AFSP College Student Initiatives
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Risk Factors for Suicide among College and University Students

• psychiatric disorders (depression, bipolar disorder, substance abuse)
• perfectionism, inability to tolerate failure
• interpersonal loss
• social isolation
• contagion/imitation

Challenges of Suicide Prevention on College/University Campuses

1. Relative to prevalence of risk factors, suicide attempts and suicide deaths are rare events.

   Felt so depressed it was difficult to function 45 %*
   Seriously considered suicide 10 %*
   Attempted suicide 1.4 %*
   Suicide deaths [1/13,000] .008 %

* National College Health Assessment, American College Health Association, 2004
… Another Challenge

2. Those most in need are largely unknown to campus mental health service providers.

<20% of students who die by suicide are identified as past or current clients of the college/university counseling center. *

*National Survey of Counseling Center Directors, Association of University & College Counseling Center Directors, 2002-2004

Why Don’t Students in Need Seek Help? *

25% of young adults say they would not accept a recommendation to seek treatment for a diagnosis of depression, due to:

• Negative beliefs and attitudes toward depression causation and treatment
• Beliefs that depression should be hidden from family, friends, employers
• Lack of past helpful treatment experiences

* Van Voorhees et al., Annals of Family Medicine, 2005

… Other Reasons for Not Seeking Treatment

Even when need for treatment is accepted, depressed students may be:

• mistrustful of confidentiality of services
• concerned about losing control of choices
• worried about potential costs
• afraid of social stigma
• influenced by cultural or parental values opposing psychiatric/psychological treatment
• too overwhelmed to take necessary steps to seek help
Implications for College-Based Suicide Prevention

A multi-faceted approach is necessary to change the culture on campuses. Two core elements are:
1. Communicating the message that depression and other mental health disorders are treatable
2. Addressing and removing barriers to help-seeking

The Truth About Suicide: Real Stories of Depression in College

A film developed by AFSP to:

- Communicate the de-stigmatizing notion that depression is a real and treatable illness
- Educate students about the signs and symptoms of depression
- Promote importance and acceptability of help-seeking

Suggested Uses of the Film

- New student/freshmen orientation
- Residence hall education and campus life programs
- Trainings for residence advisors, academic advisors, tutors and other personnel
- Health and counseling services outreach programs
- Classroom presentations
- Student organization activities
Related Resources

- Facilitator’s Guide
- Handouts downloadable from www.afsp.org/collegefilm:
  - Fact Sheets
  - Frequently Asked Questions
  - Prototype for campus-specific resources
  - Viewer and facilitator feedback forms

The Campus Outreach Project

- Initiated by AFSP in 2002 as a screening initiative to identify at-risk students and encourage them into treatment.
- Pilot-tested at two universities: Emory University and the University of North Carolina at Chapel Hill (2002-2005).
- As refined, project is a comprehensive outreach program with an essential goal of addressing and removing barriers to treatment.

Project Procedures

- Students are invited to participate through an e-mail from the university.
- Link is provided to a secure website; project procedures are explained on Welcome page.
- Students sign up with self-assigned User ID and password.
- Complete a questionnaire adapted from the Patient Health Questionnaire (Spitzer et al., 1999, 2000, 2001)
Questionnaire

Includes 9-item Depression Scale (PHQ-9), plus items on:

• current suicidal ideation and past suicide attempts
• affective states such as anxiety, rage, desperation and loss of control
• use of alcohol and other drugs
• symptoms of eating disorders
• assessment of overall impact of problems on functioning
• current therapy or medications

Student Identification

• Questionnaire responses are identified only with the student’s User ID.
• Optional feature: Students are asked to provide an e-mail address which is encrypted and stored in the computer system.

Feedback to Students

• Computer system classifies respondents into tiers: 1A (suicide risk), 1B (other high risk) 2 (moderate risk) or 3 (low/no risk).
• Counselor receives an e-mail with a link to student’s questionnaire.
• Confirms tier and writes a personalized response, normally within 24 hours.
• If address was provided, students receive an e-mail when the counselor’s response is posted on website, with direct link.
Counselor’s Response

- Counselor identifies self by name and position; provides contact information.
- Conveys empathy with student’s problems and offers relief from distress.
- Urges Tier 1 and 2 students to come in for personal meeting.
- Invites all students to anonymously “dialogue” on the website.
- All Tier 1 and 2 students who provide e-mail address receive multiple reminders to access Counselor’s Assessment and follow recommendations.

Clinical Evaluation and Treatment

- Screening counselor is available to provide treatment.
- Face-to-face sessions continue to build the therapeutic relationship.
- Students are asked to consent to have evaluation report and monthly treatment reports provided to project (identified by User ID only).
- Evaluation report assesses role of screening, feedback and dialogues in bringing student in.
- Treatment reports are used to monitor adherence and outcomes.

Project Impact

- At each project stage (questionnaire, dialogues, evaluation, treatment), the large majority of students who respond have clear risk factors.
- Over 90% of those who come for services say help-seeking was due to the counselor’s encouragement.
- Project contributes to a campus culture supportive of help-seeking.
- Interest of the counselor may have a positive impact on at-risk students who don’t comply with treatment recommendations (Motto & Bostrom, Psychiatric Services, 2001)
Impact on Clinical Services

For every 1,000 students invited to take the screening:
• 80 (8%) complete the questionnaire
  (50%=Tier 1, 35%=Tier 2, 15%=Tier 3)
• 72 access the clinician’s feedback
• 20 engage in on-line dialogues (1-15x)
• 15 come for clinical evaluation
• 11 enter treatment (70%=Tier 1)

Project Requirements

• One full-time clinician per 12,000 students
to respond to questionnaires, conduct
online dialogues, conduct initial
evaluations, and do some treatment
(provided by the college/university).
• Website technology, including interactive
features and data collection capacity
(provided by AFSP).

Potential Targets

Project can be directed toward:
• Undergraduates – selected classes or whole
  student body
• Graduate students
• Medical students
Variations

System can be designed as either:
1. Confidential with possibility of identifying a suicidal student, or
2. Anonymous with no possibility of identification.

Conclusions

• Campus-based depression education and proactive outreach programs are potent interventions – particularly when implemented as part of a comprehensive campus suicide prevention plan.

• Both initiatives can be modified to fit the needs, concerns, resources and limitations of an individual institution.

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