A SUICIDE IN WISCONSIN
To ensure confidentiality, this is not an actual suicide but the profile of a suicide in Wisconsin. The example was created to illustrate the type of violent death data collected and linked in the Wisconsin Violent Death Reporting System (WVDRS).

**DEATH CERTIFICATE**
The victim was a 16-year-old white male who lived in rural northern Wisconsin. He was a high school student. He died at his residence due to a gunshot wound to the head. The manner of death was suicide.

**MEDICAL EXAMINER/CORONER**
The 16-year-old white male victim died from a self-inflicted gunshot wound to the head. The victim’s parents stated that he suffered from mild depression but only occasionally saw a therapist, since she was 30 miles away. They stated he did not have a lot of friends, and one day in the past week he came home from school very upset after being teased by a few classmates for being overweight.

**LAW ENFORCEMENT**
The victim told his parents he was going for a walk in the evening. About 15 minutes later, they heard the sound of a gunshot nearby. They went outside and found their son in a wooded area in their backyard with a gunshot wound to the head. Law enforcement responded upon receiving a call from the parents. The victim was pronounced dead at the scene. The father stated that the gun that was used belonged to him; he kept it hidden (not locked) in the basement. There was no suicide note found, and the parents stated he had not had any past suicidal attempts or ideations.

**TOXICOLOGY**
There were no drugs or alcohol found in the victim’s system.
THE BIG PICTURE

The Wisconsin Violent Death Reporting System (WVDRS) has provided a better understanding of who is dying, how they are dying, and the circumstances that may be associated with those violent deaths.

- Among the 249 youth under age 18 who died from suicide during 2004-2013:
  - 186 (75%) were male
  - 103 (41.4%) of the deaths were committed with a firearm; among these cases, the firearm owner was the child’s parent in at least 40 cases (38.8%) and the firearm was stored unlocked in at least 22 cases (21.4%)

- Among the 228 (91.6%) youth suicides where circumstances surrounding the death were known by either the coroner/medical examiner or law enforcement:
  - 97 (42.5%) had a current mental health problem and 104 (45.6%) currently or in the past had treatment for mental illness
  - 119 (52.2%) experienced a crisis in the preceding two weeks (compared to 37.2% of adult suicides)
  - 70 (30.7%) were experiencing problems at or related to school
  - The highest age-adjusted death rates for youth suicides tend to be in more rural counties, yet Wisconsin’s western and northern rural counties have the lowest number of mental health providers per capita.
  - Groups at higher risk for suicide in Wisconsin include youth in more rural counties, American Indians/Alaska Natives, LGBT persons, and veterans.
  - Whites have the highest suicide rate overall, but non-white students were more likely to report attempting, planning or considering suicide in the past 12 months.

TRANSLATING DATA INTO ACTION

Informing prevention

- WVDRS data were used to develop and inform content of the 2015 Wisconsin Suicide Prevention Strategy, and local-level WVDRS data can help local coalitions identify how best to target their suicide prevention efforts.

- Wisconsin’s WVDRS and Maternal Child Health (MCH) program partnered with Mental Health America of Wisconsin to support and advise local health departments in Wisconsin on best practices for adolescent suicide prevention, including coalition development, QPR gatekeeper training, Zero Suicide, and means reduction.

Improving access to and quality of mental health services

WVDRS data helped inform the Wisconsin School Mental Health Project, a five-year project launched in 2015 in over 25 school districts that includes youth suicide prevention. The project reflects efforts of Wisconsin’s mental health, public health, and education agencies and advocates to reduce perceived stigma attached to mental illness and accessing mental health services; train school-community teams; and increase the number of adults who recognize the signs of youth who are having trouble and know how to approach students and their families to access appropriate services.

Addressing the how in suicide

How persons attempt suicide plays a key role in whether they live or die. “Means reduction” – reducing a suicidal person’s access to highly lethal means such as firearms – is recognized as an evidence-based practice that is an important part of a comprehensive approach to suicide prevention.

- The 2015 Wisconsin Suicide Prevention Strategy includes an objective to create suicide-safe environments for people at risk of suicide through strategies such as means reduction.

- The best-practice program CALM: Counseling on Access to Lethal Means trains providers to implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms.

- County-level suicide prevention efforts have included offering cable gun locks and providing firearm safety and means restriction/reduction education. Acknowledging that most teens know where their parents keep their guns, messages include storing guns that are locked, unloaded and with ammunition locked and stored separately.

WVDRS data informed the Wisconsin School Mental Health Project

Local-level data helps coalitions target suicide prevention efforts

Creating suicide-safe environments through means reduction is part of the WI prevention strategy