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A Social-Ecological Approach to Adolescent Suicide in Rural New Mexico

Adolescent suicide in the state of New Mexico is a public health crisis. Death by suicide among New Mexicans 10-24 years of age showed the largest increase compared to all other age groups (New Mexico Department of Health, 2019). With suicide rates for young adults on the rise, there is an urgent need for mental health support. Countless young men and women in the rural areas of New Mexico struggle to receive the mental health support they desperately need due to lack of resources and mental health providers.

I have witnessed first-hand the barriers to healthcare that New Mexicans in rural communities face especially when it comes to receiving mental health services. I currently reside in a small town in southeastern New Mexico that is known for its million-year-old caverns and abundance of oil and natural gas. For the last two years, I have served the children in my community as a registered nurse in a pediatric primary care clinic. In southeastern New Mexico, there is a tremendous need for primary care providers to provide mental health services due to there being one mental health outpatient clinic and a severe shortage of mental health providers.

Recently, I had to tell the mother of an adolescent boy struggling with depression and suicidal ideation that the closest inpatient adolescent psychiatric facility that would accept him as a patient was over 4 hours away. The mother was in tears when she told me that she had taken her son to the local hospital, but they did not have the resources or clinicians available to help him. It was heartbreaking to see them both completely distraught and desperate to get help in a time of crisis. This incident serves as a frustrating example of the barriers to mental health services that New Mexicans in rural areas encounter on a daily basis.

Often times, parents feel uncomfortable having conversations with their children about depression and suicide. Adolescents today are facing many stressors including demands at

school, relationships with peers, social isolation due to COVID-19, family financial problems, unsafe living conditions, cyberbullying, and racial injustice. If they are uncomfortable talking about these stressors with a parent or trusted contact, they will only spiral deeper into depression and feelings of hopelessness.

Parents and adolescents should not be left alone to navigate the intimidating world of mental illness. Mental health is perceived to be a topic that is to be addressed by healthcare providers. However, the family, community, religious, and educational settings should also be involved to support adolescents struggling with depression and suicidal thoughts. Education on risk factors of suicide and open dialogue among family members, healthcare providers, and trusted community outreach members is critical in stopping this crisis. The cultural, societal, and individual variables that contribute to the health of adolescents can be utilized to achieve the ultimate goal of suicide prevention. Our focus as clinicians should be on incorporating these variables with education to provide treatment of the adolescent and family.

The Social-Ecological Model

Although rural New Mexico suffers from a lack of healthcare resources and lack of mental health providers, an alternative means to addressing depression and suicide should be utilized to promote the health and wellbeing of adolescents. The Social-Ecological Model (SEM) recognizes the complex relationship between sociocultural and environmental factors and how they affect individual behavior. The SEM is a sociological science theory that was developed by social psychologist, Urie Bronfenbrenner. Bronfenbrenner's SEM is the best fit for addressing adolescent suicide in rural communities because it is expansive, and includes the layers of school, family and community relationships that impact adolescents. To receive the greatest benefit from the SEM, all systems need to work together to promote the health of the adolescent.

As depicted below in Figure 1, Bronfenbrenner's SEM consists of four systems that are constantly interacting with the individual. The individual is located at the center of the model, and the four levels of the Social-Ecological Model that expand from the individual are the microsystem, mesosystem, exosystem, and macrosystem. The concentric rings building around the individual represent the relationships between all elements of the system and their layers of meaning. Multiple layers of relationships get added through the development of the adolescent. Their immediate contacts, local environment, and cultural beliefs shape who they are and what they believe. There are arrows that represent the "reciprocal, causative relationships of human behavior" among the systems (McEwen & Wills, 2019, p.278). Incorporation of these multidimensional factors into the care of adolescents will provide them with a solid support system to promote their emotional, spiritual, and physical health.

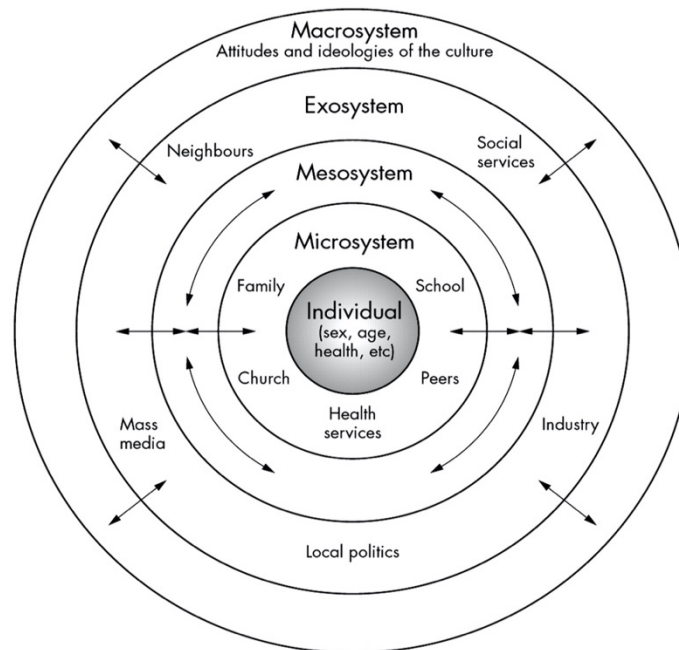


Figure 1 Social-Ecological Model

The individual in figure 1 represents the male or female adolescent struggling with depression, feelings of hopelessness and suicidal ideation. The individual is located at the center

of the model to serve as the foundation of the other circles. Each individual has elements in each of their systems that uniquely defines them and shapes all aspects of their health and well-being.

The microsystem refers to the immediate environment of the adolescent. The microsystem contains the people that have a large influence and play the biggest role in the adolescent's life. Components of the microsystem include immediate family members, partner or significant other, friends at school, teammates in sports, youth group peers, teachers, guidance counselors, and healthcare providers.

Bronfenbrenner (1979) describes a mesosystem as a "system of microsystems". (p.25) The mesosystem describes the relationships of the different aspects of the microsystem, and how they work together to support and encourage the adolescent. Discussion among the adolescent female, her parents, and her guidance counselor or school nurse regarding depression and feelings of hopelessness is an example of interactions within a mesosystem.

The exosystem includes the social system that influences the individual. Examples of the exosystem include the socioeconomic status of the individual and family, characteristics of their neighborhood, social support, public safety, city and state government agencies, and access to health and welfare services. Bronfenbrenner also included mass media and social networks into the exosystem.

The macrosystem represents the outermost circle, and it includes the societal and cultural values that influence the adolescent. Bronfenbrenner (1979) describes the macrosystem as a "blueprint" for the individual. (p.26) The cultural beliefs of one's ancestors serve as a blueprint for attitudes, beliefs, language, norms, and practices for future generations. In New Mexico, Hispanics account for 48.8% of the population and American Indian/Alaska Native account for 9.6% of the population (New Mexico Department of Health, 2019). With over half of the

population in New Mexico being from a unique cultural background, individualized care to address cultural aspects of adolescent health should be prioritized.

Although Bronfenbrenner's SEM model was created over four decades ago, the components that make up each of the systems are still relevant to adolescents in today's society. A multilevel approach to approaching suicide prevention would benefit rural communities where resources are lacking. The SEM will be utilized to address and improve capacity at addressing youth depression and suicidal ideation at an immediate relational level, community level, state level and cultural level.

Implementation of the Social-Ecological Model

The core of the SEM model is the adolescent with depression or thoughts of suicide. Risk factors for the adolescent must be addressed before proceeding with implementation of the SEM model. Risk factors for adolescent suicide include social isolation, bullying, sexual orientation, gender identity, personality disorders, dysfunctional family dynamic, psychosocial stressors, lack of access to mental health care, previous suicide attempts, and availability of a means to committing suicide (Bilsen, 2018).

Depression, hopelessness, stress, insecurity, feeling like a burden to others, and low self-esteem can serve as pathways to suicidal behavior. High expectations from family members, pressure from peers to use alcohol and drugs, cyberbullying, and social isolation can also lead an adolescent to experience thoughts of suicide. Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth experience an increased risk of suicidal thoughts compared to their non-LGBTQ peers (Green et al., 2019). Adolescents with thoughts of suicide may make comments such as, "I wish I was dead," "life isn't worth living," or "my family or friends would be better off without me." Other warning signs associated with suicide can include changes in

eating or sleeping habits, withdrawing from friends and family, frequent feelings of sadness, decline in grades at school, giving away possessions, and preoccupation with death and dying.

To address these risk factors and behaviors, adolescents must have a positive social support system. At the microsystem level, family, friends, teachers, coaches, and healthcare workers should be familiar with worrisome signs that suggest suicidal thoughts or behaviors. Communication is key at the microsystem level. The adolescent should feel welcome to express their concerns. LGBTQ youth should not be made to feel ashamed of their sexual orientation or gender identity. Their feelings should be taken seriously, and they should feel safe, reassured, and supported by their family, friends, and other trusted contacts. The adolescent should be made aware that they may discuss how they are feeling with another family member, a clergy member, a coach, a school counselor, or their healthcare provider if they are uncomfortable talking to their parents.

A decline in grades at school or loss in interest of sports or activities are warning signs that should be addressed in the school setting. If a teacher notices progressively worsening grades, mood changes, or failure to attend class regularly, they should step in and offer support. The teacher should take advantage of relationships in the adolescent's mesosystem by alerting the guidance counselor, school nurse, and family to prevent the adolescent from falling through the cracks. Interprofessional collaboration to offer a listening ear and additional positive support can help deter the adolescent from taking the path of suicide.

Another component of the mesosystem is the relationship between the adolescent, the family, and the nurse practitioner. When in the clinic for a well child visit or a sick visit, the adolescent's mental health should always be addressed. The nurse practitioner should ask open-ended questions to encourage the adolescent to share more details. Questions asked by the nurse

practitioner should address home life, relationships with family and peers, school performance, participation in extracurricular activities, bullying, involvement in risky behaviors, and if there are any stressors present in their life. A mental health questionnaire can be provided to the adolescent if they do not feel comfortable speaking about depression or suicidal thoughts. Asking open-ended questions or obtaining information from a questionnaire can indicate areas where adolescent support is lacking, and intervention is needed.

In the exosystem, technology should be used as a resource to connect struggling adolescents with experienced mental health providers. Telehealth visits with a licensed therapist, counselor, psychiatric nurse practitioner, or psychiatrist could make behavioral health services more readily available for adolescents in rural communities. There is a crisis text line and a suicide prevention lifeline available for adolescents with thoughts of suicide. By texting “HOME” to 74174, they can be immediately connected with a crisis counselor via text message. The suicide prevention lifeline (1-800-273-8255) is free, confidential, and accessible to any adolescent that has access to a phone. Adolescents experiencing a mental health crisis can receive the emotional support they need at anytime, anywhere by utilizing technology.

Adolescents spend a majority of their time on social media. Strengthening support through social networks should also be the focus of the exosystem. Adolescents should be encouraged to find a social network community that promotes positive mental health. The Trevor Project is a national organization that offers crisis intervention and suicide prevention services to LGBTQ young people. The Trevor Project posts content on all social media platforms promoting acceptance and positive messages regarding mental health. Campaigns that address mental health and cyberbullying on popular platforms like Instagram and TikTok could help reduce the

staggering rates of adolescent suicide. Social media also has the capability to decrease stigma associated with mental health and promote a supportive virtual resource for adolescents.

At the macrosystem level, we need to customize the care of the adolescent based on their cultural background. The Suicide Prevention Resource Center (2017) recommends developing a communications strategy with clear objectives and goals responsive to the needs of the community. The community must be involved in the work to prevent suicide. Local government officials and leaders in the community can offer insight into the language, culture, and challenges to addressing suicide. To create a suicide prevention task force in Native American or Hispanic cultures, a panel of individuals from the specific cultural group should be consulted. The panel will help to identify beliefs regarding suicidal thoughts and treatment in their culture. In the Native American communities in New Mexico, the tribal leadership needs to be committed to addressing adolescent suicide on the reservation. Participation from respected members of the community is essential to producing suicide prevention materials that will be effective.

Rural counties in New Mexico have significantly higher suicide rates compared to metropolitan and small metro counties (New Mexico Department of Health, 2019). Residents in rural communities in New Mexico are primarily of Hispanic or Native American cultural backgrounds. Suicide prevention messages should be formatted to specifically target adolescents in the Hispanic or Native American culture. Depending on the cultural background and the location of the rural community, the message may need to be adapted into other languages.

Conclusion

The Social-Ecological Model highlights how sociocultural, educational, economic, political, and familial settings influence each other and the adolescent. Bronfenbrenner's Social-

Ecological Model provides a distinct perspective to the structure and dynamics of the care environment of adolescents. The SEM broadens the focus on suicide prevention. Instead of focusing on suicide risk at an individual level, the SEM addresses the comprehensive multi-level perspectives that influence suicide prevention (Hong, et al., 2011). The SEM framework allows the flow and collaboration between systems. “Multi-level suicide prevention efforts may save lives and improve quality of life beyond what is currently within the capabilities of public health and clinical mental health fields” (Hong et al., 2011).

Limitations in implementation of the SEM framework in adolescent suicide prevention are finding community members, teachers, and peers that are willing to commit to extensive training. They may also be hesitant to participate in suicide prevention due to the stigma associated with suicide and mental health. The elders in a culture have strong values and beliefs. Their resistance to changing their views regarding mental health and suicide could be a challenge. Although there is a considerable amount of labor, time and resources that are necessary for suicide prevention, the education and training efforts are worthwhile.

If the adolescent has suicidal thoughts or attempts suicide, the sequence of events that preceded the threat should be determined, current problems and conflicts should be identified, and the degree of suicidal intent should be assessed (Shain & Committee on Adolescents, 2016). This information should be used to identify supportive contacts, determine attitudes of the adolescent and family toward treatment, and prevent another crisis from occurring. Adolescents should be aware that there is help available 24 hours a day 7 days a week.

The components of the SEM should be used to create a safety plan for any adolescent with thoughts of self-harm or a history of a suicide attempt. Components of a suicide safety plan include identifying warning signs, utilizing internal coping strategies, connecting with supportive

individuals, family members or friends, communicating with mental health professionals and reducing the potential for use of lethal means (Stanley & Brown, 2012). The suicide safety plan involves the adolescent recognizing factors that contribute to them experiencing thoughts of suicide. When they recognize these feelings, thoughts or situations, the adolescent can deploy positive coping strategies to help them redirect. If coping strategies do not resolve the suicidal thoughts, the individuals in the microsystem should be contacted. Healthcare providers, educators, family members, and friends should be made aware if they are included in the adolescent's safety plan. If they are contacted by the adolescent during a crisis, they should offer emotional support and help to resolve the crisis. Finally, the environment should be made safe and the adolescent's means for committing suicide should be made inaccessible.

Future work that should take place with the SEM is identifying positive coping skills when thoughts of suicide occur. The SEM focuses on support. However, there will be times when an adolescent does not feel comfortable reaching out to someone for help. Educating adolescents on the importance of refraining from alcohol consumption, drug use and risky behaviors are crucial when experiencing thoughts of suicide. Daily exercise, spending time in nature, eating a healthy diet, establishing a positive support system, and getting enough sleep are positive coping skills that can improve the mental health of adolescents.

Providing education to family members on suicide warning signs, using technology for suicide prevention campaigns, offering telehealth and face to face consults with trusted clinicians, and establishing a partnership with trusted community members (clergy, teachers, coaches, tribal leadership and peers) are crucial in the prevention of adolescent suicide in rural communities. Incorporating all of the systems of the SEM into the care of the adolescents will provide them with the support system necessary to prevent them from taking their life.

Regardless of the SEM system in which we belong, everyone needs to be educated on therapeutic communication strategies when speaking with an adolescent with suicidal thoughts. Interactions should be non-judgmental and compassionate. Labeling an adolescent as suicidal should be avoided. The adolescent should be taught to express feelings and thoughts of suicide. Therapeutic communication can open the door for effective dialogue about adolescent mental health, identify risk factors, and decrease their desire to commit suicide.

The social support of the SEM promotes connectedness. Connection between the adolescent and their microsystem, regular communication with the members of the mesosystem, social and community support through the exosystem, and culturally competent mental health care through the macrosystem solidifies support and minimizes isolation. The simple act of being there for someone with thoughts of suicide could save their life. Ultimately, everyone has a role in prevention of adolescent suicide.

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