

AFSP-Wisconsin Presentation to the Speaker's Task Force on Suicide Prevention

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Today we will cover:

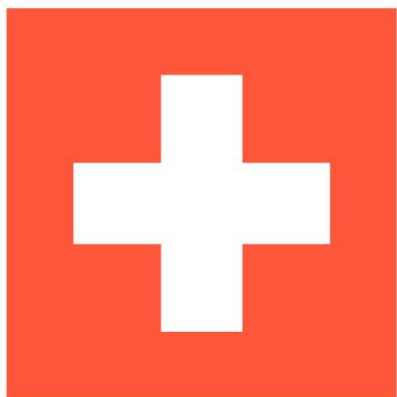
Suicide prevention basics

Brief intro to AFSP

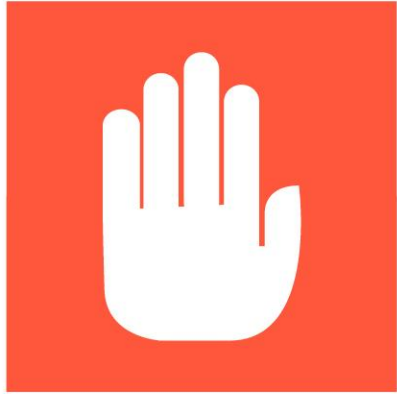
State-level public policy approaches

- **Prevention in K-12 schools**
- **Prevention on college & university campuses**
- **Training for health professionals**
- **Access to mental health care: insurance coverage parity**





Suicide
is a **health**
issue.



Suicide
can be
prevented.



How we talk
about suicide
matters.

Language Do's and Don'ts

Avoid

"Committed suicide"

"Failed" or "successful"
attempt

Say

"Died by suicide"

"Ended his/her life"

"Killed himself/herself"

"Suicide attempt" or

"death by suicide"

Suicide Facts & Figures:

Wisconsin 2019 *



On average, one person dies by suicide every nine hours in the state.

Almost five times as many people died by suicide in Wisconsin in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 18,669 years of potential life lost (YPLL) before age 65.



Suicide cost Wisconsin a total of **\$939,359,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,184,564 per suicide death**.

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.



9th leading cause of death in Wisconsin

2nd leading

cause of death for ages 15-34

4th leading

cause of death for ages 35-54

7th leading

cause of death for ages 55-64

17th leading

cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Wisconsin	926	15.45	27
Nationally	47,173	14.00	

About AFSP

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for Suicide
Prevention**

About AFSP

AFSP brings together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes.

Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do.



AFSP Mission

***To save lives and bring hope to those affected
by suicide.***




AFSP Vision

AFSP envisions a world without suicide:

- **We support research**
- **We educate others**
- **We offer a caring community**
- **We advocate**



AFSP Chapters



76 Chapters
50 States + DC
Hundreds of Events
Tens of Thousands of
Volunteers



AFSP's Bold Goal

Reduce the annual U.S. suicide
rate

20% by 2025

in total saving 36,000 lives



AFSP-Wisconsin

- **We are a statewide chapter**
- **Our chapter is volunteer operated**
- **We have over 300 Field Advocates**
- **AFSP programs are available to every county in the state**
- **Education programs are funded by *Out of the Darkness Walks***



AFSP-Wisconsin

2018 Highlights:

- **Over 200 trained in *Talk Saves Lives™ : An Introduction to Suicide Prevention***
- **Over 150 students attended *More Than Sad***
- **Implemented *Healing Conversations***
- **Our *Out of the Darkness Walks* raised over \$250,000 with over 4,000 walkers**



Prevention in K-12 Schools

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Prevention in K-12 Schools

Recent statistics:

- Suicide is the 2nd leading cause of death for WI youth ages 10-19 (CDC)
- HS students: 31.5% felt sad or hopeless almost every day for 2 weeks or more; 17.2% seriously considered attempting suicide; 13.6% made a suicide plan; and 7.4% attempted suicide one or more times (YRBS)

What we know:

- School personnel interact with youth daily, are in a prime position to recognize risk and to help keep students safe
- Regular training provides skills and confidence
- Clear policies & procedures support personnel between trainings



Prevention in K-12 Schools

Current state laws:

- Wis. Stat. § 115.365 encourages and enables personnel training
- Wis. Stat. § 118.01 requires school boards to provide curriculum
- Wis. Stat. § 118.295 provides liability protections

To strengthen, we suggest you:

- Require training for all personnel; require prevention, intervention, & postvention policies
- Print crisis #s on student ID cards and post visibly in schools
- Consider development of a mobile crisis app



Prevention in K-12 Schools

Momentum growing rapidly

- 29 states +DC require training for school personnel (tripled since '12)
- 18 states +DC require school district policies on suicide prevention, intervention, & postvention (doubled since '15)

AFSP Resources

- Model Legislation & Issue Brief
- Model School District Policy (afsp.org/modelschoolpolicy)
- Educational programs: *More than Sad & Signs Matter*



Prevention on College & University Campuses

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Prevention in Higher Education

Recent statistics:

- Suicide is the 2nd leading cause of death among college students
- Almost one-half of visits to UW health services centers involve a behavioral health issue

What we know:

- Transparency and easily-accessible information can help inform students, faculty, and staff where and how to access mental health and suicide prevention resources
- This can in turn reduce stigma and create a culture that recognizes mental health as an overall part of health and encourages help-seeking



Prevention in Higher Education

Current state laws:

- None

To strengthen, we suggest you:

- Require institutions to make easily accessible, and post online, information re: available mental health and suicide prevention resources and services, both on and off campus
- Print crisis #s on student ID cards and post visibly on campus



Prevention in Higher Education

10 states require colleges/universities to notify students re: available mental health and suicide prevention services on and off campus

- Some also must include warning signs of suicide/mental health crisis and free-of-cost print & online materials, programs, apps

AFSP resources

- *It's Real* documentary film
- *Interactive Screening Program* (afsp.org/isp)
- Issue Brief & Legislative Guide



Training for Health Professionals

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Training for Health Professionals

Of people who die by suicide:

Had contact with	In the month prior	In the year prior
Mental Health Services	19%	32%
Primary Care	45%	77%

Luoma J.B., Martin C.E., Pearson J.L. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. American Journal of Psychiatry, 159(6): 909–16.



Training for Health Professionals

- Connecting suicidal individuals with quality health services is a vital component in preventing suicide deaths
- Gatekeepers are trained to refer persons at risk to a health professional for further assessment, treatment, and management
- Health professionals (and professionals in training) regularly encounter patients who are suicidal

However...

- Many health professionals are not adequately trained on how to assess, treat, and manage suicidal clients.



Training for Health Professionals

Current state laws:

- None

To strengthen, we suggest you:

- Require primary care and mental health professionals to be trained regularly in how to assess, treat, and manage suicidal behavior
 - Suicide-specific training is essential
 - Ideally, instruction would occur as part of schooling/supervision hours, to be followed by regular continuing ed once licensure or certification is obtained



Training for Health Professionals

9 states require training for certain health professionals in suicide assessment, treatment, and management

AFSP supports related efforts, like *Zero Suicide*, that increase health system readiness to address suicidal behavior and keep patients safe

AFSP resources

- *SafeSide* Primary Care Training
- State contacts
- Issue Brief & Legislative Guide



Access to Mental Health Care: Insurance Coverage Parity

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Access to Mental Health Care

In Wisconsin:

- 52.6% of adults with mental illness (417,000) do not receive treatment
- 66.4% of youth with depression (38,000) do not receive treatment - WI ranks 42nd out of 51 in access to mental health care for children with major depression
- There is 1 mental health provider for every 560 residents
- 49 of our 72 counties don't have practicing child and adolescent psychiatrists



Access to Mental Health Coverage

In Wisconsin:

- Patients seeking inpatient care for behavioral health are over twice as likely to have to go out-of-network
- Patients seeking outpatient care for behavioral health are over 3x more likely to have to go out-of-network
- Out-of-network service utilization for behavioral health care office visits is over 5x higher than for other types of medical care visits
- On average, primary care providers in Wisconsin are reimbursed at rates 32% higher than are behavioral health care providers
- 12,000 youth with private insurance lack MH coverage



Mental Health Parity

Current laws:

- Wis. Stat. § 632.89 requires benefit plans to provide mental health and substance use disorder benefits
- Federal parity law requires mental health and substance use disorder benefits in individual and group markets to be no more restrictive than those offered for medical and surgical benefits

To strengthen, we suggest you:

- Require insurers to report their compliance with these laws
- Enable the insurance commissioner to implement and enforce these laws



Mental Health Parity

- One of the best ways to prevent suicide is to connect individuals at risk with a health professional for assessment and treatment – which they in turn must be able to afford
- It is impossible to know if insurers are complying with parity laws without collecting and examining the data
- The burden should not be on the patient to determine whether their insurer is following the law
- Many Wisconsin residents are unaware of existing parity requirements and when/how to file a complaint



Mental Health Parity

6 states require insurers to submit parity compliance reports, typically to the commissioner or relevant state agency/department who must then submit related reports to the legislature

Resources

- AFSP Issue Brief & Legislative Guide
- APA model legislation



Help Us #StopSuicide

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How You Can Help

Learn suicide risks and warning signs (wallet cards provided)

If you are concerned about someone, **assume you are the only one who will reach out**

- National Suicide Prevention Lifeline: **1-800-273-8255 [TALK]**
- Crisis Text Line: **text “TALK” to 741-741**
- **If emergency, do not leave them alone. Call 911 or take them to nearest mental health clinic or ER.**



Contact Us

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