

2009 SAMHSA Campus Suicide Prevention Grantee Meeting  
 Session: Utilizing Campus and Community Stakeholders to Access Data

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 University-Meridian Campus Suicide Prevention Program

Campus Setting: Mississippi State University-Meridian Campus is a regional campus of 800 students (70% nontraditional – commuter campus) without a college counseling center on campus (counseling center located on MSU main campus 100 miles north). Mental health services for MSU-Meridian students and their families are provided through an EAP contract with our local community mental health services agency (one mile from campus). The EAP model is unlimited outpatient services for a nominal fee per student paid by the MSU-Meridian Campus (\$33 per student per year).

Main Points:

1. Currently, the MSU-Meridian Campus Suicide Prevention Program receives quarterly EAP mental health services utilization reports from the EAP provider (Weems Community Mental Health Center).
2. *Developing and maintaining a partnership with the EAP:* MSU-Meridian Campus originally partnered with the Weems Community Mental Health Center (EAP) in the fall of 2006 when the SAMHSA grant was initially obtained.

*Benefits:*

- Cost effectiveness. See above.
- Comprehensive services. Weems is a large mental health center across nine counties with many different service programs (substance abuse treatment programs, intensive day treatment, etc) that students may access.
- Sense of privacy is enhanced. MSU-Meridian is only a single campus building, therefore a campus counseling center on our campus would be a challenge “privacy-wise.” However, the EAP is all off-campus and students can see a counselor in any of the surrounding nine counties which enhances a sense of privacy.

*Challenges:*

- Inheriting community mental health services reputation with EAP contract. Partnering with the EAP involves inheriting the broader agency’s reputation in the community.
- Limited control of policy/procedures with external agency (EAP). If our suicide prevention program wants to change a procedure (let’s say what data is collected upon intake) it is more difficult with an external agency.
- Less access to informal feedback from clients related to suicide prevention program and EAP clinical service. Our suicide prevention program has less access to clients’ unsolicited views of our program and the clinical service.

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3. The MSU-Meridian Campus Suicide Prevention Program has plans to have our EAP clinical provider track and report the following data:
  - a. Percentage of successful referrals (number of first session new appointments attended divided by number to total appointments made for new referrals from MSU-Meridian students and their families);
  - b. Referral source (self-student, self-family member of student, third party referral - staff, third party referral - faculty, third party referral - family of student);
  - c. Presenting problem (depression, anxiety, substance abuse, suicide ideation/attempts, etc – check all that apply);
  - d. What campus suicide prevention program activities helped in your decision to attend counseling? Choose all applicable activities:
    - Campus mental health promotion events;
    - Mental health anti-stigma artwork series;
    - Informational materials – website;
    - Suicide prevention gatekeeper workshop;
    - Student peer helpers program;
    - Campus clinical screening online.
4. How could this data inform future planning/development on your campus?

Currently, our EAP sends us quarterly utilization reports of number of sessions attended by new EAP clients and existing EAP clients.

- a. Percentage of successful referrals – This would help our program design interventions to encourage students and their families attend counseling when referred (anti-stigma campaign, newspaper or website articles, etc.).
- b. Referral source – This would help our program determine where we were getting our referrals and the success of those referrals which would help us target the interventions above.
- c. Presenting problem – Knowing which presenting problems are resulting in successful referrals and which are not may give us clues as to issue-specific prevention activities that we can implement on campus (depression – implementing self-care strategies theme during a monthly mental health promotion event on campus).

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- d. *What campus suicide prevention program activities helped in your decision to attend counseling?* This question is vital to evaluating which of our MSU-Meridian Campus Suicide Prevention activities were most influential in a student's or family member's decision to attend counseling. This information will help our program decide which activities to refine/maintain and which to develop further.

Discussion Question: What other campus suicide prevention program evaluation data would be helpful to collect from our community mental health EAP provider?