Suicide Risk Screening and Assessment in Rural Communities

Introduction

Preventing suicide in rural communities requires attention to the unique strengths and barriers present in these contexts. Understanding geographical differences in suicide risk and community-level risk and protective factors can help health care systems develop and implement effective suicide risk screening and assessment protocols in rural settings.[1] This report explores the emerging literature on rural suicide prevention and ways to improve suicide risk screening and assessment in rural communities.[2, 3]

This report will highlight promising suicide risk screening opportunities for clinicians, health care workers, community helpers, faith leaders, agricultural partners, and others working in rural areas who encounter individuals at risk for suicide.

Disclaimer: This brief is informational and is not a substitute for clinical training, supervision, or local policies and legal requirements. Use your professional judgment and consult local resources as needed.

Strengths in Rural Suicide Prevention

Rural communities possess unique strengths and opportunities that are often overlooked in public health and research arenas.[4] The strengths include the strong social connections that many in rural areas have with peers, families, and others in the community. These communities also often have long-established clinicians and health care workers who understand local needs related to access to care and community culture.[2] Additionally, clergy, first responders, veterinarians, coaches, educators, feed store employees, and others are often embedded in the culture of rural communities and can use their existing relationships with community members to help identify and support those who may be at risk.[5, 6]

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Community groups, clinicians, and health care workers interested in improving suicide risk screening and assessment should begin by building trust. Clinical relationships in rural settings often span generations, creating a foundation for trust that is difficult to replicate in more urban systems.[2] Professionals who provide behavioral health support in communities for many years often have deep familiarity with the community's culture and residents. Clinicians and health care workers can support community members at risk for suicide through these strong, trusting relationships. Studies show that, during times of crisis, individuals at risk for suicide are more likely to engage and benefit from care when they have a strong therapeutic alliance with their clinician or health care provider.[7]

Although the close-knit nature of rural communities can increase concerns about confidentiality, the connections in these communities can enable residents to rally around neighbors in times of adversity.[3, 5] Community members have local expertise that can allow them to recognize factors that standard risk algorithms may miss, including the stressors of harvest season, the economic weight of bad commodity years, and the practical reality of long travel distances that limit access to care.[2, 3]

Members of rural communities often work across multiple roles and settings, providing them with frequent opportunities to identify people who may be in distress.[2] Faith congregations, farm bureaus, agricultural co-ops, feed stores, veterans' posts, and schools can also all be potential screening touchpoints and pathways to care.[2, 6]

Suicide Risk Screening in Rural Settings

Screening is a first-line suicide prevention intervention that any trained community member can perform. Community-based screenings can be especially important in rural settings where individuals in distress rarely enter formal behavioral health systems on their own.[8] Community helper training models such as Question Persuade Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST) are designed to help clergy, teachers, agricultural workers, barbers, and other community members recognize warning signs and connect individuals to care.[9]

In agricultural communities, there are often also veterinarians, feed store workers, farm service agency employees, milk haulers, agricultural lenders, and others who have regular contact with people during periods of significant stress and may be well-positioned to identify when someone needs support.

Community connections are critical points of contact because individuals are more likely to disclose suicidal thoughts in trusted and supportive relationships.[10]

In effective rural screening programs, community partners must think beyond the screening tool and toward what happens next. Screening and assessment are distinct steps in the care pathway. Community members can be trained to conduct a suicide risk screening, but after a positive result, they must then connect the individual at risk to a trained clinician or health care worker for a formal comprehensive suicide risk assessment (SRA).[11]

After a Positive Screen: Suicide Risk Assessment

Clinicians and health care workers must have specialized training to conduct SRAs with people at risk for suicide. After a community helper has determined that a person is at risk, their next task is to connect the person to a trained clinician or health care worker who can conduct an SRA.[12]

Identifying Barriers

A thorough SRA looks at barriers to treatment that might negatively impact a person at risk for suicide. Below is a list of barriers to seeking help commonly identified by people in rural communities:

- **Privacy:** Small town behavioral health centers are often easily recognizable. People report being afraid their neighbors will recognize their vehicles in the parking lot.[2]
- **Stigma:** People report feeling shame and guilt associated with mental health conditions and thoughts of suicide.[13]
- **Access:** People report difficulty accessing behavioral health service centers. Telehealth can extend services into areas without local behavioral health services and allow individuals to receive support without the privacy concerns associated with in-person visits.[14]

The Goal of Suicide Risk Assessment

The goal of SRA is to identify the least restrictive level of care that can maintain the safety of the person at risk.[15] Outcomes involving emergency services carry particular weight in rural settings where emergency department visits can involve long travel times, major family disruptions, and limited access to follow-up.[13, 16] Hospitalization can also feel isolating and stigmatizing in ways that affect future help-seeking.[13, 17]

Safety Planning

Safety planning is a collaborative and personalized process in which a clinician, health care worker, or community helper works with a person at risk to identify coping strategies and supportive people who can help them stay safe in times of crisis. Safety planning can be useful in multiple ways in rural settings. Trained clinicians and health care workers may engage in safety planning with a person at risk as a formal outcome of following an SRA.[18] For community helpers, safety planning is a meaningful action they can take with a person at risk if handoff to a trained clinician or health care worker is not immediately possible.

Effective suicide safety plans address both social isolation and lethal means safety. In rural communities, it may be especially important for clinicians, health care workers, and community members leading safety planning with those at risk to frame lethal means safety steps as temporary protection during a crisis rather than permanent changes. This can help reduce ambivalence and improve adherence.[19]

Effective Prevention Draws on Community Strengths

Effective prevention in rural settings draws on the strengths that define these communities: trust built across generations and a willingness to rally around a neighbor in crisis. Understanding the unique strengths of rural communities, as well as the barriers to accessing care, can provide a foundation on which health care systems and community groups can build strong suicide prevention efforts.

Resources

Farm State of Mind: Offers supportive mental health resources for farm families including a resource directory, peer-to-peer support, and suicide prevention trainings.

AgriStress Helpline: Provides free, confidential 24/7 crisis support for farmers, ranchers, foresters, fishers, and their families. Availability varies by state; check agrisafe.org for current coverage. Call or text 1-833-897-2474.

SAMHSA Línea Nacional de Ayuda: Provides free, confidential 24/7 Spanish-language crisis support for Spanish-speaking farmworkers and rural families. 1-800-662-4357.

Rural Health Information Hub: A comprehensive repository of rural suicide prevention toolkits, evidence summaries, and implementation resources for behavioral health care providers and community partners.

SPRC Resources for Tribal Communities: Offers tailored resources and tools to support suicide prevention in Tribal communities, including those in rural areas.

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