

Mike Crum Veterans Education and Outreach
Center for Suicide Awareness

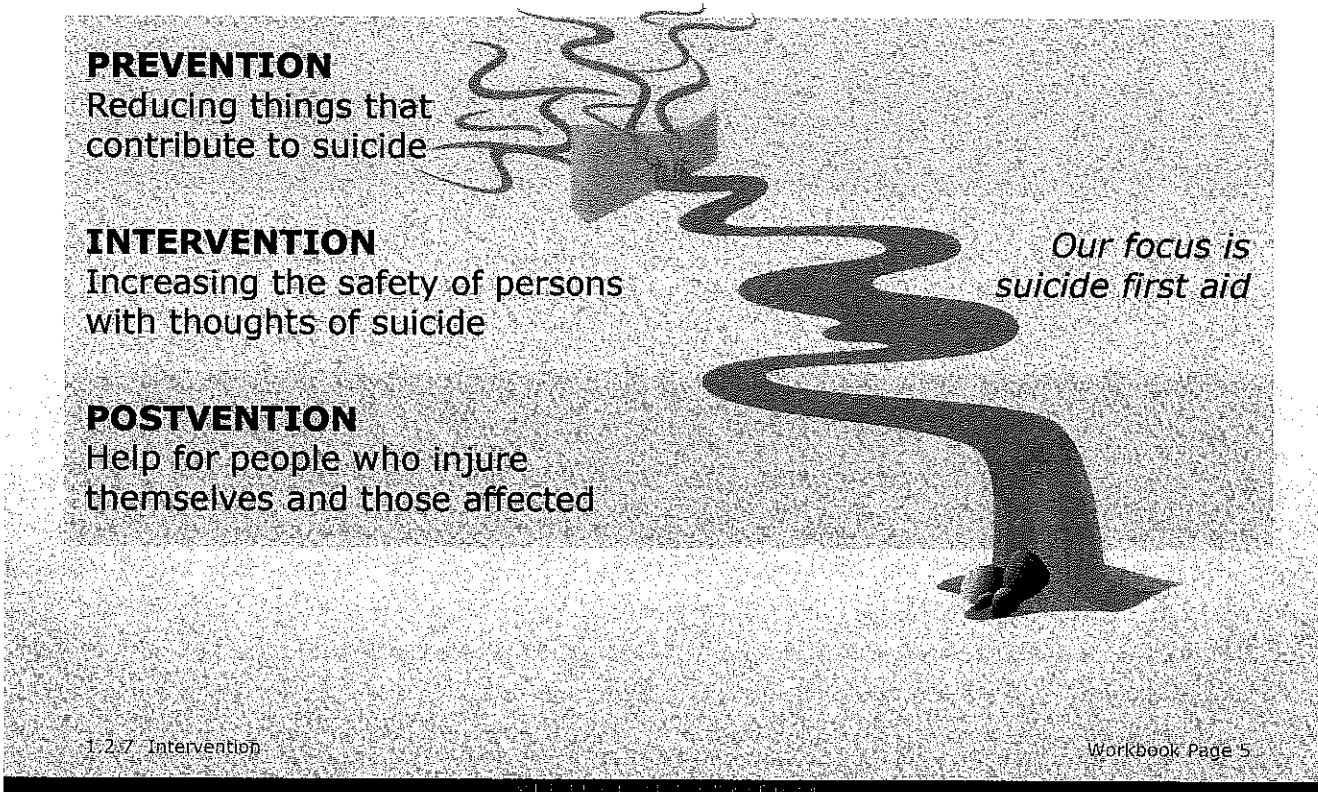
There are 3 ways to think about Suicide. The two most common are Prevention – and Postvention. In Prevention those are our community organizations having the discussion about suicide, training, collaborations, and helping community members at risk of suicide.

We focus on Postvention, those who attempt suicide, those affected by suicide, community resources, those who died by suicide, family members, help a community understand what happened, post vention is going into schools to help students cope with the trauma.

Another way of Reducing Suicide is focusing on intervention. Creating more systems, data, and real time crisis response that can help Persons with thoughts of suicide in real time or within 48 – 72 hours.

This Morning I would like to focus on areas of Intervention and make recommendations to the Task Force on how to focus on Intervention.

Ways of Preventing Suicide



Having Accurate Data

- According to the U.S. Department of Veterans Affairs Between 2007 and 2011 there were 598 Wisconsin Veteran Suicides
- According to the 2014 Burden of Suicide Report in Wisconsin in that same period of 2007 – 2011 680 Wisconsin Veterans died by suicide
- This is a difference of 82 Veterans not reported properly
- In a different Report the VA shows that in 2014 there were a total of 133 Wisconsin Veteran suicides. The most being veterans within the age range of 55-74 and the next highest being 35-54.
- Based on two reports from the U.S. Department of Veterans Affairs, one Report suggests that 109 Wisconsin Veterans Died by suicide, in a separate report it shows that 106 Wisconsin Veterans Died by Suicide.
- In 2016 The U.S. Department of Veterans Affairs reported that there were 132 Veterans Suicides. The most being in the age range of 55-74 and next highest being in the age range of 35-54.
- Female Veterans suicide rate is 2 to 3 times higher than the female civilian population, and female veterans are more likely to use lethal means like firearms to attempt/complete suicides.
- The Wisconsin Department of Veterans Affairs does not track Veterans suicide.

A recent report by America's Warrior Partnership and their Operation Deep Dive Research Project on Veterans Suicide States that their biggest issue in collecting data, is that Veterans suicides are not collected and maintained in a Systematic Way Nationwide. (Operation Deep Dive Report 2018)

As the data above shows Data is inconsistent, and lacks demographics. We cannot fully understand the problem is we have no mandatory system of reporting.

Along with this demographics are not determined beyond age. How many Female Veterans, Male Veterans, Female Veterans with Kids, Combat vs non combat veterans, National Guard Soldiers and Branch of Service.

Having this identifying information would be helpful in creating strategies to reduce veterans Suicide.

17	2005	Midwest	Wisconsin	Total	123	27.5	610	15.0
18	2005	Midwest	Wisconsin	18-34	<10	--	183	15.5
19	2005	Midwest	Wisconsin	35-54	50	40.3	272	16.5
20	2005	Midwest	Wisconsin	55-74	39	19.6	106	11.6
21	2005	Midwest	Wisconsin	75+	20-30	--	49	14.9
397	2006	Midwest	Wisconsin	Total	118	26.6	654	15.4
398	2006	Midwest	Wisconsin	18-34	<10	--	158	12.6
399	2006	Midwest	Wisconsin	35-54	55	45.1	342	20.6
400	2006	Midwest	Wisconsin	55-74	40	20.3	119	12.5
401	2006	Midwest	Wisconsin	75+	10-20	--	35	9.6
677	2007	Midwest	Wisconsin	Total	109	24.5	711	16.6
678	2007	Midwest	Wisconsin	18-34	10	34.5	203	16.2
679	2007	Midwest	Wisconsin	35-54	44	37.6	324	19.5
680	2007	Midwest	Wisconsin	55-74	35	17.7	138	14.0
681	2007	Midwest	Wisconsin	75+	20	19.8	46	12.3
957	2008	Midwest	Wisconsin	Total	124	28.6	730	16.9
958	2008	Midwest	Wisconsin	18-34	<10	--	186	14.7
959	2008	Midwest	Wisconsin	35-54	45	39.5	322	19.6
960	2008	Midwest	Wisconsin	55-74	45	23.4	176	17.2
961	2008	Midwest	Wisconsin	75+	20-30	--	46	12.4
1237	2009	Midwest	Wisconsin	Total	124	29.3	696	16.0
1238	2009	Midwest	Wisconsin	18-34	10	33.3*	171	13.2
1239	2009	Midwest	Wisconsin	35-54	39	36.1	310	19.1
1240	2009	Midwest	Wisconsin	55-74	46	24.9	164	15.4
1241	2009	Midwest	Wisconsin	75+	29	29.0	51	13.8
1517	2010	Midwest	Wisconsin	Total	141	33.7	762	17.5
1518	2010	Midwest	Wisconsin	18-34	<10	--	203	16.0
1519	2010	Midwest	Wisconsin	35-54	43	41.3	312	19.5
1520	2010	Midwest	Wisconsin	55-74	56	30.9	187	16.9
1521	2010	Midwest	Wisconsin	75+	30-40	--	60	15.9
1797	2011	Midwest	Wisconsin	Total	103	25.0	715	16.3
1798	2011	Midwest	Wisconsin	18-34	10	31.3*	216	17.0
1799	2011	Midwest	Wisconsin	35-54	28	28.6	293	18.7
1800	2011	Midwest	Wisconsin	55-74	44	23.9	153	13.4
1801	2011	Midwest	Wisconsin	75+	21	21.4	51	13.4
2077	2012	Midwest	Wisconsin	Total	95	23.2	697	15.8
2078	2012	Midwest	Wisconsin	18-34	14	43.8*	209	16.2
2079	2012	Midwest	Wisconsin	35-54	31	32.6	282	18.2
2080	2012	Midwest	Wisconsin	55-74	34	18.8	159	13.4
2081	2012	Midwest	Wisconsin	75+	16	15.8*	47	12.2
2357	2013	Midwest	Wisconsin	Total	123	30.7	625	18.6
2358	2013	Midwest	Wisconsin	18-34	19	57.6*	226	17.5
2359	2013	Midwest	Wisconsin	35-54	34	37.4	328	21.5
2360	2013	Midwest	Wisconsin	55-74	40	22.9	210	17.1
2361	2013	Midwest	Wisconsin	75+	29	28.4	61	15.8

2637	2014	Midwest	Wisconsin	Total	115	29.3	736	16.5
2638	2014	Midwest	Wisconsin	18-34	11	33.3*	208	16.1
2639	2014	Midwest	Wisconsin	35-54	28	32.2	291	19.3
2640	2014	Midwest	Wisconsin	55-74	49	28.2	191	15.1
2641	2014	Midwest	Wisconsin	75+	27	27.3	46	11.7
2917	2015	Midwest	Wisconsin	Total	109	28.4	850	19.0
2918	2015	Midwest	Wisconsin	18-34	13	38.2*	232	18.1
2919	2015	Midwest	Wisconsin	35-54	25	30.1	320	21.4
2920	2015	Midwest	Wisconsin	55-74	49	28.5	242	18.6
2921	2015	Midwest	Wisconsin	75+	22	23.2	56	14.2
3197	2016	Midwest	Wisconsin	Total	132	35.3	831	18.5
3198	2016	Midwest	Wisconsin	18-34	23	69.7	242	18.8
3199	2016	Midwest	Wisconsin	35-54	33	40.7	312	21.3
3200	2016	Midwest	Wisconsin	55-74	60	30.1	217	16.2
3201	2016	Midwest	Wisconsin	75+	26	27.7	60	15.1

Source: https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp

Veteran Status

Recent research suggests that military experience serves as a risk factor for a number of negative health outcomes including PTSD, intimate partner violence, substance abuse, depression, and suicide (Prigerson, Maciejewski, & Rosenheck, 2002; Rudd, Goulding, & Bryan, 2011). In order to address suicide and contributing health issues among Wisconsin veterans, we must examine how suicide affects this population.

From 2007–2011, there were 680 veterans who died by suicide in Wisconsin, accounting for 19.0% of all suicides among people aged 18 and over in the state (see Figure 15 and Appendix, Table 14). By comparison, only 9.7% of Wisconsin residents over age 18 were veterans (American Community Survey, 2008–2012). Therefore, veterans were overrepresented among suicides in Wisconsin.

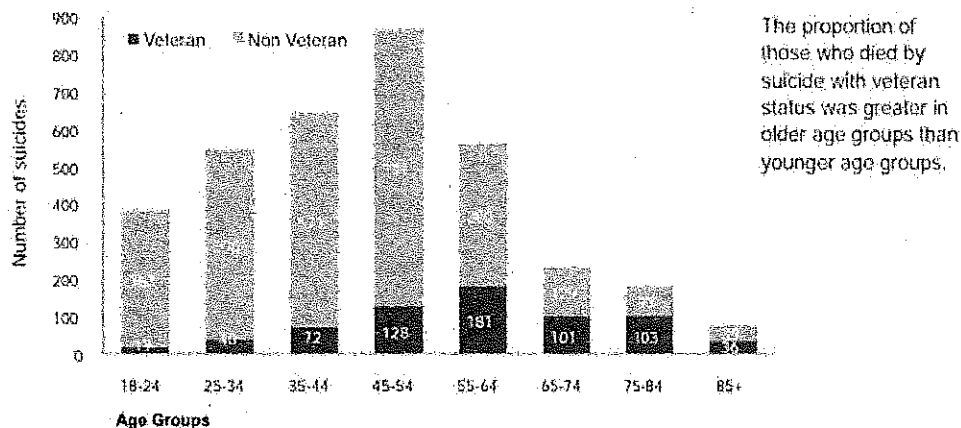


Figure 15. Suicides by age and veteran status, Wisconsin residents, 2007–2011.

The proportion of suicides in which the decedent was a veteran was greater in older age groups. Veterans constituted 5.0% of suicides among decedents aged 18–24, 7.3% of suicides among those aged 25–34, and over 30% of suicides in all age groups after age 54 (see Figure 15). Among suicide decedents aged 75–84, 57.2% were veterans. The majority (95.9%) of suicide decedents with veteran status were male. The percentage of male suicide decedents with veteran status was lowest among 18–24-year-olds and increased in older age groups. The percentage of veterans in the population of male Wisconsin residents also increases with age. The percentage of females with veteran status who died by suicide ranged from 0% among women aged 55–74 and 85+ to 5.9% among women aged 45–54. No clear trend is apparent regarding the relationship between age and veteran status among females who died by suicide.

Wisconsin Veteran Suicide Data Sheet



The U.S. Department of Veterans Affairs (VA) conducted the Nation's most comprehensive analysis of Veteran suicide rates in the United States. The resulting report, released in 2016, examined more than 55 million records from 1979 to 2014 in all 50 states, Puerto Rico, and the District of Columbia. Data from the report have allowed us to examine Veteran suicide rates in each state and region.

This Wisconsin Veteran Suicide Data Sheet is based on a collaborative effort among VA, the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics herein are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the Defense Suicide Prevention Office. Cause of death was identified through the NCHS National Death Index (NDI). For additional information, please email Dr. Megan McCarthy, Deputy Director, Suicide Prevention, VA Office of Mental Health and Suicide Prevention, at megan.mccarthy@va.gov.

Wisconsin Veteran Suicide Deaths, 2014

Sex	Veteran Suicides
Total	133
Male	120-130
Female	<10

Because of Wisconsin's relatively small population, we do not report counts for individual counties with the exception of those for which we have received individual information.

Midwestern Region

Illinois
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska



Wisconsin, Midwestern Region*, and National Veteran Suicide Deaths[†], by Age Group, 2014

Age Group	Wisconsin Veteran Suicides	Midwestern Region Veteran Suicides	National Veteran Suicides	Wisconsin Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	133	1,516	7,188	36.1	36.4	38.4
18-34	17	250	1,171	61.7*	79.2	70.4
35-54	58	495	2,193	48.8	52.3	47.7
55-74	55	517	2,594	32.3	27.4	30.4
75+	23	256	1,430	24.7	25.0	32.0

* Denotes that rate was calculated with fewer than 20 in the numerator and the rate may be unreliable.

After accounting for differences in age, the Veteran suicide rate in Wisconsin was not significantly different from the national Veteran suicide rate (p=0.7149)[‡].

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Veteran Suicide Data Sheet, 2015



The 2015 state data sheets contain the most up-to-date Veteran suicide information for all 50 states, the District of Columbia, and Puerto Rico. These sheets reflect the U.S. Department of Veterans Affairs' expanded analysis of suicide rates and include data that has become available since the release of the 2014 state data sheets.

This Wisconsin Veteran Suicide Data Sheet is based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics herein are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the Defense Suicide Prevention Office. Cause of death was identified through the NCHS National Death Index (NDI). For additional information, please email Dr. Megan McCarthy, National Deputy Director for Suicide Prevention, VA Office of Mental Health and Suicide Prevention, at megan.mccarthy@va.gov.

Wisconsin Veteran Suicide Deaths, 2015

Sex	Veteran Suicides
Total	106
Male	100-110
Female	10

Because of the small number of Wisconsin's veteran population and (statistically small) suicide deaths are presented in ranges rather than precise counts to protect confidentiality.

Midwestern Region

Illinois
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska
North Dakota
Ohio
South Dakota
Wisconsin



Wisconsin, Midwestern Region^a, and National Veteran Suicide Deaths by Age Group, 2015^b

Age Group	Wisconsin Veteran Suicides	Midwestern Region Veteran Suicides	National Veteran Suicides	Wisconsin Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	106	1,264	6,135	27.6	27.4	29.7
18-34	13	165	785	38.2*	41.1	39.1
35-54	23	350	1,777	27.7	34.8	34.8
55-74	48	450	2,310	27.9	23.2	26.0
75+	22	230	1,241	23.2	23.6	27.1

* Rates calculated from suicide counts lower than 20 are rounded up to 20.

After accounting for differences in age, the Veteran suicide rate in Wisconsin was not significantly different from the national Veteran suicide rate.

Wisconsin

Veteran Suicide Data Sheet, 2016



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States. This data sheet includes information about Wisconsin Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

Midwestern Region

Illinois Michigan North Dakota
 Indiana Minnesota Ohio
 Iowa Missouri South Dakota
 Kansas Nebraska Wisconsin

After accounting for age differences,^b the Veteran suicide rate in Wisconsin:

- Was significantly higher than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

Wisconsin Veteran Suicide Deaths, 2016

Sex	Veteran Suicides
Total	133
Male	120-130
Female	13

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

Wisconsin, Midwestern Region, and National Veteran Suicide Deaths by Age Group, 2016^a

Age Group	Wisconsin Veteran Suicides	Midwestern Region Veteran Suicides	National Veteran Suicides	Wisconsin Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	133	1,232	6,077	35.3	24.0	16
18-24	23	170	333	60.7	45.2	16.3
25-34	33	333	1,445	40.7	32.4	18
35-44	50	243	1,159	30.1	23.6	15.9
45+	26	282	1,374	27.7	24.3	18.3

Wisconsin Veteran and Total Wisconsin, Midwestern Region, and National Suicide Deaths by Age Group, 2016^a

Age Group	Wisconsin Veteran Suicides	Wisconsin Total Suicides	Midwestern Region Total Suicides	National Total Suicides	Wisconsin Veteran Suicide Rate	Wisconsin Suicide Rate	Midwestern Region Suicide Rate	National Suicide Rate
Total	133	401	7,422	43,427	35.3	18.5	18.8	11.5
18-24	23	293	2,350	11,997	60.7	18.9	20	16
25-34	33	312	3,445	15,447	40.7	21.1	20.1	18.6
35-44	50	317	2,433	12,142	30.1	16.2	15.3	11.1
45+	26	301	2,741	13,801	27.7	15	16.5	18.5

The Proverbial Magic Wand

Wisconsin averages 118 Veterans Suicides per year. As we have seen the data is inconsistent and not reported properly. In order to fully understand the problem here are several recommendations:

1. To mandate/create policy that Coroners/Medical Examiners report all Veterans Suicide. Identify by Demographics of Male, Female, Combat Era or Non-Combat Era and Branch of Service etc...
2. Mandate reporting of Law Enforcement Suicide. There is currently no Federal or State Policy that mandates the reporting of Law Enforcement Suicide
3. Coroners/Medical examiners would report to a State Agency and an organization such as the Center for Suicide Awareness who can provide the resources, outreach and care.
4. The Coroner/Medical Examiner would be required to contact the County Veterans Service Officer to verify veteran status.

By having mandated reporting policy, Wisconsin could be the first State to potentially have accurate data, but also be able to identify within the Veterans Community where Resources, funding, and interventions need to take place.

How to Capture Data and Create Real Time Crisis Intervention

In 2017 Sen. Jon Erpenbach Introduced Senate Bill 818. This bill would have provided \$200,000 to award a grant or grants to one or more persons to establish a Veterans Crisis Text Line, to operate 24 Hours a Day 7 Days a week.

The Bill failed to pass the Senate Joint Resolution.

Sen. Erpenbach also tried to create a Veterans Mental Health Voucher Program that would provide a voucher to Veterans seeking Mental Health Assistance. The Voucher would have been administered through the County Veterans Office.

This bill did not pass.

The Task Force should review these pieces of legislation and reintroduce them to provide the support and resources needed to reduce Veterans Suicide.

RECCOMENDATION: Create a Veterans/Law Enforcement Crisis Text Line.

- From the HOPELINE DATA we know that Veterans use texting to be discrete and seek help.
- The top 3 discussions for Veterans are Relationships – Isolation and Having Thoughts of Suicide.
- Having a Veterans/Law Enforcement Crisis Text Line we would be able to create a peer to peer network of trained Crisis Response Workers who can identify and work with Veterans/Law Enforcement who are seeking assistance
- We can track data for usage, conversations, demographics
- With the HOPELINE we provide real time crisis intervention
- Within 3 years over 100 Lives have been saved because of this
- Wisconsin would be the first take to implement their own Crisis Text Line for Veterans and Law Enforcement

Goal: To create a Veterans/Law Enforcement Crisis Text Line. To Provide Real Time Crisis Intervention to provide Peer to peer support.

Goal: To provide 3 years of funding for the Veterans/Law Enforcement Crisis Text Line with a staff position and marketing campaign.

Outcomes: Provide Data and more accurate understanding of the problem of Suicide within the Veteran and Law Enforcement Community.

Outcome: By providing real time crisis intervention, it may interrupt suicide attempts, provide proper medical care and

Other Recommendations

- Create a full time State Suicide Prevention Coordinator. By having a State Prevention Coordinator the coordinator would be able to bridge the gap between the community and policy makers. Minnesota, Georgia, Utah all have positions like this. Here is a sample of Utah State Legislation requiring a State Suicide Prevention Coordinator:

62A-15-1101 Suicide prevention -- Reporting requirements.

- (1) The division shall appoint a state suicide prevention coordinator to administer a state suicide prevention program composed of suicide prevention, intervention, and postvention programs, services, and efforts.
 - (2) The coordinator shall:
 - (a) establish a Statewide Suicide Prevention Coalition with membership from public and private organizations and Utah citizens; and
 - (b) appoint a chair and co-chair from among the membership of the coalition to lead the coalition.
 - (3) The state suicide prevention program may include the following components:
 - (a) delivery of resources, tools, and training to community-based coalitions;
 - (b) evidence-based suicide risk assessment tools and training;
 - (c) town hall meetings for building community-based suicide prevention strategies;
 - (d) suicide prevention gatekeeper training;
 - (e) training to identify warning signs and to manage an at-risk individual's crisis;
 - (f) evidence-based intervention training;
 - (g) intervention skills training; and
 - (h) postvention training.
 - (4) The coordinator shall coordinate with the following to gather statistics, among other duties:
 - (a) local mental health and substance abuse authorities;
 - (b) the State Board of Education, including the public education suicide prevention coordinator described in Section 53G-9-702;
 - (c) the Department of Health;
 - (d) health care providers, including emergency rooms;
 - (e) federal agencies, including the Federal Bureau of Investigation;
 - (f) other unbiased sources; and
 - (g) other public health suicide prevention efforts.
 - (5) The coordinator shall provide a written report to the Health and Human Services Interim Committee, at or before the October meeting every year, on:
 - (a) implementation of the state suicide prevention program, as described in Subsections (1) and (3);
 - (b) data measuring the effectiveness of each component of the state suicide prevention program;
 - (c) funds appropriated for each component of the state suicide prevention program; and
 - (d) five-year trends of suicides in Utah, including subgroups of youths and adults and other subgroups identified by the state suicide prevention coordinator.
 - (6) The coordinator shall, in consultation with the bureau, implement and manage the operation of the firearm safety program described in Subsection 62A-15-103(3).
 - (7) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules:
 - (a) governing the implementation of the state suicide prevention program, consistent with this section; and
 - (b) in conjunction with the bureau, defining the criteria for employers to apply for grants under the Suicide Prevention Education Program described in Section 62A-15-103.1, which shall include:
 - (i) attendance at the suicide prevention education course described in Subsection 62A-15-103(3); and
 - (ii) distribution of the firearm safety brochures or packets created in Subsection 62A-15-103(3), but does not require the distribution of a cable-style gun lock with a firearm if the firearm already has a trigger lock or comparable safety mechanism.
 - (8) As funding by the Legislature allows, the coordinator shall award grants, not to exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the needs of children who have been served by the Division of Juvenile Justice Services.
 - (9) The coordinator and the coalition shall submit to the advisory council, no later than October 1 each year, a written report detailing the previous fiscal year's activities to fund, implement, and evaluate suicide prevention activities described in this section.
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- Marketing Funding – Many Veterans and Law Enforcement are unaware of the resources available to them. Of the 20 veterans a day who die by suicide only 14 utilize VA Care. Marketing will be able to provide outreach to rural areas and provide an alternative form of treatment for Veterans and Law Enforcement Officers seeking assistance.
- Provide funding for Challenge Coins and HOPELINE DECALS – By providing funding for these two resources, Police and Law Enforcement would be able to provide a resource and outreach to veterans in crisis.

In Closing

In closing, the biggest issue that needs to be addressed is having accurate data. The more we can have accurate data to understand Suicide within the Veteran and Law Enforcement Communities, the more we will be able to pinpoint where to focus our efforts of outreach, intervention, prevention and post-vention services.

Our goal as a community and as a Task Force should be to track data to have set outcomes of services provided and be able to track that programs are reducing suicide.

Continued funding for these recommendations and others is crucial to the survival of organizations doing Suicide prevention work. In 2017 Montana's Governor provide 1 Million dollars for Suicide Prevention Programs. <https://leg.mt.gov/bills/2017/billhtml/HB0118.htm>

I hope the Task Force Keeps in mind that we as a community don't need to reinvent the wheel. If we strengthen the community resources, provide marketing dollars, provide funding, and deal with Suicide Head on we should see a reduction in Suicide and Save Lives.

If anyone has follow up questions I can be reached at www.mike@centerforsuicideawareness.org

Thank you for your time and efforts on this Task Force.