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Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia

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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: suicide prevention, suicide risk, pre-adolescents, adolescents, mental health advocacy, Columbia County, Georgia, theories, school-based interventions.

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

Goal Statement: The goal of this portfolio is to reduce the risk of suicide in Columbia County, Georgia by providing preventative psychoeducation, destigmatizing mental healthcare, and looking at how we can improve mental health in the community.

Significant Findings: Suicide among pre-adolescents and adolescents in Columbia County, Georgia is a critical mental health concern in our community. Studies show we have a 16 per 100,000 suicide rate in our county, which is larger than both the state and national average (County Health Rankings & Roadmaps, 2025), and suicide is the leading cause of death among ages 10-14 in Georgia, which is a major concern in our community (Georgia Department of Behavioral Health & Developmental Disabilities, 2022). We also see that the client- to-counselor ratio is 710:1, which is also higher than the state and national average (County Health Rankings & Roadmaps, 2025). This causes waitlists for members of the community, especially the youth. The portfolio explores multiple strategies to address suicide prevention, including social-ecological model, which examines risk and protective factors in the individual, relationship, community, and societal levels; prevention theories such as Social Cognitive Theory (SCT) and the Health Belief Model (HBM), which helps by providing a framework for understanding the factors that influence suicidal behavior and designing effective intervention strategies, and

evidence-based programs like Signs of Suicide (SOS), which shows a decrease in self-reported suicide attempts by 64% in people who attended versus those who did not (Schilling et al., 2016, as cited in Suicide Prevention Resource Center, n.d.). The portfolio also considers diversity and ethical factors. The portfolio shows all youth in our community are affected by suicide, while also exploring the additional barriers the LGBTQIA+ population is faced with, like isolation and limited resources in the community. The Trevor Project (2022) showed that 64% of the LGBTQIA+ youth wanted mental healthcare but were unable to receive it. The portfolio explores the mechanisms that can be used to help combat the issues the LGBTQIA+ community faces as well as many ethical considerations. Finally, advocacy is explored by addressing barriers and actions we can implement at the institutional, community, and public policy levels. Overall, the portfolio shows that effective suicide prevention requires a comprehensive, compassionate, and community-wide approach that prioritizes psychoeducation, access to care, and ongoing support for the pre-adolescents and adolescents in our community.

Objectives/Strategies/Interventions/Next Steps: The overall objective is to reduce the suicide rates among pre-adolescents and adolescents in Columbia County, Georgia through prevention, psychoeducation, and advocacy. The first step is to identify and address risk and protective factors using the social-ecological model to evaluate effects on the individual, relationship, community, and societal levels. This helps guide interventions that will help build resilience, enhance coping skills, and strengthen protective factors and support among pre-adolescents and adolescents. Additionally, the Social Cognitive Theory (SCT) and the Health Belief Model (HBM) theories focus on increasing self-efficacy and being more self-aware of the seriousness of what you are going through and how to advocate for yourself by asking for help. The next step is implementing an evidence-based program, school-based prevention program like

Signs of Suicide (SOS) in all middle and high schools. Studies show that SOS reduces the self-reported suicide attempt by 64% in students who attended versus those who did not (Schilling et al.,2016, as cited in Suicide Prevention Resource Center, n.d.). Next, schools should provide suicide prevention and mental health awareness training for all staff and educators. This will help with the low school counselor ratio and also help increase the number of people trained who will now know how to identify warning signs or suicide or any other mental health concerns. Lastly, it is important to advocate for public policies that will have a positive impact on the youth in our community. For example, House Bill 736, if passed, would require mandatory training for school staff against bullying and cyberbullying (FastDemocracy, 2025). Providing staff with proper training could help make the students' school environment safer and help reduce the risk of suicide, suicide attempts, and other mental struggles many students face. These strategies provide a framework for professionals to use to help take preventive action against suicide among pre-adolescents and adolescents in their communities by using psychoeducation, mental health advocacy, and collaboration to create a safer, more supportive community.

INTRODUCTION

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

Suicide prevention is a serious concern in Columbia County, Georgia. The local suicide rate reported in 2018-2022 is 16 per 100,000 which is higher than the Georgia average of 15 to 100,000 and the national average of 14 to 100,000 (County Health Rankings & Roadmaps, 2025). Suicide rates in the area may be impacted by the counselor to population ratio of 710:1, which is higher than the average in Georgia's 520:1, and over the double national average of

300:1 (County Health Rankings & Roadmaps, 2025). The numbers here indicate that the community could be lacking the resources and mental healthcare available to them. There is currently a waitlist to see most mental healthcare professionals in the area, it is especially high for children. Which may explain the terrifying statistic that suicide is the leading cause of death for the ages of 10-14 in Georgia (Georgia Department of Behavioral Health & Developmental Disabilities, 2022). Additionally, 17% of Columbia County residents reported frequent mental distress compared to the 16% of the state and national average (County Health Rankings & Roadmaps, 2025). Due to the lack of mental health providers and the reports of frequent mental distress, I think it is important to further explore suicide prevention in the community. This portfolio will look at risk factors, consequences, preventions, diversity and ethical considerations, and advocacy of suicide prevention among pre-adolescents and adolescents in Columbia County, Georgia.

PART 1: SCOPE AND CONSEQUENCES

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

The target problem for this portfolio in my community is suicide, specifically addressing pre-adolescents and adolescents. Suicide impacts people from all over the world of all ages, there is one death by suicide every 11 minutes (Centers for Disease Control and Prevention,2025). Suicide leaves a lasting impact on the people who are left behind and on the community. It is a critical issue that has affected many in my community. Suicide prevention can be what the community needs to help spread awareness and hopefully help many people by reaching them before it is too late. That is why I believe working with pre-adolescents and adolescents can have a major impact on my community because it helps target the problem at an earlier age, hopefully

providing the younger generation with the resources they need to destigmatize mental health and provide them with psychoeducation and tools to help prevent suicide.

In Columbia County, Georgia, the suicide rate is 16 per 100,000 people which is higher than both the national (14 per 100,000) and state average (15 per 100,000) (County Health Rankings & Roadmaps, 2025). Indicating that suicide prevention would be critical to my community. Additionally, frequent mental distress is 17% in Columbia County with residents reporting poor mental health for 14 or more days in 30-day span, which is slightly higher than the state and national average of 16% for both (County Health Rankings & Roadmaps, 2025). Further adding to the problem, our community has a higher population to mental health provider ratio. The ratio in Columbia County is 710:1, compared to the state's 520:1, and over double the national ratio of 300:1 (County Health Rankings & Roadmaps, 2025). These statistics show that our community members have a higher rate of suicide, mental health distress, and are in need of more mental health providers in our area. Given the lack of resources and providers, we can see how this may keep people from finding the mental healthcare they need. Georgia Department of Behavioral Health & Developmental Disabilities (2022) indicates that while the suicide death rates are highest with adults older than 22, it is the leading cause of death for the ages of 10-14, signifying an alarming statistic among the youth in our state. These distressing statistics show just how crucial suicide prevention would be for the community.

The World Health Organization (WHO) (2025) states that suicide is heartbreaking and leaves a lasting impact on families, friends, and communities. Suicide has made a lasting impact on many people I know, including me. When someone commits suicide, they leave behind people who love them and have to live in the pain of losing someone. In most cases, losing someone to suicide can lead someone to mental health distress in those they left behind. The Centers for

Disease Control and Prevention (2025) reports that suicide and suicide attempts can lead their loved ones with grief, anger, shock, guilt, depression, anxiety and even cause suicidal thoughts for those left behind. In addition to a fatality from completing suicide, a failed suicide attempt can lead to permanent serious injuries. The consequences of suicide are severe and can lead to a domino effect, impacting many others who are left behind in the wake of their loss.

The goal of this portfolio is to reduce the risk of suicide in Columbia County, Georgia by providing preventative psychoeducation, destigmatizing mental healthcare, and looking at how we can improve mental health in the community.

PART 2: SOCIAL-ECOLOGICAL MODEL

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

It is important to be aware of the risk and protective factors that play a role in suicide among pre-adolescents and adolescents because these insights may help determine more effective prevention approaches. The social-ecological model will help us look at the individual, relationship, community, and societal levels risk and protective factors that play a role in shaping someone and how they deal with life events and their mental health.

Individual risk factors for suicide risk are mental health disorders, substance abuse, previous suicide attempts, chronic illness or pain, psychological factors of feeling hopelessness and worthlessness, and impulsivity and aggression (Georgia Department of Public Health, 2025). Additionally, the CDC (2024) states that current or prior history of adverse childhood experiences, being the victim of violence, criminal and or legal problems, and financial problems play a role. When looking into the younger age group of school-aged children, the lack of coping skills and impulsiveness are two major risk factors (Wasserman et al., 2021). This shows how

important having coping skills are, especially when facing mental health disorders. Pre-adolescents and adolescents can lack coping skills, impulse control, and control of their emotion and mental health. That is why it is important for them to learn healthy coping skills and the importance of mental health care and emotional regulation. When looking into protective factors, the American Academy of Pediatrics (2022) and the CDC (2024) list coping and problem-solving skills, reasons for living, and a strong cultural identity as strong protection against the risk of suicide. We can see that if they are equipped with coping skills, have a strong sense of self, and have a purpose they have higher success rate against the risk of suicide.

When looking into relationship risk factors the American Academy of Pediatrics (2022) lists bullying, adverse childhood experiences, family history of suicide, and family or peer conflict as the risk factors that the youth may experience. In today's world, children and adolescents not only face bullying at school or their activities, but also online bullying. Social media can be a place to help spread mental health awareness, but it is also a dangerous place where bullying becomes intensified, leaving a lasting footprint following someone in what should be their safe space at home. Additionally, the CDC(2024) states that loss of relationships, violent relationships, and social isolation as relationship risk factors. The protective factors for relationships are feeling connected to others and support from others like family and friends (CDC, 2024). When looking at protective factors at the relationship level, it is important for people to have a connection and support system. It is important to have close friend relationships with your peers and have a trusted adult like your parents you can talk to when you are going through something or to celebrate the good things with.

The community risk factors are lack of healthcare and mental health care, suicide cluster within the community, stress of acculturation, community violence, historical trauma, and

discrimination (CDC, 2024). School-aged children who face community violence, discrimination, and acculturation are dealing with stresses that most people do not understand. This is a problem that the community must work together to solve. Although my community does not face violence, discrimination is something that people are unfortunately faced with. Additionally, we can see that because of the ratio of population to mental healthcare providers in our community, we may lack the resources needed to ensure everyone has access to mental healthcare in our area. When looking at the protective factors against suicide at the community level, the CDC (2024) and the American Academy of Pediatrics (2022) say that feeling connected to the community, school, and other social institutions as well as access to mental and physical healthcare lists these as protective factors. Having support at the community level is an important protective factor. For example, if the youth in our community were able to join an activity, hobby, or sport they love they can often find a peer group of people who share the same interests as they have. This will help them have connections and build lasting relationships.

Lastly, we will look at societal risk and protective factors. The American Academy of Pediatrics (2022) states that unsafe media portrayals of suicide, stigma associated with mental health and receiving care, access to lethal weapons and means, and systemic trauma are risk factors for suicidality at the societal level. Looking at the risk factors, we can see the importance of monitoring what kids watch, are witness to, and have access to. It is critical to keep them away from dangerous weapons or other substances that can be harmful to them. It is also important to talk to children and adolescents about mental healthcare and why it is ok to ask for help. Giving them the confidence to advocate for themselves and their mental health is a powerful tool. I think destigmatizing mental health will make a big difference in my community. Whereas the CDC (2024) states the societal protective factors against suicide are reduced access

to lethal means and cultural, religious, or moral objections to suicide. This shows the importance of having something you believe in or feel convicted about. It also discusses how imperative it is to limit the access of lethal means from children. In Georgia, a lot of people are gun owners. It is important to educate the community about the safety of putting them in a safe and not having them at all if they know their loved one is at risk or having suicidal ideations.

PART 3: THEORIES OF PREVENTION

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

Suicide in our country is a large concern, especially in Columbia County, Georgia. Additionally, it is the leading cause of death for the ages of 10-14 in the state of Georgia (Georgia Department of Behavioral Health & Developmental Disabilities, 2022). This statistic illustrates the importance of prevention among pre-adolescents and adolescents in our community. I believe psychoeducation in school settings can help destigmatize mental health, empower students with knowledge to help them with coping skills, and to advocate for themselves. Additionally, support in smaller workshops in a group setting where they can further learn those skills as well as get peer support can be impactful too. Two effective approaches I would use are Social Cognitive Theory (SCT) and Health Belief Model (HBM) because they look at both the individual and social environmental beliefs, which I believe both have an impact on suicide and suicidal thoughts and ideations.

The first theory I would use is Social Cognitive Theory (SCT). According to the National Cancer Institute (2005), SCT looks at three main factors determining if someone will change their behavior, which are: self-efficacy, goals, and outcome expectancies. Additionally, it also

discusses reciprocal determinism which highlights how personal factors, environmental factors, and human behavior influence each other (National Cancer Institute, 2005). This makes SCT relevant to suicide prevention among school-aged pre-adolescents and adolescents because it shows how both individuals and environmental factors can impact their thoughts and beliefs. We can see with this age group where peer influence and their environment play a role in who they are and some decisions they make. SCT also highlights the importance of self-efficacy, which would be crucial in helping them believe in themselves and make goals and decisions that will impact their lives more positively.

Another theory I would add is the Health Belief Model (HBM). This theory is similar to SCT in that it looks at self-efficacy. Additionally, it also looks at other factors that prompt the decision to act like barriers and cues to action, and the threat posed by health problems like susceptibility, severity, and the benefits of avoiding the threat (National Cancer Institute, 2005). HBM helps us understand that pre-adolescents and adolescents may not seek help because they may not understand the severity of their thoughts and the consequences that could follow. This is why self-efficacy is so important because if the students learn to believe in themselves, they may build the confidence they need to address issues that are impacting them and get the help they need.

An evidence-based program that works well with these theories is Signs of Suicide (SOS). Suicide Prevention Resource Center (n.d.) states that SOS “is a school-based universal suicide prevention program designed for middle and high school students.” SOS provides students with a video, classroom discussion, and self-assessment to help students recognize signs of suicide and depression (Suicide Prevention Resource Center, n.d.). This works well with the theories as it pairs peer class discussions that we see in SCT, while also learning self-efficacy

which we see in both the SCT and HBM. As shown in research, SOS is effective at reducing suicide among the pre-adolescent and adolescent populations. Research shows that there was a 64% decrease in self-reported suicide attempts when the program was used versus those that did not attend the program (Schilling et al.,2016, as cited in Suicide Prevention Resource Center, n.d.). Using this prevention program in our community could help Columbia County schools by offering the students resources to help them recognize warning signs in themselves and others, help reduce stigma surrounding mental health, and increase the chances of early intervention.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

When discussing Suicide Prevention among pre-adolescents and adolescents in Columbia County, Georgia, it is important to also consider the cultural and ethical considerations. Columbia County, Georgia is known for conservative values, which can feel isolating to the LGBTQIA+ community, especially among pre-adolescent and adolescents. This puts LGBTQIA+ pre-adolescents and adolescents at risk because of the lack of affirming resources, limited representation, and stigma within the community. Recently, the community has “reshelved” LGBTQIA+ books into the adults only section, barring the youth from being able to read literature that could help them feel represented, seen, understood, or feel less isolated (The Augusta Press, 2023). These actions have further isolated and stigmatized who they are, which can have many negative consequences, such as an increase in suicidal thoughts, ideations, or suicide. Reese and Vera (2007) stress that prevention efforts must be culturally relevant to the needs of marginalized populations in order to be effective. This shows how crucial it would be

for our community to apply culturally relevant strategies into suicide prevention efforts to help reach the LGBTQIA+ youth, and other marginalized groups within our community.

According to the study from the University of Georgia, LGBT+ youth are more than twice as likely to attempt suicide (Beeson, 2022). Additionally, The Trevor Project (2022), stated that 46% of LGBTQ+ youth in Georgia seriously considered suicide in the past year and 14% attempted suicide in the past year, while an astonishing 64% wanted mental healthcare but was unable to receive it. The statistics show an alarming number of LGBTQIA+ youths with suicidal ideations and or attempts, which should prompt us to examine a better system to help them. SAMHSA (n.d.) discusses how important it is to modify evidence-based practices to improve cultural competence in order to better help the marginalized groups within the community.

To effectively address suicide prevention among the LGBTQIA+ youth in Columbia, County, Georgia, it is crucial to implement culturally relevant mechanisms that align with helping the marginalized group. One mechanism is cultural training for the mental healthcare providers and others who will be working in the prevention program (Reese & Vera, 2007). Training will be important to ensure that everyone knows the correct terminology and LGBTQIA+ affirming care that they would need to be more effective and culturally sensitive when working within the community. SAMHSA (n.d.) discusses the importance of ongoing training for the members of prevention program, so that the LGBTQIA+ can be fully supported. It is crucial to remain up to date and to continue to educate so that we can avoid causing any harm to anyone and provide culturally competent care.

Another mechanism I think would be crucial for competent care is representation and affirmation from peers or other members of the community who are also part of the LGBTQIA+ community. Kirchner et al. (2020) discusses how watching messages from older people in the

LGBTQIA+ community helped them. The article further discusses the “It Gets Better” project, showing that it gave hope and connection to those who watched it and gave them support during their coming out process (Kirchner et al., 2020). I believe we can see a similar impact in our community, if peer members of LGBTQIA+ community were able to get together and share affirming stories with each other. Providing the LGBTQIA+ youth with hope in our community by providing them with affirming messages and messages of hope would make a positive impact in the community as evidenced by this study.

Additionally, Saewyc et al. (2014) shows how important anti-bullying policies and implementing a Gay-Straight Alliance (GSA) are to the well-being of LGBTQIA+ youth. The study shows that schools that implemented these policies for three or more years, LGB students faced less discrimination, less suicidal thoughts, and attempts (Saewyc et al., 2014). By doing this, it creates a safe and affirming environment, which is critical in communities where the LGBTQIA+ may feel isolated. By establishing something similar within our community and in our schools, we can help provide the students with a peer connection, a sense of belonging, and identity affirmation, all of which are protective factors that will help with prevention of suicidal thoughts, ideation, and attempts among LGBTQIA+ pre-adolescents and adolescents.

It is important to look at ethical considerations in prevention programming to ensure that care remains ethical at all times. Ethical considerations for Suicide prevention among pre-adolescents and adolescents in Columbia County, Georgia and for Suicide prevention for LGBTQIA+ pre-adolescents and adolescents in Columbia County, Georgia are crucial to protect their safety, autonomy, and privacy. Section A.1.a. of the American Counseling Association (ACA) Code of Ethics (2014) states how important it is to “respect the dignity and promote the welfare of the clients.” This will allow them to have autonomy about the care they receive. When

working with minors it is important to get their consent and their parent(s) or guardian(s) consent. Section A.2.a. and Section A.2.d. of the ACA code of Ethics (2014) discuss the importance of getting consent before starting the process and because they are minors it is important to make sure they understand what their rights in terms they understand, additionally, because they are minors, we must also obtain consent from their parent or guardian. When working with minors, it is important that we consider the ethical implications. If we believe that the client is at risk for suicide, we must report this and tell their parents. It is important to explain this during the consent process. In addition to these codes, Section B.1.c. states the importance of confidentiality (American Counseling Association, 2014). For instance, if our client comes out, it is our responsibility to keep that confidential and not share this information with anyone, including their parents. However, it is important to note that when we work in groups, we cannot guarantee confidentiality to the group members. We must ask all members to not discuss other people's private information that they share. Unfortunately, we cannot guarantee that they will adhere to that and each members needs to be notified so they can refrain from sharing if they do not feel comfortable or safe. Also, Section C.2.a. states that counselors should only practice within their boundary of competence (American Counseling Association, 2014). This ties back to why it is important to be culturally competent. If you are not, you should refrain from working to avoid causing harm or trauma. It is important to continue education and ensure that you are culturally competent and can work with anyone. Another code that is important is Section A.4.b. personal values, which discusses how we should not impose our own personal beliefs and values when working with our clients (American Counseling Association, 2014). This is important because we must ensure the well-being of our clients and/or group members by ensuring that the mental healthcare providers, counselors, or staff that work with them are ethically trained to not

impose their own values that could harm the clients if they were to express them. Lastly, Section A.9.b., protecting clients with group work (American Counseling Association, 2014). This is relevant because in many programs, you will work with groups. It is crucial that we take “reasonable steps to protect the clients from physical, emotional, or psychological trauma (American Counseling Association, 2014).” It is important to understand and use ethically sound standards in order to give competent and quality care to suicide prevention among pre-adolescents and adolescents, and LGBTQIA+ youth in Columbia County, Georgia.

PART 5: ADVOCACY

[Suicide Prevention and Mental Health Advocacy Among Pre-adolescents and Adolescents in Columbia County, Georgia]

In order to address suicide prevention among pre-adolescents and adolescents in Columbia County, Georgia, we must look at Domain IV of the Multicultural and Social Justice Counseling Competencies (MSJCC) guidelines for barriers and advocacy at the institutional, community, and public policy levels. When looking at a barrier from the institutional level, I think the ratio of students to school counselors is barrier that a lot of states face. The state of Georgia ratio for 2023-2024 was 378 students to one counselor, while the national ratio is 376 students to one counselor (American School Counselor Association, n.d.). This is higher than what the American School Counselor Association (n.d.) recommends which is 250 students to one counselor. Given the number of students one school counselor has this may cause a high caseload for counselors which could in turn let some students slip through the cracks. Additionally, this may have students think counselors are too busy or unavailable, which could deter them from reaching out for help if they are having suicidal ideations.

When looking at the community level, one major barrier to suicide prevention in Columbia County, Georgia is the limited availability to mental health care. According to County Health Rankings & Roadmaps (2025), Columbia County has a 710:1 client to counselor ratio, which is high especially when compared to Georgia's 520:1 ratio and a national average of 300:1. This means that residents in Columbia County face wait times and may be placed on a waiting list. Additionally, when speaking with a local counselor in my community, she said this wait list is especially high for children and adolescents in our community because there are not enough counselors who specialize in working with the younger population. This impacts the community and could lead to pre-adolescents and adolescents not getting the care they need if they are experiencing suicidal ideations, which would be crucial for preventive care.

Lastly, a public policy barrier would be the lack of mandatory training for educators and staff against bullying and cyberbullying. While there is a Georgia law (Georgia Code § 20-2-751.4, n.d.) that prohibits bullying and cyberbullying, the law does not address training for educators and staff, which would be more effective if they were properly trained. However, House Bill 736 has been introduced by Representative Sheila Jones. If passed, this bill would add an antibullying training program to the already established law (FastDemocracy, 2025). As of right now, there is no mandatory training offered to educators and staff which can leave students at higher risk for mental health struggles and suicidal ideation.

In order to address the barriers impacting our community, we must look at advocacy action and how they can help target the problems at the institutional, community, and public policy levels. At the institutional level, one advocacy action that would help address the issue of the student to counselor ratio would be to implement an evidence-based suicide prevention program such as Signs of Suicide (SOS) along with mandatory training with the school staff. Given the

student counselor ratio, we can see the limitations due to their high caseload. By training all of the staff, rather than just the counselors, it will help provide the staff with suicide prevention training that will help them better identify warning signs of suicidal ideation and be able to get the students' help. Toporek, Lewis, and Crethar (2009) states that systemic change is most effective when it is a collaborative effort. Additionally, adding an evidence-based program will help further the collaborative effort by offering the students preventative care through an organization who is properly trained in suicide prevention. By implementing trainings and prevention programs, it will help empower the staff and students that are facing limitations with resources.

When looking at the community level, an advocacy action that addresses the shortage of mental health care access in Columbia County, Georgia would be working with local organizations such as religious communities, recreation centers, and pediatricians to promote the importance mental healthcare and provide education and resources to parents and other caregivers. Given the high client to counselor ratio, many members of the community face the barrier of getting the mental healthcare they need when they need it, especially amongst the youth in the community (County Health Rankings & Roadmaps, 2025). By partnering with trusted community leaders and organizations, it can help reach more people who may not have the resources by reducing mental health stigma, providing mental health education, and educating about the importance of early prevention. Working together as a community is crucial to the success of advocacy (Lewis et al., 2002, as cited by Murray & Crowe, 2016). By working together, we can educate the community, promote mental health, and reduce the barriers members of our community face.

Lastly, when looking at the public policy, we can use advocacy action to advocate for implementations of policies and bills, like House Bill 736 (FastDemocracy, 2025). If this bill were to pass, it would require mandatory anti-bullying and anti-cyberbullying training for school staff. This will help staff to better identify bullying and provide them with the proper skills to intervene properly and hopefully learn ways to help prevent future bullying. Providing school staff with proper training could make a huge difference against the bullying epidemic and could provide students with a safer environment. Furthermore, I believe that providing staff with training could help combat suicide, suicide attempts, and suicidal ideations. As counselors and future counselors, it is important to be social change agents within our community, and one way is to advocate for policies that will make a lasting impact in our community (Multicultural and Social Justice Counseling Competencies, 2015).

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