FRANKLIN COUNTY
Suicide
Prevention
COALITION

2019 DATA REPORT

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Introduction

The latest available national data indicate that suicide was the tenth leading cause of death in the United States in 2017[1], when more people died by suicide than by homicide in Franklin County[2], Ohio[3], and the United States[4]. In Franklin County, suicide rates from 2013 to 2017 have shown no trend of decreasing, according to the Franklin County Coroner.

Recognizing the need for a centralized coordinating entity dedicated to preventing suicide in our county, the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County funds the Franklin County Suicide Prevention Coalition (FCSPC). The FCSPC is hosted by Mental Health America of Franklin County (MHAFC) and is made of organizations throughout Franklin County that work together on improving their collective impact in suicide prevention and postvention. The organizations that make up the FCSPC Executive Committee are the ADAMH Board of Franklin County, Columbus Public Health, Franklin County LOSS, MHAFC, Nationwide Children's Hospital, Netcare Access, and North Central Mental Health Services.

In the effort to ensure that the FCSPC strategies and initiatives are data-driven; the FCSPC gathered local, state, and national suicide statistics to inform our work. We are grateful to our partners at the Franklin County Coroner's Office and the Ohio Department of Health for supporting us in this endeavor. Understanding the trends in suicide is critical for professionals who interact with, or whose work impacts, individuals at risk for suicide. This includes but is not limited to legislators, public health officials, healthcare professionals, social service providers, and teachers. The FCSPC has compiled this report to support local professionals in ensuring their policies, programs, and services are data-driven.

[1] "Suicide Statistics". (2018). American Foundation for Suicide Prevention. Retrieved from https://afsp.org/about-suicide/suicide-statistics/

[2] Ohio Public Health Data Warehouse. (2019). Ohio Department of Health. Data retrieved from http://publicapps.odh.ohio.gov/EDW/DataCatalog

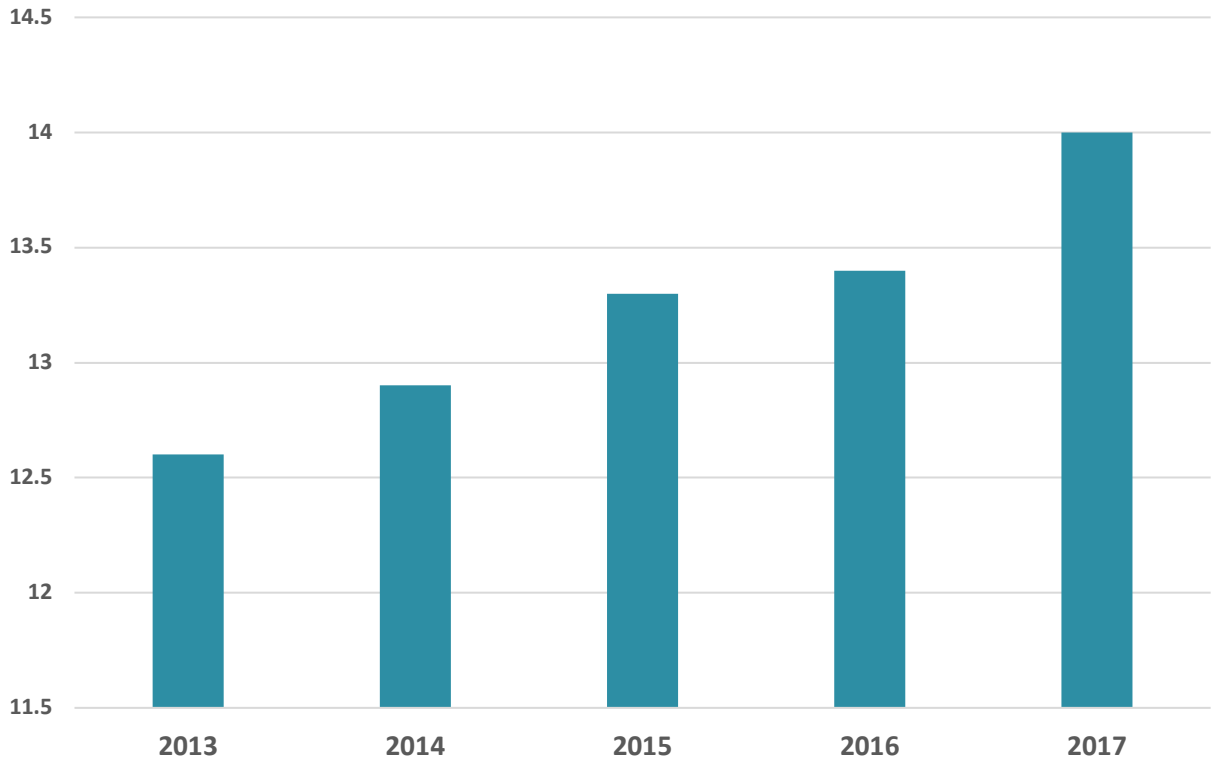
[3] "State Fact Sheets". (2018). American Foundation for Suicide Prevention. Retrieved from AFSP.org/StateFacts

[4] "Suicide". (2018). National Institute of Mental Health. Retrieved from https://www.nimh.nih.gov/health/statistics/suicide.shtml

Suicide in the United States

The rate of suicide in the United States increased each year between 2013 and 2017 (Figure 1). In 2017, a total of 47,173 suicides were recorded in the United States. The suicide rates throughout this report are calculated per 100,000.

Figure 1: **United States Suicide Rates, 2013-2017**



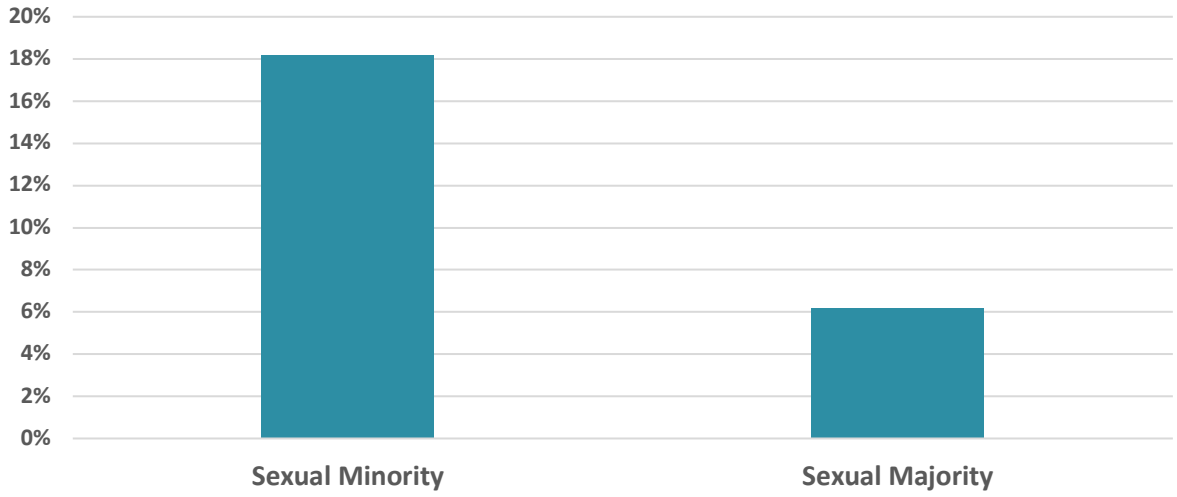
Data retrieved from the American Foundation of Suicide Prevention.

Rates are per 100,000.

LGBTQ+ Community

Due to a lack of data, there are no suicide rates for the LGBTQ+ Community. However, existing data[5] show a higher prevalence of suicide attempts among lesbian, gay, bisexual and transgender people. Transgender people report higher prevalence of suicide attempts than lesbian, gay, bisexual, or heterosexual people. The results from the latest Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health Data indicated that 18.2% of sexual minority respondents experienced a major depressive episode in the past year compared to 6.2% of sexual majority respondents (Figure 2).

***Figure 2*: Major Depressive Episode in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older, 2015**

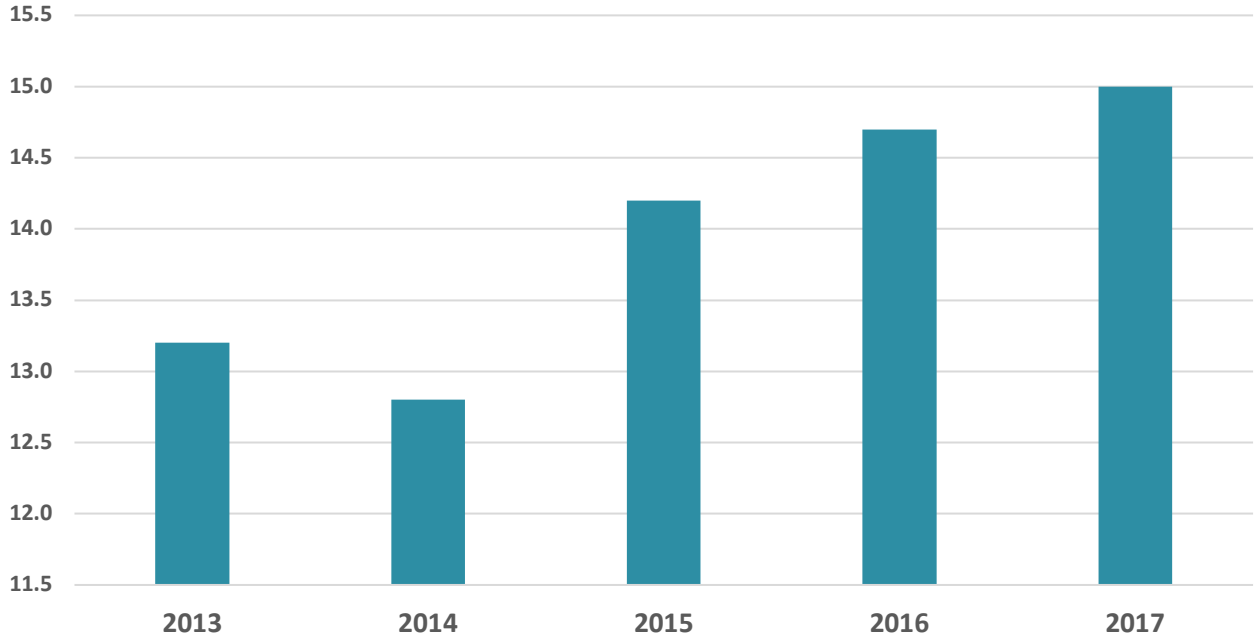


Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.
Data retrieved from SAMHSA National Survey on Drug Use and Health Data Review (2015).

[5] Talking About Suicide & LGBT Populations" (August, 2017). Movement Advancement Project. Retrieved from http://www.lgbtmap.org/effective-messaging/talking-about-suicide-and-lgbt-populations

Suicide in Ohio

***Figure 3*: Ohio Suicide Rates, 2013-2017**



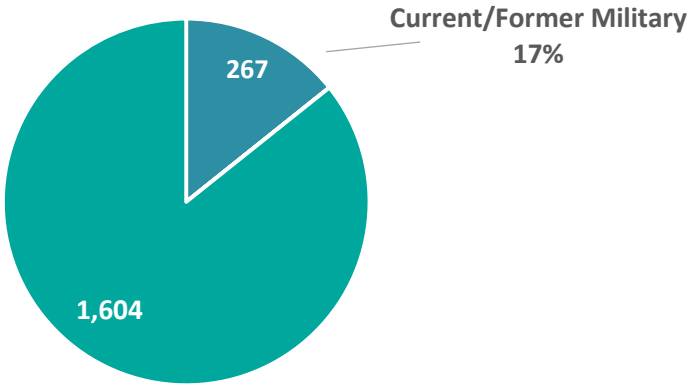
Rates are per 100,000.

Data retrieved from the Ohio Public Health Data Warehouse.

Suicide by Military Status

The most recent Ohio Violent Death Reporting System (OVDRS) annual report indicates that 17% of Ohio's suicide deaths were by active duty service members or veterans in 2015 (Figure 4).

***Figure 4:* Ohio Suicide Deaths by Current/Former Military Status, 2015**

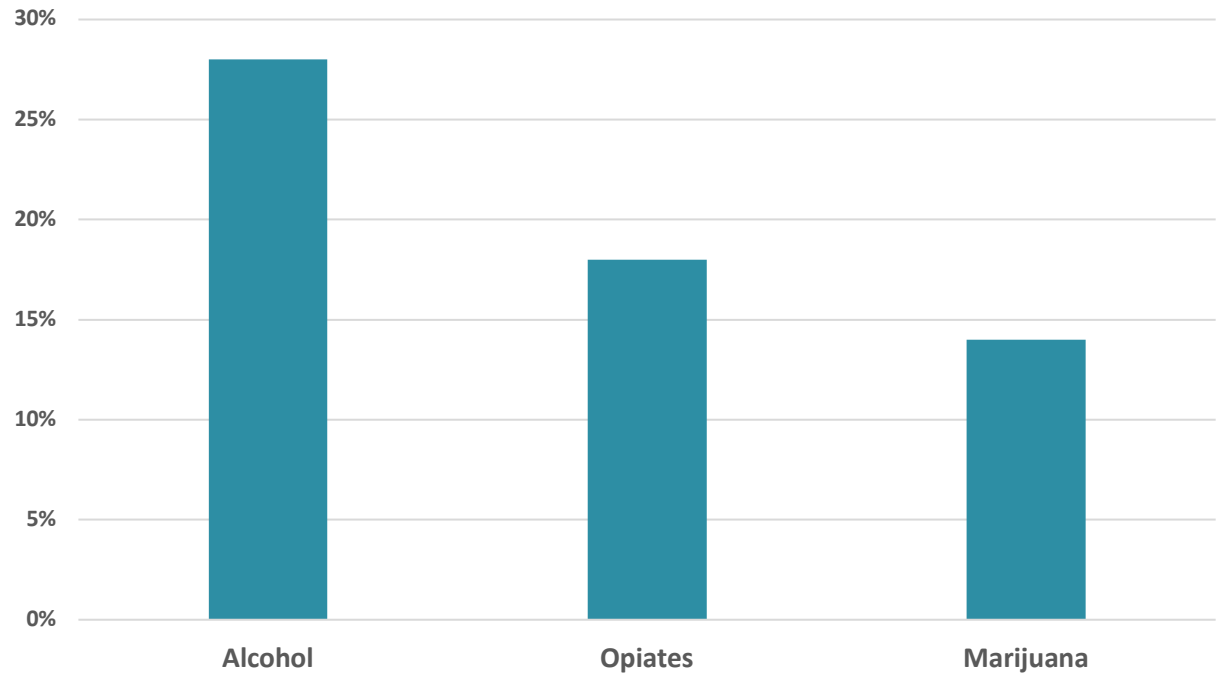


Data retrieved from the Ohio Violent Death Reporting System 2015 Annual Report.

Presence of Substances

As shown in Figure 5, the most recent OVDRS annual report indicates that of deaths by suicide; 28% of victims tested positive for alcohol, 18% tested positive for opiates, and 14% tested positive for marijuana in 2015.

***Figure 5*: Ohio Suicide Deaths by Positive Testing of Alcohol, Opiates, & Marijuana, 2015**

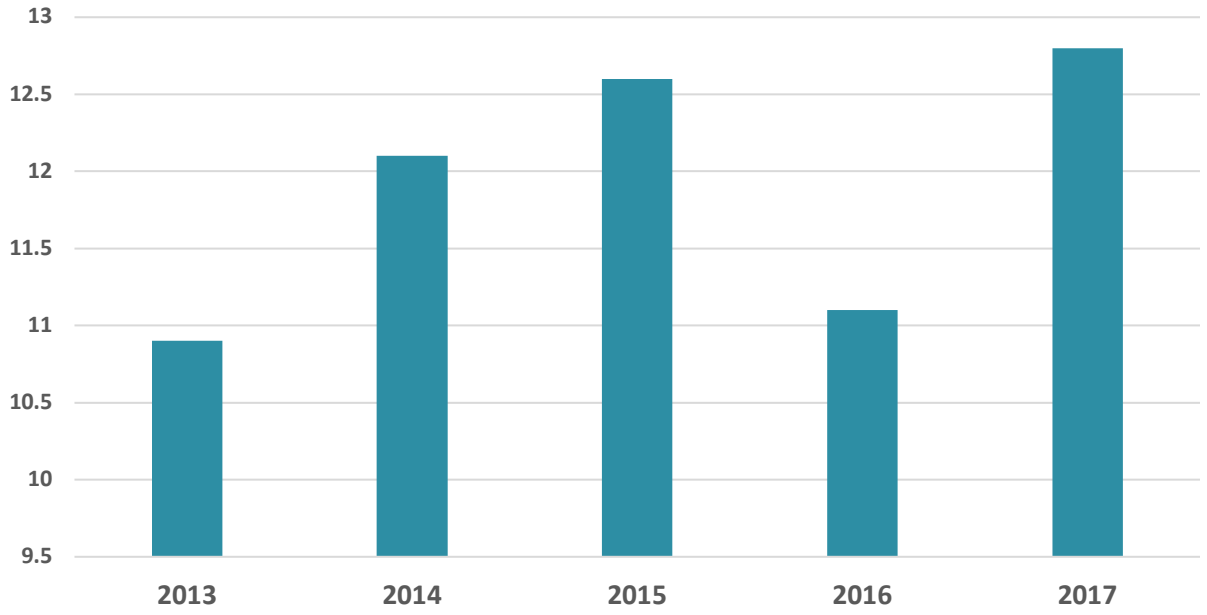


Data retrieved from Ohio Violent Death Reporting System 2015 Annual Report.

Suicide in Franklin County

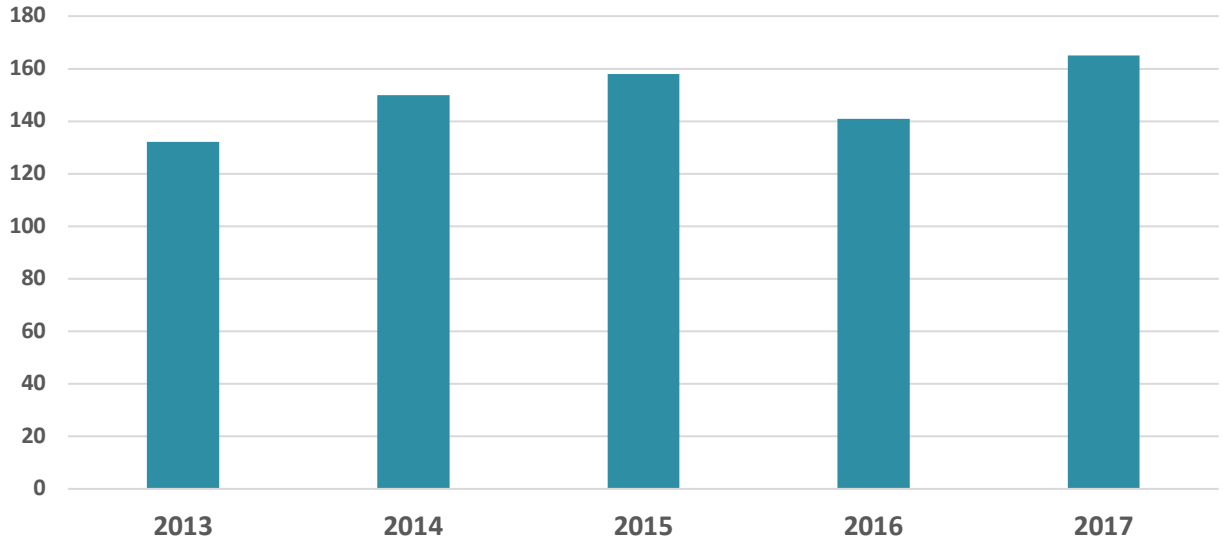
Local data on deaths by suicide reflect state and national rates. Despite increased attention and concern, Franklin County suicide rates have not decreased over the past five years (Figures 6 & 7).

***Figure 6*. Franklin County Suicide Deaths (rates per 100,000)**



Data retrieved from the Ohio Public Health Data Warehouse.

***Figure 7*: Number of Franklin County Suicide Deaths**

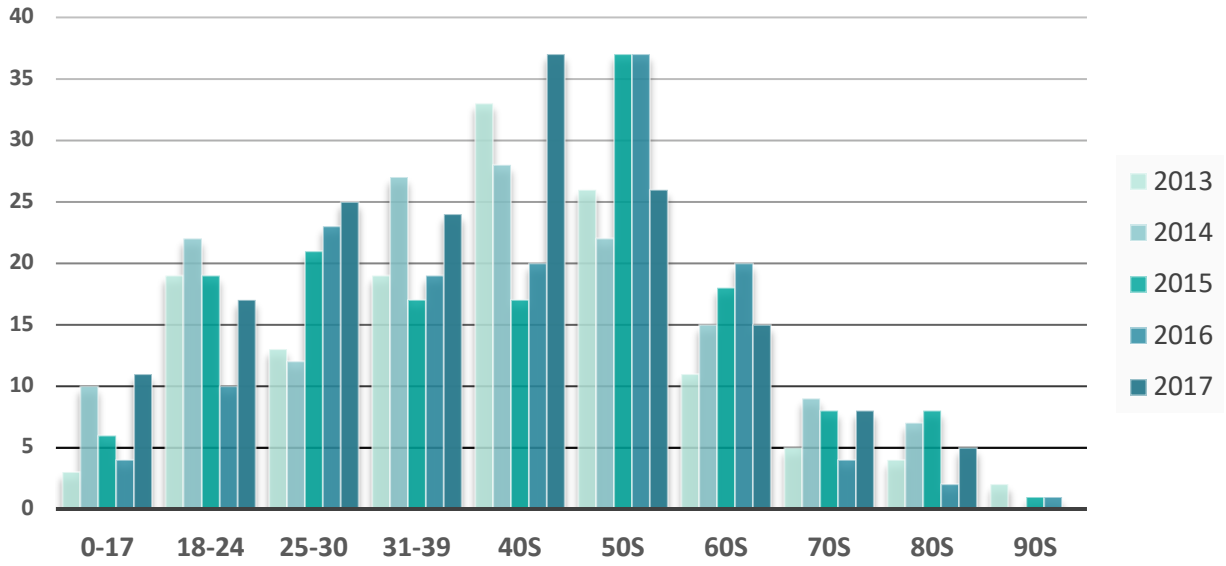


Data retrieved from the Ohio Public Health Data Warehouse.

Suicide Deaths by Age

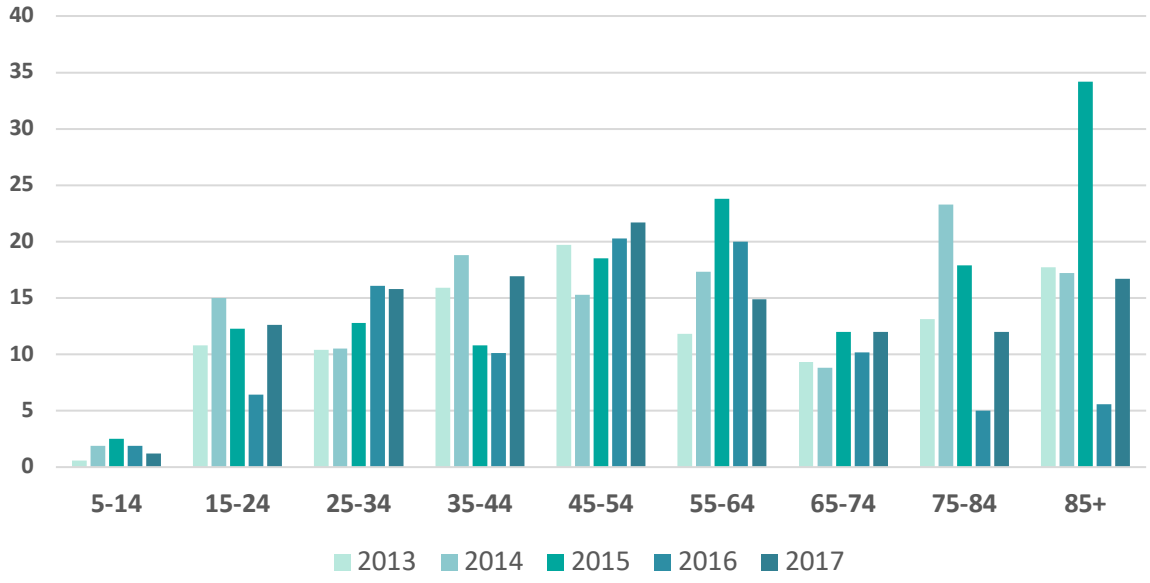
The highest number of suicides in Franklin County from 2013 to 2017 occurred among adults between 18 to 59 years of age, with 38% occurring amongst those between 40-59 years of age (Figure 8). The number of suicides amongst adults between 25-30 years increased each year between 2014 and 2017 and was more than double the number in 2017 compared to 2014. The age group with the highest rate of suicide in 2017, calculated per 100,000, was adults between the ages of 45 and 54 (Figure 9). The rate of suicide for this age group increased each year from 2014 to 2017.

***Figure 8*: Number of Franklin County Suicide Deaths by Age**



Data retrieved from the Franklin County Coroner's Office.

***Figure 9:* Franklin County Suicide Deaths by Age (rates per 100,000)**

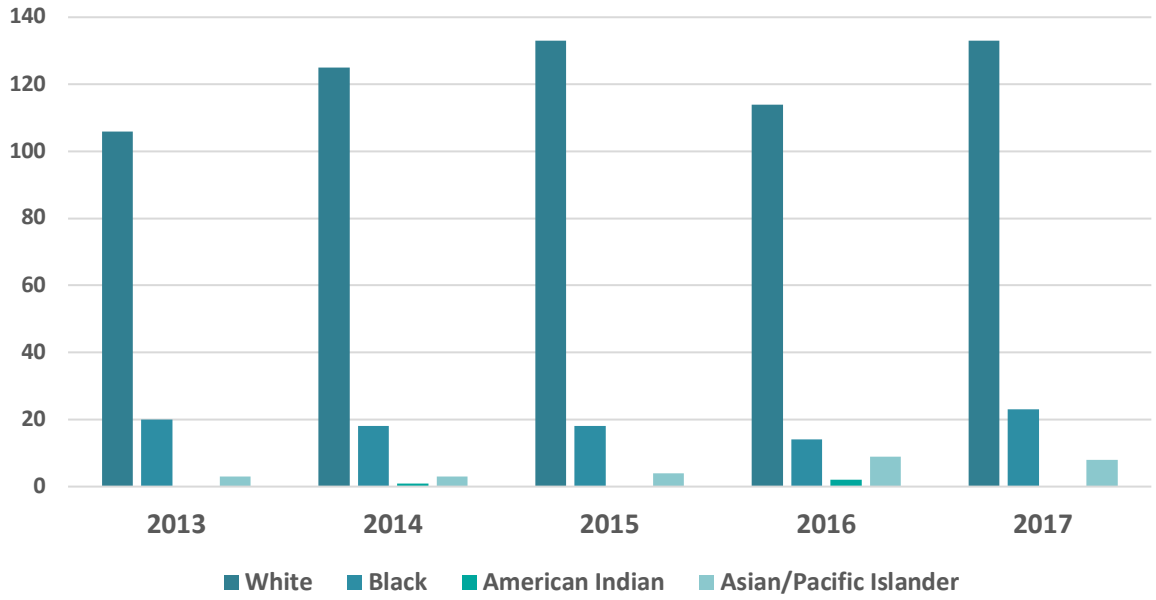


Data retrieved from the Ohio Public Health Data Warehouse.

Suicide Deaths by Race & Ethnicity

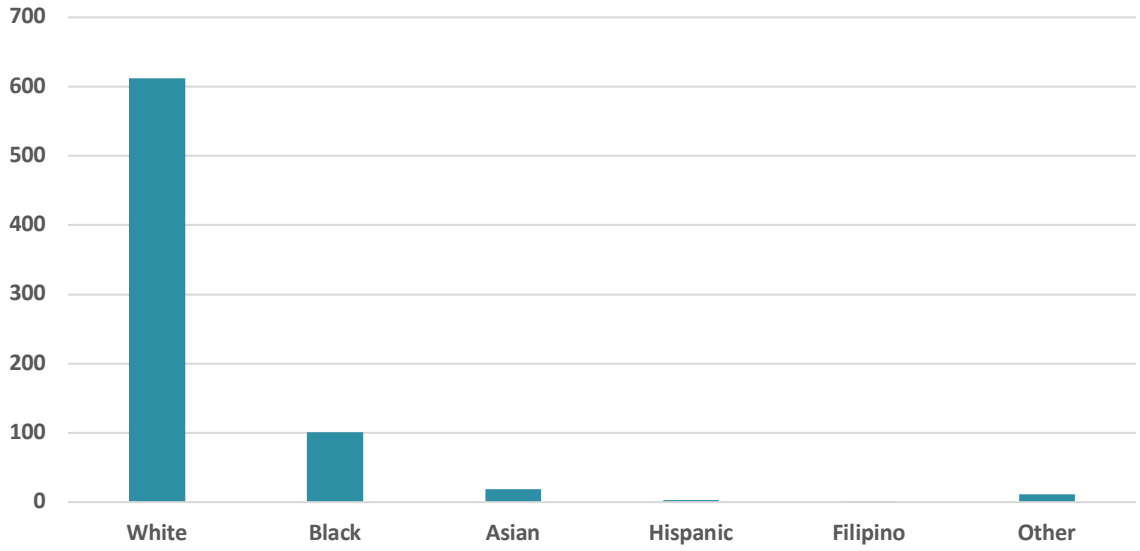
The highest number of suicides in Franklin County from 2013 to 2017 occurred among whites and an increase in the rate of suicide was observed among Asians/Pacific Islanders (Figures 10 & 11).

Figure 10: **Franklin County Suicide Deaths by Race, 2013-2017**



Data retrieved from the Franklin County Coroner's Office.

Figure 11: **Franklin County Suicide Deaths by Race & Ethnicity, 2013-2017**



Data retrieved from the Franklin County Coroner's Office.

Suicide by Gender

The highest number of suicides in Franklin County from 2013 to 2017 occurred among males (Figure 12).

***Figure 12*: Franklin County Suicide Deaths by Gender, 2013-2017**

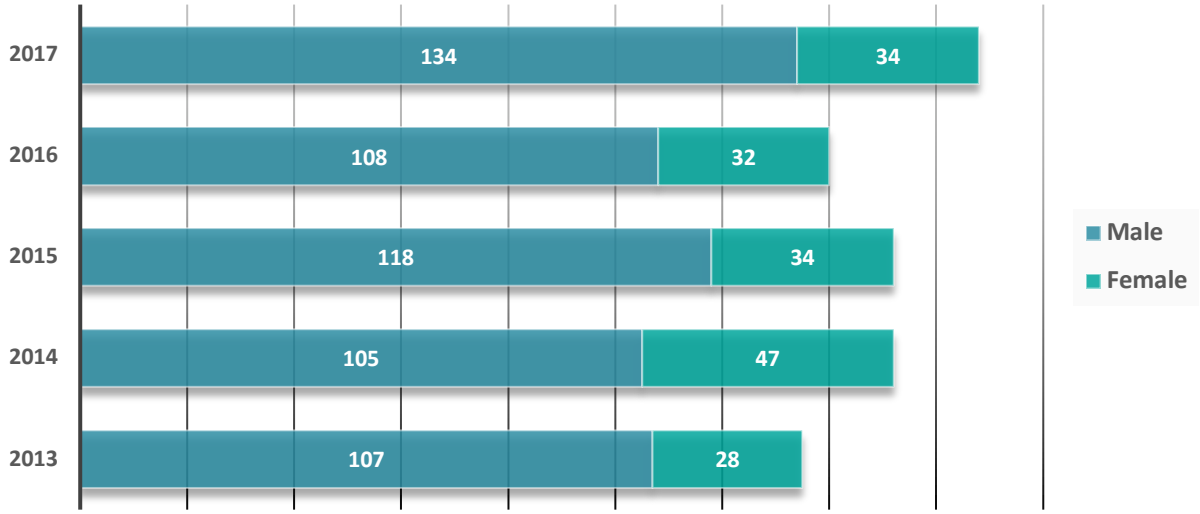
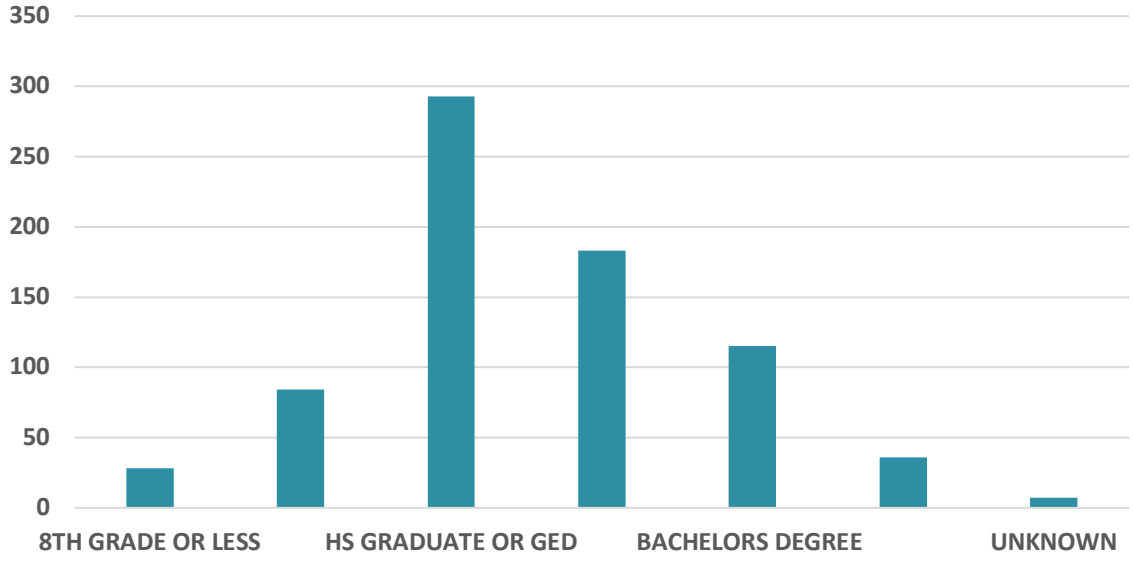


Table from the Franklin County Coroner's Office.

Suicide by Education

The highest number of suicides in Franklin County occurred among individuals who had attained a high school degree or GED, but not a bachelor's or other advanced degree (Figure 13).

***Figure 13:* Franklin County Suicide Deaths by Level of Education, 2013-2017**

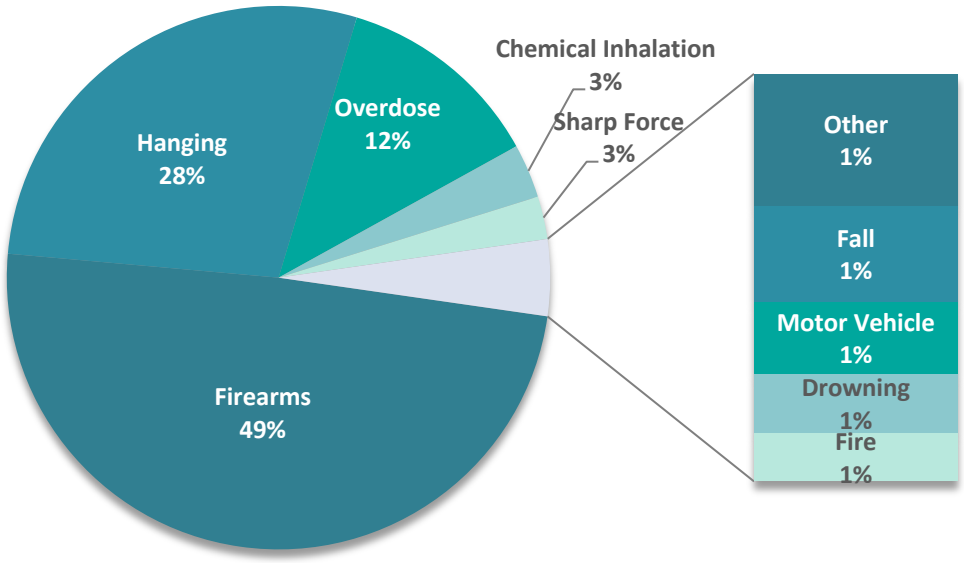


Data retrieved from the Ohio Public Health Data Warehouse.

Method

Firearms represented nearly half of all fatal means of death by suicide in Franklin County between 2013- 2017 (Figure 14). Nationally, the rate of firearm suicides increased from 7.4 per 100,000 residents in 2015 to 7.7 per 100,000 residents in 2016[6]. The Centers for Disease Control and Prevention (CDC) identify access to firearms by persons at risk for harming themselves to be a factor that is likely to be affecting the rate. The CDC recommends reducing access to lethal means during a suicidal crisis by safely storing firearms or temporarily removing them from the home to help reduce suicide risk, particularly among youth.

Figure 14: **Franklin County Suicide Deaths by Method, 2013-2017**

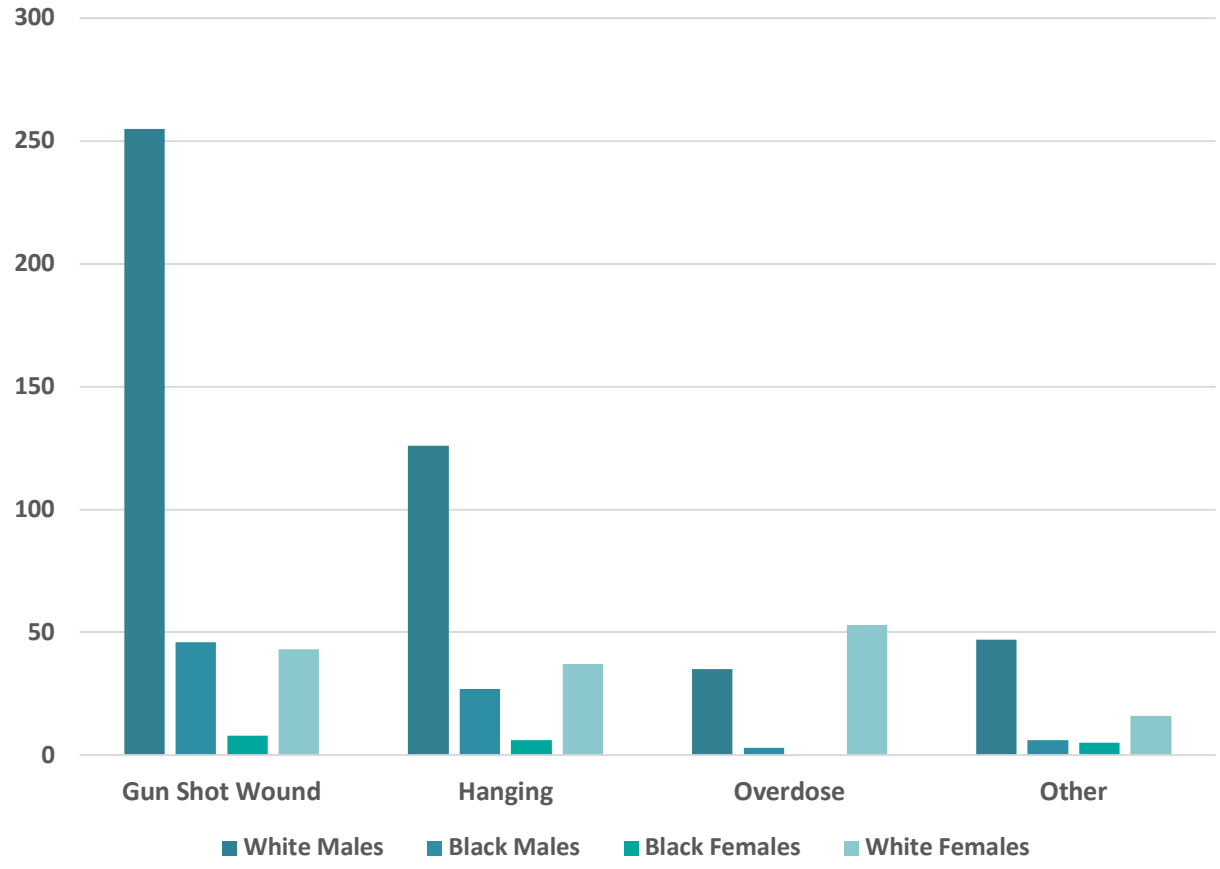


Graph from the Franklin County Coroner's Office.

[6] Kegler SR, Dahlberg LL, Mercy JA. Firearm Homicides and Suicides in Major Metropolitan Areas- United States, 2012-2013 and 2015-2016. MMWR Morb Mortal Wkly Rep 2018; 67:1233-1237.

Of the suicide deaths by gunshot wound between 2013 and 2017, the majority of deaths were among black and white males. Of the suicide deaths by overdose between 2013 and 2017, the majority of deaths were among white females.

Figure 15: **Franklin County Suicide Deaths by Race, Gender, and Method, 2013-2017**



Data retrieved from the Franklin County Coroner's Office.

Mental Illness

Nearly 50% of 2017 Franklin County suicide cases had a documented past of mental illness issues and diagnosis[7]. Over half of the 2017 suicide cases had a documented history of suicidal ideation and about 25% had past attempts.

[7] Franklin County Coroner's Office 2017 Report