



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 WORKGROUP

Meeting Minutes

June 5, 2019

Committee Members Present:

Penny Olson
Kristine Layne
Joy Janzen
Steven Teff
Carole Holten
Lori Chenevert
Cindy Chuhanic
Joel Hoppe
Terri Mathis
Joell Miranda

Guests:

Shawn Speed, Clerk to the Committee
Brea Hamdorf, Disease Prevention & Control PHN
Robert Marcum, Citizen
May Marana, Crisis Line and Referral Service

Absent:

Kevin Insley
Kari Paulsen
Commissioner Laurie Westerlund
Commissioner Mark Wedel

I. Call to Order

- a. Carole called to order the workgroup meeting of the Aitkin County Health & Human Services Advisory Committee at 3:04pm on June 5, 2019 at Aitkin County Health & Human Services in the large conference room.

II. Approval of June 5, 2019 Agenda

- a. Joy moved to approve the agenda, Steve seconded, all members voting yes to approve the agenda.

III. Approval of Minutes from April 3, 2019 meeting

- a. Lori moved to approve the minutes as presented, Cindy seconded, all members voting yes to approve the minutes.

IV. Member Comments –

- a. Lori mentioned the Aitkin Community Meal that is coming up on June 24th and that the HHS Union was going to be serving the meal with the Advisory Committee and she had 5 Union members that were coming along with the 3 Advisory members who had signed up to help. There is a 3pm set-up time and should plan on being there until a little after 6pm to clean up.
- b. Brea mentioned that the Fair Booth is in the planning stages and, as such, needs volunteers to man it. Anyone who would be willing to help out at it can let Shawn know that they are interested.

V. QPR Training – May Marana, Crisis Line and Referral Service

- a. May went through the included slides on Question, Persuade, and Refer.
- b. Wanted to make sure that everyone gave themselves permission to understand that we can't save everyone.
- c. Had everyone break into teams of two and practice having the tough conversation about suicide with someone.

VI. Adjournment

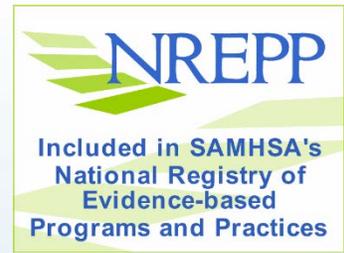
- a. The meeting was adjourned at 4:40pm.

Carole Holten, 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 June 5, 2019 workgroup.
- Copy of the minutes from the April 4, 2019 workgroup.



QPR INSTITUTE

U.S.A Suicide: Official Statistics

47,000 deaths annually attributed to suicide

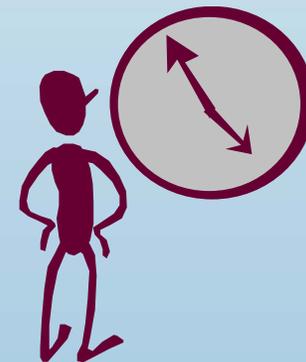
2017	47,173
2016	44,965
2015	44,193
2014	42,773
2013	41,149
2012	40,600
2011	39,518
2010	38,364
2009	36,909

Timing of USA suicides

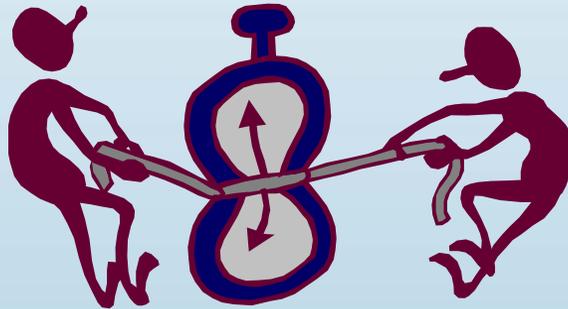
1 suicide every 11 minutes

or

129 suicides every day



**6252 young people
(age 15-24)
die by suicide each year (2017)**



**at a rate of
one suicide every two hours**

Suicide is a leading cause of death (2017)

<u>Rank & Cause</u>	<u>Number of deaths</u>
1. Diseases of the heart	647,457
2. Malignant neoplasms (cancer)	599,108
3. Accidents (unintentional injury)	169,936
4. Chronic obstructive pulmonary diseases	160,201
5. Cerebrovascular diseases (stroke)	146,383
6. Alzheimer's Disease	121,404
7. Diabetes mellitus	83,564
8. Pneumonia and influenza	55,672
9. Nephritis, nephrosis	50,633
10. Suicide (Intentional Self-Harm)	47,173
Homicide ranks 16th	19,510

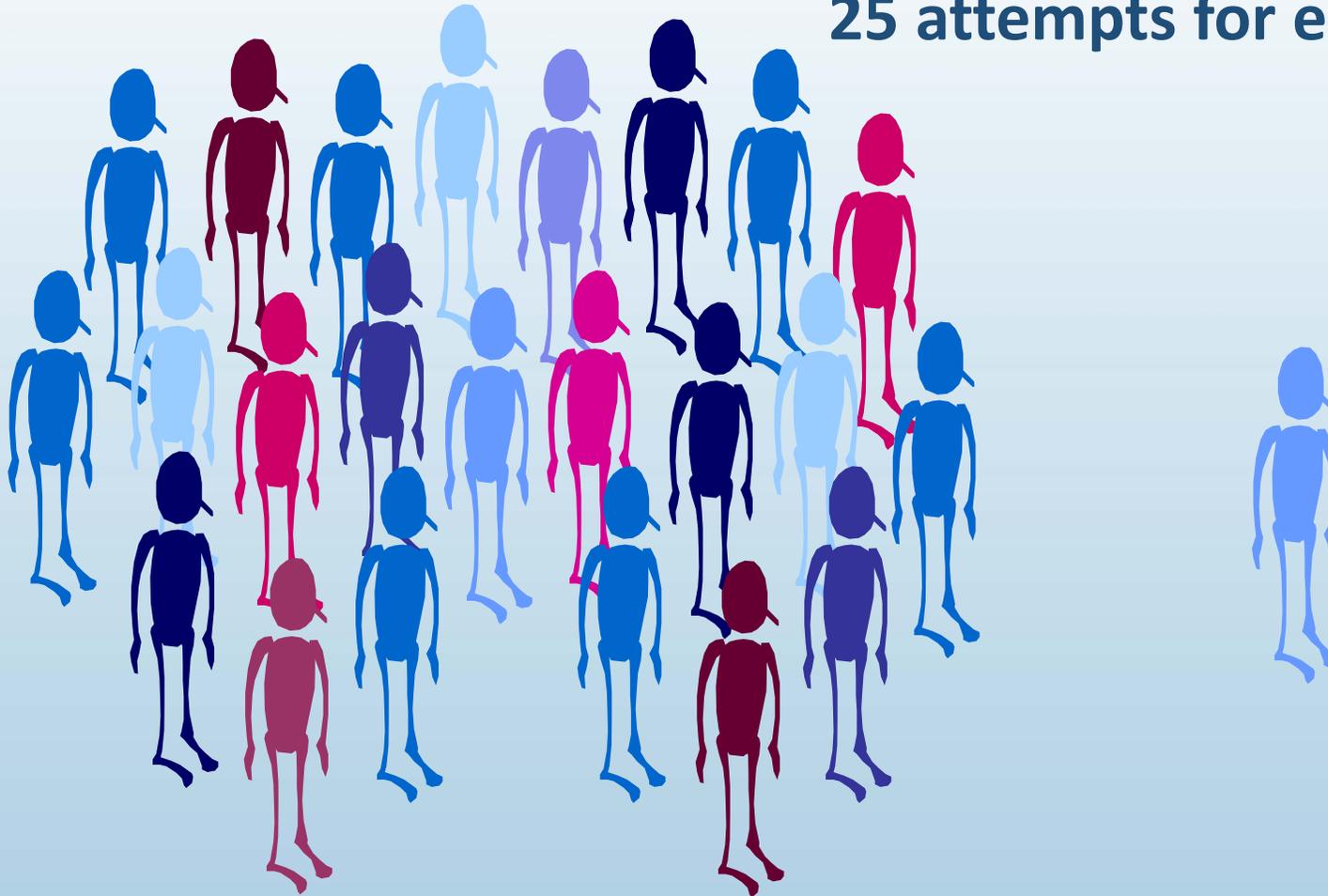
National ranking and rate of suicide, 2017

01	Montana	29.6	18	Arizona	18.9	36	Michigan	14.6
02	Wyoming	27.1	19	Missouri	18.8	37	Nebraska	14.3
03	Alaska	27.0	20	Vermont	18.0	38	Minnesota	14.0
04	New Mexico	23.5	21	Washington	17.5	39	Virginia	13.9
05	Idaho	22.8	22	Tennessee	17.4	39	Georgia	13.9
06	South Dakota	22.0	23	Kentucky	17.3	41	Texas	13.3
07	West Virginia	21.6	24	Alabama	17.1	42	Rhode Island	12.2
08	Utah	21.4	25	South Carolina	16.7	43	Delaware	11.6
09	Colorado	21.1	26	Indiana	16.4	44	Illinois	11.5
10	Arkansas	21.0	27	Wisconsin	16.0	44	Connecticut	11.3
11	Nevada	20.9	28	Hawaii	15.9	46	California	10.9
12	Maine	20.5	29	Pennsylvania	15.9	47	Maryland	10.4
13	North Dakota	20.4	30	Florida	15.4	48	Massachusetts	9.9
14	Oregon	19.9	31	Louisiana	15.4	48	New Jersey	8.8
15	New Hampshire	19.7	32	Iowa	15.2	50	New York	7.5
16	Oklahoma	19.2	33	Ohio	14.9	51	Washington, DC	6.8
17	Kansas	19.0	33	Mississippi	14.9			
			35	North Carolina	14.6			

USA Total Rate 13.9

Estimates of attempted suicide

25 attempts for each documented death



(Note: 47,000 suicides translates into 1,200,000 attempts annually)

Impact of Suicide

Inclusive of blood relatives, Julie Cerel at the University of Kentucky has reported the following additional impacts from a single death by suicide:

- 115 are exposed
- 53 have short term disruption in life
- 25 have a major life disruption
- 11 have devastating effects on their life

Impacts especially severe in small, tight-knit communities.

Numbers of those impacted by and exposed to suicide

- Suicide risk is greater in survivors (e.g., 4-fold increase in children when a parent dies by suicide)
- If roughly 47,000+ Americans die by suicide each year over ONE MILLION people suffer devastating effects on their life and/or suffer a major life disruption.
- How many have died by suicide since 9/11?
- How many new survivors are there?

The ratio of 11 people experiencing devastating effects per suicide means there are:

11 new people experiencing devastation every 11 minutes

OR

1419 every day

The logo for QPR Institute features the letters 'QPR' in a large, dark red, serif font. Below 'QPR' is the word 'INSTITUTE' in a smaller, black, sans-serif font. The entire logo is enclosed within a light blue circular arc that is open at the top and bottom.

QPR
INSTITUTE



Included in SAMHSA's
National Registry of
Evidence-based
Programs and Practices

Ask A Question, Save A Life

QPR

Question, Persuade, Refer

QPR

- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

- No one can stop a suicide, it is inevitable.

If people in a crisis get the help they need, they will probably never be suicidal again.

Confronting a person about suicide will only make them angry and increase the risk of suicide.

Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

- Only experts can prevent suicide.

- Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

- Suicidal people keep their plans to themselves.

- Most suicidal people communicate their intent sometime during the week attempt.

- Those who talk about suicide don't do it.

- People who talk about suicide may try, or even complete, an act of self-destruction..

- Once a person decides to complete suicide, there is nothing anyone can do to stop them.

- Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

Suicide Clues And Warning Signs

The more clues and signs observed,
the greater the risk.

Take all signs seriously.

Direct Verbal Clues:

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

Indirect Verbal Clues

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

Q Question

Less Direct Approach:

- “Have you been unhappy lately?
Have you been very unhappy lately?
Have you been so very unhappy lately that you’ve been thinking about ending your life?”
- “Do you ever wish you could go to sleep and never wake up?”

Q Question

Direct Approach:

- “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”
- “You look pretty miserable, I wonder if you’re thinking about suicide?”
- “Are you thinking about killing yourself?”

NOTE: If you cannot ask the question, find someone who can.

Q Question

How NOT to ask the suicide question:

- “You’re not thinking of killing yourself, are you?”
- “You wouldn’t do anything stupid would you?”
- “Suicide is a dumb idea. Surely you’re not thinking about

P Persuade

How to Persuade someone to stay alive

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to insoluble problem
- Do not rush to judgment
- Offer hope in any form

P Persuade

Then Ask:

- “Will you go with me to get help?”
- “Will you let me help you get help?”
- “Will you promise me not to kill yourself until we’ve found some help?”

**YOUR WILLINGNESS TO LISTEN AND TO HELP
CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.**

R Refer

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

Remember

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.

For Effective QPR

- Say: "I want you to live," or "I'm on your side...we'll get through this."
- Get Others Involved. Ask the person who else might help. Family? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?

For Effective QPR

- Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.

REMEMBER

**WHEN YOU APPLY QPR, YOU PLANT THE SEEDS OF
HOPE. HOPE HELPS PREVENT SUICIDE.**

QPR TRAININGS:

IF YOU WOULD LIKE TO HAVE A QPR TRAINING FOR YOUR COMPANY, SCHOOL STAFF, CHURCH, FIRE DEPARTMENT, FIRST RESPONDERS, POLICE DEPARTMENT, ETC. CALL MARY AT 218-828-4515.

THESE EVIDENCED BASED QPR TRAININGS ARE MADE POSSIBLE THROUGH A GRANT FROM DHS AND THE CRISIS LINE AND REFERRAL SERVICE AND ARE AT NO COST TO YOU AND OFFER 1 CEU.

THANK YOU