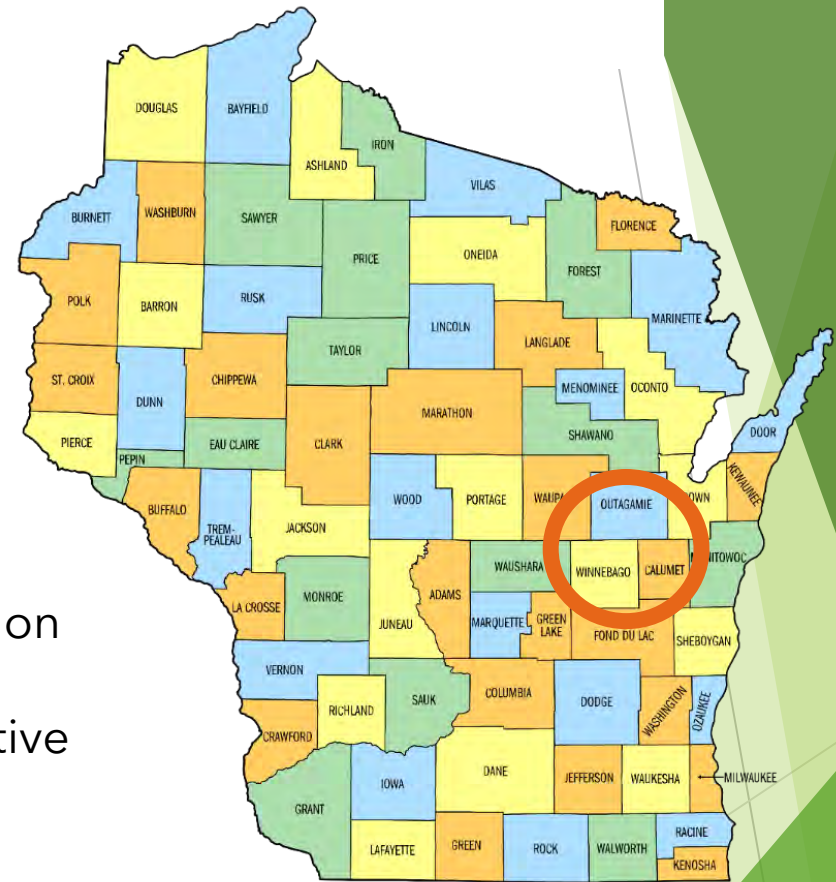


Suicide Prevention Action Team

March 17, 2026

Mission: Engage Tri-County community suicide prevention stakeholders to create a culture of connection and collaboration to reduce suicides and increase our collective knowledge of evidence-based approaches to suicide prevention.

Vision: Zero Suicides in the Tri-County



Welcome!

► Overview of today:

► Welcome

- Special welcome to death review team members!

► Training: Suicide risks with cannabis use

► Subcommittee Updates

► Death Review Recommendations

► Sharing & Networking

Happy 
St. Patrick's
 Day

Adolescent Cannabis Use and Increased Risk for Suicidal Thoughts and Behaviors

Caitlin Reider Vander Velden, MS, SAC
Counselor at ThedaCare Behavioral Health

Adolescent Suicide Risk

- ▶ Suicide is the second leading cause of death for individuals ages 10-14, and the third leading cause of death for individuals 15-24.
- ▶ Data from the Centers for Disease Control and Prevention Youth Risk Behavior Survey shows that among U.S. high school students:
 - ▶ 39.7% reported persistent feelings of sadness or hopelessness
 - ▶ 20.4% seriously considered attempting suicide
 - ▶ 9.5% reported attempting suicide in the past year
 - ▶ For individuals 18-25, 12% seriously considered attempting suicide and 2% reported attempting suicide in the past year
 - ▶ Consider: what is so different from being ages 10-17 and being ages 18-25?

Survey results:

- Increased access to resources/didn't need parent permission to seek help (8)
- Found the most efficacious medication and/or treatment (6)
- Connection with a community/more support (5)
- Found purpose in work/school/own family (5)
- Ability to leave an unhealthy family environment (4)
- Coming out as a part of the LGBTQIA+ population (4)
- Found more hope in life (3)
- Found a new hobby/passion (3)
- More validated when needing help ("not assumed to be attention-seeking")(3)
- Access to transportation (3)
- Started recovery from a SUD (2)
- Got an emotional support animal (1)/Got a pet (1)
- Nothing changed or improved between these two life stages (4)

Cannabis Use in Adolescents

▶ Cannabis Use Trends

- ▶ According to the 2022 National Survey on Drug Use and Health (NSDUH): 3% of adolescents ages 12-17 met criteria for cannabis use disorder in the past year.
 - ▶ Roughly one million teens in the U.S.
- ▶ Past-year cannabis use among adolescents is higher:
 - ▶ 20–25% report any past-month use
 - ▶ 6–8% report daily or near-daily use
- ▶ Vaping cannabis and high-potency products are increasing among teens
- ▶ Early initiation (before age 15) is more common in some regions and linked with higher future use.

▶ Patterns of Use

- ▶ Occasional/experimental use is most common, with daily or frequent use is less common but growing, especially with high-THC concentrates
- ▶ Peer influence and accessibility are reportedly largest factors

DSM-5-TR Criteria for a Substance Use Disorder

- Taking the substance in larger amounts or for longer than intended.
- Persistent desire or unsuccessful efforts to cut down or control use.
- Spending a great deal of time obtaining, using, or recovering from the substance.
- Craving or a strong urge to use the substance.
- Recurrent use resulting in failure to fulfill major role obligations at work, school, or home.
- Continued use despite persistent social or interpersonal problems caused or worsened by the substance.
- Important social, occupational, or recreational activities are given up or reduced because of use.
- Recurrent use in situations where it is physically hazardous (e.g., driving).
- Continued use despite knowledge of a persistent or recurrent physical or psychological problem likely caused or worsened by the substance.
- Tolerance, defined as either:
 - Need for markedly increased amounts to achieve intoxication or desired effect, or
 - Markedly diminished effect with continued use of the same amount.
- Withdrawal, manifested by either:
 - Characteristic withdrawal syndrome for the substance, or
 - Using the substance (or a closely related one) to relieve or avoid withdrawal symptoms.

Cannabis Use and Suicidality in Adolescents

- ▶ Multiple large studies and meta-analyses show a statistical association between cannabis use and suicidality in youth.
 - ▶ A meta-analysis of studies including tens of thousands of adolescents found:
 - ▶ Approx. 2x higher odds of suicidal ideation
 - ▶ Approx. 2.3× higher odds of suicide attempts among cannabis users compared with non-users.
 - ▶ A large meta-analysis published in JAMA Psychiatry found that adolescent cannabis use was associated with:
 - ▶ Approx. 50% higher risk of suicidal ideation
 - ▶ 3.5× higher odds of a suicide attempt
 - ▶ Approx. 37% higher risk of depression in young adulthood

*Note that this research reports the relationship between THC use and increased risk of SI/SA even after accounting other risk factors

National Survey on Drug Use and Health (NSDUH)

- ▶ Among adolescents *without* depression:
 - ▶ Approx. 7% of cannabis users (non-daily) reported suicidal thoughts
 - ▶ Approx. 9% of daily users reported suicidal thoughts
 - ▶ Approx. 14% of those with cannabis use disorder reported suicidal thoughts
- ▶ For comparison: Approx. 3% of non-users without depression reported suicidal ideation in the same dataset.
- ▶ Among adolescents *with* depression:
 - ▶ Depressed adolescents without cannabis use: 10–12% reported a suicide attempt in the past year.
 - ▶ 30-35% report suicidal ideation
 - ▶ Depressed adolescents with frequent cannabis use: 20–25% reported a suicide attempt in the past year.
 - ▶ 45-50% report suicidal ideation
- ▶ Dose-response relationship has been observed
 - ▶ The more frequently adolescents use cannabis, the higher their odds of suicidal thoughts and attempts.

Survey Results

- ▶ If you struggled with suicidal thoughts and acts while using substances, do you think substances worsened those symptoms?
 - ▶ Yes: 8
 - ▶ No: 2
 - ▶ Uncertain: 2
 - ▶ Not Applicable: 6
- ▶ If you have stopped or reduced substance use, have you found your suicidal thoughts and acts have improved?
 - ▶ Yes: 6
 - ▶ No: 2
 - ▶ Uncertain: 1
 - ▶ I have not stopped or reduced use: 4
 - ▶ Not Applicable: 5

Survey Results (contd.)

- ▶ What do you think professionals (therapists, psychiatrists, substance use disorders counselors, first responders and law enforcement, physicians, etc.) could do to better address substance use and suicide?

"Don't give up on the person!" "Make resources more accessible" "Give us hope!!!" "More education"

"Telling a person that their substance use will kill them when they already want to kill themselves is probably not doing what you think it is..."

"I wish paramedics, nurses, doctors, and law enforcement knew that I don't want to be in this situation with my mental health either – like bro, if I'm a burden to you, imagine what I am to *me*??"

"Substance abuse counselors need to know how to help suicide better...I had to wait THREE MONTHS for a mental health therapist and my substance abuse counselor was obviously scared to help me"

"If you're a person in a helping profession, please don't treat me like a number when I'm at my lowest point"

"Education at an earlier age" "More prevention" "Nonjudgment" "Create a safer environment."

"Just believe in me, please" "Be educated on warning signs and safety plans." "More positivity!"

"Please stop assuming I'm not trying. I try more than you know." "DBT helped me so much when I learned it."

"When I don't show for your appointment, I'm not just like, not caring or whatever, I'm wanting to be dead and getting up is so f**king hard. Please call me. Whenever my counselor didn't call and I was no showing, I assumed she was glad to not have me there because she could do other work or whatever. That made me feel worse."

"Better understanding of how drugs, even just weed and alcohol can have an effect on mental health. I don't think that many therapists actually know what the brain is going through."

How to Address this Issue

- ▶ Three types of effective evidence-based treatment:
 - ▶ Cognitive Behavioral Therapy
 - ▶ Utilization of CBT for both treatment of suicidal ideation and CBT for adolescent substance use (CBT-SU)
 - ▶ Strengths-Based Cognitive Behavioral Therapy
 - ▶ Dialectical Behavioral Therapy for Adolescents
 - ▶ Motivational Interviewing
- ▶ Psychoeducation and Prevention
- ▶ Family Involvement (if safe)
- ▶ Connection with Community and Resources
- ▶ Integrated Safety Plan
- ▶ Psychopharmacological Treatments and Interventions

Your Name _____ 's Safety Plan on _____ Today's Date _____

Step 1: My Warning Signs of a Crisis

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things
THINGS I LIKE TO DO, COPING SKILLS, OR THINGS I'M GOOD AT:

Step 3: Taking My Mind off of Things
PEOPLE WHO CAN DISTRACT ME: _____ PLACES I CAN GO TO: _____

Step 4: People I Can Call for Help

NAME OF PERSON:

RELATIONSHIP: _____

CONTACT INFO: _____

Step 5: Ways That Supportive People Can Help Me Stay Safe

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!

WHO:

CONTACT INFO: _____

WHEN: _____

I'M GOING TO USE MY PLAN BECAUSE THESE ARE MY REASONS TO LIVE

Social Work Tech
Safety Plan | Adapted by Social Work Tech (2020) from an original work by Barbara Stanley, Gregory K. Brown (2008)
Document provided for reference only and user(s) assume risks involved with safety planning.
This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License.

References

- ▶ Centers for Disease Control and Prevention. (2024). *Mental health and suicide risk among high school students and protective factors –Youth Risk Behavior Survey, United States, 2023*. Morbidity and Mortality Weekly Report, 73(Suppl. 4), 1-18. <https://www.cdc.gov/mmwr/volumes/73/su/su7304a9.htm>
- ▶ Gobbi, G., Atkin, T., Zytynski, T., Wang, S., Askari, S., Boruff, J., Ware, M., Marmorstein, N., Cipriani, A., Dendukuri, N., & Mayo, N. (2019). *Association of cannabis use in adolescence and risk of depression, anxiety, and suicidality in young adulthood: A systematic review and meta-analysis*. JAMA Psychiatry, 76(4), 426-434. <https://doi.org/10.1001/jamapsychiatry.2018.4500>
- ▶ National Alliance on Mental Illness. (n.d.). *What you need to know about youth suicide*. <https://www.nami.org/kids-teens-and-young-adults/what-you-need-to-know-about-youth-suicide/>
- ▶ Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/>
- ▶ Survey results gathered by this presenter from February 21-March 8, 2026.

Thank you for coming!

After the presentation, fatality review team members may be dismissed

Noteworthy Subcommittee Updates?

Current Subcommittees:

Digital Media
Safety for youth
and caregivers

Handle with
Care

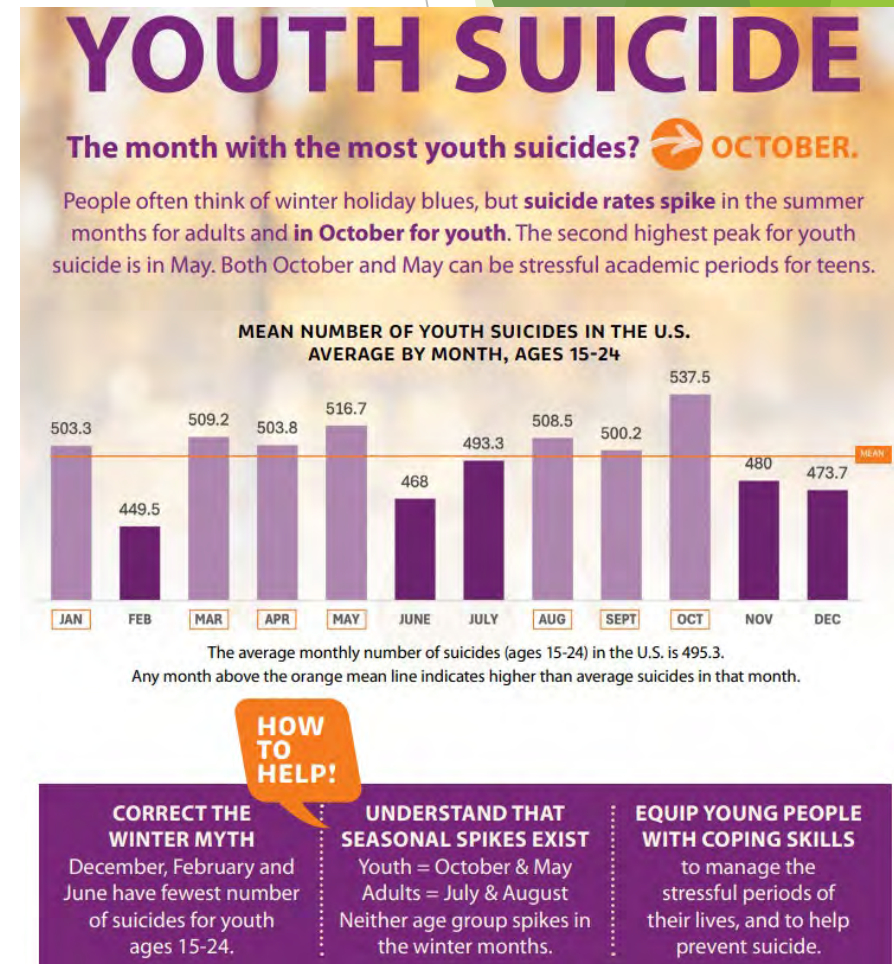
Lethal Means
Safety

Gender
Affirming Care

Open House
planning

Death Review Recommendations: Any current progress or opportunities?

- ▶ Child Death Review Team Recommendations:
- ▶ (School Based rec.) “Consider providing additional resources to students when approaching the end of school, when stress may be elevated”
- ▶ “Utilize an alternative community-based program that equips youth with similar programs and services offered in residential treatment but with the option of receiving them in the home environment”



Death Review Recommendations: Any current progress or opportunities?

- ▶ Adult Suicide Death Review Recommendations:
- ▶ “Provide assistance in navigating essential services and basic needs systems, including housing, healthcare and food access, to promote overall well-being.”
- ▶ “Provide families with education on suicide risk and warning signs, lethal means safety and additional resources for adult children that have moved back home following a release from an institution”

PROJECT ZERO
ADULT SUICIDE
DEATH REVIEW

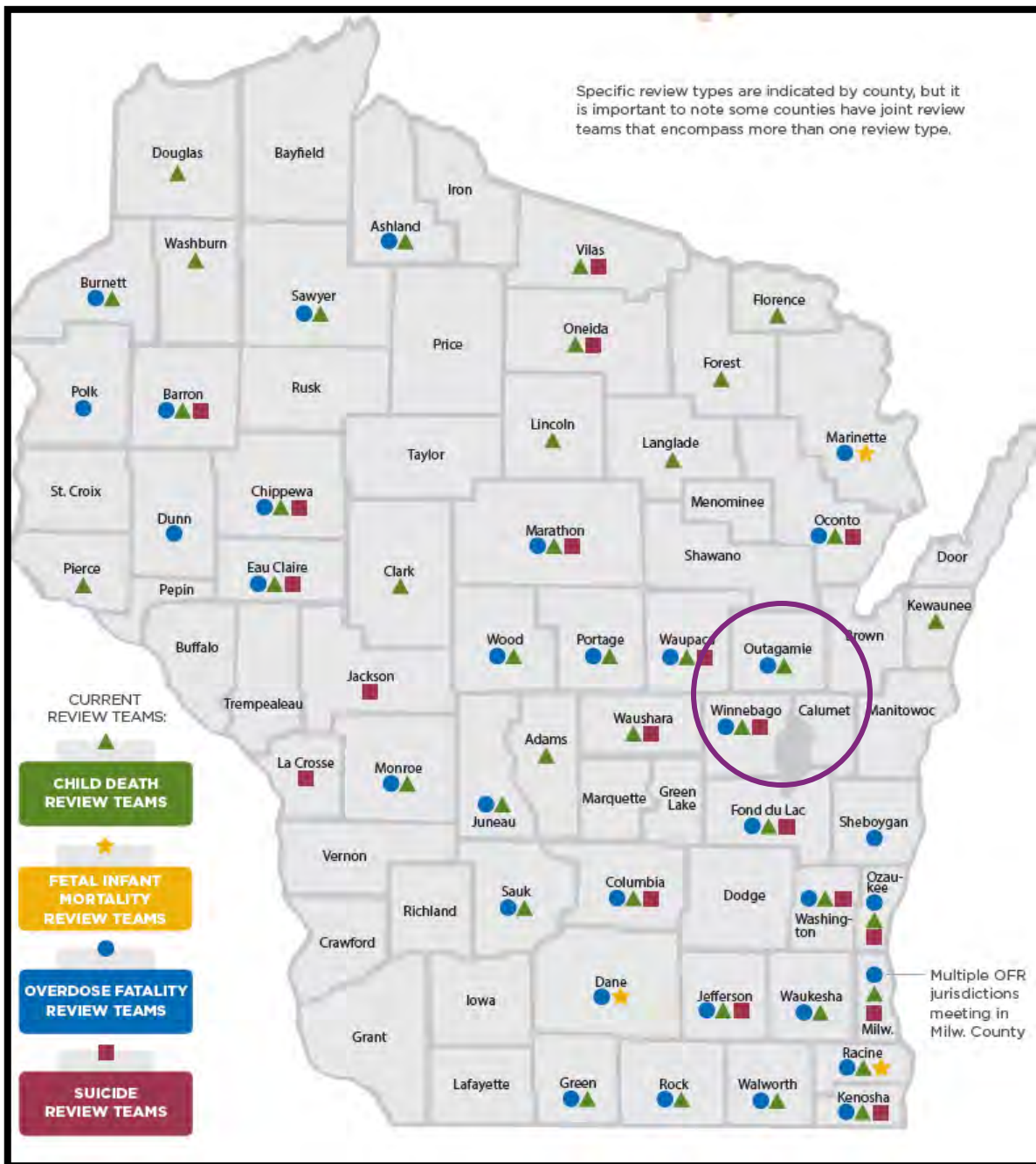
CALUMET | OUTAGAMIE | WINNEBAGO

SUMMARY
REPORT | 2022 -
2025

collaboration



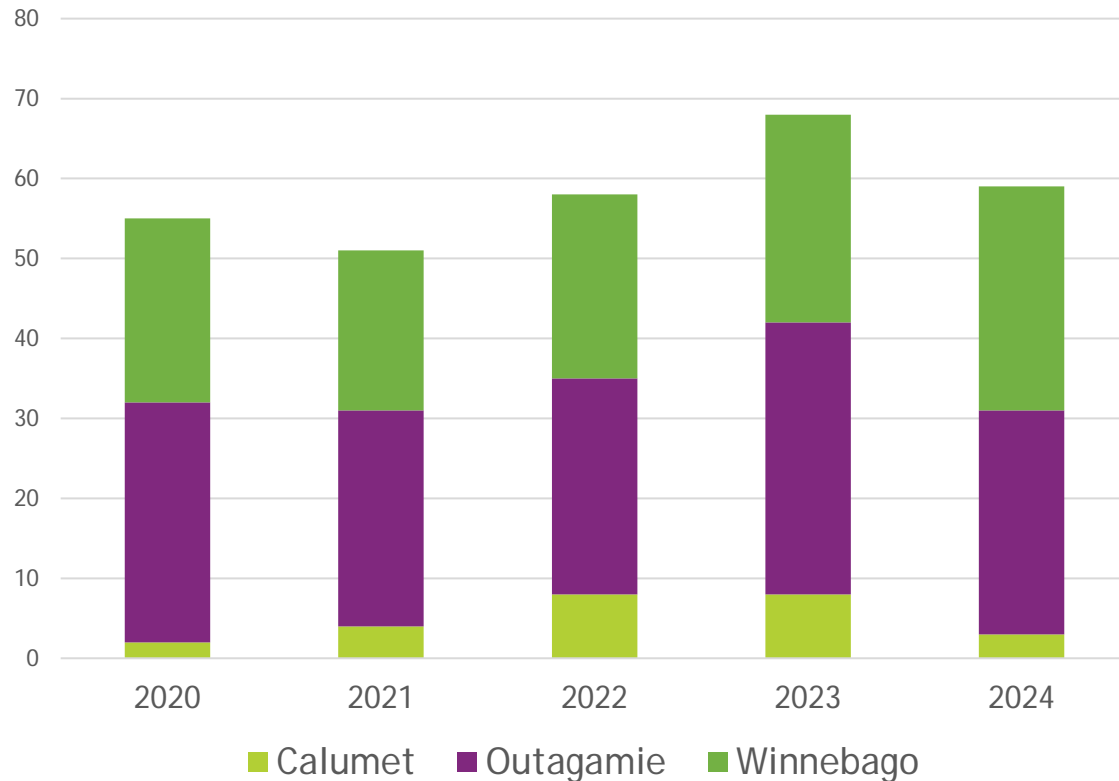
Project ZERO
EVERYONE MATTERS



19 suicide review teams
across the state
*as of 11/2025

Since 2022, 12 more teams
were created

Tri-County Suicides

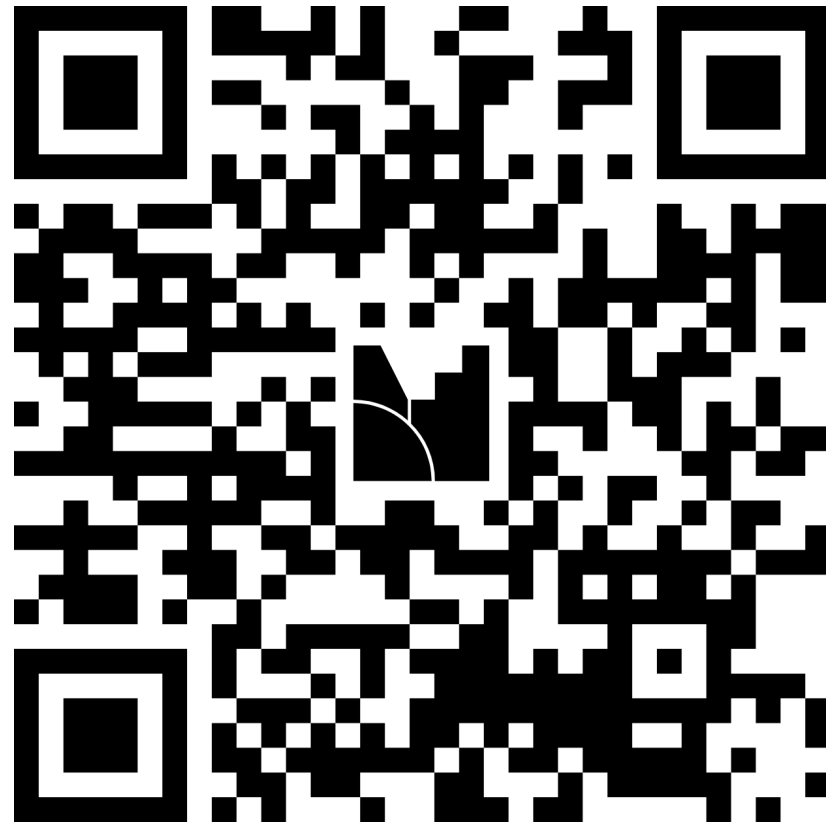


24% of suicides in Winnebago and Calumet counties were reviewed from 2022-2025.

Review Findings:

- 63% of decedents saw a healthcare provider within 3 months of their death, 47% saw a provider within 30 days of their death.
- 53% of decedents had problems with sleep and/or insomnia.
- 73% of decedents had substance use challenges, however only 17% of decedents were impaired at time of death.
- 53% of decedents had financial concerns.
- 86% were male
- Average age was 43 years old
- 21% were Veterans
- 79% were not in a relationship or going through a divorce/break u

Group name change poll:



Next Meeting:

Tuesday May 19th

12:00pm - 1:30pm

Education topic:
Insomnia as a suicide
risk factor

