Suicide Prevention Plan Progress Report

Minnesota Department of Health

January 13, 2003

MINNESOTA MDH DEPARTMENT OF HEALTH

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Executive Summary

Concern for suicide as a serious public health issue has garnered the attention of the World Health Organization, the United States Surgeon General, federal agencies, many state legislatures, and programs such as the Institute of Medicine. One million people worldwide die by suicide each year. During the Vietnam War, nearly four times as many U.S. citizens died by suicide than had died in the war. In Minnesota:

- Suicide is the second leading cause of death for 15- to 34-year-olds; the third leading cause of death for 10- to 14-year-olds; and the fourth leading cause of death for 35- to 54-year-olds.
- Approximately three times the number of Minnesotans dies from suicide than from homicide (approximately 500 deaths/year).
- Males comprise approximately 83 percent of all suicide deaths.
- The suicide rate for American Indian males is approximately two times higher than that of any other racial or ethnic group.
- In 2000, persons aged 35-44 years in Minnesota had the highest suicide rate of all age groups, at 13.1 per 100,000 people, with the exception of people aged 85 years and older (rate of 14.0 per 100,000).

At the request of the 1999 Minnesota Legislature (Ch. 245, Art. 1, Sec. 3), the Minnesota Department of Health (MDH), in consultation with a large group of stakeholders from across the state, developed a statewide suicide prevention plan (2000, MDH). It includes recommendations from the commissioner of health and 28 suggested strategies from an ad hoc advisory group. A K-12 work group developed a set of recommended school-based strategies and a data work group has begun to meet in November 2002 to identify and address suicide data gaps.

With the Governor's recommendation to include a suicide prevention appropriation in his budget, the 2001 Minnesota Legislature provided MDH with $1.1 million annually to address the issue of suicide. This appropriation strengthens the capacity of local communities to work with MDH to begin broadening implementation of the state plan through the use of evidence-based public heath strategies. In accordance with the Minnesota Legislature (Ch. 9, Art. 1, Sec. 45), the primary focus of this funding is grants for community-based programs. As requested by the Minnesota Legislature (Ch. 9, Art. 1, Sec. 45), this biennial report summarizes funded activities to date.

In January 2002, thirteen community grants and one evaluation capacity-building grant were awarded by MDH through a competitive process. These grants fund suicide prevention activities including education and outreach to:

- populations at risk for suicide, including American Indians and young African American and other males;
- youth group leaders, community volunteers, parents, teachers, faith leaders, and others who may know someone who is suicidal;
- employers and employer groups; and
- professionals, including education, health, and social service providers and others.

This public health, community-based approach includes:

- increasing coordination and integration of suicide prevention activities across the state and in local communities;
- working with local public health agencies and other community-based partners to identify, develop, implement, and evaluate culture- and age-specific best practices for preventing suicide;
- promoting greater public awareness and acceptance of mental health concerns; and
- ongoing collection of data on the impact and outcomes of these and other activities resulting from implementation of the state's suicide prevention plan.

The time has never been more important to sustain and enhance the efforts begun with the Minnesota suicide prevention initiative. Thanks to the leadership, forethought and hard work of family members and policymakers, Minnesota is well on its way to ensuring a citizenry prepared to intervene when someone is troubled by suicidal thoughts and is in need of mental health care.

Introduction and Background

The threat of bioterrorism and other health threats have increased the need to attend to our mental health and well-being and to be prepared for increased risk for suicide. Former United States Surgeon General Doctor David Satcher urged communities to be aware of increased suicidal behaviors after September 11, 2001. An Oklahoma City study found at least six suicides of people directly involved with the bombing of the Murrah building. A public health approach to emergency preparedness must include a mental health component that addresses unique risks for suicide.

The United States Surgeon General's Office has issued no less than five reports addressing mental health in recent years. Two of these reports focus on the national imperative to reduce the incidence of suicide in our nation's communities.

Suicidal behaviors range from thinking about or considering suicide, attempting suicide, and intentionally self-inflicting death. In Minnesota:

- Suicide is the second leading cause of death for 15- to 34-year-olds; the third leading cause of death for 10- to 14-year-olds; and the fourth leading cause of death for 35- to 54-year-olds.
- Approximately three times the number of Minnesotans dies from suicide than from homicide (approximately 500 deaths per year).
- Males comprise approximately 83 percent of all suicide deaths.
- The suicide rate for American Indian males is approximately two times higher than that of any other racial or ethnic group.
- In 2000, persons aged 35-44 years in Minnesota had the highest suicide rate of all age groups, at 13.1 per 100,000 people, with the exception of people aged 85 years and older (rate of 14.0 per 100,000).

At the request of the 1999 Minnesota Legislature (Ch. 245, Art. 1, Sec. 3), MDH has been convening a large group of statewide stakeholders to address the issue of suicide in Minnesota. In consultation with this ad hoc advisory group, the MDH developed a statewide suicide prevention plan (2000, MDH). It includes recommendations from the commissioner of health and 28 suggested strategies from the ad hoc advisory group. In addition, a K-12 work group has developed a set of school-based strategies and a data work group convened in November 2002 to identify suicide data sources and approaches to analyzing suicide-related data.

Overview

With the Governor's recommendation to include a suicide prevention appropriation in his budget, the 2001 Minnesota Legislature provided MDH with $1.1 million annually to address the issue of suicide. This appropriation strengthens the capacity of local communities to begin broadening implementation of the state plan.

As requested by the Minnesota Legislature (Ch. 9, Art. 1, Sec. 45), this biennial report summarizes funded activities to date. A number of factors external to MDH contributed to the delay of the initiation of funded program activities. These include funding actions related to addressing the state budget shortfall, preparations for an anticipated government shutdown, events related to the terrorist events of September 11, 2001, and a state employee strike in 2001.

A complete evaluation of the impact of and outcomes from implementation of the state plan and these funded activities is forthcoming following the end of the grant cycle ending December 31, 2003.

In accordance with the Minnesota Legislature (Ch. 9, Art. 1, Sec. 45), the primary focus of this funding is $950,000 in grants for community-based programs. A separate grant for $75,000 is focused on building the capacity of community grantees to collect, report and analyze their activity and outcome data. The remaining $75,000 is for MDH staff to coordinate the grants program and other statewide activities and to continue facilitating the implementation of the state suicide prevention plan.

According to state statute, programs funded through community-based grants are to:

1) provide education, outreach and advocacy services to populations who may be at risk for suicide;
2) educate community helpers and gatekeepers - such as family members, spiritual leaders, coaches, business owners, employers, and co-workers - on how to prevent suicide by encouraging help-seeking behaviors;
3) educate populations at risk for suicide and community helpers and gatekeepers about information on the symptoms of depression and other psychiatric illnesses, the warning signs of suicide, skills for preventing suicides, and how to make or seek effective referrals to intervention and community resources;
4) provide evidence-based suicide prevention and intervention education to school staff, parents, and students in grades kindergarten through 12.

In addition, the legislature asked the commissioner of health to:

1) promote workplace and professional education on mental and substance abuse disorders and services;
2) provide training and technical assistance to local public health and other community-based professionals on best practices in suicide prevention;
3) collect and report on Minnesota-specific suicide data;
4) conduct and report on the impact and outcomes from implementation of the state's suicide prevention plan.

Community Grants

A request for proposals outlining a competitive award process for the suicide prevention community grants program was developed and published in the State Register in the fall of 2001. Thirty-six proposals were received and scored by stakeholders and state agency staff. Thirteen community grants were awarded in January 2002 as follows:

Ain Dah Yung Center
$85,000 x 2 years
Target Population:
St. Paul American Indian middle school students

Chippewa Co. Family Services
$78,000 x 2 years
Target Population:
Chippewa County residents, farm family outreach

Hmong American Partnership
$90,000 x 2 years
Target Population:
Twin Cities Hmong families, youth and adults

MN Mental Health Association
$78,000 x 2 years
Target Population:
Adults in the workplace and the general public

Minneapolis Community Health
$42,000 x 2 years
Target Population:
Diverse youth populations and their "gatekeepers"

People Connection, Fosston
$94,000 x 2 years
Target Population:
Multi-generations in Polk and surrounding five counties

Range Mental Health Center
$53,000 x 2 years
Target Population:
Iron Range residents, especially youth, young adults, elderly

St. Paul Public Schools
$87,000 x 2 years
Target Population:
Cleveland and Washington Schools students in grades 6, 7, and 8

Suicide Awareness Voices of Education (SAVE)
$80,000 x 2 years
Target Population:
K-12 schools and education to older adult males

Urban Ventures, Minneapolis
$50,000 x 2 years
Target Population:
African-American young men and fathers, ages 15 to 26 years old

White Earth Reservation Tribal Mental Health
$90,000 x 2 years
Target Population:
White Earth Reservation youth, adults and elders

Winona Co. Community Health
$58,000 x 2 years
Target Population:
Winona County residents

Yellow Ribbon/Light for Life, Mankato
$65,000 x 2 years
Target Population:
Region Nine (south central Minnesota) residents, outreach to rural, Latino, and Somali communities

Community Grant Activities

Suicide prevention grant activities have resulted in new and enhanced targeted and community-wide public health interventions. In most cases, grant activities have led to new initiatives that have brought people, schools and organizations together to focus community and institution attention on the needs of populations at risk for suicide.

A hallmark of this initiative is the **broad dissemination of suicide prevention information**. Mental health education is no different than any other health education. Minnesota communities are learning that the warning signs for suicide are as important as learning the warning signs for heart disease or diabetes or cancer. This information is distributed through newspapers, newsletters, town hall meetings, community presentations, workforce centers, radio, surveys, libraries, children's mental health and family service collaboratives, parent-teacher conferences, websites, colleges, service organizations, senior services, workshops, conferences and health and county fairs. It is reaching the elderly, students, parents, extension services and farmer-lender mediators, employers and employer groups, farmers, dentists, school administrators, funeral home directors, AARP, clergy and other spiritual leaders, parish nurses, newspaper editors and reporters, law enforcement, corrections, emergency medical service and other health providers and chiropractors, and bar and restaurant owners.

Stories from across the state illustrate the direct impact felt in communities as a result of this initiative. Service providers, students and other community members are learning how to identify mental health problems and suicide warning signs and how to encourage people to get professional help. High risk students are also learning other life skills such as problem-solving, coping and help-seeking for mental health problems and other suicide risk factors. Grateful and enthusiastic schoolteachers are requesting suicide prevention resources and assistance from their community grantee. Grantees from across the state tell of students coming forward for help following presentations on suicide prevention.

Employers in the public and private sectors are learning about suicide warning signs, how to intervene with and support employees with mental disorders and how untreated mental disorders may impact worker productivity.

Another key component of this initiative is to foster **community members working together to prevent suicide**. Grantees are bringing communities together to build hope and to identify age- and culture-specific suicide prevention strategies. People are gathering to identify the unique meanings and needs their populations have regarding suicide. These populations include the Hmong and other Southeast Asian, American Indian, African American, Latino, Somali and gay, lesbian, bisexual and transgendered communities. And community members are identifying strengths and gaps in their mental health services and improving the linkages and coordination among service providers and institutions. Grantees are strengthening the reach of their work by partnering with local public health agencies that use their Youth Risk Behavior/Tobacco Endowment funds for youth suicide prevention. Suicide prevention partners statewide are learning from and enhancing the work of these grantees and momentum is growing to address suicide in Minnesota.

Reporting and Evaluation Grant

In the spring of 2002, a second request for proposals was developed and published in the State Register. This competitive process resulted in the awarding of one grant to assist MDH in building community grantee capacity to document outcomes and impact of their grants activities. Eight proposals were received and scored by stakeholders and state agency staff. One grant was awarded in July 2002 to Professional Data Analysts (PDA), Minneapolis, MN for $150,00 for 22 months.

Staff from PDA are working with MDH and all grantees on four activities:

1) A uniform reporting format for grantees;
2) A logic model that describes grantees' theory of action and identifies intermediate and long-term outcomes;
3) A small-scale evaluation project for each grantee. This "learn by doing" approach will build community-based grantees' evaluation capacity, strengthen their interventions for the sake of current and future grant cycles, and document the outcomes of their work.
4) Refined and expanded methods and reach of a survey previously conducted by telephone through a grant to Suicide Awareness Voices of Education (SAVE) from the Minnesota Department of Human Services. The primary goal of the survey is to measure public awareness, knowledge, attitudes and willingness to act in regard to suicide and suicide prevention. An additional goal is to expand upon the original survey to specifically include data by populations of color and American Indian communities.

To date, staff from PDA have:

- participated in MDH evaluation planning meetings;
- conducted a suicide prevention literature search and review;
- developed and provided grantee training on use of a logic model;
- developed and provided grantee training on a uniform reporting system;
- developed and provided grantee training on small scale program evaluations; and
- provided one-on-one technical assistance site visits with grantees.

Over the next year, staff from PDA will continue to provide support to and report on these activities and will work with grantees and MDH staff to develop and implement a public survey on suicide prevention.

Suicide Prevention Plan Implementation

In addition to supporting and evaluating grantee progress toward implementation of the state suicide prevention plan, MDH has promoted and supported the state plan through the following activities:

- Convening the ad hoc suicide prevention advisory group;
- Monitoring and facilitating coordination and linkages among stakeholders in the state suicide prevention plan;
- Grantee site visits and grants management of the suicide prevention grant program;
- Technical assistance, training, and resources for suicide prevention to local public health and the Youth Risk Behavior Endowment grantees and their community partners;
- Collecting and reporting of suicide data;
- Promoting the state employee Depression Awareness Project;
- Leadership to the Toward Better Mental Health project;
- Leadership to the Children's Mental Health Task Force;
- Convening the Mental Health Subgroup of the Commissioner's Task Force on Bioterrorism and Health;
- Leadership to and convening of the Suicide Data Work Group;
- Leadership to and convening of the Mental Health Data Work Group;
- Technical assistance to the Rural Health Advisory Committee;
- Technical assistance to the Maternal and Child Health Advisory Task Force;

- Technical assistance to the Eliminating Health Disparities Initiative;
- Technical assistance to the MDH American Indian Health Core Group;
- Technical assistance to the MDH Women's Health Work Group; and
- Presentations to county, state and national conferences and events.

Next Steps

MDH staff will continue to work with grantees, other state and community agencies, organizations, institutions, local public health, and other stakeholders as described above to refine, coordinate, and implement the state suicide prevention plan using an evidence-based, public health approach focused on prevention. As a national leader in implementing a state suicide prevention plan, the state of Minnesota is breaking ground in providing for a systematic capacity-building model for diverse communities in suicide prevention. Grantees will continue to expand their reach to populations at risk for suicide and will work with PDA and MDH to document and learn from their interventions with communities.

Staff from the new National Suicide Prevention Technical Assistance Center in Maryland are meeting with MDH staff and the ad hoc advisory group to develop a logic model to document progress on the state suicide prevention plan. The U.S. Centers for Disease Control and Prevention have also invited MDH to participate in a process evaluation of states' suicide prevention plans.

The state suicide prevention plan currently includes 28 strategies. Funding for this initiative provides for a good beginning toward progress on implementing the state plan. However, significant gaps still exist and MDH continues to work with multiple statewide stakeholders to assess community resources and facilitate state and community efforts, both public and private, to promote a comprehensive and effective approach to suicide prevention in the state. Key priority areas that continue to emerge as needs in the implementation of the state plan include:

- Stigma as a barrier to addressing suicide and mental health as a health problem;
- Mental health education to all populations;
- Mental health early interventions;
- Supply and access to mental health services, both population-based and clinical care;
- Professional education and use of evidence-based mental health interventions; and
- Capacity to collect and analyze suicide and mental health data.

As this initiative grows, more communities come forward to request assistance in suicide prevention. More schools are opening their doors to suicide prevention and just as many are waiting for such resources in their districts. Elder care programs and employers across the state are similarly in need of targeted programs to address the issue of suicide. Through this initiative and efforts to strengthen it, Minnesota can reach even more of its citizens to prevent the further tragic loss of life by suicide.

As Minnesota communities learn about suicide and how to prevent it, the gaps in the mental health system loom large. These issues are not unique to Minnesota but are confirmed as national public health priorities by both the President's Commission on Mental Health and the United States Surgeon General's Office. States are encouraged to address these public health concerns in order to save lives and improve the productivity of its citizens. Minnesota has a solid start in mobilizing communities to prevent suicide through diverse partnerships and multiple levels of interventions initiated and sustained through the state suicide prevention plan and the landmark sponsoring legislation that supports it.