Best Practices for Campus Suicide Prevention

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Strategic Planning/ Evaluation

Problem Analysis
↓
Long-range goals
↓
Consult the evidence base: Science / Theory / Assumptions

1st three steps are a non-linear process

↓
Strategies ➔ Activities & Evaluation plan
↓
Implement program activities
↓
Evaluate whether goals were achieved
Overview

• Best Practices: The Lexicon
• Best Practices: The List
• Best Practices: The Linkage

The Lexicon

• Categories
  – Evidence based practices
  – Expert consensus statements and guidelines
  – Best practices
1. Evidence-Based Practices

- Practices shown empirically to reduce suicide risk for individuals or population groups
  - Reduce risk factors,
  - Increase protective factors,
  - Reduce suicidal behaviors (ideation, attempts, completions)

- Listed on SPRC Evidence-Based Practices, or
- National Registry for Effective Programs and Practices (NREPP)
2. Expert Consensus Statements & Guidelines

• Evaluated on:
  1. Importance
  2. Practicality
  3. Accuracy
  4. Safety
  5. Representative of present knowledge
  6. Methodology

3. Best Practices

• Programs, guidelines, protocols, and practices that address specific objectives of the National Strategy for Suicide Prevention
  – Comply with:
    • American Association of Suicidology program guidelines (AAS & Kalafat, 1999) and
    • Safe and Effective Messaging for Suicide Prevention (SPRC/Gould), and
  – Are feasible
3. Best Practices

• AAS Program Guidelines
  – Program goals and objectives are conceptually and empirically grounded
  – Program materials are clearly articulated and packaged

• The program
  • Employs appropriate instructional principles
  • Is comprehensive; addresses all organizational levels
  • Addresses the multiple contexts in which participants interact
  • Conforms to the context, culture, and values of the target population
3. **Best Practices**

**Safe and Effective Messaging for Suicide Prevention**

Program messages **should**:

1. Contain information about prevention
2. Provide information about help-seeking (including how to find help)
3. List suicide warning signs and risk and protective factors
4. Discuss effective treatments of underlying mental health problems

Program messages **should not**

5. Glorify or romanticize suicide or people who have died by suicide
6. Normalize suicide by presenting it as a common event
7. Present detailed descriptions of a suicide victim or methods of suicide
8. Present personal details of people who have died by suicide
9. Present suicide as an inexplicable act or explain it as a result of stress only
The List

1. Evidence-Based Practices

• Air Force (Knox, Litts, Talcott, Feig, & Caine, 2003)
• Analgesic Packaging (Hawton, 2002)
• Brief At-Home Psychological Counseling (Guthrie et al., 2001)
• C-CARE & CAST (Randell, Eggert, & Pike, 2001)
• Columbia University TeenScreen (Kaplan et al., 2005)
• Emergency Room Education (Kruesi et al., 1999; McManus et al., 1997)
• Emergency Room Intervention (Rotheram-Borus, Piacentini, Cantwell, Belin, & Song, 2000)
1. Evidence-Based Practices

- Lifelines (Kalafat & Elias, 1994)
- PROSPECT (Bruce et al., 2004)
- Reconnecting Youth (Thompson, Eggert, Randell, & Pike, 2001)
- SOS (Aseltine, 2003; Aseltine & DeMartino, 2004)
- Zuni Life Skills (LaFromboise & Howard-Pitney, 1995)

2. Expert Consensus Statements & Guidelines

Under Consideration:
- Framework for Developing Institutional Protocols (The Jed Foundation)
- Safe and Effective Messaging for Suicide Prevention (Gould/SPRC)
- Warning Signs for Suicide (AAS)
- Reporting on Suicide: Recommendations for the Media (Annenberg/AFSP)
- American Psychiatric Association Practice Guidelines
The Linkage

*Putting it into practice*

Comprehensive Prevention Approach
Jed Foundation/EDC Comprehensive Approach

Promote Social Networks

Goal: To promote relationship-building between students and a sense of community on campus
Promote Social Networks

- Reduce student isolation and promote feeling of belonging
- Encourage the development of smaller groups within the larger campus community

Develop Life Skills

**Goal:** To promote the development of skills that will assist students as they face various challenges in both school and in life
Develop Life Skills

- Improve students’ management of the rigors of college life
- Equip students with tools to recognize and manage triggers and stressors

Identify Students At Risk

**Goal:** To identify those students who may be at risk for suicide through the use of outreach efforts, screening, and other means
Identify Students At Risk

- Include questions about mental health on medical history form
- Provide gatekeeper training to recognize/refer distressed or distressing students
- Create interface between disciplinary process and mental health service
- Screen to identify high-risk or potentially high-risk students
- Establish cross-department case management committee

Increase Help-Seeking Behaviors

**Goal:** To educate students about mental health and wellness, encourage seeking appropriate treatment for emotional issues, and reduce the stigma surrounding mental illness and seeking help for suicidal thoughts and behaviors
Increase Help-Seeking Behaviors

- Stimulate campus-wide cultural change that destigmatizes mental health problems and removes barriers to getting help
- Enhance accessibility of mental health services
- Educate students about the signs and symptoms of suicide and mental illness and where to go to get help
- Provide online self-assessment tools

Restrict Access to Lethal Means

**Goal:** To limit access to potential sites, weapons, and other agents that may facilitate dying by suicide
Restrict Access to Lethal Means

- Limit access and/or erect fences on roofs of buildings
- Replace windows or restrict size of window openings
- Restrict access to chemicals
- Prohibit guns on campus
- Control access to alcohol and other drugs

Provide Mental Health Services

**Goal:** To accurately diagnose and appropriately treat students with emotional problems, including assessing and managing suicide risk
Provide Mental Health Services

- Utilize internal university resources to complement existing services
- Engage in prevention/outreach
- Create linkages to community resources
- Train mental health providers to identify/treat suicidal risk
- Refer cases as appropriate
- Institute policies and procedures
- Train personnel on confidentiality, notification, and other legal issues

Crisis Management Procedures

Goal: To develop policies that promote the safety of distressed or suicidal students and respond to crises, including suicidal acts, using institutionalized processes.
Crisis Management Procedures

• Establish and follow policies (e.g., parental notification, medical leave/re-entry) and protocols that respond to suicide attempts and other high-risk behavior
• Respond with a comprehensive postvention program

Grantee Activities

• Training programs
• Networking infrastructure
• Educational seminars
• Hotline
• Informational materials
• Educational materials for families
Develop Life Skills: Grant Activities

- Informational materials
- Educational materials for families

Identify Students At Risk: Grant Activities

- Training programs
- Educational seminars
- Informational materials
- Educational materials for families
Increase Help-Seeking Behaviors: Grant Activities

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Provide Mental Health Services: Grant Activities

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**Crisis Management Procedures: Grant Activities**

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- Networking infrastructure
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- Educational materials for families

**Essential Components of Effective Prevention**

- *Leadership*: president, campus task force
- *Collaboration* across campus departments
  - Faculty and student involvement
- *Data collection*
- *Strategic planning*
- *Evaluation*
- *Sustainment*
To consider in break-out sessions:

• What are your planned grant activities designed to change?
  – Consider all levels of the social ecological model.
• How do the programs, services, and policies you are learning about produce change?
  – What specific factors are the target of change?
• How will you know the desired change has occurred?

To consider in break-out sessions:

• With what other departments of offices on campus are you linking to comprehensively address suicide risk?
• What “bubbles” are you advancing through that collaboration?