CULTIVATING RESILIENCY for Women in Agriculture

UNIVERSITY OF MINNESOTA EXTENSION





Suicide and the Agriculture Way of Life: What you need to know

Presenters: Shauna Reitmeier, MSW, LGSW Northwestern Mental Health Center

Welcome!!!

 Brought to you by: American Agri-Women, District 11 MN Agri-Women and the University of Minnesota - Women in Ag Network with funding from UMASH

 Format 45-60 Minute Presentation & 30 Minute Question and Answer Segment

Webinar Logistics

•You are in "listen only" mode (muted) during the webinar.

•A recording of this presentation will be made available at:

- American Agri-Women (AAW) website: <u>www.americanagriwomen.org</u>
- Upper Midwest Agricultural Safety and Health Center

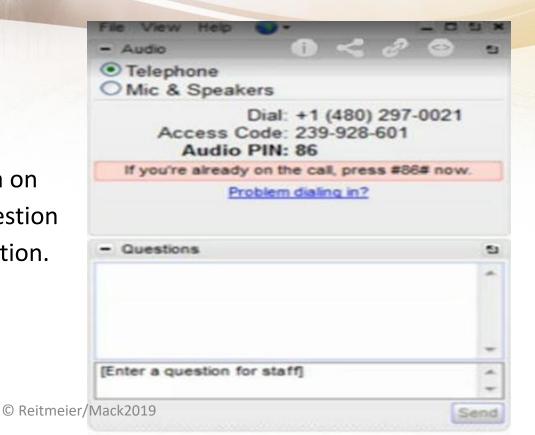
<u>http://umash.umn.edu/cultivating-resiliency-webinars/</u>

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Webinar Logistics

•A survey will launch after the webinar. We appreciate your feedback.

•Please use the "Question" area on your control panel to post a question at any time during the presentation. Questions will be selected and responded to at the end of the presentation.



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Go to www.americanagriwomen.org/webinars/

Past Webinars

Basics of Recordkeeping and Financials for Farmers and Ranchers Tuesday, February 28, 2017 – 1:00 PM – 2:00 PM CST



Presented by: Megan Roberts

In this session, you will learn about the basics of farm recordkeeping. Proper farm recordkeeping can save you both time and money. We will learn why it is important to keep records, discuss how to classify assets and liabilities, identify ways to record transactions, briefly overview the four primary financial statements, and talk about electronic recordkeeping systems.

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About Shauna Reitmeier

- Raised on the family farm in Crookston, MN.
- Family and friends that farm and farm land owner
- Social Worker, Mental Health and Substance Use Disorder Advocate
- CEO for Northwestern Mental Health Center serving 6 Ag Counties
- Passionate about Rural and Frontier farmers and increasing access to services



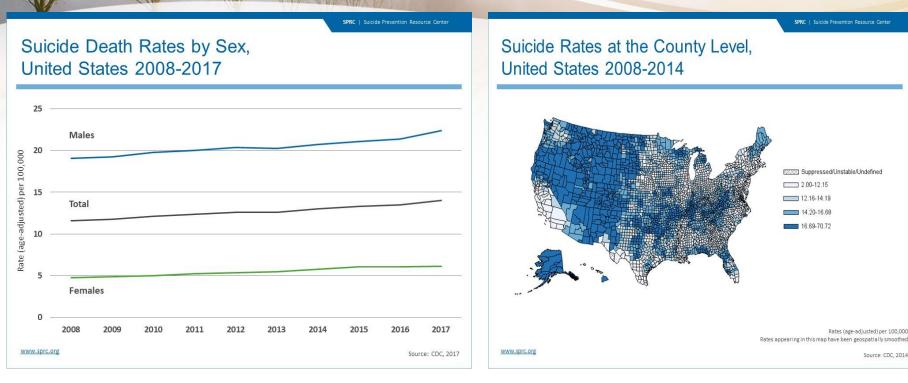
Before We Begin Together

- The information shared today is based on the most current data, research and interventions related to suicide prevention.
- Some topics may bring up thoughts or feelings that you may not have been prepared to address, resources will be provided for you to seek assistance if needed.
- The information is not intended to be treatment nor is this certifying you that you have been trained in a suicide prevention course.
- Opportunities for participants to be involved (Polls, Questions/Responses and the wrap up Q & A's)
- We look forward to walking this journey together and learning from you.

Why talk about Suicide

- May is Mental Health Awareness Month
- Suicide is the 10th leading cause of death in the US
 - In MN suicide is ranked #8 leading cause of death
- Retracted Center for Disease Control Report drew attention to the impact of suicide in the Farming/Ag way of life
- Empower all of us to shift the conversation from fear to courage

Why talk about Suicide



http://www.sprc.org/scope/united-states

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SPRC | Suicide Prevention Resource Center

Suppressed/Unstable/Undefined

Rates (age-adjusted) per 100,000

Source: CDC, 2014

2.00-12.15

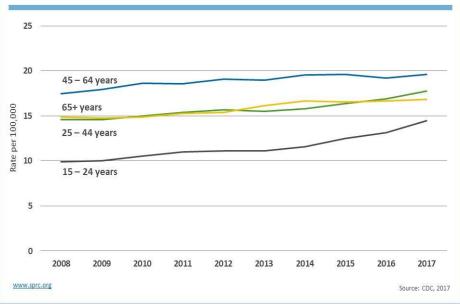
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Why talk about Suicide

SPRC | Suicide Prevention Resource Center

Suicide Rates by Age, United States 2008-2017



10 Leading Causes of Death, United States 2016, All Races, Both Sexes

		10-14	15-24	25-34	Age groups 35–44	45-54	55-64	65+
	1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malgnant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118
	2	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927
	3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Discase 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Lower Respiratory Diseas 131,002
	4	Homicide 147	Malgnant Neoplasms 1,431	Malignant Neoplasma 3,791	Suicide 7,030	Suicide 8,437	Chronic Lower Respiratory Disease 17,810	Cerebrovascular 121,630
Gub	5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Hemicide 3,369	Liver Disease 8,364	Diabetes Melitus 14,251	Alzheimer's Disease 114,883
Hanking	6	Heart Disease 111	Congenital Anomalics 388	Liver Discase 925	Liver Disease 2,851	Diabetes Mollitus 6,267	Liver Discase 13,448	Diebetes Melitus 56,452
	7	Chronic Lower Respiratory Disease 75	Diabetes Melitus 211	Diabetes Mellitus 792	Diabetes Meilitus 2,049	Cerebrovascular 5,353	Cerebrovascular 12,310	Unintentional Injury 53,141
	8	Cerebrovascular 50	Chronic Lower Respiratory Disease 206	Cerebrovascular 575	Cerebrovascular 1,851	Chronic Lower Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479
	9	Influenza & Pneumonia 39	Influenza & Pneumoria 189	∺liV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095
8	10	Septicernia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicema 30,405

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http://www.sprc.org/scope/age

Overview

- Risk & Protective Factors
- Warning Signs
- How to talk about suicide
- Resources for someone suicidal
- Training to enhance confidence

Poll

- How confident are you to have a conversation with someone you are concerned may be suicidal?
 - 1. Very Confident
 - 2. Somewhat Confident
 - 3. Not Confident

Personal Force Field: Protective Factors

- Effective behavioral health care
- <u>Connectedness</u> to individuals, family, community, and social institutions
 - a. Remember our 3 legged stool of social interaction, interconnectedness.
- <u>Life skills</u> (including problem solving skills and coping skills, ability to adapt to change)

• Self-esteem and a sense of purpose or meaning in life

• Cultural, religious, or personal beliefs that discourage suicide



Risk Factors

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
 - Alcohol=depressant
 - Stimulants=quick decisions and action
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
 - Significant in rural farming/ag communities
- Knowing someone who died by suicide, particularly a family member
- Social isolation
 - Distance from other, significant in farming/ag
- Chronic disease and disability
- Lack of access to health & behavioral health care
 - Significant in farming/ag communities: far distances, limited options



Risk Factors across Groups

 Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among <u>lesbian, gay, bisexual, and transgender</u> (<u>LGBT</u>) youth.

• The historical trauma suffered by <u>American Indians and Alaska Natives</u> (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population.

• For men in the middle years, stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

Precipitating Factors

• End of a relationship or marriage

• Death of a loved one

• An arrest or legal trouble

• Serious financial problems

Warning Signs

Immediate Risk: (Get Help Right Away)

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Serious Risk:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What do I do?

- Be Present & Listen
- Here is where we move out of fear and into Courage:
 - Ask the **DIRECT** question
 - "are you thinking about suicide?"
 - "do you have thoughts about wanting to stop living?"
- Asking the question <u>does not</u> increase the risk

What if they say YES?

- Continue to Be Present & Listen
- Remember to Breath



- Ask them if they have a plan of how they will die by suicide?
 - If they do have a plan...
 - Ask them do they have access or the means to carry it out.

Now what?

If the person is <u>NOT</u> suicidal:

- Let them know you are concerned about them and wanted to be sure. Ask them if they have been feeling depressed or overwhelmed. If yes...
- Encourage them to seek help
 - Doctor, minister, friend, therapist
 - Offer to go with them for support
 - Check in periodically.

Now what?

If the person <u>IS</u> suicidal:

- Help them access services.
- Call the local or National Suicide
 Prevention Lifeline or text line
- Ask them if they will promise you to stay alive until you can get help.
- Offer to make the call or appointment

What if they won't get help?

- Again, now isn't the time to be concerned if the person will be mad. This is about safety and life.
- Call the National Suicide Lifeline and let them know where you are calling from. They will guide you of where to go.
- If all else, call your local law enforcement agency
 - In all states, laws do not allow someone to kill themselves without having treatment first
 - They will help you get connected to the right professionals.

Resources

MINNESOTA FARM & RURAL HELPLINE 833-600-2670

Free. Confidential. 24/7.

NEED TO TALK?

Are you struggling with feeling alone, sad, stressed, or worried and feel like you have no one to turn to?

CALL US.



CRISIS TEXT LINE | 74174





Text MN to 741741 Free support at your fingertips, 24/7

CRISIS TEXT LINE |



Poll

Did you find this information helpful in being able to gain confidence in asking THE Suicide Question? Yes
 Somewhat
 No



Suicide Prevention Resource Center •



Trainings

- ASIST: Applied Suicide Intervention Skills Training
 - 2 day interactive workshop; recognize suicide, planning to support immediate safety
 - CALM: Counseling on the Access to Lethal Means
 - target audience mental health professionals/ healthcare, social services
 - Through Suicide Prevention Resource Center
- MHFA: Mental Health First Aid
 - One day training, encompasses mental health, substance use and suicide.
- **QPR**: Question. Persuade. Refer.
 - Online training for a fee, 1 hour in length

References/Resources

- American Association of Suicidology; <u>https://www.suicidology.org/</u>
- ASIST; <u>https://www.livingworks.net/programs/asist/</u>
- Counseling on Access to Lethal Means (CALM) Training
 - Mental Health First Aid; https://www.mentalhealthfirstaid.org/
 - QPR; <u>https://qprinstitute.com/</u>
- Suicide Prevention Resource Center; <u>http://www.sprc.org/</u>
- Zero Suicide in Health and Behavioral Healthcare; <u>https://zerosuicide.sprc.org/</u>

Next Steps

Virtual Coffee Chat Sessions: Pilot Project

- June 4th 2019 7:00 pm CST
- June 21st, 2019 12:00 pm CST
- One hour sessions
- BCC: email to webinar participants for registration
- Limited to 20-25 participants to allow for discussion
- Choose to be anonymous or not

Questions & Answers

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Contact Information

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• Megan Roberts

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