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Riverside County, California

# Understanding the Role of Geography in Suicide Risk



## lssue

People who live in rural areas, including Veterans, die by suicide at higher rates than people who live in cities. The only exception to this is non-Hispanic black people, whose suicide rates are higher in urban areas.<sup>1,2,3</sup> Clinicians can help Veterans by understanding the risk factors specific to rurality (e.g., availability of means, geographic and interpersonal isolation, and potentially hazardous work demands) and providing culturally acceptable and feasible care within the context of available resources.

# **Key Findings**

#### **Barriers to Access**

- Veterans who live in rural areas are significantly less likely than their urban counterparts to receive psychotherapy services and less likely to receive mental health treatment for the recommended duration.<sup>4</sup>
- Among surveyed rural hospital executives, more than 60% indicated a shortage of mental health professionals in their area, and only 10% said they had a referral center within 20 miles. Nearly half of hospitals considered "very rural" were more than 60 miles from the nearest referral center.<sup>2,5</sup>
- People who live in rural areas, including Veterans, typically must travel considerable distances to access mental health care (owing in part to the scarcity of mental health care providers in rural settings), and they also may lack access to transportation.<sup>5,6</sup>
- Rural Veterans report that barriers to their use of mental health services include their preference for independence and self-reliance,<sup>7</sup> their perception that seeking help for mental health is an admission of weakness, and their perception that seeking treatment may prevent others who are suffering more gravely from accessing care.<sup>6,8</sup>

#### **Regional Socioeconomic Characteristics**

- A systematic review found that areas with a greater proportion of residents under the poverty line tend to have higher rates of suicide.<sup>9</sup> Compared with urban areas, rural areas tend to have higher rates of negative economic indicators, including poverty and unemployment, and rely more on production industries for economic well-being.<sup>10</sup> Other studies have found that the rate of suicide is associated with economic cycles, with the rate falling during periods of economic expansion and rising during periods of contraction,<sup>11</sup> and that eviction and foreclosure are significant suicide risks.<sup>12</sup> These findings are reinforced by a study that found that, after controlling for depression, change in financial status was a more significant correlate of suicidal ideation than chronic poverty was.<sup>13</sup>
- While women in urban communities have a higher rate of suicide than women in rural communities, rural communities experience greater increases in the suicide rate for women during periods of recession. Short-term economic crises seem to result in greater increase in rates of suicide by women, while long-term crises and chronic poverty and unemployment appear to have a greater impact on the suicide rate for men.<sup>14</sup>

#### Access to Lethal Means

- People who live in rural areas are much more likely than people who live in cities to own firearms.<sup>15</sup>
- Suicide deaths are more likely to involve a firearm in rural areas than in urban areas.<sup>3,16,17,18</sup> By contrast, the most urban counties experience nearly twice the rate of firearm homicides as rural communities.<sup>16</sup>
- Researchers found that 89% of firearm suicides in a Maryland statewide sample were carried out by men, with higher rates found in rural areas. For women who died by firearm-related suicide, there was no difference between those living in urban and rural areas, suggesting that male firearm use drives the elevated rates of suicide in rural areas.<sup>17</sup>





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## Implications

Given the diversity of factors that contribute to suicide risk among residents of rural areas, researchers suggest that the problem could be addressed from an ecological perspective. The socio-ecological model focuses on risk and protective factors at various levels, from the individual to the community, and addresses aspects such as the culture of rural areas and state and federal policy.<sup>19</sup>

# Ways You Can Help

- Support enhanced mental health care training for primary care providers and work toward increased coordination between primary care and mental health care providers at the local level.<sup>2</sup>
- Increase attention paid to outreach and informal support to help overcome negative attitudes, false beliefs, and limited awareness related to seeking treatment for mental health issues.<sup>2</sup>
- Explore options for providing transportation assistance to help overcome the distance between patients and health care providers in rural communities.<sup>2</sup>
- Help rural Veterans identify local family members and/or friends who could participate in safety planning and would be available in times of need.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

#### References

- Ivey-Stephenson, A. Z., Crosby, A. E., Jack, S. P. D., Haileyesus, T., & Kresnow-Sedacca, M. (2017). Suicide trends among and within urbanization levels by sex, race/ethnicity, age group, and mechanism of death – United States, 2001-2015. *MMWR Surveillance Summaries*, 66(18), 1–9.
- 2 Gamm, L., Stone, S., & Pittman, S. (2010). Mental health and mental disorders a rural challenge: A literature review. *Rural Healthy People*, 1, 97–114.
- 3 McCarthy, J. F., Blow, F. C., Ignacio, R. V., Ilgen, M. A., Austin, K. L., & Valenstein, M. (2012). Suicide among patients in the Veterans Affairs Health System: Rural–urban differences in rates, risks, and methods. *American Journal of Public Health*, 102(Suppl 1), S111–7.
- 4 Cully, J. A., Jameson, J. P., Phillips, L. L., Kunik, M. E., & Fortney, J. C. (2010). Use of psychotherapy by rural and urban veterans. *The Journal of Rural Health*, 26, 225–33.
- 5 Thomas, D., Macdowell, M., & Glasser M. (2012). Rural mental health workforce needs assessment a national survey. *Rural Remote Health*, 12(4), 1–12.
- 6 Koenig, C. J., Abraham, T., Zamora, K. A., Hill, C., Kelly, P. A., Uddo M., Hamilton, M., Pyne J. M., & Seal, K. H. (2016). Pre-Implementation strategies to adapt and implement a Veteran peer coaching intervention to improve mental health treatment engagement among rural Veterans. *Journal of Rural Health*, 32(4), 418–28.
- 7 Fischer, E. P., McSweeney, J. C., Wright, P., Cheney, A., Curran, G. M., Henderson, K., & Fortney, J. C. (2016). Overcoming barriers to sustained engagement in mental health care: Perspectives of rural veterans and providers. *The Journal of Rural Health*, 32, 429–38.
- 8 Bennett, E. A., Crabtree, M., Schaffer, M. E., & Britt, T. W. (2011). Mental health status and perceived barriers to seeking treatment in rural reserve component veterans. *Journal* of *Rural Social Sciences*, 26(3), 113.
- 9 Rehkopf, D. H. & Buka, S. L. (2006). The association between suicide and the socioeconomic characteristics of geographical areas: A systematic review. *Psychological Medicine*, 36, 145–57.
- 10 United States Department of Agriculture. (2016). *Rural America at a glance 2016 edition*. Washington, DC: U.S. Department of Agriculture. Retrieved from https://www.ers.usda. gov/publications/pub-details/?pubid=80893

- 11 Luo, F., Florence, C. S., Quispe-Agnoli, M., Ouyang, L., & Crosby, A. E. (2011). Impact of business cycles on US suicide rates, 1928–2007. *American Journal of Public Health*, 101(6), 1139–46.
- 12 Fowler, K. A., Gladden, M. R., Vagi, K. J., Barnes, J., & Frazier, L. (2015). Increase in Suicides Associated with Home Eviction and Foreclosure During the US housing crisis: Findings from 15 National Violent Death Reporting System stations, 2005–2010. *American Journal of Public Health*, 105(2), 311–16.
- 13 Turvey, C., Stromquist, A., Kelly, K., Zwerling, C., & Merchant, J. (2002). Financial loss and suicidal ideation in a rural community sample. *Acta Psychiatrica Scandinavica*, 106(5), 373–80.
- 14 Carriere, D. E., Marshall, M. I., & Binkley, J. K. (2018). Response to economic shock: The impact of recession on rural-urban suicides in the United States. *The Journal of Rural Health*, 1–9.
- 15 Parker, K., Horowitz, J., Igielnik, R., Oliphant, B., Brown, A. (2017, June 22). *America's complex relationship with guns*. Retrieved from http://www.pewsocialtrends.org/wp-content/uploads/sites/3/2017/06/Guns-Report-FOR-WEBSITE-PDF-6-21.pdf.
- 16 Branas, C. C., Nance, M. L., Elliot, M. R., Richmond, T. S., & Schwab, W. (2004). Urban-rural shifts in intentional firearm death: different causes, same results. *American Journal of Public Health*, 94(10), 1750–5.
- 17 Nestadt, P. S., Tripplett, P., Fowler, D. R., & Mojtabai, R. (2017). Urban-rural differences in suicide in the state of Maryland: The role of firearms. *American Journal of Public Health*, 107(10), 1548–53.
- 18 Searles, V. B., Valley, M. A., Hedegaard, H., & Betz, M. E. (2014). Suicides in urban and rural counties in the United States, 2006-2008. Crisis, 35(1), 18–26.
- 19 Hirsch, J. K. & Cukrowicz, K. C. (2014). Suicide in rural areas: An updated review of the literature. *Journal of Rural Mental Health*, 38(2), 65–78.





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