# Rural Communities Response to a Local Suicide

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# **Rural Communities**

- Based on population density
  - 1,000 people per square mile per

o <500 people per square mile town's</p>

- limits
- 80% of US Land
- Marginalizes communities by not
  - considering values, morals, traits, and special issues that actually define the community

(Carter, 2019; Cheesmond, Davies, Inder, 2019; Harowskki, Turner, LeVine, Shank, and Leichter, 2006)



## Case Example





White, Male, Late 50's, Farmer
2 sons, and a wife
50 years inheritance

No health insurance
Low income

Sold cattle due to

- financial stress
- Died by suicide
- Limited time for grieving

   Farm

expectations

# **Barriers to Mental** Healthcare in Rural Communities

- Reduced access to services
- Lack of mental health education
- Limited use of self-care strategies and coping skills

(Lee et al., 2017; Morales, Barksdale, and Beckel-Mitcher, 2020; Schroeder et al., 2021; Cheesmond, Davies, and Inder, 2019; Crumb, Mingo, and Crowe, 2019)







#### Accessibility

- Population correlates with available services
- Offered by general providers
- Rural schools contribute to mental health services

#### Lack of Mental Health Education

- Difference in meaning of key concepts
- Stigma (self and community)
- Distrust in professionals

MIND BODY + SOUL YOU 

### **Limited Coping**

- Stoicism: Silently coping with mental distress
- Pride and part of an identity
- Fate and religion, "out of my hands"

All ages

4.7 - 10.9

11.0 - 13.1

13.2 - 15.5

15.6 - 27.6

## **Suicide Stats in Rural Communities**

• Suicide is the leading cause of death across the US...for the past two decades, suicide rates are 46% higher in rural communities.

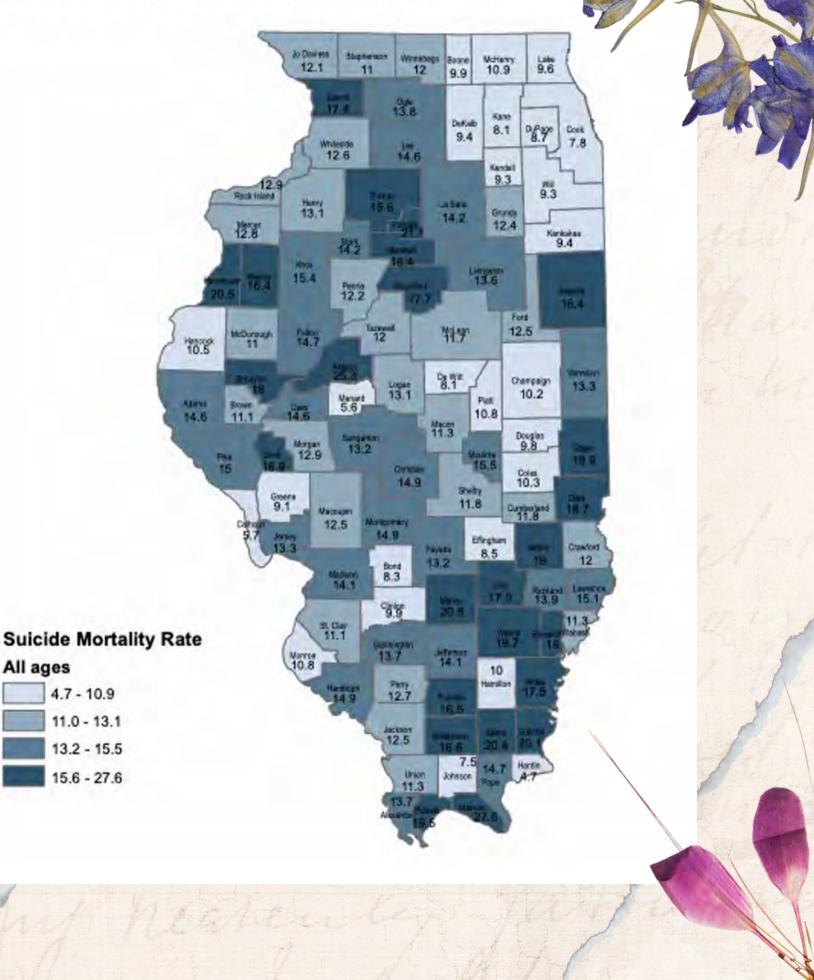
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- Greater access to firearms
- Higher rates of drug and alcohol use
- Minimal health care providers and medical facilities
- Financial and economic factors

(World Health Organization, 2023; Rebecca Clay, 2014; )

#### Figure 8. Suicide Rates (per 100,000), 2008-2017 (IDPH)

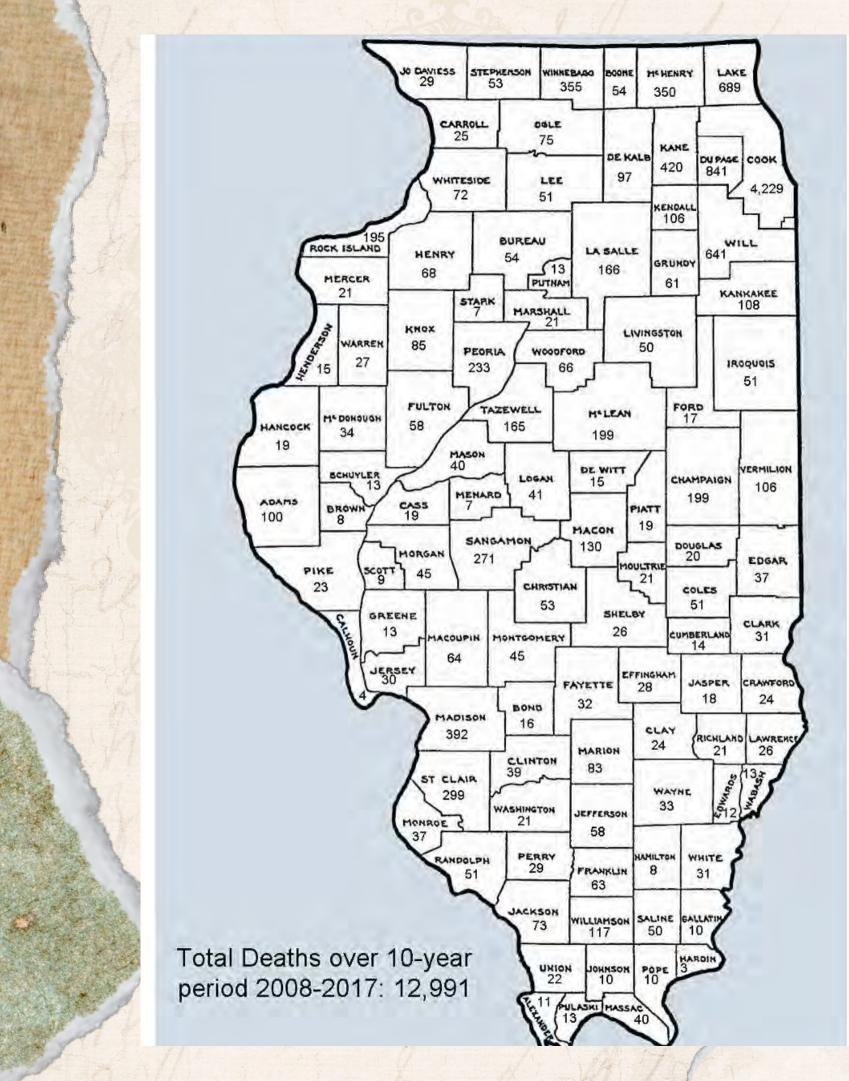


## Suicide Stats in Rural Communities

• Suicide is the 15th leading cause of death in Illinois

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- 3rd leading cause of death for ages 10-34
- 51 Deaths due to
   suicide in Coles
   County from 2008 2017 (22-44yrs old)
- Response to suicide varies





# Strengths in Rural Communities

### Social Connection

- Rural relationships span generations rather than years
- Social contract dictating tight-knit social networks and mutual aid
- "You would be there for them, so let them be there for you."

## Community Resiliency

- Farming, nurturing livestock and responding to the worst outcomes brought by poor weather, individuals learn to persevere
- Provides a strong drive for problem solving

# Audience Input

• What do you think is a strength of your rural community?

# How to bridge the gap

Utilizing rural community strengths to respond to a local community member suicide.

Some published rural response guidelines are...

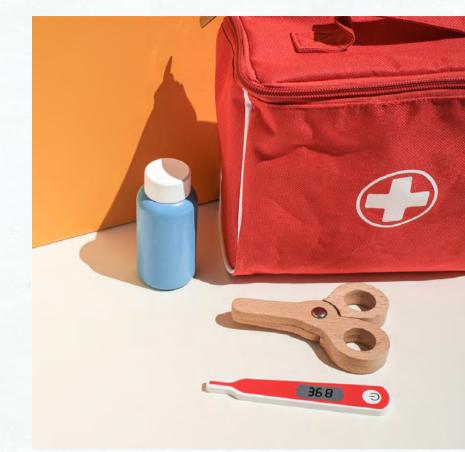
- Building A Community Suicide Response Team (SAMHSA)
- After Rural Suicide: A Guide For **Coordinated Community Postvention** Response (CalMHSA)

## Building A Community Suicide Response Team:



#### **Objectives of Crisis Teams**

- To support and debrief those affected by SI, a threat, an attempt or a death
- Reduce the possibility of other suicidal crises by increasing prevention education, referral for intervention, and postvention activities



#### Activities

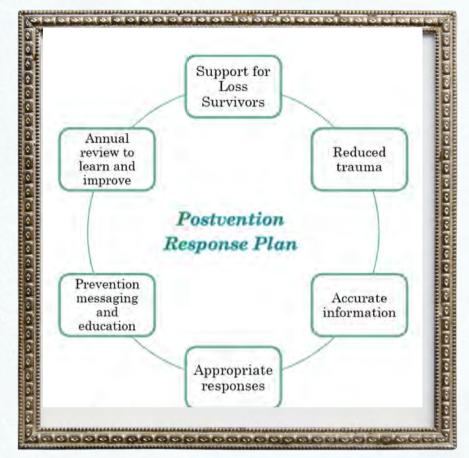
- Identify and recruit stakeholders
  - First responders
  - Law enforcement
  - School Representatives form
  - Mental Health Care
     Workers
  - Community Members

- Substance Abuse and Mental Health Administration (SAMHSA)
- Contact Stakeholders and get community buy in
  - Identify Leaders
  - Formalize
     Membership
  - Schedule Meetings
- Develop a Volunteer Application
- Develop a Standards
   Operating Procedure
   Manual
- Develop a Suicide response and follow up
- Develop a data tracking system

TEMA

 Provide mock drills and trainings

## After A Rural Suicide: A Guide For Coordinated Community Postvention Response California Mental Health Services Authority (CalMHSA)



#### Needing Postvention Plan

- Gather data on current response plan
- Establish a core team
- Create inventory of current services and supports available for loss survivors



#### **Postvention Response**

- Engaging the community
   Target responses
- Mobilize and offer support
- Communicate carefully
  - NOT focus on details of death, but promote support and resources

Coroner\* Law enforcement\* (including Chaplains) Behavioral health providers (public or priva Crisis centers Loss survivors Schools Chaplains and clergy Funeral directors and/or funeral chapels Primary care providers Hospital and emergency room staff Leaders and/or healers from culturally dive communities

#### Conclusion

- Relationships are crucial

  People need to see
  value in what they do

  Confidentiality with sharing details after a suicide
  Must know resources in
- order to promote them
- Family comes first

## Implications for Rural Community Counselors

#### **Community Involvment**

- Reach out and learn about agencies in your community and their response plans.
- Enforce and explain confidentiality to build trust in community members.
- Congruency as a counselor is important due to rural community values and traits.

#### **Advocacy Needs**

- Understanding rural community traits and incorporate knowledge with treatment planning.
- Collaborating with local schools in time of crisis.
- Relationships with stakeholders is key.

#### **Local Community Resources**

#### LIFELINKS

(217)-238-5700 www.lifelinks.org 0

> 750 Broadway Avenue East Mattoon, IL 61938

Medicare, Medicaid, Private Insurance SUD, Crisis Services, Child & Adolescent, & more

#### WILLOW POINT

(217) - 238 - 5700

**613** www.willowpointcounseling.org

- 300 Richmond Ave East Mattoon, IL 61938
- Medicare, Medicaid, Private Insurance
- Mental Health, Family, Couples, Individual, & more

#### **ABBCON COUNSELING**

(217)-317-2089

🕅 abbconcounseling.com

201 North Logan, Suite A, Mattoon, IL 61938

Medicaid, Private Insurance

SUD, Individual, Group, & more



#### **NEURO HARMONY, LLC**

- (217) 508 8080
- neuroharmony.org

1836 Victoria Lane Charleston, IL 61920

Medicare, Medicaid, Private Insurance Behavior, Trauma, Play, Couples, Telehealth, & more

#### **RTS COUNSELING SERVICES**

(217)-345-0336

rtscounselingservices.com

655 W Lincoln Suite 8 Charleston, IL 61920

**Private Insurance** 

Individual, Teen, Faith-Based, Couples, & more

#### **ELLIOT COUNSELING GROUP**

(217) - 398 - 9066

elliottcounselinggroup.com

105 8th Street Mattoon, IL 61938

Ŝ Medicare, Private Insurance

**Expressive Arts, Wellness** Practice, Play, Group, & more

#### HOUR HOUSE

635 Division Street Charleston, IL 61920

S Medicaid, Private Insurance

SUD, Recovery Support, Community-Based, & more

#### JOURNEY PROFESSIONAL COUNSELING

(217) - 345 - 4642

journeyprofessionalcounseling.com

121 West State Street Charleston, IL 61920

**Private Insurance** Individual, Child & Adolescent, Mental Health, Christian, & more

(217)-348-8108

hourhouserecovery.org

#### **MIDWEST NEUROFITNESS**

(217) - 398 - 1086



midwestneurofitness.com



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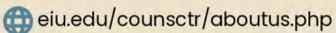
5566 Lincoln Highway Road Charleston, IL 61920

Private Insurance

Mental Health, Psychotherapy, EDMR, Neurofeedback & more

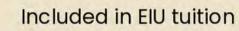
#### **EIU COUNSELING CLINIC** (ONLY EIU STUDENTS)

(217)-581-3413





1st Floor Human Services Building, Office Suite 1200, EIU



Individual, Group, Emergency, & more

Thank you

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