

Suicide Prevention within the Minnesota Black Male Population

Problem Statement

The Minnesota Department of Health has observed slowly rising suicide rates for Black native-born Minnesota males age 25-34, 10 to 20 years younger than the average age of suicide. The Black Minnesota male suicide rate is 11.8 per 100,000. This rate is lower than total Minnesota male rate of 19.1 per 100,000, but significantly higher than the suicide rate for U.S. Black males of 9.4 per 100,000.

Suicide Risk Factors

The following suicide risk and protective factors have been identified for Minnesota African American males through a literature review (+), statistical analysis (*), interviews with community leaders (^), and National Violent Death Registry Systems (NVDRS) abstractions (#).

Psychiatric/Psychological Disorders

- Substance abuse^{+*^}
- Bipolar⁺
- Post-traumatic stress disorder^{+#}

Demographic Characteristics

- Low socioeconomic status^{+*^#}
- Low education level^{+*^}
- Unemployment^{+*^}
- Criminal record^{+^#}

Beliefs

- Distrust mental health care system^{+^}

Environmental/Social Condition

- Trauma (including physical, sexual, and emotional)^{+^#}
- Limited access to care (insurance, mental health care providers, cost burden)^{+*^}
- Major adverse life event^{+#}
- Domestic partnership issues^{+^#}
- Homelessness[^]
- Historical trauma (slavery, intergenerational, systemic)^{+^}

Suicide Protective Factors

- “Resiliency” attitude – overcoming adversity^{+^}
- Belief in the church and religion^{+^}

Community Readiness Assessment (CRA) Results

The Substance Abuse and Mental Health Services Administration suicide CRA interview was used to interview 8 key metro community leaders. The interviews were scored using the CRA scoring method of suicide readiness. The findings from the CRA are below.

- Score: 1.55 out of a possible 9 indicating “no awareness” of suicide within the community
- Lack of community awareness regarding suicide, prioritization of other issues
- Cultural stigma surrounding mental health issues
- Articulated suicide risk factors are present in community and similar to literature review and quantitative findings
- Access barriers specific to suicide prevention treatments
- Lack of trust of outsider organizations

Suggested Recommendations

Contextualize suicide (State Suicide Prevention Plan Objective 2.6)

- Address the role of mental health in violent crime and suicide
- Frame suicide within the context of other violent deaths - while homicides within the community are decreasing, suicides are rising

Build community trust (Objective 1.1 Task 4)

- Train trusted community leaders and organizations to talk about suicide and prevention services

Create awareness and access (Objective 1.2)

- Implement a public awareness campaign that uses known community resources such as KMOJ, the Spokesman-Recorder, Insight Newspaper, billboards, TV commercials, and social media to spread awareness of the issue and available prevention services

Implement culturally competent suicide awareness & treatment (Objective 2.6)

- Contract with a specialist to address cultural competency issues within prevention resources

Suicide Prevention Resources

THERE IS HOPE. RESOURCES ARE AVAILABLE.

- National Suicide Hotline: 1-800-273-TALK (8255)
- Hennepin County Mobile Crisis Team
 - COPE (Adults 18+): (612) 596-1223
 - Child Crisis (Children under 18): (612) 348-2233
- Crisis Text Messaging Service - txt4life: Text life to 61222, standard data and messaging rates apply