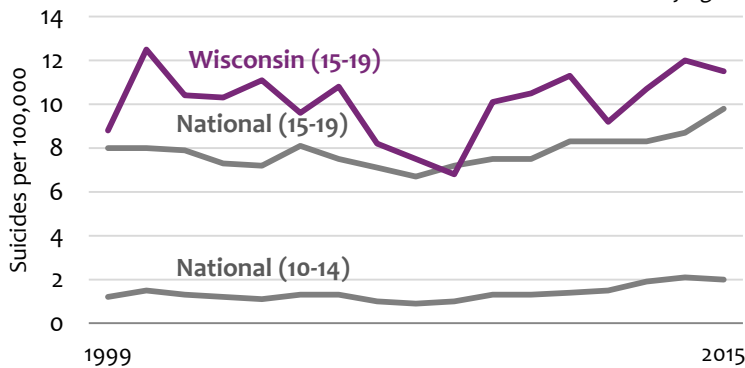


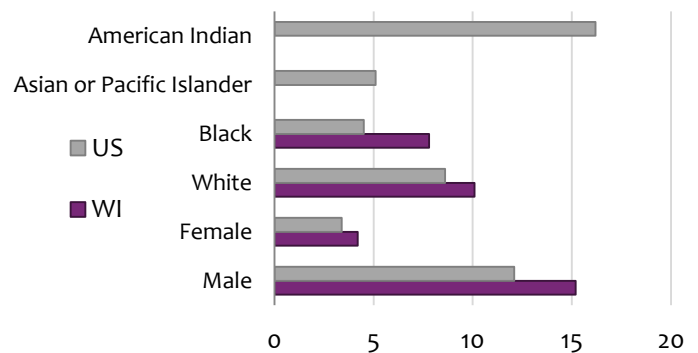
Youth Suicide^{1,2}

- Nationally, 9.8 per 100,000 youth (n=2,061) aged 15-19 died by suicide (2015).
- More teen males complete suicide than females. In 2015, the national rate of teen male suicide was 18.1 per 100,000, and for females was 5.1 per 100,000.
- Nationally and in Wisconsin suicide is increasing. Between 2007 and 2015, the national youth suicide rate for youth ages 15-19 increased by 30% for males and doubled for teen females. In Wisconsin, youth suicide rates have doubled from 2007 to 2015 (see line graph below).
- Wisconsin and the nation show an upward trend in suicide rates for 15-19 year olds.³ The suicide rates for Wisconsin 10-14 year olds are too low to be stable and cannot be compared to national data.⁴

Wisconsin⁵ and US⁶ suicide rates by age.



Wisconsin⁷ and US⁸ youth (15-19) suicide rate breakdown per 100,000(2005-2015)



Key Findings

- National and Wisconsin youth suicide rates have been rising since 2007.
- Wisconsin consistently has higher youth suicide rates than the national average.
- Wisconsin's LGB students are 3.5 times more likely to attempt suicide.
- Self harm rates have increased, particularly for Wisconsin females ages 15-19.
- Wisconsin youth have protective factors such as adult mentors and community supports including access to QPR, and text help lines.

Risk Factors

Bullying

- Bullying may impact a child's social and emotional development and can be a risk factor for mental illness.⁹ Nationally in 2015, 26% of females and 20% of male high school students were bullied.¹⁰ In Wisconsin, 28% of females and 20% of males and were bullied in 2017.¹¹

Family History

- Youth with parents who experience mental illness, or a parent who died by suicide are more likely to die by suicide.¹² In 2016, 7.8% and 8.7% of children nationally and Wisconsin, respectively, lived with a parent with mental illness.¹³

Mental Illness or Drug /Alcohol Use¹⁴

- A 2003 study showed that 90% of older youth who died by suicide had some documented mental illness.
- Drug and alcohol use is correlated with suicidality.

Sexual Orientation

- LGBTQ+ youth are more likely to experience depression, alcohol abuse, victimization, all of which can lead to suicidal behavior.^{15,16} Wisconsin's LGB students were 3.5 times more likely to attempt suicide (2016).¹⁷

Protective Factors

Access to Treatment

- Access to mental health care and specific cognitive therapies can decrease suicide risk.^{18,19}
- Nationally, in 2016, 62% of children with an emotional, behavioral or developmental condition received treatment. Wisconsin and surrounding states have a slightly higher rate, though not statistically different from the U.S. average.²⁰

Means Restriction

- Nationally, 43% of suicides in 15-19 year olds were by suffocation, 42% by firearm, and 6% by drug poisoning.²¹ Reducing access to guns and medications is advised for people with suicidal thoughts.

Social Support

- Being connected to family, community, and other social supports can protect and strengthen resilience in young people.^{22,23}
- 94.2% of Wisconsin youth have one or more adult mentor, a percentage which remains high among all racial groups.²⁴
- Community-based prevention and training programs such as Question Persuade Refer (QPR), provide support and resources to youth in crisis.

Suicide Warning Signs

- Talking about wanting to die, feeling hopeless, having no purpose, or feeling trapped.
- Increasing use of alcohol or drugs.
- Extreme mood swings or change in social interactions or sleep patterns.

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone.
- Remove firearms, alcohol, drugs, or sharp objects.
- Call your [local crisis intervention hotline](#) or the National Suicide Prevention Lifeline at 800-273-TALK or text “HOPELINE” to 741741.

Self Harm may or may not be related to suicidal ideation or intention, but similarly represents mental distress and possible underlying depression, anxiety, isolation, substance use, or suicidal ideation. Self harm may also be related to childhood abuse or bullying.²⁵

- In 2016, 38% of Wisconsin’s female high school students reported feeling sad and hopeless for two or more weeks, up from 26% in 2011.²⁶
- In 2017, 8.9% of male and 24.1% of female high school students reported purposefully hurting themselves without wanting to die. No change was seen from 2013.²⁷

National and Wisconsin self harm hospitalizations are increasing.

- The national rate of self harm hospitalizations for all youth (under 18) has increased, with the rate for females doubling between 2009 and 2015, to a rate of 218 per 100,000.²⁸ This same increase was seen in Wisconsin females.
- The Wisconsin rate is lower than the national rate. In 2014, the rate of Wisconsin self harm hospitalizations in females under 18 was 158/100,000, compared to 207/100,000 nationally.²⁹
- Rates for specific groups in Wisconsin are higher than average. The highest rates of self harm were seen in females between the ages of 15-17 years, at 376/100,000 in 2014.³⁰

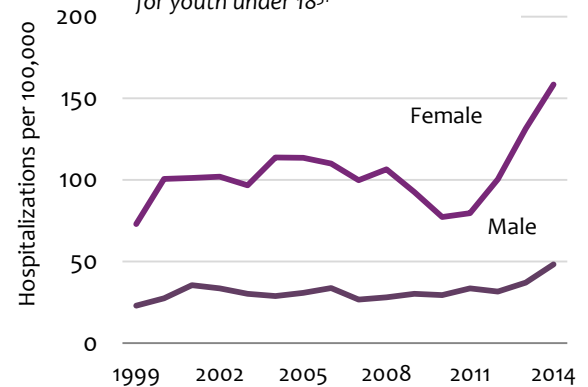
Adverse Child and Family Experiences³²

Physical, sexual, and emotional abuse, as well as other ACEs, can lead to suicide risk factors such as mental illness, substance use, or social isolation.

Prevalence of Adverse Family Experiences in Wisconsin’s children (2016)



Wisconsin self harm hospitalizations for youth under 18³¹



References

1. QuickStats: Suicide Rates for Teens Aged 15–19 Years, by Sex — United States, 1975–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:816. DOI: <http://dx.doi.org/10.15585/mmwr.mm6630a6>.
2. Centers for Disease Control and Prevention, National Center for Health Statistics. (1999–2015). *Underlying Cause of Death 1999–2015* [Data file]. Retrieved 10/9/2017 at <http://wonder.cdc.gov/ucd-icd10.html>.
3. Centers for Disease Control and Prevention, National Center for Health Statistics. (1999–2015). *Underlying Cause of Death 1999–2015* [Data file]. Retrieved 10/9/2017 at <http://wonder.cdc.gov/ucd-icd10.html>.
4. Wisconsin Department of Health Services. (2015). WISH, *Wisconsin Mortality Module* [Data file]. Retrieved 9/29/2017 from <https://wish.wisconsin.gov>.
5. IBID
6. CDC. (1999–2015). *Underlying Cause of Death 1999–2015* [Data file].
7. Wisconsin Department of Health Services. (2015). WISH, *Wisconsin Mortality Module* [Data file].
8. CDC. (1999–2015). *Underlying Cause of Death 1999–2015* [Data file].
9. CDC. (2017). *Bullying Research*. Retrieved 10/26/2017 from cdc.gov.
10. Centers for Disease Control and Prevention. (2015). *Youth Risk Behavior Survey* [Data file]. Retrieved 8/8/2017 from nccd.cdc.gov/youthonline.
11. Centers for Disease Control and Prevention. (2017). *Wisconsin 2017 Youth Risk Behavior Survey Summary Tables*. Retrieved 11/7/2017 from <https://dpi.wi.gov/sspw/yrb>.
12. Gould, M. S., Greenberg, T. E. D., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: a review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), 386–405.
13. Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health. (2016). National Survey of Children's Health [Data query]. Retrieved 10/31/2017 from www.childhealthdata.org.
14. Gould et. al. (2003).
15. IBID
16. Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*, 49(2), 115–123.
17. CDC. (2017). *Wisconsin 2017 Youth Risk Behavior Survey Summary Tables*.
18. Suicide Prevention Resource Center, & Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Newton, MA: Education Development Center, Inc.
19. Xavier, A., Cunha, M., & Pinto Gouveia, J. (2015). Deliberate self-harm in adolescence: The impact of childhood experiences, negative affect and fears of compassion. *Revista de Psicopatología y Psicología Clínica*, 20(1), 41–49.
20. CAMHI. (2016). National Survey of Children's Health [Data query].
21. Centers for Disease Control and Prevention, Injury Center. (2001–2015). *WISQARS Nonfatal Injury Data* [Data file]. Retrieved 10/20/2017 from cdc.gov.
22. Gould et. al. (2003).
23. SPRC. (2011).
24. CDC. (2017). *Wisconsin 2017 Youth Risk Behavior Survey Summary Tables*.
25. Xavier et. al. (2011).
26. CDC. (2017). *Wisconsin 2017 Youth Risk Behavior Survey Summary Tables*.
27. IBID
28. CDC. (2001–2015). *WISQARS Nonfatal Injury Data* [Data file].
29. Wisconsin Department of Health Services. (2015). WISH, *Wisconsin Injury Hospitalization Module* [Data file]. Retrieved 9/29/2017 from <https://wish.wisconsin.gov>.
30. IBID
31. IBID
32. CAMHI. (2016). National Survey of Children's Health [Data query]. *Adverse Family Experiences are similar to Adverse Childhood Experiences, but measured for children under 18*.