



# Priority: Suicide

Suicide is a serious problem in Wisconsin. The emotional and financial toll on families and communities cannot be measured but it can be avoided.

## Background and Data

The number of suicides in Wisconsin has increased over the past decade, and suicide was the 10th leading cause of death (862 deaths) in 2016.<sup>1,2</sup> During the 2014–2016 time period, the three primary means of suicide in the state were firearms (49%, up from 45%), hanging or suffocation (26%, up from 25%), and poisoning (17%, down from 19%).<sup>3</sup>

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, while women have higher rates of thinking about and planning suicide.<sup>4</sup> The age group at greatest risk of suicide for both men and women is 45–54.<sup>2</sup> Additional groups at higher risk include men 85 and older, non-Hispanic Whites, American Indians, people with low educational attainment, veterans, divorced individuals, and those living in the northern and western regions of Wisconsin.<sup>2</sup> Teens have the highest rates of self-inflicted injuries. Among Wisconsin high school students, one out of six has seriously considered attempting suicide, and this number continues to grow.<sup>5</sup> Lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) youth are more likely to consider (41% compared to 16% overall) and attempt suicide (20% compared to 8% overall) than their non-LGBTQ peers.<sup>5</sup> High school students of ethnic and racial minority backgrounds are also more likely to have suicidal thoughts and behaviors.<sup>5</sup>

Nearly five out of 10 people who died from suicide had an indication of a current mental health problem. For people who do not have a mental health problem, the most impactful factors for suicide are relationship difficulties; substance use; physical health; and job, money, legal, or housing stress. For every death by suicide, there are more than 10 emergency department visits and hospitalizations for self-inflicted injury.<sup>6</sup>

## ACEs and Suicide

Adverse childhood experiences (ACEs) considerably increase the risks of suicidal behaviors. One study found that nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% of suicide attempts during childhood and adolescence were attributed to ACEs.<sup>7</sup> Researchers have found that toxic stress during childhood, such as ongoing abuse or neglect, impacts the brain's executive functioning, and compromises impulse control, which increases the likelihood of engaging in risk behaviors. Data show that 57% of Wisconsin residents have at least one ACE, increasing the need for awareness about the connection between childhood adversity and suicide.

## Current Activities

Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Suicide Priority Action Team (PAT), are applying many strategies to reduce suicide and to improve mental health and resiliency.<sup>8</sup> The Suicide PAT consists of members and partners of the Prevent Suicide Wisconsin Steering Committee, and guides many of the efforts to reduce suicide risk and improve protective factors in our state. Twelve health and behavioral health care organizations from around the state are taking part in Mental Health America of Wisconsin's 2018 Zero Suicide Training. Zero Suicide is a systematic approach to quality improvement in suicide prevention within health care and behavioral health care systems. The Wisconsin Department of Health Services, Mental Health America of Wisconsin, and Medical College of Wisconsin are developing an updated Burden of Suicide Report to provide suicide data and themes for prevention to incorporate into Wisconsin's suicide prevention strategy.

Increased public awareness around mental health and suicide presents an opportunity for change. It is important that everyone feel comfortable seeking help. It is also critical that, when people experiencing depression and suicidal thoughts seek out help, resources be readily available. If you or someone you know is experiencing a life-threatening emergency, call 911.



# 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 (death certificates, Office of Health Informatics):<sup>9</sup>

2015: 15.2 (per 100,000)

2016: 14.9 (per 100,000)

## 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 suicide attempts:

- › Reduce suicide attempts (self-reported) among youth from 6.0% in 2013 to 5.8% in 2020. (YRBS) **(New)**<sup>5</sup>

2017: 7.8%

- › Reduce self-harm by 1%: Emergency department visits from 68.1 (per 100,000) in 2016 to 67.4 (per 100,000) in 2020 (emergency department visits, Office of Health Informatics) **(New)**<sup>10,\*</sup>
- › Reduce self-harm by 1%: Hospitalizations from 83.7 (per 100,000) in 2016 to 82.9 (per 100,000) in 2020 (hospital inpatient discharges, Office of Health Informatics) **(New)**<sup>11,\*</sup>

## Strategies

Strategy 1: Provide, promote, and support community-wide gatekeeper training.

Strategy 2: Create and support active suicide prevention coalitions.

Strategy 3: Use evidence-informed practices for talking about and treating suicidal thoughts and behaviors within health care settings and the community.

\* The 2016 data are based on ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) coding. Data reported for earlier years refers to ICD-9-CM (Ninth Revision) coding. There have been significant changes in these coding revisions and therefore, 2016 data should not be compared with earlier years.

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## Objective 3

Increase and enhance protective factors:

- › Increase the percentage of adults with less than four poor mental health days per month from 78% in 2015 to 83% in 2020 (BRFS)<sup>12</sup>

2016: 77%

- › Increase the percentage of adolescents with at least one teacher or adult in school they can talk to from 74% in 2013 to 79% in 2020 (YRBS)<sup>5</sup>

2017: 72%

- › Decrease the percentage of students who felt sad or hopeless almost every day for two or more weeks from 24.6% in 2013 to 24 % in 2020 (YRBS)<sup>5</sup>

2017: 27%

## Strategies

Strategy 1: Increase awareness of the link between ACEs and mental well-being and establish trauma-sensitive schools by promoting school-based protective factors, approaches to address trauma, build resiliency, and introduce coping techniques.

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.

## References

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. "WISQARS (Web-based Injury Statistics Query and Reporting System)." [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars) (accessed May 2018).

<sup>2</sup> Wisconsin Department of Health Services (DHS), Division of Public Health (DPH), Office of Health Informatics (OHI). "WISH (Wisconsin Interactive Statistics on Health) Query System." Mortality Module and Injury Mortality Module. [www.dhs.wisconsin.gov/wish/index.htm](http://www.dhs.wisconsin.gov/wish/index.htm) (accessed May 2018).

<sup>3</sup> DHS, DPH, OHI. "Annual Death Report, 2016." (P-01170-18) June 2018. [www.dhs.wisconsin.gov/publications/p01170-18.pdf](http://www.dhs.wisconsin.gov/publications/p01170-18.pdf).

<sup>4</sup> DHS, Injury Research Center at the Medical College of Wisconsin, and Mental Health America of Wisconsin. "The Burden of Suicide in Wisconsin 2007-2011." (P-00648) 2014. [www.dhs.wisconsin.gov/publications/p0/p00648-2014.pdf](http://www.dhs.wisconsin.gov/publications/p0/p00648-2014.pdf).

<sup>5</sup> Wisconsin Department of Public Instruction, Student Services, Prevention, and Wellness. Wisconsin Youth Risk Behavior Survey. [dpi.wi.gov/sspw/yrbs](http://dpi.wi.gov/sspw/yrbs).

<sup>6</sup> DHS, DPH, OHI. Wisconsin Violent Death Reporting System.

<sup>7</sup> Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F., & Giles, W.H. (2001). "Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study." *JAMA* 286(24) (2001): 3089–3096. doi:10.1001/jama.286.24.3089.

<sup>8</sup> Mental Health America of Wisconsin and DHS, Division of Mental Health and Substance Abuse Services. "Wisconsin Suicide Prevention Strategy." 2015. [www.dhs.wisconsin.gov/publications/p00968.pdf](http://www.dhs.wisconsin.gov/publications/p00968.pdf).

<sup>9</sup> DHS, DPH, OHI. Wisconsin Death Certificates.

<sup>10</sup> DHS, DPH, OHI. Wisconsin Hospital Emergency Department Visits.

<sup>11</sup> DHS, DPH, OHI. Wisconsin Hospital Inpatient Discharges.

<sup>12</sup> DHS, DPH. "Wisconsin Behavioral Risk Factor Survey." [www.dhs.wisconsin.gov/stats/brfs.htm](http://www.dhs.wisconsin.gov/stats/brfs.htm).

