Welcome!

Today you are on the staff of McDavis University.

- McDavis University is an urban private campus in the Northeast.

- The student population is 10,000
  - 6,000 undergraduates
  - 4,000 graduate students

Generating an Action Plan for Preventing College Student Suicide

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Suicide Prevention Resource Center[1]
Education Development Center, Inc.
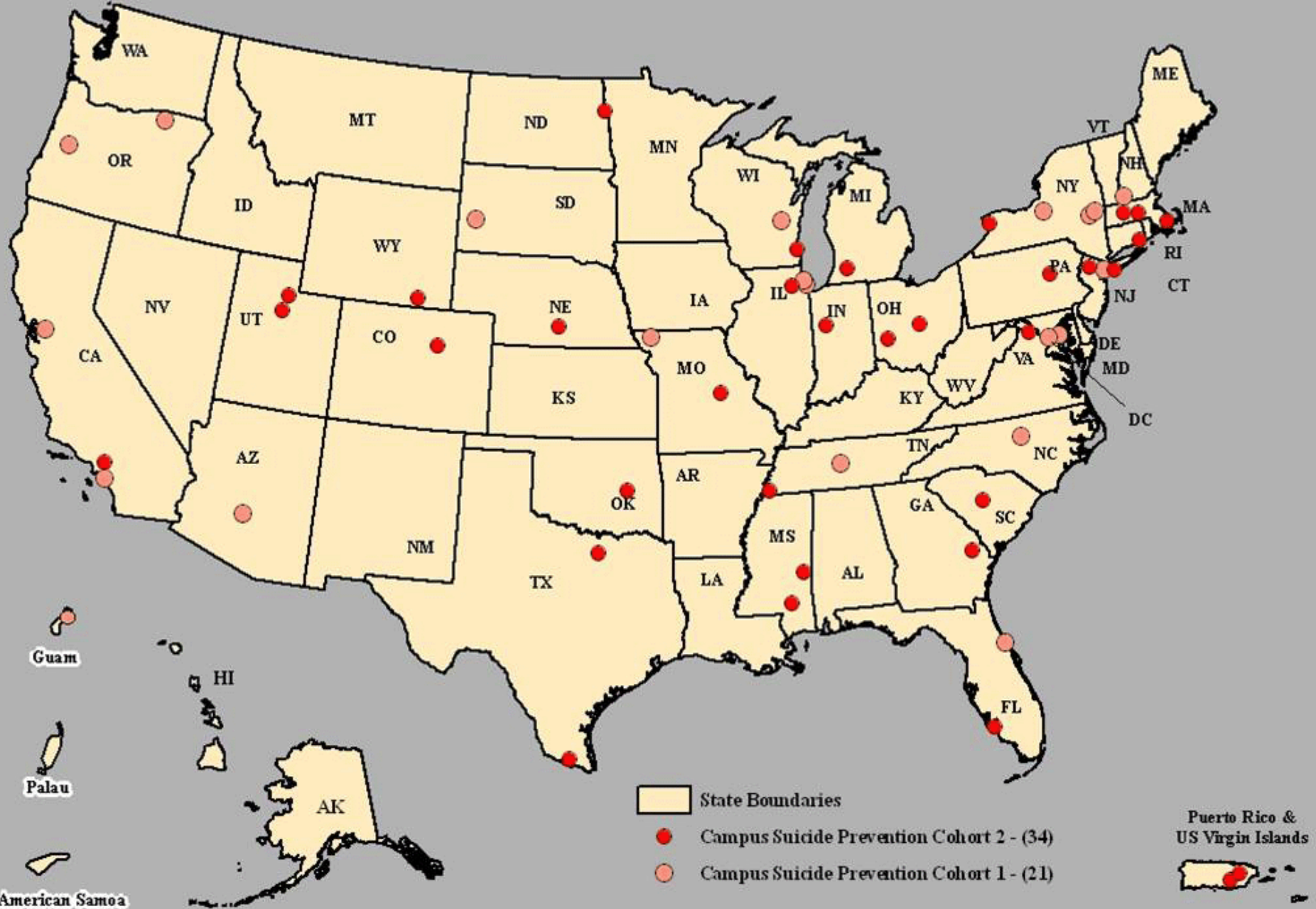
The Jed Foundation[2]

Introductions

- Speakers

- Suicide Prevention Resource Center

- The Jed Foundation

Suicide Prevention Resource Center (SPRC)

- SPRC provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.

- SAMHSA suicide prevention grantees:
  - 55 campuses in 31 states, Puerto Rico, and Guam.

State Boundaries

Campus Suicide Prevention Cohort 2 - (34)

Campus Suicide Prevention Cohort 1 - (21)

Puerto Rico & US Virgin Islands

Created 12/07/2006

www.sprc.org

SPRC
SUICIDE PREVENTION RESOURCE CENTER

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK

About SPRC

Featured Resources

State Information

SPRC Training Institute

Suicide Prevention Basics

Taking Action

News

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This Month Don't Miss...

New! **Pocket Card Developed for Mental Health Professionals**
The Suicide Assessment Five-step Evaluation and Triage (SAFE-T) Card guides clinicians through five steps which address the patient's level of suicide risk and suggest appropriate interventions. The SAFE-T Card, a 6x7, 2-sided folded pocket card, is intended to provide an accessible and portable resource to the professional whose clinical practice includes suicide assessment.

SAFE-T Cards are available for order through Screening for Mental Health. View a PDF version of this resource.

New! **Spring Research Training Institute: Applications Due by Feb. 22**
The University of Rochester's Center for the Study and Prevention of Suicide is accepting applications for its Second Annual Training Institute, Promoting Mental Health through Community Collaborations in Research. Planned for April 26-30, in Rochester, NY, the institute will foster community-integrated and community-led research programs that focus on the prevention of suicide, attempted suicide, and risk factors. View more information.

Call for Papers: Active Duty Personnel and Veterans' Issues
A special issue of the Journal of Mental Health Counseling will focus on Active Duty Personnel and Veterans of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF): Mental Health Treatment and Practice. Submission deadline: July 31. Projected publication date: Jan. 2009. Manuscripts should focus on issues relevant to working with OIF/OEF active duty personnel and veterans and include implications for mental health counselors. View general submission information.

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The Jed Foundation

- The nation's leading organization working to reduce the rate of suicide and the prevalence of emotional distress among college students

- Guided by an expert board of mental health professionals and leaders in higher education

www.jedfoundation.org

The Jed Foundation - Microsoft Internet Explorer

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Address http://www.jedfoundation.org/index.php

THE JED FOUNDATION

Strengthening the Mental Health Safety Net for College Students

Home   The Foundation   Our Programs   Library and Newsroom   Support Our Work

Welcome to The Jed Foundation

BREAKING NEWS! mtvU and The Jed Foundation have launched a pro-social campaign around college student mental health, thanks to a generous charitable contribution from AstraZeneca. Click here for more information.

Click here to learn about the warning signs for suicide and how to help a suicidal person.

NEW! *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student*

A college student's suicide is a tragedy that devastates not only the surviving family and close friends but the student's entire campus community. The Jed Foundation, a national nonprofit organization, was born from one such tragedy following the loss of Jed Satow, a college sophomore. Jed died by suicide without anyone fully understanding that his life was in imminent danger.

Unfortunately, the circumstances surrounding Jed's death are not unique; each year, approximately 1,100 college students die by suicide, the majority of whom were not in treatment with a mental health professional at the time of their death. More teenagers and young adults die from suicide than from all medical illnesses combined.

However, suicide can be prevented. While some suicides occur without any outward warning, most do not. Most young people who feel suicidal give definite warning signs that they plan to die by suicide, but these signs are often not understood, recognized, or acted upon by the student's family, peers, professors, or others in the campus community. Fewer than one in five college students receive any information about suicide prevention.

The Jed Foundation is committed to reducing the young adult suicide rate by furthering understanding of the underlying causes of suicide, by increasing awareness of the issue of college student mental health and suicide, and by creating effective prevention programs on college campuses.

Internet

What are you hoping to get from today's workshop?

Agenda

- Suicide and mental health on college campuses
  - Scope of the problem
- Case study
- Public health approach to suicide prevention
  - The Jed Foundation/SPRC Comprehensive Approach
  - Case management teams
- Next steps for your campus

Case Study

- McDavis University is an urban private campus in the Northeast.

- The student population is 10,000
  - 6,000 undergraduates
  - 4,000 graduate students

- McDavis University has had 2 suicides in the past month.

Scope of the Problem

Trends in Suicidal Behavior
1990-1992 vs. 2001-2003
National Comorbidity Survey and Replication

Suicide	1990-1992 (14.8/100k)	2001-2003 (13.9/100k)
Ideation	2.8%	3.3%
Plan	.7%	1.0%
Gesture	.3%	.2%
Attempt	.4%	.6%

ACHA-NCHA Findings (%)
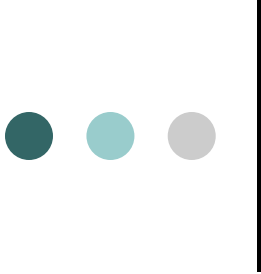
In the last 12 months, have you:	Fall 2000	Fall 2004	Fall 2007
(Q40D) Felt very sad	80.7	78.2	76.4
(Q40E) Felt so depressed it was difficult to function	43.7	43.6	43.1
(Q40F) Seriously considered attempting suicide	11	10.8	10.2
(Q40G) Attempted suicide	1.8	1.7	1.8
Have you ever:			
(Q41) Been diagnosed with depression	10.1	13.7	16.0

Lifetime History of Suicidal Ideation (%)

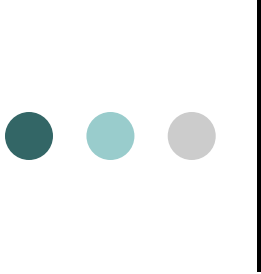| Which phrase best describes you:	Undergrad N=15,010	Graduate N=11,441
Suicidal thoughts on a regular basis for several years	2.01	1.86
Repetitive episodes of suicidal thoughts with periods in between of no suicidal thoughts	6.08	4.45
A few discrete periods in my life of having had suicidal thoughts	23.32	23.03
One period in my life of having suicidal thoughts	23.58	21.63
I have never had suicidal thoughts	45.00	49.03
Have you ever seriously considered attempting suicide?	17.69	14.97

Brownson, 2006

Who the Ideators Told (%)

Of those who told others…		Undergrad N=484	Graduate N=214
The first person they told	Family	17.75	10.57
	BF/GF/Partner/Spouse	30.44	41.35
	Friend	32.77	24.04
	Roommate	3.59	1.44
	Professional	10.99	19.71
This person was helpful in dealing with the suicidal thoughts		51.97	52.34
This person advised seeking professional help		58.00	49.70

Brownson, 2006

Which of the following _occurred_ (%)…

Recent…	Undergrad N=910
Family problems	41.96
Academic problems	37.57
Loss of romantic relationship	36.00
Financial problems	34.53
Intentional self-harm (non-suicidal)	27.67
Loss of friendship	27.56

Recent…	Graduate N=411
Financial problems	35.64
Academic problems	30.45
Family problems	27.97
Loss of romantic relationship	26.98
Loss of friendship	15.84
Intentional self-harm (non-suicidal)	13.86

Brownson, 2006

Events rated as having a large *impact* (%)…

	Undergrad **N=910**
Emotional / physical pain	64.72
Romantic relationship problems	58.81
Impact of wanting to end my life	49.37
School problems	43.17
Friend problems	43.00
Family problems	42.51

	Graduate **N=411**
Emotional / physical pain	65.26
Romantic relationship problems	52.63
Impact of wanting to end my life	46.56
School problems	45.38
Financial problems	34.38
Family problems	34.30

Brownson, 2006

Impulsivity

- Among all 18-24 year olds who died by suicide
  - 1 in 5 occurred on the same day as an acute life crisis
  - 1 in 4 occurred within 2 weeks

- <u>Approx. 46%</u> occurred either on the <u>same day or within 2 weeks</u> of a life crisis

Harvard University, Young Adult Suicide and Student Status,
NVISS Pilot, 2001

Big 10 Suicide Study

- Overall student suicide rate of 7.5/100,000
  - Half the rate of age-matched peers
- Upperclassmen and graduate students at highest risk
- No differences in terms of selectivity, competitiveness, or prestige of school

Silverman et al, 1997

UC Berkeley Graduate Student Survey

○ 52% considered using university MH services; <33% actually used services

○ Almost 25% were unaware of on-campus MH services

○ International students were less aware of MH services (77% vs. 61%) and less likely to use them (30% vs. 14%) than their peers

Means Used

Postsecondary students:

- 58% suffocation or hanging
- 34% guns

Non-postsecondary students:

- 54% guns
- 34% suffocation or hanging
- Other: poison

Harvard University, Young Adult Suicide and Student Status,
NVISS Pilot, 2001

Primary Means Considered

Method	Percentage
Overdose	51.07
Combined method	35.17
Cutting	25.69
Motor vehicle	16.21
Gun	14.68
Jumping	13.15
Other	9.17
Hanging	7.65
Carbon-monoxide	3.98
Declined to answer	3.98

Brownson, 2006

Alcohol, Depression, Suicide

- Youth depression & alcohol
  - Drinkers 2X more likely to be depressed
  - "Binge" drinkers 4X more likely

- Suicide & alcohol: individuals
  - 68% of serious suicide attempts give evidence of alcohol or substance abuse

- Suicide & alcohol: environment
  - As alcohol consumption rises, suicide mortality rates increase

Hallfors et al, 2004; Hall et al., 1999; Mann et al, 2006

Questions

Case Study

- McDavis University is an urban private campus in the Northeast.
  - 6,000 undergraduates
  - 4,000 graduate students
- McDavis University has had 2 suicides in the past month.
  - *A female law student jumped to her death from her apartment in on-campus housing.*
  - *A male senior business student took a lethal dose of prescription medication with alcohol.*

Where to start?

Leadership Skills

- Communication
- Understanding and building group capacity
- Persuasion and influence
- Strategic thinking and planning
- Sharing leadership

Leadership

- Is there a <u>clear vision</u> for addressing student mental health?
  - Does it include systemic change?

- Does senior administration <u>share</u> that vision?

- Which <u>decision-makers</u> are needed to support:
  - Vision
  - Strategic planning
  - Implementation

Develop a Planning Task Force

- Membership
- Structure
- Time commitment
- Leadership

Develop a Planning Task Force

- Mandate
- Timeline
- Communication

Recommendations

- Obtain senior leadership support
- Employ a strategic planning process
- Solicit broad-based campus input
- Continually evaluate
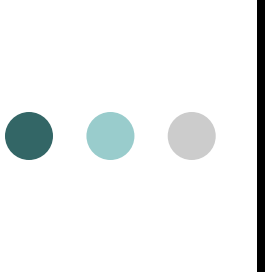
The Public Health Approach

Rose's Theorem

A large number of people at
small risk
may give rise to more cases of
a disease than a
small number who are at
high risk.

Rose, 1991

A population strategy of prevention is necessary where risk is widely diffused through the whole population.

Rose, 1992

The Public Health Approach

- The National Strategy for Suicide Prevention advocates a public health approach to suicide prevention.

- Public health is the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

- The public health approach is widely regarded as the approach that is mostly likely to produce significant and sustained reductions in suicide.

- This approach is applicable to any health problem that threatens substantial portions of a group or population.

Social Ecological Model

- Individual
- Interpersonal

Social Ecological Model

- Individual
- Interpersonal
- Institutional
- Community
- Public policy

Strategic Action Planning
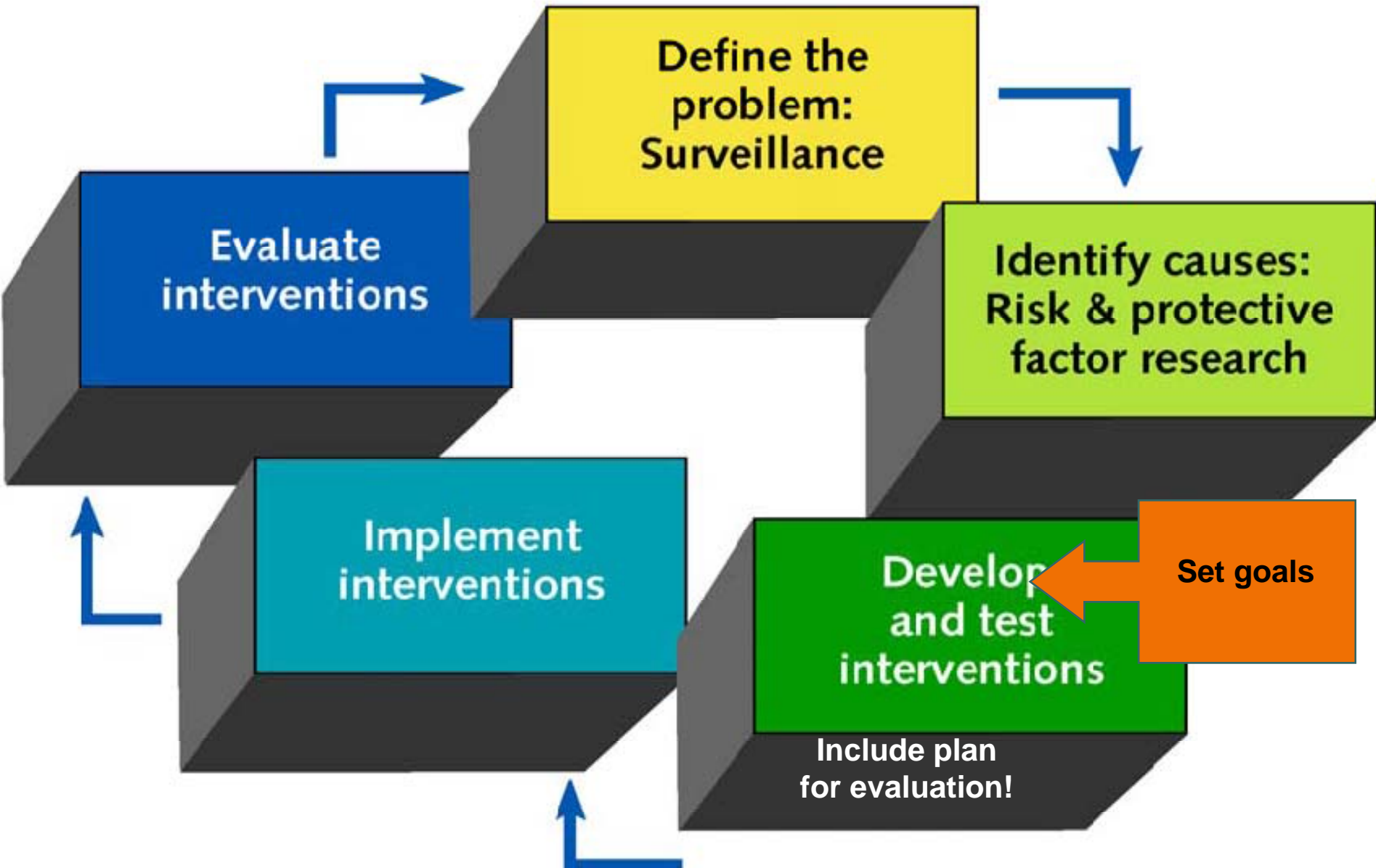
Step 1: Define the Problem: Surveillance

- <u>Collect Data</u>
  - National
  - State
  - Community
  - Campus

- <u>Data Sources</u>
  - ACHA-NCHA
  - Counseling Center
  - Residence Life
  - Student Affairs
  - Key Informants
  - Focus Groups

Step 1: Define the Problem: What's in Place?

- Programs, policies, activities, interventions
- Assets and resources
- Institutional climate, readiness
- Partners or potential partners

Tools

- The Jed Foundation/SPRC CampusCare Inventory of Campus Practices
- Readiness assessment tools

Step 2: Identify Causes: Risk & Protective Factors

Risk Factors

- Depression, alcohol and other drug use

- Hopelessness

- Lack of social support, isolation

- Untreated, unsupported financial/social loss

- Impulsivity

http://www.sprc.org/library/srisk.pdf

Step 2: Identify Causes: Risk & Protective Factors

Risk Factors

- Barriers to clinical care

- Stigma associated with seeking care

- Access to lethal means

- Exposure to media normalizing/glamorizing suicide

Step 2: Identify Causes: Risk & Protective Factors

Protective Factors

- Access to clinical interventions
- Effective clinical care
- Restricted access to lethal means

Step 2: Identify Causes: Risk & Protective Factors

Protective Factors

- Strong connections to family & community support
- Skills in problem-solving, conflict resolution, etc.
- Norms discouraging suicide

Step 3: Specify Long-Range Goals

- Problem identification may yield particular goals of interest
  - Goal ≠ activity
  - Use "outcome" language
  - How will you know you've achieved this goal?

10-Minute Break

Case Study

- McDavis University is an urban private campus in the Northeast
  - 6,000 undergraduates
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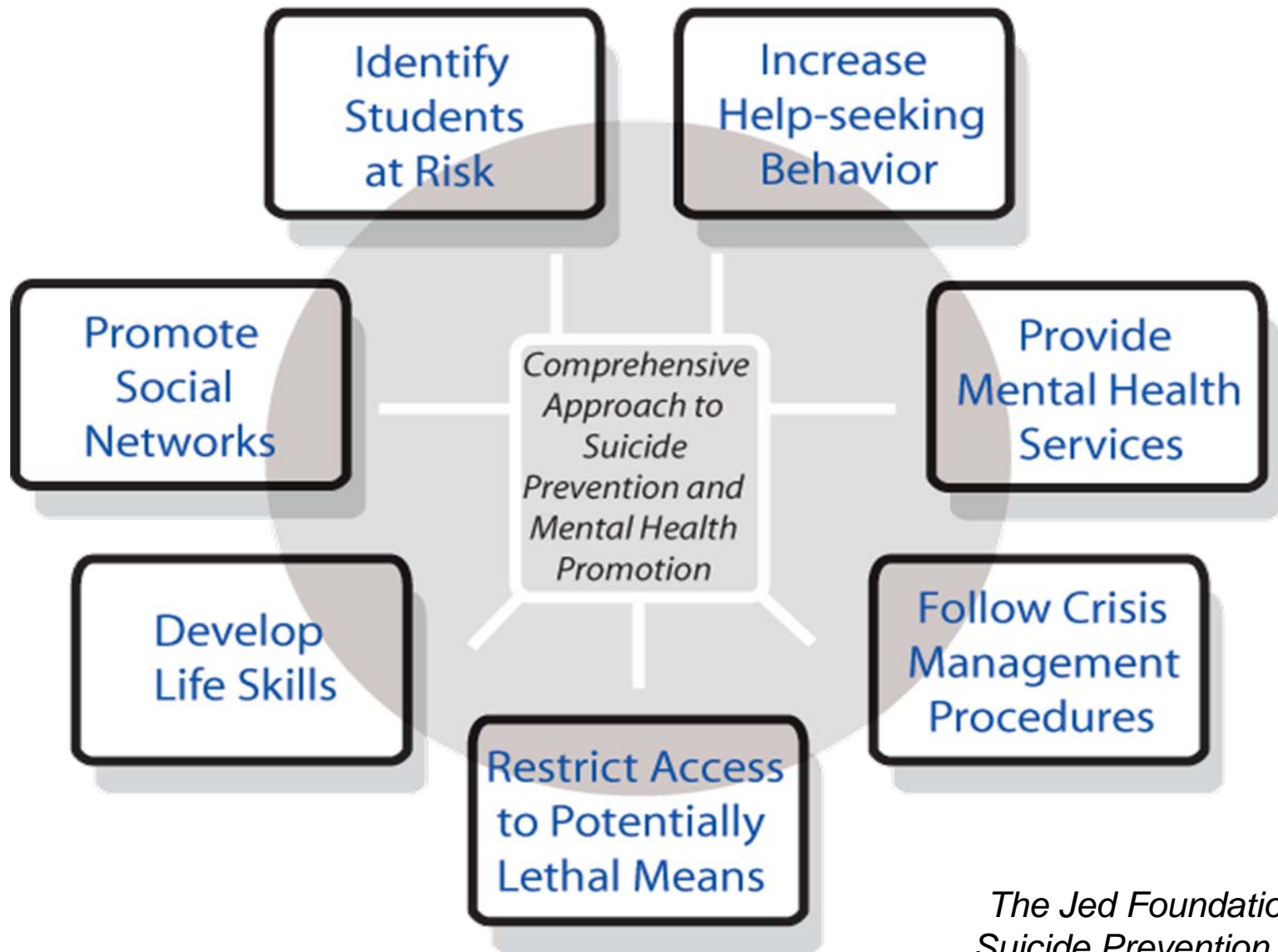
Case Study

○ ACHA-NCHA last done in 2004

- 12% of students report having been dx'd with depression
- 50% of those receiving services
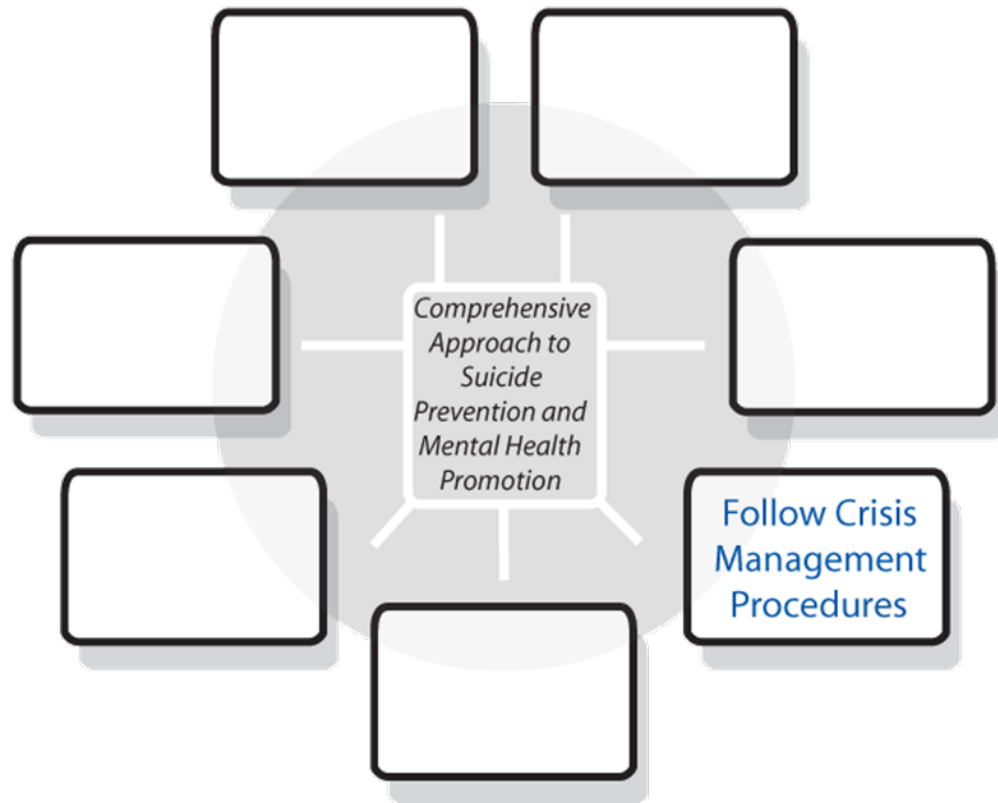- Suicide attempts have increased slightly

Case Study

○ Current resources:
- Stress management session in freshman orientation
- Health educator providing 10 hours/week "outreach"
- $4,000 earmarked to bring a speaker to campus to talk about suicide prevention with students
- 10 sessions free of charge at counseling center

TJF/SPRC Comprehensive Approach

Identify Students at Risk

Increase Help-seeking Behavior

Promote Social Networks

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Provide Mental Health Services

Develop Life Skills

Follow Crisis Management Procedures

Restrict Access to Potentially Lethal Means

The Jed Foundation and the Suicide Prevention Resource Center, 2006

Crisis Management Procedures

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Follow Crisis Management Procedures

Goals:

- To respond effectively to students who are acutely distressed or suicidal

- To help survivors deal with grief and confusion and to prevent suicide contagion when a suicide does occur
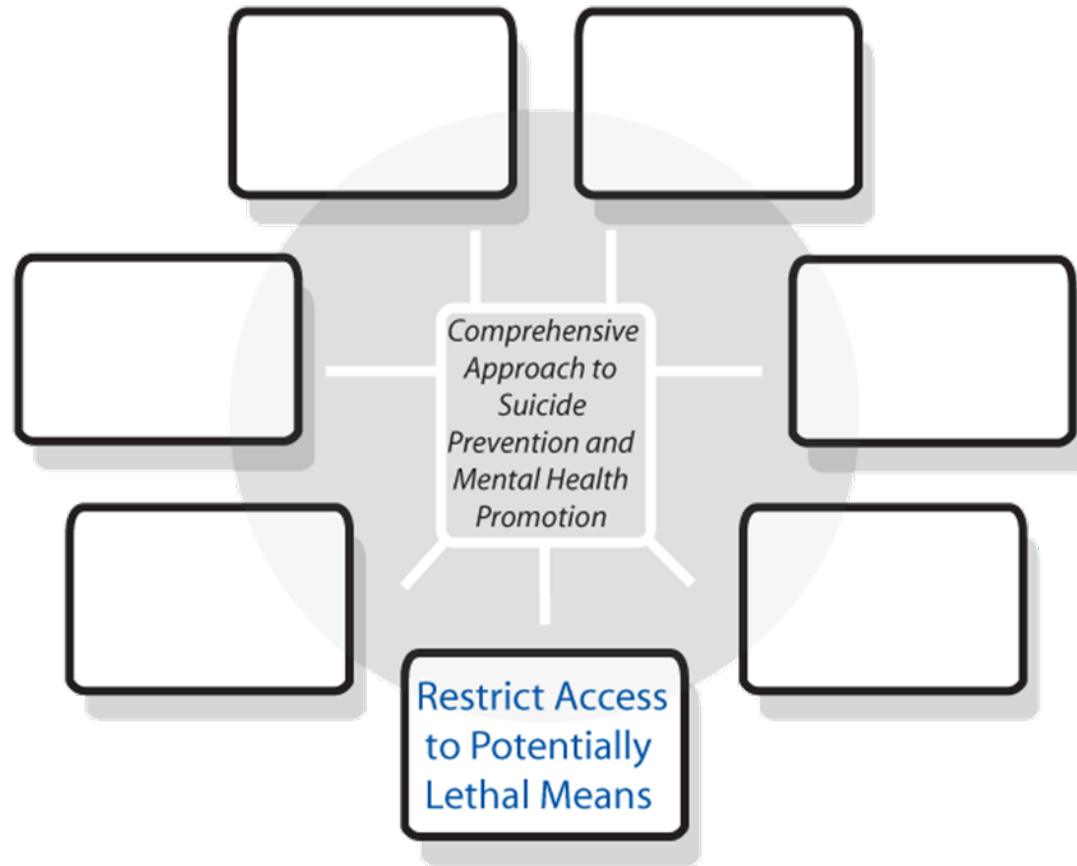
Crisis Management Procedures

- Establish and follow policies and protocols to respond to distressed and distressing students
- Respond with a comprehensive postvention program

Examples: Massachusetts Maritime Academy; National Suicide Prevention Lifeline

Restrict Access to Lethal Means

Goal:

- To limit access to potential sites, weapons, and other agents that may facilitate dying by suicide

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Restrict Access to Potentially Lethal Means

Restrict Access to Lethal Means

- Limit access and/or erect fences on roofs of buildings
- Replace windows or restrict size of window openings
- Restrict access to chemicals
- Prohibit guns on campus
- Control access to alcohol and other drugs

Examples: NYU; Oregon State University

Develop Life Skills

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Develop Life Skills
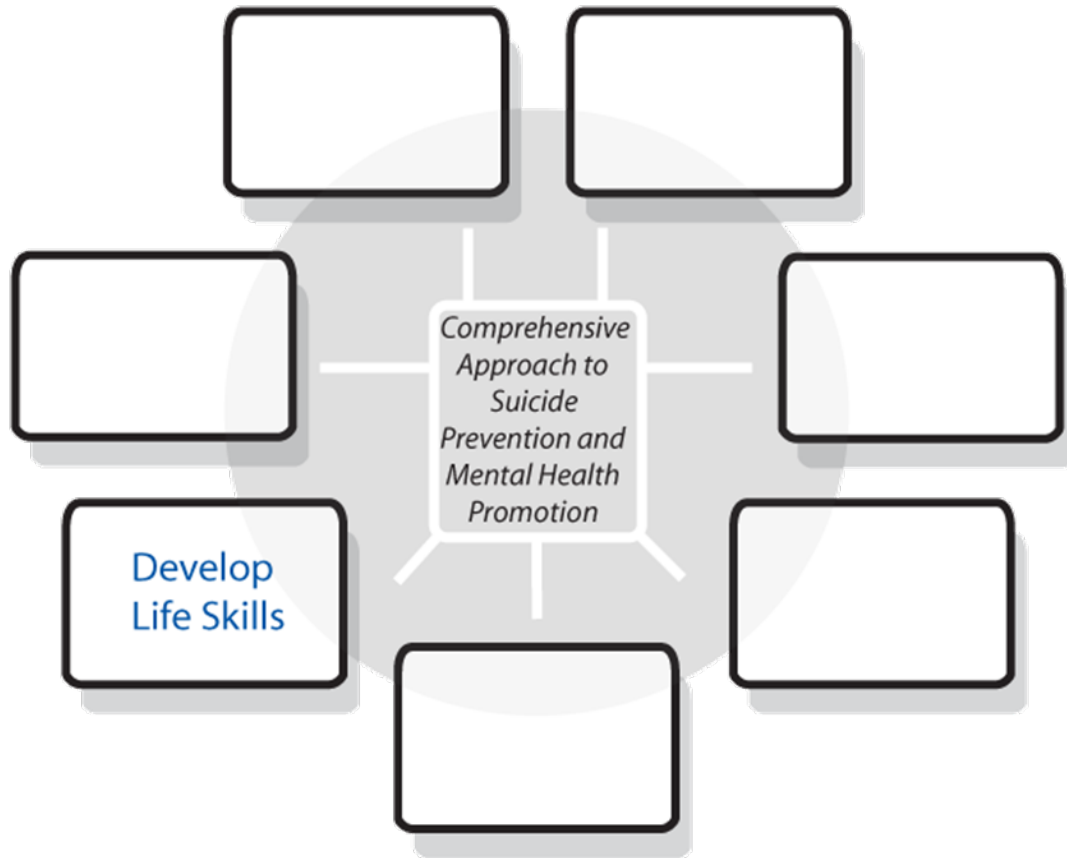
Goal:

- To promote the development of skills that will assist students as they face various challenges in both school and in life

Develop Life Skills

- Improve students' management of the rigors of college life
- Equip students with tools to recognize and manage triggers and stressors

Examples: Arizona State University; St. Peter's College

Promote Social Networks

Promote
Social
Networks

Comprehensive
Approach to
Suicide
Prevention and
Mental Health
Promotion
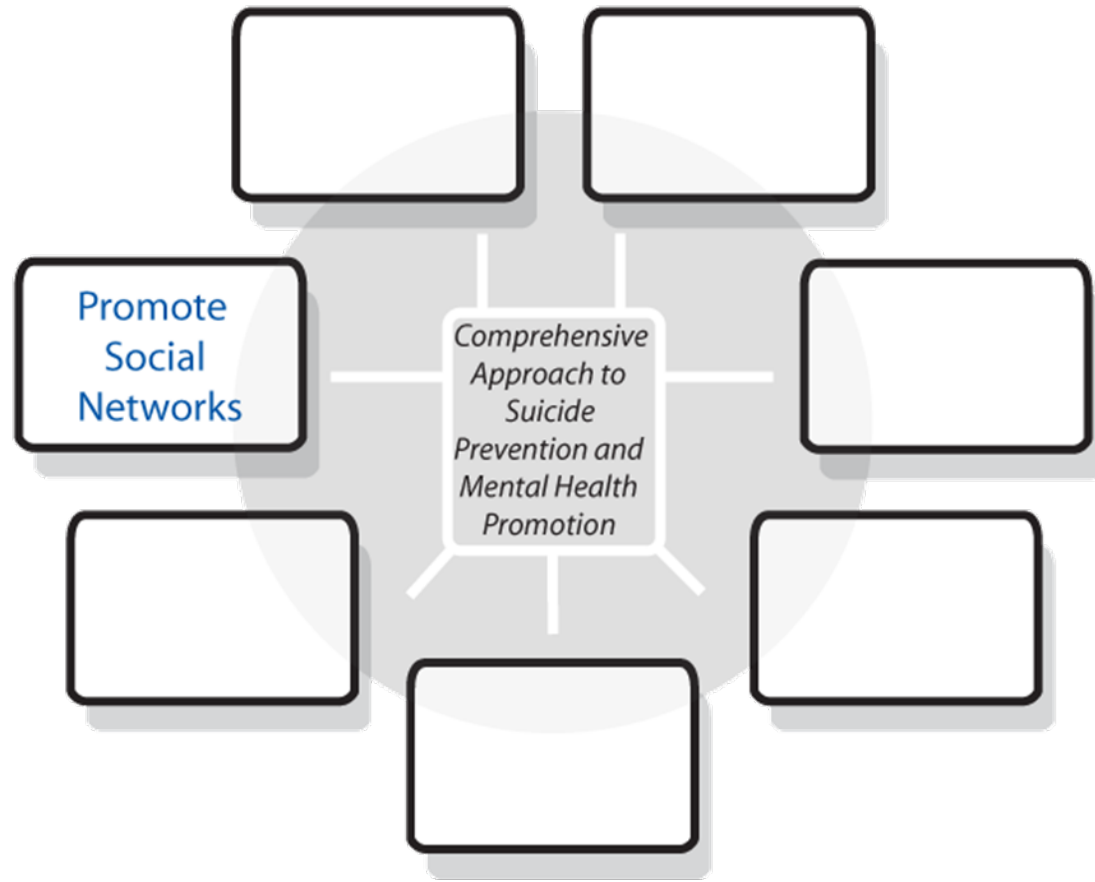
Goal:

- To promote relationship-building between students, staff, and faculty and a sense of community on campus

Promote Social Networks

- Reduce student isolation

- Promote feeling of belonging

- Encourage the development of smaller groups within the larger campus community

Examples: Living-and-learning communities; Worcester Polytechnic Institute's Student Support Network

Identify Students at Risk

Identify
Students
at Risk

Comprehensive
Approach to
Suicide
Prevention and
Mental Health
Promotion
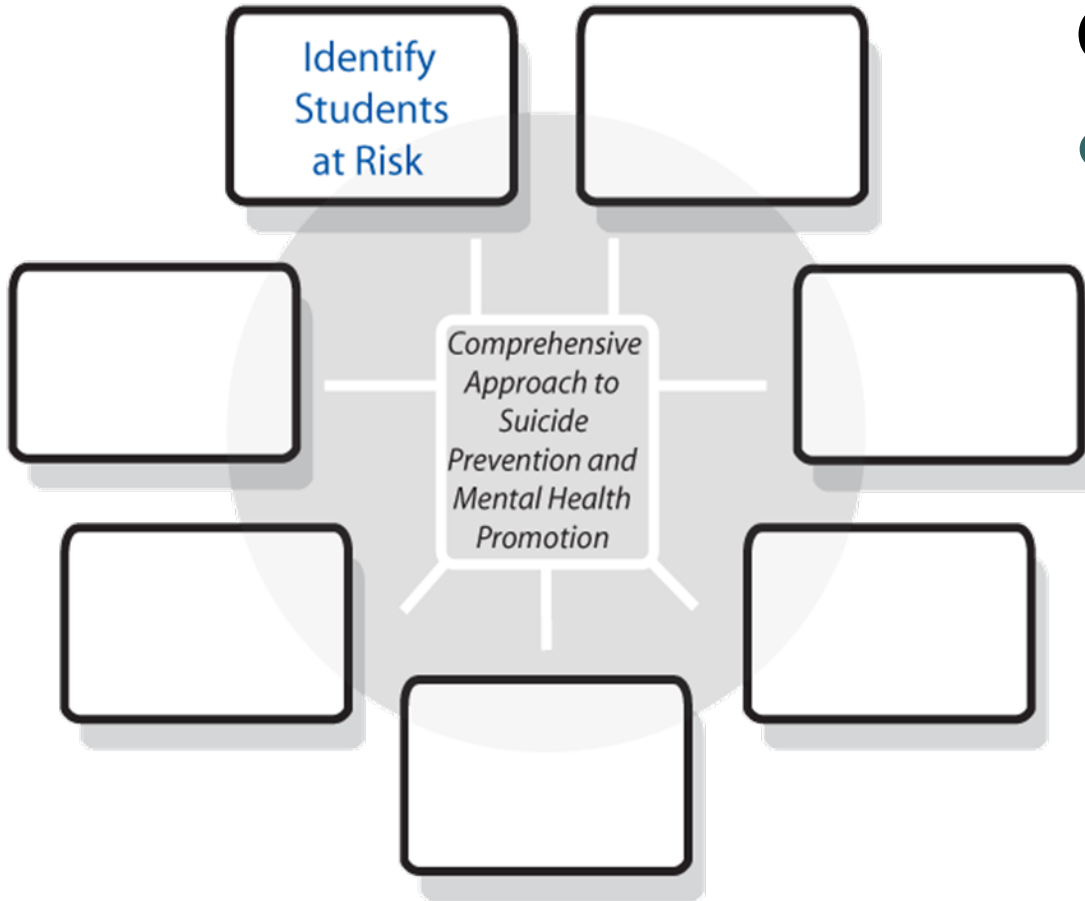
Goal:

- To identify those students who may have mental health problems or be at risk for mental health problems, or who may be at risk for suicide

Identify Students at Risk

- Include questions about mental health on medical history form
- Provide gatekeeper training
- Create interface between disciplinary process and mental health service

Identify Students at Risk

- Screen to identify high-risk or potentially high-risk students
- Establish cross-department case management team

Examples: University of North Carolina, Chapel Hill; Syracuse University's Campus Connect

Increase Help-Seeking Behaviors

Increase Help-seeking Behavior

Comprehensive Approach to Suicide Prevention and Mental Health Promotion
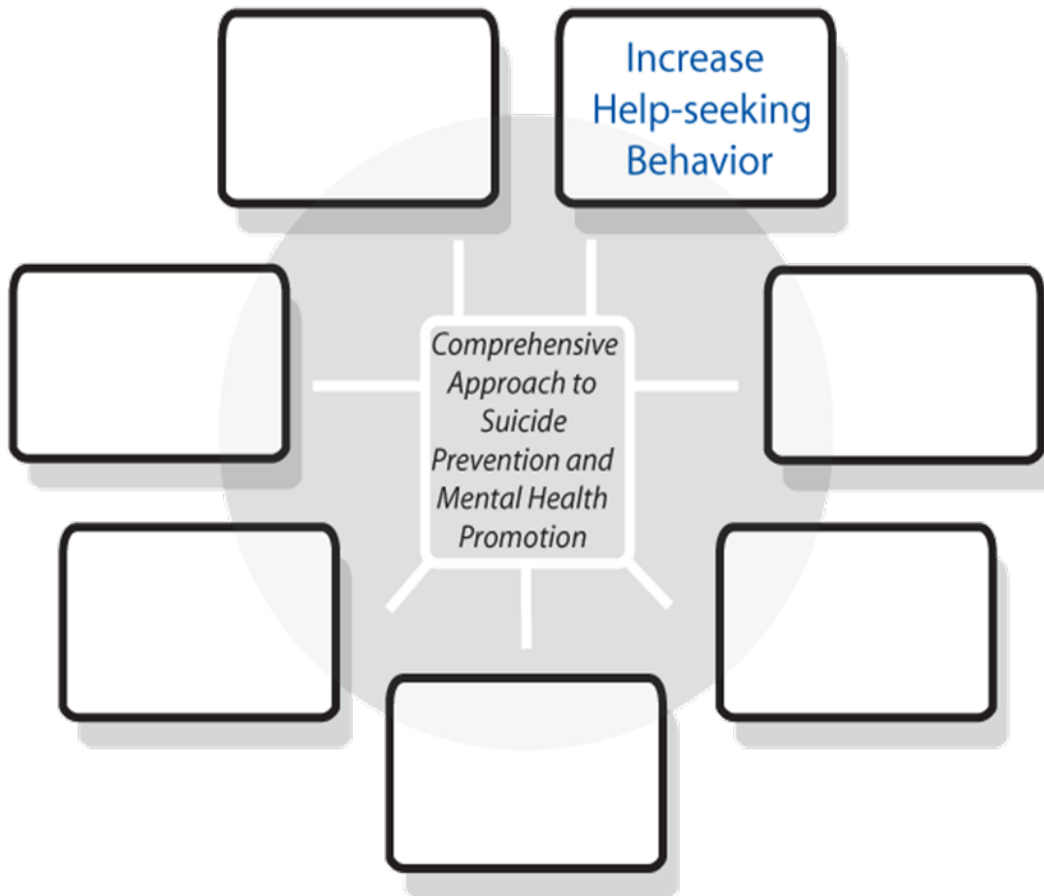
Goal:

- To increase the likelihood that a student who needs supportive services or counseling will seek out and secure assistance

Increase Help-Seeking Behaviors

- Reduce stigma associated with mental health problems
- Reduce stigma associated with help-seeking
- Remove barriers to getting help
- Enhance accessibility of mental health services

Increase Help-Seeking Behaviors

- Educate students about signs and symptoms of suicide and mental illness
- Provide online self-assessment & referral tools

Examples: Howard University; University of Wisconsin Oshkosh; Active Minds

Increase Access to Mental Health Services

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Provide Mental Health Services
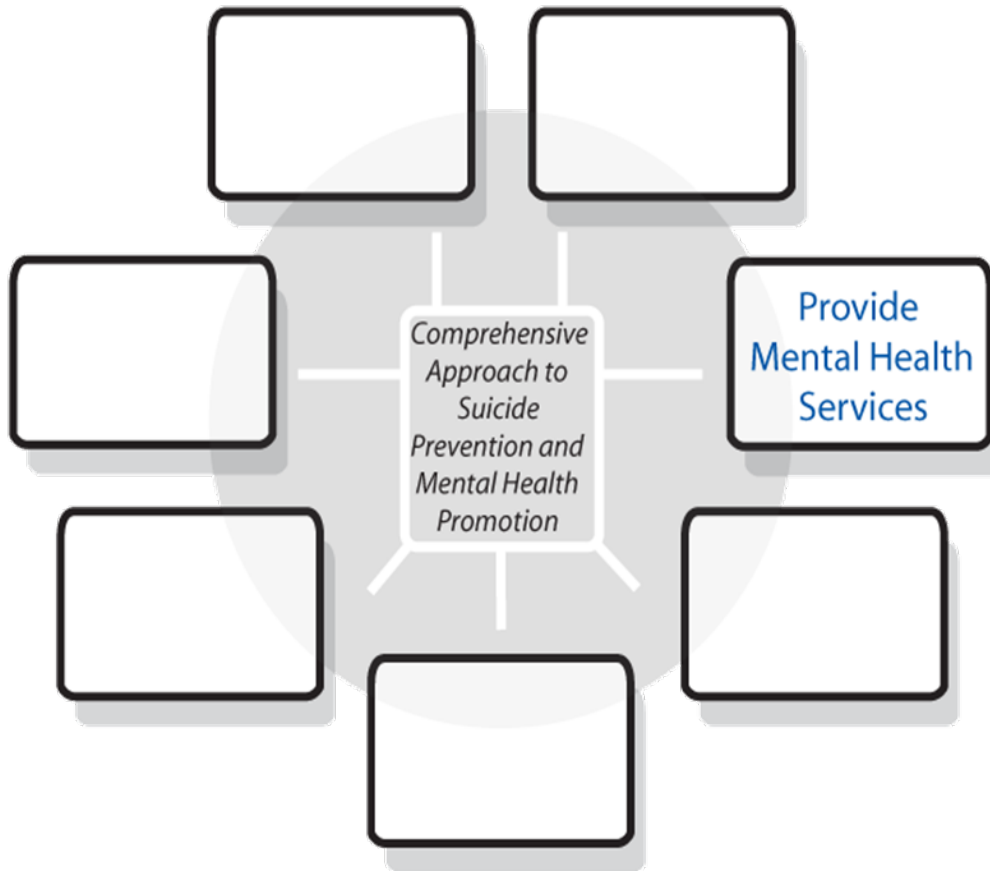
Goals:

- To ensure that students who need services receive them

- To ensure services are appropriate and of high quality

- To assess and manage suicide risk

Increase Access to Mental Health Services

- Utilize resources outside the counseling center
- Create linkages to community resources
- Train mental health providers to identify/manage suicidal risk

Increase Access to Mental Health Services

- Increase efficiency of treatment delivery systems
- Train staff on confidentiality, notification, and other legal issues

Examples: Northeastern Illinois University; Blue Mountain Community College

Cross-Cutting Activity: Case Management Team

- "Case management" or "student-at-risk response" teams
  - Definition

- A case management team is not:
  - Mental health planning task force
  - Mental health advisory committee
  - Threat assessment team

Case Management Teams

- Research summary results:
  - 50% reported having case management teams

Case Management Teams

- Challenges identified
  - Lack of knowledge about student behaviors
  - FERPA & HIPAA misunderstandings
  - Lack of mechanisms to get information to the team
  - Concerns about professional confidentiality
  - Reluctance to share information

Case Management Teams

- Recommendations:
  1. Establish a central team
  2. Ensure team visibility
  3. Establish information-sharing system
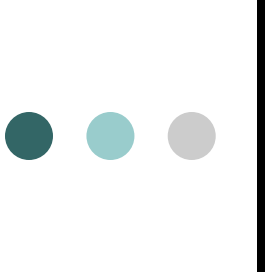 4. Ensure follow-up

Establish Central Team

- Formal
- Include key departments:
  - Student affairs, counseling services, health services, housing/res life, academic affairs, judicial affairs, and campus safety/police
- Designate coordinating department/person
- Meet regularly

Ensure Visibility

- Visible
- Emphasize caring role
  - Clarify misperceptions
- Link to academic success and campus safety

Establish System for Information-Sharing

- Formalize protocols and structures
- Educate the community
  - Who tells what to whom?
  - Then what happens?
- Remove perceived and real barriers
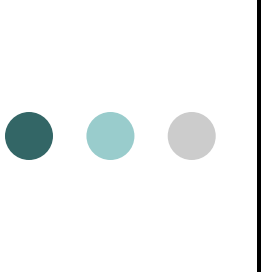 - FERPA misperceptions
  - HIPAA misperceptions

Ensure Follow-Up

- Keep meeting notes
- Designate a "case manager"
- Establish and adhere to re-entry plan
  - Develop necessary relationships with outside providers
  - Case management team review

Practical Concerns

- Defining the mission, tasks, personnel
- Size
- Communication
- Chairperson

Steps 4, 5, 6: Interventions: Develop and Test

- <u>Intervention Planning & Evaluation Tools</u>:
  - Logic Models
    - Linking activities to outcomes/goals
  - The Jed Foundation/SPRC Comprehensive Approach to Suicide Prevention and Mental Health Promotion
  - SPRC's Best Practices Registry

Steps 4, 5, 6: Interventions: Evaluate

- <u>Evaluate</u>
  - Decide how you will measure effectiveness **before** implementation
  - Measure process: Did things go as planned?
  - Measure outcomes: Did you achieve your goals? Are you maximizing available resources?
  - Use information to modify or replace activities
  - Does not need to be a formal research study!
  - What has worked for you?

Your Next Steps

Contact Information

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