

Advancing Suicide Prevention™

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DYING BY THEIR OWN HAND IN RURAL AMERICA

SUICIDE THE SECOND-LEADING CAUSE OF DEATH IN STATES WITH PRIMARILY RURAL POPULATIONS

Senators John McCain, Byron Dorgan and their work to stave off soaring suicides among Native American youths highlighted in latest issue of Advancing Suicide Prevention magazine

Agricultural populations at risk, link between guns and suicide explored

AUGUST 11, 2005 – Sheboygan, Wis. – It's the **second-leading cause of death** in states with primarily rural populations, especially in states in the rural mountain west and Alaska. Suicide in rural and frontier remote regions of the United States is a major killer – and has become a major focus of federal and state prevention initiatives.

And with good reason, considering that the rate of suicide in some rural areas is **800 percent higher than the national average**. Case in point: Nationally an average of 10.7 people in 100,000 died by suicide (between the years 1999-2002, the latest year which data is available from the Centers for Disease Control and Prevention). But in Nome County, Alaska, more than 84 people for every 100,000 die by their own hand; this is **the highest rate for suicide of any county in the United States**. Montana, Wyoming, Nevada and New Mexico also have rates of suicide far above the national average.

Other statistics that don't bode well for the **60 million Americans who live in rural** and frontier areas – more than 25 percent of our nation's people – include the following:

- From 1970-1997 the incidence of suicide among males **in rural areas was 37 percent higher than urban areas** – 27 per 100,000 versus 17 per 100,000.
- Suicide rates for **American Indian and Alaskan Native youths ages 15-24 is 250 percent higher** than the national average. Injuries and violence – including self-inflicted – account for 75 percent of all deaths among Native Americans ages 1-19.
- Nearly **three-fourths of rural counties in America lack a psychiatrist**, and 95 percent lack a child psychiatrist.
- Among small counties with less than 2500 population, **one-third have no health professional able to address mental health needs**.

"The services just aren't there. In urban areas you might have a caseworker assisting a suicidal person. In rural areas sometimes the best 'mental health' services you get are from a police officer or school counselor," says Christian Hanna, MPH, who works in rural and agricultural health and safety at the Marshfield Clinic Research Foundation, and partners with states nationwide to boost suicide prevention efforts. "Rural populations are underserved for mental health; there are gross inequities for distribution of mental health services." Research suggests that about 90 percent of people who die by suicide have an underlying psychiatric disorder.



Worse yet, the disparity of mental health services delivered to Americans who reside in rural and remote regions – and rates of suicide in these areas that are consistently higher than urban and suburban rates – has changed little in the past 50 years. This according to Dennis Mohatt, director of the mental health program at WICHE, the Western Interstate Commission for Higher Education. Mohatt served as a consultant on rural issues to President George W. Bush's New Freedom Commission on Mental Health, where he reviewed rural mental health status and initiatives put forth by prior presidential administrations. He cited the task force commissioned by the Eisenhower administration to examine the state of rural mental health in America. Its **conclusion was dismal, with about 60 percent of rural areas enduring a shortage of mental health professionals.** In the 1970s, under the Carter administration, another task force conducted a similar study. It too found that about 60 percent of rural America was underserved. **That percentage remains virtually unchanged today.**

“Rural has a lot of significant disparities. **Over 90 percent of psychiatrists practice in urban and suburban areas,**” notes Mohatt of the shortage of skilled professionals to treat those with mental illnesses and suicidal behaviors.

Other content in the just-released second issue of *Advancing Suicide Prevention*TM, a new strategic health policy magazine launched in May 2005, includes:

- **“A tragedy of enormous proportions” in a breakdown of the Native American family** that is fueled by high prevalence of depression, anxiety, substance abuse, violence and suicide on isolated rural reservations nationwide.
- **Farmer-psychologist Mike Rosmann who sows help and hope** among agricultural communities at risk for suicide in rural Iowa – relevant given this summer's drought across the Midwest which can place farmers at greater risk.
- Commentary on the fact that each and every day in America, 86 people die by suicide. “This is **the equivalent of a passenger airplane falling out of the sky every day, 365 days a year and killing everyone on board.** You can only imagine how our country would react to that. They'd be demanding action...we're not seeing the level of outrage...” says Karen Marshall, director of the Stop Suicide Alliance who lost her father and an uncle to suicide.
- **Fatal Connection: The link between guns and suicide** with Catherine Barber with the Harvard Injury Control Research Center. Where there are more guns, there are more suicides, including rural areas, reports Barber.

Also featured in the current issue of *Advancing Suicide Prevention* is The Carter Center Mental Health Program, Cornell University, Suicide Prevention Action Network USA, American Association of Suicidology, Critical Illness and Trauma Foundation, National Association for Rural Mental Health, Suicide Prevention Resource Center, National Suicide Prevention Lifeline and other organizations and programs relevant to suicide and its prevention.

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