

Reducing Suicide in Rural Communities

Jessica Devine

Indiana Rural Health Association



Funding Disclosure

- This grant is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$100,000 with 100% funded by HRSA/HHS and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Objectives

- Objective 1: After this presentation, participants will be able to locate data pertaining to suicide death from their county of work or residence.
- Objective 2: After this presentation, participants will have the tools to conduct surveys in their own communities to learn more about barriers and challenges for preventing a crisis.
- Objective 3: After this presentation, participants will be able to name two methods for amplifying local resources for suicide prevention.
- Objective 4: After this presentation, participants will be able to identify solutions to potential challenges with collection of suicide data.
- Objective 5: After this presentation, participants will be able to tell others about crisis phone numbers available for assistance during mental health emergencies.

Background about the Presenter

- Purdue University, Bachelor of Science May 2020
- Your life is incredibly important and I'm glad you're here!



Think Differently about Suicide

- Historically, suicide was seen as a moral failure
- The medical model
 - We know that there are physical causes for mental illnesses such as depression, bipolar disorder, schizophrenia, dementia, which can all be risk factors for suicide
- More genetic causes discovered everyday
- 3 digit number for mental health emergencies is coming
 - July 16, 2022 dialing 988 will route to the National Suicide Prevention Lifeline
 - Until then, continue calling **1-800-273-8255!**

Background for RISE²

- The Rural Indiana Suicide Evaluation and Education (RISE²) network began in July 2020 as a collaborative network with four hospitals in rural Indiana
- According to a June 2019 data brief from the Indiana State Department of Health,
 - 2,106 Hoosiers died of suicide during 2016-2017
 - with a corresponding rate of 15.9 per 100,000.¹

¹ Indiana State Department of Health. (2019). "2016-2017 Suicides and Unintentional Drug Overdose Deaths"

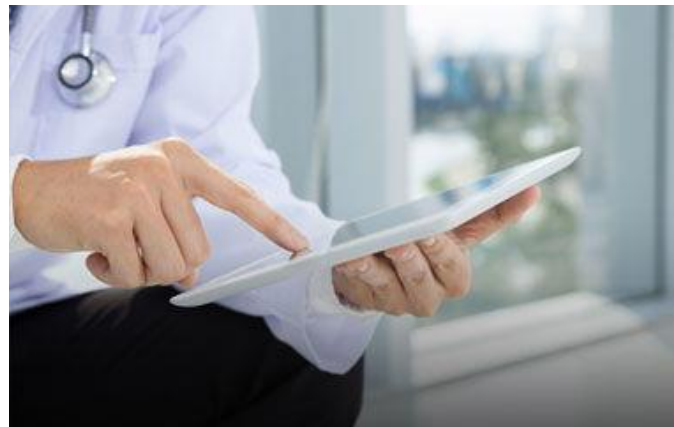
Data from Your Community

- Centers for Disease Control and Prevention, National Center for Health Statistics
- Youth Risk Behavior Surveillance System
- Ohio Department of Health
- Ohio Behavioral Health Barometer
- OHYes! Ohio Healthy Youth Environments Survey



Considerations with Suicide Data

- Suicide deaths might be classified as other causes of death
- Can include morbidity, non-fatal injury, thoughts of suicide, plans of suicide
- Self-reported thoughts of suicide might be impacted by self-consciousness or withheld if concerned about anonymity



A Few Resolutions

- Use a public link for surveying instead of unique individual invitations to a survey
- Use a secure data collection and storage platform



Key Informant Interviews

Used the following to guide conversation:

- What barriers seem to prevent people who need help from seeking support for suicide prevention or treatment?
- Do you feel there are workplace policies or attitudes in your community that may be helpful, or harmful, for suicide prevention?
- Does primary care address mental health and suicide awareness in your community?
- How well-coordinated are community resources for suicide prevention and treatment?
- What resources are available in your community that you feel patients aren't aware of or don't take advantage of?
- What resources aren't available that you would like to see offered in your community?

Key Informant Interview Results

- Parents might feel hesitant, don't want child to be mad at them for intervening
- Talk therapy helps people cope
- Trust with therapist is necessary
- Some people don't want to call a national crisis line number, would prefer to call a local number; meanwhile, some people prefer to talk with someone who isn't local for the anonymity
- ACE scoring- adverse childhood experiences gives provider an idea of what resources a person might need

Surveying in Your Own Community

- There is a cost to all data collection
 - Don't gather unnecessary data
 - Offer as many resources as you can
- Determine what to include in your survey
 - Many and complex risk factors for suicide. Can't survey about everything
- Use a survey builder that can accommodate your needs
 - REDCap, Qualtrics, SurveyMonkey
- Account for individuals who can't access the Internet
 - Offer paper copies through libraries, public health department

Amplify Suicide Prevention Efforts in Your Own Community

- Critical to reduce stigma - consider if your words are supporting life
- Consider who is already involved with suicide prevention
 - EMS
 - Law enforcement
 - Healthcare providers
 - Educators
 - Faith leaders
- Start talking with anyone who has a stake
- Social media efforts
 - *It's not just me.* Hiding the pain of suicide can be immense but sharing can bring benefits



Amplify Suicide Prevention Efforts in Your Own Community

- Increase awareness in the community of crisis lines
 - Save **800-273-8255** into your phone for National Suicide Prevention Lifeline
 - For deaf & hard of hearing **dial 711** then **1-800-273-8255**
 - **en español 888-628-9454**
 - Text HOME to 741741 to reach the crisis text line and reach a counselor trained to text about stress, anxiety, depression, or suicide

Amplify Suicide Prevention Efforts in Your Own Community

- Quality improvement projects for all of your clinical departments to screen individuals for suicide ideation
- Consider gatekeeper training for anyone in your organization
 - Not just for your clinicians... anyone who is trained can take those skills home at the end of the work day to their families and friends
- Mental Health Leads in hospitals
 - Connect services for patients
 - Peer support



Amplify Suicide Prevention Efforts in Your Own Community

- Encourage young people to consider careers as providers and researchers with mental health
 - There are funding opportunities to reduce financial barriers such as:
 - National Health Service Corps for clinical training
 - Individual research fellowships for research training



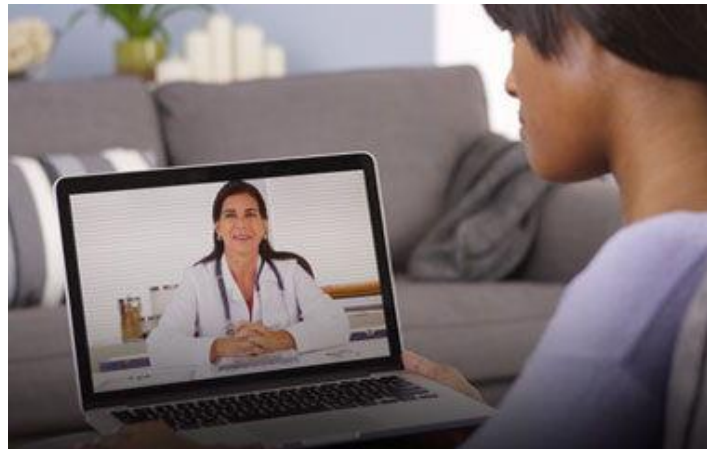
Research = Hope on the Horizon

For suicide prevention across the country

- Apps for veterans and other vulnerable groups to prevent or intervene in a crisis
- MRI of the brain to physically identify patients who are thinking about suicide
- Genomic analysis for personalized medication selection
- Language translation technology to remove barriers to access
- Trend identification after disasters to optimize allocation of resources

Suicide Prevention: Optimize the Health of Your Loved Ones

- Discuss with your loved ones about coping with suffering in life in accordance with your family's personal values and beliefs
- Encourage individuals to consider counseling. If we go to dentists, optometrists, and doctors for primary care for our physical health, how about therapists for primary care for our mental health?



Takeaways

1. We want everyone to enjoy a high quality of life
2. Data elucidates what is happening
3. Surveying can have several positive benefits for a community
4. There are many ways you can contribute to preventing suicide

Resources

- <https://suicideprevention.ohio.gov/>
 - This website offers resources for compliance with Ohio House Bill 28
- Ohio Suicide Prevention Foundation, Suicide Prevention Resource Center – Ohio, American Foundation for Suicide Prevention – Ohio
- If you'd like to contact me: Jessica Devine, jdevine@indianarha.org
 - I am not a healthcare provider. If you are seeking medical assistance, please contact your healthcare provider. Please call 800-273-8255 or 911 in an emergency. I am happy to discuss program planning, program implementation, program evaluation, or research efforts.