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

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
## Rural Evidence-Based Toolkits

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<th>2. Study</th>
<th>3. Disseminate</th>
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Rural Health Information Hub: [https://www.ruralhealthinfo.org/](https://www.ruralhealthinfo.org/)

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## 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*
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
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

Organization of the Toolkit

IN THIS TOOLKIT

Modules

1: Introduction
2: Program Models
3: Program Clearinghouse
4: Implementation
5: Evaluation
6: Sustainability
7: Dissemination

About This Toolkit

Program Models

2: Program Models
- Education and Awareness
- School-Based Programming
- Crisis Lines
- Risk Reduction
- Screening Tools
- Community Connectedness
- Prevention Trainings
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:

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

- 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.

*Photo credit: Kathleen Henning, 2019.*

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Thank you!

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Sources of Strength Primary Mission

Upstream Prevention

Sources of Strength Secondary Benefit

- Peer Leaders are 4x more likely to refer a suicidal friend or student
Sources of Strength Primary Mission

Upstream Prevention

Sources of Strength Secondary Benefit

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Intervention

Postvention

Effective Postvention is Effective Prevention

Bridging the Gaps in Prevention

Risk Focused
• Bridging the Gaps in Prevention

- Strength Focused
- Risk Focused

• Bridging the Gaps in Prevention

- Strength Focused
- Risk Focused
- Sad Shock Trauma
• Bridging the Gaps in Prevention

Bridging the Gaps in Prevention

Risk Focused  Strength Focused

Sad Shock  Hope Help
Trauma  Strength

Risk Focused  Strength Focused

Sad Shock  Hope Help
Trauma  Adult Driven
Bridging the Gaps in Prevention

Strength Focused  Hope Helped Strength  Peer Led
Risk Focused  Sad Shock Trauma  Adult Driven

Sources of Strength Model

Supportive Adult Advisors + Diverse Peer Leaders x Strategic Messaging Campaigns = Positive Culture Change

Caring Connected Positive  Influence within Social Group  Engage Interact Apply  Positive Social Norming
5th Grade Social Network

Node size: local network density
Shading: suicide homophily
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

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

GETTING THE WORD OUT
I AM STRONGER
TRUSTED ADULTS
THANKFULNESS CHALLENGE
WHAT HELPS ME
SOURCES OF STRENGTH WEEK
STRENGTHS
CONNECT
WE BELONG
Presentations
Art/Walls Displays
Video
Social Media
Other Media
School-Wide Activities
Partnering with Gun Owners to Prevent Suicide

Catherine Barber
Harvard Chan School of Public Health, Dec. 2019
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?**

I’m worried my husband may attempt suicide.

Is there somewhere you can store your guns until he’s feeling better?

**Worried person**

**Confidante**
E.g., clinician, friend, hotline worker, defense attorney, shooting buddy

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**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))
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

- State SAMH agency (Kim Myers) sets up diverse firearm committee of UT Suicide Prevention Coalition to advise on materials.
Utah Responds

- State SAMH agency (Kim Myers) sets up diverse firearm committee of UT Suicide Prevention Coalition to advise on materials.

Instructor Survey (n=1,005)

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

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.

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2014-2015 Suicides

History of hospital visits

NVDRS Data

- Brady Background Check
- Concealed Carry Permit Status
- ATF Trace (still in process)

https://tinyurl.com/utahreport
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
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.

By 2025

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.

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**CATHERINE BARBER**
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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

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Member, National Suicide Prevention Lifeline Consumer-Survivor Advisory Committee

December 11, 2019
Rural Health Information Hub

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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

Suicide Prevention Resource Center

The national Suicide Prevention Resource Center is your one-stop source for suicide prevention. We help you develop, deliver, and evaluate evidence-informed suicide prevention programs.

What we offer
- Best practice models
- Toolkits
- Online trainings
- Research summaries and more!

Who we serve
- Communities
- Organizations
- Agencies
- Systems

CONNECT WITH US
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@SuicidePreventionResourceCenter
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Model of Effective Suicide Prevention

EFFECTIVE SUICIDE PREVENTION

- STRATEGIC PLANNING
- KEYS TO SUCCESS
- COMPREHENSIVE APPROACH

Process
Guiding Principles
Strategies
Model of Effective Suicide Prevention

EFFECTIVE SUICIDE PREVENTION

STRATEGIC PLANNING

KEYS TO SUCCESS

COMPREHENSIVE APPROACH

Strategies

SPRC Comprehensive Approach to Suicide Prevention

Identify and Assist
Increase Help-Seeking
COMPREHENSIVE APPROACH TO SUICIDE PREVENTION
Effective Care/Treatment
Care Transitions/Linkages
Respond to Crisis
Postvention
Reduce Access to Means
Life Skills and Resilience
Connectedness
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

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)
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

Model of Effective Suicide Prevention
Strategic Planning

THE STRATEGIC PLANNING APPROACH TO SUICIDE PREVENTION

STEP 1: Describe the problem and its context
STEP 2: Choose long-term goals
STEP 3: Identify key risk and protective factors
STEP 4: Select or develop interventions
STEP 5: Plan the evaluation
STEP 6: Implement, evaluate, and improve

Guiding Principles

KEYS TO SUCCESS

- Engaging People with Lived Experience
- Partnerships and Collaboration
- Safe and Effective Messaging and Reporting
- Culturally Competent Approaches
- Evidence-Based Prevention
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

www.sprc.org
Thank you!

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Questions?
Thank you!

• Contact us at ruralhealthinfo.org with any questions

• Please complete webinar survey

• Recording and transcript will be available on RHIhub website