DEPARTMENT OF HEALTH

Suicides among Korean Adoptees in Minnesota

Suicide Concerns among the Korean Adoptee Community

In 2017, the Korean Adoptees Ministry Center (KAM) requested technical assistance from the Minnesota Department of Health (MDH) to better understand the impact of suicide among Korean adoptees in Minnesota. KAM identified nine suicides from the 1990s to mid-2017. MDH examined the number of suicide deaths in the Minnesota Korean Adoptee community, and found that the suicide rate has remained stable since 2012 and is not higher than what would be expected for a population of this size.

This report summarizes the findings and recommendations of our public health investigation.

Korean Adoptees in Minnesota

Minnesota is home to between 15,000 and 20,000 Korean adoptees (1, 2). According to the 2010 U.S. Census, Koreans (not exclusively Korean adoptees) make up 7% of Minnesota's Asian American (AA) population (14,982 of 214,234), and 0.3% of the total population in Minnesota (3). This is fairly similar to national numbers. Nationally, Koreans make up 9.7% of the total AA population, and 0.5% of the total U.S. population (4). Asian Americans comprise 4% of the total Minnesota population, compared to 4.8% of the total U.S. population.

Suicide Rates among the Asian American Population, 2015

MDH does not calculate suicide rates for Korean adoptees residing in Minnesota. However, in 2015 the ageadjusted suicide mortality rate for Asian Americans in Minnesota was lower than the White rate (9.7 per 100,000 versus 13.8 per 100,000) and higher than the national AA suicide mortality rate (6.4 per 100,000, age-adjusted)(5).

Suicide Risk among Adoptee Community

Research literature suggests that risk of suicide attempt and death is higher among adoptees than non-adoptees, and that international adoptees have higher odds of mental health disorders and death by suicide than domestic adoptees (6-10). Some researchers have mentioned that the increased risk may be due to substance abuse or mental health disorders received from biological parents, or trauma experienced in early childhood (6, 7).

Results of the MDH Public Health Investigation, 2011-2017

KAM identified six individuals who were thought to have died by suicide between 2011 and September of 2017. All six individuals were found in the Minnesota death certificate data. Of these six, four listed suicide as the manner of death.

Using Minnesota death certificates, MDH found a total of 14 suicide deaths among possible Korean adoptees from 2011 to September of 2017. Five of these suicides occurred in 2011, and since then there have been one to two possible Korean adoptee suicide deaths each year. Minnesota currently does not have an adoptee registry. For this investigation, we defined a Korean adoptee suicide death if the country of birth listed on the death certificate was "South Korea" and the parents listed on the death certificate had seemingly "non-Korean-sounding" names. The following table lists the number of suicide deaths by year.

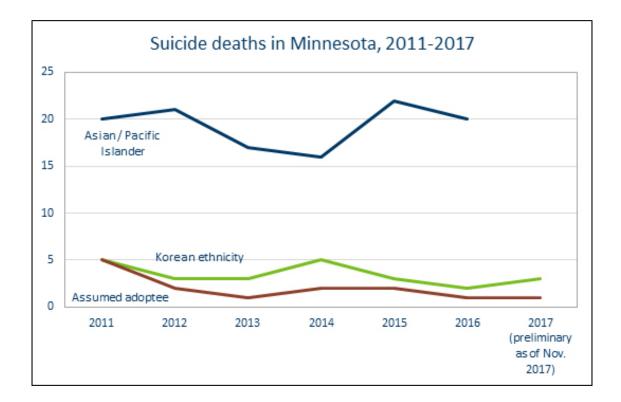
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Year	Asian / Pacific Islander*	Korean ethnicity (includes those born in South Korea)	MDH – identified, assumed adoptee	KAM - identified
2011	20	5	5	0
2012	21	3	2	1
2013	17	3	1	0
2014	16	5	2	0
2015	22	3	2	2
2016	20	2	1	0
2017 (preliminary as of Nov. 2017)	Not available	3	1	1
Totals	116	24	14	4

Table 1. Deaths by Suicide of Minnesota Residents

*From the Minnesota Department of Health - Health Statistics Portal. Available at:

https://pqc.health.state.mn.us/mhsq/frontPage.jsp



The suicides in the "MDH-identified, assumed adoptee" column are also included in the deaths in the Korean ethnicity column, and the deaths in the "KAM-identified" column are also included in the "MDH-identified, assumed adoptee" column. Based on the data above, it looks like there may have been a "suicide cluster" (i.e. suicides that happen around the same time or place) among the Korean adoptee community in 2011, but not among the Asian/Pacific Islander community. It is unclear why this cluster may have happened. Exposure to suicide

or suicidal behavior within one's family, one's peer group, or through media reporting can increase suicide and suicidal behaviors, especially among those already at risk of suicide (11).

With the exception of the year 2011, the number of suicide deaths occurring yearly among Korean adoptees in Minnesota is not unexpectedly high. While the suicide trend in Minnesota has been increasing, the relatively stable numbers within the Korean population in Minnesota suggest they have been protected against this increase. All deaths by suicide are preventable, and even one death by suicide is one too many; however, a yearly average of one to two suicides in this population is not remarkably high. MDH, in partnership with KAM, will continue to monitor Korean adoptee suicide. If further data analysis were to be done, the next steps would be to: 1) calculate proportional mortality ratios and 2) further analyze and describe the possible cluster occurring in 2011.

Public Health Data Recommendations and Next Steps

- 1. MDH, in partnership with KAM, will continue to monitor the impact of suicide among Minnesota's Korean adoptee community.
 - a. The Korean Adoptees Ministry Center will alert MDH of any identified suicides among Korean adoptees.
 - b. MDH will work to improve the quality of the data through better identification of Korean adoptee suicides using the Minnesota Violent Death Reporting System.
- 2. MDH will continue providing suicide prevention support and technical assistance to KAM and the Korean adoptee community as requested.

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