

# NEWS



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**FOR IMMEDIATE RELEASE**

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On the day you read this article there will be ninety individuals who lose their life to suicide in the United States. This will include people of both genders, all ages, and all races. According to the Centers for Disease Control, suicide was the 11<sup>th</sup> leading cause of death in the U.S. during 2006 and even higher than homicide which was 15<sup>th</sup>.

Suicide happens in all communities. In Warren and Clinton Counties, 22 people died by suicide in 2008. These individuals represent husbands and wives, mothers and fathers, sons and daughters, siblings, neighbors, and co-workers. People we may have contact with every day.

But these statistics only tell one part of the story; there are also countless suicide attempts. Nationally, it is estimated there are as many as 25 attempts for every death by suicide. A study published this month by the Substance Abuse and Mental Health Services Administration revealed that in 2008, an estimated 8.3 million adults aged 18 or older (3.07 % of the adult population) had serious thoughts of suicide in the past year. And, 1.1 million people (0.5%) actually attempted suicide.

For young people, ages 15-24, that number is even higher. According to the Centers for Disease Control in 2007, 14.5% of students in grades 9-12 reported considering suicide in the previous 12 months, with 6.9% reporting to have made at least one suicide attempt.

During the Fall of 2008, several Warren and Clinton County schools conducted the Ohio Youth Survey which queried youth grades 6-12 regarding various issues they face. Of the nearly 8,000 Warren and Clinton County students surveyed, 708 revealed (9%) they had seriously considered suicide in the last 12 months. Additionally, 6.6% students reported attempting suicide one or more times. This represents 445 youth in our community who believed suicide was a way to stop their despair.

The leading risk factor in suicide is depression. In fact, 90% of those who died by suicide suffered from a depressive illness. This disease is, however, not always diagnosed or treated. Thus, mental health screening and treatment are imperative in decreasing the incidence of suicide.

The Suicide Prevention Coalition of Warren and Clinton Counties, made up of partners from a multitude of social service and governmental agencies as well as interested community members, works to enhance awareness, increase early intervention and ultimately decrease the incidence of deaths by suicide and suicide attempts locally.

As a means to this end, the Coalition received a grant from the Ohio Suicide Prevention Foundation to disseminate depression screening tools and literature to family physicians, pediatricians, and obstetricians. This summer, mailings went to 90 medical practices in Warren and Clinton Counties to enhance screening efforts and lead to early detection and treatment. This project stems from the recommendations of the U.S. Preventative Services Task Force (appointed by the U.S. Department of Health and Human Services) as well as various medical associations strongly advocating for depression screening in doctor's offices for adults and adolescents.

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. Local help is available on a free or sliding fee basis.

The Suicide Prevention Coalition also provides literature and speakers to employers, community groups, schools, churches and any other interested groups. For more information about the Suicide Prevention Coalition, call Mental Health Recovery Services of Warren and Clinton Counties at 513-695-1695 or 937-783-4993, ext. 1695.

### **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

### **What To Do**

- Take suicide threats seriously, be direct, open and honest in communications.
- Listen, allow the individual to express their feelings and express your concerns in a non-judgmental way.
- Say things like, "I'm here for you. Let's talk. I'm here to help."
- Ask, "Are you having suicidal thoughts?" A detailed plan indicates greater risk.
- Take action sooner rather than later.
- Get the individual who is at risk connected with professional help.
- Dispose of pills, drugs and guns.
- Don't worry about being disloyal to the individual; contact a reliable family member or close friend of the person.

### **Where to Get Help**

24 Hour Toll-Free Crisis Hotline for Warren & Clinton Counties

**1-877-695-6333**  
**OR 1-877-695-NEED**

Mental Health & Recovery Centers of Warren County **1-800-932-3366**

Mental Health & Recovery Center of Clinton County **1-937-383-4441**

Survivors After Suicide Support Group — For the most up-to-date group list, consult the American Foundation for Suicide Prevention, Cincinnati Chapter, website at: **[www.afsp.org](http://www.afsp.org)**

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