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Acknowledgements

The Ohio Suicide Prevention Foundation (OSPF) champions, advocates for, and coordinates strategies to reduce the risk of suicide and supports efforts to assist those individuals, families, and communities impacted by suicide. OSPF contracted with the Health Policy Institute of Ohio (HPIO) to facilitate the creation of the 2024-2026 Suicide Prevention Plan for Ohio.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) provided funding for the creation of the Suicide Prevention Plan for Ohio and partnered with OSPF and HPIO during the writing phase. OSPF and HPIO are grateful to the 41 members of the Suicide Prevention Plan for Ohio Advisory Team who contributed extensive time and expertise to the Plan. The Advisory Team included people with personal experience with suicide and suicide prevention, community coalitions, mental health experts, health insurance companies and state agency experts. HPIO subcontracted with Dawn Tyler Lee of Forrest Street Consulting to facilitate the Advisory Team meetings.

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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
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. 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. 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.

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.

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

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.

Veterans:
Nationally, the suicide rate for veterans was more than two times higher than the rate for non-veteran adults in 2020.
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.16

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.16

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.

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.17 There was a 61% increase in suicide deaths among Asian or Pacific Islander Ohioans from 2011-2021.40% increase among Black Ohioans, and 29% increase among Asian or Pacific Islander Ohioans from 2011-2021.

Suicide Prevention Plan for Ohio
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 ages 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

How can suicide be prevented?

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


3. Quality Treatment and postvention. Diversify strategies that improve high-quality suicide care and support services in high-impact systems by aligning with the Zero Suicide framework.

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

Principles
Equity: Health equity is achieved when all Ohioans have opportunities to attain their full health potential, including access to supportive environments and high-quality services in prevention, early intervention, treatment, and postvention.

Evidence: Ohio will achieve the vision of the State Plan by selecting and implementing policies, programs, and services that are informed by research evidence, incorporate best practices, and are aligned with community needs.

Developement 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 45 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.

### The 2024-2026 Suicide Prevention Plan for Ohio

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Potential Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare providers and hospitals</td>
<td>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.</td>
</tr>
<tr>
<td>Policymakers and funders</td>
<td>To guide policymaking (legislatively or administratively) and funding decisions for suicide prevention, treatment, and postvention at the state and local levels.</td>
</tr>
<tr>
<td>Healthcare plans and payers</td>
<td>To guide policy changes and improve data collection within both public and private insurance systems.</td>
</tr>
<tr>
<td>Community-serving organizations</td>
<td>To guide community-level suicide prevention and postvention implementation initiatives.</td>
</tr>
<tr>
<td>Schools</td>
<td>K-12 and higher education systems will guide school suicide prevention policy, program, and postvention initiatives.</td>
</tr>
<tr>
<td>Additional stakeholders</td>
<td>The Suicide Prevention Plan for Ohio Advisory Team recognizes that while this implementation plan identifies 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.).</td>
</tr>
</tbody>
</table>

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:

- 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)

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:

**Goal 1:**
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 at-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:

**Goal 2:**
Increase coordinated efforts across sectors for 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:

**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:

**Goal 4:**
Increase coordinated efforts across sectors for 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:

---

*Evidence of effectiveness is emerging*
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 together the workforce.
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.

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

<table>
<thead>
<tr>
<th>Workforce resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSPF-Employer-Resource-Guide.pdf</td>
</tr>
<tr>
<td>Suicide Prevention Resource Center: Suicide prevention gatekeeper training program companion table</td>
</tr>
<tr>
<td>Ohio Mental Health Insurance Assistance Office</td>
</tr>
<tr>
<td>Employee assistance programs</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>School-based suicide prevention and mental health promotion programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved evidence-based suicide awareness and prevention, violence prevention, and social inclusion programs for Ohio schools (HB 123, 139th General Assembly)</td>
</tr>
<tr>
<td>Model school district policy on suicide prevention*</td>
</tr>
<tr>
<td>Ohio School Wellness Initiative and Student Assistance program*</td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration Preventing suicide school climate for high schools Sources of Strength Ohio</td>
</tr>
</tbody>
</table>

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
  - Life Is Better With You Here

- LGBTQ+ youth
  - The Trevor Project
  - https://sprc.org/populations/lgbt/
  - To Be Me

- Men in the middle years

- Older adults
  - https://www.njpng.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.

#### Evidence-informed strategies

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

<table>
<thead>
<tr>
<th>Care transitions and coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Contacts</td>
</tr>
<tr>
<td>National Alliance for Suicide</td>
</tr>
<tr>
<td>Prevention: Best practices in care</td>
</tr>
<tr>
<td>transitions for individuals with</td>
</tr>
<tr>
<td>suicide risk</td>
</tr>
<tr>
<td>The Joint Commission: Evidence-</td>
</tr>
<tr>
<td>based resources for safety</td>
</tr>
<tr>
<td>planning and follow up upon care</td>
</tr>
<tr>
<td>discharge</td>
</tr>
</tbody>
</table>

#### 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

#### 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.

#### 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:

<table>
<thead>
<tr>
<th>Evidence-informed strategies</th>
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<tbody>
<tr>
<td>Referrals to treatment services</td>
</tr>
<tr>
<td>988 Suicide &amp; Crisis Lifeline</td>
</tr>
<tr>
<td>Evidence-based therapeutic approaches such as:</td>
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<tr>
<td>Dynamic Deconstructive Psychotherapy</td>
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<tr>
<td>Collaborative Assessment and Management of Suicidality</td>
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<tr>
<td>Cognitive Behavioral Therapy</td>
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<td>Dialectic Behavior Therapy</td>
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<td>Prolonged Grief Therapy</td>
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<td>Culturally competent workforce</td>
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<td>Cultural competence training for healthcare professionals</td>
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<td>Culturally adapted health care</td>
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<tr>
<td>Culturally and linguistically appropriate services*</td>
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<td>Rural training in medical education</td>
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</table>

**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:

<table>
<thead>
<tr>
<th>Community knowledge and referrals to treatment</th>
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<tbody>
<tr>
<td>The National Alliance on Mental Illness Connect Program</td>
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<tr>
<td>Ohio Suicide Loss Survivors: A Resource Guide</td>
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<tr>
<td>Survivor of Suicide Loss Support Group Map</td>
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<tr>
<td>SAMHSA Treatment Finder</td>
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</table>

<table>
<thead>
<tr>
<th>Postvention services and programs</th>
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</thead>
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<td>TAPS Suicide Postvention model™</td>
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<td>Psychological First Aid</td>
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<tr>
<td>Wildflower Alliance peer support online training</td>
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</table>

**Goal 5:**

**Healthcare payment and payor policies**

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

**Action steps to reduce suicide**

Healthcare insurers could align healthcare payment and payor policies with evidence-informed practices.

1. Review practices.
2. Establish consistent training expectations for volunteers with Suicide Mortality Review committees.
3. Develop and disseminate educational resources and learnings related to Suicide Mortality Review committees.
4. Provide training to Coroners on Suicide Mortality Review practices.

**Suicide Fatality Review Committees**

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.

**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**

1. Participate in coaching and mentoring opportunities to support the development and maintenance of Suicide Mortality Review committees.
2. Develop educational resources and learning related to Suicide Mortality Review committees.
3. Provide training to Coroners on Suicide Mortality Review practices.
Strategic Priority 4: Data and evaluation

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

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.

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.

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.

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.

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.

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 have a stable foundation from which to improve measurement and evaluation of prevention efforts.
# Appendix A

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

<table>
<thead>
<tr>
<th>Advisory Team members</th>
<th>OhioMHAS</th>
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<tbody>
<tr>
<td>John Ackerman</td>
<td>Nationwide Children's Hospital</td>
</tr>
<tr>
<td>Daniel Bennett</td>
<td>Greenleaf Family Center/ Lifeside Ohio</td>
</tr>
<tr>
<td>Gretchen Blazer</td>
<td>Ohio Association of Health Plans</td>
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<tr>
<td>Bobbie Boyer</td>
<td>OhioMHAS</td>
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<tr>
<td>Tiffany Boykins</td>
<td>Ohio Department of Health</td>
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<tr>
<td>Tara Consolino</td>
<td>VA VISN 10</td>
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<tr>
<td>Meredith Craig</td>
<td>Ohio Chamber of Commerce</td>
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<tr>
<td>Thom Craig</td>
<td>Peg's Foundation</td>
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<tr>
<td>Julie DiRossi</td>
<td>Ohio Association of Community Health Centers</td>
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<td>King</td>
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<td>Danny Eakins</td>
<td>Department of Veterans Services</td>
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<tr>
<td>Stacey Frohnapfel</td>
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<tr>
<td>Tusheena Garg</td>
<td>Equitas Health</td>
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<tr>
<td>Laurie Grecko</td>
<td>AmeriHealth Caritas</td>
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<td>Liz Henrich</td>
<td>OACBHA</td>
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<tr>
<td>Soley Hernandez</td>
<td>Ohio Council</td>
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<tr>
<td>Christina Kalnicki</td>
<td>OhioRise/Aetna</td>
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<td>Stacy Keenan</td>
<td>Ohio Children's Alliance</td>
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<td>Teresia Lampl</td>
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<tr>
<td>Valerie Leach</td>
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<tr>
<td>Laura Lewis</td>
<td>OSU Suicide Prevention Program</td>
</tr>
<tr>
<td>Lynne Lyon</td>
<td>Ohio Department of Medicaid</td>
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<tr>
<td>Kara Manchester</td>
<td>ODH</td>
</tr>
<tr>
<td>Denise Meine</td>
<td>Postvention Contractor (OSPF) Graham</td>
</tr>
<tr>
<td>Tia Moretti</td>
<td>Lighthouse Behavioral Health Solutions</td>
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<tr>
<td>Sara Morman</td>
<td>Ohio Department of Health</td>
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<td>Sarah Music</td>
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<tr>
<td>Claire Oswald</td>
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<tr>
<td>Josephine Ridley</td>
<td>VA Northeast Ohio Health Care</td>
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<tr>
<td>Luke Russell</td>
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<tr>
<td>Pam Sanborn</td>
<td>CareSource</td>
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<td>Michelle Sayer</td>
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<tr>
<td>Aimee Shadwick</td>
<td>Recovery Ohio</td>
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<tr>
<td>Sam Shaffer</td>
<td>Integrated Services for Behavioral Health</td>
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<tr>
<td>Brooke Sims</td>
<td>Ohio Association of Community Health Centers</td>
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<tr>
<td>Jonas Thom</td>
<td>Beechlands Group / OSPF Consultant</td>
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<tr>
<td>Dana Vallangeon</td>
<td>Ohio Association of Community Health Centers</td>
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<tr>
<td>Michelle Vargas</td>
<td>Franklin County Suicide Prevention Coalition</td>
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<tr>
<td>Angela Weaver</td>
<td>Ohio Association of Health Plans</td>
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<tr>
<td>Andy White</td>
<td>Ohio Hospital Association</td>
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<tr>
<td>Jewel Woods</td>
<td>Male Behavioral Health &amp; Center for Men and Boys</td>
</tr>
<tr>
<td>Don Wright</td>
<td>Clarigent Health</td>
</tr>
</tbody>
</table>
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. 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. 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, 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.

Ohioans living in rural and Appalachian regions: Of the 15 Ohio counties with the highest suicide rates between 2011-2021, nine were Appalachian and five were rural, non-Appalachian, as displayed in figure 4.

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

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.

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

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.

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.

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.

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

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. 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

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Time Period: 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:
- 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:
- 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:
- 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.

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

**Source:** “Changing How We View Suicide Prevention.” Suicide Prevention Alliance

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.