

CASE STUDY

Suicide Risk Assessment and Ethical Considerations: Youth in Rural and Medically Underserved Areas in SC



ARE YOU OK?

LET'S TALK



Case #1

Overview of the Case

This case is about a behavioral health practitioner, Jane, and a high school student, Marcus. Jane was assessing Marcus' behavioral health needs to determine whether more intensive behavioral health services were needed. Before he was referred to services, Marcus died by suicide. Jane is left wondering what she and others at the school could have done differently and if there is anything she can do to prevent another tragedy like this from happening.

Potential Student Learning Outcomes

This case and the discussion prompts below illustrate practice dilemmas rural behavioral health practitioners might face related to youth suicide. Through discussions based on this case, practitioners and students will learn about the following:

- challenges in collaborating and coordinating with other professionals in the context of a school setting
- the need for preparation and/or training for addressing behavioral health crises or emergencies, risks for youth suicide in rural and medically underserved SC
- Screening tools appropriate for youth to determine the risk for suicide.

Suggested Classes Where This Case Could Be Useful

This case may be useful in undergraduate and graduate courses on community behavioral health, assessment and interventions, and ethical and practice dilemmas.

The Case

Jane Pickney, a behavioral health practitioner with a state agency in South Carolina, was responsible for the assessment and referral of students from Green Valley High School to more comprehensive behavioral health services in the. She received requests to meet with students from teachers and counselors who had concerns about students' behaviors. Her days were filled with meeting new or returning students and collecting information about their behavioral health, including screening for depression, anxiety, and/or substance use. After these brief assessments, Jane would determine if more comprehensive services were needed and refer students to the appropriate level of care. Sometimes this would be to their pediatrician or healthcare provider, and other times it would be to the local mental health center or private behavioral health providers (depending on availability and whether the family had insurance).

For the past few weeks, Jane had been working with a student named Marcus who was referred to her by the school counselor, Maria. This week, Jane was hopeful Marcus would be in class so she could finally make his first appointment with a SCDMH clinician for comprehensive services for depression. Jane was at Green Valley High School early Monday morning but could not find Marcus. She called his home number from his school file and left a message for him to call her. A few hours later, Jane received a phone call from Marcus' aunt telling her that Marcus had died by suicide. The aunt recounted what had happened over the weekend. She said that on Friday afternoon, Marcus had told the school nurse he didn't want to live. Marcus was then taken to the closest emergency department by his mother, and later that night the hospital sent him home with a phone number to a crisis hotline. Early that next morning, Marcus' father found Marcus with a fatal gunshot wound to his head.

Thoughts raced through her mind, but Jane tried to keep herself composed while on the telephone. As soon as she hung up the phone, Jane couldn't stop thinking. *What could she or others have done differently to prevent this? Was there anything she could have done to prevent Marcus' death? What could she do to prepare and support the teachers and counselors at Green Valley for earlier detection of risk for suicide and connecting students with appropriate interventions during behavioral health crises and emergencies?*

Community

Green Valley was a rural community in the foothills of South Carolina. It was 45 minutes by car to the nearest city and no public transportation existed. Mostly an agricultural area, Green Valley residents relied on farming or manufacturing work to survive. While some families lived in town, many lived "in the country" on farmland. The population was not very diverse in terms of racial/ethnic or religious background. Most residents were White, Scots-Irish, and Baptist.

Youth suicide rates were rising, and behavioral health care access was challenging. In SC, suicide was the second leading cause of death among adolescents (CDC, 2023). Green Valley, like so many communities, had seen the closing of hospitals, and with these closings, emergency departments were not as available to help people during behavioral health emergencies. Green Valley's family doctor had passed away years ago. About 30 minutes from town, a Doctor's Care had opened, but due to funding troubles, it had closed. The closest hospital and emergency department was about an hour away near the SC and NC state lines.

School

Green Valley High School was in the small town of Green Valley. Many of the current students' parents and even grandparents had attended the school. And many of the teachers and staff were either related to the students or knew people who were. Students were held to high standards, especially if they played a sport, but it was also culturally acceptable for students to cut-loose and party hard on the weekends. Underage binge drinking was common, especially after a big football game. School officials seemed to ignore student drinking and chalk it up to growing pains. The school had never employed a behavioral health practitioner before Jane, and the decision to bring Jane into the school for assessments and referrals was a district decision, which had been opposed by many parents and teachers at Green Valley. It wasn't that they ignored the behavioral health needs of their students, it was just that most considered that to be a family issue to be dealt with privately rather than publicly. Jane's presence in the school was tolerated at best. Only a few teachers and staff recognized a need for behavioral health services in the school, and this was mostly due to a recent rise in overdoses and suicides across the state following the COVID-19 pandemic. Demographically, Green Valley High School was predominately White, and most students grew up in middle class families.

Jane

Jane Pinkney, a White 26-year-old behavioral health practitioner from Illinois, graduated from her MSW program two years ago. She grew up in Chicago as the only daughter to a Lutheran minister and an elementary school teacher. She always felt drawn to social work and excelled in her graduate program. She was offered several jobs in the region immediately following graduation but decided to move somewhere different. She had fallen in love with behavioral health social work during her second field placement in an intensive outpatient program for adolescents struggling with co-occurring disorders, including mental illnesses and alcohol use disorders. When she found a job opening in behavioral health with adolescents, she applied. As soon as she was hired, Jane moved to the small town of Green Valley. She was nervous about living away from family for the first time, but she was also excited to begin her career doing what she loved to do - supporting adolescents in getting help and improving their behavioral health. Jane had worked in her current job for a little under a year. While she still loved aspects of her work, especially the student interactions, she was often confronted with resistance from her colleagues.

Jane faced her challenges at work, though, with a good deal of optimism. For example, she had trouble getting teachers and counselors to refer students to her, so she started arriving at the school earlier than her start time to join them in their break room before and between classes. She had learned in her social work program how relationships with colleagues are a catalyst for change, so she believed if the teachers and counselors got to know her, they would see her as an asset to the school. Another effort to overcome stigma associated with behavioral health included her sharing the recent statistics around the alarming number of overdoses and youth suicide. She presented this information at several school community meetings and noticed some teachers and a few parents were changing their opinion of her work with students. Jane also recently attended a training about universal screening for risk of suicide in youth and brought that information back for a discussion with her colleagues.

Even with these changes in attitudes and beliefs about the behavioral health needs of their students, Jane continued to feel under-utilized. The recent referral from Maria felt like a move in the right direction. Jane had met with Marcus a few times to complete her assessment. She had decided to refer him to a clinician to address his symptoms of depression the week he died.

Marcus

Marcus Lawler, White, age 17, had been raised by his mother and father in a rural agricultural part of the state. His parents built their house on Marcus' maternal grandmother's land comprised of 150 acres. His family had grown peaches and sweet potatoes on the land for over 75 years. During the summers, before Marcus started high school, he helped his parents work the farm. He was an only child and very close to his mother and father. All through elementary and middle school, Marcus played baseball. He showed an aptitude for the sport and easily made the high school baseball team. He was respected by his teammates and coaches. His grades in high school were decent. As a junior, he was considering attending community college after graduation or working on his family farm.

Marcus had one serious relationship with a classmate named Gina. They had known each other since kindergarten, dated since 8th grade, and Marcus used to say he was going to marry Gina as soon as they finished school. Marcus and Gina were one of the favorite couples at their high school. Gina went to all his ball games, she was co-editor of the High School Yearbook, and both had been voted Junior Prom King and Queen by the student body. While they often had disagreements, to Marcus, Gina was his world. One of their recent arguments was around Marcus' weekend binge drinking. Gina was angry because it seemed like every weekend, she would end up having to take care of Marcus and drive him home from parties. She told him she felt like his mother instead of his girlfriend. Marcus told her that drinking was his only way to deal with the stress of school, work, and baseball. He continued to meet with his buddies on Friday and Saturday nights to drink excessively.

A few weeks before Marcus was referred to Jane, Gina broke up with him. She had decided she wanted to go to college in another state, and rumors had started to circulate about her hanging out with some older students from a nearby high school. Marcus took the breakup very hard. He couldn't sleep, stayed out late, missed classes, and started to miss practice. First, his mother noticed his car in the driveway past school time. When she talked to Marcus, he opened up about feeling tired all the time and not seeing a future for himself now that Gina was gone. His mother and father had also become concerned about his drinking on the weekends. Recently, friends had dropped Marcus off on the front porch after midnight. His mother, who was friends with the counselor Maria, asked her to reach out to Marcus. Maria called Marcus from class to her office the next week. During her talk with him, Marcus started to cry. He revealed to Maria that he had no idea what he was going to do—his future plans all included Gina. Maria, concerned that Marcus might need more intensive support, referred him to Jane.

Over the first few meetings between Jane and Marcus, it became clear to Jane that Marcus might need a referral to more intensive services for his behavioral health needs. She anticipated their next appointment with a positive attitude.

After she received the call from Marcus' aunt about his death, Jane was emotionally shaken. Thoughts raced through her mind, but Jane tried to keep herself composed while on the telephone. As soon as she hung up the phone, Jane couldn't stop thinking: *What could she or others have done differently to prevent this? Was there anything she could have done to prevent Marcus' death? What could she do to prepare and support the teachers and counselors at Green Valley for earlier detection of risk for suicide and connecting students with appropriate interventions during behavioral health crises and emergencies?*

Discussion Questions

- Who are the key people in this case, and what do we know about them? What is Jane's relationship with the key people in the case, and why is this important?
- Put yourself in Jane's shoes. Imagine learning about a client dying by suicide. What do you need to do immediately within the context of your professional role, and what might you need to do for yourself personally?
- What, if anything, might have been done differently by school professionals in this case as they worked to help Marcus?
- Jane indicated that she recently learned more about universal screening for risk of suicide in youth. What are the benefits and drawbacks to using universal screening? What types of screening tools, if any, are available to practitioners to use for screening for risk of suicide in youth populations?
- How comfortable or uncomfortable would you feel using screening tools to assess for risk of suicide or self-harm with clients?



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