Suicide Prevention on College Campuses

Suicide Prevention Grantee Orientation Meeting
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Crisis on Campus

- Mental health issues are increasing
  - 45% of students self-report depression – depression is believed to be one of the strongest predictors of not graduating from college
  - Depression doubled, suicidal ideation tripled, sexual assault quadrupled over 13 years
  - 91% of counseling center directors believe that students with significant psychological problems are a growing concern on campus
- Suicide is the 2nd leading cause of death among college-age students
  - More teenagers and young adults die from suicide than from all medical illnesses combined
  - The majority of college suicides are students who were not seen by the counseling service
  - Only 13% of students report receiving suicide prevention information from their college
Barriers To Progress

- Senior management lack of awareness
- Inflexible infrastructure
- No one in charge of wellness
- Poor use of potentially available psychiatric resources
- Departmental “silo effect”
- Legal blur
- Lack of urgency in dealing with highest risk students
- Insurance policy weakness

What Changes Need to Happen on Campus to Save Lives?
Requires Cultural Change

• Senior administrative awareness and support is critical for cultural change
  – Willingness to reallocate resources to reduce stigma of help-seeking behavior and increase access to services
  – Address the legal barriers that stop many colleges from establishing proactive programming
  – Obtain and maintain appropriate training regarding confidentiality exceptions
  – Clarify and/or institute policies regarding parental notification

Requires Multiple Strategies

• Multi-pronged, preventive approach is needed to reduce depression and campus suicides as well as enhance the overall mental health well being of the student body

• Suggest combination of a high-risk approach and population-based, prevention programs
Building an Effective Safety Net

• Designate leadership to direct the program building efforts
  – Create a new, senior-level administrative position that is in
    charge of overall student health and well-being (e.g.,
    university health commissioner) to lead this process
  – Organize a mental health task force or committee
    consisting of representatives of students and
    departments across campus to examine mental health
    issues and services
  – Encourage the creation and involvement of a student
    mental health advocacy group in this process

Building an Effective Safety Net (cont’d)

• Market research – assess your current situation
  and identify areas for improvement
  – Survey your students to understand the landscape of
    mental health issues on your campus
  – Survey your students to understand their perception of
    mental health services on campus; repeat yearly to
    observe trends and determine progress
  – Survey your peer institutions to learn best practices,
    compare capabilities

• Allocate resources
• Ensure coordination and communication across
  various departments and organizations on campus
Example Market Research Questions

- What do students think about the offerings of the counseling service on their campus?
- How does the offerings of the college counseling center compare to those of peer institutions (e.g., number of FTE, range of services offered, etc.)
- What are the range of emotional disorders present on a particular college campus?
- What is the mental health profile of the first-year class?
- Who are the students at-risk for suicide?

Suicide – A Model

- Disorder
  - Stress Event
    - Mood Change
      - Facilitation (trigger)
      - Inhibition (of impulsive action)
      - Suicide
      - Survival

*Based on the suicide model by David Shaffer, MD, Columbia University*
Suicide – A Model*

To uncover the Disorder

Questionnaire/Screening
Mental health service

Life skills development
Social marketing
Social network promotion
Crisis management
Educational programs
Mental health service

To reduce the probability of a Stress Event

Suicide Prevention Interventions

Facilitation (trigger)

Suicide

To cope with a Mood Change

Inhibition (of impulsive action)

Suicide - A Model* Based on the suicide model by David Shaffer, MD, Columbia University

- Questionnaire/Screening
- Life skills development
- Social marketing
- Social network promotion
- Crisis management
- Educational programs
- Means restriction

Prescription for Prevention

Means Restriction to:
• Limit access to potentially lethal means
• Lead: Buildings & Grounds, Public Safety, Residential Life, Chemistry Dept., Athletic Dept., Alcohol & Substance Abuse Office
• Target: Entire campus community

Educational Programs to:
• Train gatekeepers and students to:
  - (1) identify signs of individuals in distress
  - (2) take the steps that get them help
• Train personnel on confidentiality, notification, and legal issues
• Lead: Provost, VP Student Affairs, MHS, Disciplinary Committee
• Target: Students, gatekeepers (with implementation responsibility)

Mental Health Service (MHS) to:
• Train MHS providers to identify and treat depression, threats of suicide, and other emotional disorders
• Refer cases as appropriate
• Institute procedures (e.g., intake form)
• Enhance accessibility of MHS
• Engage in prevention & outreach activities
• Lead: Suicide prevention experts
• Target: MHS, community resources, local hospitals

Crisis Management to:
• Establish policies and implement programs (including medical leave and re-entry) that respond to suicide attempts and high-risk behavior
• Respond with comprehensive postvention program
• Create interface between disciplinary process and counseling/MHS
• Lead: VP Student Affairs, MHS, Disciplinary Committee
• Target: Students, gatekeepers (with implementation responsibility)

Promote Mental Health Awareness & Well-Being & Prevent Suicide
• Coordinate and communicate across campus departments & organizations
• Develop and/or revise institutional policies and operating procedures
• Institute campus-wide risk surveillance system, tracking all fatal & non-fatal self-injuries and safety- and health-related indicators (e.g., violent behavior, criminal activities, & substance abuse)
• Leadership: President’s Office

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Essential Program Elements

- On-site client-centered counseling and psychiatric services
- Means restriction
- Mental health surveys (pre- and post-enrollment)
- Social network promotion
- Social marketing
- Educational programs and materials
- Stress-reduction programs
- Life skills development
- Non-clinical student support network
- Medical leave policies and re-entry after medical leave
- Postvention programs

Jed Foundation Initiatives

- Ulifeline (www.ulifeline.org)
- Framework for Developing Institutional Protocols for the Acutely-Distressed or Suicidal College Student
- University Pilot Program to Promote Mental Health and Prevent Suicide
- Social Marketing Campaign with mtvU
- CampusCare
- Study Abroad Brochure
- Understanding Depressive and Bipolar Disorders (www.UDBD.org)
- APA Collaboration with The Jed Foundation on Transition from High School to College
- Adapting AAS/SPRC Core Competencies Training Course for the college mental health professional audience
- Depression Screening Initiative with New York City
Ulifeline (www.ulifeline.org)

- Available at more than 580 colleges
- Free, Internet-based resource that provides information to students about mental health and the signs and symptoms of emotional problems
- Customized site for each school with direct link to college counseling center
- Includes the Self E-Valuator, a screening tool developed by Duke University exclusively available on Ulifeline

Ulifeline (www.ulifeline.org)

- New Ulifeline launching in early 2006
  - Goes beyond students – includes a new section for counselors and administrators
    - Data (Self E-Valuator, Web traffic)
      - 8,413 Self E-Valuator screening initiated over past 9 months, of which 73% were completed
    - Resource library
    - Survey tool
    - Fact Sheets
    - National Directory
  - Improved student features (student polls, personal stories)
UDBD.org

- Understanding Depressive and Bipolar Disorders (UDBD.org)
  - Free website designed to help college counseling and other healthcare professionals learn to better distinguish between depressive disorders (unipolar depression) and bipolar disorders in the college population
  - Provides information about these mood disorders and the key questions to ask when evaluating students
  - Includes useful tools, such as tips for differentiating among types of depression and case studies

CampusCare

- Joint initiative of The Jed Foundation and SPRC

- Provide collaborative, consulting services to colleges on an individual basis regarding mental health promotion and suicide prevention

- Currently developing the protocols for this unique service offering, including strategic planning and implementation technical assistance
Protocol Framework

• No consensus about what constitutes a comprehensive, campus-wide approach to managing an acutely-distressed or suicidal student
• Expert roundtable convened in November; co-sponsored by ACHA, ACPA, AUCCCD, and NASPA
• Document will address the following topics: 1) Developing a safety protocol for the student at risk for suicide; 2) Developing an emergency contact notification protocol; 3) Developing a medical leave of absence and re-entry protocol; and 4) Disseminating and providing education around protocols
• Every college will be able to develop protocols specific to its culture and resources based on the final framework

Clinical Core Competencies

• Adapted Clinical Skills Core Competencies Curriculum for Mental Health Professionals Working with Individuals at Risk for Suicide, a new course developed by AAS and SPRC, for college mental health professionals
• More than 100 college counseling center directors participated in October 2005 course pilot
• Planning additional course presentations beginning in Spring 2006
Contact Information

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