

Making the invisible visible: Discussing guns in rural suicide prevention

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While youth suicide is declining overall, the rate of youth suicide in rural America has remained steady. A key to helping rural families with children at risk of suicide is frank discussion of guns says Jonathan Singer, assistant professor of social work at Temple University and coauthor of a new study that examined how clinicians, including social workers and counselors involve parents in prevention and treatment of youth suicide. The study, "Engaging parents of suicidal youth in a rural environment" was published in the May issue of *Child & Family Social Work*.

Singer and his co-author, Karen Slovak of Ohio University, wanted to learn more about out how clinicians broke through barriers that keep parents in <u>rural areas</u> from getting help for their suicidal children. They were surprised to learn how clinicians addressed the issue of gun culture in this process.

"The clinicians in the study told us that <u>guns</u> were so prevalent in their communities, they were just part of the furniture," said Singer. "So a big part of their job is making the invisible, visible."

Once a clinician determines that a child is at risk for <u>suicide</u>, it is up to the parents to bridge the gap between the clinician's initial assessment and follow-up treatment, which might include anything from short-term therapy to hospitalization to long-term counseling and medication. But there are several barriers to successfully engaging parents. Resistance, minimizing the risk, and shock are common reactions that parents have



to the news that their child is suicidal. In addition to addressing these barriers, clinicians must address the immediate safety issue of a gun in the home. In rural communities this is a significant concern.

Guns are the most lethal means of suicide, said Singer. Even though girls attempt suicide four times more often as boys, boys die from suicide four times as often in large part because boys are more likely to use guns.

"In rural areas, we don't need to educate parents about guns. Everyone knows how they work. Instead we need to remind families they have guns and they are lethal," said Singer. "The conversation needs to focus on keeping guns secure and limiting access to guns. Clinicians need to say, 'Your son could use one of your guns to kill himself."

The researchers found that clinicians who related their own experience with guns had more credibility with <u>parents</u>. They hope the study will help improve treatment for children in rural areas at risk of suicide.

Provided by Temple University

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