THE SUICIDE PREVENTION PLAN
for
OHIO

2024 - 2026

Presented by

The Suicide Prevention Plan for Ohio Implementation Team

OHIO'S VOICE
FOR SUICIDE
PREVENTION

OSPF
Ohio Suicide Prevention Foundation
OhioSPF.org

Plan Contents

Acknowledgements

Letter from the Director of the Ohio Suicide Prevention Foundation

Dear Friend,

When we talk about suicide prevention, hope is the catalyst. Hope that we can effectively build a system of care that works for all Ohioans; hope that stigma is reduced and that everyone feels equipped in a crisis; hope that no one ever feels so lost or isolated that they can't reach out for help; and it was hope that brought together more than 41 experts and stakeholders to create this plan.

The 2024-2026 Suicide Prevention Plan for Ohio lays a roadmap for suicide prevention efforts that are both community-driven and applicable. We've created it so that anyone can take away valuable information and practical solutions to help those in their neighborhoods, workplaces, faith-based organizations, schools, and more, all with one goal in mind: to save lives.

Suicide is at a crisis level, and it will take a statewide effort to reduce the rate of loss. We need policymakers to create common sense legislation that will improve our behavioral healthcare system. We need corporations to invest in workplace mental health and suicide prevention. We need teachers to get trained in crisis response so that youth have support. We need firearm owners to promote safe storage. We need all hands-on deck to end suicide.

The Ohio Suicide Prevention Foundation thanks Governor Mike DeWine for his leadership and all of our community partners for their care and expertise in helping to make this plan possible.

Sincerely,

Tony Coder

Tony Coder
Executive Director

Introduction

Impact of Suicide in Ohio

With nearly one-third of adults in Ohio affected by symptoms of anxiety or depression, and five people dying by suicide every day, now is the time for action.[1] Ohio is dedicated to becoming a leader in suicide prevention. Committed stakeholders from across the state are working together to prevent suicide—to combat stigma, improve help-seeking behaviors, and save lives.

In Ohio, approximately five people a day—family, neighbors, friends, and loved ones—die by suicide.[2] Ohioans may experience stress, mental illness, and/or thoughts of suicide, but often, these issues are not recognized in time for a life to be saved. Suicide is a public health issue that requires solutions that are rooted in evidence to increase protection of and care for those who are struggling with suicidal thoughts.

Most people who die by suicide use firearms. In 2021, 56% of suicide deaths in Ohio involved firearms, 25% were the result of suffocation (e.g., hanging), and 9% were the result of drug poisoning.[3]

Which groups are most affected by suicide in Ohio?

The following groups experience disproportionately high rates of suicide in Ohio. It is important to monitor, both at state and local levels, which groups are experiencing the worst outcomes, and where change is happening in suicide-related outcomes over time.

Ohioans living in rural and Appalachian regions:
Of the 15 Ohio counties with the highest suicide rates between 2017-2021, nine were Appalachian and five were rural, non-Appalachian, as displayed in figure 4 in the appendices.[4]

Males:
More than 80% of suicide deaths in Ohio were among males in 2021.[5]

Young adults:
Ohioans between the ages of 25 and 34 had the highest rate of suicide in 2021, with Ohioans ages 35-44 experiencing the second-highest rate.[6]

Veterans:
Nationally, the suicide rate for veterans was more than two times higher than the rate for non-veteran adults in 2020.[7]

LGBTQ+ Ohioans:
Lesbian, gay, and bisexual youth in Ohio are 4.8 times more likely to consider suicide and 4.3 times more likely to attempt suicide than their heterosexual peers.[8] Nationally, 1 in 5 transgender and nonbinary youth reported attempting suicide in the past year in 2022.[9]

Ohioans with disabilities:
In 2021, a national survey found that people with disabilities were three times more likely to report suicidal ideation compared to people without disabilities.[10]

Ohioans of color

In addition to the groups above and on the previous page, Ohioans of color have seen growing rates of suicide deaths over the last decade.[11] There was a 61% increase in suicide deaths among Hispanic Ohioans, 40% increase among Black Ohioans, and 29% increase among Asian or Pacific Islander Ohioans from 2011-2021.

Suicide Prevention Plan for Ohio

Ohio is committed to reducing the loss of life due to suicide. There are proven strategies to prevent suicide: medical, behavioral and environmental strategies can affect the health and surroundings of the individual at risk of suicide. All Ohioans can contribute to preventing suicide.
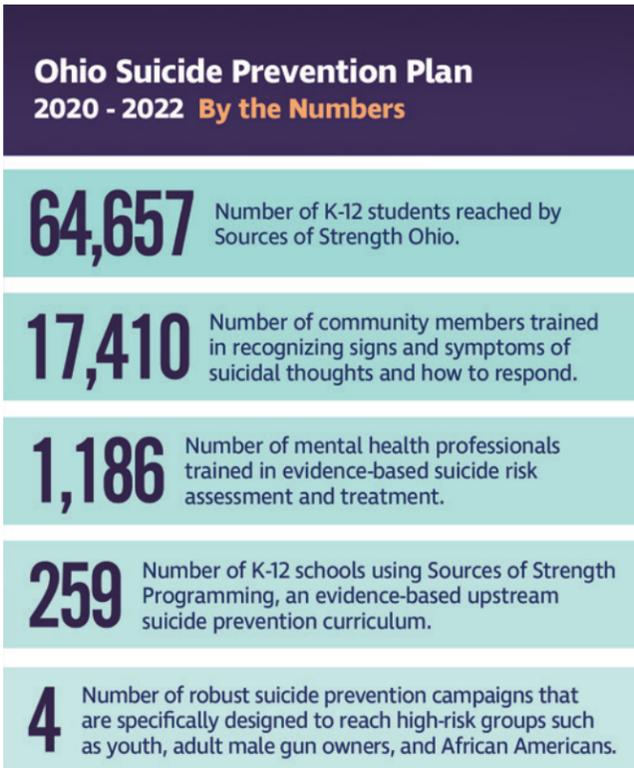
This document is the second Suicide Prevention Plan for Ohio. The previous version was created in 2019 by dozens of fully-engaged people and organizations representing a cross-sector of the population. Based on the vision and guidance laid out in the 2020-2022 plan, thousands of state and community groups took action in the past three years to mobilize and align efforts to prevent suicide. Some of the results are as follows:

Ohio Suicide Prevention Plan 2020 - 2022 By the Numbers

64,657 Number of K-12 students reached by Sources of Strength Ohio.

17,410 Number of community members trained in recognizing signs and symptoms of suicidal thoughts and how to respond.

1,186 Number of mental health professionals trained in evidence-based suicide risk assessment and treatment.

259 Number of K-12 schools using Sources of Strength Programming, an evidence-based upstream suicide prevention curriculum.

4 Number of robust suicide prevention campaigns that are specifically designed to reach high-risk groups such as youth, adult male gun owners, and African Americans.

The 2024-2026 Suicide Prevention Plan for Ohio is a roadmap to achieve the vision that **Ohio will reduce the number of suicides every year until not one life is lost**. The plan's purpose is to reduce stigma, increase knowledge, enhance health care's role in prevention, and mobilize community efforts to prevent suicide. It includes four strategic priorities as well as action steps to reduce suicide and menus of evidence-informed strategies that can be used to improve outcomes.

There are many evidence-based practices that can prevent suicide and support recovery. The Suicide Prevention Plan for Ohio elevates best practices in four areas: community prevention strategies, organizational systems, treatment and postvention, and data and evaluation, as shown in figure 1 on the next page. Ohioans from across the state can collaborate on these practices to build hope, support, and resilience.

Figure 1. **2024-2026 Suicide Prevention Plan for Ohio conceptual framework**

Development of the Plan

As the 2020-2022 Suicide Prevention Plan for Ohio was nearing its last year of implementation, there was a need to update the Suicide Prevention Plan for Ohio for another three-year period. The Ohio Suicide Prevention Foundation (OSPF) contracted with the Health Policy Institute of Ohio (HPIO) to facilitate and coordinate the writing of the 2024-2026 Suicide Prevention Plan for Ohio. The writing process occurred over a seven-month period as a diverse group of 41 expert stakeholders (the Advisory Team), collaborated on the contents of the resulting plan.

The Advisory Team also solicited input from other stakeholders to ensure multiple perspectives were included in the creation of the Plan. The Plan adapts strategic priorities, goals and strategies from The National Strategy for Suicide Prevention and other evidence-informed sources, prioritizing the inclusion of initiatives that have demonstrated effectiveness.

While the contents of this Plan have been developed based upon the best-available evidence, the Suicide Prevention Plan for Ohio Advisory Team recognizes that the field of suicide prevention continues to evolve, and new or revised programs and practices may emerge. Thus, this Plan will be dynamic and adaptable as research continues to be generated. Any new best practices identified will be embraced by the Implementation Team moving forward.

Plan Implementation

The 2024-2026 Suicide Prevention Plan for Ohio is designed to be used as a guide for implementing suicide prevention, treatment, and postvention services for all Ohioans. Every Ohioan has a role to play in eliminating suicide. Any community member, mental health professional, healthcare provider, business, advocate, educator, coalition, stakeholder, or community-serving organization can play a vital role in carrying out this Plan. For example, mental health providers and healthcare systems can have a primary focus on integrating evidence-based suicide prevention initiatives into key, high-impact systems to ensure timely identification, referral, and care for those who are at-risk. For policymakers and administrators, the 2024-2026 Suicide Prevention Plan for Ohio serves as a guide for reducing suicide through large-scale systems change.

The statewide Advisory Team, made up of 41 expert representatives from the sectors identified in figure 2 below, will also collaborate to drive implementation of the Plan across a number of cooperative roles. A list of Advisory Team members is provided in the Appendix A, on page 23.

Figure 2. **Partnering to achieve the Plan vision**

Sector	Potential Roles
Healthcare providers and hospitals	Primary focus is on integrating evidence-based suicide prevention initiatives into key, high-impact systems to ensure timely identification, referral, and treatment of those at risk.
Policymakers and funders	To guide policymaking (legislatively or administratively) and funding decisions for suicide prevention, treatment, and postvention at the state and local levels.
Healthcare plans and payors	To guide policy changes and improve data collection within both public and private insurance systems.
Community-serving organizations	To guide community-level suicide prevention and postvention implementation initiatives.
Schools	K-12 and higher education systems will guide school suicide prevention policy, program, and postvention initiatives.
Additional stakeholders	The Suicide Prevention Plan for Ohio Advisory Team recognizes that while this implementation plan identifies the five sectors mentioned above, many additional partners, employers, local government entities, and community members will also play a vital role (e.g., employers, faith communities, etc.).

Leaders from these five sector groups, along with the Ohio Suicide Prevention Foundation and outside expert consultation, will continue to meet regularly over the next three years to monitor progress of the plan.

Navigating the Plan

Ohioans can reduce the number of suicides by partnering to achieve four strategic priorities:

Strategic Priority 1:

Community systems
Build suicide prevention capacity and infrastructure within local and state organizations and communities.

Strategic Priority 2:

Prevention and early intervention
Support organizational capacity for preventing suicide and improving coordination of activities across multiple sectors and settings across the lifespan.

Strategic Priority 3:

Quality treatment and postvention
Disseminate strategies that improve high quality suicide care and support services in high impact systems by aligning with the Zero Suicide framework.

Strategic Priority 4:

Data and evaluation
Build data and evaluation capacity among public and private partners at the state and local levels.

The 2024-2026 Suicide Prevention Plan for Ohio is organized around the following:

- **Strategic Priorities:** High-level categories that define the overall strategic approach to preventing suicide in Ohio, rooted in the National Strategy for Suicide Prevention.
- **Goals:** Areas of focus and desired results that were prioritized by the Plan Advisory Team.
- **Objectives:** Description of targeted plans for achieving the goals.
- **Action steps to reduce suicide:** Specific steps to advance the priorities and prevent suicide.
- **Evidence-informed strategies:** Programs, services, and policies that have proven evidence of promoting mental health and preventing suicide.

Implementing accessible and culturally responsive approaches to suicide prevention

Populations at an increased risk of suicide (identified on page 5) may also face challenges to accessing programs and services, including limited access to public transit, lack of geographic proximity to providers, and inadequate internet connectivity. The following considerations can ensure that programs and services reach and meet the needs of communities most at risk of suicide:

- Provide accommodations that reduce barriers to participation (*such as interpretation and/or captioning services*)

- Select service locations that are convenient and close to transportation options

- Tailor outreach, messaging, and communication to communities with high-risk of suicide

- Consider virtual service delivery, when possible, to increase access

- Offer cultural humility and implicit bias training to service providers

- Focus programs and services on communities most at risk of suicide

- Partner with your target audience during service implementation (*e.g., offering roles on planning committees and as facilitators*)

The Plan

Strategic Priority 1: Community systems

Build suicide prevention capacity and infrastructure within local and state organizations and communities.

Goal 1:

Strengthen public knowledge

Strengthen public knowledge and ability to promote wellness, recognize suicide risk and take appropriate action for self and others.

Objective

Provide learning opportunities for community groups, families, and other individuals in a person's support system on the prevention of suicide and related risk behaviors.

Action steps to reduce suicide

Partners across Ohio can support learning opportunities that reduce risk of suicide and increase protective factors.

1. Increase availability of evidence-based suicide prevention gatekeeper trainings for employers and those working with or coming in contact with higher-risk groups or individuals.
2. Promote evidence-informed education efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.
3. Offer programs and services that promote wellness and recovery.
4. Provide communication aides and resources on promoting healthy supports for individuals and families to trusted community leaders, including leaders of faith communities.

Evidence-informed strategies

The following evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Gatekeeper trainings	■ Suicide Prevention Resource Center: Suicide prevention gatekeeper training program comparison table ■ Question, Persuade and Refer ■ ASIST – Applied Suicide Intervention Skills Training ■ Vital Cog (formally Working Minds)

> Community members, mental health professionals, healthcare providers, businesses, advocates, educators, coalitions, stakeholders, and community-serving organizations can play a vital role in preventing suicide. Partnerships, like suicide prevention coalitions, work well to accomplish cross system objectives.

Goal 2:

Reduce and address stigma

Reduce stigma associated with suicide and other mental health topics.

Objective

Expand stigma reduction messaging and communications to include messages about suicide and how to access help.

Action steps to reduce suicide

Partners across Ohio can support learning opportunities that reduce risk of suicide and increase protective factors.

1. Tailor stigma reduction campaigns to communities at higher risk of suicide and include members of those communities and their families in the design and implementation of campaigns and education materials.
2. Standardize the use of non-stigmatizing language.
3. Promote responsible media reporting of suicide that includes accurate portrayals of suicide and mental illness along with safe online content related to suicide.
4. Create strategies for promoting Ohio mental health and wellness campaigns.
5. Include 988 messaging with health promotion and stigma reduction campaigns.
6. Offer awareness programs among immigrants and refugee populations, including translation services.
7. Increase awareness of what mental health benefits are available to the general public, how to access those benefits, how to understand explanations of benefits from health plans, and how to file an insurance parity complaint.

Evidence-informed strategies

The following evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Stigma resources	■ Be Present Ohio* ■ Beat the Stigma* ■ Life is Better with You Here* ■ Recommendations for reporting on suicide
Crisis support	■ 988 Suicide and Crisis Lifeline in Ohio
Insurance resources	■ Ohio Mental Health Insurance Assistance Office

Evidence of effectiveness is emerging

> The state can build upon existing stigma reduction campaigns for addiction to address and reduce stigma associated with suicide and other mental health topics.

Goal 3:

Expand and sustain suicide prevention coalition capacity

Support suicide prevention coalitions in their efforts to build alliances that will address the root causes of suicide for high-risk populations and work together on initiatives to prevent suicides.

Objective

Provide statewide training, technical assistance, and networking opportunities for suicide prevention coalitions to elevate local coalition capacity and performance.

Action steps to reduce suicide

Local community partners can act on the following steps to connect suicide prevention efforts across Ohio:

1. Participate in learning communities for suicide prevention coalitions, working together regionally and across the state to share best practices for reducing suicide deaths and attempts.
2. Enhance partnerships with local and regional veteran services.
3. Engage faith communities across worship sectors with strategies to remove cultural barriers and bring

awareness to the importance of seeking mental health care when needed for high-risk populations.
4. Address the effects of Social Determinants of Health, ACES and trauma with strategies that build resiliency in individuals and communities; including building family supports, healthy relationships with peers and adults; and improving community connection.
5. Develop partnerships that identify and develop plans for addressing barriers to healthcare resources, including education, income, and transportation.
6. Offer learning opportunities to grow knowledge and skills for specific evidence-based practices, policies, and services to impact high-risk populations, including black and LGBTQ+ youth and young adults.

Evidence-informed strategies

The following evidence-informed strategies can be used across the state to improve outcomes for Ohioans:

Models for collaboration	■ Community-Led Suicide Prevention* ■ Community Readiness Model* ■ Collective Impact* ■ Substance Abuse and Mental Health Services Administration Strategic Prevention Framework* ■ Centers for Disease Control and Prevention Suicide prevention resource for action* ■ https://suicideprevention.ohio.gov/for-communities/coalitions/coallitions ■ https://www.ohiocoalitioninstitute.org/
Ohio Youth Surveys	■ https://youthsurveys.ohio.gov/
Resiliency	■ https://positiveexperience.org/

Evidence of effectiveness is emerging

> There are over 60 suicide prevention coalitions across Ohio. These coalitions bring together partners throughout the community to create focus, encourage alliances, and create consistency to address the root causes of suicide in a community. These efforts support the community by ensuring that partners, including community members, are aligned and working together on initiatives to prevent suicides.

Goal 4:

Increase safe storage of lethal means

Increase coordinated efforts across sectors for safe storage of lethal means, including firearms and medications.

Objective

Disseminate best practice strategies and education for safe storage of lethal means.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to increase safe storage of lethal means:

1. Expand Life Side Ohio and Store it Safe across the state, partnering with firearm retailers, veterans, pediatricians and public safety to educate Ohioans on the importance of suicide prevention and safe storage.
2. Leverage public and private funding opportunities to expand access to safe storage for Ohioans.
3. Promote education resources to health and behavioral health providers for:
   a. Delivering routine education on lethal means and safe storage
   b. Assessing for access to lethal means among individuals at risk for suicide

Evidence-informed strategies

The following evidence-informed strategies can be used across the state to improve outcomes for Ohioans:

Lethal means and safe storage support	■ Life Side Ohio ■ https://www.ohiorxdisposal.com/ ■ Counseling on Access to Lethal Means ■ https://ohioaap.org/storeitsafe

> Lethal means are methods used in suicides, such as firearms, medications, access to rooftops, and bodies of water. Coordinated efforts across sectors are needed to increase safe storage of lethal means in Ohio.

Strategic Priority 2: Prevention and early intervention

Support organizational capacity for preventing suicide and improving coordination of activities across multiple sectors and settings across the lifespan.

Goal 1:

Increase integration of suicide prevention best practices into systems and institutions

Support organizational capacity for preventing suicide and improving coordination of activities across multiple sectors and settings across the lifespan.

Objective

Provide training, technical assistance and support to organizational systems on best practices for impacting high-risk populations.

Action steps to reduce suicide for employers

Workforce organizations across Ohio can act on the following steps to integrate suicide prevention best practices into workplace systems and institutions.

1. Increase wellness supports for employees and create policies that support a healthy work environment.
2. Promote comprehensive approaches supporting mental health and wellness for employees, including education and awareness on how to access insurance benefits, employee assistance programs, and recognizing signs and symptoms of risk of suicide.
3. Partner with existing workforce development initiatives to expand mental health workforce recruitment and development strategies.
4. Encourage mentoring relationships that connect high schoolers and college students with mental health professionals and employers.
5. Partner with professional associations and credentialing boards to promote training and continuing education on suicide prevention.

Action steps to reduce suicide for schools and campuses

Partners in K-12 and higher education across Ohio can act on the following steps to increase the provision of mental health services in K-12 and higher education:

1. Provide training and technical assistance to support school and campus-based suicide prevention efforts for K-12 schools and higher education institutions, including how to identify high-risk populations.
2. Leverage school-based and campus-based health centers to integrate suicide prevention best practices.

3. Support schools in developing and implementing comprehensive models such as Ohio's School Wellness Initiative and the Ohio Wellness Campus Collaborative that aid with adopting student assistance programs and building positive school climates.
4. Participate in opportunities designed for Higher Ed to incentivize students to enroll in courses of study and target entry into the behavioral health workforce.
5. Promote suicide prevention evidence-based training and continuing education programs in Higher Ed institutions.

> Additional youth suicide prevention strategies can be found in the Ohio Department of Health Youth Suicide Prevention Strategic Plan. This plan aligns with the State plan and further supports the state's efforts to prevent suicide in youth ages 10-24.

Evidence-informed strategies

These evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Workforce resources	■ OSPF-Employer-Resource-Guide.pdf ■ Suicide Prevention Resource Center: Suicide prevention gatekeeper training program comparison table ■ Ohio Mental Health Insurance Assistance Office ■ Employee assistance programs
School-based suicide prevention and mental health promotion programs	■ Approved evidence-based suicide awareness and prevention, violence prevention and social inclusion programs for Ohio schools (HB 123, 135th General Assembly) ■ Model school district policy on suicide prevention* ■ Ohio School Wellness Initiative ■ Model Student Assistance program* ■ Substance Abuse and Mental Health Services Administration Preventing suicide: A toolkit for high schools Sources of Strength Ohio

Positive school climate approaches	■ PAX Good Behavior Game ■ School-based social and emotional instruction ■ National School Climate Center
Higher education suicide prevention	■ Higher education suicide prevention program requirements (HB 28, 131st General Assembly)* ■ Interprofessional education suicide prevention college curriculum ■ Crisis Intervention Team (CIT) training ■ Mental Health First Aid ■ Zero Suicide: Suicide care training options ■ Interactive Screening Program ■ JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities

Evidence of effectiveness is emerging

> Ohio has a robust network of colleges and universities, dedicated to building the workforce and improving the state's behavioral health system. By leveraging these strengths, Ohio can build the capacity of the state's behavioral health workforce and support their well-being.

Goal 2:

Integrate suicide prevention best practices for high-risk populations

Expand suicide-specific evidence-informed practices across the lifespan for identified high-risk populations.

Objective

Engage organizations and systems in the implementation of specific strategies for suicide prevention with high-risk populations.

Action steps to reduce suicide for Black youth and young adults

1. Create opportunities for building protective factors, including healthy family supports and relationships.
2. Facilitate partnerships with faith leaders to support youth involvement in mentoring and family activities.
3. Bring together community leaders to reduce risk and prevent suicide by creating networks of support, safety, and security.
4. Encourage workforce development and cultural support for engagement with mental health services.

Action steps to reduce suicide for LGBTQ+

1. Build opportunities for affirming spaces and supportive relationships with trusted adults.
2. Promote anti-bullying policies and programs in schools.
3. Create workforce learning opportunities related to stress and risk factors of LGBTQ+ youth.

Action steps to reduce suicide for males/men

1. Educate key community systems and organizations on risk factors for male suicide.
2. Develop activities that Incorporate an understanding of how cultural expectations about masculine identity and behavior affect suicide risk.
3. Collaborate with health care primary care, emergency departments, behavioral health and crisis centers on how suicide risk can be masked by male clients.
4. Work with agencies and organizations that prevent and treat alcohol abuse to understand the relationship between alcohol use and suicide risk.
5. Coordinate with workplaces, criminal justice, and law enforcement to screen for suicide risk.

Action steps to reduce suicide for older adults

1. Educate key community systems and organizations on risk factors for older adults.
2. Provide gatekeeper trainings (QPR) for older adult health systems.
3. Consider implementing older adult prevention programs such as WISE (Wellness Initiative for Senior Education) and integrating screening and intervention strategies (SBIRT) in healthcare systems serving older adults.

Evidence-informed strategies

These evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Black youth	■ https://theactionalliance.org/resource/ring-alarm-crisis-black-youth-suicide-america ■ Life is Better With You Here
LGBTQ+ youth	■ The Trevor Project ■ https://sprc.org/populations/lgbt/ ■ To Be Me
Men in the middle years	■ https://sprc.org/online-library/preventing-suicide-among-men-in-the-middle-years-recommendations-for-suicide-prevention-programs
Older adults	■ https://www.njpn.org/wise ■ https://www.samhsa.gov/sbirt

Strategic Priority 3: Quality treatment and postvention

Disseminate strategies that improve access to high quality suicide care and support services in high impact systems by aligning with the Zero Suicide framework.

What is the Zero Suicide framework?

Zero Suicide is a model to improve suicide care within health and behavioral health systems. It includes a practical framework with seven elements of safe and effective suicide care:

1. **Lead** system-wide culture change committed to reducing suicides

2. **Train** a competent, confident, and caring workforce

3. **Identify** individuals with suicide risk via comprehensive screening and assessment

4. **Engage** all individuals at risk of suicide using a suicide care management plan

5. **Treat** suicidal thoughts and behaviors directly using evidence-based treatments

6. **Transition** individuals through care with warm hand-offs and supportive contacts

7. **Improve** policies and procedures through continuous quality improvement

> Eliminating barriers to timely, high-quality, and tailored evidence-informed treatment and support services for people at risk of suicide is a core element of suicide prevention.

Goal 1:

Increase screening and risk assessment

Increase opportunities for suicide screening, risk assessment, safety planning, and referral to appropriate care.

Objective

Prioritize learning opportunities for healthcare behavioral healthcare and emergency response systems to support implementation of screening tools and protocols in alignment with the Zero Suicide framework.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to increase suicide screening, risk assessment, safety planning, and referral:

1. Increase universal suicide screenings in primary and specialty healthcare settings, including, but not limited to, dentist, obstetrics/gynecology, and dermatologist practices.
2. Educate providers on next steps when patients screen positively for suicide risk and available resources after a crisis has been identified.
3. Ensure care coordination and referral systems, including 988, first responder teams, crisis centers, providers, and payors, are aligned to screen, assess, and refer people to the appropriate level of care.
4. Examine data on connections between healthcare claims and suicide attempts to discover areas for potential early intervention.
5. Educate and encourage providers and healthcare systems to implement protocols for delivering services to individuals at different levels of suicide risk.

Evidence-informed strategies

These evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Screening and risk assessment tools	■ The Joint Commission: Validated/evidence-based screening tools ■ The Joint Commission: Validated/evidence-based suicide risk assessment tools ■ Zero Suicide: Tools to screen and access for suicide risk ■ Suicide Prevention Resource Center: Suicide prevention toolkit for primary care practices

> Care providers in mental, physical, and behavioral health fields, as well as service providers in areas related to the social drivers of health, all have a role to play in identifying individuals at risk for suicide and referring them to appropriate assistance.

Goal 2:

Improve care transitions and coordination

Improve care transitions and coordination between healthcare systems and referral settings.

Objective

Provide learning opportunities for healthcare systems to support improvement of patient care transitions and coordination between systems in alignment with the Zero Suicide framework.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to improve care transitions and coordination:

1. Improve warm handoffs and prioritization of care coordination between care settings for populations at high-risk for suicide (e.g., by implementing caring contacts; reimbursing providers for care coordination services).
2. Improve notification between provider and payor of admission and discharge planning, as applicable.
3. Link people with elevated suicide risk to non-clinical supports and services to address other needs related to suicide risk and protective factors, such as housing and employment.

4. Utilize peer support specialists and patient advocates that reflect communities served in care coordination and follow-up.
5. Promote and support physical and behavioral health care integration.

Evidence-informed strategies

These evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Care transitions and coordination	■ Caring Contacts ■ National Alliance for Suicide Prevention: Best practices in care transitions for individuals with suicide risk The Joint Commission: Evidence-based resources for safety planning and follow up upon care discharge

> Care transitions, such as when a person is discharged to home and outpatient care after hospitalization, are particularly important in suicide prevention. Ensuring that services are coordinated among all providers involved in treatment promotes continuity of care and successful outcomes.

Goal 3:

Improve access to effective treatment and care

Expand access to high quality suicide prevention, treatment and care using Zero Suicide evidence-based approaches.

Objective

Provide learning opportunities for healthcare systems on evidence-based treatments and culturally competent approaches that will increase access to high quality suicide care in alignment with the Zero Suicide framework.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to improve access to effective treatment and care:

1. Increase the timely availability of evidence-informed crisis and rapid response services for those who urgently need them (e.g., people who are contemplating suicide).

2. Improve access to culturally competent and responsive approaches by increasing the number of providers from diverse backgrounds, languages and cultures.
3. Support healthcare and behavioral healthcare providers to incorporate evidence-based suicide care as outlined in the Zero Suicide framework.
4. Increase availability of clinicians skilled in evidence-based suicide treatment modalities (e.g., Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT)).
5. Increase access to telehealth resources, including access to broadband opportunities that support remote behavioral health services.
6. Develop strategies to increase awareness of insurance options available to Ohioans for mental health.
7. Provide mental health and wellness supports for clinicians and staff providing care.

Evidence-informed strategies

These evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Referrals to treatment services	■ 988 Suicide & Crisis Lifeline
Availability of treatment	■ Evidence-based therapeutic approaches such as: • Dynamic Deconstructive Psychotherapy • Collaborative Assessment and Management of Suicidality • Cognitive Behavioral Therapy for Suicide Prevention • Dialectic Behavior Therapy • Prolonged Grief Therapy • Telehealth services • Mental Health Insurance Assistance Office | Department of Insurance (ohio.gov)
Culturally competent workforce	■ Cultural competence training for health care professionals ■ Culturally adapted health care ■ Culturally and linguistically appropriate services* ■ Rural training in medical education

While there are several evidence-informed approaches to treating suicidal thoughts and behaviors, access to these approaches is limited by the number of people who are trained to deliver them. In addition, Ohio has taken steps to remove barriers to health care and help Ohioans get the services they need, such as expanding Medicaid, which has contributed to reductions in Ohio's unemployment rate, and utilizing telehealth during the COVID-19 pandemic. Ohio can build on this momentum to ensure every Ohioan is able to access care when they need it.

Goal 4:

Improve access to postvention services

Improve access to postvention services for individuals affected by suicide loss and attempts, to minimize the risk of future suicides.

Objective

Provide learning opportunities for community and healthcare systems on postvention strategies and programs in alignment with the Zero Suicide framework.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to increase suicide screening, risk assessment, safety planning, and referral:

1. Support the creation of suicide loss survivor support groups across the state to reach more loss survivors with quality care.
2. Offer evidence-informed education and training on grief associated with suicide loss.
3. Provide evidence-informed education on how to talk about suicide for professionals, such as healthcare providers, first responders, funeral directors, faith leaders, and loss survivors.
4. Utilize Managed Care Organizations (MCOs) care managers to provide support to loss survivors.
5. Establish consistent training expectations for volunteers with Suicide Survivors (L.O.S.S.) teams.
6. Provide resources and supports to faith communities across worship sectors that support the needs of family and friends after a suicide event.

Evidence-informed strategies

These evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Community knowledge and referrals to treatment	■ The National Alliance on Mental Illness Connect Program ■ Ohio Suicide Loss Survivors: A Resource Guide ■ Survivor of Suicide Loss Support Group Map ■ SAMHSA Treatment Finder
Postvention services and programs	■ Psychiatry High-risk program ■ TAPS Suicide Postvention model™ ■ Psychological First Aid ■ Wildflower Alliance peer support online trainings ■ https://suicideprevention.ohio.gov/for-communities/postvention/postvention

A postvention is an intervention conducted after a suicide, largely taking the form of support for people impacted by the death, including family, friends, professionals, and peers. Family and friends of the suicide victim may be at increased risk of suicide themselves.

Goal 5:

Healthcare payment and payor policies

Align healthcare payment and payor policies with evidence-informed practices .

Action steps to reduce suicide

Health insurers could align healthcare payment and incentives with evidence-informed practices to decrease the likelihood that source of payment determines access to care.

1. Investigate implementation of best practices and recommendations such as those found in Financing Suicide Prevention in Health Care Systems.
2. Encourage health plans to leverage their role as payors of healthcare services to engage in quality improvement initiatives aimed at improving screening, care transitions, and care coordination.

3. Identify opportunities for behavioral health and suicide prevention services reimbursement concurrent with physical health services in the same day.

How treatment and support services are paid for can either support or limit the ability of people in crisis to access an array of evidence-informed practices that promote healing and recovery. Payors can promote access to treatment by aligning with evidence-informed practices.

Goal 6:

Strengthen Ohio's Suicide Mortality Review Board process

Strengthen the adoption of Suicide Mortality Review Boards so that more communities have increased understanding of the local factors leading to deaths by suicide.

Objective

Develop a consistent process to support the development of Suicide Mortality Reviews in Ohio that incorporates Psychological Autopsy investigations.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to encourage standardized data collection and reporting:

1. Participate in coaching and mentoring opportunities to support the development and maintenance of Suicide Mortality Review committees.
2. Develop and disseminate educational resources and learnings related to Suicide Mortality Review committees in Ohio
3. Provide training to Coroner's on Suicide Mortality Review practices.

Suicide Fatality Review Committees have become a useful tool in understanding the factors that lead to suicide deaths in Ohio. Further adoption of these review boards across the state will allow more communities to understand risk and protective factors and prevent suicide deaths.

Strategic Priority 4: Data and evaluation

Build data and evaluation capacity among public and private partners at the state and local levels.

Using data and evidence to prevent suicide

On an issue as important as suicide prevention, a strong focus on what works is essential. Although there will always be a need to innovate new approaches and modify existing strategies, it is critical to rely on data and evidence to model effective means of prevention, treatment, and postvention. This includes:

- Providing guidance and education on implementing evidence-informed programs and services to fidelity

- Supporting partners around the state in monitoring local data and evaluating the impacts of programs and services

- Piloting and collecting data on new, promising approaches to reduce suicide

> Data constraints can inhibit the ability to measure the outcomes of prevention and clinical interventions. By building out data and evaluation capacity among public and private partners at the state and local levels, suicide prevention efforts across Ohio can have a stable foundation from which to improve measurement and evaluation of prevention efforts.

Goal 1:

Improve data collection and reporting

Improve the quality, timeliness, and use of suicide-related data.

Objective

Increase awareness and access to state and local-level suicide related data sources.

Action steps to reduce suicide

Partners can act on the following steps to improve data collection and reporting:

1. Inventory suicide-related data sources and owners to identify how data elements from each source can be used for planning efforts.
2. Create a landing page that links to publicly available databases that contain suicide-related data, such as the Behavioral Risk Factor Surveillance System, and Ohio Youth Surveys.
3. Increase public access to existing population-level suicide mortality and morbidity data, such as promotion of work completed through the Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes grant to utilize a public-facing dashboard.
4. Encourage collaboration among local partners, including coroner's offices, public health departments, suicide prevention coalitions, and others, to share and report local-level suicide-related data.
5. Expand the use of OHYES! for students grades 7–12 across school districts to provide data to inform local strategies.

> While many partners across the state collect data on suicide prevention efforts, how that data is aggregated and reported has not been fully standardized. By building upon current efforts to standardize how suicide-related data is compiled and reported, Ohio can offer greater transparency to improve outcomes.

Goal 2:

Increase data collection related to risk and protective factors

Increase understanding and applications for using data related to risk and protective factors.

Objective

Create learning opportunities and dissemination strategies for local communities on how to use risk and protective factor tools and data for planning and evaluation of suicide prevention efforts.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to increase data collection related to risk and protective factors:

1. Survey which risk and protective factor measurement tools are being used by health and behavioral healthcare providers.
2. Share survey results publicly and foster connections between partners in learning communities with a goal of sharing best practices across the state.
3. Develop training on the measurement tools that are most often used or have evidence of effectiveness, either across population groups or with populations at high risk for suicide.
4. Assess standards for measurement tools for suicide risk and protective factors that have been validated and tested for use within the population(s) involved.

> Many providers utilize risk assessment tools to collect data on risk and protective factors for suicide. Creating a standardized list of evidence-informed tools for providers to use will allow suicide risk and protective factors to be measured with more accuracy and reliability.

Goal 3:

Support increased quality improvement

Expand the use of data for supporting continuous quality improvement and implementation of suicide prevention interventions.

Objective

Identify organizations that utilize a Continuous Quality Improvement (CQI) process, such as the Plan-Do-Study-Act cycle, to lead learning communities and build a culture of CQI across suicide prevention partners.

Action steps to reduce suicide

Partners across Ohio can act on the following steps to utilize data for CQI:

1. Encourage partners across the state to utilize data for CQI processes.
2. Partner with organizations, such as the Veteran's Administration, that work with and collect data on groups most at risk of suicide, to improve suicide prevention efforts for these groups.

> Entities around Ohio have analyzed state and local suicide data to better identify individuals at risk of suicide and improve implementation of prevention strategies. Ohio can build on this momentum by standardizing the use of collected data to develop future interventions and outreach strategies aimed at preventing suicide.

Appendices

📎 **Appendix A**

2024-2026 Suicide Prevention Plan for Ohio Advisory Team
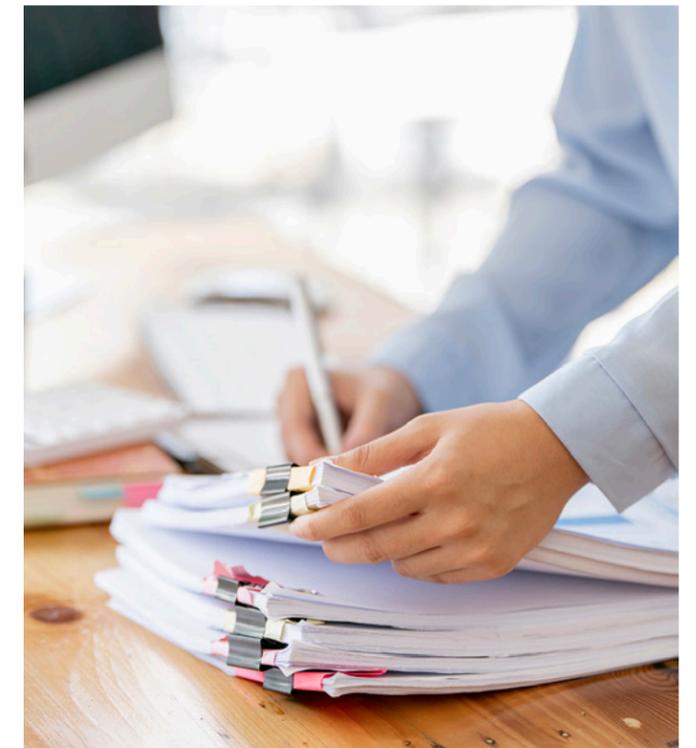
Advisory Team members

John Ackerman .... Nationwide Children's Hospital

Daniel Bennett .... Greenleaf Family Center/ Lifeside Ohio

Gretchen Blazer .... Ohio Association of Health Plans

Bobbie Boyer .... OhioMHAS

Tiffany Boykins .... Ohio Department of Health

Tara Consolino .... VA VISN 10

Meredith Craig .... Ohio Chamber of Commerce

Thom Craig .... Peg's Foundation

Julie DiRossi-King .... Ohio Association of Community Health Centers

Danny Eakins .... Department of Veterans Services

Stacey Frohnapfel-Hasson .... OhioMHAS

Tusheena Garg .... Equitas Health

Laurie Grecko .... AmeriHealth Caritas

Liz Henrich .... OACBHA

Soley Hernandez .... Ohio Council

Christina Kalnicki .... OhioRise/Aetna

Stacy Keenan .... Ohio Children's Alliance

Teresa Lampl .... Ohio Council

Valerie Leach .... OhioMHAS

Laura Lewis .... OSU Suicide Prevention Program

Lynne Lyon .... Ohio Department of Medicaid

Kara Manchester .... ODH

Denise Meine-Graham .... Postvention Contractor (OSPF)

Tia Moretti .... Lighthouse Behavioral Health Solutions

Sara Morman .... Ohio Department of Health

Sarah Music .... Ohio Department of Education

Claire Oswald .... OhioRise/Aetna

Josephine Ridley .... VA Northeast Ohio Health Care

Luke Russell .... NAMI Ohio

Pam Sanborn .... CareSource

Michelle Sayer .... CareSource

Aimee Shadwick .... Recovery Ohio

Sam Shaffer .... Integrated Services for Behavioral Health

Brooke Sims .... Ohio Association of Community Health Centers

Jonas Thom .... Beechlands Group / OSPF Consultant

Dana Vallangeon .... Ohio Association of Community Health Centers

Michelle Vargas .... Franklin County Suicide Prevention Coalition

Angela Weaver .... Ohio Association of Health Plans

Andy White .... Ohio Hospital Association

Jewel Woods .... Male Behavioral Health & Center for Men and Boys

**Don Wright** .... Clarigent Health

📎 Appendix B

Ohio Suicide Data

With nearly one-third of adults in Ohio affected by symptoms of anxiety or depression, and five people dying by suicide every day, now is the time for action.[xii] Ohio is dedicated to becoming a leader in suicide prevention. Committed stakeholders from across the state are ready to join efforts to prevent suicide—to combat stigma, improve help-seeking, and save lives.

In Ohio, approximately five people a day—family, neighbors, friends, and loved ones—die by suicide.[xiii] Ohioans may experience stress, mental illness, and/or thoughts of suicide, but often, these issues are not recognized in time for a life to be saved. Suicide is a public health issue that requires solutions that are rooted in evidence to increase protection of and care for those who are struggling with suicidal thoughts.

The suicide rate has increased over the past decade, both nationally and in Ohio. According to the Ohio Department of Health, the rate of suicide deaths increased 20% between 2011 and 2021[xiv], with likely higher rates in 2022, as displayed in figure X. Suicide was the twelfth leading cause of death in the state in 2021, and the second leading cause of death among young Ohioans, ages 10-34.[xv]

Figure 3. **Suicide death rate per 100,000 population, Ohio, 2011-2022**
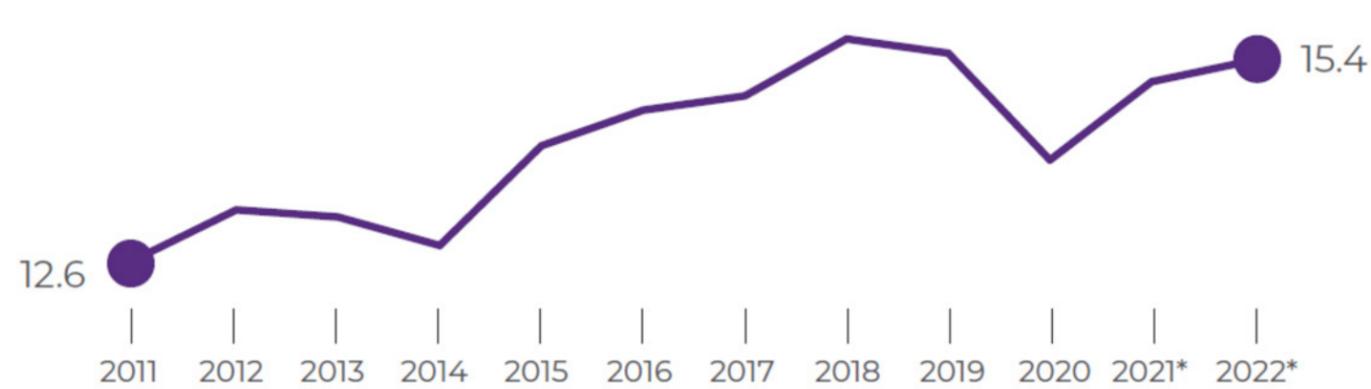
Source: Ohio Public Health Data Warehouse, accessed June 6, 2023
** Years are incomplete and subject to change*

Most people who die by suicide use firearms. In 2021, 56% of suicide deaths in Ohio used firearms, 25% were the result of suffocation (e.g., hanging), and 9% were the result of drug poisoning.[xvi]

Which groups are most affected by suicide in Ohio?

The following groups experience disproportionately high rates of suicide in Ohio. It is important to monitor, both at state and local levels, which groups are experiencing the worst outcomes, and where change is happening in suicide-related outcomes over time.

- **Ohioans living in rural and Appalachian regions:** Of the 15 Ohio counties with the highest suicide rates between 2017-2021, nine were Appalachian and five were rural, non-Appalachian, as displayed in figure 4.[xvii]

- **Males:** More than 80% of suicide deaths in Ohio were among males in 2021.[xviii]

- **Young adults:** Ohioans between the ages of 25 and 34 had the highest rate of suicide in 2021, with Ohioans ages 35-44 experiencing the second-highest rate. [xix]

- **Veterans:** Nationally, the suicide rate for veterans was more than two times higher than the rate for non-veteran adults in 2020.[xx]

- **LGBTQ+ Ohioans:** Lesbian, gay, and bisexual youth in Ohio are 4.8 times more likely to consider suicide and 4.3 times more likely to attempt suicide than their heterosexual peers.[xxi] Nationally, 1 in 5 transgender and nonbinary youth reported attempting suicide in the past year in 2022.[xxii]

- **Ohioans with disabilities:** In 2021, a national survey found that people with disabilities were three times more likely to report suicidal ideation compared to people without disabilities.[xxiii]

Figure 4. **Suicide death rate by Ohio county, 2017-2021**
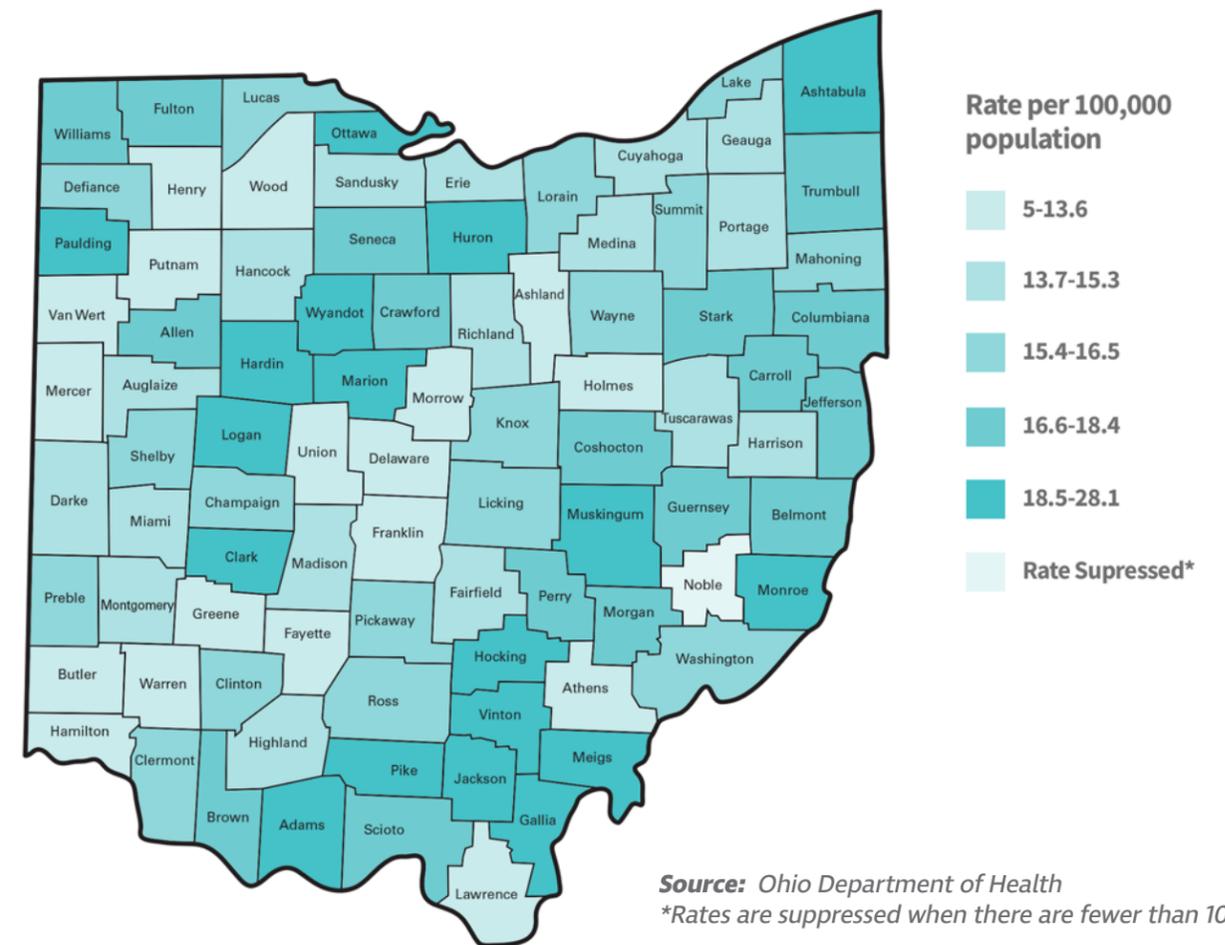
Source: Ohio Department of Health
*Rates are suppressed when there are fewer than 10 deaths

Ohioans of color

In addition to the groups on the previous page, Ohioans of color have seen growing rates of suicide deaths over the last decade.[xxiv] There was a 61% increase in suicide deaths among Hispanic Ohioans, 40% increase among Black Ohioans, and 29% increase among Asian or Pacific Islander Ohioans from 2011-2021, as shown in figure 5.

Figure 5. **Suicide death rate by race and ethnicity, Ohio, 2011-2021**
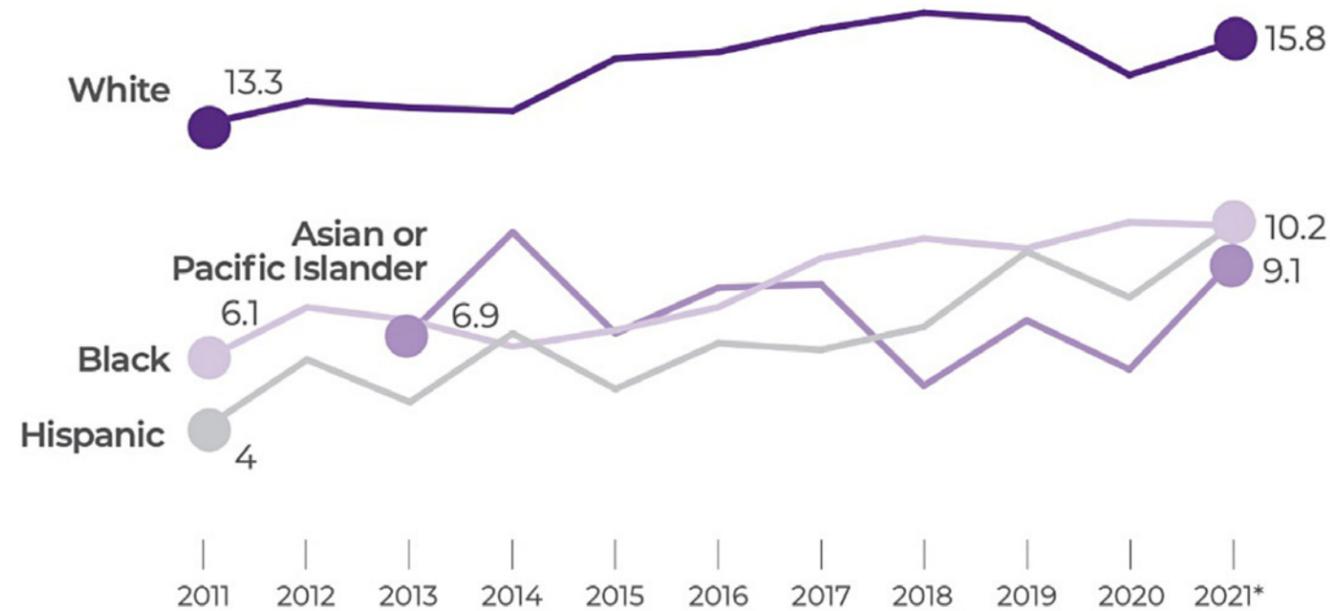
Source: Ohio Public Health Data Warehouse, accessed May 12, 2023
* Years are incomplete and subject to change
Note: Rates are suppressed when there are fewer than 10 deaths

Other Ohioans at risk of suicide

There are other groups, such as individuals experiencing homelessness and people working in specific industries and occupations, like mining and construction, that data suggests are at increased risk of suicide. It is important to increase and standardize data collection to identify the populations most at risk of suicide (visit page 5 for specific recommendations). This is especially important at the local level, as populations most at risk of suicide may vary in communities across the state.

📎 **Appendix C**

Risk and Protective Factors

What factors contribute to and protect against suicide?

Everyone can do their part to prevent suicide by taking the time to learn warning signs and risk factors of suicide. Be especially mindful if any of the warning signs are new, have increased, or seem to be the result of a loss, change, or event. If you recognize any of these signs for yourself or with someone else, please call or text the Suicide and Crisis Lifeline at 988.

Risk factors are conditions that increase a person's likelihood of dying by suicide. Protective factors can buffer people from the stress and trauma response caused by risk factors and help prevent suicide. All Ohioans can help build protective factors:

Protective factors for suicide include[xxv]:

- Strong coping and problem-solving skills
- Sense of cultural identity and belonging
- Support from family, friends, and community
- Connections to others
- Access to high-quality health care
- Reduced access to lethal means

Risk factors for suicide include[xxvi]:

- Mental health issues, including mood, anxiety, and some personality disorders
- Alcohol and substance use issues
- Feelings of hopelessness
- Tendency toward impulsive or aggressive behavior
- History of trauma or abuse
- Major physical illness
- Previous suicide attempt(s)
- Family history of suicide
- Suicide exposure either in real-life or on social media
- Job loss or financial catastrophe
- Access to lethal means
- Local cluster of suicides
- Feeling isolated and/or lacking social support
- Fear of stigma in asking for help
- Shortage of healthcare services, especially mental health, and substance use treatment
- Cultural or religious background and beliefs

Warning signs for suicide include[xxvii]:

- Talks about killing themselves or wanting to die even in a "joking" way
- Investigates how to die by suicide and looks into ways to kill themselves, such as purchasing a gun
- Mentions feeling hopeless or not having a good reason to live
- Expresses feelings of pain or being trapped
- Says they are a burden to other people
- Uses or increases their use of drugs or alcohol
- Behaves recklessly or takes unnecessary risks
- Seems agitated or anxious
- Sleeps a lot or not at all
- Withdraws from people and activities
- Demonstrates rage or speaks of revenge
- Experiences extreme mood swings

📎 Appendix D

How to talk about suicide

Talking about suicide does not cause suicide, yet many people have never been taught how to talk about suicide or mental health in ways that are supportive. Talking about suicide and mental health directly, respectfully, non-judgmentally, and compassionately goes a long way toward offering hope and healing. Below are some tips, best practices, and additional resources for talking about suicide. Figure 6 includes an overview of these tips and best practices.

Stop the stigma: Dos and Don'ts

- **DO** call or text the Suicide and Crisis Lifeline at 988 if you or someone you know is in crisis.

- **DO** tell stories of how others were supported during a crisis.

- **DO** offer support when talking about suicide.

- **DON'T** share graphic or shocking details about suicide. Stick to non-sensational facts.

- **DON'T** depict suicide methods or locations. Keep the information general.

- **DON'T** describe suicide as selfish, cowardly, or sinful, as it is none of these things.

Figure 6. **How to talk about suicide**

Say this	Instead of this
Died by suicide	Committed/completed suicide
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt
Person living with suicidal thoughts or behavior	Suicide ideator or attempter
Working with someone in crisis	Dealing with suicidal crisis

Source: "Changing How We View Suicide Prevention," Suicide Prevention Alliance

While these are best practices, people should also be given the space to make mistakes in their language and to talk about their experiences either as a person living with suicidal thoughts or behaviors and/or a person bereaved by suicide loss.

For more information about how to talk about suicide and mental health, visit the following resources:

How to Talk to Someone About Suicide, Ohio Suicide Prevention Foundation

Changing How We View Suicide Prevention: Suicide Language, Suicide Prevention Alliance

Language Matters: Talking About Suicide, Texas Health and Human Services

📎 Appendix E

Glossary

Disparities:
Avoidable differences in health outcomes (such as suicide attempts) that exist across population groups or communities.

Equity:
When all Ohioans have the opportunity to achieve their full potential.

Gatekeepers:
Individuals in the community who come into frequent contact with people who may be at-risk for suicide. Gatekeepers can benefit from receiving suicide prevention training on suicide risk identification, navigating a conversation about suicide, and referral to appropriate mental health professionals.

Inequities:
The underlying drivers of disparities. Differences in outcomes related to the distribution of or access to social, economic, environmental or healthcare resources, such as health insurance; healthy foods; a job that pays a self-sufficient income; adequate, stable housing; and quality education.

Learning communities:
A space for people, groups, and organizations to align best practices, share results, and learn from each other to improve outcomes.

Lethal means of suicide:
Methods used in suicides, such as firearms, medications, access to rooftops, and bodies of water.

Postvention:
Interventions implemented after a suicide death or attempt for survivors, community members, caregivers, and healthcare providers to assist with recovery and minimize the risk of future suicides.

Suicide Survivors:
Individuals who have experienced the loss of a loved one due to suicide.

References

[1] Data from the Household Pulse Survey, 2020-2023, as compiled by Kaiser Family Foundation. "Adults Reporting Symptoms of Anxiety or Depressive Disorder During COVID-19 Pandemic." KFF. Accessed June 13, 2023.; Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report. https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-covid-19-pandemic/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D "Suicide Demographics and Trends, Ohio, 2021." Ohio Department of Health, 2023. Accessed June 13, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[2] Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[3] Data from the Ohio Department of Health. "Public Health Data Warehouse." Accessed June 13, 2023. https://publicapps.odh.ohio.gov/EDW/DataCatalog

[4] Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[5] Ibid.

[6] Ibid.

[7] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. "2022 National Veteran Suicide Prevention Annual Report," September 2022. https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf.

[8] Health Policy Institute of Ohio. "2023 Health Value Dashboard," April 2023.

[9] Data from the 2022 National Survey on LGBTQ Youth Mental Health. "2022 National Survey on LGBTQ Youth Mental Health." The Trevor Project. Accessed May 26, 2023. https://www.thetrevorproject.org/survey-2022/

[10] Czeisler, Mark, Amy Board, JoAnn Thierry, Charles Czeisler, Shantha Rajaratnam, Mark Howard, and Kristie Clarke. "Mental Health and Substance Use Among Adults with Disabilities During the COVID-19 Pandemic - United States, February-March 2021." Morbidity and Mortality Weekly Report 70, no. 34 (2021). doi:10.15585/mmwr.mm7034a3

[11] Data from the Ohio Department of Health. "Public Health Data Warehouse." Accessed June 13, 2023. https://publicapps.odh.ohio.gov/EDW/DataCatalog

[xii] Data from the Household Pulse Survey, 2020-2023, as compiled by Kaiser Family Foundation. "Adults Reporting Symptoms of Anxiety or Depressive Disorder During COVID-19 Pandemic." KFF. Accessed June 13, 2023.; Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report. https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-covid-19-pandemic/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D Suicide Demographics and Trends, Ohio, 2021." Ohio Department of Health, 2023. Accessed June 13, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[xiii] Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[xiv] Data from the Ohio Department of Health. "Public Health Data Warehouse." Accessed June 13, 2023. https://publicapps.odh.ohio.gov/EDW/DataCatalog

[xv] Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[xvi] Data from the Ohio Department of Health. "Public Health Data Warehouse." Accessed June 13, 2023. https://publicapps.odh.ohio.gov/EDW/DataCatalog

[xvii] Suicide Demographics and Trends, Ohio, 2021. Ohio Department of Health, 2023. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report.

[xviii] Ibid.

[xix] Ibid.

[xx] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. "2022 National Veteran Suicide Prevention Annual Report," September 2022. https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf.

[xxi] Health Policy Institute of Ohio. "2023 Health Value Dashboard," April 2023.

[xxii] Data from the 2022 National Survey on LGBTQ Youth Mental Health. "2022 National Survey on LGBTQ Youth Mental Health." The Trevor Project. Accessed May 26, 2023. https://www.thetrevorproject.org/survey-2022/

[xxiii] Czeisler, Mark, Amy Board, JoAnn Thierry, Charles Czeisler, Shantha Rajaratnam, Mark Howard, and Kristie Clarke. "Mental Health and Substance Use Among Adults with Disabilities During the COVID-19 Pandemic - United States, February-March 2021." Morbidity and Mortality Weekly Report 70, no. 34 (2021). doi:10.15585/mmwr.mm7034a3

[xxiv] Data from the Ohio Department of Health. "Public Health Data Warehouse." Accessed June 13, 2023. https://publicapps.odh.ohio.gov/EDW/DataCatalog

[xxv] Information adapted from the Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. "Risk and Protective Factors." U.S. Department of Health & Human Services, November 2, 2022. Accessed May 18, 2023. https://www.cdc.gov/suicide/factors/index.html.

[xxvi] Ibid

[xxvii] Information adapted from the National Suicide Prevention Lifeline. Accessed May 18, 2023.

988 SUICIDE & CRISIS LIFELINE

If you or someone you know needs support now, call or text 988 or chat 988lifeline.org

THE SUICIDE PREVENTION PLAN

for

OHIO

2024 - 2026

OHIO'S VOICE FOR SUICIDE PREVENTION

OSPF
Ohio Suicide Prevention Foundation
OhioSPF.org

175 S. 3rd St., Suite 700
Columbus OH 43215
614-429-1528

Ohio RecoveryOhio