Suicide Prevention: Rural and Remote Areas

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Summary

- Scope of problem (Data)
- Sub-populations that are at greatest risk
- Unique characteristics of older adults and suicide
- Joiners Interpersonal Theory of Suicide as applied to older adults
- Culture, aging and agism
- Risk and protective factors specific to older adults
- Current OHA initiatives to reduce suicide mortality and morbidity among older adults living in rural communities
- Risk Assessment, Safety Planning & Resources

Adult Suicide Deaths in Oregon

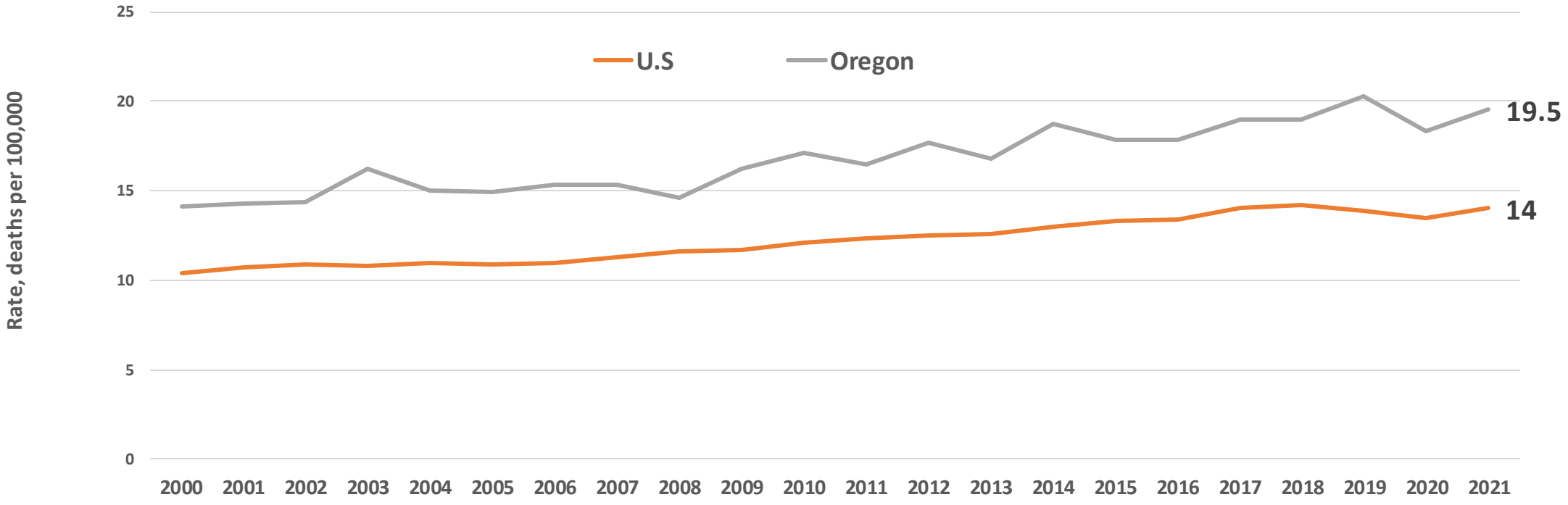
Oregon has higher rates of suicide than the national average

Some communities experience higher burden of suicide:

- Non-Hispanic American Indian and Alaska Native community
- Non-Hispanic White community
- Men (suicide deaths)
- **Older Men (suicide deaths)**
- Women (suicide attempts)
- LGBTQ2SIA+ (thoughts and attempts)
- **Veterans**
- **Rural and Remote** (Frontier)

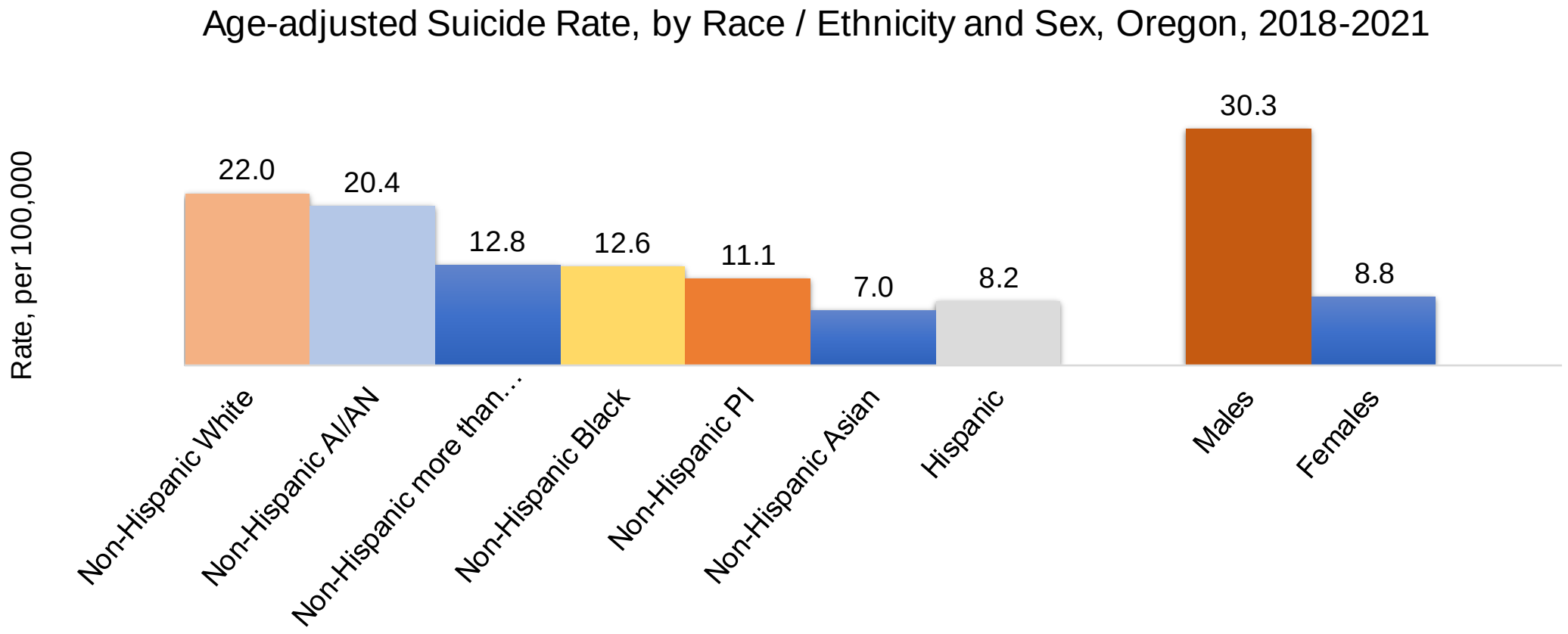
Data

Age-adjusted rate of suicide, U.S. vs Oregon, 2000-2021



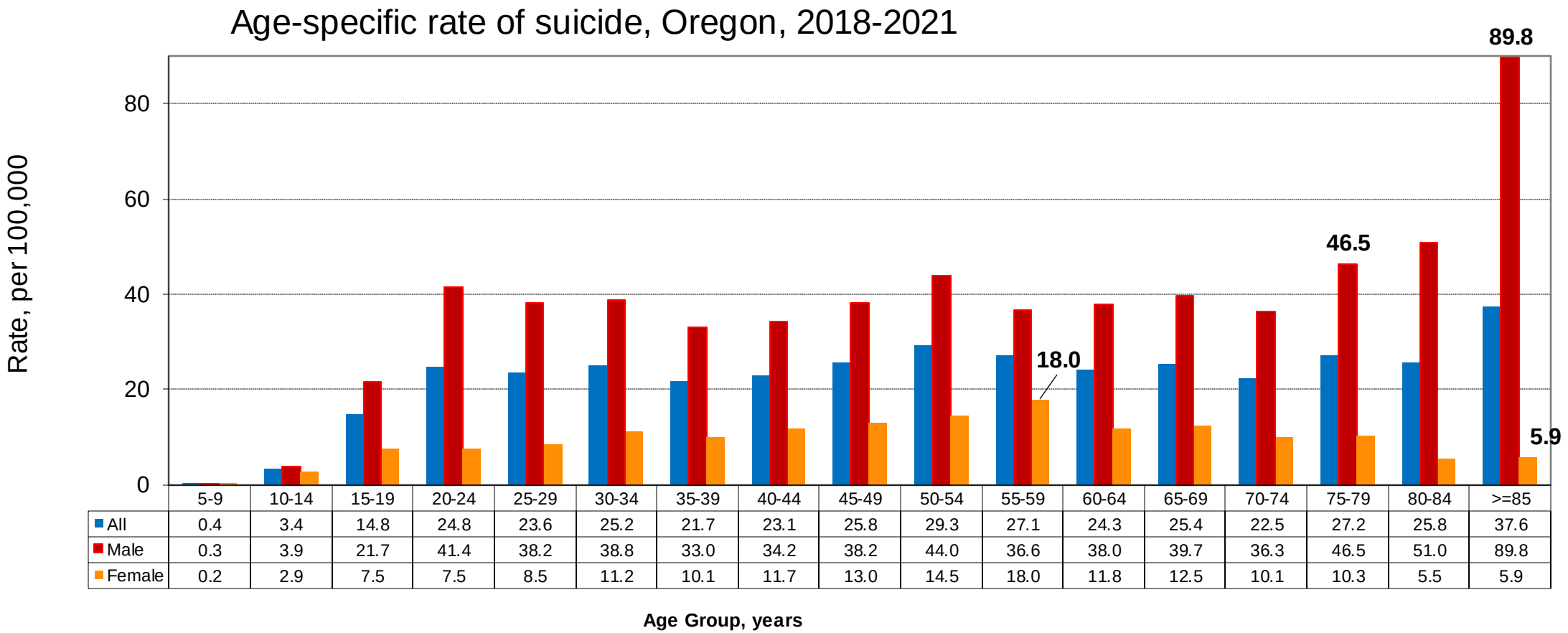
Source: WISQARS

Age-adjusted Suicide Rate, by Race / Ethnicity and Sex, Oregon, 2018-2021



Source: OPHAT

Men ages 85 and older have the highest rates of suicide

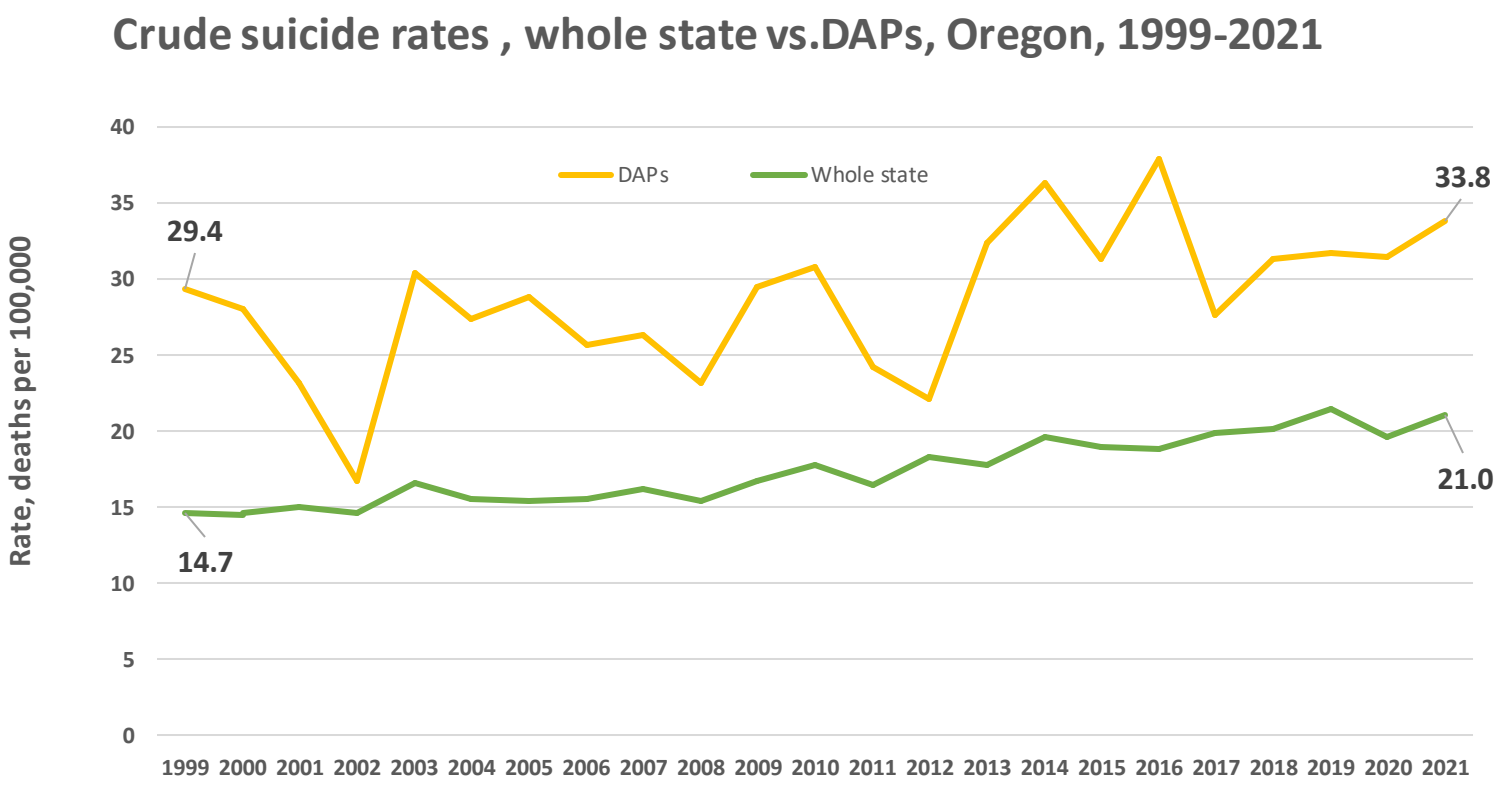


	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>=85
All	0.4	3.4	14.8	24.8	23.6	25.2	21.7	23.1	25.8	29.3	27.1	24.3	25.4	22.5	27.2	25.8	37.6
Male	0.3	3.9	21.7	41.4	38.2	38.8	33.0	34.2	38.2	44.0	36.6	38.0	39.7	36.3	46.5	51.0	89.8
Female	0.2	2.9	7.5	7.5	8.5	11.2	10.1	11.7	13.0	14.5	18.0	11.8	12.5	10.1	10.3	5.5	5.9

Age Group, years

Source: OPHAT

Summary of Surveillance Data for Disproportionally Affected Populations (DAP)



DAPs: Oregonians aged 55 years and older in rural counties

CSP grant focusses on suicide prevention for DAP's who are older adults ages (55+) who are living in rural counties in Oregon. The chart at the left is mortality rates among DAPs and whole state over 20 years.

Overall, suicide rate is higher in DAPs than the whole state population in Oregon, and DAP's rate has seen an increase trend for the past two decades.

The characteristics of older suicides age 55+ in rural Oregon 2021

- In 2021, 119 Oregonians aged 55+, living in rural counties died by suicide.
- 77 percent were males
- Almost all were non-Hispanic White
- Nearly 1/3 were veterans
- Most died by firearms

Note: According to the OPHAT, there were 119 rural county residents aged >=55 years who died by suicide in 2021.
Source: OVSRS

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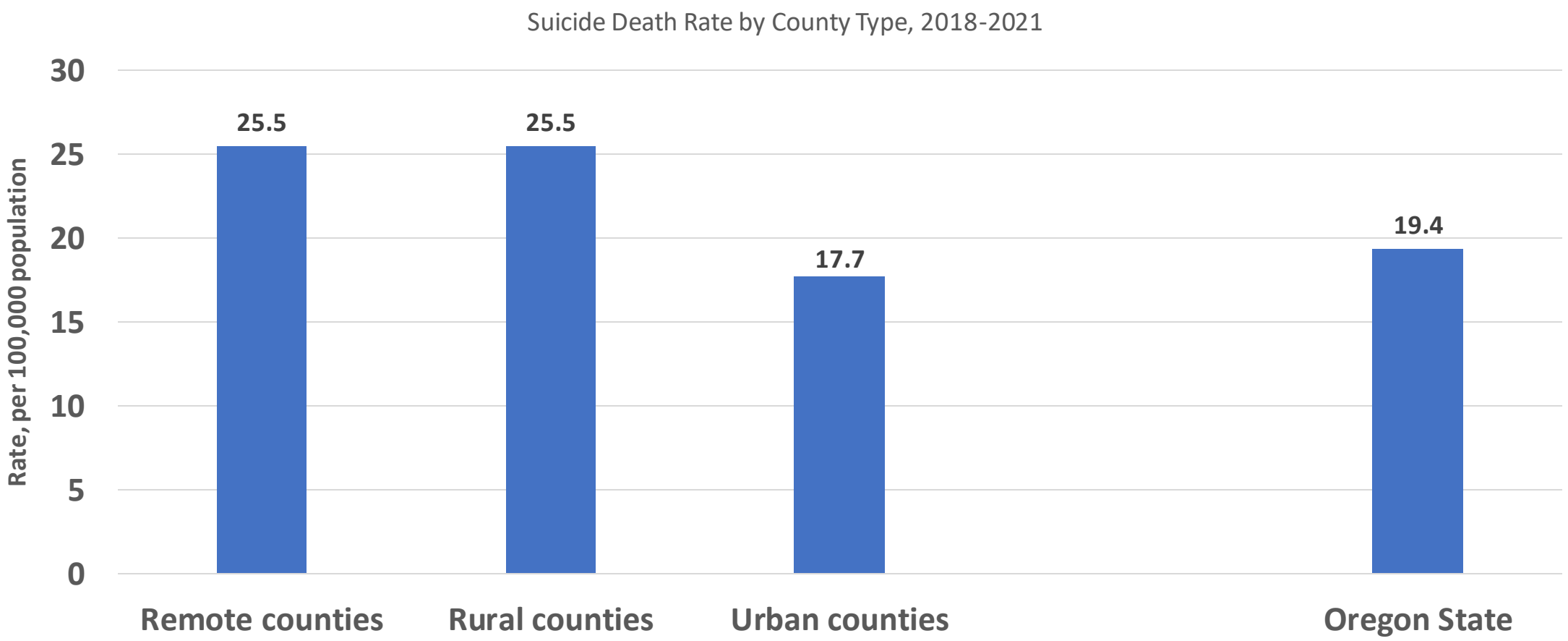
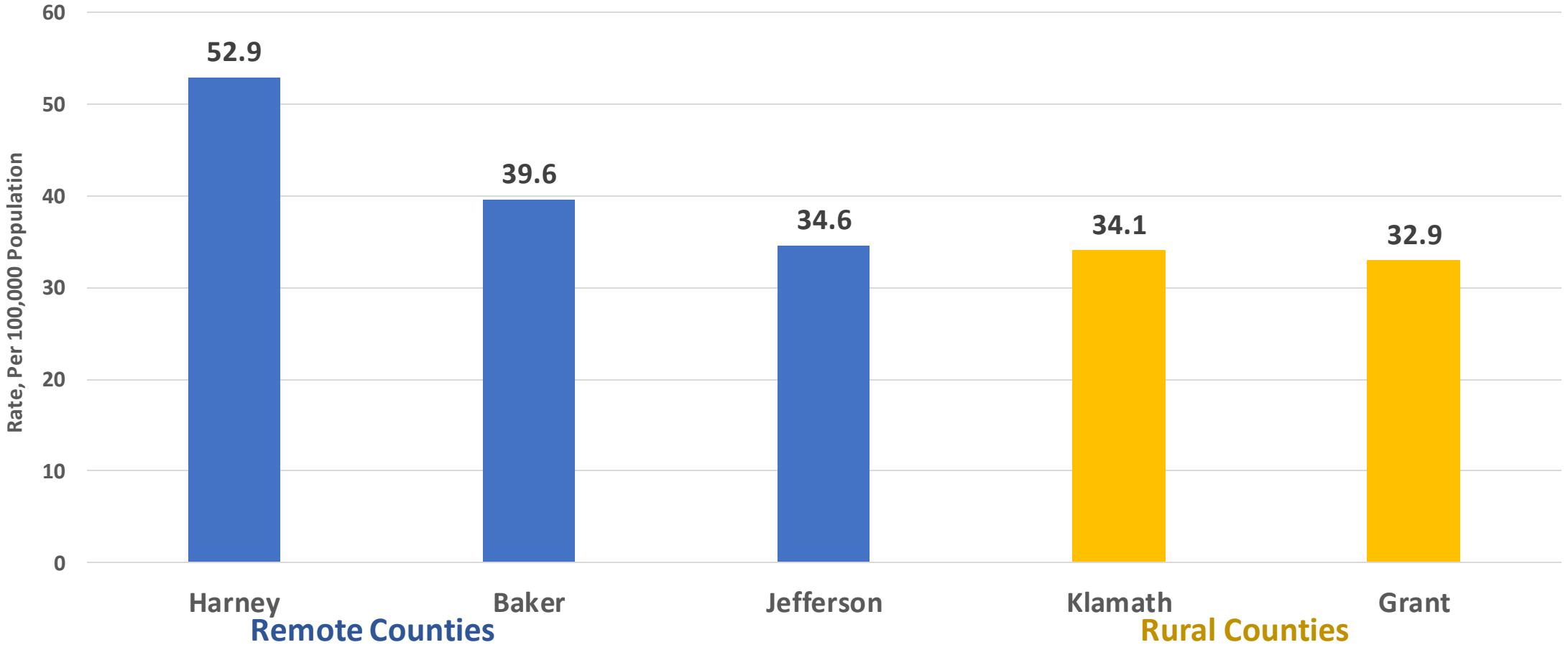
Suicide Death Rate by County Type: 2018-2021



Source: OPHAT

Top 5 Highest rates of Suicides, by County, 2018-2021



Source: OPHAT

Higher rates of suicide in rural area's might be due to several factors such as:

- Geographic isolation can create barriers in terms of resources.
- Agricultural factors such as drought, flooding, etc., and unpredictable markets create financial instability.
- Sociocultural factors such as gender conformity espousing a male-dominant, honor-based, rugged and individualistic life perspective.
- Stigma regarding having mental health concerns and seeking help.
- Physical health
- factors such as chronic pain or disability from years of performing labor-intensive work.
- Environmental factors such as easy access to firearms and pesticide poisoning.

Hirsch, J.K., and Cukrowicz, K.C. (2014). Suicide in Rural Areas: An Updated Review of the Literature. Journal of Rural Mental Health Vol. 38, No. 2, 65–78. http://dx.doi.org/10.1037/rmh0000018

Suicide deaths and rates among suicide victims aged 16 to 64 years by occupational group, Oregon, 2018-2021

SOC code (2018)	Major Occupational Group Title	Deaths	Rate, per 100,000
45	Farming, Fishing, and Forestry Occupations	66	119.7
27	Arts, Design, Entertainment, Sports, and Media Occupations	106	92.3
47	Construction and Extraction Occupations	308	90.4
49	Installation, Maintenance, and Repair Occupations	147	55.5
17	Architecture and Engineering Occupations	66	39.5

Note: Rates are per 100,000 civilian, noninstitutionalized working persons aged 16–64 years

Source: ORVDRS and United States Department of Labor, Occupational Employment Statistics

Geographical Suicide risk factors to be considered for rural Oregonians

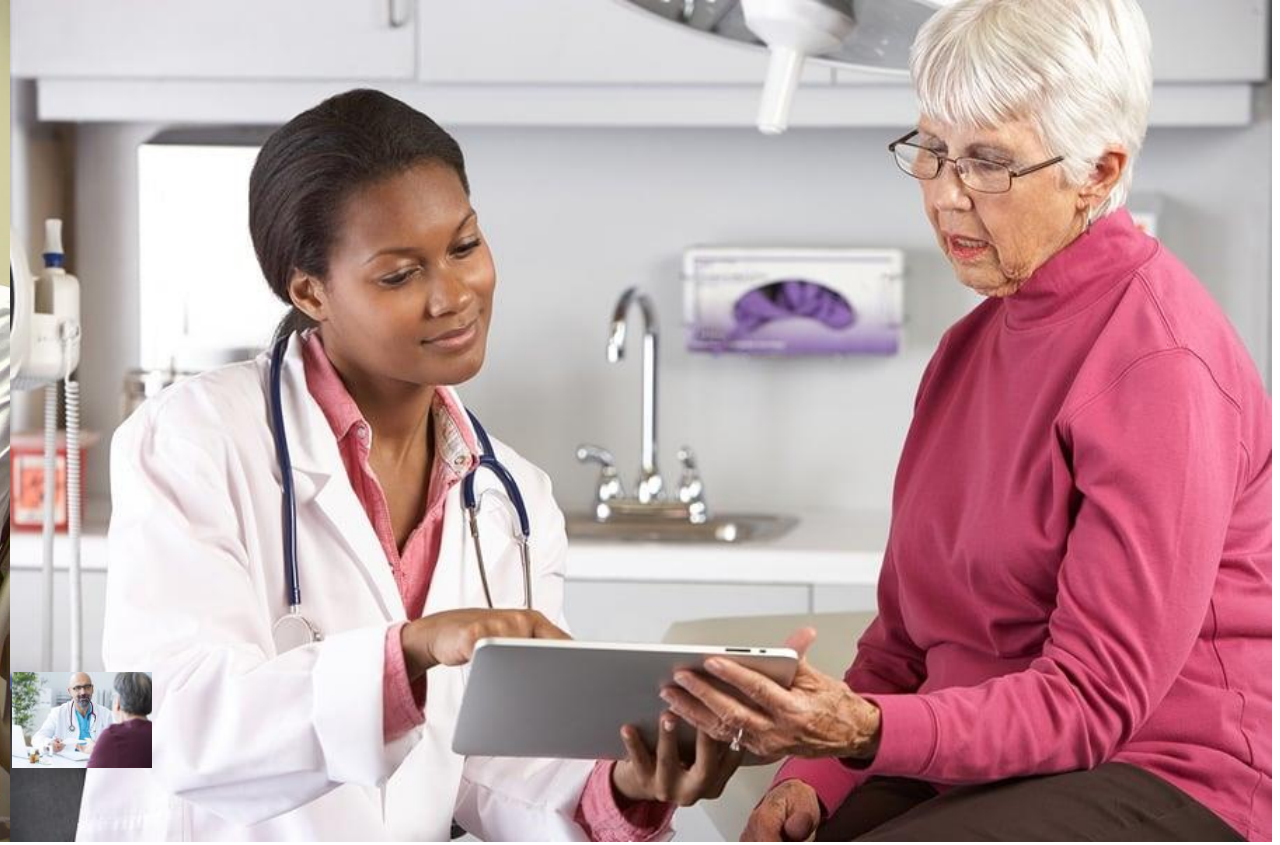
- Social isolation
- Financial problems
- Job problems or loss
- Barriers to health care
- Suicide cluster in the community
- The stigma associated with mental illness or help-seeking

Geographical suicide protective factors to be considered for rural Oregonians

- Coping and problem-solving skills
- Cultural and religious beliefs that discourage suicide
- Connections to friends, family, and community support
- Supportive relationships with care providers
- Availability of physical and mental health care
- Limited access to lethal means among people at risk

Intersectional identities for those living in rural and remote areas

- Being Male
- LGBTQIA2S+
- Veterans
- Chronic health conditions/disability
- Construction, forestry, fishing, farming industries
- Older adults



Missed Opportunities

- A large representative longitudinal study (2014) found that 83% of suicide victims received health care services in the year prior to death, and 50% received services in the month prior
- The most common services were primary care and individuals 65 and older more likely to make such a visit.
- Local recent data: the majority of older adult suicides (60 and older) in Washington County OR., have seen a physician within 2 weeks prior to their death by suicide

https://pubmed.ncbi.nlm.nih.gov/24567199/

Unique characteristics of older adults and suicide

Older adults plan carefully and use more deadly methods—particularly firearms.

*33.5 % of circumstances surrounding older adult suicides is “physical health problems” which is the number one circumstance noted for this age group.

Older adults are more likely to live alone and thus are less likely to be rescued than younger people.

Many older adults are physically frail. They are less likely to recover from a suicide attempt than younger people.

* ORVDS 2016-2020 age 55+

Joiner's Interpersonal Theory of Suicide and How it Applies to Older Adults

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130348/

Joiner's Interpersonal Theory of Suicide

Thwarted Belonginess

"I don't belong anywhere or with anyone"

Perceived Burdensomeness

"I am a burden on others"

Acquired Capability

"I am less afraid of pain and death"

Thwarted Belongingness

One of the most fundamental human needs is social connectedness.

Many who die by suicide often experience social isolation before their deaths. Older Adults are more likely to experience social isolation.

As we age, we tend to lose certain roles due to unemployment, retirement, and illness. The loss of social roles can contribute to a sense of thwarted belongingness. This is especially true for older men

For example, an individual who was once part of a rich social network at work may no longer be part of that due to illness or retirement. He now finds himself without the role he identified with for so many years, thus, causing a sense of not belonging anymore.

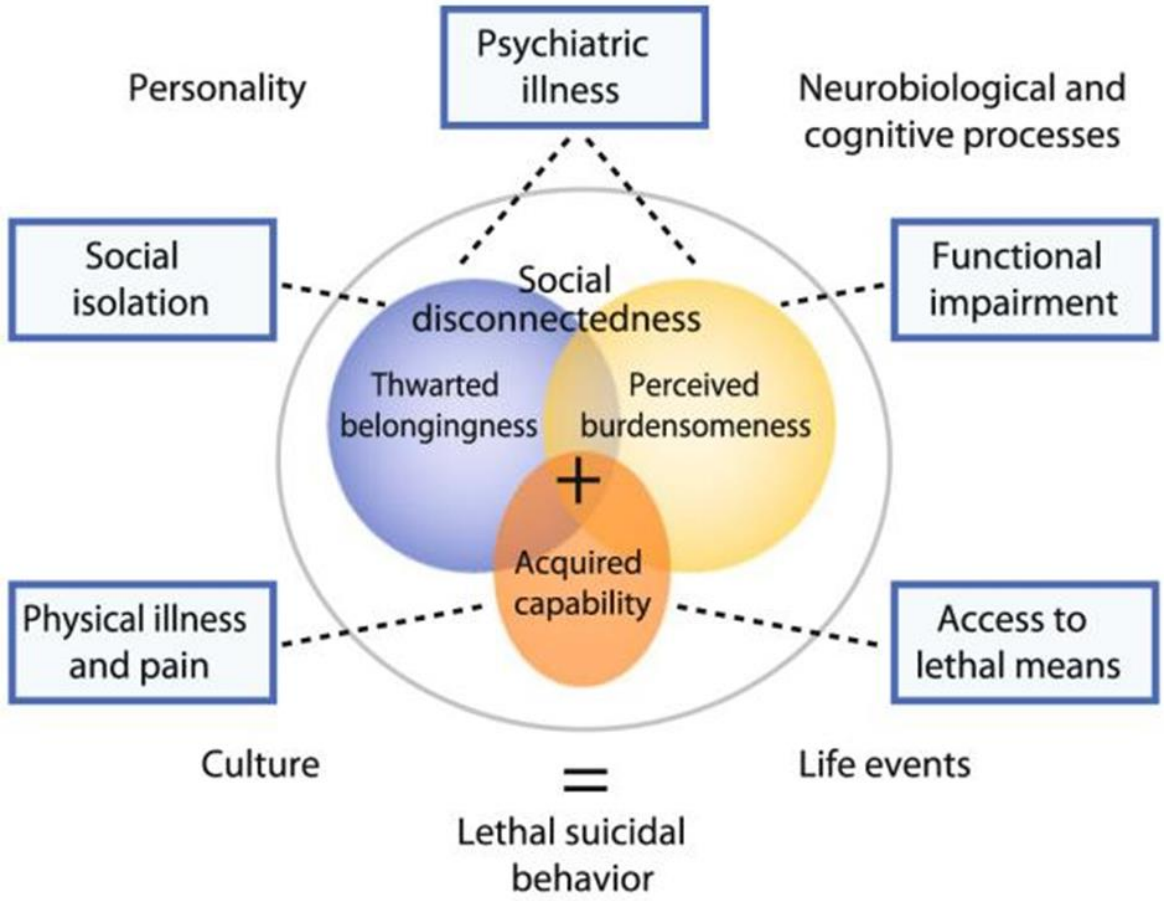
Perceived Burdensomeness

- Perceived burdensomeness is the extent to which an individual feels they are a burden to others and that loved ones would be better off without them. The sense of being a burden to one's family is a predictor of suicide.
- Perceived burdensomeness is also a greater suicide risk factor for men than for women (Cukrowicz et al., 2011).
- Another contributing factor to burdensomeness is lost autonomy. As individuals age, their autonomy declines through various physical and social factors.
- Research by Bamonti et al. (2014) found, among older adult men, those who placed high values on autonomy had an increased risk of depression and suicidal ideation.
- A lack of independence might contribute to a perception of burdensomeness to others, and threaten an individual's sense of self.
- **Simply stated, perceived burdensomeness grows as one's physical health declines.**

Acquired Capability

- According to the theory, one's fear of death is weakened when one is exposed to physical pain
- As one ages many begin to come to terms with death and dying
- As one ages many begin to acclimate to physical pain
- More likely to have increased lethal means

Interpersonal Theory of Suicide Applied to Later Life



Van Orden, K and Conwell, Y. (2011). Suicides Later in Life. *Current Psychiatry Reports*. 13,234-241. DOI 10.1007/s11920-011-0193-3

Culture, Aging, Ageism and Suicide

Eastern cultures hold aging in a more positive light than Western cultures. As a result, older adults are seen as valuable members of the group and are held in great esteem.

Western culture prizes autonomy, individuality, independence, and productivity and may be why older adults fare worse in western cultures.

This highlights how the concept of a completed life appears to be rooted in not only existential issues but also how older adults are valued in their communities.

Current Statewide Suicide Prevention Work: Older Adults & Rural Areas

Adult Suicide Intervention and Prevention Plan (ASIPP)

- Developed 2020-2023
- 130 partners representing 68 organizations throughout the state
- Small workgroups
- Population focused with rural & remote, and older adults
- Published in April of 2023

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le130274.pdf

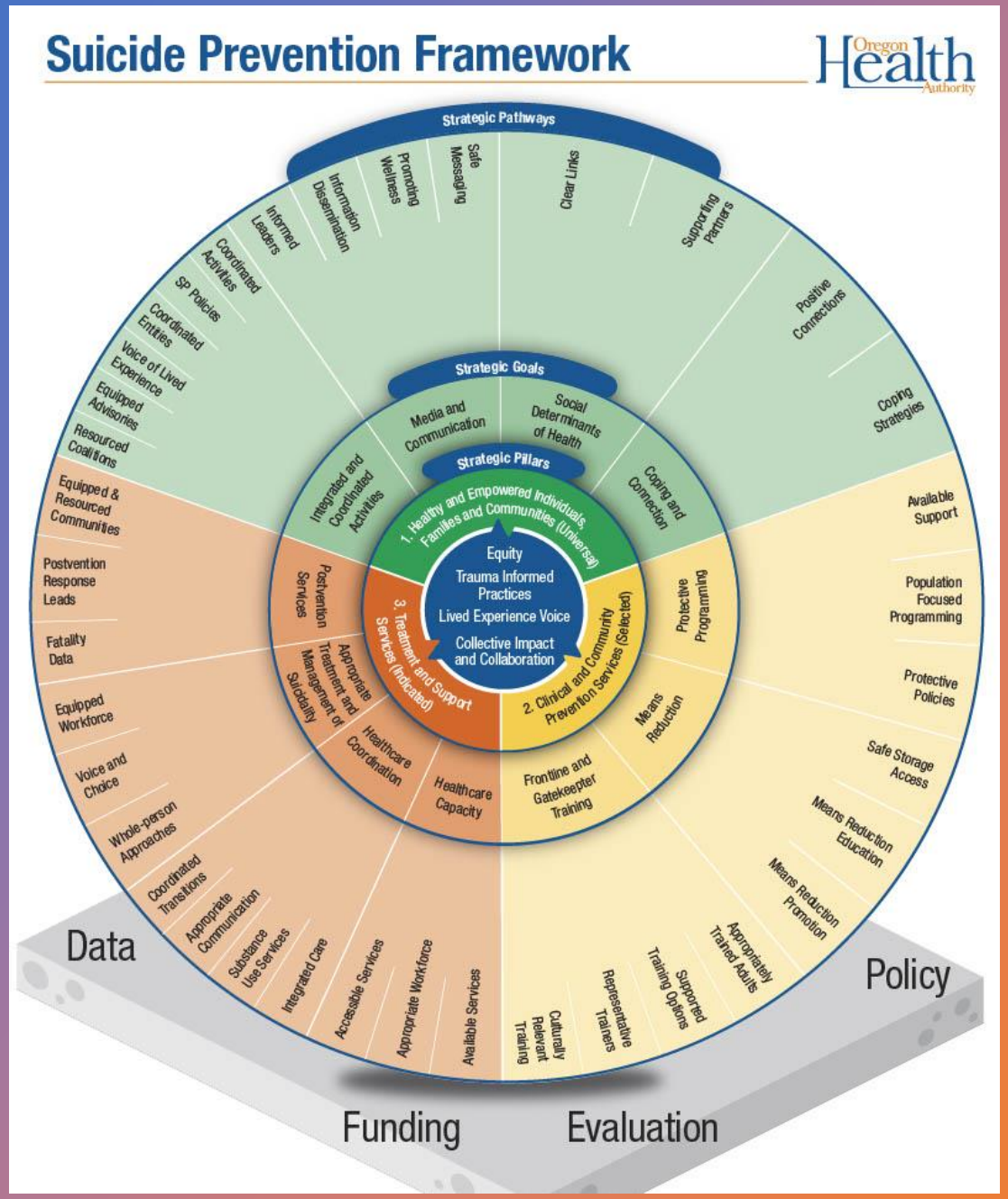
CDC Comprehensive Suicide Prevention Grant

- Awarded in July of 2022
- 5 Year grant
- 855K Per Year
- Population Focused

✓Older Adults

✓Rural

✓Service Members Veterans and Families (SMVF)



- This framework was developed in close collaboration with the University of Oregon Suicide Prevention Lab under the leadership of Dr. John Seeley. It is grounded in the strategies developed by the National Action Alliance For Suicide Prevention and the Centers for Disease Control 2017 publication "Preventing Suicide: A Technical Package of Policies, Programs and Practice". The framework was informed by the San Diego County Suicide Prevention Action Plan and hundreds of pieces of feedback from partners across Oregon.
  - The ASIPP and YSIPP uses the same Suicide Prevention Framework
  - Strategic Pillars, Goals and Pathways are identical
  - Initiatives are different

ASIPP Initiatives Specific to Rural & Remote Areas

Pillar Two: Clinical and Community Prevention Services
Pillar Three: Treatment and Services

- Representative trainers: Increase number of suicide prevention trainers in rural & remote communities
- **Population focused programing:** OHA will implement rural-specific outreach and communication strategies for creating safety for LGBTQ+ communities in rural and remote areas
- **Right-sized workforce:** Attract and retain behavioral healthcare providers in rural areas by offering scholarship field placements, living stipends, loan repayment, educational opportunities, etc.
- **Equipped and resourced communities:** Increase culturally responsive postvention services across Oregon with a focus on BIPOC, American Indian/Alaskan Native people, people who identify as Lesbian, Gay, Bisexual, Transgender, and Queer+, SMVF, and older adult populations.

ASIPP small workgroup recommendations

1. Collaborate with firearm dealers, shooting ranges and instructors to educate customers about firearms and suicide
2. Develop help-seeking campaigns specific to rural communities that reduce stigma and promote mental health and substance use resources
3. Provide suicide prevention gatekeeper trainings
4. Support not only the recruitment of behavioral health providers to rural communities but also incentives to stay long-term by increasing salaries, providing regional high-speed internet, and suitable housing opportunities
5. Address geographic inequity by allocating state funding to regions where there have the highest suicide rates and statistical risk (age, physical isolation, lack of mental health services, opioid usage, firearm access, and rurality)
6. Develop a mental health workforce that is more competent to provide treatment for suicidal ideation

CDC CSP Grant Activities

Tier 1. Community-based:

- **1. ID & support people at risk/reduce access to lethal means:** QPR & ASIST for firearm & assisted living spaces. Safe storage promotion among DAP/caregivers.
- **2. Create protective environments:** (i) PEARLS (ii) ERPO use promotion
- **3. Promote connectedness:** mini grants for community engagement activities
- **Tier 2. Healthcare-related:**
- **4. Strengthen access & delivery:** OR CALM training for rural PC& BH providers
- **5. Create protective environments:** Online firearm safety training for rural providers
- **Tier 3. Upstream:**
- **6. Create protective environments:** Policies to reduce alcohol use:
  - (i) Partner to increase price of alcohol and reduce outlet density
  - (ii) Describe the impact of alcohol and suicide in Oregon
  - (iii) Disseminate data to raise awareness

Mini-grants Awarded: First Cohort

Project Name	**Counties**
Council on Aging	Crook, Deschutes, Jefferson, parts of N. Klamath county
Yellowhawk Tribal Health Center	Umatilla
Sherman	Sherman
AGE+ Circles of Care	Jackson County
Union County Community Connection	Union
Oregon Senior Peer Outreach/Aging Better Together	Clatsop, Columbia, Wasco, and rural Washington
The Café Project	Baker, Morrow, Umatilla, Union, Wallowa, Josephine, Coos, Curry, Douglas, Lincoln, Tillamook, Polk, Gilliam, Hood River, Sherman, Wasco, Wheeler, Lane, Linn and Benton

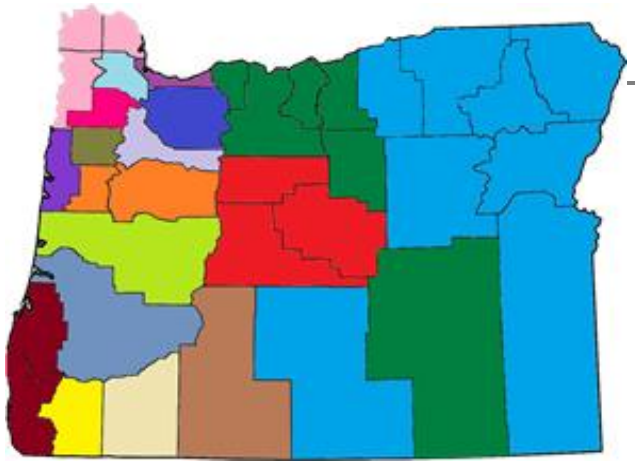
RESOURCES

OLDER ADULT BEHAVIORAL HEALTH INITIATIVE

- *Mental health services*
- *Substance use disorder treatment*

Goal of the Initiative

To better meet the needs of older adults and people living with physical disabilities by improving timely access to care from qualified providers who work together to provide coordinated, quality and culturally responsive behavioral health and wellness services.



Older Adult Behavioral Health Specialists

There are 24 specialists statewide who have social work and psychology training.

To find your specialist by county go to:

- https://oregonbhi.org/
- https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Foregonbhi.org%2Fwp-content%2Fuploads%2F2023%2F04%2FOlder-Adult-Behavioral-Health-Specialists-Contact-List-04-01-2023.docx&wdOrigin=BROWSELINK

Senior Loneliness Line

- A FREE state- wide resource
- Any older adult who is experiencing depression, loneliness, anxiety can benefit from a call to a trained phone counselor.

Suicide Prevention Trainings Available At No Or Low Cost

- Counseling Access to Lethal Means (CALM)
  http://www.aocmhp.org/oregon-calm-ocalm/
  https://www.inciteforchange.org/events
- Get Trained to Help
- OHA Big River Programs

OREGON OFFICE of RURAL HEALTH

Thank You Partners!

OPPORTUNITY Just knock.


Any
Questions