



# Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

## Addressing Suicide Risk Factors and Improving Suicide Response

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## Addressing Suicide Risk Factors and Improving Suicide Response

According to the Centers for Disease Control and Prevention (CDC), suicide rates among adults across the U.S. have risen since 2007. The rate of suicide among individuals in rural counties increased at a rate 6.1 times faster than the rate in urban counties between 2007 and 2015 (CDC, 2018). The alarming divergence between suicide rates in rural and urban areas may be partially attributable to the higher prevalence of firearms in rural areas, which accounted for half of all suicides during the same timeframe.

The risk of suicide associated with social determinants of health has strongly been linked to economic factors related to educational attainment, homelessness, and poverty. Emerging research shows that a higher educational level is a protective factor against suicide. Phillips and Hempstead (2017) found that males with a high school education level or equivalent were two times as likely to die by suicide as their college-educated counterparts (Phillips & Hempstead, 2017).

Another factor contributing to suicide rates may be the limited accessibility of behavioral health services in rural areas when compared to urban areas, especially those integrated with primary care. A population at particular high risk of death by suicide in rural and remote areas is veterans, who have a 41% (deployed) to 61% (non-deployed) increased risk of suicide when compared to the general U.S. population. Suicide among military veterans is nearly twice as high in the “western U.S. and rural areas” where veterans “must drive 70 miles or more to reach the nearest Veterans Affairs (VA) medical center” (Veterans Affairs, 2018; Yen, 2017).

In addition, a 2019 study found that U.S. veterans and nonveterans with a history of homelessness were more likely to attempt suicide (24.5 percent and 23.1 percent, respectively) (Tsai & Cao, 2019). County-level poverty rates were strongly associated with suicide rates for both genders and all age groups, according to Kerr and colleagues (2017).

Finally, research suggests there may also be a connection between suicide risk and altitude levels, which is a factor for states along the Continental Divide (Brenner, B., et al., 2011).



### **Key Lessons for Policymakers:**

- » Develop and support public awareness campaigns that normalize behavioral health and the need for treatment.

### **Key Lessons for Providers:**

- » Conduct outreach to community connectors-- including faith-based leaders, gun shop owners, and firing range owners--to conduct trainings in how to identify the signs and risks of suicide.
- » Market suicide awareness campaigns where people are most at risk (e.g., gun shops and ranges), and where people can be reached discretely (e.g., posting flyers and suicide awareness information on the back of bathroom stalls).

As discussed earlier in this document, the majority of individuals who attempt suicide seek out care from their primary care physician before making a suicide attempt. According to a 2015 study, 38 percent of individuals visited a healthcare provider within one week of attempting suicide; 64 percent visited within one month; and 95 percent made a visit within one year of a suicide attempt (Wolters Kluwer Health, 2015). Training primary care physicians and nurses to recognize the signs and symptoms of suicidal ideation and behavior, and how to intervene when someone is identified as at risk, is critical, especially in rural and remote areas where specialty behavioral health providers are scarce. Models including [Zero Suicide](#) and [Suicide Safe Care for Patients](#) offer useful guidance for providers working with at-risk individuals.

*“Integrating physical and behavioral health saves lives. The extent to which primary care providers have the capacity for behavioral health is important because many individuals who die by suicide have seen a primary care provider within the past six months.”*

Jim McLaughlin, L.P.C.  
Alaska Division of Behavioral Health

It is important to reach people where they live and work and to provide resources where people can easily access them. New Hampshire’s Gun Shop Project is a relatively easily replicated approach to conducting outreach and suicidal awareness campaigns in the community where people are most at risk. In 2009, over the course of six days, three patrons of Ralph Demicco’s gun shop in New Hampshire took their own lives with firearms purchased in his store. At the time, nearly one in ten suicides in the state involved a firearm that was “purchased or rented within a week of the suicide, [but usually within hours]” (Frank & Demicco, 2021). These shocking events led to his partnership with Elaine Frank, the program director at the Dartmouth Injury Prevention Center and the development of the Gun Shop Project. The goals of the Gun Shop Project are to “provide gun shop owners and employees with guidelines on how to recognize people expressing potential suicide ideation to avoid or delay selling them guns, as well as to distribute brochures and posters to educate customers and increase awareness” (Bryan, 17 July 2018). Materials were developed by, and specifically for, firearm retailers and range owners. As of 2018, nearly half of all gun shops in the state had brochures from the Gun Shop Project displayed in their stores. Many of these materials are also available online for firearm retail stores and ranges to personalize for their own communities, including:

- [Gun Safety Rules: the 11 Commandments of Gun Safety](#): This brochure contains information on firearms safety, including contact information for gun safety experts, and how to safely store and use a firearm. The eleventh “Commandment” includes specific safety precautions for a family member who may be suicidal, stating that “when an emotional crisis (such as a breakup, job loss, or legal trouble) or a major change in someone’s behavior (depression, violence, or heavy drinking) causes concern, storing guns outside the home for a while may save a life. Friends, as well as some shooting clubs, police departments, or gun shops may be able to store them until the situation improves.”
- [Suicide Prevention Poster](#): This poster, which can be displayed prominently in gun shops and ranges, or discretely (e.g., on the back of bathroom stalls) alerts people who may be concerned about a friend or family member about what signs to look out for to help determine if the individual is suicidal. The poster also encourages the person to hold onto the potentially suicidal individual’s guns and provides the phone number for the National Suicide Prevention Lifeline.
- [The Lifeline Card](#) provides information on a compact card on how to contact the National Suicide Prevention Lifeline, as well as how to recognize signs of suicidal ideation. These cards are small, making them easy to distribute and for shop and range patrons to take with them to leave in their cars or wallets.
- The [Tip Sheet for Dealers](#) and the [Tip Sheet for Range Owners](#) help firearms dealers and range owners recognize potential signs of suicidality in patrons, provide a list of options for responding to a potentially suicidal buyer, and provide recommendations on other steps dealers can take to reduce the risk of suicidal buyers purchasing guns.
- The [FAQ Sheet](#) addresses common questions and misconceptions shop and range owners and dealers may have related to suicidal ideation and addresses legal concerns they may have related to declining a firearm sale.

- A five-minute video, Suicide Prevention: [A Role for Gun Shops and Ranges](#), portrays an interaction between a gun shop dealer and a range shop owner taking note of the Gun Shop Safety poster and discussing the tragedy of suicide and their role in preventing it in their communities.

States with large rural areas can formally or informally implement these programs. A handful of states, including Colorado and Delaware, have enacted legislation requiring firearms retailers to display outreach materials and train shop and range owners on suicide prevention. However, providers in the community can also conduct their own outreach to gun shops and ranges, encouraging them to market suicide prevention materials and provide training on recognizing suicidal ideation.

Another example of a robust suicide prevention program can be found in Montana's Strategic Suicide Prevention Plan. Karl Rosston, the Suicide Prevention Coordinator for Montana, spoke on the Expert Panel calls about Montana's efforts to reduce the rates of suicide in the state. Montana is consistently in the top five states for suicide rates in the country and is taking significant steps to reduce its rate. However, Mr. Rosston noted that addressing this trend is not something that can be achieved quickly, as suicide "is part of the culture" in Montana. Many legislators, when deciding to support or oppose new legislation to reduce suicides, are hopeful that significant change will occur during their terms. Mr. Rosston indicated that such quick change is unlikely and that it will take a cultural shift that occurs over the long term; this is why the state is starting to focus efforts on younger populations, including children, adolescents, and young adults. Montana hopes to implement the [PAX Good Behavior Game](#) statewide (discussed in more detail in the Mental Health Education and Literacy section).

The Montana Strategic Suicide Prevention Plan is a robust plan aimed at reducing the rates of suicide in the state and can be used as a model for other states to follow. Recently updated in 2021, the Plan contains five goals, with a series of supporting objectives and strategies (Montana, 2021). The goals outlined in the Plan include:

1. Implement a suicide prevention program at the DPHHS based upon the best available evidence. This includes: dedicating core staff positions to carry out essential functions of the suicide prevention efforts; implementing a one-year suicide prevention action plan; coordinating and integrating DPHHS's suicide prevention activities, encouraging cross-department collaboration and integration of programs across funding sources; and providing policy recommendations to DPHHS based on published data, best practices, and state-specific data analysis.
2. Develop a comprehensive communication plan. To do this, DPHHS will research effective suicide prevention public awareness messaging and explore resources to create and disseminate the messaging, and direct resources towards identifying and implementing evidence-based strategies to prevent the use of lethal means through messaging for target groups.
3. Identify and use available resources to guide state, tribal, county, and local efforts, including crisis response efforts. DPHHS will oversee an overall suicide prevention and intervention training plan for prevention and intervention trainings within communities. It is committed to strengthening the crisis response system infrastructure in Montana and embedding expectations for suicide prevention within relevant state-funded contracts.
4. Build a multi-faceted, lifespan approach to suicide prevention. DPHHS will support efforts to ensure a systematic approach to providing suicide safer care by: partnering with healthcare and behavioral health programs in Montana's university settings; building capacity within the public health system to prevent suicide in Montana; developing and supporting suicide prevention programs to address suicide prevention with at-risk groups; establishing policies, modeling practices, and developing resources in preparation for post-suicide response, including the event of a suicide cluster; and establishing a suicide prevention task force at the state level and receiving feedback on actions taken by the state and on the Suicide Prevention Strategic Plan.
5. Support high-quality, privacy-protected suicide morbidity and mortality data collection and analysis. DPHHS will increase the use of data to understand the problem of suicide and effectively target interventions, and will establish a system for using and communicating data.

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