



Priority: Suicide

Suicide is a serious problem in Wisconsin. It is the 11th leading cause of death in the state, and the second leading cause of death due to injury. Over the last 10 years, the number of suicides each year continues to increase. Suicide and people thinking about suicide cause a lot of pain for communities, families and individuals. For every death by suicide, there are more than 10 emergency department visits and hospitalizations for self-inflicted injury, and this does not include the number of people in Wisconsin who go to outpatient clinics or do not seek medical treatment following a suicide attempt.

Some populations and communities have a higher risk for suicide and suicide attempts. Men are at a greater risk of dying from suicide at all ages. The age group at greatest risk of suicide for both men and women is 45-54. Another age group with high rates of suicide is men 85 and older. Other groups at higher risk include non-Hispanic Whites, American Indians, people with low educational attainment, veterans, divorced individuals and those living in the northern and western regions of Wisconsin. It is important, especially for those at greater risk of dying from suicide, that everyone can feel comfortable seeking help.

Teens have the highest rates of self-inflicted injuries. Among Wisconsin high school students, one out of seven have seriously considered attempting suicide. High school students of ethnic and racial minority backgrounds are more likely to have suicidal thoughts and behaviors than their classmates.

During the 2007-2011 time period, the three primary means of suicide in Wisconsin were firearms (45.4%); hanging, strangulation, or suffocation (25%); and poisoning (19.5%). The primary reasons people were hospitalized or in the emergency department for self-injury were poisoning (67.1%) and injury from sharp instruments (21.5%).

Six out of 10 people who died from suicide had an indication of a current depressed mood, and more than half had an indication of a current mental health problem. In Wisconsin, nearly one in four adults reported four or more poor mental health days in the last month. Similarly, nearly three in ten high school students reported that their mental health was not good four or more days in the past month.

Adverse childhood experiences (ACEs) considerably increase the risks of suicidal behaviors. In one study it was found that nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% of suicide attempts during childhood/adolescence were attributed to ACEs. Researchers have found that toxic stress during childhood, such as ongoing childhood abuse or neglect, impacts how the brain works, which makes it harder to resist impulses and increases the likelihood of engaging in risk behaviors. Data shows that 57% of Wisconsin residents have at least one ACE, which makes it clear that Wisconsin needs to continue exploring the connection between childhood adversity and suicide.

References:

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Priority: Suicide

Goal: Prevent Suicide in Wisconsin



Objective 1

Reduce suicides from 13.1 (per 100,000) in 2014 to 12.8 (per 100,000) in 2020

Strategies

Strategy 1: Increase the capacity of communities, families and individuals to create suicide-safe environments.

Strategy 2: Increase use of evidence-informed practices by health organizations—including health departments, health care systems and other partners—to reduce suicide and the impact of suicide.

Strategy 3: Implement methods to reduce access to lethal means.

Objective 2

Reduce the rate of suicide attempts from 210.47 (per 100,000) in 2014 to 208.37 (per 100,000) in 2020

Strategies

Strategy 1: Provide community-wide gatekeeper training.

Strategy 2: Create and support active suicide prevention coalitions.

Strategy 3: Health care organizations and community members use evidence-informed practices for talking about and treating suicidal thoughts and behaviors.

Objective 3

Increase and enhance protective factors

- › Increase percentage of adults with less than four poor mental health days/month from 78% in 2015 to 83% in 2020
- › Increase percentage of adults who report receiving social and emotional support from 63% in 2015 to 68% in 2020
- › Increase percentage of children with at least one teacher or adult in school they can talk to from 74% in 2013 to 79% in 2020

Strategies

Strategy 1: Establish trauma-sensitive schools.

Strategy 2: Support those affected by suicide attempts and suicide loss through support groups and peer support.

Strategy 3: Expand access to services for mental health and substance use disorders, as well as suicidal thoughts and behavior.