

TOPICAL FEATURED

Rural suicide

OUT OF THE DARKNES

The need to discuss suicide, especially in rural America, is vital

By Sue Loughlin/Tribune-Star Oct 13, 2018

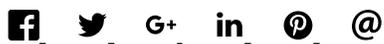


Tribune-Star/Joseph C. Garza She sees the rural need also: Myra Wilkey, executive director of Mental Health America of Vig resources that rural residents have in regards to mental health services in comparison to their urban counterparts.

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About this series

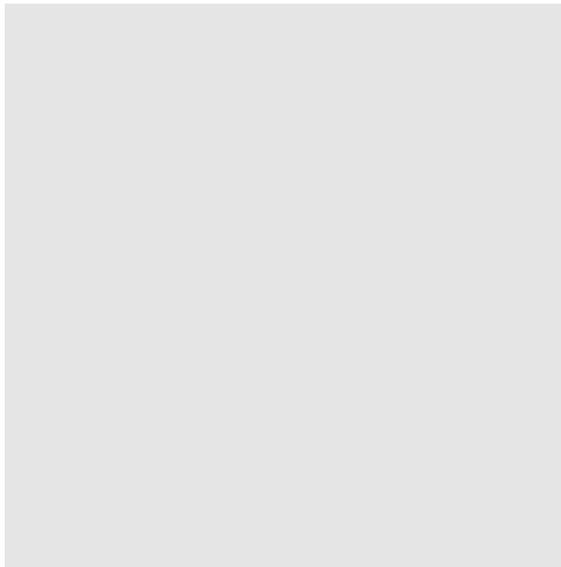
Today, the Tribune-Star begins a two-day look at rural suicide. While the first thought might be that suicide in rural areas is more uncommon than in urban areas, that's not the case. Americans in rural areas are more likely to die by suicide than their city counterparts, according to the Centers for Disease Control. Overall, suicide death rates for rural counties are higher than both medium/small metropolitan counties and large metropolitan counties.



On a cool, overcast Saturday in September, nearly 200 people gathered at a scenic state park to raise funds for a cause that, in the past, many have been reluctant to talk about.

The event, which took place at Raccoon State Recreation Area in Parke County, included music, a silent auction and children's activities. While the attendees laughed and chatted,

many carried great pain and wore shirts recognizing those they have loved — and lost.



The Sept. 22 event was an “Out of the Darkness Walk” in partnership with the American Foundation for Suicide Prevention. Each year, the Parke County Health Department selects an area of focus, and this year, it’s chosen suicide awareness and prevention.

”This is something near and dear to my heart,” said Liddy Dowd-Wright, who is a sanitarian/inspector for the health department. “It’s very needed in Parke County.”

Tribune-Star/Joseph C. GarzaThinking of Justin: Michele Hornsby wore a photo locket necklace that contained a photo of her late son, Justin Hornsby, to the Out of the Darkness Walk on Sept. 22 at Raccoon Lake State Recreation Area. Justin committed suicide in March of 2017.
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Her family was devastated by the loss of a loved one on St. Patrick’s Day in 2017, when a relative on her husband’s side of the family, 26-year-old Justin Hornsby of Alabama, committed suicide. Dowd-Wright’s daughter and son had been

especially close to him.

The tragedy, and the way Hornsby’s parents handled it with such grace and dignity, inspired her to take action to promote suicide prevention and awareness. “I wanted to pay it forward in some small way,” Dowd-Wright said.

She and health department clerk/registrar Sophia Stillwell decided to partner with the AFSP to host the walk.

”Can we solve the problem? No,” Dowd-Wright said. But if they can help those suffering make connections — if they can save just one person — the effort was well worth it. Many people supported the Walk to Fight Suicide.

”It snowballed and took on a life of its own,” she said.

A steering committee was formed, and those who got involved included representatives from mental health, schools and civic-minded residents.

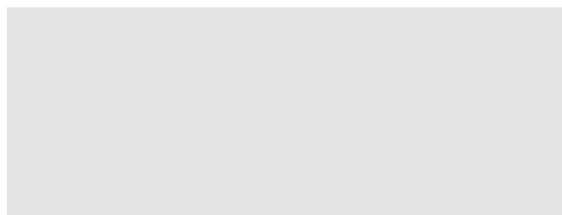
Justin Hornsby’s parents came from Alabama to participate.

”I think it’s a topic that touches everyone,” Dowd-Wright said.

Yet, when it comes to seeking help or treatment, especially in a rural county, she realizes it’s something people are reluctant to talk about and they are reluctant to seek treatment, even though a community mental health center satellite office is located in Rockville.

People “don’t want to be labeled,” she said.

Other challenges in rural counties include “never enough resources,” Dowd-



Wright said. "We don't have the resources a larger city has."

A rural problem

Americans in rural areas are more likely to die by suicide than their city counterparts, according to the Centers for Disease Control.

Rural counties consistently had higher suicide rates than metropolitan counties from 2001-2015, based on a report that examined county level trends in rural counties, medium/small metropolitan counties and large metropolitan counties.

Overall, suicide death rates for rural counties [17.32 per 100,000 people] were higher than medium/small metropolitan counties [14.86] and large metropolitan counties [11.92], according to the data released last fall by CDC.

Nationally, the higher rates in rural areas "probably has something to do with limited access to resources," said Bill Little, a therapist at Hamilton Center. "I think a lot of times, when you are looking at rural communities, you are looking at people who are more isolated than some of your more urban counterparts."

Because of less interaction with other individuals, there is less likelihood that people will notice the signs and symptoms, he said.

Most people who complete suicide will exhibit signs and symptoms beforehand. "If they don't interact with people regularly, and people are not educated on what to look for and how to engage in conversations about how to talk about suicide, then there is a greater likelihood they are going to complete suicide," he said.

One of Hamilton Center's strengths is that it has 11 offices serving 10 counties, which includes many rural areas, he said.

"We engage with the community and have community events. We bring people in, let them see the facility, ask questions ... they find out people who work in that facility are also part of their community. The counselors are their neighbors," he said.

When mental health professionals see trends, such as higher rates of suicide in rural areas, they will ask, "Is there a gap in services? Is there something we are missing that we can do better?" Little said.

Hamilton Center has already started to take steps to increase its visibility in rural communities, he said.

Stigma an obstacle

"One of our biggest obstacles is stigma. Stigma still keeps people from seeking mental health care," he said. People may fear if they seek mental health help, they'll be viewed as weak, or others will make fun of them.

Tribune-Star/Joseph C. Garza Overcome the stigma: Bill Little, a veteran and a therapist at Hamilton Center, says that even though the stigma of mental illness is an obstacle to treatment, the way to combat it is by providing education and mental health resources and letting people know, "It's OK to reach out for mental health help."

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They may fear that if they park in the Hamilton Center parking lot, by lunchtime, “everybody in my community, from the co-op to the hardware store, will know I stopped in there.”

“That’s a big deal, the stigma,” Little said. The way to combat it is by providing education and mental health resources and letting people know, “It’s OK to reach out for mental health help.”

Not only is it OK, “But sometimes, it’s absolutely what you need,” Little said. “In my life, I doubt I’ve ever met anyone who couldn’t benefit from some mental health help at some point in their life. We all can use some help at some point.”

Hamilton Center targets programs for various populations, such as military veterans, and it is providing mental health first aid training in schools so that educators recognize the symptoms of mental health issues.

Little, who also serves as the center’s Military Veteran Program manager, noted that on average, there are 20.4 military or veteran suicides everyday in the U.S.

He believes efforts to lessen the stigma are having some results. “I know I’m seeing people come in the door who are asking for help who probably never would have if we hadn’t been out there spreading the word,” he said.

Mental health services

Myra Wilkey, executive director of Mental Health America of West Central Indiana, said rural areas lack the more comprehensive mental health services that exist in more urban areas.

Larger cities have a lot of services, support systems and resources. Rural areas may lack social service agencies, mental health services and basic resources “some of us take for granted,” she said.

In rural areas, support systems may consist of family and friends, but if individuals lack strong family ties and a network of friends, they may not know where to turn.

She agrees “there is a lot of stigma around mental health when you get in rural communities,” more so than in more urban areas.

There also are myths that if you talk to someone about suicide, they will carry it out, therefore, “we won’t talk about it,” Wilkey said.

According to Little, “There was always this long-held belief if you talk about suicide, it will make people want to commit suicide. We’re finding now it’s exactly the opposite. Beginning a conversation about suicide, and talking to a person if you feel they may be struggling with it ... is the best way to go. It can help people work through the issues.”

Wilkey believes it’s important that if schools have suicide prevention programs for students, then administrators, educators and other staff also must be educated so they can respond to any students who might come forward with a crisis.

If a student is contemplating suicide, then a program on prevention could prompt them to seek out help. If school staff aren’t trained, “You could have a serious situation on your your hands,” Wilkey said. “You want the adults trained in the school system.”

A new state law requires suicide prevention training for teachers in grades 5-12 — two hours of training every three years. The more people who are trained, and the more training they have, the better they will be able to respond to a crisis, she said. She doesn't believe two hours of training every three years is enough, however.

Christina Crist, of Team of Mercy, a nonprofit that assists survivors following an attempted and/or a completed suicide, believes the services are out there, but those suffering might need help finding those services; they may need advocates. "They might not have the energy or knowledge to dig for stuff like this — even to know what resources are out there," she said.

Also, the needs are great, and some service providers may be overbooked, she suggested.

Then, too, someone who seeks help might not find the right therapist the first time around. But if one therapist doesn't work, they need to try another until they find the right person for them, Crist said

"Imagine someone in a hurting state, finally reaching out for help, and that one person isn't the right fit," Crist said. "They go back into that turtle shell and they stay there. And it's hard for them to reach back out again, unless someone is there helping and guiding them and telling them, this is what you need to do."

She stresses to people, "Keep trying until you find what works for you."

There also are services for those who lack insurance or have limited incomes. "There are oodles of nonprofits out there and places that really want to help," Crist said.

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Suicide prevention/awareness resources

- Hamilton Center emergency line: (800) 742-0787
- National Suicide Prevention Lifeline — 1-800-273-8255
- Crisis text line: text HOME to 741741
- <https://afsp.org> (American Foundation for Suicide Prevention)
- <https://afsp.org/chapter/afsp-indiana/> (AFSP Indiana Chapter)
- Team of Mercy Inc.: 1-855-225-5550

Team of Mercy is a nonprofit organization that assists survivors of suicide in the critical 24 hours and the days following a completed suicide. It also offers suicide awareness programs.

- Mental Health Association West Central Indiana (www.mhawci.org) — Michele Orndorff, 812-232-5681 ext. 103
- The Lost and Found Suicide Prevention Coalition meets at 4 p.m. the third Wednesday of the month. For more information, email Michele Orndorff at morndorff@mhavc.org

By the numbers

Total suicides from 2014-16 and rate per 100,000 people

Clay County: 17 total, for a rate of 21.2 per 100,000 people.

Parke County: 6 for a rate of 11.7 per 100,000 people.

Sullivan County: 12 total, for a rate of 18.9 per 100,000.

Vermillion: 8 total for a rate of 16.8 per 100,000.

Vigo: 79 total for a rate of 24.3 per 100,000.

Source: Indiana Department of Health

MORE INFORMATION

[Out of the Darkness: One man's story of survival](#)

[Out of the Darkness: Family honors son's life, finds faith to cope with and discuss suicide](#)

[Out of the Darkness: Survivor says reach out](#)

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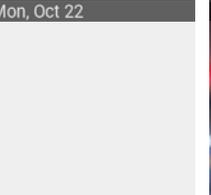
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