

Delaware Suicide Prevention Coalition

Hope. Awareness. Change.

2019-2022 DELAWARE COUNTY SUICIDE REPORT



Delaware Public
Health District
Dedicated to your health



Delaware-Morrow
Mental Health & Recovery Services Board
Health. Healing. Hope.

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I. INTRODUCTION



The Delaware County Suicide Prevention Coalition has commissioned this report for residents, local leaders, and community agencies. The goal of this report is to provide an overview of suicide deaths as well as identify areas of greatest need and inform prevention strategies.



1-800-684-2324, 211
or text HelpLine to
898211

Suicide is the second leading cause of death for individuals aged 10-14 and 20-34 in the United States, with some populations being disproportionately impacted.



740-695-7795

The Delaware County Suicide Prevention Coalition is a collaboration of residents, community agencies, schools, local businesses, and law enforcement dedicated to the mental health and wellness of our community. The coalition strives to increase awareness of suicide as a public health problem that can be prevented. The ultimate goal of the coalition is to reduce the stigma associated with suicide in order to increase each person's ability to seek help and prevent further loss of life.



740-203-3800

This report was created to inform and guide the coalition's prevention efforts and also serves as a resource for local data. When creating reports and sharing data on topics that can be sensitive, there is reporting responsibility that must be taken into consideration to avoid any public misunderstandings or suicide contagion. Suicide deaths can lead to a contagion in which exposure to suicide-related information or a suicide death may increase risk among vulnerable individuals. For safe messaging guidelines visit www.suicidepreventionmessaging.org.



740-428-0428

If you or a loved one is in need of help, local and state mental health resources are listed on this page and at the end of the report.

Ryan's Story

After an accident left him partially paralyzed, Ryan was forced to adjust to a new reality and was not sure what his new future would look like. This was a difficult time for him and Ryan began struggling with his mental health. Below are some of his words about his experience.

What got you through this time in your life?

Suicide is a firm decision. Being in a place where I was considering it, I wanted to be sure. I figured if it was bad enough right then for me to consider suicide, it couldn't get much worse. So I decided to explore existence one more time. A friend told me once that no problem in life is as unique as you think. Likely someone else has had a similar problem and they've probably written about it in a book. One book that really opened my eyes to facing adversity was *Man's Search for Meaning* by Victor Frankl. Things haven't always been this bad, so the possibility of good exists. I remember experiencing times when things were good, even if for brief moments. So if I know that's possible and I know that nothing is constant because those times went away, then I figured that bad times cannot stay constant. There has to be more good in the future and I must live to see the day. Who knows what could happen?

What mental health services have been helpful?

I see a therapist every week and it has been hugely beneficial in my ability to process my feelings in a safe, non-judgmental environment. I also use the Calm app from time to time for meditation. Of course seeing a mental health professional is likely the most impactful option, but I realize it isn't accessible to everyone. There are plenty of resources on YouTube and available through local agencies at no cost that are helpful. My "unofficial resources" have been books and nutrition. It's not easy to focus on both mind and body while you are deeply sad, but they seem to impact each other significantly. Eating better allows me to focus on my mind by easing the burden on my body.

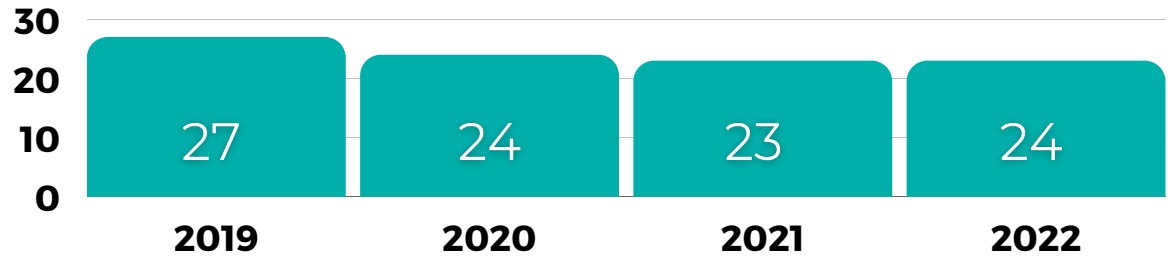
What advice would you give someone in a similar circumstance?

Explore. There is no one size fits all approach. You have to explore what works for you, but be willing to explore! Never give up! You never know what great surprises are in your future. Learn or re-learn what it feels like to love yourself. Live authentically.

II. DELAWARE COUNTY SUICIDE DATA (2019-2022)

These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

98
TOTAL
DEATHS



84%
Men

16%
Women

AGE RANGE
14-87 YEARS

Median Age:
43

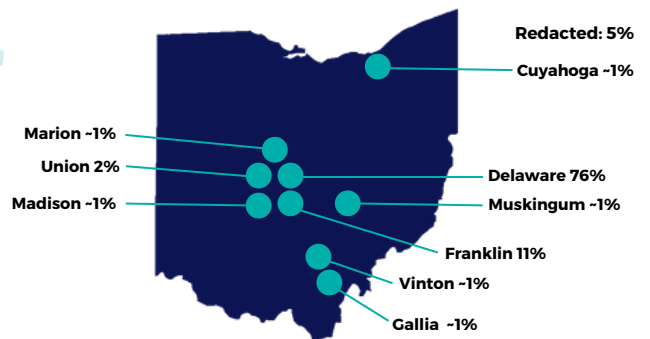
RACE

White:
87%
Black:
7%
**Asian/
Pacific Islander:**
5%
Unknown:
1%

EDUCATION ATTAINMENT

1 8th grade or less
8 9-12 Grade, No diploma
37 High School graduate, GED
19 Some college, no degree
5 Associate's Degree
16 Bachelor's Degree
9 Master's Degree
3 Professional/Doctorate Degree

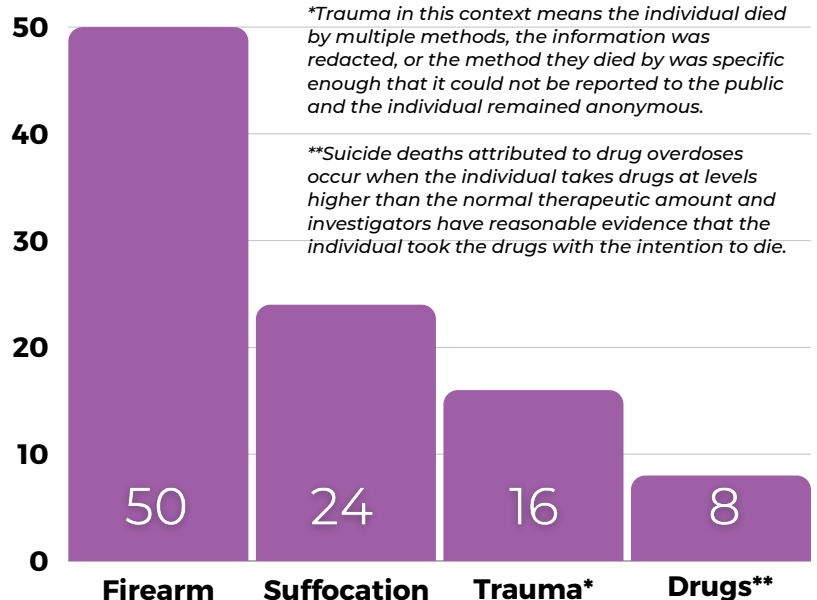
COUNTY OF DEATH



MARITAL STATUS 44 Married | 39 Never married | 13 Divorced | 2 Widowed

METHOD OF DEATH

- The two most common methods of suicide deaths were by firearm and suffocation, with firearms contributing to over half of the suicide deaths.
- 46/50 firearm deaths were men.
- Those who have or are serving in the armed forces are at a higher risk of dying by suicide. In Delaware County, 13 individuals who died between 2019-2022 had served in the armed forces. 11 out of 13 of those individuals died using a firearm.



III. RISK FACTORS AND COUNTY PREVALENCE

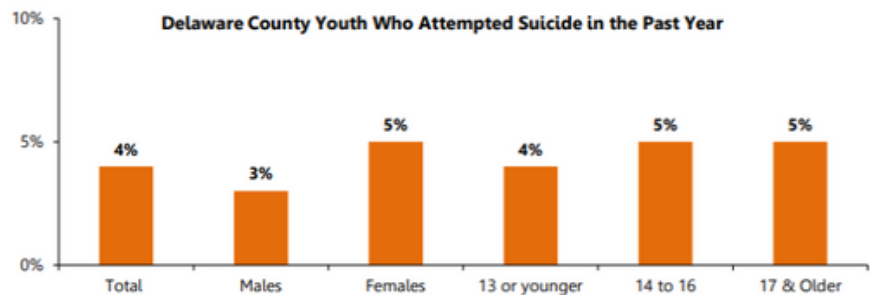
Suicide is not caused by just one single event or risk factor. Suicide is complex and there is a wide range of factors that can increase the risk of someone attempting suicide. These factors range from specific individual factors to broader societal factors. The following data provides a snapshot of the prevalence of some risk factors within the county. There are protective factors that can help decrease the likelihood of suicide occurring. To learn more about protective factors visit www.cdc.gov/suicide/factors. The data provided below was self-reported in 2021 by county residents who answered the 2022 Community Health Assessment and the 2019 Youth Risk Behavior Survey. The full assessment is available at www.delawarehealth.org.

Individual Risk Factors for Suicide

Previous Suicide Attempts:

Having attempted suicide previously increases the risk of an individual attempting suicide again.

- 11% of Delaware County youth aged 12-17 reported that they seriously considered attempting suicide in the past year. This is a total of 3,449 youth that seriously considered attempting suicide.
- 4% of Delaware county youth had attempted suicide previously.
- 2% had multiple attempts.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

History of Depression and Other Mental Illness:

Individuals who have a history of depression or other mental illnesses are at an increased risk of dying by suicide, especially if they do not have access to treatment.

- 19% of adults in Delaware County reported they had been diagnosed or treated for a mental health condition. This number increases to 32% when looking at just those under 30 years.
- 17% of adults reported using programs or services to help them with depression, anxiety, or other emotional problems for themselves or a loved one.

Citation:

Delaware Public Health District. (2022). 2022 Delaware County Community Health Assessment.

Delaware Public Health District. (2020). Delaware County Youth Risk Behavior Survey 2019-2020.

Substance Use:

Substance use, especially at early ages before the brain is fully developed, can create behavior that mimics the signs of mental illness, can worsen a pre-existing condition, or trigger the onset of an episode of a mental health condition. More importantly, substances are often used to “mask” or manage an underlying issue or self-medicate feelings of emotional pain, distress, or anxiety. While substance use may not be causal, it can contribute to the frequency of high-risk events associated with depression, for example, and may increase suicide risk.

Youth

- 4% of Delaware County youth reported using marijuana in the past month, and this statistic increases to 12% for those 17 years old or older.
- Of those who are current marijuana users, 59% reported drinking alcohol in the past month.
- Of those who are current marijuana users, 50% reported feeling sad or hopeless every day for two or more weeks.
- 3% of youth have taken prescription medication without a doctor's prescription or differently than prescribed.

Behaviors of Delaware County Youth
Current Marijuana Use vs. Non-Current Marijuana Use
There is a correlation between marijuana use and other risky behaviors*

Youth Behavior	Current Marijuana User (4% of total population)	Non-Current Marijuana User
Drank alcohol (in the past month)	59%	6%
Bullied (in the past year)	51%	36%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	50%	22%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	45%	13%
Were in a physical fight (in the past year)	34%	14%
Seriously considered attempting suicide (in the past year)	33%	10%
Misused prescription medications (in the past month)	20%	3%
Have smoked cigarettes (in the past month)	18%	1%
Attempted suicide (in the past year)	17%	4%

*The table indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 20% of marijuana users misused prescription medications in the past month, compared to 3% of non-marijuana users.

Current marijuana use indicates youth who self-reported using marijuana at any time during the past month. Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adults

- 9% of Delaware County adults used recreational marijuana in the past month; this statistic increases to 24% when looking at those under the age of 30.
- 1% of adults have used prescription medication that was not prescribed for them.
- 5% of adults in Delaware County have been told or are concerned that they have a problem with drinking.

Relationship Risk Factors for Suicide

Bullying:

Bullying of any kind can affect someone's self-esteem and can cause feelings of rejection, isolation, and low self-esteem, all of which may contribute to mental health issues.

Child

- 34% of Delaware County adults reported their child was bullied in the past year.
- Of these children who were bullied:
 - 27% were verbally bullied
 - 8% were physically bullied
 - 3% were electronically bullied

Youth

- 36% of Delaware County youth reported they were bullied in the past year.
- Of the youth who were bullied:
 - 26% were verbally bullied
 - 10% were cyberbullied
 - 6% were physically bullied
 - 2% were sexually bullied

Behaviors of Delaware County Youth

Bullied vs. Non-Bullied

*There is a correlation between being bullied and other risky behaviors**

Youth Behaviors	Bullied (36% of total population)	Non-Bullied
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	40%	14%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	23%	8%
Seriously considered attempting suicide (in the past year)	21%	5%

Loss of Relationships:

Having a close community with healthy relationships contributes positively to feeling included, feelings of anxiety, and self-esteem. The opposite is true when someone experiences a loss of relationships, no matter the type of relationship or age of individual.

- 50% of Delaware County adults reported losing a family member or a close friend in the past 12 months.
- 22% of youth reported losing a family member or a close friend in the last 12 months.
- 13% of youth reported experiencing a breakup in the last 12 months.

Community Risk Factors for Suicide

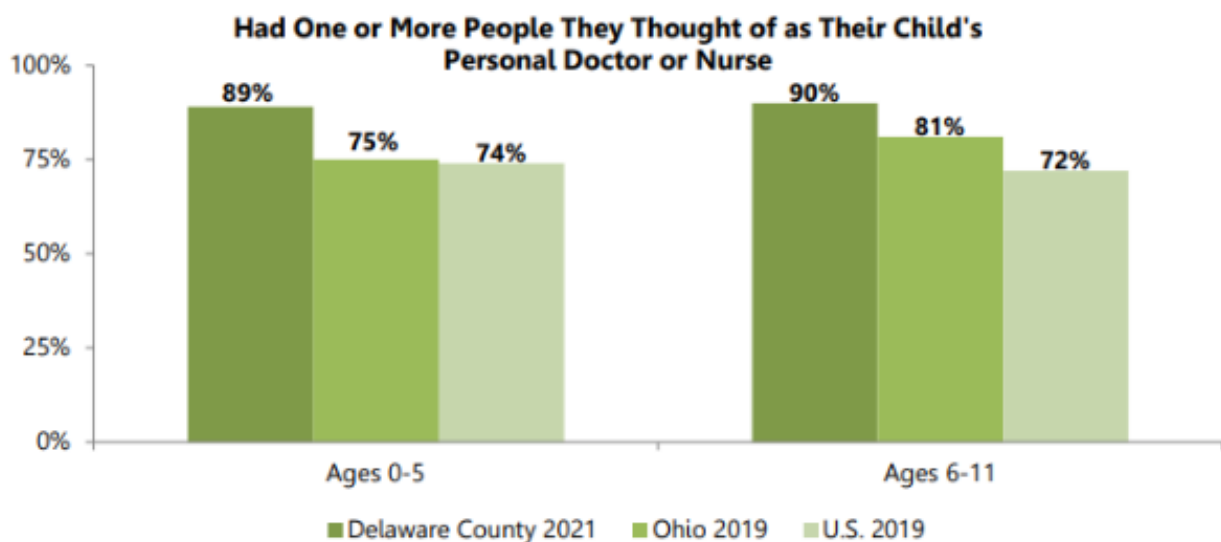
Lack of Access to Healthcare:

When someone is struggling with mental health issues or needs services, not having access to those services is a huge hurdle.

- 9% of children received treatment or counseling from a mental health professional in the past year.
- 6% of adult respondents reported their child did not receive all the medical care they needed in the past year. They reported not receiving care for the following reasons:
 - 48% said it cost too much
 - 15% said the doctor did not know how to treat or provide care
 - 10% had unreliable or lack of childcare
 - 7% could not find a doctor who accepted the child's health insurance.

Child Health Care Access

Eighty-nine percent (89%) of parents reported they had one or more people they thought of as their child's personal doctor or nurse.



Societal Risk Factors for Suicide

Stigma Associated with Help-Seeking and Mental Illness:

Individuals may not reach out for help if they think they will be judged for accessing mental health resources, leaving any mental health issues they may be experiencing untreated, thus increasing the risk of attempting suicide.

Adults:

- 17% of adults have used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.
- Of those who did not use a program, 26% said it was because they felt embarrassed or ashamed of seeking mental health services.

Youth:

- 50% of youth said they would seek help.
- 6% of youth said they were already in mental health treatment.
- 29% of youth said they can handle their mental health issues on their own.
- 24% said they would not seek mental health services because of what others might think.

Access to Lethal Means:

- 4% of Delaware County youth reported they had carried a weapon such as a gun, knife, or club, in the past month.
- 36% of Delaware County adults reported they kept a firearm in or around their home, and 5% of these adults said they kept their firearm unlocked and loaded.

"Firearm safety is important to understand whether you are a gun owner or not. As a gun owner, the most effective way to prevent suicide is to properly store your firearms restricting access from others. Safe storage can be the difference between life and death by giving a person a chance to reach out for help."

***- Joe King, Range and Training Manager
Black Wing Shooting Center***

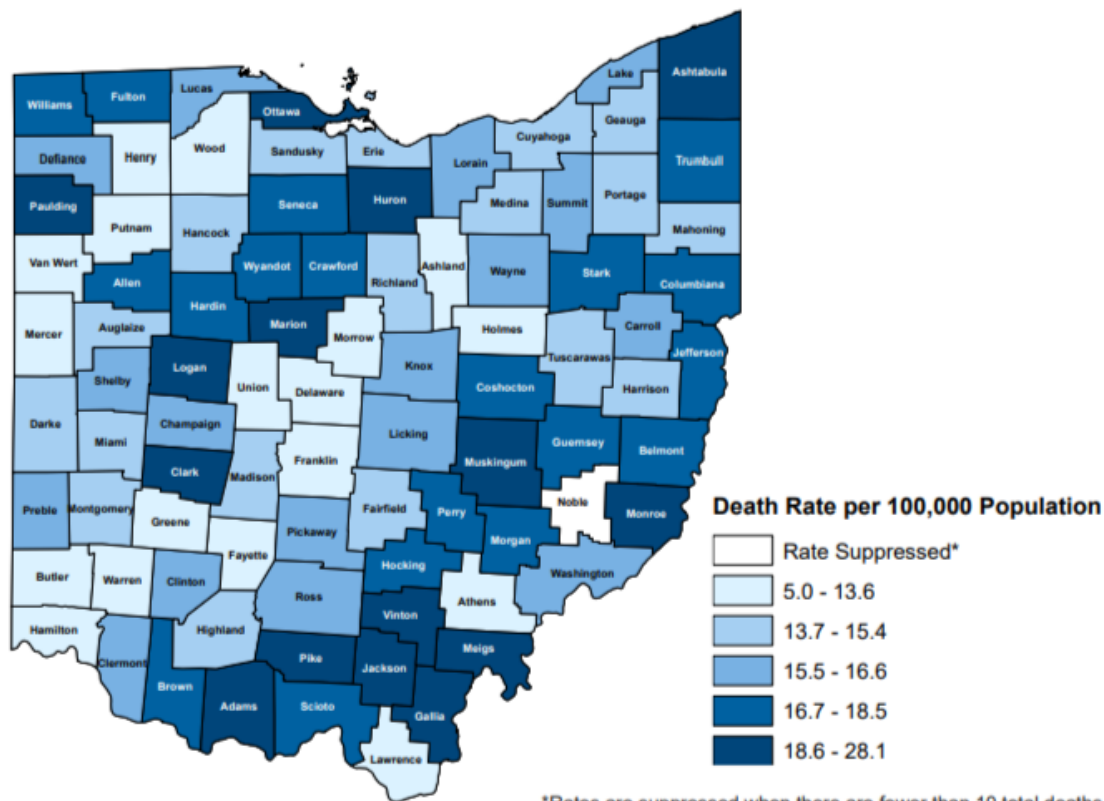
IV. STATE SUICIDE DATA

Information for this section comes from the Ohio Department of Health, Violence and Injury Prevention Program.

Average Age-Adjusted Rate of Suicide Deaths by County, Ohio, 2017-2021

**The rate below details the number of suicide deaths in Ohio per 100,000 people.*

Ex. Per 100,000 people 11 Delaware County residents died by suicide in 2021.



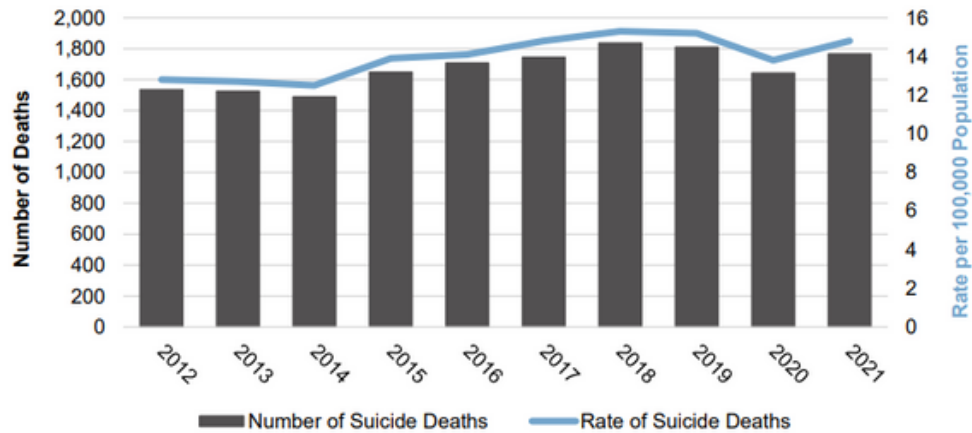
Explanation of Map:

- Delaware County had an age-adjusted suicide death rate of 11.0 per 100,000 people from 2017-2021.
- Union County has a similar age-adjusted rate of 11.3 per 100,000 people.
- Franklin County had a rate of 12.1 suicide deaths per 100,000 people.

Citation:

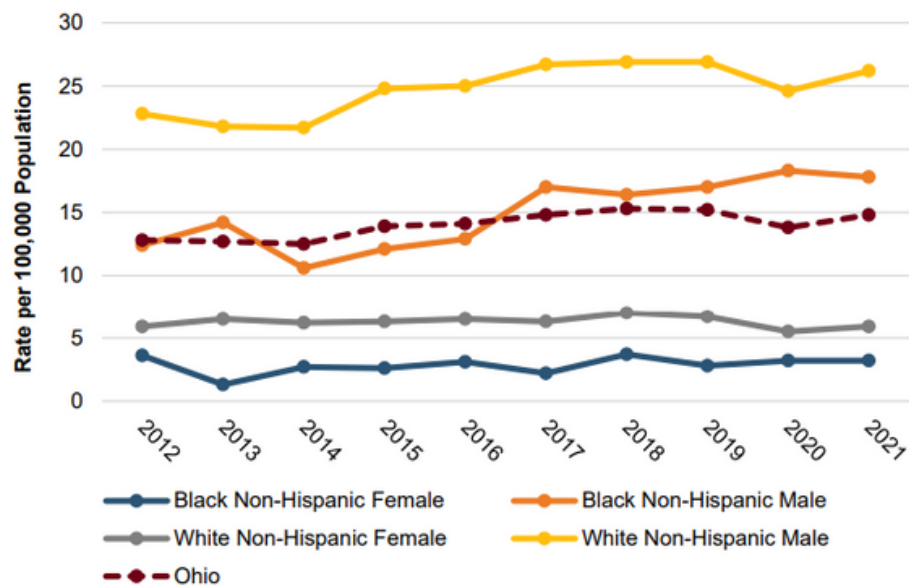
ODH Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Epidemiology and Surveillance Section. Analysis includes Ohio residents with any of the following ICD-10 codes as the underlying cause of death: X60-X84, Y87.0, *U03. County data are based on county of residence.

Figure 1. Number and Age-Adjusted Rate of Suicide Deaths by Year, Ohio, 2012-2021



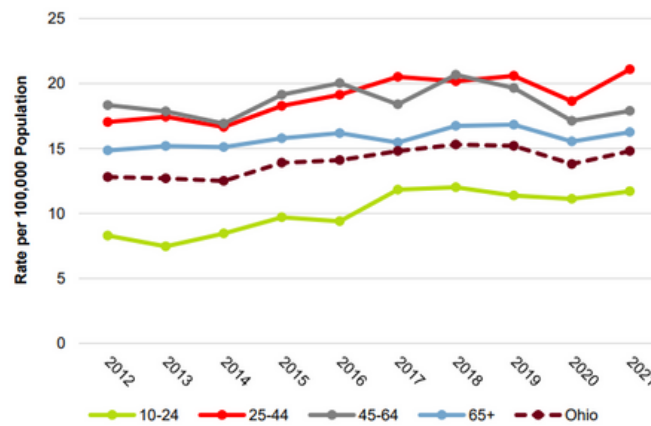
- From 2014 to 2018, the rate of suicide deaths slightly increased each year. Then there was a decrease in the rate of suicide deaths from 2018 to 2020. In 2021, the rate began to increase again.

Figure 3. Age-Adjusted Rate of Suicide Deaths by Race/Ethnicity and Sex, Ohio, 2012-2021



- The demographic that had the most significant increase in suicide rate in 2021 was White Non-Hispanic males.
- This group also has had the highest rate of suicide since 2012, significantly higher than the state average.
- Black Non-Hispanic females have had the lowest rates of suicide since 2012, with the lowest rate of suicide among this demographic occurring in 2013.

Figure 4. Rate of Suicide Deaths by Age Group and Year, Ohio, 2012-2021



- The 25-44 age group had the highest rate of suicide and has had the highest rate of suicide since 2019.
- The 45-64 age group had the second highest rate of suicide.
- Older adults 65+ years old continue to have a suicide death rate higher than the State of Ohio rate.
- It is also worth noting that the 10-24 age group, even though it has had the historically lowest suicide death rate since 2012, there was a sharp increase in rate from 2016 to 2017 which has remained consistently higher than the previous 10 years.

Disparities in Suicide

Some groups experience more negative conditions or factors related to suicide. Highlighted below are Veterans and LGBTQ+ youth.

Veterans

- Nationally, from 2001 to 2020, the rate of suicide for Veterans exceeded that of non-Veteran adults. In 2020, the rate for Veterans was 57.3% higher.
- In 2020, suicide was the second leading cause of death among U.S. Veterans under age 45.
- In 2020, firearms were the primary method used in 76% of Ohio Veteran suicides.

LGBTQ+ Youth

- In 2022, 46% of Ohio LGBTQ+ youth seriously considered suicide in the past year and 14% attempted suicide. These percentages were higher for transgender and nonbinary youth.
- 82% of LGBTQ+ youth felt low or moderate support from their family.
- Nationally, 18% of LGBTQ+ youth who attempted suicide in the past year felt discriminated against due to their sexual orientation or gender identity.

V. CRISIS AND COMMUNITY PREVENTION SERVICES

HelpLine Crisis Services

- From 2020 to 2022, there were 261 callers/texters who were asked and specifically acknowledged they were suicidal within the last two months, and 65% of those had felt suicidal within the past 24 hours.
- During this same time period, the crisis engagement program reached out to 629 referrals from law enforcement, hospitals, or the HelpLine crisis line who were suicidal in the preceding 24-48 hours.
- There were 865 callers/texters who were somehow impacted by suicide, for example, being suicidal sometime in the past, had thoughts about it but indicated they would not follow through, or survivors of suicide loss.

Crisis Intervention Team

The Multi-Agency Crisis Intervention Team (MACIT) works cooperatively to increase the efficiency of responders to individuals in crisis and/or avert potential crises when possible. MACIT has representatives from first responders, local government, social services, healthcare, education, and other community sectors that meet monthly to discuss, plan, and collaborate on crisis system topics.

The Delaware-Morrow Mental Health & Recovery Services Board (DMMHR SB) holds a semi-annual Crisis Intervention Training (CIT) that Police Officers, EMS, Fire Fighters, Dispatchers, Social Service Personnel, School Employees, etc. are invited to participate. To date, CIT has trained 587 individuals.

"Crisis is defined differently from person to person and in many cases they turn to public safety for help. Delaware's Multi-Agency Crisis Intervention Team (MACIT) helps people when they need help, assists them in finding a solution to the crisis, and potentially long-term care if they need it."

- Robert Hatcher, Former Police Officer

Community-Based Prevention Services

- Question, Persuade & Refer (QPR) Training
 - Over 3,000 individuals have been trained.
 - 95% of participants found the training helpful in preparing them to help a friend, family member, coworker, client, or employee who they recognized was in emotional distress.

To learn how to recognize the warning signs of a suicide crisis and how to Question, Persuade, and Refer someone to help, click on the QR code:



- Suicide Prevention Walk
 - From 2019 to 2022*, 530 participants came together to raise awareness, fight the stigma of mental illness, and support survivors of suicide loss (*the Walk was not held in 2020 due to the Covid-19 pandemic).

School-Based Prevention Services

The HelpLine Signs of Suicide (SOS) program is designed to educate middle and high school students about the signs of suicide. It teaches students how to react if they notice the signs in themselves or others, along with education about positive mental health. From 2019-2020, over 10,000 students participated in the program, and 92% of those asked said they now know how to best help themselves or someone they know who needs support for their mental health.

Syntero's specialized team of therapists and outreach clinicians help enhance positive student engagement and promote classroom success for students by providing treatment prevention programming as well as educational seminars for parents, teachers, and administrators.

"This program {SOS} is important because it very well could be the only suicide prevention information that students receive in school during their K-12 years. The program not only teaches students the essentials like warning signs, what to do when you're concerned, and identifying trusted adults, but it also lets them know that it is okay to talk about mental health and suicide. It starts a conversation and that's what needs to be done in order to end the stigma surrounding these topics."

- HelpLine Suicide Prevention Educator

VI. CONCLUSION AND COMMUNITY RESOURCES

Suicide continues to be a public health issue in Delaware County with the total number of deaths each year remaining steady. Suicide is not caused by any single factor and preventive measures cannot be achieved by any single approach or strategy. While the circumstances surrounding each suicide are different, the data presented throughout this report can be used as a guide to help identify and target programming for the populations with the highest need. In Delaware County, this may mean targeting prevention efforts toward men in their 40s who have access to a gun, or youth who have been bullied. Understanding how the different risk and protective factors interact, overlap, and impact different populations could help increase the effectiveness of suicide prevention efforts. In particular, stigma continues to be a challenge facing Delaware County youth and adults who report they would not seek mental health services due to feeling ashamed or worrying about what others might think about them.

Suicide prevention is best accomplished through comprehensive efforts that make use of data in conjunction with evidence-based and best practices for prevention. For these efforts to be effective, coordination and cooperation from every sector of our community is vital. The Delaware County Community Health Improvement Plan, led by The Partnership for a Healthy Delaware County, uses the most recent data in strategizing mental health initiatives and prevention efforts for Delaware County residents. This important work includes implementing such strategies as community-based mental health education, improving access to treatment services and crisis response, and reducing barriers to accessing mental health services.

By working together, we can effect greater change. Suicide is preventable. There is hope. And together we can save lives.

For any questions regarding this report, please feel free to contact Delaware Suicide Prevention Coalition member Emily Lipp at elipp@delawarehealth.org or 740-203-2030.

Community Resources



1-800-684-2324, 211
or text HelpLine to
898211

Serves Delaware, Morrow, and Union Counties and offers a variety of services including a 24/7 crisis and support hotline/textline and suicide prevention education.



740-428-0428

Serves Delaware, Morrow, and Franklin Counties and offers a wide range of mental health services and school-based counseling.



740-695-7795

Serves Delaware, Morrow, and Franklin Counties and offers comprehensive healthcare services including mental health care, telemedicine, and outpatient care for all ages.



740-203-3800

Serves Delaware, Morrow, Franklin, and Union Counties and offers mental health and addiction counseling and treatment.

