Recreational Therapy Evidence Based Practice Day Conference

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The Health Belief Model: A Framework for Responding to the Rates of Suicidal Ideations Among Teens

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Introduction

Suicide is the leading cause of death among youth throughout the entire world, and according to the National Education Association, there are several major risk factors that increase adolescent's susceptibility to suicidal ideations and attempts (Flannery, 2020). These include family or personal history of mental health concerns such as anxiety and depression, bullying, social media use, substance abuse disorders, and firearms within the home (Glenn et al., 2019). One third of U.S. households with children under the age of 18 were reported to have firearms, and 40 percent of adolescents reported easy access to loaded guns at home (Kim, 2018). If suicidal ideations are left untreated and risk factors are not reduced or acknowledged, they can lead to negative consequences such as strained interpersonal relationships, social isolation, substance abuse and addiction, worsening emotional and physical well-being, and suicide (Glenn et al., 2019).

Explanation of conceptual/theoretical framework

The Health Belief Model is based on 6 key constructs that predict a person's health behavior (Rosenstock, 1974). These include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action (Jones et al., 2014). As adolescents become aware of the negative effects of their mental health diagnoses, barriers and facilitators to engaging in therapeutic interventions, and the development of their perceived capability to cope with suicidal ideations, they are more likely to utilize healthy coping skills and personal resources to increase health and well-being during times of mental distress.

Application and translation of research/concept/theory in RT practice

Safety planning is a personalized strategy to help individuals avoid and reduce the negative effects of a mental health crisis (Drapeau, 2019). Even though the Health Belief Model has not been directly utilized within this population, the components of this model can be incorporated into recreational therapy practice. This can be done through the creation and implementation of safety contracts which is a beneficial process that allows individuals with suicidal ideations to contract for safety when experiencing mental distress. This process provides several therapeutic benefits for the individuals such as increased accountability, feelings of support, and confidence (Stanley & Brown, 2012). When applying the Health Belief Model to RT practice and the development of a safety plan, RTs can assist clients in determining perceived benefits and barriers to this type of approach, as well as their perceived self-efficacy and ability to follow through with the plan. RTs can help individuals identify warning signs to health crises, develop coping strategies related to leisure and recreation activities, and recognize social contacts who may offer assistance and advice through times of mental distress. This type of intervention has been identified by adolescents with mental and behavioral health diagnoses as a facilitator for reducing suicidal thoughts and behaviors as well as readmission into an inpatient psychiatric hospital (Drapeau, 2019).

Tables/Figures

Figure 1. The Health Belief Model (Rosenstock, 1974)

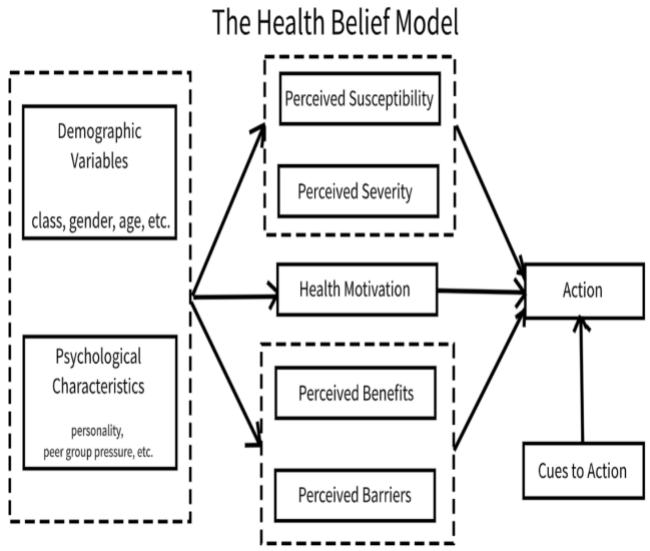
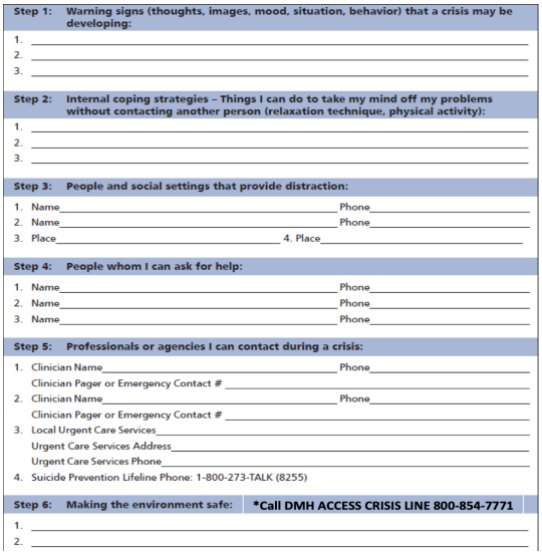


Figure 2. Sample Safety Plan



Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe: ***Call DMH ACCESS CRISIS LINE 800-854-7771**

1. _____
2. _____

References

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