

# Rural Challenges in Suicide Prevention

Katie Brazaitis, PhD

Mountain View Mental Health, LLC

[Trainingwithdrb.com](http://Trainingwithdrb.com)

Rural Health Conference

Flagstaff, AZ June 2024

Copyright Katie Brazaitis, PhD 2024

# Outline

- Relevance and statistics
- Barriers to care
- What do we do?
- Improving clinician Confidence

# Objectives

- Describe the cultural and practical barriers to mental health care in rural settings
- Identify the clinical limitations of relying on risk factors
- Incorporate assessment of feelings about suicidal ideations and related behaviors into risk assessments

# Relevance [\(https://afsp.org/suicide-statistics/\)](https://afsp.org/suicide-statistics/)

- In 2022, 49,476 people died by suicide in the United States
- 1 death every 11 minutes
- 1.4 million adults attempted suicide
  
- 3<sup>rd</sup> leading cause of death among youth ages 10-24
- 217,447 ED visits for self-harm
  
- **Worldwide: over 800,000 people die by suicide each year (WHO, 2018)**

# Psychological Autopsy Studies: Summary of Empirically-Based Static Risk Factors

- ▶ Sex: Risk greater for [white] males.
- ▶ Psychiatric diagnosis
- ▶ Previous history of suicidal behavior
- ▶ History of family suicide
- ▶ History of physical, emotional, or sexual abuse

# Populations with increased rates of death by suicide

- Veterans living in rural areas
- LGBTQIA+
- Middle-aged adults
- Indigenous communities



# Research on Rural Suicide

Historically, very little (Hirsh & Cukrowicz, 2014)

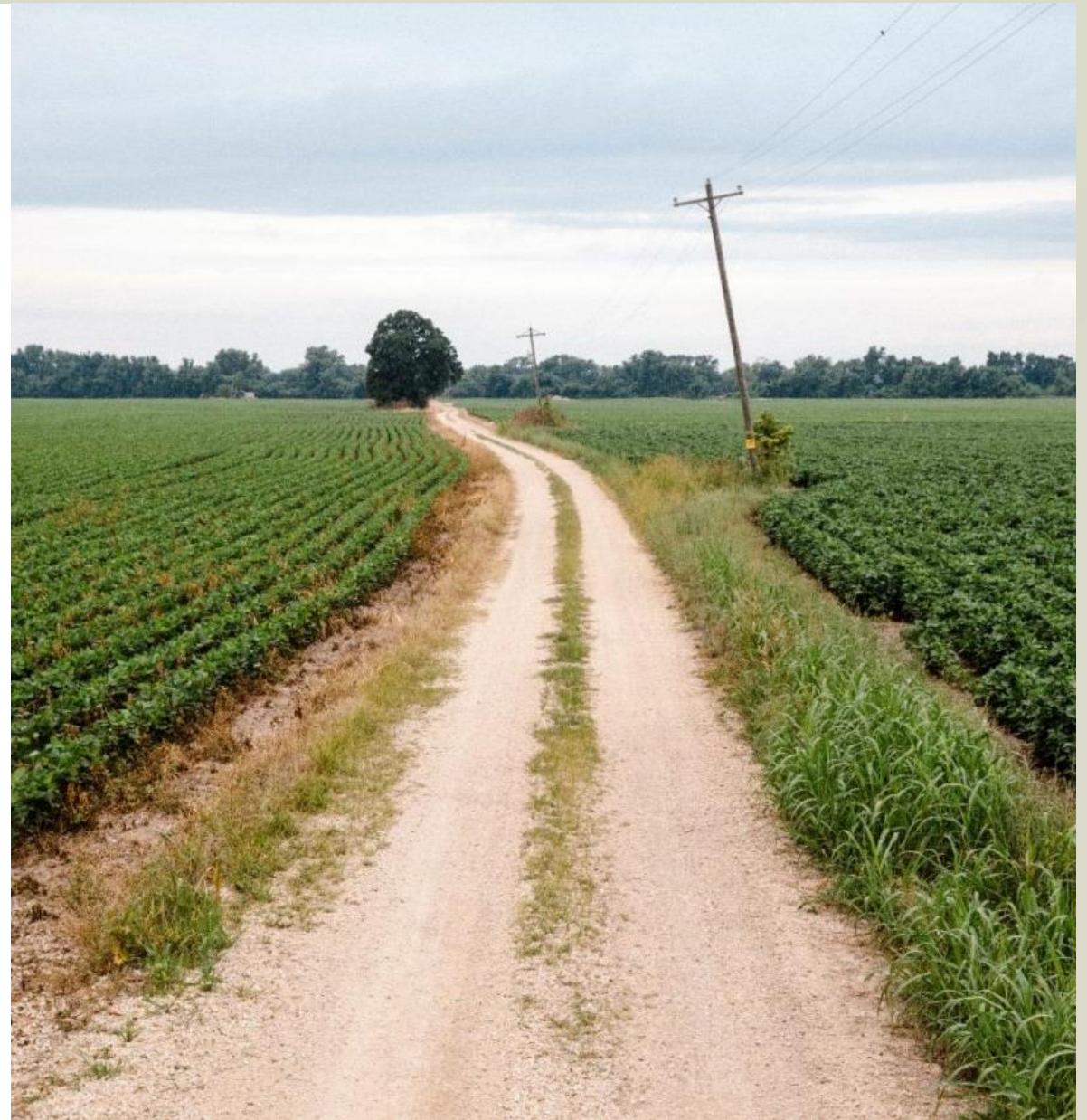
- Significantly increased since early 2000s
  - Creating models to explain rural suicide
  - Identifying risk factors

## Limitations

- Consistency in definition of rurality
- Comparison of rural to urban
- Lack of breath/depth
  - E.g., number of deaths by suicide, insufficient data on ideation & related behaviors
- Overemphasis on risk factors

# Risk Factors Unique to Rural Life: (Hirsch, 2006)

- Geographic isolation
  - Access to healthcare
  - Impact on support, loneliness, etc.
- Access to lethal means (firearms and pesticides)
- Stressors: agricultural, sociopolitical, economic





# Risk Factors: Cultural

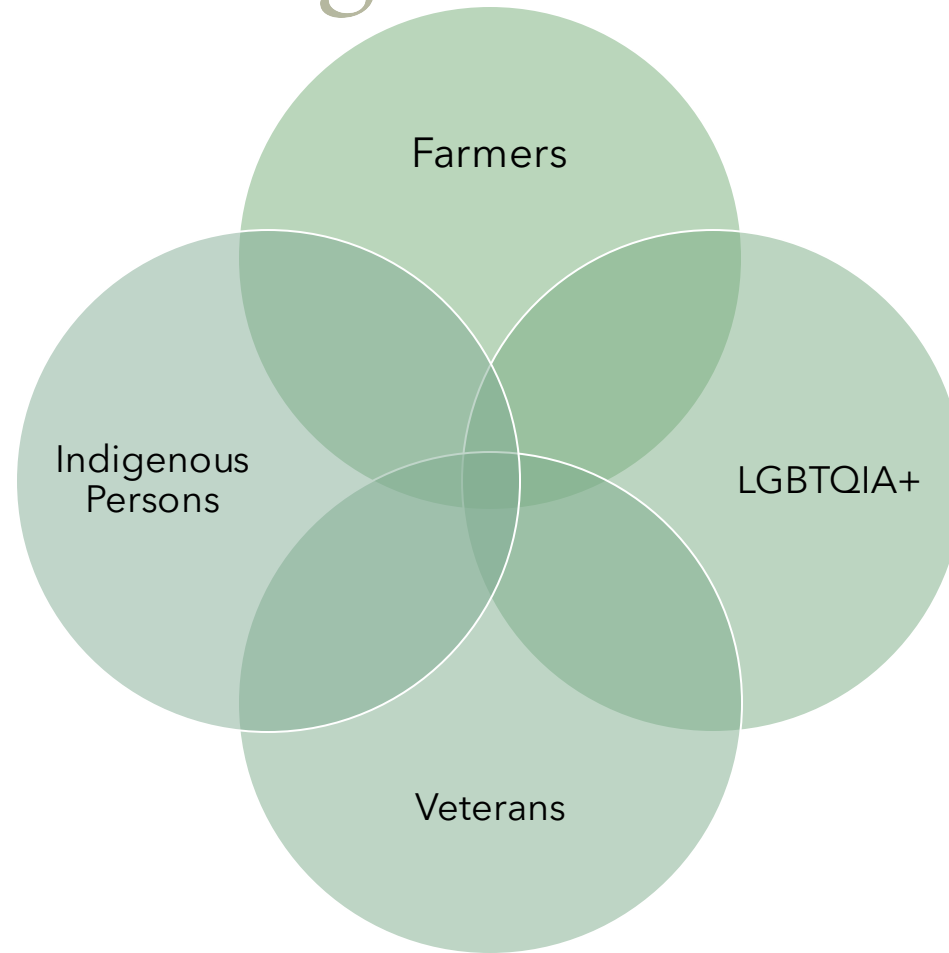
(Garnham & Bryant, 2014; Hirsch, 2006; Hogan, Scarr, Lockie, Chant, & Alston, 2012)

- Rugged individualism
  - Masculinity
  - Shame at loss of identity
  - Rural perspectives on aging
    - Practical challenges of aging in rural areas
  - Reluctance to acknowledge one's difficulties
- 
- Acceptability of seeking mental health care and disclosure of personal problems to professionals
    - Unnecessary, not helpful, disloyal to family
    - Communicates weakness to others in the community
    - Indicative of spiritual flaws



# What culture are we talking about?

- Who makes up rural communities?
- Who is the researching focusing on?



# Indigenous Populations

Higher rates of death by suicide than general population

Within native populations, most deaths are occurring among young people

Rates likely underreported overall

Important factors:

- Youth 15-24: 22.7/100,000 deaths by suicide
- Young Adults 25-34: 27/100,000

- Inconsistent recording at local and federal level (Canadian Article)

- Historic trauma, intergenerational trauma, discrimination
- Erasure of culture
- Few providers of same culture/tribe



# Veteran Suicide in 2020 (U.S. Dept. of Veterans Affairs, 2022)



**No data on:**

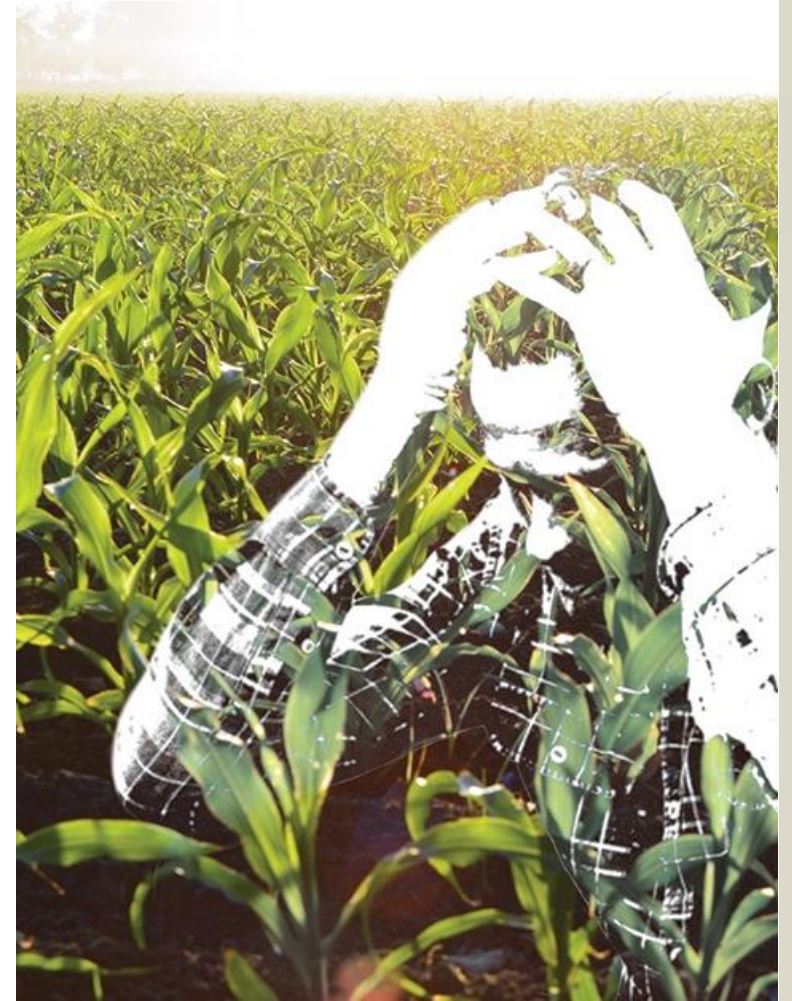
**Rural deaths with no VA contact**

**If appointments in the last year+  
were single appts or active  
engagement in MH care**

- 6.7 deaths by suicide a day
- 71% used a firearm
- Higher rates in rural vs urban areas among VA users
- 60.3% of deaths by suicide had no recent VA encounters
  - Adjusting for age and sex, more deaths among recent VA users
    - OVERALL
    - 40% did not have contact
    - 40% had an appt within the year of their death or year prior
- Myth that majority of Veteran suicides are combat-related

# Farmers

- Male suicide rate of 43.2/100,000 among farmers/ranchers (double national average)
- Influence of economic uncertainty (not explicitly researched re suicide)
  - Falling commodity prices, natural disasters harming crops/flocks, increasing levels of farm debt, labor shortages, trade disputes, pandemic
  - Resource: documentary "The Farm Crisis"
- Access and cultural factors previously labeled
  - Isolation, few MH resources, cultural norms of stoicism and privacy



# LGBTQIA+

## General

- Additional risk factors: housing instability, food insecurity, placements in foster care, rejection by family

## Rural

- Youth and Adults in rural areas report feeling less connected to broader LGBTQIA+ community
- Greater likelihood of discrimination
- Higher minority stress which is associated with increased risk of suicide



# Barriers to Care

- Lack of providers
  - Long wait times
- Cost
  - Higher rates of uninsured
- Transportation
  - Cost
  - Lack of public options
- Barriers to telehealth
  - Insufficient technology and/or wifi



# What do we do?

- Rural Suicide Prevention Toolkit: <https://www.ruralhealthinfo.org/toolkits/suicide>
  - Improve access
  - Ecological models
  - Education and destigmatizing
  - Creating safe environments
- Improve provider confidence



# Improving Access

- Volunteer & community partnerships to provide transportation
- Care outside of the community
  - Improve anonymity
  - Talk and text lines
- Education on technology to make more user friendly

# Ecological Systems Models

We don't exist in a vacuum, nor do our reasons for suicide!

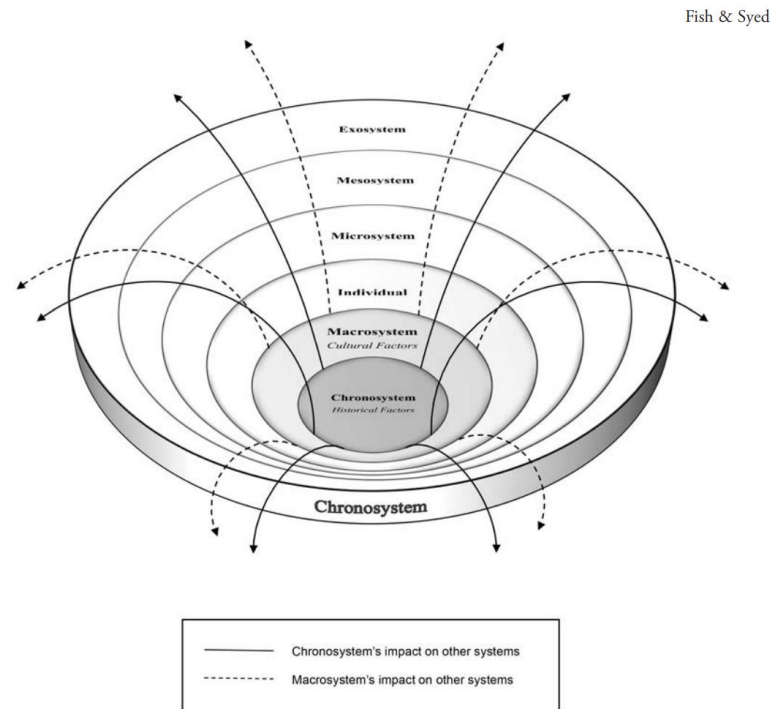
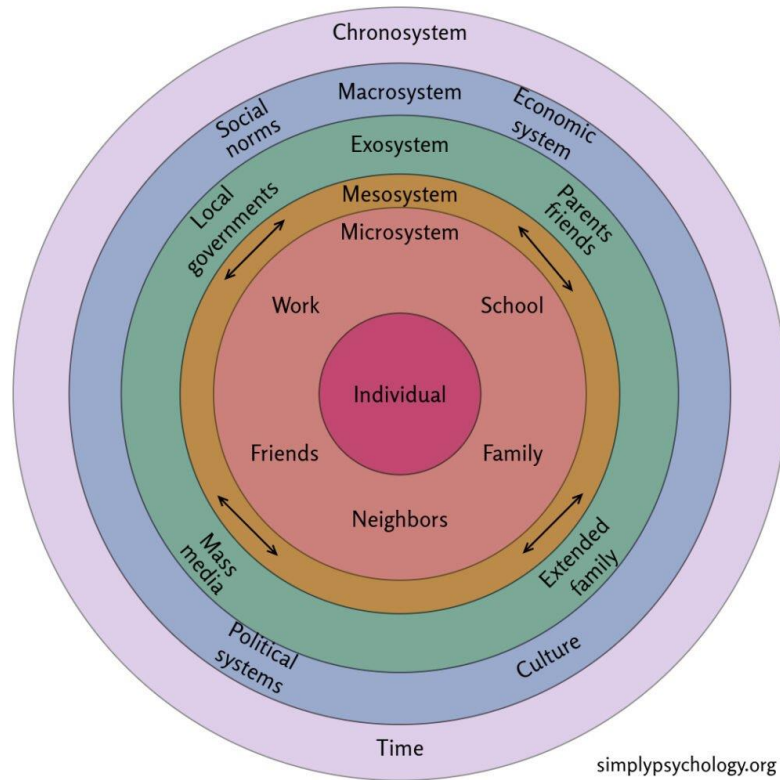
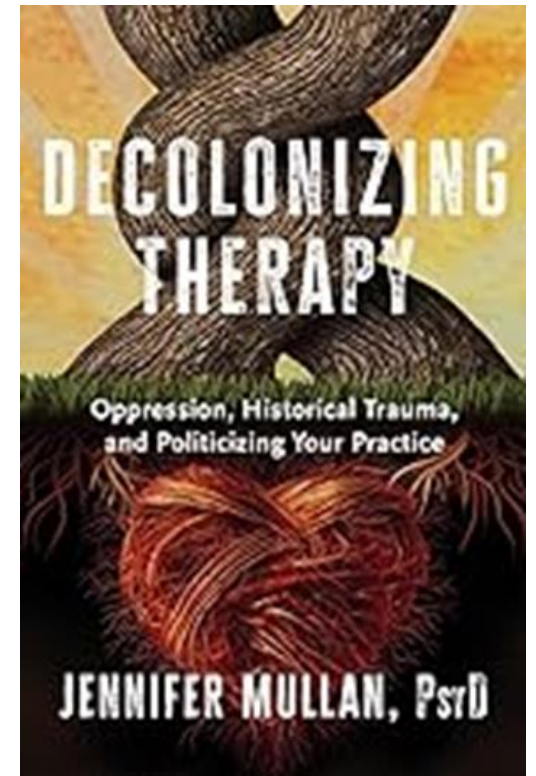


FIGURE 2. Three-Dimensional Conceptual Model of the Chronosystem and the Macrosystem in Relation to the Other Levels



# Indigenous Ecological Systems Model (Fish, 2020)

- Centering Indigenous People (and their worldviews) IN science, research, psychotherapy, etc.
- Intersection of Indigenous & developmental framework
- Emphasizes history and culture in development & foundation of well-being
  - Acknowledges BOTH the beauty/strength/resiliency and the traumas

## Encourages clinicians to ask themselves:

- What am I doing that oppresses Indigenous ways and knowing and being?
- How are the spaces and places I inhabit further marginalizing Indigenous Peoples?
- How does this impact Indigenous Peoples' development?

# Education & Destigmatizing at the Community Level

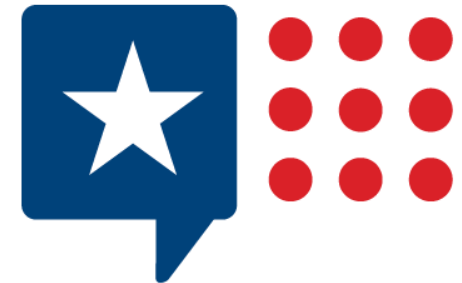
- National Alliance for Mental Illness (NAMI)
- Tragedy Assistance Program for Survivors (TAPS)
- Suicide Prevention Resource Center (SPRC)
- American Foundation for Suicide Prevention



# Safe environments

- Safety plans
- Gun safes, locks
- Med organizers and lock boxes
- **Buying time is key**

## Veterans Crisis Line



**DIAL 988** then  
**PRESS 1**



# Healthcare Contact Lit Review (Stene-Larsen & Reneflot, 2017)

- Examined 44 studies from all over the world from 2000 to 2017
- 80% of those who died by suicide had contact with primary care in the year before their deaths
- 44% had contact within a month
- 31% had mental health care contact within the year
- (Different statistics in rural settings?)
- Not just an issue of access... What are the missing links?

# Improving Provider Confidence

- Automatic response to:
  - Acute suicidal risk?
  - Chronic suicidal communications?
  - Suicidal ideations in context of a personality disorder?
  - Self-harm that is ambiguous in lethality?
  - Suicide and substance abuse?
- Treatment options in your setting:
  - Use of hospitalizations
  - Limits on outpatient sessions
  - Sufficient staffing and support



# Current Practices

## Insufficient training on suicide

- Fear about what to do "Am I allowed to ask that?"
- Fear of negative outcomes
- Fears of liability
- Fear of burn-out

## Research

- Focuses on who and why, rather than on what to do

## Interventions (Jobes et al., 2008)

- Overreliance on non-specific assessment of risk factors
- Excessive use of brief inpatient hospitalizations
- Persistent application of "no-harm" contracts
- Experienced as punitive and coercive
- Shame and Blame



	<b>Risk Factors</b>	<b>Warning Signs</b>	<b>Drivers</b>
<b>Characteristics</b>	<ul style="list-style-type: none"> <li>• Defined</li> <li>• Static</li> <li>• Objective constructs</li> <li>• Life events</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptions of “risky” behaviors</li> <li>• Subjective</li> </ul>	Causes of suicidal crisis as defined by patient
<b>Temporal relationship</b>	Unrelated	Proximal	Proximal
<b>Derived from</b>	Population-based	Population-based	Patient-based
<b>Most severe</b>	<ul style="list-style-type: none"> <li>• Prior suicide attempts</li> <li>• Substance abuse</li> <li>• Mood disorders</li> <li>• Access to lethal means</li> </ul>	<ul style="list-style-type: none"> <li>• Threatening to hurt or kill oneself</li> <li>• Acquiring lethal means</li> <li>• Talking/writing about death, dying, or suicide</li> </ul>	Unique to patient
<b>Recommended Application</b>	Limited	As a constellation	Determine specific treatment interventions
<b>Citations</b>	Klonsky & May; 2014; Rudd, 2008; Rudd et al., 2006; SPRC & Rodgers, 2011; Tucker et al., 2015	Flower, 2012; Rudd et al., 2006; Tucker et al., 2015	Jobes et al., 2011; Tucker et al., 2015

# Theories and Interventions

- Theories:

- Interpersonal Theory of Suicide

- Shneidman's Cubic Model & 10 Commonalities

- Beck's Cognitive Theory

- Baumeister's Escape Theory

- Biopsychosocial Model

- Ecological Systems Models

- Decolonizing Therapy

- Healing Centered



- Interventions:

- Collaborative Assessment and Management of Suicide (CAMS)

- Dialectical Behavior Therapy (DBT)

- Community-based approaches

# Asking the hard questions

- Clients hesitant to disclose for fear of “being locked up”
- Providers hesitant to ask the questions because.... Then what?
- How do you ask the questions to get the information you need? And then make an informed, confident choice about what to do?

# Normalization and Validation



- Wanting suicide in context of stressors/losses MAKES SENSE
  - **Suicide is an understandable solution to intolerable suffering**
- Thoughts of dying are NORMAL
- Ambivalence about living and dying is NORMAL
- Disclosing these thoughts takes tremendous courage

# Transparency and Collaboration

- Share your process
  - This is when/how/why I recommend hospitalization
  - Here is the plan and rationale
- Make it collaborative - “We are going to figure this out together”
- It is their story to tell
- Reinforce agency and empowerment to choose outpatient treatment and to live
  - When suicide is functioning as escape because there seems to be no other options, reinforcing agency is crucial

# Risk Assessments

Ideations	Method	Behaviors	Self-harm	Attempts	Self-assessment
<p>Frequency Duration</p> <p>What triggers them to start What helps them to stop</p> <p><b>How do these thoughts make you feel?</b></p>	<p>Identified method?</p> <p>Do they have access?</p> <p>Lethality</p> <p>Plan</p> <ul style="list-style-type: none"><li>• When</li><li>• What conditions</li></ul>	<p>Preparatory</p> <p>Rehearsal</p> <p>Same questions as ideation</p>	<p>What is the function/goal</p> <p>Lethality</p> <p>Same questions as ideation</p> <p><b>How does it make you feel? Before, during, after?</b></p>	<p>Past attempts</p> <p>What was the expected outcome?</p> <p>Actual outcome</p> <p>Self-aborted vs interrupted</p> <p><b>How do you feel about surviving?</b></p>	<p>How at risk (or safe) are you 0-100?</p> <p>What would cause this to change? To be better or worse</p>

# Risk Assessment cont.

- Protective factors
- Reasons for living
- Willingness to engage in safety planning
- Ability to stay safe until next clinical contact
- Support



# Safety Planning

- Warning signs (when to use the plan)
- Coping strategies (on your own)
- Places you can go
- People you can call
- Professionals you can call
- Emergency Resources
- Making the environment safe

## Safety Planning

Use this step-by-step plan whenever negative emotions or stressful experiences trigger the potential for harmful, unsafe behaviors, and lead yourself to safety.

1

### Warning Signs

What are three warning signs (thoughts, images, moods, situations, behaviors) that indicate that a crisis may be developing? These signs can be emotional or physical changes, such as feeling a hot sensation or shakiness. They can also be situational triggers, such as being spoken to in an inappropriate tone, experiencing or witnessing unfair treatment, or walking past a place that brings up negative emotions or memories.

2

### Coping Strategies

List out a few coping strategies to try out after noticing the warning signs. These are coping skills to use on your own, such as going for a walk, journaling, or doing breathing exercises.

3

### Useful Distractions

Distractions are people, places, or events that will help take your mind off of the stressor or reaction. If you like movies, write out "watch a movie" as a distraction. If you like going to the mall, write out "walk around mall," which will give you plenty to observe as a distraction.

4

### People to Contact

Next, put together a "phone book" of contacts to reach out to when you need help. This could be a friend, a family member, a caregiver — anyone that will provide healthy support and will be available to talk with them until you feel safe again.

5

### Professionals to Contact

Another section of the "phone book" should be contact information for professionals, agencies, or hospitals that provide emergency support. This could also include the local emergency department or the National Suicide Hotline (1-800-273-TALK).

6

### Remove Means

Lastly, the safety plan needs to include directions on how to dispose of any means for self-harm. This includes flushing pills, locking firearms away, or disposing of poisons.

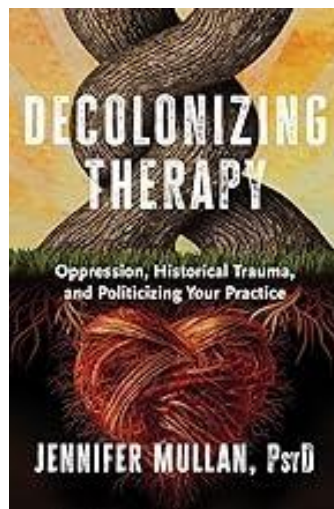




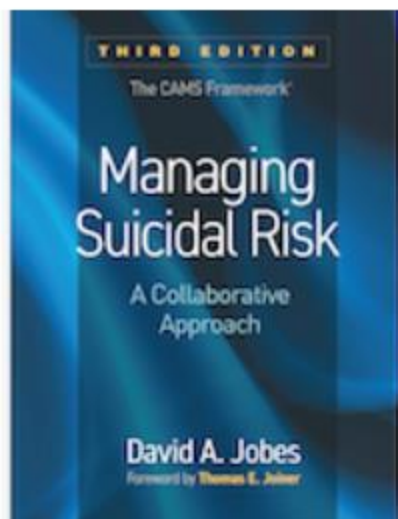
# Instilling Hope

- Suicide CAN be treated outpatient
- Development/reinforcement of protective factors
- Hope Kit
- Immediate treatment is about *buying time* to learn
  - There are alternatives for coping
  - Change is possible

# Resources



## Rural Suicide Prevention Toolkit



## Veterans Crisis Line



**DIAL 988 then  
PRESS 1**



**A M E R I C A N**™  
ASSOCIATION OF SUICIDOLOGY



# Selected References

American Foundation for Suicide Prevention website <https://afsp.org/suicide-statistics/>

Barry, R., Rehm, J., de Oliveira, C., Gozdyra, P., & Kurdyak, P. (2020). Rurality and risk of suicide attempts and death by suicide among people living in four English-speaking high-income countries: A systemic review and meta-analysis. *The Canadian Journal of Psychiatry* (65)7 p.441-447. doi: 10.1177/0706743720902655

Fish, J., Hirsch, G., & Syed, M. (2022). "Walking in two worlds": Toward an Indigenist Ecological Systems model for group therapy. *The Counseling Psychologist* (50)5. <https://doi.org/10.117700110000221083028>

Hirsch, J.K. (2006). A review of the literature on rural suicide: Risk and protective factors, incidence, and prevention. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. (27)4. p. 189-199. Doi: 10.1027/0227-5910.27.4.189

Hirsch, J.K. & Cukrowicz, K.C. (2014). Suicide in rural areas: An updated review of the literature. *Journal of Rural Mental Health* doi: <http://dx.doi.org/10.1037/rmh0000018>

Hogan, A., Scarr, E., Lockie, S., Chant, B., & Alston, S. (2012). Ruptured identity of male farmers: subjective crisis and the risk of suicide. *Journal of Rural Social Sciences* (27)3. p. 1-17.

Jobes, D.A. (2023). *Managing Suicidal Risk: A Collaborative Approach*. Third Ed. Guilford Press

Larsen-Stene, K. & Reneflot, A. (2017) Contact with primary and mental health care prior to suicide: A systemic review of the literature from 2000 to 2017. *Scandinavian Journal of Public Health* (47), 1. <https://doi.org/10.1177/1403494817746274>

Tucker, R.P., Crowley, K.J., Davidson, C.L., & Gutierrez, P.M. (2015). Risk factors, warning signs, and drivers of suicide: What are they, how do they differ, and why does it matter? *Suicide and Life-Threatening Behavior* (45) 6. p. 679-689. <https://doi.org/10.1111/sltb.12161>

U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved {27 May 2024} from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp).

<https://www.ruralhealthinfo.org/toolkits/suicide>

# Thank you!

- [kbrazaitisphd@gmail.com](mailto:kbrazaitisphd@gmail.com)
- Trainingwithdrb.com
- FB: dr.b.psychology
- IG: dr.b\_psychology