



## WHY WE CHOSE THIS TOPIC

The rate of adolescents who are dying by suicide has risen in the last few years across the nation as well as in Wisconsin, especially among vulnerable populations.<sup>1</sup> The challenges faced by today's youth are unique to their age, race and gender identity and require early intervention. Unfortunately, in 2019 most Wisconsin high school students who are considering suicide are not receiving the help they need.<sup>2</sup>

## WHAT THE RESEARCH SAYS

**There are often many layers to the reasons why an adolescent may be struggling.**

**Some may include:<sup>4</sup>**

- Issues in school such as failing grades, bullying, rejection.
- Prejudice or discrimination based on race and/or gender identity.
- Stress resulting from major life transitions and Adverse Childhood Experiences (ACE's) such as divorce and economic hardship.
- Having a friend or family member die by suicide.
- Having a firearm in their place of residence.

Among youth ages 1-26, suicide is the second leading cause of death.<sup>5</sup>

About 1 in 13 high school students attempt suicide one or more times.<sup>3</sup>

## WHAT'S HAPPENING IN WISCONSIN?



**45%** of adolescents in Wisconsin who died by suicide between 2016 and 2018 died by firearm<sup>6</sup> with the vast majority accessing a gun belonging to a parent.<sup>7</sup> Despite prevention measures such as talking about gun safety with a child, parents are often over-confident that their child would not know how to access or touch a firearm.<sup>8</sup>

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### What are we doing about it?



Prevent Suicide Wisconsin, a public-private partnership with the Department of Health Services, takes the lead in suicide prevention activities. This partnership involves state agencies, local coalition leaders, people with lived experience of suicide, and local health departments who work together to develop state-wide strategies to reduce the number of suicide attempts and deaths that take place in the state each year.

### Some of these strategies include:



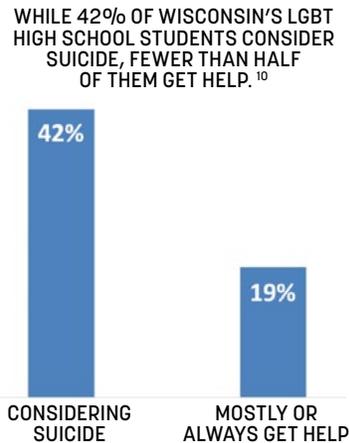
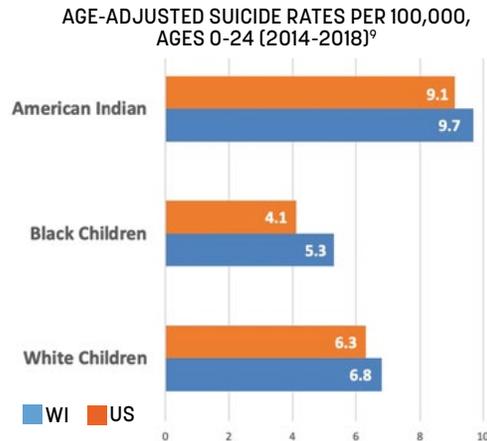
- Promote protective factors such as social-emotional development.
- Support innovative ways to expand access to mental health treatment such as using smartphone apps for mental health support and organizing peer-led groups.
- Implement tools for screening and risk assessment in health care organizations.



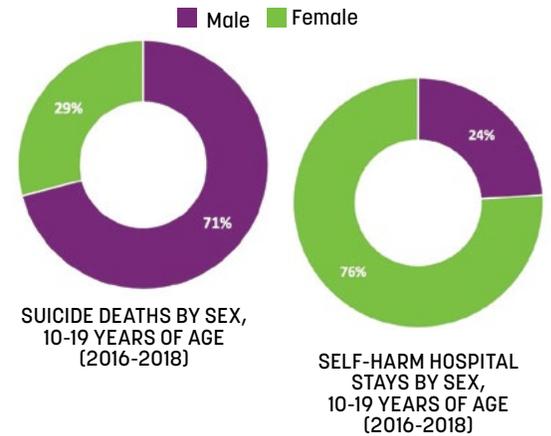
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## FOCUSING ON

Differences in how adolescents experience suicidal thoughts and behaviors and the treatment they receive varies depending on their race, gender identity and also among cisgender adolescents.



Females are more likely to harm themselves, but males are more likely to die by suicide.<sup>11,12</sup>



## WHAT WE CAN DO

**Everyone can** ➔ Join the campaign to raise awareness during September's Suicide Prevention Month. Download and share the resources and social media graphics available at <https://www.preventsuicidewi.org/suicide-prevention-month>.

**Policymakers can** ➔ Support a strong state suicide prevention infrastructure to eliminate loss of life and decrease the costs associated with suicide. *The cost associated with suicide injury-related deaths, hospitalizations, emergency department visits and lost wages in Wisconsin for ages 0-26 who died by suicide was approximately 1.7 Million in 2010.*<sup>13</sup>

**Schools can** ➔ Foster connectedness and create protective environments by implementing peer support programs like Hope Squad and Sources of Strength.

**Parents can** ➔ The American Academy of Pediatrics advises that the safest place for a child is one without guns, but parents can store firearms safely in the home. This means that firearms should be stored with a gun lock or in a gun case or locked cabinet. Ammunition should be locked up and stored separately from firearms when not in use. In addition, all members of the household must understand firearm safety.

### REFERENCES:

<sup>1,9</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Aug 24, 2020 4:19:00 PM

<sup>2,10</sup> McCoy, Katherine. 2019 Wisconsin Youth Risk Behavior Summary Report. Madison: Wisconsin Department of Public Instruction, 2020.

<sup>3</sup> Centers for Disease Control and Prevention (CDC). (2018). Youth risk behavior surveillance – United States, 2017. Surveillance Summaries. MMWR, 67(8). Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

<sup>4</sup> Suicide Prevention Resource Center. Retrieved on 08/24/2020 from <https://www.sprc.org/about-suicide/risk-protective-factors>

<sup>5</sup> National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System. Retrieved from: <https://webappa.cdc.gov/cgi-bin/broker.exe>

<sup>6</sup> Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury-Related Mortality Module, accessed 8/28/2020.

<sup>7</sup> Harvard T.H. Chan School of Public Health. Youth Access to Firearms: Source of Firearms in Youth Suicides. <https://www.hsph.harvard.edu/means-matter/means-matter/youth-access/>

<sup>8</sup> Baxley F, Miller M. Parental Misperceptions About Children and Firearms. Arch Pediatr Adolesc Med. 2006;160(5):542-547. doi:10.1001/archpedi.160.5.542

<sup>11</sup> Wisconsin resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

<sup>12</sup> Wisconsin Hospital Emergency Department Visits, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

<sup>13</sup> NCHS Vital Statistics System for numbers of deaths. NEISS All Injury Program operated by the U.S. Consumer Product Safety Commission (CPSC) for numbers of nonfatal injuries. Pacific Institute for Research and Evaluation (PIRE), Calverton, MD for unit cost estimates. Produced by: National Center for Injury Prevention and Control, CDC. Retrieved from: <https://www.cdc.gov/injury/wisqars/index.html>