Building Momentum for Suicide Prevention on Campus

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Based at Education Development Center, Inc. (EDC), Newton, MA (www.edc.org) with offices in Washington, DC and remote staff across the country

Launched in 2002

About SPRC

Overview of Campus Grantees

Current Grantees: 49
Alumni Grantees: 14

Cohort 3 Grantees:
California State University- Long Beach
Pennsylvania State University- Albany
Stony Brook University- SUNY
Texas College

Untreated Mental Health Problems

- Self-reported diagnosis of depression
  - 15% lifetime (5% last school year)
  - 25% currently in therapy and 35% currently taking medication (of those ever diagnosed)
- Depression screening
  - 9% with positive PHQ-9 (moderate to severe depression)
  - Less than half used medication/therapy in last year

NCHA (Spring 2007); Eisenberg (2008)

As a Resource Center...
www.sprc.org

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NCHA (Spring 2007); Eisenberg (2008)
Alcohol increases risk for depression
Alcohol worsens depression outcomes
Does alcohol come first?

49% of students would encourage a friend to seek help
Only 22% would seek help themselves
64% say that other people think less of someone who has sought treatment
Only 12% say they would think less of someone

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Awareness of services
59% would know where to go
25% unaware of campus mental health services; even fewer international students aware

Perception of benefit
69% view therapy as helpful for depression
52% view medication as helpful

Between 1/3 and 1/2 of seniors are not involved in a co-curricular activity; freshmen are even less involved
40% of seniors say that their school places very little emphasis on helping them cope with non-academic life
26% of seniors say that their school places very little emphasis on providing support to thrive socially

Health issues having greatest negative impact on academics:
- Stress (34%)
- Sleep difficulties (26%)
- Concern for friends/family (19%)
- Relationship difficulty (16%)
- Depression/anxiety/SAD (16%)

Bio-psycho-social
- Untreated or under-treated mental illness
- Chronic physical illness
- Alcohol or other drug use and abuse
- Previous suicide attempt
- Hopelessness
- Impulsivity or aggressiveness

Alcohol and Suicide

- Alcohol a distal risk factor for suicide
- Alcohol a proximate risk factor for suicide
- Lower MLDA increases 18-21 y.o. suicide risk

Eisenberg (2008); Brownson (2006); NCHA (Spring 2007); UC Berkeley (2004)

Suicidal Ideation/Attempts: Last 12 Months

- Suicidal ideation
  - 6 to 10% undergraduate students
  - 3.6 to 10% graduate students
- Suicide attempts
  - 0.6 to 1.6% undergraduate students
  - 0.3% graduate students

Events having greatest impact on seriously considering suicide

- Romantic relationship problems
- Impact of wanting to end life
- School problems
- Important factors in preventing a suicide attempt
- Disappointing/hurting family, friends or partner
- Hope/plans for the future

Brownson (2006)

Risk Factors for Suicide

- Socio-cultural and environmental
  - Barriers to effective clinical care
  - Isolation, lack of social support
  - Unsupported financial/social loss
  - Stigma associated with seeking care
  - Access to lethal means
  - Exposure to media normalizing/glamorizing suicide


Risk Factors for Suicides by Gender and Race

- Demographic
  - Completions
    - Male gender
    - White race
    - Native American youth
  - Attempts
    - Female gender
    - Hispanic female youth
    - Lesbian, gay and bisexual youth

Centers for Disease Control and Prevention

Deaths by Suicide

- Higher rates: Men, juniors/seniors, graduate student women, students “out of synch”
- Majority are not counseling center clients
- Firearms and overdose are most common methods
- Diagnosable mental illness or alcohol/substance abuse disorder

Strong connections to family and other supports
Access to effective clinical interventions
Restricted access to lethal means
Skills in problem-solving, conflict resolution

Frustration tolerance, ability to regulate emotions
Positive beliefs about future, ability to cope, and life in general
Cultural/religious beliefs discouraging suicide

Declared a public health problem by the surgeon general in 1999.
Complex problem associated with multiple factors:
  - Individual (biological, psychological)
  - Environmental (physical, interpersonal, community, societal)

Requires multidimensional approaches:
  - Socio-ecological approach
  - Continuum of prevention

Data based – monitor trends
Strategic planning – start with the end in mind
Population focused – select population(s)
Research/theory based – use best practices
Cultural competence – to meet population needs
Multidimensional approach – comprehensive, SEM, continuum of prevention
Community involvement – partnership
Collaboration among disciplines – leadership
Evaluation - continuous quality improvement

First experience STRESS
Most students who experience DISTRESS
The idea is to reach students here... so fewer end up here.
ASU Lessons Learned

- Assemble a multidisciplinary team.
- Plan with the outcomes in mind.
- Train your team and partners to think strategically.
- Encourage your team to question assumptions.
- Use ongoing evaluation results to improve plan.

Step 1: Describe the Problem

Collect Data
- National
- State
- Community
- Campus

Campus-Specific Data
- ACHA-NCHA
- Counseling center
- Residence life
- Student affairs
- Key informants
- Focus groups

Collecting missing data
- Quantitative: New survey
- Qualitative: Focus groups (students, faculty, staff), large group brainstorming sessions
- Inventory of current efforts, assets and climate
- Anecdotal information

Risk factors:
- Bio-psycho-social
- Socio-cultural and environmental
- Demographic
- Protective factors

Look at what is currently in place
- Programs, policies, activities and interventions
- Assets and resources
- Institutional climate, readiness
- Partners or potential partners

Example of problem analysis
- Survey data: Depressed students are not accessing services; graduate students are least likely to access services
- Causes & contributors: Why are graduate students less likely to access services?
- What is in place: Counseling center website & brochure
- Focus groups: Unaware that free services extend to grad students

http://www.samhsa.gov/library/online/pdf
Prioritize identified problems

- Where is the most significant impact? On which audiences?
- What might be easily achieved?
- What has been done in the past to address these problems and audiences?

Decrease deaths by suicide
Decrease suicide attempts
Decrease suicidal ideation
Decrease injuries from suicide attempts

Example of problem analysis

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Specify long-range goals

- Goal # activity
- Use “outcome” language
- How will you know that you have achieved a goal?

Example: Goal activity

- Activity: Provide table information in graduate student union during finals week
- Goal: Increase help-seeking among graduate students

From goals to objectives

- Increase knowledge about (what) by...
- Change (what) policy through...
- Increase or decrease (which) behavior by...
- Change (what) norm by...
**Objectives linked to each goal**
- **Specific**
- **Measurable**

**Example of outlining objectives**
- Increase knowledge of 8 free counseling sessions among full-time female graduate students
- Increase number of full-time female graduate students being referred for counseling
- Increase number of full-time female graduate students attending counseling sessions

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

**Goal:**
- 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 occurs

**Goal:**
- To promote the development of skills that will assist students as they face various challenges in school and in life
Goal:
- To promote relationship-building between students, staff, and faculty and a sense of community on campus

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

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

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

“Be open to making changes throughout the process – what was originally proposed may not be the best route.”

“Start slowly and take time to think out/plan out your initiatives. Leave room to change what you do as you’ll likely have to do so.”

“Don’t take it personally, but some will present barriers to your efforts.”

“Take the first year to develop strategic liaisons and partnerships so that project goals can be implemented with campus support ….”
“Start slowly and take time to think out/plan out your initiatives. Leave room to change what you do as you’ll likely have to do so.”

“Don’t take it personally, but some will present barriers to your efforts.”

“Be realistic in your goals and objectives, but also dare to think big.”

“Identify 2-3 beliefs that you are passionate about and build your program and vision around those beliefs. Your passion will push through all the hard work and obstacles.”

“One of the lessons learned is a need to allow for project development and implementation time at the beginning of the grant period.”

“Start slowly and take time to think out/plan out your initiatives. Leave room to change what you do as you’ll likely have to do so.”

“Think seriously about your local evaluation from the beginning.”

“Don’t underestimate the value of the evaluation. Put the effort into evaluation at both levels and plan ahead.”

“Work with an evaluator to create evaluate-able materials.”