

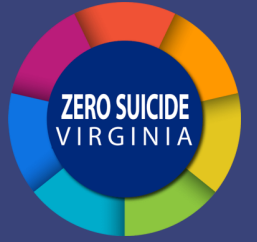


Wendy Bundy (she/her)
State Zero Suicide Coordinator
wbundy@ecsva.org

Zero Suicide in Rural Virginia

A Practical Framework for
Healthcare Providers

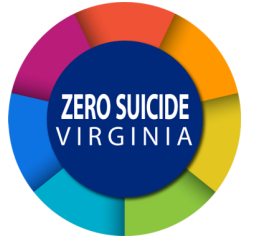




The Rural Reality

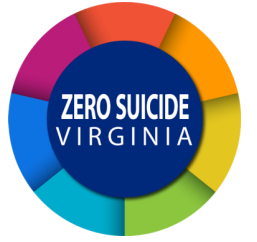
Understanding the Challenge in Our Backyard

Suicide in Rural Virginia

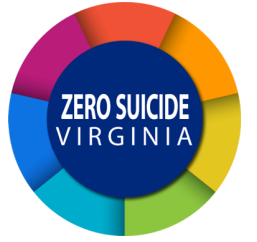


- In 2022, we lost **1,208 Virginians** to suicide.
- A staggering **58%** of these deaths involved a firearm.
- **Men** in our communities are at significantly higher risk, often compounded by a culture of self-reliance that can make asking for help feel impossible.
- Suicide is the **second** leading cause of death for 9–18-year-old children.

Why Rural is Different



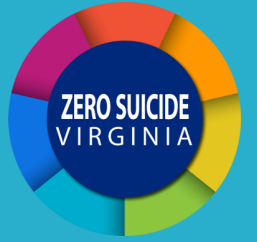
- Provider shortages, long travel times, lack of public transport.
- “In a small town, everyone knows your truck is at the clinic.”
Stigma is a powerful barrier.
- Frame this as a **strength** that can become a risk factor when it prevents help-seeking.
- Acknowledge that firearms are a common part of rural life for hunting, sport, and protection. The focus is on **safety**, not removal.



Supporting our Healers

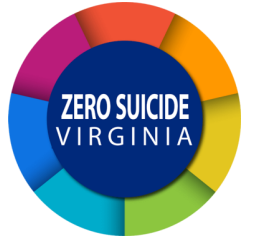
The Zero Suicide framework isn't just another thing to do. It's a way to support us by creating **a system where the burden doesn't rest on one person's shoulders.**

These challenges are significant, but they are not insurmountable. Let's talk about a **roadmap** that is proven to work.



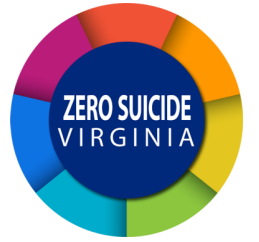
A Rural Roadmap

The Zero Suicide Framework



Suicide deaths for individuals under a physician's care are **preventable.**

LEAD: Making Suicide Prevention a Core Priority

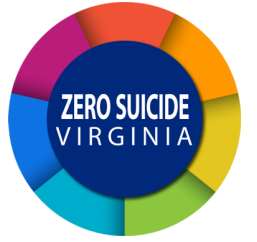


Leadership must champion this work. Create a culture where staff can talk openly about safety events without blame.

Interactive Discussion

"What is one tangible step your leadership could take this month to show this is a priority?"

TRAIN: Creating a Confident, Competent Workforce

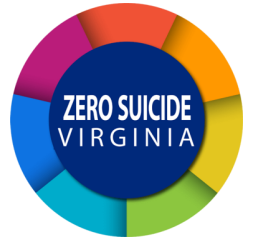


Train staff in how to have a compassionate, direct conversation about suicide. This builds confidence and competence.

Interactive Discussion

"What are the biggest barriers to getting staff trained in a rural practice (cost, time, finding backfill)? Let's brainstorm solutions."

IDENTIFY: Universal Screening for Suicide Risk

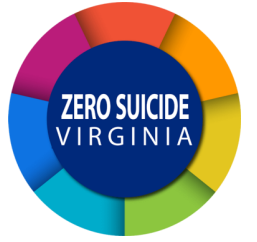


Use validated tools (like the ASQ) for every patient at every relevant visit. *"We screen for blood pressure; we must screen for suicide risk."*

Interactive Discussion

"What is our immediate workflow when a patient screens positive and the nearest mental health specialist is an hour away?"

ENGAGE: Safety Planning & Means Safety

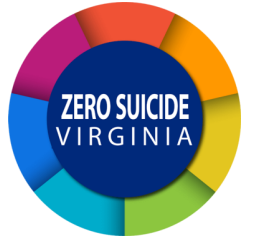


Focus on: Collaborative Safety Planning and Lethal Means Safety counseling. *This is about partnership, not paternalism.*

Interactive Discussion

"Let's talk about language. What are some ways to start a conversation about reducing access to firearms that sounds helpful, not judgmental?"

TREAT: Evidence-Based Care for Suicide Risk

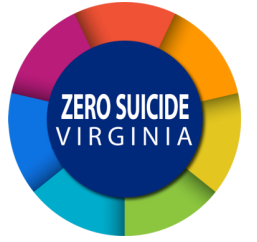


Discuss evidence-based treatments (CBT-SP, DBT). Acknowledge access challenges and highlight the critical role of telehealth.

Interactive Discussion

"What are the real-world hurdles our patients face with telehealth? (e.g., poor broadband, no privacy at home, lack of tech literacy). How can we help?"

TRANSITION: Ensuring Safe Handoffs

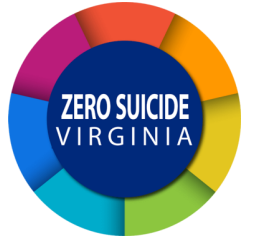


Care transitions are the most dangerous times. Explain "warm handoffs" and the need for rapid follow-up contact.

Interactive Discussion

"Who is responsible for making that first follow-up call after a crisis? How do we build a reliable system to ensure it happens?"

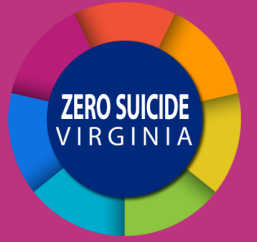
IMPROVE: Using Data to Get Better



We can't improve what we don't measure. Track simple metrics to see if changes are working.

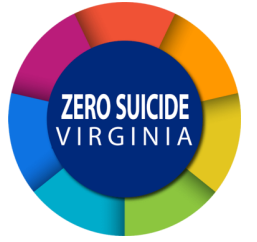
Interactive Discussion

"What is one simple metric we could start tracking tomorrow to see if we're making progress?"

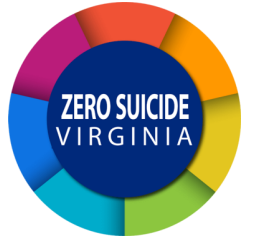


Making It Real

Our Commitment to Action



Let's Put it All Together

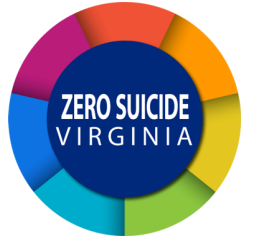


Where to Start

This Week: Put the 988 Crisis Line number and the Veterans Crisis Line number on your website, in patient paperwork, and in waiting/exam rooms.

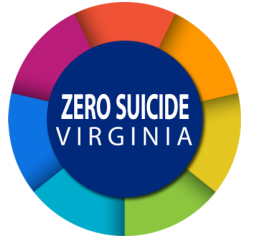
This Month: Have one team meeting to discuss this presentation and identify one element to focus on first.

This Quarter: Research one training (like safeTalk/MHFA) for key staff members. Explore options for group training to reduce costs.



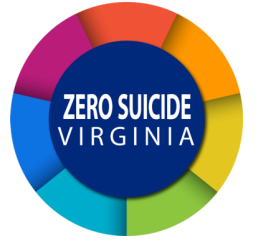
Resources for Rural Virginia

- Community Services Boards
- VDH Suicide Prevention Resources
- Postpartum Support Virginia
- AgriSafe Network (for farmers)
- Virginia Zero Suicide Hub



Building a zero suicide safety net is a marathon,
not a sprint. But it starts today, with us.

**Thank you for your commitment
to our community.**



Questions & Contact Info



Wendy Bundy (she/her)
State Zero Suicide Coordinator
wbundy@ecsva.org

Visit [Zero Suicide Virginia](https://www.ecsva.org)
Scan QR Code for more information

