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# Reducing the Risk of Suicidal Ideation in Calvert County, MD

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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Contents

# OVERVIEW

Keywords: **risk, suicidal ideation, Calvert County, Maryland**, **adolescent, youth**

Reducing the Risk of Suicidal Ideation in Calvert County, MD

Goal Statement: The goal of this social change portfolio is to decrease the risk of suicidal ideation in Calvert County, MD by using preventative methods, let us help these adolescents before they become another statistic that could have been prevented.

Significant Findings: In Calvert County, MD there are only 93,928 individuals, yet adolescent death by suicidal ideation is higher, 16.5 deaths per 100,000 individuals, than the national average, 10.2 deaths per 100,000 individuals (Data Commons, 2021b; Healthy Calvert, 2020). Those that are exposed to suicide are twice as likely have suicidal ideations compared to those who have not been exposed and nearly four times as likely to have PTSD (Cerel et al., 2016). There are various risk factors from the individual level through the societal levels with limited protective factors in place to support the residents of Calvert County. Ways to reach our goal would be to implement programs such as Youth-Nominated Support Team-Version II, focus on high risk groups (ie. transgenders), and advocate for adolescents in Calvert County by focusing on the various levels that are outlined in the Multicultural and Social Justice Counseling Competencies (Austin et al., 2020; Multicultural and Social Justice Counseling Competencies , 2015; Social Programs That Work, 2019).

Objectives/Strategies/Interventions/Next Steps: The first objective is to decrease suicidal ideation in Calvert County, Md from its current rate 16.5 deaths per 100,000 to the national average of 10.2 deaths per 100,000 individuals (Healthy Calvert, 2020). Once this objective is

complete, then the objective shifts to becoming less deaths per 100,000 than the national average. There are many interventions that can be put into place to decrease these statistics, the first intervention would be to create a Youth-Nominated Support Team-Version II (YST) program at Calvert Health Medical Center and MedStar St. Mary's Hospital (Social Programs That Work, 2019). St. Marys Hosptial is in the neighboring county but given there is only one hospital in Calvert County, many individuals from the county end up at St. Mary's hospital because it is just as close to the southern end of the county, we want everyone to have a fair shot at being helped through the program.

The next beneficial intervention would be to meet with the Board of Education to discuss how we can change the cirriculum to shift towards acknoledging mental health and creating more opportunities within the school system to discuss mental health disorder signs/symptoms and treatment. The next steps needed to achieve these objectives and interventions would be to assemble a collarboration team focused on seeing these objectives/interventions through, this team would include local counselors (school and mental health), staff from the psychatric unit in the hospitals, members of the board of education, and youth who have recovered from suicidal ideation in the past—this is perhaps the most important members as they give a personal perspective on the lack of community reources that could have been beneficial.

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# INTRODUCTION
## Reducing the Risk of Suicidal Ideation in Calvert County, MD

The State of Maryland is home to 6.165 million people and 93,928 individuals live within Calvert County, MD (Data Commons, 2021a; Data Commons, 2021b). Calvert County is a county located at the Southern end of the state and it is populated with small towns throughout

the county. Each town holds their own "small town charm" but with this "small town charm", comes limited resources. There are limited mental health counselors and school counselors are stretched thin, often one or two per overcrowded school. With such limited resources, it is difficult to provide the proper prevention methods needed to decrease mental health disorders. Ultimately, every county in the United States could use more resources to help with mental health within the community, however, that is not always possible to achieve. Instead, we can create social change by tackling one difficulty at a time, in the case of Calvert County, MD, preventing suicidal ideation is high on that list, considering the staggering statistics and community fallout.

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## PART 1: SCOPE AND CONSEQUENCES
### Reducing the Risk of Suicidal Ideation in Calvert County, MD

In the United States, there were 10.2 deaths by suicide per 100,000 individuals in the year 2020, however, in Calvert County, MD there were 16.5 deaths age adjusted deaths per 100,000; that is more deaths/100,000 in the state of Maryland and in the entire country (Healthy Calvert, 2020). Not only is the overall death rate but the hospitalization rate due to intentional self-harm and attempted suicide is more than double the Maryland state values at 23.7 hospitalizations per 10,000 between the ages of 10-17 (Healthy Calvert, 2020). This has become a real problem in Calvert County and if something is not done about it then the numbers will continue to rise. It doesn't do anybody any good if we wait until after the problem arises to provide treatment, we must look towards preventing suicidal ideation, before another adolescent loss of life.

When an adolescent loses a life, it ripples throughout the entire community, there isn't a single person who does not feel it. While it affects everyone, there are more direct hits,

especially if suicide is involved. The family of the adolescent will feel it the most, but it will also cause turmoil within the school the adolescent attended. It will cause suffering with the teachers and staff, as well as the students. In addition, those who are exposed to suicide, are at a higher risk for suicidal ideation and psychotherapy (Cerel et al., 2016). With that much grief and increase risk within the population, more resources will be needed, outside and within the school system. It will create an even bigger strain on an already struggling system, instead of waiting for that reality, let us make the social change we need now. The goal of this social change portfolio is to decrease the risk of suicidal ideation in Calvert County, MD by using preventative methods, let us help these adolescents before they become another statistic that could have been prevented.

## PART 2: SOCIAL-ECOLOGICAL MODEL
### Reducing the Risk of Suicidal Ideation in Calvert County, MD

The CDC (n.d.) states that the social-ecological model uses four levels to understand the risks and protective factors involved when determining prevention, these four levels include individual, relationship, community, and societal. In this model, prevention is best utilized when it involved multiple levels at one time, this is because these levels overlap and the influences at one level will inevitably influence another level. The individual level looks at biological and personal history, the relationship level examines close relationships that could influence one's behavior, the community level examines how one's community settings (school, work, neighborhoods, ect.) influence an individual, and the societal level is the broadest level, examining how societal factors can influence one's behavior in a positive or negative way.

On an individual level, the highest risk factor for suicidal ideation is genetics. There is some debate if suicidal ideation can be an independent genetic factor from mental illnesses.

Dutta et al. (2017), introduced the first study that indicated suicidal ideation as having a genetic contribution that was separate from depression. This study indicated that men showed heritable contributions to suicidal ideation that were independent of depression, whereas women had a large genetic component of suicidal ideation directly related to depression. The drawbacks of this study are it was completed outside of a high-income country and will need to be repeated in other countries to determine validity and trends. On the other side of the argument, there are studies showing an increase in suicidal ideation in mood disorders, with depression and bipolar being at the top of the list (Zai, 2012). Some protective factors for individuals with genetic components are positive self-image, self-control, or social competence (Substance Abuse and Mental Health Services Administration, n.d.).

The second highest risk factor for suicidal ideation in Calvert County, MD is substance abuse. So far this year (2023), there have been a total of 49 drug overdoses in the county, with seven fatal overdoses, there is insignificant data from years 2022 and 2021, however, this number is still down from the year 2020 where there 132 overdoses and 23 fatalities (Calvert County Maryland, 2022). The data from year 2020 was on trend from previous years (Calvert County Maryland, 2022).  A protective factor for substance abuse would be abstaining from alcohol and drugs by utilizing self-control, having a positive self-image, and social competence; substance use disorders and mental health illness can overlap with risks and protective factors (Substance Abuse and Mental Health Services Administration, n.d.).

When analyzing the relationship level, you are looking at whom the individual interacts with the most (ie. Family, close friends, partners/spouses) (CDC, n.d.). At the adolescence level, family is going to be a daily influence, this is where examining adverse childhood experiences (ACE) comes into play. One ACE to consider, is the exposure to suicide, this can impact the

relationship model and the community model (Cerel et al., 2016). As mentioned previously, if there is an exposure to suicide, the individual is twice as likely have suicidal ideations compared to those who have not been exposed (Cerel et al., 2016). However, the level of closeness to the individual who committed suicide increased the likelihood of depression and anxiety but nearly quadrupled the chances of developing posttraumatic stress disorder (PTSD) (Cerel et al., 2016). Given this information, while it may affect the community level, it has a more direct hit towards in an individual's relationship level. Some protective factors in this situation are creating positive family and peer to peer interactions and support (CDC, 2022).

As mentioned previously, one community risk factor includes exposure to suicidal, this becomes more apparent during suicidal clusters within the community, this is more likely in Calvert County due to the high suicide ideation statistics (CDC, 2022). Another community risk factor is a lack of access to health care, in this case mental health care (CDC, 2022). Due to the small nature of Calvert County, there is limited mental health care available, this is more apparent in smaller towns. While there is some mental health care available it often found in the bigger towns or in neighboring counties, leaving you to drive 20-30 minutes to have access to care. Community protective factors would be feeling a connection in school, the community, or other social institutions (CDC, 2022). Calvert County is a religious community and while not everyone is religious, there are a lot of churches and community involvement in that manner, churches are a great protective factor within the community.

In the final part of the socio-ecological model one must consider the societal risk factors. There are a few societal risk factors including the negative stigma against seeking help with mental illnesses, having easy access to lethal suicidal means, and the unsafe way the media portrays suicidal ideation (CDC, 2022). There is not much we can do about how the media

portrays suicide, but we can change the negative stigma against seeking mental health illnesses by creating a protective factor where individuals view seeking help as a positive thing. Additionally, it is way to easy to access lethal means to commit suicide such as easy access to guns and illegal substances. The best protective factor in this case would be to reduce overall means to lethal means of committing suicide, especially in areas where individuals are at a higher risk of suicidal ideation (CDC, 2022).

## PART 3: THEORIES OF PREVENTION
### Reducing the Risk of Suicidal Ideation in Calvert County, MD

There are many theories that can be utilized for suicide prevention; however, Social Cognitive Theory (SCT) is the theory that can be the most useful. According to the National Cancer Institute (2005), SCT, based on Social Learning Theory (SLT), is "a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other" (p. 15). Within this dynamic there are three main factors that are likely to determine if an individual will change a health behavior, those three factors are listed as 1) self-efficacy, 2) goals, and 3) outcome expectancies. Self-efficacy is perhaps the most important because it is the overall confidence an individual has to overcome barriers and take action when needed; if an individual feels as if they do not have control over their behavior, there is no motivation to change that behavior. When an individual adapts to this new behavior, this changes both the individual and their overall environment. There are many strategies for increasing self-efficacy including "setting incremental goals, behavioral contracting, and monitoring and reinforcement" (p. 16).

The National Cancer Institute states that SCT uses many different constructs to determine the processes of cognitive, behaviorist, and emotional models, these domains include: reciprocal determinism, behavioral capability, expectations, self-efficiancy, observational learning (modeling), and reinfrocments. Reciprocal determinism is used to determine interactions that influence eachother such as behavior, personal factors, and envirnoment. Behavior capability is utilized to understand that in order for an individual to perform a specific behavior, that individual must know what to do and how to do it. Expectations are thought to be the results and individuals expects to happen once an action is taken; self-efficacy was discussed at length above. Observational learning (modeling) is when an individual does not learn through their own experince but rather learns through the observation of another credible individuals experience. Reinforcements can be looked at through either positive or negative reinforcements, these reinforcments help to determine if an individual is liekly to repeat that behavior in the future. A positive reinforcment, also known as a reward, will increase the likelhood that an individual will repeat that behavior in the future. A negative reinforcment, causes a negative stimulus, making it more likely that an individual will not want to repeat that behavior to avoid the negative stimulus associated with that behavior. Aside from a positive and negative reinforcment, reinforcments can also be internal or external in nature. An internal reward is something an individual does to reward themselves where as an external reward is something that occurs from other people to encourage continued change in behavior, however, these external rewards do not work as well longterm.

Social Programs That Work (2019), suggests the programYouth-Nominated Support Team-Version II (YST) as one that could be useful in preventing suicide amoung adolescents. This program was created as a psychoeducational, social support program in a psychatric unit for

adolescents who have recently attempted suicide or who have had serious thoughts about attempting suicide. This program was extremly effective from reducing the overall mortality rate of those involved from 6% to 1%. Once an adolescent is in the psychiatric unit, they are teamed with a "caring adult" that serve as a support person once the adolecent is realesed from the hospital. This "caring adult" attend psychoeducational sessions to learn about the adolescents problem list/treatment plan and to learn about suicide warning signs and positival behavioral choices. This program is enacted for three months post hospitalization and included regular contact with the adolescent they are supporting as well as weekly supportive phone calls from YST staff.

The YST is an excellent program that utilizes the SCT, which is rooted in forming positive behaviors, by using observation/modeling from a credible adult. It also uses an external reinforcment, which may only be a short term solution, but sometimes that is what is needed to get individuals out of the danger zone when contemplating suicide. Once an individual is out of the danger zone, you can then focus on changing behaviors on a long term basis, I would also hope that the individuals involved in this program would form a long term bond that continued once the program has ended.

## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
### Reducing the Risk of Suicidal Ideation in Calvert County, MD

An increase in suicidal ideation can be caused by many things such as genetics and other mental health disorders, however, one thing that should be considered is also the minority of the individual. When an individual is in a minority group, they are often open to hostility and discrimination from others, this can lead to traumatic experiences when increase the risk of suicidal ideation. One minority group that is very prone to these experiences are those who are

transgender. Austin et al. (2020) states that 82% of transgender individuals have considered suicide, while 40% of transgender individuals have attempted suicide, the highest rates being with transgender adolescents. There is evidence that suggests that out of all the transgender individuals who consider/attempt suicide, 40% of them are adolescents or young adults. The transgender suicide attempt rate is nearly nine times higher than the general U.S. population.

Austin et al. (2020) shares that one of the key models for explaining why transgender youth may have an elevated rate of negative health outcomes have, such as suicide, is the minority stress model. This model suggests that identity-based stressor (discrimination, stigma, rejection, bullying, etc..) cause an increase in mental health risks and may include experiences of rejection from parents, family, and peers through means of emotional, verbal, or physical abuse. The minority stress model pairs well with the interpersonal theory of suicide, which suggests that "suicidality is caused by thwarted belonginess and perceived burdensomeness (and hopelessness about these states)".

Mora & ICGC-I (2019) states that protective factors for trans youth is positive family and social support, this is further backed by Austin et al. (2020) research stated above. There are many programs that could be implemented to provide proper social support. One program that comes to mind was discussed previously, known as the Youth-Nominated Support Team-Version II (YST), this program was used to connect adolescents who had been hospitalized due to a suicide attempt, upon release they were paired with a caring adult as a support person for three months post hospitalization (Social Programs That Work, 2019). This was a very successful program, with some modifications, this program could be fitted to pair transgender youth and transgender adults within the community. This would provide the transgender youth with the positive social connections they need to ensure more protective factors for them. Another

protective factor for transgender youth is a positive relationship with school, this would included real and percieved saftey at their school and having a school that would promote diversity and respect (Mora & ICGC-I, 2019). One way to ensure this would be to provide training within the school for all it's teachers, staff, and adminstration. It would also prove useful to have representation within the Board of Education, by providing a voice within the school system, the school system would be promoting their diversity and respect in ways that would make a difference when structuring the school envirnoments.

There are many ethical considerations from a clinical counseling and school counseling perspective to take into consideration. From a clinical counseling perspective the ethical considerations are as follows: A.1.d.: Support Network Involvement, the ability to recognize that support and understanding from others can be a positive resource; A.7.b.: Confidentiality and Advocacy, counselors engage in advocacy efforts on behalf of clients to imporve services available to the client and works to remove systemic barriers; B.1.a.: Multicultural/Diversity Considerations, counselors maintain awareness/sensitivity with different cultures by respecting differing views; C.6.e.: Contributing to the Public Good, counselors will make a resonable effort to the public to provide services without expecting financial return (American Counseling Association, 2014). As a school counselor there are different ethical considerations that must be made including: A.1.a.: ensuring diginity and respect to unique individuals, making the primarary obligation to the student; A.1.b: fostering all students and how they identify and their psychosocial development; A.1.c: working to elimante systemic barriers and bias's that imped student development; A.2.g: understand that the primary obligation for confidentiality is to the students, but the students are minors so there is a balanace with that obligation in regards to the parent/gaurdians' legal and inherent rights of their children (American School Counselor

Association, 2022). While there are many other ethical considerations one must consider when dealing with any client, those listed above have a direct correlation to the programs discussed to help prevent transgender youth from considering, attempting, or commiting suicide.

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## PART 5: ADVOCACY
### Reducing the Risk of Suicidal Ideation in Calvert County, MD

The Multicultural and Social Justice Counseling Competencies (2015) has put together a "framework to implements multicultural and social justice competencies into counseling theories, practices, and research" (p. 3). There are several developmental domains that provide different layers to multicultural and social competence including, counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. Counseling and advocacy interventions intervene in on behalf of clients in one of the six levels of interventions: intrapersonal, interpersonal, institutional, community, public policy, and international and global affairs.

The institutional intervention refers to representing any social institutions in society (schools, churches, or community organizations) (Multicultural and Social Justice Counseling Competencies, 2015). On an institutional level there can be many barriers to reducing the risk of suicidal ideation. Some of the more important barriers include lack of resources and training, the negative stigma associated with suicidal ideation, and the heavy caseloads of school and clinical mental health counselors (Woolf, 2015). In Calvert County, each elementary school only has one school counselor, each middle school has two, and each high school has three-five. That is a very limited number of resources for the school systems, considering that many warning signs of suicidal ideation may be caught within the school system first. Outside of the school system,

there is a limited number of mental health resources within the county and many of them are spread out, making it a commute to any one of them. The best way to combat the lack of workers available is to train those within the school systems (teachers, administrators, staff, and students) on suicide warning signs and prevention, the school system is the first line of defense in identifying these students.

Community interventions refer to how the community uses the spoken and unspoken word to determine the norms, values, and regulations within society (Multicultural and Social Justice Counseling Competencies, 2015). When examining community interventions, it is important to examine the negative stigma associated with suicidal ideation, this is perhaps the biggest barrier within the community. The negative stigma regarding suicide is both spoken and unspoken, making it difficult for individuals to speak up when they are starting to have these thoughts and feelings. Talking about suicide needs to become normal and encouraged to prevent it, in the same way that talking about sex and birth control can prevent teen pregnancy. Talking about suicide should happen more often within the school system, at home, and at community events; creating an open line of communication on the subject can go a long way.

Public policy interventions refer to any local, state, and/or federal laws/policies that hinder client development (Multicultural and Social Justice Counseling Competencies, 2015). One of the biggest barriers to getting adequate mental health care, is for insurances to cover those visits. According to the American Psychological Association (2014), the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act was put into place in 2008, however, the law isn't perfect and there are some drawbacks. Insurance companies are now required to treat mental/behavioral health and substance abuse benefits the same as they would medical treatment but not all health insurance plans provide mental health benefits. Many

insurance plans to provide mental health care but you often have to be reevaluated every certain number of visits. The biggest drawback to this Act is that many mental health care providers do not take insurance because many insurance companies have not increased their premiums paid to mental health providers in 10-20 years while some have recently cut their rates, due to these providers not being paid their worth, they are not participating in many insurance plans. Ultimately, this causes a lack of access to care because many people cannot afford the out-of-pocket costs to see a counselor, this makes it much harder to treat those who need it, especially those in emergency circumstances like suicidal ideation. This law was a great law to put in place at the time, but it is time that it is updated so that all insurance plans require mental health benefits and there should be an increase in premiums paid to all mental health providers, as well as a generalized increase every year to account for inflation. Revising a law is a huge undertaking and would require a majority of mental health care providers to be on board to see the changes necessary, but is a necessary change to provide more access to mental health care to those that need it.

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