Making their voices heard: Minnesotans’ perspectives on state and local suicide prevention efforts

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• Suicide is in the 8th leading cause of death in Minnesota

• 745 Minnesotans died by suicide in 2016 at a rate of 13.2 per 100,000 compared to 13.5 per 100,000 for the U.S.

• Having a better understanding of Minnesotans’ opinions and attitudes on suicide and mental health can help effectively integrate suicide prevention into the values, culture, leadership and actions of suicide prevention programs and local communities

• Currently, there is a lack of research and surveys to provide baseline data on the public’s knowledge and attitudes on suicide

• This study aims to help fill this knowledge gap
Methods

• Data were collected at the 2017 Minnesota State Fair
• Respondents completed a 15-20-minute Qualtrics survey
• Eligibility was: age 18+, MN resident, ability to use an iPad
• Topics included:
  • Experiences with suicidal ideation and attempts (both their own, and others close to them)
  • Comfort level discussing suicide
  • Stigma surrounding suicide
  • Knowledge, use and helpfulness of community resources
  • Opinions about current state suicide prevention efforts
A total of 1,825 individuals provided complete data

Respondent demographics:

- 68% female
- 70% had an associates degree or higher
- 36% had someone close to them die by suicide
- 23% ever seriously considered suicide
- 9% ever attempted suicide
- 96% believe suicide is preventable
  - 1089 of 1758 believe ‘most’ or ‘all’ are preventable
Opinions about current suicide prevention efforts

• Survey topics focused on opinions of mental health and suicide, history of suicide, disclosure, help-seeking, service use, and sources of information about suicide

• We also included several questions to gather citizen’s opinions about state and local suicide prevention efforts
How important is it for MN to focus on suicide prevention?

N=1,820

- Not at all
- Slightly
- Moderately
- Very

N=1,820
To what extent are state and local prevention efforts effective?

State: $n=1,808$

Local: $n=1,803$

State and Local Pie Charts:

- Not at all
- Slightly
- Moderately
- Very

The charts show the distribution of responses to the effectiveness of state and local prevention efforts.
Local prevention is ‘Not at all’ or ‘Slightly’ effective by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24, n=200</td>
<td>64</td>
</tr>
<tr>
<td>25 to 44, n=551</td>
<td>62</td>
</tr>
<tr>
<td>45 to 64, n=749</td>
<td>60</td>
</tr>
<tr>
<td>65+, n=275</td>
<td>58</td>
</tr>
</tbody>
</table>
Prevention recommendations: State vs. Local

State $n = 1,296$ | Local $n = 1,228$
Awareness/Outreach

• Make the public more aware of:
  • Prevalence of suicide
  • Resources – crisis services and activities
  • Warning signs
  • Decrease stigma

• State Examples:
  • Make people feel that there is always hope. Advertise more where they can get help. (Female, 69)
  • More information/education on media on recognizing signs and how to help. (Male, 47)
  • Promote resources more. I believe they are probably there but aren’t widely known. (Male, 64)

• Local Examples
  • Local newspapers and circulars informing of suicide symptoms, and ways to get help. (Female, 69)
  • Talk about suicide period. It is a real thing that happens everywhere. Not just in the big cities. (Female, 30)
  • Advertise hotlines in local publications or city websites. (Female, 70)
  • Make the issue more visible and encourage the public to learn and talk about it. Offer free classes at public places like libraries and advertise them, including on social media. (Female, 25)
Where do respondents get information?

- Media (TV, Newspaper, Radio): 25%
- Internet: 30%
- Social Media: 14%
- Family/Friends: 9%
- Health Care Professional: 9%
- Mental Health Professional: 5%
- Other: 8%
### Media over the last 12 months

<table>
<thead>
<tr>
<th>Media Use</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen or heard a news story about a suicide</td>
<td>1,911</td>
</tr>
<tr>
<td>Seen or heard an advertisement for suicide hotline or local crisis line</td>
<td>1,271</td>
</tr>
<tr>
<td>Seen or heard a PSA about recognizing warning signs</td>
<td>934</td>
</tr>
<tr>
<td>Seen or heard a news about suicide rates in MN</td>
<td>813</td>
</tr>
<tr>
<td>Visited a website for information about mental illness</td>
<td>564</td>
</tr>
<tr>
<td>Attended an educational program or training about suicide prevention</td>
<td>325</td>
</tr>
<tr>
<td>Visited a website for suicide prevention information</td>
<td>286</td>
</tr>
</tbody>
</table>
Education/Prevention

• Educate people about:
  • Suicide in general
  • Warning signs
  • How to approach a potentially suicidal friend or acquaintance

• State Examples:
  • Requirement to read something, or attend something, before renewing a driver's license, requirement in primary and secondary education systems to study suicide prevention and recognition of its symptoms. (Female, 71)
  • Include suicide prevention in the curriculum of high school health classes. (Female, 20)

• Local Examples:
  • Host informational sessions for the community to learn more about mental health. (Female, 61)
Percent interested in taking a one-hour class

- Male
- Female
- Attempt survivor
- Not an attempt survivor
- Loss survivor
- Not a loss survivor
Percent interested in taking a one-hour class, by age

- 18 to 24, n=171
- 25 to 44, n=485
- 45 to 64, n=701
- 65+, n=267
For those who seriously considered suicide, who was the first person they told:

- Partner: 31%
- Friend: 30%
- Mental Health Provider: 21%
- Parent: 9%
- Other: 9%

n=67
Access to Care

• Make it easier for people to:
  • Get to clinics and hospitals
  • Make care less expensive
  • Provide insurance for more people so that they can access mental health care

• State Examples:
  • Make sure that mental health services are available and affordable to ALL. (Male, 31)
  • Keep all crisis hotlines funded so they may remain open. (Male, 55)

• Local Examples:
  • Having a local crisis line or local community safe spaces where people could seek help and find community could help a lot of people. Suicide if often a result of feeling alone and believing there are no other options, so having a community to show them otherwise could be helpful. (Female, 20)
  • Have an available therapist in every school that you can talk to the same day you make an appointment. (Female, 19)
  • More mobile crisis teams, support for basic needs and health care. (Female, 30)
Connectedness

• Promote social connectedness within communities and groups

• State Examples:
  • Provide more opportunities for fellowship that do not involve alcohol. Give people a safe place to hang out and volunteer or do other useful and fun activities. (Male, 49)
  • I believe more and more community get-togethers would help people feel more loved. (Female, 19)

• Local Examples:
  • Have more neighborhood block parties so people get to know each other. (Male, 49)
  • Have more activities for adults instead of bars or fitness centers. (Male, 18)
  • I believe that my community could go out and create group activities that are very inclusive to everyone to engage in. Often time suicide happens due to loneliness and having inclusive group activities can make everyone feel a little better. (Female, 49)
  • Community groups like the high bridge support. (Female, 36)
How connected do you feel to community and social group?

Community

Social
**Strengths**

- Able to collect data we do not have access to through other surveillance tools
- Provided an opportunity for Minnesotan residents to share their voice
  - Feedback from participants was extremely positive
- Baseline data

**Limitations**

- The sample was limited to Fair-goers who were interested in the survey; thus, answers may represent those more invested in and aware of topics than other state residents
- All survey items were self-reported, which could reflect under-reporting of some data
- We were not able to collect data from residents under age 18
- People at higher-risk for suicide may have opted not to take the survey and their voices may not be reflected in the data
• Prioritize suicide prevention strategies
• Target prevention activities, such as gatekeeper trainings
• Inform the development of prevention messaging
• Refine survey questions for future surveys
• Thank you to:
  • the University of Minnesota D2D initiative and staff
  • MDH and UMN School of Social Work and College of Education & Human Development
  • All DHS, MDH, NAMI and U of MN personnel who volunteered their time at the Fair
  • University of Rochester, ICRC-S – Research Training Institute and facility
  • Dr. Julie Cerel, University of Kentucky

• A special ‘Thank You’ to the respondents who shared their voice