Response: The Institute of Medicine Report on Prevention and What It Means to Campus Suicide Prevention

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Point #1: Emphasis on Prevention

- Informed by a public health approach – concerned with:
  - Preventing, not just treating disease.
  - Health of the population.
  - Identifying and intervening with known risk factors.
  - Population health results from the interaction of a range of factors beyond the individual.

“...our committee thinks that the disproportionate emphasis on treatment of existing conditions needs to be corrected.”

“Behavioral health could learn from public health in endorsing a population health perspective.”

Point #2: Inclusion of Mental Health Promotion

- Prevention emphasizes the avoidance of risk factors;
- Promotion: focus on healthy outcomes:
  - promote supportive family, school, and community environments; and
  - identify and imbue in young people protective factors:
    - traits that enhance well-being and provide the tools to avoid adverse emotions and behaviors.

Jed Foundation/EDC Comprehensive Approach

Working “Upstream” (Theoretical intervention points)
Mental Health Promotion

• **Definition:** “…includes efforts to enhance individuals’ ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity.”

-- IOM Report, page 67

Compare to Chickering’s Seven Vectors

1. Developing competence
2. Managing emotions
3. Moving through autonomy toward interdependence
4. Developing mature interpersonal relationships
5. Establishing identity
6. Developing purpose
7. Developing integrity

-- Chickering and Reisser (1993)

EXAMPLE ASU: Strategies for Prevention

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring community</td>
<td>Barriers to help</td>
<td>Counseling</td>
</tr>
<tr>
<td>Feeling words</td>
<td>Risk factors</td>
<td>SACC</td>
</tr>
<tr>
<td>Communication</td>
<td>Ask about suicide</td>
<td>Crisis intervention</td>
</tr>
<tr>
<td>Reduce stigma</td>
<td>Coping</td>
<td>Referal resources</td>
</tr>
<tr>
<td>Stress mgnt</td>
<td>Connection</td>
<td>Healthy eating</td>
</tr>
<tr>
<td>Fitness</td>
<td>Rest/ sleep</td>
<td>Thank you</td>
</tr>
</tbody>
</table>

Point #3: Don’t be discouraged by early onset data

Environment Matters

Example: Uptake of risky drinking is affected by the nature of the campus environment

- Students exposed to “wet” college environments are more likely to begin heavy episodic drinking in college
- Wet environments = Social, residential, & market surroundings in which:
  - Drinking is prevalent & attitudes supportive
  - Alcohol is cheap and easily accessible (*price was strongest predictor*)

→ We can hypothesize that surrounding environments also affect students’ mental health and wellness
  - But, we need to figure out how to create environments that promote and support emotional wellness

Interventions Can Help

Some evidence-based programs (younger ages), e.g.

- **Clarke Cognitive-Behavioral Prevention Intervention**
  - Cognitive-behavioral intervention: coping with stress
  - Reduced major depressive episodes in adolescents with depressive symptoms

- **Penn Resiliency program**
  - Universal middle school program: improve coping with problems, challenging negative thinking
  - Reduced depressive symptoms, improved classroom behavior, especially in students most at risk
Point 4: Back to Fundamentals I

• Analyze the problem
  o Literature helps you know what to look for
  o Deep understanding of your campus community

• What needs to change?
  o Growing literature on MH promotion suggests targets for change
  o Risk AND protective factors (not either/or)

| Programs/policies/services | change | to reduce | Risk & Protective Factors | Suicide |

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Review of Goals of Positive Youth Development Programs

• Bonding
• Resilience
• Competence (social, emotional, cognitive, behavioral, moral)
• Self-determination
• Spirituality
• Self-efficacy
• Clear and positive identity
• Belief in the future
• Prosocial norms
• Recognition for positive behavior and prosocial involvement.

-- Catalano, Berglund, and colleagues (2004)
Cited in IOM Report, page 75

Assets: In settings as well as individuals

• Features of positive developmental settings (adolescents)
  o Psychological and psychological safety
  o Appropriate structure (limits, rules, predictability)
  o Supportive relationships
    • Young adults: connectedness to adults outside the family
  o Opportunities to belong
  o Positive social norms
  o Support for efficacy and mattering
  o Opportunities for skill-building
  o Young adults: opportunity for exploration in work and school

-- IOM Report, very cool table, page 80

Back to Fundamentals II

• Research literature: what works to make the desired change?
  o Evidence-based programs
    • If adapting to campus → attend to key ingredients
  o Prevention literature generally
    • Have others successfully made a similar change?
  o Theory
  o Logic
    • REALLY understand the problem
    • Think: what could we try (and evaluate)?

Back to Fundamentals III

• Keep evaluating and use results for improvement
  E.g., the evolution of Sources of Strength
  o Based on research showing….
    • Suicidal youths are underidentified and few use services
    • Few seek help on their own
    => Broad-based GKT to increase ID & referral
  o Results: only most connected adults increased referrals
  o Informed next iteration:
    • Focus on trusted adults
    • Consulted additional research → how to reduce barriers to connecting with highest-risk students?

References


### Resources: IOM Reports Online

- **Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities**  
  www.nap.edu/catalog.php?record_id=12480

- Also 2002 IOM Report:  
  *Reducing Suicide: A National Imperative*  
  www.nap.edu/catalog.php?record_id=10398

### Resources: Mental Health Promotion

- **CDC Strategic Direction: Connectedness**  
  - Connectedness as a Strategic Direction for the Prevention of Suicidal Behavior (1-page summary)  
    www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction-One-Pager-a.pdf  
  - Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior -- Full version (12-page)  

- **Resilience, e.g.,**  
  - Suniya S. Luthar  
    Professor of Psychology and Education, Teachers College, Columbia University  
    Researches resilience (not specifically related to suicide)  
    www.tc.columbia.edu/faculty/index.htm?facid=s504  
    See home page & "documents and papers" tab for full-text articles.
  - National Resilience Resource Center (NRRC)  
    www.cce.umn.edu/nrrc/

- **Communities That Care/Social Development Strategy** (Hawkins & Catalano)  
  - Research and Programs and the Social Development Strategy  
    http://depts.washington.edu/sdrg/page2.html

- **Search Institute** – 40 Developmental Assets  
  www.search-institute.org/

- **Positive Psychology** (Martin Seligman)  
  www.ppc.sas.upenn.edu/