



SUICIDE PREVENTION: RAISING AWARENESS WITH THE RURAL HEALTH COMMUNITY

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Objectives:

1. Reflect on the impact of assessing patients for suicide in all rural practice settings
2. Consider two facts related to the National data trends related to suicide
3. Categorize four risk and protective factors related to suicide
4. Comprehend and incorporate several suicide screening tools to practice
5. State one suicide prevention resource to offer patients in the health care setting, greater community, and/or your practice setting

Introduction

- ▶ APRNs are in a unique position to address suicide by implementing a prevention-oriented system (ANA, 2014; Heise, York, & Thatcher, 2016).
- ▶ Suicide is the 10th/11th leading cause of death for all ages in the years (2018 and 2019/2021), (Heron, 2021, AFSP, 2023). In 2022 Suicide was among the top 9 leading causes of death in ages 10-64 (NVSS, 2024).
- ▶ Goal of National Action Alliance for Suicide Prevention-Eliminate Suicide-(US Department of Health and Human Services, 2012).
- ▶ All patients should be assessed universally for suicide (Horowitz, Bridge, Pao, & Bourdeaux, 2014; Husky, Olfson, He, Nock, Swanson, & Merikangas, 2012).
- ▶ APRNs are a subset of the largest group of healthcare providers (Neville & Roan, 2013; Kroning, 2016).

Leading causes of death 2019: Suicide in age groups, all races, both sexes

Age Range	Rank
10-14	2nd
15-19	2nd
20-24	2nd
25-34	2nd
35-44	4th
45-54	5th
55-64	8th

Source: <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>

Recent Data

Suicide and homicide rates among 10-24 year olds

<https://www.cdc.gov/nchs/data/databriefs/db471.pdf>

Firearms are the most common method used in suicides. Firearms are used in more than 50% of suicides.

CDC, 2024

https://www.cdc.gov/suicide/facts/data.html?CDC_AAref_Val=https://www.cdc.gov/suicide/suicide-data-statistics.html

(CDC, 2024; CDC 2023).

RURAL HEALTH

“New York, though geographically diverse, is vastly rural. More than 86.6% of the state’s land area is rural with 18% of the population and over 3.5 million people residing in rural areas. The suicide rate in rural NY is significantly greater than the state average (13.1 vs. 8.3/100,000) and has increased at a greater rate between 2000 and 2018 (47% vs. 40%) [CDC WISQARS]. While there are many factors that amplify suicide risk in rural areas—including social isolation, stigma, a lack of access to services, long distances and lack of transportation, and rates of gun ownership—suicide is preventable through our collective action. Moreover, rural communities are extraordinarily resourceful and resilient”.

(NYS Office of Mental Health, 2021).

Suicide rates increased approximately 36% between 2000–2022. Suicide was responsible for 49,476 deaths in 2022, which is about one death every 11 minutes.

The number of people who think about or attempt suicide is even higher. In 2022, an estimated 13.2 million adults seriously thought about suicide, 3.8 million planned a suicide attempt, and 1.6 million attempted suicide.

(CDC, 2024; SAMHSA 2023).

In 2022, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 25-34.

(NVSS, 2024).

The US suicide rate has climbed 36% over the past two decades.

USA Facts Team, 2023

As part of the 2023 National Veteran Suicide Prevention Annual Report release, 2021 state-level suicide findings are now available. The state data sheets are a critical tool to help VA and state-level partners design and execute the most effective suicide prevention strategies. View and download the state data sheets below.

(US Department of Veterans Affairs, 2024).

https://www.mentalhealth.va.gov/suicide_prevention/data.asp

988lifeline Everyone can play a role in #SuicidePrevention. When you start a... more

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468 likes

everytown Disrupting access to guns from people in crisis saves lives. Research shows that suicidal... more

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2 hours ago



Firearms are Our Responsibility as Nurse Practitioners

The screenshot shows the website psychiatricnursing.org. The top navigation bar includes links for Submit, Log in, Register, Subscribe, and Claim. A search bar is located on the right. The main content area features a 'Current Issue' section for August 2023, Volume 45, with links for Articles in Press and Past Issues. Below this are four columns of links: 'Explore' (Subscribe, Special Issues, Info for Advertisers, Reprints), 'Publish' (Submit Article, Aims and Scope, For Authors, Supports Open Access), and 'Connect' (Alerts, ISPN).

Calls For Papers

Topic	Guest Editors	Description
Firearm Violence and Mental Health	Beth Bonham, PhD, RN, PMHCNS-BC, FAAN, and Daryl Sharp, PhD, RN, FAAN	<i>Archives of Psychiatric Nursing</i> is searching for submissions on mental health as related to the lived experience, consequences and research on firearms violence.
Mental Health of Indigenous People	John Lowe, PhD, RN, FAAN (Cherokee/Creek/Lenape), and Eugenia I. Flores Millender, Ph.D., RN, PMH-APRN, CDE, FAAN (Indigenous Panamanian Guna)	The mental health of Indigenous people and communities. Depression, substance use, trauma, anxiety, stress, and suicide represent some of the areas of the mental health needs of Indigenous peoples.
LGBTQIA+ Mental Health	Liam Hein, PhD, RN, FAAN, and Rhonda Schwindt, DNP, PMHNP-BC.	Limited access to inclusive, affirming mental health care combined with exposure to stigmatizing and discriminatory experiences has resulted in multiple mental health disparities in lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual and gender minorities people (LGBTQIA*).

Articles in Press

Article Type
Research Article
Research Article
Corrigendum
Short Communication

The bottom of the screenshot shows a Windows taskbar with the date 9/4/2023 and time 12:51 PM.

PURPOSE

- Discuss suicide openly - directly
- Have some tools

-[PHQ9](#)

-[CSSR](#)



Did you know?

Asking someone directly if they are thinking of suicide will not make them suicidal and can actually help.

#Science2StopSuicide



American
Foundation
for Suicide
Prevention



Don't miss what's happening
People on X are talking about this
63 retweets 107 likes 20K views

Risk Factors	Protective Factors
Boys	Positive family relationships
Gay/Lesbian/Sexual Orientation	Circle of Friends/peer supports
Substance Use Disorder	Connectedness to others
Past attempts	Coping and problem-solving Skills
Lost a peer or family to death by suicide	Religious and cultural supports
Mental illness, acute stressors, environmental issues	Alliances with peer mentors, teachers, therapists, guidance counselors, and clergy
Bullying, Violence, firearms in home, history of incarceration	Mental and physical health
Physical Illness/Chronic Pain	

(AAP, 2015; Henderson, 2008; Horowitz et al., 2014; Plant & Sach-Ericsson, 2004; Merchant, Kramer, Joe, Venkataraman, & King, 2009; Kaminski & Fang, 2009; DeMaso, Walter, & Wharf, 2016; USDHHS, 2012).

EXAMINING OUR ATTITUDES

- ▶ What do we bring to practice
- ▶ Actively Listen
- ▶ Teach our partners how to communicate
- ▶ Be open
- ▶ Receptive to families
- ▶ Help survivors

Language: How to be self-aware and sensitive

~~Committed Suicide~~
Died by Suicide



@heartonmysleeve

~~commit~~ Replacement terms:

“non-fatal suicide attempt”

“suicide attempt”

“died/dead by suicide”

“ended his/her/their life”

Mental Wellness ([Hocknell, 2017](#))

Now what?

- Include material in basic Nursing education
- Make the topic a mandatory education piece for licensing
- Ask at each encounter with each patient (5th vital sign)-TPR BP, SI
- Look at prevention of brain diseases associated with suicide
- **The 10th LEADING CAUSE OF DEATH in all populations in the year 2019 (Heron, 2021), The 12th LEADING CAUSE OF DEATH in all populations in the year 2020 (Heron et al., 2023).**
- Provisional data 2022 (Ahmad et al., 2023)
- The 11th LEADING CAUSE OF DEATH in the US in all populations in the year 2021 (AFSP, 2023)*
- over 40,000 deaths by suicide, an estimated 1.7 million attempts in US for year 2021 (AFSP, 2023)
- Annual Physical and Mental Wellness Check

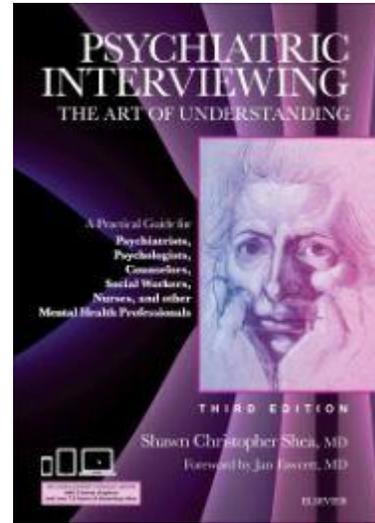
More Data from year 2021:

- After 2 years of declines in suicide (2019, 2020), 2021 data shows an increase in suicide (48,183) which is returning to prior peak rates of 2018
 - Age adjusted rate are highest among American Indian or Alaska Natives (28.1 per 100k... 26% increase from 2018-2021)
 - Black or African Americans (8.7 per 100k... 19.2% increase from 2018-2021)
 - Hispanic (7.9 per 100k...6.8% increase from 2018 2021)
 - White persons were the only group to show a decline from 2018 of 3.9% (17.4 per 100k)
- (Stone et al., 2023).

Data on Age Specific Year 2021:

- Suicide rates for 10-24 years increased among Black persons by 36.6%
- Suicide rates 25-44 year olds increased overall by 5%
- AI/AN increased 33.7%
- Black 22.9%
- Hispanic 19.4%
- Non-Hispanic multiracial 20.6%
- Rates declined for 45-64 year olds -12.4%
- No significant changes were noted among those over 65 years old
(Stone, 2023).

Psychiatric Interviewing: The Art of Understanding by Shawn Shea, MD



- <https://suicideprevention.onlinecourses.suicideassessment.com/>
- [The CASE Approach - Suicide Assessment](#)

Suicide Prevention Resource Center

The Suicide Prevention Resource Center (SPRC) is a national federally supported resource center devoted to advancing the National Strategy for Suicide Prevention. There are many resources available including a lifeline phone hotline (1-800-273-8255), prevention, a weekly newsletter (*Weekly Spark*), the free app called the Virtual Hope Box, and various trainings for your setting.

<http://www.sprc.org/>

American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention (AFSP) is an organization that gives those affected by suicide a nationwide community with resources based on research, education and advocacy to take action.

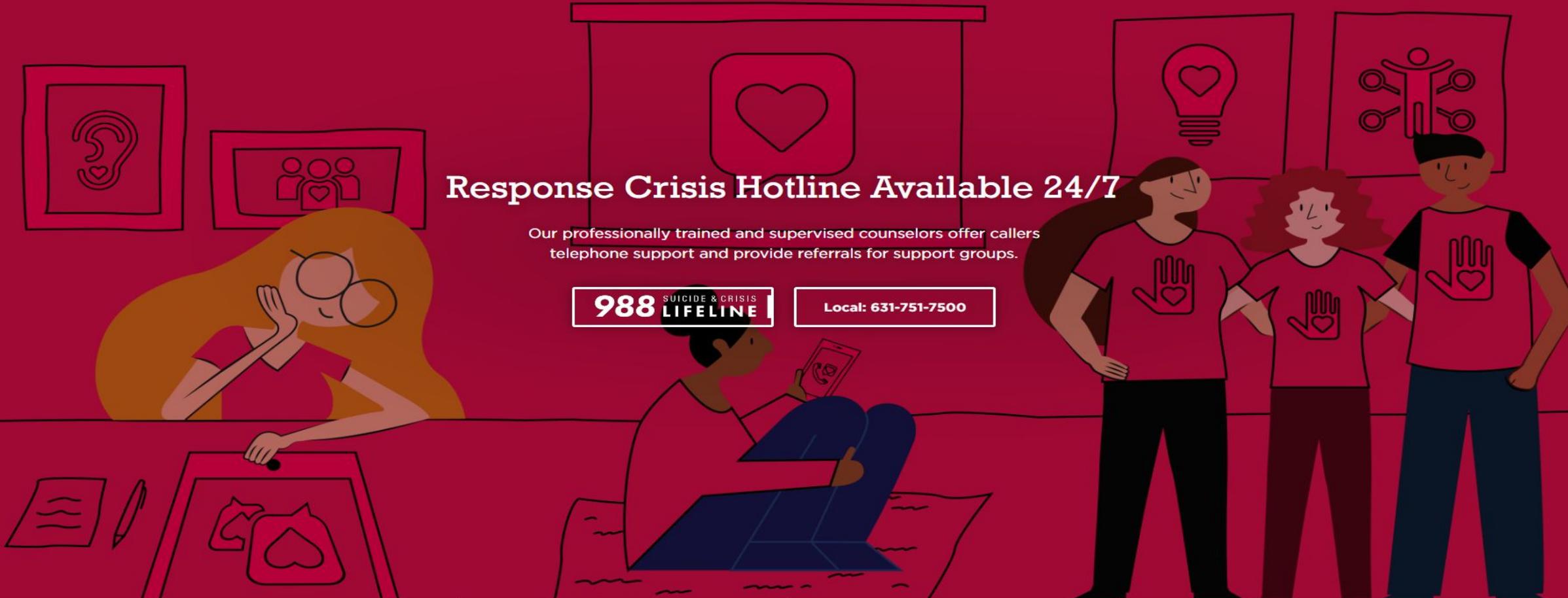
<https://afsp.org/>

Suicide Safe

Suicide safe is SAMHSA's free suicide prevention app for mobile devices assists providers with suicide prevention strategies.

<https://store.samhsa.gov/apps/suicidesafe/>

[FACTS ABOUT SUICIDE \(last updated 5/2023\)](#)



Response Crisis Hotline Available 24/7

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988 LÍNEA DE
PREVENCIÓN DEL
SUICIDIO Y CRISIS

DIAL 988 then **PRESS 2**



Veterans
Crisis Line

DIAL 988 then **PRESS 1**

2:13

[Gmail](#)

988lifeline • 22h
 calmstrips

suicide prevention month
 @988lifeline

24hr help is available - text or call 988

988 SUICIDE & CRISIS LIFELINE

- People can text or call 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may be having thoughts of suicide, mental health struggles, or challenges with substance use.
- The 988 Suicide & Crisis Lifeline has caring counselors available to listen and provide free and confidential support 24/7 to anyone in the U.S. and its territories.
- The 988 Lifeline offers additional services for Veterans, Spanish speakers, members of the LGBTQI+ community, and people who are deaf or hard of hearing.

Send message...

2:25

988LIFELINE Posts

March 1

988lifeline

988 Suicide & Crisis Lifeline Resources

Call or Text **988**

Chat 988lifeline.org/chat

Spanish Call 988 (Press 2) or Text **AYUDA** to 988

LGBTQI+ Call 988 (Press 3) or Text 988 & follow the prompts

Veterans Call 988 (Press 1)

Liked by bringchangetomind and 2,886 others

988lifeline It's always okay to reach out for help.

Screenshot or save this for when you need it.

View all 23 comments

February 28

2:25

988LIFELINE Posts

988lifeline

Today I'm feeling...

pretty good

just okay

like things could be better

like i'm having a hard time

like i need to reach out for support

like i'm doing great

Liked by responsecrisiscenter and 3,175 others

988lifeline Just checking in! 🙌 Share with us how you're feeling in the comments below... more

View all 519 comments

March 5

988lifeline

2:25

988LIFELINE Posts

988lifeline

SELF-CARE IS ABOUT GIVING THE WORLD THE BEST OF YOU, INSTEAD OF WHAT'S LEFT OF YOU.

Liked by namiglac and 1,725 others

988lifeline Let's talk self-care! Drop your favorite rituals in the comments, and don't forget to prioritize some 'me time' this weekend.

View all 15 comments

March 1

988lifeline



988 & Response: 1 Year of Impact

Response is proud to be the regional provider and national back up center for 988 for call, chat and text.

Response was the primary call center for Suffolk, Rockland and Putnam. We back up Nassau, Westchester, Orange, Dutchess, Sullivan, Ulster, Richmond and the Bronx.



36,810
Calls

97%
Answer
Rate

15,138
Chats &
Texts



Our reach further expanded across the country as we became a national backup center in March of 2022.

The Big Picture:

What Happened Nationally In The First Year of 988?



nearly
5 million
contacts

Compared to the 12 months prior,



The average speed to answer decreased from 2 minutes and 39 seconds to **41 seconds**.



July 16 marks the second anniversary of the 988 Suicide & Crisis Lifeline!

Help us celebrate by taking action for 988!

Since the three-digit code replaced a longer, 10-digit number in July 2022, the 988 Lifeline has received over **9.5 million contacts**, including calls, chats, and texts. Trained counselors offer support, share local resources, and connect people to care at critical moments.

Please contact your members of Congress in support of three key policy bills that will help ensure that anyone struggling with a mental health, substance use, or suicide crisis is connected to local support and services in a timely manner. Our key bills are:

- ***Improving Mental Health Access for Students Act (S.1236/H.R.2802)*** to require colleges and universities to include contact information for the 988 Lifeline, Crisis Text Line, and a campus mental health center on student identification cards and on their websites. Making it easy for students to find and share the 988 Lifeline number will improve access to lifesaving crisis resources and destigmatize reaching out for help
- ***Local 988 Response Act (S.3444/H.R.4974)*** to connect people contacting 988 to services in their own state as quickly and safely as possible, while protecting privacy. Connecting people to a crisis center near their physical location—a process known as georouting—improves access to local, life-saving services.
- ***CONNECT Act (H.R.6928)*** to establish grant funding to support follow-up services for individuals who receive suicide prevention and crisis intervention services. Providing follow-up services, such as phone calls, mental health appointments, or information about mental health resources significantly reduces the likelihood of suicide.

Together, we can ensure a robust and reimagines 988 system that helps save lives.

(AFSP, 2024)



REFERENCES

- Ahmad FB, Cisewski JA, Xu J, Anderson RN. May 5, 2023. Provisional Mortality Data — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2023;72:488–492. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a3>
- American Foundation of Suicide Prevention. (2023) Suicide Statistics. <https://afsp.org/suicide-statistics/>
- American Academy of Pediatrics. (November 21, 2015). Which Kids are at Highest Risk for Suicide? *healthychildren.org*. Retrieved from <https://healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Which-Kids-are-at-Highest-Risk-for-Suicide.aspx>
- American Foundation of Suicide Prevention: <https://afsp.quorum.us/campaign/62055/>
- American Nurses Association. (2014). *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* (2nd ed.). Maryland: Nursebooks.
- Center for Disease Control (August 10, 2023). Suicide Prevention: Suicide Data and Statistics. <https://www.cdc.gov/suicide/suicide-data-statistics.html>
- Centers for Disease Control and Prevention (CDC). (2024, July 18). Suicide data and statistics. Retrieved from <https://www.cdc.gov/suicide/facts/index.html>
- Curtin, S. & Garnett, M.(June 2023) Suicide and Homicide Death Rates Among Youth and Young Adults Aged 10-24: United States, 2001-2021. *NCHS Data Brief*. 471. <https://www.cdc.gov/nchs/data/databriefs/db471.pdf>
- Curtin SC, Tejada-Vera B, Bastian BA. *Deaths: Leading causes for 2020. National Vital Statistics Reports; vol 72 no 13. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://dx.doi.org/10.15620/cdc:133059*
<https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-13.pdf>
- Everytown USA. (2024). Firearm suicide in the United States. <https://everytownresearch.org/report/firearm-suicide-in-the-united-states/>
- Heise, B., York, A., & Thatcher, B. (2016). Child suicide screening methods: Are we asking the right questions? A review of the literature and recommendations for practice. *The Journal for Nurse Practitioners*, 12(6), 410-417.

REFERENCES

- Heron M. *Deaths: Leading causes for 2019. National Vital Statistics Reports*; vol 70 no 9. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:107021>.
<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>
- Hocknell, H. (2017, June). Stop saying that people “commit” suicide (Letter to the editor). *The Washington Post*. Retrieved from https://www.washingtonpost.com/opinions/stop-saying-that-people-commit-suicide/2017/06/16/7d75ee98-4fde-11e7-b74e-0d2785d3083d_story.html?utm_term=.a1de5f93e8ec
- Horowitz, L., Bridge, J., Pao, M., & Boudreaux, E. (2014). Screening youth for suicide risk in medical settings: Time to ask questions. *Am J Prev Med*, 47(3S2), S170-S175.
- Husky, M., Olfson, M., He, J., Nock, M., Swanson, S., & Merikangas, K. (2012). Twelve-month suicidal symptoms and use of services among adolescents: Results from the National Comorbidity Survey. *Psychiatric Services*, 63(10), 989-996.
- Insel, Thomas (2022). *Healing: Our Path From Mental Illness to Mental Health*. Penguin Press.
- Kaminski, J. & Fang, X. (2009). Victimization by peers and adolescent suicide in three US samples. *The Journal of Pediatrics*, 155, 683-688. doi:10.1016/j.jpeds.2009.04.061
- Kroning, M. (2016). Teen depression and suicide: a silent crisis. *Journal of Christian Nursing*, 33(2), 78-86.
- Lifeline and 988. <https://988lifeline.org/current-events/the-lifeline-and-988/>
- Luoma, J., Martin, C., & Pearson, J. (2002). Contact with mental health and primary care providers before suicide: A review of the
- Merchant, C., Kramer, A., Joe, S., Venkataraman, S., & King, C. (2009). Predictors of multiple suicide attempts among suicidal Black adolescents. *Suicide and Life-Threatening Behavior*, 39, 115-124.

REFERENCES

National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-expanded.html> on April 23, 2024

New York Office of Mental Health. (2021). https://www.preventsuicideny.org/wp-content/uploads/2023/04/Rural-Suicide-Prevention-Report_2021.pdf

Plant, E. & Sach-Ericsson, N. (2004). Racial and ethnic differences in depression: The roles of social support and meeting basic needs. *Journal of Consulting and Clinical Psychology, 72*, 41-52.

Response Crisis Center. <http://www.responsecrisiscenter.org/>

Sargent, J., Williams, R.A., Hagerty, B., Lynch-Sauer, J., & Hoyle, K. (2002). Sense of belonging as a buffer against depressive symptoms. *Journal of American Psychiatric Nurses Association, 8*(4), 120-129.

SAMHSA (2015). Suicide Safe. <https://store.samhsa.gov/product/suicide-safe>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). Facts and statistics. Retrieved from <https://www.samhsa.gov/data/facts-statistics>

Shea, S. (2022). Training Institute for Suicide Assessment. <https://suicideprevention.onlinecourses.suicideassessment.com/>

Stone DM, Mack KA, Qualters J. *Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021*. MMWR Morb Mortal Wkly Rep 2023;72:160–162. DOI: <http://dx.doi.org/10.15585/mmwr.mm7206a4>

REFERENCES

USAFacts (2023). <https://usafacts.org/articles/how-is-the-suicide-rate-changing-in-the-us/>

US Department of Health and Human Services, (2012). *National strategy for suicide prevention: goals and objectives for action*. Rockville, Maryland.

U.S. Department of Veterans Affairs. (2023). 2023 National Veteran Suicide Prevention Annual Report. Retrieved from <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf> 4.

U.S. Department of Veteran Affairs. (2024). Mental Health » Suicide » Veteran Suicide Data and Reporting. https://www.mentalhealth.va.gov/suicide_prevention/data.asp

Thanks for your attention. I hope you have
acquired some takeaways.

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