

Mental Health America of Wisconsin: Responds to recommendations from Speaker's legislative task force on suicide prevention

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For over 15 years, Mental Health America of Wisconsin has provided leadership and expertise in the area of suicide prevention and education for the community on factors which increase the risk for suicide attempts and ideation. This work has included contracting with Department of Health Services to train over 50 healthcare organizations on the Zero Suicide model of care and quality improvement, building a statewide network of coalitions, and disseminating information regarding how suicide affects specific populations and regions of Wisconsin.

MHA extends its gratitude to the members of the Speaker's Legislative Task Force on Suicide Prevention for their commitment to gather input from experts and community members throughout Wisconsin to draft recommendations and proposed legislation to address this issue. Suicide is the 10th leading cause of death in Wisconsin and the 2nd leading cause of death among ages 15-34. As such, suicide takes a tremendous toll on Wisconsin residents, not only from the tragic loss of life, but also from the broader effects of trauma which resonate throughout affected communities.

MHA finds great hope in several recommendations put forth into proposed legislation and released September 25, 2019. The focus on addressing the high rates of suicide attempts and death among children and young adults is an important safeguard to empower our future generations to enhance their social connections and learn of suicide prevention resources. The emphasis on educating firearm retailers and owners about safe storage options and responsible gun

ownership begins to address the most lethal means by which individuals attempt to end their life. Providing funds to support local coalitions may enhance collaboration and strategy around the state prevention plan. The investment in DHS to coordinate suicide prevention activities and create additional staff positions could improve efforts currently underway while forging new connections among community providers and resources.

While the proposed recommendations provide reason for optimism, there remain several concerns regarding the specifics of several proposals, as well as the relatively small amount of funds allocated for such an important public health issue. In 2017, 918 Wisconsin residents died by suicide. Research shows that each suicide death affects 135 people, which means that over 123,000 people were affected by suicide in a single year. In comparison, the total funds allocated annually for statewide suicide prevention by the Task Force hardly exceeds one million dollars, an investment of less than ten dollars per person affected.

Several recommendations from the Task Force are particularly in need of increased investment or reconsideration. While peer-to-peer support within high schools is the intent of one proposal, the funds allocated are insufficient to cover the costs for individual schools to implement evidence-based peer support programs. The broad range of tasks under the newly-proposed suicide prevention program within DHS may duplicate current efforts underway by MHA and other stakeholders. Support for local coalitions should ensure that activities align with the current version of the Wisconsin Suicide Prevention Plan. Coordination of these efforts between state agencies and community partners is essential to make efficient use of our limited resources.

Other issues identified as priorities by MHA and other partners were not proposed as legislation, including improvement of data and surveillance around suicide death investigations, inclusion of individuals with lived experience as suicide attempt survivors or loss survivors in prevention activities or grant priorities, and the Extreme Risk Protection Order bill. While set out as a recommendation for further consideration, obtaining reliable data around suicide death and affected populations is crucial to allow for development of effective policy and prevention activities. Also related to quality improvement, individuals with lived experience have a unique perspective to share which can help to improve systems of care, educate communities, and to break down the stigma which forces too many to suffer with their pain in silence.

Finally, MHA, along with many others, spoke before the Task Force in support of Extreme Risk Protection Orders, which would allow family members and loved ones to petition a court to temporarily limit a person's access to firearms if they present a danger to themselves or others. Similar laws are in place in 17 states and the District of Columbia with a list that continues to grow as bipartisan legislatures around the country have recognized the value in reducing access to the most lethal means of suicide attempt. Firearms account for nearly half of all suicide deaths in Wisconsin and are lethal in 90% of suicide attempts. MHA encourages the members of the Task Force and other legislators to continue to investigate all tools at their disposal to effectively reduce the likelihood of a person accessing a firearm during a time of crisis.

MHA is grateful for the efforts of our lawmakers and for the voices of those who provided public testimony. We continue to work to support statewide suicide prevention efforts and look forward to continuing to improve Wisconsin's response to an issue affecting our collective wellbeing.