Suicide Prevention Program
Health.SuicidePrevention@state.mn.us
651-201-5640

Suicide Prevention: Legislative Report

Minnesota Statute 145.56 - July 2014

Background

Suicide involves the tragic loss of human life as well as agonizing grief, fear and confusion in families and communities. The impact is not limited to an individual person or even the immediate family, but extends throughout communities and across generations. The breadth of the problem calls for a strong public health response that engages multiple systems and reaches all citizens through comprehensive community-based efforts.

Suicide is rarely random or inevitable

Suicide is often the result of multiple causes such as mental illness, substance abuse, history of trauma and impulsive behavior. A person's risk of suicide may increase with a painful loss, social isolation, feelings of hopelessness or being a burden to others, and not asking for help. Research suggests that 90 percent or more of those who die by suicide were suffering with an underlying mental illness or substance abuse problem at the time of their death.

Suicidal thinking is usually temporary; if someone is connected to appropriate help and support on a timely basis, **suicide can be prevented**. Minnesota's prevention efforts are based on the evidence that *suicides are preventable*, *mental illness is treatable*, and *recovery is possible*. A public health approach that promotes early identification and referral, increases help-seeking and social connectedness, builds on strengths and assets in individuals and communities, and decreases access to lethal means during a time of crisis can help save lives.[i]

Minnesota Suicide Prevention Plan

Minnesota Department of Health is the legislatively designated agency to lead and coordinate suicide prevention in Minnesota. In 2000 the Minnesota Department of Health (MDH) issued a report on suicide in Minnesota and, together with a large group of stakeholders from around the state, developed a state suicide prevention plan. The plan included specific recommendations from the Commissioner of Health as well as strategies recommended by the ad hoc advisory group. The original plan was revised in 2007 and is available online: http://www.health.state.mn.us/injury/topic/suicide/

MDH and SAVE (Suicide Awareness Voices of Education) co-chair the Minnesota Suicide Prevention Planning Taskforce and are revising the existing state plan and incorporating the *2012 National Strategy for Suicide Prevention* released by the U.S. Surgeon General and the National Action Alliance.[i] The revised state plan is scheduled for release in early 2015.

Taskforce participants include the Departments of Human Services, Public Safety, and Education; Minnesota State Colleges and Universities; University of Minnesota; as well as TXT4Life, SAVE (Suicide Awareness Voices for Education), NAMI (National Alliance on Mental Illness), Evergreen Youth and Family Services, the Minnesota National Guard and others.

Community-based Grant Program

The Minnesota Legislature began providing funds to MDH for suicide prevention in 2001. Budget allocations have fluctuated over time. For FY2013 and 2014, MDH received $146,000 per year for suicide prevention. Following Minnesota Statute 145.56, this funding allows MDH to provide information to the public and grants to local communities for the implementation of effective strategies to reduce suicide. Current grantees include:

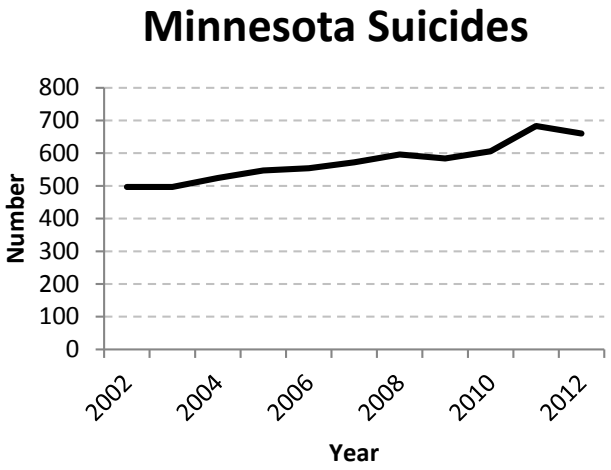
- Evergreen Youth and Family Services, Inc. (Bemidji) to coordinate local suicide prevention efforts through the Headwaters Alliance for Suicide Prevention and provide training on the warning signs for suicide and how to help connect someone to treatment and other resources for support.

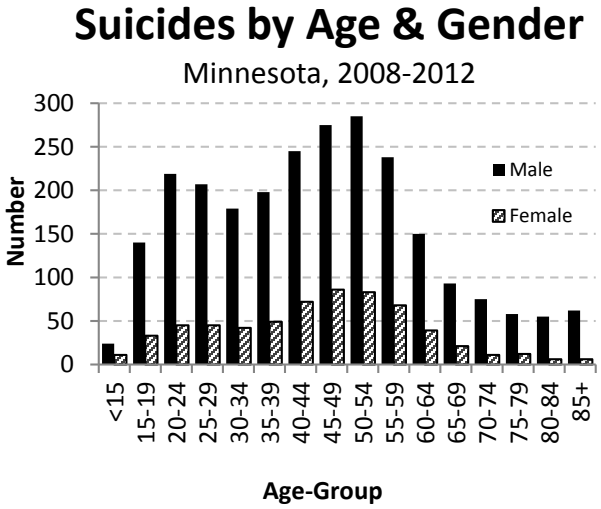
- NAMI-MN (National Alliance on Mental Illness-Minnesota) to provide training (safeTALK and QPR – **Q**uestion, **P**ersuade and **R**efer) on the warning signs for suicide and how to help connect someone to treatment and other resources for support and train professionals and providers on lethal means counseling.
- SAVE (Suicide Awareness Voices of Education) chairs the Minnesota Suicide Prevention Planning Taskforce; provides suicide prevention technical assistance to individuals and communities; and hosts a Youth Summit to raise awareness of suicide and promote help-seeking behaviors.

Suicide-related Data & Statistics

In 2012 (the most recent complete data year) a total of 660 Minnesotans died of suicide - making it the tenth leading cause of death. The state's age-adjusted rate of suicide has gradually risen from a low of 8.9 per 100,000 in 2000 to 12.3 per 100,000 in 2012 (the same as the most recent U.S. rate).

- Suicide was among the top five leading causes of death for all age groups between 10 and 65 years old.
- The highest rate by age group was among those 35-49 years, at 18.7 per 100,000.
- Men were four times more likely to die by suicide than women: the suicide rate for men in Minnesota was 19.6 per 100,000, compared to 4.7 per 100,000 for women.
- Women are more likely to attempt suicide: the rate of hospital treatment (both hospitalized and emergency department only) for non-fatal self-inflicted injury was 158.3 per 100,000 for women and 97.7 for men.[ii]
- The 2013 Minnesota Student Survey found that among 9th grade students in regular public schools:
    - 12 percent reported that they seriously considered attempting suicide in the last year; and
    - Lesbian, gay bisexual, transgender and questioning (LGBTQ) students were more likely to report that they seriously considered attempting suicide in the last year, ranging from 49 percent of bisexual students to 33 percent of gay or lesbian students to 23 percent of questioning students.





Workplace & Professional Education

Working age adults, ages 35-49, have the highest rates of suicide in MN. Due to limited funding, MDH does not fund any workplace and professional education programs.

For more information, please contact:
Melissa Heinen, RN, MPH
Minnesota Suicide Prevention Coordinator
651-201-5640
melissa.heinen@state.mn.us

---

[i] *National Strategy for Suicide Prevention*, op. cit. p. 15.
[ii] Rates are rounded to the nearest tenth. Data is available online at: http://www.health.state.mn.us/injury/midas/index.cfm