

APRIL 18, 2017



# SUICIDE PREVENTION COALITION OF WARREN AND CLINTON COUNTIES

CLINTON COUNTY STATISTICS: 2001-2016

PRESENTED BY: PATTI AHTING

MENTAL HEALTH RECOVERY SERVICES OF WARREN AND  
CLINTON COUNTIES

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## SUICIDE PREVENTION COALITION OF WARREN AND CLINTON COUNTIES

### ONE IS TOO MANY

He was a white man in his 50's. He was married and had his high school diploma. One Friday in October, he died by suicide at his home by a gunshot wound.

While this is a fictional account, the scenario represents the most frequent commonalities of deaths by suicide in Clinton Counties during 2001-2016 according to Health Department records. These details mirror those found nationally. According to the American Association of Suicidology, in the U.S. during 2015 the highest rate of suicide was among Caucasian males. The largest number fell into the middle age range of 45-64 years. The most common method was a firearm. Suicide rates typically peak in the spring and fall, and on Mondays.

According to the Center for Disease Control the 2015 national statistics revealed:

- Suicide was the 10<sup>th</sup> leading cause of death in the U.S. during 2015; even higher than homicide which was at 16<sup>th</sup>.
- For those age 15-24 years old, it is the 2<sup>nd</sup> leading cause behind accidents.
- On average, a person died by suicide every 11.9 minutes, totaling 44,193 deaths

By way of comparison, only 10 years earlier, the 2005 national death number was just over 34,000 people – approximately 10,000 less deaths annually.

In Clinton County, over the course of the last 16 years (2001-2016) 67 people died by suicide. When looking at these statistics, it is crucial to recognize that these individuals represent husbands and wives, mothers and fathers, sons and daughters, siblings, neighbors, co-workers. People we may have contact with every day.

However, this statistic only tells part of the story. There are countless suicide attempts. There are an estimated 3 female suicide attempts for each male suicide attempt. Nationally, it is estimated that there are as many as 25 attempts for every death by suicide. For the young (age 15-24 years old), this number skyrockets to 100-200 attempts for every death. According to the Centers for Disease Control in 2015, 17.7% of students, grades 9-12, reported seriously considering suicide in the previous 12 months.

Locally, this was measured through the Pride Survey. In 2014, this was administered to 1,875 7<sup>th</sup>-12<sup>th</sup> grade students in Clinton County school districts. Nearly 8% of the students reported having contemplating suicide "often" or "a lot." While this is a lower percentage than the national average, this represents over 144 children and adolescents in our community. It is important that we acknowledge that a young person's level of despair can be so great, they have considered action to end it all.

Suicide loss survivors are not to be forgotten in the equation. Recent research by Julie Cerel, Ph.D, estimates that for each death by suicide, 147 people are impacted (an estimated 6.5 million individuals annually in the U.S.). Of these, six individuals typically experience a major life disruption. Suicide loss survivors are faced with a unique and complicated grief and often feel unsupported by those around them.

Individuals at risk can be guided to professionals who can assist with crisis intervention, counseling and psychiatric care. These services can be particularly effective as depression or other mental health issues are very frequently present, however may not be professionally diagnosed. Additionally, those who abuse drugs or alcohol tend to be at a higher risk for suicidal behavior. **Local help is available with funding from Mental Health Recovery Services. A list of contract agencies can be found at the end of this report.**

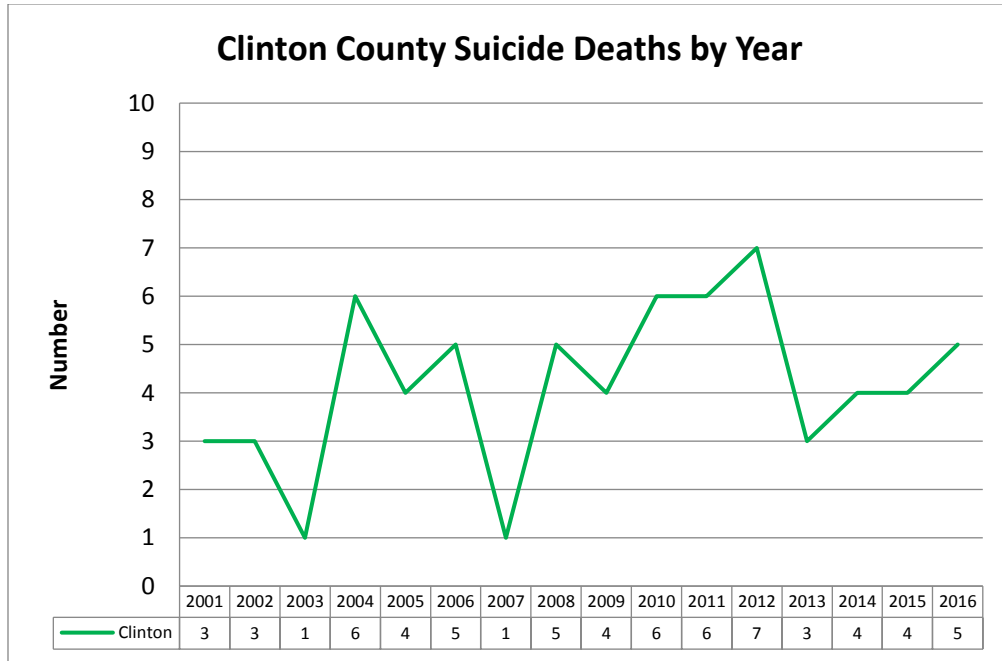
The Suicide Prevention Coalition of Warren and Clinton County has compiled these public health information data to inform and target local prevention efforts. These data are collected from death certificates available at the local health department. Should a media outlet choose to utilize these data in their reporting, the coalition requests adherence to recommended best practices. Specifically, endorsed reporting guidelines can be found on pages 19-20.

The Suicide Prevention Coalition is composed of representatives from a multitude of social service agencies, law enforcement, governmental entities, and community members. Their goals are to enhance awareness, increase early intervention and ultimately decrease the incidence of deaths by suicide and suicide attempts locally. Literature and speakers are available to employers, community groups, schools, churches and any other interested groups.

For more information about the Suicide Prevention Coalition of Warren and Clinton Counties, contact Mental Health Recovery Services of Warren and Clinton Counties at 513-695-1695.

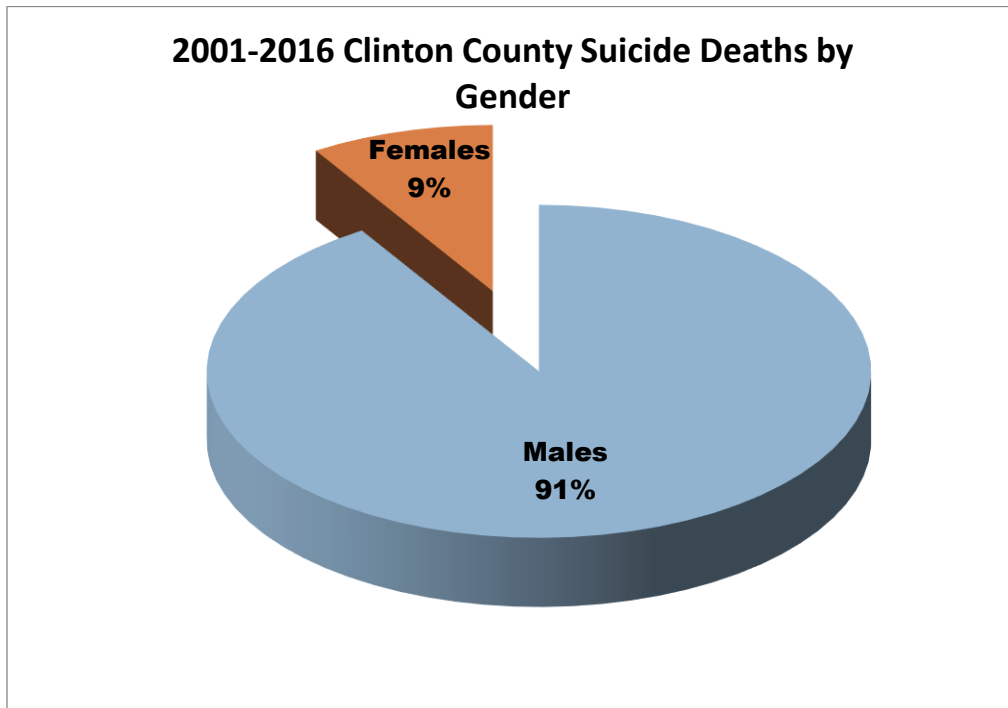
## SUICIDE DEATH TRENDS

The following graph illustrates the number of suicide deaths on Clinton County by year. Fluctuations have occurred over time, however the last 8 years have exhibited an increased number on average.



## GENDER

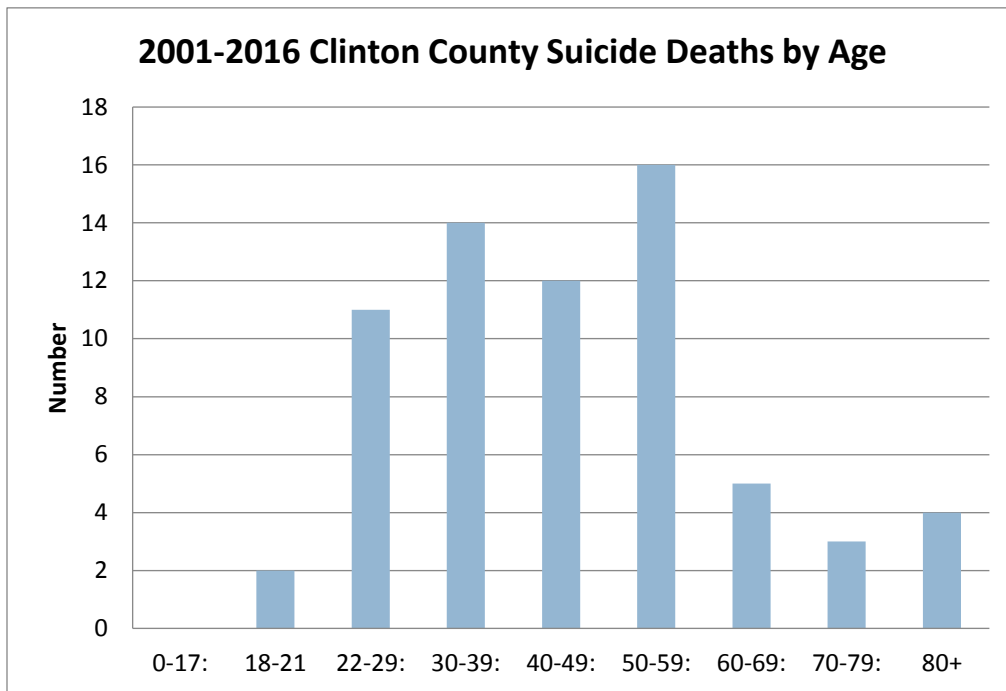
As is reflected in the national statistics, males represent a higher percentage of suicide deaths than females. However, there are an estimated 3 female attempts for each male attempt. This disparity is due to males tending to select more lethal means such as firearms.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Gender	Males	3	3	1	6	4	4	1	4	2	5	6	6	3	4	4	5	61
	Females	0	0	0	0	0	1	0	1	2	1	0	1	0	0	0	0	6

## AGE

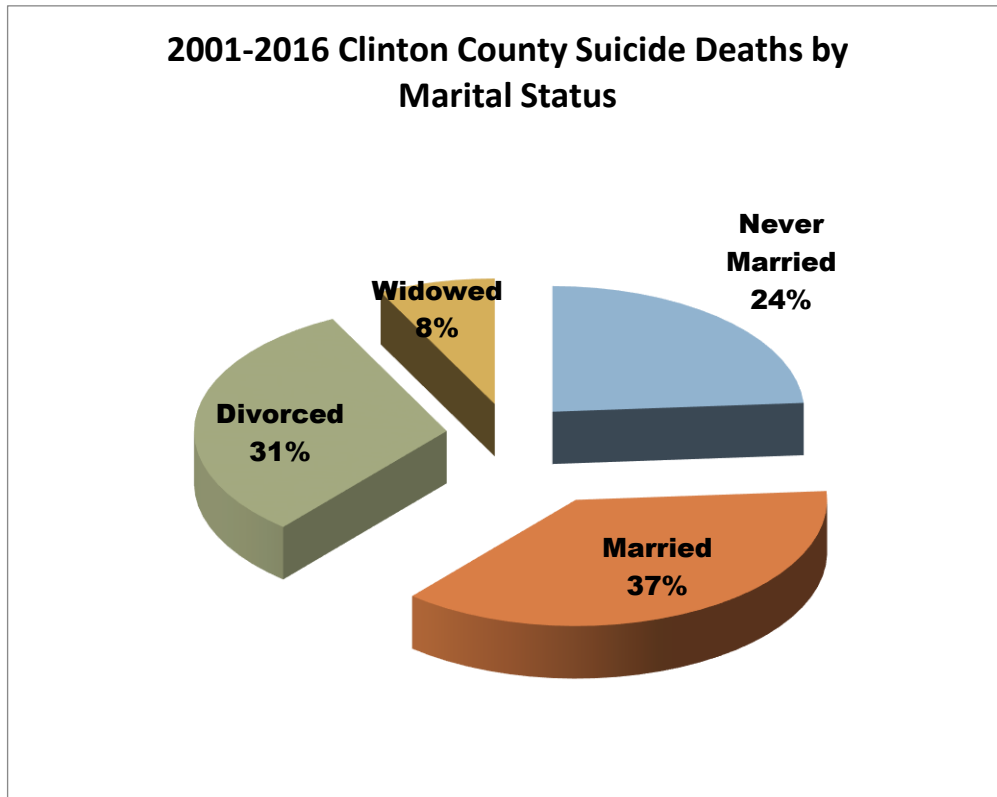
Clinton County has been fortunate that there have been no suicide deaths of those under age 18 during the 2001-2016 time frame, despite this being the 2<sup>nd</sup> leading cause of death nationally. Middle age individuals remain the highest group. However when looking at the yearly detail, there has been a slight shift from those in the 30-39 age group during the 2001-2008 to those in the 50-59 age group during 2009-2016.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Age	0-17:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18-21	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
	22-29:	0	1	0	1	1	0	0	0	1	0	2	2	1	0	0	2	11
	30-39:	1	0	0	1	1	3	1	3	0	1	0	0	0	0	1	2	14
	40-49:	0	0	0	1	2	1	0	1	1	3	1	0	0	1	1	0	12
	50-59:	1	2	1	2	0	0	0	1	0	1	0	4	1	1	2	0	16
	60-69:	0	0	0	0	0	0	0	0	1	1	1	0	0	1	0	1	5
	70-79:	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	3
	80+	1	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	4

## MARITAL STATUS

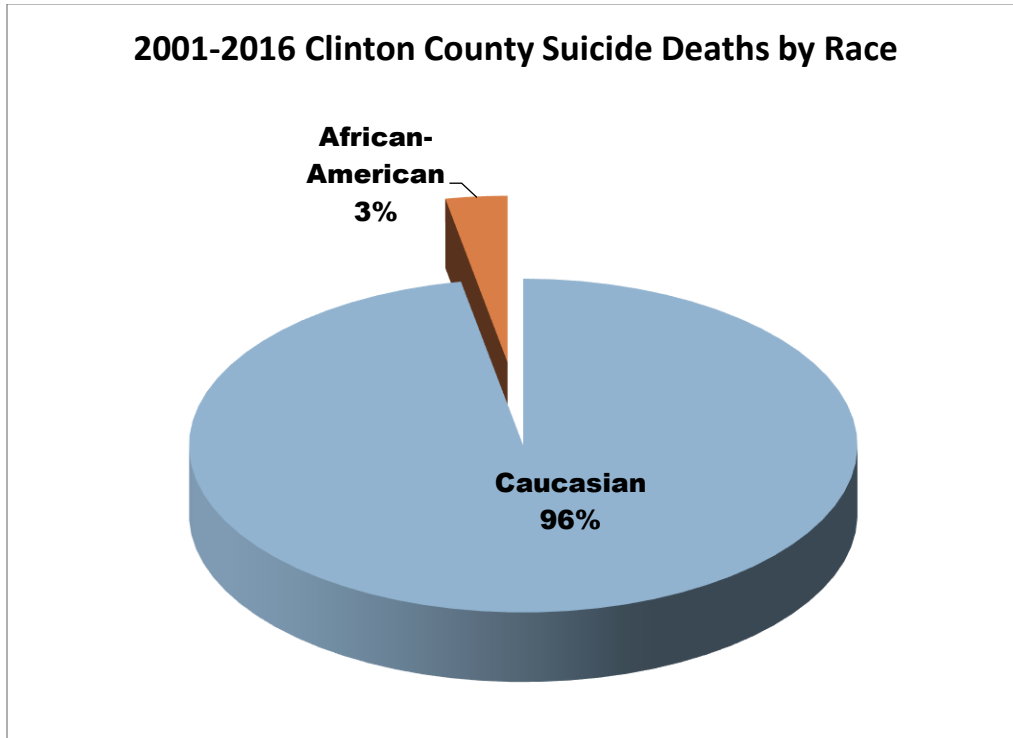
The majority of those who died by suicide in Clinton County were married. Research shows that having the natural support system of a marriage is a protective factor against suicide. However, if all other categories are combined, this represents 63% of the cases. Statistically, widowed and divorced persons have an approximately three-fold greater risk of suicide death.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Marital Status	Never Married	1	1	0	2	2	1	0	0	1	1	2	1	1	0	2	1	16
	Married	1	0	0	1	2	3	1	2	1	2	2	3	2	1	1	3	25
	Divorced	1	2	1	3	0	1	0	2	2	3	0	2	0	2	1	1	21
	Widowed	0	0	0	0	0	0	0	1	0	0	2	1	0	1	0	0	5

## RACE

The results based upon race are consistent with the general population of Clinton County. However, this also mirrors national statistics where there's a substantially higher percentage of suicide deaths among Caucasians than all other racial groups.

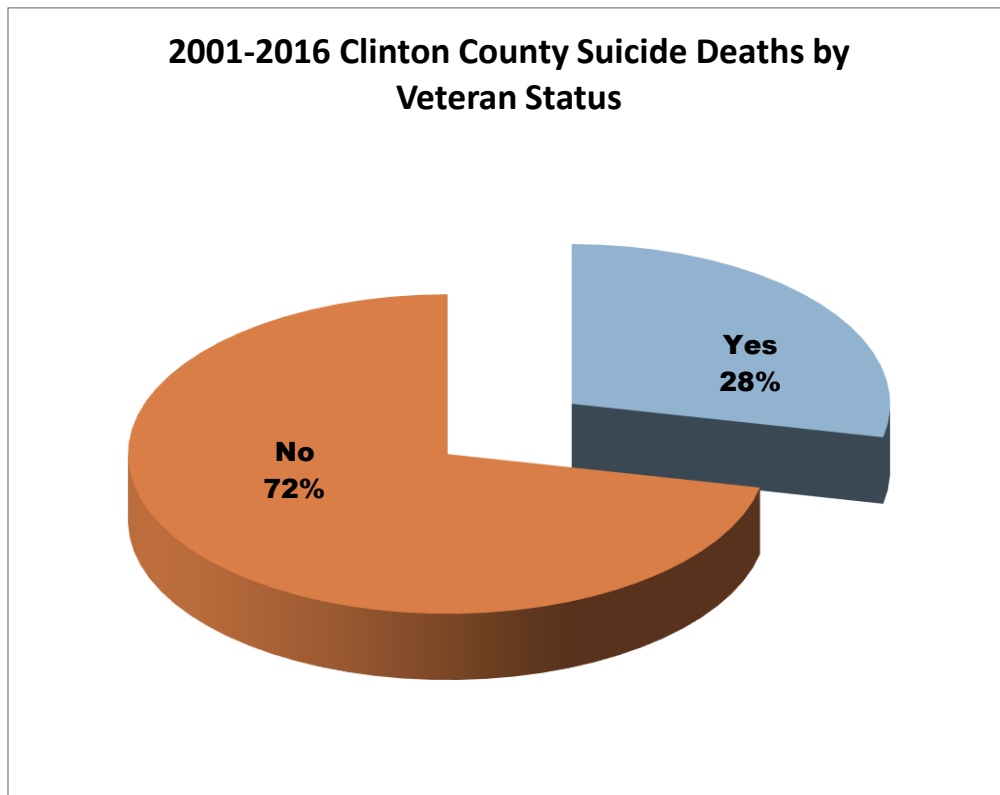


		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Race	Caucasian	3	3	1	6	3	4	1	5	4	6	6	7	3	4	4	5	65
	African-American	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2



## VETERAN STATUS

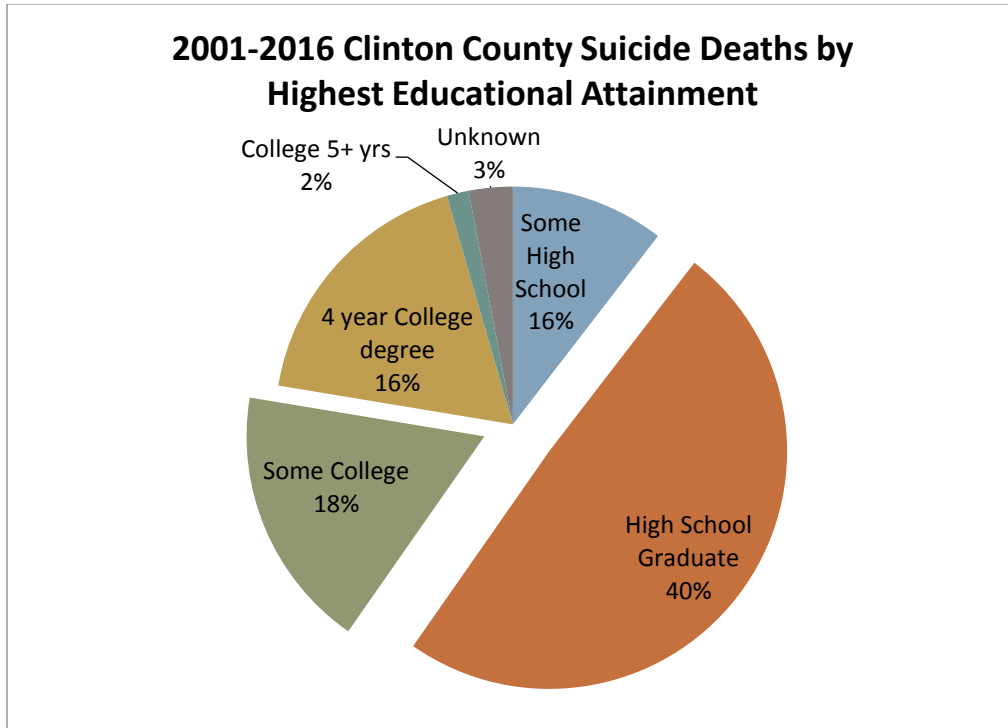
According to the U.S. Census Bureau's American Community Survey 2011-2015 estimates, 10.4% of Clinton County residents are veterans. Thus, the percentage of veterans who have died by suicide within the county is at a higher rate than the population representation. When looking at the yearly detail, the number of veterans has increased in the recent years.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Veteran	Yes	1	0	0	0	0	2	0	2	2	0	2	4	1	3	0	2	19
	No	2	3	1	6	4	3	1	3	2	6	4	3	2	1	4	3	48

## EDUCATION

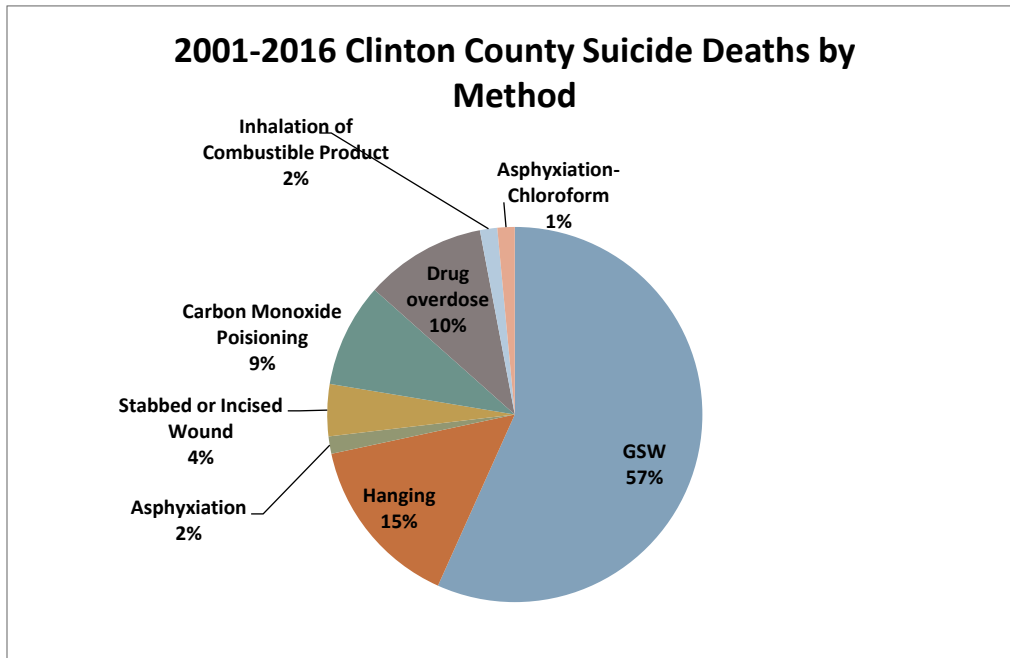
Disparities according to educational attainment have been noted in national research, specifically that those with a higher level of education tend to have a lower rate of death by suicide. This finding is consistent with the Clinton County data.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Education	Some HS	1	0	0	0	2	0	0	1	0	0	1	1	0	1	0	0	7
	HS Grad	2	3	0	4	0	2	1	3	2	4	4	3	1	2	1	1	33
	Some College	0	0	0	1	1	1	0	1	1	1	1	2	0	0	3	0	12
	College 4 yrs	0	0	1	0	0	2	0	0	1	0	0	1	2	1	0	4	12
	College 5+ yrs	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Unknown	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2

## METHOD

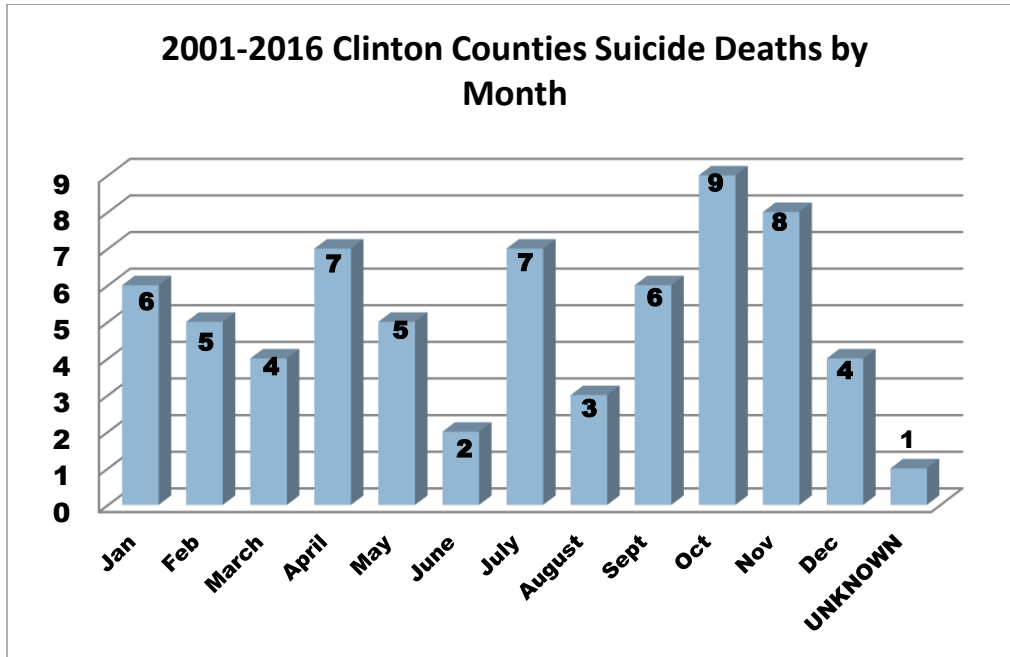
Consistent with national results, Gunshot Wounds (GSW) represent the most frequent cause of suicide death. The lethality of this means is the highest with less time for intervention. These data provide a valuable measure to develop preventative strategies such as education on safe storage of firearms.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Method	GSW	2	3	0	3	3	2	0	2	2	0	5	6	2	3	1	4	38
	Hanging	0	0	0	2	1	1	0	0	1	2	0	1	0	0	1	1	10
	Asphyxiation	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Stabbed or Incised Wound	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	3
	Carbon Monoxide Poisoning	1	0	0	0	0	1	0	1	0	1	1	0	0	1	0	0	6
	Drug overdose	0	0	1	0	0	1	1	1	1	1	0	0	1	0	0	0	7
	Inhalation of Combustible Product	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	Asphyxiation-Chloroform	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1

## MONTH OF EVENT

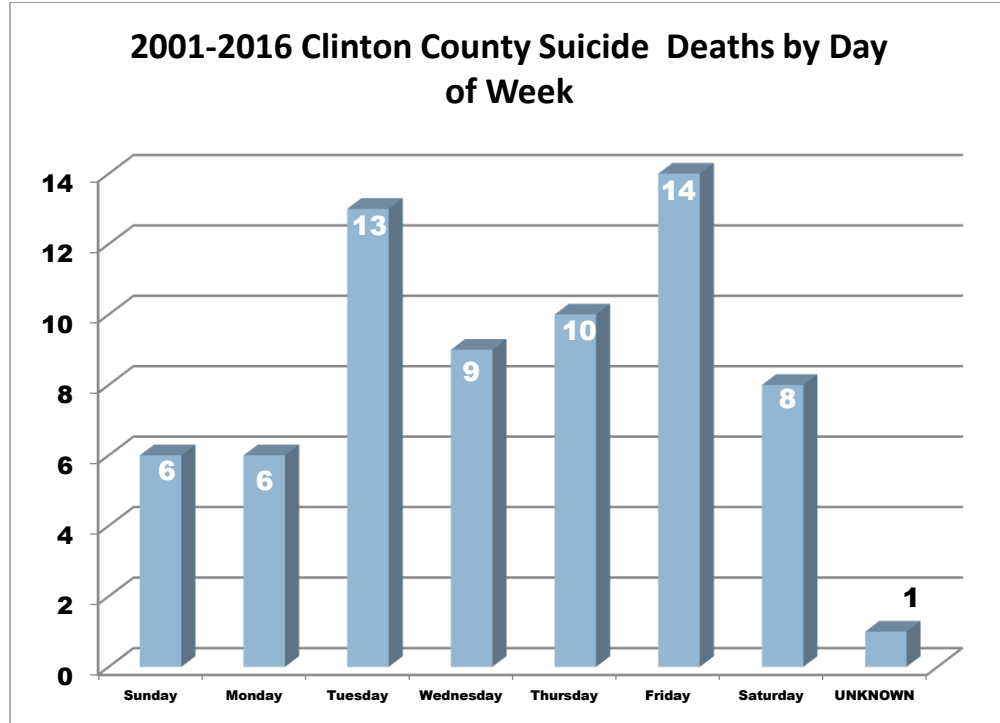
Nationally, it has been found that the highest risk times for suicide are in the spring and in the fall. In Clinton County, spikes can be observed particularly in the months of October and November.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Month of Event	Jan	0	0	0	1	0	1	0	0	0	0	1	1	2	0	0	0	6
	Feb	0	0	0	0	0	0	0	0	0	2	0	1	0	1	0	1	5
	March	1	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	4
	April	0	0	1	0	0	0	0	0	0	0	1	1	0	1	2	1	7
	May	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	0	5
	June	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
	July	0	1	0	1	0	1	0	1	0	0	0	1	0	0	0	2	7
	August	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	3
	Sept	0	1	0	0	1	0	0	0	2	1	0	0	0	0	0	1	6
	Oct	0	1	0	1	0	1	0	0	0	0	3	1	0	0	2	0	9
	Nov	1	0	0	0	0	1	1	1	0	1	0	2	0	1	0	0	8
	Dec	0	0	0	0	1	0	0	0	1	1	0	0	1	0	0	0	4
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1

## DAY OF WEEK

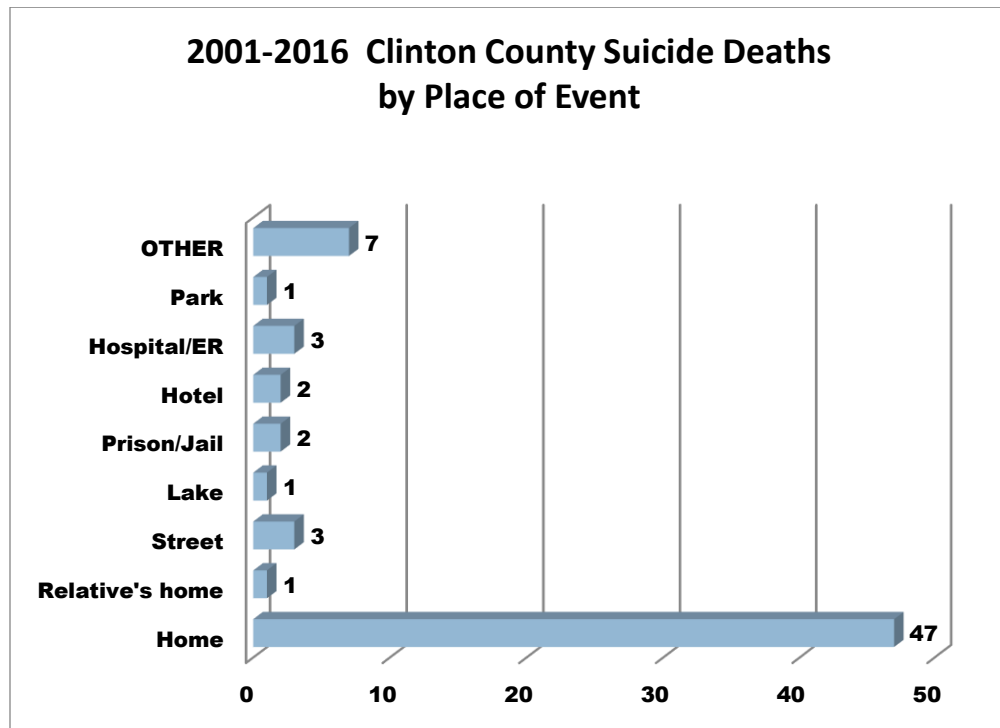
National results indicate that the most frequent day of the week for suicide deaths is Monday. However, this is not consistent with the findings in Clinton County where the most frequent day is Friday.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Day of Week	Sunday	0	0	0	1	1	2	0	0	1	0	0	1	0	0	0	0	6
	Monday	0	0	0	1	1	1	1	0	1	0	0	1	0	0	0	0	6
	Tuesday	1	1	0	0	0	1	0	1	2	1	2	0	0	3	1	0	13
	Wednesday	0	0	0	0	1	0	0	1	0	1	3	1	1	0	0	1	9
	Thursday	0	0	0	2	0	1	0	2	0	2	0	0	1	1	0	1	10
	Friday	0	1	1	1	1	0	0	1	0	1	0	3	1	0	2	2	14
	Saturday	2	1	0	0	0	0	0	0	0	1	1	1	0	0	1	1	8
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1

## PLACE OF EVENT

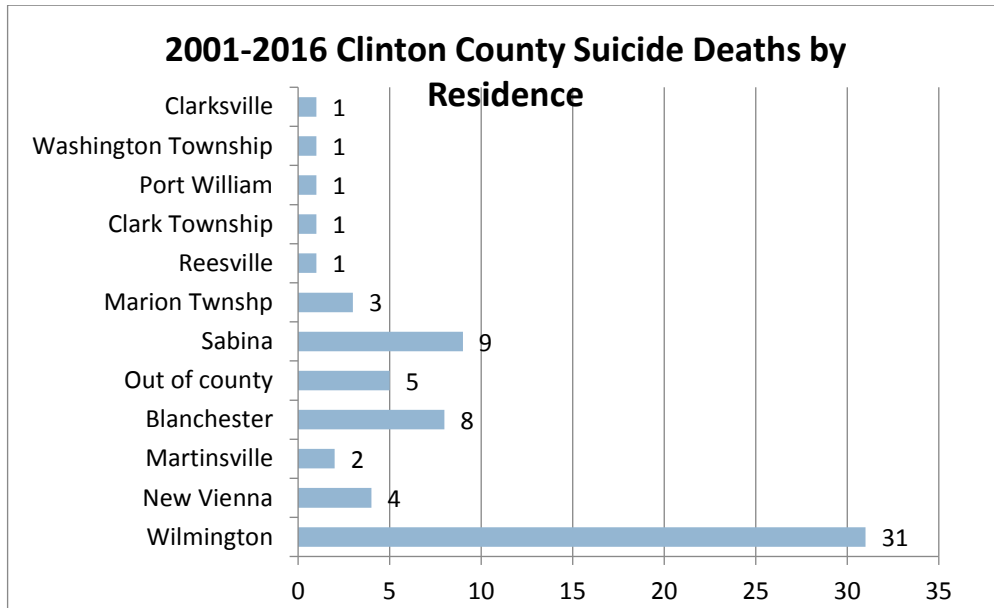
Overwhelmingly and consistently throughout the years, the most frequent location of the death has been at home.



		Year																	
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total	
Place of event	Home	1	1	1	5	4	4	0	4	2	5	5	5	2	3	3	2	47	
	Relative's home	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
	Street	0	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	3	
	Lake	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Prison/Jail	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	
	Hotel	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2
	Hospital	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	3	
	Park	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	OTHER	0	2	0	1	0	0	0	0	0	0	1	0	0	0	1	2	7	

## RESIDENCE

The vast majority of those who died by suicide were residents of Wilmington, which is consistent with the population distribution.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Residence	Wilmington	3	1	1	3	2	5	0	1	3	2	2	2	1	1	1	3	31
	New Vienna	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	4
	Martinsville	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	Blanchester	0	0	0	2	0	0	0	2	0	1	1	1	1	0	0	0	8
	Out of county	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	1	5
	Sabina	0	1	0	1	0	0	0	0	0	2	1	2	0	2	0	0	9
	Marion Twnshp	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2		3
	Reesville	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Clark Township	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Port William	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	Washington Township	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	Clarksville	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1

## SUICIDE PREVENTION FACTS

### Common Warning Signs

- Giving away favorite possessions
- A marked or noticeable change in an individual's behavior
- Previous suicide attempts & statements revealing a desire to die
- Depression (crying, insomnia, inability to think or function, excessive sleep or appetite loss)
- Inappropriate "good-byes"
- Verbal behavior that is ambiguous or indirect: "I'm going away on a real long trip. You won't have to worry about me anymore. I want to go to sleep and never wake up."
- Purchase of a gun or pills
- Alcohol or drug abuse
- Sudden happiness after long depression
- Obsession about death and talk about suicide
- Decline in performance of work, school, or other activities
- Deteriorating physical appearance, or reckless actions

### High Risk Life Events Associated With Suicide

- Death or terminal illness of a loved one
- Divorce, separation, or broken relationship
- Loss of health (real or imaginary)
- Loss of job, home, money, self-esteem, personal security
- Anniversaries
- Difficulties with school, family, the law
- Early stages of recovery from depression



# RECOMMENDATIONS FOR REPORTING ON SUICIDE®

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Arnerberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafety.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences



## IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

.....  
**Suicide Contagion or "Copycat Suicide"**  
occurs when one or more suicides are reported in a way that contributes to another suicide.  
.....

References and additional information can be found at: [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org).

### INSTEAD OF THIS: ❌

- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.
- Describing a suicide as inexplicable or "without warning."
- "John Doe left a suicide note saying..."
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

### DO THIS: ✅

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
- "A note from the deceased was found and is being reviewed by the medical examiner."
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as "died by suicide" or "completed" or "killed him/herself."



## AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



## SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

## MORE INFORMATION AND RESOURCES AT:

[www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org) or the following local resources:

Suicide Prevention Coalition of  
Warren and Clinton Counties  
513- 619-1695  
[www.mhrsonline.org](http://www.mhrsonline.org)

## HELPFUL SIDE-BAR FOR STORIES



### WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



### WHAT TO DO

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

## THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.





**Board Contracted Service Providers**

**Crisis Hotline 1-877-695-NEED (6333)**

**Crisis Text Line Text "4hope" to 741741**

**Solutions Community Counseling & Recovery Centers**

Lebanon - Kingsview (513) 228-7800

Lebanon - Cook Rd. (513) 934-7119

Mason (513) 398-2551

Springboro (937) 746-1154

Wilmington (937) 383-4441

**Talbert House**

Franklin (937) 723-0883

Lebanon (513) 932-4337

Wilmington (937) 414-2016

**Beech Acres Parenting Center**

Lebanon (513) 231-6630

**New Housing Ohio**

(513) 554-4567

**Mental Health America of Northern Kentucky & Southwest Ohio  
(Compeer Program)**

(513) 721-2910, ext. 11

**NAMI of Southwest Ohio  
(peer and family support)**

(513) 351-3500