In the United States, suicide is the 10th leading cause of death and accounts for approximately one death every 11 minutes (CDC, 2020). Suicide rates in Appalachia are 17% higher than in the general population, with some rural counties as high as 31% (Marshall et al., 2017). Virginia Ranks 41st in the nation for number of mental health professionals per population (MHAV, 2021).

Rural populations tend to seek mental health care from primary care providers (PCP) due to fostered trust in their PCP and lack of access to mental health providers (Snell-Rood & Carpenter-Song, 2017). 45% of people who succeeded with suicide had seen their PCP within the past month and only 24% had been screened for suicidal ideation (Dugan, 2017).

Few primary care providers feel comfortable screening for suicide risk.

Primary care providers are positioned at the forefront to identify, screen, and refer patients contemplating suicide (Malakouti, et al., 2015; Cadogan, 2017, & Stene-Larsen & Refetof, 2019).

Purpose: to implement an evidence-based suicide prevention resource guide with a suicide-prevention point-of-care contact for primary care providers and nurses in rural Appalachia to enhance suicide risk assessment and referral process, ultimately preventing suicide.

Model: John Hopkins Evidence Based Practice Model.

Setting: A. The Health Wagon (HW) • Three stationary clinics • Two mobile healthcare units B. Frontier Health, Inc

Participants: • HW Providers, nurses, & Staff (n=26) • Suicide-Prevention Point of Care contacts (SP POC) (n=8)

Intervention: Implementation of Suicide Prevention Toolkit for Rural Primary Care (Wiche, 2017) • Two recorded educational sessions via Zoom with educational credit • Enduring educational sessions for new employees on YouTube • Resource guide development & distribution to clinics and SP POC. • Office Protocols • Monthly meetings with Health Wagon staff, providers, & administration for performance feedback.

Data Collection • RedCap Survey • Pretest/Posttest • Weekly SP POC Survey • Weekly HW Staff Provider Meetings • Field Notes • Other initiatives: Outreach Letters

Analysis • SPSS/Excel • Paired t-test • Descriptive Statistics

Implementation of evidence-based suicide prevention resources with a protocol is anticipated to reduce health care provider burden and promote integrated care for patients, leading to earlier identification of suicidal ideation, referral, and treatment. The goal is for primary care provider to save lives by preventing suicide in rural Appalachia.