Suicide prevention policy: a framework for Minnesota

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Abstract
Suicide rates have been steadily increasing for the last two decades in the United States, which is a trend that has also been observed in Minnesota. Suicide is now one of the leading causes of death for Minnesotans, and specific populations such as Native Americans, older adults, and white men living in rural areas have been disproportionately impacted. Interventions aimed at preventing suicide have historically focused on downstream interventions, but these often overlook the root causes of suicidal ideations. A new approach focused on creating a suicide prevention policy for the Minnesota Medical Association, the largest physician advocacy organization in Minnesota, is assessed and proposed in this issue brief. The framework for the policy was created through examination of the upstream, midstream, and downstream factors that impact suicide rates in Minnesota. As a result of this research, Minnesota Medical Association members and the Board of Trustees approved the proposed framework, formally adopting their first ever suicide prevention policy.

Problem
Suicide is a multifactorial and complex national public health crisis that has drastically worsened over the previous two decades despite an increased emphasis on suicide prevention initiatives.

Magnitude of the Problem
From 2000 to 2021, the national suicide rate increased by 36% [1]. In 2021 alone, over 12 million adults considered suicide, 3.5 million specifically planned out their suicide attempt, and over 1.5 million attempted to go through with their plan [2]. In Minnesota, suicide rates have been steadily rising for the past 20 years, and suicide is now the 8th leading cause of death [3]. In 2022, the suicide rate in Minnesota was reported as 14.3 per 100,000 individuals, which is higher than the reported rate of 13.9 in 2021 [4]. These are the second and third highest suicide rates reported in Minnesota in the last twenty years [4]. Suicide rates are disproportionately higher in specific populations, such as older individuals [3], white men aged 35-64 living in rural areas [5], and Native American individuals [3], with a noticeable disparity for Native American youth [5]. For Minnesotans who died by suicide from 2015 to 2020, firearms were used in 45% of the deaths, 30% of individuals had alcohol in their system at the time of death, and 55% of individuals had an ongoing mental health concern [5].

Issues
A comprehensive approach from organizations that are well-suited to address suicide prevention is often nonexistent. State and national health advocacy organizations should have suicide prevention policies in place that drive their institution’s initiatives on suicide prevention. One such organization that could benefit from having a defined suicide prevention policy is the Minnesota Medical Association (MMA). The MMA, which has over 10,000 members, is the largest and oldest professional association for physicians in Minnesota [6]. The MMA focuses on advocacy for critical issues impacting healthcare in Minnesota but has never had a suicide prevention policy. The objective of this initiative is to review the structure of the recently created policy, which was officially adopted May 20, 2023, and discuss how this policy can benefit Minnesota physicians [7].

Main Issue
Suicide prevention has been predominately approached through downstream interventions, but this can be ineffective as they often do not address the root causes of suicidal ideations.

Main Policy Question
How can a large health advocacy organization create a policy that encompasses upstream, midstream, and downstream factors that are contributing to suicidal ideations in Minnesotans?
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**Problem Trajectory**

Rates of suicide have been steadily increasing over the past two decades, and these numbers are expected to continue rising. As seen in Figure 1, suicide prevention should be predicated on upstream factors that focus on society’s role, midstream factors that focus on the community’s role, and downstream factors that focus on a peer-to-peer approach, all while being culturally sensitive. These factors, as listed below, are the basis for the MMA’s new suicide prevention policy, which is outlined in Figure 2.

**Political, Social, and Economic Factors**

*Upstream Factors*

Housing insecurity that leads to homelessness predisposes individuals to a higher risk of physical and mental health concerns [8]. This can in turn cause higher rates of suicidal ideations, as 40% of homeless youth have attempted suicide at least once in their lifetime [9]. Suicidal ideation has been estimated to be ten times higher in homeless individuals than in the general population [10]. Lack of access to timely and adequate healthcare services, especially in rural communities, also leads to increased rates of suicide [11, 12]. Individuals may not have the resources necessary for telehealth visits, which means they must wait long periods of time for in-person availability or travel far to see a healthcare provider [11, 12]. Shortcomings of current health screenings [13] and corresponding follow-up availability of mental health services [14] are also barriers that patients often face.

*Midstream Factors*

Stigma around discussing suicide is a major reason why many individuals do not seek care. This is often noticeable in Native American communities [14], which have the highest rate of suicide in Minnesota [15]. Social and cultural isolation, characterized by a loss of social support systems or one’s personal identity, are linked to higher suicide rates in young and older individuals [16, 17], as well as Native American communities [18], and may partially explain the recent increase in suicides for individuals aged 65 and older [3]. The difficulty of utilizing social services can also be a barrier for patients trying to access care when needed, which may result in individuals choosing not to seek help [19].

*Downstream Factors*

Firearms are one of the most common methods of suicide in Minnesota [5], especially for white males living in rural areas [5]. This is in part due to lack of safe storage [20] and a high prevalence of gun ownership [21]. A physician’s time constraints and competing professional demands can be a barrier to identifying and treating suicidal ideation [22]. Physicians themselves are also at risk for suicide, as they tend to have a higher rate of suicide than the general population [23] due to stress, burnout, substance misuse, and a medical culture that praises stoicism [24]. Patient demographics and socioeconomic factors also significantly impact the rate of suicides, as seen with males in Minnesota having a suicide rate four times higher than females [15].
Suicide prevention has support at every level, from initiatives like Zero Suicide [25] and the 988 lifeline [26], to being a key agenda item for former and current presidential administrations [27, 28]. The Minnesota Department of Health (MDH) has a state plan for suicide prevention that emphasizes improving infrastructure, increasing collaboration, and capacity building for local communities [29]. The newly adopted suicide prevention policy for the MMA directly aligns with the MDH’s state plan, while calling attention to additional factors as mentioned above. This policy provides the framework for how the MMA can collaborate with other organizations, while also supporting and launching initiatives of their own that comprehensively address suicide prevention. An official policy also allows the MMA to voice support for initiatives that align with their stance. This can be a powerful advocacy tool, as an organization of 10,000+ physicians signaling support for suicide prevention strategies is likely to show the public the significance of and need for certain initiatives.

**Previous Policies**

Nearly half of all individuals that die by suicide are known to have visited with a healthcare provider in the four weeks prior to their death [30]. As suicide rates continue to rise and disparities continue to worsen, physicians are uniquely
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positioned to make a difference at every level that impacts suicide. This policy helps physicians further understand the intricacies of suicide, while providing opportunities for them to advocate for societal change, raise awareness around suicide prevention, connect with their patients about mental health, recognize signs of suicidal ideation, provide adequate resources, and facilitate next steps to reduce the rate of suicide in Minnesota. Additionally, future initiatives and educational campaigns that occur because of this policy will allow physicians to enhance their suicide prevention skillsets in ways that will positively impact themselves and their patients.

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