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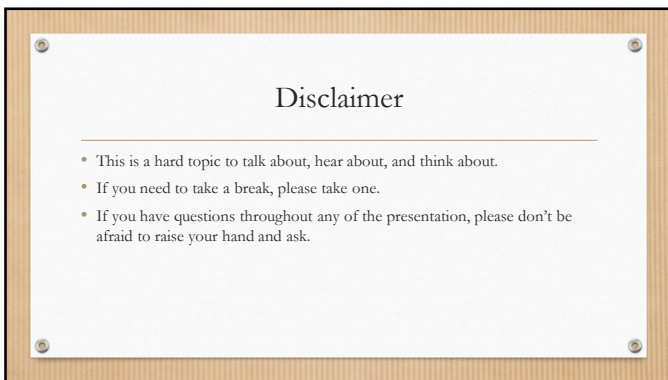
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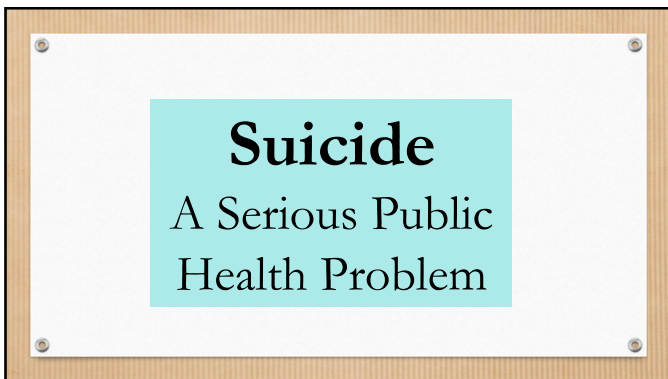
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**Public Health Concern**

- The economic and human cost of suicidal behavior to individuals, families, communities and society makes suicide a serious public health problem around the world. In the US, suicide is one of the leading causes of death among young people
- In 2024, suicide ranked in the **top 3** for causes of death for adolescents 15-19 years old (<https://www.cdc.gov/nchs/fastats/adolescent-health.htm>)

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**What do the statistics say?**

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Over **49,000** people died by suicide in 2022

**1** death every **11** minutes

Many adults think about suicide or attempt suicide

**13.2 million** Seriously thought about suicide

**3.8 million** Made a plan for suicide

**1.6 million** Attempted suicide

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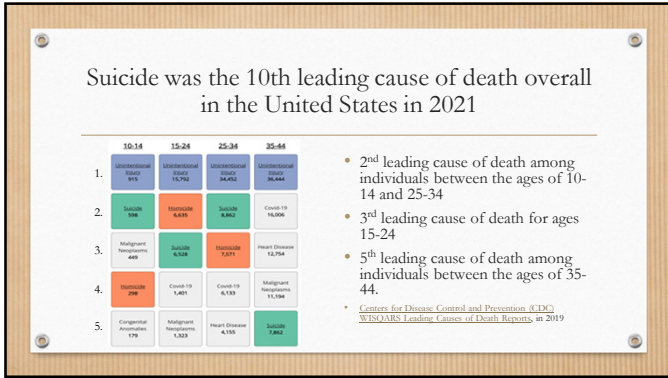
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### Adults and Older Adults

- Among adult men and women, suicide rates were highest for American Indian or Alaska Native (AI/AN) individuals, followed by White individuals.
- Adults aged 75 and older have one of the highest suicide rates. Men aged 75 and older have the highest rate compared to other age groups.

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### Youth & Young Adults

- Youth and young adults ages 10–24 years old accounts for 15% of all suicides.
  - Suicide rates for this age group increased 52.2% between 2000-2021
- Youth and young adults most impacted include non-Hispanic American Indian or Alaska Native, with a suicide rate of 36.3 per 100,000.

<https://www.cdc.gov/suicide/disparities/index.html>

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**Suicide**

American Indians /  
Alaska Natives

- Disproportionally affects AI/AN
- 3.5x higher than the lowest ethnic rates
  - 21.5 suicides / 100,000 people
- Compared to their white counterparts
  - About 1/3 of AI/AN suicides were between the ages of 10-24 (vs. 11%)
  - 2.1x as likely to have alcohol in their toxicology report
  - 6.6x likely to live in a rural area

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**Suicide**

Sexual Orientation



- LGBTQ+ young people are more than 4x likely to attempt suicide than their peers (Johns et al., 2019; Johns et al., 2020)
- LGBTQ+ young people who reported experiencing LGBTQ+ based physical harm, discrimination, housing instability, and change attempts by parents were 12 times at greater odd of attempting suicide compared to youth who experienced none of the above.

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**Suicide**

Veterans

- Veterans are at 72% higher risk of suicide compared to those that havent served.
- 131,000+ Veteran's have died by suicide since 2001.
- Suicide is the 2nd leading cause of death of Veteran's under of the age of 45.
- Military suicide has claimed more lives than we've lost in most major conflicts
  - World War I, the Vietnam War, and the Global War on Terror

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**Suicide**

Individuals with Disabilities

- Limited data is available on suicide with individuals with disabilities, but a research survey done in 2021 states individuals are 3x more likely to attempt compared to individuals who don't have any disabilities.
- More limitations with a disability increased the consistency of suicidal ideation and attempts.

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**Suicide**

Occupations that have higher suicide rates

1. Mining, Quarrying, and Oil and Gas Extraction (males: 54.2 per 100,000)
2. Construction (males: 45.3 per 100,000)
3. Other Services (such as automotive repair, males: 39.1 per 100,000)
4. Agriculture, Forestry, Fishing, and Hunting (males: 36.1 per 100,000)
5. Transportation and Warehousing (males: 29.8 per 100,000; females: 10.1 per 100,000)

The occupation groups that had higher suicide rates than the general population were:

1. Construction and Extraction (males: 49.4 per 100,000; females: 25.5 per 100,000)
2. Installation, Maintenance, and Repair (males: 36.9 per 100,000)
3. Arts, Design, Entertainment, Sports, and Media (males: 32.0 per 100,000)
4. Transportation and Material Moving (males: 30.4 per 100,000; females: 12.5 per 100,000)
5. Protective Service (females: 14.0 per 100,000)
6. Healthcare Support (females: 10.6 per 100,000)

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**Mental Health in Minnesota**

**1 in 5 U.S. adults** experience mental illness each year.

**819,000 adults** in Minnesota have a mental health condition. *That's more than 9x the population of Duluth.*

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.

**NAMI**  
National Alliance on Mental Illness

More than half of Americans report that COVID-19 has had a negative impact on their mental health. In February 2021, 37.2% of adults in Minnesota reported symptoms of anxiety or depression. 18.6% were unable to get needed counseling or therapy.

1 in 20 U.S. adults experience serious mental illness each year. In Minnesota, 184,000 adults have a serious mental illness.

1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year. 57,000 Minnesotans age 12-17 have depression.

Minnesotans struggle to get the help they need. More than half of people with a mental health condition in the U.S. did not receive any treatment in the last year. Of the 195,000 adults in Minnesota who did not receive needed mental health care, 34.5% did not because of cost. 4.8% of people in the state are uninsured. Minnesotans are over 4x more likely to be forced out-of-network for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs. 1,784,012 people in Minnesota live in a community that does not have enough mental health professionals.

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**Mental Health in Minnesota**

**An inadequate mental health system affects individuals, families and communities.**

- High school students with depression are more than **2x** more likely to drop out than their peers.
- 59.3%** of Minnesotans age 12-17 who have depression **did not receive any care** in the last year.
- 7,940 people in Minnesota are homeless and **1 in 4** live with a serious mental illness.
- On average, 1 person in the U.S. dies by suicide every **11 minutes**.
- In Minnesota, **739 lives were lost to suicide** and 195,000 adults had thoughts of suicide in the last year.
- 1 in 4** people with a serious mental illness has been arrested by the police at some point in their lifetime... leading to over **2 million** jail bookings of people with serious mental illness each year.
- About **2 in 5** adults in jail or prison have a history of mental illness.
- 7 in 10** youth in the juvenile justice system have a mental health condition.

**NAMI** National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

This fact sheet was compiled based on data available in February 2021. For full citations, visit [nami.org/nami/factsheets](http://nami.org/nami/factsheets).

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**Suicide Myths VS Facts**

Myth: Suicide only affects those with a mental health condition.

**Fact: Not all people who die by suicide have a mental illness and not all people with a mental illness think about suicide.**

Myth: Most suicides happen suddenly without warning.

**Fact: There are usually signs that indicate a person may be suicidal (verbal or behavioral).**

Myth: Asking if a person is suicidal will contribute to a person being suicidal.

**Fact: Being open about suicide reduces the stigma surrounding suicide and we should be talking suicide even more so that persons with suicidal thoughts seek help.**

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**Warning Sign and Symptoms**

- A **change** in the someone's usual behavior
- Attendance
- Isolating/withdrawal more
- Loss of interest in normal activities
- Change in sleeping pattern
- Tearful
- More irritable or aggressive
- Poor grades

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## Suicide Signs and/or Risk Factors

What does it sound like?

"I just can't do this anymore.", "It will all be over soon.", "The pain won't be around much longer anyway.", "I just want to die."

What does it look like?

A person may isolate, have increase anger/aggression, sleeping to much/little, express hopelessness or feeling trapped, increase in substance use, anxiety and extreme mood swings.

What are some risk factors?

Access to lethal means, a history of suicidal thoughts/attempts, substance use, lack of mental health services, being male,

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## Protective Factors

- Connectedness to individuals, family, community, and social institutions
- Effective coping and problem-solving skills
- Support from loved ones
- Culture and cultural identity
- Cultural, religious, or moral objections to suicide
- Reasons for living
- Availability of consistent physical and behavioral health care
- Reduced access to lethal means of suicide

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## What Can you do?



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**DON'T FREAK OUT**

Helping professionals and individuals are well positioned to promote a feeling of connectedness and belonging in the community

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**What do I do?**

- Support and identify those with thoughts of suicide.
- Help people feel connected and encourage activities that bring people together.
- Help foster supportive and safe environments.
- Use strength-base coping skills and problem solving to deal with problems.
- LISTEN.

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**Suicide Risk Assessment Questions**

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    graph TD
      Q1{Are you experiencing thoughts of wanting to die?} -- YES --> Q2{Do you have a plan? What is it?}
      Q1 -- NO --> A1[Offer support and space to talk; ask clarifying questions if a comment was made.]
      Q2 -- YES --> Q3{Do you have intent to complete this plan?}
      Q2 -- NO --> A2[Offer support and clarifying questions; recommend MH or crisis services; recommend connecting to support system.]
      Q3 -- YES --> A3[Highly recommend trip to Emergency room; inform emergency contacts.]
      Q3 -- NO --> A4[Highly recommend call to mobile crisis team; connect with support/safety people; ask ways to remove potential harmful items.]
  
```

**Reminders:**

- Assess "means to a plan" (gun, car, pills) and its ability to be followed through.
- Self harm does not = suicide.
- Each county has a mobile crisis team
- National Call/Text line: 988

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### What can you do to feel better prepared?

- **Know the facts:** Educate yourself about mental illness.
- **Be aware of your own attitudes and behavior:** Examine your own judgmental thinking, reinforced by upbringing and society.
- **Choose your words carefully:** The way we speak can affect the attitudes of others.
- **Educate others:** Pass on facts and positive attitudes; challenge myths and stereotypes.
- **Focus on positives:** Mental illness, including addictions, are only part of anyone's larger picture.
- **Support people:** Treat everyone with dignity and respect; offer support and encouragement.
- **Include everyone:** It's against the law to deny jobs or services to anyone with these health issues.

Centre for Addiction and Mental Health, Canada

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### Things to remember

- Don't be afraid to ask about suicide and if this is hard for you, find someone within your organization because you need help with this subject
- Remember that not all suicidal individuals will need to go to a hospital, if they are willing and able to safety plan, they will likely not get placed somewhere
- Do not leave individual alone, if possible.
- Never promise to keep their secret

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### Mobile Mental Health Program Information

- Anyone is eligible for crisis response services
- The phone is answered and directed to Practitioners
- Response teams consist of Mental Health Practitioners
- Teams are supported by a Mental Health Professional



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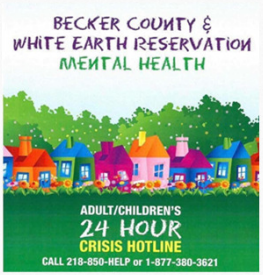
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**When to call the Crisis Hotline?**

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- Acute Mental Health Disorder
- Chronic Mental Health Disorder
- Provisional Diagnosis when mental health issues are suspected
- Trauma assessment
- Suicide ideation
- Treatment planning
- Referral and Resource Acquisition
- Assistance with admission to local crisis stabilization beds



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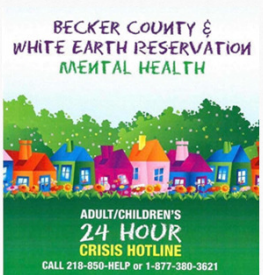
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**Who can call the Crisis Hotline?**

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- Client themselves
- Families
- Hospitals
- Law Enforcement (Jails and Field)
- Schools
- Mental Health Agencies



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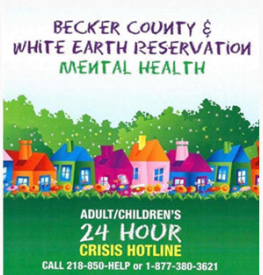
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**Follow up Services**

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- \* Stabilization to follow up with client to see how they are doing
- \* Set up future Mental Health appointments
- \* Make appropriate referrals for on going services



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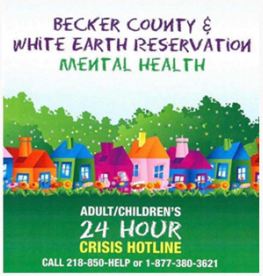
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The Crisis team is unable to help with...

- Financial need
- Medical/Medication related illness
- Dementia
- Clients under the influence of alcohol/drugs (requiring detox)
- Clients needing on-going (nurse provided) medical care
- Transportation
- Housing is needed



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### Additional Trainings Offered Throughout State

<p><b>safeTALK</b></p> <ul style="list-style-type: none"> <li>• Half day training</li> <li>• Recognizing signs</li> <li>• Engaging person</li> <li>• Connecting to safety resources</li> <li>• Role: Safety Connector</li> <li>• LivingWorks</li> </ul>	<p><b>ASIST</b></p> <ul style="list-style-type: none"> <li>• Two day training</li> <li>• Suicide Intervention Skills</li> <li>• Develop safety plan</li> <li>• Keep person safe and alive</li> <li>• Role: Intervention Provider</li> <li>• LivingWorks</li> </ul>
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### 8 types of self care

<p><b>PHYSICAL</b></p> <p>nutrition exercise sleep</p>	<p><b>MENTAL</b></p> <p>mindfulness self-talk therapy</p>	<p><b>EMOTIONAL</b></p> <p>gratitude triggers journal</p>	<p><b>SPIRITUAL</b></p> <p>meditate nature yoga</p>
<p><b>INTELLECTUAL</b></p> <p>read learn hobbies</p>	<p><b>ENVIRONMENT</b></p> <p>clean safety</p>	<p><b>SOCIAL</b></p> <p>boundaries connection</p>	<p><b>FINANCIAL</b></p> <p>do budget save</p>

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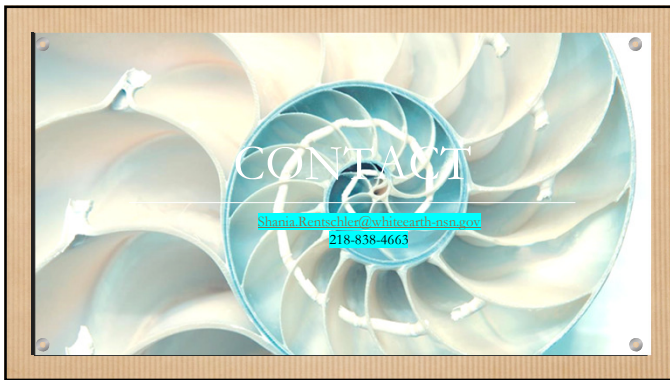
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