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Preventing Adolescent Suicide in Washington State

Kevin Mangat

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

Social Change Portfolio

Kevin Mangat

OVERVIEW

Keywords: Preventing Adolescent Suicide in Washington State

Goal Statement: The goal is to prevent adolescent suicide in Washington State.

Significant Findings:

The population that I am addressing is the adolescent population within Washington State. The problem is that suicide rates for adolescents in Washington State have been increasing in the past decade. After doing research, some key findings are that our society and with Washington State, we focus more on acute care for mental illness than using preventative measures to help with mental illness. The recommendations are to find and implement resources through preventative measure that can help prevent adolescent suicide in Washington State.

Objectives/Strategies/Interventions/Next Steps:

It is important to use counseling and other resources to provide support in preventing adolescent suicide in Washington state. The objectives are to create a framework for adolescents to receive the support they need and less the chance of suicide through different support and preventative measures. Strategies that should be used to decrease suicide amongst adolescents in Washington State are practicing gratitude, having and/or creating positive relationships, and school programs that target potential environmental influences that could lead to adolescent suicide. For example, implementing the program called Positive Action that is a Whole-School Reform Model that addresses school, family, and community (Positive Action, n.d.). The next steps in terms of addressing adolescent suicide in Washington State are to start at the individual level and help facilitate preventative measures to decrease suicide, then expand to an institutional, community, and public policy level.

INTRODUCTION

Preventing Adolescent Suicide in Washington State

The Social Change Portfolio topic I chose to address is adolescent suicide through preventative measures. For example, using schools as a source for decreasing adolescent suicide within Washington state. Schools are a place that provides, closeness, caring, belonging, satisfaction, and safety that allow adolescents to potentially lower their suicidal thoughts and behaviors (Whitlock et. al, 2014). Schools are more than a place of learning, schools allow for positive experiences, relationships, and structural interrelatedness between youth networks (Whitlock et. al, 2014). School can provide a foundation for adolescents and help reduce suicide through preventative measures.

PART 1: SCOPE AND CONSEQUENCES

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The problem that I identified within my community is adolescent suicide. Suicide is the eighth leading cause of death in Washington state (Washington State Department of Health, n.d.). The Washington state suicide rate among youth between ten and seventeen years of age has been increasing from 3.5 per 100,000 in 2010 to 6.9 per 100,000 in 2018 and has remained higher than national rates from 2010 to 2018 (Washington State Department of Health, n.d.). When an adolescent commits suicide, this has a severely negative impact on their family and others affiliated with that adolescent. Suicide and attempted suicide, nationally, costs as much as \$33 billion each year (Washington State Department of Health, n.d.). The goal for this Social Change Portfolio is to use school, among other influences, as a way to create an environment of

support to help prevent adolescent suicide through teachers, counselors, support staff, and even peers by providing counseling and social support that can help create a foundation to help reduce suicide for adolescents through preventative measures.

PART 2: SOCIAL-ECOLOGICAL MODEL

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Using the social-ecological model, I will analyze how to prevent adolescent suicide in Washington State at the individual, relationships, community, and societal levels through risk and protective factors. At the individual level of the social-ecological model, biological and personal history factors increase factors for becoming a victim (CDC, n.d.). For example, when an adolescent student in school is being bullied, this is a, “risk factor for social, physical, and psychological problems” (Rey et. al, 2019, p. 1). A protective factor that can help with a risk factor, like bullying, is practicing gratitude (Rey et. al, 2019). Research has shown that gratitude can be obtained when the adolescent recognizes that he/she has obtained a positive outcome and that this positive outcome comes from an external source (Rey et. al, 2019).

At the second level of the social-ecological model, relationships are very important in preventing adolescent suicide in Washington state. By having positive relationships, that are protective factors, it can potentially reduce the negative impact of risks factors. “A person’s closest social circle-peers, partners and family members-influences their behavior and contribute to their experience.” (CDC, n.d., p. 1). So, this demonstrates that through stronger interpersonal relationships with peers, like in a school setting and family members, this can reduce suicidal ideation and suicide attempts by practicing gratitude (Rey, et. al, 2019). For example, when an adolescent student experience bullying, they can use their resources, including peer or family

focused programs as a source for support, as a protective factor along with practicing gratitude to overcome such risk factors.

School is an example of a community setting, which exemplifies the third level of the social-ecological model, where adolescents may become victims of violence (i.e., bullying). To address this risk factor as a community, schools need to implement programs that target the source of violence. For example, to reduce bullying in schools, the following could potentially be implemented, “disciplinary methods, parent meetings, playground supervision, information for parents, school conferences, classroom rules, and classroom management” (Farrington a& Ttofi, 2009, p. 323). This will help decrease school violence, especially bullying, and act as protective factors.

The fourth level of the social-ecological model are societal factors that encourage or inhibit violence (i.e., bullying) (CDC, n.d.). From the societal norms of what an adolescent watch on television to what they are taught throughout societal cultural norms, each factor plays a role in their development and can either encourage or protect against violence. For example, there can be misperceptions of what is acceptable or unacceptable behavior for adolescent population based off what they are taught, observe, and/or experience which can be become a norm within the society (DiGregorio, n.d.). A preventative measure for such violence, like bullying, is recognition and action taken through policies that can have a positive impact on the adolescent population and others who have an influence on the adolescent population.

PART 3: THEORIES OF PREVENTION

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At the community level, I can apply communication theory, as discussed by National Cancer Institute, to create an environment of support to help prevent adolescent suicide through providing different types of support that help create a foundation to help reduce suicide for adolescents through preventative measures. “Communication theory explores who says what, in which channels, to whom, and with what effects it investigates how messages are created, transmitted, received, and assimilated” (National Cancer Institute, 2005, p. 29). It’s important to target the health of the community through public health communications, which is the development of, “strategic dissemination, and evaluation of relevant, accurate, accessible, and understandable health information...to advance the public’s health (National Cancer Institute, 2005, p. 29). Communication theory communicates through multilevel strategies, which include, “the individual level, targeted messages at the group level, social marketing at the community level, media advocacy at the policy level, and mass media campaigns at the population level” (National Cancer Institute, 2005, p. 29).

For example, bullying comes in different forms. Bullying has a negative influence on adolescents and can even be a factor in suicide. For example, cyber-bullying is a form of bullying that adolescents face, even on places where advertising is available. Communication theory is appropriate for preventing adolescent suicide in Washington State by using different media platforms to increase awareness of health issues through media agenda setting, public agenda setting, policy agenda setting, problem identification, and framing. Research has shown that, “among students ages 12-18 who reported being bullied at school during the school year, 15 % were bullied online or by text” (ASPA, 2021, p. 1). This specific student population described can really benefit from an evidence-based program that not only targets good behavior, but also targets bad behavior as well.

An existing evidence-based program for this target problem is Positive Action. Positive Action is a Pre-K-12 school-based program that promotes, “good behavior while disrupting problem behaviors, improves academics, and develops social-emotional and character skills while improving mental and physical health and self-concept” (Institute of Education Sciences (n.d., p.1). Positive Action is based on feeling good about yourself and that there is a positive way of doing everything (Institute of Education Sciences, n.d.). This approach can help in the process of preventing adolescent suicide in Washington State.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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When evaluating diversity and ethical considerations in relationship to the diverse population in Washington State, the problem that is being evaluated is adolescent suicide. This section will further explore ethical considerations in relationship to ethnic minorities, specifically how the subgroup of male African Americans, and how they are impacted.

In the state of Washington in 2020, there were 32 suicides by African Americans out of a total of 1,170 suicides (Washington State Department of Health, n.d.). Rates of suicidal behaviors are growing more for adolescent African American males (Balis & Postolache, 2008). In 1995, the third leading cause of death was suicide for African American males between the ages of 15-19 (Willis et. al, 2002). Risk factors for African American adolescent males are, “age, psychosocial stressors, poor health, and access to firearms” (Balis & Postolache, 2008, p. 2). Protective factors for African American adolescent males are strong family support, links to church, close social ties, family cohesion, self-efficacy, coping ability, and ability to effectively obtain resources (Balis & Postolache, 2008).

Prevention programs for African American adolescent males can help increase cultural relevancy in multiple ways. These programs should be incorporated internally and externally of school. First, their needs to be a strong support system for African American adolescent males at home and/or in the community that allows them to build a strong foundation, allowing them to thrive and prosper in society. Second, within school, there should be counselors and support staff that not only can relate to students, but also help them feel a sense of belonging. Based off the research that was conducted, by identifying the risk and protective factors, this allows to create prevention programs that can have a positive impact on African American adolescent males.

The core ethical considerations in prevention programming for adolescent suicide in Washington State are best addressed through the 2014 ACA Code of Ethics. First, in order to be able to advocate for at an individual, groups, institutional, and societal level, you have to gain consent, according to Section A.7.b. (ACA, 2014). Also, since we are working with adolescent clients, there is a limit to confidentiality that needs to be expressed to both the client and their guardian, according to Section B.5. (ACA, 2014). A counselor cannot discriminate against a client based on, “age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law” (ACA, 2014, p. 9), according to Section C.5. Counselors must demonstrate cultural sensitivity towards their clients, according to Section E.5.b. (ACA, 2014). Lastly, counselors take into consideration multicultural issues and diversity in assessments, according to Section E. 8. (ACA, 2014).

PART 5: ADVOCACY

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This section will first cover barriers and advocacy actions to addressing the target problem at an institutional, community, and public policy level, to prevent adolescent suicide in Washington State.

The barriers to preventing adolescent suicide in Washington State will be explored at an institutional, community, and public policy level. At an institutional level, like schools, there are barriers to accessing mental health support which include, “difficulties in identifying and communicating distress, stigmatizing beliefs, shame, a preference for self-reliance, and anticipation that help will be difficult to access” (Salaheddin & Mason, 2016, p. 687). One advocacy action to take to prevent adolescent suicide in Washington State is by first acknowledging these barriers and empowering adolescents in institutions, like schools, for equality, but also providing them with resources to have their needs met to feel less stigmatized or shameful.

The barriers to preventing adolescent suicide in Washington State at a community level represented through the “spoken and unspoken norms, value, and regulations that are embedded in society” (Multicultural and Social Justice Counseling Competencies, 2015, p. 13). These barriers revolve around access to mental health providers within Washington State. For example, the ratio of population to mental health providers is 300:1 (County Health Rankings & Roadmaps, 2018). Their needs to be more health care providers within Washington State to help prevent adolescent suicide. Since there might be a lack of health care providers within Washington State, their needs to be innovative ways to accommodate for adolescent needs. For example, group counseling in a school setting or telehealth counseling before or after school to help prevent adolescent suicide with Washington State.

There are barriers preventing adolescent suicide in Washington State at the public policy level that reflect local, state, and federal laws and policies. The government cut funds during the Great Recession for behavioral health, but when the COVID-19 Pandemic hit, this crisis increased tremendously to the point to where 67% of ER visits are from youth that are experiencing mental health crisis (Romero, 2021). I would conduct research to better understand the reasons the need for mental health resources have tremendously gone up after the government cut funds after the Great Recession and the impact the new budget for behavioral health care in Washington State during COVID-19 Pandemic has on adolescents. Then I would advocate for positive change to help prevent adolescent suicide in Washington State.

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