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Suicide Prevention in Ventura County California

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Suicide Prevention in Ventura County California

Suicide Prevention in Ventura County California

Goal Statement: The goal of this plan is to increase awareness of resources for suicide and intentional self-harm among all age groups, with a special focus on elderly males, and develop prevention strategies to support the community.

Significant Findings: According to Health Matters Inc.'s measurement period from 2017-2019, Ventura County's Adult Hospitalization due to Adult Suicide and Intentional Self-Inflicted Injury is above the California average, has risen from 14.7 to 21.9 out of a 10,000-person population. The worst age group being 85+ with 18–34-year-olds falling shortly behind and an insignificant difference or ratio between men to women ("Ventura County Public Health: Indicators: Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury: County: Ventura", 2021). In Ventura County's Medical Examiner's Office Annual Report for 2017, White-non-Hispanic middle-aged males accounted for 57% of the 99 recorded suicides (County of Ventura California, 2017). Suicide attempts and suicides are incredibly demanding on the medical system, costing \$70 billion per year in lifetime medical and work-loss costs ("Fast Facts", 2021). Over the course of 13 years, around 2.2% of the suicides in 55+ year-olds in the United States were correlated with long term care (Mezuk et al., 2019). Researchers who conducted this study suggest factoring in ways to improve residential transitions since the transition to long term care can be disruptive and go hand in hand with other stages of human development which are more normative but still difficult like declining physical and cognitive

health or death of a partner (Mezuk et al., 2019). This portfolio will explore more research, risks and protective factors, diversity and ethical considerations, opportunities to apply the Social Cognitive Theory to prevention efforts alongside the Social Ecological Model, and will seek ways to advocate for vulnerable populations.

Objectives/Strategies/Interventions/Next Steps: The proposed next steps for this project include the following:

1. Consult with hospitals and nursing homes about their systems for outpatient transition post suicide attempt as well as the process nursing homes, or long-term care facilities go through to support elderly in coming to care.
 2. Use insights from their systems to develop and implement new interventions and strategies to support smoother transitions from hospitalization to outpatient treatment and from home living to nursing homes and long-term care facilities.
 3. Poll the community about societal norms and beliefs to better understand the strength of various risk factors given there are so many protective factors in Ventura County.
 4. Use the information from the poll to present to leaders, healthcare professionals, financial advisors and investors, the VA, lawmakers, influencers, community groups, volunteer programs, and schools to spread awareness.
 5. Begin recruiting from the aforementioned groups to create a board that works together to promote protective factors and change within their systems and communities, produce social media campaigns, and enact changes within their institutions.
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INTRODUCTION

[Suicide Prevention in Ventura County, California]

I have decided to focus efforts on the increasing hospitalization rates due to adult suicide and intentional self-inflicted injury in Ventura County, California. My mother's life was saved in a local hospital after her suicide attempt, and I was grateful the doctors were available to save her when all odds were against her and at one point, she had flatlined. However, after weeks in the ICU, the transition did not feel smooth in getting her support or care beyond her hospital visit. She did start therapy quickly but unfortunately there was not much follow up from the hospital. My mom moved to another state and ultimately died by suicide this year. I question why no one, outside of me and my family, advocated for her to get help there? Why did her therapist send her off without making sure she was going to have someone for help there? Why was there no transition or follow up plan reported to the system that saved her life initially? With all these questions in my head about prevention, I thought I would explore the issue of suicide within my county. I was surprised by some of the results I found and the high prevalence among elderly men who account for 57% of the 99 suicides in 2017 with rising stats for hospitalization and death (County of Ventura California, 2017). Shifting focus to this population was very insightful in the creation of this portfolio for social change. Prevention planning can support people considering suicide or self-harm, survivors of attempts, loved ones who have lost someone to suicide, the community, and the nation's wellness dimensions including emotionally, financially, physically, and socially. Hospitalization rates due to suicide and intentional self-harm have been on the rise in Ventura County. To make strides in satisfying the goal of increasing awareness, providing resources, and preventing the continued rise, it will be important to acknowledge the potential causes as well as anything that could be perpetuating the problem. Prevention is useful

for keeping a problem from arising and reducing its prevalence and risk (Wyoming Department of Health, n.d). When I think of prevention, I consider the forethought and application of knowledge that is required to be effective with it. Prevention is not only beneficial in identifying problems but also in taking steps to reduce the problems from surfacing in the first place (Laureate Education, 2018). In the chosen challenge of focus, it will be important to acknowledge the potential causes as well as factors that could be perpetuating the problem. Some of those explored include, societal norms, cognitive distortions understood through the Social Cognitive Theory, transition from hospitalization to outpatient care for suicide attempters, moving from regular home to a nursing home or long-term care facility, as well as specific population needs and considerations such as age, history, and development. While the goal is to raise awareness among all age groups, research emerges that showcases a special need for the elderly White non-Hispanic males in Ventura County, who become a focal point for advocacy and prevention in this project.

PART 1: SCOPE AND CONSEQUENCES

[Suicide Prevention in Ventura County, California]

Suicide and self-harm can impact any age, gender, and ethnicity. It does not just have an effect on the individual who is hospitalized and survives or does not, but it also impacts the families, friends, and communities. According to Health Matters Inc.'s measurement period from 2017-2019, Ventura County's Adult Hospitalization due to Adult Suicide and Intentional Self-Inflicted Injury is above the California average, has risen from 14.7 to 21.9 out of a 10,000-person population. The worse age group being 85+ with 18-34-year-olds falling shortly behind and an insignificant difference or ratio between men to women ("Ventura County Public Health:

Indicators: Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury: County: Ventura", 2021). Suicide can impact any age groups. Non-Hispanic white and Indian/Alaskan native populations have the highest suicide rate nationally ("Fast Facts", 2021). In Ventura County's Medical Examiner's Office Annual Report for 2017, White-non-Hispanic middle-aged males accounted for 57% of the 99 recorded suicides (County of Ventura California, 2017). Ventura County schools have put together mental health services, resources, awareness, and prevention efforts to keep youth suicide rates from rising and to make sure people are prepared to address risk. The efforts of California and Ventura County showcase the needs within this community to address the needs of high-risk groups, educate others, and have more resources to protect the community ("Ventura County Office of Education > Comprehensive Health and Prevention Programs > Mental Health > Suicide Awareness and Prevention", 2020).

From 2019-2020, just over 35% of the adults and 30% of the youth who received mental health services in Ventura County were diagnosed with depression ("Reports & Performance", 2020). When a person attempts suicide, they can experience extreme injuries or long-term impacts on their health depending on their method or recovery ("Fast Facts", 2021). Suicide attempts and successful suicides impact the health of loved ones and the community due to the traumatic nature of the non-normative event. Suicide attempts and suicides are incredibly demanding on the medical system costing \$70 billion per year in lifetime medical and work-loss costs ("Fast Facts", 2021). The goal of this plan is to increase awareness of resources for suicide and intentional self-harm among all age groups and develop prevention strategies to support the community.

PART 2: SOCIAL-ECOLOGICAL MODEL

[Suicide Prevention in Ventura County, California]

When considering the protective and risk factors for suicide, I thought back to a suicidology presentation I attended by Dr. Capuzzi in which he provided suicide assessment tools and tasks. Many of the questions involved in mitigating the risk of suicide or evaluating it tap directly into the protective factors and risks. In reviewing the breakdown of these two things by the CDC, it was reinforced that it is helpful if the person has hopefulness for the future and reasons to live and it is considered a risk if there is a prior attempt, plan in place, access to lethal means, and negative emotions of burdensomeness or rejection (Cramer & Kapusta, 2017). When applying the Social-Ecological Model, it is imperative to consider what is happening in the societal, community, relationship, and individual contexts (CDC, n.d.).

Societal and Community

Society could be perpetuating or normalizing the idea of suicide as a solution with the increased media focus and glamorization of it in movies and tv shows. This exposure could contribute to a contagion type impact that is also seen on a community level when there is a local suicide epidemic such as the alarming numbers in Ventura County. Communities equipped with support, health care access, and community involvement are more supported but communities with school-based interventions are more protected than other communities. People who have a high level of social support, whether perceived or realized, are more protected against the risk of suicide. I find this interesting since Ventura County does have support and hotlines and reports high access to care and that adults who need behavioral health care services are receiving it more now than before yet is still facing this problem ("Ventura County Public Health: Indicators: Search", n.d.).

Societies in an economic downturn or individuals who have recently lost their job or are under financial strain are at a greater risk. Interestingly, it seems as though societies in mountain regions of the US especially in the west and south are more at risk than those in the Northeast. I wonder how or why this might be given that nature has been considered healing. Ventura County is known for its vast hiking trails with amazing mountain ranges and opportunities to be outside whether it is the beach or the mountains the options are open. The financial situation could be partially impacting the numbers in Ventura County over the last few years as housing prices have continued to rise and government housing has only grown more difficult for people to secure. Most people renting spend 30% or more of their household income on rent ("Ventura County Public Health: Indicators: Search", n.d.). It will be interesting to see if there was an impact from COVID-19 as well on the numbers given these stressors being high risk on societal and individual levels.

Relationships and Individuals

Within relationships, a person who has endured childhood abuse, has been exposed to violence or conflict, has lost a loved one or gone through a breakup, suffers with isolation, or comes from a family with prior attempts or mental illness they are at risk. In Ventura County from 2019 to 2020, over 20% of youth who received treatment reported trauma and stress ("Reports & Performance", 2020). It also serves an individual to have relationships that are caring, connected, and encourage a level of accountability or responsibility to others. On an individual level, if someone has a preexisting mental disorder diagnosis such as depression or borderline personality disorder, they would be at more risk than someone who does not. There are also more specific risk factors and protective factors at play such as religious and spiritual views, gender, serotonin function, family history of suicidal behavior from a biological

standpoint, criminal background, age, or even risky professions. This further emphasizes the risk of community concerns of suicide epidemics or suicide exposure within relationships. It is worth noting, that because there is no one size fits all proven in suicidology, some of these protective or risk factors may be present and not prevent or lead someone to suicidal behavior.

PART 3: THEORIES OF PREVENTION

[Suicide Prevention in Ventura County, California]

Applying theory to prevention is foundational for planning, developing, and improving interventions (National Cancer Institute, 2005). Theory gives a birds-eye view to a problem to support the identification of needs and how each problem, behavior, and pattern functions altogether and can be addressed (National Cancer Institute, 2005). Some forms of theory are used to apply directly to a program's functions and approaches while other theories may be more useful in understanding why a problem might exist in the first place (National Cancer Institute, 2005).

One theory that could be useful in Ventura County is the Social Cognitive Theory which looks at how peers, social environments, personal experiences and human behavior all influence someone's self-efficacy, goals, and expectations (National Cancer Institute, 2005). This theory could be useful in preventing suicide in Ventura County because it considers expectations, or the outcomes someone will have from a behavior. Suicidal people may not actually want to die but may not see any other way out of the pain or suffering they are in and cannot think of a better option. Knowing their cognitions are distorted, applying this theory would help us to better prepare for a change by identifying where other solutions could be made more immediate or accessible to others, for example. Another consideration this theory has is reinforcements. It

could be that suicide has become more contagious or glamorized and considering the perceived incentives, rewards, or responses a person could have from behaving in a way such as in harming themselves. Talking to the community, individuals, leaders, and other forces on people's environment could be insightful in better conceptualizing what reinforcements these suicidal people are looking for and how we can create an environment more conducive to this to reduce risk of wanting to escape or create it in permanent and harmful ways. Social Cognitive Theory also accounts for self-efficacy, which represents their believe in their ability to overcome obstacles (National Cancer Institute, 2005). Applying this theory would widen the lens to see why people with lower self-efficacy may be at more risk for suicide or ideation of it and get to the root of where the low self-efficacy started or was reinforced. This theory also incorporates the concepts of reciprocal determination, behavioral capability, and observational learning which all can provide perspective to the problem at hand for the age groups it is impacting most.

Due to the rise in hospitalization due to suicide or self-harm in Ventura County, considering best practices post-hospitalization is important since care from inpatient to outpatient providers have been shown by HEDIS data to be interrupted 1/3 of the time, taking over 30 days to have an outpatient visit ("Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe", 2020). Proven methods for practice in care transitions has been put together by the National Action Alliance for Suicide Prevention into a guide that shares the best way to support the transition for individuals and systems. Their evidence-based strategies include bridging the gap between inpatient and outpatient care, so it feels more like one entity than separate ones, prioritizing a holistic approach through each patients care to support the individual and their micro and mesosystems, implement triages for transitions to be smoother, have agreements in place, make all responsibilities and expectations known and take clear action

during the critical time so safety is maintained. According to SAMHSA, it is best to have partnerships established from the get-go and start planning for discharge when admission occurs with secure transfer of records, treatment plans, history, medication, safety plans, and other important details included ("Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe", 2020). It is also necessary to be preventative through the reduction of stigma, getting family and peers involved can support clients in their transition. One example from Saint Elizabeth's Hospital in Washington D.C has a peer support service that goes along with the patient to outpatient services through a transition meeting, reviews discharge plans and safety action plans with peers, and familiarizes others with the assistance and service occurring for the patients. The patients of this hospital reported that this was a useful service in transitioning back to the community and making use of the services the hospital had outlined and prepared for them ("Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe", 2020). When searching the largest hospital in Ventura County's website, I did not find anything for behavioral health with a peer support service.

The theoretical application of Social Cognitive Theory can support preventative planning by providing a framework for conceptualizing the risks and protective factors within Ventura County and how to address each. An evidence-based program for intervention such as a peer support service that makes transitioning from inpatient to outpatient care easier, could help to reduce the risks of future attempts as well as stigma around suicide and mental health care.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

[Suicide Prevention in Ventura County, California]

Elderly White Non-Hispanic Males Adversely Affected by Suicide

In Ventura County, suicide was more prevalent in white, non-Hispanic males between 61-70 years of age (med examiner). In a Health Matters report from 2017-2019 the most hospitalizations due to suicide and intentional self-inflicted injury were predominantly of 85+ year old's ("Ventura County Public Health Indicators Disparities Dashboard", n.d.). These numbers are concerning and worsening. In Ventura County, most adults who need and are receiving health care services are over 65 years old, predominantly white, and mainly female. This makes me wonder if males are not receiving the services, they need, or seeking them out to determine they need them, leading to a gap in care which could be leading to those higher death by suicide numbers in the older male population. Could it be that older white men have been conditioned to believe they can handle things on their own or should be able to? Or that if they go to get help it will not make a difference or it will make others question their strength? Maybe older men do not even know that what they are facing mentally does not have to be their reality if they have always thought they must endure problems and be stronger because of it. Considering their experiences and asking questions to understand what could be happening on a societal and personal level is important, especially as someone who does not identify with the demographic, to figure out the best way to help them. Understanding the culture of men in the later stages of adulthood is necessary to ensure that prevention plans are designed to find them at and before those breaking points.

Veteran Population

I cannot help but also wonder if it could be that they are struggling with other mental health disorders that have not been specified by county data such as PTSD since this is a demographic that has many men who as boys were sent to war. This is a part of the culture they

grew up in and would be worth noting. Ventura County reported having 39,871 veterans in the US Census for 2015-2019. In the United States, men 65 and up accounted for over 8 million veterans ("Number of veterans in the United States in 2019, by gender and age", 2021). I have been told my friends in the military that seeking mental health support is stigmatized and can put your career in the military at risk if they deem you unfit for service. It is as though they are taught or encouraged to treat their mental ailments as though they are minor physical aches and pains. I was also told by a classmate in my pre-practicum one that some would feel outcast by others as they were not 'as' strong as the other men.

Lifestyle and Lifespan Development

It may also be worth thinking about the medications they could be taking, finances, changing relationships, and health. Statistics show a higher rate of men who are overweight or obese in Ventura County ("Ventura County Public Health Indicators Disparities Dashboard", n.d.). Researchers have determined there is a positive relationship between suicide behavior or attempts and obesity (Wagner et al, 2013). Housing is a lifestyle factor that may be considered for the age group since 70% of 65+ year-olds are spending 30% or more on their rent ("Ventura County Public Health Indicators Disparities Dashboard", n.d.). The housing costs in Ventura County are exceedingly high which could make things difficult for men over 65 who are living on government income or needing long-term care facilities which can also be an expensive investment to transition to. Among these relevant considerations for a prevention program, the older population of white non-Hispanic males proves to be a group that could benefit from support. Interestingly, over the course of 13 years, around 2.2% of the suicides in 55+ year-olds in the United States were correlated with long term care (Mezuk et al., 2019). Researchers who conducted this study suggest factoring in ways to improve residential transitions since the

transition to long term care can be disruptive and go hand in hand with other stages of human development which are more normative but still difficult like declining physical and cognitive health or death of a partner (Mezuk et al., 2019).

Cultural Relevance

Altogether, there are many different things to consider for this population. When narrowing focus down to white men who are in their late stages of adulthood, accounting for the possible cultural influences from a young age to now is necessary in the development of a prevention program. Creating a program that has cultural relevance means having a prevention program in place that is aligned with the principles, needs, aspirations, preferences, and beliefs of the community being served (Reese & Vera, 2007). To increase cultural relevancy in the prevention program within this population, applying the statistics and current findings on the lifestyle, health, family relationships, world view, social positioning, and point of views on mental illness can help to better understand what these men need before they resort to suicide ("Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview", n.d.). It would also be beneficial to consult previous prevention program efforts and understand what worked about them and what did not work so the demographic can be supported in a new and better way (Reese & Vera, 2007). Consulting with various entities involved in the research, planning, and development of the prevention program may lend insight into past efforts and realizations they or others had for future application.

Core Ethical Considerations

Prevention programs require others to get involved for outreach, support, and impact. Before engaging with community stakeholders in the development of an evidence based and culturally relevant prevention program, parties involved would need to figure out what people,

organizations, and parts of the community will be beneficial to join forces with and how to explain the populations needs to them ("Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview", n.d.). For example, if we can have a representative from hospitals, long-term care facilities, military leaders, teachers, doctors, health and fitness professionals, and economists support the mission then we may be able to gather more data and have a greater impact through prevention planning. Working with older white men and bringing them into the community and engagement process from late 40s and up might help in gaining more insight into what is happening in these men's minds and lives at this stage in this county and what they might think is leading to this problem. There are ethical considerations that need to be implemented when working with others who may be part of a client or contact's experience through prevention.

Since prevention is an act of advocacy in the counseling field, upholding the ACA code of ethics, which places utmost importance on confidentiality and informed consent is non-negotiable. Counselors would need to obtain client consent before going out to advocate on behalf of anyone (American Counseling Association, 2014 Section A.7.b.). It would be inappropriate to speak with a client then bust through the office doors and demand someone help others in this situation because john smith is dealing with x, y, and z. Similarly, if any research were being conducted on the efficacy of a prevention program, it would be necessary to make participants aware of any potential limitations on their confidentiality, use procedures to protect their confidentiality, and make any organization being worked with aware of the Code of Ethics in their efforts (American Counseling Association, 2014). Informed consent must be reinforced throughout a counseling relationship of any sort including research, intervention, treatment, or prevention mechanisms where counseling relationships are formed (American Counseling

Association, 2014 Section A.2.a.). This means the client must be informed on and agree to the potential risks, goals, outcomes, and expectations within the relationship. Because other professionals would be involved in the research and implantation of prevention efforts as well as advocacy, it would be good to focus on developing strong and collaborative relationships to maintain the opportunity to advocate with each other (American Counseling Association, 2014 Section D.1.b.). While working in those team settings and having meetings or various industries or professionals are serving a client or participant, it is noted that gaining a full picture understanding can support in decision making that could impact a client's wellbeing which needs to be upheld (American Counseling Association, 2014 Section D.1.c.). Lastly, whoever is responsible for putting together a group or team for a project needs to uphold code D.1.f which emphasizes the importance of selecting personnel who are competent and skilled in the areas of work or responsibilities being assigned to them American Counseling Association, 2014). Being mindful of who is involved from the community, what this population needs, and informed consent and confidentiality can support not just an evidence-based program but also an ethical one.

PART 5: ADVOCACY

[Suicide Prevention in Ventura County, California]

A multiculturally competent and socially just counselor is willing to service their clients, research issues on behalf of marginalized clients or populations, and enact change through action. Advocacy efforts can be made on many different levels of a person or groups system that they exist in. Three areas to be focused on for advocating on behalf of the climbing suicide hospitalization and suicide death rates in Ventura County are institutional, community, and in

public policy. Each of these levels present challenges and opportunities to be explored for effective advocacy efforts.

Institutional Challenges

A competent and just counselor would be willing to gain insight from clients who are privileged and marginalized, connect clients to support systems within the institutions they belong to or know of, work alongside these institutions to address what is contributing to the problem, create opportunities for everyone to receive the support they need regardless of circumstance, conduct research to understand where inequities exist, and address inequities through counseling and advocacy efforts (Ratts et al., 2015).

The target problem for older males committing suicide can leave anyone and everyone in their community with questions. It may be difficult to go to a nursing home or a hospital and say we need to have a more seamless transition for post-suicide attempt hospitalization because they have systems and training in place that keeps things as is. Interrupting the status quo could be made easier with the presentation of research and showcasing stories of these patients or families or even people within the institution who could be part of the advocacy effort. I can see some barriers come up like time restrictions, financial obligations, protection of the research participant privacy while also still presenting changes to consider, and then the implementation efforts on behalf of the institution to change. It can be a massive investment that they may not see fitting for a marginalized population that although is growing, may not be at the top of their list. I can imagine that coming prepared with a committee or group of people who can support these efforts to remove some of that pressure from the institution while keeping them involved so they feel confident in the changes could be helpful. Even just engaging with these institutions to join various boards could provide opportunities to plant the seed and open the opportunity to

collaborate. This network of support is imperative in the efforts being undertaken to evoke institutional changes (Toporek et al., 2009)

Community Challenges

Within communities exist norms which have been perpetuated overtime in ways that can support or disintegrate beneficial development of the people within them (Ratts et al., 2015). Addressing the problem on a community level means taking a lead in understanding what those values and regulations or ideas are that could be plaguing the marginalized group. It also means conducting research to confirm that these norms are part of the problem and which ones need to be addressed as well as then implementing actions to address them on behalf of those who have not been able to or cannot and using their voices to educate those who have not been impacted in the same way. In the video, 'Resilient Yet Often Unheard' showcases Black Counselors and Social Workers advocating on the behalf of those who no longer have a voice to enact change in their community by addressing a norm of behavior by various parts of the community that has marginalized a population (The Voices of Black Counselors and Social Workers, 2020). While it may be difficult to introduce new concepts or patterns of thought to people who have been conditioned to believe or act in one way towards a group of people, it can be a worthwhile prevention effort. Conducting a study can be costly but could help to understand the attitudes and behaviors of the community. The nature of suicide might be considered quite graphic or triggering as well, especially for those who have lost loved ones to it. It could be a barrier to discussion if the people most closely impacted are not comfortable with discussing their views on the situation yet. It could also be challenging to present the topic to people or decipher who is marginalized and who is privileged when suicide can and has impacted people from all walks of life in Ventura County despite the growing numbers in older males.

Public Policy Challenges

Utilizing knowledge and insight gained from the marginalized and privileged clients about how they feel public policy has impacted their development and experiences, advocacy efforts can be made to research and assist local government agencies in applying the research done. Changing public policies can be an ongoing effort. It might not just be about changing the laws but focusing on influencing through information (Murray & Crowe, 2016). Policies are not just those in official writing but also those which go unsaid and contribute to the glass ceiling for marginalized populations (Rabinowitz, 2014). It may be difficult to get anyone to acknowledge the problem when it is not written down. To show someone that older men are being ignored or people coming out of the hospital after a suicide attempt are not being given the immediate referrals needed for ongoing treatment could be met with resistance or judgment about older men or people in this state of mind. It could be stigmatized to an extent that policies are not even considered part of the problem. Bringing this to people's attention means displacing blame and beginning to find policies or behaviors of those who enforce policy to take responsibility.

Institutional Advocacy Action

One advocacy action to take at an institutional level is putting together a committee of counselors, social workers, nurses, doctors, health care providers, project managers, financial advisors, and city council members who are all engaged with and aware of the problem at hand to discuss a viable action plan for change. By bringing this group together, each can bring the results of the group effort to their institutions and help coordinate change efforts. It could be helpful to utilize the support of non-profit mental health agencies such as NAMI within the area to help make these connections and provide even more research or support to the project. They may even have funds to support these changes.

Community Advocacy Action

Conducting a community study would be a great way of understanding the norms, attitudes, and expectations that exist within the community. It would be so helpful to understand if these men are feeling safe to go get mental health support, when their issues may have started, and how they have addressed them if at all. It would also be insightful to talk to teachers, employers, companies, and families about their view on the subject. If there is a common theme of expectations, it might be important to address this within client to therapist interactions as well as in broader advocacy efforts such as community awareness through presentations or educational opportunities. For example, if it is common that people expect men to not get help because they should be strong and only women see counselors then we might want to see where these beliefs came from and then bring this into advocacy. We might then realize that many ads for counseling are geared to women which could be perpetuating the idea that only women get counseling so it could be good to advocate on behalf of older men and including them in advertisements within the community.

Public Policy Advocacy Action

Social media has been regarded as a great way to bring about policy change, challenge stigmas with research, and communicating needs a target population has (Murray & Crowe, 2016). One idea I have for advocacy efforts on behalf of men struggling with suicidal tendencies, thoughts, or who are at risk is by creating an account on social media channels which highlights the problems in current settings with research. For example, we could make a post that shows how particular policies are negatively impacting this group or a post that features advertisements from hospitals which only seeks to appeal to clients who can afford their services rather than clients who may need their services but not feel they can get it. A campaign could be done on

social media whereby these institutions, policy makers, and every day people impacted by this are interviewed or called to share how they see this problem to give voice to those lives which have been lost to stigma or financial insecurity or untreated illnesses.

The efforts made by culturally competent counselors can serve marginalized groups as they are to the point where they no longer have to be marginalized anymore. When advocating on behalf of clients, it is important to consider their experiences, the perspectives of others, the community's views, policies that could be oppressive or risk inducing, and institutions with systems that could be perpetuating the problems these individuals and groups are facing. By putting forth the care and consideration for the influences on these at-risk populations at each area of their day-to-day interactions can support the creation and implementation of prevention plans.

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