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Suicide Awareness and Prevention with Montana (Three Forks) Youth

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Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Suicide, Prevention, Youth, Montana, Three Forks, Awareness, The Health Belief Model, The Theory of Planned Behavior, Signs of Suicide, Advocacy

Suicide Awareness and Prevention with Montana (Three Forks) Youth

Goal Statement: Lower the number of suicide attempts or completions with Montana (Three Forks) youth.

Significant Findings: The rate of suicide has increased dramatically over the last 30 years, and the rate for suicide for those between the ages of 5-14 have increased at least 60% since 1981 (Rosston, 2022). The population for this social change portfolio is Montana youth and the problem is suicide attempts and completions. Not all groups of youth are equally at risk for suicide, with Native Americans and the LGBTQ+ population facing a much higher risk of suicide attempts and completions (Rosston, 2022). The consequences of high suicide rates (beyond the loss of a valuable life) include things like a financial toll to families and the community and complicated grief in the survivors of suicide (Bellini et al., 2018). Lastly, it is important that we work to prevent problems in our communities, instead of always reacting after they have occurred (Tucker, 2015).

Objectives/Strategies/Interventions/Next Steps: There are many different strategies, interventions, and next steps that can be used and taken to provide awareness to the issue of suicide in Montana and work to lower the suicide rates. The social-ecological model provides a great framework to view the risk and protective factors at the individual, relational, community, and societal levels that are critical to understand when working to prevent suicide with Montana

youth (Aytur et al., 2022). The health belief model and the theory of planned behavior can provide a great framework to begin to build a foundation for change in Montana when it comes to how suicide prevention is approached (National Cancer Institute, 2005). The signs of suicide program is an effective research-based program that can be used in schools and communities to help increase help seeking behavior and lower the reported rates of suicide attempts (Aseltine & DeMartino, 2004). Another important consideration is to provide advocacy at the institutional, community, and public policy levels to try and create an environment that has the needed supports to prevent the suicide problem Montana faces and remove barriers to the efforts of suicide prevention (Ratts & Greenleaf, 2017).

INTRODUCTION

Suicide Awareness and Prevention with Montana (Three Forks) Youth

Suicides are a serious problem across the United States, and now surpass car accidents as the number 1 cause of injury-related deaths in the country (Rosston, 2022). Furthermore, the rate of suicides has been increasing over the past 20 years and has increased by about 30% (Bilsen, 2018). This is clearly an issue nationwide, that requires a response, and that response should be pro-active and work to prevent suicide attempts and completions. As counselors, it is important to think upstream when dealing with community mental health issues, and work to prevent them and not just react to them (Walden University, 2018). It is important that we focus more on trying to prevent issues altogether, rather than only focusing on trying to fix and cure them after they occur (Tucker, 2015). This portfolio will work to cover the issue of suicide attempts and completions with Montana (Three Forks) youth and find a preventative and pro-active approach to this issue.

PART 1: SCOPE AND CONSEQUENCES

Suicide Awareness and Prevention with Montana (Three Forks) Youth

The target problem that this portfolio works to prevent and proactively address is the issue of suicide attempts and completions with Montana youth, specifically within Three Forks (my community). Montana has consistently been in the top 5 for suicide rates for the past 30 years (Rosston, 2022). These rates, being so high, are aided by the social isolation that many areas of Montana face, high levels of alcohol use, a lack of awareness, high levels of stigma around mental health struggles, and a lack of resources. Montana youth tend to have easy access to firearms, and 62 percent of individuals in Montana that died to suicide, used a firearm (Herling, 2019). Suicide is currently the number 1 cause of preventable deaths in Montana for children ages 10-14 (Rosston, 2022). In Three Forks, according to the school resource officer, there have been 6 completed suicides in the last 4 years, and that is for a community of about 3,000 people (D. Meyland, personal communication, June 3rd, 2023). Since I started working in Three Forks Schools, there have been 96 electronic flags for suicide content on student's school computers, 43 suicide risk assessments completed, 9 known suicide attempts that ended with hospitalization, and 1 completed suicide. The school resource officer also reports that these rates are up from 6 known attempts last year and 36 suicide risk assessments, and 5 known attempts the year before that with 29 suicide risk assessments (D. Meyland, personal communication, June 3rd, 2023). Montana's rate for youth suicide (ages 11-17) is over double the rate of the national average (Rosston, 2022). According to the youth risk behavior survey, over 10 percent of 9th-12th graders in Montana schools had made a suicide attempt within 12 months of the survey time

frame, and over 13 percent of 7th and 8th graders had attempted (Montana Office of Public Instruction, 2022).

The impact of these issues has left many people in the community stunned and grieving. For every completed or attempted suicide, there are loved ones who are left wondering what led to this result for their loved one. Suicide survivors face complicated grief that can severely impact their ability to live normal and fulfilling lives and puts them at high risk for suicide themselves (Bellini et al., 2018). In Montana, there are nearly 1,800 survivors of suicide, all of which are three times more likely to commit suicide themselves (Rosston, 2022). Complicated grief from higher suicide rates can take a toll on the mental health resources available in an area and leave many people with no access to mental health services as a result (Herling, 2019). Families can be torn apart by the grief that suicides create. Another impact of not bringing awareness to the signs of suicide, is the amount of people that feel stigmatized because of their mental health issues and are much less likely to ask for and receive support for those issues (Singer et al., 2019). Furthermore, an individual who attempted suicide faces a long road to recovery from that trauma, and the same can be said for their loved ones (Aytur et al., 2022). The medical care needed after an attempted suicide can cost a lot of money for the family and have large financial impacts on them (Cramer & Kapusta, 2017). High suicide rates have been shown to have economic consequences on communities and the response to the high suicide rates can take up a lot of community resources (McDaid et al., 2021). This issue can also contribute to a poor school culture that is not conducive to a safe learning environment for all students (Schilling et al., 2016). Bringing awareness to these suicidal ideations also allows for school counselors and administrators to deal with any issues that could be contributing to these high suicide attempt rates, like bullying (Singer et al., 2019). Students dealing with issues that lead to

suicide attempts, depression, or suicidal ideation are also more likely to struggle academically (Singer et al., 2019). Luckily, suicides can be prevented.

PART 2: SOCIAL-ECOLOGICAL MODEL

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There are many different factors that can contribute to whether someone might make the choice to attempt, or not to attempt suicide. The factors that act to protect from the risk of suicide are called protective factors, while the factors that can increase the risk of suicide are called risk factors (Bilsen, 2018). The social-ecological model can be used to break down protective and risk factors into four different levels: individual, relationship, community, and societal (CDC, 2022). Using the social-ecological model, the different risk and protective factors for an issue can be identified, which can be extremely important when working to create positive and preventative change.

Individual Protective and Risk Factors

There are many protective and risk factors at the individual level that can both increase and decrease the risk of suicide in youth. One of the biggest individual risk factors for suicide is whether an individual has or is experiencing adverse childhood experiences (ACEs), such as being abused or witnessing abuse of a loved one (Aytur et al., 2022). Some other prominent risk factors for suicide are if an individual suffers from a mental health disorder and or often has feelings of hopelessness (Bilsen, 2018). Furthermore, previous suicide attempts serve as a risk factor, as well as high impulsivity (Aytuer et al., 2022). Poor physical health or health issues are also a risk factor for potential suicide and substance use is a common risk factor associated with suicide (Wei & Mukherjee, 2021). There is some research that suggests that males are more likely to complete a suicide attempt, while females are more likely to attempt a suicide, and that

sexual orientation (gay, bi-sexual) can contribute to a greater suicide risk (Sinyor et al., 2017). Another important suicide risk factor is school performance, students with lower grades are at much greater risk for suicide then students with good grades (Rosston, 2022).

For youth, having good physical health can serve as a protective factor against suicide risk, as well as having good grades in school (Bilsen, 2018). Another strong individual protective factor against suicide is having strong and healthy coping skills and high self-esteem (Singer et al., 2019). Another factor that has shown to serve as a protective factor is having a strong individual cultural identity and having things to live for that the individual values (Cramer & Kapusta, 2017).

Relationship Protective and Risk Factors

Some relationship risk factors include bullying, social isolation, and a history of loss with loved ones. (Aytur et al, 2022). Potentially one of the greatest relationship risk factors is having a negative or abusive relationship with caregivers/parents (Bilsen, 2018). Another risk factor at the relationship level is whether a loved one suffers from a mental health disorder themselves. Individuals are three times more likely to attempt suicide if a loved one of theirs has committed suicide (Rosston, 2022). Luckily, there are many protective factors that can serve to buffer against the risk of suicide at the relationship level (Singer et al, 2019). Some of these are strong relationships with caregivers/parents, healthy peer relationships and friendships, feelings of connection with others, and high levels of support from loved ones.

Community Protective and Risk Factors

Community risk factors can include things like a lack of healthcare or mental health care in your community (Rosston, 2022). If there have been a lot of recent suicides in your community, like there has been in Three Forks, this can also serve as a community risk factor

(Aytur et al., 2022). If there is a community culture of discrimination or lack of inclusion, this can serve as a risk factor as well. Some specific risk factors in Montana include a lack of vitamin D, social isolation, access to lethal means, alcohol as a community coping strategy, high levels of stigma around mental health, low socioeconomic status, and the high altitude (Rosston, 2022).

Community protective factors can serve an important role in reducing the risk for suicide in communities. Protective factors at the community level can include things like access to high quality healthcare, both physical and mental, and connection to schools (Singer et al., 2018). Schools can serve to be powerful protective factors in their communities, and so can religious organizations, such as churches (Schilling et al., 2016). High levels of suicide and mental health awareness and lower levels of stigma around getting help can serve as protective factors in communities (Schilling et al., 2014). High amounts of easy to access extracurricular activities also serve as a protective factor at the community level (Cramer & Kapusta, 2017). In Three Forks, the tight knit community and connection to each other serves as a protective factor for the members of the community.

Societal Protective and Risk Factors

As a greater society, the ease of access of information via social media and the internet serves as a risk factor because of the age at which it is being accessed and the type of content that is being displayed (Schilling et al., 2016). Today, children as young as five know what suicide is and how people complete them from things they have seen on the internet, social media, television, and movies. Covid-19 served as a societal risk factor that we are all still recovering from (Aytur et al., 2022). High levels of stigma for the treatment of mental health issues still face our country on the societal level, as well as a lack of funding for mental health services and behavioral health (Aytur et al., 2022). Some societal protective factors include pushes to increase

the funding to mental health programs and creating easier access to behavioral health services (Singer et al., 2018). An overall cultural and moral objection to suicide also serves as a protective factor on the societal level. A good economy and lower rates of unemployment can also serve as protective factors against suicide, as well as policy changes to bring awareness to the mental health issues facing our country after the pandemic (Aytur et al., 2022).

PART 3: THEORIES OF PREVENTION

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Theories and models can help drive the interventions that professionals use to combat community health issues and provide a framework through which these issues can be viewed and conceptualized (National Cancer Institute, 2005). Two theories that could be useful in combatting the suicide issues that Montana currently is facing are the health belief model (HBM) and the theory of planned behavior (TPB). The HBM is comprised of six different constructs that work together to create more proactive behavior to prevent health issues (Green et al., 2020). The six different constructs are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, modifying variables, cues to action, and self-efficacy (National Cancer Institute, 2005). The HBM works to inform individuals of the realities around them dealing with an issue (like suicidality) and how severe it could be (like their potential death or someone they love) and then show them the benefits of acting in a preventative manner (Green et al., 2020). The HBM looks to remove any perceived barriers to action (lack of mental health services, bullying, etc.) and then it looks at the individuals' modifying variables that might interplay with the issue (sex, gender, sexual orientation, etc.). Finally, it uses constant cues to positive action (posters, social media, weekly bulletins, etc.) to promote proactive health behaviors to combat

the targeted community health issue and to build the self-efficacy of individuals so that they believe they can make an impact on the issue (Green et al., 2020). The HBM has been used for decades to help combat many different health issues and there are dozens of studies that have shown it to be an effective theory to conceptualize community issues and work towards positive solutions (National Cancer Institute, 2005).

Another theory that could be useful, when working proactively to combat suicides with Montana youth, is the TPB. The TPB is made up of three constructs: personal attitudes toward a behavior (suicide), subjective norms of others around that behavior, and perceived behavioral control (Ajzen, 2020). This framework could be used to proactively provide awareness around the target behavior, impact the subjective norms of that behavior (suicidality), and then address what to do to control that behavior or where to go for help. The TPB has been used to predict whether college aged students would seek care for depression (Bohon et al., 2016). Bohon and colleagues (2016) found that creating positive attitudes towards mental health care, education on mental health issues, and awareness of available resources could be effective in increasing care seeking behavior. This is like what my social change plan hopes to do regarding the issue of suicidality with youth in Montana and more specifically, Three Forks.

The Signs of Suicide (SOS) prevention program can be used to lower suicide attempts and completions, bring awareness to the signs of suicide, increase reports on those who might be at risk, work to pro-actively get youth the support they need, and help others know what to do if they notice the signs of suicide in someone else or themselves (Schilling et al., 2016). SOS has been used in both high schools and middle schools to lower suicidal behaviors and increase the rates of someone reporting concern for another individual (Schilling et al., 2014). A study done with 2100 public school students, across three schools, showed that youth in the treatment group

(those who received the SOS program) were 40% percent less likely to report a suicide attempt in the last 3 months when compared to those in the control group (Aseltine & DeMartino, 2004). The SOS program works to provide education on the reality of suicide and ways that people can help themselves or others around them. The program works to also provide resources specific to each area that youth can utilize when they see any of the signs of suicide in themselves or their loved ones (Schilling et al., 2016). Overall, this is a program that seems to have great benefits for the youth in Montana (Three Forks) and would work to prevent the community issue we are plagued by.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Suicide Awareness and Prevention with Montana (Three Forks) Youth

LGBTQ+ Considerations

Developing interventions that serve the needs of diverse populations, while considering the multicultural identities of the youth being served, are critical in providing effective and culturally relevant services (Reese & Vera, 2007). Within the field of suicide prevention for youth, there are two diverse populations that are adversely impacted by suicide attempts and completions. As previously discussed, the suicide rates across the nation have been climbing, but both Native Americans and the LGBTQ+ population are at considerably higher risk for suicide than other groups of people (Rosston, 2022). Youth who identify as LGBTQ+ are more than three times more likely to attempt suicide than their peers that identify as straight (Hatchel et al., 2021). Those rates climb even higher for those that identify as transgender specifically (Jadva et al., 2023). There are many things that contribute to such high rates within the LGBTQ+ group, such as peer victimization, stigma, discrimination, behavioral factors, and mental health issues (Hatchel et al., 2021). A protective factor for LGBTQ+ youth and suicidality are youth having

positive school experiences and feeling some belonging to their school communities (Jadva et al., 2023). Providing psychoeducation for LGBTQ+ youth around risk factors of suicide and specific resources for them to access if they are struggling, can be effective in mitigating the rates of suicide (Hatchel et al., 2023). Working to create a safe space in schools, and creating a bullying free environment is also an important piece of providing effective preventive care for LGBTQ+ youth (Jadva et al., 2023). Promoting self-compassion through your preventive program and working to encourage the parents of LGBTQ+ youth to be supportive and accepting of their children are helpful strategies regarding this diverse population (Hatchel et al., 2023).

Native American Considerations

Similarly, the rate of suicide for Native Americans is 70% higher than the rest of the population in the United States (Dorgon, 2010). When looking at the youth risk behavior survey, the percentage of all Montana youth that have attempted suicide jumps from 10.2% to 17.6% when looking at just Native American students (Montana Office of Public Instruction, 2022). Unfortunately, on most Native American reservations, risk factors like low socioeconomic status, incarceration of a family member, previous suicide attempt, loved one's suicide attempts, drug and alcohol abuse, and lack of mental health services are extremely common (Dorgon, 2010). The diversity of Native Americans across the country makes it hard to pinpoint exactly what causes such increased rates, but Native Americans face an extreme historical trauma that could be a large factor (Gray & McCullagh, 2014). To provide effective preventive interventions for this diverse group, it will require high level of collaboration with the local government, federal government, Indian tribal leaders, and mental health professionals (Dorgon, 2010). When providing preventative suicide programs with Native American youth, it is important to consider their cultural background and align the message of the program with that of their culture (Gray &

McCullagh, 2014). It is important to provide education on mental health issues that Native Americans face and resources that they can access to deal with those mental health issues (Dorgon, 2010). This also entails building partnerships with community mental health providers, or even telehealth providers, to provide Native American youth with proactive and preventative care in their communities (Dorgon, 2010). The use of traditional Native American healing practices and culturally aligned spiritual development have been linked to effective suicide prevention programs with Native Americans (Gray & McCullagh, 2014).

Ethical Considerations

Along with diversity considerations for prevention programs, ethical considerations are just as important and at times go hand in hand (National Cancer Institute, 2005). When working to prevent and lower the rates of suicide with Montana youth, there are many different ethical codes that apply, both from the American Counseling Association (ACA) and the American School Counselor Association (ASCA). Section A.2.c of the ACA (2014) code of ethics, talks about the need to communicate information to all clients in a culturally sensitive and developmentally appropriate way. This will be extremely important to keep in mind and follow when working with diverse groups of youth and families. Furthermore, because of the sensitivity of such a tough subject like suicidality, it will be important to follow section C.7.a of the ACA (2014) code of ethics, which talks about the importance of using research-based interventions. Along with following section C.5. of the ACA (2014) code of ethics that talks about not discriminating against clients for any reason.

It will also be important to consider section A.1 of the ASCA (2022) code of ethics, when delivering services in the school setting, to ensure that students (and their families) identities are honored holistically. Furthermore, section A.2 of the ASCA (2022) code of ethics, talks about

the need to keep the confidentiality (as much as possible) of all students involved in the prevention program and ensure they have been informed of what the program entails and are allowed to make the choice to participate. Section A.6. of the ASCA (2022) code of ethics talks, about the importance of collaboration and advocacy. While advocating for preventive and pro-active services in suicide prevention, it will be important to collaborate with all the stakeholders involved in the program, such as teachers, parents, school administrators, and state officials. Clearly, there are many different considerations that must be considered with this social change portfolio, all of which are important in ensuring the ethical and cultural integrity of the preventative services being provided.

PART 5: ADVOCACY

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There are many barriers that can get in the way of a productive and effective preventative and pro-active social change effort and that contribute to the problem the effort is working to solve (Reese & Vera, 2007). According to the Multicultural and Social Justice Counseling Competencies (MSJCC), these barriers can come from the intrapersonal level, the interpersonal level, the institutional level, the community level, the public policy level, and the international and global affairs level (Ratts et al., 2015). It is important that counselors continue to work as social change agents and advocate for their clients across all the levels to the best of their ability (Toporek, 2009). When looking at suicide attempts and completions, there are many barriers at each of these levels that both directly and indirectly impact the problem of high youth suicide rates (Cramer & Kapusta, 2017). The advocacy section of this portfolio will focus on identifying

the barriers and possible solutions to these barriers at the institutional, community, and public policy levels.

Institutional Level

The institutional level refers to the schools, businesses, churches, and community organizations (like the YMCA or boys and girls club) and can be both a positive force for change and a hinderance (Cramer & Kapusta, 2017). Considering that the research-based program (the signs of suicide) that this portfolio wants to use help promote preventive action is primarily administered in schools, the institutional level is critical in the success of this social change initiative. Barriers at the institutional level regarding my target problem (suicidality) include discrimination towards LGBTQ and minority groups in schools, stigma pushed by churches and schools around help-seeking behaviors, a lack of training in schools around mental health and suicidality, and high levels of bullying within the school (Cramer & Kapusta, 2017). Negative school experiences have been shown to directly contribute to higher suicide rates for youth (Bilsen, 2018). Bullying or negative experiences with peers, is a huge component of high suicide rates for minority populations, like LGBTQ+ youth, and occurs often in schools (Jadva et al., 2023).

A simple advocacy action that can be taken by a school counselor at the institutional level, is to push for more training for school staff on preventing bullying, recognizing the signs of suicide, and what to do if any of those signs come to light (Schilling et al., 2016). The school counselor could work with administration to examine how bullying is being dealt with, where it is occurring, and then work to find better and consistent solutions for this issue at schools (Ratts & Greenleaf, 2017). Furthermore, current staff attitudes and knowledge on mental health, help-seeking behavior, recognizing the signs of suicide, and what to do if a student is struggling could

be examined. Based on what is uncovered, staff would then receive training to fill in knowledge gaps in these areas and be given step-by-step processes to follow for when they are worried about a student or group of students (Ratts & Greenleaf, 2017). This advocacy action step could be effective because it will allow administrators, teachers, and school counselors to work together to better support all the students in their schools, create a more positive and accepting school culture, and quickly recognize students who might be at risk for suicidality (Singer et al., 2019).

Community Level

According to the MSJCC, the community level refers to the beliefs, values, and norms of a community that can both contribute to a problem or help negate it (Singh et al., 2020). At the community level there are many contributing factors for why suicide rates are so high in Montana, and plenty of barriers that make it hard to solve the target problem (suicidality) (Herling, 2019). Barriers at the community level in Montana include things like stigma towards mental health (asking for help is seen as a weakness), ease of access to lethal means (almost everyone owns a firearm), lack of behavioral health services (there are very few mental health providers in rural areas), high levels of alcohol as a coping mechanism (high levels of drinking as a community norm), and socioeconomic issues (Rosston, 2022).

The first step in an advocacy action step would be to collaborate with others in the community who see how the community norms and values are contributing to the target problem (Ratts & Greenleaf, 2017). Then, it would require working to gather both quantitative and qualitative data to see just how big of a role the norms and beliefs of the community are having on the target problem (Ratts et al., 2015). Working with all the needed stakeholders (community members, businesses, schools, churches, advocacy groups, town leaders, etc.) it would be

important to begin to bring awareness to the lack of mental health services and find ways to get more in the community, even if it is through telehealth (Dorgan, 2010). Also, it would be helpful to partner with willing community members to bring attention to the importance of getting help for mental health issues, to battle against the stigma that is prevalent in Montana norms and beliefs (Herling, 2019). These action items could work hand in hand to help prevent the target problem by increasing the resources for mental health and by reducing the stigma around accessing those resources.

Public Policy Level

The MSJCC describes the public policy level as the federal, state, and local policies and laws and how they contribute to solutions or problems for the clients of counselors (Ratts et al., 2015). Within Montana there are different barriers at the public policy level that greatly impact the target problem (suicide rates), two of which are firearm policies and a lack of funding towards mental health (Herling, 2019). Herling (2019) talks about how the policies that are currently in place allowing for such ease of access to firearms and the complete lack of state funding for mental health greatly contribute to the high suicide rates in Montana. Access to guns and a lack of mental health funding has been shown to be a policy level issue across the greater United States as well (Swanson et al., 2015). The lack of mental health care funding at the federal level and a lack of emphasis/funding for mental health awareness for mental health programs within schools are key barriers in the fight against suicide at the public policy level (Sinyor et al., 2017). It would be important to look at school policies and laws that are in place and advocate against any policies that unfairly target at risk students or perpetuate mental health stigma (Ratts & Greenleaf, 2017).

According to the MSJCC, when advocating at the public policy level, it is first important to identify specific laws or policies that could be impacting the target problem and at what level they reside (state, local, or federal) (Singh et al., 2020). It is also important to engage in social advocacy to change any local, state, or federal policies that are unfair for marginalized groups, benefit privileged groups (at the expense of other groups) or are unequitable for marginalized groups of people (Ratts et al., 2015). An advocacy action step that we can take for the target problem of suicide rates in Montana, would be to reach out to the local, state, and federal governments and work to shine a light on the lack of mental health funding and consequences that easy access to firearms creates (Sinyor et al., 2017). This would involve working to build relationships with policy makers and advocacy groups and spreading awareness of which specific laws or policies (or lack thereof) are contributing to the target problem (Ratts & Greenleaf, 2017). Advocating to make firearms harder to access, or at least required to be locked and stored properly, and increasing the funding for mental health services (in schools and in the community) could work to create momentum in the right direction to stem the increased rates of suicide (Sinyor et al., 2017).

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