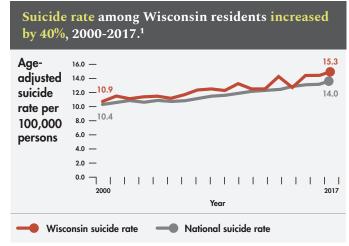# SUICIDE IN WISCONSIN

Impact and Response

Full report to be released in late 2019

Suicide continues to grow as a public health issue in Wisconsin, and support is needed to help inform suicide prevention efforts in the state. *Suicide in Wisconsin: Impact and Response* is a new report that seeks to mobilize and guide coordinated action to reduce suicide attempts and deaths.

The report, which will be released in late 2019, contains the state's data on suicide and self-harm, as well as its suicide prevention plan, updating the two previous reports, The Burden of Suicide, 2014 and the Wisconsin Suicide Prevention Strategy, 2015. It is being produced in collaboration with Prevent Suicide Wisconsin, a public-private partnership that includes state agencies, local coalition leaders, people with lived experience of suicide, and local health departments.

Suicide in Wisconsin: Impact and Response aims to promote more effective suicide prevention efforts by focusing on evidence-based and best practices in four strategic areas, as shown below. The full report will expand on these areas that, taken together, make up a comprehensive approach to suicide prevention. Such an approach is needed to support smarter, more intentional investments of state and community resources in suicide prevention efforts across Wisconsin.

918 **The number of Wisconsin residents who died by suicide in 2017.**

Suicide rate among Wisconsin residents **increased by 40%**, 2000-2017.[1]

Age-adjusted suicide rate per 100,000 persons

— Wisconsin suicide rate   — National suicide rate

Wisconsin Suicide Prevention Strategy – Key Recommendations

Strategy 1. Increase and enhance protective factors

Promote healthy communities by increasing social connectedness for all members in multiple settings, which include schools, workplaces, and community, faith-based, cultural, and social organizations.

Support efforts, including safe storage of medications and firearms, to reduce access to lethal means (the substances, implements, or weapons capable of causing death) by people who are at acute risk of suicide.

Strategy 2. Increase access to care for at-risk populations

Support innovative ways to expand access to behavioral health services, including technologies (such as smartphone apps and telehealth) and peer-led or other non-clinical support services.

Strategy 3. Implement best practices for prevention in health care systems

Promote a systematic "Zero Suicide"[2] approach to suicide prevention in health and behavioral health care organizations that includes implementation of evidence-based tools for screening and risk assessment, as well as suicide-specific treatments for those at risk.

Strategy 4. Improve surveillance of suicide and evaluation of prevention programs

In collaboration with existing county level organizations, work to standardize and enhance capacity for investigating and reporting suicide deaths.

Wisconsin Data

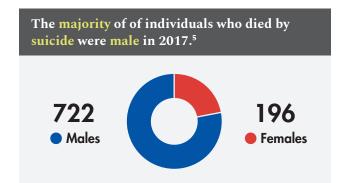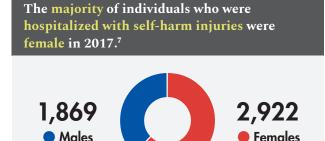For 2013-2017

71% of all **deaths by firearm** were **suicide deaths.**[3]

Nearly **1 out of 5** individuals who died by suicide was a **veteran.**[4]

The **rate of suicide** was **significantly higher in rural counties** (15.8/100,000) when compared with urban/suburban counties (14.0/100,000).[6]

Suicide was the **2nd leading cause of death** among **adolescents** (10-19 years of age) in 2017.[5]

The majority of of individuals who died by suicide were male in 2017.[5]

722 ● Males

196 ● Females

The majority of individuals who were hospitalized with self-harm injuries were female in 2017.[7]

1,869 ● Males

2,922 ● Females

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[1] Data source: Vital Records and National Vital Statistics System, 2000-2017. Age-adjusted rate calculated using US standard population in 2000.
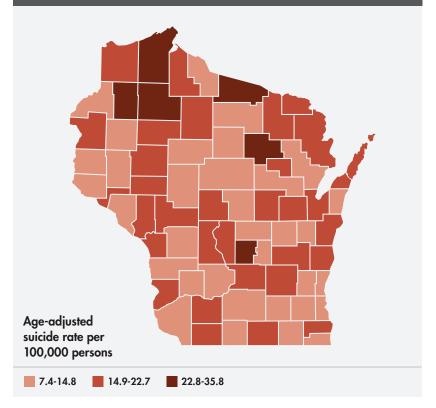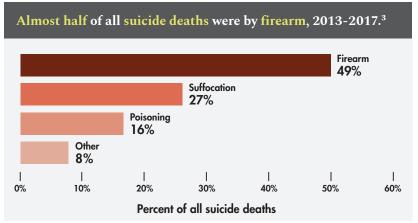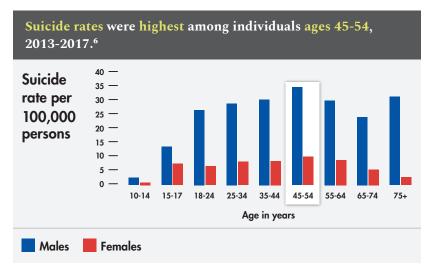
[2] The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The Zero Suicide Toolkit is available on the Suicide Prevention Resource Center website at: http://zerosuicide.sprc.org/.

[3] Data source: Wisconsin Violent Death Reporting System, 2013-2017.

[4] Data source: Vital Records database, 2013-2017.

[5] Data source: Vital Records database, 2017.

[6] Data source: Vital Records database, 2013-2017. Age-adjusted rate calculated using US standard population in 2000.

[7] Data source: Hospital discharge data, 2017. Non-fatal hospitalizations only.

Dark red counties had the highest rates of suicide, 2013-2017.[6]

Age-adjusted suicide rate per 100,000 persons

- 7.4-14.8
- 14.9-22.7
- 22.8-35.8

Almost half of all suicide deaths were by firearm, 2013-2017.[3]

Firearm **49%**
Suffocation **27%**
Poisoning **16%**
Other **8%**

Percent of all suicide deaths

Suicide rates were highest among individuals ages 45-54, 2013-2017.[6]

Suicide rate per 100,000 persons

| Age in years | 10-14 | 15-17 | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75+ |

■ Males ■ Females