Suicide is a major public health problem that can have devastating effects on individuals, families, and communities. In the United States, suicide is the tenth leading cause of death overall and the second leading cause of death among youth and young adults (aged 10-24 years). This fact sheet uses data from the Ohio Violent Death Reporting System (OH-VDRS) to describe youth suicide deaths. Using information from multiple sources, such as law enforcement and coroner/medical examiner reports, OH-VDRS has a defined procedure for classifying each suicide and its characteristics and circumstances (if known). Ohio is one of 32 states that participates in the National Violent Death Reporting System (NVDRS; see description at the bottom of this page), so comparisons can be made across states. Suicide data underestimate the extent of the problem, with many more people experiencing suicidal thoughts and making suicide plans and nonfatal suicide attempts.

While many researchers and policy-makers define “youth” suicide as involving victims between the ages of 10 and 24 years old, it is useful to distinguish between younger youth (ages 10-14) and older youth/young adults (15-24), as the prevalence and patterns of suicide within each age group often differ.

How common is youth suicide?

From 2012 to 2014, an average of 187 Ohio youths died by suicide each year. This average per year included about 19 youths 10-14 years old and 168 youths 15-24 years old. The number of suicides has not changed markedly during this period. The total number of youth suicides was 193 in 2012, 172 in 2013 and 195 in 2014.

Overall, the rate of suicide among youths 15-24 years old during this period was 10.7 per 100,000. Rates were similar in different types of Ohio counties, ranging from 9.9 per 100,000 in suburban counties to 11.0 per 100,000 in both metropolitan and rural non-Appalachian counties.

Among 5 major metropolitan counties with sufficient data, Stark County had a notably higher rate (16.3 per 100,000) than did the other counties (Figure 1). In the future, additional years of data will permit calculating reliable rates for more individual counties.
Ohio’s rate of youth suicide is about average compared to other states that also participate in the NVDRS. For 10-14 year-olds, Ohio’s suicide rate was 1.78 per 100,000, whereas other state rates ranged from 0.90 per 100,000 in Virginia to 3.60 per 100,000 in Colorado, with a overall national rate of 1.69 per 100,000. Among 15-24 year-olds, Ohio had a suicide rate of 11.27 per 100,000, with other state rates ranging from 4.60 per 100,000 in Rhode Island to 35.33 per 100,000 in Alaska, with a overall national rate of 11.39 per 100,000.

What are the characteristics of youth who die by suicide?

Three quarters of youth suicide deaths in Ohio are males (Figure 2). The proportion of youth suicides who are male is lower among 10-14 year-olds (70%) compared to 15-24 year-olds (79%). Other research indicates that females are more likely than males to report having suicidal thoughts and behaviors.iii Thus, females are more likely to attempt suicide, whereas males are more likely to complete it.

Youth suicide in Ohio is most common among non-Hispanic whites (Figure 3). Compared to rates for Hispanic youth (5.2 per 100,000) and rates for non-Hispanic African-American youth (5.8 per 100,000), rates of suicide for white non-Hispanic youth (8.4 per 100,000) are markedly higher. (Data for other racial/ethnic group were insufficient for analyses). This racial/ethnic pattern was similar for both males and females. Moreover, the racial/ethnic disparities in Ohio’s youth suicide rate are similar to those observed in other NVDRS states.

In 86% of youth suicide cases, investigators were able to determine the circumstances surrounding the death. These data offer further insights into the victims of youth suicide:

Mental/Behavioral Health

- 44% had a known mental health diagnosis;
- 27% were currently in treatment for mental illness;
- 25% of victims had a depressed mood;
- 5% were alcohol dependent;
- 19% had another substance use problem;

Current problems

- 38% had an intimate partner problem at the time of death;
- 21% had experienced a crisis in the past two weeks;
- Other types of problems (e.g., school, financial, criminal) were much less common.

Most of the circumstances surrounding youth suicides were similar for males and females, although some did differ. Females, for example, were more likely than males to have made previous suicide attempts (33% vs. 18%), a finding consistent with previous research. In Among youth suicide deaths with available toxicology reports,iv 23% of decedents 10-14 years old had at least one substance in their system when they died, compared to 42% of 15-19-year-olds and over 60% for suicide deaths in older individuals. A similar pattern emerged for substances like alcohol, antidepressants and opiates (Figure 4). Marijuana, however, was most common in suicide deaths 15-24 years old.
How and where does youth suicide occur?

Nearly 77% of youth suicide happened in or around a house or apartment. Less than 3% occurred at school.

Overall, 48% of youth suicides were by hanging or strangulation and 40% used firearms. However, these proportions varied by sex. Among males, 46% died by firearms and 44% by hanging or strangulation, whereas only 27% of females died by firearms and 57% by hanging or strangulation.

Mechanisms also varied by region: **youth suicides by firearm are more common in Appalachian counties compared to other types of Ohio counties** (Figure 4).³

Of youth suicides with known circumstances, 37% left a suicide note and 27% had previously told someone about their intent to kill themselves. These figures were similar for males and females and resembled findings from other NVDRS states.

Where can I learn more?

Youth suicide is a significant public health problem, yet it **can be prevented**. The resources below offer more information about this important topic.

- **Ohio Suicide Prevention Foundation** [http://www.ohiospf.org/](http://www.ohiospf.org/)
- **Ohio’s Suicide Prevention Plan** [http://mha.ohio.gov/suicideprevention](http://mha.ohio.gov/suicideprevention)
- **National Suicide Prevention Lifeline** [http://suicidepreventionlifeline.org/](http://suicidepreventionlifeline.org/)
- **Centers for Disease Control and Prevention** [http://www.cdc.gov/violenceprevention/suicide/](http://www.cdc.gov/violenceprevention/suicide/)
- **Suicide Prevention Resource Center** [http://www.sprc.org/](http://www.sprc.org/)

If you are in crisis and need to speak with someone immediately, please call the National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255), or text the keyword “4hope” to 741 741.

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4. Toxicology results were available for 83% of youth suicide deaths.