

# Suicide Fatality Review (SFR) Report- 2025

Deaths finalized through December 31, 2025  
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**Clermont County**  
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# Acknowledgements

This report is presented in compliance with the Health Insurance Portability and Accountability Act (HIPAA), meaning that individual health data can not be publicly shared. Therefore, this report includes data that has been aggregated from multiple years.

We acknowledge that each data point represents an individual life that was lost. Efforts to aggregate data have been made to respect the privacy of the individual and the community that mourns the loss. The information presented is to be used for the purposes of supporting evidence-based prevention and promoting greater health equity in the community.



# SFR Overview

The Clermont County SFR Committee was formed in 2023 as governed by the Ohio Revised Code 307.641 to 307.649.

This presentation is an overview of all confirmed suicide deaths of Clermont County residents in 2025.

The ultimate purpose of the fatality committee is to reduce the number of suicide deaths by identifying the circumstances surrounding the deaths to inform recommendations for prevention.

The goal of this report is to provide a snapshot of the trends related to suicide deaths among Clermont County residents, identify higher risk populations, identify areas for strategies and activities to work towards prevention of fatalities, influence policy change, and influence equity promotion.

A summary of these findings will be included annually in the Community Health Assessment or Community Health Assessment Update.



# SFR Committee

The Suicide Fatality Review (SFR) Committee meets once per year to review data from all confirmed suicide deaths of Clermont County residents. Three to five cases are chosen to discuss in greater depth in order to identify prevention strategies. Members include the Clermont County Health Commissioner and those selected including

- The chief of police of a police department in the county or region or the county sheriff or a designee of the chief or sheriff
- A public health official or the official's designee
- The executive director of a board of alcohol, drug addiction, and mental health services or the executive director's designee
- A physician
- County coroner

All members must abide by all local, state, and federal laws and regulations pertaining to the security, privacy, and confidentiality of medical records' information, (also referred to as protected health information or PHI).



# SFR Data Sources

- Ohio Mortality Warehouse
- Patient Medical Records
- Death Certificates
- Online Public Information
  - Criminal records search
  - Social media
  - Obituaries



# SFR Data Analysis

“Data analysis is a process of inspecting, cleansing, transforming, and modelling data with the goal of discovering useful information, informing conclusions, and supporting decision-making,” (PHAB, 2022).

## *Purpose*

The purpose of reviewing the trending data is to identify meaning from the data, draw conclusions, and make informed decisions.

## *Methods for interpretation*

The use of data analysis software to review data trends and interpret statistical significance. Data analysis tools included: Excel and R Studio

## *Types of analysis*

Descriptive analysis (mean, median, mode, and standard deviation)

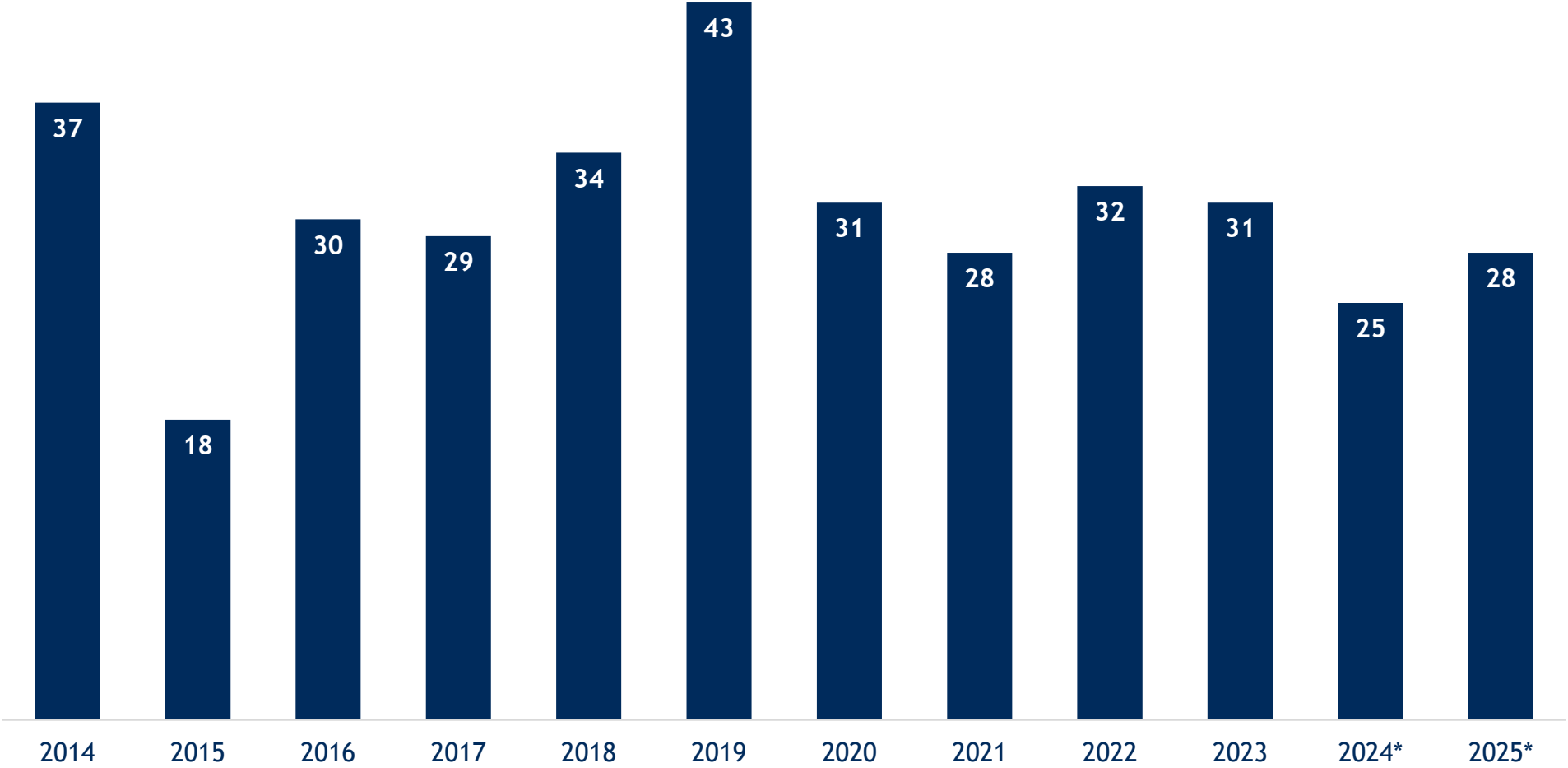
Exploratory data analysis (visualizations and uncover patterns)

## *Data visualization*

“Data visualization is the process of displaying data/information in graphical charts, figures and bars. It is used as means to deliver visual reporting to users for the performance, operations or general statistics of an application, network, hardware or virtually any IT asset (Techopedia. Data Visualization. June 5, 2018),” (PHAB, 2022). The use of charts, graphs, maps, bullet points, and data elements display the relationships and meaning found within the variables.



# In 2025 there were 28 suicide deaths among Clermont County residents.



\*Preliminary data subject to change

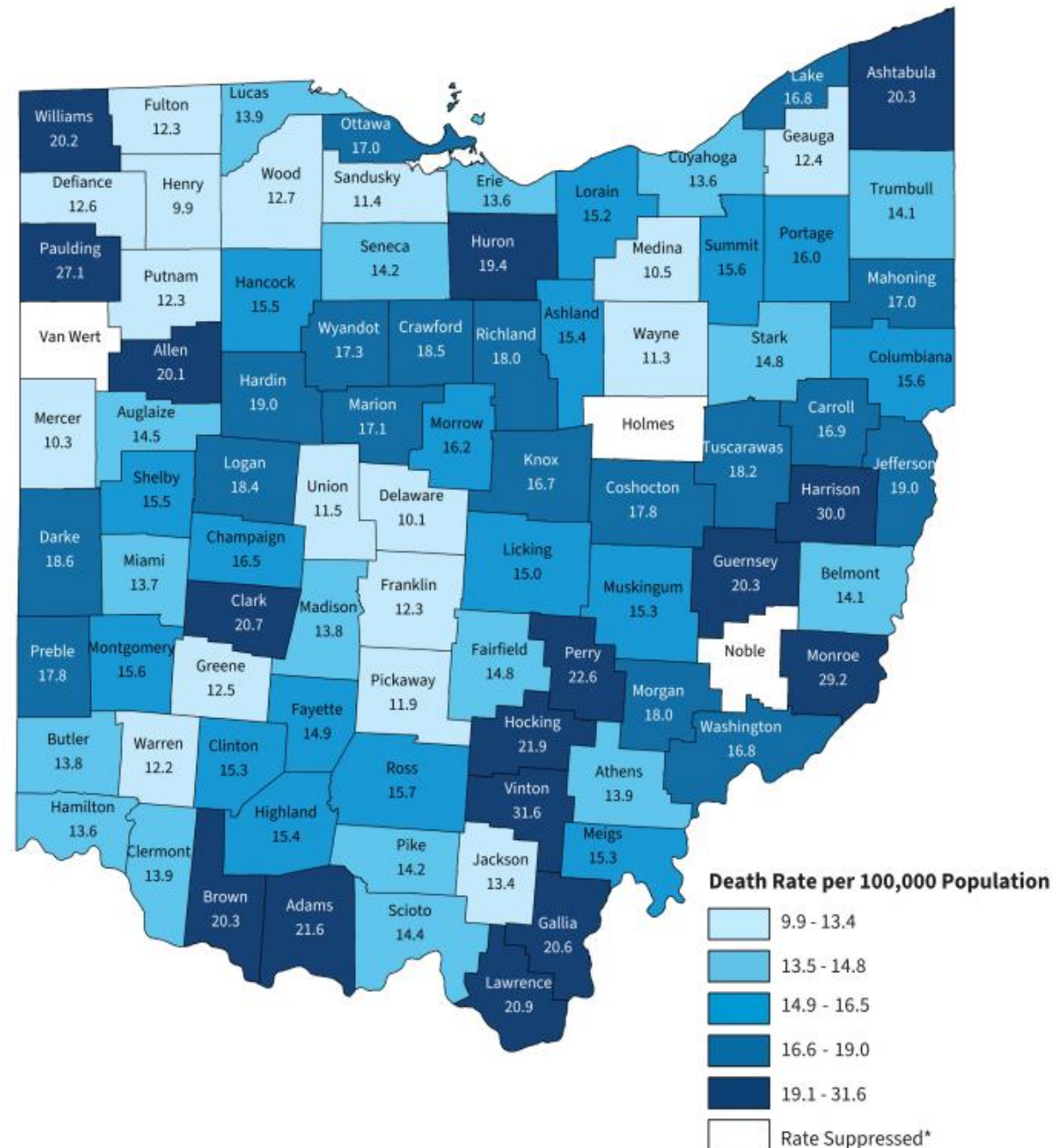
The trend analysis indicated a slight decrease in counts over time that was not statistically significant ( $b = -0.15$ ,  $p = .70$ ,  $R^2 = .09$ ). The low  $R^2$  suggests that year-to-year variation is largely not explained by a consistent linear trend.

Source: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data.

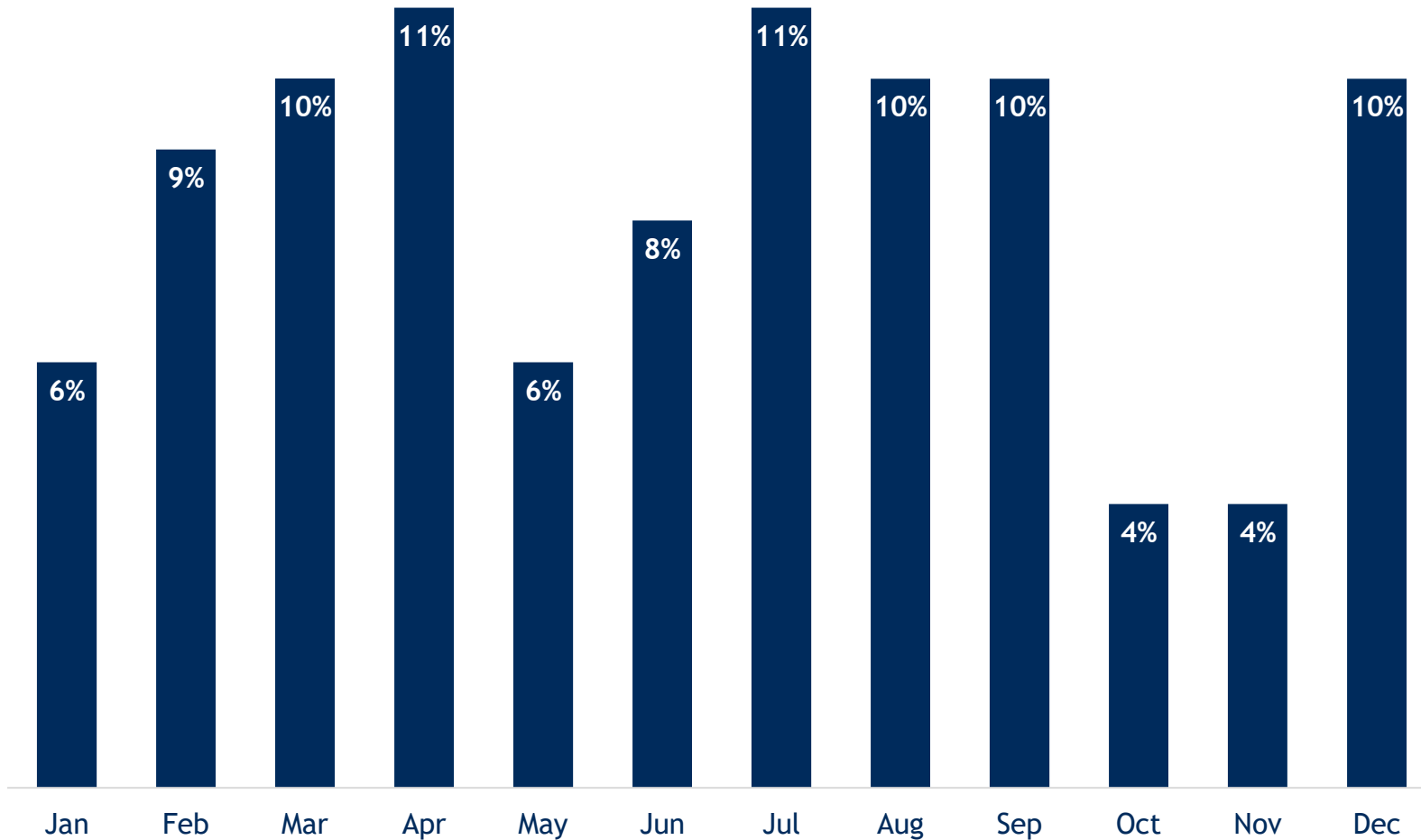


Figure 12. Average Age-Adjusted Rate of Suicide Deaths by County<sup>1</sup>, Ohio, 2020-2023

From 2020-2023 the average age-adjusted rate of suicide deaths in Clermont County was 13.9 per 100,000 population.



From 2021-2025, the largest percentage of deaths occurred in **April** and **July**.



While suicide death can happen during any time of year, there is evidence to suggest that patterns of attempted and completed suicide increase during late spring and summer.

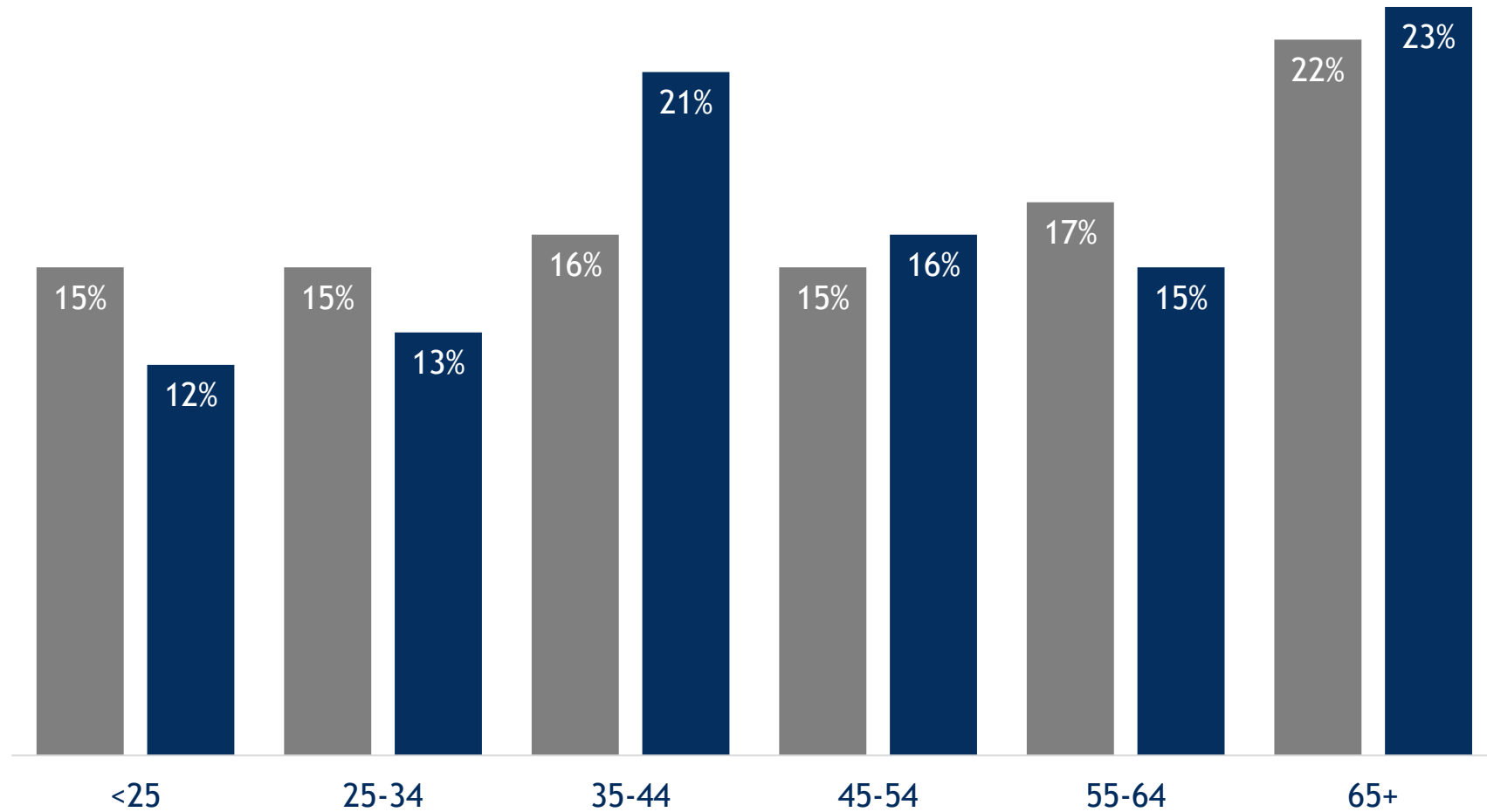


# DEMOGRAPHICS & SOCIOECONOMICS



# From 2021-2025, 21% of decedents were aged 35-44, while comprising 16% of the county population.

“Midlife suicide is strongly associated with socioeconomic difficulties and physical and psychiatric illnesses that are common in this age population.”



A chi-square test of independence was conducted to examine the association between age group and suicide death. There was a non-significant association,  $\chi^2(5, N = 177,079) = 4.29, p = 0.5$ . Standardized residuals indicated that the 35-44 age group had more affected cases than expected.

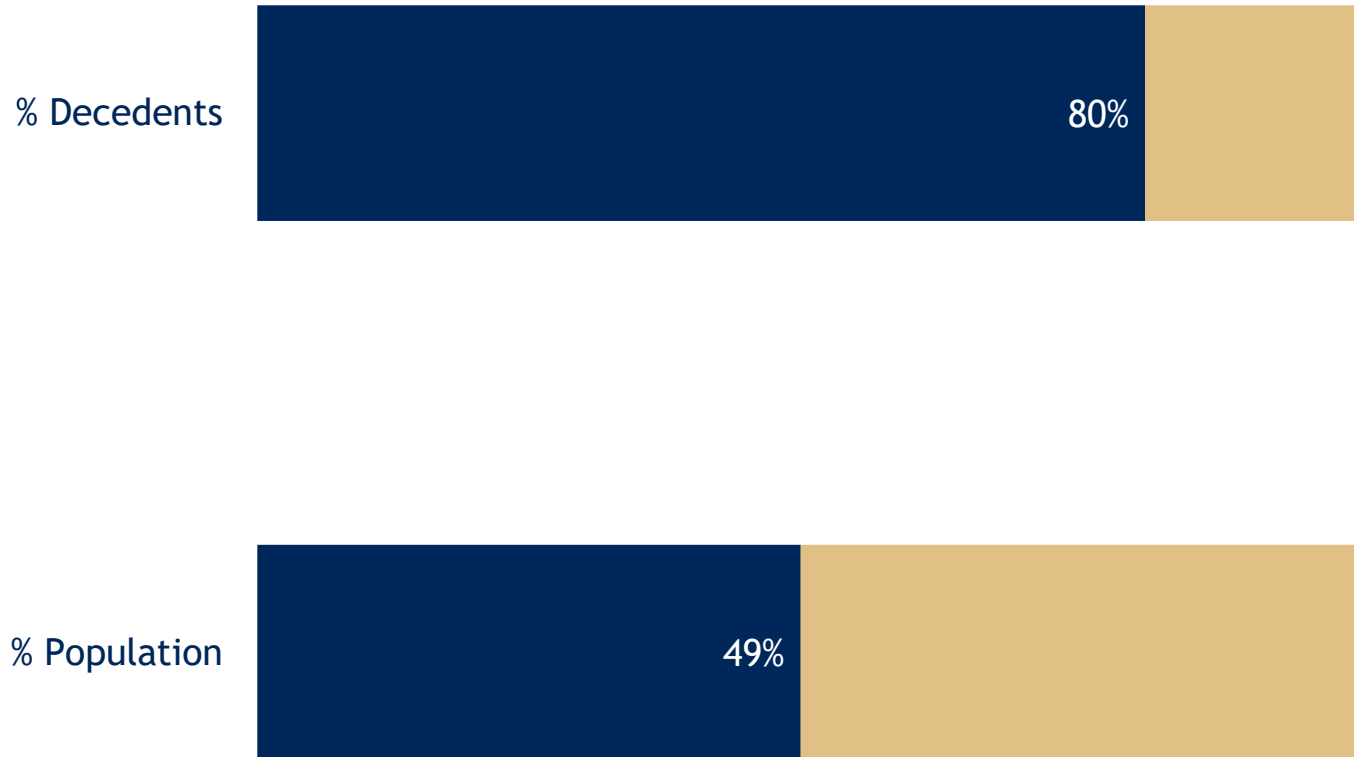
Sources: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data.

2024:ACS 1-Year Estimates S0101: Age and Sex - Census Bureau Table. Values include population age 15+.

<https://pubmed.ncbi.nlm.nih.gov/35961179/>



# From 2021-2025, 80% of decedents were male.



“Compared to women, men are less likely to seek help for mental health difficulties.

Key processes that may improve help-seeking attitudes, intentions, or behaviors for men include using role models to convey information, psychoeducational material to improve mental health knowledge, assistance with recognizing and managing symptoms, active problem-solving tasks, motivating behavior change, signposting services, and content that builds on positive male traits (e.g., responsibility and strength).”

A chi-square test of independence indicated a significant association between sex and suicide death  $\chi^2(1, N = 177,079) = 57.40, p < .001$ . Males had significantly higher odds of suicide death than females (odds ratio = 4.30, 95% CI [2.81, 6.58]), indicating that being male was associated with roughly 4.3 times higher odds of suicide death.

Sources: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data.

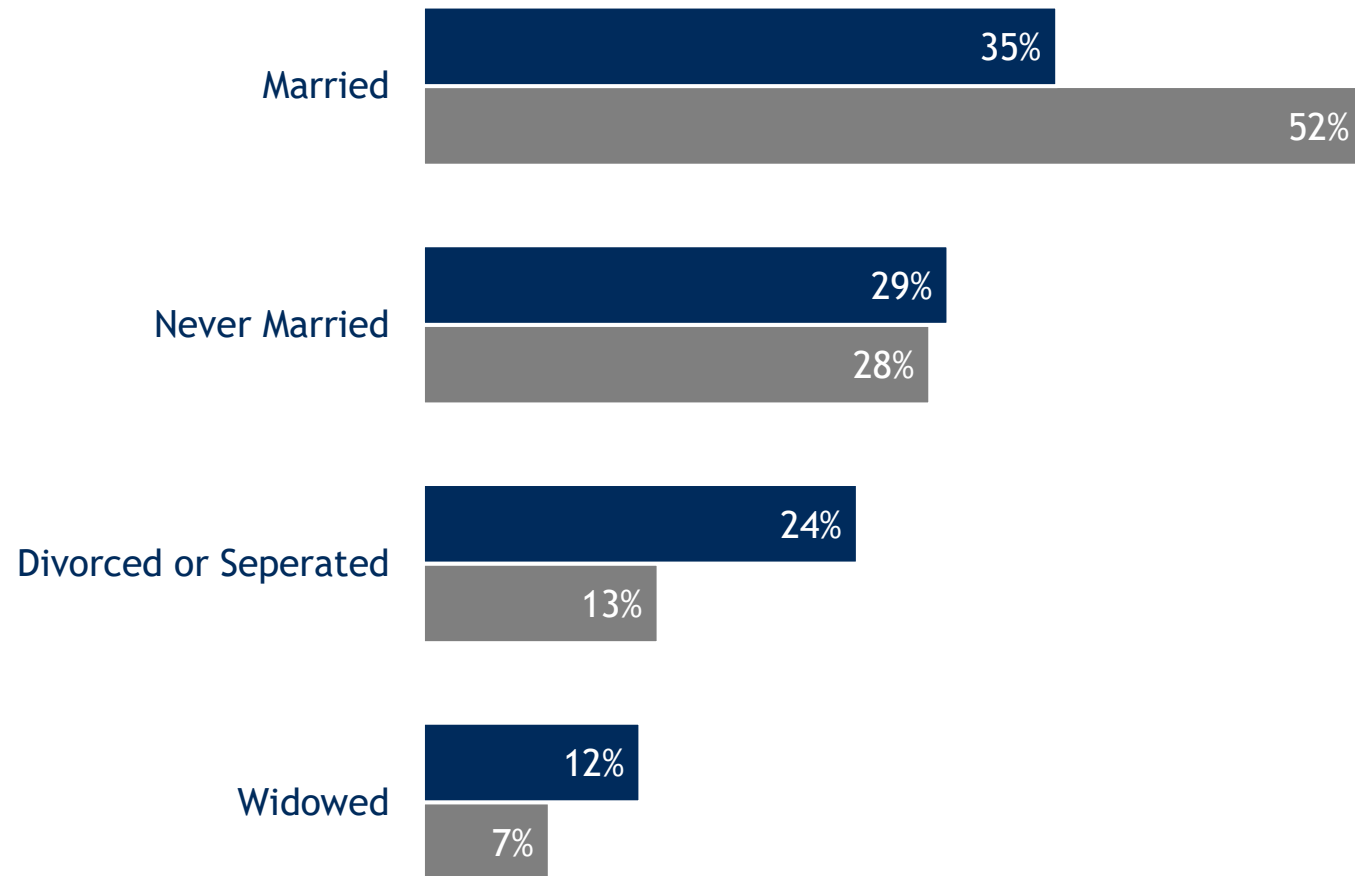
2024:ACS 1-Year Estimates [S0101: Age and Sex - Census Bureau Table](#). Values include population age 15+.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6560805/#section14-1557988319857009>



# From 2021-2025, 35% of decedents aged 25+ were married compared to 52% of the county population.

“Suicide risk is strongly associated with a single status of any form with the highest risk during a marital separation, but the increased risk varies in strength according to individual-level factors. The stress and loss of support induced by marital dissolution are important contributing risk factors for suicide, and persons with low income may be especially vulnerable.”



A chi-square test of independence was conducted to examine the association between marital status and suicide death. There was a significant association,  $\chi^2(3, N = 173,400) = 26.7, p = <.001$ . Standardized residuals indicated that the never married and divorced or separated groups had more affected cases than expected and the married group had fewer cases than expected.

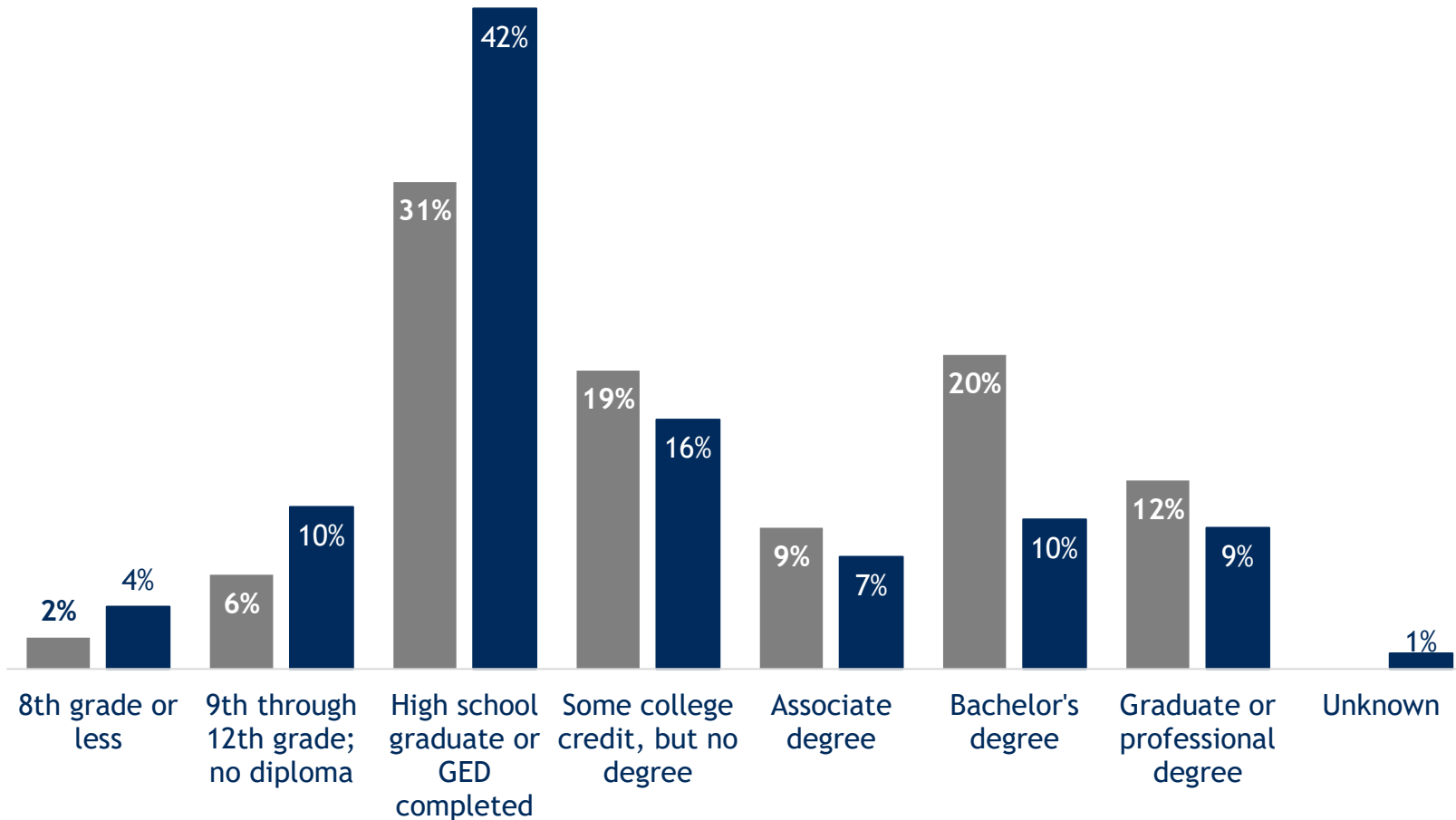
Sources: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data

2024: ACS 5-Year Estimates [S1201: Marital Status - Census Bureau Table](#). Values include population age 15+.

[Marital status and suicide risk: Temporal effect of marital breakdown and contextual difference by socioeconomic status - PMC](#)



From 2021-2025, 19% of decedents held a bachelor's degree or higher compared to 32% of the county population.



Education is a social determinant of health. It makes individuals more likely to find employment that pays a living wage, access quality healthcare, and live in a safe environment.

A Fisher's exact test indicated a significant association between education level and overdose death,  $p .002$  (simulated, 100,000 replicates). Inspection of the contingency table and approximate standardized differences suggested that there were more cases than expected among those with a highest education of high school graduate or GED completed, while there were fewer cases than expected among those with a highest level of education of bachelor's degree.

Sources: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data.  
 2024: ACS 1-Year Estimates S1501: Educational Attainment - Census Bureau Table. Values include population age 25+.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7326385/>



From 2021-2025, 20% of decedents were veterans compared to 7% of the county population.

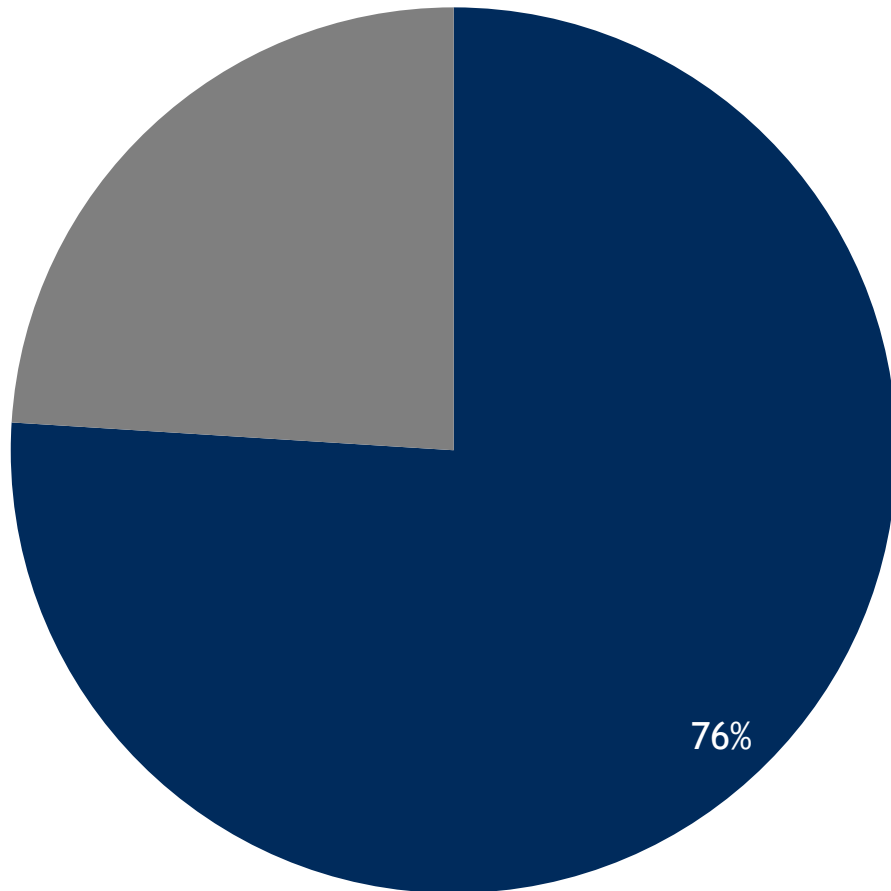


“Veterans can be at risk for suicide for a variety of reasons. Some are coping with the effects of aging, homelessness, or unaddressed chronic health conditions stemming from military service. Many Veterans have underlying mental health conditions or substance use disorders, in some cases aggravated by their military service, which increases their risk of suicide. Many recently discharged servicemembers have difficulty with personal relationships or their transition back to civilian life.”

A chi-square test of independence indicated a significant association between veteran status and suicide death,  $\chi^2(1, N = 168,260) = 37.7, p < .001$ . Fisher’s Exact Test confirmed this result,  $p < .001$ . The odds of suicide death were higher among veterans than nonveterans, OR = 3.5, 95% CI [2.27, 5.24], indicating that being a veteran was associated with roughly 3.5 times higher odds of suicide death. Sources: Ohio Public Health Information Warehouse, Clermont County Coroner’s Office. Primary Data. 2024: ACS 1-Year Estimates Clermont County, Ohio - Census Bureau Tables. Values include population age 18+. <https://www.research.va.gov/topics/suicide.cfm>



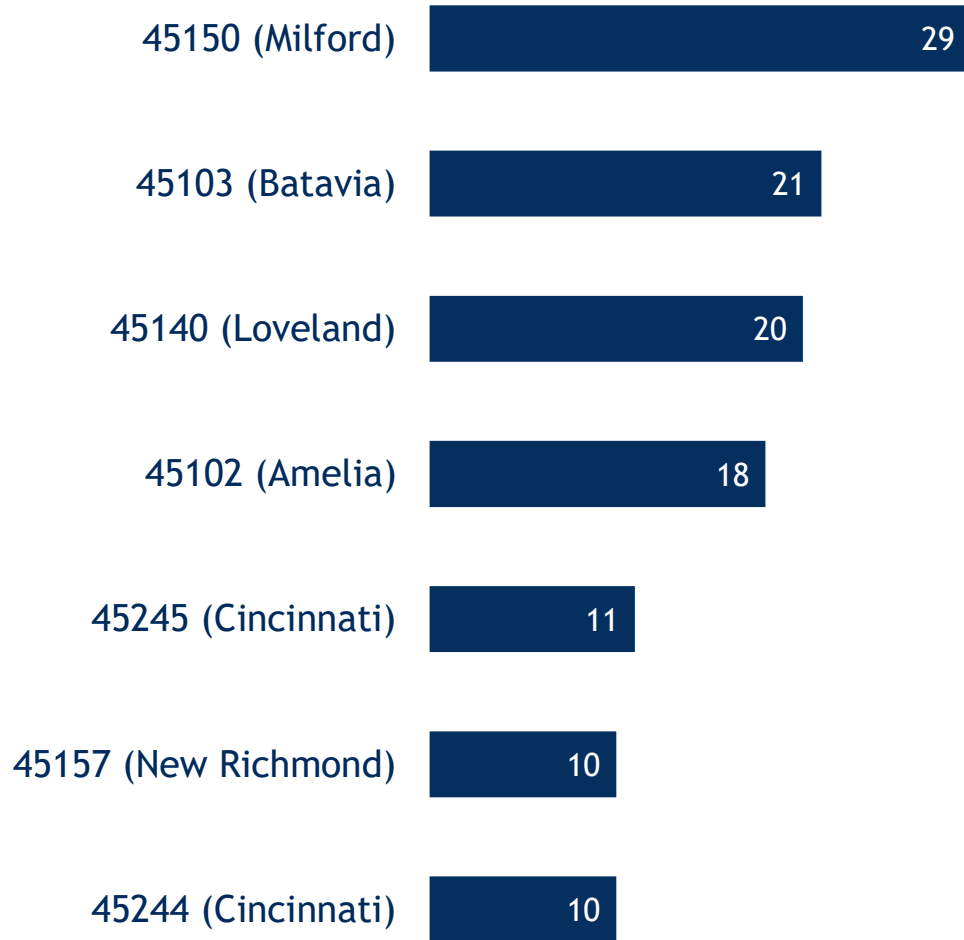
# From 2021-2025, 76% of decedents were known to have been employed at the time of their death.



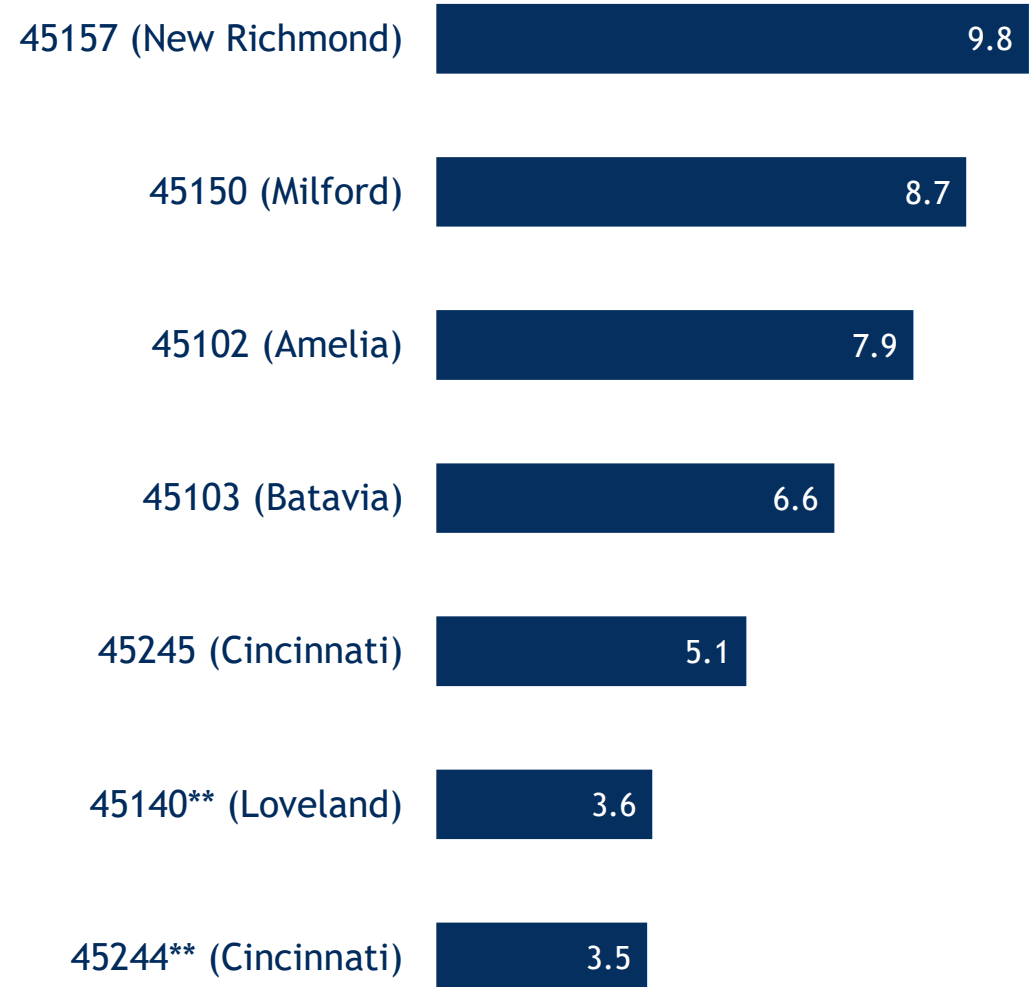
“Full-time employees with suicidal ideation were less likely to seek help than were those who were unemployed. They were less likely to have recognized a need or received any help after recognizing a need. Although little is known about the effects of employment status on help-seeking behavior, the literature suggests it may be related to increased difficulty to take off time to visit health care professionals. The prevalence of presenteeism is higher among full-time workers, and this was explained by their higher degree of control and subsequent difficulty to find someone to replace them. In addition, full-time employees may be more concerned about stigma as compared with those who have not been employed because of the potential effects on their job.”



The **largest number** of decedents from 2021-2025 were residents of the **45150 (Milford)** ZIP Code.



However, **45157 (New Richmond)** had the **highest rate\***.



\*Rate per 10,000 population based on the 2020 US Census. [Census Bureau Data](#).

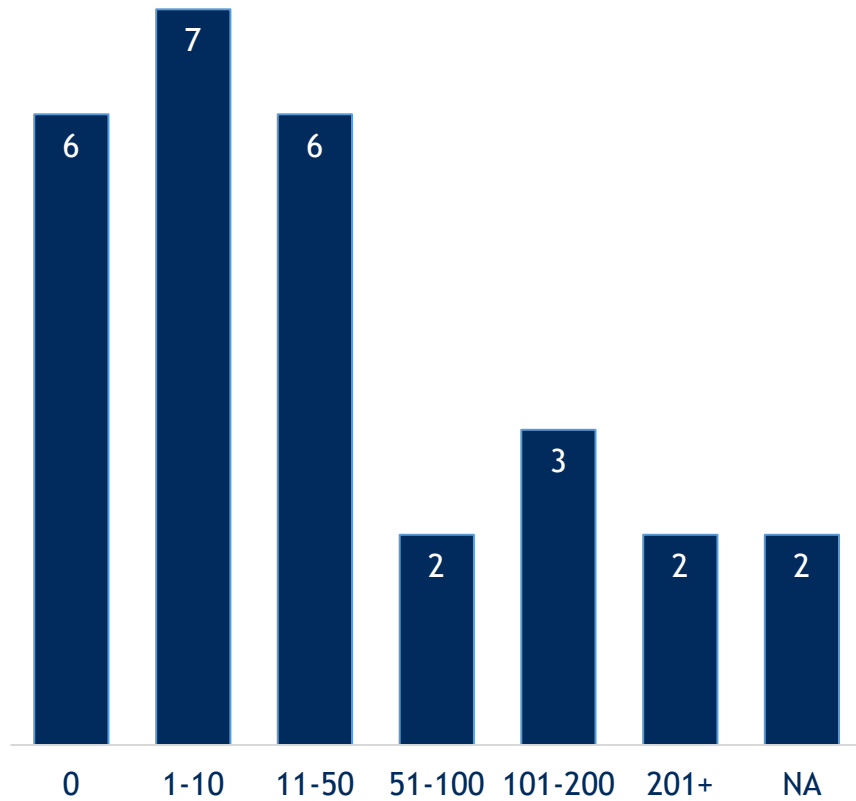
\*\*Rate calculated based on entire ZIP Code population which encompasses multiple counties.



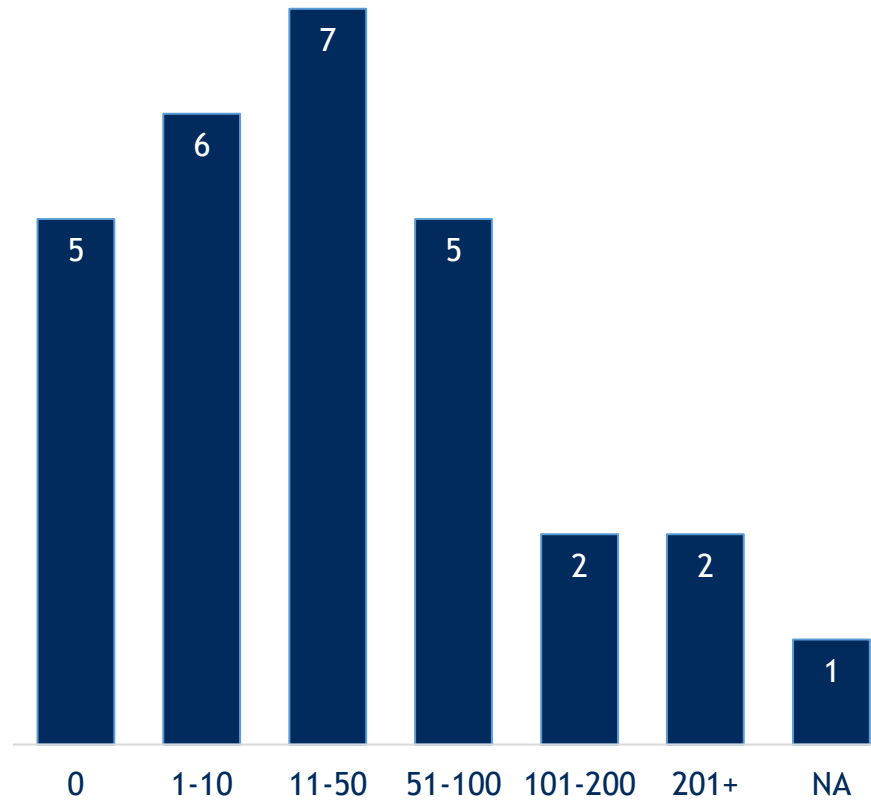
# HEALTH FACTORS



In 2025, the average number of OARRS reportable medications dispensed in the past 5 years among decedents was 50.



The average number of OARRS lookups was 48.



An **OARRS reportable drug** is any controlled substance in schedules II, III, IV, and V, along with gabapentin and naltrexone, and medical marijuana, which must be reported to the Ohio Automated Rx Reporting System (OARRS) when dispensed or personally furnished.



# In 2025, 39% of decedents had a reported physical illness.

Noted physical illnesses included

**Chronic pain syndrome**

**Musculoskeletal disorders**

**Cancer**

**Sleep disorders**

“Suicide prevention implementation in primary care is needed due to the increasing rate of suicide in the past few decades, particularly for young and marginalized people. Primary care is the most likely point of contact for suicidal patients in the healthcare system.”



# In 2025, 57% of decedents had a reported mental illness.

The most common mental illnesses were

**Depressive disorders**

**Anxiety disorders**

Others seen included

**ADHD, Borderline Personality Disorder (BPD),  
schizophrenia, Substance Use Disorder (SUD)  
or Substance Dependence**

Mental illness is likely under-reported due to lack of access to medical history and lack of physical evidence in the autopsy.

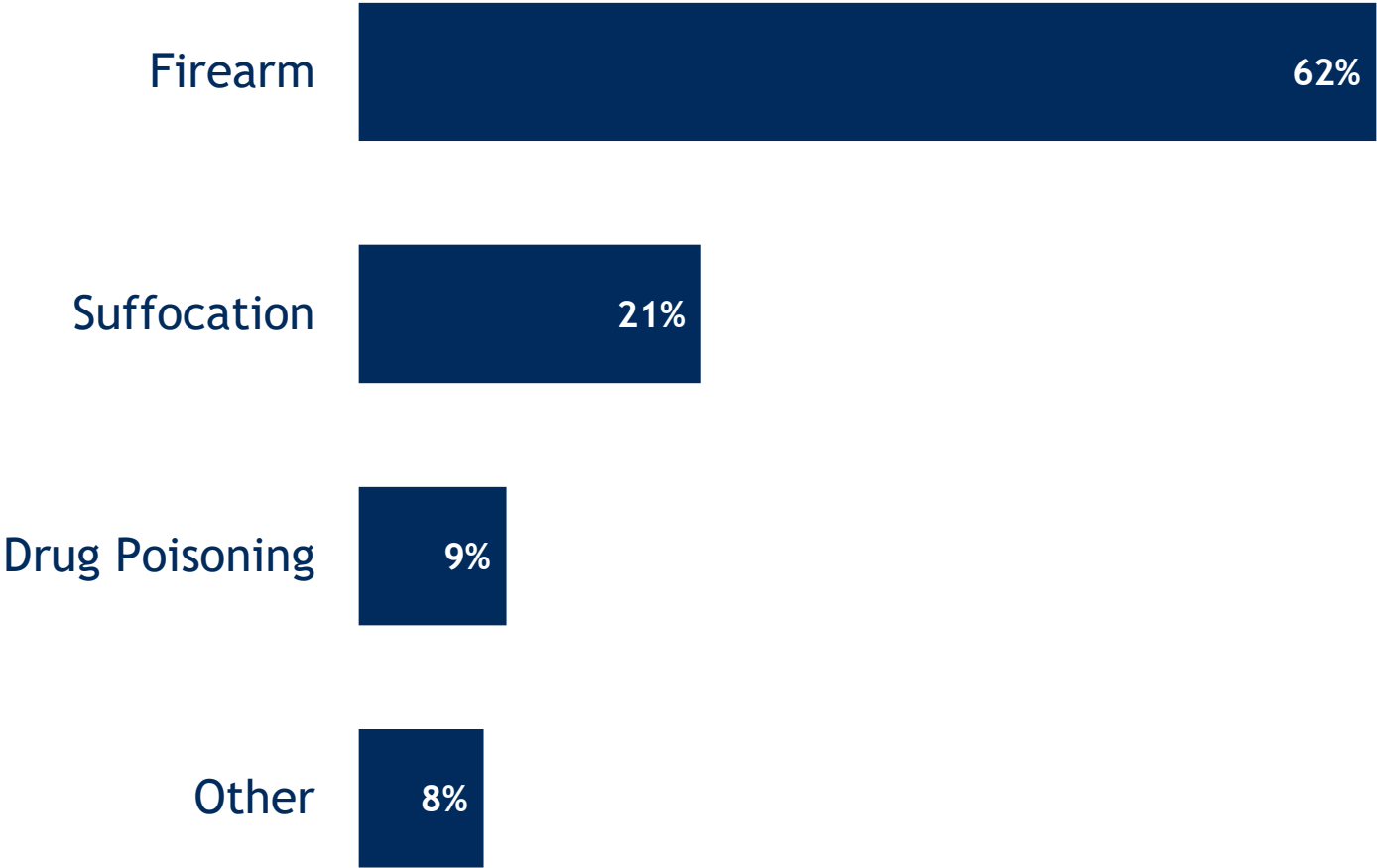
“Training primary care physicians in depression recognition and treatment prevents suicide. Educating youth regarding depression and suicidal behavior, and active outreach of psychiatric patients after discharge or a suicidal crisis prevents suicidal behavior.”



# DEATH INVESTIGATION



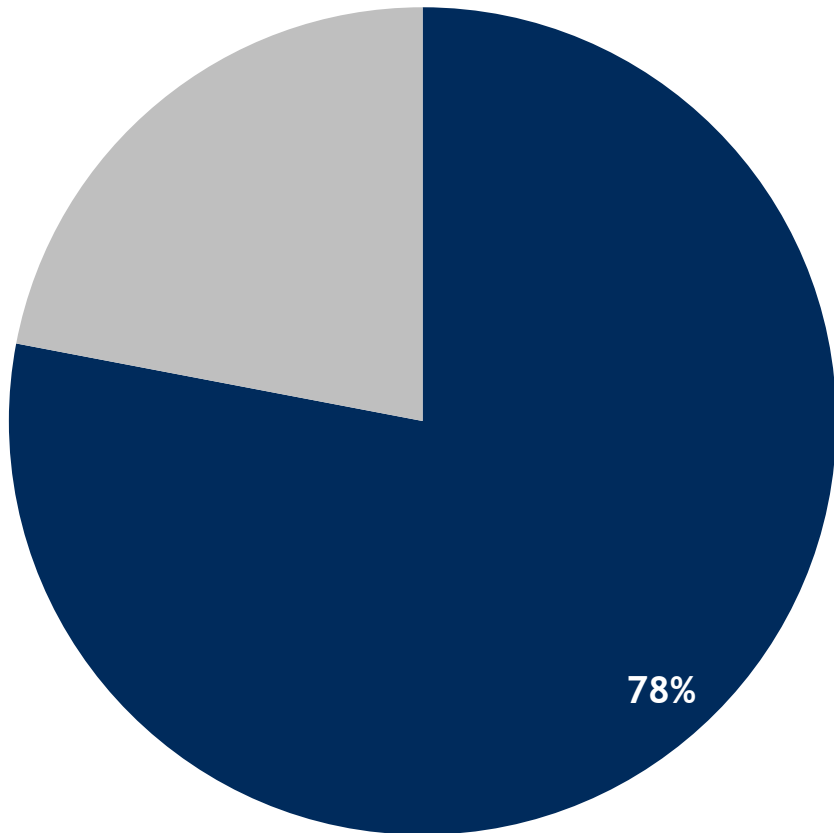
# From 2021-2025, firearms were involved in 62% of deaths.



**Lethal Means Safety** is a key aspect of suicide prevention. This includes providing safe storage methods, education on safety behaviors, and evidence-based prevention including Counseling on Access to Lethal Means (CALM) training.



# From 2021-2025, 78% of injuries occurred at the decedent's home.

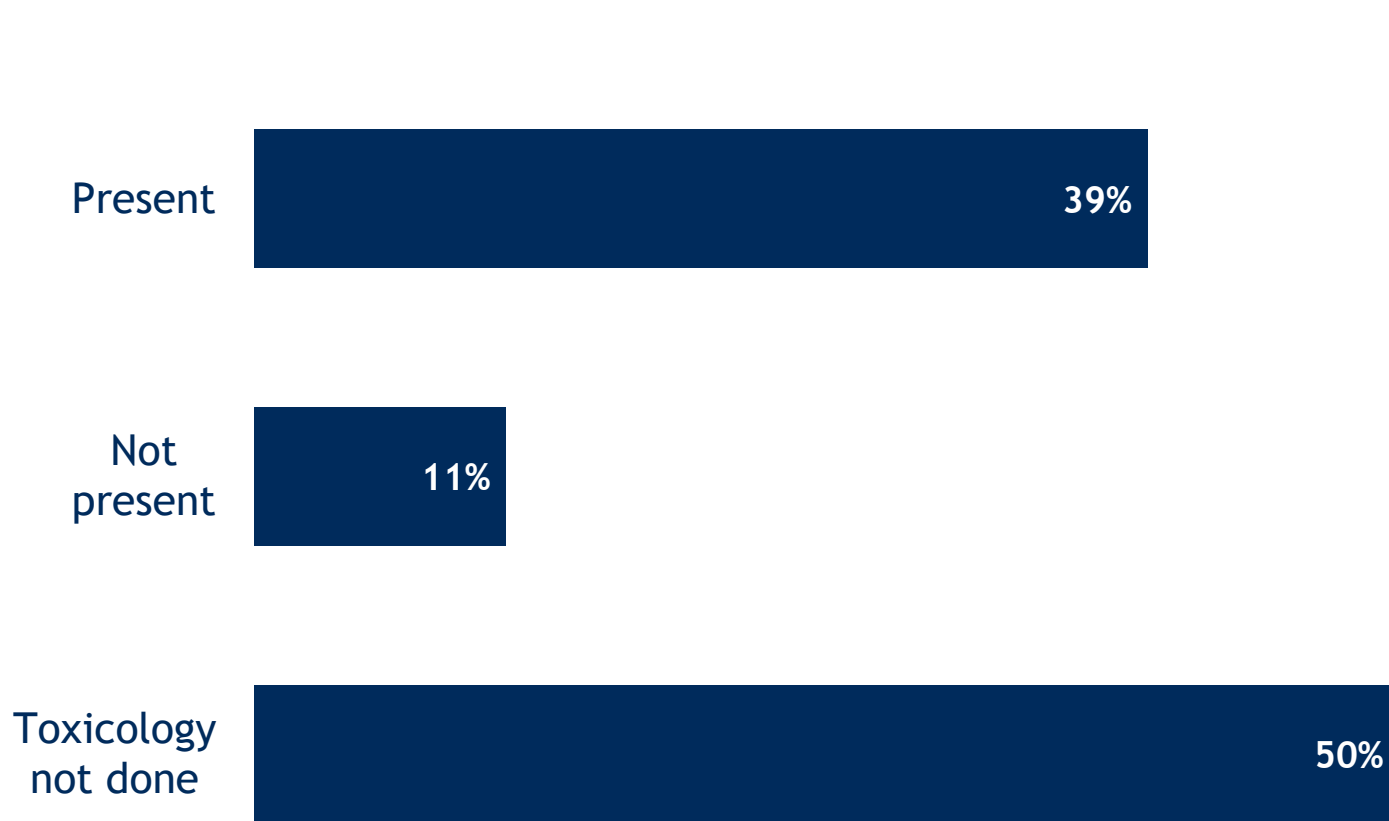


“Reducing access to lethal means of self-harm for a person at risk of suicide is an important part of a comprehensive approach to suicide prevention. Firearms are the most lethal among suicide methods. Also of concern are medications that are lethal at high doses.

Many suicide attempts take place during a short-term crisis, so it is important to consider a person's access to lethal means during these periods of increased risk.”



# In 2025, substances were present in 39% of toxicology reports.



Ethyl alcohol was found in 55% of toxicology reports where substances were present.

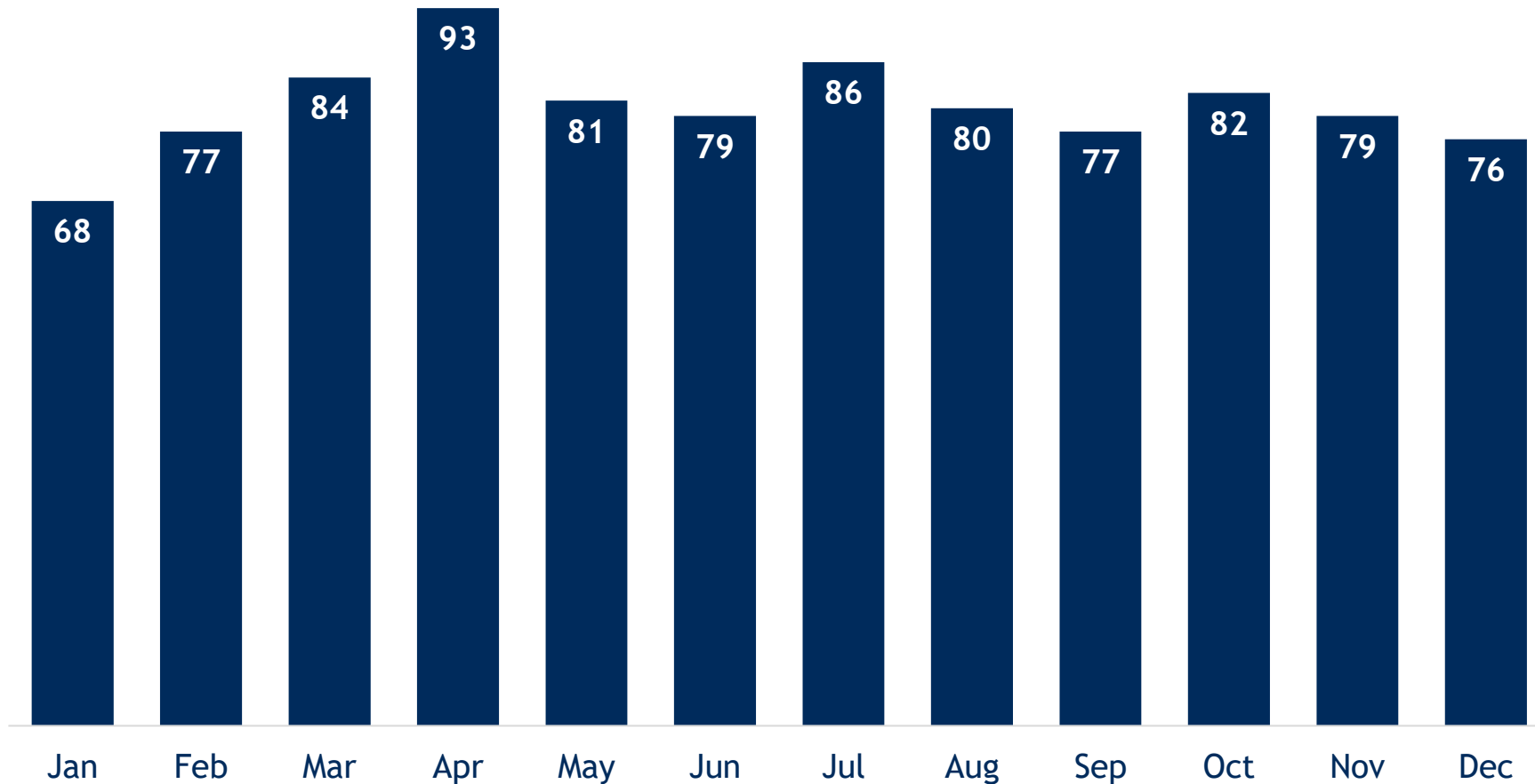
“Drug use may precipitate a period of elevated risk for suicide or be taken in response to a critical situation. Risk periods are relatively brief and once they are overcome, the likelihood of suicide drops; therefore, a reduction in access to drugs during these critical times may reduce suicides, particularly if these drugs reduce inhibition.”



# Surveillance Data



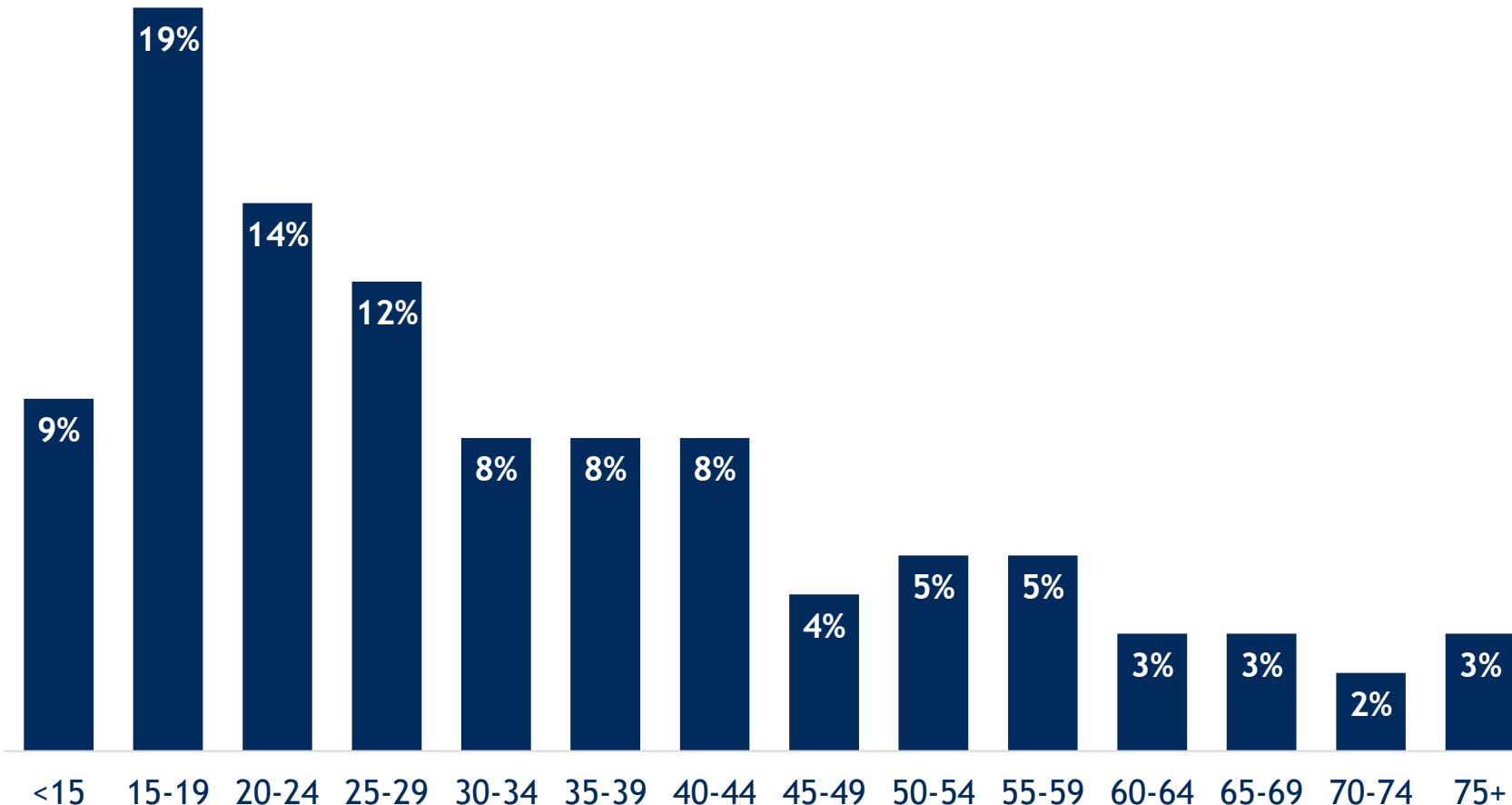
In 2025, there were **962** visits to emergency departments for self-harm, suicidal ideation, and suicide attempt from Clermont County residents.



“Suicide attempts are up to 30 times more common compared to suicides; they are however important predictors of repeated attempts as well as completed suicides.”



Among these individuals who were seen in an emergency department, **45%** were in the **15-29** age range.



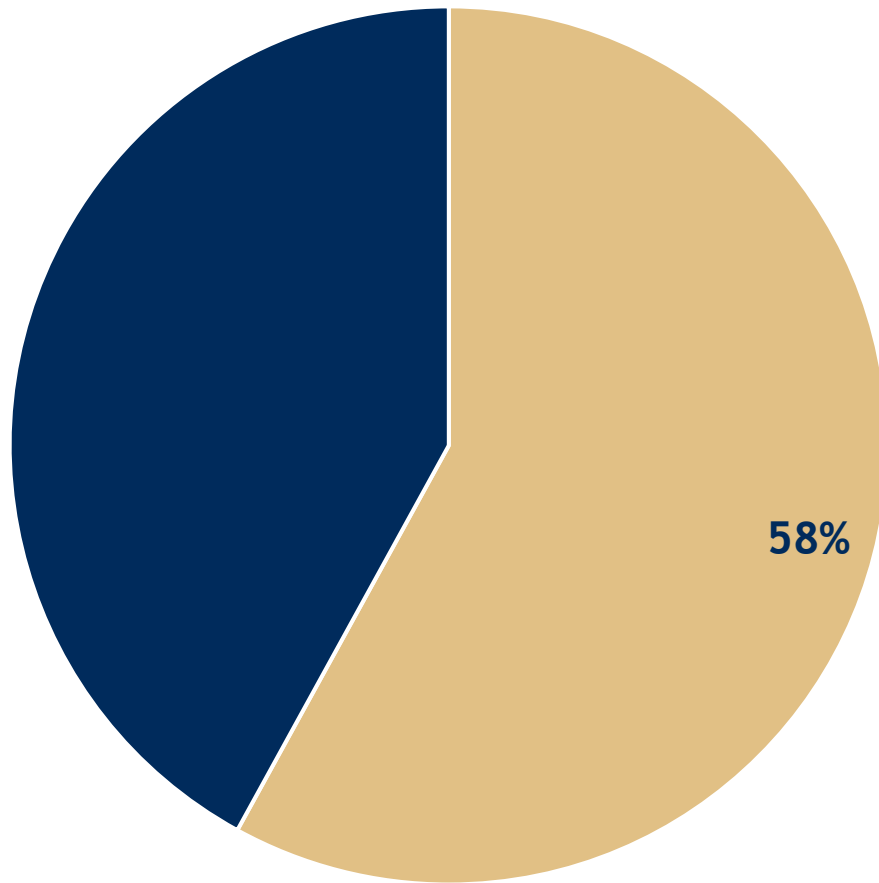
Suicide is the second leading cause of death for 10- to 24-year-olds in the United States.

Factors contributing to increased risk of suicide in adolescents include:

- Preexisting mental health disorders
- Previous self-injurious thoughts and behaviors
- Having physical, intellectual, or learning disabilities
- Substance use
- Adverse childhood experiences
- Social media usage
- Living in rural areas
- Placement in foster care
- Involvement in the juvenile justice system
- LGBTQ identification



Among all individuals who were seen in an emergency department, **58%** were **female**.

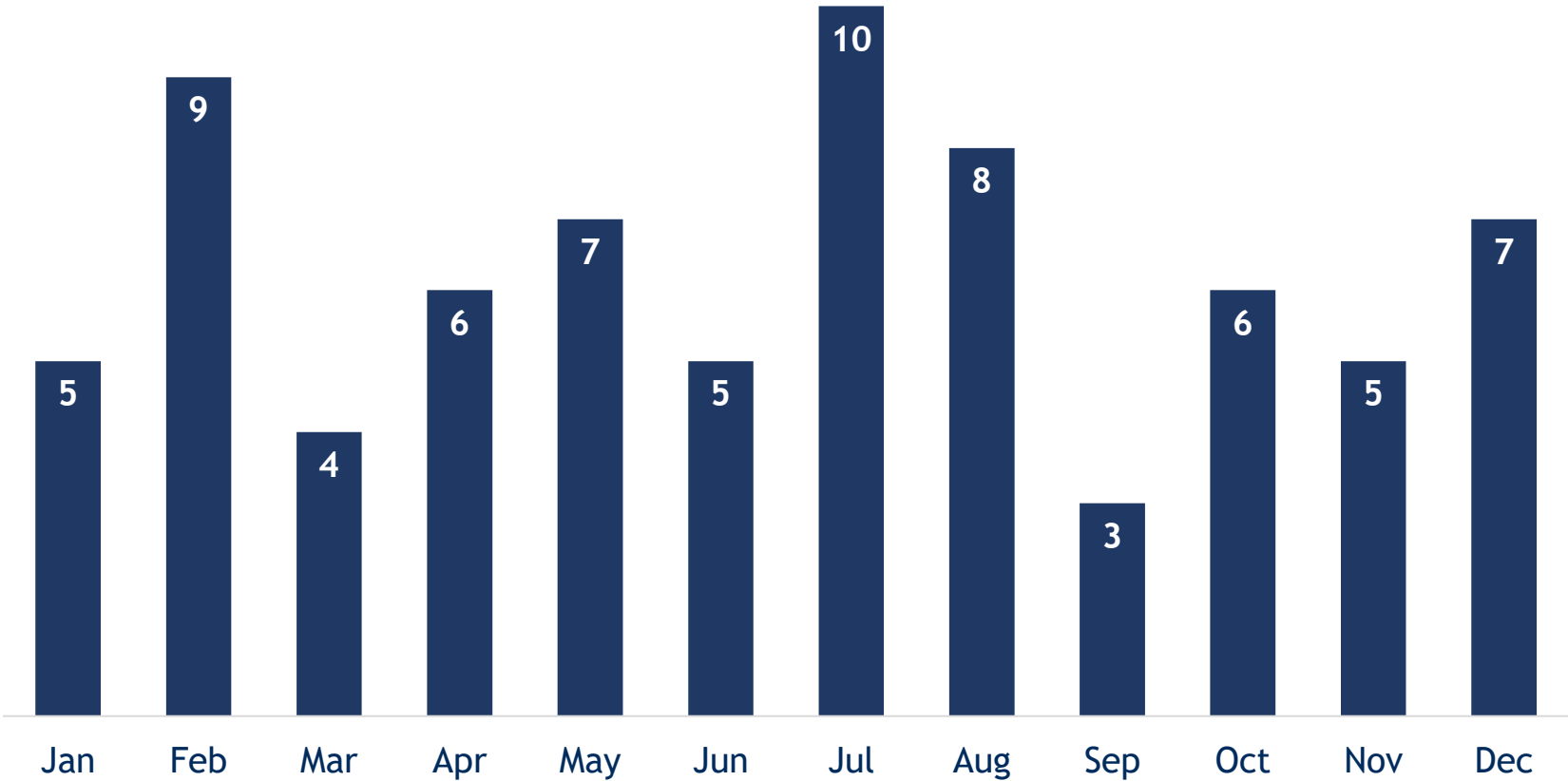


While men are more likely to die by suicide due to use of lethal means, **women** are more likely to attempt suicide. For every suicide attempt a woman has, her risk of future death by suicide increases.

Among women, factors like having a low income, experiencing any prior trauma, and experiencing incarceration may increase risk of suicide more compared to men.



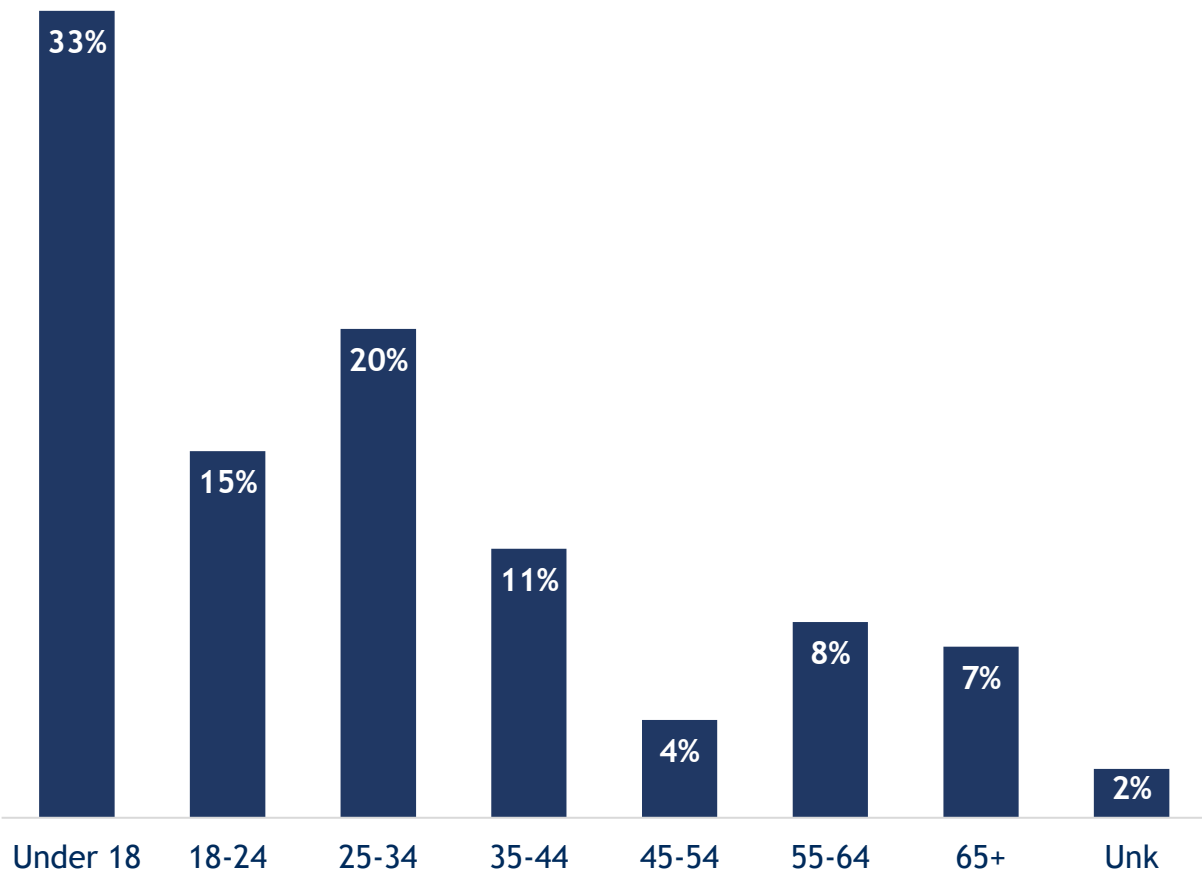
# In 2025 there were 75 reported 911 calls in the county for intentional drug poisoning.



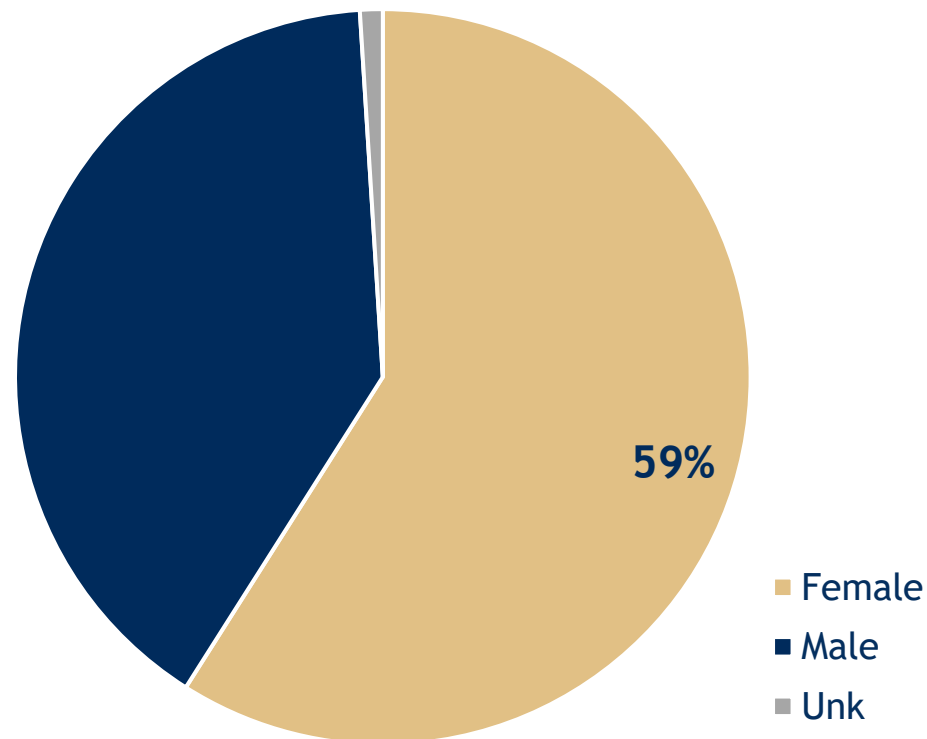
“A first episode of **deliberate self-poisoning** is an exceedingly strong predictor of subsequent suicide and premature death. Most suicides occur long after the first episode.”



Among individuals for whom 911 was called for intentional drug poisoning, **33%** were **under the age of 18**.



Among individuals for whom 911 was called for intentional drug poisoning, **59%** were **female**.



# TRENDS



# Identified Trends

- The number of deaths in 2025 increased slightly from 2024 but remained lower than the average of 30 over the past decade.
- Most deaths continue to be among males.
- Firearms continue to be the leading mechanism of death.
- There was an increase in the percentage of deaths among veterans.
- The highest number of deaths occurred throughout March and April which is consistent with previous trends of increases during spring. However, fewer deaths occurred throughout July and August than is typically seen.
- The highest number of decedents were in the 50-59 age group.
- There was a slight decrease in firearms and increase in drug poisoning as mechanism.



# Data to Action: Strategies and Activities



# Strategies and Activities: Clermont County Mental Health & Recovery Board (CCMHRB)

The Clermont County Mental Health & Recovery Board (CCMHRB) conducted Crisis Intervention Training in 2025

- Clermont County now has 493 Crisis Intervention Team (CIT) trained First Responders who now have skills to manage individuals experiencing mental health crises

**CCMHRB** funding now provides access to two new services:

- Housing for adults with SPMI at A Perfect Stay
- Crisis Stabilization Services at Transitional Living SW Ohio (TLSO)

**CCMHRB** hosted events and initiatives in 2025 including

- Suicide Awareness Candlelight Vigil held in September
- Revving Up for Mental Health Car Show in September
- Community Mini Grants totaling \$30,000



# Strategies and Activities: Snapshot of community members served

The Clermont County Mental Health and Recovery Board contracted with Child Focus, Greater Cincinnati Behavioral Health Services/Clermont Recovery Center, Hope Community Center, and NAMI SW Ohio in 2025 for behavioral health services for Clermont County residents

- 232 individuals were served by the Clermont County Crisis Response Team through 18 community crisis responses
- 2,418 students were served through mental health prevention in schools to reduce risk behaviors and increase resiliency
- 625 mobile crisis runs were made to youth and adults experiencing a mental health crisis or at risk of harming self or others
- 5,934 crisis line calls were received providing suicide prevention, crisis intervention, and referral



# Strategies and Activities: Clermont County Suicide Prevention Coalition

The Clermont County Suicide Prevention Coalition lead various prevention initiatives throughout the year including

- distributing 988 decals to 5 law enforcement agencies in the county
- distributing 988 magnets to Clermont County Public Health vehicles
- distributing crisis signs to Clermont County Board of Developmental Disabilities and the YMCA
- hosting the Revving Up for Mental Health event that had 31 registered attendees
- coordinating a school mural project which engaged multiple students from Sources of Strength program



# Strategies and Activities: Cincinnati Children's Hospital Medical Center (CCHMC)

Cincinnati Children's Hospital Medical Center (CCHMC) provided Counseling on Access to Lethal Means (CALM) training to over 1,200 clinicians through a 4-hour clinical session in 2025. This program includes virtual reality, one-on-one simulated encounters for clinicians to complete within two months after the training.

Additionally, CCHMC has developed an institution-wide safety plan modification scheduled for launch in May 2026. This initiative will be the first of its kind in the country and will incorporate best practice guidelines for secure storage for all patients presenting with concerns about suicide.



# Strategies and Activities: Community Health Improvement Plan (CHIP)

Youth Mental Health has been identified as a Community Health Improvement Plan (CHIP) priority area by the Clermont Partnership for Health (CPH)

Strategies to improve the mental health of the youth population in Clermont County that the CPH is implementing and tracking include:

- Resource navigation, consolidation, and promotion
- Increase coping skills in youth
- Engaging non-traditional partners and community members in partnerships and improving data to action



# Recommendations for Future Prevention



# Recommendations: Overview

The purpose of the Suicide Fatality Review (SFR) is to provide a comprehensive and multidisciplinary review of the circumstances of identified deaths to understand how and why the fatality occurred. Case review findings are used to catalyze action to prevent other deaths and ultimately improve the health and safety of individuals, families, and communities.

During the review process, SFR team members bring relevant agency records to the case review meeting. These records contain the information teams use to determine what happened in the individual's life, what led to the death, and what the community's response to the death looked like. The team then documents extensive data on the individual, the family/ support system, the incident leading to the death, the death investigation, cause-specific risk and protective factors, and systems issues and barriers. The team also documents findings and prevention recommendations. The recommendations presented were developed through this process.



# Recommendations

- Increase support for primary intervention and upstream prevention including:
  - generational/family support
  - preventing adverse childhood experiences (ACEs)
  - preventing events that cause PTSD
  - improving quality of care for those with PTSD
- Enhanced coordination between hospital systems and Clermont County services to ensure proper follow-up and referrals to support services for individuals experiencing mental health conditions.
- Policies to ensure that mobile crisis is notified every time police are called for a mental health crisis.
- Increase awareness of the 528-SAVE crisis line by promoting its available services and highlighting reasons to call.
- Stigma reduction initiatives aimed at improving access to mental health care for men and veterans, including peer mentorship programs.
- Increase access to affordable housing and provide sustainable housing solutions.
- Expanded outreach efforts for older adults experiencing social isolation.
- Enhance support for transitional services between childhood and adulthood once an individual reaches age 18.
- Require completion of the Certified Clinical Counseling on Access to Lethal Means (CALM) Workshop as a requirement for licensure and at the renewal of licensure for all medical and mental health providers including the following provider types: physicians, psychologists, psychiatrists, nurse practitioners, registered nurses, social workers, clinical counselors, and others. Provide CALM training to families upon patient discharge.
- Enhance collaboration with police and emergency departments to ensure that veterans in crisis are promptly connected to VA resources.



# Next Steps

- Continue refining the processes for conducting next of kin interviews to support more comprehensive qualitative data collection on factors contributing to deaths.
- Develop a standardized Suicide Consolidated Risk Assessment Profile (SCRAP) form to enhance the quality and thoroughness of documenting case review findings.
- Continue to improve communication and engagement among the board to ensure effective data sharing.



# QUESTIONS

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