

SUICIDE AWARENESS

CLARK COUNTY, OH
2010-2020

August



2022

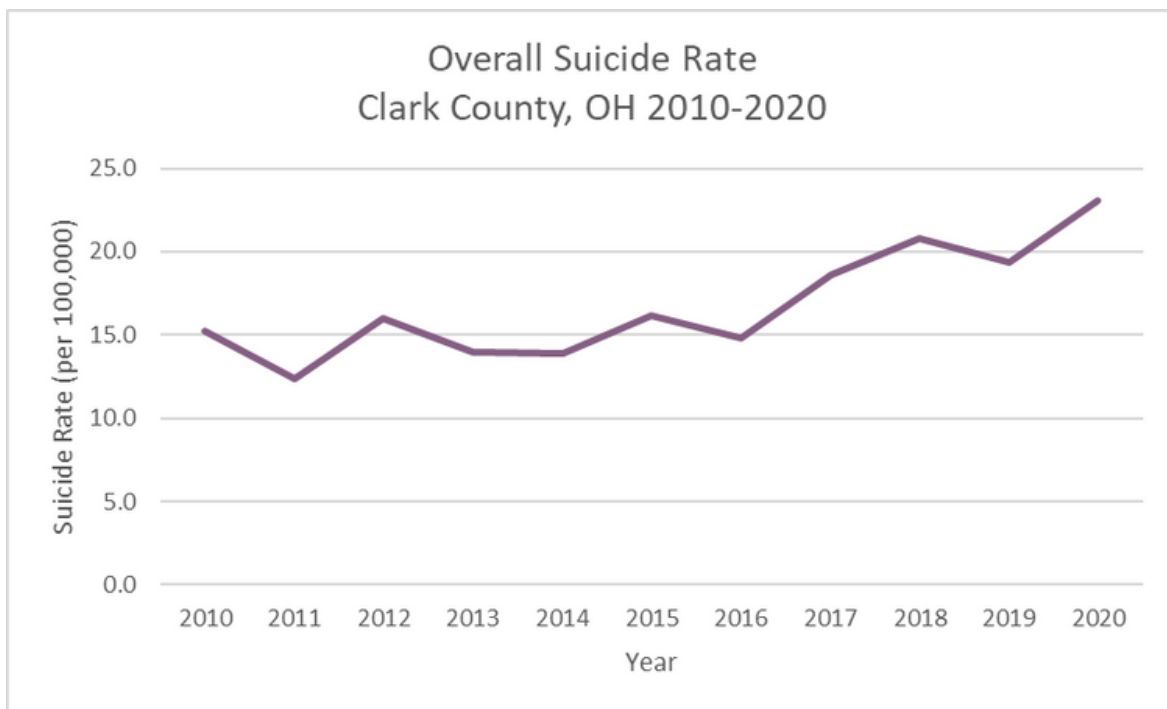
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Overview

Between 2010-2020, Clark County lost 250 lives to suicide. The purpose of this report is to dive deeper into any potential trends, provide information for the Clark County population, and share resources. The aim to is decrease the suicide rate within the county over time.

Suicide is the third leading cause of death for Americans within the 5-34 age range and the fifth leading cause of death within the 35-44 age range.



The above graph shows the suicide rate in Clark County between 2010-2020. In 2010, the rate was 15.2 per 100,000 residents and in 2020, the rate was 23.1 per 100,000 residents. There has been an overall increase of 51.8% during this time period.

Risk Factors & Warning Signs

Risk Factors

Below are some factors that may put someone at greater risk for contemplating suicide. This list is not fully comprehensive. Suicidal behavior is complex and there is no single cause.

- Previous suicide attempt
- Depression
- Social isolation
- Financial problems
- Job problems or loss
- Serious illness
- Substance use disorder
- Bullying
- Family history of suicide
- Sexual violence
- Barriers to health care
- Stigma surrounding mental illness
- Easy access to lethal means

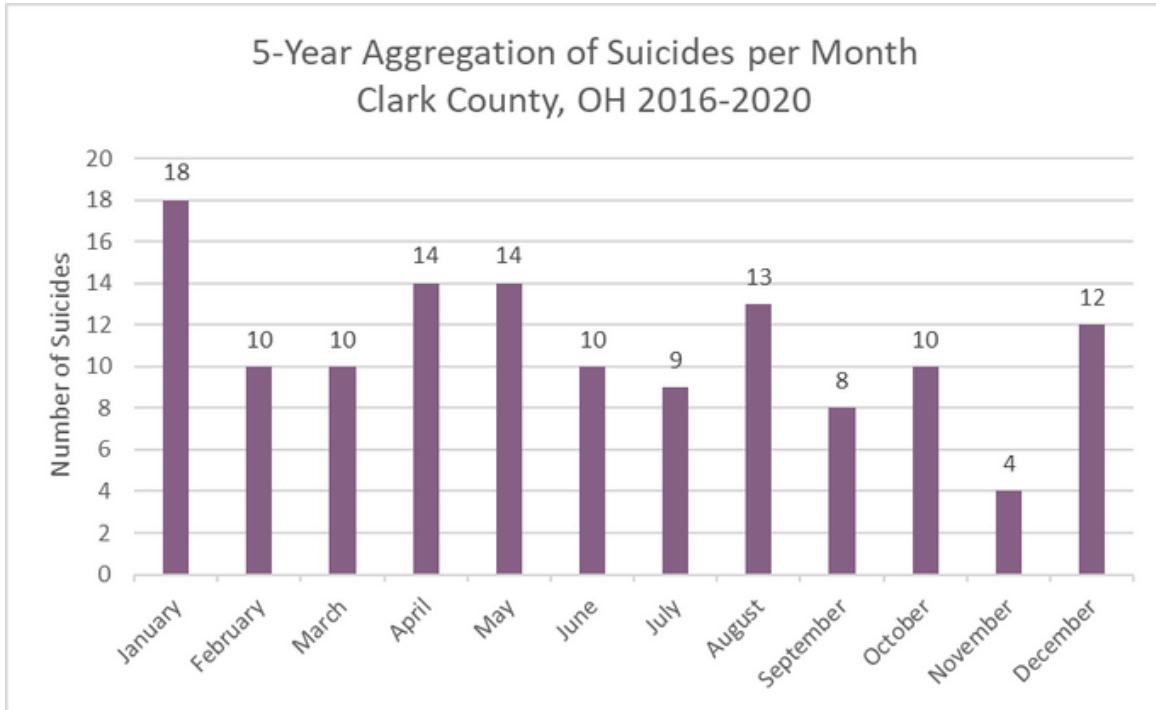
Warning Signs

There can be warning signs that present themselves before someone attempts to take their life. Understanding these signs plays a role in preventing suicide. Some signs include:

- Talking about wanting to die
- Feeling unbearable emotional or physical pain
- Researching ways to die
- Withdrawing from friends
- Making a will
- Displaying extreme mood swings
- Eating/sleeping more or less
- Using drugs or alcohol more often
- Self-harm
- Losing interest in things they previously enjoyed

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide. It is a cry for help.

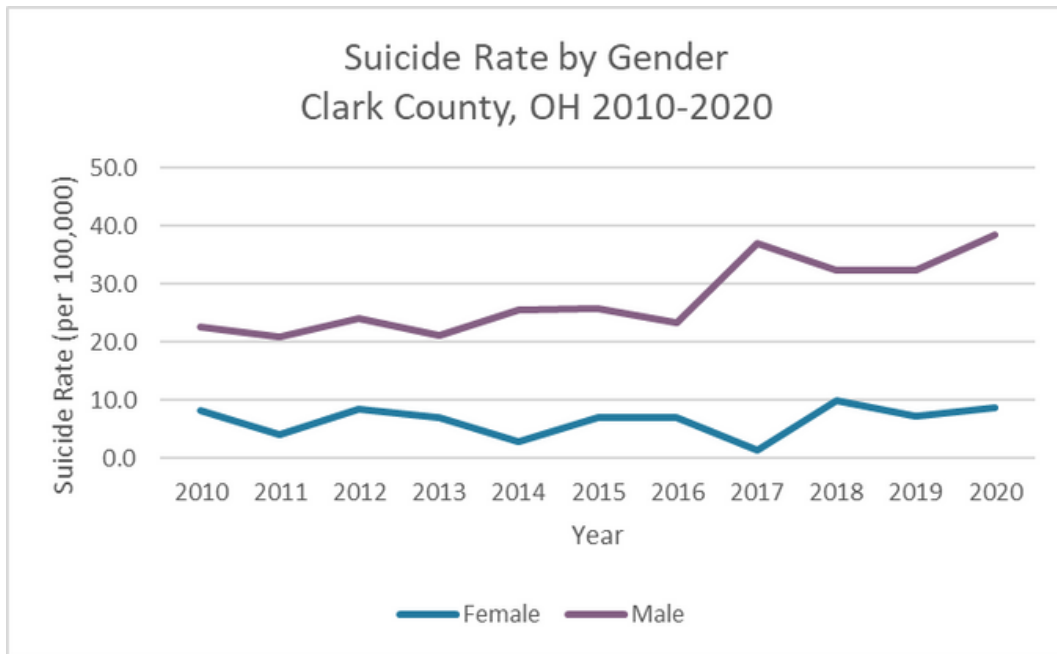
Suicide Seasonality



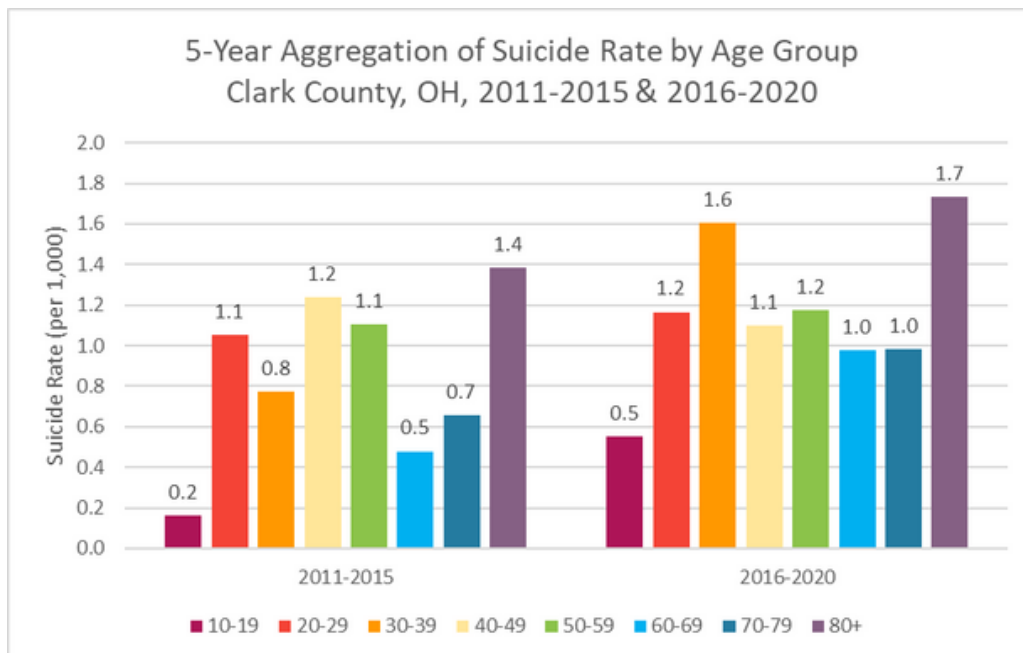
According to the Annenberg Public Policy Center at the University of Pennsylvania, the most suicidal months occur in April, May, and June. It is typically thought that suicides will occur around the holidays; however, it's theorized that those depressed due to the **weather** may feel better in the spring and those depressed for **other reasons** may remain depressed in the spring.

The above graph shows the 5-year aggregation of the number of suicides that occurred per month. Within Clark County, January has the highest number of suicides committed between 2016-2020 while November has the least. It is relatively the same in April/May (spring) and August (summer).

Demographics

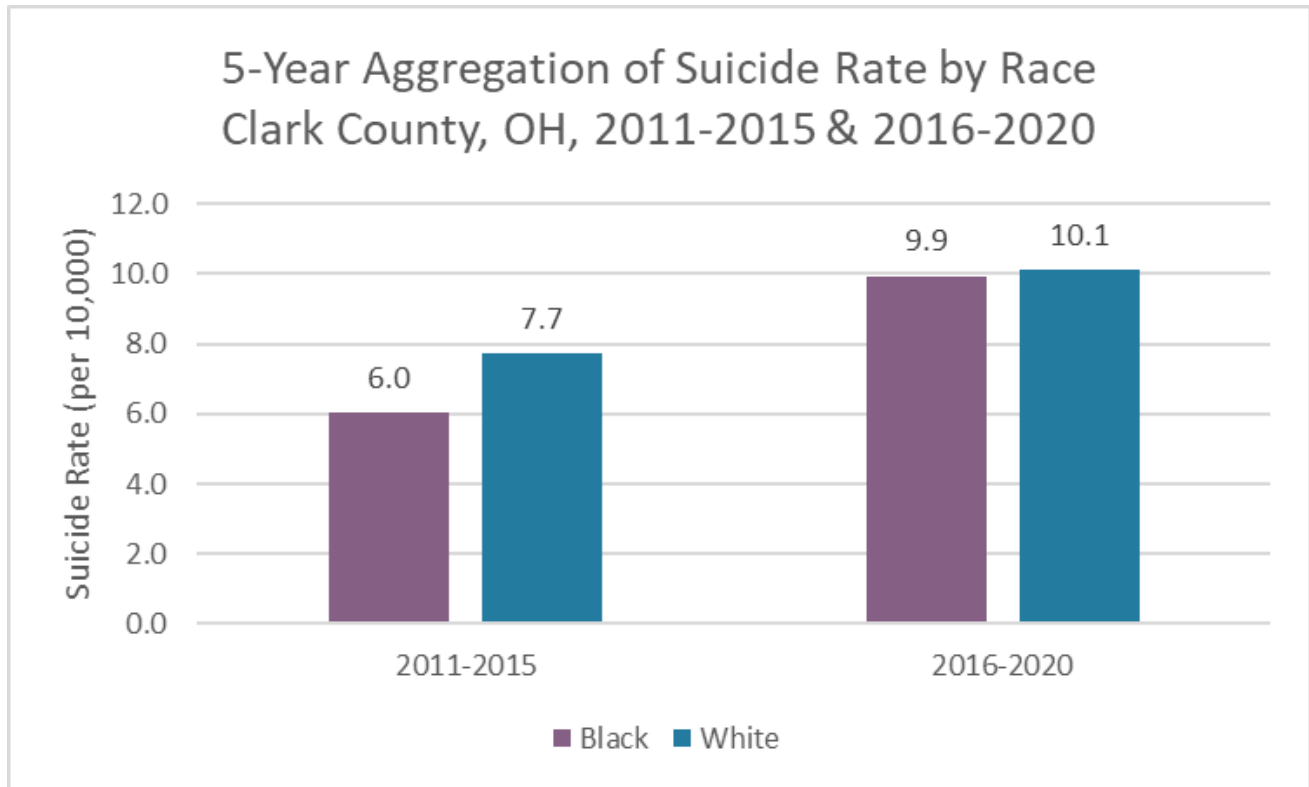


- 51 female and 199 male suicides occurred between 2010-2020
- 4.1% increase in rate for females, 69.0% increase for males
- The highest rate for females was 10.1 in 2018 and for males was 38.4 in 2020



- Within 2011-2015 & 2016-2020, the 80+ age group has the highest rates of suicide being 1.4 and 1.7 per 1,000
- Every age group has experienced an increase in suicide rates, except the 40-49 age group has a slight decrease
- The average age between 2010-2020 ranged between 40.0 - 54.8 years old

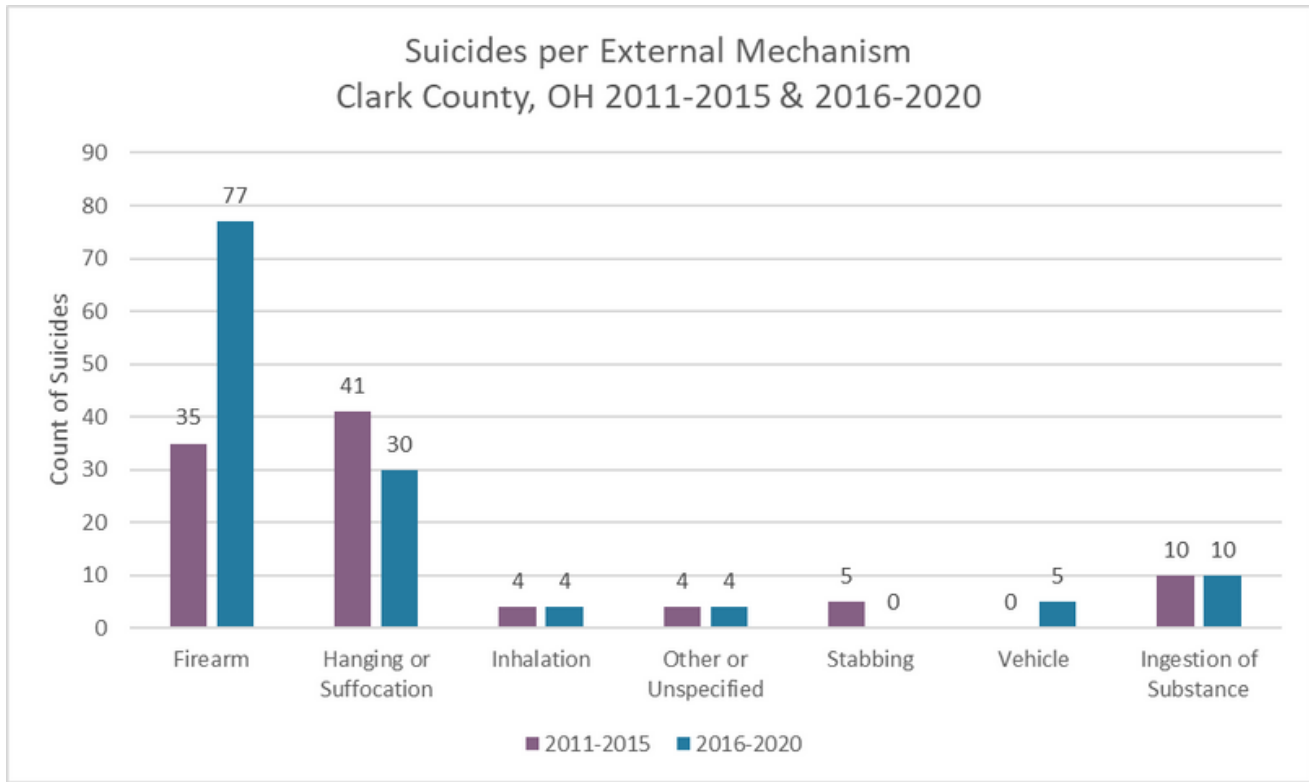
Demographics (cont.)



- 18 **Black** and 209 **white** suicides occurred between 2011-2020.
- Both **Black** and **white** residents experienced an increase in suicide rates from 2011-2015 to 2016-2020

Mechanisms

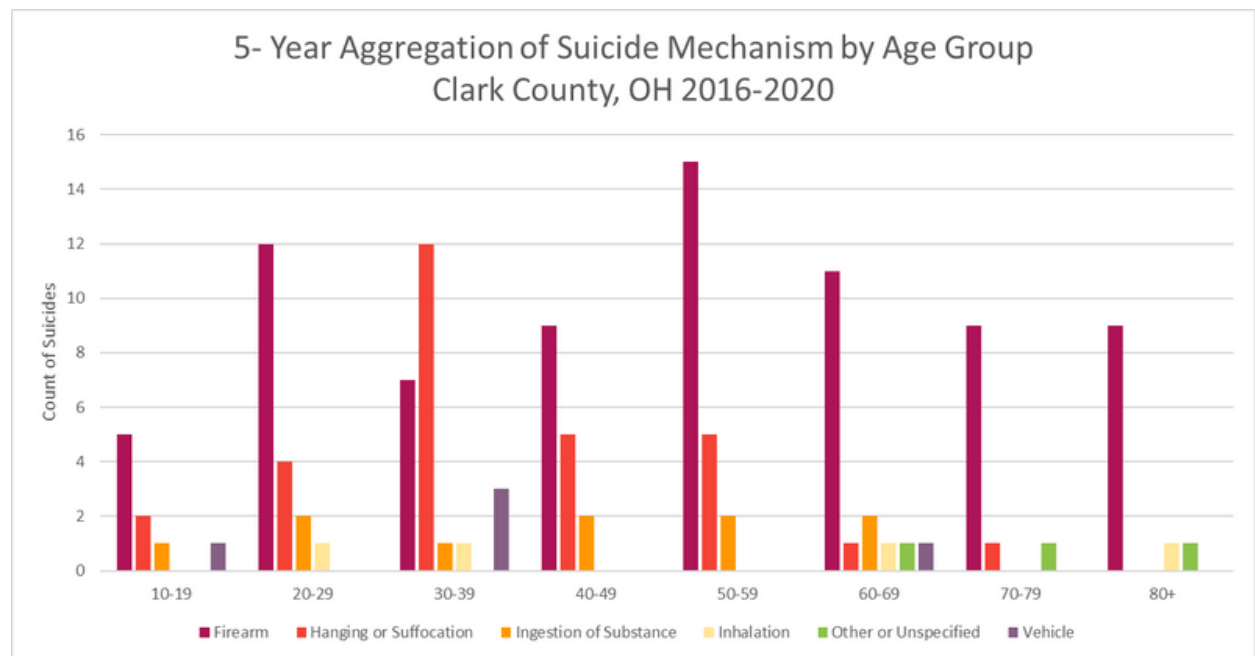
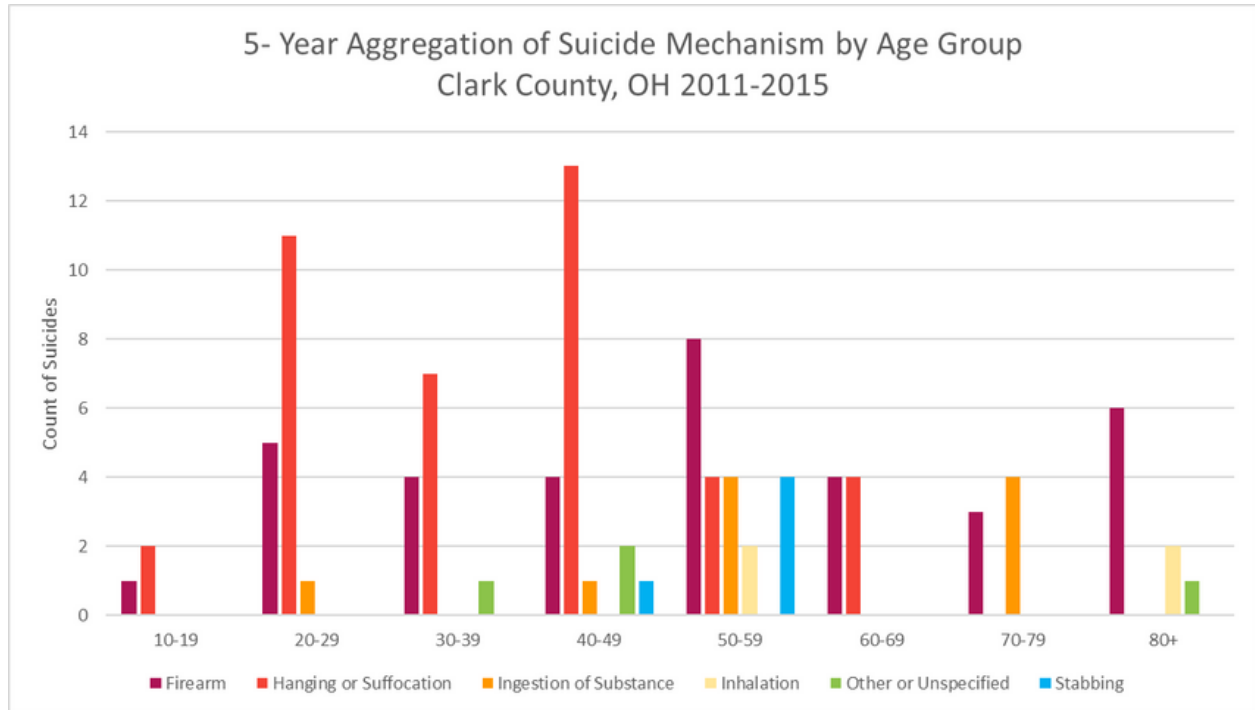
For this section, causes of suicide were classified by similarity to one another. **Inhalation** contains individuals who inhaled exhaust (car, lawn mower) or combustion particles (ex: from grill). **Ingestion of substance** contains individuals who ingested either prescription drugs/medication, illegal drugs, or non-drug materials such as anti-freeze. **Other or unspecified** contains groups with low counts (drowning, jumping) or had incomplete information on the mechanism.



- Between **2011-2015**, hanging or suffocation was the leading mechanism of suicide. Followed by firearms, then ingestion of substance.
- Between **2016-2020**, firearms was the leading mechanism of suicide. Followed by hanging or suffocation, then ingestion of substance.
- Overall, firearms represent **47.7%** of suicides between 2011-2020. Hanging or suffocation represent **30.2%** and ingestion of substance represents **8.5%**

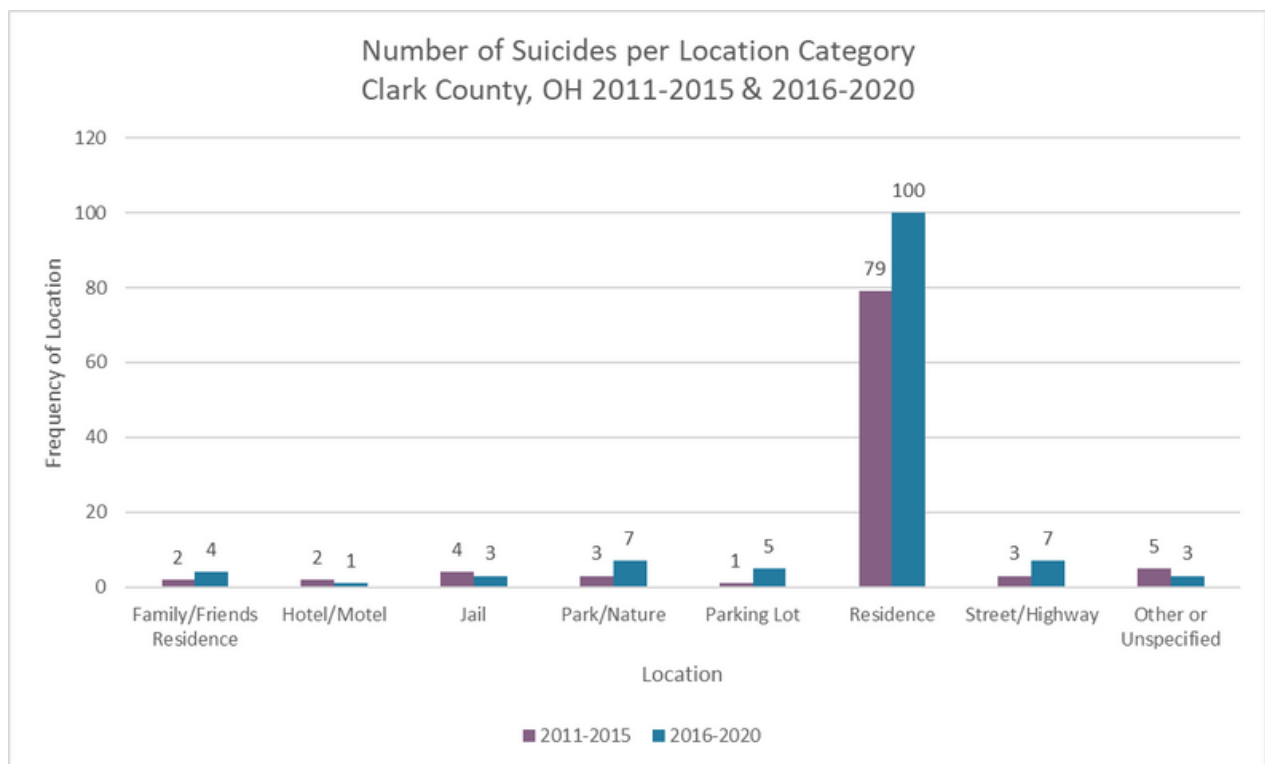
Mechanisms (cont.)

For this section, the external mechanisms of suicide were examined by age group. We are interested in identifying any specific age groups that may be more affected by suicide and by what means.



- **Firearm** use has increased across all age groups between 2011-2015 and 2016-2020. It is the only means of suicide that includes all age groups
- **Hanging or suffocation** decreased for the 20-29, 40-49, and 60-69 groups, increased for the 30-39, 50-59, and 70-79 groups, and remained constant for 10-19

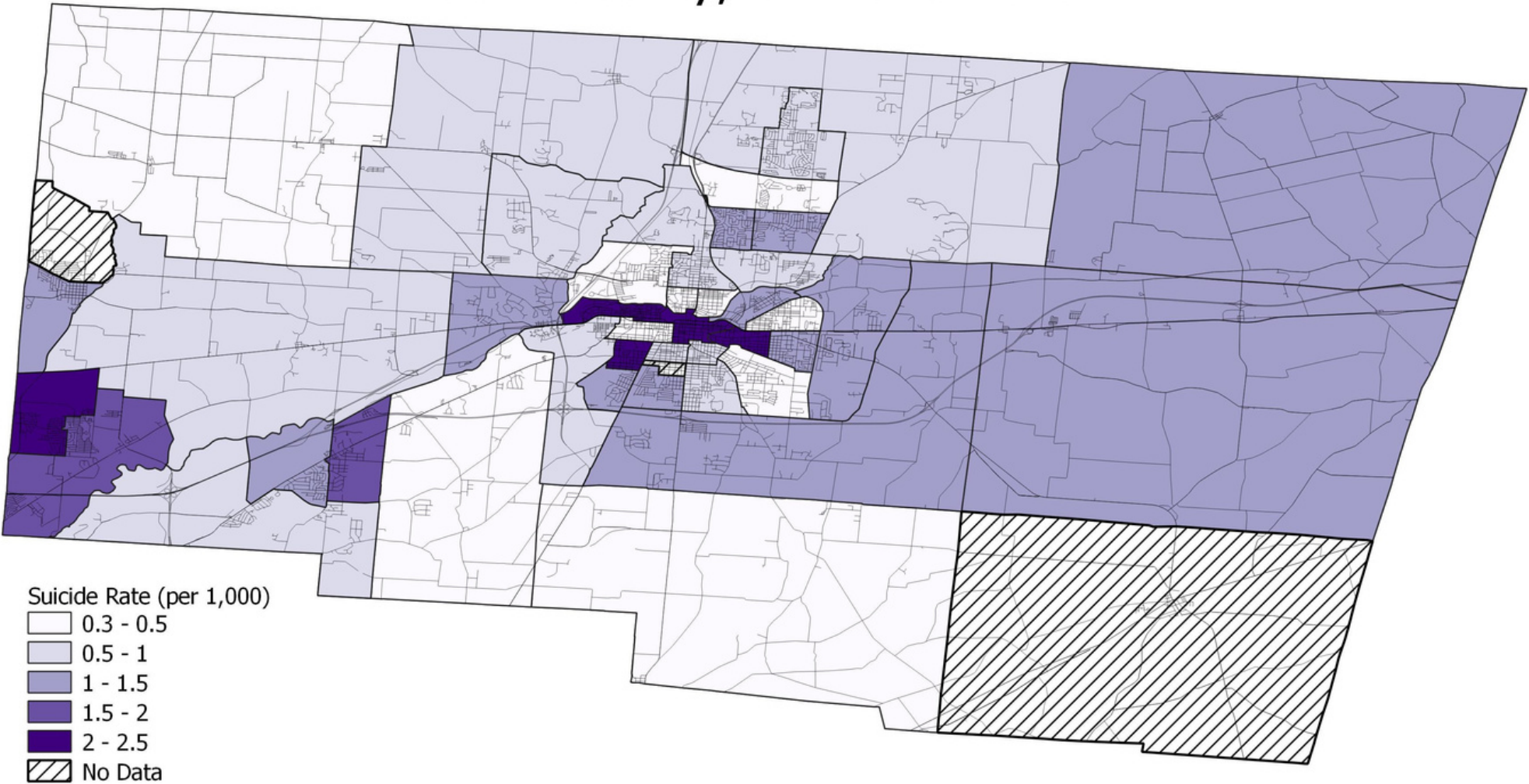
Location



For this section, we were interested in where Clark County residents are committing suicide. They are overwhelmingly committing suicide within their own residence. There has been an increase of 21 suicides within own residence from 2011-2015 to 2016-2020.

Census Tract

5-Year Aggregation of Suicide Rate by Census Tract, Clark County, OH 2016-2020



Map by: Daisy Okpa, MPH

The above map shows the suicide rates per 1,000 residents within each census tract.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a survey that monitors six categories of health-related behaviors that contribute to leading causes of death and disability among youth and young adults, including behaviors that contribute to unintentional injuries and violence. While this report is focusing on the mental health portion of the YRBS, other sections such as bullying and sexual violence can contribute to suicide risk.

Clark County gathered their data from middle and high school students in Fall 2021. The age range was between 12 years or younger and 18 years or older. The summary below will be from the 2021 survey conducted, and comparisons to 2019 if possible. Many of the questions are in reference to the 12 months leading to the survey.



Middle School YRBS

- **26.4%** of middle schoolers felt their mental health was most of the time or always not good during the COVID-19 pandemic
 - There was a significant difference between races and genders
- **25.3%** of students hurt themselves without wanting to kill themselves at least once in the past 12 months leading to the survey*
 - There was a significant difference between races and genders
- **26.3%** of students seriously thought about killing themselves*
 - There was a significant difference between races and genders
- **18.8%** of students made a plan to attempt to kill themselves*
 - There was a significant difference between races and genders
- **11.0%** of students attempted to kill themselves
 - There was a significant difference between races, ages, and genders

Youth Risk Behavior Survey (cont.)

High School YRBS

- **36.3%** of high schoolers felt their mental health was most of the time or always not good during the COVID-19 pandemic
 - There was a significant difference between races and genders
- **24.3%** self-harmed without intention of killing themselves at least once in the 12 months leading to the survey*
 - There was a significant difference between races, ages, and genders
- **40.1%** felt hopeless or sad for two or more weeks in a row in the 12 months leading to the survey
 - There was a significant difference between genders
- **20.6%** seriously considered attempting suicide in the 12 months leading to the survey
 - There was a significant difference between ages and gender
- **17.2%** made a plan to attempt suicide in the 12 months leading to the survey
 - There was a significant difference between genders
- **9.3%** attempted suicide at least once in the 12 months leading to the survey*
 - There was a significant difference between races and genders

Prevention



Family, friends, and the community can help spot risk factors and warning signs to support people and help protect them from suicidal thoughts and behavior. Below are some circumstances that protect against suicide:

Individual

- Effective coping and problem-solving skills
- Reasons for living (family, friends, pets)

Relationship

- Support from partners, friends, and family
- Feeling connected to others

Community

- Feeling connected to school, community, social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

More information can be found [HERE](#)

Resources

- 988 Suicide & Crisis Lifeline
 - Call or text: 988
 - Chat online at 988lifeline.org/chat/
- National Suicide Prevention **Spanish** Lifeline
 - 888-628-9454
- SAMHSA Treatment Referral Hotline (Substance Abuse)
 - 800-662-4357 (HELP)
- RAINN National Sexual Assault Hotline
 - 800-656-4673 (HOPE)
- National Teen Dating Abuse Helpline
 - 866-331-9474
- The Trevor Project
 - 866-488-7386
- Crisis Text Line
 - Text 4HOPE to 741741
- Veterans Crisis Line
 - 800-273-8255
 - Chat online at www.veteranscrisisline.net/get-help-now/chat/

References

Centers for Disease Control and Prevention: Suicide Prevention

EMedicineHealth: What is the Most Suicidal Month?

Health System Tracker: Leading Cause of Death Ranking

National Institute of Mental Health: Warning Signs of Suicide

Ohio Department of Health Vital Statistics, mortality files 2010-2020