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Introducing the Rural Suicide Prevention Toolkit

Housekeeping

- Q & A to follow Submit questions using Q&A area
- Slides are available at https://www.ruralhealthinfo.org/webinars/suicide-prevention-toolkit
- Technical difficulties please call 866-229-3239

Featured Speakers



Carrie Henning-Smith, PhD, MPH, MSW, Deputy Director, University of Minnesota Rural Health Research Center



Scott LoMurray, MBA, Executive Director, Sources of Strength



Catherine Barber, MPA, Senior Researcher, Harvard Injury Control Research Center and Director, Means Matter



Adam D. Swanson, MPP, Senior Prevention Specialist, Suicide Prevention Resource Center operated by EDC

Concrete Strategies for Rural Communities: The Rural Suicide Prevention Toolkit



December 11, 2019

Carrie Henning-Smith, PhD, MPH, MSW University of Minnesota Rural Health Research Center





Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy (FORHP)
- NORC Walsh Center for Rural Health Analysis
 - Michael Meit, MA, MPH
 - Alana Knudson, PhD
 - Alycia Bayne, MPA
- University of Minnesota Rural Health Research Center
 - Ira Moscovice, PhD
 - Amanda Corbett, MPH
 - Carrie Henning-Smith, PhD, MSW, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

The Walsh Center for Rural Health Analysis



Rural Health Outreach Tracking and Evaluation Program

- Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
- Outreach Authority grantees seek to expand rural health care access, coordinate resources, and improve quality



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Rural Evidence-Based Toolkits

1. Identify
evidence-based and
promising
community health
programs in rural
communities

2. Study experiences of these programs including facilitators of their success

3. Disseminate lessons learned through Evidence-Based Toolkits







Rural Health Information Hub: https://www.ruralhealthinfo.org/





Suicide in Rural Communities

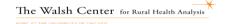
- Rates of suicide and suicide attempts are increasing across the country
- Rural communities have higher rates of suicide than urban areas
- People who face the highest risk of dying by suicide include men and middle-aged adults
- Suicide is also more common in counties with lower social cohesion, more gun shops, and more veterans

Source: Steelesmith et al. (2019). JAMA Network Open

UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Challenges Preventing Suicide in Rural Areas

- Rural communities face challenges in preventing suicide, including:
 - Fewer health care facilities and mental health care workforce shortages
 - Transportation and infrastructure limitations
 - Financial constraints, including lower insurance rates and chronic economic stressors
 - Higher rates of gun ownership
 - Increased mortality from most other causes





Rural Suicide Prevention Toolkit



The Walsh Center for Rural Health Analysis



Rural Suicide Prevention Toolkit Methods

- Reviewed FORHP grantees' applications and literature
- Conducted telephone interviews with programs and experts in the field
- Developed a toolkit with resources about evidence-based and promising models for suicide prevention; how to implement, fund, sustain, and evaluate programs; and successful examples in rural communities
- Toolkit is available through the Rural Health Information Hub (RHIhub): https://www.ruralhealthinfo.org/toolkits/suicide



11





Organization of the Toolkit





6

13

Rural Suicide Prevention Program Models

- Suicide prevention in rural areas can happen in a variety of settings, and take many forms, including:
 - Public Education and Awareness Campaigns
 - School-Based Programming
 - Crisis Lines
 - Lessen Harms and Reduce Risks
 - Screening Tools
 - Foster Community Connectedness and Address Isolation
 - Suicide Prevention Trainings





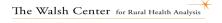
When Considering a Rural Suicide Prevention Program...

Several pieces should be in place when considering a rural suicide prevention program:

- Ensure that all relevant stakeholders are at the table.
- 2. Consider the target population and best way to reach them.
- Develop a plan for implementation, evaluation, and sustainability.
- 4. Disseminate results from the program so others might learn from them.



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Important to Keep In Mind



Photo credit: Kathleen Henning, 2019.

- While suicide seems like a personal tragedy, it has wide-reaching community and societal implications. Everyone can have a role in prevention.
- When considering prevention, it is important to be clear about where, who, and with whom you will intervene.
- There is hope. Promising models and programs exist.

15





Thank you!

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@Carrie_H_S; @UMNRHRC

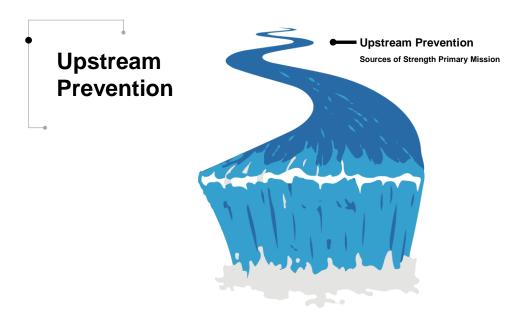


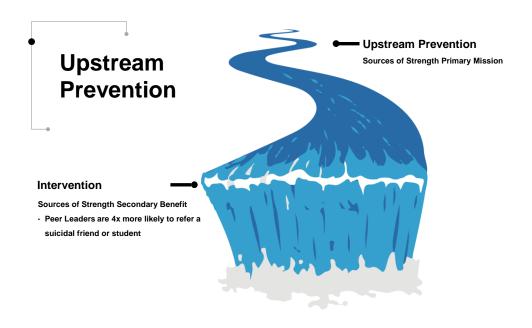


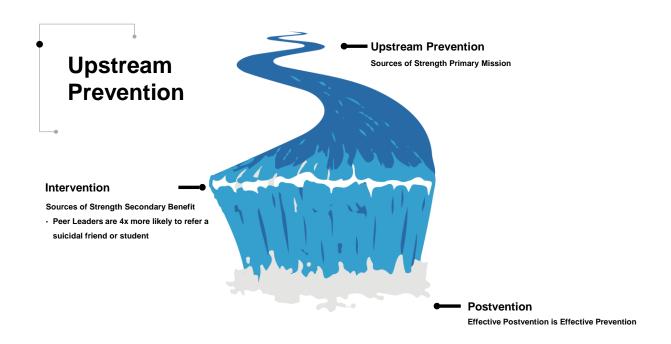


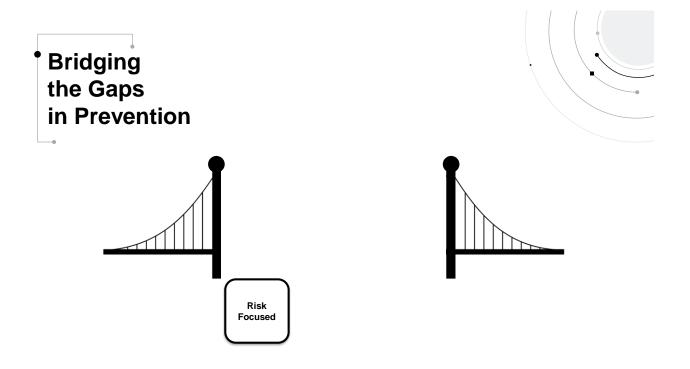


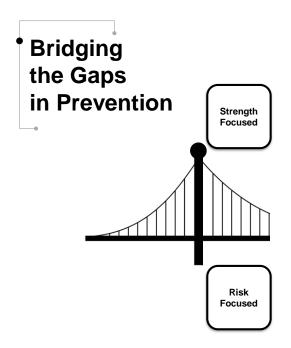


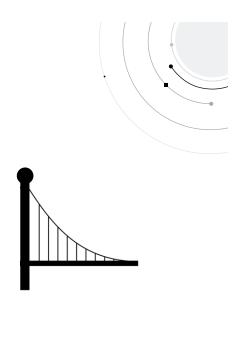


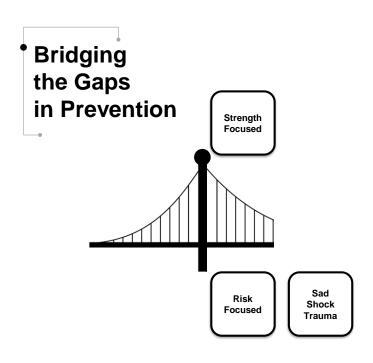


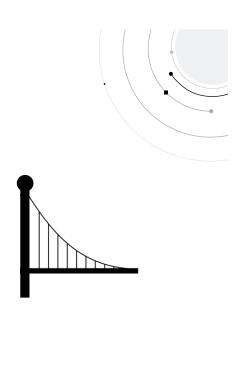


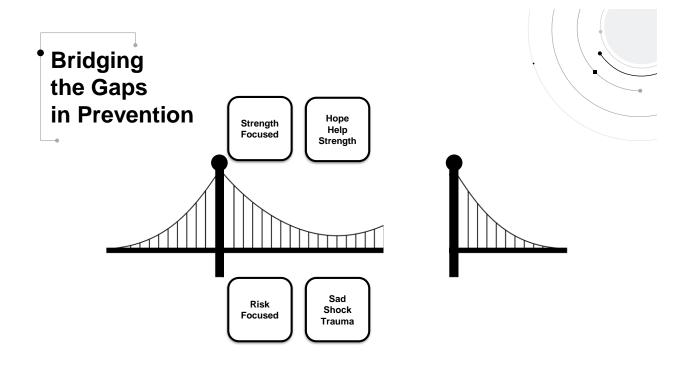


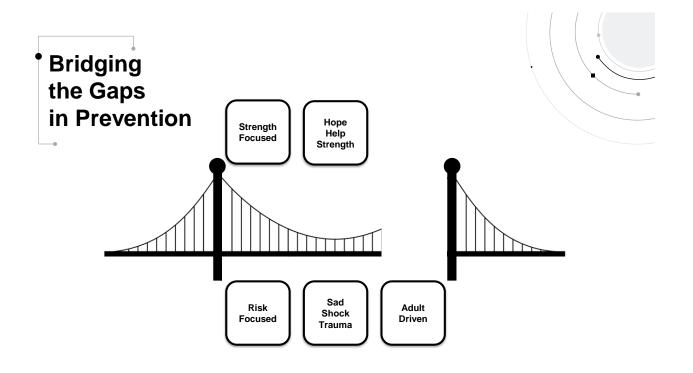


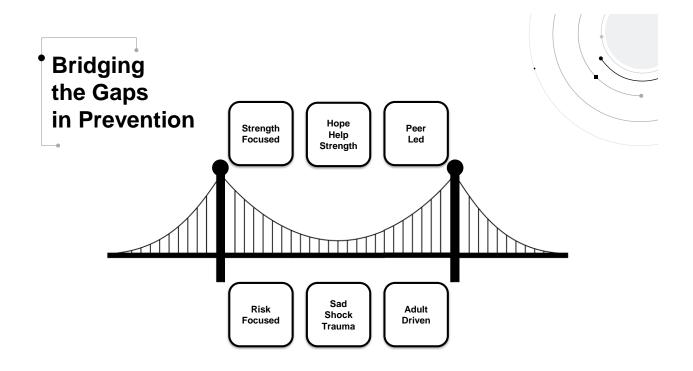






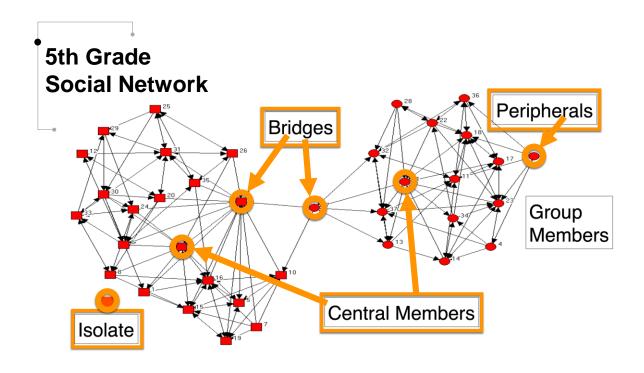


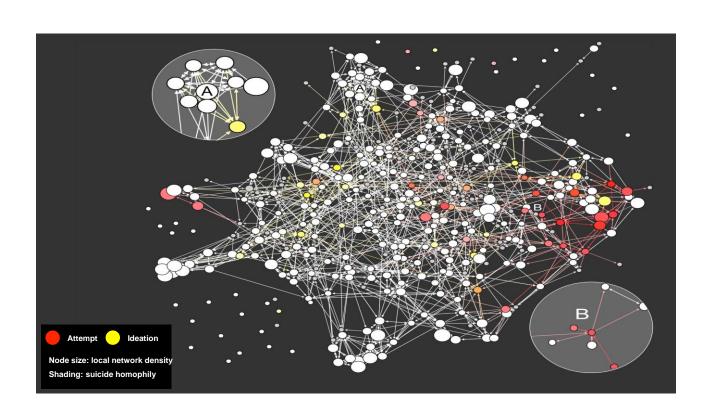


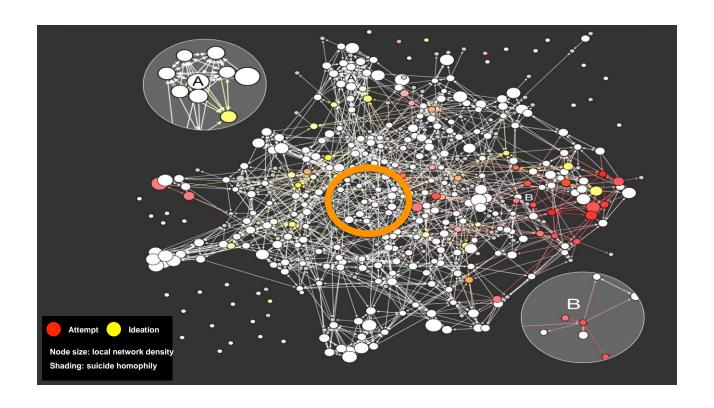


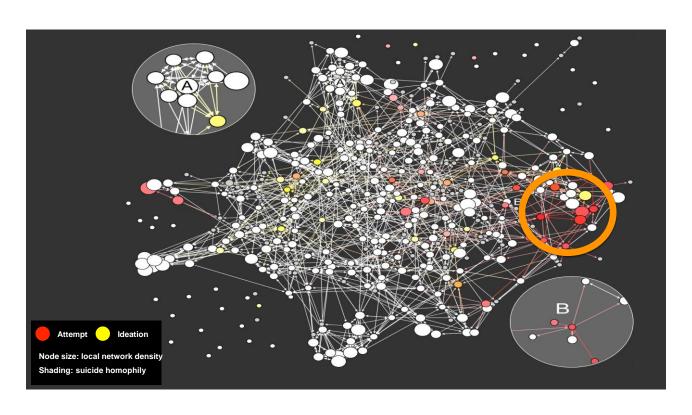
Sources of Strength Model

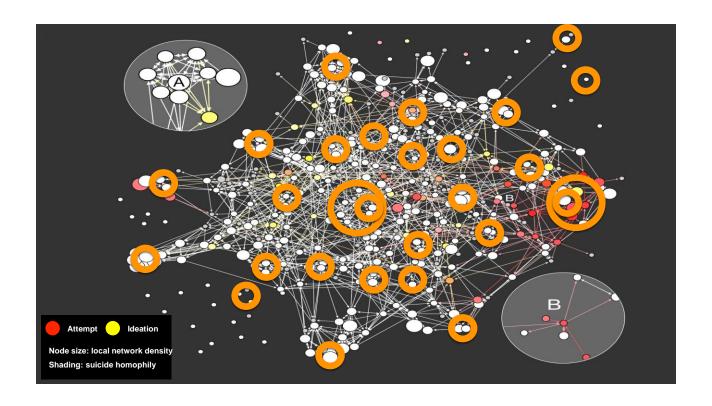














Impact of Sources of Strength

Cluster Randomized Control Trial (NIMH, SAMSHA Funding)
18 Schools; 465 Peer Leaders; 2,700 Students

Peer Leaders

- Increased healthy coping attitudes/norms
- More connections to adults
- 4X more likely to refer peer to adults
- Largest Gains for least connected or healthy PL's

School Population

- Increased help-seeking acceptability
- Increased perception that adults help suicidal peers
- Largest gains for students with a history of suicide attempts
- Peer Leaders enhanced protective factors associated with reducing suicide across the school population level

Wyman et al. (2010). American Journal of Public Health

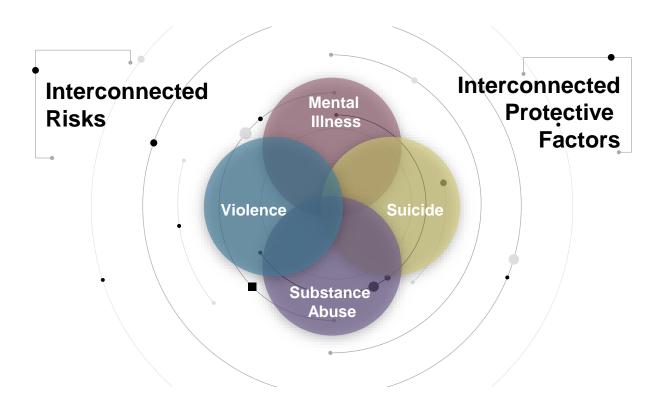


Research Partnerships

One of the most heavily researched peer leader programs

- National Peer Leadership Study Funded by National Institute of Mental Health - data analysis phase with University of Rochester
- · Stanford University Suicide contagion in schools
- University of Manitoba Swampy Cree Canada 1st Nation trial
- · University of Rochester Wingman Connect Air Force Project
- · Australian National University & Black Dog Institute Australian Pilot
- · Johns Hopkins White Mountain Apache
- Sexual Violence Prevention Study funded by the CDC, in partnership with the Colorado Department of Public Health, the University of Rochester, and the University of Florida







Sources of Strength Campaigns

Campaign Templates for Peer Leaders



19



Presentations Art/Walls Displays Video Social Media Other Media School-Wide Activities















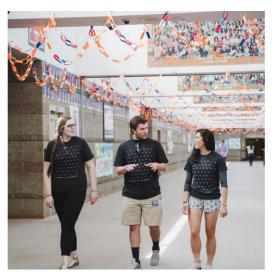


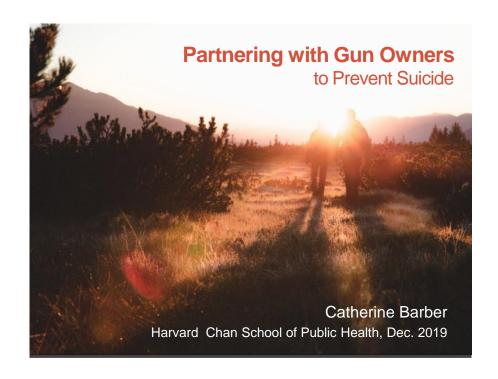












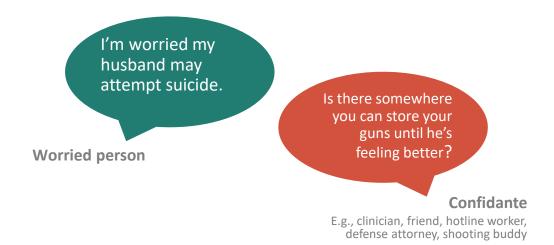
Moving the Field

- Ten years ago, most suicide prevention groups weren't talking about guns and most gun groups weren't talking about suicide.
- · And yet gun owners die by suicide at higher rates
- They're not more likely to have a mental illness or to be suicidal;
 they are more likely to die should they become suicidal.
- This is a modifiable risk factor and yet the movement was frozen.

Engaging Gun Owners

- · How do we reach gun owners at risk of suicide?
- With an anti-gun agenda? No
- That's like sending an anti-gay group to do a suicide prevention campaign in the gay and lesbian community.
- If you don't trust the messenger, you don't trust the message. And you're likely to get the message wrong.
- When approached as part of the solution, most gun groups will help.

What's the Message?



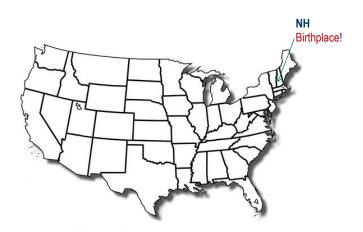
Good Messengers

- Firearm instructors, gun owner groups, gun magazine writers, sportsmen clubs, gun shop owners, etc. are great messengers.
- Strong safety culture around firearm safety, protecting the family, neighbors looking out for one another.
- These values dovetail well with suicide prevention.
- Expanding focus from preventing unintentional firearm deaths (500/yr) to firearm suicides (23,000/yr) is a natural fit.

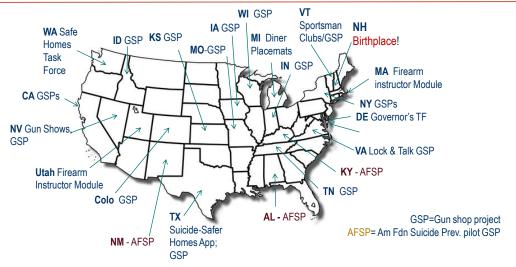
Pushing on an Open Door



Gun Partnerships - 2009



Gun Partnerships - 2016



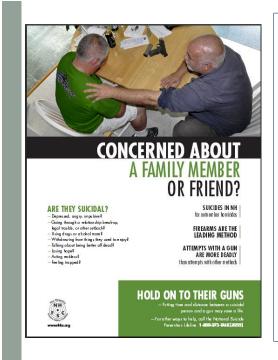
New Hampshire Firearm Safety Coalition

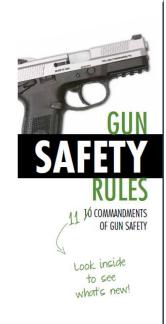




 April 2009 – Coalition of gun retailers and suicide prevention people began examining role for gun shops in preventing suicide.

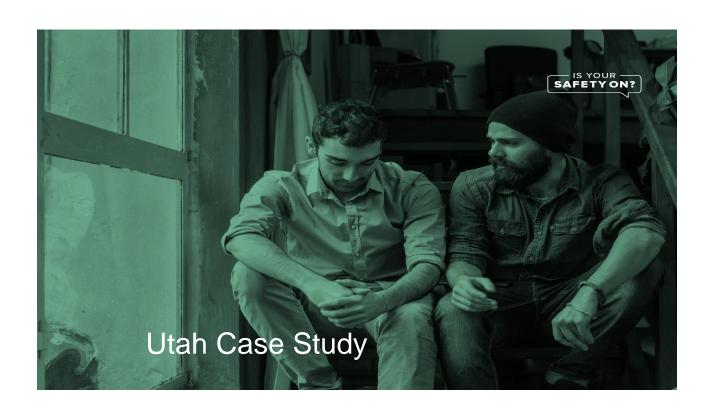
2012 NHFSC Members. Pictured: Ralph Demicco (Riley's Guns), Elaine de Mello (NAMI-NH), Howard and Sarah Brown (Gun Owners of NH), Mary Vriniotis (Harvard), David Welsh (legislator), Elaine Frank (CALM), Elizabeth Fenner-Lukaitis (state health dept). Regular Members Not Pictured: Cathy Barber (Harvard), Tom Brown (firearm instructor), Natalie Riblet (VA), John Yule (Wildlife Taxidermy and Sports [gun shop])





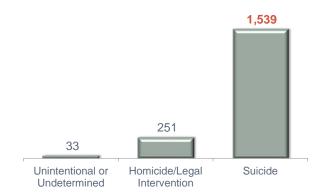
11. Consider temporary off-site storage if a family member may be suicidal. When an emotional crisis (like a break-up, job loss, legal trouble) or a major change in someone's behavior (like depression, violence, heavy drinking) causes concern, storing guns outside the home for a while may save a life. Friends as well as some shooting clubs, police departments, or gun shops may be able to store them for you until the situation improves.

48% of NH gun shops displayed at least one of the materials (observed during unannounced visits to all shops in state).



Utah Firearm Deaths

~85% of firearm deaths in Utah are suicides.



2013-2017 Firearm Deaths

Source: CDC WONDER website (official mortality data)

Utah Responds



- Rep. Eliason in 2014 led legislation to develop suicide prev. messaging geared to gun owners.
- State SAMH agency (Kim Myers) sets up diverse firearm committee of UT Suicide Prevention Coalition to advise on materials.

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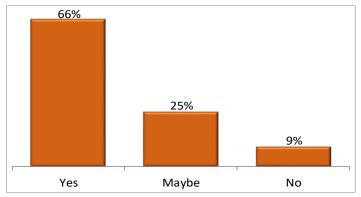






Instructor Survey (n=1,005)

 Would you be interested in briefly covering suicide prevention in your firearm classes? (asked after viewing module)



Survey of instructors certified to teach Utah Concealed Firearm Permit classes. Acknowledgments: Rep. Steve Eleason, Kim Myers, Clark Aposhian, BCI, and the Utah Suicide Prevention Coalition's firearm safety committee

Utah Responds

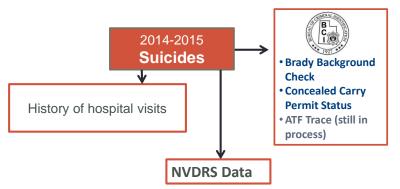


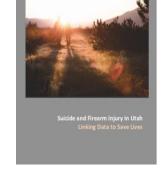
 2017: legislature directs state SAMH agency (Kim Myers) to conduct a study of firearms & suicide in Utah, linking existing state data. Gun rights group testified in support.

Utah Responds



 2017: legislature directs state SAMH agency to conduct a study of firearms & suicide in Utah, linking existing state data. Gun rights group testifies in support.





https://tinyurl.com/utahreport

How many suicide decedents could pass a background check?



How many suicide decedents could pass a background check?

9 out of 10 87% overall, 92% gun suicides



Policy Implication: Role of friends, family, providers, etc. in persuading those at risk to store guns away from home or inaccessibly until they have recovered.

State action: \$2 million state matching fund to promote suicide awareness and safe firearm storage as basic tenets of firearm safety.

Largest private donors: Intermountain Healthcare, LDS Church, Utah Shooting Sports Council



https://vimeo.com/175761640

How many men who took their lives with a gun had a concealed firearm permit?



How many men who took their lives with a gun had a concealed firearm permit?



1 out of 4

State action: Suicide prevention & lethal means safety now part of CFP classes, applications, & renewals.

What % of rural youths' gun suicides by rifle or shotgun?



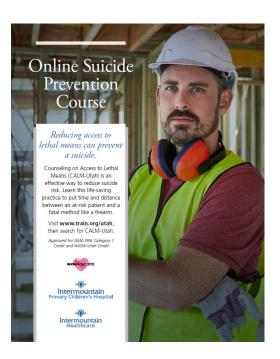
What % of rural youths' gun suicides by rifle or shotgun?



Sixty-two percent

State action: State now provides cable locks to gun shops to accompany all sales of rifles & shotguns.

State action: Training mental health workforce in CALM-Utah (free online training, Counseling on Access to Lethal Means, produced by Intermountain Healthcare with Means Matter & CALM).



By 2025

I don't think I can't take it any more.

Let's get you some help. And for now, how about storing your guns away from home?

Clinicians and gatekeepers

Raising gun access is 2nd nature & comfortable for clinician and client. **Gun-owning community** – Every class, website, brochure, etc., that

covers firearm safety mentions suicide prevention ("Be alert to signs of suicide in loved ones and help keep firearms from those at risk until they have recovered.")

The more that the gun-owning community is having these conversations *outside* the clinician's office, the easier it will be to have these conversations *inside* the office.



MeansMatter

CATHERINE BARBER

cbarber@hsph.harvard.edu

Visit gun owner pages on www.meansmatter.org for training materials

Visit training.sprc.org for CALM-Online



Using a Comprehensive Approach to Prevent Suicide

Adam D. Swanson, MPP

Senior Prevention Specialist Suicide Prevention Resource Center Member, National Suicide Prevention Lifeline Consumer-Survivor Advisory Committee

December 11, 2019 Rural Health Information Hub









SPRC | Suicide Prevention Resource Center

Funding and Disclaimer





The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

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Agenda

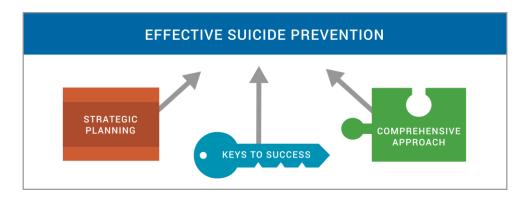
- SPRC Overview
- Review the Model of Effective Suicide Prevention
 - Considering a Comprehensive Approach
- Navigating SPRC Resources to Implement a Comprehensive Approach



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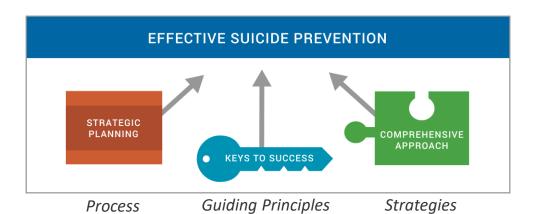
Model of Effective Suicide Prevention



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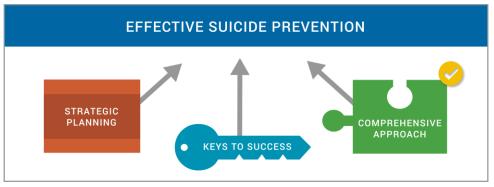
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Model of Effective Suicide Prevention



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Model of Effective Suicide Prevention



Strategies

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SPRC Comprehensive Approach to Suicide Prevention



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Components of the Comprehensive Approach

Identify and Assist Persons at Risk

- Screenings and assessment
- Gatekeeper training
- Outreach/education

Increase Help-seeking

- Ensuring mental health services culturally appropriate
- Making services more accessible (e.g., telehealth)
- Reduce barriers (e.g., hours, costs, transportation, location)
- Share real stories of help/hope

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Components of the Comprehensive Approach

Reduce Access to Means of Suicide

- Key: analyze context-specific data
- Environmental change
- Train health providers on lethal means counseling (e.g., Counseling on Access to Lethal Means)



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Postvention

Components of the Comprehensive Approach

Provide for Immediate and Long-term Postvention

Immediate postvention examples:

- · Institutional protocols and plans
- Immediate support & assistance tailored to suicide loss
- Aid mourning rituals, minimize contagion

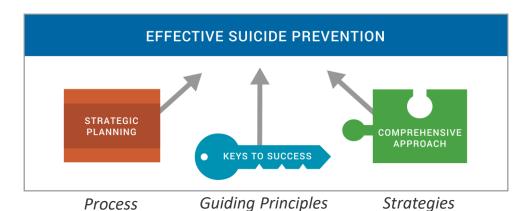
Long-term postvention examples:

- Support options for ongoing and complicated bereavement (e.g., peer support, clinical services)
- Train professionals on the unique needs of suicide loss survivors

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Model of Effective Suicide Prevention



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Strategic Planning



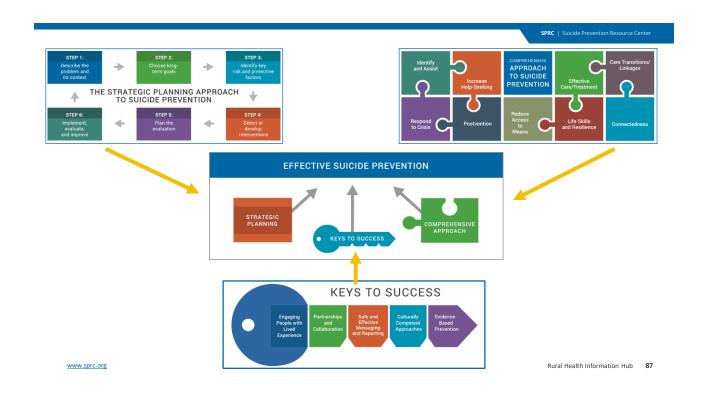
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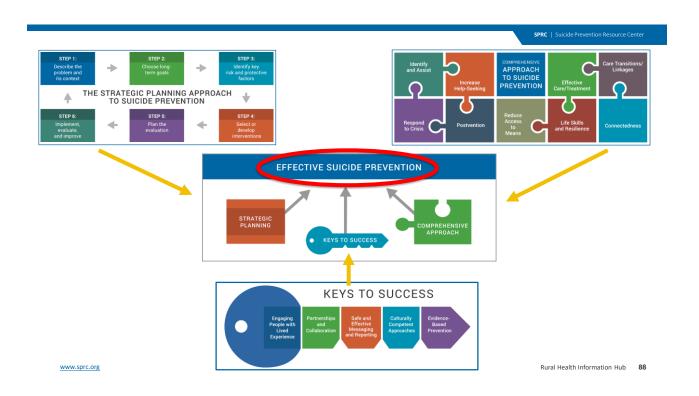
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Guiding Principles



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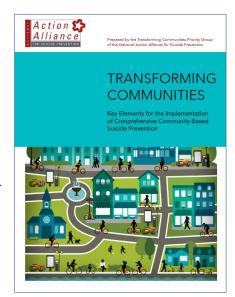




Why?

Comprehensive programs with results:

- United States Air Force Model
- Model Adolescent Suicide Prevention Program
- Help for Life Program (Quebec)
- European Alliance Against Depression (EAAD)
- Optimizing Suicide Prevention Programs and Their Implementation in Europe (OSPI-Europe)
- LifeSpan program (Australia)
- Zero Suicide



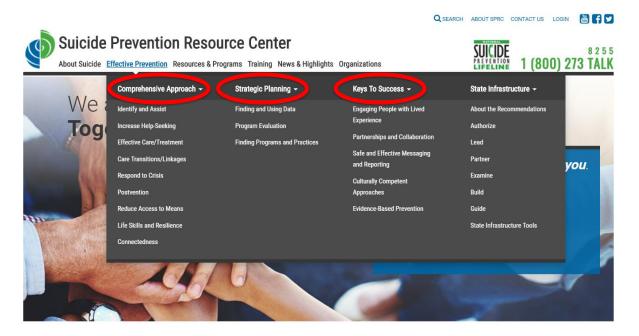
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Thank you!

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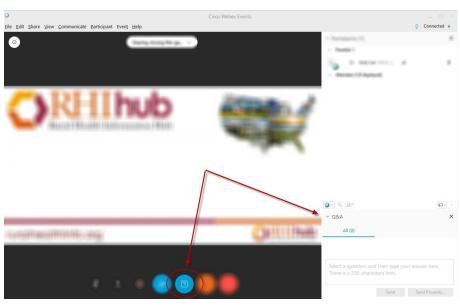
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Questions?



Thank you!

- Contact us at <u>ruralhealthinfo.org</u> with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website