



# **Suicide Prevention Gaps and Needs Analysis Report**

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Southeastern Idaho Public Health and Health District 6  
Suicide Prevention Collective

March 2024

2024 GAPS AND NEEDS REPORT  
Southeastern Idaho Public Health &  
Health District 6 Suicide Prevention Collective

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## **Purpose and Background**

Idaho is consistently among the states ranked highest for suicide. In the last ten years Idaho has been ranked in the top twelve with a suicide rate of over 20 deaths per 100,000 people each year. Public Health District 6 (PHD6), comprising eight counties in southeastern Idaho, consistently experiences the highest suicide rates in Idaho, with an aggregated rate of 25.9 per 100,000 between 2018 and 2022. To identify gaps in resources, policies, training, and services related to suicide prevention in PHD6 a Gaps and Needs Analysis was conducted. Results of this assessment will inform the PHD6 Suicide Prevention Plan and will be developed and implemented by the PHD6 Suicide Prevention Collective.

## Introduction

The United States has an average suicide rate of 13.5 per 100,000 people, which has remained relatively constant since 2013<sup>1</sup>. Over the same time frame, Idaho has experienced a year-on-year increase of about one percent (1.0%). Southeast Idaho has experienced a more drastic climb with a three percent (3.0%) increase.<sup>2</sup> This indicates that interventions to prevent rise of suicide in southeast Idaho have so far been insufficient.

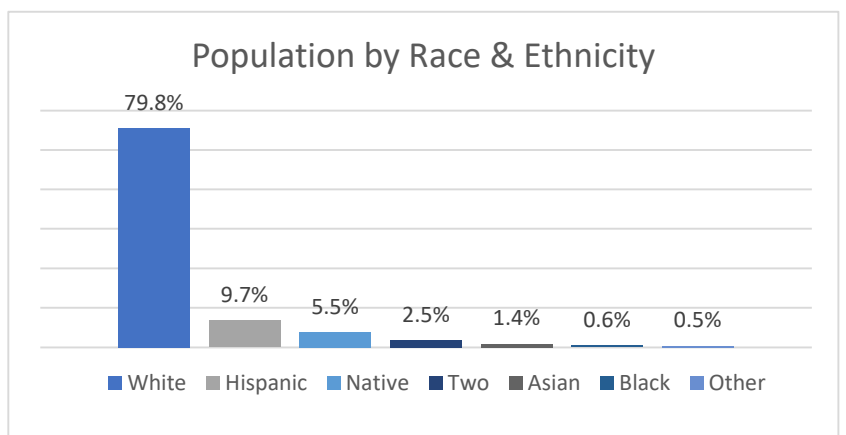
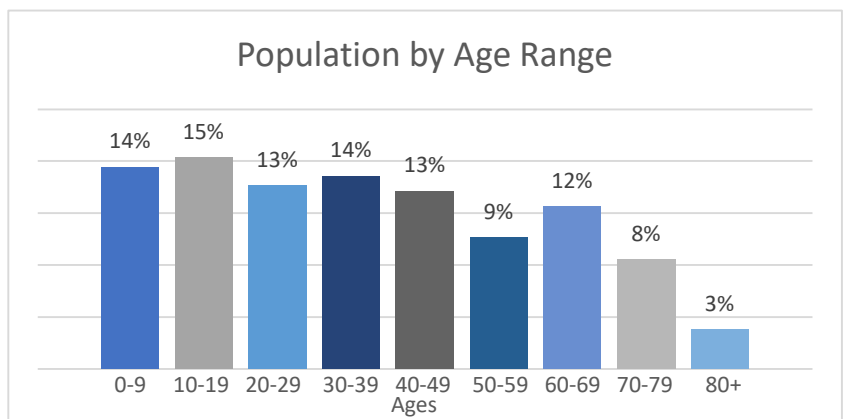
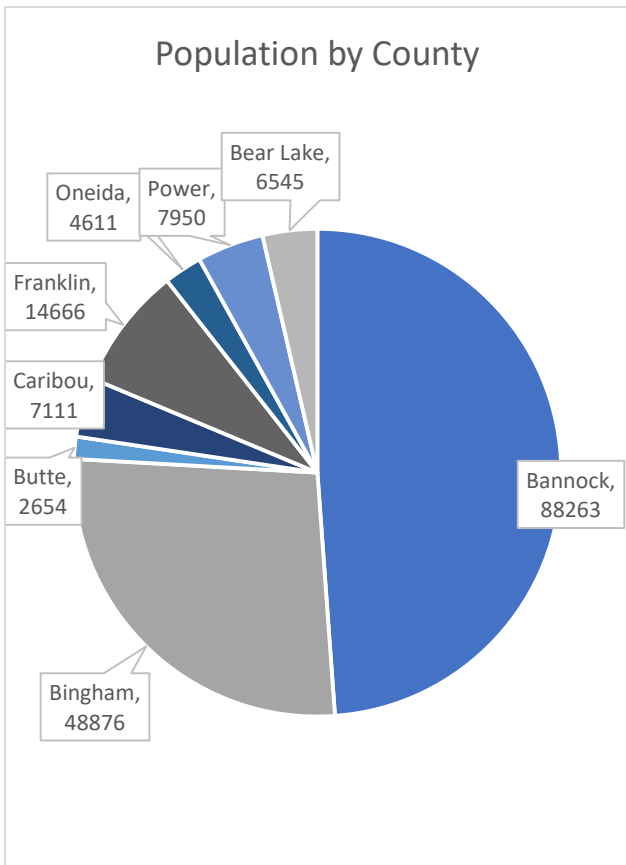
Analysis of suicide death demographics in southeastern Idaho indicate that men are at greater risk (66.2% difference) of suicide than women. Veterans only account for 15% of total suicide deaths in southeastern Idaho, but when the rate of suicide death per 100,000 is compared between veteran and non-veteran populations a striking difference emerges, with the suicide rate among veterans (76.96 per 100,000) more than 3 times the rate among non-veterans. Additionally, 54.72% of suicide deaths in southeastern Idaho were among people between the ages of 18 and 44<sup>2</sup>. These numbers are astonishing and highlight health disparities and those most in need of suicide prevention attention.

According to the United States Census Bureau<sup>3</sup> and the Idaho Risk Factor Surveillance System<sup>4</sup>, 23.9% of southeastern Idaho residents have ever been diagnosed with depression. Additionally, 15% of residents reported 14 or more days of poor physical health in the month preceding to the survey, while 17.2% of adults reported poor mental health days over the same period. When asked about healthcare, 12.3% said that they did not seek medical help due to costs, and 19.9% reported that they did not have a personal physician. These statistics raise the question of how the demographic and geographic characteristics of southeastern Idaho might contribute to barriers to proper mental healthcare and suicide prevention.

## Demographic Information

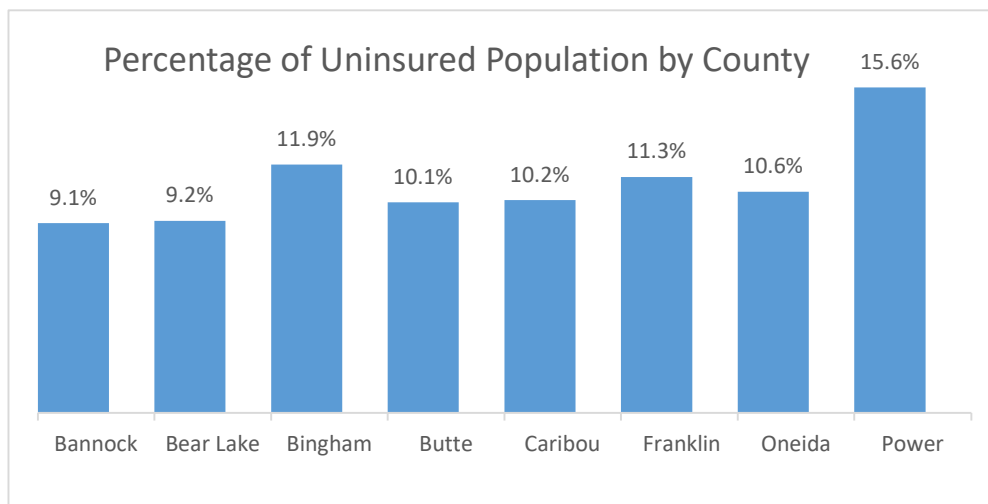
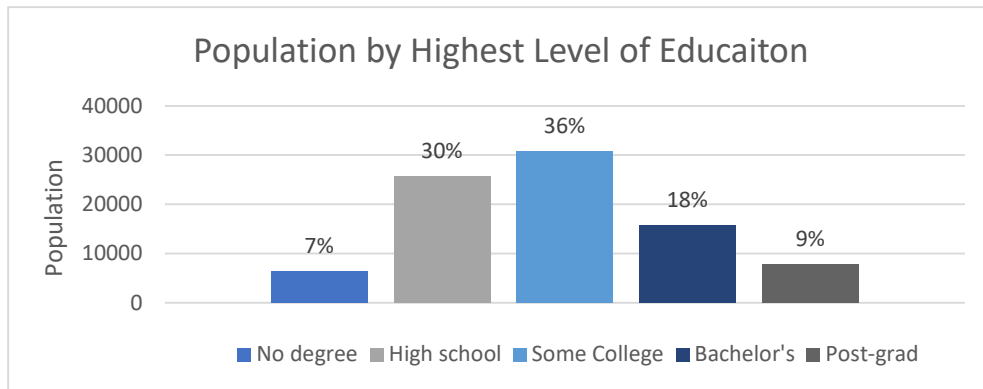
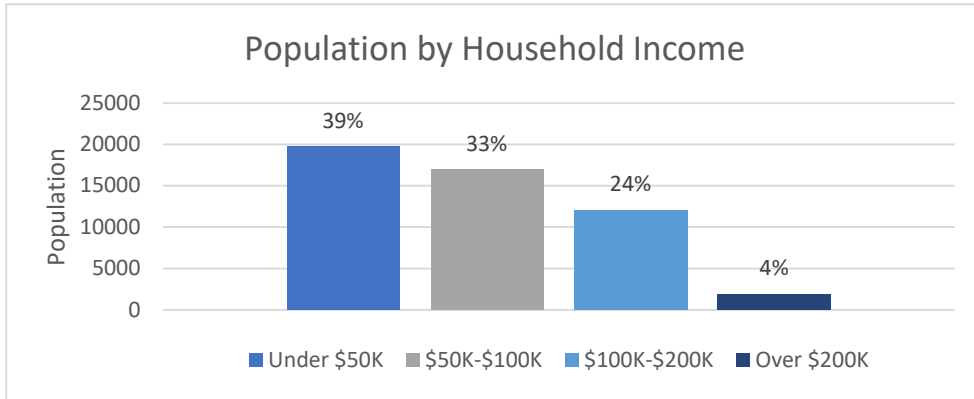
Idaho’s PHD6 is in Southeastern Idaho and includes eight counties: Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power. The region is also home to the Shoshone-Bannock Tribes on the Fort Hall Reservation, covering 35.2 square miles in the center of the district. The region extends over 11,662 square miles, bordering Utah and Wyoming to its northernmost area in the Lost River Valley of Butte County. The land includes beautiful mountains, lakes, and reservoirs, the scrub-covered Snake River Plain, and vast areas of farmland.

Southeastern Idaho is primarily comprised of rural communities with nearly half of the population living in Bannock County, home to Pocatello, the major city. The median age of individuals is 35.8-year-old with over half the population between the ages of 18 and 64. Most of the population is white with a significant Hispanic and Native populations<sup>3</sup>.



Southeast Idaho demographics reveal possible barriers to seeking care. In 2022, the median household income of southeastern Idaho was \$64,283 and twelve percent (12%) of the population was below the poverty line. Despite the high level of education, many households in southeast Idaho earn less than \$50,000 a year. In fact, each county has a percentage of its

population who live without health insurance<sup>5</sup>. Finances play a role in the quality of life as well as the mental and physical health of our community.

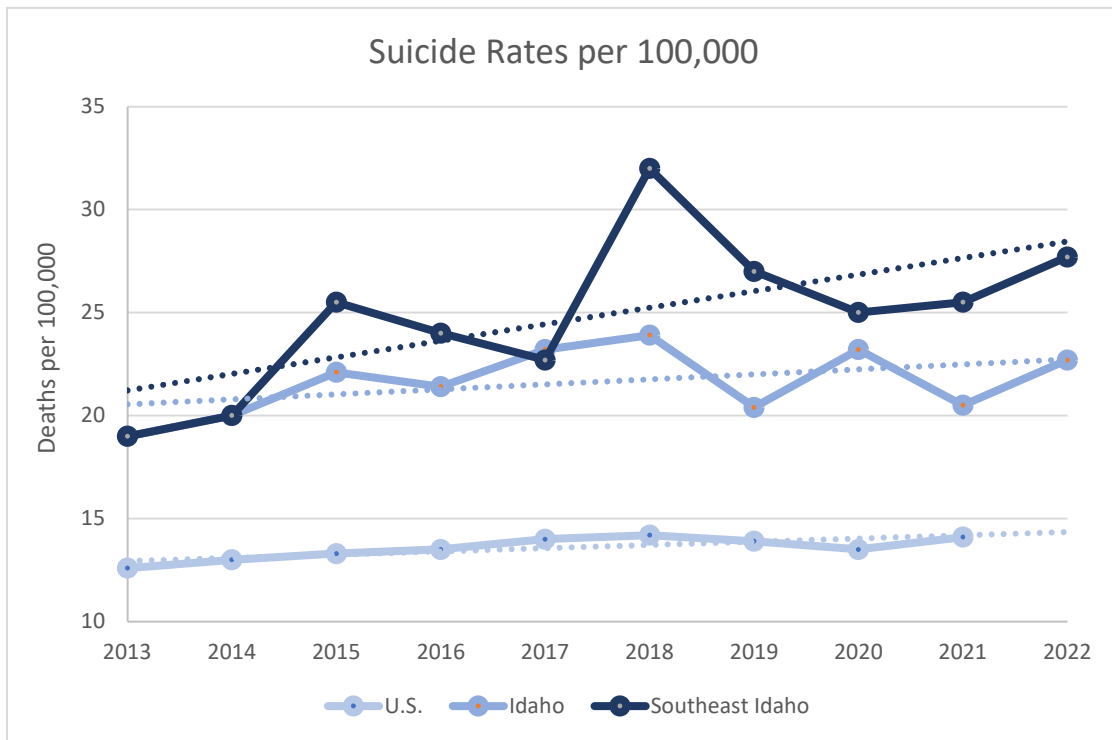


## Data and Efforts

### Southeastern Idaho Data 2018-2022

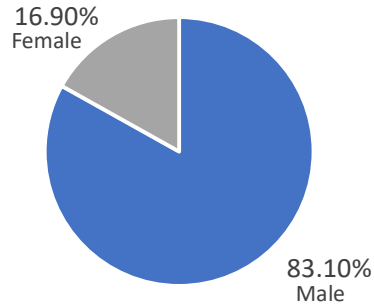
Southeast Idaho's average suicide rate for the last 5 years is 27.4 deaths per 100,000 people. This rate is about two times greater than the national rate of 13.5. Compared to the Idaho with a rate of 22.1 the southeastern area has a much higher rate. In addition, both Idaho and southeast Idaho have experienced an increase in suicide rate over the last five years; however, suicide rate is increasing 3 times faster in southeast Idaho<sup>2</sup>.

Those most at risk for suicide in southeast Idaho are males, veterans, and people ages 25–34. Men are four times more likely to die by suicide than women in southeast Idaho. The veteran suicide rate is more than three times higher than the rate of the suicide among the non-veteran population. Furthermore, almost a quarter of all suicide deaths in southeastern Idaho are people between the ages of 25 and 34<sup>2</sup>. The difference between the rates of suicide among gender, veteran status and age indicate the need for targeted prevention efforts toward men, veterans, and young-middle aged adults in southeastern Idaho.

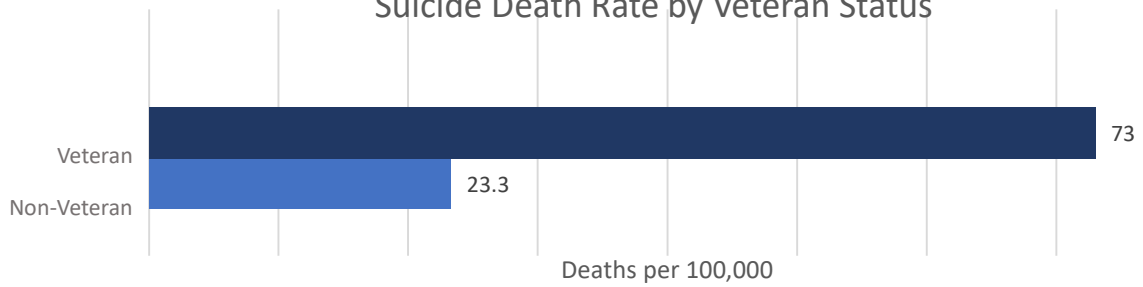


## Analyzing Suicide Demographics: 2018-2022 Data

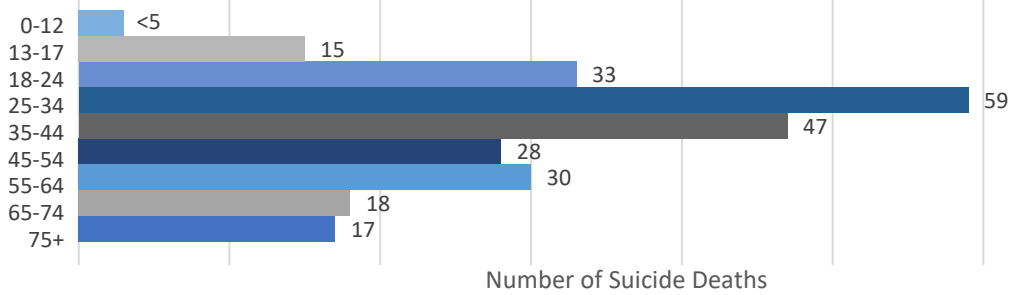
### Suicide Deaths by Gender



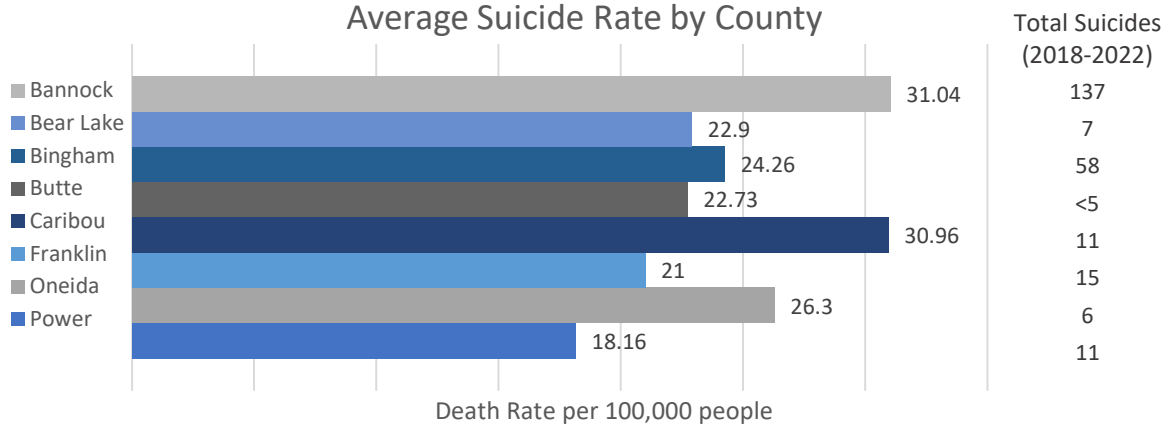
### Suicide Death Rate by Veteran Status



### Suicide Deaths by Age Group

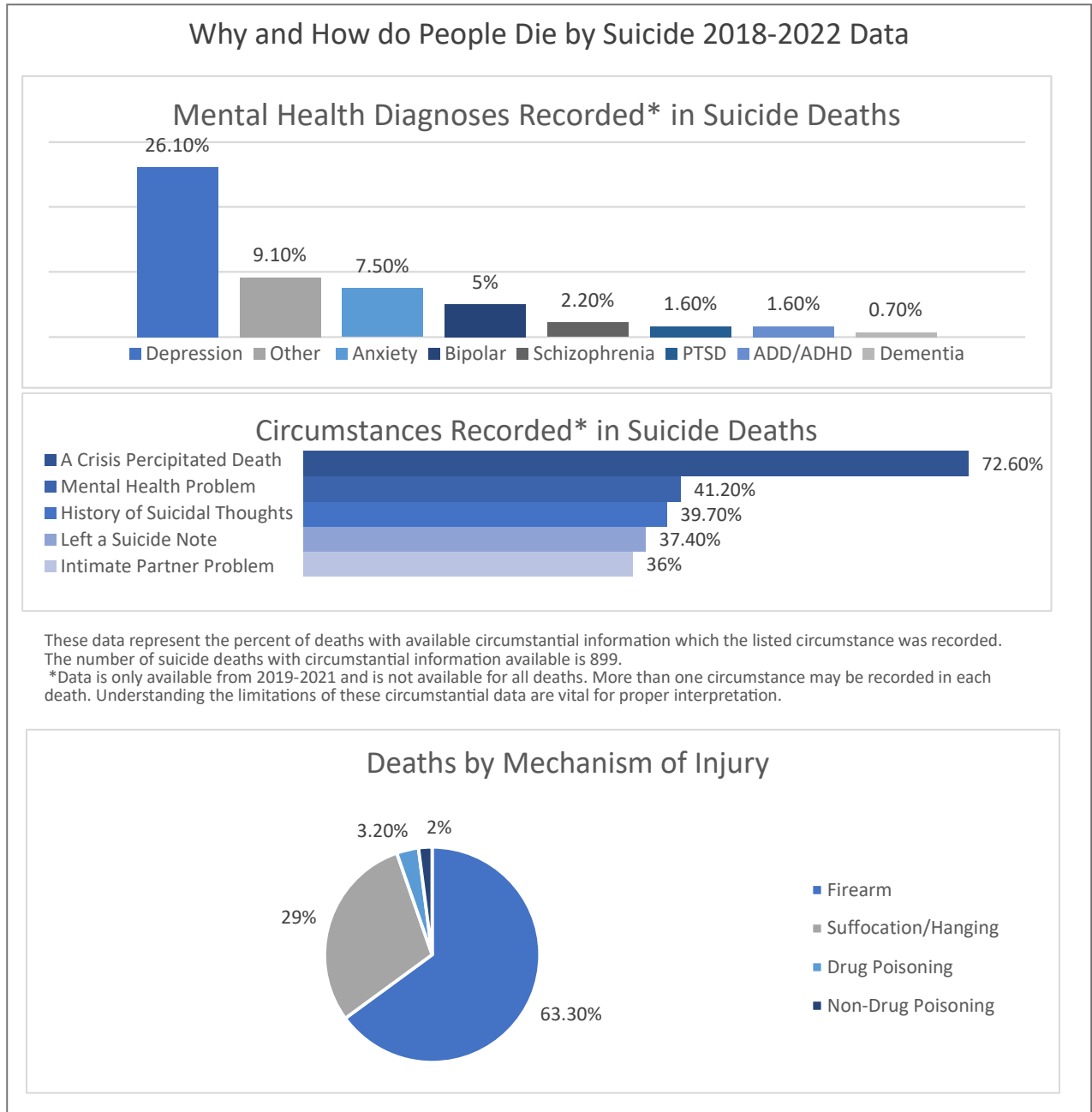


### Average Suicide Rate by County





Although Bannock County experiences a high death count, the rate of suicide is comparable to the whole district. This comparison suggests that resources and suicide prevention efforts should be directed to the smaller counties in the district just as much as they are in Bannock County.



Mental health diagnosis and circumstances recorded in suicide deaths suggest that those diagnosed with depression, and those in crisis are most at risk for suicide. Additionally, local data indicates a higher need for lethal mean safety especially firearm and suffocation/hanging means.

Studies show that limiting access to lethal means reduces that chance of someone acting on suicidal ideation. Understanding these factors empowers the community to effectively support people with depression and those in crisis through treatment, crisis intervention, capacity building and lethal means safety.

### **Southeastern Idaho Efforts 2022-2023**

Many organizations have recognized the impact of suicide on southeastern Idaho and are working to reduce suicide death. These include organizations such as Southeastern Idaho Public Health, Veterans Affairs, Idaho State University, AmeriCorps, Southeast Idaho Behavioral Crisis Center, Mama Dragons, Community Suicide Prevention (CPS), Department of Education's Idaho Youth Suicide Prevention Program (IYSPP), counseling clinics, health clinics and many more.

Detailed below are notable suicide prevention efforts in PHD6 organized under the Idaho Suicide Prevention Plan 2019-2023 Goals<sup>6</sup>. An updated Idaho Suicide Prevention Plan 2024-2028 is underway with updated goals and initiatives.

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

- Key stakeholders collaborate in the PHD6 Suicide Prevention Collective.
- Region Six Behavioral Health Board and subcommittee meetings are held monthly.
- A Multi-Disciplinary Team (MDT) meets monthly to coordinate efforts regarding youth mental health and safety.
- Multiple sector representatives meet to plan suicide prevention awareness walks throughout the region.
- Community meetings with the Juvenile Justice System are held monthly.

Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

- Idaho Youth Suicide Prevention Program (IYSPP) implemented Sources of Strength in schools. Sources of Strength is a suicide prevention program that is designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal.
- Informational packets were delivered to each school in PHD6. Packets included suicide hotline cards, lifesaver candies, coloring page, emergency information resource card, brochure for IYSPP, Southeastern Idaho Public Health, Helping Your Student, and Region 6 Behavioral Health Board. Question Persuade Refer (QPR) training information, and a copy of a model policy were also provided.
- Caribou Medical Center provides classes to high school students promoting mental health, providing coping strategies for anxiety and depression, and teaching what to do in a mental health crisis.

- Suicide prevention resources were provided to first responders (law enforcement, fire, EMS).

Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.

- Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid (MHFA), and Suicide Prevention Fundamentals Instruction (SPFI) trainings are held throughout southeast Idaho.
- Idaho State University (ISU) hosts activities and trainings for Mental Health Week each year on the first week of October.
- AmeriCorps members host tables at local Farmer's Market's, Revive at 5, and on the ISU campus where they hand out information on mental health and suicide prevention services.
- Hope and Recovery now operates a center in Pocatello and satellite offices in American Falls, Blackfoot, and Soda Springs. The center offers many resources to the community including peer support, trainings, and other resources.
- The Village: Youth and Family Center now operates in Pocatello to support youth and families with intervention services.

Impact of Efforts 2023				
Crisis Center Visits	MHFA Trainee's	QPR Trainee's	ASIST Trainee's	SPFI Trainee's
2759	411	255	170	375

MHFA- Mental Health First Aid, QPR- Question Persuade Refer, ASIST- Applied suicide Intervention Skills Training, SPFI – Suicide Prevention Fundamentals Instruction.

Goal 4: Promote responsible and accurate portrayals of suicide and mental illness in media reporting and the safety of online content related to suicide.

- Education on responsible and accurate portrayals of suicide and mental illness were delivered to all southeastern Idaho media outlets in 2023.

Goal 5: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

- Sources of Strength was implemented and monitored in thirty-one (31) schools in PHD6.

Goal 6: Reduce access to lethal means of suicide among individuals with suicide risk.

- Five hundred eighteen (518) free cable gun locks were distributed to schools and gun retailers in 2023.
- Gun retail suicide prevention toolkits were delivered to three interested gun retailers.
- Drug lock boxes, and drug deactivation pouches were distributed through southeast Idaho.
- 38 opioid Overdose Prevention and Response trainings were held across southeast Idaho in 2023.
- Prescription Drug Take Back Events are held each year throughout southeast Idaho.
- Each county has permanent prescription drug take back locations for safe disposal for unused medication.

Goal 7: Expand knowledge of community and clinical service providers on nature, related behaviors, and prevention of suicide.

- Trainings, events, and presentations are held throughout PHD6 to expand knowledge of the community and clinical services on the nature, behaviors, and prevention of suicide. This includes training listed above, awareness walks, prescription take back day events and academic detailing of healthcare providers.

Goal 8: Embed suicide prevention as a core component of health care services.

- Zero Suicide Initiative (a commitment to suicide prevention in health care systems) is implemented at Nell J. Redfield Hospital.
- Nell J. Redfield Hospital uses the Patient Safety Screener 3 tool to screen for at risk patients.
- State Hospital South completes a wellness & recovery plan and crisis plan with at risk patients.
- State Hospital South provides skills training to at risk patients.
- Caribou Medical Center reported using a suicide screening tool for at risk patients.
- Caribou Medical Center employ's a licensed social worker who coordinates suicide prevention efforts.
- Bear Lake Memorial, Bingham Memorial, Franklin, County Medical, Lost Rivers Medical, Power County Hospitals and Portneuf Medical Center were contacted to provide details on suicide prevention measures and did not respond.
- Southeastern Idaho Public Health Suicide Prevention Program is providing academic detailing to healthcare providers on postpartum depression screening.
- SafeSide Prevention (a suicide prevention training for healthcare providers, behavioral health workers and family service workers) was provided to 32 healthcare workers.

Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identifying as being at risk for suicidal behaviors.

- Community Suicide Prevention held a conference on September 22, 2023, promoting effective clinical and professional practices for assessing and treating those identifying as being at risk for suicidal behaviors.
- The COMPACT Act (a law to implement programs and services for veterans) was modified to broaden benefits for suicidal veterans.

Goal 10: Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

- Funeral home directories on Supporting Suicide Loss Survivors were delivered to twelve (12) funeral homes in PHD6.
- Pocatello Out of Darkness Suicide Walk is held in September each year to raise awareness and to support those affected by suicide.
- Survivor loss resources (A Handbook for Coping with Suicide Grief, Loss Survivor Support Group information, Tips of What Might Help and What Might Not Help, etc.) were provided at the Malad Suicide Prevention Walk, the Homeless Standdown, and the Blackfoot Survivor Day event.

- Bannock County holds a suicide bereavement group each month to provide care and support to individuals affected by suicide deaths and attempts.
- A Grief Support Group is held in Blackfoot each month.
- A Candlelight Vigil for suicide remembrance was held in Bannock County on September 5, 2023.
- CSP dedicated a “Hope” bench in Pocatello for survivors of suicide loss on September 27, 2022
- CSP dedicated a “Hope” bench in Blackfoot for survivors of suicide loss on September 30, 2023.
- Survivors of Suicide Loss Day event was held in Blackfoot, Idaho on November 18<sup>th</sup>, 2023.
- IYSPP contracts with a postvention specialist to provide postvention support to all Idaho districts and schools in the event of a sudden death affecting a school community.

Goal 11: Increase timeliness and usefulness of state and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.

- PHD6 Suicide Prevention Collective utilizes a data collection plan to capture data that informs efforts.
- The Idaho Violet Death Reporting System is updated regularly to inform state and local efforts.

Goal 12: Evaluate the impact and effectiveness of suicide prevention, intervention and systems and synthesis and disseminate findings.

- A post training evaluation survey is completed by training participants to evaluate the helpfulness of the suicide prevention training. Data is analyzed and shared with key stakeholders.
- Hotline calls are evaluated in follow up calls.
- Events are evaluated in post event debrief meetings.
- Suicide prevention resources are evaluated periodically by gauging interested of and usefulness to target audience.

Southeastern Idaho is putting forth effort to meet each of these goals to address the multipronged suicide issue.

## **Region 6 Behavioral Health Board Needs Assessment**

Region 6 Behavioral Health Board provides support and promotes improvements in the delivery of behavioral health services in southeast Idaho. The board identified the gaps and needs of southeastern Idaho to make goals and plans. The Region 6 Behavioral Health Board Needs Assessment provides relevant insight to what local leaders and health professionals feel is required to improve the life of southeastern Idahoans. The following section was written and shared by the Region 6 Behavioral Health Board.

***Top Three Goals:***

1. Provide education, awareness, and resources to our community, Board members and the agencies within Region VI to meet identified behavioral health needs (to include those living with mental illness and/or intellectual and developmental disabilities)
2. Identify barriers to the accessibility of behavioral health treatment / wellness and work collaboratively to decrease those barriers within our region.
3. Provide education and advocate for support services, such as Peer Support Specialists, Recovery Coaches, and Caregiver supports.

***Action Items for These Goals:***

1. Promote local trainings for providers and board members: Prevention, CIT, QPR, Mental Health First Aide, Annual CMH Sub-Committee event (Wellness Wiggle) for the community, sponsor trainings relevant to meeting our Board’s vision, mission and goals, provide suicide prevention resources as well as information on primary prevention strategies and education about the mission, vision, and goals of the Region VI Behavioral Health Board.
2. Facilitate discussions with local stake holders regarding barriers to behavioral health treatment and identify ways to decrease those barriers: housing, access to treatment in our rural communities, recovery support services and recruitment and retention of qualified professionals to address behavioral health needs. Possible Discussion Points as follows:
  - All Behavioral Health Treatment Options, Detox, MAT, Transportation needs, Treatment funding sources, Provider documentation, Workforce Shortage/Development, Stable and affordable housing.
3. Seek out innovative ways to attend and/or support various community events. Increase communications surrounding the Region VI Behavioral Health website in order to share information about behavioral health resources, local projects and increase awareness of the mission, vision and goals of the Region VI Behavioral Health Board.

***Successes and Outcomes:***

As a Board we continue to work to grow our membership as we continue to recruit applications for the vacant seats that we currently have. This action will help us ensure that all seats are represented on our Board within our region. We have worked hard to identify and to collaborate with local stakeholders regarding behavioral health needs identified in Region VI by inviting them into our board meetings to better educate us on the services they offer as well as seek feedback as how to support them in the concerns that they are expressing.

This year the Board was able to follow up with the Regional Sequential Intercept Mapping that was held last year to see the progress and areas for growth regarding the report that came from those efforts. We continue to work with the local stakeholders to implement the Strategic Action Plans that were developed from that meeting in order to meet the gaps that have been identified not only there but from the strategic plan distributed from the Behavioral Health Council.

We continue to educate and provide resources of the services that are available within our Region and to support community events. Bannock County Juvenile Justice was recently awarded the IDJC Grant Project for the Safe Teen Assessment Center. The Region VI Behavioral Health Board was able to tour the facility, attend the ribbon cutting and look for ways to collaborate and support the project and valuable resource that will continue to address a gap that has recently been identified in our region.

The Region VI Behavioral Health Board was able to partner with the Bannock County Coroner's office as well as local elected officials to hold a Suicide Awareness/Prevention Candlelight Vigil and proclamation signing to "kickoff" the month of September. The implementation of the Rides United through the United Way has been a wonderful asset help meet both the behavioral health and physical health needs in our region, which has addressed the barrier of transportation that has previously been identified.

### ***Top 3 Greatest Gaps and Needs in Behavioral Health:***

1. Lack of Behavioral Health Service Providers and of workforce development which includes: Counselors, Qualified Professionals, Peer Support Specialists, Recovery Coaches.
2. A recently identified gap is that there are too few facilities for juveniles needing acute behavioral health care. The existing Crisis Center accepts adults only. There is a Crisis Center for juveniles in Idaho Falls that serves our region, but transportation is a barrier regarding that service.
3. Education on resources on of accessibility to affordable housing services, including safe and sober housing as well as how to advocate for and expand affordable and stable housing, especially into rural communities.

### ***Access to Mental Health Services:***

Access to acute crisis care has increased. Access to managed primary care for mental health/illness seems to have decreased. Providers/Clinicians are booked way out or are at max capacity and not taking new clients. Wait times continue to be lengthy. The COVID guidelines for Medicaid have affected a lot of individuals seeking treatment. The implementation of the Rides United through the United Way has been a wonderful asset help meet both the behavioral health and physical health needs in our region regarding transportation.

### ***Access to Substance Use Disorder Services (Prevention, Treatment, Recovery):***

Access to Substance Use Disorder treatment has improved. It appears that referrals from the Crisis Center and court referrals to SUDS treatment providers have shorter wait times than in the past. The challenges that we have identified is the follow through or willingness of those receiving services to continue to participate in the services being provided. The expansion of partial hospitalization programs in our area has been very helpful.

["Behavioral health care affects all of us, chances are you know someone experiencing depression, anxiety, substance use disorder, or another common ailment, even if you have never had such an experience. Untreated mental and behavioral health needs are](#)

associated with greater housing insecurity, increased food insecurity, incarceration, and social exclusion, to name only a few. Southeastern Idaho faces additional changes due to the fact that we are in a federally recognized mental health professional shortage area. This is why it is so important for our community to come together to support the organizations that increase access to behavioral healthcare and to reduce the stigma associated with seeking care.”

Dr. Amy Wuest, Director of Health, United Way of Southeastern Idaho

Critical areas in southeastern Idaho:

1. Access to treatment providers
2. Children/Adolescent Mental Healthcare
3. Stable Housing
4. Suicide Prevention Resources
5. Substance Use Disorder treatment centers

### **Primary Data**

Primary data from residents of southeast Idaho was collected to gain a greater understanding of community strengths and needs, as well as opportunities to address needs more effectively. Input from residents provides meaningful insight to the lived experience of southeastern Idaho’s population. Data was collected through one-on-one interviews, focus groups and a survey.

### **Primary Data Interviews and Focus Groups**

Interviews and focus groups provided community members an opportunity discuss the local needs and resources concerning mental health and suicide prevention. Meetings were held in each county in PHD6. General themes that emerged during discussions are summarized below. See appendix A for interview questions and focus group conversations prompts.

### ***Community Assets***

- Partnerships and coalitions
- Action oriented community members
- Crisis services are available in high population areas.
- School suicide education and training.
- School programs such as Hope Squad and Sources of Strength
- Suicide prevention trainings
- Diversity
- Resources for underserved populations to help pay bills, get clothes, shelter, and other donations.
- Policy and legislative influence



- Promotion of mental health at Idaho State University
- Community events
- Available support groups
- Small communities come together in times of need.

“I consider the women in our community to be our strongest asset. I have watched women come together and support each other in ways that I have not seen in a very long time. Supporting and encouraging children, each other and being a voice in our community.”

- Community member

### ***Needs Identified***

- Human capital
- Resources for health provider burnout
- Programs for those struggling with finances
- Accessible mental health care
- Youth crisis center
- Awareness of available resources
- Support for those at risk
- Support for parents, teachers, and care providers
- Increased education around mental health and stigma
- Community connectedness
- Trainings for hospital staff and health centers.

“There is still a huge stigma about asking for mental health help in this community and state. There is a lack of services, or potentially a lack of knowledge regarding available services, for those who are tight on finances, having sliding scale pay options and more publicity regarding available services would be quite helpful.”

- Community member

### ***Opportunities to Address Needs***

- Utilize current partnerships and coalitions
- Utilize current funding sources
- Utilize social media and other avenues people seek information
- Building human capital by providing more in person trainings to the community, providers, teachers, faith leaders, etc.
- Awareness campaign and advertising
- Classes for students (mental health skills, resiliency, self-efficacy)
- Community events or spaces for at risk populations.
- Host informational classes for parents and teachers.
- Anti-stigma campaign

“Everyone needs to be involved. First and foremost, our city and county leaders need to put down the pencil and look at the community and say we see you and we want to support you and mean it and do it. Business leaders need to be ready to take the step and offer support to employees and school districts need to see their students and be there for them. And community members need to come together every day. Clergy members of all faiths need to be educated.”

- Community member

**Conclusion**

Although southeast Idaho has many resources to offer not all community members are able to access these resources due to transportation, finances, and time constraints. Many citizens would like to see accessible crisis services for adults and youth, additional mental health care, education in their local community’s and an overall cultural shift in ideas surrounding mental health and suicide.

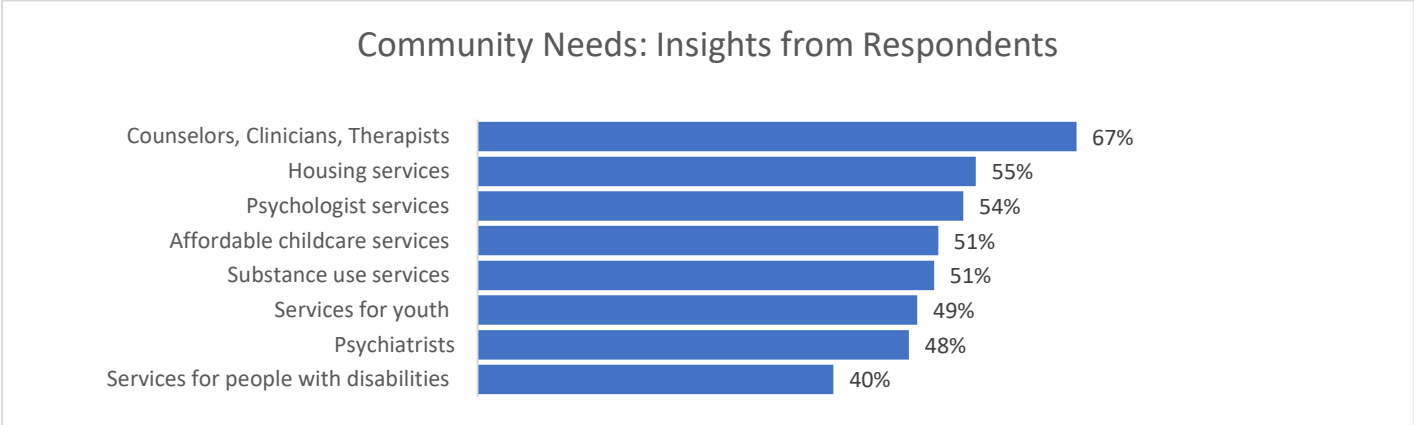
**Primary Data Surveys**

Survey takers were presented with multiple questions to gauge community needs, concerns, awareness, and perceived solutions. Respondents were able to share their personal perspectives alongside picking form a queue.

A total of 242 people responded to the survey, of those, sixty percent (60%) were 35-64 years old, seventy eight percent (78%) were female, thirteen percent (13%) identified as part of the LGBTQIA2S+ community, and ninety percent (90%) identified as Caucasian/white. Though this is not representative of the population of southeast Idaho survey results are reveal community perspectives.

**Community Needs**

The majority of respondents indicated that southeastern Idaho is in need of mental health care professionals, housing services, affordable childcare, substance use services, services for youth as well as those with disabilities. Identifying resources and services the community needs allow for targeted efforts to meet those needs.



Other notable needs identified:

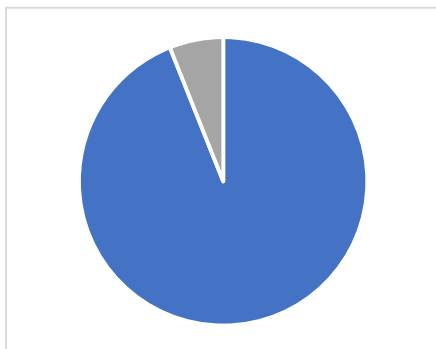
- Mental health services in schools for educators and students.
- Transportation services for those who have a hard time accessing the bus.
- Prison reentry services
- Resources for those in human trafficking situations (both the victims and the detectives/police involved to solve the cases, and their families)
- Safe space for those who are struggling with life circumstances.
- Stigma surrounding felony convictions that lead to unprotected discrimination in employment and housing.
- Mental health services for victims of rape, trafficking, and pornographic involvement
- Affordable dental care
- Access to neurologists
- Awareness regarding resources
- Mental health immediate care
- Trauma informed mental health providers

“I believe our area is underserved in many areas.”

- Community member

***Level of Community Concern***

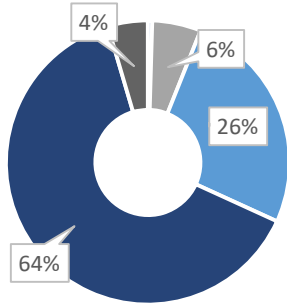
Residents in southeast Idaho reported concerns about suicide, mental health, substance misuse, mental health services, substance use treatment, stigma associated with seeking mental health care, stress due to finances and other concerns. Community concerns point to possible gaps in services and sheds light on what the community would like to see change. Findings indicate that southeast Idaho has a need for services and initiatives that address these concerns.



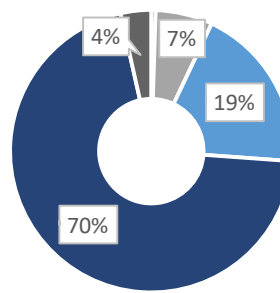
**94%** of survey respondents are concerned about suicide in southeastern Idaho.

## Respondents Level of Concern

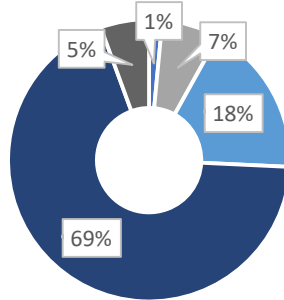
Mental Health in the Community



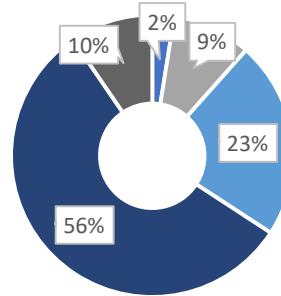
Substance Misuse in the Community



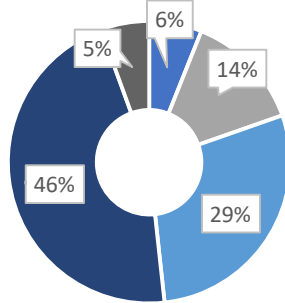
Ability to get Mental Health Services in the Community.



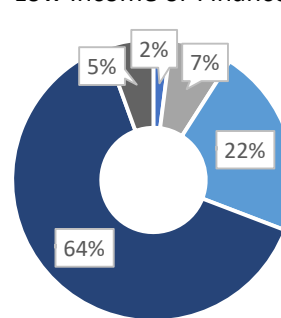
Ability to get Substance Use Disorder Treatment in the Community



Stigma Associated with Seeking Mental Health Care.



Mental Health and Stress Related to Low Income or Finances

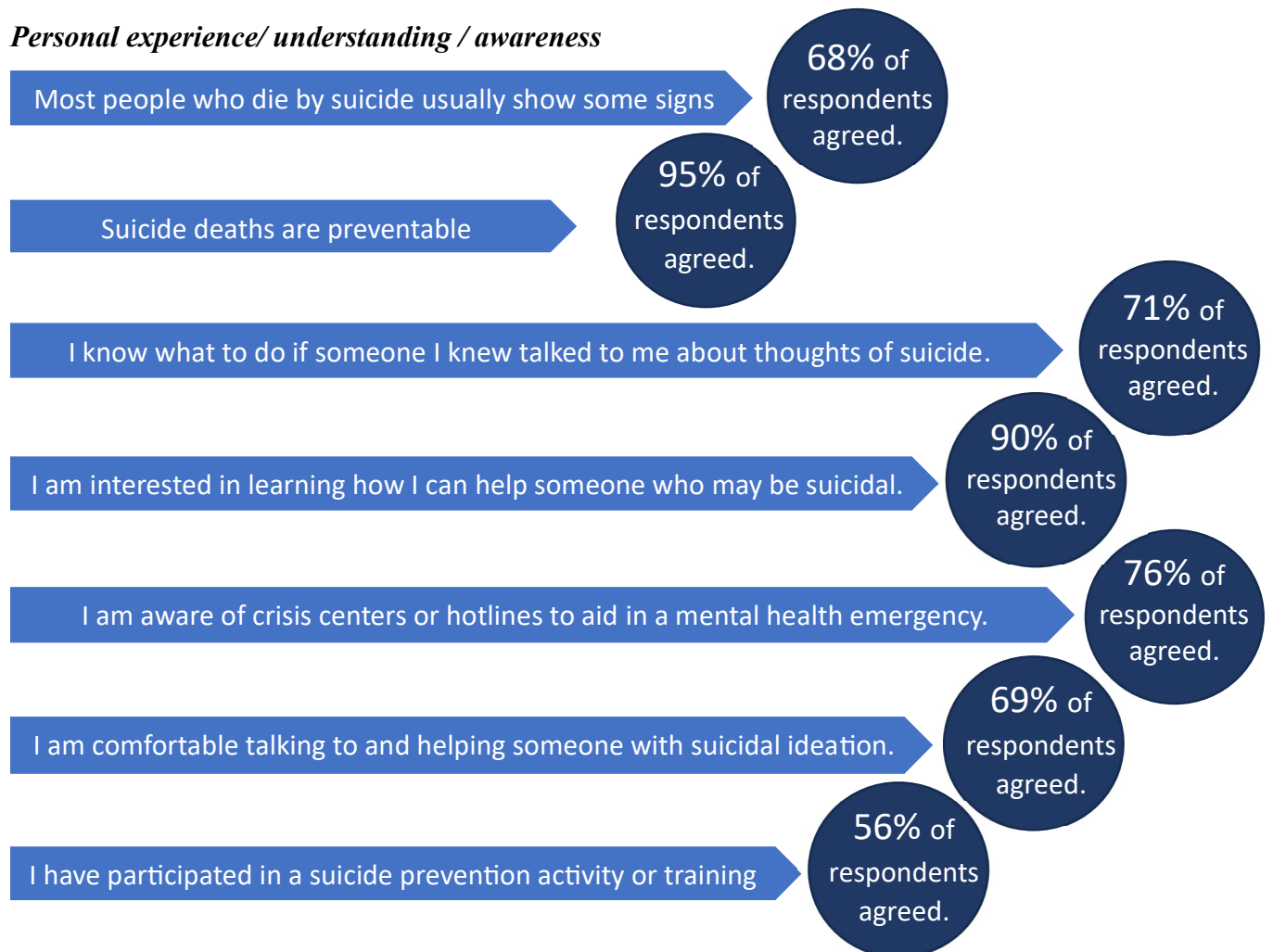


■ Not a Concern   
 ■ Slight Concern   
 ■ Moderate Concern   
 ■ High Concern   
 ■ Don't know

Other high concerns:

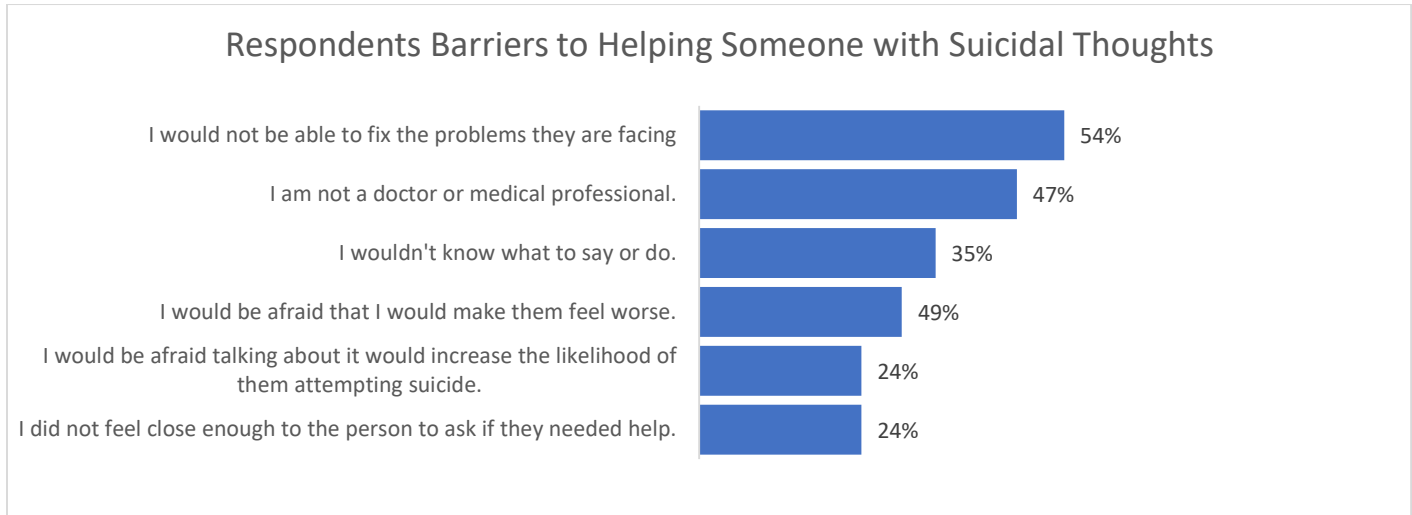
- High cost of mental health and medical care
- Overscheduled care providers.
- Debt and inflation
- Gender dysphoria
- Discrimination of members of the LGBTQ community
- Child mental health
- Bullying
- Social isolation
- Abortion and pregnancy related healthcare.
- Sexual assault and domestic violence
- Child abuse
- Sex education
- Food affecting mental health.

***Personal experience/ understanding / awareness***



Those who responded to the survey have a general understanding of preventative factors of suicide. Ideally one hundred percent (100%) of the population would know what to do if someone they talked to was suicidal and be aware of local resources to aid in such a situation. Ninety percent (90%) of survey respondents want to learn how they can help someone who may be suicidal. Community members are willing to increase their knowledge to close the gap.

***Barriers to Helping***



**Other Barriers:**

- Fear that wait time for a mental health professional would be too long
- Fear of failing and associated guilt
- There is a lack of resources to get them the help they need.
- Personal liability and stress
- Lack of hope.

“I freeze and forget all the training I have taken.”

- Community member

“Many people I know in the LGBTQ community say that there's no hope. How can I assure someone who's actively suicidal that they're going to be okay when the people who decide on policies by which we're supposed to live don't care about them? They know denying gender-affirming care increases suicide, and they're continuing to do it. They know queer people exist, and yet fight against our very existence by trying to provide ways people can legally discriminate, like through 'strongly held religious beliefs.' How can I give people hope when I don't have any myself”?

- Community member

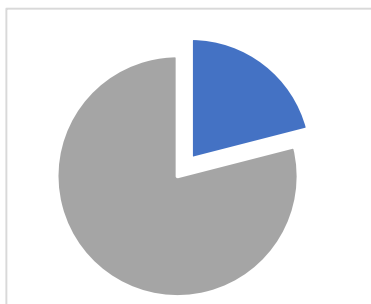
The barriers people experience to helping someone struggling with suicidal ideation need to be addressed. By helping the community overcome fear, misconceptions, and insufficient hope more people will be able and willing to respond appropriately in a suicidal situation.

### ***Barriers to Seeking Help***



#### Other Barriers:

- Fear of institutionalization
- Inability to function
- Fear of losing the right to own a gun
- Condemnation from faith communities
- Discrimination

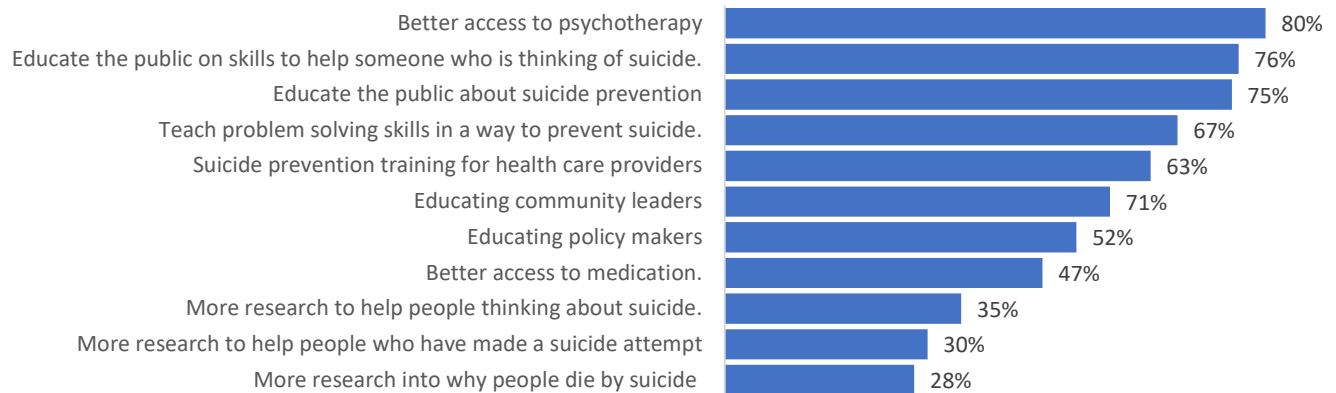


21% of the respondents indicated they would not disclose suicidal thoughts to anyone if they were to have such thoughts.

The top three barriers to seeking help identified in survey results were the feeling that nothing will help, embarrassment, and lack of hope. These barriers are based on beliefs and ideas people have around mental health and help seeking. The feeling that nothing will help could reflect beliefs that mental health counseling is not effective, or that mental health is fixed. Embarrassment stems from stigma around mental health and mental health treatment. Lack of hope could originate from past experiences and mental health diagnoses. To tackle these barriers there needs to be a cultural shift targeting harmful beliefs.

## *How to Decrease Suicide Deaths*

### What the Community Thinks Could Decrease Suicide Deaths



#### Other opinions on what might help:

- Gun control laws
- Better access to community-based programs (yoga and meditation classes)
- Community centers to help build friendships.
- Address the underlying social and environmental problems that lead people to feel depressed.
- Support Groups
- Limit access to social media. Parental guidance.
- Support faith communities and leaders to embrace suicidal desperation with grace and not condemnation.
- Decrease cost and increase access to care.
- More social services to meet people's basic needs.

Eight in ten people believe that better access to psychotherapy will decrease the number of suicide deaths in southeast Idaho. If hurdles to accessing psychotherapy are lowered, ideally more people will take advantage of the benefits of psychotherapy and learn how to manage personal suicidal desperation.

#### **Conclusion**

Community members are concerned about mental health and suicide. Residents hope to have better access to mental health care. They would love to see more providers in their community, shorter wait times to get an appointment with a mental health provider, and virtual options. They are experiencing barriers to addressing these concerns including lack of knowledge and hope. There is a gap between what the community is concerned about and their perceived



ability to make changes. This gap can shrink by addressing these obstacles and empowering residents of southeast Idaho.

### Resources and Services in Southeastern Idaho

Southeast Idaho has many valuable resources regarding mental health and suicide prevention. Mental providers, crisis services, inpatient treatment, substance use outpatient treatment, support groups and other resources all play a part in reducing suicide deaths.

<b>Bannock</b>	
<b>Mental Health Providers:</b>	<b>Inpatient Treatment:</b>
Allies Family Solutions	Bannock Youth Foundation
A New Way Counseling	Moonlight Mountain Recovery
Bella-Nacole Mental Health Services	Portneuf Medical Center Inpatient Behavioral Health
Candlewood Family Counseling	<b>Substance Use Outpatient Treatment:</b>
Catholic Charities of Idaho	America Health Medical Center
Cognitive Restructuring, LLC	Cognitive Restructuring
Community Mental Health Services	Consumer Care LLC
Consumer Care LLC	High Country Behavioral Health
Family Services Alliance Counseling Services	MK Place Adolescent Substance Use Treatment Center
Gateway Counseling	Moonlight Mountain Recovery
Guided by Light Counseling	Pacific Rim Consulting
Health West Behavioral Health Services	Portneuf Valley Family Center
High Country Behavioral Health	Raise the Bottom
Hope Tree family services	<b>Support Groups:</b>
Idaho State University Counseling Clinic	Portneuf Medical Center Support Groups
Insight Wellness and Counseling	Suicide Loss Support Group
Life Change Associates	<b>Other Resources:</b>
Mental Health Specialists	Access Point Family Services
New Horizons Mental Wellness	Bright Tomorrows Child Advocacy Center
Pacific Rim Consulting	Family Services Alliance
Physicians Care Centers	Ideal Option
Psychological Assessment Specialists	Kind Community
Ridgeline Counseling	Pocatello Free Clinic
Southeastern Idaho Public Health Counseling Services	The Village
Tueller Counseling Services	Note: Residents can utilize the Youth Crisis Center in Idaho Falls.
VA Medical Center Pocatello Mental Health Care	
WholeHealth Cooperative – Heartland Wellness Center	
Willow Sage Services	
<b>Crisis Services:</b>	

Aid for Friends Shelter	
Journeys DDA	
Portneuf Medical Center Emergency Services	
Portneuf Valley Family Center	
South East Idaho Behavioral Crisis Center	
<b>Bear Lake</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Bear Lake Community Health Center Behavioral Health Services	Bear Lake Memorial Hospital
Bear Lake Memorial Hospital Counseling Services	Note: Residents in Bear Lake County utilize resources located in Utah and Wyoming.
Midwest Counseling Services	
Mountain View Counseling	
Southeastern Idaho Public Health Counseling Services	
<b>Bingham</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Awareness Center for Counseling	Bingham Crisis Center
Bingham Healthcare Mental Health and Counseling Services	Bingham Memorial Hospital
Bingham Memorial Hospital Counseling Services	Victims Assistance Program
Community Family Clinic Behavioral Health Services	<b>Inpatient Treatment:</b>
Family Pathways	Four Directions Treatment Center
JMMH/ALL	State Hospital South
Mental Health Specialists	<b>Substance Use Outpatient Treatment:</b>
Pray Counseling	D7 Treatment
Solace Counseling	<b>Support Groups:</b>
Southeastern Idaho Public Health Counseling Services	Grief Support Group
Stillwaters Counseling	
Tribal Health and Human Services Counseling & Family Services	
<b>Butte</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Arco Clinic Counseling Services	Lost Rivers Medical Center
Southeastern Idaho Public Health Counseling Services	Note: Residents from Butte County use resources from Custer County.
<b>Caribou</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Compassionate Care Family Services	Caribou Medical Center
Inner Light Counseling	<b>Other Resources:</b>
Portneuf Valley Family Center	Multi-Disciplinary Team

Southeastern Idaho Public Health Counseling Services	
<b>Franklin</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Priestley Mental Health	Franklin County Medical Center
Southeastern Idaho Public Health Counseling Services	Note: Residents of Franklin County utilize resources located in Utah.
Wellspring Therapy Center	
<b>Oneida</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Southeastern Idaho Public Health Counseling Services	Nell J Redfield Memorial Hospital
Summit Creek Counseling	Oneida Crisis Center
<b>Other Assets:</b>	Note: Residents of Oneida County utilize resources located in Utah.
Malad Community Health Project	
<b>Power</b>	
<b>Mental Health Providers:</b>	<b>Crisis Services:</b>
Health West Counseling Services	Power County Hospital District
Southeastern Idaho Public Health Counseling Services	
<b>Hotlines:</b>	
988- National Suicide & Crisis Lifeline Crisis Text Line (741741) Panic Disorder Support Hotline (800-647-2642) NAMI Helpline (800-950-6264) Family Support Line (208-433-8845) Emotional Helpline (833-848-1764)	
<b>District Wide</b>	
Regional Behavioral Health Board Public Health District 6 Suicide Prevention Collective Regional Public Health and Safety Team Community Suicide Prevention.	

**Analysis**

**Southeastern Idaho Gaps and Needs**

A gap in public health is the difference between what is happening in the community and the ideal situation. Though southeast Idaho has many strengths there are gaps in data, resources, policies, trainings, and services.

To understand the suicide problem more fully in southeast Idaho, data is needed. Data shows who are most at risk for suicide, allowing efforts to be made to prevent suicide in those groups. Southeast Idaho is missing racial and ethnicity data. This information could guide efforts toward those groups most effected. Though the majority of the population of southeast Idaho is

white, a portion of the population are Hispanic and Native American. Statewide and nationally Native American's have a high suicide rate however there is little local data.

Gaps in resources include human capital, funding, and materials. Human capital refers to the value of an individual's ability and skills. Human capital gaps consist of trained mental health providers, peer supports, community center directors, youth center and recreational center leadership and suicide prevention training instructors. Community members including organizational leaders reported difficulties in receiving enough funds to support suicide prevention work to meet the needs of the community. There is not enough money to buy needed suicide prevention materials such as cable gun locks and medication lock boxes for lethal means safety, awareness elements such as posters, stickers, magnets, and billboards and self-regulation tools such as sensory objects and other tools.

Southeast Idaho has a gap in postvention policies. According to the Suicide Prevention Resource Center a postvention policy is an "organized immediate, short term and long-term response in the aftermath of a suicide to promote healing and mitigate the negative effects of exposure to suicide". Schools, workplaces, places of worship, and other organizations would benefit from implementing a postvention policy. Policies should be informed by evidence based best practices.

Preventing suicide and promoting mental health requires knowledge and skill. Each community member can learn how to support themselves and those in need. Community members need training and education to develop skills to help someone who is in a suicidal crisis, ask someone for help, and cope with difficult situations. There is a disparity in awareness of the problem including stigma and knowledge around the available resources in the community.

Needed services include mental health care, crisis services (especially for youth), inpatient treatment, support groups, community supports such as yoga and meditation classes and low cost or free recreational activities. These services promote mental health and serve as a safe place one can go in the case of a mental health emergency. Together community leaders and members can fill these gaps by allocating appropriate resources to this endeavor.

## **Opportunities**

Southeastern Idaho can capitalize on current partnerships, coalitions, funding sources, and other assets to begin to close the gap between actual and ideal circumstances. Partnerships and coalitions can utilize this Gaps and Needs Analysis Report to develop evidence-based suicide prevention efforts specific to southeast Idaho. Such efforts could include suicide prevention training, resource awareness, program development, policy advocacy, supporting local services, mental health campaigns and finding solutions to other community needs.

Funds can be used more effectively when targeted toward the communities' highest needs and effective strategies. High needs include access to mental health care, stigma around seeking help and creating safes spaces. Money can be budgeted to hire additional mental health providers and supplement current health care providers to allow them to lower costs. Funds can be used to

create a stigma reduction campaign to help shift the cultural beliefs around mental health and care. Buildings and people can be supported financially to operate local safe spaces, such as recreational, crisis, community, and support centers.

The knowledge gap can be addressed by directed efforts in media use, suicide prevention training, resiliency training and activities that build self-efficacy. Efforts can be made to understand what types of media target audiences consume to educate on resources, skills, and prevention strategies. A strategic plan and goals can be developed to increase the number of people trained in suicide prevention and resiliency skills including activities that build self-efficacy.

## **Barriers**

Southeastern Idaho faces barriers to addressing the needs of the community such as the number of available mental health providers, community engagement, systems engagement, and funding sources. Ideally southeastern Idaho would have a proportional amount of mental health providers to the population, however, there has been little success in encouraging mental health providers to practice in southeastern Idaho especially in the rural areas. Another barrier is the ability to reduce the cost of services. Mental health care providers need compensation for their work yet many of those who needs mental health care cannot afford the required payment.

To educate and train the community on mental health practices and important lifesaving skills the community needs to want to be educated and trained. The hurdle in fostering community engagement is multipronged. Community members reported that they do not have enough time and mental energy to make their mental health and that of the communities a priority. Basic needs are at the forefront of their minds leaving little space for mental health care. Underlying issues need to be addressed first before residents have the capacity to learn and apply mental health strategies and suicide prevention skills. On the other hand, some may argue that one cannot address difficult life circumstances without first addressing their mental health.

System engagement is an important part of promoting health. By working collectively, lasting impacts can be made. Common roadblocks of engagement form schools, religious organizations, health systems and other organizations are disinterest, time constraints and opposing political views in suicide prevention efforts and mental health promotion.

Finally, many suicide prevention and mental health promotion efforts require financial support. There is limited funding available for mental health and suicide prevention work. Community members are willing to operate community and crisis centers, however they cannot feasibly spend time and energy on these initiatives without compensation. Though these barriers may take time to overcome, the efforts made now can lead to long-term benefits.

## **Conclusion and Recommendations**

Southeast Idaho is a beautiful and amazing place to live. However, changes need to be implemented to improve the lives of its residents. Each county can capitalize on partnerships,

funding sources and avenues of education to overcome barriers the community faces in addressing suicide. Southeastern Idaho can close gaps in resources, policies, trainings, and services to reduce suicide deaths along with improving the quality of life of southeastern Idahoans. This Gaps and Needs Analysis will inform suicide prevention efforts in each community and aid in creating initiatives that will shrink the gaps. It is recommended that each county create a suicide prevention plan or have representation in the Public Health District 6 Suicide Prevention Collective. Understanding the problem is only one part of the equation, together we can take deliberate action to increase mental health and reduce suicide deaths.

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## Appendix A

### Interview Questions:

1. Tell me a little about your organization/agency?
  - a. What are some of the biggest challenges your organization faces in carrying out your work?
  - b. What population is served by your organization?
2. What do you consider to be the community's strongest assets?
3. Based on your experience, what are the top three issues that most concern you, in your community? (i.e. health/education/ housing/education/economic/transportation)?
  - a. Why are these concerns?
  - b. From your experience, what are the community's biggest challenges to addressing these issues?
4. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for mental health disparities in your community?
5. What are the top three issues, specific to mental health or suicide, that most concern you, in your community?
6. What programs, services, or policies are you aware of that address some of these issues?
  - a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?
7. What program, services, or policies do you think should be available to address these issues that your community is not currently implementing?
  - a. What are the barriers or challenges to implementing the programs, services, or policies you mentioned?
  - b. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded?
8. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see?
  - a. What is your vision specifically related to people's mental health and suicide prevention in the community?
  - b. Who should be involved to make this vision a reality?
  - c. What resources, policies or supports would you like to see put in place to address your counties' health needs?
9. Was there anything you wanted to discuss today that we didn't cover?



### Focus Group Discussion Prompts:

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name and 2) your connection to mental health/ suicide prevention.
2. What are some of the biggest strengths in this community?
3. What are some of the biggest problems or concerns in your community? [i.e. – transportation, affordable housing; education; childcare; financial stress; food security; violence; employment, etc.]
4. What do you think are the most pressing mental health concerns in your community?
5. Thinking about mental health and wellness, what helps keep you healthy?
  - a. What makes it easier to be mentally healthy in your community?
    - What supports your mental health and wellness?
  - b. What makes it harder to be mentally healthy in your community?
6. Let's talk about a few of the issues you mentioned.
  - a. What programs, services, or policies are you aware of in the community that currently focus on these issues?
  - b. What's missing? What programs, services, or policies are currently not available that you think should be?
  - c. What do you think the community should do to address these issues?
7. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see?
  - a. What do you think needs to happen in the community to make this vision a reality? Who should be involved?

### Survey Questions:

#### **What county do you live in?**

- Bannock
- Bear Lake
- Bingham
- Butte
- Caribou
- Franklin
- Oneida
- Power
- Other \_\_\_\_\_

#### **How old are you?**

- Under 18 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-64 years old
- 65+ years old

**What is your gender identity?**

- Male
- Female
- Other \_\_\_\_\_
- Prefer not to answer

**Do you identify as part of the LGBTQIA2S+ community?**

- Yes
- No
- Other \_\_\_\_\_
- Prefer not to answer

**How would you describe your ethnic/racial background? (Please check all that apply)**

- African American or Black
- American Indian or Alaskan Native
- Asian Hispanic/Latinx
- Native Hawaiian or Other Pacific Islander
- Caucasian/White
- Middle Eastern
- Other \_\_\_\_\_

**First, we would like to ask a few questions about the general level of services available within your community:**

**Which of the following health services are currently insufficient in your community? (Select all that apply)**

- Substance use services
- Psychologist services
- Counselors, Clinicians, Therapists
- Clinical Social Workers
- Psychiatrists
- Primary Care Physicians
- Health care services (including primary care, specialty care, hospital services)
- Exercise and physical activity opportunities
- Family Planning Services (including birth control and pregnancy counseling services)
- I don't know

- Other \_\_\_\_\_

**Which of the following social services are currently insufficient in your community? (Select all that apply)**

- Services for older adults
- Services for people with disabilities
- Services for veterans
- Services for new immigrants
- Services for youth (including out of school time)
- Services for the LGBTQ+ community
- Transportation services
- Affordable childcare services
- Employment services (including job training and readiness)
- Financial assistance services
- Family planning services (including birth control and pregnancy counseling services)
- Housing services (including services for people experiencing homelessness or who are housing insecure)
- Food services (including food assistance, food pantries, nutrition education and support)
- I don't know
- Other \_\_\_\_\_.

**Now, we would like to know about your specific experiences with attaining health and/or social services:**

**Have any of the following challenges ever made it more difficult for you to get the health or social services you needed? (Select all that apply)**

- Lack of transportation
- Have no regular doctor/source of health care
- Cost of services
- Inconvenient operating hours
- Insurance problems/complications
- Lack of insurance coverage/not enough coverage
- Language barriers or could not communicate with provider or office staff
- Discrimination (race-based/size-based/income-based/gender-based, etc.)
- Unfriendliness of provider or office staff
- Afraid to seek services, in general
- Afraid due to my immigration status
- Don't know what type of services are available
- No available providers near me
- Long waits for appointments
- I have never experienced any difficulties getting services
- Other \_\_\_\_\_

**Now we would like to know your thoughts on mental health and suicide prevention in your community.**

**As a community member, please indicate your level of concern for each of the following:**

**Mental health in the community.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Substance misuse in the community,**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Ability to get mental health services (e.g., affordable, timely, proximity etc.)**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Ability to get substance use disorder treatment (e.g., affordable, timely, proximity etc.)**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Mental health and stress related to experiencing homelessness.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Mental health and stress related to immigration.**

- Not a concern
- Slight concern

- Moderate concern
- High concern
- Don't know

**Mental health and stress related to low income/ finances.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Mental health and stress among middle and high school aged youth.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Mental health and stress among veterans.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Mental health and stress among older people.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Real or perceived stigma associated with seeking mental health care.**

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

**Suicide**

- Not a concern
- Slight concern
- Moderate concern

- High concern
- Don't know

**Are there any other issues of concern – not listed previously – that are of high concern to you as a community member? Please do not include any personal medical or identifiable information.**

- No
- Yes, please specify: \_\_\_\_\_

**Please rate your level of agreeance to the following statements.**

**Most people who die by suicide usually show some signs beforehand.**

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

**Suicide deaths are preventable.**

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

**I would be interested to learn how I can play a role in helping someone who may be suicidal.**

- Strongly Agree
- Agree
- Disagree
- Strongly disagree.

**I know what to do if someone I knew talked to me about thoughts of suicide.**

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

**I am aware of crisis centers or hotlines to aid in a mental health emergency.**

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

**I am comfortable talking to and helping someone with suicidal ideation.**

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

**I have participated in suicide prevention activities (e.g., QPR, ASIST, MHFA trainings, seminar, workshop, orientation program etc.)**

- Agree
- Disagree

**Which of the following do you think would be a barrier to you helping someone with suicidal thoughts? Check all that apply.**

- I would be afraid that I would make them feel worse.
- I would be afraid talking about it would increase the likelihood of them attempting suicide
- I wouldn't know what to say or do.
- I would not be able to fix the problems they are facing
- I am not a doctor or medical professional.
- I did not feel close enough to the person to ask if they needed help.
- I wouldn't want to get involved, its none of my business.
- Other (please specify)

**If you were having thoughts of suicide, who would you tell? Check all that apply.**

- Spouse/partner
- Family member
- Friend
- Primary care doctor
- Mental health provider
- Hotline/Crisis Center
- Clergy/Faith leader
- Coworker
- Social media network
- No one
- Other (please specify)

**What do you think are some of the barriers that prevent people who are thinking about suicide from getting help? Check all that apply.**

- Feeling like nothing will help
- Embarrassment
- Not knowing how to get help
- Social stigma

- Lack of social support
- Fear of disappointing other
- Fear of losing job
- Lack of hope
- Can't afford treatment
- Lack of access to treatment
- Other

**What do you think would help reduce the number of people who die by suicide? Check all that apply.**

- More research to help people thinking about suicide.
- More research to help with people who have made a suicide attempt.
- More research into why people die by suicide.
- Educate the public about suicide prevention.
- Educate the public on skills needed to talk to someone who is thinking of suicide.
- Teach problem solving skills as a way to prevent suicide.
- Better access to medication
- Better access to psychotherapy (talk therapy couples counseling, family therapy)
- Better training for healthcare providers on how to identify and help someone who is thinking about suicide.
- Educating community leaders.
- Educating policy makers
- Other (please specify)

**Is there anything else you would like us to know? Please do not include any personal medical or identifiable information.**

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