

# Dept. of Health Services: New report provides guidance to address increased suicide deaths in Wisconsin

Posted on Wednesday, Sep 2, 2020

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To address the growing problem of [suicide and suicide behavior](#) in Wisconsin, [Prevent Suicide Wisconsin\(link is external\)](#), a public-private partnership that includes the Department of Health Services (DHS), has just released a call to action to guide and support suicide prevention in Wisconsin over the next five years. This guidance is included in the report—[Suicide in Wisconsin: Impact and Response](#)—which presents the most up-to-date picture of suicidal behavior in Wisconsin based on surveys, death records, and hospital data. It also outlines four strategies and 50 opportunities for action that, when taken as a whole, provide a path toward reducing the incalculable loss related to suicide attempts and deaths.

“This report provides a blueprint to bring together state resources, both public and private, in an organized effort to provide services and supports that save lives,” said DHS Secretary-designee Andrea Palm. “This not only includes increasing access to services to help those who are contemplating suicide, but also eliminating stigma so that people feel comfortable reaching out for the help they need.”

Wisconsin’s suicide rate rose 40 percent between 2000 and 2017. From 2013-2017, suicide rates were highest among individuals ages 45-54. In that same time period, suicide rates were higher in rural counties than urban/suburban counties. Men are more likely to die by suicide than women, while women are more likely to be hospitalized with self-harm injuries than men. In 2019, 850 Wisconsin residents died by suicide.

The call to action focuses on four strategies that include interventions that have the best chance of achieving success:

- Increase and enhance protective factors, including efforts that build connections to community, co-workers, faith leaders, family, friends, and other supports for at-risk populations, as well as increasing safety around potentially lethal substances and weapons.
- Increase access to care and supportive services for at-risk populations, including expanded use of telehealth and nonclinical support services.
- Implement best practices for suicide prevention in health care systems, including evidence-based tools for screening, assessment, and treatment.
- Improve surveillance of suicide and evaluation of prevention programs, including efforts to standardize the investigating and reporting of suicide deaths.

The release of this report coincides with Suicide Prevention Month, which is observed every year in September. While there is no single cause of suicide, [there are risk factors and warning signs which may increase the likelihood of an attempt\(link is external\)](#).

These are the five actions for helping someone in emotional pain:

1. **Ask:** Asking the question “Are you thinking about suicide?” communicates that you’re open to speaking about suicide in a nonjudgmental and supportive way.
2. **Be there:** This could mean being physically present for someone, speaking with them on the phone when you can, or any other way that shows support for the person at risk. Listen carefully and learn what the individual is thinking and feeling.
3. **Keep them safe:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
4. **Help them connect:** Helping someone with thoughts of suicide connect with ongoing supports can help them establish a safety net for those moments when they find themselves in a crisis. These supports could be a family member, friend, spiritual advisor, or mental health professional.
5. **Follow-up:** After your initial contact with a person experiencing thoughts of suicide, and after you’ve connected them with the immediate support systems they need, make sure to follow-up with them to see how they’re doing.

“A comprehensive approach to suicide prevention must go beyond a focus on mental health concerns and include other problems that are known to contribute to suicide, such as relationships, substance use, physical health, and job, money, legal, and housing stress,” said Leah Rolando, suicide prevention coordinator for Mental Health America of Wisconsin, the organization that administers Prevent Suicide Wisconsin. “With these issues impacting many people right now, it is critical we foster an environment where all people, no matter their race, ethnicity, or sexual orientation, feel safe in their communities and free to ask for help.” Prevent Suicide Wisconsin is the umbrella organization for suicide prevention efforts in Wisconsin. The Prevent Suicide Wisconsin Steering Committee includes state agencies, local coalition leaders, and local health departments, as well as people with lived experience of suicide. The steering committee meets quarterly and provides oversight to Wisconsin’s suicide prevention efforts, including programs supported by both state and federal funding. [The Prevent Suicide Wisconsin Annual Conference is September 8-9, 2020, and is open to anyone interested in suicide prevention.\(link is external\)](#)

People in suicidal crisis or emotional distress can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text HOPELINE to 741741 for support 24 hours a day, 7 days a week.

Reporters covering suicide should know that research has shown that improper reporting on suicide can contribute to additional suicides and suicide attempts. Visit [Reporting on Suicide\(link is external\)](#) for best practices on how to cover suicide.