off for first responders, which often leads to burnout and depression, and recommended the promotion of unique types of therapy outside of clinical settings.

### **Question, Persuade, Refer**

Question, Persuade, Refer (QPR) is an evidence-based training that focuses on recognizing a crisis and the warning signs that someone may be contemplating suicide. The FCSPC has engaged Franklin County community members to train them in QPR. In 2023, the FCSPC trained over 400 community members to recognize and respond to the signs of suicide.

The Franklin County Suicide Prevention Coalition trained **440 community members** in 2023.

FCSPC Question, Persuade, Refer training attendees, 2021-2023

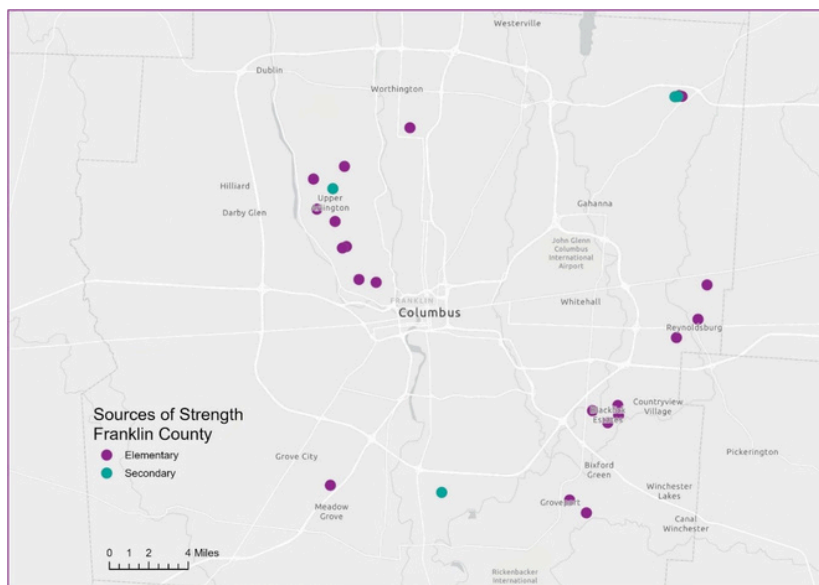


## Youth Education

### Sources of Strength

Sources of Strength (“Sources”) is a comprehensive wellness program that uses curricula and youth-led programming to build resiliency in youth populations and increase protective factors associated with the prevention of youth suicide, bullying, violence, and substance misuse. The Sources Elementary Program consists of four curricula, with individual curriculum for kindergarten, first grade, and second grade, and a universal curriculum for grades 3-6. The Secondary Program is implemented in grades 7-12 as a youth-led prevention program. Adult Advisors and Youth Peer Leaders collaborate on prevention campaigns that promote Sources’ eight protective factors.

From January 2021 to May 2024, Sources of Strength has reached 25 schools and 12,925 students in Franklin County. Through funding from the Ohio Department of Mental Health and Addiction Services, Sources is available **at no cost** to Ohio communities. For more information on the programs or to learn how you can bring Sources to your school or community, check out [SourcesofStrengthOhio.org](https://SourcesofStrengthOhio.org).



## Signs of Suicide

The Center for Suicide Prevention and Research at Nationwide Children's Hospital helps schools and community organizations in Ohio implement evidence-based prevention strategies, including the SOS Signs of Suicide prevention program. This program is implemented in area schools at no cost, with training for school staff, counselors, and families.

SOS is an evidence-based suicide prevention program that raises awareness of suicide, teaches students about risk factors for depression and suicide, and provides students with ways to access support.

From October 2015 through August 2024, Nationwide Children's Hospital implemented Signs of Suicide in 276 schools and 4,044 classrooms across Ohio, including the Franklin County area.

To learn more about SOS for Schools, check out the [SOS: Signs of Suicide Prevention Program brochure](#).

## Means Restriction

Access to lethal means, such as firearms, is a risk factor for suicide, and about half of suicides in Franklin County are completed with a firearm. Safe storage of firearms - meaning firearms that are stored **unloaded** and **locked** - can reduce immediate access to firearms.

In Franklin County, about 29% of adults reported keeping a firearm in or around their homes. Of those with a firearm, about 40% kept their firearms loaded.

Among those who kept loaded firearms, almost half (47%) did not keep their firearms locked. This equates to about 5% of the adult population in Franklin County who keep a loaded, unlocked firearm in or around their home.

Lock boxes are small containers that can be locked with a key or combination code, and used to safely store firearms, medications, or other valuables.

Through three different programs, Columbus Public Health (CPH) distributed 5,249 lock boxes in 2023. Depending on the program, lock boxes may be distributed at community events, to other agencies in the community, or by resident request.



# CONCLUSIONS & DATA RECOMMENDATIONS

Suicide is a serious public health issue that impacts the Franklin County community. The suicide rate among Franklin County residents has continued to increase since 2020, despite community efforts to mitigate suicide. Even more community members in Franklin County are impacted by thoughts of suicide. From 2020 to 2022, about 1 in 25 (4%) Franklin County adults seriously considered suicide in the past year. In just two years, the 988 Suicide & Crisis Lifeline received over 37,000 Franklin County calls. Some communities in Franklin County are at higher risk of dying by suicide.

- Male residents are 5 times more likely to die by suicide than female residents. This is true for both non-Hispanic White and non-Hispanic Black communities.
- Older age groups have higher suicide rates overall, with the highest among those being residents aged 75 to 84 years. Within the non-Hispanic Black community, younger age groups have higher suicide rates.
- From 2019 to 2022, the suicide rate among residents ages 15 to 24 increased 70%. Younger adults in Franklin County were also most likely to seriously consider suicide.
- Members of the LGBTQIA+ community experience thoughts of suicide at higher rates.
- Veteran community members and residents working in the construction and restaurant industries are at higher risk of dying by suicide.

Changes in data systems require time, funding, and political will. The recommendations outlined below are the same as those identified in the 2023 Suicide Report, as work continues in these areas.

- While there are community concerns of a rising trend in suicidal ideation among Franklin County youth, Franklin County lacks consistent, reliable, and representative data measuring mental health, suicide ideation, and suicide attempts among youth. **The FCSPC recommends that all Franklin County school districts consider implementing the Ohio Healthy Youth Environment Survey (OHYES!).** The OHYES! measures these indicators in addition to risk and protective factors, such as adverse childhood experiences (ACEs), substance use, bullying, support from adults, etc. The free, web-based survey is voluntary and can be completed in 20 minutes.

- While data related to suicide risk among the LGBTQIA+ community is limited, research has shown that people who identify as sexual minorities have higher rates of suicide attempts compared to heterosexual people. Members of the LGBTQIA+ community in Franklin County are at higher risk for suicidal ideation and suicide attempts. **The FCSPC recommends investing in obtaining quantitative and/or qualitative data related to mental health and suicide within the LGBTQIA+ community in Franklin County, with a special focus on risk and protective factors.** This will assess any disparities, better allocate resources, and guide investment in prevention strategies.
- Franklin County is limited in assessing the suicide rate among refugee and immigrant populations. However, research shows refugees and undocumented immigrants often experience mental health and substance use issues at an increased rate, compared to individuals born and raised in the United States.<sup>15</sup> ADAMH's 2020 Community Needs Assessment identified Bhutanese refugees and Somali immigrants to be at particularly high risk for depression and post-traumatic stress disorder. **The FCSPC recommends the expansion of suicide and proxy data on local refugee and immigrant communities to inform suicide prevention programming.** Proxy data, or an indirect measure of an outcome where direct measures are unavailable, may include information on both risk and protective factors, which may differ across communities. The FCSPC also recommends further investigation into how generational status may impact the risk for suicide within the immigrant community.
- While acute care interaction data from ODH is currently utilized for general counts of suicide for self-harm, suicidal ideation, and suicide attempts, these data do not include reliable demographics or additional details related to length of stay or treatment. **The FCSPC recommends the establishment of a continued agreement with Franklin County area hospitals to obtain hospital discharge records, as is practiced in other states.** These hospital discharge data would allow public health practitioners to better estimate the scope of suicide's impact in Franklin County outside of suicide deaths, including the presence of potential risk and protective factors in readmissions, disparities in suicide-related hospital utilization, and more.

- Race and ethnicity categories utilized by health departments, hospitals, and other organizations that align with US Census Bureau categories are useful for linking other census data and comparing populations across geographies. However, these categories are not useful for uncovering suicide trends by race/ethnicity among smaller, more specific communities. For example, FCSPC partner organizations have received requests to investigate suicide trends among the Bhutanese community in Franklin County, but have limited opportunities to respond due to limited racial/ethnic data. **The FCSPC recommends the investigation of alternative racial/ethnic categories to be used in data collection and analysis to allow for more comprehensive investigations of suicide trends within racial/ethnic subgroups in Franklin County.** More detailed racial/ethnic categories will allow for more comprehensive investigations of suicide trends by race/ethnicity, as long as numbers are large enough that data privacy does not become a barrier. If possible, subgroup data could be aggregated and reported in public reports. If numbers are too small to maintain data privacy and/or stability, then aggregated subgroup data could still be utilized in the Franklin County Suicide Fatality Review and other internal case investigations.

## METHODOLOGY

### 988 Utilization

Data describing the utilization of the 988 Suicide & Crisis Lifeline was obtained from Vibrant Emotional Health. Franklin County calls are defined as individuals calling with area codes matching the Franklin County area, and thus may be an undercount of total calls placed by Franklin County residents. These calls represent all options that an Ohio caller would have access to when calling 988, including local call centers, the Veteran Crisis Line, the LGBTQIA+ Youth Line, and the Spanish Language Line.

### Suicide Mortality

Mortality data were provided by the Ohio Department of Health (ODH) Bureau of Vital Statistics and are derived from Ohio Certificates of Death. ODH specifically disclaims responsibility for any analyses, interpretations, or conclusions. Intentional self-harm (suicide) deaths were determined by ICD 10 codes U03, X60-X84, and Y87.0. Deaths include individuals living in Franklin County at the time of their death. Mortality rates based on counts less than 10 were suppressed. Age-adjusted, age-specific, and crude mortality rates per 100,000 residents were calculated in ODH's Data Ohio platform using population files from the National Center for Health

Statistics. Leading causes of death were determined using summed death counts. Deaths where the method of suicide was redacted were excluded from calculations and interpretations related to means of death. For many deaths, industry records were missing, so conclusions about work industries at higher risk of dying by suicide should be interpreted with caution.

In reporting about means of death, “other” means or methods include fall, cut or pierce, fire or flame, drowning, and other means. Mortality data about members of the armed forces was obtained from Ohio Certificates of Death, which may indicate different outcomes from records obtained and shared by Veterans Affairs.

### **Suicidal Ideation & Suicide Attempt**

Estimates of suicidal ideation, suicide plans, suicide attempts, and firearm possession were obtained from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Survey (BRFSS) Data through the U.S. Department of Health and Human Services.

Years of data include 2020, 2021, and 2022, and analysis was completed by the Columbus Public Health Office of Epidemiology. BRFSS data has several limitations. BRFSS data is representative of the adult (aged 18 and up) noninstitutionalized population. Individuals living in a group setting, such as a nursing home, the military, or prison are not surveyed.

Additionally, adults who live in households without telephones or cell phones are not included in the survey sample. Prevalence estimates are based on respondents' self-reported answers to the survey questions. Respondents may be uncomfortable answering certain questions or giving honest responses over the phone to someone they don't know. Therefore, results should be interpreted with caution. (Source: Ohio Behavioral Risk Factor Surveillance System: 2021 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.)



Data from the 2020, 2021, and 2022 Ohio BRFSS were combined using methods described in CDC's BRFSS documentation.

Briefly, the year-specific number of respondents was divided by the total number of respondents across 2020-2022, and this proportion was applied to the weight variable within the single-year datasets to create a new survey weight for the combined years dataset.

Prevalence estimates based on fewer than 50 respondents are considered statistically unreliable and are not presented publicly.

### **Emergency Department & Urgent Care Visits for Self-Harm**

Self-harm-related visits include all hospital and urgent care visits classified as intentional opioid overdose (explicit), intentional opioid overdose (suggestive), self-harm, suicidal ideation, and/or suicide attempt by Ohio facilities participating in EpiCenter, a syndromic surveillance system developed by Health Monitoring Systems.

ODH specifically disclaims responsibility for any analyses, interpretations, or conclusions. Numbers are subject to change as updates are made within the hospital medical records and within the EpiCenter system.

Classifications are made utilizing chief complaints, diagnosis codes, and medical notes.

Patients were classified by area of residence, meaning Franklin County residents seen in facilities outside of Franklin County were included.

Patients seen in Franklin County facilities but living outside of Franklin County were excluded.

*Analyses for this report were completed by the Columbus Public Health Office of Epidemiology and the Franklin County Public Health Office of Epidemiology & Data, with support from the Franklin County Suicide Prevention Coalition Data & Research Action Team.*

*With questions or comments about the data, please contact Sierra MacEachron at [sierramaceachron@franklincountyohio.gov](mailto:sierramaceachron@franklincountyohio.gov).*



# DEFINITIONS

- Age-Adjusted: The statistical process used to compare different age ranges on a specified health outcome.
- Comorbidity: The presence of two or more diseases or medical conditions in a patient at the same time.
- Mental Health: A person's condition with regard to their psychological and emotional well-being.
- Mortality: A term used to describe a death.
- Mortality Rate: Data on the occurrence of death due to a specific illness or disease.
- Protective Factors: Individual, relational, communal, and societal characteristics that decrease the likelihood of a negative outcome.
- Risk Factors: Individual, relational, communal, and societal characteristics that increase the likelihood of a negative outcome.
- Suicidal Crisis: a situation in which a person is attempting suicide or is seriously contemplating or planning to do so.
- Suicidal Thoughts: Intrusive thought patterns or passive reoccurring thoughts around death or planning ways of ending one's own life (no actions).
- Suicide: The act of willingly and voluntarily taking one's own life through lethal actions with the intent of dying.
- Suicide Attempt: The act of engaging in lethal behaviors with the intent and purpose of ending one's own life.
- Suicide Contagion: The process whereby one suicide or suicidal act within a school, community, or geographic area increases the likelihood that others will attempt or die by suicide.
- Warning Signs: Early signs an individual may display to show that there is a potential for negative outcomes or dangerous behaviors.
- Years of Potential Life Lost (YPLL): A calculation to determine the years an individual lost due to their death based on a standard age of life. (Life expectancy age - Age of death = YPLL)

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