

The American Foundation for Suicide Interactive Screening Program: Implementation & Utility for Campuses

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Presentation Outline

- I. History & overview of how ISP works.
- II. Why Maine, Orono, adopted program
- III. How ISP works at Maine, Orono
- IV. Summary of research on the ISP
- V. Questions?

Part I:
History & Overview of how ISP
works

What is ISP?

The Interactive Screening Program provides an anonymous, web-based method of outreach to students with depression and other problems that put them at risk for suicide. ISP connects students to an actual counselor so that concerns about treatment can be discussed online.

Why was ISP developed?

- In 2000-2001, AFSP was approached by families who had lost a college student to suicide
- Families wanted a way to pro-actively identify at-risk students who are not receiving appropriate treatment, and encourage them to get help
- Only 15-20% of students who die by suicide received services from their campus counseling center (*Annual National Survey of Counseling Center Directors, 1985-2007*)

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What are program assumptions?

- Students who need, but don't seek, mental health services have what seem to them to be good reasons
- These barriers to treatment need to be addressed in a personal, individualized way
- Student will be more willing to engage with a counselor to discuss treatment needs and barriers if they can remain anonymous

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What are barriers to seeking help?

- Negative attitudes toward treatment
- Fear of negative reactions from family & friends, & administrative sanctions from college/university
- Concerns about confidentiality & impact on career
- Values regarding privacy, self-sufficiency, “strength” vs. “weakness”
- Belief that problems will resolve on their own
- Perception that problems don’t impact functioning
- Resistance to giving up “control”
- Questions about costs
- Too overwhelmed to take necessary steps

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What are key program elements?

- Internet-based
- Interactive (between student and counselor)
- Anonymous

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What were beginning steps?

- Obtained financial support
- Engaged technical firm
- Secured agreement from two universities to participate in the pilot implementation
 - Emory University, Atlanta, GA
 - University of North Carolina, Chapel Hill
- Embarked on a 3-year pilot test (2002-2005)

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How does the ISP work?

- Students invited to participate via email from university official
- Link provided to a secure, university-specific website
- Program procedures explained in detail on Welcome page
- Students sign up with self-assigned User ID and password
- Complete a screening questionnaire adapted from the Patient Health Questionnaire

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Student responses are classified into tiers.

Tier 1 (high risk)

- PHQ-9 score of 15-27 (moderately severe-severe depression)
- Current suicidal ideation
- PHQ-9 score of 10-14 (moderate depression) with prior suicide attempt
- Intense affects (hopelessness, rage, desperation or loss of control)
- Current problems making it “very” or “extremely” difficult to function

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Tier classification cont'd

Tier 2 (moderate risk)

- PHQ-9 scores of 10-14 (moderate depression) w/out suicidal ideation or behavior
- problems related to alcohol or drug use or eating behaviors
- current problems making it “somewhat” difficult to function

Tier 3 (low risk)

- not meeting any of Tier 1 or Tier 2 criteria

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Feedback

- Based on tier designation, student receives immediate online information about when to expect Counselor's Response (normally w/in 24 hours)
- System sends counselor an email with student's tier designation & a link to the questionnaire
- Counselor reviews questionnaire answers, writes a personalized response and posts it to student's User ID on website

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How does the counselor respond?

- Tone is personal, empathetic & engaging
- Includes counselor's name & contact info
- Urges in-person meeting (Tiers 1 & 2)
- Invites all students to engage in anonymous online "dialogue" with counselor

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Student accesses counselor's response

- Student receives an email when counselor's response is posted (with link to website)
- Can also be independently retrieved with User ID & password

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What are follow-up protocols?

- Over next 6 weeks, Tier 1 and 2 students receive multiple email reminders to read Response & follow recommendations
- Final e-mail asks students who haven't contacted the counselor to link to website & complete a brief follow-up questionnaire
 - Asks for update on how student is doing
 - Asks about reasons why student hasn't responded

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What are referral protocols?

- Screening clinician provides in-person evaluation & brief treatment; makes referral for further evaluation & treatment

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What has followed initial pilot testing?

- Revised questionnaire to address low response among male students
 - New items on stress, arguments, interpersonal conflict
- Began programs at two new sites:
 - MIT - graduate students; high proportion of males, international students
 - University of Pittsburgh – medical students

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Additional sites added.

- Four new sites
 - University of Maine – undergraduate & graduate students
 - University of California, San Diego – medical students, medical residents, medical school faculty
 - University of Puget Sound, Washington - undergraduate & graduate students
 - Heritage University, Washington - undergraduate & graduate students

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Other Activities in 2008

- Enhancements to data collection & reporting capacities of the website
- Enhancement to computer system to alert counselors to overdue responses
- Development of new invitational message to encourage responses among male students
- Development of Program Implementation Manual

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What is AFSP's role in the ISP?

- Identification, recruitment & “nurturing” of sites prior to implementation (including IRB application)
- Liaison between schools and technical firm for website development & hosting
- Training site personnel in operational procedures

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AFSP's role Cont'd

- Ongoing technical assistance & support re. program operations
- Reporting results to each school
- Assistance in designing outcomes evaluations

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What are site responsibilities?

- Program counselor (s)
- Personnel for monitoring, reporting and outcome evaluation
- Monitoring program website to ensure timely responses to students' questionnaires and dialogues
- Overhead for personnel – office space, etc.
- Treatment services for students

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Funding

- Currently, AFSP funds technology and staff training and some ongoing technical assistance; this model is likely to change.
- Local AFSP chapters may be in a position to financially support program dissemination & implementation.
- Schools must fund
 - Program Counselor
 - Overhead (space, computer, Internet access)
 - Treatment (?)

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Part II & III:
Why Maine, Orono, Adopted Program
How ISP Works at Maine, Orono

(ONLINE DEMONSTRATION OF PROGRAM)

Part IV:
ISP Research Results

What were evaluation results?

- 14,500 undergraduates at two universities invited to participate
- 8% responded to questionnaire (vs. 10-15% est. to be at risk)
- Demographically representative of student body *except*: over-representation of females (72% of respondents vs. 56% overall)

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What were tier designations?

- Tier designation:
 - Tier 1 – 50%
 - Tier 2 – 35%
 - Tier 3 – 15%
- Over 90% were not receiving any form of treatment

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Other results...

- 96% gave e-mail address
- 89% read the Counselor's Response
- 24% engaged in anonymous online dialogues with counselor (1-15 exchanges)
- Dialogues centered on barriers/resistances to getting treatment

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Other results...

- 20% of Tier 1 & 2 respondents came for in-person evaluation (>60%=Tier 1)
- 14% of Tier 1 & 2 respondents entered treatment (2/3=Tier 1)
- Those who "dialogued" were 3 times more likely to come for evaluation (38% vs. 12%) and to enter treatment (25% vs. 9%)

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How many clinicians are needed?

- For every 1,000 students invited:
 - 80 completed the screening questionnaire, 68 designated as Tier 1 or 2
 - 19 engaged in online dialogues
 - 13 came for in-person evaluation
 - 9 entered treatment (6 in Tier 1)
- Requires one FTE social worker or psychologist for every 10,000-12,000 students invited to take online screening

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What were research conclusions?

- Outreach method is relatively low cost
- Does not add large clinical burden
- Reaches the right population (at-risk and untreated)
- Numbers reached should be viewed in context of suicide as a *rare* event

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What worked?

- Dialogue feature is critical in fostering a relationship w. the counselor & resolving barriers to treatment
- Availability of the screening counselor for treatment provides continuity
- Ongoing e-mail contact with high-risk students may have an impact on those who do not respond to recommendations for treatment (*ala* letter & postcard studies)
- Focus group respondents had positive reactions, regardless of whether they submitted questionnaire

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Part V:
Questions?

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