

Opportunities and Challenges for Suicide Prevention Across Diverse Rural Communities

Perspectives of Professional Stakeholders and Community Members

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Rural areas in the US are disproportionately impacted by suicide.

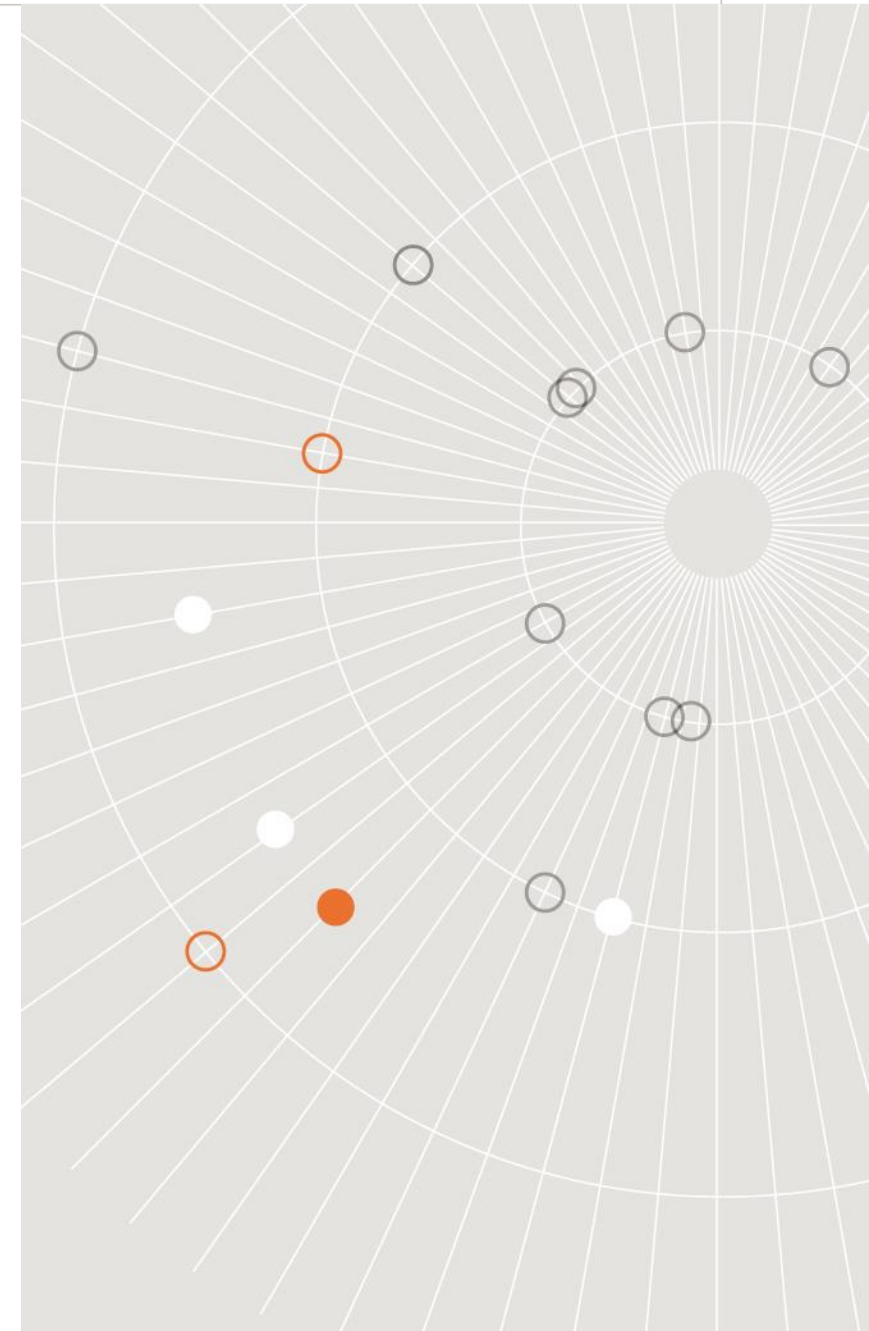
Significantly higher suicide rate

- 18.9/100,000 in non-metro areas vs. 13.2/100,000 population in metro areas (CDC WISQARS)

Greater rate of increase

- Increased 50% between 1999 and 2019 in non-metro areas vs. 31% in metro areas (CDC WISQARS)

Similar trend in New York State where the study took place



We are aware of specific factors that contribute to risk in rural areas, yet suicide rates continue to increase.

Our research aimed to:

- Explore how rural communities and culture may contribute to mental health concerns and increased risk of suicide *within specific communities*
- Examine help-seeking behaviors and the factors that influence these behaviors
- Determine how each community – with different services, resources, and supports – may be better able to serve its residents

We conducted a mental health listening tour across rural New York State March 2020-April 2021.

13

Participating Counties

2 more scheduled for early May

26

Focus Groups

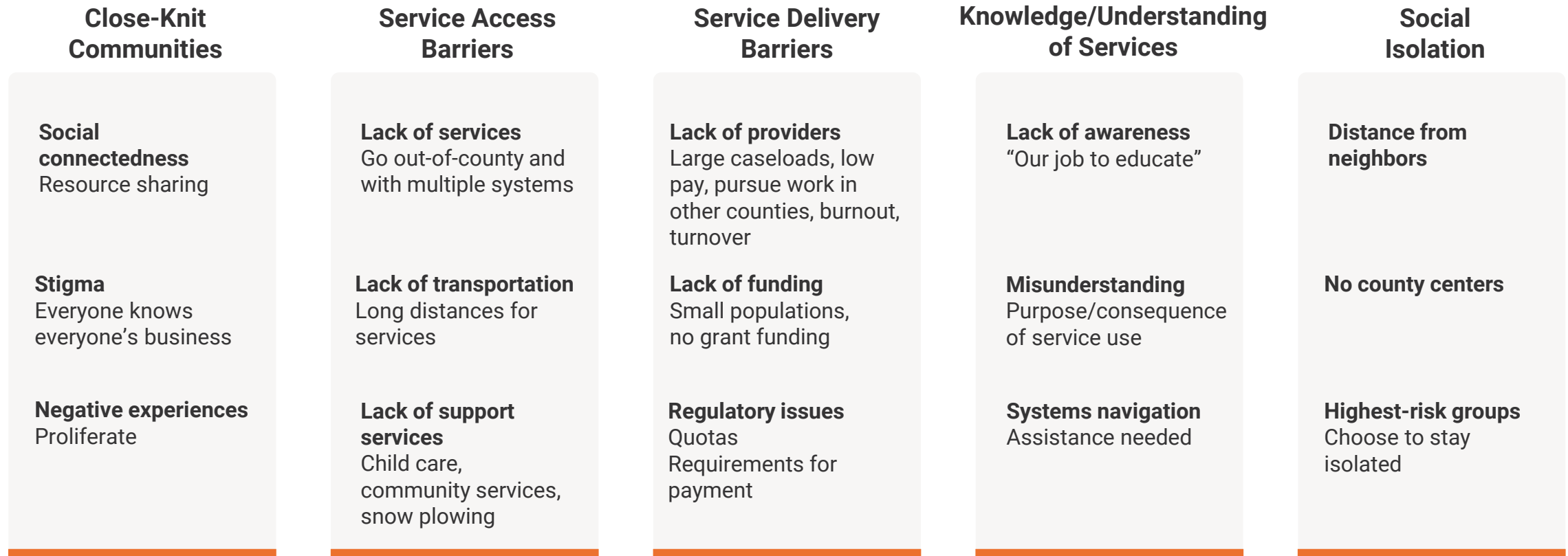
2 focus groups per county: one with behavioral health stakeholders and one with community members

233

Participants

Results

Multiple themes emerged across all focus groups.



*Lack of access to broadband services and COVID-19 pandemic also discussed frequently and influenced main themes. Firearms and gun-owning culture discussed but less frequently

“We are woefully understaffed. Not because the county won’t allow us to add positions but because we just can’t find anybody. People don’t necessarily want to come here and move here and live here.”

“I’ve had a hundred person caseload and 25 of them were high needs, you can’t do a good job under those circumstances.”

“As adults we have our own trauma but then we take on others’ trauma trying to help students, and we need to learn ways to process and to cope with that so that it doesn’t become our own.”



They say you're not doing enough because your units of service are down and they're going to pull your funding and positions...so we're stressed out because we are working constantly. Then it feels like we're getting this message that we're not working hard enough so there is a lot of burnout and stress. People jump ship if a job opens up somewhere else, even if it is a pay cut, which 9 times out of 10 it's not because the pay here is really poor. So we cannot attract new staff.

“Historically we’ve tried to establish different means of support for the community but our county seems to be the red-headed stepchild with respect to funding.”

“It’s sad because we’re the 2nd poorest county in NYS. I mean just one county down the programs are from one side to the other.”

“The reality is that we’re not even asking for astronomical amounts, we’re not asking for millions of dollars, we are asking for the support to be able to support the people we do, and I think that is the most disappointing.”

A wide range of deep-rooted issues impact mental health in rural communities.

- Poor coping mechanisms
 - Substance use, domestic violence
- Lack of education
- Difficulty getting jobs
- Sub-standard housing
- Poverty and inability to meet basic needs
- Generational issues
 - “There’s so much generational poverty, and they just cannot climb out of it, or the trauma from that.”
 - Fosters helplessness and hopelessness



“When folks lose work, that is a huge stressor and not having a routine and a structured day leads to substance misuse and domestic violence because everyone is sitting at home all day.”

“Our county has a lot of poverty so there are a lot of families whose basic needs aren’t being met – heat, hot water, running water, food, clothing, safety – and all of those play a role in outcomes related to mental health.”

“There needs to be education about finding a job, and life skills. People don't know not to show up to a job interview in ripped jeans.”

“Everything we’ve talked about so far fosters an attitude of helplessness and hopelessness, and that gets passed down. You know if the parents are feeling that way, no matter how motivated they may be, that’s going to trickle down to the kids.”



The family component is a very important piece that people skip over when we care for them, how they were raised and the trauma they saw and endured – they turned to drinking and drug use at a very young age, as they get older they start to model the behavior of their parents.

Many recommendations stemmed from the listening tour.

Recommendations

- Seek out and implement upstream approaches
- Create opportunities for connectedness and support for the most vulnerable and/or isolated
- Support schools in implementing trauma-informed approaches
- Encourage collective efforts between primary care and behavioral health to support patients with complex systems navigation
- Engage local organizations and businesses in stigma reduction
- Involve community in job readiness and life skills training to increase confidence and ability to secure employment
- Ensure patient connection with a peer or local services before interaction ends



I think we need to create more long-term solutions than short term solutions, because slapping a band aid on something doesn't really work. For example, they've built a lot of new warming stations for the homeless, but that is not addressing the overall need for basic housing."

Rural areas are not all the same.

- State/regional approaches
- Rural-specific vs. shared issues within a rural context
- Suicide prevention for communities, some which face greater disadvantages than others

Our results highlight the need for a targeted, community-specific approach

- Requires listening to residents and stakeholders to identify needs and possible solutions

Next steps




“When statewide decisions come down, it isn’t the best thing for every county. Rural counties are different...and have different needs. These one-size-fits-all mandates result in many accommodations on our end.”



Thank you.

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