The Unequal Burden of Suicide among Minnesotans

Three Strategies for Prevention

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Minnesota’s suicide rate has been increasing for more than 10 years. This article describes the demographic groups at highest risk for suicide and suicide attempts in the state. It also highlights prevention strategies outlined in the Minnesota State Suicide Prevention Plan 2015–2020.

The suicide rate has been rising for more than a decade (Figure 1). In 2000, the rate was 8.9 per 100,000 population in Minnesota. By 2014, the last year for which data are available, the rate was 12.5 per 100,000 people. It has long been noted that certain populations experience a disproportionate burden when it comes to suicide. One of those is middle-aged men. In 2013, males 45 to 54 years of age had the highest rate of suicide in the state (31.1 per 100,000). During the past decade, the suicide rate among middle-aged males has increased faster than the overall suicide rate in Minnesota (Figure 1). Significant disparities in suicide rates are also seen across races. Between 2009 and 2013, American Indians 10 to 24 years of age had a significantly higher rate of suicide than young people from other racial and ethnic groups (28.0 per 100,000 compared with 8.8 per 100,000 white youths, 7.6 per 100,000 Black/African-American...
Continuity of care ensures smooth and uninterrupted care for the patient, as well as the sharing of essential clinical information. Encouraging continuity of care allows for better, more coordinated treatment and improved long-term outcomes.

Conclusion

A combination of factors, including serious mental illness, physical illness, alcohol or other substance abuse, a painful loss, exposure to violence, social isolation and easy access to lethal means, increase a person's risk for suicidal thoughts and behaviors. Yet, much can be done to reduce the chance that an individual will act on those thoughts. Physicians, along with family members, peers and others, have a role to play in preventing suicide. By implementing the interventions outlined in Minnesota's suicide prevention plan and targeting those groups at highest risk (ie, middle-aged males, American Indian youths and young women), physicians can help to significantly reduce the suicide and suicide attempt rates in the state.

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Resources

American Academy of Pediatrics – Safe Storage of Firearms

Suicide Prevention Resource Center. Counseling on Access to Lethal Means (CALM) Training
http://training.sprc.org/

American Academy of Pediatrics. 2014 Recommendations for Pediatric Preventive Health Care, with Screening for Depression as Part of Annual Physical Checkup
http://pediatrics.aappublications.org/content/133/3/568

Metro Children’s Crisis Response Services. Immediate help for youth experiencing a mental health crisis
www.childcrisisresponsemn.org

Continuity of Care for Suicide Prevention: The Role of Emergency Departments
www.sprc.org/sites/sprc.org/files/library/ContinuityCare_Suicide_Prevention_ED.pdf

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
800-273-8255

Minnesota Department of Health – Injury and Violence Prevention Unit
www.health.state.mn.us/injury

REFERENCES


