

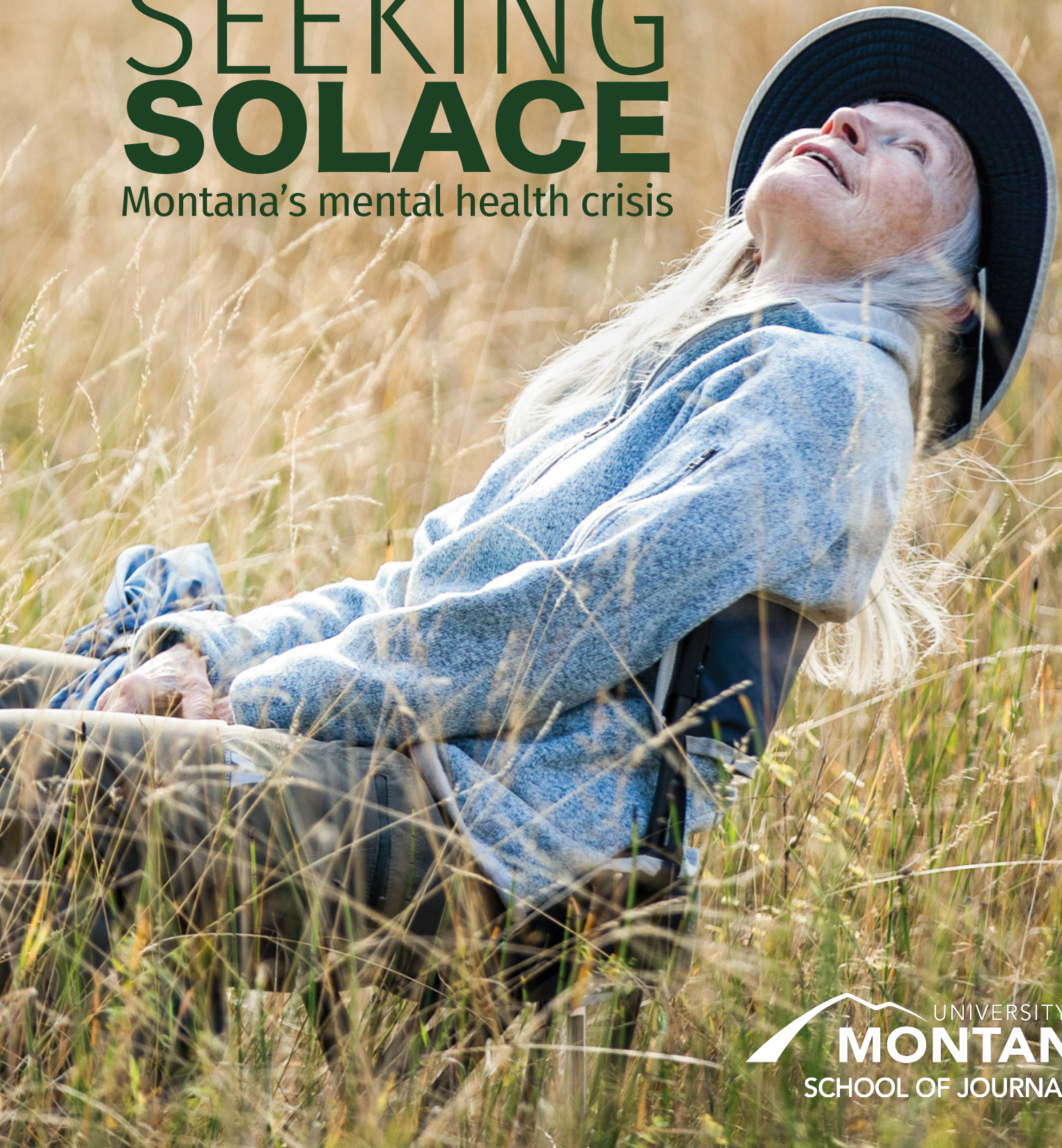
The Mental Health Issue • 2023

BYLINE

Bold Storytelling in the West

SEEKING SOLACE

Montana's mental health crisis



EDITOR'S NOTE



ABOVE: Chavez Moreno embraces his Buckskin horse named Whiskey during a Smudge the Rez event on the Rocky Boy's Reservation on Oct. 18, 2023. **AVA ROSVOLD**

COVER: Valerie Herschede, a 75-year-old woman who was born and raised in Missoula, forest bathed for the first time this fall. Herschede looked towards the sky in Victor, Montana. "It made me feel really connected and comforted by the forest itself," she said about her experience. **KENNEDY DELAP**

MENTAL HEALTH CAN be complicated. It's broad, hard to define and is described by the World Health Organization as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well and contribute to their community."

It encompasses emotional, psychological and social well-being, according to the Centers for Disease Control and Prevention. It's more like a continuum, or a spectrum, than a specific disorder or lack thereof.

According to the National Alliance on Mental Illness, based on data from 2021, an estimated 163,000 Montanans had a mental health condition, which is more than five times the population of Helena alone.

Montana possesses a long list of barriers to mental health care and related risk factors, including lack of access to resources. Montana has also

been in the top five in the nation for the highest rates of suicide for the past 40 years. In 2023, Gov. Greg Gianforte introduced House Bill 872, which created the Behavioral Health System for Future Generations Commission. The commission is in charge of \$300 million devoted to mental health support across the state.

In our state's wilderness, outdoor lovers are championing forest bathing, the practice of immersion in nature and trees, to care for their mental well-being, citing research that trees emit chemicals that reduce stress and boost the immune system.

In response to a public health emergency declaration from the Chippewa Cree Tribe of the Rocky Boy's Reservation, the Rocky Boy Health Center embarked on a Smudge the Rez Tour, smudging communities like Parker School to raise awareness of suicide and decrease its

stigma.

This issue of *Byline*, a magazine produced by students at the University of Montana School of Journalism, explores these issues and more across the state of Montana in *The Mental Health Issue*.

Be aware that many of the stories in this magazine contain potentially triggering material, such as references to suicide, trauma, transphobia and abuse.

Everyone can be affected by mental health challenges, and no one should ever feel reluctant to reach out for help. If you or someone you know is struggling with mental health, call or text 988, the national suicide and crisis lifeline, or reach out to local resources for help.

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'IT JUST HAPPENS HERE'

In a perfect storm of risk factors, Montanans grapple with barriers to mental health care

Story by Christine Compton
Photos by Ava Rosvold

THE DAY JOSIE LIBBY'S guidance counselor killed himself is seared into her memory.

It was Monday, Nov. 18, 2019, shortly after classes had ended at Glacier High School. Libby was driving home to pick something up for jazz band class and got a text from her mom. Traffic was going to be bad around the overpass. Libby didn't think anything of it.

She didn't anticipate how bad it was. There were cars everywhere, backed up so far she couldn't see the problem. As she was redirected, she saw ambulances.

It was the talk of class when she finally got back to school. The tension rose as the students waited for their teacher, abnormally late.

"My mom's friend is a first responder," one kid said. In a small town like Kalispell, Libby believed them. "She said it was a suicide."

A long pause, some speculation. A quiet student spoke up.

"I heard it was Mr. Avery," he said. Every band kid's head snapped towards him.

"Dude, that's not funny. You don't joke about that," Libby remembers saying.

Jerad Avery was the head guidance counselor and a basketball coach at the school. Students remembered him as an overwhelming force of support and care.

The student stood his ground, and the band collectively denied it. They looked at the clock as they talked. Where was their

Grasses blow in front of a landscape in Box Elder.

band teacher?

Then, the door opened. The teacher stepped in, and he didn't need to say a word. He had a look Libby had never seen on him before, like the blood had drained from his face.

At that moment, everyone knew, Libby said. Mr. Avery had died. It would be the start of a hard season of life that she didn't know how to fix.

She hadn't been the closest with Mr. Avery, but she knew he was important. She had friends he had helped. She couldn't stop any of the emotion, but she could walk with her friends around the school. She took them to Target and wandered the aisles, driven by an instinct to distract and escape from where it had happened.

And if she was helping her friends, then she wouldn't be alone either.

Avery's death was far from the first suicide death in Kalispell, but it rocked the town. He was an important symbol for students and families. Libby began to realize that if she mourned every death like she had Avery's, she would never be happy.

"If you fall apart because of one suicide, you won't be able to live in Montana," she said. "It just happens here."

It shouldn't be, but in Montana, suicide is almost normal.

For the past 40 years, Montana has been one of the most at-risk states for suicide, with the second highest

suicide death rate in the nation in 2022 at 32 deaths per 100,000 people. That's consistently twice the national average of 13 deaths per 100,000 people.

However, action on the mental health crisis itself has been lacking, most experts agree. Until the COVID-19 pandemic, there hadn't been a strong central conversation about mental health driven by political and cultural action. Libby never remembered any talk of suicide or mental health until she became a student at the University of Montana in fall 2020.

“If you fall apart because of one suicide, you won't be able to live in Montana. It just happens here.”

— JOSIE LIBBY

It's in part due to lack of awareness and an undercurrent of stigma around mental health in Montana. Combined with several overlapping risk factors that minimize access to resources and maximize isolation, the Treasure State becomes a death trap for mental health crises.

The question is, with causes baked into the geography and culture of Montana, what can be done to stop the epidemic?

The perfect storm

Jerad Keith Avery was 50 when he died. He was born Feb. 2, 1969 in Nebraska, moving often as a child before settling near Joliet, Montana. When he attended Joliet High School, he found a deep passion for basketball. He thanked his coach for that. Weldon Amundsen was an important person in his life, Jerad's wife Leila remembered, and he inspired Jerad to become a coach himself.

Jerad later enlisted in the Navy and served during the first Gulf War on the USS Midway. Six years of service later, he attended Oklahoma State University and earned a bachelor of arts in history-secondary education, before returning to Montana to teach and coach at Geraldine High School. That's where he met Leila Brown, and they had two kids together.

Leila was accepted at the University of Montana's pharmacy school, and she moved to Missoula, Jerad joining her two years later. Jerad pursued his master's degree while assistant coaching men's and women's basketball, and they both graduated in 2003. He accepted a position at Flathead High School in Kalispell as a guidance counselor and transferred to



Teigan Avery poses for a portrait at the University of Montana where she completed her undergraduate degree and graduated with a masters in economics. She holds a photograph of herself and her father, Jerad Avery, from her childhood.

Glacier High School when it opened in 2007.

He was loved as a guidance counselor and a basketball coach, his daughter Teigan Avery remembers. She was 21 years old when he died. She sees the irony.

"He wasn't himself when he died," Teigan said. "That day, that hour, he wasn't my dad."

Jerad didn't talk much about mental health when he was home, but since his death, Teigan has become something of an advocate.

She came to the University of Montana as an economics and political science major, and when she signed on as a golf student athlete, the theme of the athletics

advisory committee was mental health. A year after her dad's death, she gave a speech at Glacier High School to raise awareness about mental health.

She began to see cracks in the perception of mental health support.

"I think people don't want to be seen as weak," Teigan said. "Like, I want to help my neighbor. I'll build their fence for them, but I couldn't ask them to help build mine."

The mental health risk factors for Montana, according to the National Alliance on Mental Illness, almost seem countless: social isolation, lack of access to mental health care, substance

misuse, racial trauma, access to means, high altitude, vitamin D deficiency, long winters, homelessness, high veteran population, high rural population, high mental illness rates, high poverty rates, high alcohol consumption, and so on – a mix of physical and cultural factors.

Physically, there are geographical features and trends that make getting to mental health services challenging. Stretching 147,040 square miles, and with a population of just over 1.1 million, Montanans are spread far apart.

The distance makes it hard to find, access and support

mental health care. Some have to drive hours to find the first medical health care provider, let alone a mental health care provider. Without a state medical school and limited training opportunities, psychiatrists, therapists and other professionals are not coming to Montana at the rate it needs. Of the state's 56 counties, 39 of them had no psychiatrists in 2015, according to Centers for Disease Control data.

Veterans and Indigenous people see strikingly low appropriate mental health care support for a long list of reasons, one of the most notable being incompatibility with standard western health care practices.

Veterans often need help breaking through self-isolation, and face overwhelming financial barriers such as confusing insurance requirements. Many Indigenous tribes have their own care practices that have been shunned by colonizers or racial trauma associated with western health care systems.

Even in places where professionals are available, there's a deep-seated stigma against seeking treatment. Some have described it as a remnant of the rancher lifestyle where being resilient was the only choice. Others have described it as being proud and not wanting to use mental health issues as an excuse.

"Everyone knows everyone," Libby said, thinking of

Kalispell. "I had no issue with it, but if someone got therapy, people would know."

“He wasn't himself when he died. That day, that hour, he wasn't my dad.”

—TEIGAN AVERY

Combined with substance abuse, income struggles and other risk factors, the few existing mental health support resources looks less than ideal. There are lots of reasons someone might be struggling, Teigan said, but reaching out seems to be the hardest part. She could see some people thinking it's just not worth the risk.

"I'm not sure people think their issues are hard enough for therapy," Teigan said. "Or, they think their issues are too deep."

The National Alliance on Mental Illness estimated 163,000 Montana adults had a mental health condition in 2021.

Each completed suicide yields around six severely affected people, according to studies from the Department of Health, each of which are three times as likely to attempt suicide themselves. At around 300 completed

suicide deaths every year in Montana, around 1,800 more people become at risk.

According to the National Alliance for Mental Illness, around half of the 47,000 Montana adults who needed, but didn't receive, mental health care in 2020 weren't able to access it because of costs.

In 2020, 573,811 people in Montana lived in a community that does not have enough mental health professionals, and 51.3% of Montana teenagers who had depression did not receive any care. According to NAMI, 42,000 adults had thoughts of suicide.

At least 265 people completed suicide.

\$300 million pledge

The COVID-19 pandemic brought unique public attention to mental health conversations. This, combined with a lucky budget surplus at the state level, laid the groundwork for change.

Now, it's a matter of what to do.

On May 22, 2023, Gov. Greg Gianforte pledged \$300 million to mental health support through House Bill 872, \$225 million to be put in a new, separate account for behavioral health networks and the remaining \$75 million going to a long-term facilities fund.

"After decades of previous administrations applying Band-Aids and kicking the can down the road, we're

making a generational investment in our behavioral health and developmental disabilities service delivery systems," Gianforte said in a July 2023 press release. "With it, we'll expand intensive and community-based services so Montanans have access to the care they deserve."

It was named the Behavioral Health System for Future Generations commission. Everything is still in the planning phase, and will likely remain so until July 2024. Of the \$225 in a separate account, the commission needs to decide where the first \$70 million will be spent in the next two years, leaving \$155 million for 2025 legislators to work with.

A commission was created of four Republican and two Democrat legislators, plus Charlie Brereton, director of the Montana Department of Public Health and Human Services; Patrick Maddison, CEO of Flathead Industries, a company aiming to provide opportunity for Montanans with disabilities; and Janet Lindow, executive director and co-founder of the Rural Behavioral Health Institute, all appointed under Gianforte.

Over the next several months, they met with experts and took comments at public meetings to determine how the money would be distributed.

At the monthly meetings, some commenters simply started with a tearful thank you to the commission for recognizing the crisis

Montana was facing. Others told stories of a lost loved one and implored the commission to use the money wisely.

However, there was a theme in some of the commenters' statements: This money came partially through luck and circumstances. The chance to make substantial change can't be wasted.

“Everyone knows everyone,” Libby said, thinking of Kalispell. “I had no issue with it, but if someone got therapy, people would know.”

—JOSIE LIBBY

When it was first passed, nay-sayers wondered if a commission would be the wisest way to think about the money. Joel Peden, a public commenter representing Disability Rights Montana at the session when HB 872 was voted on, worried that people with disabilities and behavioral health diagnoses didn't have a seat on the commission.

For the people arguably

most impacted by the delicate funding decisions, it seems strange they would not make up a large portion of leadership, he argued.

Others pointed out additional voices missing from the commission — namely Indigenous people, who make up the highest at-risk group for suicidality.

However, juvenile psychiatrist Lisa Ponfick explained money is one of the biggest things holding mental health care back in Montana.

While obviously not the first monetary gift to mental and behavioral health, HB 872 stood out to Ponfick for its size and ambiguity. She's far from a legislator, she prefaces, but she's seen firsthand how a lack of funding has kept Montanans from critical mental health care.

Ponfick remembers working with actively suicidal children and being unable to send them to a psychiatric hospital.

"Hey, sorry, we don't have a bed," Ponfick would dread telling the parents.

Additionally, every time a referral happens, there's a risk of information loss between providers, Ponfick explained. Combined with a patient's already delicate state, it creates a gamble that risks not only patient health but a patient's trust in the health care system.

It's both a lack of beds and a lack of service workers that create the scarcity, Ponfick said. When the money doesn't support education or



Josie Libby sits on her dorm room bed and glances out of her window that overlooks the University of Montana's campus.

resources, the service dries up. Then, Ponfick explained, the families go home and they learn not to reach out for help again. She remembers a waitlist of 30 to 50 children who needed psychiatric help last year.

It's an example of how the stigma reinforces itself, she said. People are taught not to reach out because "their crisis isn't bad enough," she said. Even if it's not true, that's the message patients sometimes

receive.

That's one of the parts Teigan, Jerad Avery's daughter, is most afraid of.

Jerad defined his life by helping others, Teigan remembered. When she was nine, he introduced her and her brother to golf, and when he saw them swing, it was like he dropped everything to focus on them.

"You've got something special," she remembered him saying. Golfing wasn't

about him anymore. It was about her and her brother.

He spent summers working with students' schedules and futures, determined to make sure the band kids could also be in Advanced Placement classes, determined to help the slipping students apply for college and determined to help the weaker basketball player feel proud.

She knows he had a hard childhood and served in the Gulf War. She also knows he talked students down from suicide.

Looking back, she wonders if that was how her dad felt — the idea that one crisis couldn't outweigh another.

"I think he was worried that if he couldn't help himself, he wouldn't be able to help others," Teigan said. "I don't know if he knew he could ask for help."

Hesitation in practice

In the days, weeks and years after Jerad died, Teigan almost wished her dad's death looked more like an accident.

It floats behind her. It comes up on dates and with new friendships.

She doesn't want to be the girl with a dead dad — she wants to be her own person, Teigan Avery, a smart woman living in her college town who's good at golf and is considering a doctoral degree in economics.

It flares anytime there's a suicide death.

After her dad's death, a

cluster of teen suicides struck Flathead County in 2021 and 2022. She hopes it's not connected.

The clusters scare Leila, Jerad's wife, too.

"Until Jerad died, suicide didn't feel like it was on the table," she said. "I'm worried we can't take it back."

Leila wants to emphasize that he made the wrong decision and wasn't a perfect person.

He could be stubborn. Jerad and Leila weren't on the best terms in their marriage. He was kind, but they were different people when he proposed. After his death, Leila discovered there were problems at work he never told her about.

But she didn't see any warning signs. He wasn't giving away his possessions or speaking in extremes. It was as if nothing was wrong.

"He made an impulsive decision, and he made the wrong one," Leila said. "He can't take that back."

And for Libby, a student who knew him, the days after Jerad's death felt like they were in monochrome.

She spent her time following her friends around the school, watching for a moment she could dive in and fix the problem.

There were small moments of breakthrough. At Target, she found a ridiculous doll: a FunkoPop of SpongeBob, sitting with bulging eyes and a bizarre grin.

She and her friends gathered around the doll, and

there was something about it. Through the tears, one friend burst into laughter. It was infectious and absurd. They felt something other than empty grief.

Libby said she saw color again and knew that as long as her friends were laughing, she'd be okay.

“ Everyone deserves a friend, and it shouldn't always be me. I'm trying to accept that not everyone will be okay. ”

— JOSIE LIBBY

Now, she's a senior fine arts student at the University of Montana, and she's taken on jobs like being a resident assistant or student leader in the marching band. She describes herself as being "an emotional support human."

Officially, she can't talk about it, but the themes she sees in her peers are consistent: scared students who recently experienced something sad or dark or just need to talk to someone before they boil over.

"I want to keep people happy, healthy and sane," Libby said. "Sometimes that's

making them food, and it's also 4 a.m. chats."

That's what she does for herself, too, after all. When grades fall, friendships waver and life becomes overwhelming, she makes herself hot chocolate and watches a movie. She watches comfort shows like "The Muppets." She draws or paints and is surprised when the images take a darker form than she expects.

She thinks in comfort and ignores the looming crisis until it goes away. Sometimes, her thumb will hover over a friend's contact, and she'll think about calling for help, opening up about what's happening in her head.

Then, the sour guilt returns. "Everyone has their stuff," Libby said. "My friends need to work on theirs before I can give them mine."

So if she does call, she invites them to watch a movie or get hot chocolate. That's all.

"Everyone deserves a friend, and it shouldn't always be me," Libby said. "I'm trying to accept that not everyone will be okay."

Libby never regrets her jobs, but she sees why it'd be hard to do forever. She can't afford to see a therapist or be diagnosed for some of the things she knows she has. Sometimes she grieves for the people she helps long after they've shut her door. That's when she thinks about her guidance counselor the most.

"I wonder who his therapist was," Libby asked.

THE OTHER END OF THE LINE

Crisis line workers meet struggle with empathy

Story by Allie Wagner
Photos by Ava Rosvold

THREE HOURS BEFORE her 3 to 11 p.m. shift starts, Suzin Kratina sings. The melody of a lullaby travels down the hallway and into Kratina's living room. Her granddaughter, Larken, is being put down for a nap.

Kratina and her husband watch their 2-year-old granddaughter four days a week. Books and art fill Kratina's living room, including photographs she took herself. Larken's toys are scattered about.

For Kratina, watching her granddaughter makes it easier to focus on her daily life instead of work.

"You have to be in the moment, so that really helps," Kratina said.

Kratina works as a call support specialist at Lifeline Call Center through Western Montana Mental Health out of Missoula. It's one of three centers in Montana that take calls to the 988 number, a

national suicide and crisis lifeline that anyone can call for help. The Montana 988 number launched in July 2022, part of a national effort to replace the previous 10-digit number.

Down the hallway from sleeping Larken, Kratina enters the spare bedroom she works in from home. The room is painted salmon pink. Next to her laptop and second monitor, Kratina has her headset and a chocolate snack.

"That's for when things get really tense," she said. "I have to have a little piece of chocolate."

At the call center, in the event that a call is intense or a specialist like Kratina has questions, Brittany Blair, the program manager at the center, is available to help them debrief. Kratina said that if she has questions she can always call or text Blair for help.

"You do hear really tough stories," Kratina said.

But Kratina knew this would be the case. According to the Community Mental Health Journal, up to 77% of crisis line workers experience adverse effects on their mental health because of their work. While being a call specialist can be stressful, Kratina doesn't think it has negatively impacted her own mental health. She likes cooking, walking and gardening to give back to herself.

Suzin Kratina picks up her granddaughter to get ready for lunchtime while her husband prepares 2-year-old Larken's food in Missoula.





Suzin Kratina opens a Band-Aid for her granddaughter Larken's paper cut that she gave herself while playing with her grandmother's office supplies.

Shalani Gentry works for the Bozeman Help Center, another one of the three centers that handles 988 calls in Montana. When Gentry can, she walks the 15 minutes to and from work, a "transition period" before and after her shift that helps her keep feelings from work separate from her personal time.

"I think I've gotten better at taking those feelings and leaving them at work," Gentry said. "I touch dirt, I go out in my garden or I pet my cat."

Kratina has a garden of her own that she enjoys spending time in, where she grows vegetables like

tomatoes and carrots.

"I love being outside working in our garden," Kratina said.

Liška, Kratina's small reddish dog, runs around the backyard while Kratina looks at her garden. Where Kratina goes, Liška follows.

"[She's] the most wonderful dog ever," Kratina said.

The Montana 988 line is not the only mental health resource center Kratina is involved in. She first got involved with the National Alliance on Mental Health in Missoula when a family member had a mental health crisis. While Kratina said she always had an interest in learning more about mental

health, one of her children was the catalyst to actually getting involved.

When her daughter started to struggle, Kratina and her husband tried to find resources to help. They enrolled in a 12-week class through NAMI meant to help families like hers. Through this class that Kratina now teaches, called Family-to-Family, Kratina said she learned how to listen and be more compassionate toward others, which helps her work at the call center.

"A lot of times what people really need is someone to talk to. We have regular callers, and they just need to talk," Kratina said.

While working as a call specialist means listening to some of the hardest parts of people's lives, it can be rewarding, according to Kratina. Specialists have moments during calls where they know they have done their job.

"It's this shift where you're like, 'okay, they're over the hump,'" Gentry said. "They're ready to see what they can do to help themselves in this moment."

Kratina's personal experiences with mental health challenges impact what she does with the call center and NAMI, and encourage her to stay involved.

"We are not therapists," she said. "We are just there to keep people safe for now."

Just listening to someone can help keep them safe, Kratina said. She said that the people who call 988 want help, even if help is just talking to someone.

Britney Marx works for Lifeline Call Center, like Kratina, in addition to doing in-person crisis care at Winds of Change Mental Health Center.

"You can't see if they are truly safe when you're on the phone. You have to pay attention to their words," Marx said.

Slurring words is an example of speech that

worries Marx on a call.

"It is scary knowing that individuals are calling when they are in crisis, and it is your responsibility to respond," Blair wrote in an email. "With training and growing confidence, the fear lessens with hearing that phone ring."

As part of a call specialist's training, they listen to otherwise confidential calls that they did not take themselves. Listening back on other calls can give her ideas on other ways she can respond to callers, Kratina says.

During a single shift, Kratina has received as many as 10 calls and as few as zero. The average length of a call is 20 minutes, according to Blair, and there are usually two specialists per shift.

Before starting her shift, Kratina likes to make chai and do a breathing exercise. Once she is logged into the call system on her laptop, Kratina is ready to begin her shift and take her first call of the evening.

"Thank you for calling 988 Lifeline, my name is Suzin. How can I best support you this evening?"



Suzin Kratina's reflection bounces off a mirror in her home office in Missoula.



'THE MOST ELOQUENT PRAYER'

How the Chippewa Cree are fighting a suicide
crisis on Rocky Boy's Reservation

Story by Meghan Elaine

Photos by Ava Rosvold

▶ Bridger Morsette, 15, rides his horse, Bud Light, through the Rocky Boy's Reservation while he burns a bundle of smoldering sage as a part of the Smudge the Rez event on Oct. 18, 2023.

TINY, INTRICATE BEADS danced together in unison, forming an array of vivid colors. The hands of 41-year-old Jennifer Tendoy trembled as she grazed the top of a half-finished moccasin. A bear paw drawing was placed carefully on copy paper with smudged pencil marks from where her daughter last drew, two weeks before her daughter died by suicide.

For Tendoy, these must be the perfect moccasins for her son. Her daughter, 18-year-old Charleese Burkybile, would have wanted it that way. As she began meticulously choosing each bead, she recalled her daughter saying, “Mom, you have to shade this like the sunset. There needs to be lavender, and the leaf needs to be sage.”

In the same month Charleese died, the Chippewa Cree Tribe declared a state of emergency for the Rocky Boy’s Reservation due to an “alarming” increase in suicide rates. The declaration cited data from the Centers for Disease Control and Prevention, indicating that suicide rates among Native Americans and Alaska Natives are the highest of any demographic nationwide, with 28.1 deaths by suicide per 100,000 people. In response to the state of emergency, the Rocky Boy Health Center offered a series

of community events to promote suicide awareness and prevention.

Tendoy’s sister-in-law, Julianne Denny, was at the forefront of creating programs in the aftermath of the increased suicide rates. Denny formerly offered services and classes that promoted a connection to Native American culture at the Office of Victim Services for the tribe. She is currently the multimedia marketer for the Rocky Boy Health Center.

“Our sweetgrass prays for us, we can be so weak, and in the darkest time, it prays the most eloquent prayer.”

— JENNIFER TENDOY

Denny said she approached the wellness coalition to create the emergency declaration following her personal experiences of losing two people to suicide in two weeks. Her niece, Charleese, who died on August 7, 2023, was among them.

“As Cree people, we believe suicide is a spirit just like anger and sadness.... a big

teaching of ours is to turn it around, turn the negative into the positive,” Denny said.

Tendoy takes this practice to heart. “I go to different ceremonies to gather my strength,” she said.

The director of strategic development for the Rocky Boy Health Center, Melody Henry, put in strenuous efforts to create the Smudge the Rez Tour, spanning two months and every community of the Rocky Boy’s Agency. A poster promoted the tour as “practicing our traditional life ways to protect our community.” Smudging is a practice used by some tribes to burn herbs and allow the smoke to purify and bless people and places.

Henry said her colleagues initially considered organizing a single-day gathering. However, they realized such an approach might not effectively reach enough people. They decided to pursue a series of events to raise awareness among as many individuals as possible.

On October 18, 2023, off a twisting, gravel road of the town of Parker School in Rocky Boy’s Agency, cars caravanned in a uniform line. They slowly descended into a field below a steep, golden-lit hill. Within twenty minutes, laughing children and families flocked into the tall, yellow reed grass. Tendoy was among the



Tendoy points to sprigs of lavender and sage her daughter designed for her son’s moccasins. Tendoy says her daughter picked out the colors of the design before she died. Tendoy is following all of her daughter’s instruction for the artwork.

crowd with a heavy heart. Henry said this is their medicine.

“It’s hard for us to say this is our prescription when we don’t have an actual prescription... We’re trying to bring our Indigenous knowledge out and say this is important,” Henry said.

During the tour, the center provided residents with harm-reduction packets, including crisis numbers, flyers and information on what to do if someone is harming themselves.

Henry stood in the field on the day of the Parker School event, the second-to-last stop on the tour. She directed the local food

truck where to go. Her black hoodie had “Mih yah kah so” written in bold letters, which she said means “go smudge.”

The drum group placed their chairs in a unison circle, and Henry handed out bags of food to people. She said going back to tradition is the best way to fill your soul and be ready to ask for help.

“We will give you some gifts, and we will give you some songs that will ease your mind and help you. We will give you some prayers and sage and nourish you. And on top of that, we will give you some good information,” Henry said.

“This is a great way to gain their trust so they will come here and use our facilities.”

Three teenaged boys appeared in the distance on horseback, each with a smoking bundle of sage in hand. They rode their horses with the sage through Parker School, the smoke intended to embrace traditional practices and protect and bless the community.

They rode in unison as the horses’ hooves struck the gravel. The youngest of the group rode his horse across the field, cutting it close to the drum circle and holding the reins with one hand, smoldering sage held high in the other. Fifteen-year-old



Bridger Morsette jumped off his dapple gray horse named Bud Light.

"I think I burned through nine bundles of sage," he said, petting Bud Light's sweat-drenched shoulder.

He and the other boys were not shy about showing off their equally sweaty horses. They nudged Morsette, laughing, and asked him to talk about depression. Morsette looked down, embarrassed, saying, "I've never had that."

Joking aside, they smiled at each other. Morsette looked out. "It feels good to be out here," he said.

The three boys walked back into the crowd, eager to grab a box of warm tacos. They were as tired and hungry as their horses. The boys walked past a woman sitting on a lawn chair. It was Tendoy.

Tendoy said she is weary of criticism from some community members who don't think she should be attending these events just two months after the death of her daughter.

"They say I should be grieving alone," she said.

The following day, Tendoy sat in the gathering room of her workplace at the Lutheran Church, where Charleese used to keep her

mom company. Tendoy frequently assists with funerals and dresses bodies in traditional wear. She is accustomed to death, but nothing could have prepared her for her daughter's.

On the mantle of the gathering room sat a seashell bowl with a bundle of braided sweetgrass wildly grown on the rolling hills of the agency. Sweetgrass used to grow in abundance on the Rocky Boy's Reservation, but today there are only isolated patches.

Tendoy grabbed the braided sweetgrass and began burning its ends. She closed her eyes as smoke wafted around the room. She said her daughter's Cree name, "Wikask Iskwew," which translates to Sweetgrass Woman.

"My daughter has always been the caretaker for all of us; there was so much loss recently to our whole community. She felt everything. Empathy was her gift," Tendoy said.

A fragrant smell of sweet, burnt vanilla filled the air.

"Our sweetgrass prays for us, we can be so weak, and in the darkest times, it prays the most eloquent prayer," Tendoy said.

Two days after Charleese died, family and friends gathered in a field on Parker School Road to say goodbye.

"I knew how to dress her in our proper way the way all of our old people did it...my dad always taught me that is

the last thing we can do for them while they are here," Tendoy said, remembering the preparation.

Eighteen-year-old Tanille Standingrock attended the funeral as flashes of fond memories with her childhood friend rang through her mind.

Standingrock grew up in a little yellow house on Parker School Road directly under Haystack Hill, a sacred area for the Chippewa Cree people. Standingrock said she and Charleese rode their bikes down the gravel road, singing and laughing until their bellies hurt.

They would hike underneath Buffalo Rock, looking over the rolling hills and pine trees sprawling from the agency to Box Elder. But in high school, Charleese came out as a lesbian and was being bullied at school. She decided to move to Washington to be with her father's family.

After being crowned Rocky Boy Powwow princess, Standingrock was pleased to see Charleese back in town.

"I remember the last time I saw her. She had just returned, and we were at a powwow. She looked at me and smiled, telling me my crown was so shiny," Standingrock said. She hadn't known that would be the last time she saw Charleese.

Standingrock still drives the backroads thinking of

Sweetgrass burns in an abalone shell at the church where Jennifer Tendoy works. Tendoy's daughter Charleese had the Cree name Wikask Iskwew, translated to Sweetgrass Woman, and used sweetgrass as a prayer throughout her life.



her friends, family and the undeniable darkness she said lingers in the area.

"I hope this place changes. As it is now, people are being brought up into bad things. This is why it's the way it is," Standingrock said.

On November 11, 2023, three months after the funeral, Tendoy and Standingrock attended a Veterans Day round dance. Tendoy wore a skirt covered in various florals, and brilliant shades of orange ribbon wrapped around it symmetrically. This ribbon skirt is the last one Charleese sewed together with a needle and thread.

The evening unfolded in the Rocky Boy High School gym and began with providing food for the participants. The dance announcers spoke in both English and Cree, introducing the welcoming song.

"They call those spirits to come down with us," Tendoy said.

Standingrock, Tendoy and Charleese's grandmother stood hand in hand creating a circle around the drummers and singers. They locked their fingers and began dancing slowly and methodically.

"It felt like I was dancing and holding her hand," Tendoy said.

They danced for hours.

Ashton Tendoy, Jennifer's son, plays a traditional drum song for his mother.

THEIR OWN REMEDY

Veterans navigate a lack of mental health resources

Story by Maura Lynch

WHENEVER ARMY National Guard veteran Dean Murray steps into a restaurant, he immediately scans the room to profile people, looking for potential danger. After making sure there isn't an immediate threat, he attempts to locate a back door to the restaurant that could serve as an entry point for dangerous people or an escape route in the case of trouble. Murray always tries to get seated at a table facing the front door to continue observing everything in the room as he dines.

Murray spent 28 years in the Army National Guard before he became one of more than 78,000 veterans living in Montana. According to a biennial report from the Montana Veterans Affairs released in 2022, veterans make up nearly 9% of the state's adult population.

Some veterans, like 44-year-old Murray, are accustomed to constantly being in danger, so staying one step ahead of any potential threat

is how they're wired and is something veterans continue to do after they get out of the military.

"The biggest thing I still deal with today is the anxiety, the stress and the hypervigilance," Murray said.

Murray lives in Billings, giving him relatively easy access to a handful of mental health resources. However, veterans across Montana struggle to connect and don't always take advantage of the care that's offered.

Struggling with self-help

Rick Williamson, a 69-year-old Army veteran, said when he got out of the Army he didn't realize he was struggling with his mental health. When he finally recognized he was struggling he didn't know what to do. He said there's a stigma that leads veterans to thinking asking for help is a weakness.

"Too many of us keep it to ourselves. We say it's nothing, that there's no problem and it's all because

of stigma," Williamson said.

So, instead of reaching out to someone, veterans will often find their own outlets to help them cope. For Williamson, that outlet was alcohol. While he was in the service, Williamson said he drank "hard and heavy" to help him process his experience.

"During that time that I was drinking, I kept everything bottled up inside me. It was after I quit drinking that I realized that I had mental problems," Williamson said.

He began having thoughts of suicide.

"It was those thoughts of suicide that scared the daylights out of me. And that's when I decided, 'okay, I need to do something about this,'" Williamson said.

According to a report from the U.S. Department of Veterans Affairs, 53 Montana veterans completed suicide in 2019. The report stated this number was significantly higher than both the veteran and general population suicide rates nationwide.

Before they leave the military, veterans are

encouraged to go through a screening to examine their physical and mental injuries, potentially allowing them to gain an understanding of the benefits available to them and recommended health care options.

Connecting through the Department of Veterans Affairs

The VA serves Montana veterans and connects them to health care. Erick Kahila, a case manager at the Missoula office, agreed there aren't enough resources for veterans in Montana to get the mental health assistance they need. But he said the VA is doing what it can.

An app called VA: Health and Benefits allows veterans to securely access and manage their VA benefits and services. The department promotes community events like VetsGiving and encourages veterans to join organizations like the Veterans of Foreign Wars and American Veterans.

However, the way veterans across Montana view the VA varies. For Murray, the office in Billings has been helpful and quick to get him care. However, he acknowledged that there are some problems with the system.

"They're not getting the best qualified doctors. It's been a year and I think I've

changed doctors twice and I've never even met either one of them," Murray said.

Kahila admits the VA is short-staffed, and there is sometimes a struggle to meet urgent needs.

"If there's someone in an acute mental health crisis, things can get shuffled around and the VA is going to ensure that that person gets seen," Kahila said.

That means veterans not in immediate crisis will have to wait longer before seeing a provider. In those cases the VA urges them to use other programs while they're waiting to receive services.

One of these programs is the Community Care Network. This initiative allows veterans to access other providers near them when the VA can't provide the care they need.

For veterans to qualify for this program, they need to meet specific eligibility requirements like having a need their local VA can't meet or living a certain distance from VA services.

Williamson received help through the Community Care Network, but still struggled with his mental health. Then he stumbled across a program called Canine Companions. After going through the tedious process of adopting a trained emotional support dog, he started to regain hope.

"A month before I met my

dog, I had all but given up. I had thoughts of suicide and had already made plans on how I was going to do it," Williamson said.

Williamson's Labrador Retriever, Waimea, had her paws on his lap as he sat at a desk in his home. Williamson said that after he got her, his nightmares started decreasing and he started struggling less with anxiety and depression.

"I was averaging probably two to three nightmares a week. Now I might have one a month," Williamson said.

Asking for help

Most Montana veterans agree there are not enough mental health resources despite the state's best efforts.

Williamson said asking for help and then putting in the work was the most beneficial thing he did. Williamson urges other veterans to reach out to someone if they're struggling, despite the lack of resources available to them across Montana.

"Swallow your pride, don't worry about the stigma because it's not a weakness to ask for help," Williamson said. "In fact, it takes a lot of courage to realize you have a problem and admit that you have a problem. And it takes a lot of courage to recognize the fact that you can't do it on your own."

A woman with long brown hair and glasses, wearing a dark blue puffer jacket and blue jeans, is standing in a forest. She is reaching up with her right hand to touch a large, dark tree trunk covered in bright green moss. The background is a soft-focus forest of tall trees.

EMBRACING FOREST BATHING

Through meditation, guidance and science, locals are centering nature in their healing

Deborah Goslin touches the lichen on a tree in Pattee Canyon, south of Missoula. "In scientific literature, people who practice forest bathing report a deeper sense of mental relaxation, increased feelings of gratitude, selflessness and wonder and reduced incidences of depression, anxiety and other mood disorders," Goslin said.



“WE REFER TO IT

” as a sensory opening.”
Deborah Goslin reaches down and touches leaves on a shrub, rubbing them gently between her fingers. As a certified forest bathing guide, Goslin helps people slow down and connect with nature.

“It just brings you into a whole different world... just that act of allowing yourself to be curious and fascinated,” Goslin said.

Forest bathing, also known as Shinrin-yoku, is “the practice of immersing oneself in nature by mindfully using all five senses,” according to a study published in the National Library of Medicine. The term Shinrin-yoku originated in Japan in 1982 and is commonly defined as taking in the forest atmosphere.

Forest bathing has many health benefits, ranging from cancer prevention

ABOVE: Valerie Herschede embraces a tree and looks up towards the sky. Goslin guided her through her forest bathing experience. “The noise kind of faded into the background and I was able to keep my focus on the forest. I love standing in front of a tree and looking up its trunk,” she said.

RIGHT: Sylke Laine collects leaves, rocks and flowers on her walk up Marshall Mountain to her sit spot, a patch of grass where mountain bike paths fork overlooking the forest. When Laine has a conflict in her life and her mind, she brings it to the land. By the time she reached her spot and began to journal, she had a completely new perspective.





FAR LEFT: Herschede reaches up to touch the needles on a tree at Bell Crossing Fishing Site outside of Victor, MT. "The breeze, I feel clean, I feel ready to close that door," Herschede said after forest bathing.

LEFT: Forest bathing can look different for everyone. For Goslin, it's slowly walking through the woods, breathing with an exercise that opens up the senses, tasting the air, smelling the soil, crunching leaves between her fingers next to her ear, laying on the ground and watching clouds and the tops of trees.

to helping cope with depression and anxiety. Goslin believes forest bathing is an act of self-care; a gift of time to oneself to reconnect with nature and wellness.

One of the reasons forest bathing brings so many health benefits is linked to trees. To protect themselves from insects, trees emit airborne chemicals or compounds called phytoncides. Phytoncides increase white blood cell count

with each breath taken, boosting the immune system, according to the New York State Department of Environmental Conservation.

Many of Goslin's bathers report better sleep, better creative problem-solving and an overall better sense of well-being.

To Sylke Laine, who became a certified forest bathing guide last year, forest bathing is "meditation where you are allowed to think." Laine

lives in Missoula, but lived in Germany until 2008.

Laine brings bathers to an overcrop at Marshall Mountain east of Missoula where she connects them with the natural world. She said they often become emotional – childhood memories bubble up and hard decisions become clearer.

"We forget that we are a part of nature just by the simple fact that we share breath with trees," Goslin said.

TRIPPING FOR TREATMENT

At the fringes of care options, some Montanans find hope through psychedelics

Story by Emily Tschetter

Photos by Brooklyn Grubbs

WHEN SHEILA SETTLED into the recliner and slid the blindfold over her eyes, she didn't know what to expect.

She had tried every treatment she could think of — several medications, therapy, meditation and others. None of them worked. Sheila is diagnosed with severe post-traumatic stress disorder, obsessive compulsive disorder and attention-deficit/hyperactivity disorder.

Her father, along with a few of his 19 wives, abused her throughout her childhood. After her father was arrested on a stolen vehicle charge, she went into foster care when she was 17. Sheila is a pseudonym, and she has asked to remain anonymous so her father cannot find her.

For years, Sheila put her mental health on the back burner to raise her four children and work as a nursing assistant. Now

45 and living in southern Montana with mostly grown-up kids, she's prioritizing finding solutions.

In the summer of 2023, she turned to something unconventional. She participated in a trial where people with PTSD were given ketamine, a dissociative drug commonly used for sedation or anesthesia that has psychedelic effects.

She was skeptical, but her first treatment shocked her. She saw aliens, nebulae and stars, but, more than anything, she felt at ease.

"With that medication, that was the first time in my life that I've ever been able to relax and actually see what relaxed means. I was pretty stoked about that," Sheila said.

This summer day was her sixth or seventh time having one of her children drive her to Bozeman to get the treatment, and she hadn't

had any profound images that the doctors said she might see. She'd tried to force them, but her therapist told her to just let it flow.

So that day, her goal was just that: Let it flow. After a few minutes, it happened.

She saw herself as an infant, one that was cared for, one that was loved. She sunk into it, reveling in it. It reset her.

Then she went back to Washington, where she spent much of her childhood, and most of the progress she made through the treatments faded away. But for that one serendipitous moment, that one subsequent week, she was rejuvenated.

Research shows some drugs with psychedelic properties are emerging as a new frontier for treating some mental health issues and disorders. Now that multiple centers have popped up across Montana to offer ketamine, the only legal form



Psilocybin is a chemical derived from some types of psilocybe mushrooms. Psilocybin is often ingested for its hallucinogenic effects, but many people are beginning to use it in microdoses to manage symptoms of anxiety, depression and other mental health issues.

of psychedelic treatment in the state, the findings from research boasting these unconventional treatments as effective for mental health issues are no longer a distant dream.

But between high costs, the need for follow-up treatment courses and limitations to certain diagnoses, ketamine and future psychedelic treatments may not be right — or accessible — for all Montanans.

A new "journey"

Ketamine was first created in the 1960s and authorized for use in medicine in the United States in the

1970s. On the World Health Organization's essential medicines list, ketamine is FDA-approved for use as an anesthetic and is commonly used for pain and sedation.

Researchers have also seen promising results of ketamine's mental health treatment potential, with studies showing its effectiveness in addressing treatment-resistant depression, PTSD and suicidal ideation.

Ketamine works differently than traditional antidepressants. The most commonly used antidepressants, selective serotonin reuptake inhibitors, block chemicals in the brain

that break down serotonin, leaving it in the brain longer. Ketamine, however, "dramatically reorganizes activity in the brain," according to Penn Medicine. Ketamine is also found to promote neural plasticity, meaning the nervous system's ability to change itself, though how exactly it works is unclear.

Ketamine's use for treating mental health issues is not FDA-approved, except for in the form of Spravato, a nasal spray derived from ketamine. Since it is a controlled substance, all clinics must have a Drug Enforcement Administration license and a state medical license. Clinics

also must store doses safely and track them closely.

Rob Miller has given patients ketamine thousands of times, but initially not for mental health.

From Mendenhall, Mississippi, the certified registered nurse anesthetist often uses ketamine for sedation and anesthesia. Before he was aware of its use to treat mental health issues, some of his patients reported their depression improved after surgeries.

"I know the drug very well. It was an easy transition," Miller said.

Miller moved to Kalispell in the summer of 2021 with his wife, who is a nurse practitioner, and opened Alpine Health and Wellness, where they offer a litany of wellness services. Miller estimates about 25% of people who come to Alpine are there for ketamine treatments.

"There was a different cowboy mentality here, maybe, but I think people are starting to see the benefits from it," Miller said. "Seasonal affective disorder is a real deal and it gets people here."

Miller works at various hospitals across the state on top of running the clinic. Although Miller has never taken any medications for anxiety or depression, he's seen his friends struggle with the time they've spent trying out medications. Miller said he has not treated a single person with ketamine who

has not benefited from it in some way.

Some studies show positive results from antidepressants, but others show different results for different individuals. One study showed more than a quarter of participants taking an antidepressant had their symptoms return in a matter of months. Many antidepressants also come with their fair share of side effects, including increased suicidal ideation in some cases.

“The biggest hurdle for me with ketamine was that it just sounded too good to be true. It can't be that good, I must suffer more in order to get through this.”

— NICK PETERSON

"There's no emptiness-type feelings that you can get with SSRIs..." Miller said. "Even though ketamine doesn't last forever, it's gotten patients

to that point where they can function at a higher level than they used to and they don't drop off into depression again."

Miller's patients most often encounter nausea as a side effect of ketamine treatments. But the Mayo Clinic lists a variety of other possible side effects, and many treatment centers avoid giving the treatment to patients with a history of strokes or unmedicated high blood pressure.

Unlike Miller, the brother-sister duo who founded Harvest Wholeness Center in Missoula both had their own experiences with ketamine.

Kavan Peterson and Kaley Burke's father was diagnosed with cancer in October 2020. They made arrangements so he could come home, and he died about two weeks later.

Peterson and Burke started a business together called Harvest Home Care in 2016 for palliative care. Burke is a holistic guide for people facing terminal illness or death and their loved ones. But their professional lives could not prepare them for the grief after their father's death.

Peterson took it as a wake-up call. Having heard of its possible benefits, he found a ketamine-assisted therapy practice in Seattle and wanted to try it himself.

"I figured this is the avenue and the only way I can support it is to go through it myself," Peterson said.

He went through multiple treatments over the course of a year, and said he was "radically changed" by it. He told Burke to try it, and she had similar revelations.

"It took all the tools that I'd already been building with my self-care and just enhanced them and strengthened them," Burke said.

Peterson and Burke were united in bringing ketamine-assisted therapy to Missoula. They did an intensive training to guide people through treatments, then acquired a space and their DEA licensing to open in the summer of 2022.

Harvest shares many similar practices to Miller's clinic. Both determine initial doses based on height and weight, and they both generally start with six treatments, usually twice a week for three weeks. The two centers have individuals wear eye masks, and they both use lyricless music to create the proper setting.

While Harvest only delivers ketamine through intramuscular injections, Alpine Health also has lozenges for at-home use and IV treatments. Intramuscular injections cannot be tapered, so it affects the patient all at once. With the IV, Miller is able to taper the dose to have greater impact at different

Grace Porges, originally from Georgia, is a sophomore at the University of Montana. Over the past few years, she has tried SSRIs, ketamine-assisted therapy and microdosing psilocybin to manage her depression.

times or stop it completely if one becomes overwhelmed or too nauseous.

The centers' true differences lie in their level of involvement during the actual ketamine "journey." Miller always stays in the room with patients during their first infusion, but will usually monitor them from outside unless asked to stay for subsequent treatments. Alpine Health doesn't have in-house therapy but recommends it.

In contrast, Harvest requires integration session follow-ups after every treatment to take advantage of the neural plasticity the ketamine creates, according to Peterson. Burke is always in the room with individuals on "journeys." She said they want people to succeed not because of the ketamine, but because of the tools it gives them to rewire their brains.

"If you are combining your own self-work, therapy or coaching, your outcomes are extraordinarily better than if you're just doing it passively," Peterson said.

Have a safe trip

Nick Peterson had set criteria he wanted his treatment center to meet when he started seeking out ketamine therapy.

He wanted a staff that had experienced the drug themselves, a proper patient screening process and integration of the ketamine "journeys." He found Harvest was a perfect fit.

Nick, 50, had grappled with depression since he was a teenager, and it worsened in college. Growing up mostly in the D.C. area, he went to Harvard and committed much of his life to rowing, competing in the Olympics in





Patients at Harvest Wholeness Center receiving ketamine-assisted therapy are welcome to choose their treatment setting. The options include warmly lit rooms, a naturally lit bedroom or an open floor space with blankets and pillows.

time but had to stop after developing a heart condition.

He turned to ketamine after a rave review from a friend.

“The biggest hurdle for me with ketamine was that it just sounded too good to be true. It can’t be that good, I must suffer more in order to get through this,” he said.

While he had some unpleasant experiences during his first treatment – tinnitus, total ego dissolution that could be frightening, all abstract imagery and none of the flashes of people from his real life that he heard were possible – the lasting impact it had on him was profound and different than he ever intended going in.

He found he could break out of his brain’s rigid patterns. He was able to set boundaries and was less reactive when he experienced negative emotions. Sure, he gets sad, but now he can pull himself out of the “stuck” feeling, at least to an extent.

“It pulls you out of the water, and it’s not like you don’t have work to do,” Nick said. “It’s not like you’re just dry and not coughing up water or whatever, but it was a huge boom for me. I feel like I just have the tools to get my shit together. It’s not like I have my shit together now completely, but I feel like I’m on the path.”

But such overwhelmingly positive takeaways from ketamine treatments are not guaranteed. Grace Porges, a 19-year-old sophomore at the University of Montana, tried one ketamine treatment and did not go back.

Porges describes her depression as wearing “shit-stain goggles.” From Atlanta, Georgia, she started grappling with depression and anxiety in high school. She began trying SSRIs before she graduated.

“I noticed my baseline was lifting up, but it wasn’t consistent,” Porges said. “I would still have consistent episodes that would last weeks. I was so sick of relying on something that’s making me feel worse when I forget to take it.”

She eventually tried microdosing psilocybin on and off over the course of two weeks during her freshman year at UM. Microdosing involves taking a small dose of psilocybin so the “tripping” effect doesn’t happen.

For Porges, it ended up feeling like it was a “good flip switch” to her brain and helped for about a month. Johns Hopkins University research has shown evidence of psilocybin’s effectiveness for treating addiction, treatment-resistant depression, OCD and anxiety.

She wanted to find further relief, so she researched ketamine with her mom and went in for a treatment.

In her one treatment in Atlanta, providers did not give her an eye mask, so she ended up having unpleasant external trip visuals.

She felt unsupported by the provider, as they started her IV and left the room. A nurse simply came in once or twice to check her vitals without doing thorough check-ins.

“People don’t want to be on meds for their whole fucking lives, so they should be able to try this and see what works.”

— GRACE PORGES

“My main issue was like, yeah, it’s so great that this is so available to people,” Porges said. “The science is starting to become a thing, but we cannot let people just sit in a room by themselves and expect them to walk out and be like– okay, I’m good.”

Rob Miller, one of the owners of Alpine Health and Wellness in Kalispell, said he would never leave a patient completely unattended in the way Porges described.

“That would be a terrible, terrible way to do things, just

start the pump and walk out,” Miller said. “That would be scary for people. We’re there for whatever they need, let’s do what works for you.”

Although her experience was negative in the moment, she did experience lasting effects even after just one treatment. She noticed a consistent increase of her baseline mood for about two months after the treatment.

She was initially planning to seek out more ketamine treatments when she returned to Missoula, but she’s now microdosing psilocybin as needed and has completely transitioned off of her SSRIs. She has backup capsules to microdose if she’s feeling like she’s in a multi-day slump and said her mental health is better than at any other point in the last three years.

“There’s no trip, no high, it’s just like you feel really productive,” Porges said. “It’s almost like the world feels a little bit brighter.”

The cost of care

Sheila doesn’t remember how she received partial insurance coverage for the eight ketamine treatments she did, but knows it saved her hundreds of dollars. It cost her \$750 for her entire treatment course, less than the cost of a single treatment at other clinics in Montana.

Sheila recommended it to everyone – her therapists, her friends, even strangers at gas

stations. She also said since her treatments, she hasn’t let her “downs” affect her as much as they used to.

The treatment center she went to in Bozeman recommended she go through an additional course, but between the lack of insurance coverage for more treatments and the payments for a car accident she got in, she hasn’t gone back.

“It’s supposed to be like years of therapy at once, but it didn’t work that way for me,” Sheila said. “They said I’m supposed to do more and more to get there, but I have to figure out rides and stuff. That makes it very hard.”

Ketamine centers require patients to arrange a ride home from the treatment center since the drug’s effects often haven’t gone away when they depart. Now that most of Sheila’s kids have moved out of the house, rides are impractical. It’s another reason Porges isn’t seeking treatments, carving out the hours amid a busy college schedule is difficult.

Because ketamine’s use for mental health treatments is not FDA-approved, most major insurance companies do not cover it. Miller and Burke both said some people have found ways to charge an “office visit” to receive partial coverage.

“I know ketamine is a superior medication [to SSRIs],” Miller said. “I know that it’s not covered by insurance and not a lot of



Kaley Burke works in many forms of holistic healing. She is a certified death doula, reiki instructor and a ketamine therapy administrator.

people can afford it, but I feel like it's a better treatment."

A regular IV ketamine dose at Miller's clinic costs \$425 per infusion. Although not the preferred method for Miller, he also offers intramuscular injections for about \$200 per session.

"We've increased and decreased the prices and give discounts for veterans and first responders...It really comes down to not how expensive ketamine itself is but your operating costs," Miller said. His main burden comes not from the staff, but from the extensive documentation they maintain per their DEA license and

their medical equipment.

At Harvest, intramuscular injection treatments are \$835 per session, and they require integration session follow-ups after each treatment, which are \$150 an hour. This means a six-treatment course costs patients about \$6,000. Since Harvest is a fairly new business, Kaley also attributes their prices to the need to keep up with operating costs.

"You mostly only really hear middle-aged white people talking about it because they're the only ones who can afford it," Nick Peterson said.

Patients also often seek more treatments than the initial six-dose course.

Burke said it's a "mixed bag" whether people come back. Miller estimated about a third of his patients come back for more treatments.

"Ketamine is kind of like a curve with a plateau," Miller said. "At some point, that plateau is going to start to drop off, and I tell [patients] that it's much easier to keep our results if we can do an infusion when you feel like you're starting to drop off that plateau."

Miller also prescribes at-home ketamine treatments for as cheap as \$8, which are not as effective but can prolong the time between visits and relieve some

financial burden.

Ketamine practitioners are some of the first to say the treatments are not suited for everyone. Miller and Burke said they do not offer treatments to those diagnosed with schizophrenia or other disorders that could cause people to experience psychosis.

A couple of ketamine providers in Montana have garnered poor press for their practices recently. In August 2023, Dr. William Stratford, a psychiatrist based in Missoula who operated clinics in Missoula and Kalispell, settled a federal court case for \$85,000 for allegedly distributing ketamine from an unregistered location and failing to maintain proper records.

In September 2023, a complaint was filed in federal court accusing Dr. David J. Durkin from Ketamine Infusion of Montana in Kalispell of picking up a woman in a bar, dosing her with ketamine then sexually assaulting her in May 2022.

Burke said she found the lawsuit involving Durkin "extremely shocking and really disturbing," and she said it's important for people to determine if the clinic they're considering will prioritize their needs. She also thinks it's important for providers to have taken ketamine themselves, though that's not required by any federal regulations.

Miller ensures that

he makes it clear in consultations the type of experience patients will embark on under ketamine's influence if they haven't taken another psychedelic before, and he is sure to stress to his patients the abundance of medical equipment he has to respond to any emergency situation.

He thinks it's key to know how often providers are in the room, the provider's medical and training background and whether one can receive talk therapy in the ketamine center or has to find it elsewhere.

"They're not going to be 100% with it as far as cognitively or functionally, and they just need to know that they're going to be super safe," Miller said.

Phasing in psychedelics

While ketamine treatment centers have started opening in larger towns in Montana over the past couple of years, the state still does not have similar access to other psychedelics.

Psilocybin is currently only decriminalized in certain cities outside Montana and fully decriminalized in Oregon and Colorado. In 2023, the Montana State Legislature tabled a bill in committee seeking legalization for its use in regulated therapy settings for PTSD, anxiety, depression and substance use disorders.

Faith Price, a community prevention coordinator

with All Nations Health, wants to exercise caution before moving forward with legalizing psychedelics. She also is concerned with commercialization of substances and bad actors possibly getting into the business just to capitalize off of it.

"Once you've let the proverbial horse out of the barn it's hard to get it back in," Price said. "We could be on the cutting edge of this new market, but maybe not looking deeply enough into the potential harms."

Providers in Montana and those that have tried psychedelics hope the stigma surrounding their use will start to fade away. Miller is starting a mental health nurse practitioner program in January so he's ready to become a provider if psilocybin becomes legal.

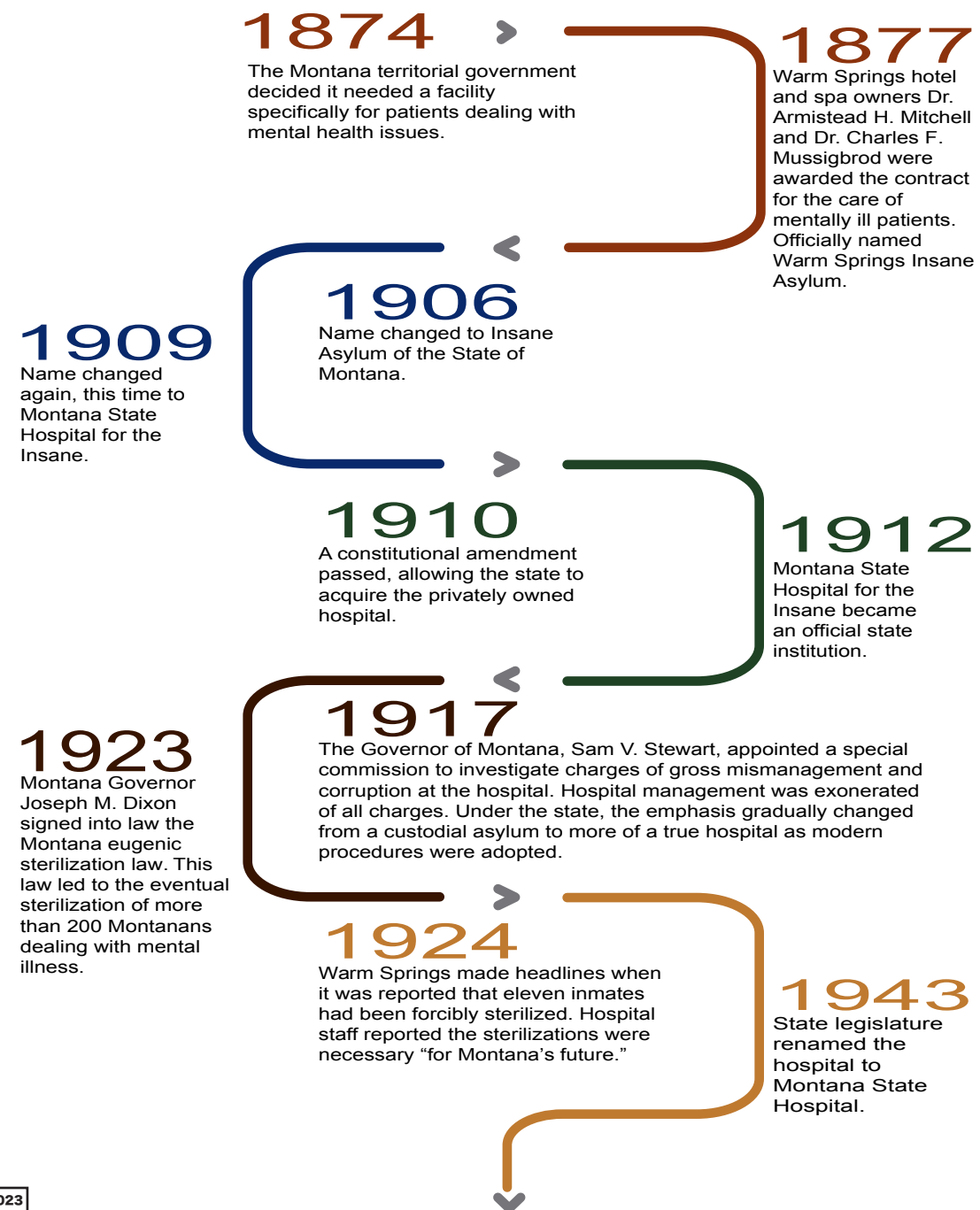
Porges is optimistic that more options are becoming available. To her, finding new options felt like a way out, and she hopes more people will explore other ways to contend with their diagnoses.

"People don't want to be on meds for their whole fucking lives, so they should be able to try this and see what works," Porges said. "I didn't want to live with the thought that I was going to have to live this way until I was 50 or 60. Knowing that this was available to me helped me know that I had ways to figure it out."

THE MONTANA STATE HOSPITAL

A brief history highlighting the hospital's important events from 1874 to the present day

Story by Trey Lawrence | Graphic by Jake LaHaie



1954

Montana State Hospital reached its highest capacity, housing nearly 2,000 patients. Forced sterilizations stopped around 1960, but the law wasn't repealed until 1981. A total of 256 people were forcibly sterilized by Montana's eugenics program at Montana Hospital for the Insane.

1967

Hospital renamed again to Warm Springs State Hospital.

1983

Hospital renamed a final time to Montana State Hospital, its official name today.

2021

Five patients died while receiving care at Montana State Hospital. The Centers for Medicare and Medicaid (CMS) imposed a substantial fine and ordered the hospital to improve conditions.

2022

CMS refused to reimburse the hospital for services until conditions improved. The hospital lost roughly \$7 million in annual funding and ended the year \$44 million dollars over its \$49 million budget.

2023

Several Montana families filed a lawsuit against the Montana State Hospital, claiming the state failed to protect their loved ones, resulting in their 2021 deaths.

Present

The hospital has space for 270 patients and most are there by state mandate. The 872 Commission is considering the future of the Montana State Hospital as part of a \$300 million overhaul of the state's behavioral health system.



Photo by Fox Croasmunchristensen
AP News, Archives West, Paul Lombardo, Archive Grid, Julius Paul, Montana Public Radio, Montana Free Press | Sources

LIVING THE PARADISE PARADOX



The resort town of Whitefish seems perfect, yet its citizens still suffer

Story by Ella Hall

Photos by Jake LaHaie

FORESTED HILLS, SPOTTED with yellow bursts of larch trees, surround the town of Whitefish. The mountains just visible in the hazy distance are dusted with the first snow of the year. On a mid-October morning, the normally bustling tourist

mecca is quiet—a fall respite between the summer and winter busy seasons.

Despite the seemingly idyllic nature of life in a mountain resort town like Whitefish, these communities often experience higher rates of

mental health challenges and suicide than the national average. This phenomenon, referred to as the “paradise paradox,” is due to a complex interplay of factors such as isolation, difficulty accessing mental health care, unique social and financial

Many of Whitefish’s nearly 9,000 residents work in the hospitality industry serving the millions of tourists that come through the area. Whitefish Lake, which sits near Stillwater State Forest, is just one of the many outdoor recreational attractions that draws so many visitors.

stressors, high levels of substance use and transient support systems.

Outside Stumptown Snowboards on Central Avenue, a selection of boots and shoes are arranged sidewalk sale style, and a rack of summer clothing flutters in the breeze. Inside, the store is mostly empty. A couple idly browses the colorful Gortex jackets, but the fall air is not yet sharp

enough to require layers. An employee sits cross-legged on the floor, sorting goggles and lenses. At the back of the shop, Kaden Kelly works behind the tune-up counter, although today there are no boards in need of work.

Wearing a trucker hat pushed down over brown curls and a black sweatshirt, Kelly is friendly and eager to talk.

“Mental health is a big

challenge in our community and people are open to talking about it and trying to shed light on it,” Kelly said. “There’s a lot of folks who have good heads on their shoulders but are affected by mental health struggles.”

Don’t harsh my mellow

According to research by the University of Montana’s Institute for Tourism and

Recreation Research, the town saw 1.4 million visitors in 2020. In the 2022-23 winter season, Whitefish Mountain Resort broke its previous visitation record, with more than 500,000 skiers and snowboarders hitting the slopes. For a town of just 8,915 residents, those are big numbers.

Whitefish is a natural hub for outdoor enthusiasts, offering plenty of trail systems and recreational opportunities like biking, skiing and boating. Due to its status as a resort town with a tourism and recreation-based economy, Whitefish is also a hub for seasonal work. Whitefish Mountain Resort public relations manager Chad Sokol said the resort alone employs an additional 600 workers each winter, a significant increase from the roughly 150 employees present year-round.

Lili Tenney works for the Center for Health, Work and Environment within the Colorado School of Public Health. She explained that, according to data from a survey conducted in 2022, death rates in mountain communities have increased over the last ten years involving self-harm, unintended substance use and overdoses.

"The paradise paradox is really debunking the myth that living in these communities is all fun and that we live here to hike and to ski and we have no

stressors," Tenney said. "In one way, these are beautiful places to live, and in another, most of the people who actually live there and work there are struggling to afford to live there and don't have a whole lot of time as a result to actually enjoy the places they live."

Whitefish is located in Flathead County, the fourth-most populous county in Montana according to the 2020 census. In 2021, the county's suicide rate was 39 per 100,000 people, almost three times greater than the national average and higher than the state average of 32 per 100,000 people.

Gaelen Engler has lived in Whitefish for 12 years and currently works as a therapist at Sweetgrass Psychological Services. Many of the clients she works with are seasonal or service workers, people who work in hospitality and the recreation industry.

"There's two sides of this coin that is living in a mountain town," Engler said. "On one side, it is really fulfilling and fun-filled, adventurous, kind of living the dream. And then the other side being more the day-to-day reality of what that can entail, which is struggling to make ends meet, maybe not taking the best care of yourself mentally or physically, there not being the most resources because it's a small town."

Common themes that

come up, both among Engler's friends and her clients, are the loneliness and isolation of living in a place like Whitefish. "It's hard to connect with someone if you're following them on a bike or on a five-minute chairlift ride," she said.

"What I've found about Whitefish, and this is something I've given a lot of thought to, is it almost feels like there's this 'don't harsh my mellow' or 'don't kill the vibe' sentiment," Engler said.

This mentality, coupled with the stigma and cost associated with getting therapy, means these mental health challenges exist at higher levels in resort communities. Having consistent insurance coverage or connecting with a therapist when you're only in town for a few months can be difficult as a seasonal worker. Furthermore, according to Engler, therapists in Whitefish are so busy it can be hard to even book an appointment.

"Therapy is really expensive and such a time commitment, a money commitment... there's just a lot of barriers to getting mental health support here in Whitefish specifically," Engler said.

Breaking barriers to better mental health care

As the sun breaks from behind the clouds, Leanette Galaz meets fellow



Leanette Galaz enjoys a freshly picked apple off the Whitefish Trail. Galaz spotted the apple tree along her walk and wanted a fresh snack.

community organizers for a walk along the Whitefish Trail. Wearing a wide flat-brimmed hat and a yellow sweater, Galaz has a broad smile, which she flashes frequently as she jokes with her companions.

She moved to Whitefish in September of 2020 and started working with United Today, Stronger Tomorrow, an organizing project focused on the Mountain West region, in 2022. As part of that work, Galaz called Whitefish residents to ask what their priorities for the community were. From those calls, she compiled a list and at a town hall event

asked attendees to vote. Housing and mental health were the two items that received the most votes.

Like Engler, Galaz knows the cost of therapy can be a barrier for many in the community. She referenced a friend who is "one of many people who works in the service industry who is struggling to keep her proverbial shit together but can't afford counseling."

In addition to the cost of therapy, a loss of funding in 2017 caused many community resources for mental health to shut down. That year, the state of Montana was facing a \$200

million dollar budget deficit, and as a result, programs across the state lost funding. The Montana Legislature cut \$49 million in state funding dollars from the public health budget, but the actual cut was closer to \$100 million due to the loss of matched federal funding.

Galaz said the impacts of the 2017 cuts to mental health programs are still widely felt in Whitefish and the Flathead area. The community lost much needed resources, such as drop-in services for mental health.

Galaz is gathering information to inform

the commission charged with distributing the funds allocated by Montana House Bill 872, also known as Future Generations, signed in May by Gov. Greg Gianforte to reform and improve Montana's behavioral health and developmental disabilities service systems. While Galaz is hopeful about what this \$300 million can do, she also noted that it is not enough for sustainability into the future.

Walking along the river path, Galaz spots an apple tree. She scrambles up the bank and starts picking, taking off her sweater and filling it with crisp fall apples. Nino and Victoria Gabaldón smile as they watch Galaz crunch into a pilfered apple. The couple has lived in the area for eight years and works with the National Alliance on Mental Illness.

"You gotta have the uncomfortable conversations," Nino said, "it's those real ones that will make the change."

In part, Galaz attributes the mental health challenges faced by residents of Whitefish to the makeup of the community.

"I think class is a big dividing line in the community right now," Galaz said. "There's a lot of resentment amongst the blue-collar workers towards the wealthy newcomers."

According to Tenney, there are more wealth disparities

in the workforce in resort communities like Whitefish. "You're having people who are comparing their lives and their expectations to second homeowners who are coming in with an exorbitant amount of money and having that effect on your community at large," she said.

During the COVID-driven housing boom, Whitefish and the broader Flathead region saw some of the greatest increases in housing prices and population growth in Montana. From July 2020 to April 2023, 7,465 new residents moved to Flathead County and in 2021 the average sale price increased by 71% compared to 2019.

"Because there's been so much shifting, the sense of community is unbalanced," Galaz said. "For folks, especially in working class positions, to live so close with such wealth is very taxing on their mental health."

The urban exodus brought about by the pandemic exacerbated existing economic imbalances within these mountain resort towns. While not as extreme as a place like Teton County, Wyoming—which boasts the greatest wealth disparity in the nation, according to the Economic Policy Institute—Whitefish is experiencing a version of this phenomenon.

Tenney pointed to this as an important aspect of the paradise paradox. "One

of the most fundamental things that needs to be acknowledged is that the disparities between low income and middle income is becoming wider," she said.

Galaz put it a little more bluntly, "A real community is not just made up of wealthy people and servants."

"Bringing the stoke" can bring you down

Megan Qualls moved to Whitefish in 2012. Her dad's family is from the Flathead Valley, but Qualls moved around a lot growing up. After graduating from high school, she settled in Whitefish.

"I used to be really big in the party scene," Qualls said, "Really big into that whole dark, downtrodden lifestyle, almost kind of really embracing the dirtbag and I was really depressed."

Qualls said that on the outside she appeared fine, especially when hitting the slopes, but that feeling of chasing the next high and always bringing the stoke was really bringing her down. For Qualls, this all came to a head during COVID when she and her husband lost multiple friends to suicide.

"We ended up losing like friend after friend after friend and it just kind of got like, way too much," Qualls said, "And then I just kind of hit a point where I was like, 'this isn't working.'"

Qualls started researching

mental health and came across the idea of the paradise paradox. She also began working to improve her own mental well-being, much of which came down to finding more purpose and meaning in her life.

“Therapy is really expensive and such a time commitment, a money commitment... there's just a lot of barriers to getting mental health support.”

— GAELAN ENGLER

"[In Whitefish] there's this kind of... belief I guess, that we should just be partying and kind of enjoying life all the time," Qualls said, "And then when it comes to work, and like, purpose and meaning, I feel like that aspect kind of gets missed and so I think there ends up being a lot of dopamine chasing and not a lot of like, purpose chasing."

As an avid snowboarder, Qualls has visited many resorts across the country

and, in her view, the level of partying that happens in Whitefish is high, even compared to other resorts. Whitefish provides free transportation from downtown to the resort and back, and Qualls said this means people can drink heavily up at the mountain, ride the bus back to town and keep partying at the bars.

"I think it's kind of taboo, because it's such a big moneymaker account, but I think alcohol is a huge problem here," she said. "Drinking is really, really heavy here, and I can't help but make a connection between that and some of the mental health issues we have."

Creating community

There are a few Whitefish-based organizations that aim to address the mental health challenges created in part by the paradise paradox. Engler is the program manager for Well Montana, a non-profit group formed by citizens to address the lack of mental health services in the Flathead Valley and to destigmatize mental health struggles. The group runs free workshops in various workplaces, from schools to local businesses and even up at Whitefish Mountain Resort.

The Nate Chute Foundation is another local organization focused

on suicide prevention and mental wellness, the foundation offers a variety of programs and workshops.

Under a canopy of clouds, Corrie Holloway leaves the Nate Chute Foundation office and crosses the street to Kay Beller Park, situated along the Whitefish River. Holloway spent 20 years working seasonal jobs but now serves as the community outreach coordinator for the Nate Chute Foundation.

The golden leaves of aspens and willows lining the riverbank are reflected in the water as Holloway sits at one of the park's picnic tables. Like others, she has noticed how shifting community dynamics have led to worsening mental health.

"Our community is getting busy, less people know each other, which might be a reason people are slipping through the cracks," Holloway said.

As a longtime Whitefish resident and past seasonal worker, now working with the foundation, Holloway knows that mental health affects everybody. In the end, she said it all comes back to support systems and fostering community.

"It's really about empathy and creating community that looks out for one another," Holloway said. "Whether or not it's seasonal, or you live here year-round, I think just looking out for one another."



A LIGHT IN THE DARK

A Montana transgender teenager's journey for gender affirmation

Story by Nance Beston and Aislin Tweedy

Photos by Nance Beston

K.A. WALKS INTO the bathroom at his dad's house, flicks off the overhead light and closes the door. He plugs in a dim disco ball that speckles the bathroom walls with blue, purple, green and pink. Over a year ago, K.A. began showering in the dark like this, dreading this part of his morning routine.

He carefully avoids eye contact in the mirror, but if he catches a glimpse of himself, he presses his breasts down to see what it would be like if he had a flat chest. He finally steps in the shower.

Warm water streams down

K.A. began to socially transition in the beginning of 2019 after shaving his head. He initially asked his friends to address him using they/them pronouns, then they/he pronouns, while also asking to be called by a different name. Eventually he realized that he preferred he/him pronouns and his birth name. "Coming out as transgender is not as easy as saying 'I want to be a boy,' it's a whole process of looking at yourself and figuring out who you want to be," K.A. said.

his skin as K.A. begins his hygiene regimen: face care, shampooing and conditioning his hair. Then, K.A. starts to wash his body. He aims to finish this task swiftly to avoid discomfort, especially surrounding his chest. Sometimes, if he's not quick enough, tears stream down his face.

He turns the water off and wraps his towel snugly around his chest. He then darts to his adjacent bedroom.

After closing his bedroom door, he squirms into his binder, a black compression tank top, with beads of water still dotting his skin. He faces his full-length mirror, adjusting his chest until it appears as flat as possible.

Now content with how he has hidden his breasts, he gets dressed, swapping clothes until he feels like he looks masculine. Before leaving his room, he checks the mirror one last time.

"The binder would already cause me to start slouching," K.A. said. "But at least nobody could see I still had breasts."

K.A., a transgender Montana teen, had been planning to get top surgery before his high school graduation this spring. But after the Montana Legislature passed a bill threatening his ability to do so, K.A. and his family were left scrambling.

Grappling with dysphoria

Gender dysphoria is recognized by the Diagnostic and Statistical Manual of Mental Disorders and is defined as when someone's gender doesn't align with their body — breasts or lack thereof, body and facial hair, voice pitch, face shape and genitalia are some examples of specific characteristics that can cause gender dysphoria.

The Williams Institute of University of California, Los Angeles Law reports 0.5% of

adults in the U.S. identify as trans, or around 1.3 million people. It's estimated there are 500 trans teenagers in Montana, which is 0.78% of minors.

Trans people in the United States are four times more likely than their cisgender counterparts to be the targets of violent crime, according to Williams Institute. K.A. is a pseudonym, as he asked to be anonymous for safety reasons and his friends and family will only be referred to by first name.

Two years ago, at age 15, K.A. found himself grappling with serious anxiety, depression, self-harming and discomfort in his own body. To cope with his mental health struggles, K.A. was prescribed Prozac and attended weekly therapy sessions.

K.A.'s parents tried to work with a mental health facility when he shared he had suicidal ideations, but because they were just ideations and not attempts, the facilities were unable to help.

"I wanted to take the pain away," K.A.'s mom Kerstin said. "I wanted to make it better. I wanted there to be a quick and easy answer. I know the self-loathing involved when you self-harm from experience. So knowing that K.A. was feeling that horrible pain was really, really hard."

On an especially difficult day, K.A. decided he needed a significant change, so he shaved his hair down to a

buzzcut. He realized the more masculine look brought him comfort. Then, he began to socially transition, asking his friends to start using "he" and "him" pronouns. Socially transitioning is when an individual starts to live according to their gender identity by changing forms of gender expression such as name, pronouns, clothing and hair.

“I'd rather have him as a him than not at all and I want him to be happy.”
— KERSTIN

In April 2019, K.A. publicly announced his trans identity during a school walkout. At that point, only a few friends knew about his gender identity. "I honestly think I may be a trans-man," K.A. said during his speech. "That is like the first time I have said that."

His sister recorded the moment and, with K.A.'s permission, showed it to both parents.

"I want to say that it caught me off guard, but it kind of didn't. Like we kind of also saw it coming. It did kind of get heavy on my mind," Kerstin said. "Because I know what happens to some people in some states and cities and how awful the hate can be. So, I was afraid for

K.A."

K.A. called his dad, Jerry, and told him over the phone. Jerry said he loved K.A. and nothing would change that.

"I wish you would have been born in the body that you want it to be in," Jerry told K.A. "But you know, either way, God loves you."

Where it all began

K.A. began attending sessions with a gender-affirming therapist in August 2021. After months of therapy and a series of discussions, his therapist, K.A. and his parents decided it was appropriate for him to start hormone replacement therapy.

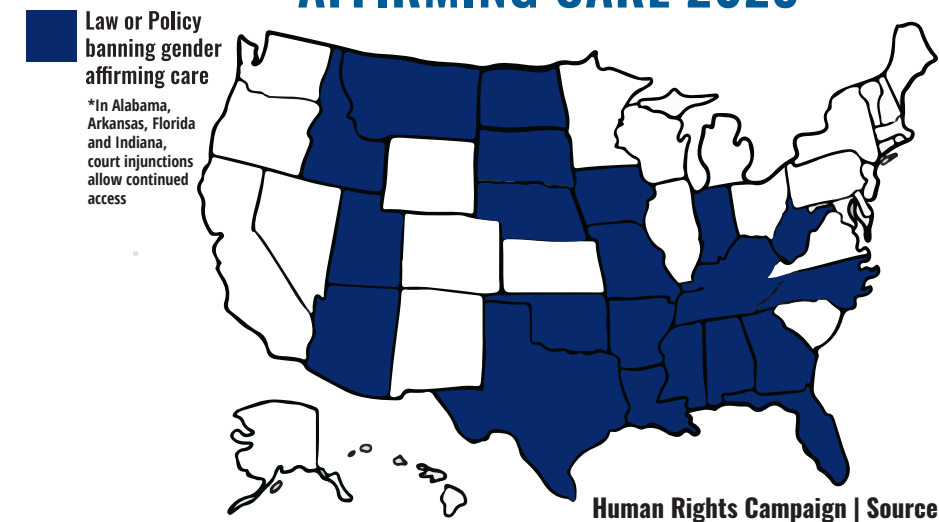
"K.A.'s mental health was declining quickly, and I didn't want to lose (him)," Kerstin said. "I'd rather have him as a him than not at all and I want him to be happy. There's no point in being in this world and being unhappy."

His inaugural testosterone dose was Dec. 10, 2021.

"It was a really exciting day, because I was at school the whole day and I was just anxiously waiting to get out of school, go pick up my prescription and shove a needle in my leg," K.A. said. "Which isn't my favorite part, fun fact. I kind of hate that part. But I liked the testosterone part."

The following injections were self-administered every Friday before school. A few months later, K.A. noticed biological changes — his menstrual cycle stopped, his

STATES WITH BANS ON GENDER AFFIRMING CARE 2023



voice deepened and facial and body hair emerged. These transformations boosted his overall well-being, leading him to decide to stop taking Prozac.

"If I had gone this long knowing my identity, but not being able to have the changes that I've had, I would not be as happy," K.A. said.

K.A. said he began to feel more comfortable in public places after starting testosterone treatments. His circle of friends expanded and he discovered a love for school, particularly choir, orchestra and drama, prompting him to plan for a career as a music teacher.

"My confidence had a big impact, especially before I started testosterone because I had a squeaky voice like I was a soprano one. I knew that I wasn't passing and I just didn't feel confident to talk to anybody besides my, at that point, small group of friends," K.A. said. "But once I started being on testosterone, my

voice lowered. I was passing more, my confidence just immediately went off. I used to have really bad social anxiety, but it's basically ultimately gone at this point."

Weekly testosterone injections steadily improved his well-being, yet one barrier remained — a longing for top surgery. Desire for a flatter chest was driven by daily discomfort from wearing a binder and constant dysphoria surrounding his breasts.

The binder increased K.A.'s neck problems, resulting in migraines that would drive him into a dark, quiet room for relief. He wished to stroll down the school hallway, his mind on classes instead of the anxiety he felt over whether others were fixating on his chest.

"I look at my face and I know that I'm a boy, I feel like I've looked like a boy. But then I see my chest and it just does not match with what I know I am and what I feel like I look

like otherwise," K.A. said. "It's like my body was mixed up."

Plans derailed

K.A. planned to undergo top surgery, the process of removing breasts for a more masculine chest, prior to graduating high school. However, the passing of Senate Bill 99 derailed his plans.

SB99 was introduced to the Montana Legislature on Jan. 3, 2023. The bill called for banning access to any gender-affirming care for minors, including hormone replacement therapy, surgeries and hormone blockers in cases that treat gender dysphoria.

Under the bill, any doctor who performs a banned procedure can be sued, fined and could result in a year-long suspension of their authority to practice. Twenty-two states had similar bills introduced in 2023.

Democrat Zoey Zephyr was the first trans woman elected to the Montana Legislature. The 2023 session was her first. When SB99 went to the House, Zephyr spoke out against it.

"When you pass these laws you get trans people killed. When you bring these laws, trans people get killed," Zephyr said.

Montana legislators received a letter from an ER physician during the session, who said they were seeing an increase in suicidality among trans youth.

Representatives later

voted to ban Zephyr from the House Chamber after she said, "I hope the next time there's an invocation when you bow your heads in prayer, you see the blood on your hands." The House Speaker justified the ban, saying Zephyr had violated "the rules of decorum." Zephyr said she doesn't regret her statement and stands by it to this day.

SB99 passed and was signed into law by Republican Gov. Greg Gianforte. It was scheduled to go into effect on Oct. 1, 2023.

Top-surgery was always part of his plan

K.A. found a doctor who specializes in cosmetic, plastic and reconstructive surgery last September. K.A. and his parents rushed to schedule top surgery before SB 99 took effect. Payment for the surgery required out-of-pocket funds, totaling \$11,200. With an eight-day window between finding the right doctor and the law's implementation date, the family needed to secure the funds and pay the entire surgery cost.

"I was given the quote and then went home to my mom. I was in tears when I got the quote. I was in tears when I was talking to my mom. Like, surgery was always part of the plan," K.A. said. "But the state, they cut off everybody who was already in the process of getting this done. Including



K.A.'s surgeon picks at his nipples to trim the stitches. She told K.A. the stitches will dissolve when they are ready, but sometimes he should gently pick them off with tweezers. K.A. visibly squirmed and said "I will just let them do their thing."

somebody who has already been taking testosterone for a couple of years and they just, like, stopped [gender-affirming care], just like, no consideration for anything."

The family did not have the funds to pay for his surgery. Jerry, K.A.'s father, said that given a couple more months, he would have sold his new motorcycle and other things around the house to ensure K.A. could get his surgery. They discussed loans, but approvals would take too long. Kerstin proposed a different strategy — launch a GoFundMe campaign on social media to help pay for the medical bill.

"This was, like, our last chance, I was like, holy crap, they're going to win. The state is going to tell me what medical care my kid can have," Kerstin said. "That wasn't a good feeling. We had to fight that."

On the GoFundMe post on Sept. 20, 2023, K.A. wrote, "Having this surgery now would save me from another year of constant dysphoria, distress and discomfort. I can't imagine spending so much more time suffering like this."

After it went live, K.A. obsessively checked his GoFundMe campaign. One day before they needed the funds, K.A. was still \$2,275 short of his goal and he went to sleep not knowing if he would be able to get the surgery. But the next morning, K.A. discovered an anonymous donor paid the remaining sum.

"People they didn't even know donated money to my kid so he can have medical freedom," Kerstin said. "It was just an overwhelming sense of love and support from the community."

'Happy no more boobs'

On Sept. 26, K.A. awoke at 4:30 a.m. after a restless night with little sleep. It was the day of his surgery. A day filled with nerves, but also immense excitement. K.A. arrived at the hospital at 5:45 a.m., scheduled for the day's first operation. Accompanied by his anxious parents, K.A. prepared for the transformative procedure.

After a 30-minute wait, K.A. was brought into the back. The nurse had him put on a yellow gown before he went under anesthesia. As the nurse wheeled him to the surgery room, K.A. said he remembers being very happy, giggling and saying "hi" to every passerby. He fell asleep before entering the room.

K.A. woke up three-and-a-half hours later, fairly high on the anesthesia drugs, his chest wrapped with a bandage and drainage tubes sitting on his lap.

"I don't remember much after the surgery, but the first thing I remember was I looked down and I could kind of see under my bandages and I started crying seeing my chest because...my chest, it was flat," K.A. said. "For the first time ever, it was just flat."

Jerry said there were a lot of emotions in the room, but those emotions and K.A.'s reaction convinced him and Kerstin that they had made the right decision.

"People can say that it was a choice and that I shouldn't have allowed [the

top surgery] to happen," Jerry said. "But what's a year difference gonna make? Why make this person suffer for another year?"

The World Professional Association of Transgender Health showed few people regretted their decision to receive gender-affirming treatment. The study showed that getting early medical help, as part of a complete plan focusing on feelings about gender and wellness, can help many trans people who want to seek gender-affirming treatment.

K.A. went home to his dad's apartment that afternoon and both of his parents helped him get comfortable in the recliner. His mom left for the night but sent him messages. Before K.A. fell asleep, tired from the big day, his friends sent him a video singing a parody of "Happy Birthday" with a chocolate ice cream cake that read "Happy no

more boobs" in blue frosting.

The very next day, a district court temporarily blocked SB99 from becoming law. Three families with trans children, two medical providers who work with trans youth and three organizations including LAMBDA Legal, the American Civil Liberties Union and ACLU of Montana sued the state.

Missoula County District Court Judge Jason Marks sided with the plaintiffs, saying SB99 appeared unconstitutional, would infringe on fundamental rights and fail to protect minor children from harm.

Living in the unknown

Jerry assisted in cleaning K.A.'s post-top surgery wounds for the following weeks, taking special care to prevent any infection in the cuts and his re-positioned



Drainage tubes are removed from K.A. The tubes helped drain any excess liquids from his chest after top surgery. "It just feels really weird to have something moving in your body. It's like a snake moving through," K.A. said. "I like snakes, I have a snake, but I don't like them in my chest."

nipples. His older sister sent him daily texts asking him how his nipples were. His friends remained supportive throughout, flooding his phone with motivational messages and calls.

"He is more himself than I have ever seen him be, and I have known him for ten years," Ashley, K.A.'s best friend, said. "I think having that care has helped him through all of it. I can't imagine where he would be today if he didn't have that care. He would still be K.A., but he wouldn't be fully himself because he would still be struggling with a lot of that dysphoria along with the mental health impacts of not getting that care."

After his surgery, K.A. was out of school for three weeks. He took the time to admire his chest, work on homework and relax. He was given the okay to return after his surgeon removed his drainage tubes.

When he returned to school that Friday, all of his teachers and friends were very excited to see him again. He was glad to be back in classes, especially choir class. He said he loved talking to his friends over the phone, but he really missed singing with them. For the first time in his high school career, he was able to wear a button-up with nothing underneath it.

Now, the only worry K.A. has about his care is the future of his testosterone treatments. He said he has anxiety about the possibility that SB99 could



After K.A. had his drainage tubes removed on Oct. 12, 2023, he was able to raise his hands above his head for the first time after top surgery. As he raised his arms up, he let out a squeal of excitement and gave his parents a toothy grin. Jerry was holding K.A.'s phone with Kerstin on videochat. "I knew at that point there was no going back," K.A. said. "There was nothing the Legislature could do to undo my surgery, I was finally me."

go into effect any time and what he and his parents will have to do to ensure he still gets testosterone.

“I don't believe the government should be involved in telling parents what medical care their kids can get.”

—KERSTIN

"They have no place. Again, they haven't talked to K.A., they don't know. The situations that he was in, the feelings, they know nothing," Kerstin said, referring to

Montana legislators. "I don't believe the government should be involved in telling parents what medical care their kids can get. There's just no reason. They're not in our family. They don't make decisions for us."

K.A. said that it's frustrating that the Legislature tried to ban his care instead of applying restrictions on who can access the care. K.A. was in therapy for multiple months before starting hormone replacement therapy. Then, he spent almost two years doing HRT before he got top surgery.

If SB99 goes into effect, both parents agree they will figure it out. They won't allow K.A. to lose that part of his health care, but it would be incredibly stressful. As SB99 remains temporarily blocked, there is not much they can do but wait.

A light in the dark

Showering has now become one of K.A.'s favorite things to do. He enters the bathroom, undresses and plays his favorite indie music. He has retired the disco ball, keeping the overhead light on.

Before he even turns on the water, he admires himself in front of the mirror — flexing and checking out his chest. He flips between full-front view and sidelong looks, admiring his flat chest, healing nipples and a developing six-pack.

He steps into the shower. The warm water runs down his skin, like it did before, only now he can appreciate

his body. He says during the shower he carefully traces his scars multiple times.

"I love it so much," K.A. said. "Getting in the shower like I have no worries. I'm just singing along with my little songs because it's fun now and not as a distraction. I can actually look at myself and feel good about myself when I'm in the shower."

After he finishes his shower, he ties a towel around his waist. He returns to the mirror, water droplets still dotting his chest. He struts to his bedroom with his towel still casually draped around his waist.

Then he picks out what

pants he wants to wear for the day. Before he finishes dressing, he massages his scars in front of the mirror, part of his post-surgery care. He puts antibiotic ointment on his finger and gently rubs it in circles on his scars and nipples for about 10 minutes. His discarded binder lays crumpled on the floor, never to be worn again.

Eventually he picks out a shirt, appreciating how the fabric feels against his bare skin.

Before he leaves his bedroom, he gives himself one last glance in the mirror. Then, he walks out of his bedroom with his head held high.



K.A. has been playing the violin for almost four years. He is teaching himself to play piano and sings in two choirs. He wants to become a music teacher and is planning on going to college next year and majoring in music education. "I really have enjoyed music for my whole life," K.A. said. "I guess observing how my choir director does things and like, the joy that she gets out of it and the joy that I have just being in choir. I think it's something that I would really enjoy making a career out of."

WORRY OVER CLIMATE

Defining mental health impacts from eco-distressers

Story by Mackenna Gleave

Photo by Kennedy Delap

MONTANA'S WIDE OPEN spaces sometimes contribute to mental health challenges, but also can help heal. Psychiatrists, psychologists and therapists use the Diagnostic and Statistical Manual of Mental Disorders to diagnose and treat disorders like depression, PTSD, gender dysphoria and anxiety.

Research happening in Montana and around the country may lead to a new listing in the DSM, a mental health disorder springing from anxiety, worry or grief about the climate.

Rachel Williamson is a psychology professor at the University of Montana working on a nationwide study about climate distressers. The study aims to provide an accepted definition of mental health challenges that come with worry over climate change. Currently, this sense of climate worry falls under generalized anxiety in the DSM, but researchers will determine if climate concerns are their own separate and diagnosable disorders. Williamson said the

current definition for these terms isn't an "operational definition or a consistent way of defining and measuring it."

According to the World Economic Forum, concerns about climate change have doubled among Americans from 2017 to 2022. A report from the American Psychiatric Association found 75% of Americans are concerned and 25% are alarmed about climate change.

Eco-distressers are more threatening to those who work with climate information the most, like first responders to climate disasters, climate scientists and activists and young people, according to the National Library of Medicine.

In *Held v. Montana*, 16 young people successfully sued the state in 2023 to include consideration of the environment when making decisions about energy projects. Plaintiffs cited the mental health effects of climate change as one of their claims to injury.

In the ruling, District Court Judge Kathy Seeley wrote "Plaintiffs' mental health injuries

stemming from the effects of climate change on Montana's environment, feelings like loss, despair and anxiety are cognizable injuries." Plaintiffs pointed to forest fires and loss of snowpack, along with other climate effects, as directly impacting their emotional and financial well-being.

Communities in higher risk zones can bear more of the burden of climate change, according to Williamson. Shoreline, high-altitude and rural communities are experiencing agriculture loss, water scarcity or increased risk of severe weather events.

The nationwide study Williamson is a part of identifies eco-distressers as caused by climate change, including eco-grief and eco-anxiety. Eco-grief branches from grief over the loss of the environment, and eco-anxiety encompasses the feeling of impending doom because of climate change.

Different types of eco-distress can show up in the form of "post-traumatic stress disorder, anxiety, depression, grief at various kinds of clinical or subclinical levels. [It also] could include what we call moral injury, which is rooted in traumatic stress," Williamson said.

If officially defined and diagnosable, climate responses can be better studied for specific treatment. Williamson hopes anxiety over the environment might be used for good. She hopes people will be motivated to push for change through the courtroom, the picket line or the classroom.

Deborah Goslin feels lichen on a tree in Pattee Canyon, Missoula. Goslin is a forest bathing guide, and helps forest bathers connect and notice nature on a deeper level.



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