Rural Missourians struggle with a high suicide rate

By: Jonathan Mitchell

April Roller knew there was something wrong.

She’d tried calling her husband multiple times with no response. As time went on the anxiety built. She called family members, friends, anybody who could have some information about her husband’s whereabouts.

Then, at 8:36 a.m., she received a call. Her husband was dead. He died by suicide in his sister’s basement, and had been found that morning by his parents.

Only after getting his medical file months later did April learn her husband had been on medication for depression, anxiety and had been going through a schizophrenic break.

According to his wife, Jeremy Roller didn’t want anyone to know he was battling depression. He had a ‘pull yourself up by your bootstraps’ mentality, a mentality that is prevalent in rural communities. Jeremy worked part time on his brother’s farm, but with the minimal amount of money that work provided, Jeremy drove trucks to supplement his income. As time went on, Jeremy began acting more erratic, having delusions and became more reserved.

According to the Missouri Department of Health and Senior Services, between 2001 to 2011 the rural suicide rate was 14.4 per 100,000 residents. In urban areas the rate was 12.6 per 100,000 residents, a 14.3 percent difference. The rural suicide rate in Missouri was highest among residents ages 25 to 44.

The reluctance of seeking mental health treatment in rural areas is still common. This makes it harder for farmers to seek treatment.

“For farmers there’s this feeling that you don’t ask for help,” said Joe Koenen, a MU Extension employee who serves several rural counties. “There still is that stigma that if we know John is forty years old and he’s really healthy, why is he going to the doctor?”

In 2016 there were 1,017 suicides in the state of Missouri, 15th most in the entire nation, according to the Centers for Disease Control and Prevention.

Jeremy Roller was 31 when he hanged himself. During 2013 in Missouri, hanging accounted for twenty-three percent of suicides in the state, according to a report by the Missouri Institute of Mental Health.

Fifty-three percent of all Missouri suicides in 2013 were completed using a firearm.

Paul Nestadt, a postdoctoral fellow at Johns Hopkins University who studies rural suicide rates, thinks the impulsivity of suicide is why having easier access to firearms leads to the higher suicide rates in rural areas.

“One of the arguments against restrictions around guns is the idea that if someone doesn’t have a gun they’ll just find another way to die.” Nestadt said. “If they want to die they’re going to do it...That is one of the most dangerous myths in suicide. Suicide is a very impulsive act, the vast majority of people that make the decision to end their life act on that decision within an hour.”

Preventing access to firearms for people contemplating suicide is another possible way to lower the suicide rates in rural areas. A practical solution could be the usage of gun locks, according to Nestadt.

“You take away the most lethal means, and people end up, when they do have that impulse, using something less lethal, which means they go to the hospital, they get treatment, and they don’t die,” Nestadt said.

For Greg Drebes whose older brother died by suicide, the loss of a business partner, and someone who was a positive influence on his life was keenly felt. “Being your older brother you always looked up to him,” Drebes said.

“He was always a good role model. I wouldn’t have been surprised if he’d been a representative or senator, he was just that type of person.”

His brother had two daughters at the time of his death, and his passing was difficult for them to understand. “We told the youngest one he’d hanged himself, and she said, well is he alright? It was terrible,” Drebes said.

After her husband’s death, April Roller founded the chapter of the American Foundation for Suicide Prevention at the University of Central Missouri. She continues advocating for an increased awareness of suicide in rural areas in memory of her late husband.

“We can actually start to heal and we can just bring everything into the light because it's not something to be ashamed of and that's where we get to our stigma, you know?” Roller said.

“You're ashamed of something, you're carrying it like a burden and it's not necessarily a burden that each individual has to carry by him or herself. We can do it as a society, we can do it together and there's no fear in that and there's no shame in that.”