Aitkin County Health & Human Services
204 FIRST STREET NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

AITKIN COUNTY HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

Meeting Minutes

September 5, 2018

Committee Members Present:	Robert Marcum Penny Olson Carole Holten Kristine Layne Kari Paulsen Marlene Abear Roberta Elvecrog Joell Miranda Jon Moen Kevin Insley Penny Olson Maureen Mishler Joy Janzen Beverly Mensing Commissioner Bill Pratt Commissioner Mark Wedel
Others Present:	Joel Hoppe
Guests:	Cynthia Bennett, HHS Director Brea Hamdorf, Public Health Nurse Stephanie Downey, Youth Suicide Prevention Coordinator Shawn Speed, Clerk to the Committee
Absent:	Steve Teff

I. Call to Order

a. Robert called to order the regular meeting of the Aitkin County Health & Human Services Advisory Committee at 3:32pm on September 5, 2018 at Aitkin County Health & Humans

Services in the large conference room.

II. Approval of September 5, 2018 Agenda

a. Cynthia asked to have two items added to the agenda.
   i. Add a new item IV, Proposed HHS Budget Proposal.
   ii. Add item V.d. Feedback from the Advisory Restructuring Sub-Committee Meeting.
b. Roberta moved to approve the agenda with additions, Carole seconded, all members voting yes to approve the agenda.

III. Approval of minutes from August 1, 2018 meeting

a. Roberta moved to approve the minutes as written, Joell seconded, all members voting yes to approve the August 1, 2018 minutes.

IV. Proposed HHS Budget – Cynthia Bennett

a. Cynthia went through the final HHS proposed budget presentation that was given to the Board at the August 28 regular Board meeting.
b. Broken down into categories.
c. Each slide shows whether it was an increase or decrease from last year and also shows what percentage of the total HHS Budget it is.
d. Roberta asked whether or not there were any programs to help keep people in the county that are solely funded by the county itself?
   i. Cynthia responded that all counties are able to provide the same services, one county is not able to provide any more than the next as they are all state and federally funded. The counties don't pay for them.
   ii. Carole commented that the differences between the counties comes down to the amount of people who are being serviced.

V. Committee Member Input / Updates – Must be informational in nature, relative to Aitkin County Health & Human Services and not exceed five minutes per person.

a. Roberta thanked Bob for his help with Lakes and Pines getting back to her.
b. Carole brought up a letter that she received in regards to Blue Cross not being offered in Aitkin County for Medicare supplement insurance.
   i. Cynthia commented that we had not seen it or heard of it but would take a copy of it and look into it with Blue Cross Blue Shield.
   ii. Maureen suggested checking with the Senior Linkage line.
c. Maureen brought new copies of the Senior and Caregiver Guide and asked that any of the members who would like to would take copies with them and drop anywhere they think seniors will find them.
d. Bob and all the members welcomed back Joy Janzen, who had esophageal cancer and is now cancer free.

VI. Suicide Prevention – Brea Hamdorf and Stephanie Downey

a. Stephanie started by thanking Brea and all the members for allowing her to attend and present to

them.

b. She started by talking about her work in the Community Partners Preventing Suicide Program, a program funded by a federal grant targeting the age groups of 10-24 year olds in Minnesota.
c. She went through her PowerPoint, which is attached to these minutes.
d. Talked about the 3 primary goals of the program.
    i. Making suicide prevention a core component of primary health and behavioral health.
    ii. Increasing a community's capacity to identify youth and young adults that are at risk and connect them with our new and improved health care system.
    iii. Support and strengthen communities, families, and individuals.
e. Gathered key stakeholders in Aitkin County, with Brea, to talk about what they could do within Aitkin County.
    i. Came together and formed CAPS, Committee for Awareness and Prevention of Suicide.
    ii. Just starting to get going.
f. Brea and Stephanie went through the Community Readiness Assessment slideshow. Those slides are attached.
    i. Our level of Overall Community Readiness is that we are in Denial/Resistance, that at least some of the community members recognize that suicide is a concern, but there is limited recognition that it might be occurring locally.
g. Need more community leadership.
h. Next meeting for the CAPS group is Tuesday, September 11, 2018 from 1:30 to 3:30 at H&HS.
i. If interested in attending these meetings contact Brea.

VII. Comments:

a. Feedback from the HHS Board Meeting –
    i. Bob and Kari – August 28, 2018
        1. Was Bob's birthday.
        2. Kari talked about ACES (Adverse Childhood Experiences) training coming up hopefully in the next year.
        3. Minutes from that meeting are attached.
b. Committee Members scheduled to attend upcoming HHS Board meetings in 2018:

September 25	Carole Holten	Roberta Elvecrog
October 23	Jon Moen	Maureen Mishler
November 27	Roberta Elvecrog	_____
December 18	Bob Marcum	Kristine Layne

c. Restructuring Committee Update
    i. Came up with two action items that can be accomplished before the next meeting.
        1. The agenda will now include our Mission, Vision, and Values to remind all why we are here.
        2. Will develop a template for members to use when briefing the Commissioners at each Board meeting.
    ii. All members agreed with those two action items.

VIII. Adjournment

a. Motion by Maureen to adjourn the meeting, seconded by Roberta, all members voting yes to adjourn the meeting at 4:41pm.

_____
Robert Marcum, Chairperson

_____
Shawn Speed, Clerk to the ACH&HS Advisory Board

The following documents were included in the packet of information sent to the members for review prior to the meeting or distributed at the meeting:

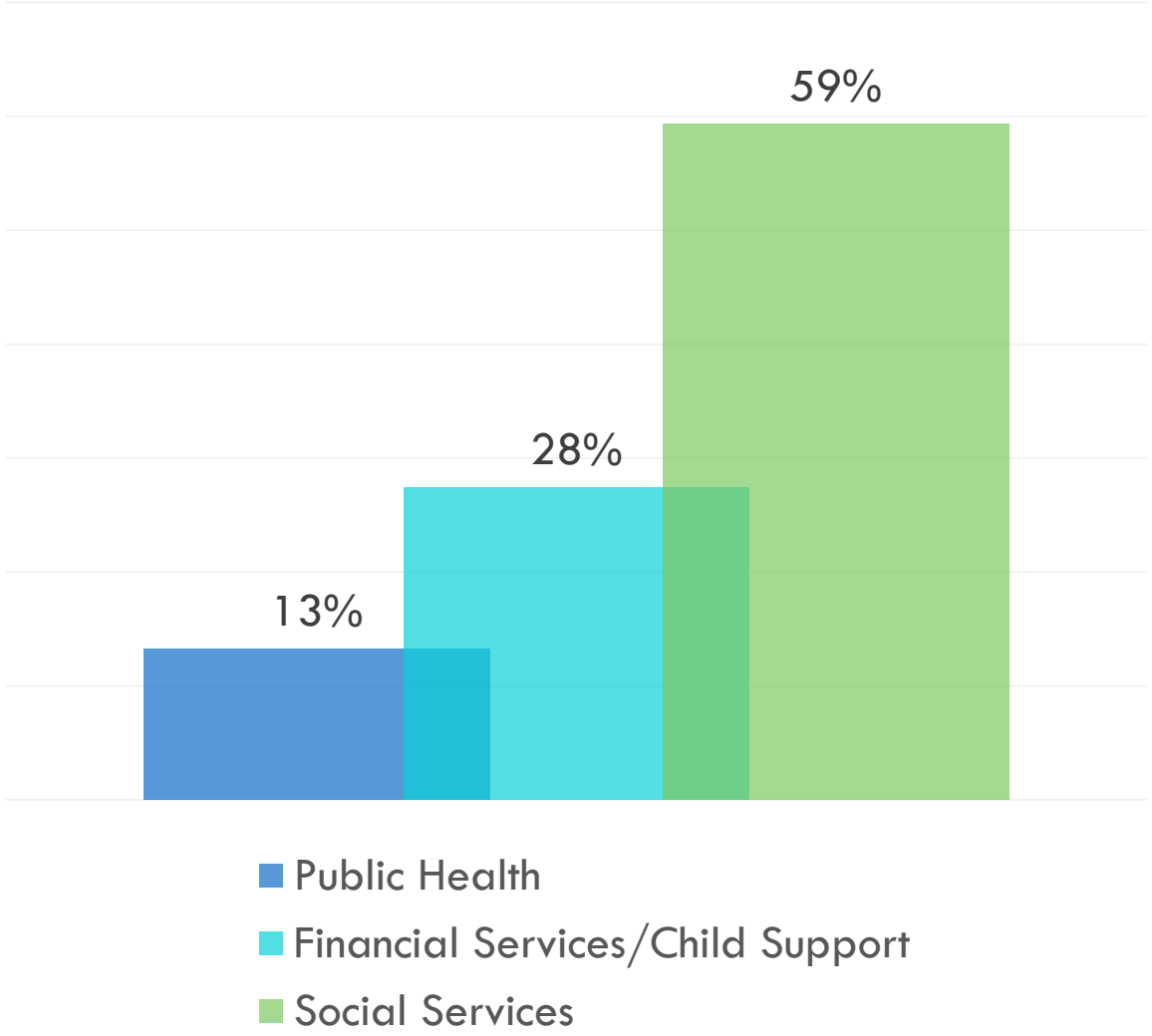
- Copy of the agenda for the September 5, 2018 meeting.
- Copy of the minutes from the August 1, 2018 meeting.
- Copy of the August 28, 2018 H&HS Board meeting minutes.
- Copy of the H&HS Budget Presentation that was given at the Board meeting.
- Copy of the MN Community Partners Preventing Suicide Presentation.
- Copy of the Community Readiness Assessment: Aitkin Presentation.

HEALTH & HUMAN SERVICES – PROPOSED 2019 BUDGET

August 28, 2018

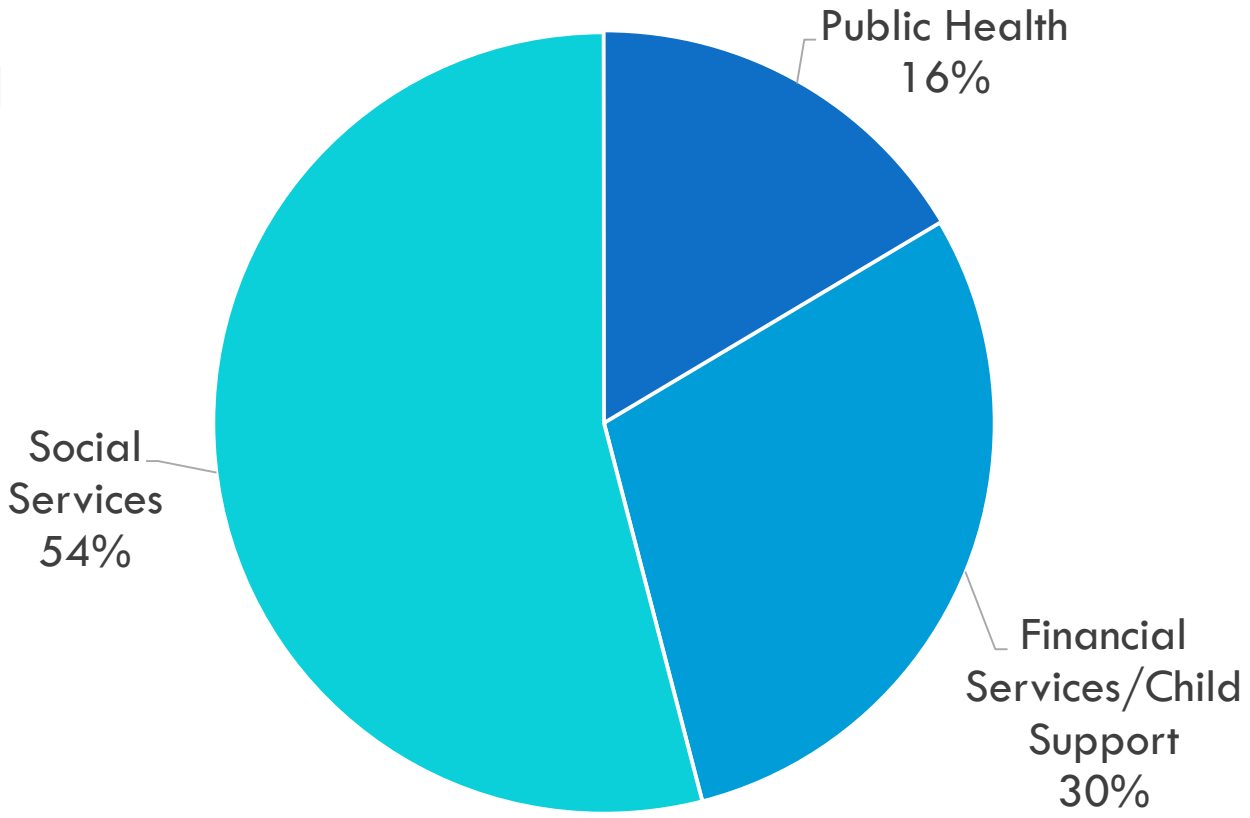
DEPARTMENT BREAKDOWN

- Public Health
- Financial Services
  - Child Support
- Social Services
  - Children/Adult
- Majority of program areas are mandated services



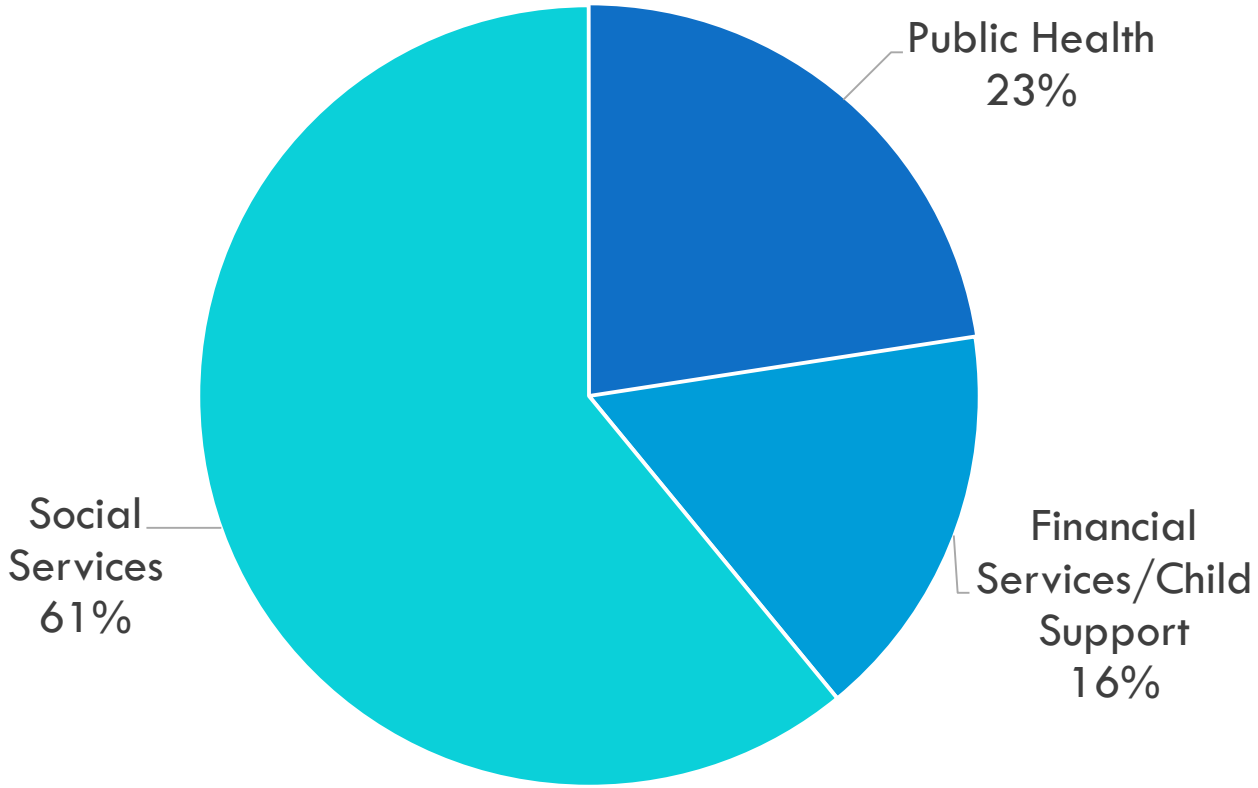
01 - SALARIES/BENEFITS

- All approved positions are included in the budget
- Budget Amounts:
  - Public Health - $782,463
  - Financial Services - $1,402,585
  - Social Services - $2,570,379
- Increase of 3.39%
- 65.38% of Budget



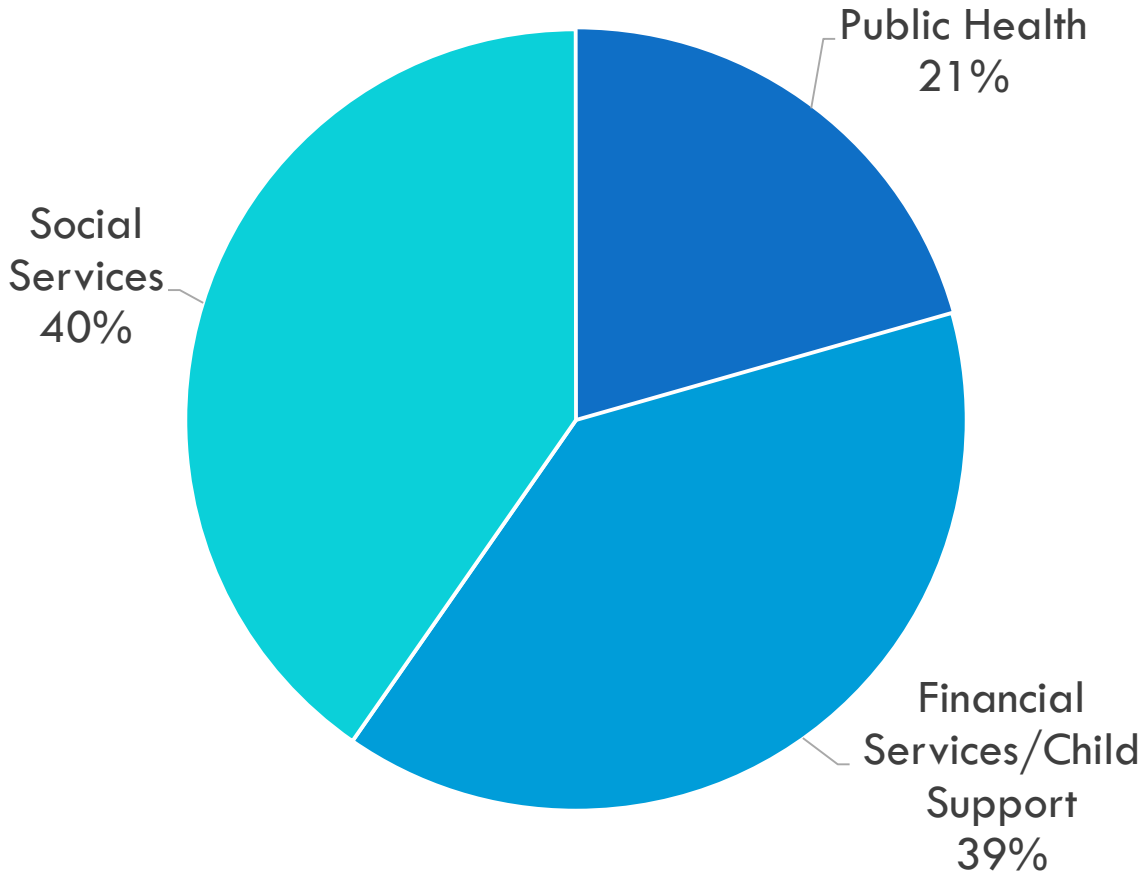
02 - INSURANCE

- Includes:
  - Vehicle/Liability Insurance
  - Workers Comp Insurance
- Budget Amounts:
  - Public Health - $10,000
  - Financial Services - $7,300
  - Social Services - $27,000
- Slight Expected Increase for 2019
- 0.61% of Budget



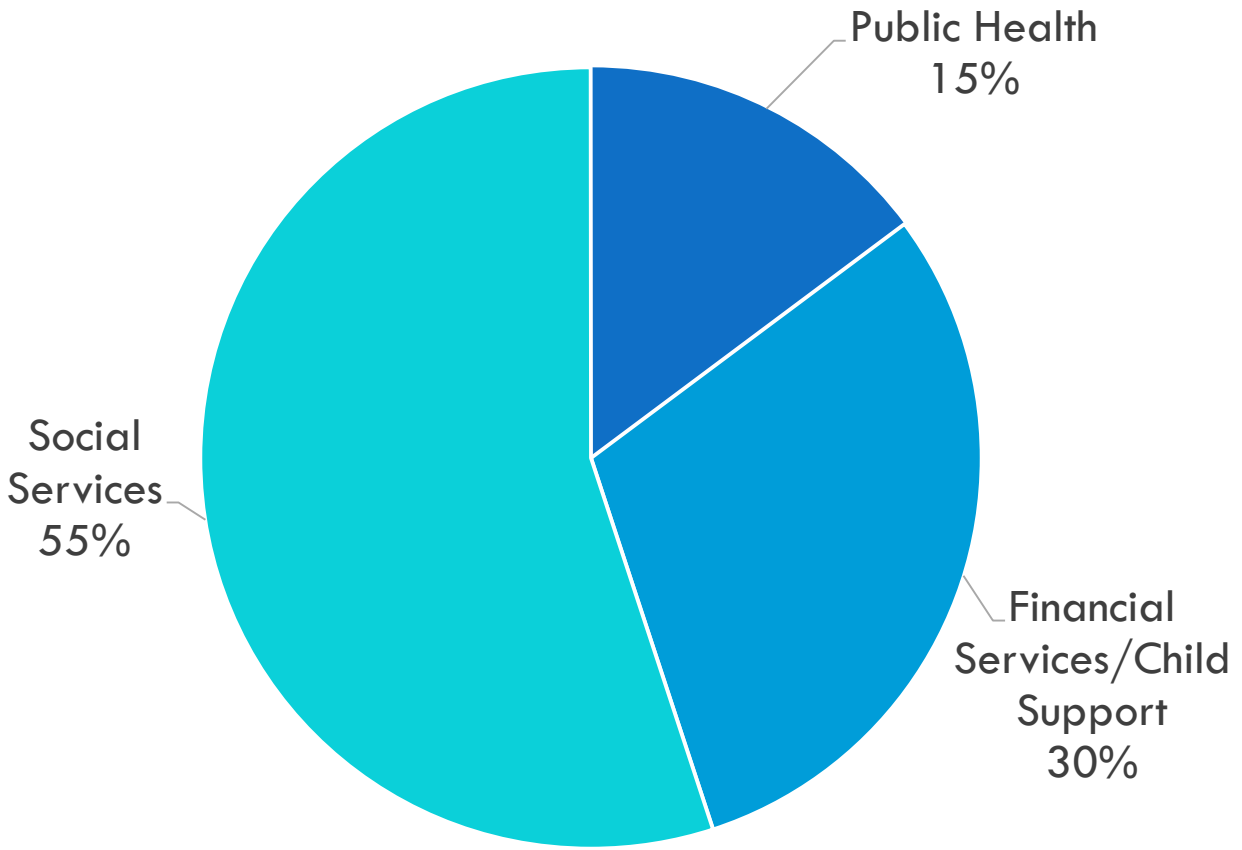
03 - MATERIALS/SUPPLIES

- Includes:
  - Agency Office Supplies, Postage & Computer/Monitor Replacements
- Budget Amounts:
  - Public Health - $19,815
  - Financial Services - $37,665
  - Social Services - $38,815
- Increase of 11.48%
- 1.32% of Budget



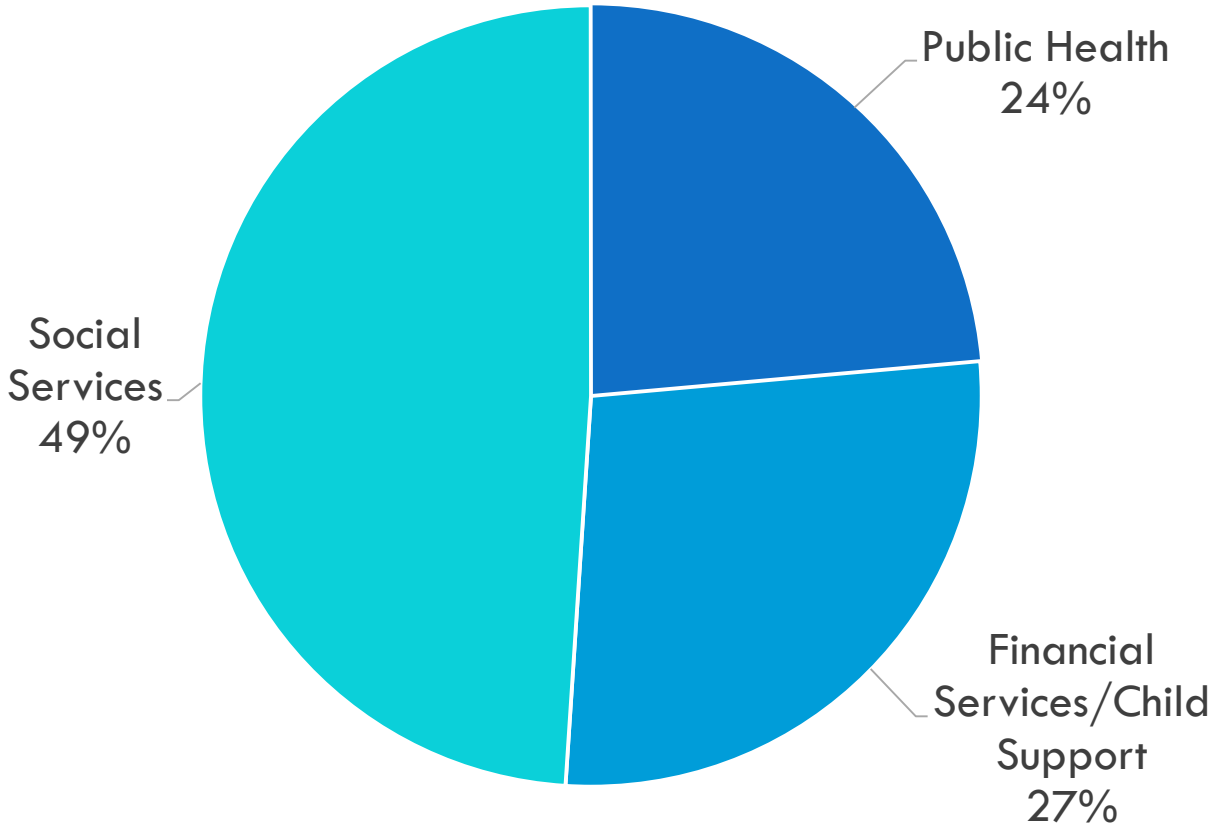
04 - UTILITIES

- Includes:
  - Telephone
  - Utilities – Gas & Electric
- Budget Amounts:
  - Public Health - $10,217
  - Financial Services - $20,800
  - Social Services - $38,000
- Increase of 3.05%
- 0.95% of Budget



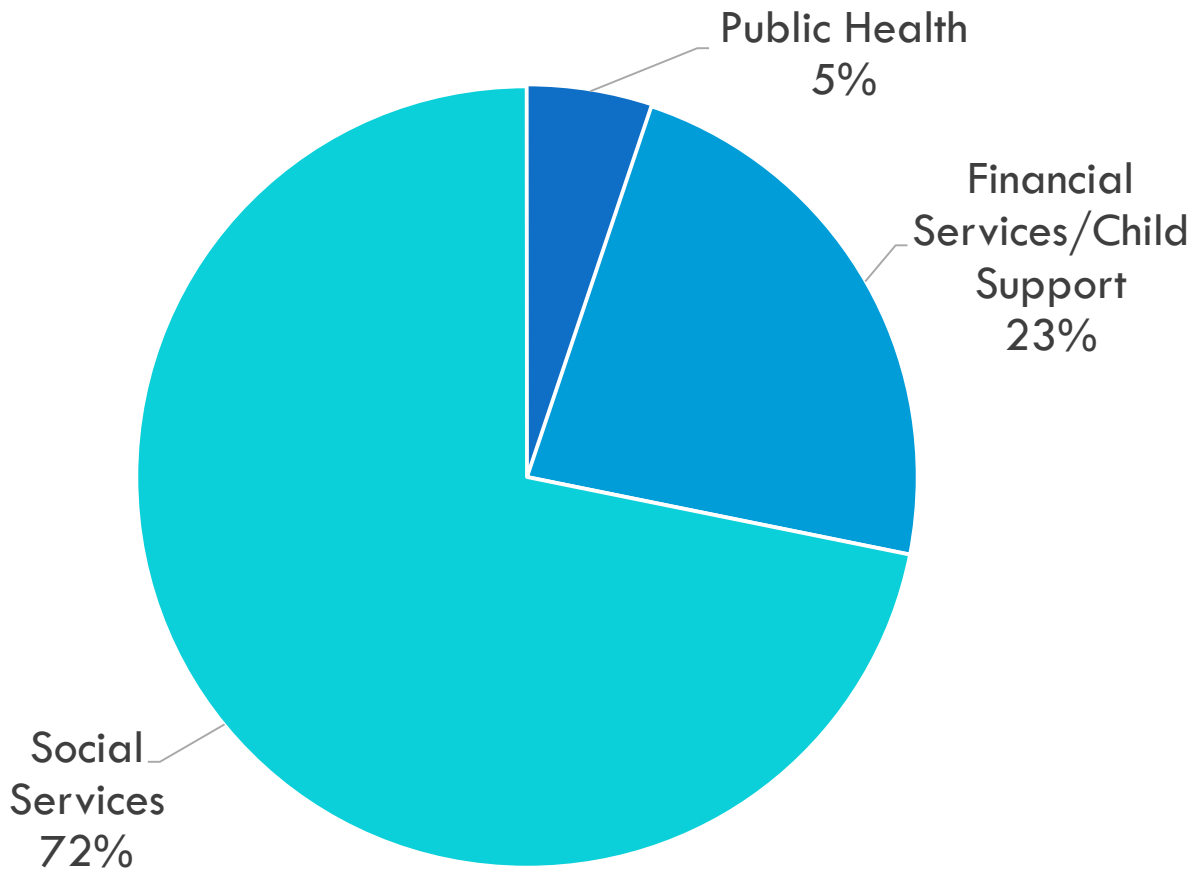
05 - DUES/REGISTRATION/PROFESSIONAL DEVELOPMENT

- Includes:
  - Meetings, Trainings & Conference Fees
  - Lodging/Meals
- Budget Amounts:
  - Public Health - $8,076
  - Financial Services - $9,420
  - Social Services - $16,775
- Decrease of 8.76%
- 0.47% of Budget



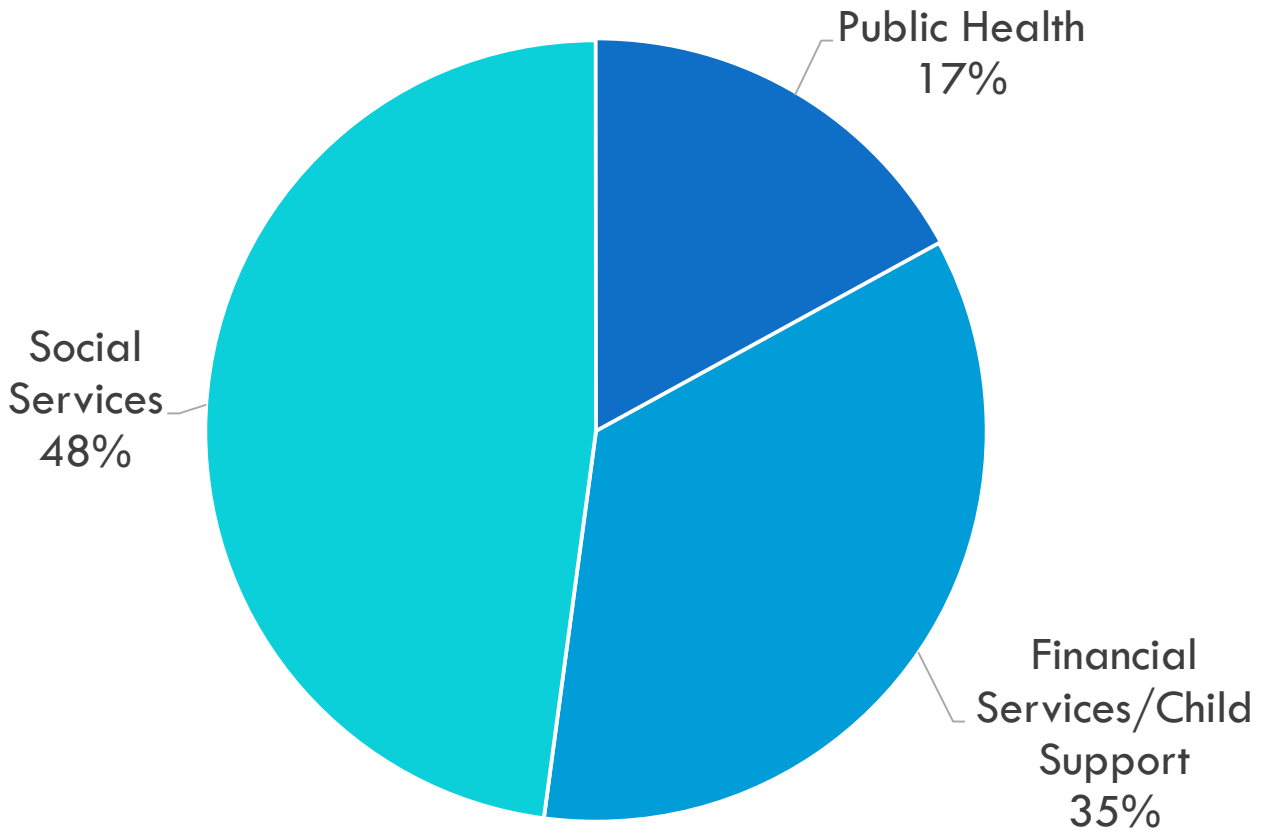
06 - SERVICE AGREEMENTS/CONTRACTS

- Includes:
  - Services/Contracts
  - Program Costs
- Budget Amounts:
  - Public Health - $110,412
  - Financial Services - $492,770
  - Social Services - $1,537,827
- Decrease of 1.72%
- 29.44% of Budget



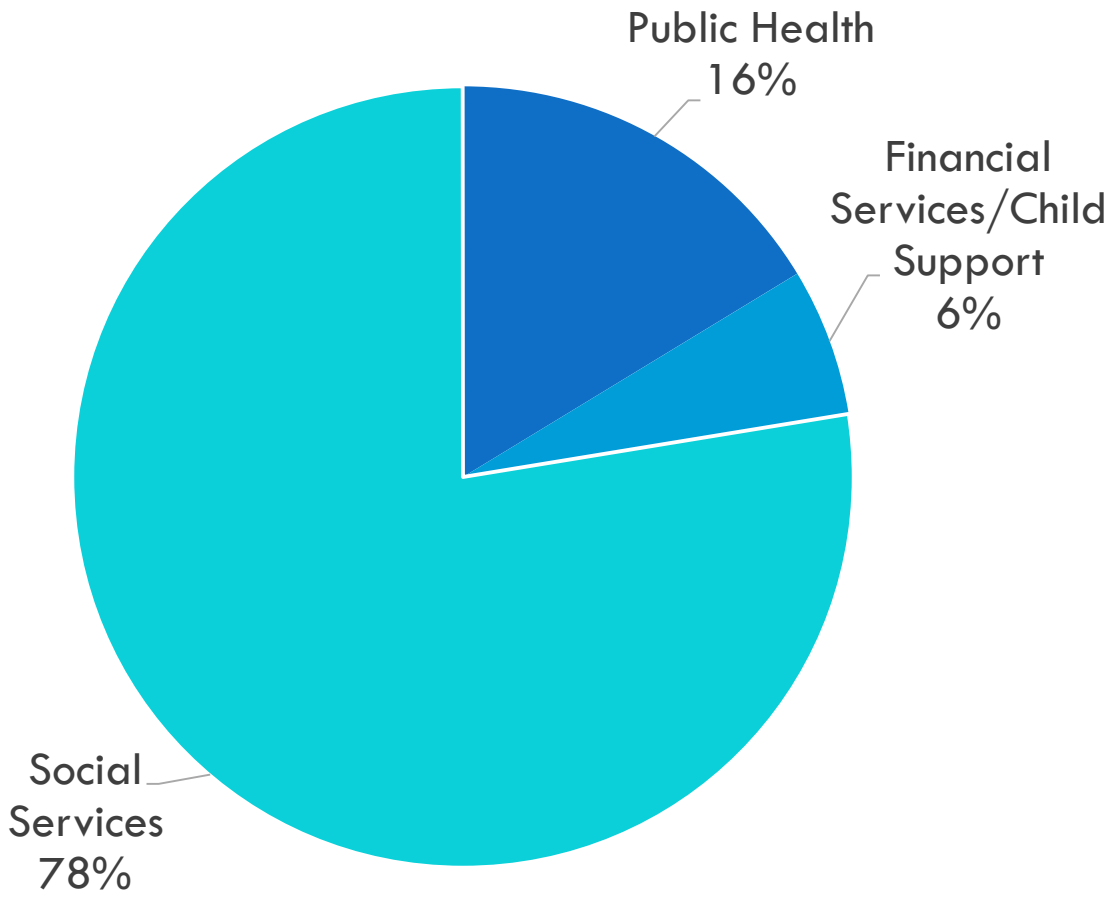
07 - CAPITAL CONSTRUCTION

- Includes:
  - Building Maintenance & Updates
- Budget Amounts:
  - Public Health - $8,000
  - Financial Services - $16,500
  - Social Services - $22,500
- Decrease of 41.07%
- 0.65% of Budget



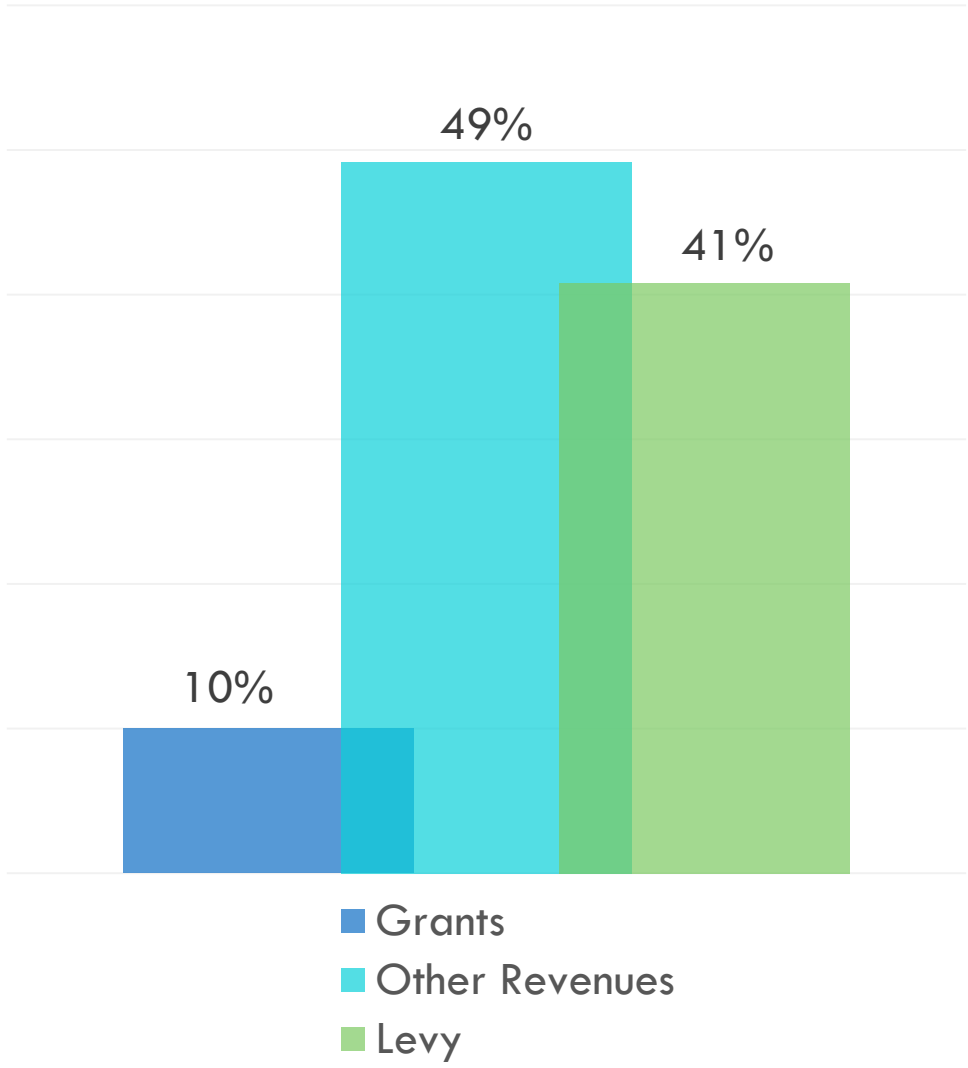
08 - TRANSPORTATION

- Includes:
  - Gas/Fuel Vehicle Charges
  - Mileage/Parking
- Budget Amounts:
  - Public Health - $13,975
  - Financial Services - $5,250
  - Social Services - $66,550
- Decrease of 9.88%
- 1.18% of Budget



REVENUES

- Grants - $689,060
  - State & Federal
- Other Revenues - $3,380,013
  - State & Federal Allocations
  - Third Party Reimbursements
- Proposed Levy - $2,804,021
  - 4.95% Increase



COMPARISON

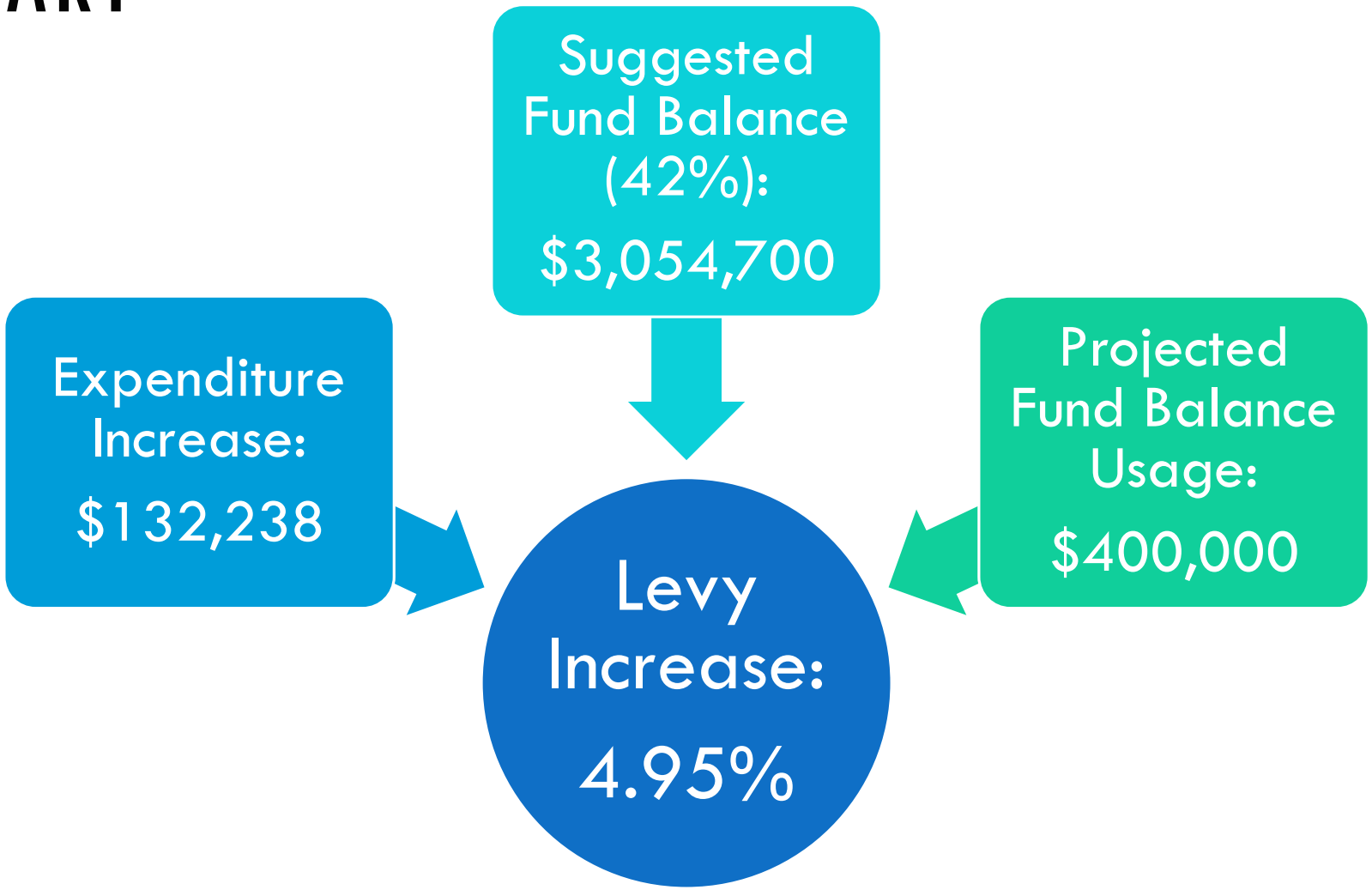
2018 – Approved Budget

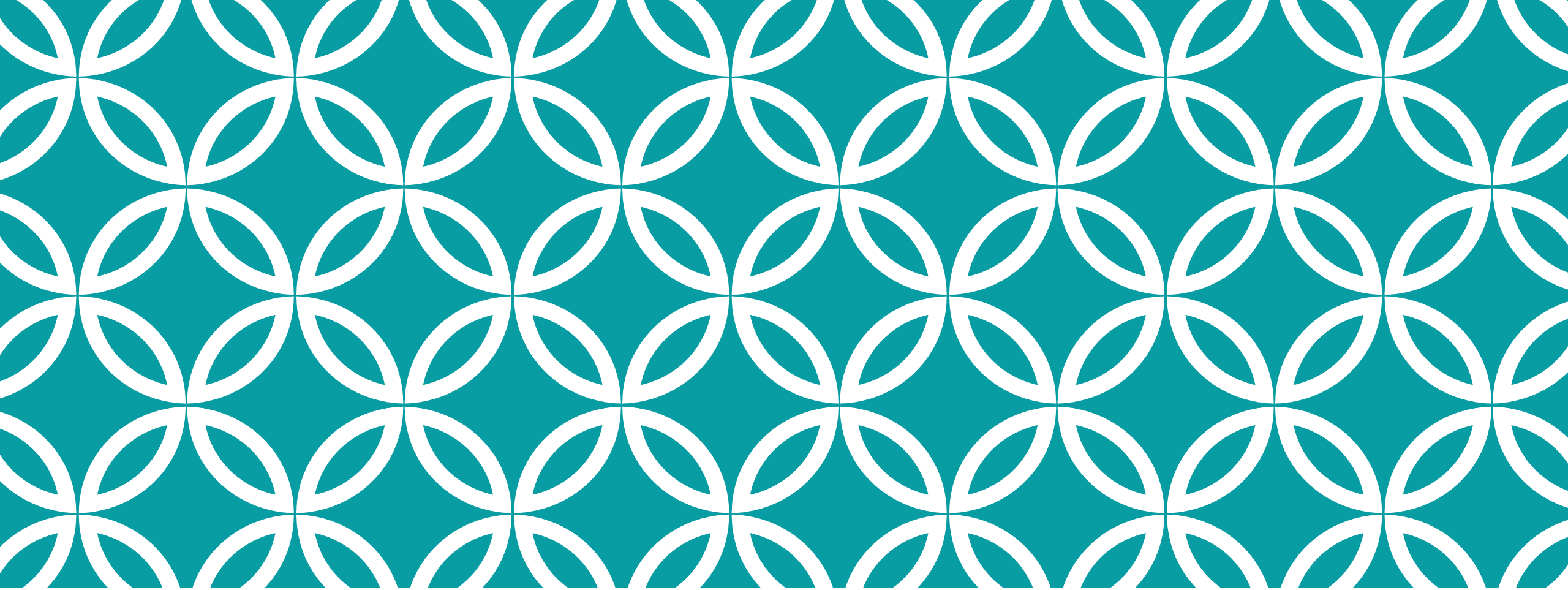
- Expenses: $7,177,158
  - Children's Rule 5: $200,000
  - Adult Residential Treatment: $357,260
  - Building Maintenance: $79,750
  - Salaries/Benefits: $4,599,418
- Revenues: $6,777,158

2019 – Proposed Budget

- Expenses: $7,273,094
  - Children's Rule 5: $140,000
  - Adult Residential Treatment: $340,000
  - Building Maintenance: $47,000
  - Salaries/Benefits: $4,755,427
- Revenues: $6,873,094

SUMMARY


Suggested Fund Balance (42%):
$3,054,700
Expenditure Increase:
$132,238
Projected Fund Balance Usage:
$400,000
Levy Increase:
4.95%



THANK YOU!

MN Community Partners Preventing Suicide

Stephanie Downey
MDH – Stephanie.downey@state.mn.us
October 24, 2017

Current MDH and Partner Efforts

- MN Statute 156.56
- State Plan
- MN Suicide Prevention Task Force
- State Suicide Prevention Coordinator – Amy Lopez, Amy.Lopez@state.mn.us
- http://www.health.state.mn.us/injury/topic/suicide/

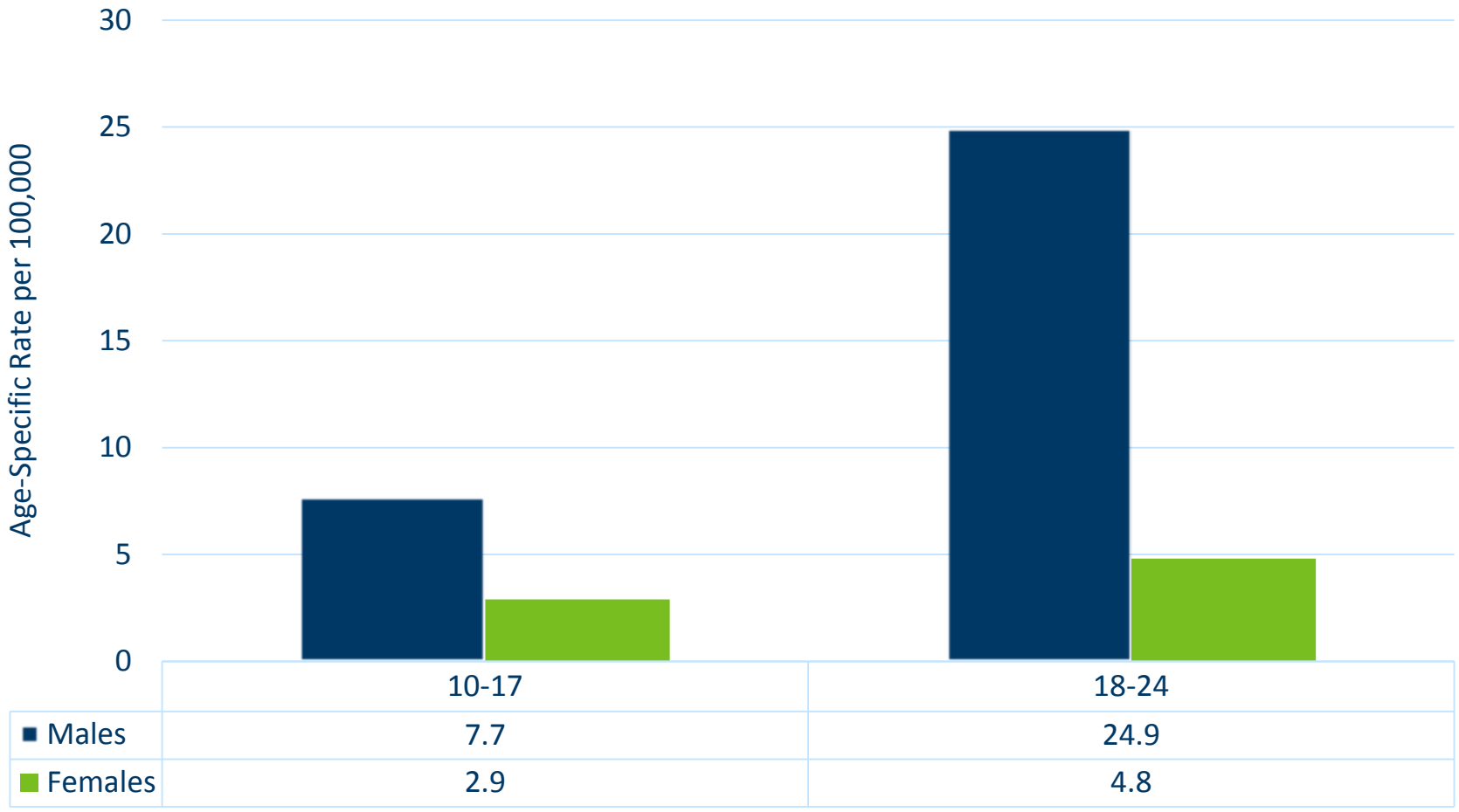
- Community Grantees
  - Crisis Line and Referral Services
  - Dakota Wicohan
  - Evergreen Youth & Family Services
  - NAMI MN
  - SAVE
  - White Earth Mental Health


How do you connect with your community?
Faith Community
Neighborhood
Local Government and Advocacy
Parks, Recreation, Sports and Nature
Workplace
School
Museum
Art, History and Culture
Hospitals and Health Care
Grocery
Coffee Shop
Bike Shop
Local Businesses
Civic and Community Service Clubs
Mental health begins where we live, work and play!
DEPARTMENT OF HEALTH

Target Population: 10-24 year olds

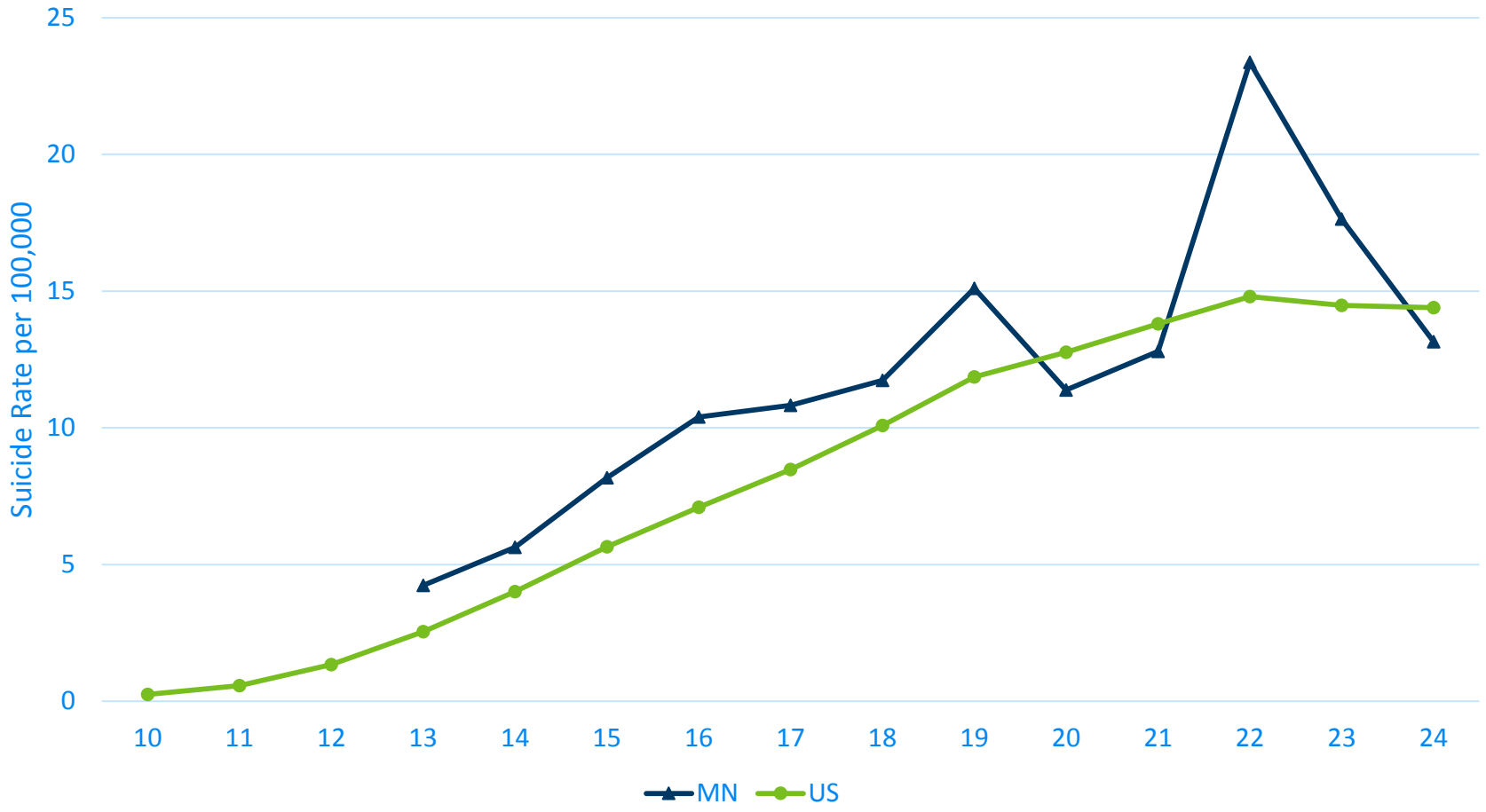
- American Indian Communities
- LGBT Youth
- Youth with suicidal ideation and attempts
- Youth connected with foster care or corrections
- Veterans
- Young adults not in college
- Young adult in or prior substance abuse treatment

MN Suicide Rate, 2011-2015 by Gender & Age Group

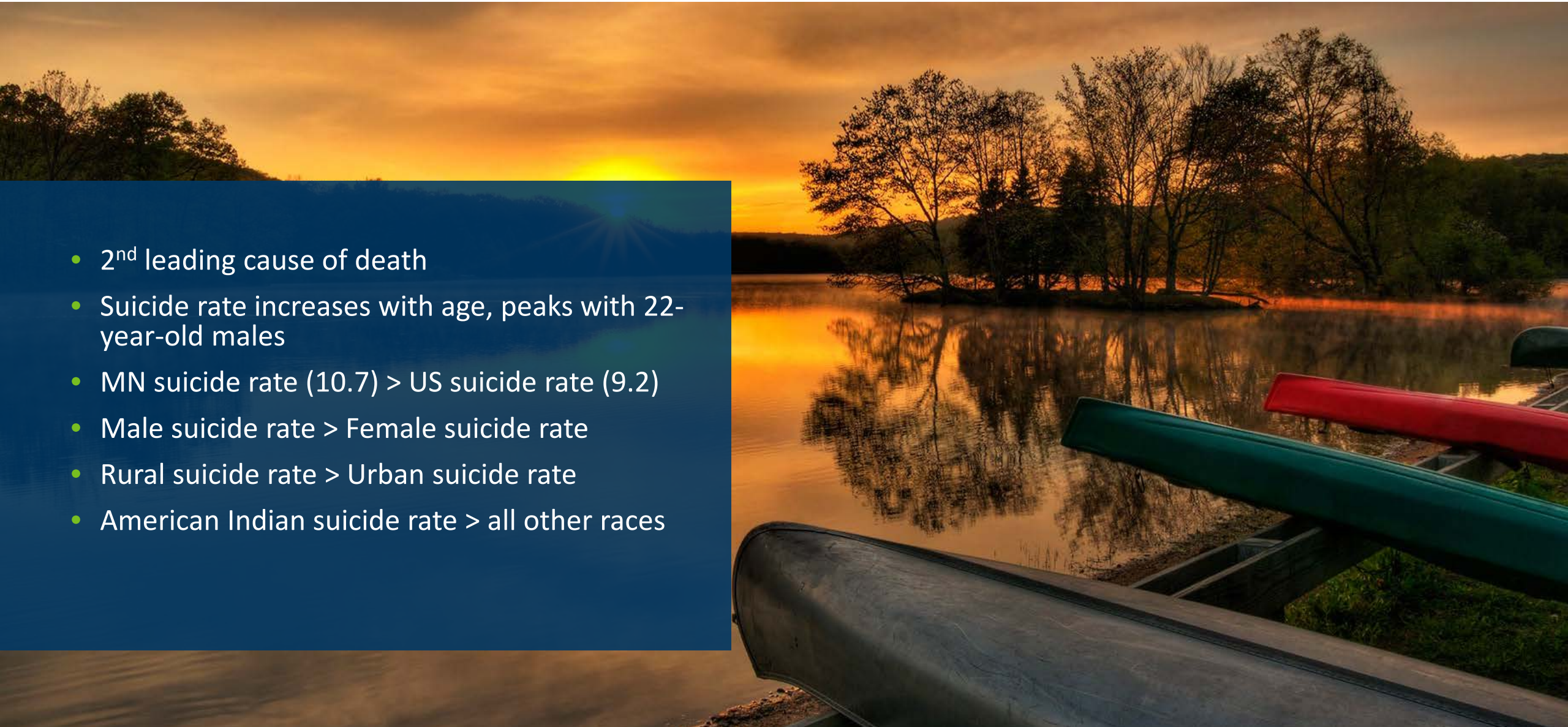


	10-17	18-24
Males	7.7	24.9
Females	2.9	4.8

MN & US Suicide Rate for 10-24 Year Olds, 2011-2015 by Year of Age



MN Youth Suicide (10-24 Year Olds)

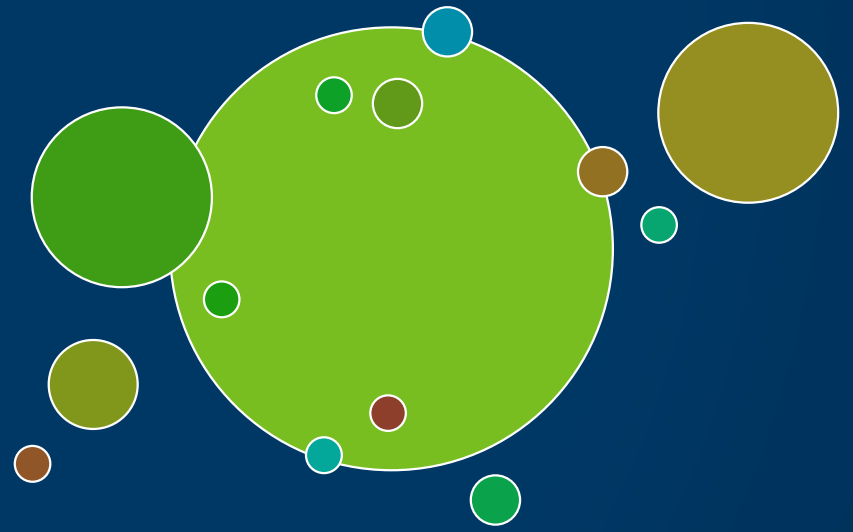


- 2nd leading cause of death
- Suicide rate increases with age, peaks with 22-year-old males
- MN suicide rate (10.7) > US suicide rate (9.2)
- Male suicide rate > Female suicide rate
- Rural suicide rate > Urban suicide rate
- American Indian suicide rate > all other races

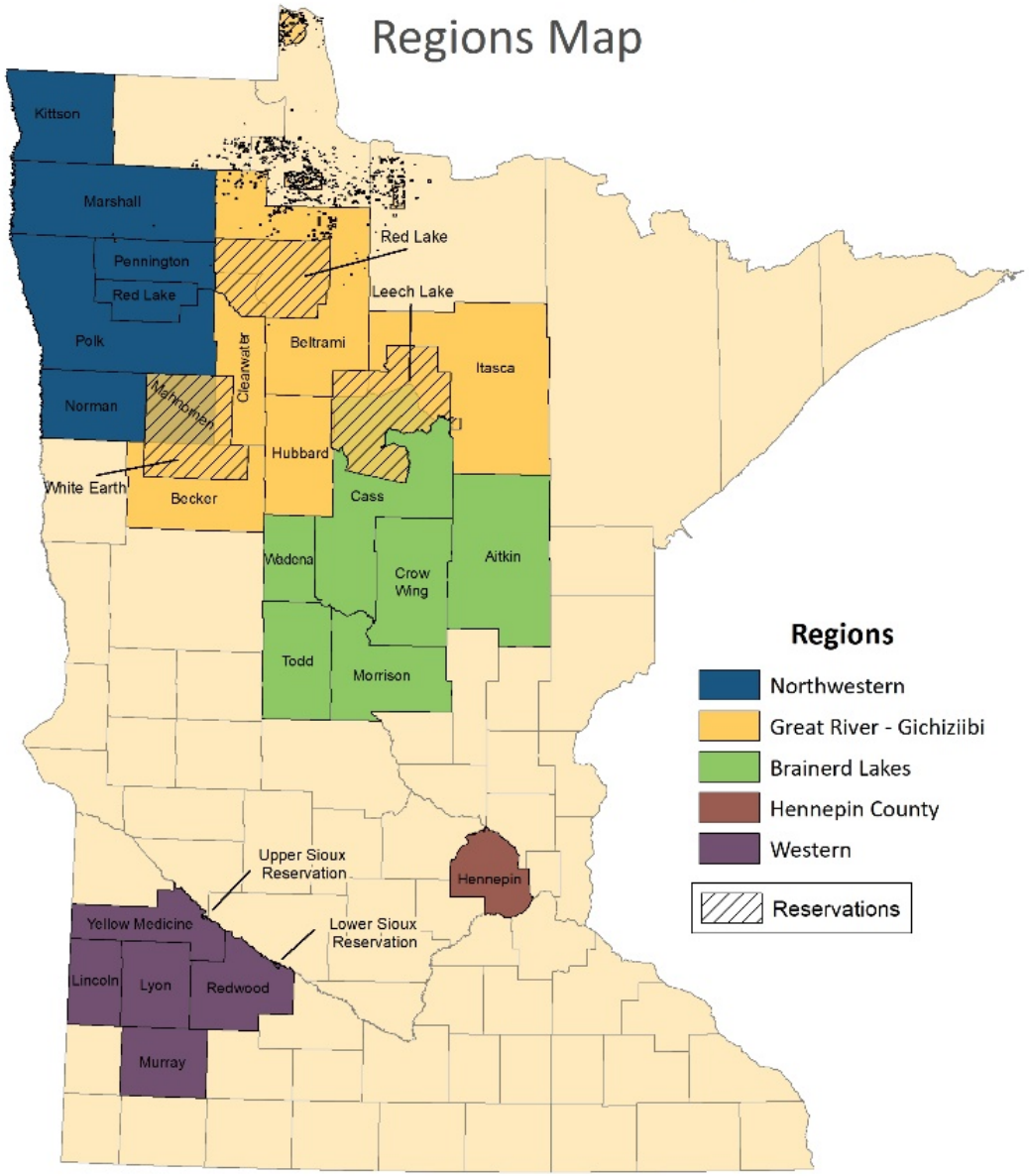

Need
Suicide Prevention
Readiness
Capacity

Region Selection

- Need
  - Hospital discharge data for **self-directed violence**
  - MN Student Survey Data
  - Population demographics – American Indian youth and young adults
- Capacity
  - Certified Community Behavioral Health Center (CCBHC)
  - Implementing Zero Suicide Model
  - First Episode Psychosis
  - Mobile Crisis services providing stabilization care
- Readiness
  - Willingness to participate
  - Prior implementation towards activities



Community Partners Preventing Suicide



Date: June 27th, 2017
Data Sources: Minnesota Dept. of Transportation, Minnesota Geospatial Information Office
Projection: NAD 1983, UTM 15N

For more information:
http://www.health.state.mn.us/preventsuicide

Selected Regions

- **Northwestern Region** (Kittson, Marshall, Mahnomen, Norman, Pennington, Polk, & Red Lake County)
- **Great River-Gichiziibi** (Becker, Beltrami, Clearwater, Itasca County, Red Lake, Leech Lake and White Earth)
- **Brainerd Lakes** (Aitkin, Cass, Crow Wing, Morrison, Todd, & Wadena County)
- **Hennepin County Region** (Little Earth & Minneapolis)
- **Southwestern Region** (Lincoln, Lyon, Murray, Redwood, & Yellow Medicine County, Lower Sioux & Upper Sioux)

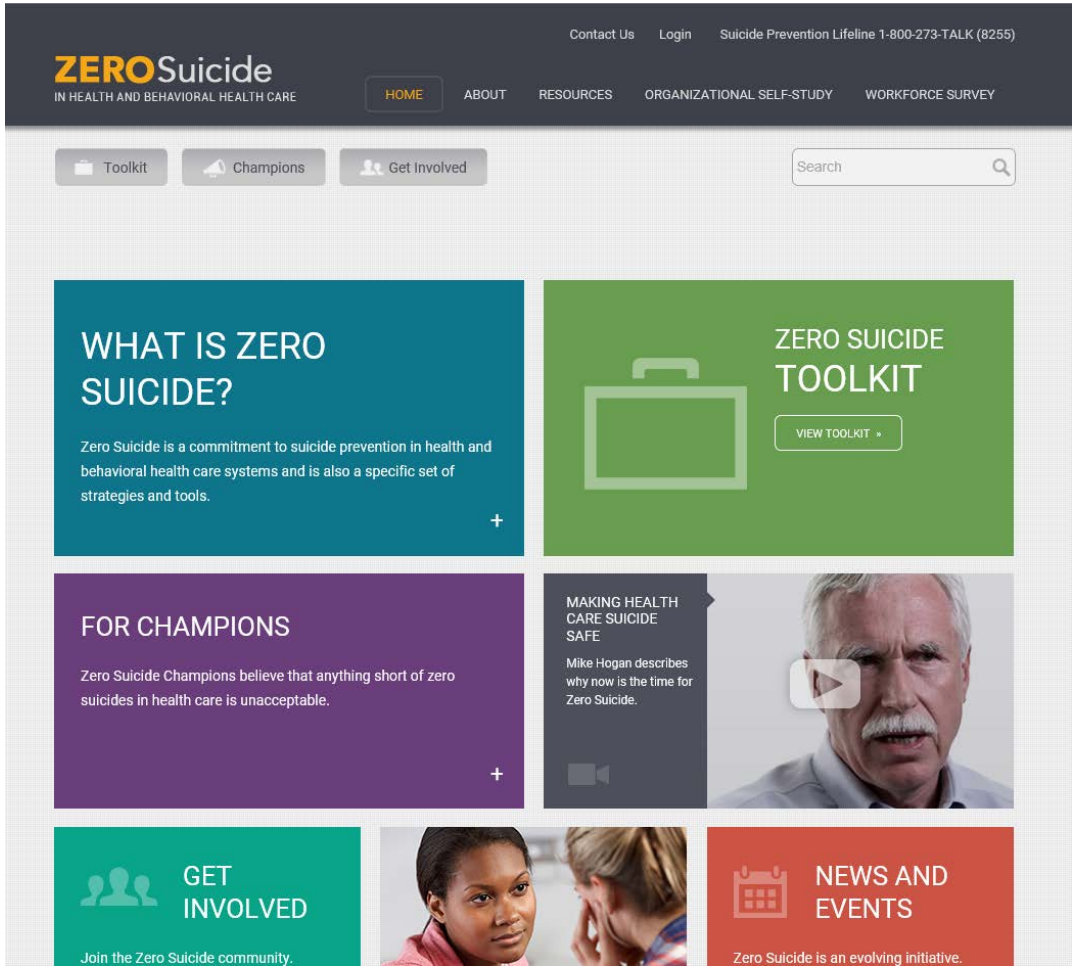
Community Partners Preventing Suicide

1. Make suicide prevention a **core component of behavioral/health care services.**

2. Implement effective programs to **increase communities' capacity** to **identify youth** at risk and **connect them** to the coordinated and competent behavioral/health care system.

3. Support **healthy and empowered individuals, families and communities.**

Implement Zero Suicide



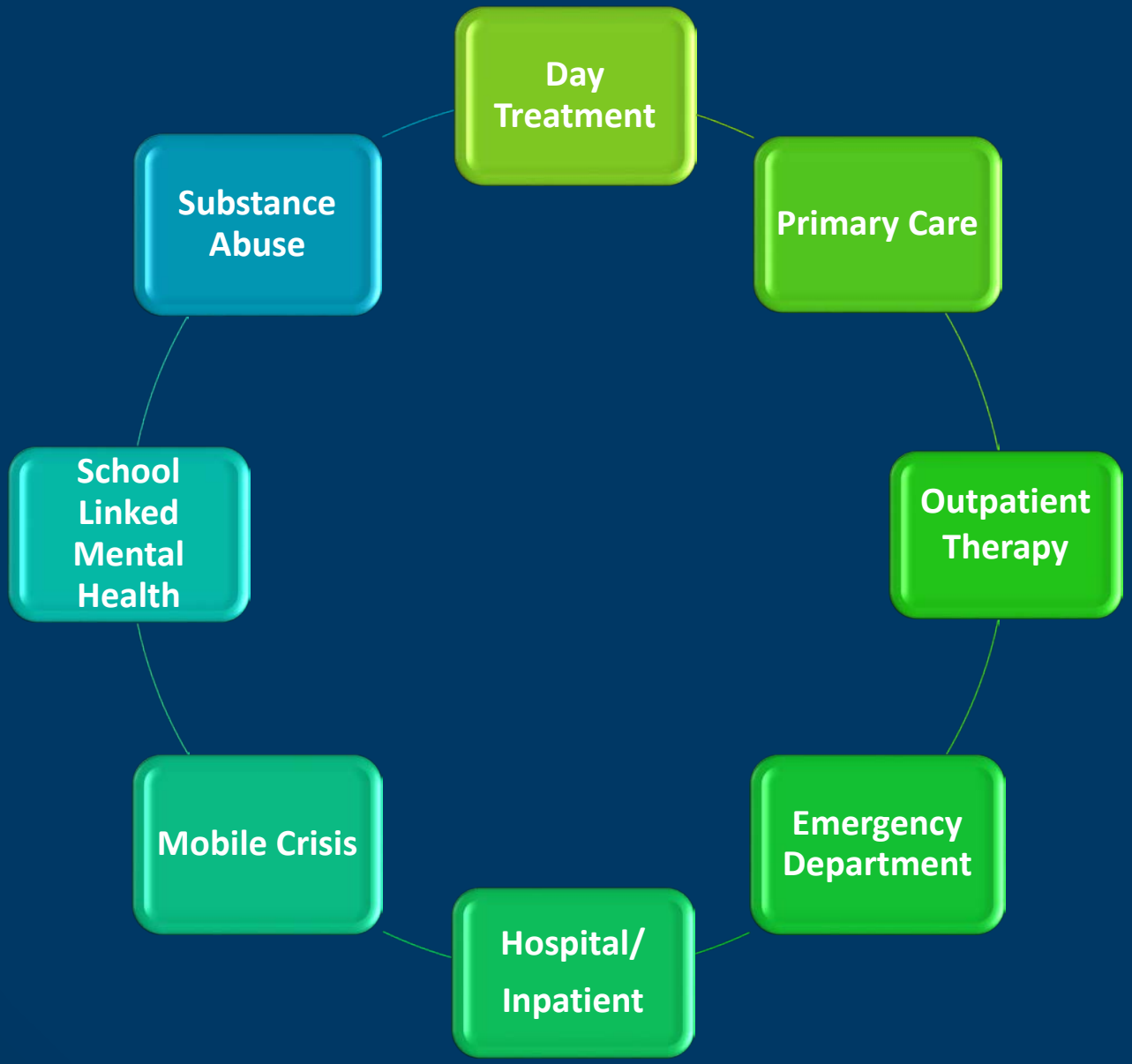
Zero Suicide in Health and Behavioral Health Care

- **Zero Suicide** is a **commitment to suicide prevention** in health and behavioral health care systems
- Zero Suicide provides a specific set of **strategies and tools** for suicide prevention
- Zero Suicide is both a **concept and a practice**
- **Core:** suicide deaths for people under care are preventable and bold goal of zero suicide is an aspirational challenge that health systems should accept.

Fundamental of Zero Suicide

- **Lead**-Make an explicit commitment to reduce suicide deaths
- **Train**-Develop a confident, competent, and caring workforce
- **Identify**- Every person at risk for suicide
- **Engage** client in a Suicide Care Management Plan
- **Treat** suicidal thoughts and behaviors directly
- **Transition**-Follow patients through every transition in care
- **Improve**-Apply data-driven quality improvement

Continuum of Care Communities (CCC)



Youth Suicide Prevention – Garrett Lee Smith

1. Make suicide prevention a **core component of behavioral/health care services.**

2. Implement effective programs to increase communities' capacity **to identify youth at risk and connect them to the coordinated and competent behavioral/health care system**.

3. Support **healthy and empowered individuals, families and communities.**

Comprehensive School Suicide Prevention

- A school-specific comprehensive suicide prevention plan using **a school checklist** to guide suicide prevention efforts
- Interview (school checklist) core team to assess school's awareness of **current suicide prevention activities**
- Develop **recommendations** for core team
- Co-develop a **two-year work plan**
- Provide Training & Technical Assistance

Areas of Suicide Prevention in Schools

- Policy, Procedures, & Protocols
- Develop Life Skills
- Connectedness
- Academic Performance
- Student Wellness
- Identify Students At Risk
- Increase Help Seeking Behaviors
- Provide Mental Health & Substance Use Disorder Services
- Mean Restriction & Environmental Safety

Key Community Partners/Stakeholders

Youth Serving Agencies

- Schools
- Juvenile Justice
- Foster Care
- Colleges/Universities
- Tribal Services/Supports
- Law Enforcement
- Etc.

Subcontractors

- St. Cloud State University
- Wilder Foundation
- SAVE

Grant-Funded Community Supports/Resources

- **Community Assessment**
  - Data Profile
  - Community Readiness Assessment
  - Service Gap Analysis
- **Curriculums**
  - LEADS
  - Sources of Strength
  - American Indian Life Skills Development
  - Lifelines curriculum
  - Good Behavior Game

- **Trainings**
  - At-Risk for high school educators
  - At-Risk for college students
  - Mental health first aid
  - QPR
  - ASIST
  - safeTALK
  - Connect Postvention
  - Trauma-Informed Policing
  - Peer-to-Peer
- **Youth Summits**

New MDH Suicide Prevention Staff

Melissa Dau

Youth Suicide Prevention Coordinator-Mankato

Stephanie Downey

Youth Suicide Prevention Coordinator-Bemidji

Luther Talks

Youth Suicide Prevention Tribal Liaison

Tanya Carter

Behavioral Health Liaison

Project Director: Melissa Heinen
Melissa.heinen@state.mn.us

DEPARTMENT OF HEALTH

Thank you!

Stephanie.Downey

Stephanie.downey@state.mn.us

218-308-2148

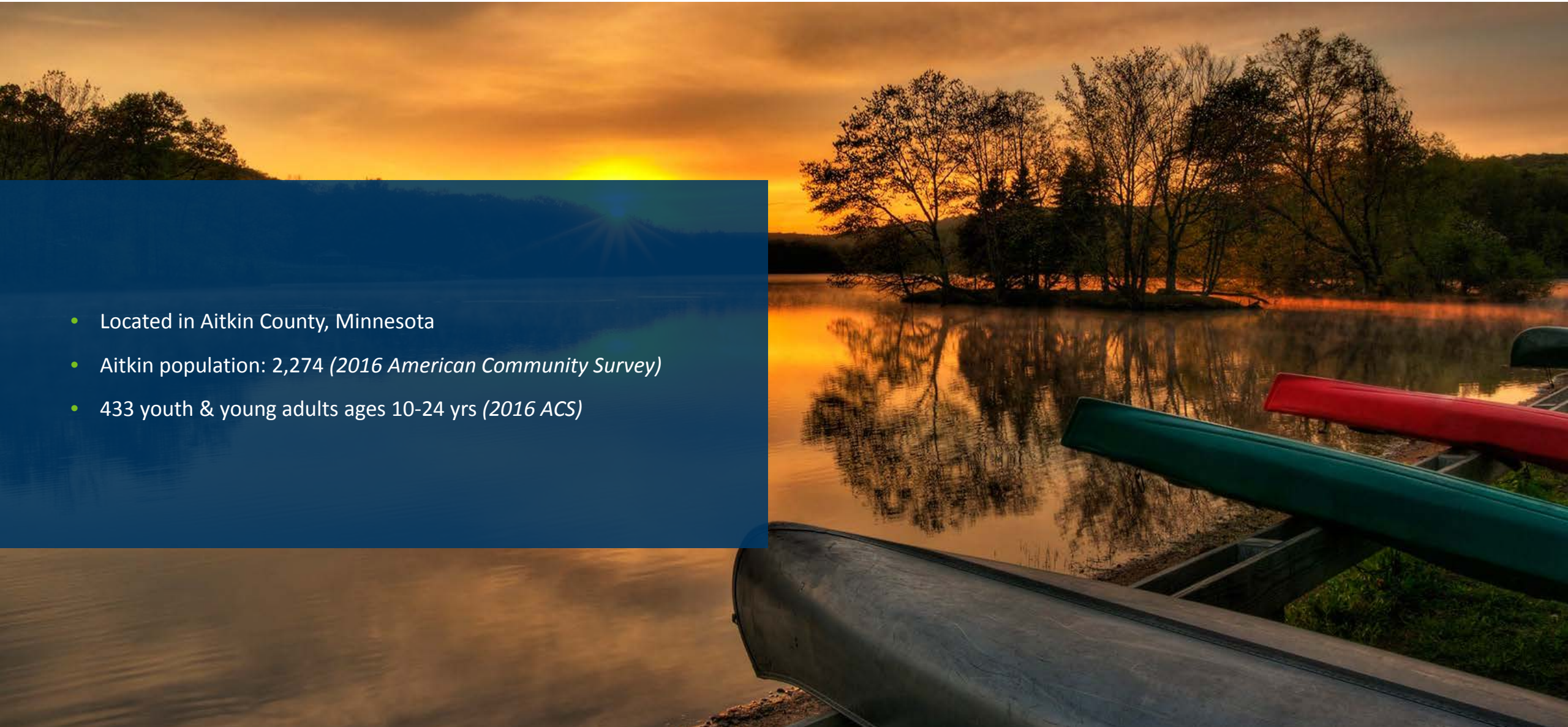
Community Readiness Assessment: Aitkin

Stephanie Downey| Youth Suicide Prevention Coordinator

September 5, 2018

DEPARTMENT OF HEALTH

The Aitkin Community



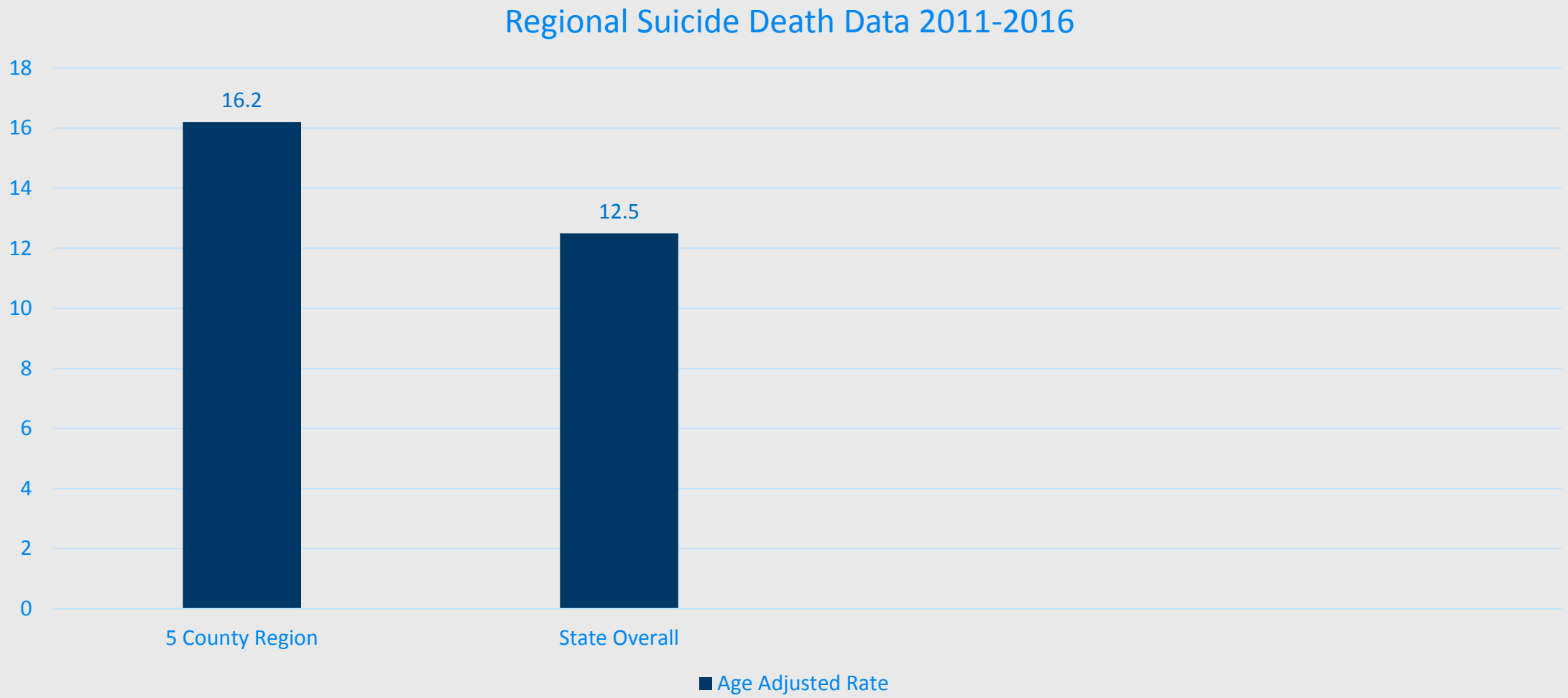
- Located in Aitkin County, Minnesota
- Aitkin population: 2,274 *(2016 American Community Survey)*
- 433 youth & young adults ages 10-24 yrs *(2016 ACS)*

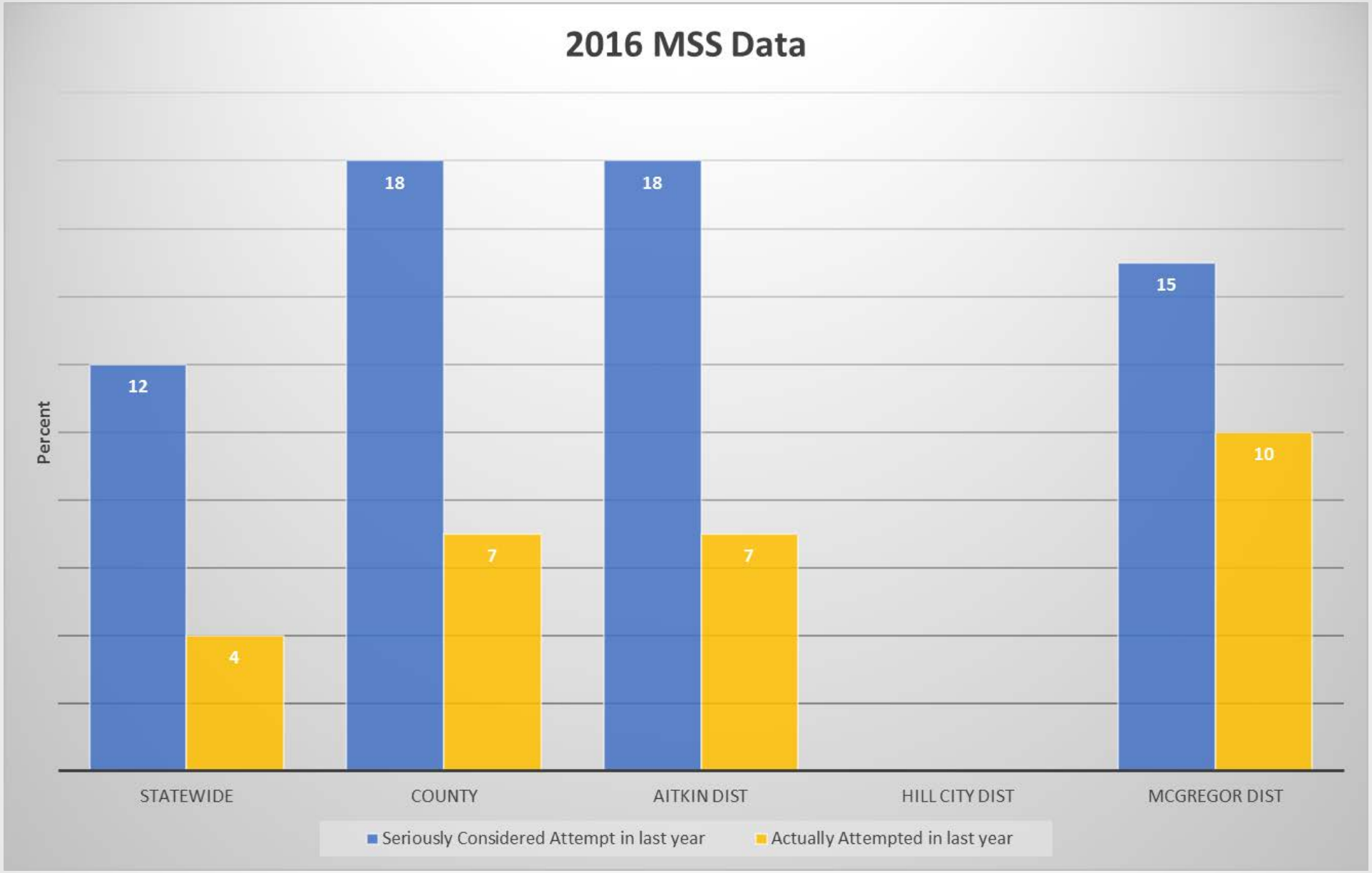
The Issue: Youth Suicide

- Suicide is the 8th leading cause of death in Minnesota, 2016
- Suicide is the 2nd leading cause of death for 15-24 year olds, 2015-2016
- Suicide is the top leading cause of death for 10-17 year olds in Minnesota, 2016

(MDH Center for Health Statistics)

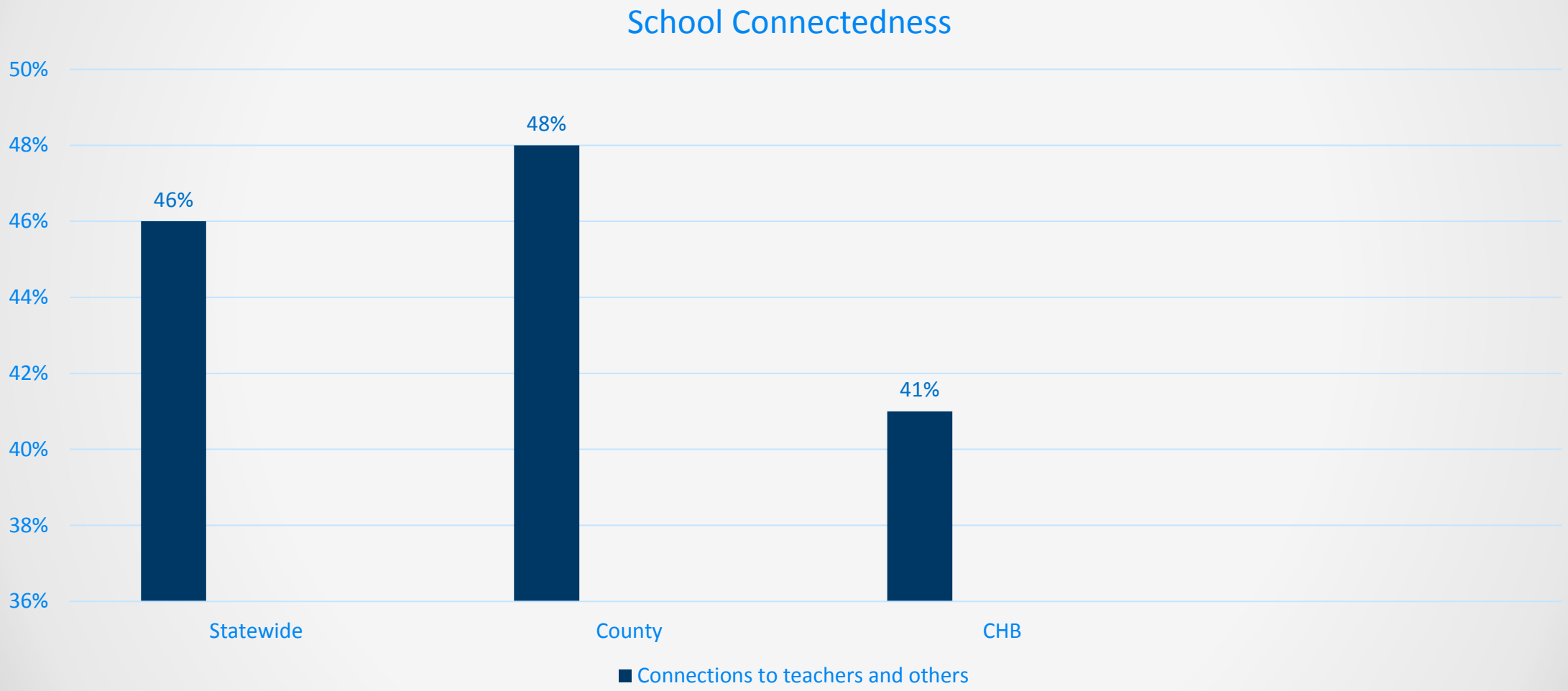
Regional Suicide Death Data





Source: Minnesota Department of Education

2016 MSS Data School Connectedness



Objectives

1. Describe community readiness.
2. Identify the Aitkin community stage of readiness for suicide prevention.
3. Explore prevention efforts that are best suited for the community based on identified readiness stage.

The “degree to which a community is prepared to take action against an issue”

The Community Readiness Model. (Plested et al., 2014)

The Community Readiness Model: A model for Community Change

- **Integrates** a community's culture, resources, and level of readiness to more effectively address the issue
- Builds **cooperation** among systems and individuals
- Encourages **community investment** in suicide prevention and intervention
- **Increases capacity** for the issue and intervention
- Can be used in **any community**
- Can be used to address a **wide range of issues**

Plested et al., 2014

Methods: Community Readiness Model

Community Readiness Model Steps	
Step 1	Identify the issue **(Suicide Prevention)**
Step 2	Define your "community" **(Aitkin)**
Step 3	Conduct Community Readiness Assessment using key respondent interviews to determine community's level of readiness
Step 4	Score the community's stage of readiness for the six dimensions and compute overall score
Step 5	Develop strategies to pursue that are stage-appropriate
Step 6	After a period of time, evaluate the effectiveness of your efforts
Step 7	Utilize what you have learned to apply the model to another issue

Plested et al., 2014

Methods: Community Readiness Model

Six Dimensions of Community Readiness	
Dimension A: Community Efforts	To what extent are the efforts, programs, and policies that address suicide prevention?
Dimension B: Community Knowledge of Efforts	To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
Dimension C: Leadership	To what extent are appointed leaders and influential community members supportive of suicide prevention?
Dimension D: Community Climate	What is the prevailing attitude of the community toward suicide prevention? Is is one of hopelessness or one of responsibility and empowerment?
Dimension E: Community Knowledge about the issue	To what extent do community members know about or have access to information on suicide prevention, consequences, and understand how it impacts your community?
Dimension F: Resources for Prevention	To what extent are local resources (people, time, money, space) available to support the prevention effort?

Plested et al., 2014

Methods: The Community Readiness Model

Plested et al., 2014

Methods: The Community Readiness Model

The Community Readiness Assessment:

- A total of 7 interviews in 7 different community segments
- 4 interviews in person
- 3 interview over-the-phone
- 30 open-ended questions relating to the six readiness dimensions
- Interviews were transcribed
- Scored independently by 2 Minnesota Department of Health staff

Plested et al., 2014

Results

Dimension Specific Scores: The Three Highest Scores		
Dimension	Score	Interpretation
Dimension A: Community Efforts	**3.14**	**Stage 3:** A few community members recognize the need to initiate effort, immediate motivation is missing **Stage 4:** Some community member have met and have begun a discussion of developing community efforts.
Dimension B: Knowledge of Efforts	**3.00**	**Stage 3:** A few community members have heard of efforts, but extent of knowledge is limited. **Stage 4:** Some members of the community have basic knowledge of efforts.
Dimension F: Resources	**2.86**	**Stage 2:** There are no resources available for dealing with suicide prevention. **Stage 3:** The community is not sure what it would take, or where the resources would come from to initiate efforts.

Dimension A: Existing Community Efforts

- *"Due to my past experience, school-age to adults struggle with depression."*
- *"With the recent suicides that have taken place, there are populations and specific groups that are affected and aware. If someone was not connected to the victim, a student at the school, they may not have the awareness, still a missing gap."*
- *"Aitkin has several different counseling services available. They are accessed through their primary care provider or the mobile crisis team."*
- *"Nobody wants to talk about it, it is hidden."*

Dimension B: Community Knowledge about Efforts

- *" I don't know if the community knows of suicide prevention. In regards to mental illness, efforts are being made to bring in agencies: Northern Pines, Northland Counseling."*
- *" I believe most people (services) are well known to community that are out there: Northern Pines, Northland Counseling, Clearview Counseling. No one has ability to serve less than 5 year olds."*
- *"The community knows about it in the newspaper, hospital publications, and some awareness of the mobile crisis team. Most people are unaware."*

Dimension F: Resources for Prevention Efforts

- Northland Counseling
- Northern Pines
- Clearview Counseling
- County Health & Human Services
- Schools
- School Counselors
- Newspaper
- Public Health
- Church/Church youth groups
- Crisis Text Line
- Family/friends/trusted people
- Law Enforcement
- Hospital
- Drug Court

Dimension Specific Scores: The Three Lowest Scores		
Dimension	Score	Interpretation
Dimension E: Community Knowledge about the Issue	**2.79**	**Stage 2:** No knowledge about suicide. **Stage 3:** A few community members have basic knowledge about suicide and recognize that some people may be affected by the issue.
Dimension D: Community Climate	**2.54**	**Stage 2:** The prevailing attitude is "There is nothing we can do," or "Only 'those' people do that," or "Only 'those people' have that." **Stage 3:** The community climate is neutral, disinterested, or believes that suicide does not affect the community as a whole.
Dimension C: Leadership	**2.32**	**Stage 2:** Leaders believe suicide is not a concern in the community. **Stage 3:** Leaders recognize the need to do something regarding suicide prevention.

Dimension E: Community Knowledge about the Issue

- *"It is a hidden issue, an uncomfortable issue. People are sad when it happens but don't know how to prevent it."*

- *" I feel like people's knowledge and experiences with suicide are a '5 or 6'. Knowledge & experiences of people having ideation or attempt may be higher but people knowing what to do or say is lower."*
- *"Nobody wants to talk about it. People shut down & don't want to get involved."*
- *"Very little. It hasn't been spoken about. No attention is brought to it."*

Dimension D: Community Climate

- *"Everyone wants there to be suicide prevention but no one has the tools, time to focus efforts to do so. Everyone does their own little pieces but what else can be done to help? There is a gap between what we should be doing and what we could do."*
- *"I don't think with mental health is it discussed freely. People still think that people are just 'lazy', should 'pick themselves up' and 'just suck it up' kind of attitude."*
- *"Unless you are in a little silo you don't go out and ask people, 'What do you think about suicide?' It is a closed off thing."*

Dimension C: Leadership

- *“Not sure they have a strong awareness of the need or a good understanding of it. They may say that ‘yes’ we need mental health services but not know what that means or looks like.”*
- *“Things are happening…not so good, children & teens are not getting the message the old way. It is all about phones, bullying, depression and thinking there is no way out. Community leaders are very concerned.”*
- *“Start talking about it. People don’t like to talk about it openly. It’s not talked about as much as it should be.”*
- *“It’s not talked about openly unless it is the subject.”*

Results

- Overall Community Readiness

  Score: **2.78**

- Level of Readiness: *Denial/Resistance*

- *Denial/Resistance*: At least some community members recognize that suicide is a concern, but there is limited recognition that it might be occurring locally.

Plested et al., 2014

Results

Issues that key respondents were most concerned about:

- The stigma attached to suicide, mental health and accessing services
- Lack of community knowledge about current efforts
- Lack of knowledge about issue/impact-DATA
- Leadership not knowing what to do and where to start
- The lack of funding for additional suicide prevention programs.
- Lack of knowledge of how to respond to a suicide concern
- Access issues: wait times, bed availability, transportation

Broad Based Recommendations

Stage 2: Denial/Resistance

Goal: Raise awareness that the problem or issue exists in the community.

One-on-one visits with community leaders, members and groups

Visit existing and established small groups to share information about local statistics and general information

Material distribution

Media

Questions?

DEPARTMENT OF HEALTH

Thank you!

Stephanie Downey

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Suicide: a Public Health Concern

Public Health
Prevent. Promote. Protect.

AITKIN COUNTY HEALTH & HUMAN SERVICES

September 2018

Suicide in the United States

Suicide is a major public health concern. It is among the leading causes of death in the United States and is on the rise in many populations. Suicide is defined as death caused by self-directed injurious behavior with the intent to die as a result of the behavior. A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury. Suicidal ideation refers to thinking about, considering, or planning suicide.

According to the Centers for Disease Control and Prevention (CDC), in 2016 suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people. It was the second leading cause of death of for ages 10-34, and the fourth leading cause of death for ages 35-54. In Minnesota, suicide is the 8th leading cause of death for all ages and the second leading cause for ages 15-34. Data also shows that there were more than twice as many suicides (44,965) in the U.S. as there were homicides (19,362).

To compare data across different populations and areas of the U.S., data is often presented in rates. Suicide rate is based on the number of people who have died by suicide per 100,000 population. This allows comparisons from one year to the next. From 1999 to 2016, the total suicide rate increased 28% from 10.5 to 13.4 deaths per 100,000 population. The rate among males (21.3 per 100,00) was nearly four times higher than that of females (6.0 per 100,000).

The cost of suicide

Suicide and suicide attempts take a tremendous emotional toll on the families and friends of those who died, as well as on attempt survivors. But suicide also has an economic costs for individuals, families, communities, states, and the nation as a whole. These include medical costs for individuals and families, lost income for families, and lost productivity for employers.

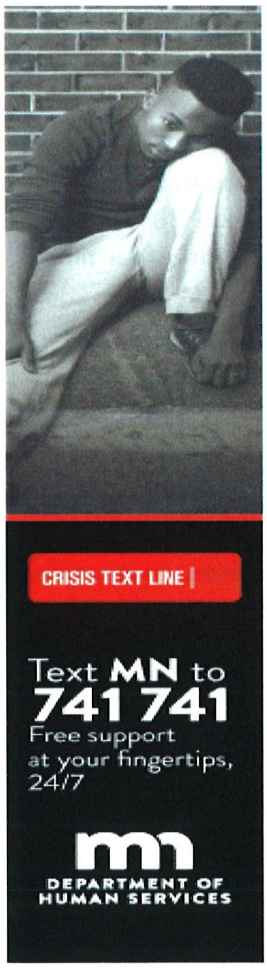
A 2016 study estimated that the annual public cost of suicide attempts and suicides in the Untied States is approximately $93.5 billion. This is nearly double what was previously thought. This study also projected supporting psychotherapeutic and other linkage interventions across the age spectrum would lower overall suicide by 10 %, resulting in an overall savings of $9.4 billion to the American economy.

Community Readiness Assessment

The community Readiness Model was developed by researchers to help communities be more successful in their efforts to address a variety of issues (i.e. suicide, drug and alcohol use, obesity/nutrition). The model can help a community move forward and be more successful in its efforts to change. It measures the community's readiness level on several dimensions that will help diagnose where to start initial efforts. It identifies a community's weaknesses and strengths, as well as the obstacles that will likely be encountered.

Community Readiness is composed of six dimensions or aspects that help guide the community in moving forward in their readiness level. These dimensions are: community efforts, community knowledge of efforts, leadership, community climate; community knowledge of the issue, and resources. Each dimension will receive a community readiness score. The individual dimension scores are then averaged to determine an overall community readiness score.

A community readiness assessment was completed for teen/youth suicide in the Aitkin area. Key respondents were identified from eight sectors: health, social services, mental health, schools, government, law enforcement, faith community, and community at large. Seven of the eight were interviewed for the assessment. The overall community readiness score for Aitkin was **2.78**. The level of readiness is denial/ resistance. This means that at least some members of the community recognize that suicide is a concern, but there is limited recognition that it might be occurring locally.



Crisis Text Line

Crisis Text Line is offering Text-based suicide prevention services across Minnesota. People who text MN to 741741 will be connected with a counselor who will help defuse the crisis and connect the texter to local resources. Crisis Text Line is available 24 hours a day, seven days a week.

In Minnesota and across the nation, text suicide response services have been successful in helping people in need. Texting is the preferred way to communicate for many people — especially youth — and it is important to reach people where they are at when they are contemplating suicide or in crisis.

Crisis Text Line, a non-profit that has offered this service nationally since 2013, will be the state's sole provider for this service. Crisis Text Line handles 50,000 messages per month and over 20 million messages since 2013 from across the U.S., connecting people to local resources in their community.

Crisis Counselors at Crisis Text Line are dedicated, trained and supervised volunteers from around the United States. Crisis Counselors undergo a rigorous application process before undergoing a six-week, 30-hour training program. Supervisors are mental health professionals with either master's degrees or extensive experience in the field of suicide prevention.

Helping Someone in Crisis

What would you do if you saw someone choking? You would perform the Heimlich maneuver. What about if someone's heart stopped? You would perform CPR. What if you saw someone's clothes catch fire? You would tell them to "stop, drop, and roll". Now, what would you do if someone was in a suicidal crisis? Would you know what to do? Would you be able to help them? Yes, you can help them and Public Health wants to make sure that you know how.

The first step is knowing what to look for—here are some warning signs that someone may be contemplating suicide:

- Feeling like a burden to others
- Being isolated
- Increased anxiety or agitation; behaving recklessly
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness or no reason to live
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

The second step is to follow the 5 action steps to help someone at risk:

1. **Ask**—if you think someone might be considering suicide, ask the tough question: " Are you thinking about killing yourself?"
2. **Keep them safe**—establish immediate safety. Find out if they have already done anything to try and kill themselves. Ask if they have a detailed plan. Remove any lethal means available to them.
3. **Be there**—be present, listen with compassion and without judgement, let them know that you care about them. Make sure that you follow through in the ways that you say you will be there to support the person.
4. **Help them connect**—work with them to develop a safety plan; include a list of people they can reach out to for support: friends, family, teachers, coaches, neighbors, clergy members, therapists or counselors. Connect them to crisis care resources such as the Suicide Prevention Lifeline (1-800-273-8255) and Crisis Text Line (text MN to 741741). These crisis care resources are free, confidential, and available 24/7.
5. **Follow up**—check in regularly with the person you are concerned about, let them know that you are thinking about them and that you are there for them if needed. Leave them a message, send a text, or give them a call—just let them know that you are still there for them.

Suicide in not inevitable for anyone. By starting the conversations, providing support, and connecting those in need to help, we can prevent suicides and save lives. We need to reduce the stigma around mental illness to encourage those suffering to seek out and receive the help that they need.

If you or someone you know is in immediate danger with a suicidal crisis, call 911. If you are thinking about suicide or are worried about a friend or loved one, or would like emotional support, call the National Suicide Prevention Lifeline at 1-800-273-8255 or visit www.suicidepreventionlifeline.org. For the Crisis Text Line, text MN to 741741 to be connected to resources in Minnesota. They provide free and confidential emotional support to people in suicidal crisis or emotional distress 24/7.

Risk factors

Suicide does not discriminate. People of all genders, ages and ethnicities can be at risk.

The main risk factors for suicide are:

- A prior suicide attempt
- Depression and other mental health disorders
- Substance abuse disorder
- Family history of a mental health or substance abuse disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Being in prison or jail
- Being exposed to others' suicidal behavior, such as a family member, peer, or media figure
- Medical illness
- Being between the ages of 15 and 24 years or over age 60

Even among people who have risk factors for suicide, most do not attempt suicide. It remains difficult to predict who will act on suicidal thoughts.

According to the Centers for Disease Control and Prevention (CDC), men are more likely to die by suicide than women, but women are more likely to attempt suicide. Men are more likely to use more lethal methods, such as firearms or suffocation. Women are more likely than men to attempt suicide by poisoning.

Also per the CDC, certain demographic subgroups are at higher risk. For example, American Indian and Alaska Native youth and middle-aged persons have the highest rate of suicide, followed by non-Hispanic White middle-aged and older adult males. African Americans have the lowest suicide rate, while Hispanics have the second lowest rate. The exception to this is younger children. African American children under the age of 12 have a higher rate of suicide than White children. While younger preteens and teens have a lower rate of suicide than older adolescents, there has been a significant rise in the suicide rate among youth ages 10 to 14. Suicide ranks as the second leading cause of death for this age group, accounting for 425 deaths per year and surpassing the death rate for traffic accidents, which is the most common cause of death for young people.

Most people who have the risk factors for suicide will not kill themselves. However, the risk for suicidal behavior is complex. Research suggests that people who attempt suicide may react to events, think, and make decisions differently than those who do not attempt suicide. These differences happen more often if a person also has a disorder such as depression, substance abuse, anxiety, borderline personality disorder, and psychosis. Risk factors are important to keep in mind; however, someone who has warning signs of suicide may be in more danger and require immediate attention.

Suicidal thoughts or actions are a sign of extreme distress and an alert that someone needs help. Any warning sign or symptom of suicide should not be ignored. All talk of suicide should be taken seriously and requires attention. Threatening to die by suicide is not a normal response to stress and should not be taken lightly.

Suicide in Children and Teens

Suicides among young people continue to be a serious problem. Suicide is the second leading cause of death for children, adolescents, and young adults age 5-to-24-year-olds. The majority of children and adolescents who attempt suicide have a significant mental health disorder, usually depression. Among younger children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity. Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems.

Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriately treated with a comprehensive treatment plan. Thoughts about suicide and suicide attempts are often associated with depression. In addition to depression, other risk factors include:

- family history of suicide attempts
- exposure to violence
- impulsivity
- aggressive or disruptive behavior
- access to firearms
- bullying
- feelings of hopelessness or helplessness
- acute loss or rejection

Children and adolescents thinking about suicide may make openly suicidal statements or comments such as, "I wish I was dead," or "I won't be a problem for you much longer." Other warning signs associated with suicide can include:

- changes in eating or sleeping habits
- frequent or pervasive sadness
- withdrawal from friends, family, and regular activities
- frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.
- decline in the quality of schoolwork
- preoccupation with death and dying

Young people who are thinking about suicide may also stop planning for or talking about the future. They may begin to give away important possessions.

People often feel uncomfortable talking about suicide. However, asking your child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Specific examples of such questions include:

- Are you feeling sad or depressed?
- Are you thinking about hurting or killing yourself?
- Have you ever thought about hurting or killing yourself?

Rather than putting thoughts in your child's head, these questions can provide assurance that somebody cares and will give your child the chance to talk about problems.

Parents, teachers, and friends should always err on the side of caution and safety. Any child or adolescent with suicidal thoughts or plans should be evaluated immediately by a trained and qualified mental health professional.

Bringing people together to create a healthy future for all of Aitkin County

Public Health
Prevent. Promote. Protect.

CAPS: Committee for the Awareness and Prevention of Suicide

Aitkin county is working on the issue of Suicide. A committee is being formed to help raise awareness of the issue and resources available. We are looking for representation from many aspects of the community: public health, law enforcement, social services, veterans services, mental health, healthcare, clergy, government, as well as people directly effected by a suicide or suicide attempt. If you or someone you know would like to be part of this committee, please attend the upcoming meeting on **September 11th at 1:30 at Health & Human Services.**

For more information and to be including in future emails about this committee, please email Brea Hamdorf at brea.hamdorf@co.aitkin.mn.us

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK(8255) connects the caller to a certified crisis center near where the call is placed.

The Veterans Crisis Line is a free, confidential resource that's available to anyone, even if you're not registered with VA or enrolled in VA health care. The caring, qualified responders at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances.

If you're a Veteran in crisis or concerned about one, there are caring, qualified VA responders standing by to help 24 hours a day, 7 days a week

Veterans Crisis Line
1-800-273-8255
PRESS 1