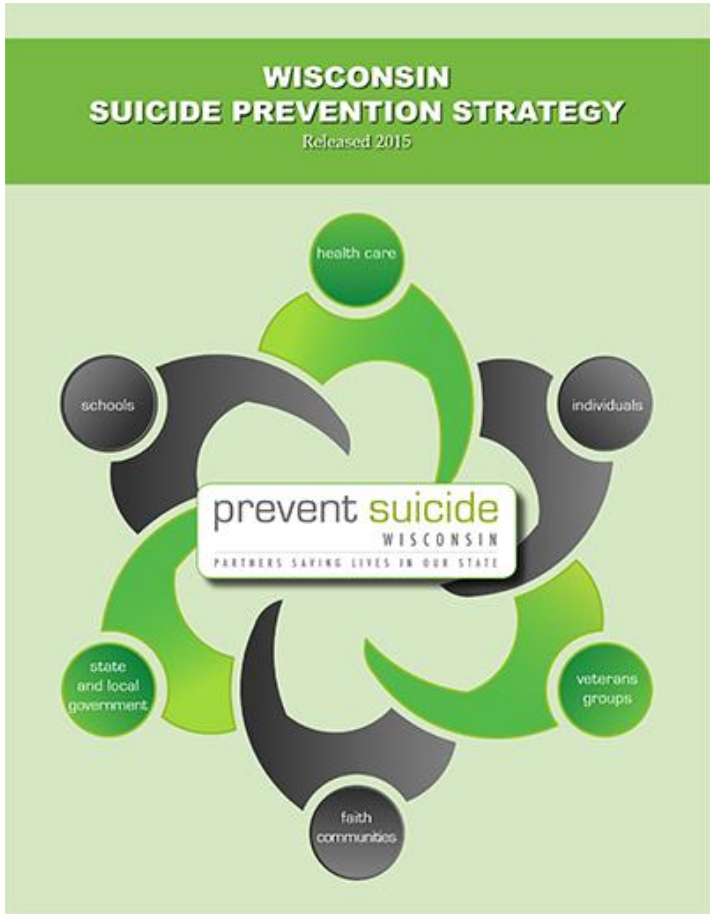

Suicide Prevention in Wisconsin and Considerations for Policymakers

Speaker's Task Force on Suicide Prevention

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Mental Health America of Wisconsin, Retired

April 24, 2019

- MHA of WI is an affiliate of the nation's leading community-based non-profit dedicated to helping all Americans achieve wellness by living mentally healthier lives.
  - Prevention services for all
  - Early identification and intervention for those at risk
  - Integrated care and treatment for those who need it
  - Recovery as the goal

A Word About Words

Preferred terms:

- ✓ Died by Suicide
- ✓ Killed Him/herself

Try to Avoid:

- ✓ Committed Suicide
- ✓ Completed Suicide
- ✓ Successful Suicide

A Brief History of Suicide Prevention in Wisconsin

2002: DHS releases first Wisconsin Suicide Prevention Strategy

2004: DHS contracts with MHA for first dedicated suicide prevention funding to support school-based suicide prevention. These grants were connected with DPI efforts to promote evidence-based practices in schools.

2006: MHA receives first Garrett Lee Smith (GLS) youth suicide prevention grant. Works with 9 communities to implement programs.

2009: State strategic planning summit leads to creation of Prevent Suicide Wisconsin; a public-private collaboration to provide state-level leadership for suicide prevention.

A Brief History of Suicide Prevention in Wisconsin

2012: MHA receives second GLS grant focusing on working with "model communities" to build more comprehensive suicide prevention systems. Many efforts to integrate suicide prevention into other systems and address populations at elevated risk.

2013: First WI cohort receives training on Perfect Depression Care at Henry Ford Health System; the start of "Zero Suicide".

2015: Updated Wisconsin Suicide Prevention Strategy released.

2016: Formation of Maternal and Child Health Suicide Prevention learning community.

- MHA administers PSW under a contract with the Department of Health Services (DHS)
- County coalitions, state partners, special populations, suicide prevention experts
- Annual conference began in 2011; in 2018 over 300 people participated
- Monthly eNewsletters
- Quarterly topic calls
- Website: www.preventsuicidewi.org
- Quarterly Steering Committee meetings, now integrated with Healthy WI Priority Action Team.

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Goal 1: Protective Factors

- Create suicide-safe environments
- Increase social connections
- Promote social-emotional development

Goal 2: Access to Care

- Increase public knowledge of risk/warning signs/interventions
- Reduce stigma/promote sharing lived experience
- Expand services for MH/SUD/suicide care

Wisconsin Suicide Prevention Strategy

Goal 3: Health Care System Best Practices

- Increase resources for providers
- Improve continuity of care

Goal 4: Surveillance and Evaluation

- Describe impact of suicide/improve data collection process
- Identify subpopulations at disproportionate risk
- Evaluate prevention efforts

Wisconsin Suicide Prevention Strategy

Zero Suicide in Wisconsin (Goal 3)

- Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention.
- Quality improvement in clinical organizations.
- Built on evidence-based and best practices. Many tools and trainings are public domain and free.
- Some organizations have reduced suicides 60-80%.
- Over 45 organizations trained in WI; new regional efforts.

What Zero Suicide Looks Like

- Enhanced screening for suicidal thoughts and behavior.
- Training and implementation of safety plans
- Increased training for all staff:
  - ✓ Training on recognizing and responding to suicidal behavior for all staff.
  - ✓ Specific training on evidence-based treatments targeting suicidal thoughts and behaviors for clinicians.
- Best practices in ensuring safe transitions between levels of care.

What our Coalitions are Doing

Very or Somewhat Involved	2016	2017	2018
Create suicide safe environment	68%	84%	**96%**
Increase social connections	65%	77%	**100%**
Promote social emotional development	44%	58%	**96%**
Increasing public's knowledge	96%	100%	**100%**
Reduce stigma	68%	84%	**96%**
Expand access to services	48%	58%	**64%**
Increase resources for providers	56%	71%	**76%**
Improve continuity of care	32%	39%	**52%**
Using data: describe, improve	64%	74%	**72%**
Using data: identify sub-pops	48%	61%	**72%**
Using data: evaluate	40%	48%	**72%**

Considerations for Policymakers: Big Picture

- Consider how you can support aligning actions with our state strategy.
- Consider how you can help take things to scale.
- Consider the voices of those with lived experience.

Considerations for Policymakers: School-Based Suicide Prevention

- Provide funding for school-based suicide prevention
  - Signs of Suicide kits: $450/300 students
  - Sources of Strength: $10,000 over first two years for training plus implementation costs.
  - Hope Squad: $8,000-10,000 over first two years for training plus implementation costs.
- Ensure adequate ratio of students to pupil services staff to enhance intervention with those at risk.

Considerations for Policymakers: Statutory Requirements for Training

- 27 states, plus DC, require training for school personnel (11 require annual, generally 1-2 hours).

- 9 states require training for health professionals (most typically 2-6 hours periodically for behavioral health professionals; WA has one-time requirement for other health professionals)

- Alternatively, provide funding to underwrite part of the training costs to encourage more participation.

Considerations for Policymakers: Access to Lethal Means

- Funds to purchase/disseminate gun locks or other safe storage equipment.
- Lethal violence protection order (14 states):
  - Allows removal of firearms due to danger to self or others with court review.
  - Evidence from CT suggests one life saved per 10-20 removals.
- States with the following laws have lower suicide rates:
  - Universal background checks.
  - Waiting periods for handgun purchases.

Considerations for Policymakers: MH Workforce, Coalitions, Populations at Risk

- Increase the mental health workforce
  - Increase loan repayment programs
  - Support integration of BH providers into primary care.
- Grants for coalitions/LHDs to increase public awareness and implement local programs.
- Funds to support administration of grant programs, if authorized, or to provide additional technical assistance to counties, coalitions or provider agencies.
- Funds for populations at disproportionate risk of suicide

Thank you!

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