Ohio Unveils Suicide Prevention Initiative

State-Led Initiative Strengthens, Expands Existing Efforts to Reduce, Prevent Deaths

COLUMBUS – As part of the Kasich Administration’s continued effort to help Ohioans with mental illness, state officials today unveiled a comprehensive suicide prevention initiative. Supported by a $2 million investment included in Gov. John Kasich's SFY 2016-17 biennial budget, Ohio’s initiative brings together the departments of Mental Health and Addiction Services, Health and Medicaid with a variety of stakeholders to focus on a shared goal of reducing suicides through: workforce development; expanded resources for survivors of loss; a collaborative approach to crisis hotlines and text support; research; awareness and stigma reduction.

“Suicide remains a major public health issue across the nation. Each year, Ohio loses between 1,200 and 1,500 of our citizens due to death by suicide,” said Tracy Plouck, director of the Ohio Department of Mental Health and Addiction Services (OhioMHAS). “The steps we are taking today strengthen and enhance Ohio’s efforts on all fronts to reduce the number of deaths by suicide.”

On average in Ohio, one person dies by suicide every six hours. While the state’s suicide rate dropped last year to its lowest point in more than a decade, it still accounted for 10.8 deaths per 100,000 people. Nationwide, more than 41,000 people died by suicide – roughly one death every 13.7 minutes, according to the Centers for Disease Control and Prevention. Suicidal behavior, whether triggered by mental illness or a stressful life event, can require a variety of interventions to successfully address the issue. Ohio’s plan focuses on three key pillars: prevention, treatment and postvention. Postvention refers to support for families and friends of individuals who died by suicide in an effort to reduce their risk and to promote healing.

“We must continue to be advocates for Ohioans struggling with mental illness and emotional well-being,” said Rep. Marlene Anielski (R-Walton Hills) who joined state officials for the announcement. “I am hopeful that the steps we are taking today, combined with the groundwork we’ve laid in the legislature, will increase awareness and access to suicide prevention programs and give help to those suffering in silence.”

Rep. Anielski has been a leading advocate for suicide prevention since joining the House in 2011, sponsoring a variety of legislative measures, including: the “Jason Flatt Act, Ohio, in honor of Joseph Anielski” (HB 543, 129th General Assembly), designating September 10 as “Ohio Suicide Prevention Day” (HB 149, 130th General Assembly), and expanding access to suicide prevention programs on college campuses (HB 28, 131st General Assembly), among other measures. 

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To guide the development of Ohio’s initiative, state officials from OhioMHAS and the departments of Health and Medicaid, convened a Suicide Prevention Advisory Committee. Membership is comprised of staff from various state agencies, healthcare organizations, professional organizations and trade organizations, all with the common interest of reducing suicides. Together, the group gave input on the kinds of initiatives the state should prioritize.

“Deaths due to suicide are too common and are devastating to all who knew and loved the person before he or she died. Frequently, these deaths are preventable, and as more of us become familiar with the risk factors for suicide and how to intervene, we will lose less Ohioans to this tragic event and help them recover to see a better and brighter day,” said OhioMHAS Medical Director Dr. Mark Hurst who has spearheaded the work group along with colleagues Dr. Mary DiOrio and Dr. Mary Applegate, medical directors for Health and Medicaid, respectively.

A summary of the committee’s recommendations reflected in Ohio’s suicide prevention initiative follows:

**Prevention**

*Crisis Hotline and Text Support* – Establish Ohio’s ability to provide crisis hotline and text support by establishing access to free, 24/7, emotional support and information. Determine the strengths and capacity of existing certified hotlines, promote best practices, and establish statewide access to crisis text support across multiple mobile platforms.

*Addressing Stigma* – Launch an effort to increase help-seeking behaviors and reduce stigma that surrounds depression, suicide, other mental illness and addiction. Stigmatization that leads to shame and isolation prevents people from seeking the help necessary to live healthy and full lives. A campaign is planned to encourage the public to be aware of the signs of depression and suicidal behaviors and connect them with tools to reach out.

*Ohio Suicide Prevention Foundation* – Continue support for the Ohio Suicide Prevention Foundation, whose mission is to promote suicide prevention as a public health issue and advance evidence-based awareness, intervention and methodology strategies which will support all Ohio-based suicide prevention efforts.

*Support for Higher Education per House Bill 28* – Ohio State Rep. Marlene Anielski (R-Walton Hills) proposed House Bill 28, a Suicide Prevention Law that was passed and became effective October 16, 2015. H.B. 28 states that Ohio’s public institutions of higher education shall have suicide prevention programs (by Oct. 16, 2016) that address: crisis intervention access, access to mental health services; multimedia application access; development of a student communication plan and a postvention plan to communicate with students, staff, and parents after a loss of a person to suicide. OhioMHAS has launched SuicidePrevention.ohio.gov as a tool to assist public colleges and universities with compliance.

**Treatment**

*Workforce Development* – Partner with the Suicide Prevention Resource Center (SPRC) to provide intensive training directed toward clinicians working with individuals at risk. Between April 2016 and February 2017, Zero Suicide Academies™ in six areas of the state will train more than 300 individuals. SPRC will facilitate ongoing support and education by offering a learning community to participants.
Evidence-Based Practices – Support education and training opportunities in evidence-based practices to assist with increasing workforce capacity. Professional development opportunities include hosting the Annual Ohio Prevention and Education Conference and co-sponsoring The Ohio State University’s Annual Suicide Prevention Conference.

Research – Collaborate with ODH, ODM and the OSU College of Psychiatry on a data surveillance system to assist in targeting services for individuals at risk. An analysis of community-based services and supports will identify gaps, current strengths and future focus. An additional study will compare lithium prescribing patterns to those for antidepressant/mood stabilizing drugs. The results could assist prescribers with updated information focused on reducing the risk of suicide.

Postvention

Resources for Survivors – Develop a statewide infrastructure and build capacity for Local Outreach to Suicide Survivors (LOSS) Teams in Ohio communities. LOSS Teams consist of trained survivor and mental health professionals acting as volunteers to bring immediate support to survivors of suicide. A clear message of hope and the variety of resources available in a community can interrupt the multigenerational impact of risk that survivors are often reported to have as a legacy of suicide. Suicide survivors are those persons who have had a loved one complete a suicide and are at risk due to their emotional response, which may include unhealthy coping strategies or attempts at suicide themselves.

Media and Social Media Reporting Guidelines – Reporting of suicide events can impact public perception. Research has been developed with regard to best practices in this field. OhioMHAS will sponsor training through schools of journalism and communication throughout the state to promote the use of media reporting guidelines and to develop social media guidelines.

If you or someone you know is in crisis and needs immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK or text “START” to 741-741.
Ohio’s Suicide Prevention Plan for State Fiscal Year 2016-2017

Suicide is a major public health issue across the nation. Ohio loses between 1,200 and 1,500 citizens to suicide each year, approximately twice the rate of homicide deaths. In response, Ohio is taking bold action to reduce the number of suicides through a state-led initiative that strengthens and expands upon existing efforts to decrease the number of preventable deaths.

Supported by a $2 million investment included in the Kasich Administration’s SFY 2016-17 biennial budget, our plan focuses on reducing suicides through these components: workforce development; expanded resources for survivors of loss; collaborative approaches to crisis hotlines and text support; research; public awareness and stigma reduction.

A Comprehensive Approach

Suicidal behavior, whether triggered by mental illness or a stressful life event, requires a variety of interventions:

- Prevention strategies educate the public on the signs exhibited by a person who may be considering suicide and suggest what others can do about it.
- Treatment access for a person who has been identified to be struggling with depression and thoughts of suicide is a critical piece of the puzzle.
- Postvention activities address the needs of those who attempted suicide and help loved ones cope with the loss of those who do take their own lives.

A statewide Suicide Prevention Advisory Committee has been formed to address Ohio’s suicide rate and provide guidance in the promising practices related to this public health issue. The Ohio Departments of Mental Health and Addiction Services (OhioMHAS), Medicaid (ODM) and Health (ODH) are leading this effort. Members of the committee represent healthcare, professional and trade organizations, and various state agencies, all with a common interest in reducing suicides. This advisory group will help guide efforts to fund projects that enhance Ohio’s work on all fronts that can save the lives of Ohioans.

Prevention Efforts

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