# WISCONSIN SUICIDE PREVENTION PLAN 2025

### Why It Matters

Suicide is a serious public health concern in Wisconsin, impacting people of all ages and communities. Prevent Suicide Wisconsin, with state partners, created this plan to reduce suicide attempts and deaths, guided by lessons from past strategies and voices of lived experience.

Prevention is everyone's responsibility—community members, providers, schools, faith leaders, businesses, policymakers, and coalitions all play a role. By working together, we can build resilience, reduce risk, and create pathways to healing.

## **Key Data**

- In 2023, suicide rates are highest among adults ages 45–54.
- Nearly 80% of deaths are men; men are twice as likely as women to use firearms.
- American Indian residents have the highest suicide rate (21.8 per 100,000).
- Females 15–17 years old, ER visits for self-harm are 3x higher than males of the same age.

### **Implementation**

- Faith leaders can create spaces for connection.
- Coalitions can coordinate safe storage programs in their communities.
- Schools can integrate prevention into curriculum and climatebuilding efforts.
- Media can follow best practices for safe reporting to reduce stigma when reporting suicide.
- Advocates can push for policy changes at organizational, state, and federal levels.

### Tier 1: Community-Based Prevention

- Promote social connectedness in schools, workplaces, and faith/cultural organizations.
- Expand public knowledge of suicide risk, stigma reduction, and available resources.
- Support schools with comprehensive prevention, intervention, and postvention systems.
- Engage with employers and faith-based organizations to provide training, resources, and policies that promote mental health and support after a loss by suicide.
- Address childhood adversity and resilience by fostering positive childhood experiences

# Tier 2: Prevention and Intervention Across the Continuum of Care

- Expand Zero Suicide framework in health and behavioral health systems, including universal screening, safety planning, and care pathways.
- Increase training for providers in evidence-based suicide care.
- Support integrating peer services into health and crisis systems through training and assistance, emphasizing their role as a voluntary, non-coercive intervention.



# **Tier 3: Data Collection and Program Evaluation**

- Improve suicide death review teams and statewide data systems.
- Support research on suicide prevention, particularly for disproportionately impacted groups.
- Evaluate prevention activities to identify what works and replicate best practices.







