Adolescent Suicide

REDUCING THE NUMBER OF YOUTH WHO TAKE THEIR OWN LIFE

Minnesota acknowledges that systemic racism and generational structural (social, economic, political, and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

Current Landscape of Adolescent Suicide in Minnesota

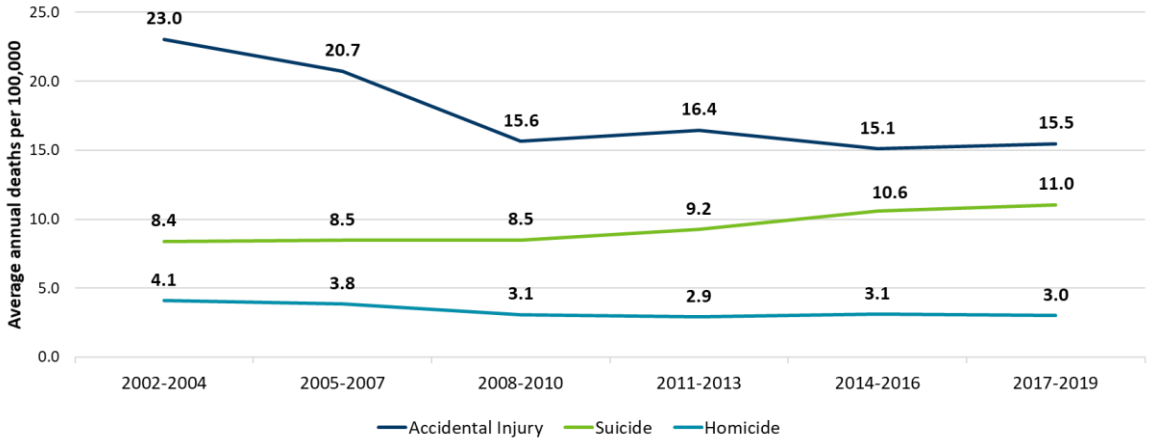
There is not one single path that leads to suicide. Many factors can increase the risk of suicidal thoughts and behaviors, such as childhood trauma and adversity, serious mental illness, physical illness, alcohol or other abuse, a painful loss, exposure to violence, social isolation, and easy access to lethal means. Factors such as meaningful relationships, healthy/safe coping skills, and safe and supportive communities can decrease the risk of suicidal thoughts and behaviors.[1] Adolescent suicide prevention efforts require improving access to comprehensive mental health services and building communities that support the mental well-being of youth and their families.

Suicide is preventable.

Evidence shows most suicides are preventable, mental illness is treatable, and recovery is possible with appropriate supports and intervention. The strongest suicide prevention efforts are multifactorial, requiring a combination of familial support, community connection, and behavioral health treatment.

Among adolescents and young adults (ages 15-24), Minnesota has a higher suicide rate (15.5 per 100,000) than the national rate (14.5 per 100,000).[2] The suicide rate for Minnesota youth has been higher than the United States average for a long time. In Minnesota, suicide is the second leading cause of death for young people ages 10-24 (see Figure 1). In 2019, 111 Minnesotans between the ages of 10 and 24 died of suicide, representing roughly 15 percent of all suicides in the state in that year.

Figure 1. Leading Causes of Death for Adolescents, Ages 10-24



Source: Minnesota Vital Statistics

Data from the 2019 Minnesota Student Survey shows that of 8th, 9th, and 11th graders, 16 percent of female students, 8 percent of male students, and 42 percent of non-gender binary/transgender students reported either seriously considering attempting or attempting suicide in the last year – **that's over 15,000 students**.

Unfortunately, adolescents in communities that experience a suicide have a higher risk for additional suicidal behavior. The contagion effect, also referred to as suicide clusters, is the increase in suicidal behavior among those who have lost a friend or family member to suicide. Among communities where suicide is prevalent, the risk of suicide among adolescents can increase by as much as 4 times following the loss of a friend or family member to suicide.[3]

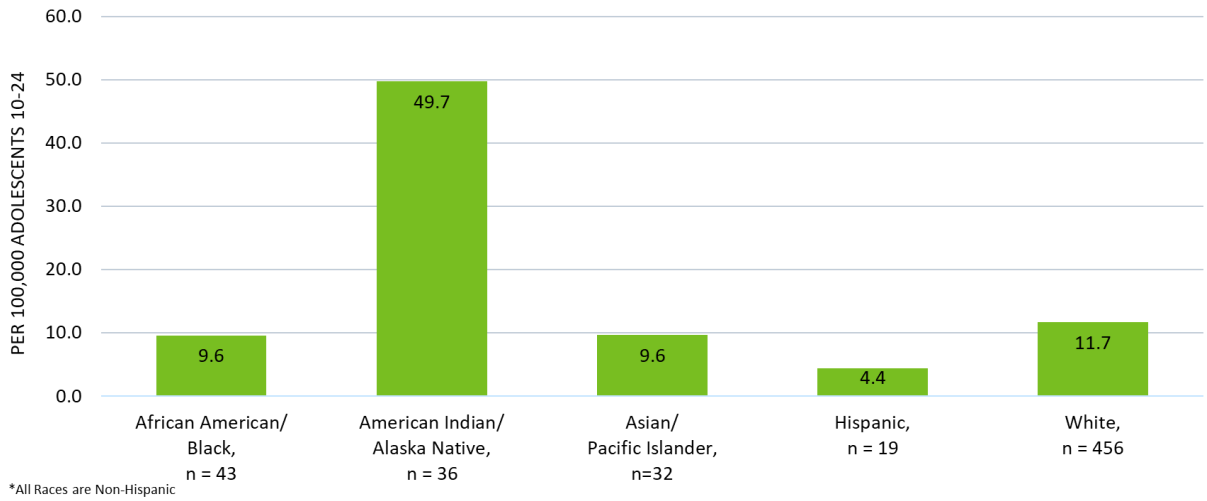
Racial Justice and Adolescent Suicide

New research indicates that racial discrimination is also linked to suicidal thoughts.[4] However, a separate study led by the same researchers found the effects of racism could be mitigated with one's ability to emotionally and psychologically reframe an incident through cognitive flexibility and forgiveness.[5] It is important to note that internal coping strategies like dispositional forgiveness (the ability to reframe an incident) are not the same as excusing, encouraging reconciliation, or freeing an offender from the consequences of their actions.[5] To truly eliminate these inequities in the long run, these internal coping strategies must be combined with broader structural changes.

> *"In a better, more inclusive world, racism would not exist. Until that happens, psychological tools are critical for mitigating acute and long-term emotional consequences of racial discrimination…" - Rheeda Walker, Professor of Psychology*

In Minnesota we see large race/ethnicity disparities in adolescent suicide. Historical trauma, living in poverty, childhood adversity, lack of access to culturally relevant mental health services, and interpersonal violence are all experienced at higher rates among American Indian populations and are all associated with an increased risk of suicidal behavior.[3] In Minnesota, American Indian and Alaska Native youth experience suicide rates that are nearly 3 times that of youth of other races. Minnesota is also starting to see an increase in suicides among African American/Black youth, which is similar to national trends.

Figure 2. Suicide Rate by Race/Ethnicity among Minnesota Adolescents (10-24 years old), 2015-2019



Source: Minnesota Resident Final Death File and US Census, American Community Survey Population Estimates

Rates of depression, anxiety and other mental health concerns have increased in response to the heightened awareness of ongoing racial injustice.[6]

Gender, Sexuality, and Geography

Suicide is also not experienced equally across genders, sexual orientations, or geography in Minnesota. In Minnesota, the suicide rate for adolescent males between 15 and 19 years old (19.6 per 100,000) is almost 4 times the suicide rate for females of the same age (5.2 per 100,000). There is a well-studied gender paradox in the method used for suicide attempt, with men of all ages selecting more lethal methods and therefore are more likely to complete a suicide attempt.[7] It is likely that a similar pattern is seen among adolescent suicides. In Minnesota, over half of all non-fatal self-inflicted injuries (SII) occur among adolescents and young people between the ages of 10 and 24 with the greatest amount of SII occurring among 15 to 19 year olds.[8] Females made up 2 out of 3 cases of hospital treated SII cases.

Sexual and gender identity can affect risk and rate of suicide as well, with LGBTQ+ youth reporting higher rates of suicidal ideation and suicide attempts than heterosexual and cisgender youth.[9] The 2019 Minnesota Student Survey shows that 9th and 11th grade LGBTQ+ youth were over 3 times more likely to have suicidal thoughts and 5 times more likely to attempt suicide in the past year than their straight and cisgender peers. A loss of supportive relationships with family members, discrimination, and bullying are thought to impact this higher rate of suicidal behavior among LGBTQ+ youth.

Suicide prevention efforts are complex and are comprised of improving familial support, community connection, and behavioral health treatment. An estimated 13 percent of adolescents living in Minnesota experienced at least one major depressive episode in the past year and 46 percent of these adolescents who were struggling with their mental health did not receive treatment.[10] When compared to urban youth, adolescents living in Greater Minnesota face additional barriers in accessing mental health services including fewer behavioral clinics and psychiatrists, increased distances to travel to clinics, and fewer beds in psychiatric hospitals or access to hospitals with psychiatric units in general.[11]

COVID-19 and Adolescent Suicide

The COVID-19 pandemic has likely magnified many of the barriers youth experience when trying to access the help they need. Limited access to mental health services and treatment may lead to self-harm, challenges with emotional regulation, and adaptive coping. As a result of COVID-19, children and adolescents have experienced unprecedented interruptions to their daily lives and some recent findings indicate that COVID-19 restrictions have impacted youth mental health due to lack of peer contact, social support, and activities, familial stress, and economic hardship within the family. A Kaiser Family Foundation (KFF) analysis of data from the Census Bureau's Household Pulse Survey shows that during the pandemic, more than half of young adults (ages 18-24) reported symptoms of anxiety and/or depressive disorder (56%).[12] Compared to all adults, young adults were significantly more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%).[12] The pandemic has only exacerbated these issues – even prior to the pandemic, young adults were already at higher risk of poor mental health and substance use disorder, though many did not receive treatment.[12]

Mental Health American (MHA) has an online screening tool (MHAscreening.org) where individuals can complete a free online screening to determine whether they are experiencing symptoms of a mental health condition. Data collected between January and September 2020 showed just how much mental health was affected as the pandemic continued. The number of people reporting anxiety and depression since the start of the pandemic reached an all-time high in September, hitting young people hardest.[6] MHA screening data showed that rates of suicidal ideation are highest among youth, especially LGBTQ+

youth, and over half of all 11 to 17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks.[6]

Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a comprehensive assessment of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, adolescent suicide was selected as a top priority for Minnesota.

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using Strategy Teams. We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

Vision for the Future

We strive for a Minnesota where all young people thrive and flourish, surrounded by caring and nurturing relationships with supportive adults, and a circle of people who listen, provide high expectations, support, and guidance. We envision a future where young people receive health services that are youth-friendly, culturally competent, affordable, convenient, and confidential. In short, a future where no young people take their own life.

Strategies to Address Adolescent Suicide

A Strategy Team was assembled to identify a set of strategies for the Minnesota Title V program to help reduce the number of young people who take their own life. There are demonstrable strategies to address adolescent suicide prevention. Many of the discussions were around how we can specifically address the disparities of the LGBTQ+ youth, as well as people of American Indian heritage, and resiliency building for those suffering from trauma.

Trauma includes individual, historical, and secondary trauma. Trauma can look different for everyone, but its impact significant.

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threating and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.

Historical trauma is a cumulative harm caused by a traumatic experience of event. Historical trauma doesn't just impact an individual, rather it impacts a whole collective community.

Secondary trauma is the indirect exposure to trauma through a firsthand account or narrative of a traumatic event.

The Strategy Team agreed that in order to adequately implement any of the strategies, a set of guiding principles must be considered for any activity, program, or plan (see Figure 3).

The discussion below is a brief summary of Minnesota's strategies to reduce Adolescent Suicide. To learn more see the entire Minnesota Title V Maternal and Child Block Grant Application and Annual Report.

Figure 3. Adolescent Suicide Priority Guiding Principles

Strategy A. Empower Youth, Young Adults, Families, and Communities to Meaningfully Engage in Creating Solutions to Prevent Suicide

The first strategy aims to empower youth, young adults, families, and communities to meaningfully engage in creating solutions to increase protection from suicide risk, while seeking to create a supportive environment that promotes general health of young people in Minnesota and reduces the risk for suicidal behaviors and related problems.

- Partner with the MDH Suicide Prevention Unit to implement identified strategies from the Minnesota Suicide Prevention State Plan and work to develop a cohesive statewide approach to adolescent and young adult suicide prevention.
- Focus, partner, and implement supportive action steps from the Minnesota Partnership for Adolescent and Young Adult Health (MNPAH) Strategic Plan including:
  - Increasing access to high-quality, teen-friendly health care by sharing best practices and partnering with agencies to strengthen youth's overall resiliency and well-being;
  - Working with partners who focus on adolescent mental health to highlight the need for positive connections with supportive adults.
- Train providers on adolescent and young adult mental health screening and referral to needed services. Substantial evidence shows that early mental health interventions help prevent behavior problems and poor school performance.
- Educating those that work with justice involved youth in community about the importance of mental health screening and referral to services
- Work with partners to lower barriers youth experience when trying to obtain help (i.e. help-seeking behaviors) by promoting self-help tools and campaigns.
- Partner with Minnesota Personal Responsibility Education Program's (PREP) grantees to increase our reach to at-risk youth.
- Support schools to identify and partner with community resources to access appropriate and timely services for youth.

- Promote and train communities and agencies in "Making Authentic Connections" in partnership with Saint Paul – Ramsey County Public Health.

Strategy B. Expand and Improve Postvention Supports

Postvention supports are interventions that occur after a suicide has taken place in the community to help reduce the risk of further deaths. Minnesota's second strategy to address adolescent suicide focuses on the area of postvention supports. Within MDH, the Suicide Prevention Unit (within the Health Promotion and Chronic Disease Division) works on both prevention and postvention efforts related to suicide. Related to this strategy, Minnesota's Title V program will support the work of MDH's Suicide Prevention Unit related to postvention supports.

- Partner to provide trainings and technical assistance to communities dealing with the impact of a death from suicide (e.g. MDH sponsored Connect Suicide Postvention Training. Connect is a half day training that focuses on engaging and building capacity for key service providers who will be involved responding to a suicide or other sudden death in a community).

Strategy C. Reducing Access to Lethal Means

Minnesota seeks to create a wide array of support systems, services and resources that promote wellness and help individuals manage stressful challenges to prevent suicides and related behaviors. Reducing access to lethal means (firearms, medicines/poisons, keys, sharp objects, materials used in hangings or suffocation, etc.) makes it less likely that the person with suicidal ideation will engage in suicidal behaviors, as well as decrease injuries, unintentional overdoses and substance abuse. CFH will partner with the MDH Suicide Prevention Unit to implement reducing access to lethal means strategies from the Minnesota Suicide Prevention State Plan.

- Partner with providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
- Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible gun ownership.

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