SUICIDE PREVENTION RESOURCE CENTER

Suicide Prevention in Rural America

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Rural vs. Non-Rural

- **Rural men have twice the suicide rate of their urban counterparts.**
- **Suicide rates for young women were 85% higher in rural**
- **Suicide rates for working-age women were 22% higher in rural.**
- **Widening rural-urban gradients in male suicides over time, 1970-1997.**

Source: Singh GK, Siahpush M. Am J Public Health. 2003 May;93(5):698

- **In rural areas, suicide is the second leading cause of death for youth, third for the nation as a whole**

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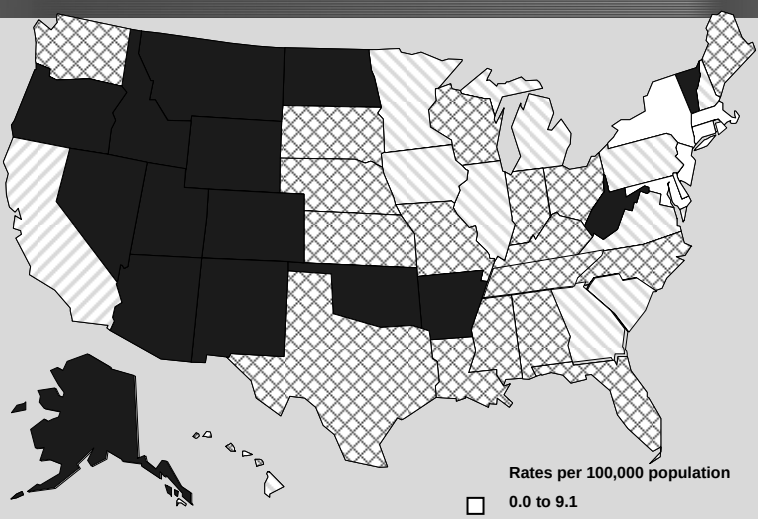
Age-adjusted suicide rates among all persons by state -- United States, 2002



Source: CDC vital statistics

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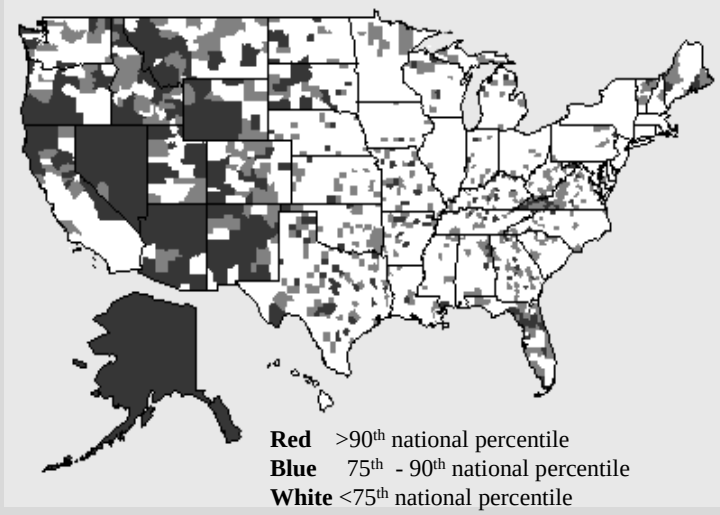
Suicide Rate Ranking By County



Red >90th national percentile
Blue 75th - 90th national percentile
White <75th national percentile

89-98

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Understanding Rural Communities

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- Social factors and social integration of individuals exert a powerful influence over suicidal behavior…broad social forces account for the variation in suicide rates. ***Suicide*** **1897**

Emile Durkheim

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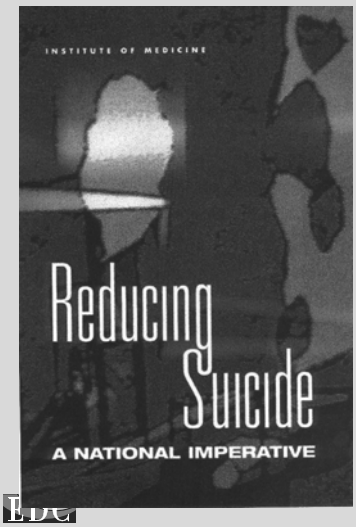
IOM Report - 2002



"A society's perception of suicide, or its stigma, can influence its rates. . ."

Rural Social/Cultural Factors

- **Conservative/libertarian politics**
- **Role of faith**
- **Racial and ethnic minority**
- **Migration factors**
  - **Influx of racial and ethnic minorities**
  - **Out migration of young adults, leaving an aging population**
  - **Drain of educated/trained service providers**
- **"Psychologically unsophisticated"– Mental illness = character flaw**
- **Availability and cultural role of firearms**

Rural Social/Cultural Factors

- **Rugged independence, desire for privacy**
- **Lack of confidentiality, anonymity, privacy in a rural community**
- **Family problems kept in the family**
- **Suicide viewed as failure of both the individual and the family**
- **Conspiracy of Silence**
  - **Denial that self-inflicted deaths are a problem**
  - **Silence protects the family and victim's good name**

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Rural Structural Factors

- **Inadequate medical/mental health resources**
  - **Funding inequities and need for sustainability**
  - **Workforce capacity and health integration issues**
    - Limitations and lack of integration of services and providers
    - Recruitment and retention of staff
      75% of rural counties have no psychiatrist, 95% no child psychiatrist*
      Small counties (<2500) 33% have no mental health professionals
    - Changing cultural population needs (lack of capacity for culturally competent and language appropriate services)

Source: Advancing Suicide Prevention, Fall/Winter 2004-5.

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Rural Structural Factors

- Geographic distances to services
- Lack of transportation to available care
- Insufficient insurance coverage
- Fewer school resources (counselors, transportation, programs for special needs)

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Farm Economy

- No control over global markets
- Economic failure of the family farm:
  - Public loss of face
  - Alcohol misuse
  - Loss of a lifestyle
  - Loss of a reason for living

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Veterans

- Veterans are disproportionately from rural areas
- Returning vets need support and services, including mental health care
  - Rural culture and infrastructure may provide little of either

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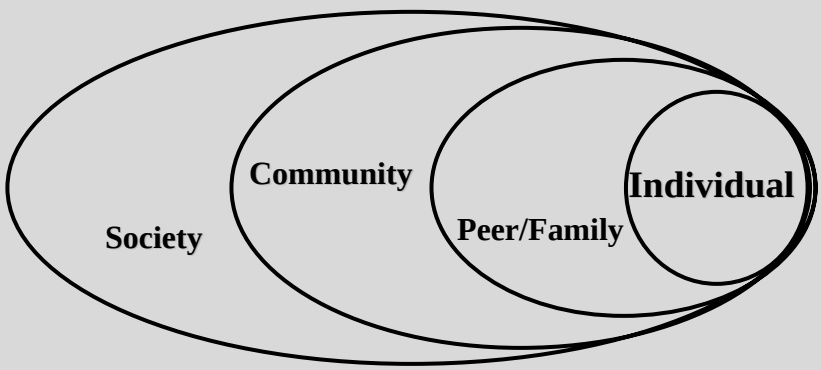
Ecological Model



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Half Empty or Half Full

"But in rural America a suicide reverberates through small communities where it's likely we know the victim well….we can't distance ourselves.

"Yet the tight knit nature of rural relationships may offer great hope for reducing suicide."

Manson, Spero. Prevention lessons to learm from rural America. ***Advancing Suicide Prevention.*** **July/Aug 2005.**

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"Are we going to make partnerships with communities or aren't we? Are we going to think about strengths of communities, not just their pathologies?"

--Sherry Molock, PhD, MDiv

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Rural Opportunities

- **Pull community together for (youth) suicide prevention**
  - **Raise Awareness**
  - **Combat stigma and denial**
  - **Build community readiness**
  - **Identify barriers and facilitators to success**
- **Assess community-wide needs**
- **Roll out public awareness campaign—Engage the media**
- **Help local survivors start a support group**
- **Identify and train key gatekeepers**

Source: Ryerson, Dianne, Prevention Division Report, AAS News Link, Fall 2004/Winter 2005.

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Rural Opportunities

- **Provide integrated services and link with stakeholders**
  - **Sharing among agencies – maximizes resources and services, reduces turf battles**
  - **Reduces stigma**
  - **Increases engagement of families**
  - **Improves social marketing and outreach**
  - **Encourages change as positive and necessary**
  - **Increases access to services when provided at school or in common location**

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Rural Opportunities

Utilize All Forms of Capital

- **Economic/Financial**
  - **Cash, Securities, Goods readily exchanged**
- **Human**
  - **Training (education…) & experience (acquired skills, on-the-job training…)**
- **Physical**
  - **Buildings, infrastructure, transportation, sanitation, information highway (internet)**
- **Social**
  - **Often the greatest rural strength – bonding, bridging, and linking**

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What Has Been Shown Effective

- **Clinician education**
- **Gatekeeper education (where gatekeeper roles are well defined)**
- **Means restriction**

Mann J, et al. Suicide Prevention Strategies; A Systematic Review. JAMA. October 26,2005—Vol 294, No. 16.

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Clinician Education

- **Survey mental health resources FIRST to see who can respond to suicide crises and people with increased risk[1]**
  - **Linkages with crisis lines**
  - **Additional training if necessary**

"A recognition is needed that effective prevention of suicide attempts might require substantially more intensive treatment than is currently provided to the majority of people in outpatient treatment for mental disorders."[2]

[1] Ryerson, Dianne, Prevention Division Report, AAS News Link, Fall 2004/Winter 2005.
[2] Kessler, et al., Trends in Suicide Ideation, Plans, Gestures, and Attempts in the United States, 1990-1992 to 2001-2003- JAMA May 25, 2005, Vol 293, No 20.

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Gatekeeping Opportunities

- **Faith leaders**
- **Primary care providers**
- **School staff**
- **Juvenile detention facilities**
- **Youth and women's shelters**
- **Unemployment offices**
- **Farm credit offices**
- **DWI court**
- **Law enforcement/ corrections**
- **Home health care settings**
- **Aging programs**

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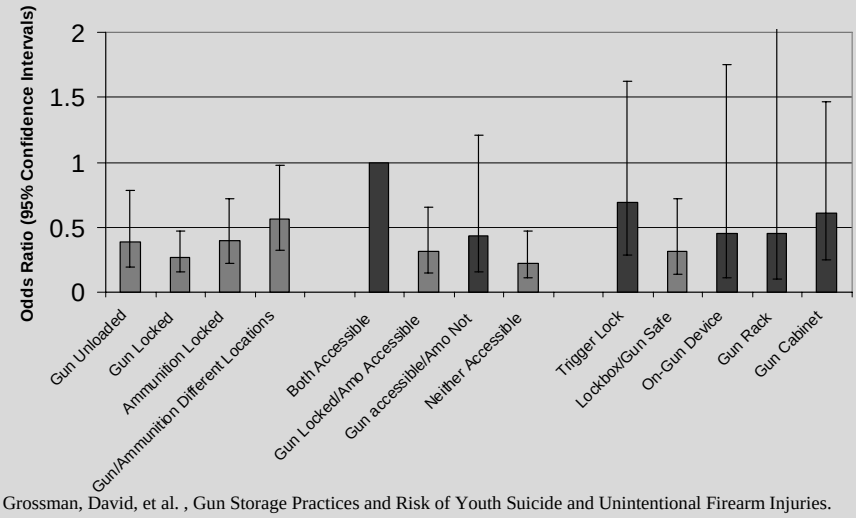
Means Restriction: Storage of Firearms



Grossman, David, et al. , Gun Storage Practices and Risk of Youth Suicide and Unintentional Firearm Injuries. JAMA, February 9, 2005. 707-714.

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Means Restriction

- **Pharmaceuticals**
- **Bridge barriers**
- **Educational interventions in emergency departments**
  - **NAMI brochures**

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Rural Imperatives

- Increase community knowledge about suicide and brain disorders before introducing other components
- Develop strategies to deal with lack of transportation for some needing care and support
- Develop a collaborative strategy for dealing with sensitive issues:
  - Firearm access: NRA, gun clubs, law enforcement
  - Alcohol misuse: Schools, retailers, law enforcement

Source: Ryerson, Dianne, Prevention Division Report, AAS News Link, Fall 2004/Winter 2005.

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Other Considerations

- "…focusing on protective factors such as emotional well-being and connectedness with family and friends was as effective or more effective than trying to reduce risk factors in the prevention of suicide."[1]

"Research suggests that coping skills can be taught."[2]

[1] Borowsky IW, et al. Suicide attempts among American Indian and Alaska Native youth: risk and protective factors. Archives of Pediatrics and Adolescent Medicine, 1999, 153: 543-547.
[2] Reducing Suicide: A National Imperative. Institute of Medicine. 2002.

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Other Considerations

- **Changing norms around providing social support and help-seeking**

  "Of all the challenges…perhaps the most difficult of all is the widely-shared belief that we can do little to prevent or control it. So long as this belief is widely shared in the public mind, the task of focusing attention and resources on the problem is much more difficult."

  Gary Spielmann--2005

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Community

"...not just the sum of its citizens, but rather the web of relationship between people and institutions that hold communities together."

Wallack L and Dorfman L: Media advocacy: a strategy for advancing policy and promoting health. Health Education Quarterly; 1996, 23:293-317.

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Community Capacity
Social Capital

- Extent to which community members:
  - Demonstrate a sense of *shared responsibility* for the general welfare of the community and its members, and
  - Evidence *collective competence* in confronting situations that threaten the integrity of the community and the safety and well-being of its members.

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Community Types

Shared Responsibility \ Collective Competence	Low	High
Low	Anomic Communities LL	Detached Communities LH
High	Intentional Communities HL	Empowered Communities HH

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Cultural Norms

- **Interdependence -- interconnectedness**
  - **"My brother's keeper" -- shared responsibility**
- **Knowledge and skills**
- **Positive attitudes toward help-seeking**
- **Accurate understanding of mental health and mental illness**

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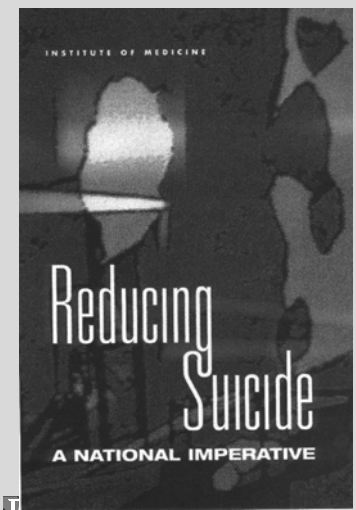
Other Considerations



"Programs that address risk and protective factors at multiple levels are likely to be most effective."

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HHS Initiatives

- **National Plan for Rural Mental Health**
  - **SAMHSA/HRSA initiative**
  - **Identify federal, state, local, and nongovernmental partners to collaborate on the development of action steps**
  - **Create a draft plan--action areas and action steps for rural mental health**
  - **Review and comment by various groups of stakeholders through various venues**
  - **Finalize action steps**
  - **Obtain commitment for implementation from collaborating partners.**

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HHS Scheduled Milestones

- **November 15 and 16 – A meeting of federal partners (HRSA, SAMHSA, IHS, Agriculture, Transportation, NIMH) and representatives from the President's New Freedom Commission to identify priority action areas and initial action steps.**
- **January 23 and 24 – A meeting of federal partners and other stakeholder groups, including the National Association for Rural Mental Health and National Rural Health Association to further define action steps and create a plan for further review and feedback by additional stakeholders.**

*** Suicide prevention will be an important part of this plan. SAMHSA's Special Advisor for Suicide Prevention-Richard McKeon Ph.D. will be participating in these meetings to assist in addressing these issues.**

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