M·H·A·R·S
MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES
BOARD OF LORAIN COUNTY

February 19, 2020

RE: Senate Bill 126 – Proponent Testimony from the MHARS Board

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the committee:

My name is Clare Rosser, and I am representing the Mental Health, Addiction and Recovery Services Board of Lorain County today in support of Senate Bill 126, to expand Ohio Revised Code 5122.04 to include children under age 14, who are now dying by suicide at double the rate they did a decade ago.[1]

Specifically, our Board supports the proposed changes to language that will allow mental health professionals, under defined circumstances when parental consent is unavailable, to administer crisis assessments to a child younger than age 14.

Thank you for allowing me to share my thoughts today.

Currently, children ages 14 and older can receive a mental health assessment without their parent or guardian's consent. The law has worked well to make sure that kids who are experiencing a mental health crisis can get help as soon as they need it.

However, children are now experiencing mental health crises at younger ages. Children under the age of 14 are dying by suicide at double the rate they did a decade ago.

When this section of the Revised Code went into effect in 1989, age 14 made sense. That was then.

Suicide is now **the leading cause of death among Ohioans ages 10-14** and the second leading cause of death among Ohioans ages 15-34.

A report released recently from the Ohio Department of Health showed that suicide deaths increased by 56% among Ohio youth ages 10-24 between 2007-2018.[2]

Let me read part of that again: Leading cause of death ages TEN to 14.

The language change in Senate Bill 126 is an example of a good law that can become even better. It keeps the important language for youth ages 14 and older to access a higher level of care if needed, and now will allow for a crisis assessment for a younger child when there is evidence that the child may be suicidal. Even if the parent is not immediately available, the child's safety and well-being can be assessed by a professional, while the professional continues to make a good-faith effort to connect with the parent or guardian. This allows any youngster to get the help they need when they need it.

When announcing the ODH report that I referenced, Governor DeWine encouraged all Ohioans to learn the signs of suicide so that they know how to help someone in need.[3] The good news is that people are

learning the signs of suicide, and because of that, there may be more opportunities to intervene with people of all ages.

I teach suicide prevention classes. You can probably imagine the scenarios that people bring up, where a child reveals the depth of their struggles with mental health concerns and thoughts of suicide, but the parent is not immediately available to help. A child might confide in a coach during a drop-in game of basketball at a community rec center, and the coach not only hasn't met this child before, but doesn't know the parents. Or a child has a psychiatric crisis in the care of their youth pastor during a church retreat, or during a summer camp experience at a local park system.

We want kids to feel like they can tell trusted adults when they are having thoughts of suicide and need help. But then those adults need to be empowered to get kids the help they need right away.

Data we collect in Lorain County shows that even if a parent-child relationship is strong – the child might talk to their mom or dad about everything – the one thing the child is not sharing with their parents is when they are having feelings of depression or thoughts of suicide. Only a small percentage of 6th through 10th graders who were having those feelings expressed them to a parent.[4]

It is possible that a non-parent will be the first to learn about those thoughts of suicide. They might tell a coach, or a pastor, or a summer camp counselor.

In those situations, if a parent cannot be reached right away, options are limited. The adults can call the local mental health crisis unit, but the professionals cannot assess the child's situation without immediate parent involvement if they are under the age of 14. That means that a child in psychiatric crisis might end up in an ambulance, transported to a hospital emergency department — which is not a therapeutic environment for a child experiencing this type of crisis, and can add to the child's trauma. It also means that the situation is more likely to involve law enforcement or social services. Instead, with the change proposed by Senate Bill 126, a child could receive therapeutic support from people specifically trained to help kids experiencing a behavioral health crisis, keeping the child safe while continuing to try to connect to the parents.

Our Board fully supports this language change as written. It acknowledges that in the real world, a crisis might unfold at an inconvenient time, and while every effort is always made to reach the parent, we cannot wait to respond to a child in crisis. Also, Ohio cannot wait to address a trend of younger people dying by suicide. This proposed language change in Senate Bill 126 is a good update to a current law. It will save younger lives.

I ask this Committee to support the language update through Senate Bill 126. Thank you again for allowing me to speak to you today.

1 – The Jason Foundation data
2 – Ohio Department of Health Suicide Demographics and Trends, Ohio, 2018
3 – News Release ODH, November 13, 2019
4 – 2016 PRIDE data

Experiencing a crisis? Call 911, 1-800-273-TALK (8255), or tex

Facts & Stats

For middle and high school age youth (ages 12-18), suicide is the 2nd leading cause of death. *

For college age youth (ages 18-22), suicide is the 2nd leading cause of death. *

Over-all, suicide is the 2nd leading cause of death for our youth ages 10-24. *

(*2017 CDC WISQARS)

In ages 10 – 14, we have seen an alarming increase in suicides. The number of suicides for this group has more than doubled since 2006, making it the second leading cause of death for that age group.

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED**.

Each day in our nation, there are an average of over 3,069 attempts by young people grades 9-12. If these percentages are additionally applied to grades 7 & 8, the numbers would be higher.

Four out of **Five** teens who attempt suicide have given clear warning signs.

The **Youth Risk Behavioral Surveillance System (YRBS)** is a survey, conducted by the Centers for Disease Control and Prevention, that includes national, state, and local school-based representative samples of 9th through 12th grade students. The purpose is to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth in the United States. The surveys are conducted every two years to

Ohio Department of Health

Suicide Demographics and Trends, Ohio, 2018

FAST FACTS

- From 2007 to 2018, the number and rate of suicides increased.
- In 2018, there were 1,836 suicides.
- Since 2014, the rate among black, non-Hispanic and white, non-Hispanic males increased 53.8% and 24.0%, respectively.
- In 2018, adults 45-64 years of age had the highest rate of suicide, followed by adults 25-44 years.
- From 2007 to 2018, the rate of youth suicide (10-24 years) increased 64.4%, from 7.3 to 12.0 deaths per 100,000.
- Males are disproportionately burdened by suicide across the lifespan. Overall, the suicide rate among males is nearly 4 times the rate among females.

RESOURCES

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

- Crisis Text Line
  Text "4HOPE" to 741741

Suicide in Ohio

Suicide and intentional self-harm are major public health problems. In 2018, suicide was the 11th leading cause of all death in Ohio among all ages, the leading cause of all death among Ohioans 10-14 years of age and the second leading cause of all death among Ohioans 15-34 years. Suicide accounted for 17.5% of all injury-related deaths in 2018 and was the second leading injury-related cause of death among Ohioans 15 years and older.

From 2007 to 2018:

- suicide deaths increased 44.8%, from 1,268 to 1,836.
- the age-adjusted suicide rate increased 40.7%, from 10.8 to 15.2 deaths per 100,000 people.

Figure 1. Number and Age-Adjusted Rate of Suicide, Ohio, 2007–2018

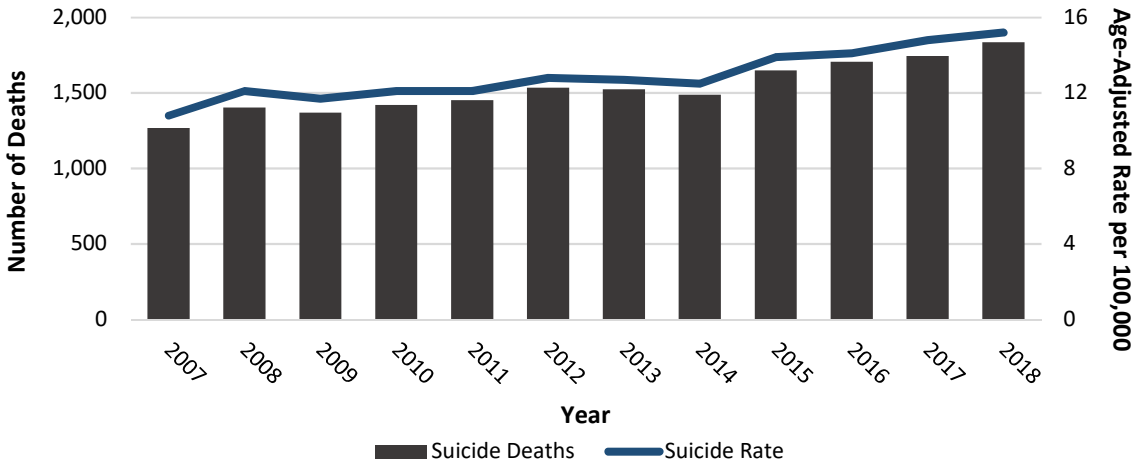
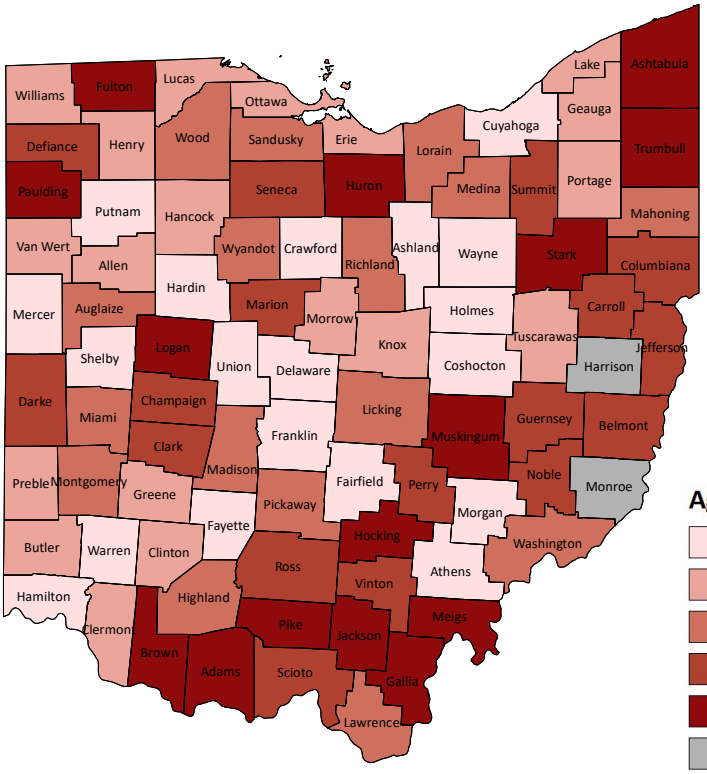


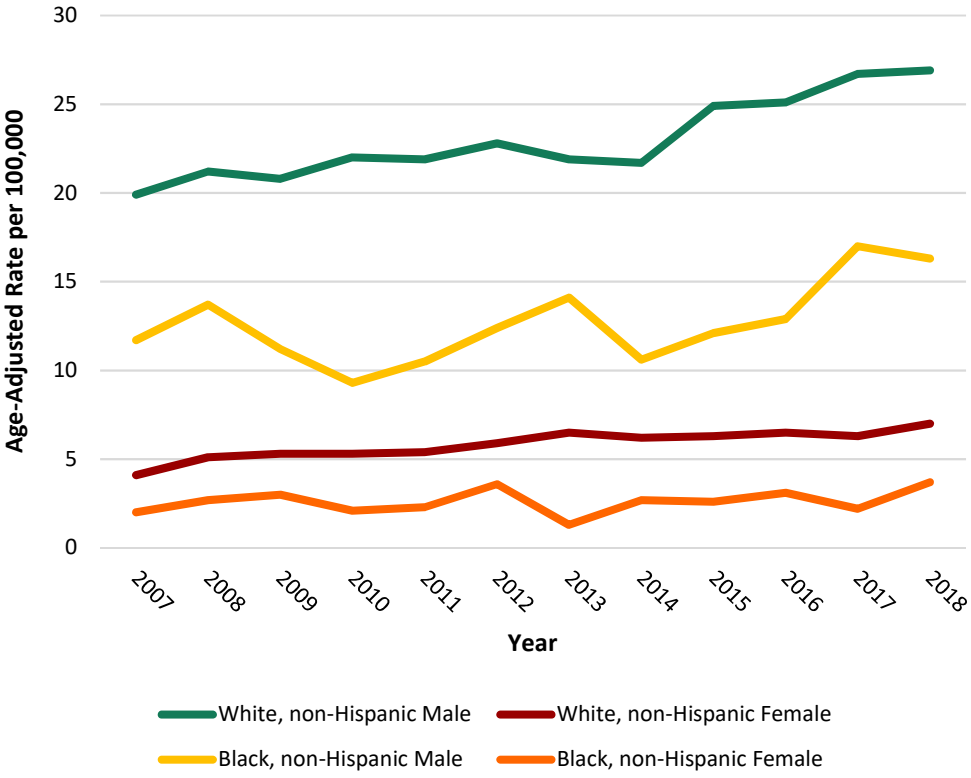
Figure 2. Age-Adjusted Suicide Rate by County, Ohio, 2014–2018



- For the time period of 2014–2018, Meigs County had the highest age-adjusted suicide rate. For every 100,000 residents, nearly 24 died by suicide.
- Holmes County had the lowest age-adjusted suicide rate (7.5 per 100,000).

Trends by Demographic

Figure 3. Age-Adjusted Suicide Rate by Race/Ethnicity and Sex, Ohio, 2007–2018



From 2007 to 2018, the overall age-adjusted suicide rate among all race/ethnicity and sex categories represented in Figure 3 have increased.

Rates are highest among white, non-Hispanic males.

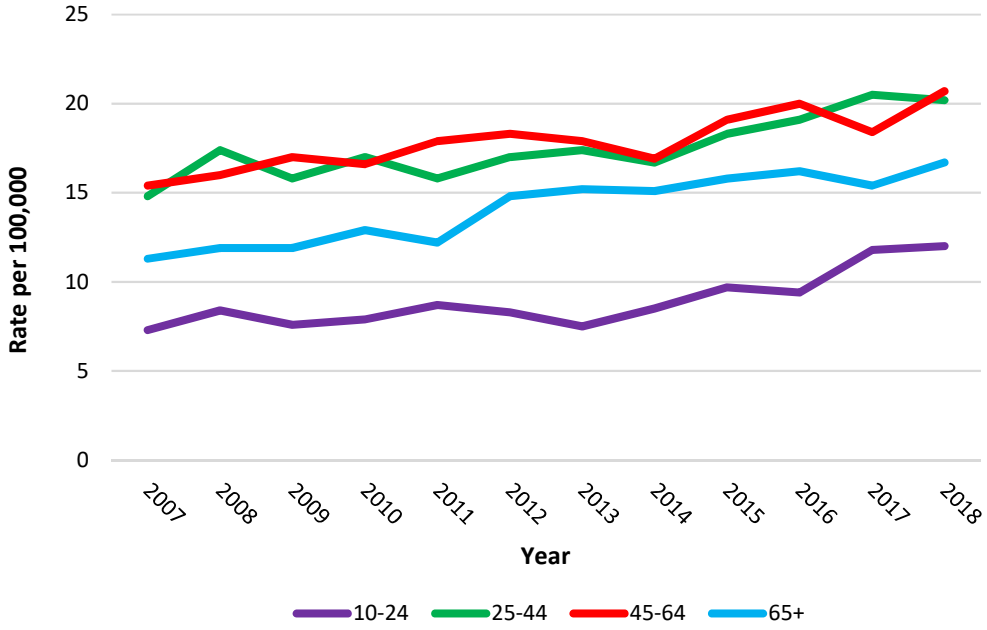
Since 2014, the age-adjusted rate of suicide among white, non-Hispanic and black, non-Hispanic males increased dramatically.

- The rate among black, non-Hispanic males increased 53.8%, from 10.6 in 2014 to 16.3 deaths per 100,000 in 2018.
- The rate among white, non-Hispanic males increased 24.0%, from 21.7 in 2014 to 26.9 deaths per 100,000 in 2018.

*Race/ethnicity categories are mutually exclusive. Specified race (white, black, other) excludes Hispanic ethnicity. Other race/ethnicity groups not shown due to small numbers.

In Ohio, five people die by suicide every day.
One youth dies by suicide every 33 hours.

Figure 4. Crude Suicide Rate by Age Group, Ohio, 2007–2018



In 2018, adults 45-64 years of age had the highest rate of suicide, followed by adults 25-44 years.

From 2007 to 2018, the rate of:

- youth suicide (10-24 years) increased 64.4%, from 7.3 to 12.0 deaths per 100,000.
- adult suicide among 25-44 year olds increased 36.5% (14.8 to 20.2) and among 45-64 year olds increased 34.4% (15.4 to 20.7).
- older adult suicide (65+ years) increased 47.8%, from 11.3 to 16.7 deaths per 100,000.

Age and Sex

- In 2018, there were 387 suicides among females (21.1%) and 1,449 suicides among males (78.9%).
- Males are disproportionately burdened by suicide across the lifespan.
- Males 55-64 years of age had the highest number of suicide deaths, while the rate is highest among males 75 years and older.

Figure 5. Number of Suicides by Age and Sex, Ohio, 2018

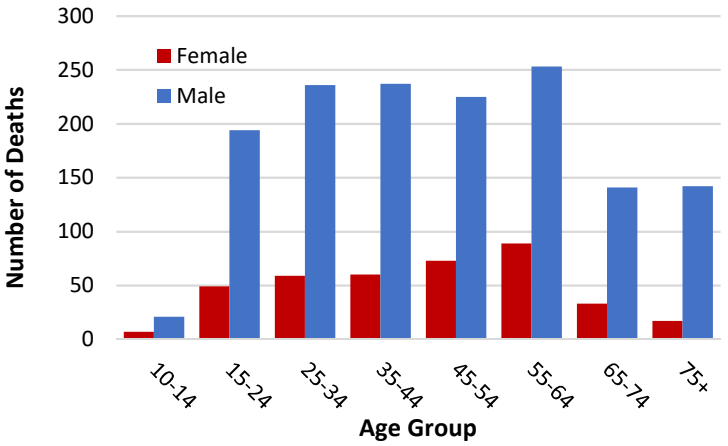
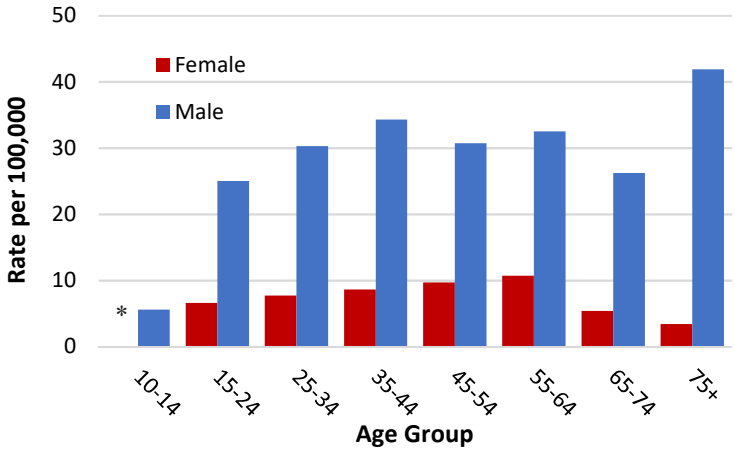


Figure 6. Suicide Rate by Age and Sex, Ohio, 2018



*rate suppressed when count <10

Mechanism

- From 2007 to 2018, the number of suicides by suffocation (e.g. hanging) increased 75.0% (from 300 to 525), suicides by firearm increased 48.5% (from 647 to 961), and suicides by drug overdose remained relatively steady (from 154 to 156).
- In 2018, firearm was leading mechanism of suicide among both females and males, accounting for one-third of female suicides and more than half of male suicides.
- Among females, suicide by drug overdose accounted for 24.8% of deaths compared to only 4.1% among males.

Figure 7. Number of Suicides by Mechanism, Ohio, 2007–2018

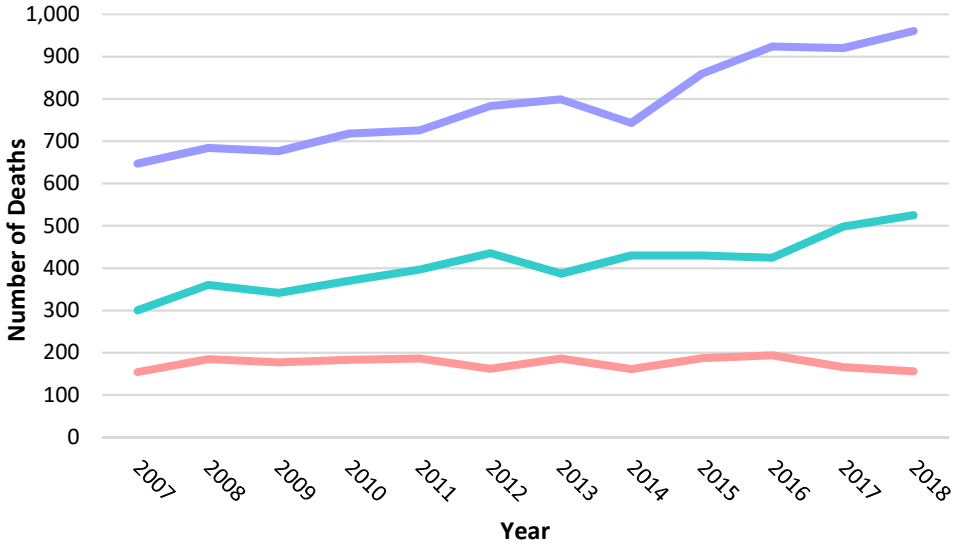
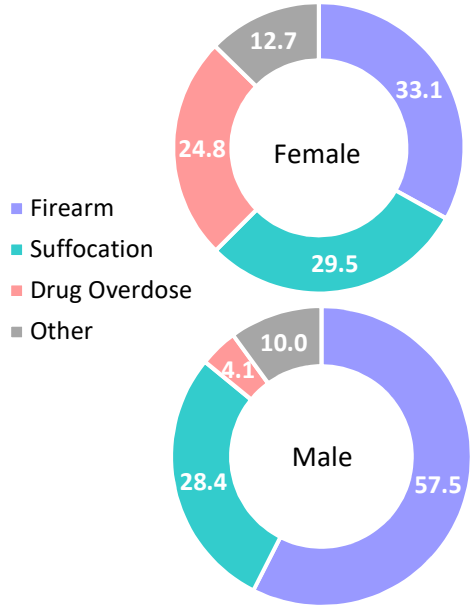


Figure 8. Percent of Suicides by Mechanism and Sex, Ohio, 2018



Source: Ohio Department of Health (ODH) Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Section.
Analysis includes Ohio residents with any of the following ICD-10 codes as the underlying cause of death: X60-X84, Y87.0, U03. Rates calculated per 100,000 population. Age-adjusted rates are based on the 2000 U.S. standard population.

2007–2018 Demographic Summary

Table 1. Number of Suicides by Year and Demographic Characteristic, Ohio, 2007–2018

Demographics	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
	#	#	#	#	#	#	#	#	#	#	#	#	Rate*
Age													
5-9	0	0	1	0	0	0	1	0	0	0	2	0	--
10-14	8	15	14	6	9	18	14	25	14	17	25	28	3.8
15-24	166	186	167	180	197	177	161	172	210	198	244	243	16.0
25-34	193	223	198	246	228	233	244	221	258	302	296	295	19.1
35-44	252	293	262	245	225	254	256	258	269	251	301	297	21.3
45-54	283	308	330	317	334	324	316	295	335	305	308	298	20.1
55-64	190	188	206	216	243	263	253	242	271	327	268	342	21.2
65-74	80	103	100	108	101	122	137	148	146	160	146	174	15.1
75+	96	86	92	102	100	131	129	124	145	146	154	159	18.8
Sex													
Female	228	285	288	291	291	318	336	325	339	365	328	387	6.3
Male	1,040	1,117	1,082	1,129	1,146	1,204	1,175	1,160	1,309	1,341	1,416	1,449	24.8
Race/Ethnicity													
White, non-Hispanic	1,159	1,256	1,252	1,309	1,320	1,381	1,364	1,338	1,494	1,533	1,546	1,632	16.7
Black, non-Hispanic	92	111	92	79	87	109	107	95	103	118	138	150	9.8
Other, non-Hispanic	7	14	9	11	15	10	17	27	20	29	27	18	5.0
Hispanic	10	21	17	21	13	19	18	22	22	23	27	31	7.1
Race/Ethnicity and Sex													
White, non-Hispanic Female	211	255	261	265	269	287	321	292	305	329	297	346	7.0
White, non-Hispanic Male	948	1,001	991	1,044	1,051	1,094	1,043	1,046	1,189	1,204	1,249	1,286	26.9
Black, non-Hispanic Female	15	20	22	16	17	26	11	21	20	24	17	31	3.7
Black, non-Hispanic Male	77	91	70	63	70	83	96	74	83	94	121	119	16.3
Hispanic Female	1	5	2	5	2	4	3	3	8	2	5	6	--
Hispanic Male	9	16	15	16	11	15	15	19	14	21	22	25	10.7
Total	1,268	1,402	1,370	1,420	1,451	1,534	1,524	1,488	1,648	1,706	1,744	1,836	15.2

Source: Ohio Department of Health (ODH) Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Section. Analysis includes Ohio residents with any of the following ICD-10 codes as the underlying cause of death: X60-X84, Y87.0, U03. Due to missing demographic information, demographic categories may not sum to total.
Race/ethnicity categories are mutually exclusive. Hispanic includes any race. Specified race (white, black, other) excludes Hispanic ethnicity. Other race includes American Indian and Asian/Pacific Islander.
*Rates presented for age groups are age-specific. Rates presented for sex and race/ethnicity are age-adjusted to the 2000 U.S. standard population.
Rates calculated per 100,000 population and suppressed when counts <10.

Ohio Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, MD, MPH, Director

News Release

www.odh.ohio.gov

FOR IMMEDIATE RELEASE **November 13, 2019**

Contact: ODH Office of Communications (614) 644-8562

Suicide Deaths Increased by 45% Among All Ohioans and by 56% Among Youth Ages 10-24 From 2007-2018

People may help save a life by knowing suicide warning signs and steps to take

COLUMBUS – In Ohio, five people die by suicide every day, and one youth dies by suicide every 33 hours, according to a new report released by the Ohio Department of Health (ODH). In 2018, there were 1,836 suicides in Ohio and the highest suicide rate – the number of suicide deaths per 100,000 population – was among adults 45-64 years old. Males are disproportionately burdened by suicide across the lifespan, and their suicide rate is nearly four times the rate among females.

"One of the goals of my RecoveryOhio initiative is to address mental illness and other issues that contribute to suicide," said Ohio Governor Mike DeWine. "If you know someone is struggling, you may be able to help save someone's life by recognizing the warning signs and steps to take."

"Suicide in Ohio and nationally is a growing public health epidemic, particularly among young people," said ODH Director Amy Acton, MD, MPH. "Suicide is the leading cause of death among Ohioans ages 10-14 and the second leading cause of death among Ohioans ages 15-34."

Warning signs of suicide include:

- A major change in mood or behavior, appearing consistently unhappy/depressed, irritable, withdrawn from family or friends
- Poor grades in school or other bad performance in extra-curricular activities
- High-risk behaviors, including use of alcohol or other substances
- Problems with concentration, and changes in energy level, appetite or sleep schedule
- Expressing feelings of hopeless or not wanting to live anymore
- Hurting themselves (e.g., wrist-cutting, burning self)
- History of depression or family history of depression

If someone you know is showing signs of suicide, here are some things you can do:

- Ask directly about thoughts of suicide (asking about suicide does not increase the risk of suicide but does open up conversation)
- Listen to what they need
- Keep them safe by keeping lethal means away from them
- Call 911 if necessary
- Help them connect with ongoing support, such as a local crisis line, the National Suicide Prevention Life line (1-800-273-8255) or the Crisis Text Line (text "4hope" to 741 741)
- Check back the next day to see how they are doing
- Encourage them to seek out a counselor for more help

Other highlights of the ODH report include:

- From 2007 to 2018 the number of suicide deaths increased nearly 45% in Ohio.
- Suicide rates are highest among white, non-Hispanic males.

(more)

- From 2007 to 2018 the number of suicides among youth ages 10-24 increased by 56%, and the suicide rate increased by 64%. In 2018, 271 of Ohio's suicide deaths were in this age group.
- From 2014 to 2018 the suicide rate among black non-Hispanic males increased nearly 54%.
- From 2007 to 2018 the suicide rate among older adults age 65+ increased nearly 48%.

Governor DeWine created the RecoveryOhio initiative and a RecoveryOhio Advisory Council that includes a diverse group of individuals who have worked to address mental illness and substance use issues in prevention, treatment, advocacy, or support services; government; private industry; law enforcement; healthcare; learning institutions; and faith organizations. In an initial report, the council issued more than 70 recommendations in the areas of stigma, parity, workforce development, prevention, harm reduction, treatment and recovery supports, and data and outcomes measurement. Information and resources on where to get help are available at RecoveryOhio.gov.

The Ohio Department of Mental Health and Addiction Services offers suicide prevention information and resources on its website at mha.ohio.gov.

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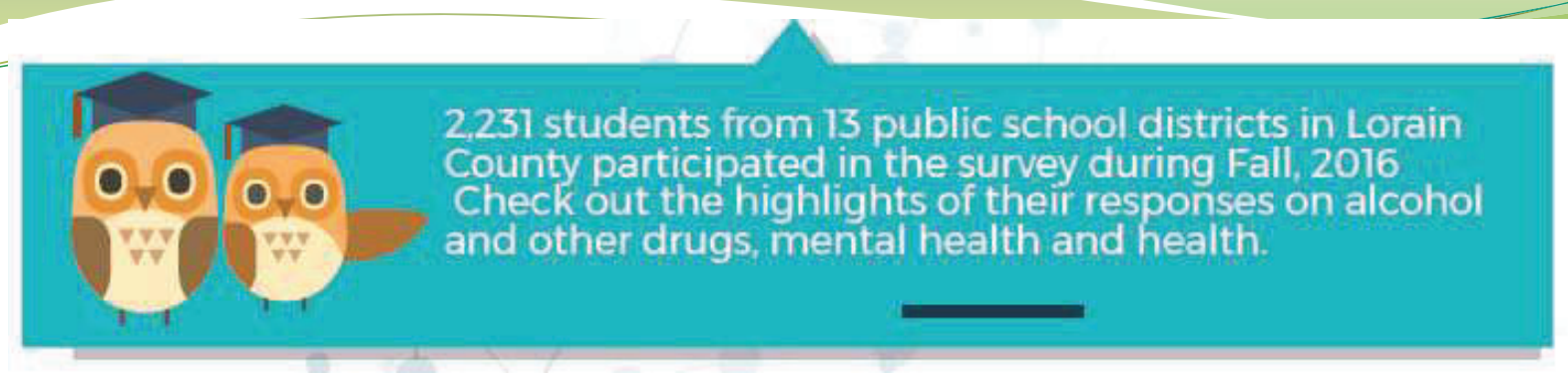
NOTE TO NEWS MEDIA – A copy of ODH's full 2018 Ohio Suicide Demographics and Trends Report is available here. More information about Governor DeWine's RecoveryOhio initiative is available here. A copy of the RecoveryOhio Advisory Council Initial Report is available here. The Ohio Department of Mental Health and Addiction Services' *Ohio Suicide Reporting Guidelines* for news media are available here.

2016 PRIDE Student Survey

What our Students say about drugs, mental health and health

Community Presentation
05/25/16

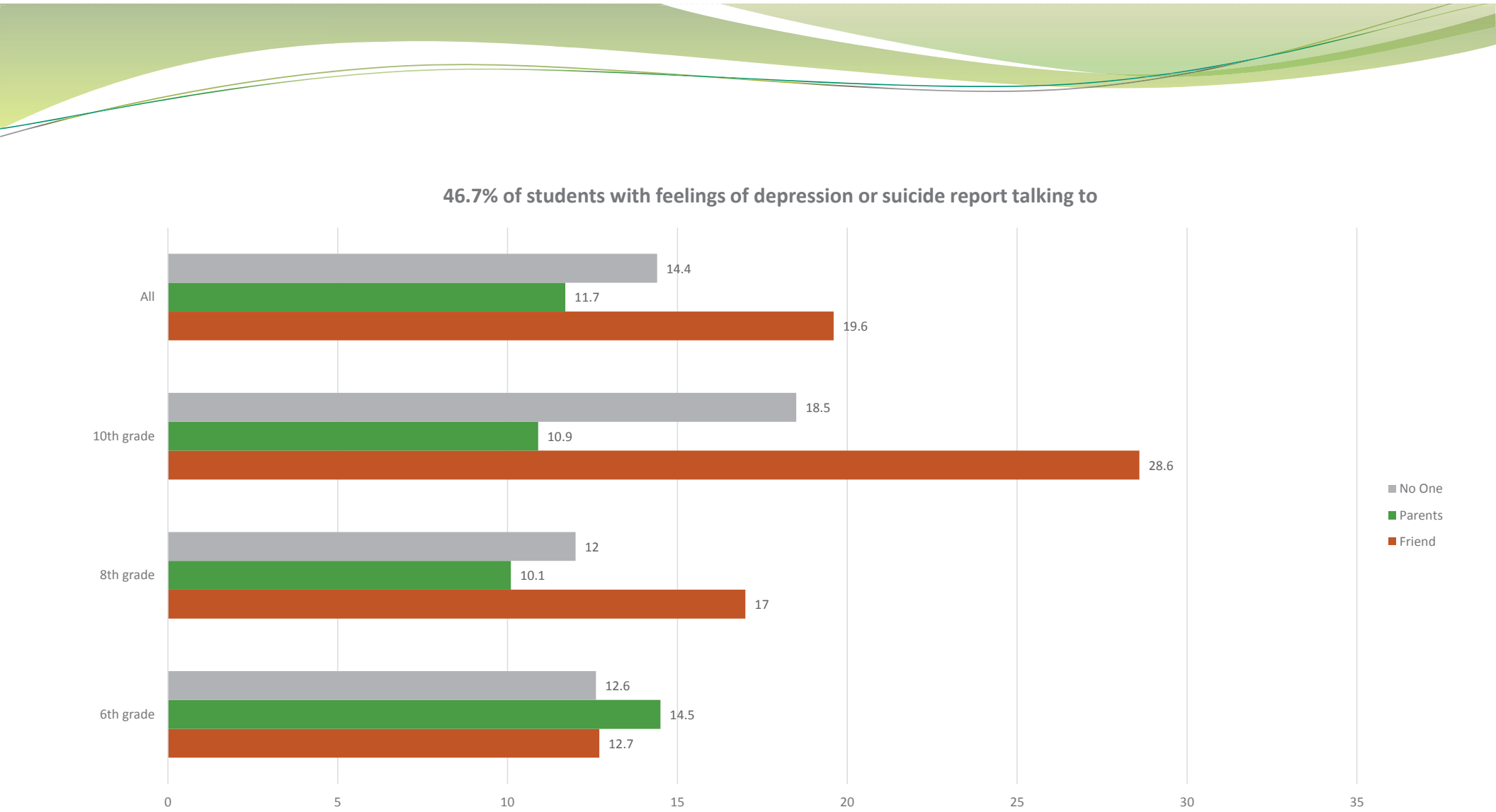


- Student Participation was equitable over grades and gender:

- 6th graders (31%): 684
- 8th graders (35%): 789
- 10th graders (34%): 758

- Male: 51%
- Female: 49%

- Anonymous survey, completed during October, November, 2016


46.7% of students with feelings of depression or suicide report talking to
All
10th grade
8th grade
6th grade
14.4
11.7
19.6
18.5
10.9
28.6
12
10.1
17
12.6
14.5
12.7
0
5
10
15
20
25
30
35
No One
Parents
Friend