DEPARTMENT OF HEALTH

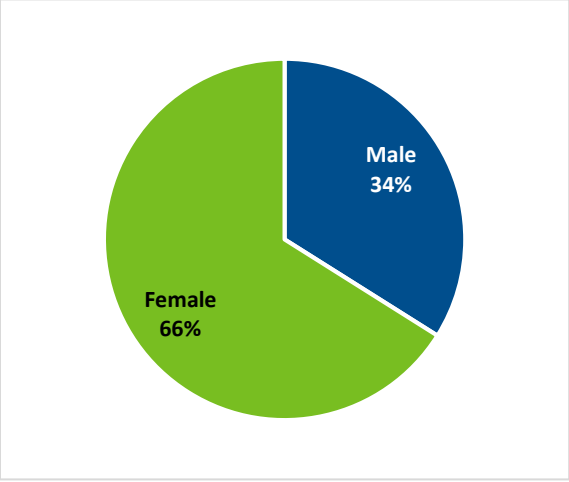
Non-Fatal Self-Inflicted Injury Fact Sheet

MINNESOTA HOSPITAL DISCHARGE DATA 2017

Minnesota Injury Data Access System (MIDAS)

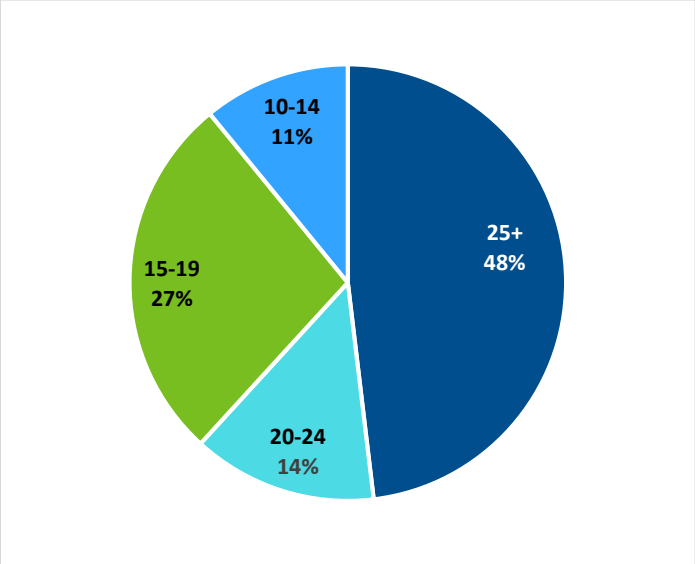
The Minnesota Injury Data Access System (MIDAS) represents approximately 95% of all patient discharge data for injuries in Minnesota. The MIDAS Injury dataset provides data on hospital-treated injuries, including self-harm and suicide attempts, referred to throughout this factsheet as self-inflicted injuries (SII). In 2017, there were 9,581 cases of non-fatal hospital-treated SII. This number has been increasing over the past five years, up from 6,552 cases in 2012.

2 out of 3 cases of hospital treated SII are females



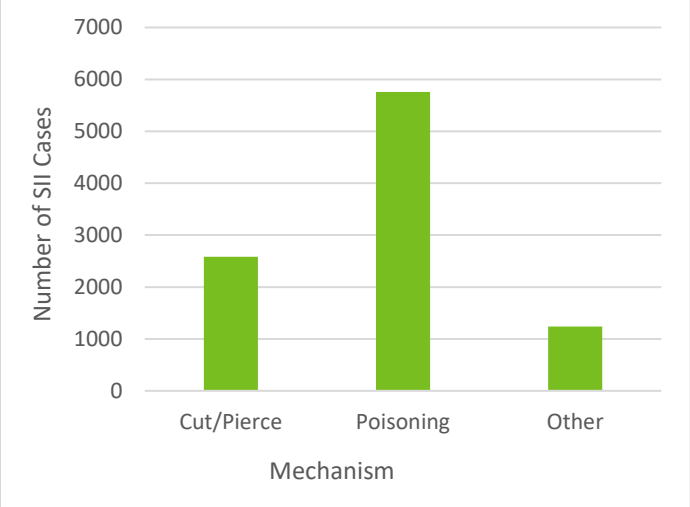
In 2017, across all age groups, there were higher numbers of SII for females than males.

Over half of all SII were among youth and young adults ages 10-24



For both males and females, 15 to 19 year olds had the greatest amount of SII cases.

Poisoning is the most common mechanism of SII



The most common mechanisms of non-fatal SII were poisoning (60.1%) and cutting/piercing (27.0%). Poisoning cases of SII typically result in hospitalization, whereas cutting/piercing cases of SII typically result in emergency department visits. This trend held across all age groups. Non-fatal self-inflicted poisonings were the leading cause of hospital-treated injuries among females aged 10 to 59 years old.

Conclusion

The high number of hospital-treated non-fatal self-inflicted injuries among females aged 10-24 years shows the need for continued intervention efforts aimed at preventing self-inflicted poisonings in this population.

Minnesota Prevention Efforts

The Minnesota Department of Health's Community Partners Preventing Suicide Program (http://www.health.state.mn.us/divs/healthimprovement/programs-initiatives/in-communities/preventsuicide.html) is working with hospitals and behavioral health services throughout the state to implement the Zero Suicide model to address the growing need for treatment of self-harm and suicide attempts – especially among youth and young adults aged 10-24. Some examples of how hospitals are improving their system of care include:

- Participating hospitals and behavioral health services are surveying their workforces to gain an understanding of their agencies' ability to address issues related to suicide. The survey informs leadership about staff preparedness to provide suicide care, inform training plans, and establish a standardized approach to better meet the needs of their staff. It is also used to look at ways to improve patient services, specifically for those who present with suicidal ideation or attempts.
- One hospital and health system has created a new position – suicide prevention specialist – to coordinate and implement the Zero Suicide model.
- A behavioral health care agency has trained all their clinicians in the Collaborative Assessment and Management of Suicidality (CAMS). This is a therapeutic framework for suicide-specific assessment and treatment of patient's suicidal risk. This tool can be used across multiple treatment settings.

To learn more about Zero Suicide in Minnesota and partnering organizations, visit the Zero Suicide Academy ® (http://www.health.state.mn.us/divs/healthimprovement/working-together/trainings-conferences/zerosuicide.html) page. If you are interested in accessing the Zero Suicide toolkit, visit the Suicide Prevention Resource Center (SPRC) website to access the Zero Suicide toolkit (http://zerosuicide.sprc.org/). In addition to Zero Suicide, there are other strategies from the Suicide Prevention Resource Center (www.sprc.org) that are known to be effective.

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