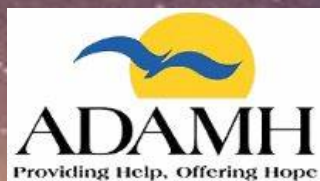


SUICIDE IN CRAWFORD COUNTY: AN OVERVIEW OF SUICIDE TRENDS

2007-2017



October 2018

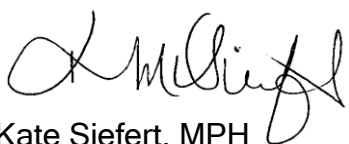
DEAR COMMUNITY MEMBERS,

Suicide is an issue that affects all of Crawford County. During the past ten years, fifty-nine (59) deaths of Crawford County residents were recorded as suicides. For all of Ohio, there were 1,734 suicide completions just in 2017 - or roughly 4.75 completed suicides per day. The devastating effects on individuals, families, communities, and society makes suicide a serious public health issue.

This report, *Suicide in Crawford County: An Overview of Suicide Trends*, provides insightful data that can help bring awareness to the problem on a local level and to assist in understanding risk factors involved. Increased awareness and understanding work to strengthen suicide prevention practices that can be successfully planned and implemented in our community.

Crawford County Public Health and the Crawford-Marion ADAMH Board monitor and track suicide trends and use this data to work in collaboration with our community partners to enhance services in the areas of behavioral health, substance abuse, and suicide prevention.

Suicide is preventable. However, we must acknowledge that mental health stigma is a very real problem. Stigma - whether social or perceived - is too often a barrier that keeps individuals from seeking out the help they need. By working together, we can reduce stigma, increase access to treatment, and ultimately prevent suicide in Crawford County.



Kate Siefert, MPH
Health Commissioner
Crawford County Public Health



Brad DeCamp
Executive Director
Crawford-Marion ADAMH Board

If you are struggling with suicidal tendencies, please reach out to someone. You can reach the National Suicide Prevention Lifeline at 1-800-273-8255 or contact the Crisis Text Line by texting TALK to 741741.

THE BURDEN OF SUICIDE

There is no single cause to suicide. Suicide impacts communities across racial, age, socioeconomic, and geographic sectors. This report reviews 10 years of data and will show that suicide is a critical problem in Crawford County, with multiple years where the local suicide completion rate is higher than Ohio or the U.S. In 2016, suicide was the 7th leading cause of death in Crawford County.

Suicide is the 11th leading cause of death in Ohio, but is the 2nd leading cause of death of individuals in the 15-34 age group. It is also the 4th leading cause of death of individuals in the 35-44 age group and the 5th leading cause of death of individuals in the 45-54 age group*. Clearly this is a problem that can affect individuals across the life span.

Suicide prevention efforts require coordination and collaboration among multiple sectors of society, both public and private. These efforts must be comprehensive, integrated, and synergistic, as no single approach alone can impact an issue as complex as suicide.

Risk factors for suicide exist at the community and individual level. Community risk factors include discrimination, a sense of isolation, abuse, violence, war, disaster, and conflictual relationships. Individual risk factors include previous suicide attempts, mental disorders, harmful use of alcohol or other drugs, financial loss, trauma, chronic pain, and a family history of suicide. Often it is the culmination of several risk factors that increases a person's vulnerability to suicidal behavior.

Strategies to counter these risk factors are categorized into three areas: "Universal" prevention strategies which are designed to reach an entire population such as efforts to increase access to health care and promote mental health; "Selective" prevention strategies are designed to target vulnerable groups such as those who have suffered trauma or abuse and those bereaved by suicide; and "Indicated" strategies that target specific, vulnerable individuals by providing community support, follow-up care, and improved identification and management of mental health and substance abuse disorders.

DEFINITIONS

Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.

A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

Suicidal ideation refers to thinking about, considering, or planning suicide.

*American Foundation for Suicide Prevention.

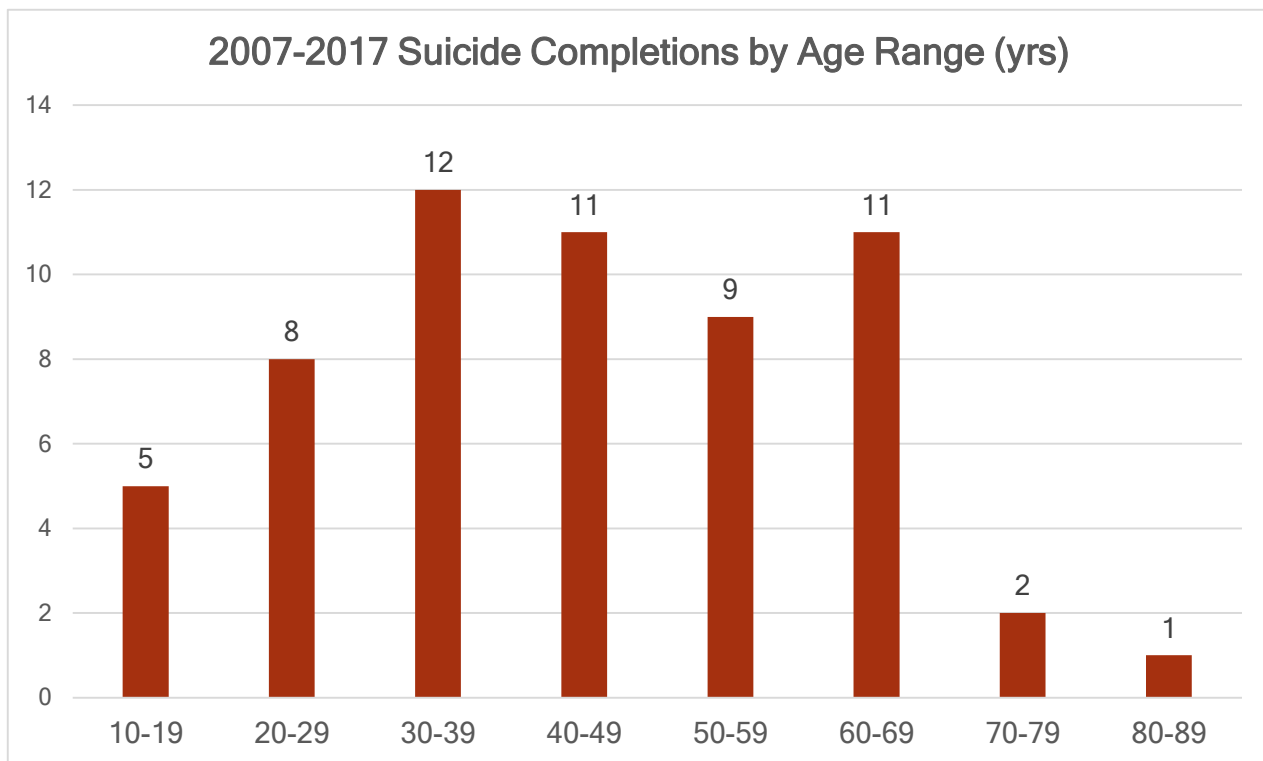
THE DATA

From 2007 through 2017, there were 59 suicide completions by Crawford County residents.

TOTAL SUICIDE COMPLETIONS BY YEAR



The youngest suicide completion was 16 years old and the oldest was 81 years old, with an average age of 44.5 years old.



Suicide completions were more likely to be men (85%) than women (15%).

2007-2017 COMPLETED SUICIDES BY GENDER

50 
Male

9 
Female

Age-adjusted rates were calculated for suicide completions for years 2007 through 2017 and compared to the Ohio and the National age-adjusted rates (note: the national 2017 rate has not been released yet).

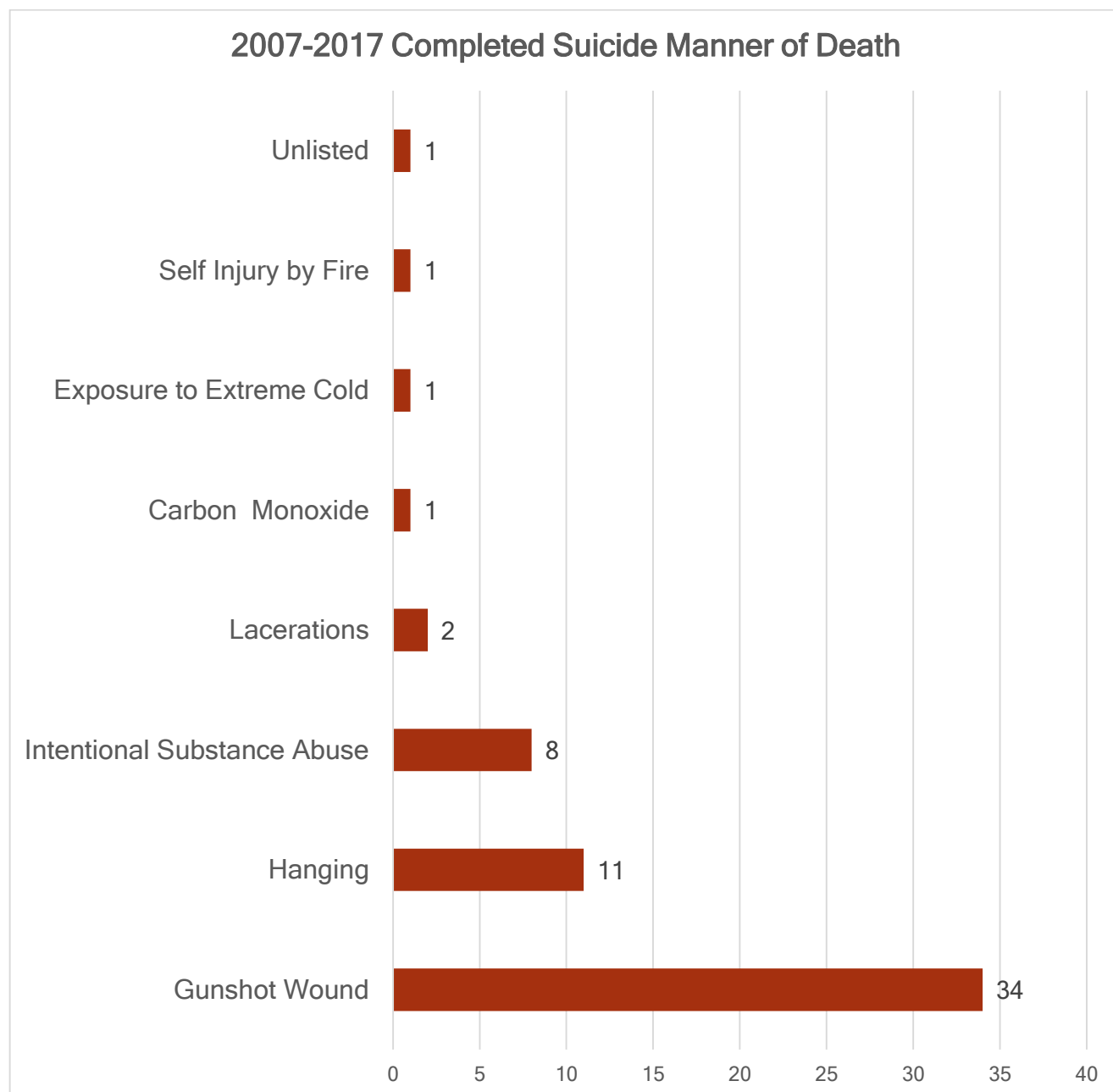
During these ten years, Crawford County's suicide completion rate was higher than Ohio and the U.S. for five of the years.

	Crawford County Suicide Rate	Ohio Suicide Rate*	National Suicide Rate*
2007	7.38	11.04	11.27
2008	10.44	12.17	11.6
2009	3.02	10.01	11.75
2010	18.99	12.25	12.08
2011	15.24	12.35	12.32
2012	11.33	12.97	12.53
2013	14.76	12.78	12.56
2014	6.96	12.57	12.96
2015	16.24	13.89	13.28
2016	21.06	14.11	13.42
2017	12.56	14.8	---

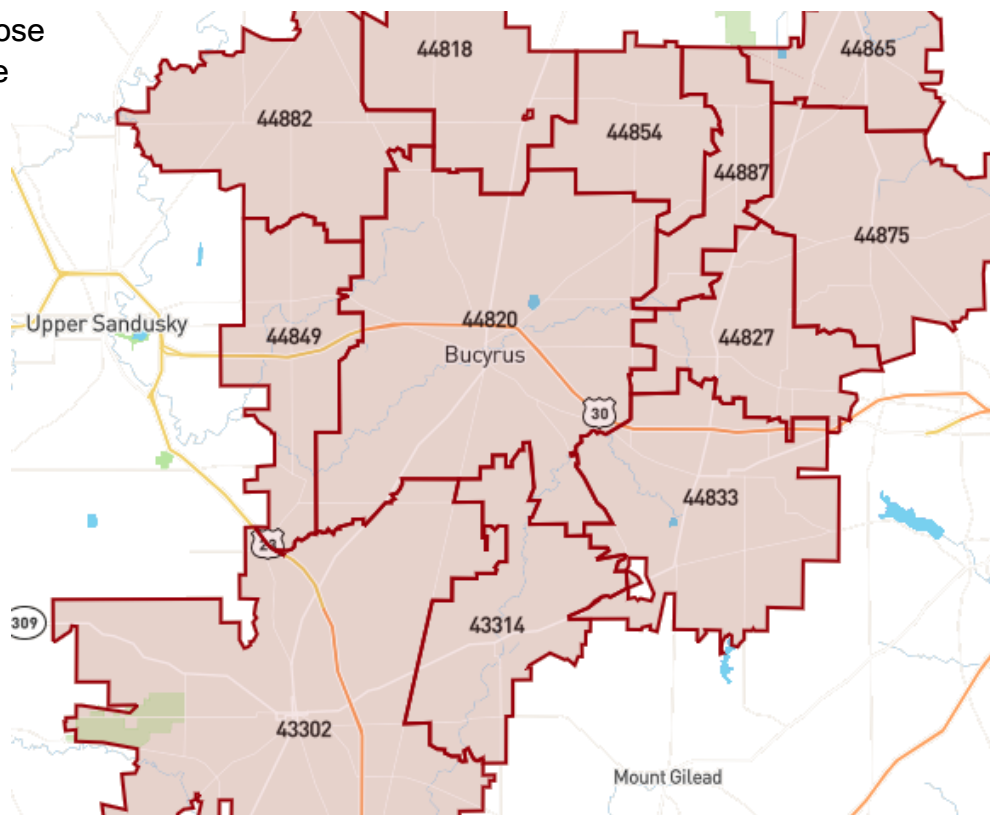
*Produced by: National Center for Injury Prevention and Control, CDC. Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

Crawford County rates were calculated by Mary E. Salimbene Merriman, MPH, Epidemiologist.

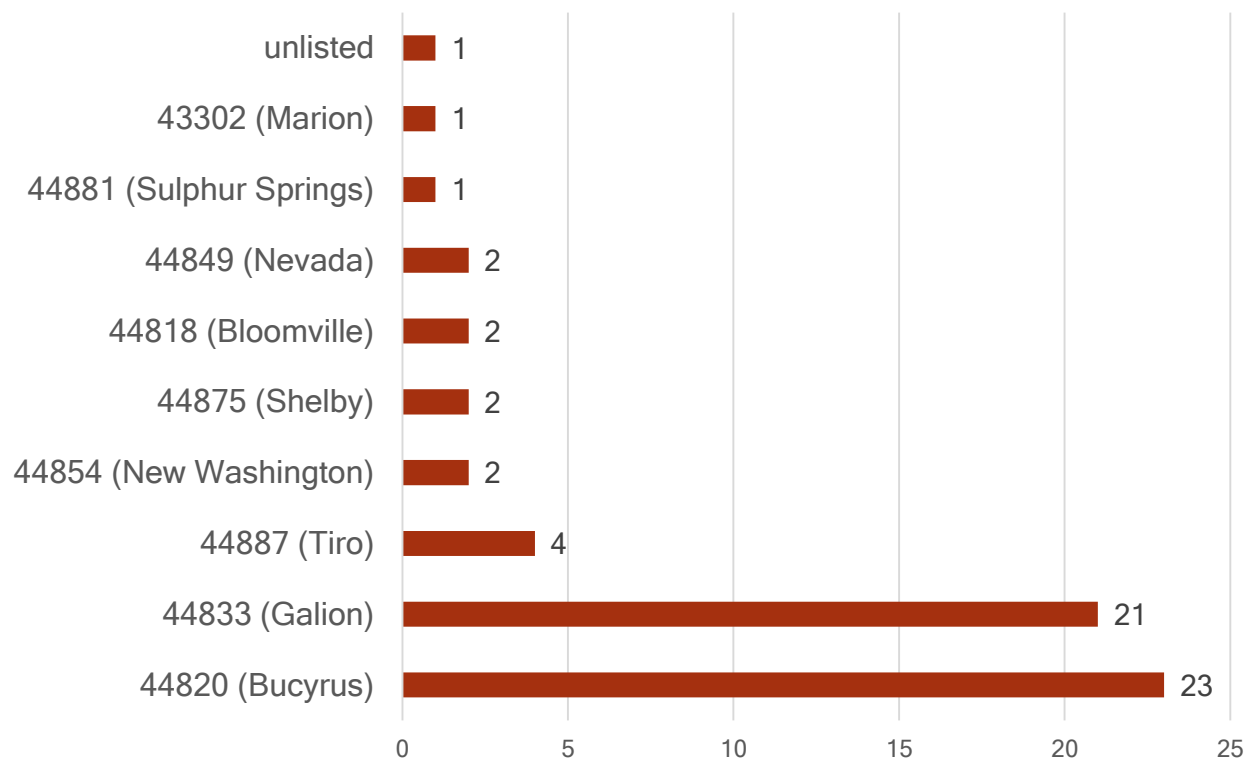
Gunshot wound was the most frequent completed suicide manner of death with a 58% occurrence (34 incidents). The second most frequent suicide completion manner of death was hanging, with 11 incidents (19%), followed by intentional substance abuse (18%).



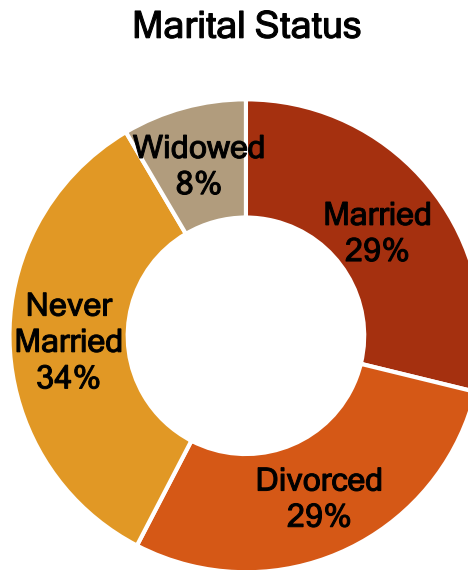
Forty-four (75%) of those that completed suicide resided in areas with either a Bucyrus or Galion zip code.



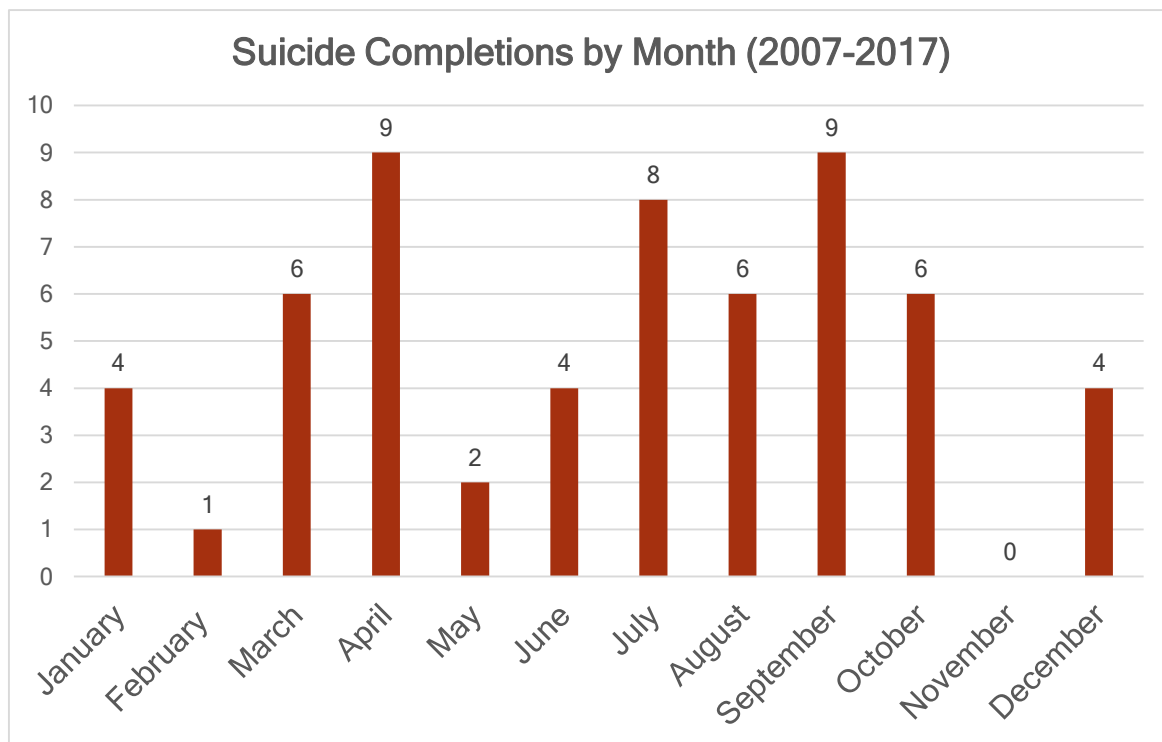
Zip Code of Residence



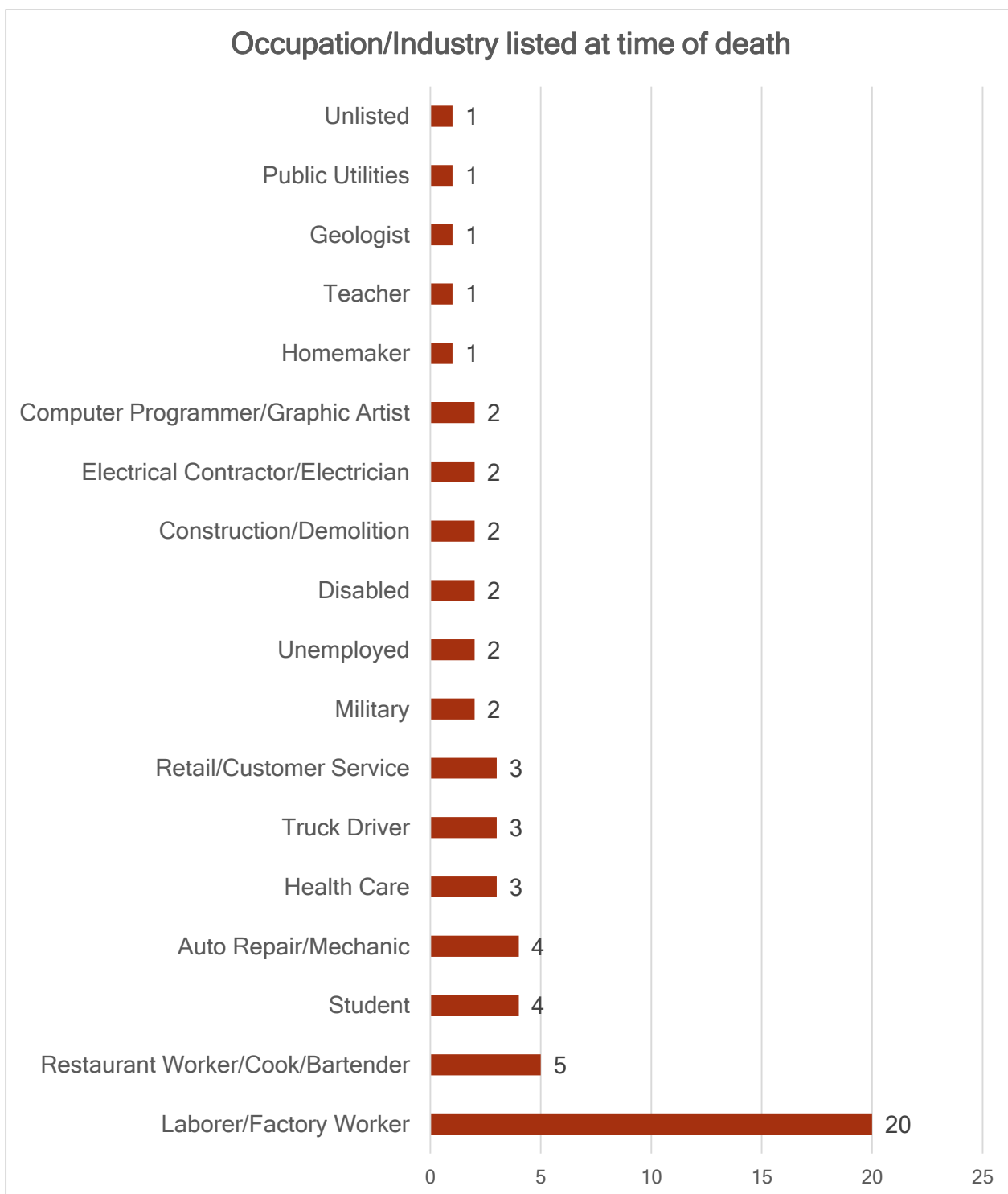
Thirty-four percent (34%) of those that completed suicide had never married.



Suicide completions occurred during every month of the year except for November.



- 76% of the completed suicides occurred at home or on the decedent's property.
- 10% of the suicide completions listed drugs or alcohol as a contributing cause (secondary condition but not the cause of death).
- 34% of those that completed suicide were employed by local factories at time of death.



Anyone in our community could be struggling with suicide. We can all help to prevent suicide. Understanding the issues concerning suicide is an important step in helping others in crisis, changing the conversation around suicide and preventing suicide.

WHAT ARE THE WARNING SIGNS OF SUICIDE?

The behaviors listed below may be signs that someone is thinking about suicide.

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Planning or looking for a way to kill themselves, such as searching online, stockpiling pills, or newly acquiring potentially lethal items (e.g., firearms, ropes)
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain, both physical or emotional
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking risks that could lead to death, such as reckless driving
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

(Source: National Institute of Mental Health.)

EXAMPLE WARNING SIGNS

Example 1: Withdrawal from family and/or friends

Possible representation in teens and youth: You may notice that a teen is spending more time in his or her bedroom and is not hanging out with his or her friends anymore. Initially, this teen may have been very outgoing, involved in many after school activities, and hung out with friends on a regular basis. Now, it seems like this teen is wanting to isolate himself or herself from everyone, including family and close friends.

Possible representation in adults: Beforehand, your best friend used to go to trivia nights with you twice a week at your favorite bar. It was rare if he missed even one outing. Now, it seems like he is making up excuses each time and staying at home. Sometimes he just doesn't even bother to let you know that he isn't coming or doesn't answer your texts or calls.

Example 2: Excessive risk taking

Possible representation in teens and youth: About 6 months ago, your teen's long-term girlfriend of 2 years dumped him. Recently, you have noticed that he is bringing home different girls every week to hang out. You ask him if he is having sex with these girls and he discloses that he is having unprotected sex with most of them. You bring up the risk of STDs and pregnancy, and he simply brushes it off and says he doesn't really care.

Possible representation in adults: You notice that your adult sister who has always been fiscally responsible (pays mortgage on time, has a 401(k), has a college fund for her children, etc.) is suddenly taking a bunch of sick days from work and dipping into her savings and retirement funds. Additionally, she is spending a large portion of this money on alcohol and going to bars. She says that this is the only way she can feel anything anymore.

Example 3: Thwarted Belongingness

Possible representation in teens and youth: You notice that your 19 year old son who recently just started attending the college of his dreams is beginning to say things like "I feel like I'm not smart enough to go to school here", or "I feel like a loser on this campus". He has always received good grades, and continues to do so, yet he doesn't believe that he deserves to go to this university.

Possible representation in adults: You and your friends are a part of a closely-knit friend circle and practically do everything together on the weekends. Recently, however, one of your buddies has revealed to you that he doesn't think that anyone likes him from the friend group anymore despite not being able to give any reasons as to why he has this thought. As a result, he has been isolating himself from the friend group.

Example 4: Showing rage or talking about seeking revenge

Possible representation in teens and youth: You notice that a tenth grade student of yours who gets picked on and bullied in school has been making comments such as “you all are going to be sorry when I’m gone”. Moreover, the student has been slamming his books and other belongings around in extreme frustration.

Possible representation in adults: Your best friend is currently in the middle of a rough divorce. He has mentioned to you in the past that his wife never took his mental health struggles and depression seriously. After sharing a few beers with you one night, he says that his wife will never get the satisfaction of divorcing him because he will be dead before it is finalized. (note: this sign is also coupled with “talking about wanting to die or kill oneself, even in a joking manner)

Example 5: Sudden change in physical appearance and/or personality

Possible representation in teens and youth: Some teens go through a phase where they change clothing/hair styles. This is a normal part of adolescence and expressionism. It becomes worrisome when this teen is also expressing other signs of suicidal ideation listed above. For instance, your 17 year old son who has always expressed interest in becoming a doctor, recently started getting very large tattoos on his neck and forearm. In addition to not grooming himself nearly as much, he isn’t showing as much interest in his future aspirations.

Possible representation in adults: You begin noticing that one of your best employees has started to look physically unwell for the past couple of months. Typically, this employee is one of the best-dressed (wears suit and tie almost every day) and is usually in an upbeat mood. Now, he looks like he has bloodshot eyes all of the time, wears the same pair of clothes a few times a week, and is letting his facial hair go ungroomed. Additionally, he has taken quite a few sick days and his work performance is lowering.

If you are struggling with suicidal tendencies, please reach out to someone. You can reach the National Suicide Prevention Lifeline 24/7 at 1-800-273-8255 or contact the Crisis Text Line by texting TALK to 741741.

5 ACTION STEPS FOR HELPING SOMEONE IN EMOTIONAL PAIN

1. **Ask:** “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
2. **Keep them safe:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
3. **Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.
4. **Help them connect:** Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
5. **Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

WHAT SHOULD I DO IF I AM IN CRISIS OR SOMEONE I KNOW IS CONSIDERING SUICIDE?

If you or someone you know has warning signs or symptoms of suicide, particularly if there is a change in the behavior or a new behavior, get help as soon as possible.

Often, family and friends are the first to recognize the warning signs of suicide and can take the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions. If someone is telling you that they are going to kill themselves, do not leave them alone. Do not promise anyone that you will keep their suicidal thoughts a secret. Make sure to tell a trusted friend or family member, or if you are a student, an adult with whom you feel comfortable. You can also contact the resources noted below.

Local Resources:

There are many local agencies ready to help.

Affinity HealthWorks, LLC. - (419)562-2400
 Crawford-Marion ADAMH - (419)562-7288
 Community Counseling - (419)562-2000
 Contact - (419)562-9010 or (419)468-9081
 Family Life Counseling - (567)560-3583
 MaryHaven - (419)562-1740
 NAMI Marion & Crawford Counties - (740)375-0796
 National Suicide Prevention Lifeline - 1-800-273-8255