

APRIL 14, 2017



SUICIDE PREVENTION COALITION OF WARREN AND CLINTON COUNTIES

WARREN COUNTY STATISTICS: 2001-2016

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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 40's. He was married and had his high school diploma. One Monday in August, 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 Warren Counties during 2001-2016 according to Health Department records. These details largely 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 10th leading cause of death in the U.S. during 2015; even higher than homicide which was at 16th.
- For those age 15-24 years old, it is the 2nd 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 Warren County, over the course of the last 16 years (2001-2016) 304 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 2016 Pride Survey. This tool was

administered to 4,359 7th-12th grade students in Warren County school districts. Of these students, 11.3% reported having contemplating suicide "often" or "a lot." While this is a lower percentage than the national average, this represents nearly 500 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.**

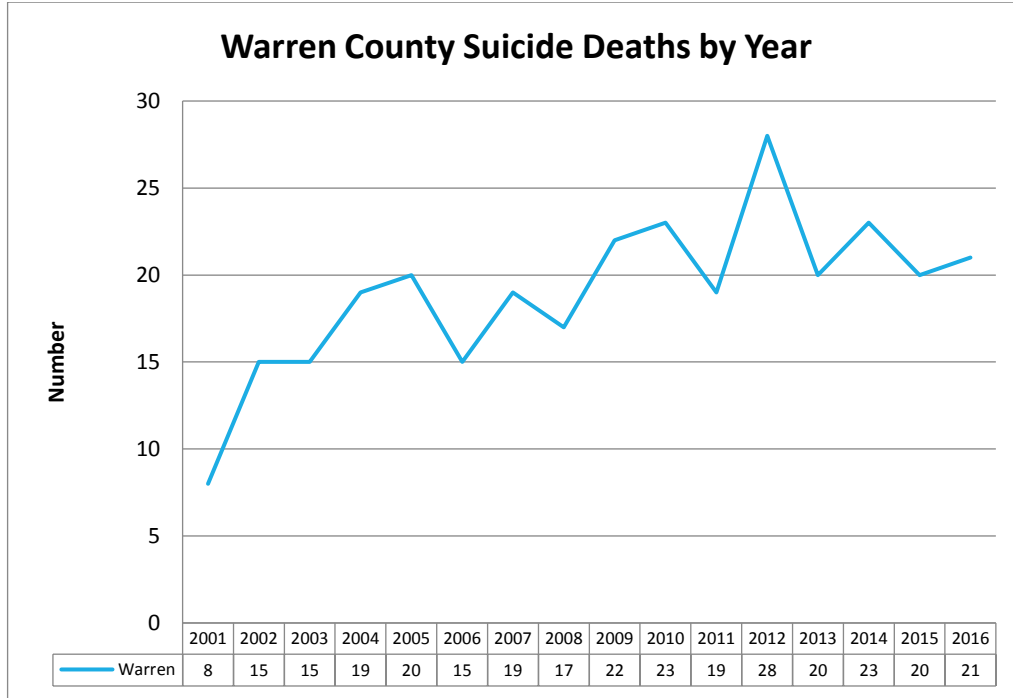
The Suicide Prevention Coalition of Warren and Clinton County has compiled these public health information data to inform and target local prevention efforts. These data are collected from death certificates available at the local health department. Should a media outlet choose to utilize these data 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.

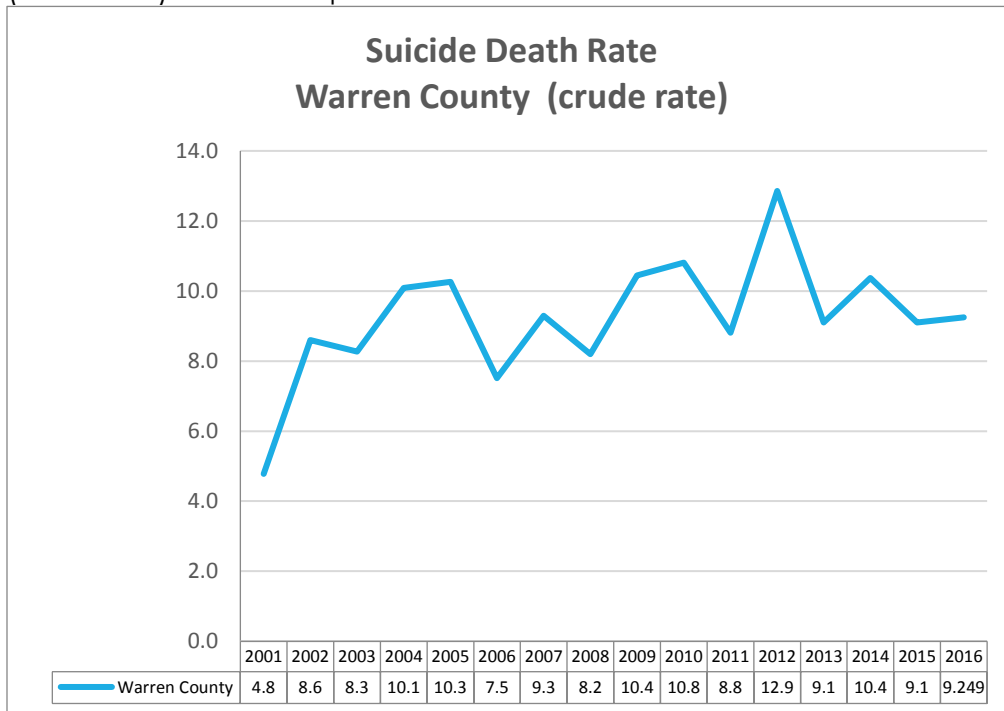
For more information about the Suicide Prevention Coalition of Warren and Clinton Counties, contact Mental Health Recovery Services of Warren and Clinton Counties at 513-695-1695.

SUICIDE DEATH TRENDS

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



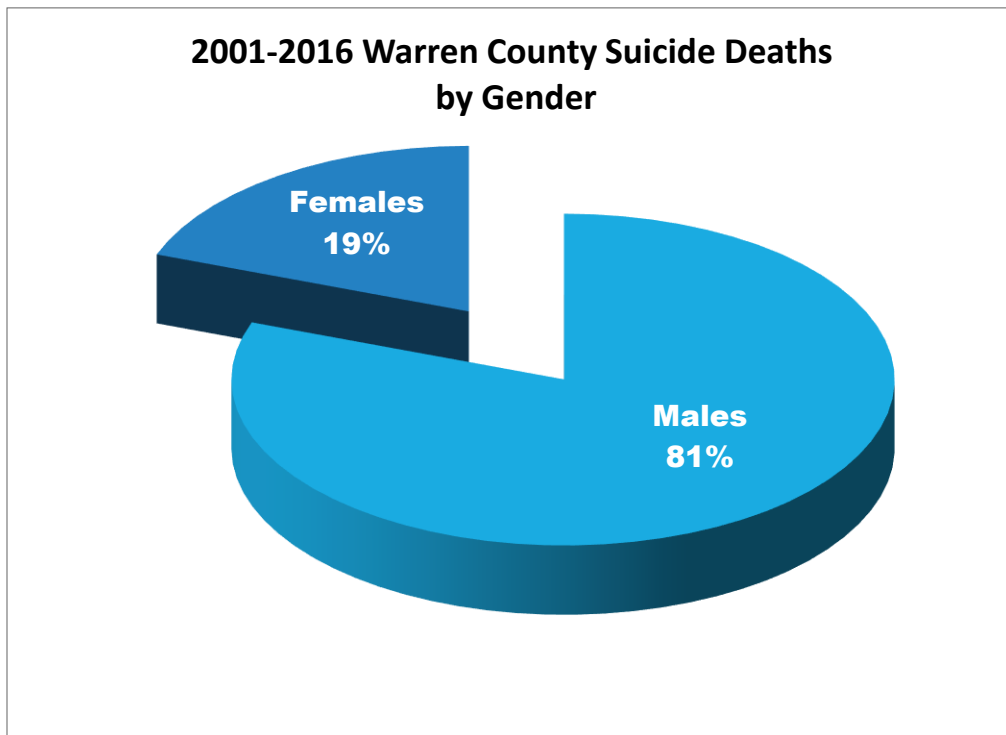
An annual rate per 100,000 can be calculated to control for population growth during this time period. This reveals that the rate has increased on average in the last 8 years (2009-2016) when compared to 2001-2008.



GENDER

As is reflected in the national statistics, males represent a higher percentage of suicide deaths than females. It should be noted, however, that in the last several years, there has been an increase in the proportion of females.

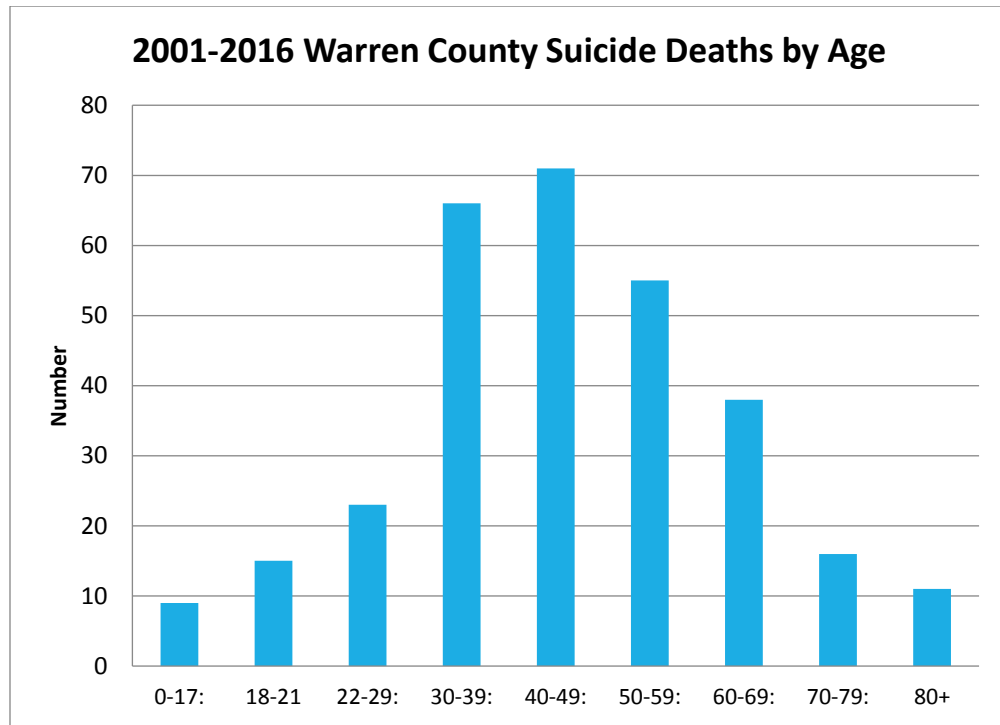
Overall, there are an estimated 3 female attempts for each male attempt. This disparity is due to males tending to select more lethal means such as firearms.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Gender	Males	8	12	12	15	19	12	15	14	18	20	18	21	15	19	13	14	245
	Females	0	3	3	4	1	3	4	3	4	3	1	7	5	4	7	7	59

AGE

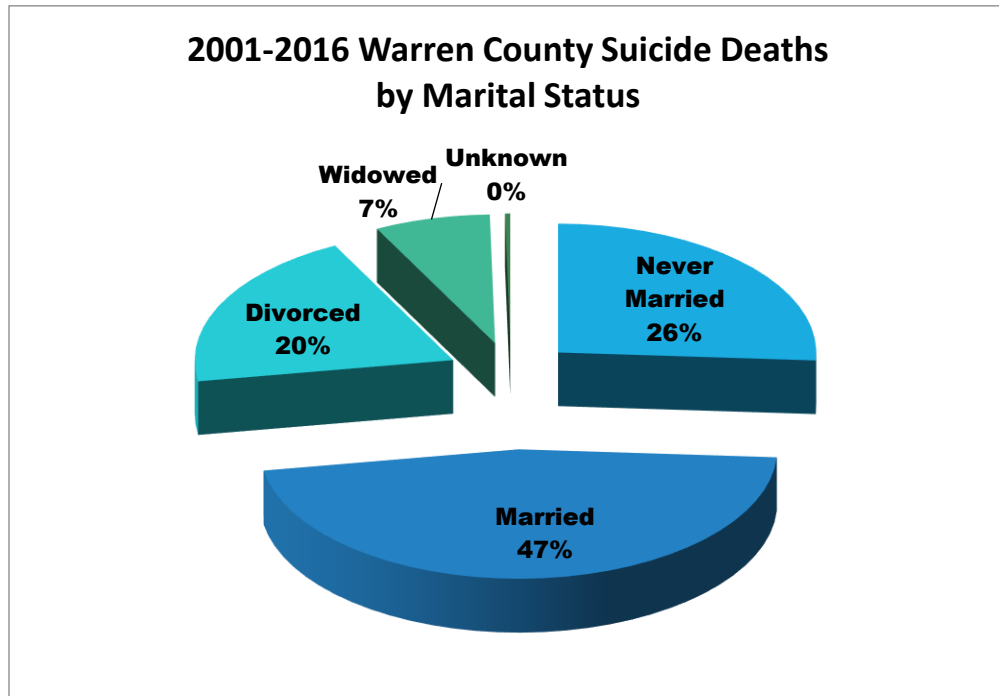
Warren County has seen suicide deaths of those under age 18 during the 2001-2016 time frame, however the rate has been lower than the national average where youth suicide is the 2nd leading cause of death. Individuals between the ages of 39-49 remain the highest groups.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Age	0-17:	0	0	1	1	0	1	0	0	0	1	2	0	1	1	1	0	9
	18-21	0	1	1	1	0	0	1	1	0	3	1	1	2	1	0	2	15
	22-29:	1	0	1	1	1	0	2	0	0	3	3	4	0	2	2	3	23
	30-39:	3	3	1	3	10	4	5	1	2	3	4	5	5	4	9	4	66
	40-49:	2	3	7	5	5	4	6	5	7	4	4	5	3	6	3	2	71
	50-59:	2	6	1	3	2	1	1	5	5	5	0	7	6	4	0	7	55
	60-69:	0	1	2	4	0	0	4	2	8	2	3	3	2	1	4	2	38
	70-79:	0	0	0	0	0	5	0	2	0	2	0	2	0	4	1	0	16
	80+	0	1	1	1	2	0	0	1	0	0	2	1	1	0	0	1	11

MARITAL STATUS

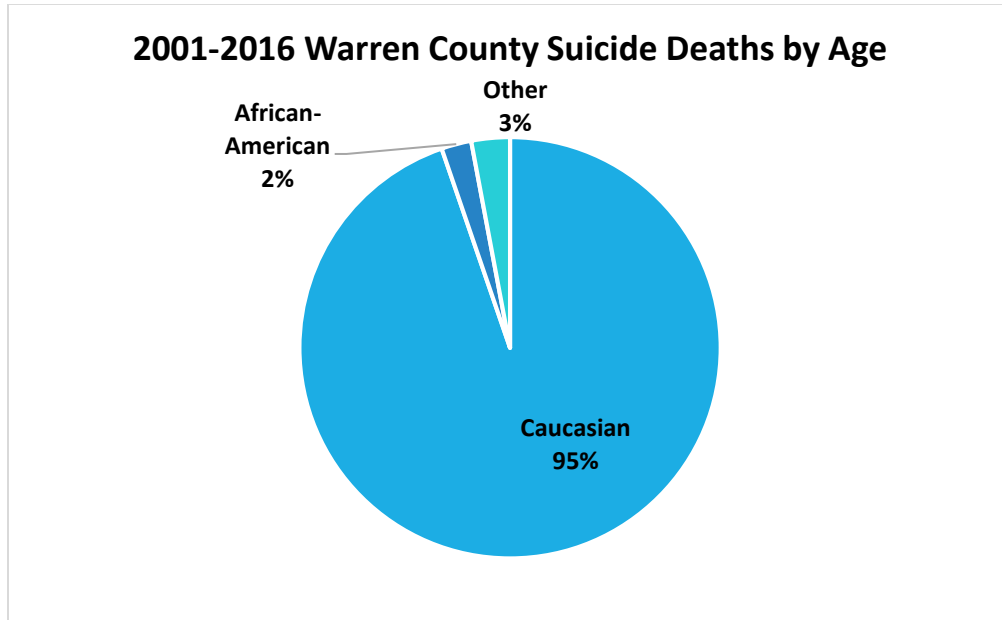
The majority of those who died by suicide in Warren County were married. Research shows that having the natural support system of a marriage is a protective factor against suicide. However, if all other categories are combined, this represents 53% of the cases. Statistically, widowed and divorced persons have an approximately three-fold greater risk of suicide death.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Marital Status	Never Married	0	1	4	3	2	3	7	5	3	10	7	6	6	5	8	9	79
	Married	4	5	6	11	13	11	10	6	11	9	8	13	10	9	8	7	141
	Divorced	4	6	5	4	3	0	2	4	7	3	2	7	2	7	3	2	61
	Widowed	0	3	0	1	1	1	0	2	1	1	2	2	2	2	1	3	22

RACE

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

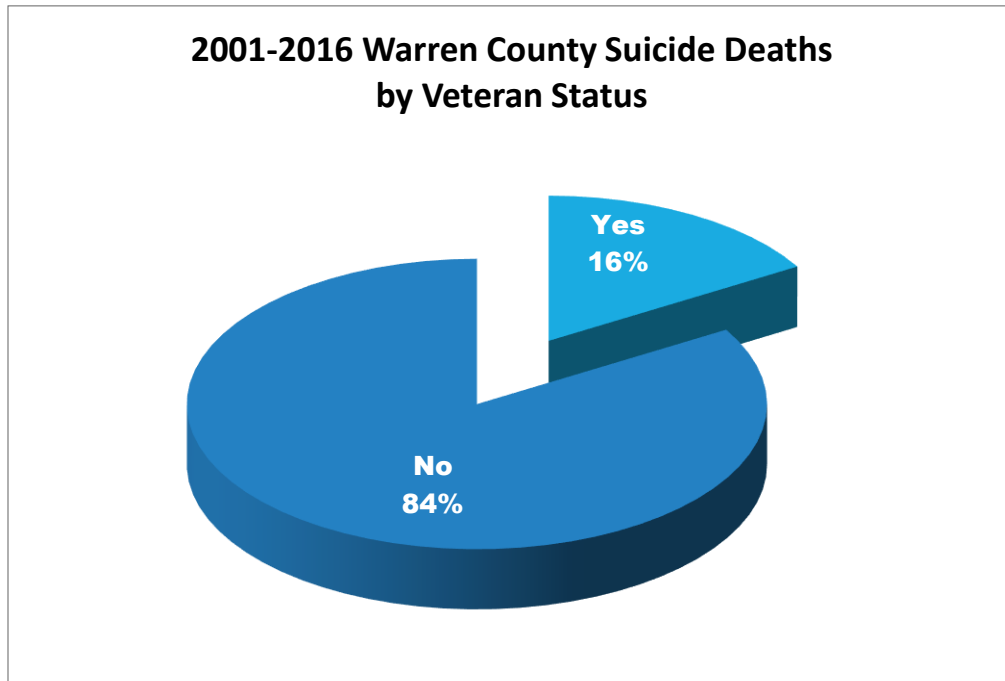


		Year																Total	
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16		
Race*	Caucasian	7	15	14	17	19	14	19	16	22	22	17	27	20	20	19	20	288	
	African-American	1	0	0	0	0	1	0	0	0	0	1	1	1	0	0	1	1	7
	Eastern Indian	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2	
	Asian	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	2	
	Mexican	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
	Kyrgyzstan	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
	Filipino	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	2	

*Race as noted on death certificate

VETERAN STATUS

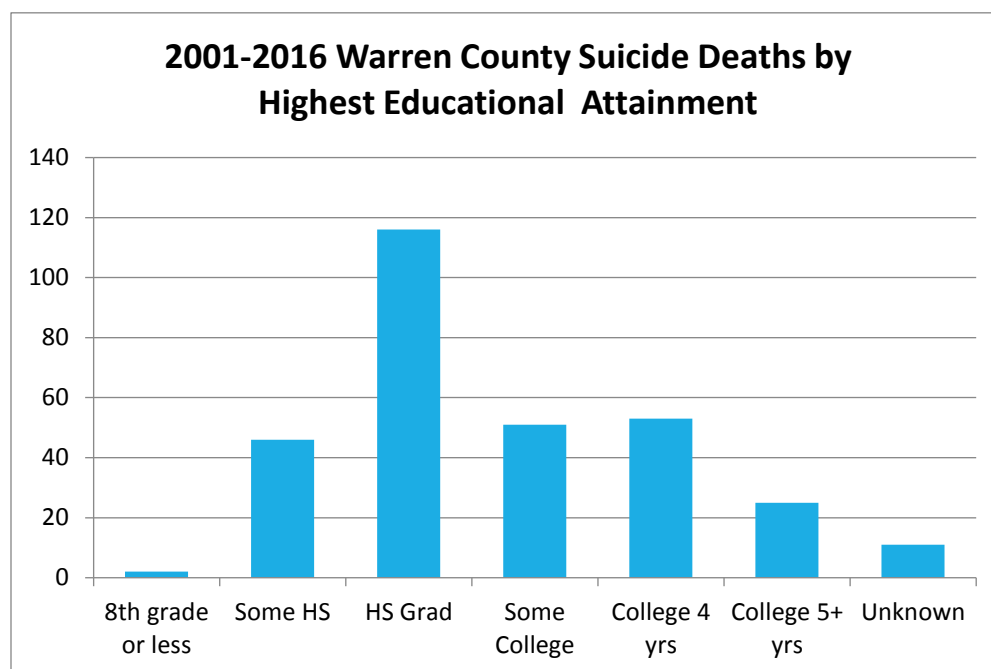
According to the U.S. Census Bureau's American Community Survey 2011-2015 estimates, 8.3% of Warren County residents are veterans. Thus, the percentage of veterans who have died by suicide within the county is higher than the population representation. When looking at the yearly detail, the number of suicide deaths of veterans increased briefly during 2005-2013 but has since declined.



		Year																Total
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	
Veteran	Yes	1	2	2	4	5	3	3	5	3	2	6	4	4	2	2	2	50
	No	7	13	13	15	15	12	16	12	19	21	13	24	16	21	18	19	254

EDUCATION

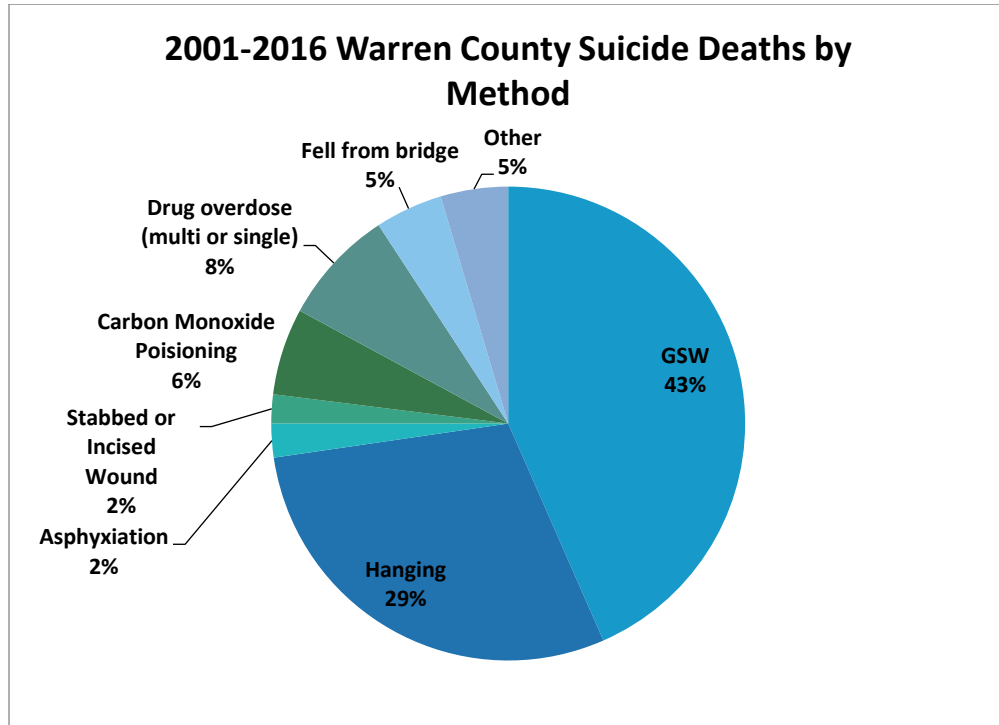
Disparities according to educational attainment have been noted in national research, specifically that those with a higher level of education tend to have a lower rate of death by suicide. However, in Warren County, those who have “Some College” up to a “Bachelor's degree” have a similar representation as those with only some high school education. It should be noted that since the recession, there has been a higher representation of those with a college education.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Education	8th grade or less	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
	Some HS	3	0	8	3	3	1	3	2	3	7	3	1	3	3	2	1	46
	HS Grad	3	10	5	10	9	9	9	4	6	8	7	7	7	4	8	10	116
	Some College	0	2	0	2	3	1	4	3	4	1	6	7	4	6	5	3	51
	College 4 yrs	1	2	1	3	1	2	2	5	5	5	2	9	2	8	1	4	53
	College 5+ yrs	1	1	1	1	2	1	1	2	1	1	1	1	4	1	4	2	25

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 the least amount of time for intervention. These data provide a valuable measure to develop preventative strategies such as education on safe storage of firearms.

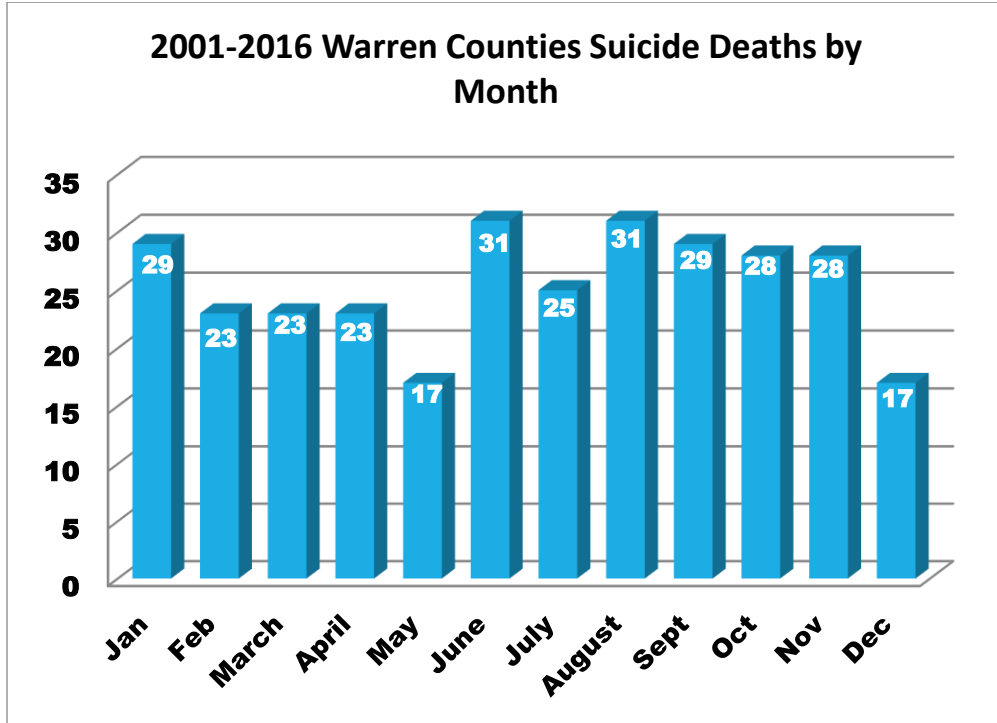


		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Method	GSW	7	5	9	9	8	8	10	9	7	11	7	8	7	10	8	9	132
	Hanging	1	5	3	5	7	2	4	3	4	6	7	13	9	5	8	7	89
	Asphyxiation	0	0	0	0	2	0	1	0	0	0	0	0	1	3	0	0	7
	Drowning	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	3
	Fell from Jeremiah Morrow Bridge	0	1	1	2	1	0	1	0	1	1	2	1	0	1	1	0	13
	Fell from OTHER bridge	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Highway incidents	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1	4
	Stabbed or Incised Wound	0	0	1	0	1	0	0	1	1	0	1	0	0	0	0	1	6

Carbon Monoxide Poisoning	0	2	1	3	0	2	2	0	3	2	1	1	0	1	0	0	18
Drug overdose	0	2	0	0	0	2	0	3	4	2	1	3	2	1	2	2	24
Inhaled or ingested other products	0	0	0	0	0	0	0	1	2	1	0	1	1	0	0	1	7

MONTH OF EVENT

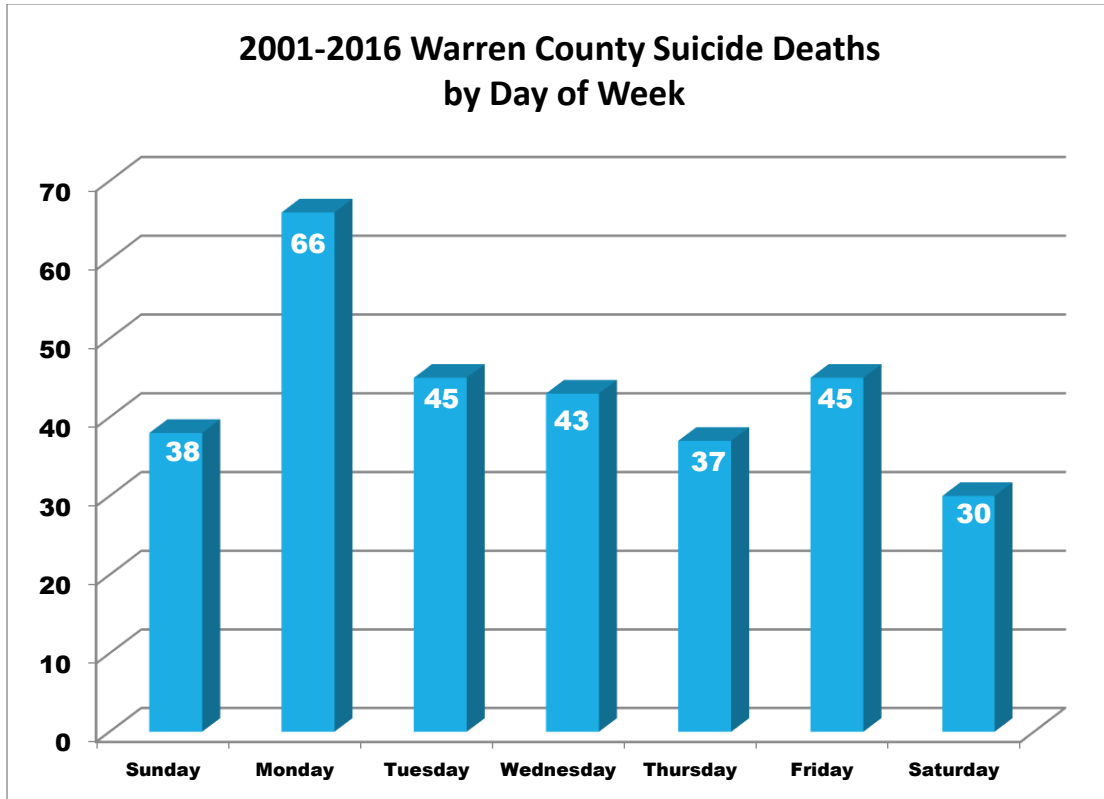
Nationally, it has been found that the highest risk times for suicide are in the spring and in the fall. In Warren County, spikes can be observed particularly in the summer and into fall.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Month of Event	Jan	1	2	1	2	1	0	2	0	1	3	1	5	2	4	2	2	29
	Feb	0	1	1	3	2	1	1	2	2	2	1	2	2	0	3	0	23
	March	0	1	1	1	0	0	5	2	2	3	0	2	2	1	3	0	23
	April	3	0	4	1	2	1	0	2	0	1	1	2	3	1	1	1	23
	May	0	0	0	1	1	1	0	0	1	2	1	2	2	2	2	2	17
	June	1	2	3	1	2	4	2	0	2	2	1	3	1	3	2	2	31
	July	1	1	1	2	2	1	1	1	3	2	2	1	1	0	1	5	25
	August	1	2	1	2	3	2	2	1	3	1	3	3	2	1	1	3	31
	Sept	1	1	0	3	3	1	3	3	1	2	2	1	3	0	2	3	29
	Oct	0	2	3	2	0	2	1	4	3	3	3	2	0	1	1	1	28
	Nov	0	2	0	0	1	1	1	1	3	1	3	4	2	6	1	2	28
	Dec	0	1	0	1	3	1	1	1	1	1	1	1	0	4	1	0	17

DAY OF WEEK

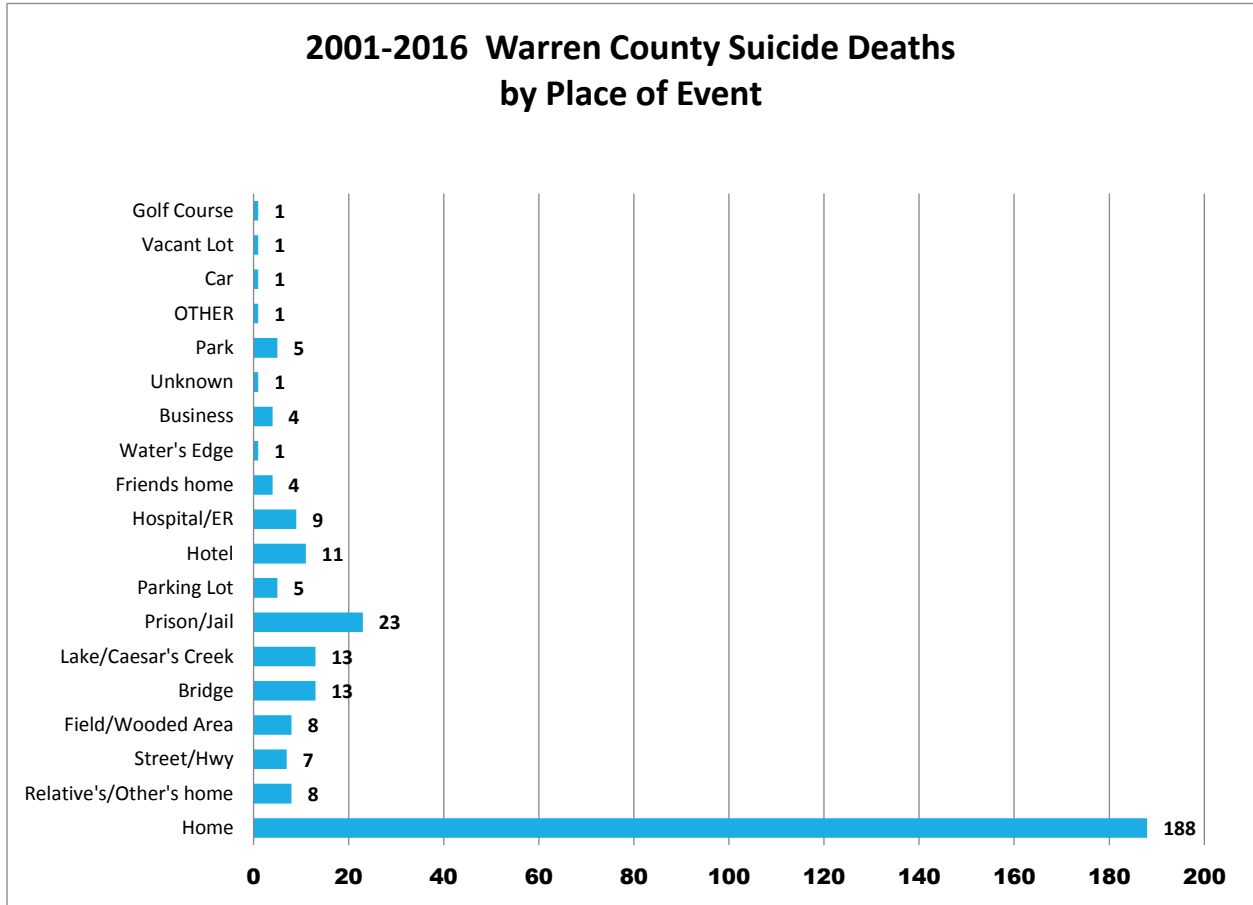
Consistent with national results, the most frequent day of the week for suicide deaths is Monday. There is a fairly equal representation of the other days, with the exception of Saturday.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Day of Week of Event	Sunday	1	3	1	1	3	1	3	4	2	6	0	3	3	5	1	1	38
	Monday	3	1	3	4	2	2	5	6	4	4	5	5	2	8	7	5	66
	Tuesday	1	3	1	2	1	3	2	4	3	3	5	3	3	2	5	4	45
	Wednesday	1	2	3	3	3	1	3	1	2	4	3	5	5	3	2	2	43
	Thursday	0	3	1	1	3	3	3	2	3	1	3	5	4	1	2	2	37
	Friday	2	1	3	5	7	3	2	0	5	3	2	4	2	2	2	2	45
	Saturday	0	2	3	3	1	2	1	0	3	2	1	3	1	2	1	5	30

PLACE OF EVENT

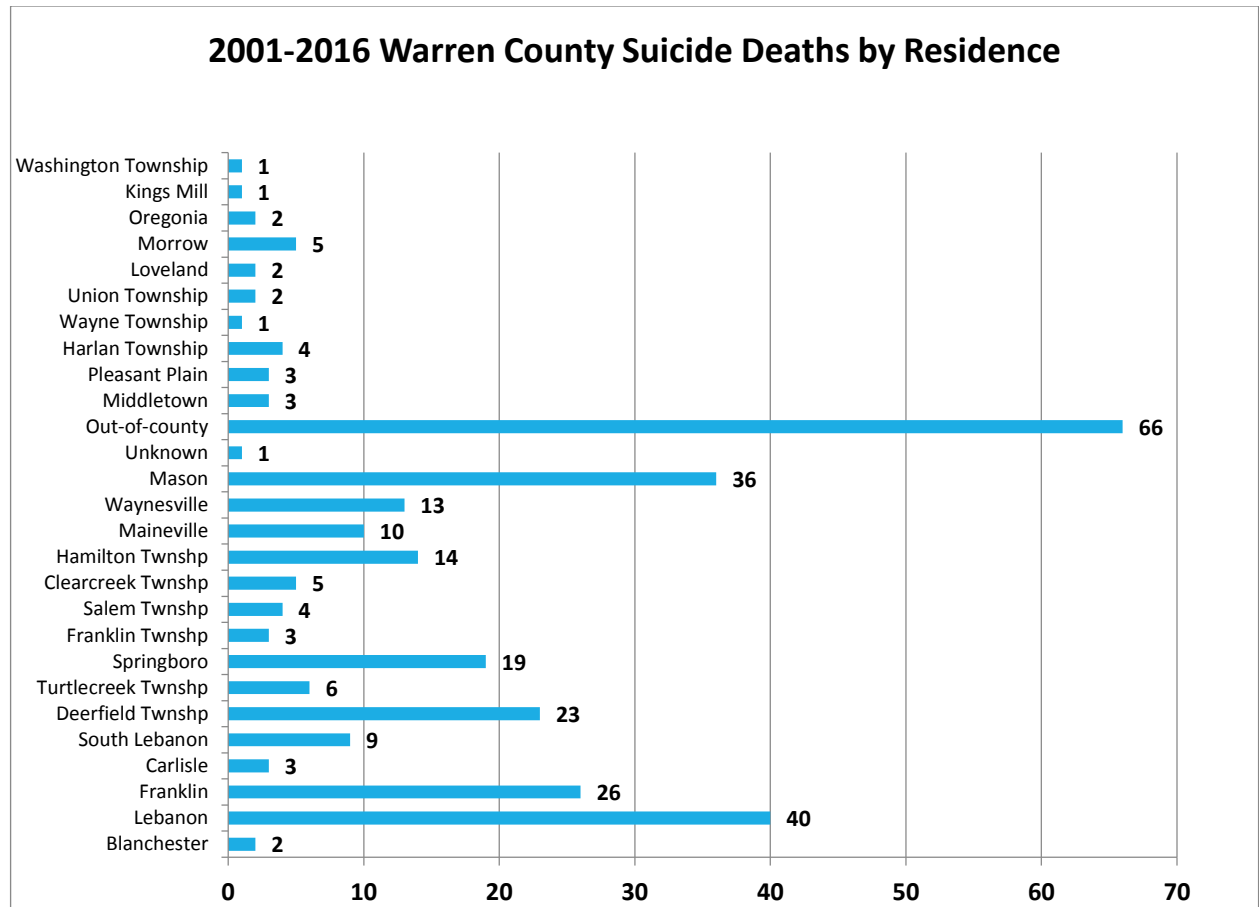
Overwhelmingly and consistently throughout the years, the most frequent location of these deaths has been at home. The presence of Lebanon Correctional Institution within Warren County has influenced the category of Prison/Jail which ranks the next highest location.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Place of event	Home	5	7	10	13	12	11	13	9	17	11	9	18	12	15	13	13	188
	Relative's/Other's home	0	0	0	0	0	0	0	1	0	1	0	3	0	1	0	2	8
	Street/Hwy	0	0	1	0	1	0	2	0	0	0	0	0	1	1	0	1	7
	Field/Wooded Area	1	0	0	0	1	0	2	0	0	2	0	0	1	0	1	0	8
	Bridge*	0	1	1	1	1	1	1	0	1	1	2	1	0	1	1	0	13
	Lake/Caesar's Creek	0	1	0	1	1	1	0	1	0	2	1	2	1	1	1	0	13
	Prison/Jail	1	3	0	1	3	0	0	1	1	3	2	3	2	1	1	1	23
	Parking Lot	0	0	0	1	0	1	0	0	0	1	0	1	0	0	1	0	5
	Hotel	0	1	0	0	0	0	1	3	1	0	2	0	0	1	1	1	11
	Hospital/ER	0	1	0	0	0	1	0	0	0	2	0	0	1	0	1	3	9
	Friends home	0	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0	4
	Water's Edge	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Business	0	0	1	0	0	0	0	0	1	0	2	0	0	0	0	0	4
	Unknown	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	Park	0	0	0	1	0	0	0	0	0	0	0	0	2	2	0	0	5
	OTHER	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	Car	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Vacant Lot	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Golf Course	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	

RESIDENCE

The vast majority of those who died by suicide in Warren County were residents of other counties. These are individuals who died at a variety of locations such as motels/hotels, local bridges, parks, businesses, friend or relative's home, prison/jail, or on a highway which crosses through Warren County. Lebanon, Mason and Franklin are the next highest residences.



		Year																
		'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	Total
Residence	Lebanon	1	2	1	2	4	0	4	3	4	3	0	7	2	3	2	2	40
	Franklin	0	1	3	2	4	3	0	1	2	0	1	3	2	2	1	1	26
	Carlisle	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	3
	South Lebanon	0	0	1	1	1	1	1	0	0	1	0	1	0	0	2	0	9
	Deerfield Township	0	1	2	0	1	1	1	0	2	1	2	2	1	2	2	5	23
	Turtlecreek Township	0	2	0	0	0	1	0	1	0	0	0	2	0	0	0	0	6
	Springboro	1	0	1	1	0	1	0	0	0	3	4	1	4	0	3	0	19
	Franklin Township	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	3
	Salem Township	1	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	4
	Clearcreek Township	0	0	0	0	1	0	0	0	1	2	0	0	0	0	0	1	5
	Hamilton Township	1	0	0	0	0	1	2	1	0	1	0	1	2	2	1	2	14
	Maineville	0	0	0	0	0	3	1	0	1	1	0	1	1	0	1	1	10
	Waynesville	0	0	1	2	0	1	2	1	2	1	0	0	0	1	2	0	13
	Mason	0	1	2	4	2	1	6	2	4	2	2	2	2	2	1	3	36
	Unknown	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Out-of-county	2	5	2	3	3	2	2	5	4	6	10	6	3	5	5	3	66
	Middletown	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	3
	Pleasant Plain	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	3
	Harlan Township	1	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	4
	Wayne Township	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Union Township	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	2
	Loveland	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
	Morrow	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	1	5
	Oregonia	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
	Kings Mill	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Washington Township	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	Blanchester	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	2

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, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.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.

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 or the following local resources:

Suicide Prevention Coalition of
Warren and Clinton Counties
Lebanon, Ohio

513-695-1695 *** 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