

Preventing Suicide in our WV Communities

Ami Cook, WVU Extension Program Assistant – Braxton and Clay Counties and David Roberts, WVU Extension Agent – Lincoln County

Suicide is preventable and help is available.

Mental health is a real issue for families across the United States, including our own West Virginia families. Mountaineers are often known for determination and willpower. Many West Virginians take pride in meeting challenges with the determination to overcome and persevere. While the



likelihood of experiencing a mental health issue is similar to urban areas, (approximately one in five adults experience mental health disorders), rural families do not have the same access to care. Across America, rural communities have 20% fewer primary care providers, 28% of rural homes lack access to broadband services, and 65% of rural counties do not have psychiatrist services.

These disparities are causing a mental health emergency in rural America. In West Virginia one person dies by suicide every 22 hours. Suicide is the second leading cause of death for West Virginia residents, ages 10-34. In 2020, the suicide rate in West Virginia was 27% higher than the national rate.

Stigma

In addition to a lack of basic services, many rural families report a fear of being negatively judged by family, friends and community members for appearing weak or not being able to deal with life's challenges. This contributes to a false belief that mental health issues are not a valid health concern. This stigma that is often associated with mental health remains one of the largest barriers to treatment for many individuals in rural communities.

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As we learn more about the prevalence of mental health issues in our communities, we recognize how much our words matter to combat stigma. One of the best ways to begin helping our friends and family members is to be conscious of language and encourage others to talk openly and honestly about mental health. Try to respond to misconceptions or negative comments by sharing facts and experiences.

Understanding Suicide

In its simplest terms, suicide is a solution to a problem. However, suicide is extremely complex and often the most difficult human behavior to understand. Still, it is important to remember, suicidal people are just like us; they have problems, we have problems. The difference is, for that moment, individuals contemplating suicide believe they are facing a problem that has no other solution than death.

Research shows that suicide is rarely an impulsive act. Most people will think about suicide for days, months, or years before acting. It is imperative to learn common warning signs, or clues, of suicide by paying attention to changes in behavior, attitude or outlook, and life situations.

Suicide is preventable and help is available. You can act if you see any of the warning signs or think someone is at risk of harming themselves.

Start the conversation

It will feel uncomfortable, but research shows the best response is to ask if they are thinking about suicide. A common myth about suicide is that talking about it will place the thought in someone's head. However, talking about suicide can help reduce suicidal thoughts. Having someone to talk to can ease their burden of carrying the issue alone and bring them relief.



Once you start the conversation, listen and let them know you care. After the question has been asked, your role is to listen first. Advice tends to be easy, quick, cheap and wrong. Practicing active listening takes time, patience, and courage, but it is always right.

Refer to a mental health professional

Connecting an individual to a mental health professional can be a challenge for many rural communities. It is important to do homework and know the names and numbers of where to refer a person for help. If you do not know anybody to call, call your family doctor or dial 988 for the National Suicide Crisis Lifeline.

Use these guidelines for an effective referral:

- The best referrals are when you personally make an appointment and take the person you are worried about to a mental health provider
- The next best referral is when the person agrees to see a professional and you help them make the appointment. Then demonstrating concern by following up to learn they kept the appointment.
- The third best referral is getting the person to agree to accept help, even in the future, and providing them with specific referral information.

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