

Suicides in the Laotian Community of Minnesota

Suicide Concerns in the Lao Community

In 2015, the Lao Assistance Center of Minnesota requested technical assistance from the Minnesota Department of Health (MDH) to better describe the burden of suicide among Minnesota's Lao community. The Lao community identified eight suicides from 2010 to early 2015. This report summarizes the public health investigation findings and recommendations.

Lao Population in Minnesota

Minnesota is home to the third largest population of Laotians in the U.S. From 2000 to 2010, the Laotian population in Minnesota increased from 9,940 to 12,009. The Laotian population of Minnesota represents 5.6% of the total Asian population and 0.23% of the total population of Minnesota (1).

The total U.S. Laotian population in 2010 was 232,130; this was approximately 1.6% of the total Asian population and 0.08% of the total U.S. population (2).

Suicide Rates among the AA/PI Population

The MDH does not calculate suicide rates for Laotian Americans residing in Minnesota. However, in Minnesota from 2009 to 2013, the suicide mortality rate for Asian American/Pacific Islanders (AA/PIs) was lower than the White rate (7.9 per 100,000 versus 12.0 per 100,000), but higher than the national AA/PI rate (6.0 per 100,000) (3).

Results of Public Health Investigation

The Lao Assistance Center of Minnesota identified eight suicides from 2010 to 2015. Using Minnesota death certificates, the MDH identified five Laotian suicides from 2010 to 2015 (2015 data was preliminary). One death overlapped and was captured by both the Lao Assistance Center of Minnesota and the MDH; the other seven deaths identified by the Lao Assistance Center were not identified within Minnesota death certificates. There is a possible "suicide cluster" (i.e., suicides that occur in temporal or geographical proximity) among the Laotian community, and it may be related to suicide contagion.

Public Health Data Recommendations and Next Steps

- 1. Track and monitor the burden of suicide among Minnesota's Lao community.
 - a. The Lao Assistance Center of Minnesota will inform the MDH of any identified suicides.
 - b. The MDH will investigate and track potential Laotian suicides.
 - c. The MDH will work to improve the quality of the data through better identification of Laotian suicides using the Minnesota Violent Death Reporting System.
- 2. Assess the Lao community's readiness to address suicide.
 - a. The MDH will partner with the Lao Assistance Center of Minnesota to identify key stakeholders to interview.
 - b. The MDH will conduct the interviews and work with the community to develop suicide prevention recommendations.

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Suicide Prevention Recommendations

According to the Asian American Psychological Association, factors preventing suicidal thoughts and attempts include identification with an ethnic group and strong familial support (4). Specific recommendations from the State Suicide Prevention Plan to prevent future suicides include (5):

- 1. Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care (Objective 1.2).
- 2. Promote effective programs and practices that increase protection from suicide risk (Objective 1.3).
- 3. Reduce stigma, prejudice, and discrimination associated with suicidal behaviors and mental and substance abuse disorders (Objective 1.4).
- 4. Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors (Objective 2.4).
- 5. Increase a community's capacity to promote resilience and wellness and other protective factors to reduce suicide and related behaviors (Objective 2.5).
- 6. Increase the capacity of communities to use evidence-informed programs and strategies to respond to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation (Objective 2.6).
- 7. Promote timely access to assessment, intervention, and effective care for individuals with heightened risk for suicide (Objective 3.1).
- 8. Improve the usefulness and quality of suicide-related data (Objective 4.1).

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