NORC at the University of Chicago

NORC WORKING PAPER SERIES

Mental Health in Rural New York: Findings and Implications of a Listening Tour with Residents and Professionals

WP-2023-001 | JANUARY, 2023

PRESENTED BY:
NORC at the University of Chicago
55 East Monroe Street
30th Floor
Chicago, IL 60603
Ph. (312) 759-4000

AUTHORS:
Brett Harris, DrPH
Katie Gallant, MSW
Abby Mariani, MPH

AUTHOR INFORMATION

Brett R. Harris, DrPH
NORC at the University of Chicago
harris-brett@norc.org

Katie Gallant, MSW
NORC at the University of Chicago
gallant-katie@norc.org

Abby Mariani, MPH
NORC at the University of Chicago
mariani-abby@norc.org

ACKNOWLEDGEMENTS

We would like to acknowledge the contributions of several individuals: Brooke Wyand, MPH, for kick-starting the RLT as a student intern, conducting listening sessions both in person and virtually, early analysis, and her overall enthusiasm; Brianna Maher, MPH, for her efforts conducting listening sessions, developing a code book, and conducting analysis; Nicole Fera, MPH, Giana Calabrese, MPH, Alejandra Puerta, MPH, Aishwarya Jadhav, MPH, Juliana Rich, BS, and Catherine Choi, BS, for listening session facilitation, data collection, and/or data analysis; the Directors of Community Services and their staff for championing the RLT and recruiting participants – Terri Morse (Essex County), Margaret Morse and Sally Manning (Seneca County), Patricia Fralick and Anna Platz (Lewis County), Sharon McDougall (Cortland County), Jay Ulrich and Lindsay Newvine (St. Lawrence County), Richelle Gregory (Clinton County), Kelly Dryja and Kristen Fisher (Wyoming County), Lynda Battaglia (Genesee County), Suzanne Lavigne (Franklin County), Sara Boerenko (Montgomery County), Ernest Gagnon (Fulton County), Jeannette Pavlus (Otsego County), George Roets (Yates County), Melissa Stickle and Heidi Reimer (Sullivan County), Jason Fredenberg (Greene County), and Michael Cole (Columbia County); and the panel of reviewers for the NORC working paper series. Last, we would like to thank all of the individuals who participated in the RLT and shared their stories, experiences, input, and feedback. We believe your willingness to share your successes and challenges will go a long way in improving the mental health of rural communities across New York State.

Table of Contents

List of Tables

Executive Summary

Suicide is a significant public health problem in the U.S. that has been steadily increasing over the last two decades. In 2020 (the most recent data available), the suicide rate was 13.5 per 100,000 population, an increase of 29.8 percent since 2000.

The suicide rate in rural New York is significantly greater than in urban New York (15.2 vs. 7.5/100,000) and is increasing at a significantly greater rate (83.1 percent vs. 27.9 percent between 2004 and 2020). In fact, the suicide rate increased 17 percent in rural areas of the state between 2019 and 2020 alone. The COVID-19 pandemic only served to exacerbate mental health challenges and increase risk of suicide. Widespread service closures, social isolation, and lack of internet access made it difficult to connect with others and/or access mental health services, either in person or via telehealth. Mental health continues to be a significant concern for rural New Yorkers in the wake of the pandemic.

We conducted a Rural Mental Health Listening Tour (Rural Listening Tour, or RLT) of New York State between March 2020 and September 2021 to elicit the input and experiences of community members living and working in rural areas and to obtain first-hand knowledge about availability, access, and utilization of mental health services, resources, and supports. We conducted 32 listening sessions in 16 rural counties with 289 participants; separate sessions were held for professionals and county residents at-large. Sessions were audio-recorded and transcribed for coding and thematic analysis. Sixteen out of 25 eligible rural counties participated (64 percent participation rate).

Our findings are grouped into seven categories:

Social isolation – Due to the spread-out nature of these counties, residents live far from neighbors, social activities, and community resources, making them prone to social isolation and its impact on mental health.

Impact of close-knit communities – Rural communities are often close-knit, as their small size helps to foster connections among residents and service providers. On the other hand, word spreads fast in rural communities, and residents hear about their neighbors' negative experience with mental health care. Combined with heightened stigma, this results in hesitancy to seek services.

Deep-rooted issues that impact mental health – Poverty, economic and employment challenges, substance use, domestic violence, child abuse and neglect, a lack of affordable housing, and homelessness pose significant challenges to mental health in rural areas.

Service access barriers – Limited service availability, long travel distances, limited transportation, long wait times, complex health systems, prohibitive costs, limited broadband and access to

technology, distrust and fear of the system, and a lack of support services and resources are significant barriers to accessing mental health services in rural areas.

Service delivery barriers – Workforce capacity, provider burnout and turnover, demanding regulatory requirements, and funding challenges pose significant service delivery barriers.

Lack of knowledge and understanding of available mental health services – Limited knowledge and understanding of the services, programs, and resources that are available leads to underutilization and/or misuse of services.

Rural culture – The impact of rural culture is significant, with a strong culture of self-reliance inhibiting help-seeking and prevalent gun ownership obstructing efforts at lethal means safety, or efforts to reduce access to a lethal method of suicide.

This report elaborates on these findings, presents multiple strengths and assets of rural communities, and highlights model programs and success stories. We include recommendations – developed with input from rural residents and professionals – that touch upon multiple categories including increasing community connectedness; expanding access to transportation and broadband; increasing access to mental health and suicide prevention programs; expanding opportunities for nonclinical peer support; increasing awareness and availability of services; improving and sustaining workforce capacity; and state- and county-specific recommendations.

The RLT was the first of its kind in New York State and is a first step in recognizing the unique aspects of rural New York communities that serve as both risk and protective factors for suicide. Furthermore, it provides valuable recommendations and lessons learned drawn directly from the experiences of those who live and work in rural New York; there is much to be learned from these experiences and accomplishments that can be replicated by other rural counties across New York State and the country. This report recommends leveraging the many strengths and assets within rural counties to improve access to and utilization of mental health services, resources, and supports for residents. Ultimately, these efforts will help reduce suicide and promote mental well-being in rural communities.

Introduction

Suicide is a significant public health problem in the U.S. that has been steadily increasing over the last two decades. In 2020 (the most recent data available), the suicide rate was 13.5 per 100,000 population, an increase of 29.8 percent since 2000.[1] Over the past decade, the number of suicides surpassed deaths by motor vehicle crashes, homicides, and breast cancer.[2]

The COVID-19 pandemic had a significant impact on mental health that is expected to persist even in the wake of the pandemic. Through shared experiences of upheaval and isolation during the pandemic, people are more open to talking about mental health and believe it should be prioritized; a recent national survey found that 52 percent of Americans reported being more open to talking about mental health and 81 percent said it is more important than ever to make suicide prevention a national priority.[3] In December 2021, the U.S. Surgeon General issued an advisory on the impact of the pandemic on the mental health of youth and families, which provided several recommendations including supporting the health, mental health, educational, and community-based workforces; addressing economic and social barriers; and accessing more timely data to identify and respond to needs.[4] Now is an ideal time to strengthen mental health and suicide prevention initiatives, according to this guidance.

Rural areas are disproportionately impacted by suicide and are thus in particular need of resources and support. The suicide rate in 2020 was 19.1 per 100,000 population in rural areas of the U.S. compared to 12.6 per 100,000 population in urban areas[5] and is increasing at a significantly greater rate (52.5 percent vs. 25.1 percent between 1999 and 2020).[5] It is incumbent upon us to focus our attention on rural communities; meeting the suicide prevention needs of rural communities is critical for their own well-being and the country's larger interests.

While we generally know of some reasons why these populations are disproportionately impacted by suicide – lack of services and resources, economic disadvantage, gun ownership, low service utilization, long travel distances, lack of transportation, and heightened stigma surrounding the use of mental health services, to name a few[6] – we have been unable to address these issues successfully and lower the suicide rate. We are missing critical information from those who live and work in rural areas about how to best develop and implement a comprehensive approach to suicide prevention tailored to rural communities and youth. Our Rural Mental Health Listening Tour (Rural Listening Tour, or RLT) sought the experiences, input, feedback, and recommendations of rural residents and professionals, and this report presents our findings.

Project Description

We conducted the RLT in New York State. Though typically known as a metro state and home to New York City, 86.6 percent of the state's land mass is rural, and nearly 20 percent of all New Yorkers live in rural areas.[7]

The suicide rate in rural New York is significantly greater than in urban New York (15.2 vs. 7.5/100,000) and is increasing at a significantly greater rate (83.1 percent vs. 27.9 percent between 2004 and 2020).[5] The COVID-19 pandemic only served to exacerbate mental health challenges and increase risk of suicide in rural areas. Widespread service closures, social isolation, and lack of internet access made it difficult to connect with others and/or access mental health services, either in person or via telehealth. In fact, the suicide rate increased 17 percent in rural areas of the state between 2019 and 2020 alone.[5] Mental health continues to be a significant concern for rural New Yorkers in the wake of the pandemic.

In 2017, Governor Cuomo convened a Suicide Prevention Task Force, which culminated in a report and set of recommendations in 2019. However, even though rural communities continue to face disproportionate risk of suicide, the report did not provide any recommendations for suicide prevention in rural areas. Instead, it focused on veterans, LGBTQ+ communities, and Latina adolescents as priority populations for New York.[8] While the state did convene a workgroup to develop recommendations for preventing suicide in rural areas,[9] more work was needed to capture the voices of rural communities and inform these efforts.

We commenced the RLT in early 2020 to elicit the input and experiences of community members living and working in rural areas of the state and obtain first-hand knowledge about availability, access, and utilization of mental health services, resources, and supports. In addition, by leveraging the power of relationships and emphasizing the importance of the community voice, we aimed to convey our sincere interest and create an environment conducive to the sharing of experiences, struggles, and triumphs.

Our RLT was the first of its kind conducted in New York State and sought to explore the following questions:

1. What are the unique aspects of rural communities and culture that may contribute to mental health concerns and increased risk of suicide in rural New York? What factors contribute to positive mental health and well-being?
2. How do community members seek help for behavioral health concerns, and what factors influence these help-seeking preferences?
3. How can rural communities – individually and as a whole – improve availability, awareness, access, and utilization of mental health services, resources, and supports?

Methods

We conducted 32 listening sessions in 16 rural counties in New York State between March 2020 and September 2021; 289 individuals participated. We held separate listening sessions with professionals who have a role in the mental health of the community (e.g., health and behavioral health directors and providers, law enforcement, first responders, clergy, school personnel, local government staff and officials, and suicide prevention coalition members) and county residents 18 years of age and older. The first three sessions were held in-person, while the remainder were conducted virtually via Zoom due to the COVID-19 pandemic. Most professional sessions took place during business hours while county resident sessions were held during the evening. We had at least one facilitator and one note-taker present at each session, depending on the number of participants. Sessions lasted approximately 1.5 hours. We received approval from the NORC and University at Albany Institutional Review Boards to conduct this work.

We recruited counties via outreach to local mental hygiene directors, referred to as Directors of Community Services (DCS) in New York State. We emailed all rural DCSs to inform them of the project and request a videoconference; rural counties eligible to participate in the RLT included those designated as Micropolitan or Noncore according to the National Center for Health Statistics urbanization classification system. According to this designation, 25 counties were eligible for a 64 percent (16/25) participation rate. Table 1 (next page) describes the population and suicide rate of each participating and non-participating county. Counties that did not participate either did not respond to our outreach or did not have the bandwidth to participate at the time. Counties that participated and did not participate were similar on all measures reported.

During our introductory videoconference, we explained the purpose of the RLT, whom we aimed to recruit, and what participation would entail. We created a flyer, recruitment email, and Zoom registration links for DCSs to use for recruitment purposes; they reached out to county suicide prevention coalition members, county community services boards, and others to solicit participation in both the professional and resident sessions. Project staff reached out to local organizations, government officials, and schools. No incentives were provided to participants.

All listening sessions were audio recorded and transcribed via Zoom. Three project staff reviewed a select number of transcripts to develop a preliminary codebook and then met to compare coded transcripts, discuss discrepancies, and make refinements. The finalized codebook was used to code the transcripts, identify themes, and identify similarities and differences in experiences across counties.

We present the key themes and content discussed during the listening sessions in the section below. Findings may be used to guide suicide prevention initiatives and inform policies that strengthen pathways to care in rural regions of New York State and inform similar efforts in other states across the U.S.

Table 1. Characteristics of Rural Counties in NYS

County	Population (July 2021)	Age adjusted suicide rate per 100,00	% Female	% White	% High School Graduate	Median Household Income	# of Focus Groups	# of Participants
Clinton	79,596	12.4	48.3%	92.1%	88.0%	$59,510	1	9
Columbia[b]	61,778	15.8	49.7%	90.0%	90.9%	$68,750	1	15
Cortland	46,311	10.8	50.7%	94.1%	90.7%	$59,194	3	29
Essex[a]	37,268	11.8	47.9%	94.3%	90.5%	$58,109	2	26
Franklin	47,456	11.2	44.8%	84.0%	87.7%	$52,905	2	16
Fulton	53,116	15.8	50.0%	94.6%	88.4%	$51,663	2	10
Genesee	57,853	11.0	49.7%	92.8%	92.2%	$60,635	2	23
Greene[b]	48,499	16.9	47.5%	89.5%	87.3%	$56,681	1	15
Lewis	26,573	20.3	49.0%	97.0%	91.3%	$56,192	3	30
Montgomery	49,558	12.0	50.3%	92.2%	87.8%	$50,146	2	23
Otsego	58,123	12.1	51.2%	93.8%	92.6%	$56,171	1	10
Seneca	33,688	12.8	47.0%	90.9%	84.9%	$54,865	3	27
Sullivan	79,806	12.3	48.3%	83.8%	87.0%	$60,433	2	20
St. Lawrence	108,051	10.7	48.6%	93.6%	88.6%	$52,071	2	21
Wyoming	40,491	14.7	45.4%	91.9%	90.5%	$58,746	2	23
Yates[a]	24,613	10.7	51.1%	96.7%	86.5%	$55,307	1	6
Rural Counties that did not participate								
Allegany	46,106	17.0	48.9%	95.6%	91.7%	$51,227		
Cattaraugus	76,426	15.8	49.8%	91.6%	89.7%	$50,700		
Cayuga	75,880	11.9	48.3%	91.6%	88.2%	$57,985		
Chautauqua	126,807	12.9	50.2%	93.2%	89.4%	$48,315		
Chenango	46,537	14.7	49.7%	96.4%	88.5%	$51,756		
Delaware	44,378	18.2	49.2%	94.4%	89.5%	$49,945		
Hamilton	5,119	17.7	49.5%	96.0%	79.7%	$62,841		
Schuyler	17,752	20.2	49.7%	96.1%	91.1%	$53,291		
Steuben	92,948	13.9	49.9%	94.6%	91.2%	$55,349		

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2016-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html

[a]Essex County and Yates County rates were calculated for the years 2015-2020 to account for small numbers

[b]A combined listening session was held for Columbia and Greene counties at the request of the county DCS' due to shared services and resources.

Findings

A total of 289 individuals participated in the RLT: 206 professionals and 83 residents. Participants were mainly of white race, and about 60 percent were women.

Themes emerged in multiple categories including social isolation, the impact of close-knit communities on mental health, deep-rooted issues that impact mental health, service access and delivery barriers, lack of knowledge and understanding of available mental health services, and rural culture including self-determination and the high prevalence of guns in the home. While many adversities were described, participants emphasized multiple strengths and assets that support mental health. Each category of themes and its associated assets and challenges are described in detail below.

Social Isolation

Social isolation is a lack of physical and social connection that impacts mental health. Participants explained that, in rural communities, social isolation is a chronic issue experienced among families across generations, and their decision to seek mental health services is not based solely on the availability of these services. One participant explained:

> *I'd say it's a cultural thing. We are raised in an environment of isolation. We were isolated before COVID. People are struggling with mental health issues or substance use/misuse. They're used to struggling in isolation on their own whether or not those services are there. – Professional, Lewis County*

Substantial Distance and Limited Resources: Limited transportation was the most frequently reported contributor to social isolation, with participants discussing how limited transportation and infrastructure make it difficult for people to connect with each other across long distances. In some cases, transportation is only available during the weekdays, which makes it difficult for people to attend programs and events outside business hours. One resident stated:

> *The isolation and lack of resources mostly on weekends is a problem. They might have a program one or two days during the week, but they don't have access to transportation on the weekend, and there is nothing for them unless they walk. – Resident, Sullivan County*

Other residents shared that lack of transportation can be dangerous considering there are limited areas for safe walking. For example, one exclaimed:

> *We have one woman who walks two miles to church on Sunday and two miles back, and not everywhere is there a sidewalk so, this is not always safe. – Resident, Sullivan County*

Participants explained that physical isolation has a significant impact on mental health due to limited availability of resources and outlets for healthy coping. One professional explained:

> *The people in the more concentrated population areas have many more resources available to them – many more outlets – places that they can visit fairly safely. As far as the combination of alcohol consumption and our struggles with public health and COVID, I think in the more isolated areas – the further out areas – the isolation becomes unbearable to the point that getting together with a few friends or several friends to have a few beers puts people at risk in several different ways. – Professional, Otsego County*

Several professionals and residents commented on the divide between communities with large and small populations; communities living in sparsely populated areas experience more loneliness and are "often overlooked."

Lack of Social Connection: On top of the physical isolation, rural communities also encounter a lack of social connection with their communities due to a lack of community centers and limited access to technology. Most participants commented that recreational centers are located far way in remote locations, leaving many unaware that they exist and, for the others, unlikely to visit. One participant illustrated:

> *The YMCA is literally in the middle of nowhere, I lived here for 15 years before I knew where it was. – Professional, Sullivan County*

Limited opportunities for connection make it difficult for residents to make friends, meet neighbors, or talk with people in general. Some participants noted that even just hearing a "friendly voice" would help them with loneliness and isolation. One professional mentioned that some of their clients need physical touch, but living in a rural area, it is challenging for people to meet in a designated area. Typically, people meet at their house or outside on trails or lakes, but inclement weather, especially during the winter months, can be a barrier.

Limited broadband and cellphone service also contribute to social isolation in rural areas. While opportunities for community groups are available online, it is difficult for people to participate without access to Wi-Fi. One participant explained:

> *A lot of people who live in other communities where there is good Wi-Fi, even if there aren't other people there, can find support groups or community groups online who may be experiencing similar things. Residents don't even have that ability, the opportunity to connect with other people…living the same experience as they are, because they don't have the same ability to connect because the [connection] is poor. – Professional, Columbia County*

Increased Isolation among Groups with Higher Rates of Suicide: Physical and social isolation are exacerbated among specific groups with higher rates of suicide including older adults, their caregivers, and veterans. There are unique needs for each of these groups that make it more challenging to address isolation.

Both professionals and residents described how older adults are often isolated for various reasons such as lack of senior living homes, limited available home care, and limited access to and/or comfort using

technology. Even when senior living homes or nursing homes are available, they are in remote areas, which makes it difficult for family and friends to visit; this only worsened during the COVID-19 pandemic. If older adults remain in their homes, there are insufficient in-house services and, in most cases, they must contact the service before they arrive. Unfortunately, they do not always have cellphone service to make these contacts. For example, one county described a Meals on Wheels program, but check-ins are often only weekly due to difficulty reaching clients. This limited support adds stress to caregivers, as described by one resident:

> *I would also say having once been a caregiver for my parents, that there's no in-between place, where seniors probably shouldn't be living in their own home anymore, but they are not ready for a nursing home, to be able to live. And I tried, and I looked close by, and there really wasn't anything, certainly not anything even adequate in the county region around where we were. As a caregiver, it's a stressor, because you're feeling every bit of not being able to do the adequate thing for your parents when they're getting to that age, and you need some help. – Resident, Wyoming County*

The physical, emotional, and even financial burdens of caregiving make it difficult for caregivers to have time for themselves and care for their own mental and physical health. A professional in Columbia County worries about their isolated caregivers and their mental health:

> *That's a population I really worry about with suicide – the caregiver – because they feel they are the only ones who can provide adequate care to a loved one. – Professional, Columbia County*

Professionals frequently identified veterans as another generally isolated population in rural areas due to their remote location and their tendency not to seek services. They described that some who have sought services in the past were disappointed with their previous experiences, which makes them think twice about reaching out again for help. One professional commented that veterans who seek services are typically forced into hospitalization, which makes them feel hesitant and unsafe in sharing their struggles. Peer support and alternative methods have been successful in reaching veterans, as illustrated by one professional:

> *Some of the [suicide prevention] initiatives tap into faith-based communities where someone knows a veteran who maybe isn't working with us [the VA] but might be willing to tap in through another avenue. – Professional, Seneca County*

Essex County professionals described a large community of veterans that either moved back to be with family or moved there simply due to its remoteness. They explained how connected veterans have more support and can encourage each other during challenging times:

> *Regarding coping strategies, one of the biggest things is to encourage veterans to stay connected with other organizations in the veteran community. I appreciate the history of what the veterans have done. They were on the suicide prevention team at different times. They would get called by police to go into homes to talk to veterans, because they needed support. Even if we have a therapy group, we encourage them. Unlike other*

> *organizations, we talk after group to connect to and get their phone numbers, so they can be that support for one another. – Professional, Essex County*

Telehealth and online support groups were described as additional options to alleviate isolation for veterans. Particularly for Seneca County, veterans at increased risk for suicide are consistently contacted via phone or video calls to ensure they feel connected. The VA also has existing programs that are accessible through telehealth but, unfortunately, some veterans are unreachable due to their limited cellphone service availability. One professional exclaimed:

> *There are good programs out there, like the VA with their telehealth, but you can't bring telehealth to someone who doesn't have regular cellphone service. – Professional, Seneca County*

The Impact of Close-Knit Communities on Mental Health

While it is common for rural residents to experience social isolation due to the spread-out nature of many of these communities, at the same time, there is also a closeness felt by rural communities owing to the small population and shared experiences. There is some evidence that suggests rural residents may experience higher levels of life satisfaction, increased community interconnectedness, social cohesion, and support from their communities compared to urban areas.[10-12] Living in a close-knit community impacts the mental health of rural residents, both positively and negatively, as described by participants.

Positive Impacts of Close-Knit Communities

Social Connectedness: Participants described social connectedness as a benefit of living and working in a rural area. They explained that the level of closeness they experience is unique to small towns and stems from spending their entire lives in the community among the same people and institutions. One participant described this feeling:

> *I feel fortunate because I grew up here, graduated from a local school here, and I still have the same exact friends from elementary school, and you get that a lot more in these small towns, to have people around that you transitioned through every stage of life with so that makes me happy. – Resident, Sullivan County*

Participants emphasized that it is this closeness, paired with shared experiences, that creates social connectedness within rural communities. Specifically, they described how residents rally around each other in times of adversity. For example, whether it be illness, a sudden death, a fire, or another trauma, the community will reach out to provide emotional support and tangible assistance, including following the loss of a loved one to suicide. One resident explained:

> *There is a uniqueness of living in rural upstate New York, and I don't think that people can understand what that is like unless they live here. That uniqueness is something we need to really capitalize on and showcase. Most of the time, when we know that we've got a neighbor in distress, we're going to be there to help. We know what it's like to be stranded on the road in the middle of winter, so we're going to make sure that we do*

> *whatever we can do to assist that person. We are definitely a very connected community. – Resident, Franklin County*

Participants also explained that others notice when something does not seem right and will offer direct support and/or inform their families to ensure that person gets the care they need. Word travels fast, as illustrated by a resident:

> *A few years ago, I got into a car accident in the middle of [my town], and I called my husband to let him know and he picked up the phone and said, 'I already know, I'm on my way.' – Resident, Sullivan County*

Invested Provider Networks: Professionals explained how the closeness and social connectedness described above help them provide higher quality service to residents. In fact, they described being personally invested in serving the community, as it is like a family to them, leading them to creative solutions to ensure their clients receive the services they need. One service provider described efforts made to serve clients during the COVID-19 pandemic:

> *We literally were meeting our clients underneath the gazebo in camping chairs. And so, we really tried in the most nontraditional ways to keep the human connection going, because we knew folks still needed the personal connection. – Professional, Clinton County*

Professionals also described how knowing each other and each other's clients helps them provide each client with individualized, high-quality wraparound services despite limited resources. They described the ease with which they communicate with each other about a course of action for shared clients and how clients are less likely to get lost in the system than they would in larger health systems in urban areas. One professional explained:

> *In Cortland County, we all work very collaboratively together, the different systems and agencies. When I speak with coordinators in different counties, they don't navigate the system like we do. So, being small we know each other, we know we can call up at Catholic Charities and say, 'this is what's going on, can you help problem solve with this case or Adult Protective Services?' So, we all kind of have our go to people to help think outside the box and get a little creative with solutions. – Professional, Cortland County*

One professional explained how collaboration has increased over time within her community:

> *Working in the county for so long, over the years I have seen more and more collaboration and a push out of the silos people were once in, which has made each agency better able to work together to provide support and wraparound services to these families and to see other things that may be going on that we might have missed if we weren't so connected, so that's a plus that I've seen grow over the past eight years. It's nice to be working in that environment. – Professional, Cortland County*

Another professional described a closeness between colleagues which helps support their own mental well-being:

> *I worked in five counties in upstate New York, and I think this is one of the most collaborative counties I work in. I love the people in this room, I love the colleagues that I work with, I think we are respectful, thoughtful, we care about each other, we are supportive of each other, and I think that is one of our real strengths. – Professional, Cortland County*

A professional in a leadership role described the importance of supporting employees in self-care:

> *We're all dealing with the stress of COVID and taking care of our employees. We meet weekly for clinical meetings, and there have been times when that first hour has been nothing but teambuilding and support, you know, something we wouldn't normally do, because we have to take care of one another. – Professional, Clinton County*

Allocating clinical supervision time to employee self-care helps reduce vicarious trauma and burnout among rural service providers and better positions them to address the extensive needs of their clients.

Negative Impacts of Close-Knit Communities

Heightened Stigma: One of the issues raised most frequently during the RLT was heightened stigma of mental health issues and seeking relevant services, because everyone knows everyone else's business. One resident explained:

> *Like with all small towns, where I was born and raised everyone knew everybody. Having the community be like that, everyone's in everybody else's business. If there is a suicide attempt or some sort of self-mutilation, it's hard to kind of keep that on the down low. You just feel like everyone knows and you are being judged based off your past. – Resident, Essex County*

Both residents and professionals went on to explain how stigma impacts the utilization of mental health services, as described by one professional:

> *Living in rural communities, it's a double-edged sword. While everyone knows everyone, everyone knows everyone. And that can be both good and bad, and especially around stigma, it often creates a dynamic where people don't feel comfortable accessing mental health or addiction services, because they know someone else is going to see them or know that. Being small is helpful but being small is not always helpful. – Professional, Cortland County*

Some residents commiserated that, even if they were to seek services in a faraway town, it is likely they would be seen. For those with specific occupations such as farmer or construction worker, additional challenges arose including their recognizable trucks that could easily be spotted in a clinic parking lot.

Both residents and professionals specified that stigma is greatest among adults and seemed to be lessening among youth; they seemed hopeful it would continue to lessen over time. Until then, however, professionals emphasized how the parents make the care decisions for their children. One Essex County

professional stated, "Unless we can chip away at stigma held by parents, we're not going to get those services to the child."

Word Travels Fast: Both residents and professionals described how word can travel fast about negative experiences with mental health care in close-knit communities. One resident explained:

> *When people spread negative feedback of their experiences, like they have a hard time getting there and they wait there for an hour and then they don't connect with the [counselor], they don't want to go back. This gets passed along from one friend to another as they tell people of their experience. – Resident, Sullivan County*

Hearing about others' negative experiences deters residents from seeking care, even among those who can get past the stigma. Multiple residents and professionals lamented about how unfortunate this is, because they had their own bad experiences but eventually found a good provider. One peer support specialist equated finding a therapist to finding the right pair of sneakers: "You just have to find your size. You might go through one or two, but you'll find your right fit." Unfortunately, in small rural towns, services will go unutilized even when they are available simply because one hears about the bad experience of a fellow resident.

Deep-Rooted Issues that Contribute to Poor Mental Health

A significant portion of each listening session involved the discussion of economic strain, poverty, unemployment and job loss, substandard housing, food and clothing insecurity, lack of education and life skills, child abuse and neglect, substance misuse, and domestic violence. These are often insidious problems that are difficult to address and have a significant impact on mental health.

Poverty: Poverty was a major theme that emerged across listening sessions and a significant contributor to poor mental health. One professional described:

> *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. – Professional, Sullivan County*

In fact, residents and professionals alike explained that many residents live in survival mode, living day to day for themselves and/or their families. When poverty spans generations, which it often does, people feel helpless to escape it. One resident explained:

> *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. – Resident, Sullivan County*

This type of intergenerational poverty significantly influences mental health needs, help-seeking behaviors, and the provision of care by service providers.

Economic and Employment Challenges: Both residents and professionals linked poverty to economic and employment challenges. For example, they explained how rural youth are not motivated to work hard or graduate from school, because they have a "poverty mindset" and are not interested in a job. This is often a result of families not doing as well financially as earlier generations and communities being less prosperous than they used to be, resulting in helplessness and hopelessness. One resident explained:

> *Their parents don't have jobs, they were raised in situations where their grandparents or their parents may have worked at a mill and things were much more prosperous then, but since the mill is gone it's like the whole community has not adjusted yet. So, it's a large population that is just not invested in education and mental health or in any form of doing better. And this director of an agency had said, 'well, I don't think there's anything we're going to be able to do…' and this was a person with some authority who might be able to make some change. – Resident, Fulton County*

Both residents and professionals explained that, because rural youth have nothing to strive for, they drop out of school and have trouble finding jobs. Furthermore, many lack the education and life skills to perform well in a job interview, with one professional illustrating how some "do not know not to show up to an interview in ripped jeans." In addition, job opportunities are limited in many rural communities, particularly those that have experienced economic downturns over the last few decades. For seasonal rural economies, jobs are often filled by those who live outside the county.

Unemployment and job loss were described as huge stressors that impact mental health and lead to poor coping strategies. Those who struggle with mental health and/or substance misuse have a hard time maintaining their jobs and getting to work every day. Those with children are forced to find affordable childcare, which is often lacking, and do not have the luxury of missing work to care for their child at the risk of losing their jobs. One resident explained:

> *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. – Resident, Sullivan County*

Furthermore, residents and professionals described being challenged by simply not knowing how to escape the cycle of joblessness. One resident in Sullivan County confided, "A lot of people want to get jobs, they don't want to live off of the system, but they don't know how not to, they were never taught." They pointed to a lack of meaningful education on how to set oneself up for economic success, which results in unemployment, substance use, and mental health issues.

Substance Use: Alcohol and other drug misuse was described as a main coping strategy across all listening sessions, and it only increased during the COVID-19 pandemic when there were fewer social activities to relieve stress. Residents and professionals provided multiple reasons why this is a common strategy for relieving stress; rural communities have lots of bars, little else to do, and their economies are often centered on alcohol. For example, Seneca County professionals explained how they are in "wine country," and alcohol is a huge component of the region's economy. Consequently, they have some of the highest rates of cirrhosis and driving under the influence of alcohol in New York State. Professionals

from Cortland County, which includes a college town, noted that living near many bars that cater to the drinking culture of college students drives residents to turn to alcohol to manage stress rather than seeking professional services.

Substance use is also intergenerational, a behavior often modeled by parents and picked up by youth, with the behavior often persisting throughout adulthood and compounded by trauma. One professional explained:

> *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. – Professional, Sullivan County*

Domestic Violence and Child Abuse and Neglect: Domestic violence and child abuse and neglect also came up frequently during the listening sessions. Mothers raised multiple concerns that Child Protective Services (CPS) would take their children away because they could not get away from domestic violence situations quickly enough and felt that asking for support would only increase the likelihood of losing their kids. As a result, these women were hesitant to seek any services.

Housing: Professionals also described how residents can have difficulty finding affordable housing in rural communities. While the New York State Section 8 Housing Choice Voucher Program helps low-income families rent or purchase decent, safe housing in the private market, professionals explained that there are not enough landlords willing to accept these vouchers; in fact, they have evicted multiple families, even in the colder months. Because of the limited options, service providers struggle to connect their clients to housing. Moreover, landlords have taken advantage of those struggling with their mental health and have placed them in substandard housing. One professional explained:

> *There are places that people live where I do home visits that are not fit for an animal to live in, and I'm talking about going into a trailer and being told, 'Don't step on that spot, because you'll fall through to the dirt floor.' – Professional, St. Lawrence County*

While there is state housing for those with severe mental illness and some housing run by specific organizations, professionals emphasized a huge gap in housing overall and, without proper housing, parents were at risk of losing their children to CPS.

Homelessness was another significant issue brought up across listening sessions. Residents and professionals described a lack of acceptance and desire to help those who are homeless. In fact, there have been multiple struggles over attempts to build shelters, because this would lower property values. One professional stated:

> *There's always a fight whenever a shelter wants to be opened or housing provided, because we do not want to bring more of 'those people' into the county. So instead of acknowledging that the problem exists, there is a lot of denial about it. – Professional, Fulton County*

Due to the pushback regarding shelters, warming stations become the compromise, but these are only a "band-aid" and do not address the overall need for basic housing.

Service Access Barriers

A theme that emerged across all listening sessions was limited availability of services including inpatient, psychiatric services, specialized services for co-occurring needs, culturally competent services, community-based services, and Medicaid-eligible services. One professional explained:

> *There aren't a lot of providers, let alone the manpower, but providers. If a teenager had a bad experience with a provider, should they have to go back to them as an adult or take their children to them? There aren't a lot of choices, so it's either the mental health local outpatient program or two or three private providers that are more on the outskirts of the county. So, if one of our community members had a beef, they're not going back. They can't choose another place to go. The lack of choice is really huge. If it doesn't fit like a glove, it's not going to work. – Professional, Essex County*

Where these services do exist, they are not always available, easily accessible, or well-received for a variety of reasons, described in detail below, which ultimately impacts service utilization and mental health outcomes.

Long Travel Distances and Limited Transportation: Because local services are often limited or unavailable, residents and professionals described the need to seek services outside their county. A professional described this problem:

> *Part of being in a rural community and being so spread out is that we don't have as many services as densely populated areas. We don't have services that even surround the county. If we have a client that needs more intensive outpatient or they need to be living in a supported residence, we have to find places and look at other counties for certain types of services that we just don't have the capacity to offer in such a small county that's so spread out. Such a large county with a small population. – Professional, Essex County*

Professionals described that, when residents seek services outside the county, the services are not personalized, the provider often does not understand the context surrounding a client's issues, and it is difficult to establish a rapport. This issue is exacerbated when residents receive care in more than one other county, which is fairly common.

To receive specialized services, some residents described traveling up to three hours, which impacts their ability to work. One Seneca County resident described having to take almost three months off from her job to help her son; helping her son became her full-time job.

Aside from travel distance, lack of transportation was a common barrier reported across all listening sessions; many rural communities either do not have public transportation at all or have few bus routes and pickup times. Instead, residents rely on rides from others or pay for a taxi, which is expensive due to gas prices and long travel distances. One resident explained:

> *I think, in the rural areas specifically, transportation is problematic. If you do not have financial resources to have your own automobile, getting to mental health providers is extremely difficult. – Resident, Essex County*

Some residents receive coverage for medical transportation through Medicaid. To receive this coverage, they have to call a taxi service at least 48 hours in advance to request transportation to their medical appointment. Multiple participants – including both professionals and residents – lamented that this transportation service is challenging to coordinate and is often late to arrive. A professional in Cortland County described the service as "inefficient" and pointed out that the drivers will often cancel last minute when a better paying opportunity arises. A resident described their experience:

> *Even if you have [access to] Medicaid with the cab, you need to take a couple of deep breaths, clear your schedule for a little while, and then make the phone call. It needs to be three days in advance. It's a process and requires patience and planning, and it's just one more barrier. – Resident, Sullivan County*

Cancellations and late arrivals make the service unreliable and lead to missed appointments. Among those who are socially isolated, one professional described how missing this person-to-person contact leads them to "fall into that isolation mode and get depressed, and then it snowballs," clearly exacerbating the existing mental health issues for which they are seeking care.

Long Wait Times: Most residents and professionals commented on the long wait times to receive a mental health appointment and the requirements to get on a waiting list. One resident lamented:

> *You need to be in a counseling group for a certain period of time before you can get on the waitlist to see a psychiatrist, then by the time you qualify for an appointment to see a psychiatrist, they're no longer working at the practice. - Resident, Seneca County*

They linked long wait times to limited provider and resource availability and explained how these long wait times are potentially dangerous for multiple reasons including increases in substance use, domestic and interpersonal violence, child abuse and neglect, and criminal justice involvement.

Complex Health Systems and Cost: Professionals described multiple issues faced by residents when accessing services, particularly among those accessing services from multiple health systems. First, they described how electronic health records do not interface between health systems, which leads to disconnects in the information different providers have about the client and the services the client receives from each provider. In addition, residents face challenges with financial aid when accessing services from different health systems; they fill out multiple applications and receive bills from multiple hospitals, agencies, and/or providers, making it difficult to navigate and track. This is often overwhelming for clients. A resident expressed his frustration with the system:

> *There are just so many obstacles to jump through. You just need those connections, and some people just aren't able to help, it shouldn't be that hard. – Resident, Seneca County*

Insurance and cost were also raised as significant service access barriers by residents and professionals alike. Many providers do not accept Medicaid or other insurances that families commonly have, making it difficult for service providers to make referrals to other providers. Furthermore, people cannot afford the high copays associated with mental health appointments. A resident commented:

> *The equity issues for families who don't have insurance or who can't afford to take off the time, whether it's a couple of days of making those phone calls and going to appointments… It's a lot to put on a family whose already got a lot. – Resident, Seneca County*

Even if services are available in their area, residents are faced with a tremendous amount of paperwork and must navigate a complex system to use them. Even providers are challenged by the paperwork. One professional explained:

> *[Services can be] quite daunting for both providers and families to navigate. One, because there's just a ton of paperwork that has to be completed on both sides and then approvals, then it has to be sent to capacity management and then I have to say that there's a spot on the waitlist. And then, they have to get referred to the actual agency that provides the services. So, when we talk about communities in general, that perhaps people are a little bit distrusting or there are cultural dysfunctional barriers, when they hear all these steps, it can be really off-putting. And even for staff. I know that I am supporting my staff more than I ever used to in terms of just understanding the processes to complete a referral and follow up on it. – Professional, Yates County*

Telehealth and Limited Technology: Telehealth and technology were discussed as both facilitators and barriers across listening sessions. Several residents and professionals commented that telehealth allows residents to access services without leaving their homes, addressing multiple service access barriers including long travel times, limited transportation, and even stigma. In fact, the use of telehealth has increased in most counties, especially among adults, and has helped engage high-risk veteran populations. On the other hand, some residents and professionals argued that telehealth may not be the best option in rural communities for three reasons: (1) it reduces in-person contact and increases isolation, (2) it raises privacy concerns, particularly for youth and families with busy households, and (3) limited broadband access and cellphone service prevents many residents from being able to connect via telehealth. One professional commented:

> *There are good programs out there, like the VA with their telehealth, but you can't bring telehealth to someone who doesn't have regular cellphone service. – Professional, Columbia/Greene Counties*

Both residents and professionals emphasized that a large percentage of their rural communities, especially older adults, do not have access to the internet, smartphones, or any technology in general (e.g., television). For those who do have a cellphone, their access may be restricted due to not having an internet access plan or limited minutes. A professional described this challenge:

> *We've spent the last year trying to raise funds and write grants to allow us to buy phone cards or mini smartphones for our clients so they can access telehealth services. It's great if you can provide telehealth and it addresses some of these issues, but if you don't have minutes on your phone, then you can't access the services. We've had people sitting in our parking lot to take advantage of our free WI-FI, even for school. So, the broadband issue is huge. – Professional, Cortland County*

Other professionals commented that some of their clients do not have their voicemail set up so they cannot reach them. Similarly, even those who do have access to the internet may not know how to use it or would require assistance. Therefore, while telehealth has the potential to increase access to services and has increased access among part of the population, other segments of the population that lack access to these technologies do not benefit.

Distrust and Fear of the System: Distrust of treatment and support services and fear of reaching out for help, brought on by previous negative experiences, were described as significant barriers to accessing services. A resident of Genesee County commented that they felt like their mental health provider was not listening to them nor did they use a patient-centered treatment approach. A Seneca County resident admitted that her service provider did not believe the struggles described by her or her child:

> *There are people who just don't understand and think the child is just making it up. [Teachers] need to be educated, because it's real to my daughter and she needs help with it. – Resident, Seneca County*

Both residents and professionals noted that parents are fearful of having CPS or the Department of Social Services remove their children if they ask for support. In Cortland County, a resident described this fear:

> *I don't have enough money to buy a bed, so that each one of my children has their own bed or that they're not sleeping in the parents' bed or that they're not sleeping on the floor, but if CPS found out that was the case, they would take my children away. – Resident, Cortland County*

These mutually conflicting conditions are barriers to seeking and utilizing services. A resident summarized:

> *I think in rural communities in particular… We've created a catch-22 around asking for support and services, which is not helpful. – Resident, Cortland County*

Lack of Support Services and Resources: In general, rural counties have fewer services available in their communities such as libraries, food pantries, YMCAs, and other entities that positively impact mental health. Specifically, in some of the rural counties, residents and professionals reported that the lack of healthy recreational activities led people to substance use. One professional explained:

> *People don't have a large menu of coping skills, sometimes getting together with a few friends or several friends for some beer is the thing that's on their list of coping skills, which is not uncommon for us to hear. – Professional, Otsego County*

Particularly in Cortland County, more childcare support is needed. Residents described delaying their appointments when childcare is unavailable and/or work schedules conflict with clinic hours; their health is not prioritized. One resident explained:

> *What's unique to everyone is the childcare issue. I think that the COVID pandemic has brought that to the forefront with people recognizing what a significant role our school districts play when it comes to, not just childcare, but food. Throughout the pandemic, I think, families have struggled here. If you were working in the hotel industry or the service industry in this community, maybe making $12 an hour, $14 or $15… you're having to pay for childcare too. I mean, these individuals are very vulnerable. – Resident, Cortland County*

Service Delivery Barriers

A significant portion of each professional listening session was spent discussing low workforce capacity, demanding regulatory requirements, and limited funding as service delivery barriers. According to these professionals, these issues have had a detrimental impact on the mental health of their communities.

Workforce Capacity and Demanding Regulatory Requirements: Workforce recruitment and retention were described as significant challenges in rural communities. Professionals explained that rural providers have a much lower pay rate compared to their urban counterparts; therefore, those who go to college and are trained in patient care move out of the county for higher paying jobs. One professional explained:

> *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. – Professional, Sullivan County*

Rural communities are then left with limited staff who are tasked with addressing the extensive needs of residents, including those with multiple systems involvement. This leads to long wait times for appointments, risk of burnout, and staff turnover. One professional exclaimed:

> *I've had a hundred-person caseload and 25 of them were high needs, you can't do a good job under those circumstances. – Professional, Sullivan County*

Another professional linked large caseloads to long wait times for appointments:

> *We have standard caseloads that are ranging from 100 to 130 individuals. It's way too many to provide good quality care, in my opinion… which ultimately, in turn, played into these long waitlists. – Professional, Montgomery County*

A Seneca County resident conferred that "it takes anywhere from two to five months for most kids to see a psychiatrist in the county."

Throughout the listening sessions, professionals emphasized how rural residents have significant mental health needs and that many have multiple systems involvement. Addressing these significant needs with

such large caseloads is extremely challenging, creates stress, and leads to compassion fatigue, vicarious trauma, and burnout. One professional explained:

> *As adults, we have our own trauma but then we take on others' trauma trying to help [others], and we need to learn ways to process and to cope with that so that it doesn't become our own. – Professional, Seneca County*

Professionals also described how they are pressed by strict state regulatory requirements to treat a certain number of clients in a specific period of time, when the clients they see require extra time, care, and communication with their other providers to bring about positive outcomes. Two professionals described this situation:

> *[The state] says you're not doing enough because your units of service are down and we're going to pull your funding and positions and all this stuff, so the staff are stressed out because they are working constantly. Then, it feels like they're getting this message that they'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 nine times out of ten it's not because the pay here is really poor. So, we cannot attract new staff. – Professional, Sullivan County*

> *There is a lot of pressure to maintain units of service, but what accounts for a unit of service is when the client is sitting in front of you. That does not account for all the complex issues outside of the session, so it's almost like you're being penalized for not meeting your units of service while trying to serve the whole person. – Professional, Sullivan County*

In addition, professionals explained that the level of reimbursement is less than the cost of the service, making the cost of delivering care in rural areas greater than in urban areas. Specifically for Medicaid providers, reimbursement is generally low for unlicensed providers. With this current system, the more services provided, the faster they go out of business. This creates the perception that rural providers are not valuable. A resident noted:

> *From a top-down kind of level, if the reimbursement rates go down so low for various services, that's a clear indicator that they're just not valued, and that's a problem. – Resident, Fulton County*

Both strict regulatory environments and low reimbursement rates make it even more challenging to retain providers in rural communities. High levels of turnover create a lack of consistency for clients, making it difficult for them to develop a rapport and an ongoing relationship with a provider. Ultimately, it makes it harder to see improvements in their mental health. One resident explained:

> *The staff turnover too, you connect with somebody and then you have a new clinician the next time you walk in the door, and, if this happens five times a year, you never really get to move forward, you're always stuck on that building relationship part. – Resident, Sullivan County*

This is especially important as there is distrust in communication between providers and residents, as discussed previously, and residents already find it difficult to find a provider they feel comfortable with. They are forced to find another provider and get on yet another waiting list. A resident commented:

> *It takes a while to find someone you feel comfortable with, and every time you drop one provider because you didn't feel comfortable, you have to find another and get back on another waiting list for 'x' number of months and go through the getting to know you phase again. It's not easy. – Resident, Seneca County*

A continued lack of consistency leads to negative experiences which makes residents hesitant to seek further care. And, as previously mentioned, word travels fast about these negative experiences in small towns, leading others to forego care as well.

Challenges with Funding: Professionals across all listening sessions explained their difficulties obtaining federal, state, and private-foundation funding for mental health services, resources, and supports in their counties. The major barriers they described include having a low population density, not enough people with grant writing skills to write grants, inadequate interest from the community, and lack of consideration for unique rural community needs.

Professionals frequently mentioned how challenging it is for any rural community to compete for federal or state funding. Despite often having greater needs than their urban counterparts, rural communities do not have the population density to deliver the same units of service. As a result, funders opt to award urban applicants who will serve a larger population with the same level of funding. A professional in Cortland said:

> *Funding gets concentrated around large population areas and that's great for individuals who live in those areas of larger density, but for rural communities, it means that we are almost completely ignored when it comes to services and the ability to apply for competitive grants on the state or federal level. I think we as a community do a fantastic job of collaborating to bring as much critical mass there as possible and a competitive grant environment, but unfortunately, we don't touch the numbers that Syracuse, Buffalo, Rochester, and New York City do. – Professional, Cortland County*

Another professional expressed their frustration:

> *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. – Professional, Sullivan County*

Professionals also explained that the current funding system is not cost-effective and sustainable. Funding is typically only given for two to three years, which does not give enough time for a lasting impact on the community. Once the funding is gone, organizations are forced to discontinue these services and identify and apply for another source of funding. This is a significant barrier, because many organizations do not have the capacity or the experience to apply for additional grants. An Essex County professional emphasized that applicants need to be proficient in grant writing, because the funding is awarded not by

need, but "by who wrote it best." Even if funding is awarded, residents do not always participate in the services primarily due to lack of awareness.

One professional summarized the need for funding:

> *I think it all goes back to funding. The county wanted to do the Crisis Stabilization Center, but there was no funding. We talked about putting a peer on the mobile team like Orange County has, but there was no funding for that. So, a lot of it comes down to the money. We do have some great ideas, we all work really well together, and we're all trying, but we're very limited in what we can do. The ideas that we have can't come together because there is no money, and we're always the last to get the money. – Professional, Sullivan County*

Professionals also described how they are challenged by state funding strategies and algorithms. They explained that the state provides funding to counties to address specific behavioral health issues that are rarely preventive in nature, leaving them addressing the same issues year after year. They also highlighted how little flexibility is built into this funding, making it difficult to use the funds effectively. One professional explained:

> *The funding that comes down through the provider systems is usually so very narrowly focused that it's really hard to figure out a way to make a great case to meet the needs of your community. I mean, it can be done, and we do it and we twist ourselves in pretzels to do it, but it's usually very narrowly focused, highly, highly prescriptive, and it's prescriptive from a [state capitol] point of view, not prescriptive and frankly, not often with consideration of rural needs. – Professional, Otsego County*

Professionals also explained how funding is allocated based on population size. Therefore, the counties with the smallest populations get the least amount of funding but often have the greatest needs. One professional explained:

> *Some of the formulas do not help our communities at all. I just did a regional grant for the whole county of Hamilton, and it was $9,000. What were they supposed to do with $9,000 to offer 24/7 crisis services? It just doesn't make any sense. Just because their formulas are based on per person? So what ends up happening is that the areas with the fewest people receive the least services, and they are probably some of the people that really need the most services. – Professional, Fulton County*

Professionals continued to describe this issue, explaining that the state will recommend they take a regional approach and partner with other counties to obtain more funding. This approach received significant pushback from professionals across all listening sessions. One professional explained:

> *They lump you all in so you are working in three counties, but being so rural, you are so far apart it may take you three hours to get from one end to the other. But they're providing you the same money, no matter where you're putting the services, if you know what I mean. It just does not make sense. – Professional, Fulton County*

Other professionals described how the state's regional approaches do not consider the unique needs of rural communities. They said it is difficult to accommodate a "one-size-fits-all" mandate, since rural and urban counties are different. One professional explained:

> *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. – Professional, Seneca County*

Another professional expressed their frustration about this:

> *The state just gives broad directives and expects the counties to implement X, Y, or Z, but they don't consider [how] Sullivan is very unique compared to Rockland or Orange. Some of the things they ask us to do are out of touch with reality, and it's really frustrating, because you're expected to do these things, but how do we do it when we don't have the resources, especially when they're unfunded mandates? – Professional, Sullivan County*

Lack of Knowledge and Understanding of Available Mental Health Services

While service access and availability vary by county, a common theme across sessions was that there is often a lack of community awareness regarding what resources are available in the event of a resident experiencing a mental health crisis. One professional explained:

> *From a department standpoint, we get frustrated because we feel like we say the same things all the time and we do our best to put things out there, but still I think that people aren't aware of how to access services. And I think from a community member perspective, I will probably ignore something until I need it. And then when I need it, I'll make the effort to educate myself. So, I don't think that I would have all that information about services and what to do and where to go floating around to my head unless I needed it. – Professional, Wyoming County*

Being close-knit, however, residents emphasized the importance of being resources for each other in helping to raise awareness. One resident explained:

> *Being a rural area, we're all resources for each other as well as the community. We need to get info about resources out there. People who've lived here for five years still don't know about resources. - Resident, Seneca County*

While residents can help raise awareness, they admitted that the issue goes beyond awareness, because service utilization is so complex. In fact, residents explained the difficulty of accessing services from multiple providers and emphasized the need for a navigator to help advocate for them and provide a "one stop shop" for employment, counseling, food assistance, and more. Instead, those who are aware of services may not understand the scope of services, they may have privacy concerns, and they may choose not to access services due to stigma and/or a previous subpar experience. One professional explained:

> *I know at times that [residents] have gone to access services at a local hospital and maybe were just held on a short evaluation, but there really wasn't anything done in*

> *response to changing why they presented there in the first place. So sometimes I think that consumers avoid those things, because they don't feel they're helpful. But they do know that they need something, because they've kind of reached their maximum capacity to handle the situation. - Professional, Yates County*

Finally, another resident from Seneca County remarked that residents have an "episodic" view of mental health and would only consider accessing services "once in a while" or when they were on the brink of a crisis. There was little recognition of the importance of "upstream" suicide prevention efforts such as social emotional learning in schools, community awareness trainings for recognizing the signs of suicide in yourself and others, or long-term therapy unrelated to a crisis

Lack of Understanding and Misuse of Services: Professionals across multiple counties explained how residents do not clearly understand which services meet their needs and how to select the correct services. In addition, some residents access services to meet basic needs and/or as a form of social connection. For example, those experiencing homelessness have gone to the hospital indicating that they are homicidal when they simply want somewhere warm to spend the night.

Professionals in Sullivan County remarked on how some people come to the hospital when they "can't navigate bureaucracy," and parents may use the emergency room "as a respite, when they can't take it anymore." Additionally, professionals acknowledged the impact of stigma and explained how residents will reach out to a grief program that is associated with hospice care, because it is deemed to be more socially acceptable than reaching out to a mental health program for longer term support. Others are afraid to access services for fear CPS will take their children away.

The Necessity for Education about Available Resources: Multiple professionals noted their role in educating the community about services, such as when someone should talk to a school counselor when experiencing stress compared to needing services at the community mental health center. They emphasized being creative and using multiple channels to raise awareness. One professional explained an effective way to get the community to be more open about mental health and to spread accurate information about mental health services:

> *I think it starts with each one of us, because it took a long time for my siblings to understand what my job is and what I do. So, you tell your siblings and then your siblings tell other people then it comes back. People will say 'I didn't know you work with in mental health and you work with so' and so it's like, 'whoa they heard it and they understood it.' And they understood it, because it came through that wave of friends and relatives. Education is key, so we have to be multifaceted in how we educate and share information. It's not just one way meets all, it has to be at all levels. – Professional, Lewis County*

Other counties described additional creative ways to educate the community about mental health services. In Seneca County, school professionals created a resource guide specific to the school district to help connect people to services and mailed it out to the community. The guide was well received, and residents began recommending places to share the guide to help increase reach.

Seneca County professionals also described their efforts to educate the community about when it is appropriate to reach out for services. There have been extensive outreach efforts, as one professional highlighted:

> *We've gone to open houses, musicals, sporting events, concerts just trying to have normal interactions and conversations with people, 'the who are you and what do you do,' so then we become a person not just a provider. We think having these normal conversations encourages people to be a little less hesitant around the stereotypes and more open to what the services are. - Professional, Seneca County*

Despite these efforts, a large cohort of residents thought they could not reach out if they were having trouble until they "meet certain criteria." Professionals explained their efforts to inform residents that there are no criteria they have to meet, there is no cost to accessing services, and there are no special requirements for intake.

In Cortland County, professionals recognized the importance of taking a community-wide approach to promoting mental health services, which is why their Department of Social Services, police department, and court system are all involved in making sure the community is aware of available resources. One professional described:

> *[The Department of Social Services] knows of the traditional services they can assist with, but because rural communities are small, they can also help refer people to other services like the warming center, churches, and mental health services. - Professional, Cortland County*

In addition to a lack of knowledge about which resources are available, there is also a lack of understanding of the continuum of care services. One resident posed the following questions:

> *I wonder, do families know what happens when you move through the process of getting child support? If a child gets accepted into a hospital, what do you do? If sent home, then what? The continuum of services is largely still unknown even though there are tons of things out there. - Resident, Seneca County*

Professionals also emphasized how better communication and coordination among all professionals is needed. Specifically, professionals discussed their role in educating other professionals about mental health and available services, resources, and supports. In fact, one professional deemed the question about how to increase help-seeking as the "million-dollar question" and explained that professionals need to do a better job educating each other so they will be prepared to guide residents. She explained:

> *[As a community member], you don't know what you don't know, and you don't know what you need until you need it. Sometimes we [as professionals] are too late, or we're not really great at communicating among each other. But I've always referenced how I grew up in the school community, both my parents are teachers, and it's amazing to me how they often look within their school community to get answers to their questions, but the bridge between them and [mental health] is sometimes nonexistent. The questions my mother has asked me about community resources, I'm amazed that she doesn't know but also that she would have a reason to need it. If other professionals don't have the*

> *answers to a question, I can't imagine a parent or another community member would. We have to rely on each other [for education and to help educate residents]. – Professional, Lewis County*

While lack of knowledge and understanding of available mental health services was a common theme across counties, some residents and professionals indicated that their close-knit rural communities actually made it easier to know what resources were available, often because there were not many, so, by word of mouth, the community knew what resources were available to them.

The Contribution of Rural Culture to Mental Health

One of our main questions at the outset of the RLT was how rural culture impacts mental health. We expected both positive and negative implications, and we were correct. A prevalent theme was the bittersweet nature of rural communities, including how "everyone knows one another" and how this requires people to access services "quietly" to preserve existing reputations. Stigma was frequently mentioned as a deterrent for individuals accessing mental health services both within the community and in schools due to residents not wanting others to know they are struggling. Another common theme was how, for individuals with mental illness, isolation is amplified when people stay away due to stigma and lack of understanding.

Despite the sense of everyone knowing one another, one county acknowledged that there was nonetheless a lack of community connection. One professional explained:

> *We held three or four community forums a couple years back and a common thread or theme in all of them was that people felt a lack of connection, they felt a lack in sense of community, and a lack of connection with each other. - Professional, Seneca County*

Culture of Self-Reliance: Another common theme was the culture of self-reliance: people are used to doing things on their own and do not feel comfortable asking for help. One resident explained:

> *I noticed when I first moved up here that there's such a strong value of self-reliance and I don't need anything from anybody. I don't need help. I don't need a handout. I can manage this. And so, there's that isolation but also kind of a pride in that it leaves one really reluctant to reach out for help if things are starting to go a little screwy. - Resident, Franklin County*

Lethal Means Reduction: Gun owning is a significant component of rural culture, with many residents growing up with firearms for hunting, protection, and sustenance. As such, the mental health community is challenged in its efforts at safe firearm storage (e.g., distribution of gun locks, having a family member or a neighbor hold one's gun during a time-limited crisis) as a suicide prevention approach. For example, residents frequently mentioned their hesitancy to seek mental health services for fear of their firearms being taken away. A professional in Columbia County described:

> *[In] rural counties, part of the joy and the thrill of them is hunting. It's huge and people need access to a weapon to do the hunting. Children are born and bred to go [hunting] young. So, there is a lot of resistance to discussing the whole concept of gun locks and gun safety and removing someone's weapon if they are at risk because, in a rural county, that is part of the identity. – Professional, Columbia/Greene Counties*

One professional described his thoughts on gun locks, admitting that, although many carry them, most do not want to use them. He explained:

> *We all carry gun locks at our organization and, when we try to give them out, people don't want them. They tell us 'we know, our kids our aware,' blah blah blah, you know. – Professional, Columbia/Greene Counties*

Furthermore, people are reluctant to have law enforcement hold their guns if they are at risk of suicide, because they do not know when they will get them back; this is a process that they believe could take years and would require a provider sign off in court. With the presence of Red Flag Laws in New York, or laws that permit police to petition a state court to order the temporary removal of firearms among someone deemed a risk to themselves or others, there is a critical need for education in the community around these regulations.

Overall, the unique aspects of rural culture can have both a positive and negative impact on mental health. Limited mental health services and resources, geographic isolation, socioeconomic vulnerability, substance use, access to firearms, stigma, and transportation barriers are all factors that arose from the RLT sessions, all of which can have a negative impact on the mental health of communities. However, there are also positive attributes of rural communities that serve as protective factors: close-knit communities that watch out for each other, increased collaboration among available service providers, and creativity from residents and professionals to problem-solve. These positive aspects are significant strengths and assets that should be leveraged in suicide prevention efforts, described in more detail later in the report.

Other Considerations

Though each rural county participating in the RLT described its own unique population, geography, and culture, they are all largely racially and culturally homogenous, primarily comprised of white, cisgender, heterosexual individuals. Among participants who were not white, cisgender, or heterosexual or who recently moved to the community, there was a sense of "otherness" that negatively affected their mental health.

"Outsider" Mentality: A common theme of the RLT was the generational aspect of rural areas. Many residents and professionals remarked that most residents and their families have lived in the same community for generations; those who have not are seen as outsiders. As one resident reflected, "it can take a while for people to warm up to 'outsiders,'" so the protective nature of close-knit rural communities does not always extend to everyone.

Lack of Provider Diversity: Residents and professionals remarked on the significant lack of racial and cultural diversity among mental health service providers and a lack of culturally appropriate care. Though the counties that participated in the RLT were largely white (87.2 percent of the population on average, ranging from 71.3 percent in Sullivan County to 94.5 percent in Lewis County, Census 2020), some are uniquely diverse; Sullivan County has a growing Latinx population, Montgomery County has a large migrant farm worker and Spanish- speaking population, and Seneca and Yates counties have a significant Amish/Mennonite population. Cultural and language barriers have proven difficult in these counties, especially when finding bilingual and culturally appropriate services, dispatchers, social workers, and law enforcement during a time of crisis. Residents and professionals also pointed out how few providers are dedicated to specific populations like LGBTQIA+ individuals, individuals with disabilities, or those on the autism spectrum and how this can increase stigma and compound mental health problems. Because there is already a shortage of providers, the scarcity of a culturally diverse workforce only increases the challenges counties face in providing adequate care for their diverse residents.

Unique Challenges among Specific Populations: Residents and professionals discussed the challenges faced by multiple minority populations residing in their rural communities. For example, multiple participants highlighted how services and resources dedicated to serving LGBTQIA+ individuals are limited. One resident explained:

> *I've learned a lot about how LGBTQIA+ youth [die by] suicide at much higher rates than other populations and, in small towns, especially teens, there's no resources for them. There are no safe spaces. There's no education like sex education or just talking about it at all. And I think that could be helpful for queer youth in the town, and I know a lot of them struggle with mental health. And I just think that could be something that's improved upon. – Resident, Essex County*

Residents and professionals explained that services and resources for LGBTQIA+ individuals are generally limited to college counseling centers or drop-in centers. Though Cortland County has an LGBTQIA+ resource center where youth can access mental health and substance use services, this is not the norm. In fact, it was one of only a few counties to receive state funding through the AIDS Institute.

Residents and professionals also explained how LGBTQIA+ individuals lack access to online resources due to spotty internet and Wi-Fi service. This poses significant concerns, as LGBTQIA+ individuals often use online groups and chat rooms to create a sense of community; lack of access can lead to isolation. They also noted that LGBTQIA+ youth face economic challenges, including job loss and difficulty finding stable employment, due to their LGBTQIA+ identity.

Residents and professionals also described a hesitancy to use crisis services among LGBTQIA+ youth, diverse families, and non-English speakers for fear of escalation by the police. As previously mentioned, word about negative experiences can spread quickly through small, rural towns and, if someone from a more diverse background has a negative experience accessing a service, it is likely that others who share a similar background will avoid that service as well.

For those who are incarcerated, there are unique challenges to accessing mental health services including stigma among both incarcerated individuals and jail staff. One professional explained:

> *The jail staff worry a lot about stigma. Many miscommunications happen because of stigma. The corrections officer is worried to say to a person who is incarcerated, 'would you like to go see mental health?' Instead, they'll say, 'do you want to go down to booking?' and most inmates say no. They don't know that they're being asked, do you want to go to mental health. This stigma is happening with more folks who could be potential links to services and not necessarily the people who are seeking services. - Professional, Essex County*

Religious diversity also plays a role in rural culture and mental health. Seneca and Yates counties have Amish/Mennonite populations that are often left out on their own and not included in outreach efforts. These populations have unique needs, but services are typically not tailored to meet these needs. As a result, the Amish/Mennonite populations rarely seek services from the community.

Though the rural communities we spoke with were homogenous overall, diversity was significant enough to be raised in most of our listening sessions. Unfortunately, multiple groups do not have access to culturally appropriate services, feel a sense of "otherness," and become isolated from their community which has a significant impact on mental health.

Strengths and Assets of Rural Communities

Numerous strengths and assets were shared throughout the RLT; the sense of community, resiliency, and connectedness was evident in each session. These strengths and assets are grounded in the supportive nature of close-knit communities, collaboration among the available service providers, and creativity from residents and professionals to problem-solve barriers and challenges. Professionals routinely described thinking outside the box to deliver services and resources to their communities. This creative spirit in the face of limited resources should not only be leveraged but celebrated as well.

Strong Provider Networks: One of the most commonly mentioned assets was the strong provider networks within rural communities. These networks leverage their connections, hone and uphold strong referral networks, and collaborate and communicate effectively to provide high-quality wraparound services with limited resources. The strong rapport between providers and clients is also a notable strength, as providers view their communities like a family and truly care about the health and well-being of their clients. Fulton County even holds community meetings for professionals so that the different systems become aware of and are educated on available services. This strong communication and coordination is a significant asset for small rural communities; instead of feeling isolated, residents explained that they feel supported by their providers and that there is always someone watching out for them.

Filling Gaps in Services: Related to the strength of provider networks is the willingness and creativity of professionals to fill gaps when services and resources are not available. Lewis County professionals

described how there was a shift in the mentality from "this isn't our job" to identifying specific community needs and partnering with organizations and agencies that can provide specific services, resources, and supports like housing and food assistance to meet these needs. Some examples provided by Lewis County professionals include breastfeeding education for new mothers, car seat installation, and Meals on Wheels for older adults. Once they were able to connect residents to these services, they shared additional information about other programs in the community. In Seneca County, a school district, led by a school principal, made home visits to families and delivered essential items when COVID-19 began; school social workers also visited families to provide needed continuity and support. In Fulton County, a local agency provided 10,000 meals to Fulton and Montgomery County residents in the year after COVID-19 began. Professionals emphasized that this agency does not typically provide services like this. Together, this highlights the willingness of providers, schools, and community-based organizations to step up and provide services to those in need.

Nature: Another asset of rural communities not always available in larger urban areas is nature and the great outdoors. Both residents and professionals frequently described appreciating the abundant natural beauty and commonly engaged in activities including hiking, biking, fishing, camping, and visiting state parks. In the winter, there are just as many activities in which residents can partake, including skiing, snowshoeing, ice skating, and snowmobiling. Taking advantage of the many walking paths and trails that are free and available to all was a frequently mentioned way of life. A professional described the ease of appreciating the nature around them:

> *A lot of us have been doing this since we've been working from home, walking out the front door. There we are. There's nature for many of us, unlike in an urban area where you know you have to go far away and be very playful about recreation. – Professional, Clinton County*

Easy access to nature and the enjoyment of what nature has to offer was frequently described as a positive coping strategy across all listening sessions. Though barriers were cited for using these resources including cold winter months, leveraging these free assets will go a long way in promoting mental wellness in rural communities.

Faith Communities: Faith communities serve as a positive support system in many of the rural counties that participated in the RLT. Wyoming County professionals described how the churches do a great job with social networking and outreach, both of which are typically voluntary. In fact, several churches have their own funds dedicated for crisis services and respond in a pinch when a government or private agency is unable to step in, providing food, clothing, shelter, and more. It was also noted that there is significant collaboration between the churches, Catholic Charities, and the Salvation Army, furthering the ability of faith-based outlets to provide support. While some residents remarked on how people feel comfortable talking to ministers and pastors when they are seeking guidance during a challenging time, it was also mentioned how there is nonetheless stigma within many faith communities around suicide. This poses an opportunity for greater collaboration with faith-based organizations to promote mental health and wellness and reduce stigma.

Model Efforts

Professionals across each listening session described engaging in mental health promotion and suicide prevention efforts that drew upon the strengths and assets described above. **Table 2** lists multiple community-specific approaches taking place in RLT counties that have made an impact on the mental health of their residents.

Table 2. Community-Specific Approaches for Improving Mental Health among Rural Communities in New York State

Themes	Examples of Community-Specific Approaches
Expand access to transportation	• Franklin County provided bus tickets for medical transportation during the COVID-19 pandemic • Wyoming County received federal funding to implement the "Wheels to Work" program to help those without transportation get to work
Expand broadband access	• In Cortland County, professionals raise funds and write grants to pay for phones for their clients so they can access telehealth services
Increase community connectedness	• In Seneca county, residents reach out to veterans over the phone or by video to provide social connection • Fulton County hosts various community activities such as arts and crafts, outdoor fitness classes, and community yoga to provide positive coping outlets • An organization in Otsego County hosts an eight-week "Wellness Wednesday" program in partnership with a local school to provide prosocial activities for youth, reduce stress among families, and foster a supportive community
Increase mental health and suicide prevention education	• St. Lawrence County provides Mental Health First Aid (MHFA) training to bus drivers, teachers, health care professionals, university staff, and various community groups • The Cortland County Suicide Prevention Coalition partners with law enforcement to provide free gun locks and firearm safety education to the community
Increase opportunities for non-clinical peer support	• In Sullivan County, Catholic Charities Women's Circle holds weekly meetings for peer support between counseling sessions • Franklin County uses the CHESS Health application to provide access to peer groups and counseling services 24/7 • Clinton County hosts recovery support groups in their libraries
Increase awareness of available services	• Counties implemented a variety of suicide prevention messaging campaigns including: ○ Suicide prevention pull tabs in Franklin County ○ Shop window posters and food basket flyers during the holidays in Yates County ○ Radio interviews, press releases, and newspaper promotion in Genesee County ○ Messaging from at-home services (i.e., garbage services, propane services) in Otsego County

Success Stories

Throughout the RLT, we heard about the great work taking place within each participating county. Though not an exhaustive list, we would like to go beyond the snapshots provided above and highlight a few stories that exemplify the hardworking and determined nature of these communities.

Cortland County: In Cortland County, professionals described a strong, cohesive team engaged in strategic partnership and dedicated to the needs of their community. Their local suicide prevention coalition conducted a community readiness and resource assessment to guide and support their efforts to obtain funding for suicide prevention. The assessment included 40 key informant interviews about the current state of the county and its needs. They worked diligently to secure grant funding and were able to piece together additional support to provide needed services, resources, and supports to the community:

> *We fought and received funding for a cohort project to engage in trauma informed supports for individuals who have Adverse Childhood Experiences (ACEs) and their families. We meet on a regular basis and do nitty-gritty stuff. I delivered my son's bed to someone's house out in McGraw, because they didn't have a bed for her child and the Department of Social Services was going to take her kid, and we were able to talk to the YWCA and get this woman a scholarship for childcare. So, some of that hands-on stuff, when we have the funding, we can pull it together and do it effectively. – Professional, Cortland County*

In addition, Cortland County holds yearly Crisis Intervention Training for law enforcement without external funds from the state. To make this happen, they engage in fundraising, grant writing, and the pooling of funds between multiple agencies including family counseling, Catholic Charities, and mental health associations. They also described a community resource and discussion board that allows residents and professionals alike to post questions, request assistance, and connect with their community.

Seneca County: Seneca County is engaged in a multi-pronged effort to prevent suicide, with multiple recent successes. With a goal of making the county a Zero Suicide community for youth and adults, they have integrated universal suicide screening in primary care, implemented the evidence-based school suicide prevention program Sources of Strength in all of the county's school districts, and provided Youth Mental Health First Aid training across the county. In addition, they developed a countywide uniform lethality response protocol that was adopted by all school districts and approved by the board. Based on this protocol, if a child is presenting with some lethality, each school will follow the same process and will have timely access to a crisis counselor. In addition, they received SAMHSA grant funds to build their own 24/7 crisis center and to build Systems of Care.

Seneca County also has an active suicide prevention coalition that has been referred to as "a small and mighty group that does incredible things." Some of their many activities include outreach about free crisis resources including 211 and Crisis Text Line, going to local spots like pizza places and gun shops to have conversations with residents, providing community trainings, hosting Out of the Darkness Walks, and engaging in a big promotional campaign that blanketed the county for about a year. The county was

recently recognized as a suicide prevention exemplar in the Federal Office of Rural Health Policy's Rural Health Information Hub (RHIhub) suicide prevention toolkit for its recent accomplishments.

Lewis County: Lewis County has an active suicide prevention coalition comprised of a broad range of dedicated volunteers with the motto "don't do anything about them without them." Following this motto, they are flexible in responding to the needs of the community. They table at as many events as possible including the farmer's market and Food Truck Fridays to talk to residents, identify needs, make their presence known, and break through the stigma. They have multiple trainers who deliver training in Applied Suicide Intervention Skills Training (ASIST), Youth Mental Health First Aid, SafeTALK, and Question, Persuade, and Refer (QPR) to residents across the county. They are also actively engaged in lethal means safety activities and partner with local gun shops to distribute gun locks.

In addition, Lewis County advocated for and recently allocated funds to create a Veteran's Administration Community Outreach position. This position is entirely focused on community outreach and connecting with rural veterans who are not engaging in health care to provide education about mental health and wellness.

Last, to accomplish this work, Lewis County has an extremely tight-knit provider community that is equipped to help residents connect to all types of services. They make sure residents have appointments, so they do not have to navigate those first steps alone. They also ensure there are no gaps in services; even if something is not part of their job description, they will address it, because that person is in front of them at that moment. They described an amazing team of people who genuinely care about the success of their clients and who take a vested interest in their well-being. Because they are a small community, they garner significant trust from their clients, many of whom know their backgrounds and their stories, all of which help them provide high-quality wraparound services despite limited resources. Like Seneca County, Lewis County's suicide prevention coalition was recently recognized as a suicide prevention exemplar in the Federal Office of Rural Health Policy's Rural Health Information Hub (RHIhub) suicide prevention toolkit for their recent accomplishments.

Genesee County: Genesee County's suicide prevention coalition tackled the sticky issue of firearm safety by partnering with a local shooting range owner. A person died by suicide on the premises of this owner's range, prompting protocols to be put in place. This opened doors for engaging the community in safe firearm storage; buy-in from the range helped with education, training, and overall acceptance of the use of gun locks, other safe-storage approaches, and temporary removal of firearms during a time-limited crisis. The coalition also worked with the Genesee County Sheriff's Office to create the gun lock program to promote the distribution and use of these life-saving devices.

Otsego County: Otsego County was creative with outreach and messaging to identify and connect the most isolated individuals with care. Acknowledging that these high-risk individuals refused to seek professional services, they identified activities in which they commonly engage and places they frequent to perform these activities to spread messaging. For example, they engaged in an unorthodox method and

placed suicide prevention messaging where one would obtain a fishing license. In the words of an Otsego County professional, "Now suddenly this person that wanted to be left alone is hearing this message and learning about resources they can use if in crisis."

There were many more success stories shared throughout the RLT, but we were only able to select a few prime examples of how rural counties leverage their strengths and assets in a successful way to build healthy communities. This is not always a simple task given the barriers but should be celebrated and examined as models for other rural areas.

Recommendations

Multiple recommendations emerged from our rich discussions with those who live and work in rural areas. A main takeaway was that each rural community is unique and that a one-size-fits-all approach to rural suicide prevention is not sufficient; a community-specific approach is needed to maximize impact. We highly recommend conducting periodic listening sessions similar to the RLT to hear the unique and emerging needs of communities, give residents and professionals a voice in developing the approach to suicide prevention, and to convey respect and appreciation of their experiences, input, and feedback.

In addition, though rural areas have multiple strengths and assets including a dedicated provider network that approaches their clients like family, they are challenged to meet the increasing demands of the community due to workforce shortages, limited funding, and provider burnout. There are multiple ways to alleviate these challenges including revisions to the way funding is allocated to counties, increased salaries for providers in rural areas, mental health support for providers, and dedicated funding for suicide prevention coalition coordinators. Also, due to a lack of mental health service providers and heightened stigma in rural areas, behavioral health services should be integrated into primary care. For example, implementing an expanded Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Suicide Care model (SBIRT-SC) in primary care will ensure patients are screened for substance use and suicide risk and receive on-site brief intervention, follow-up care, and referrals if necessary. Telehealth services can help expand access and reach.

We summarize our recommendations in **Table 3** on the next page. These recommendations include ideas conveyed directly by RLT participants as well as inferences and suggestions we made based on the discussions and our experience working on suicide prevention initiatives in New York State. These recommendations are not exhaustive; rather, they are meant to serve as a jumping-off point to improve suicide prevention efforts in any community that chooses to implement them. Additional recommendations are provided at the bottom of the table that are geared toward counties and states; though developed for New York, these recommendations may prove useful to other states in guiding their rural suicide prevention efforts.

Table 3. Recommendations for Improving Mental Health Among Rural Communities

Themes	Recommendations
Expand access to transportation	• Increase state funding opportunities for transportation programs • Increase availability of transportation services and routes and ensure timely response • Promote community ride sharing and carpooling including a method for posting ride requests
Expand access to internet and other technology	• Increase state funding for expanded broadband access in rural areas • Explore funding options for telehealth services • Increase access to free, publicly available Wi-Fi networks and promote the availability of these networks throughout the community • Provide access to cell phones to help engage clients without access in telehealth services • Provide assistance to residents who are not comfortable using certain technologies, possibly leveraging the skills of teenagers in the community to promote connectedness
Increase community connectedness	• Provide community connectedness opportunities for the most vulnerable and isolated including a weekly check-in chain or pen-pal program; advertise these opportunities in community locations frequented by these individuals • Raise awareness and promote community organizations and activities • Develop, implement, and advertise community discussion boards
Increase mental health and suicide prevention education and training	• Implement upstream suicide prevention programs such as Sources of Strength in schools to alleviate the burden on resource-limited downstream treatment services • Increase funding opportunities to support K-12 rural schools in implementing trauma-informed skills training • Engage local organizations, businesses, and the media (i.e., social media, radio shows) in a stigma reduction campaign
Increase opportunities for non-clinical peer support	• Collaborate with local organizations to provide a space for peer groups • Utilize mobile applications for increased access to peer groups • Ensure patient connection with a peer prior to the end of treatment
Increase awareness of available services	• Collaborate with local organizations to increase awareness of available services (e.g., post services on digital signs at the fire station, include talk and text line information on coasters or coffee cup sleeves in local establishments) • Strengthen the capacity of crisis centers to link to appropriate local resources • Educate providers about how to encourage clients to use the crisis/text line resources available to everyone (e.g., 988 Suicide and Crisis Lifeline, Crisis Text Line) • Engage local businesses and organizations in disseminating county resource maps
Expand Access to Services	• Integrate behavioral health screening and brief intervention into primary care settings to alleviate the stigma associated with mental health care; this includes screening for depression, substance use, and suicide risk and providing evidence-based brief intervention using the Safety Planning Intervention for suicide risk and the Brief Negotiated Interview for substance misuse according to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model • Provide services via telehealth to expand reach

Themes	Recommendations
Systems Navigation	• Increase funding opportunities for patient navigators to help patients navigate the complex mental health system • Encourage collective efforts between primary care and behavioral health to support patients with complex systems navigation
Increase and sustain workforce capacity	• Increase salaries of mental health providers in rural areas and provide incentives to encourage trained professionals to work in rural communities • Develop mentorship and internship opportunities for medical, mental health, social work, and psychology students to support workforce shortages • Develop policies, provide services, and encourage the practice of self-care for mental health providers
County Efforts	• Understand the unique needs within your communities by conducting periodic listening sessions – needs change and new ideas emerge – and tailor efforts based on the discussions • Continually assess the representation of the suicide prevention coalition and reach out to potential new members to fill gaps • Collaborate with opioid and substance use prevention coalitions and task forces to pool efforts and jointly address two significant and interconnected public health issues • Invest in grant writing support through local colleges and organizations to help obtain funding • Explore partnerships with larger state and national organizations and consider joint efforts to obtain grants and contracts • Continue to explore the needs of specific minority populations within your community and take steps to provide services and resources that are culturally appropriate
State Efforts	• Revise funding allocation methods so that funds are needs-based rather than population-based • Allow flexibility in the use of funds so that counties can use them to address the unique needs of residents • Allocate funding for prevention to address issues upstream and reduce burden on resource-limited treatment services • Provide technical assistance and support to under-resourced rural communities with limited capacity to apply for competitive grant funding • Revise service quota development and enforcement to incorporate the needs of the clients of each provider organization; those with multiple systems involvement will require more time with providers to achieve optimal outcomes • Provide funding for a full- or part-time suicide prevention coalition coordinator in each county; this funding will go a long way in developing, implementing, and sustaining suicide prevention efforts in rural counties • Rather than encouraging state and regional approaches, understand the unique needs of rural communities and tailor approaches to meet their needs; conduct periodic listening sessions similar to the RLT

Limitations

The results of the RLT should be interpreted in light of several limitations. First, we did not hear from all of New York's 22 rural counties during our listening sessions, leaving out the perspective of nine counties. Even so, the demographic make-up of the 16 counties that participated is very similar to the nine counties that did not participate. In addition, while participants were mainly white and more than half were female, this is representative of the rural population (white race) and the behavioral health field

(women) across the state and country, increasing the generalizability of the results to rural New York and parts of the U.S. Second, the counties that participated may be more invested in mental health promotion and suicide prevention than those that did not participate, which may have biased the perspectives we presented in this report. Third, some of the individuals who participated in our resident sessions were also professionals with an interest in the behavioral health of the community, leading them to respond to some of the questions from the professional perspective. To address this issue, we redirected the participants to respond from their perspective as a resident, minimizing the loss of input we may have experienced from residents had we not redirected responses. Fourth, due to the pandemic, most of the RLT was conducted via Zoom or by phone, depending on the participant's access to broadband. Regardless, the open and honest discussions that took place via Zoom were comparable to the discussions that took place in person. Last, the nature of our qualitative data collection leads to smaller sample sizes which limits the generalizability of the results. However, it also allows for rich discussion which helped identify key themes and provide important recommendations to improve access and availability of mental health services, resources, and supports in rural communities.

Conclusion

The RLT provided an inside look into the lives of nearly 300 residents and professionals across 16 rural New York State counties. Hearing directly from the individuals who live and work in these rural areas allowed for a rich discussion of the strengths, assets, challenges, and barriers faced by these communities. Despite the mental health challenges, barriers to services, and stigma that many participants reported, the resilience, dedication, and passion of the individuals who joined the RLT were inspiring.

Often, rural suicide prevention focuses only on the challenges that these communities face, disregarding the many strengths and assets that characterize these counties. The sense of community and their close-knit nature was evident throughout the RLT, with numerous residents and professionals remarking on how there is always someone available to lend a helping hand. Despite the spread-out nature of most rural areas, this closeness is a strength and protective factor.

The RLT was the first of its kind in New York State and provides valuable lessons learned and recommendations that come directly from the voices of rural residents. While the model efforts and success stories are unique to the counties that were part of the RLT, there is much to be learned from these experiences and accomplishments that can be replicated by other rural counties across New York State and the country. The RLT is a first step in recognizing the unique aspects of rural New York communities that serve as both risk and protective factors for suicide; this report recommends leveraging the many strengths and assets within these counties to improve access to and utilization of mental health services, resources, and supports for residents. Ultimately, these efforts will help reduce suicide and promote mental well-being in rural communities.

References

1. Centers for Disease Control and Prevention. *Underlying Cause of Death, 1999-2020* Request. CDC.gov. Published 2021. http://wonder.cdc.gov/ucd-icd10.html.
2. American Foundation for Suicide Prevention. *Suicide statistics*. American Foundation for Suicide Prevention. Published 2019. https://afsp.org/suicide-statistics/.
3. Action Alliance. *National Public Perception of Mental Health and Suicide Prevention Survey*. Action Alliance. Published 2022. https://theactionalliance.org/sites/default/files/suicide_and_mental_health_public_perception_survey_final_report_august_2020.pdf.
4. *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*. U.S. Department of Health and Human Services. Published 2021. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.
5. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2022)
6. *Risk Factors for Suicide* - RHIhub Toolkit. Published 2021. www.ruralhealthinfo.org. https://www.ruralhealthinfo.org/toolkits/suicide/1/risk-factors.
7. Rural New York. NY State Senate. Published 2010. https://www.nysenate.gov/newsroom/articles/darrel-j-aubertine/rural-new-york
8. *The Governor's Challenge to Prevent Veteran Suicide: A Collaborative Effort in New York State*. New York Health Foundation. Published 2021. https://nyhealthfoundation.org/event/the-governors-challenge-to-prevent-veteran-suicide-a-collaborative-effort-in-new-york-state/.
9. *Report on Suicide Prevention Activities*. New York State Office of Mental Health. Published 2020. https://omh.ny.gov/omhweb/statistics/2020-omh-suicide-prevention-report.pdf.
10. Williams T, Lakhani A, Spelten E. Interventions to reduce loneliness and social isolation in rural settings: A mixed-methods review. *J Rural Stud*. 2022;90:76-92. doi:10.1016/j.jrurstud.2022.02.001.
11. Wilkins R. *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 12*. The University of Melbourne, Melbourne. 2015. http s://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0006/2155506/h ilda-statreport-2015.pdf.
12. Ziersch AM, Baum F, Darmawan IGN, Kavanagh AM, Bentley RJ. Social capital and health in rural and urban communities in South Australia. *Aust N Z J Public Health*. 2009;33:7-16. doi:10.1111/j.1753-6405.2009.00332.x.