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Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Adolescent depression, suicidal ideations, prevention programs, Orleans County, Vermont, Sources of Strength, Theory of Planned Behavior, Social Cognitive Theory, Social Action Theory.

Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

Goal Statement: Collaborate with Vermont SPC and NAMI chapter of Vermont as well as school behavior team and school-based clinicians to implement a mental health /suicide prevention program for the local middle school and high school to be implemented during the 2022-2023 school year with a minimum of four contacts/events.

Significant Findings: This social change portfolio was developed to increase awareness of the mental health needs of adolescents in Orleans County, Vermont, and to investigate the next steps in building a prevention program to support this population. Adolescent depression and suicidal ideation affect the lives of over a quarter of the middle and high school students in Orleans County (Vermont Department of Health, 2022a), with detrimental effects on their engagement in school and community activities and with significant impact on accessing their education and building a sense of belonging in the community. Prevention must be a focus as our local community does not have the resources available to support our adolescents. Sources of Strength, a universal suicide prevention program "designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal" (SPRC, 2020, n.p.), uses an upstream approach to address risk factors such as substance abuse, violence, and bullying. The program is not focusing on suicide in isolation.

Objectives/Strategies/Interventions/Next Steps: The initial objective of the social change project was to identify and implement a suicide prevention program to support the needs of adolescents in Orleans Country. Strategies would include:

- Develop a team of community members to develop a plan for implementing the social change project.
- Investigate funding sources for the prevention program.
- Connect with an evidence-based prevention organization to formulate the following steps and schedule training.

Interventions would include implementation of the Sources of Strength program after appropriate training. The goal would be to reduce the percentage of adolescents in Orleans County, Vermont, suffering from depression and suicidal ideations by 25%, as noted in the annual Youth Risk Behavior Survey data. The next steps should include:

- Solidifying the grant funding for the prevention program.
- Meeting with community agency representatives (the Northeast Kingdom Human Services, the Northeast Kingdom Community Action, Orleans County Restorative Justice Center, Northeast Kingdom Big Brother/Big Sister of Vermont, North Country Hospital, local law enforcement agencies, and local therapists) to increase stakeholder buy-in.
- Scheduling training through an evidence-based prevention program such as Sources of Strength,
- Recruiting community members, school staff members, and students to participate in the activity,
- Preparing the larger school community for the roll-out of the prevention initiative.

INTRODUCTION
Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

Orleans County, Vermont is in the northeastern part of the state with limited access to physical, dental, and mental health services. Data from the Youth Risk Behavior Survey noted that 26% percent of middle and high school students in the county that have felt sad or hopeless for two or more weeks in the previous year and 22% of this same group have seriously thought about killing themselves (Vermont Department of Health, 2022a). The Vermont Suicide Prevention Coalition (SPC) and the Vermont chapter of the National Alliance on Mental Health (NAMH) are two resources that I would like to collaborate with in bringing preventative strategies and education to Orleans County. Prevention is a key component in the Behavioral Health Continuum of Care Model. The Substance Abuse and Mental Health Services Administration website noted the prevention can "reduce the impact of …mental health disorders in America's communities" (SAMHSA[b]). Prevention and education are critical in this area as there are lengthy waiting lists for adolescents trying to access mental health providers.

PART 1: SCOPE AND CONSEQUENCES
Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

Target Problem:

Adolescent depression and suicidal ideation rates are increasing at an alarming rate. The National Institute of Mental Health (2022) estimates that 17% of adolescents have experiences at least one major depressive episode and America's Health Ranking (2021) reported that nearly 19% of youth have serious considered attempting suicide. These numbers are even higher in

Orleans County, Vermont. Orleans county does not have the resources to provide treatment for these youth. Promotion and prevention programs need to be introduced to the community to provide education and proactive strategies to support our teens.

Scope of Problem:

Adolescent depression and suicidal ideation impact about a quarter of the middle and high school students in Orleans County (Vermont Department of Health, 2022a) exceeding those same rates nationally. These mental health concerns have had an impact on engagement in school and community activities, with significant impact on school attendance. The county does not have adequate resource to support students with mental health needs with a ratio of 340:1 clients for each available counselor (County Health Rankings and Roadmaps, 2022). The local Human Services Agency has a waiting list of over 80 adolescents waiting for services. There is a significant need to shift the focus to promotion and prevention to work more efficiently "upstream" of the problem.

Consequences of Problem

The consequences adolescent depression and suicidal ideation include disengagement from family, school, and community. Mental health problems can play a significant role in discord in family dynamics and relationships. The school setting can be impacted by truancy, behavior concerns, and loss of academic engagement. This can have an economic impact on school districts as they work to find alternative ways to support students through their education. Adolescents with mental health disorders are also more likely to be part of the youth justice system (youth.gov, n.d.). Youth may see impact on their physical health as well. There are long range consequences from mental health issues for our teens.

Goal Statement:

Collaborate with Vermont SPC and NAMI chapter of Vermont as well as school behavior team and school-based clinicians to implement a mental health /suicide prevention program for the local middle school and high school to be implemented during the 2022-2023 school year with a minimum of four contacts/events.

PART 2: SOCIAL-ECOLOGICAL MODEL
Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

When establishing a prevention model for this topic, it will be essential to consider the different social settings that could play a role for adolescents. While there are factors relevant to everyone, there are also factors that may be influenced by relationships that exist for adolescents based on their immediate circle of family, friends, and school relationships at the microsystem level, as well as the interconnectedness of these systems at the mesosystem level. Additional focus must be given to the opportunities available at the extended community connections at the ecosystem level and societal influences that come from the macrosystem and the chronosystem (Guy-Evans, 2020). Any plan must include layers that will impact different layers to bring about effective results, and there must be an understanding of the risks and protective factors found at each level.

Prevention programs must look at the different risk and protective factors found at each layer of the social-ecological model to ensure that the prevention strategies considered are relevant to bring about change. Understanding the "biological and personal history factors that increase the likelihood" (CDC, n.d.) of being at risk for depression and suicidal ideations. Additionally, that information can also provide information about the protective factors that may

be available to support the adolescent. Risk and protective factors can be found at each layer of the social-ecological model.   Risk factors are described as any characteristics that may cause an adolescent to have a more substantial chance of being at risk for depression and suicidal ideations. Protective factors offer an opportunity to counter the impact or lower the change for the risk of these conditions (SAMHSA[a]). Risk and protective factors can be found at each layer of the social-ecological model.

Individual Level

The individual level is the first layer to be considered. This level is influenced by "age, gender, sexuality, race, and ethnicity" (Simbar, 2018), socioeconomic status, or medical history. Another individual factor that could put an adolescent at risk is "personal characteristics such as impulsivity" (Epstein et al., 2019), poor problem-solving skills, and a "rigid thinking process" (Bilsen, 2018, n.p.). Gender identity can also be a risk factor for adolescents who identify as transgender. Austin et al. (2020) reported that 82% of individuals had experienced suicidal ideations in this population. Additionally, "LGBTQ+ youth experience higher rates of suicidal ideation" (Gorse, 2022, 17). Each facet of a person's identity can add risk or protective factors in suicide prevention.

Relationship Level

At the relationship level, risk and protective factors could be affected by peer relationships and family systems. Lack of family and social connections can be a significant risk factor for adolescents. Diamond et al. (2022) noted the relationship between an adolescent and their parent as one of the most critical risk or protective factors related to suicide in this age group. Child abuse in the household can also be a risk factor for suicidal ideations (Simbar, 2018). The death of family members, close friends, or other significant adverse events can also

play a role. Suicide in the family in the past can be a risk factor due to genetics or the risk of imitation behavior (Bilsen, 2018).

The living situation can help or hinder an adolescent; a stable living environment will act as a protective factor, whereas a chaotic and unstable living situation would be a risk factor (Bilsen, 2018). The peer group can be a potential risk and protective factor that may influence an adolescent. If the peer group is involved with substance abuse, the adolescent may follow along to fit in, and this can increase the risk factor of depression and suicidal ideations. Additionally, peer relationships can create risk factors via cyberbullying issues, ending of relationships, and peer rejection.

Community and School Levels

At the community level, research would have to be done about the different settings that could impact adolescents in our community. This data could include bullying rates and anti-bullying programs at local schools, youth groups and how they connect or divide kids, local sports programs, and the structure they provide. Academic stress, truancy issues, and social isolation can also create risks at this level (Epstein et al., 2019). Hostile school environments can also create adolescent risk factors (Gorse, 2020). An abundance or lack of economic resources can impact adolescents in this area.

Resources available at the community and school level could provide protective factors for adolescents. A community with access to adequate physical and mental health care for adolescents is adding a safety layer for kids. Schools that foster strong relationship building between staff and students help limit potential feelings of isolation, adding another protective layer. Schools must also have policies affirming, protecting, and including all students (Gorse, 2020). Staffing such as home school coordinators, guidance counselors, substance abuse

professionals, and school-based clinicians are all ways to build protective factors in the school building. Active, vital transition programs between elementary and middle school and again between middle and high school can play a decisive role in keeping adolescents connected to schools and peers. Community resources such as involved law enforcement youth services can all play a part in building a system with a variety of prevention components.

Societal level

Finally, looking at more prominent societal factors that impact our teens is critical. These factors can include the way that we normalize or stigmatize mental health. Internet and mass media are also factors that can impact adolescents both positively and negatively. There are many instances where "sensationalized media reporting or detailed intern information" (Bilsen, 2018, n.p.) can provide adolescents with specific details of committing suicide. Sumner et al. (2021) identified eight online risk factors; "cyberbullying, violence, drug-related content, hate speech, profanity, sexual content, depression, and low-severity self-harm content" (n.p.). Analysis of the different levels, as well as the layers of risk or protective factors that can come with these relationships, can set the stage to have the correct data available to build a prevention program that can best meet the needs of the adolescents in our community.

PART 3: THEORIES OF PREVENTION
Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

Theories help teams to select and implement prevention programs as they allow people to consider the larger picture and better understand the many relationships between the different variables involved in public health problems. Theories add a means to "investigate answers to

the questions of 'why,' 'what,' and 'how' health problems should be addressed" (National Cancer Institute, 2005, p. 8). Hill et al. (2022) noted that many current suicide prevention programs are not based on theory which allows them to have gaps, finding that "training for the public is vague" (p. 467). Also, most training is not convenient or accessible, providing a key example of how a prevention program can have limited impact if a theory is not considered. Different theories allow us to consider the different socio-ecological levels involved. When looking for a program to increase awareness of adolescent depression and suicidal ideation in Orleans County, I will be focusing on theories that provide insight at the individual, interpersonal, and community levels.

Individual Level

There are many prospective risk factors for suicidal ideation at the individual level; therefore, a theory that focuses on creating a change in behavior at this level would support a prevention program for adolescents. The Theory of Planned Behavior (TPB) "explores the relationships between behavior and beliefs, attitudes, and intentions" (National Cancer Institute, 2005, p. 14). TPB assumes that behavioral intention can be impacted by not only a person's attitude about depression and suicide but also by their beliefs about the attitude of critical people in their life. Individuals' perceptions are impacted by these important people's attitudes about the same topic. Finally, it must be considered how difficult it is to perform the behavior necessary to get help with depression or suicidal ideations.

There must be a change to the norms of a group to help individuals feel more empowered to behave in healthy ways. Creating a prevention program that includes community members, essential school personnel, and a significant number of peers is critical. Individuals may be motivated to emulate these important people and to behave in a way to maintain a positive

relationship with them. Cox (2021) noted the importance of trained peers in the role of "unofficial gatekeepers" as a critical part of the messaging involved in any prevention program, and "influencing the helping behavioral intentions of gatekeepers may be necessary to reach those with suicide ideation" (p. 4). Kuhlman et al. (2017) also noted TPB as a theory that supports training peer gatekeepers as a part of successful suicide prevention programs. Building peers and critical adults as a component of a prevention program allows an "upstream" proactive means of impacting adolescents' behavior and attitudes.

Interpersonal

As noted in the last section, understanding the fundamental relationships involved at the interpersonal level is also critical to the success of a prevention program for adolescent depression and suicidal ideations. Social Cognitive Theory (SCT) helps us consider the ways that multiple variables in the environment, the behavior of the people in that environment, as well as characteristics of the individual influence one another (National Cancer Institute, 2005). It describes an ongoing process where any change in the environment or the behaviors will create a continuous change cycle. When building a prevention program, it will be mindful to remember that "people learn not only from their own experiences but by observing the actions of others and the benefits of those actions." (National Cancer Institute, 2005, p. 16). SCT reinforces the need for continually collecting data to understand what changes need to be introduced to the environment to help effectively change behavior; including proactive skills training; setting and communicating expectations for the whole community; focusing on small increments of change; and catch people doing the right thing.

Community

Providing an opportunity for community commitment to a prevention program to increase awareness of adolescent depression and suicidal ideations allows for a review of community capacity and the building of critical consciousness. While community organization can happen in different ways, for this work, Social Action Theory provides an opportunity for both process work and task completion (National Cancer Institute, 2005). Based on the suicide of an Orleans County freshman in the fall of 2021, this topic is relevant, and there is an understanding that growth in this area is in all community members' self-interest.

While community organizing has no formal definition, Brady and O'Connor (2014) focused on community members working together for the "broad purpose of attaining social justice and social change" (online). These groups are usually looking to support a marginalized group of people to challenge unjust or stigmatized systems and work to create a sense of interconnectedness. When seeking to implement a prevention program at a local middle school, it cannot be done in isolation from the larger community. Building opportunities for community partners to participate in an advisory panel would help bridge this effort.

Proposed Program

Sources of Strength is a prevention program that was developed in 1998. The website noted that in 2009 the program was listed National Best Practices Registry by the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention. Additionally, the Substance Abuse and Mental Health Services Administration (SAMSHA) recognized the program in 2011 on the National Registry of Evidence-based Programs and Practices Suicide Prevention Resource Center (SPRC, 2020). The program is described as a universal level suicide prevention program "designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal" (SPRC, 2020, n.p.). As data from the

Youth Risk Behavior Survey noted, Orleans County had 22% of middle and high school students report seriously thinking about killing themselves (Vermont Department of Health, 2022a); a significant population is vulnerable to this risk.

Sources of Strength is not a program that addresses suicide prevention in isolation. There is also a focus on risk factors that can impact adolescents struggling with suicidal ideations, such as substance abuse, violence, and bullying. As an upstream model, Sources of Strength "strengthens multiple sources of support (protective factors) around young people" (Sources of Strength, n.d.). The project engages community members, family, school staff, and students with peer leaders, a critical component of the program. Schools are challenged with reaching a goal of having 10% of the school population included in the training to empower student voice. While the program looks at risk factors, there is also focuses on strengths, resiliency, and recovery. Finally, the scripting of communication in Sources of Strength focuses on hope, help, and strength, creating a contagion of positivity while avoiding messages of shock and trauma. All students can benefit from the Sources of Strength program as a universal prevention program.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
Increase awareness of Adolescent Depression and Suicidal Ideations in Orleans County, Vermont

Diversity Considerations

When considering the need to increase awareness of adolescent depression and suicidal ideations in Orleans County, Data from the Youth Risk Behavior Survey noted that 26% percent of middle and high school students in the county that have felt sad or hopeless for two or more weeks in the previous year and 22% of this same group have seriously thought about killing themselves (Vermont Department of Health, 2022a). While this is significant data reflecting the

overall population, there are subgroups of adolescents with even high-risk factors in terms of mental health or suicidal ideations. One specific population to be considered is the LGBTQ+ community of adolescents.

The Vermont Department of Health (2022b) reported that 36% of students who identify as LGBTQ+ have created a suicide plan. This information shows the increased risk that this group is facing in our local community. Adolescents who have a plan for suicide are more likely to hurt themselves on purpose, having feelings of depression, attempt suicide (Vermont Department of Health, 2022b). Additionally, they are at a higher risk for substance abuse and bullying. Gorse (2022) noted that the LGBYQ+ population have "general stressors, LGBTQ+ related stressors, demographic variables, and negative school climate" (p. 18) as risk factors. When considering intersectionality, we could surmise that other subgroups of students in this population would have an even higher level of risk

When building a prevention program our subgroups need to be considered. Gorse (2022) noted the importance of "school connectedness" (p. 21) as a strong protective factor which has been linked to decreased suicidal ideations. Marraccini et al. (2022) also found that while schools are a "focal point for suicide prevention" (p. 27), schools can also create structures and systems that can act as barriers to risk for LGBTQ+ students. These researchers pinpoint the importance of developing prevention programs that represent and include all students in a community.

One mechanism that is critical to the success of a prevention program is to build the system to represent all students. An equity and diversity lens is necessary for the selecting, constructing, and implementing programs at all developmental levels. Sources of strength includes strategies to be sure that the peer leaders for the group are representative of all groups of

students in the school. The goal is to have at least 10% of the student population included as peer leaders. This group of students needs to be created to be sure that each student has only one or two degrees of separation from at least one of the peer leaders. When staff are asked to consider nominating students, they are asked to reflect on a diverse group who have influence in their social group while considered race, ethnicity, religion, gender, sexual orientation, and social groups (Sources of Strength, n.d.). This allows for the message of the program to reach a much broader scope of the community.

A second mechanism that is essential is the inclusion of peer leaders and connected positive adults a source of gatekeepers for the school community. Building peers and critical adults as a component of a prevention program allows an "upstream" proactive means of impacting the school community's behavior and attitudes (Kuhlman et al., 2017). The impact of Student Voice needs to increase as students move through a PK-12 program. Middle school students are old enough for their participation to be developmentally appropriate. A prevention program is most successful when "people learn not only from their own experiences but by observing the actions of others and the benefits of those actions." (National Cancer Institute, 2005, p. 16). Having active voices from within the community is an important part of the messaging involved in any prevention program (Cox, 2021). Sources of Strength program promotes creating five or six messaging campaigns throughout the school year to be sure that the information is timely and personalized to the individual community. This keeps the information relevant and prioritized.

Ethical Considerations

When selecting and implementing a prevention program there are several ethical considerations to keep in mind. If the program is to be used in the school system as a universal

prevention program there would need to be clear communication with the community to provide information about what the program is (prevention, universal, open to all students) and what it is not (treatment, counseling, prescriptive). Additionally, there would need to be a clear understanding that all staff members of a school are mandated reporters and would need to report any information about a student at risk for harm to self or others. There would need to be a clear understanding that there is not a client – counselor relationship being developed as part of the prevention efforts.

While teachers and the peer leaders are not counselors and are not bound by the ACA Code of Ethics (2014) it would be essential for an counselors involved in the implementation of the program, to provide important guidelines about boundaries of competence (C.2). There would need to be clear guidelines defined as to the roles of the peer leaders and the program advisors. Their role is to share a message and act as a gatekeeper to share information of concern with trained professionals. It would be important for this information to be shared multiple times throughout the year so that everyone has constant clarification as to the limits of their role.

A final ethical consideration would be confidentiality as noted in Section B of the ACA Code of Ethics (2014). When someone reports feeling at risk for harm to self or others, that information must be reported to a trained professional (guidance counselor, school-based clinician, school nurse, administrator) using a practiced protocol. At that point the student of concern has shifted from a universal prevention program into a potential treatment situation where all aspects of the ACA Code of Ethics would prevail. Additionally, any concern of risk of harm to self in a minor should be discussed with their parents. However, peer leaders and teacher advisors would need to be trained to respect confidentiality of any information that is

shared with them once that have made that report to one of these professionals. The program

would not have success if a student talk to a peer leader and then that peer leader shared the

information inappropriately.

PART 5: ADVOCACY
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Advocacy has always been a part of a counselor's role but just recently it has shifted to

being at the "core of their professional identity" (Toperek et al., 2009, p. 260). The Multicultural

and Social Justice Counseling Competencies include a socioecological model as a framework for

not only individual counseling but as the basis for social justice advocacy (Multicultural and

Social Justice Counseling Competencies, 2015). When looking to build a prevention program

there must be a review of multiple levels including institutional, community, and public policy so

that collaborators are aware of the different barriers that could be encountered at each level and

have a set of identified action steps ready.

Institutional

There are different factors that can impact clients at the school level, but the primary

issues can usually be found in the systems and structures that support the school community and

environment. Schools can be hostile places and adolescents can feel excluded, marginalized, and

isolated based on the support systems that may be missing or may be improperly

implemented. One action step is to work in collaboration with the staff to collect and interpret

student data to look for areas of concern and develop plans to improve the areas of need. In most

areas statewide student data can be found that allows a system to compare themselves to the

whole state. In addition, another action step is professional development for staff members in equity, inclusion, anti-bullying efforts and ways to build relationships and create connections with students.

Community

Community resources can be a barrier to marginalized groups and is one place where counselors can work to advocate to support client needs. In Orleans County, Vermont one significant area of concern is the services provided by Northeast Kingdom Human Services. In December of 2020, the agency was placed in provision status by the state in response to concerns regarding complaints about "overall leadership, organization, culture and quality of services for clients" (Vermont Digger, 2020). Local counselors have had to act as advocates for clients regarding the continued attempts by the agency to improve services. Action steps include attending regular meetings for each of the sub committees of the agency as they work to implement their improvement plan. Local counselors are also asked to complete feedback forms after attending meetings facilitated or held in cooperation with the local agency as a means of holding the agency accountable for their actions for clients. While larger agencies can seem intimidating to individual counselors, we must be ready to advocate for clients to be sure that the local resources are meeting their needs.

Public Policy

Public policy includes the "local, state, and federal laws and policies that regulate or influence client human growth and development" (Multicultural and Social Justice Counseling Competencies, 2015). Barriers include laws and policies that continue to perpetuate marginalization and exclusion of specific populations of clients. Often mental health clients are

excluded in this way. It is important for counselors to maintain systems of communication with state agencies as well as local and state level elected officials to be sure that we are advocating to our clients' needs as new legislation is introduced and considered. Additonally, counselors need to consider membership in state and national associations as a way to support collective voice when the associations advocate at the state and national level.

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