

# RURAL UNSEEN

ISSUE ONE

COLORADO  
RURAL HEALTH  
CENTER

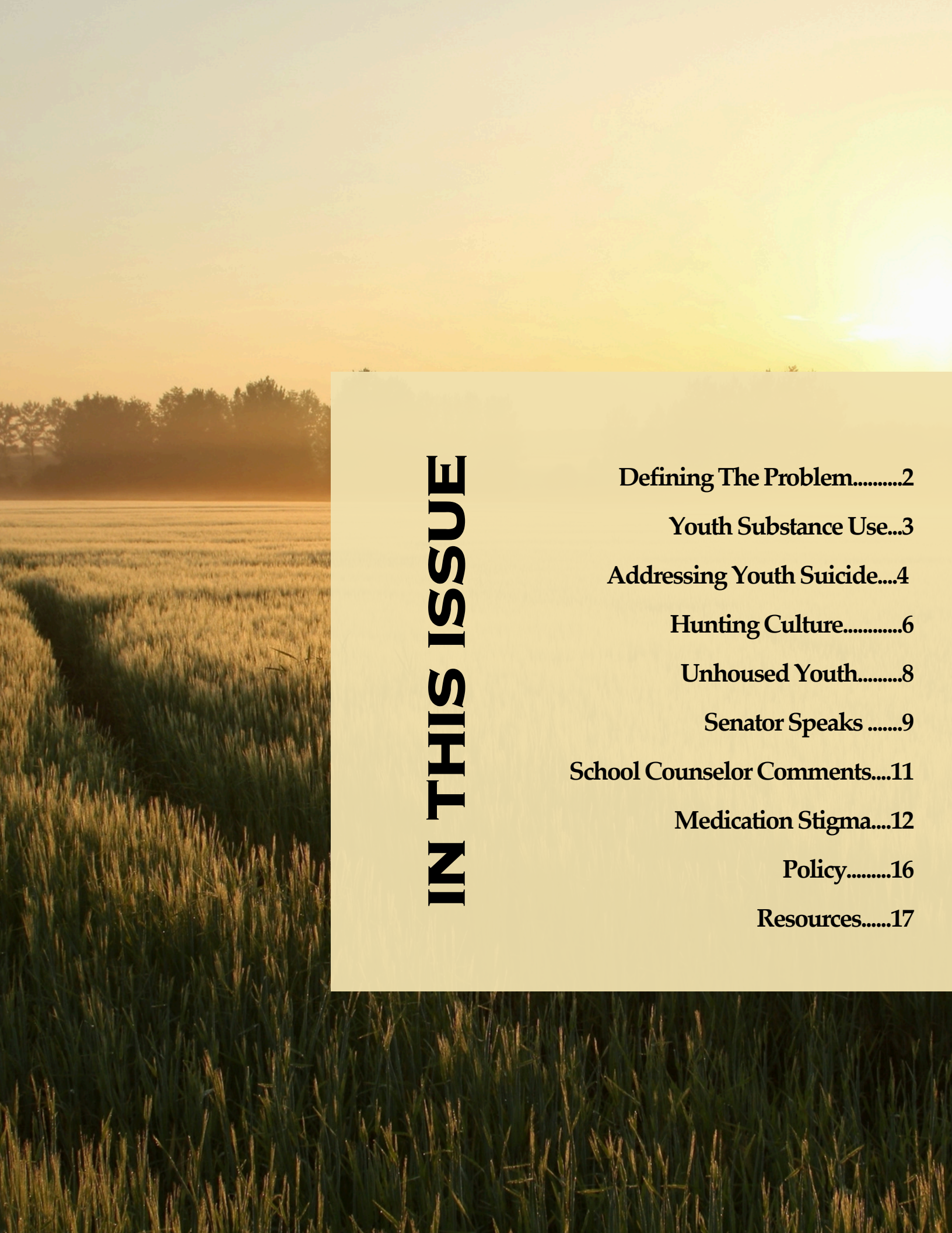
*The State Office of Rural Health*

2023

## Youth Culture

A Rural Youth Mental Health  
Year in Review





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# COLORADO RURAL HEALTH CENTER

The Colorado Rural Health Center (CRHC) is Colorado's nonprofit State Office of Rural Health. CRHC works with federal, state, and local partners to offer services and resources to rural healthcare providers, facilities and communities. We have a diverse and inclusive statewide constituency serving organizations in every corner of the state.

Established in 1991 by members of the Colorado Rural Health Consortium, Colorado Rural Health Center (CRHC) was created with start-up support from the Federal Office of Rural Health Policy and several other public and private organizations around the state. CRHC was developed as a nonprofit organization and is one of only three nonprofit offices of rural health in the country.

COLORADO  
RURAL HEALTH  
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# COLORADO BY THE NUMBERS

**O**ver the past three years, we have heard from our neighbors, friends, and peers about the toll the pandemic took on many people's mental health.

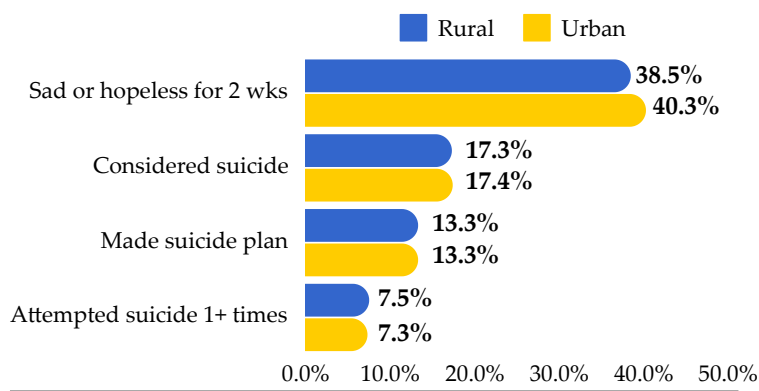
Coloradans are experiencing an increase in mental health needs and have expressed the desire to receive care, yet a lack of available services persists. This issue is exacerbated in rural areas where the availability of resources is more restricted.

According to the Healthy Kids Colorado Survey (HKCS), more than one in three adolescents in rural Colorado (38.5%) reported they had felt sad or hopeless almost every day for two weeks in the past year that they stopped doing some usual activities. This is similar to the state average (39.6%), which has been steadily increasing over the past decade when HKCS recorded a high of one in four (24.3%) amongst high school students in 2013. These outcomes are worse among LGBTQ+ community with genderqueer/nonbinary folks (75.5%), transgender (78.0%), and bisexual (74.8%) youth having significantly higher rates than their cisgender (40.1%) and straight (32.5%) peers.

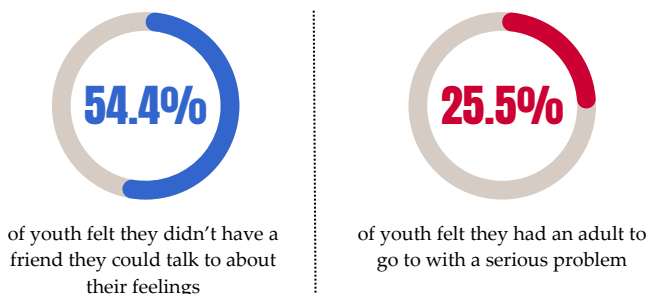
HKCS suicidal ideation data shows little difference between rural and urban youth. Nearly one in five rural youth report considering suicide in the past 12 months, 13.0% say they have made a plan, and 8.0% say they have attempted suicide in the past year.

Having trusted friends and adults to speak with has never been more important to the vitality of youth in rural areas. However, only one in four rural youth (25.5%) feel they have a trusted adult they could go to with a serious problem and less than half (45.5%) have a friend they feel comfortable talking to about their feelings.

Rates of past year depression and suicidal ideation is similar across all youth living in rural and urban



Only 1 in 4 rural youth have an adult they feel they can confide in.



Healthy Kids Colorado Survey, 2021. Colorado Department of Public Health and Environment.

## RURAL YOUTH VOICES

"Teens need to discuss their feelings or what they've been struggling with more. When they keep it to themselves sometimes, they distance themselves mentally and physically. They might blame themselves for not seeking help. They might fear that they could ruin something if they seek help."

8th grade student  
Northern Colorado



# SUBSTANCE USE, MISUSE, & ABUSE

**T**hough often overlooked as a problem for metropolitan areas, substance use, and misuse isn't uncommon in small rural areas.

Data from the 2021 Healthy Kids Colorado Survey show rural youth are significantly more likely than urban youth to have early exposure to smoking and drinking.

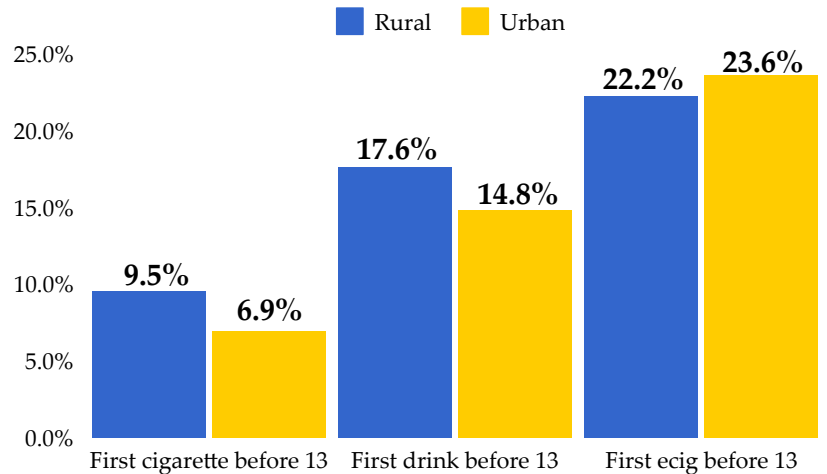
Nearly one in five rural youth report first drinking alcohol and 10.0% having their first cigarette before age of 13. Early exposure to substances has been associated with poor outcomes such as an increased risk for substance dependence, falling behind in school, and teen pregnancy.

The prevalence of current substance use in rural doesn't look much better. More rural youth report binge drinking (15.7%), drinking (27.9%), smoking (5.2%), e-vaping (19.8%), and marijuana use (15.0%) than their urban counterparts. This begs the question "why?".

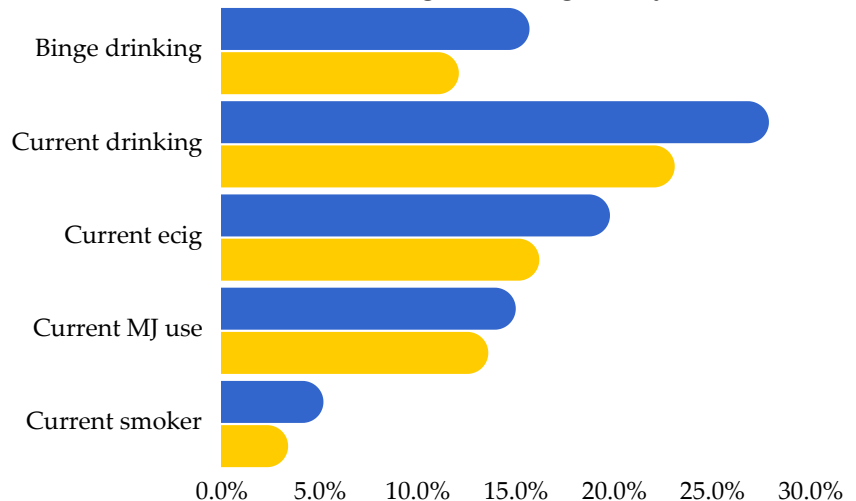
When youth were asked why they use substances, rural youth were more likely to report using in order to change their mood: boredom (8.2%), coping (12.6%), to feel good (14.5%).

Substance use can be especially hard to combat in rural communities due to limited resources for prevention, treatment, and recovery.

Rural youth are more likely than urban youth to have early exposure to smoking and drinking

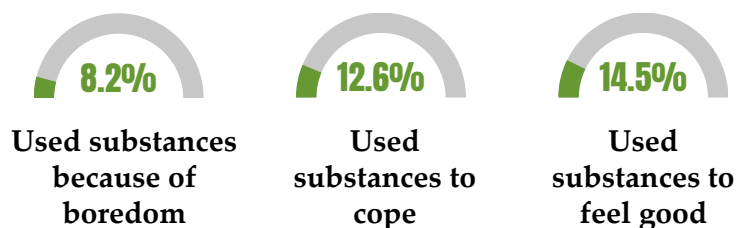


Current substance use is higher among rural youth



Rural youth were more likely to use substances to change their mood

Reasons why rural youth used substances:





# ADDRESSING SUICIDE: A CALL TO ACTION

Frontier and rural communities have the highest rates of suicide.  
Age-adjusted suicide death rate per 100,000 people by geography 2021.

**F**or some, living remotely in the mountains or for the plains sounds like a dream, but for residents of rural areas, this dream often comes with a set of unique challenges.

The scarcity of resources poses a significant obstacle, complicating the already complex reality of rural life. Furthermore, the risk factors for suicide, including social isolation, loneliness, lack of belonging, and perceived burdensomeness, are exacerbated in these tight-knit communities.

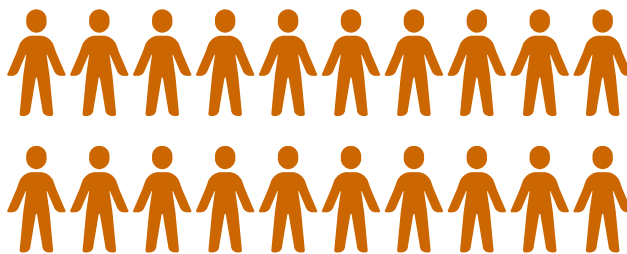
Youth and adults residing in rural areas are disproportionately affected by social isolation when compared to their urban counterparts. The smaller size of rural communities makes it difficult to access social support and reliable resources, particularly during acute suicidal crises. This stark reality is reflected in the alarming suicide statistics of Colorado, where 14% of the 1,352 suicides in 2021 occurred in rural areas, despite only 13% of the state's population residing there.

While the overall state suicide rate remains statistically stable, Colorado consistently ranks among the top 10 states with the highest suicide rates in the United States. The disparities become more evident in rural counties with smaller populations, where suicide rates are higher and more variable. This may be attributed to differences in access to health resources and the increased availability of firearms, which play a significant role in suicide rates.



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In 2021, **20 lives** ages 10-24 were  
**lost by suicide** in rural Colorado



Colorado Vital Statistics Program (Death Certificate Data) 2021, Colorado Department of Public Health and Environment.



## RURAL YOUTH VOICES

"At my school, we have pod meetings which include the entire grade. Our principal and a few staff talk with us about respecting others and reassure us that the way we are feeling is common and that we are not weird or wrong if we are having a hard time. They tell us that if you are struggling you can get help for it by talking with anyone trustworthy, e.g. parents, guardians, staff, School Counselors"

8th grade student  
Northern Colorado



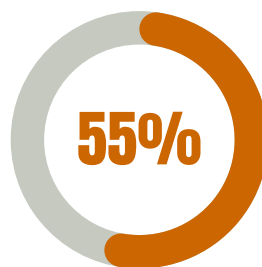
Alarming, suicide is the second leading cause of death for youth aged 15 to 19 in the United States, with a 76% increase from 2007 to 2017. Firearms, particularly prevalent in rural areas, account for 51% of all youth suicide deaths. Access to firearms is strongly associated with increased suicide rates, highlighting the need for proactive measures.

Geographical disparities are evident, with rural youth facing a 2-fold increased risk of firearm suicide compared to their urban counterparts. Additionally, individuals in rural communities are more than twice as likely to own firearms, further emphasizing the urgent need for intervention.

In 2019, a concerning trend emerged as 36% of rural Colorado youth reported easy access to guns, compared to 18% of their urban counterparts. In 2021, 55% of suicide deaths in rural Colorado were caused by firearms, with 60% involving an argument preceding the tragic event. A comprehensive study revealed that 79% of youth aged 18 and under used a firearm belonging to a family member in cases of suicide.

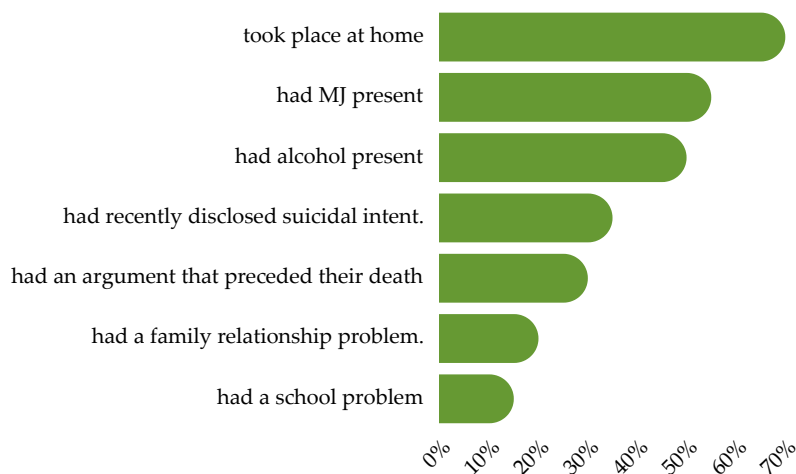
While firearm ownership alone is not directly linked to increased suicidality, the outcomes become more lethal when individuals in crisis have easy access to firearms. Research suggests that among gun-owning families, storing firearms securely—unloaded and locked—significantly lowers the risk of youth suicide.

Addressing the complex issue of suicide in rural Colorado requires a multi-faceted approach. Increased access to mental health resources, community support, and targeted firearm safety initiatives are essential components of a comprehensive strategy to reduce suicide rates in these vulnerable communities. The alarming statistics underscore the urgency of collaborative efforts to protect the well-being of individuals living in rural areas, fostering resilience, and ensuring that the dream of a peaceful life amid nature does not turn into a nightmare of isolation and despair.



**of youth suicides in rural Colorado were caused by firearm.**

#### Suicides among youth 10-24 years of age



Colorado Vital Statistics Program (Death Certificate Data) 2021, Colorado Department of Public Health and Environment.



#### RURAL IMPACT

##### Potential challenges in rural:

Increased access to firearms when acute suicide risk may be elevated

##### Potential solutions:

- Education regarding safe firearm storage practices and potential risks for new firearm owners
- Public health messaging that communicates the risks of firearm access when suicide risk is elevated, as well as the benefits of safe firearm storage (e.g., locked, unloaded)
- Increase options for temporarily reducing firearm access for individuals at elevated risk for suicide (e.g., adding and communicating options for safe temporary storage in rural communities)
- Ensure that healthcare providers are assessing firearm access among individuals at increased risk for suicide
- Increase access to free firearm locks and safes



# SCOPING OUT HUNTING CULTURE



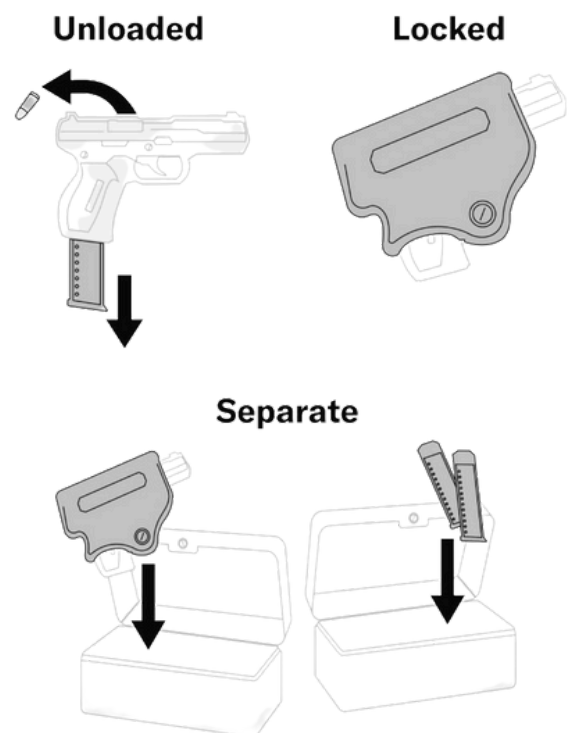
**I**n rural Colorado, hunting, ranching, sport shooting and firearm ownership has a long history embedded into the culture. So much so that youth can apply for their hunting license at age 12 and their permit at age 11. But there are very real implications of this culture including firearm incidents like suicide, domestic violence, unintentional shootings, school violence and mass shootings that cannot be overlooked. Extensive evidence finds that access to firearms increased the likelihood of child and adolescent suicide. In 2019, more than half of the child and teen deaths by suicide were by firearm.

In 2022, Colorado ranked 22nd in highest firearm mortality by state. The 8th leading cause of death in Colorado is suicide and 2nd for child and adolescents aged 5-18. We ranked in the bottom 5 states when comparing teen suicide per 100,00 adolescents ages 15-19 meaning only 4 states had experienced more teen suicide.

We know that the teen suicide rate is higher among teens that identify as male than female, but females attempt suicide more often. Teens who identify as LGBTQ+ or another non-heterosexual identity were more likely to seriously consider attempting suicide, making a plan or completing suicide.



**T**he goal is not to eliminate or drastically change the sport. However, we know that with barriers in place regarding access to firearms coupled with proper mental health support, we can experience less and even prevent suicide by firearm in teens and adolescents. Unlocked guns increase the odds of a child dying by suicide. The risk of a child dying by suicide is twice as high in homes with loaded guns than those with unloaded guns. Storing ammunition with firearms as opposed to separately also increased the risk of suicide in youth. Pediatrician and emergency department clinician firearm counseling has been found to improve storage practices. Additionally, you can ask about secure gun storage in all homes your children visit. 90% of suicide attempts with a gun are fatal while 4% of attempts not involving a gun are fatal



## Current life stressors

Mental health condition; prolonged stress (harassment, bullying, relationship problems, unemployment)



## Historical risk factors

Previous suicide attempt; family history of suicide; childhood abuse, neglect, or trauma



## Lethal means of harm

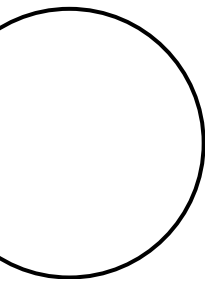
Including firearms

# Likelihood of suicide attempt

Andrew Conner, Deborah Azrael, and Matthew Miller, "Suicide Case-Fatality Rates in the United States, 2007

graphic credit: everytownresearch.org





“Mental health problems don’t define who you are. They are something you experience. You walk in the rain and you feel the rain, but, importantly, you are not the rain.”

- Matt Haig

# Wish you were here!

**T**he term “homeless” is becoming an outdated way to refer to someone who is unhoused. “Homeless” places negative feelings of personal failure on someone rather than recognizing systemic failures. The term “unhoused” youth refer to individuals who are facing a lack of fixed, regular, and adequate nighttime residence.

Unhoused youth is a complex issue with an estimated 4.2 million facing these circumstances each year. The most vulnerable populations are LGBTQ+, people of color and pregnant or parenting youth.

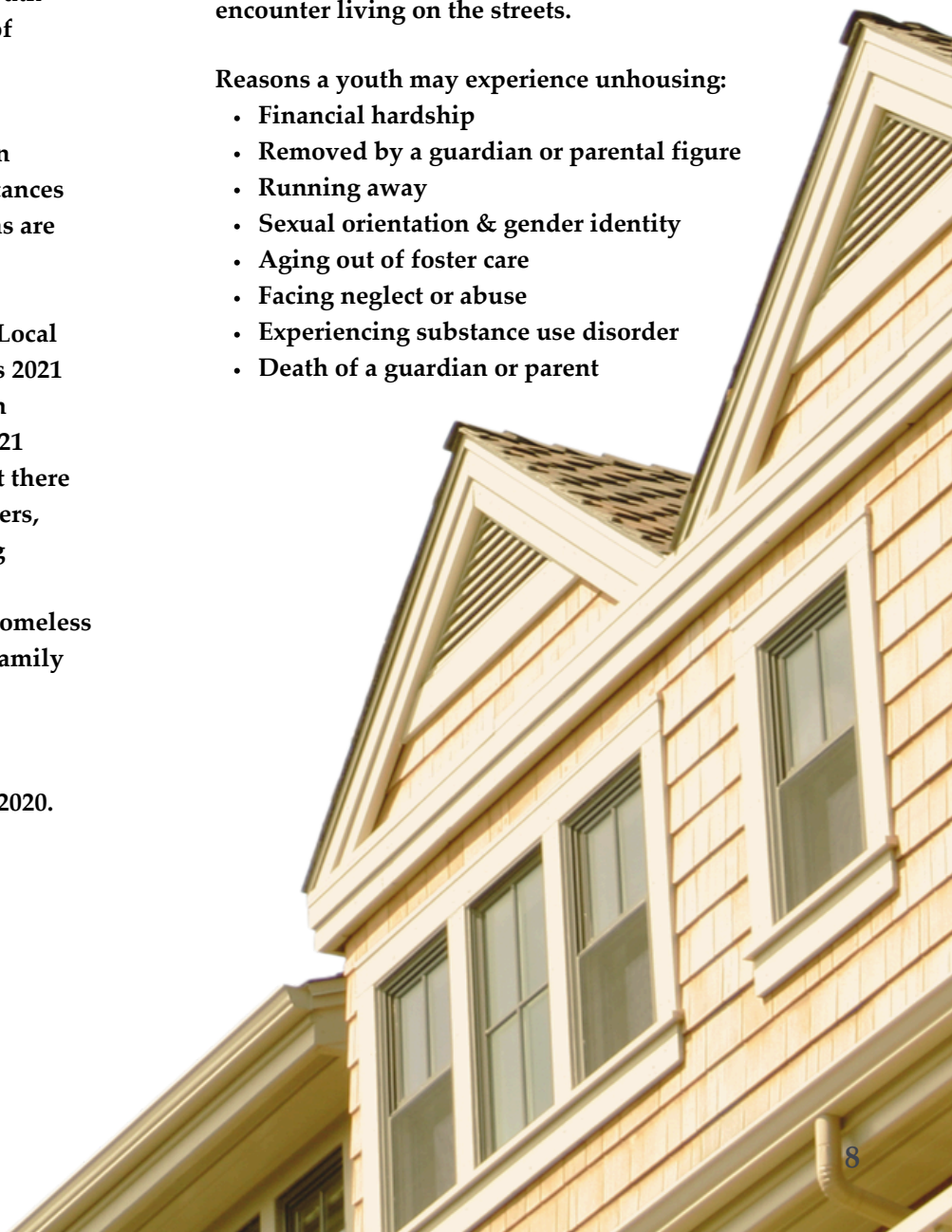
According to the Colorado Department of Local Affairs, Office of Homeless Youth Services 2021 Snapshot, over 1,678 unaccompanied youth experienced unhousing during the 2020-2021 school year. The same report indicated that there are just under 200 beds in emergency shelters, transitional housing or supportive housing dedicated to youth.

In a report from Samantha Hager titled “Homeless Youth Awareness”, youth most often cite family conflict as the major reason for removing themselves from the home and remaining unhoused. Additionally, 30% of Colorado unhoused youth identified as LGBTQ+ in 2020.

The National Institute of Health (NIH) states the human brain is not fully developed and matured until mid-to-late 20's meaning youth are unequipped to face highly stressful situations nor the situations they will encounter living on the streets.

Reasons a youth may experience unhousing:

- Financial hardship
- Removed by a guardian or parental figure
- Running away
- Sexual orientation & gender identity
- Aging out of foster care
- Facing neglect or abuse
- Experiencing substance use disorder
- Death of a guardian or parent





# DAFNA MICHAELSON JENET



"My son had been struggling since he was six years old. I tried to get him help but nothing seemed to be right, no one took him seriously enough. I heard a lot of "6-year old's don't do that" and so when he was 9 he just said I'm going to prove it to you and I'm gonna try and kill myself" - Dafna Michaelson Jenet

Sitting in her living room as her son comes in and out of frame, Senator Dafna Michealson Jenet pulls us in as she begins to open up about her journey with mental health.

Dafna spent every week of 2009 traveling to all 50 U.S. states finding and sharing stories of ordinary people solving problems within their community. As Jenet sat down to write out these stories in her book "It Takes a Little Crazy to Make a Difference", she was also balancing the mental health challenges her son was facing at just 9 years old. Dafnas' son had an IEP in place at school. But his IEP did not accurately reflect his needs stating he could spend 80% of his time in the classroom but more accurately spent 80% of his time in the principal's office.

After hosting a program as a volunteer at a juvenile correctional facility Jenet concluded

"I am looking at colleges for my daughter and prisons for my son"

"I was at the grocery store actually. My city counselor who worked there, said "Dafna, I need you to run for office".  
I said  
"Steve, I am in my pajamas"

Jenet tells us her decision to run was based on a value she always lived by which is you cannot complain about a problem unless you work on the solution. Giving her an opportunity to be on the problem-solving side of the table, Dafna got to work running for office.

"It's a crisis. You absolutely do not have enough providers" says Dafna regarding the current state of mental health resources in rural Colorado. "There aren't enough services and part of the problem is getting providers out to rural Colorado. We've been working on that through telehealth, but telehealth is not the answer to all things."

"That was a huge wake up call for me" say Dafna. Right after that experience, Dafna was approached about running for office.

In terms of the progress that has been made, Dafna says “Colorado is also just generally in crisis stage. We were in crisis stage before the pandemic and then coming out of the pandemic we were in an even worse stage for youth in particular. That’s why I created the IMatter Program to try and give as much access to as many youths as possible anywhere in the state”.

Jenet says this year her first bill will be to make the IMatter Program a permanent bill. In terms of other policy changes we need to see for mental health services in rural Colorado, Jenet says the easiest place to serve children is at schools and we have a lot of schools in rural Colorado who don’t want mental health programming.

“Youth are 60% more likely to go through a mental health program in school than they are out of school. That means convincing school boards and parents that schools are in fact the right place for mental health services and support- Jenet

“I never thought that my area of expertise or my deep dive would have been in mental health. But my son’s mental health challenges, my own mental health challenges, my mother’s mental health challenges have really put me into a unique position where I can understand it from a policy perspective and from a personal perspective as a parent, a child and a patient. I can advocate more fully for the services we need and the legislative policies that we need to make access to mental care more easily accessible and also to understand to care of their minds. “

Jenet passed a bill that promoted annual mental health wellness exams. The whole idea is that an individual can choose to have a mental health wellness exam while they are “doing fine” and have no co-pay, no-coinsurance but still get to spend 45-60 minutes with a qualified health provider discussing what their mental health looks like. If we can get people on a regular mental health check-up schedule, we can significantly reduce suicide and mental health crisis our communities are facing.”

Jenet asks the big question: how do we get providers to rural Colorado? This is something they have been working to solve for generations not just with this current crisis. Jenet believes the way to bring providers into rural Colorado is to grow them in rural Colorado by investing in rural communities and their residents who want to have a career in healthcare and therapeutic professions. Jenet says that the right kind of care will come from those who live and serve in rural Colorado because they will understand the community and culture.

When asked to design her own mental health service, Dafna had us imagine a clinic where a patient could see their pediatrician, and a therapist and/or a substance use disorder provider all in the same place. and where the services can be intertwined to really address the root of the problem.

To bridge the gap between rural and urban mental health services considering the unique challenges rural residents face, Dafna says right now the answer is telehealth. “I know it’s not the only answer, but it is an answer to get help right now to those communities while we work on investing in people in the community to get trained and licensed. Telehealth is one way we can bring front range care providers to rural areas. The IMatter program served 8,500 people in every county but 4 in Colorado. So, we are certainly reaching rural Colorado in a way that hasn’t been reached before.”

Senator Dafna Michealson Jenet was interviewed by CRHC on November 28th, 2023.



**"WE'VE ALL EXPERIENCED IT OR  
AT LEAST HEARD IT...AS PART OF  
THE STANDARD PRE-FLIGHT  
ANNOUNCEMENTS, THE FLIGHT  
ATTENDANT INSTRUCTS THAT,  
"IF THERE SHOULD BE A CHANGE  
IN CABIN PRESSURE...PUT YOUR  
OXYGEN MASK ON FIRST  
BEFORE HELPING OTHERS."**

**I GET THE IMPORTANCE OF THIS  
IF YOUR PLANE IS IN FREE-FALL,  
BUT IT IS NOT A GOOD  
METAPHOR FOR SELF-CARE IN  
EVERYDAY LIFE.**

**WHY?**

**BECAUSE THAT EXAMPLE IS AN  
EXTREME EMERGENCY. IF WE  
WAITED FOR EXTREME  
EMERGENCIES TO START  
IMPLEMENTING SELF-CARE WE'D  
BE BURNT OUT."**

**-KELLY DONAHUE, PHD**



# THE KIDS ARE NOT ALRIGHT

**A**ccording to the 2022-2023 educator shortage survey, School Counselors make up the largest number of total positions within the special service provider (SSP) category.

In the 2022-2023 school year, 5% (n=130) of school counselor positions needed to be filled, and 2.58% remain unfilled. Additionally, 4.38% of School Psychologist positions, and 5.5% of School social worker positions were left unfilled throughout the state.

11% of SSP positions in Rural areas were left unfilled compared to 3% of positions in urban schools.

Jennifer Smela, School Counselor and the current President of the Colorado School Counselors Association, weighs in.

## **WHAT TRENDS ARE YOU OBSERVING IN ADOLESCENT MENTAL HEALTH?**

I think it depends on the age of the student and socio-economic background—but in general, we are seeing an increase in anxiety and related issues, and many other co-occurring issues that may be initially triggered by anxiety and trauma responses.

## **WHAT ARE SOME BEHAVIORS STUDENTS' STRUGGLING WITH MENTAL HEALTH EXHIBIT IN SCHOOLS? OR, WHAT IS THE IMPACT OF MENTAL HEALTH ON STUDENTS' ACADEMIC SUCCESS?**

We definitely see students struggling with self-regulation (ability to manage feelings of stress or anxiousness); increase in depression-like symptoms, increase in self-harm. Mental Health greatly impacts academics—test anxiety, task initiation, motivation, ability to handle common stressors, etc. We see a lot of resilience in students, but we are also observing more extremes in these issues. Students also can struggle with focusing and task completion.

## **WHAT TYPES OF MENTAL HEALTH SUPPORT CAN STUDENTS RECEIVE IN SCHOOLS?**

It really depends on the school and district and their respective staffing and resources. Most schools, students have access to a school counselor (which should be—and usually is—the starting point for mental health support) for general counseling and academic support. Schools provide social/emotional support in the form of classroom lessons, prevention education, individual counseling support and student advocacy. From there, many districts have social workers and mental health specialists who can support the students who need additional, more intensive, next level support. In some areas, districts are bringing in community mental health professionals to support students on a more therapeutic level. School psychologists also work with identified students.

## **WHAT BARRIERS ARE THERE TO STUDENTS RECEIVING MENTAL HEALTH SUPPORT IN THE COMMUNITY?**

What I see in our community is a shortage of counselors and therapists that will take Medicaid. Therapy is very expensive and not everyone can afford to pay out of pocket or has private insurance that covers the cost. Therapists that do accept Medicaid have long waiting lists and students/families cannot access care in a timely manner. We do have the "I Matter" program in Colorado for students to get five free counseling sessions, but the waiting list is long for those and not as easily accessible as we had hoped. If families have limited resources, they are that much more impacted from receiving community mental health support.

## **WHAT ADVICE CAN YOU GIVE PARENTS/CAREGIVERS IN TERMS OF PROMOTING THEIR ADOLESCENTS' MENTAL HEALTH?**

Parents and Care Givers matter and are critical in helping students navigate mental health challenges. The most important thing is to keep the lines of communication open between them and their children, developing regular routines and rituals to connect and check-in. Monitoring (discouraging) use of phones and social media can be very difficult, but it is gravely important to model healthy use of technology. Adolescents need to have adults that help them make wise choices, be accountable to themselves, and provide total support (not permissiveness—but present parenting) navigating challenges, mistakes, mental health struggles, and normal developmental experiences.



# LET'S STOP PILL SHAMING

“ No one would ever tell a cancer patient to ‘just get over it.’  
Why people think they can tell those with a mental illness  
as much is baffling- Sara Ella ”

**P**ill shaming youth utilizing prescription medication to mitigate the impact of depression, anxiety, and other psych conditions, can result in them not taking the medication which in return can be harmful or even life-threatening. Shaming occurs when someone expresses negative opinions around medication use. Phrases like “have you tried therapy or exercise?” are a common way that even providers pill shame.

Today, it is acceptable to utilize medication to reduce the impact of asthma, for example. Even though more people suffer from depression than asthma, the stigma around psychotropic medication far outweighs that of asthmatic inhalers.

Pill shaming can also be an internal battle. Many people live with their mental health and see it as part of their personality. Medication can seem like an unnatural treatment option leading to feelings of guilt and shame.

Psychotropic medication is often viewed as a “last resort” leading youth to believe they have failed....again. That coupled with invalidating statements around their feelings and experiences can result in delaying treatment.

Medication stigma creates avenues for youth to experiment with self-harm, or self-medicating.

How do we create a safe environment for youth and psychotropic medications:

- Education about how psychotropic medications can ease the intensity of symptoms making lifestyle based changes more attainable
- Normalize the use of psychotropic medication to support individuals experiencing significant mental health challenges, adolescents want some normalcy during a period in life of tremendous growth and change
- Avoid language like “mental illness” which immediately adds negative connotations- mental health is a status not an illness
- Continued and open discussion centered around mental wellness
- When someone starts the conversation around their own mental health, do not automatically offer an opinion or advice

We must do our part to unlearn the shame we’ve subconsciously learned. - Sara Radin



# STIGMATIZING LANGUAGE

A language tool from the Department of Mental Health and Substance Abuse Services

Commonly Used Terms	A Less Stigmatizing Choice	Why it Matters
The Mentally Ill	People with Mental Illness, People with Lived Experience of Mental Illness	The less stigmatizing choices all use person-first language which emphasizes the person's humanity rather than the issue or diagnosis. The preferred terms emphasize that the person *has* a problem rather than *is* the problem. Terms that are less stigmatizing avoid negative thoughts or associations.
He's schizophrenic	He has a mental illness, He has schizophrenia	
Addict, User, Junkie, Drug or Substance Abuser	Person with Substance Use Disorder, Patient	
Alcoholic, Drunk	Person with Alcohol Disorder, Person who Misuses Alcohol	
Former Addict, Reformed Addict	Person in Recovery, Person who Formerly Used Drugs	
Habit	Substance Use Disorder or Drug Addiction	"Habit" undermines the seriousness of the disease and inaccurately implies that a person with a substance use disorder is choosing to use or can choose to stop.
Clean or Dirty	Testing Positive or Testing Negative	It's important to use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. Also, use of such terms may evoke negative thoughts or feelings.
Commit/Committed Suicide	Died by suicide, lost his/her life to suicide	"Commit" implies suicide is a sin or crime, reinforcing the stigma that it's a selfish act and personal choice.
He's low-functioning	He has a tough time taking care of himself, He is still early in his recovery journey, He has a tough time learning new things	Less stigmatizing language speaks directly to a person's individual experience.





# WHY PRONOUNS MATTER

**W**ords are powerful. We use them to connect, communicate, and tell the story around us. The reality is, more individuals are finding that the language used to support how they identify goes beyond the sex assigned at birth.

Sex refers to “the different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc.”

Gender refers to “the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men.

A recent study published by the National Institute of Health found 56% of Generation Z use gender-neutral or gender-fluid pronouns. This is also the most diverse generation and the generation making up the incoming workforce.

When someone is referred to with the wrong pronouns, they may feel disrespected, invalidated, dismissed, alienated, or dysphoric (or, often, all of the above).

- Appropriate usage of pronouns is an easy way to show respect
- If gender pronouns are unknown, it is best to use gender neutral pronouns such as they/them
- Encourage employees to add their preferred pronouns to their email signatures and name tags

- Update school non-discrimination policies to include “gender identity and expression”
- If you witness someone being misgendered, ask them in private if you can address this with that person if they do not feel comfortable doing so themselves
- Encourage a community of learning by making the correction and apologizing in private
- Use gender-neutral pronouns in school flyers, clubs, and other announcements

**“It is a privilege to not have to worry about which pronouns someone is going to use for you on the basis of how they perceive your gender. If you have this privilege yet fail to respect someone else’s gender identity, it is not only disrespectful and hurtful but also oppressive.”**

**- Rhode Island College, Office of Diversity, Equity and Inclusion**



# POLICY & WHERE WE GO FROM HERE

Below are the behavioral health bills the Colorado Rural Health Center supported and monitored over the past 3 years. In 2021, we saw federal COVID funds used to establish the Behavioral Health Administration

\*Monitored by CRHC

## 2020

HB20-1086 Insurance Coverage Mental Health Wellness Exam

## 2021

HB21-1256: Delivering Health-care Services Through Telemedicine

SB21-122 Opiate Antagonist Bulk Purchase and Standing Orders

HB21-1068 Insurance Coverage Mental Health Wellness Exam

HB21-1258 Rapid Mental Health Response for Colorado Youth

SB21-137 Behavioral Health Recovery Act\*

HB21-1276 Prevention of Substance Use Disorders\*

HB21-1281 Community Behavioral Health Disaster Program\*

## 2022

HB22-1268 Medicaid Mental Health Reimbursement Rates Report

## 2023

SB23-002 Medicaid Reimbursement for Community Health Services

SB23-174 Access to Certain Behavioral Health Services\*

## 2024

SB24-001 Continue Youth Mental Health Services Program (Passed)

SB24-055 Agricultural & Rural Behavioral Health Care (Passed)

HB24-1002 Social Work Licensure Compact (Passed)



## About

Colorado [House Bill 21-1258](#) established I Matter to provide access to mental health and substance use disorder services for youth, and to address needs that may have resulted from the COVID-19 pandemic.

In 2024 legislative session, [Senate Bill 24-001](#) presents the opportunity for I Matter to become a permanent program.

## Therapy Services

I Matter provides up to six free therapy sessions for youth in Colorado and reimburses participating licensed therapists.

To access services, youth can visit [IMatterColorado.org](https://imattercolorado.org), take a brief survey, find a therapist, and schedule a free therapy session. Youth 11 and younger must have a parent/guardian fill out the survey with them.

## Additional Tools

Free materials are available to promote the I Matter program. You can order posters, rack cards, stickers, banners, and lawn signs to be shipped to you at no charge [through this form](#).

I Matter also has a [digital toolkit](#) that includes sample social media posts and more. The toolkit includes a walkthrough of the I Matter platform.

For general inquiries about the program, view the [FAQs](#). To receive help with the website or support in scheduling a session, email [support@imattercolorado.org](mailto:support@imattercolorado.org).



# I MATTER.



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## Colorado Pediatric Psychiatry Consultation & Access Program

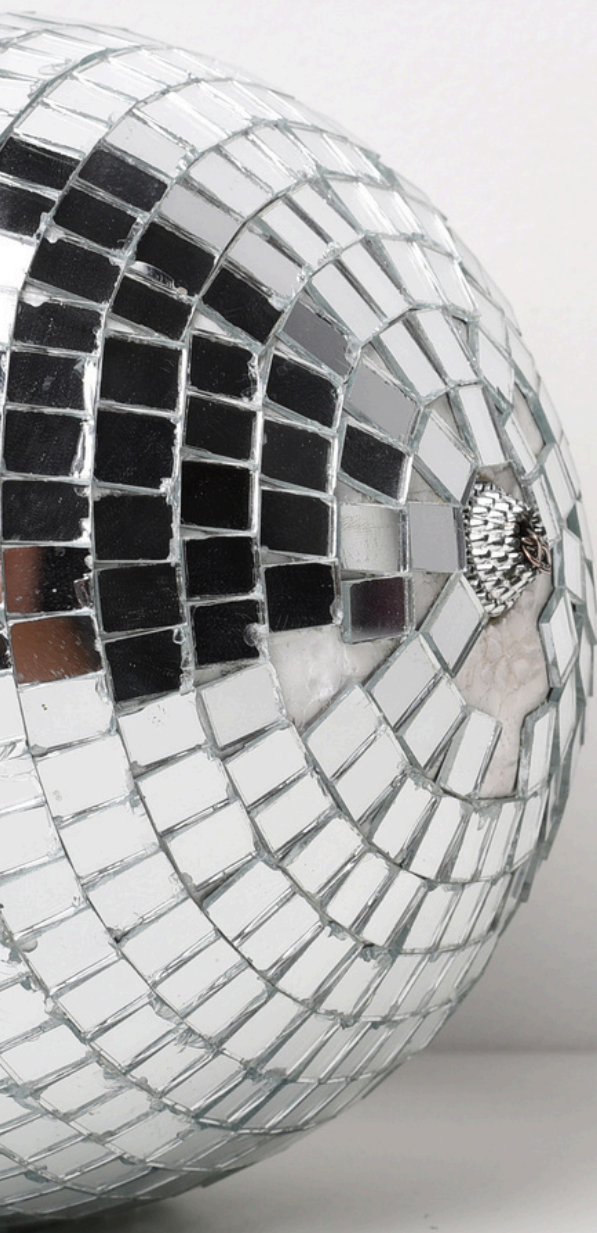
**CoPPCAP, Colorado Pediatric Psychiatry Access & Consultation Program, is a Child Psychiatry Access Program (CPAP) developed to assist Colorado pediatric primary care providers assess and provide treatment for pediatric behavioral/mental health conditions presenting in the primary care setting.**

**The first CPAP was initiated in 2004 in Massachusetts, the Massachusetts Child Psychiatry Access Program ([www.MCPAP.org](http://www.MCPAP.org)) to address the unmet mental health needs of youth in Massachusetts. MCPAP's model was developed to provide real time peer telephone consultation around youth mental health concerns, identification of community resources, brief face-to-face consultation of patients to guide care and co-manage, along with an educational platform to support primary care providers. CPAPs in some version are now operating in roughly 35 states.**

**CoPPCAP enrolled its first practices in September 2019 after receiving funding from HRSA (Health Resources and Services Administration) supporting development of statewide CPAPs and a state grant to support further development. CoPPCAP is partnering with CDPHE (Colorado Department of Public Health) Title 5 division to ensure statewide stakeholders have input towards development of a statewide program. CoPPCAP has an Advisory Committee to give further guidance and meets in person on a quarterly basis.**



# LGBTQ+



## Below The Surface

Colorado Crisis Services has a free confidential and professional hotline 24/7

- Text TALK to 38255
- Walk-in centers are open 24/7 and provide in-person crisis support, information, and referrals

## Inside Out Youth Services

Based in Colorado Springs, Inside Out Youth Services builds equity and power for youth aged 13-24 through leadership, advocacy, community-building, education & peer support.

- Safe space
- Hang-out and make friends
- Engage in discussion groups
- Community building programs
- Additional resources

Inside Out Youth Services is NOT a crisis center\*

## Trevor Project

The Trevor Project is the leading suicide prevention and crisis intervention nonprofit organization for LGBTQ young people. We provide information & support to LGBTQ young people 24/7, all year round.

LGBTQ young people with at least one accepting adult in their life report significantly lower rates of attempting suicide

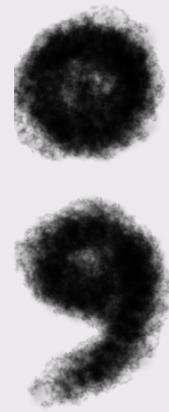
## Human Rights Campaign

The Human Rights Campaign logo is one of the most recognizable symbols of the lesbian, gay, bisexual, transgender and queer community. It has become synonymous with the fight for equal rights for LGBTQ+ Americans.

## GLAAD

Founded in 1985, GLAAD is a non-profit organization focused on LGBTQ+ advocacy and cultural change. GLAAD works to ensure fair, accurate, and inclusive representation and creates national and local programs that advance LGBTQ+ acceptance. Serving as a storyteller, media force, resource, and advocate, GLAAD tackles tough issues and provokes dialogue so that authentic LGBTQ+ stories are seen, heard, and actualized. GLAAD strives to protect all that has been accomplished and helps create a world where everyone can live the life they love.

# YOU HAVE THE POWER TO MAKE A DIFFERENCE.



**MAKE A REPORT. MAKE A DIFFERENCE.**

When you see something, say something.  
Anonymously report anything that concerns  
or threatens you, your friends, your family, or  
your community. We take your reports any  
time, any day.

## Reasons To Report

We encourage you to come forward as soon as  
possible when you learn about something that  
may cause harm to others or yourself.

By reaching out to Safe2Tell, you can help  
someone who is struggling. If your desire is to  
protect, prevent, or help, make a report.

## How It Works

Reports can be submitted by calling  
1-877-542-SAFE (7233), using the link on the  
website, or through the mobile app.

After you submit your report, watch for any  
follow up questions, because the more  
information you share, the better the  
response to your report will be.

Safe2Tell will send your report to  
appropriate school and/or law enforcement  
officials and verify report receipt and  
response.

  
safe tell™  
Colorado

## 2022-2023 Safe2Tell Numbers

Safe2Tell annual report for the 2022-2023 school year shows a 16 percent increase in report volume compared to the previous school year. With a total of 22,486 reports, this is the highest ever report volume since the program launched in 2004.

Suicide concerns (2,840) remained Safe2Tell's most frequently reported category, accounting for 13 percent of all reports made in the 2022-2023 school year. Other top report categories included bullying (1,992), school complaints (1,858), drugs (1,473), and threats (1,062), which together account for 42 percent of all reports.



# MAMA SAID THERE'D BE DAYS LIKE THIS



**BE THE PERSON YOU NEEDED WHEN YOU WERE YOUNGER.  
-AYESHA SIDDIQI**

**B** Parenting teens can be challenging. Here are a few tips to help you and your teen thrive. Be your teen's #1 fan! When your teen shares how they are feeling, believe them. Praise effort. And try to give them at least five positive remarks for

every negative. Teens need to be heard. Be an active listener. Give your teen the gift of your full attention when they are talking with you. Listen to understand rather than to answer. Ask your teen if they want you to help them solve a problem or to just listen. You will enjoy the closer relationship this builds as much as your teen will appreciate you.

Set aside time to spend with your teen. Take walks together. Have a game night. Watch a TV show or movie together. Eat dinner together. You are creating a sense of belonging and closeness that supports both your teens and your own well-being.

Don't sleep on sleep! Getting adequate sleep is important for teenagers. A lot of brain and physical growth happens in the teen years. The American Academy of Sleep Medicine recommends that teens ages 13-18 need 8-10 hours of sleep per night. Support a healthy sleep schedule by setting expectations for bedtimes, giving reminders, removing electronics/phones from bedrooms if necessary, and limiting caffeinated beverages in the afternoon and evening.

Fruits and veggies are important! Encourage your teen to eat fruits and veggies every day. Limit sodas and snacks. Keep fruit in the house. Model good eating habits by adding fruits and vegetables to your diet. If your teen shows signs of depression, anxiety, or substance use, ask for help. Start with your School Counselor and Pediatrician. School Counselors can screen your teen for potential issues, provide short-term counseling, and support your student's academic well-being. School Counselors do not diagnose mental health issues. Pediatricians also utilize screenings, can make diagnoses, and write prescriptions. Both School Counselors and Pediatricians can make referrals to psychologists, psychiatrists, therapists, or social workers for longer term support.

Know that you are going to make mistakes and try not to be too hard on yourself. If you make a mistake with your teen, own it. They will appreciate your honesty.

If you are experiencing your own mental health challenges, seek support. You deserve good health and well-being.

Author: Sarah M. Switala, M.S.Ed., NCC,  
CRHC's Quality Improvement Specialist





# IT'S OKAY TO TALK ABOUT SUICIDE

## TALKING ABOUT SUICIDE CAN BE UNCOMFORTABLE.

The fact is suicide is the second leading cause of death in children ages 10-14 and the third leading cause of death in adolescents/young adults ages 15-24. With the right information and resources, we can contribute to suicide prevention.

Suicidal thoughts are common among teens and young adults. Approximately 11% of young adults (ages 18-25) report that they've had serious thoughts about suicide, and approximately 1-2% report a suicide attempt during the prior year.

The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline consists of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.



If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, **call or text 988**. A skilled, trained crisis worker who works at the Lifeline network crisis center closest to you will answer the phone. This person will listen to you, understand how your problem is affecting you, provide support, and share resources that may be helpful.

# EMPATHETIC VS. DISMISSIVE LISTENING

FOR EFFECTIVE COMMUNICATION

Empathetic listening = I want to hear you  
Dismissive listening = I want to fix you



**01.**

"How can we make this more manageable for you and your current capacity?"

**01.**

"Just push through it."

"It's not that big of a deal."

**02.**

"Please share your thoughts and we can work on a solution together."

**02.**

"One time...."

"The same thing happened to me."

**03.**

"What I am hearing you say is..."

"That sounds heavy for you."

**03.**

"Don't be upset. You'll be fine!"

"I totally get it!"

**04.**

"How can I show up for you?"

**04.**

"You should try (advice, podcast, book, therapy, etc.)"

# TALKING POINTS FOR PARENTS

**B**elow are talking points for parents of teen's adapted from the American Foundation for Suicide Prevention.

Remember that even though your teen may have a greater need for independence, your love and support continue to be a necessary part of their emotional foundation.

Navigating this expressed independence as a parent is hard, but here are some tips:

## **SELF-CARE**

First, take steps to keep your own wellbeing strong. Teens can be sensitive towards parental moods including non-verbal cues. It is not unusual for teens to react to parents' behavior. So, keeping your mental health as solid as possible is an important step in your children's mental health.

## **HOW TO HAVE A "REAL CONVERSATION"**

Initiate a supportive conversation with your teen where you do most of the listening. Add language like 'whenever you want to talk, I'm here to listen and support you.' These conversations can happen when you least expect it!

## **GUIDANCE FOR CARING CONVERSATIONS**

As your teen starts to open up, be mindful to not offer advice or a solution. Instead, you can ask if the teen is looking for a space to vent or for feedback, allowing them to direct the conversation. Follow their cues and use phrases like 'when you say \_\_\_\_ what do you mean,' 'when that happens, how does it make you feel?' and 'tell me more about that.'

## **WHEN TO ASK ABOUT SUICIDAL THOUGHTS**

If your teen starts to seem overwhelmed, hopeless, stating they feel trapped, or like a burden to others, then ask if it ever gets to the point of having thoughts of ending their life. While it can feel scary, it won't make them worse. And it won't make anyone start thinking of suicide.

## **WHEN TO SEEK PROFESSIONAL HELP**

Your teen can greatly benefit from sessions with a mental health professional even if they aren't clinically depressed, anxious, or suicidal. If they are up to it, taking this step can be incredibly positive regardless of what level their distress is at, just to learn new coping strategies.





# TALK THERAPY TO ME

Psychology Today has a free mental health practitioner directory specific to Colorado.

You can search health professionals by:

- Ethnicity served
- Language
- Sexuality
- Religion

Addressing stigma is vitally important to an individual seeking treatment in a potentially life-threatening situation.

There are three recognized types of stigmas:

- Public stigma is the discrimination and devaluation by others
- Systemic stigma is the reduced access to care and resources
- Self-internalization of negative stereotypes

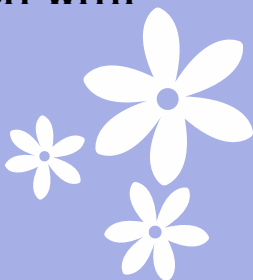
You can reduce stigma by talking openly about mental health, normalizing treatment and eliminating stigmatizing language.

## REASONS TO GO TO THERAPY

- 1** You have dedicated time to talk about whatever you want, guilt-free
- 2** Saying things out loud can help you understand them better
- 3** There is no competition for who has the “bigger problem”
- 4** Learn effective and sustainable coping mechanisms

## PREPARING FOR THE FIRST VISIT WITH YOUR THERAPIST:

- Set goals
- Have realistic expectations
- Give yourself grace
- Ask questions



## QUESTIONS YOU CAN ASK WHEN SEARCHING FOR A MENTAL HEALTH PROVIDER:

1. Do you have a particular approach, expertise, or training?
2. In your practice, do you have someone who prescribes medicine?
3. Are you willing to communicate with my other doctors and therapists to coordinate care?
4. How do You Determine What Kind of Care I Need?
5. How will we assess my progress?
6. What specialty licenses and certifications do you have?
7. What should I expect from a typical session?
8. Do you have experience providing therapy to people with similar issues as mine?
9. What are your policies around cancellations, insurance, and payments?
10. How will I know it's working?
11. How should I prepare for my first session?
12. What are some things I should know before working with you?
13. What are your expectations of me during this process?
14. Do you offer sliding scale services?

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# ACKNOWLEDGEMENTS

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# DATA SOURCES

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**CENTER**

*The State Office of Rural Health*

