

Suicide Prevention: Legislative Report

MINNESOTA STATUTE 145.56 – JULY 2014- JUNE 2016

Minnesota State Plan

Minnesota's prevention efforts are based on the evidence that most suicides are preventable, mental illness is treatable and recovery is possible. In 2015 the Minnesota Department of Health and the MN State Suicide Prevention Task Force released the *Minnesota Suicide Prevention Plan: Goals and Objectives for Action 2015-2020* with the ultimate goal to reduce suicide in Minnesota by 10% in five years, 20% in ten years, ultimately working toward zero deaths.

Community-based Grants

July 2014 to June 2015

MN Legislature allocated \$146,000 per year for suicide prevention, funding a part-time suicide prevention coordinator and three community-based grants (SAVE, NAMI-MN, and Evergreen Youth and Family Services Inc) to:

- Provide suicide prevention technical assistance and coordinate local suicide prevention efforts
- Host Youth Summit and school-based programs to raise awareness of suicide and promote help-seeking behaviors
- Provide gatekeeper and lethal means counseling trainings

July 2015 to June 2016

MN Legislature allocated \$348,000 per year for suicide prevention, funding a full-time suicide prevention coordinator and six community-based grants (Crisis Line and Referral Services, Dakota Wicohan, Evergreen Youth and Family Services Inc, NAMI-MN, SAVE, and White Earth Mental Health) to increase communities' capacity to prevent suicides by:

- Providing technical assistance to communities
- Convening suicide loss support groups
- Promoting Native American Youth resiliency
- Providing trainings on:
 - Warning signs for suicide and how to connect someone to mental health services and resources (gatekeeper training)
 - Lethal means counseling
 - Safe reporting and messaging
 - How to respond to suicide deaths to promote healing and decrease contagion (postvention)

Workplace & Professional Education

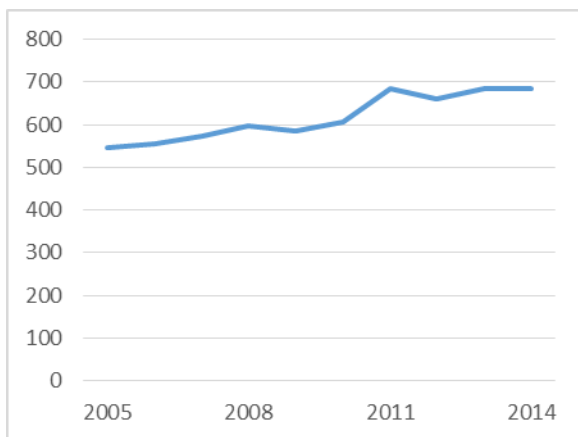
The Minnesota Department of Health funds several community-based grants to provide evidence-based suicide prevention trainings for professionals in workplace settings.

Suicide-related Data & Statistics

In 2014 (the most recent complete data year), 683 Minnesotans died of suicide – making it the eighth leading cause of death.

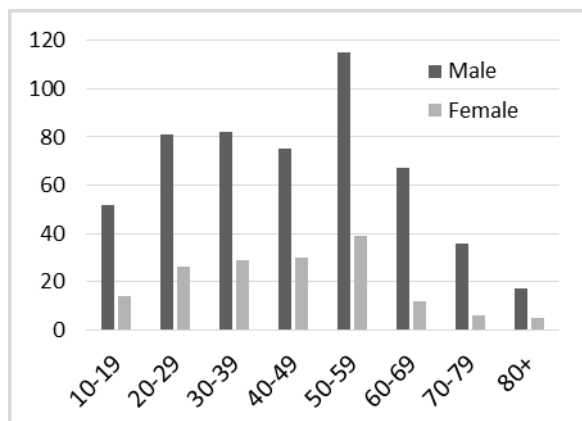
- The state’s adjusted rate of suicide has risen from a low of 8.9 per 100,000 (n=440) in 2000 to 12.2 (n=683) in 2014. The U.S. rate in 2014 was 12.9.

Minnesota Suicide Deaths



- In 2014, males were three times more likely to die by suicide than women. The suicide rate for males was 18.7 per 100,000 compared to 5.9 for females.
 - Males 50-64 years of age had the highest age-specific rate of 29.5 per 100,000.

2014 MN Suicide Deaths by Age & Gender



- From 2010-2014, American Indians had the highest rate (18.3 per 100,000) followed by Whites (12.3 per 100,000), Asian/Pacific Islanders (8.4 per 100,000) and Blacks (7.4 per 100,000).
 - Among youth 10-24 years of age, American Indians were three times more likely to die by suicide than Whites.
 - American Indians 10-24 years of age had the highest age-specific rate by race of 30.7 per 100,000.
- Females are more likely to experience non-fatal self-directed violence than males.
 - In 2014, the rate of hospital treatment (both hospitalized and emergency department) for non-fatal self-directed violence was 347.7 per 100,000 for females and 237.1 for males.
 - Females 15-19 years of age had the highest age-specific rate of 1,273 per 100,000.
- In 2016 the Minnesota Department of Health released the *Legislative Report: Suicide-Related Data Plan*.

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