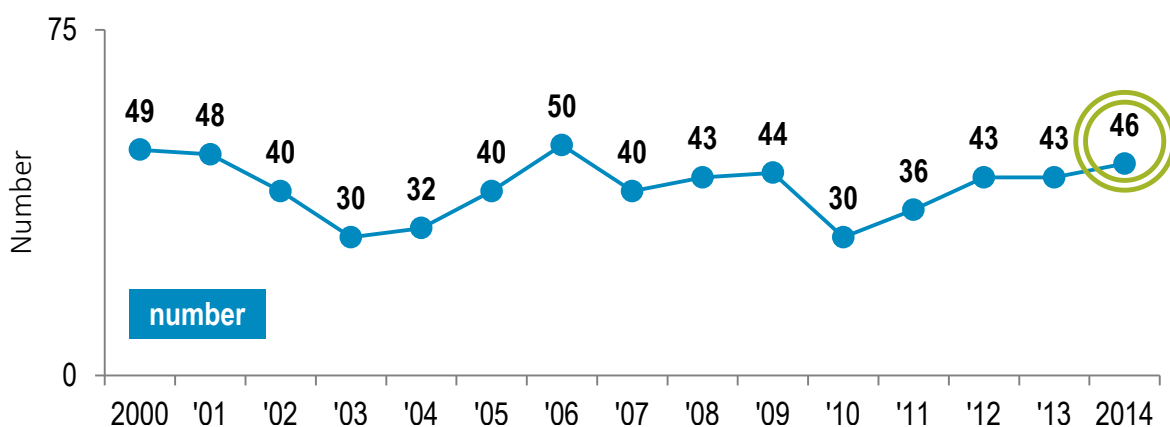


There is no single cause for suicide. It is often the result of multiple factors, such as depression, anxiety, substance abuse, chronic health conditions or pain, a stressful life event, harassment, relationship problems, unemployment, access to firearms or drugs, exposure to another person’s suicide, and family history of suicide. About 90% of persons who die by suicide suffer from an underlying mental illness or substance abuse disorder.

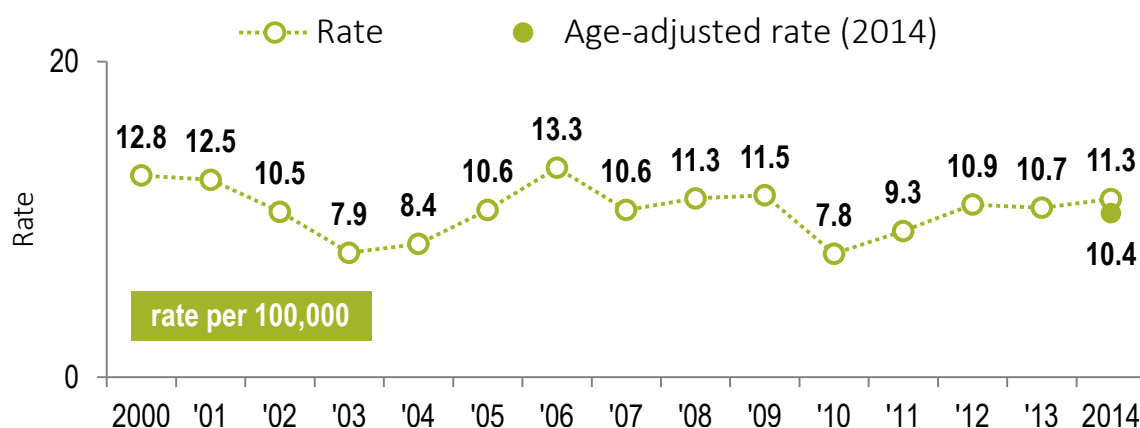
Suicide is preventable. Community gatekeepers and health care professionals can help identify, assess and refer a person who is at risk. Trained mental health professionals can help a person understand their feelings and improve mental wellness and resiliency. Psychotherapy can help a person recognize unhealthy patterns of thinking and behaviors, validate troubled feelings, and learn coping skills. Medication can be used if necessary to help treat underlying depression and anxiety.

Figure 1a. Number of suicide deaths, by year, Minneapolis, 2000-2014



Source: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03

Figure 1b. Rate of suicide deaths, by year, Minneapolis, 2000-2014



Source: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03

In 2014, there were **46 suicide deaths** among Minneapolis residents. The age-adjusted rate was approximately 10 deaths per 100,000 persons. Suicide was a leading cause of death both in Minneapolis (rank: 9) and the United States (rank: 10). Over the ten-year period of 2005-2014, it was the 3rd leading cause of death among Minneapolis residents ages 15-24; 2nd among ages 25-34 years; and 4th among ages 35-44 years. (For more information, see the [“Leading causes of death”](#) report on the [Minneapolis Health Department’s Reports](#) webpage.)

In recent years, the city’s number and unadjusted rate of suicide deaths have trended upward. In 2010, there were 30 suicide deaths, or approximately 8 per 100,000 persons; in 2014, there were 46 deaths, or approximately 11 per 100,000.

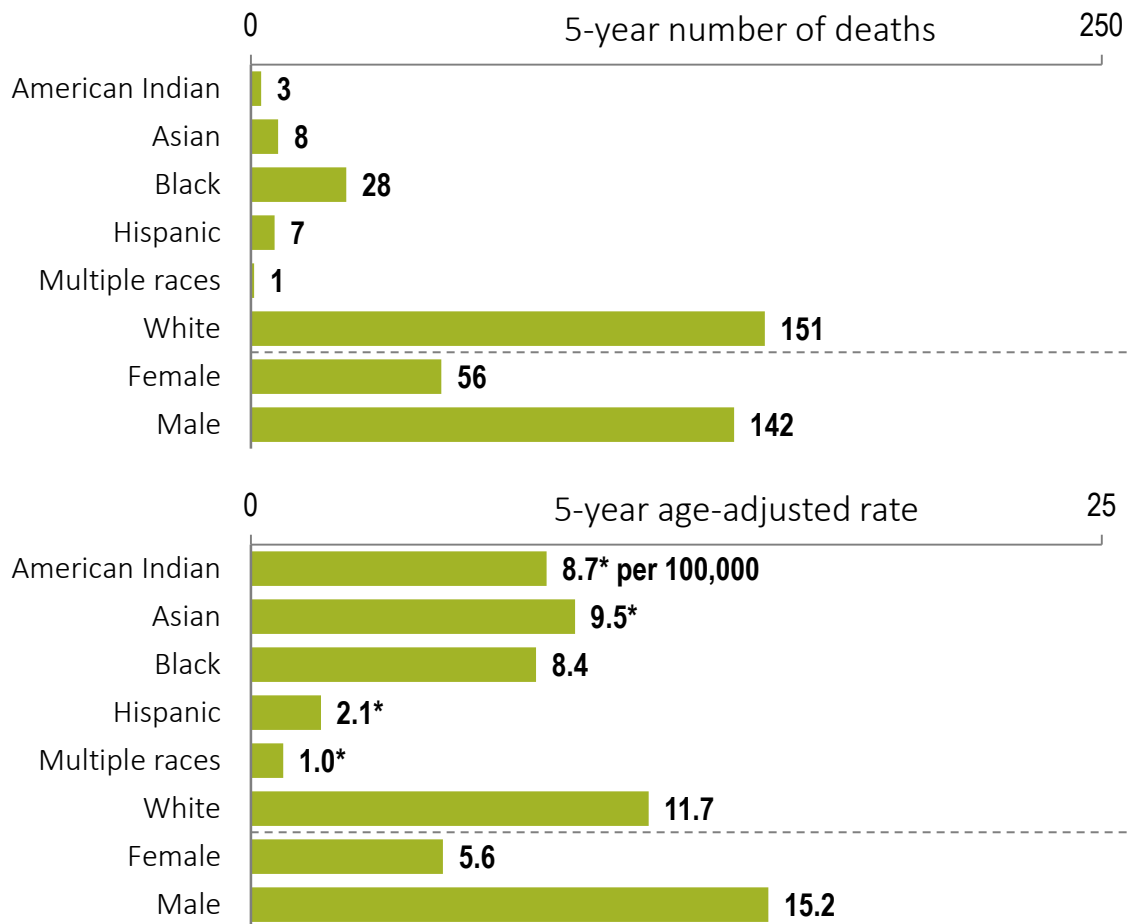
Figure 2. Age-adjusted rate of suicide deaths, Minneapolis, US and MN, 2014



Source: Minneapolis: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03; US & MN: CDC WISQARS

In 2014, the age-adjusted rate of suicide deaths in Minneapolis (approximately 10 per 100,000 persons) was lower than the age-adjusted rates for the state and nation (approximately 12-13 per 100,000). None of these areas met the Healthy People 2020 target of 10.2 suicide deaths per 100,000 persons, but Minneapolis was close to meeting the objective.

Figure 3. Five-year number and age-adjusted rate of suicide deaths, by race/ethnicity and sex, Minneapolis, 2010-2014



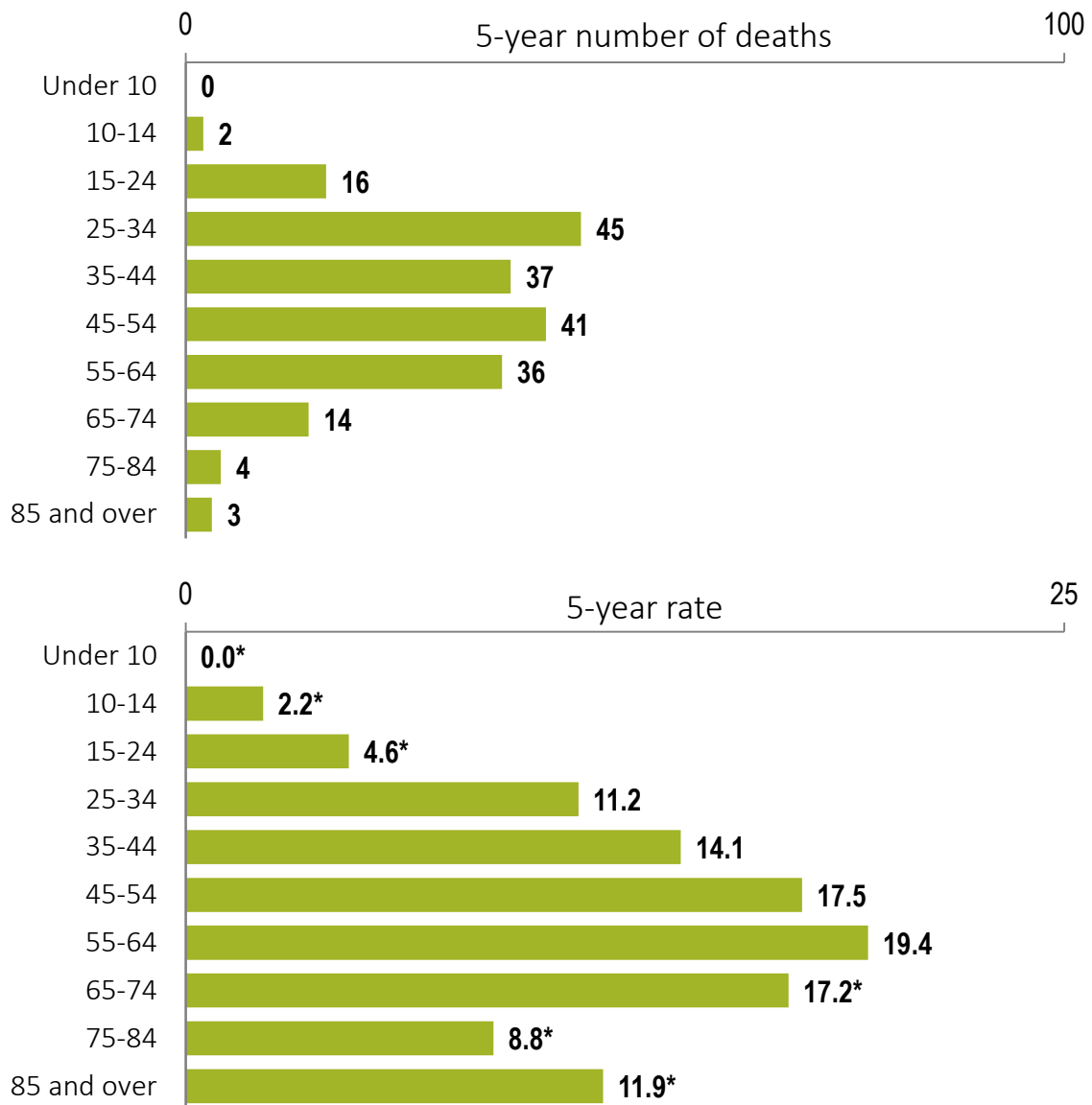
* Rate is based on 20 or fewer deaths. The rate may be unstable between single years or multi-year periods. Comparison with other subgroups should not be made from this analysis.

Source: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03

During 2010-2014, the five-year number of suicide deaths was highest among whites (151), followed by blacks (28). Whites also experienced the highest age-adjusted rate of suicide deaths relative to their population (approximately 12 suicide deaths per 100,000 persons). The age-adjusted rate among blacks was 8.4 per 100,000.

During 2010-2014, the five-year number of suicide deaths was higher among males (142) than females (56). Males also experienced a higher age-adjusted rate of suicide deaths relative to their population (approximately 15 suicide deaths per 100,000 persons), as compared to females (approximately 6 per 100,000).

Figure 4. Five-year number and rate of suicide deaths, by age subgroup, Minneapolis, 2010-2014

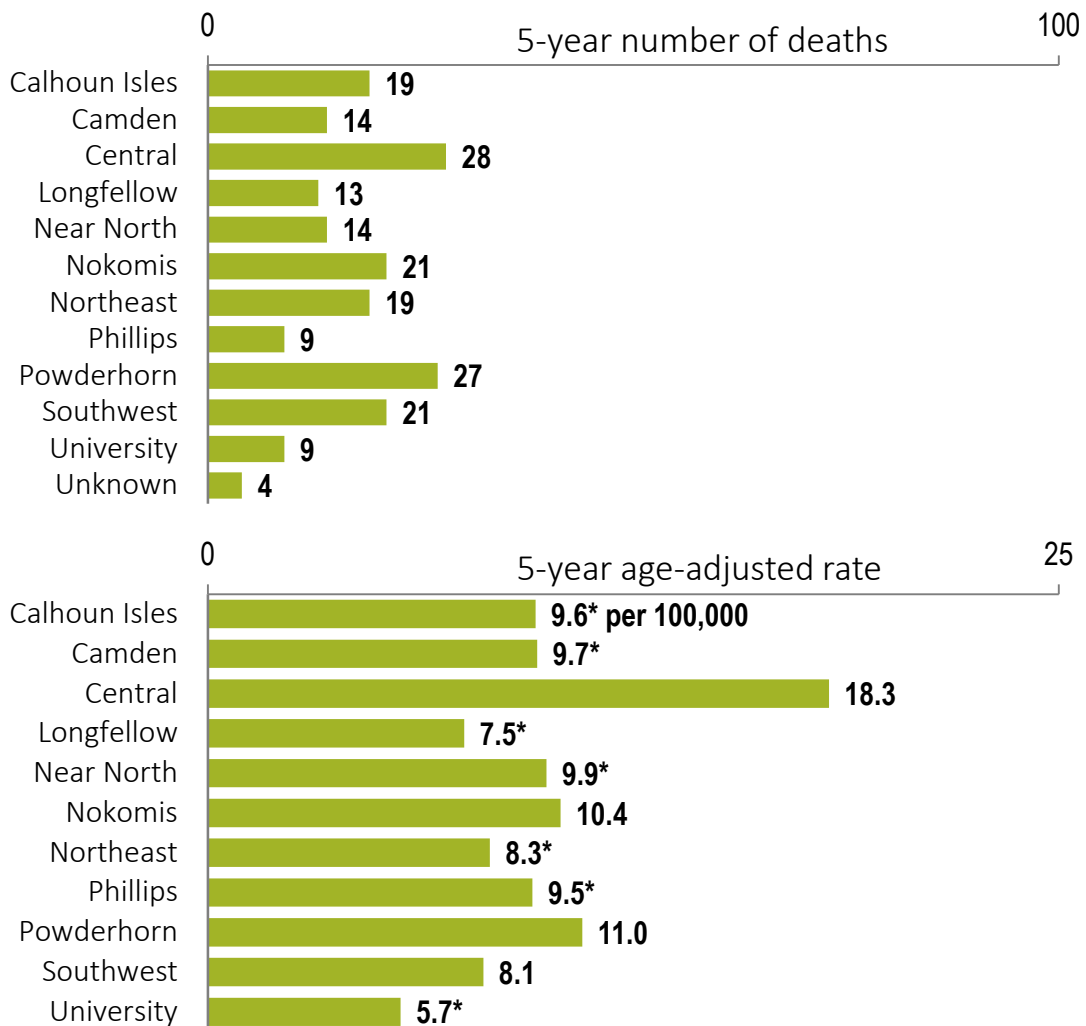


* Rate is based on 20 or fewer deaths. The rate may be unstable between single years or multi-year periods. Comparison with other subgroups should not be made from this analysis. During 2010-2014, no suicide deaths occurred among Minneapolis residents less than 13 years old.

Source: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03

During 2010-2014, the five-year number of suicides was in excess of 35 deaths within the 25-34, 35-44, 45-54 and 55-64 age subgroups. Within these four age subgroups, older persons experienced the highest age-adjusted rates of suicide deaths relative to their population (25-34 year-olds experienced approximately 11 suicide deaths per 100,000 persons; 35-44 year-olds, 14 per 100,000; 45-54 year-olds, 17.5 per 100,000; and 55-64 year-olds, 19 per 100,000).

Figure 5. Five-year number and age-adjusted rate of suicide deaths, by community, Minneapolis, 2010-2014



* Rate is based on 20 or fewer deaths. The rate may be unstable between single years or multi-year periods. Comparison with other subgroups should not be made from this analysis.

Source: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03

During 2010-2014, the five-year number of suicides was in excess of 20 deaths within the Central (28) community, followed by Powderhorn (27), Nokomis (21), Southwest (21), Calhoun Isles (19) and Northeast (19) communities. Central community experienced the highest age-adjusted rate of suicide deaths relative to its population (approximately 18 suicide deaths per 100,000 persons), followed by Powderhorn (11 per 100,000) and Nokomis (10 per 100,000).

Table 1. Five-year number of suicide deaths among black males, white males and white females, by age and community, Minneapolis, 2010-2014 ^[1]

Subgroup	Black males (N=23)	White males (N=106)	White females (N=45)
Age:			
Under 10	0	0	0
10-14	1	0	0
15-24	4	5	3
25-34	5	20	10
35-44	7	22	6
45-54	5	18	13
55-64	0	25	10
65-74	1	12	1
75-84	0	3	0
85 and over	0	1	2
Community:			
Calhoun Isles	0	14	5
Camden	1	6	4
Central	5	13	7
Longfellow	1	8	3
Near North	5	5	1
Nokomis	3	13	3
Northeast	0	10	5
Phillips	2	5	1
Powderhorn	2	15	7
Southwest	1	13	5
University	2	2	4
Unknown	1	2	0

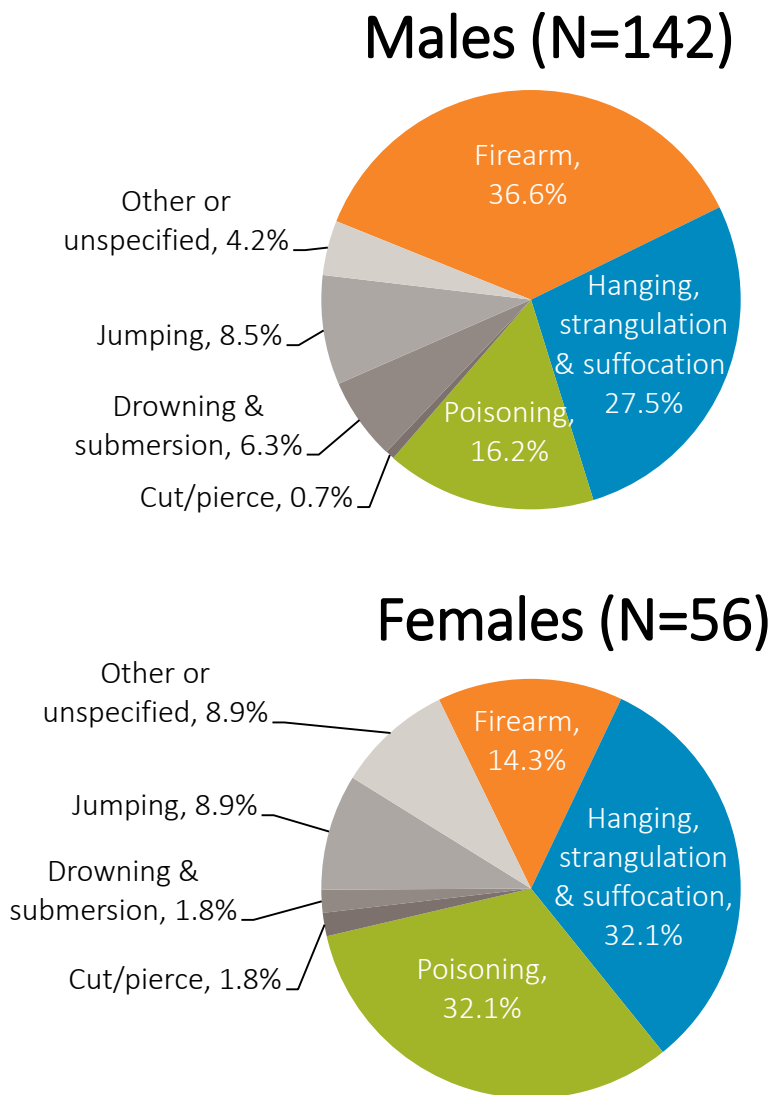
^[1] Only includes race/ethnicity and sex subgroups for which there were 20 or more outcomes over a 5-year period.

Source: Minnesota vital records | ICD-10 codes: X60-X84, Y87.0, U03

During 2010-2014, three race/ethnicity-sex subgroups experienced 20 or more suicide deaths over the five-year period, including black males (23), white males (106), and white females (45). The analysis in *Table 1* is limited to these subgroups.

During this period, the percent of suicides that occurred among youth ages 10 to 24 years was 22% among black males, 5% among white males and 7% among white females. The percent of suicides among senior/near-senior persons age 55 years or older was 4% among black males, 39% among white males and 29% among white females.

Figure 6. Five-year percentage of suicide deaths, by sex and cause, Minneapolis, 2010-2014



Source: Minnesota vital records

“Other or unspecified” included intentional self-harm by jumping or lying before moving object; by other specified means (caustic substances, except poisoning crashing of aircraft, electrocution); and by unspecified means.

During the five-year period of 2010-2014, the use of a firearm was the most common mechanism of Minneapolis suicides (38%, or 60 deaths), followed by hanging, strangulation and suffocation (36%, or 57 deaths), and poisoning (26%, or 41 deaths). Over one-third of suicide deaths among males were by firearm (37%, or 52 deaths), and 28%, or 39 deaths, were by hanging, strangulation and suffocation. Nearly one-third of suicide deaths among females were by hanging, strangulation and suffocation (32%, or 18 deaths), and nearly one-third were by poisoning (32%, or 18 deaths).

Helpful resources

RESOURCE	SOURCE	LINK
Suicide Prevention Program and State Plan (2016)	Minnesota Department of Health (MDH)	www.health.state.mn.us/injury/topic/suicide/
Suicide Prevention: Legislative Report (2014)	Minnesota Department of Health (MDH)	www.health.state.mn.us/injury/docs/suicide/2014SuicidePreventionLegislativeReport.pdf
Suicide in Minnesota: 2011 Data Brief (2013)	Minnesota Department of Health (MDH)	www.health.state.mn.us/injury/docs/suicide/suicide_data_brief_2011.pdf
Suicide Prevention Data, Public Health Grand Rounds, Resources (2016)	Centers for Disease Control and Prevention (CDC)	www.cdc.gov/violenceprevention/suicide/
Resources from the nation's largest grassroots mental health organization	National Alliance on Mental Illness (NAMI)	www.nami.org
Resources from a leading not-for-profit organization dedicated to preventing suicide	American Foundation for Suicide Prevention (AFSP)	afsp.org

Alternative formats

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-2301 or email health@minneapolismn.gov.

People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

TTY users can call 612-673-2157 or 612-673-2626.

Para asistencia 612-673-2700, Yog xav tau kev pab, hu 612-673-2800, Hadii aad Caawimaad u baahantahay 612-673-3500.

Contact

Minneapolis Health Department
 Research & Evaluation Division
 250 S. Fourth St. - Room 510
 Minneapolis, MN 55415
 phone: 612-673-2301
 email: health@minneapolismn.gov

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