

## Identifying and Treating Students at Risk for Suicide: The AFSP College Screening Project

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## The U.S. College and University Population

- Approx. 14 million students currently attend over 4,500 American colleges and universities.
- An estimated 8 million students are between ages 18-24 (representing over one-quarter of all 18-24 year-old in the U.S.)
- Students' health-risk behaviors, including suicidal behavior, have been only partially documented.
- College and university students constitute an important, but in many respects underserved, population for public health interventions.

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## Sources of Information on College and University Suicide

- College/university suicide rates are not officially tracked in U.S.
- Sources of data on suicide and suicidal behavior:
  - In-depth studies of selected universities (Big Ten study, Silverman et al., 1997)
  - Surveys of university officials (annual National Survey of Counseling Center Directors; University of Maryland, 1999-2000)
  - Surveys of university students (CDC, 1995; American College Health Association, 2000)

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## Prevalence and Demographics of College and University Suicide

- Suicide among college/university students overall appears to be less frequent than among an age-matched non-student population (7.5/100,000 vs. 15/100,000, Silverman, 1997).
- Estimated suicide deaths per year = 1,088
- Suicide is the second leading cause of death among the college/university population (vs. the third leading cause among all youth 15-24).
- 75% of university suicides involve males.
- Suicide rate appears higher among graduate students, especially women.

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## Prevalence and Demographics (continued)

- In contrast to suicide deaths, small gender differences are seen in suicide attempts and suicidal ideation.
- Among students aged 18-24:
  - 11.4% (11.8% of females and 10.9% of males) have seriously considered suicide within the past year (N = >800,000).
  - 7.9% (7.5% of females and 8.2% of males) have made a suicide plan (N = >560,000).
  - 1.7% (1.6% of females and 1.7% of males) have made a suicide attempt (N = >120,000).

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## Characteristics of Suicidal College Students

- Suicidal ideation in college students is associated with other injury-related behaviors.
- College students who die by suicide appear to be largely depressed, quiet, socially isolated, and may draw little attention to themselves.
- < 20 percent of suicidal students have received either psychotherapy or antidepressant medication. At universities with active counseling services, < one-third of college students who died by suicide had received treatment.

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### Screening for Suicide Risk

- Currently, screening techniques lack precision to identify with certainty those who will attempt suicide or die by suicide.
- But, screening for specific disorders associated with suicide (depression, substance abuse) can identify those at risk and refer them for treatment.
- The Internet appears to be an excellent mechanism for screening college/ university students.

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### The AFSP College Screening Project

- The AFSP project uses the Internet to identify students at risk for suicide and encourage them into treatment.
- Unique features:
  - personalized response by an experienced clinician
  - opportunity to “dialogue” online with clinician
  - follow-up to determine treatment outcomes
- Project is being pilot-tested at two universities; will be implemented at three more in 2004-05.

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### Project Procedures

- Students are invited to participate via e-mail from the university, and are given link to a secure website.
- Project procedures are explained on the Welcome page of website.
- Students sign-up with a self-assigned User-ID and password, and are then linked to the Depression Screening Questionnaire (adapted from the Patient Health Questionnaire. Spitzer et. al., 1999, 2000).

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## Depression Screening Questionnaire

- Questionnaire includes 9-item Depression Scale plus items on current suicidal ideation; past suicide attempts; anxiety, desperation and other affects; drugs and alcohol; and eating disorders.
- Before submitting questionnaire, the student is encouraged (not required) to give an e-mail address which is encrypted and stored. Students are assured anonymity, short of clear threat to life of self or others.

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## Response to Questionnaire

- System classifies respondents into: Tier 1A (suicide risk), Tier 1B (other high risk), Tier 2 (moderate risk) or Tier 3 (low/no risk).
- Clinician reviews the student's questionnaire responses, confirms tier, and writes a personalized assessment to student's User ID on website (includes clinician's name, office location, e-mail address and phone number).
- Tier 1 and Tier 2 students are urged to come in for a face-to-face meeting (e-mail reminders).
- All students are able to anonymously "dialogue" with the clinician on the website.

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## Evaluation and Treatment

- Students who come in receive a clinical evaluation, and referred to treatment (psychotherapy/medication management).
- Students are asked to consent to have evaluation report and periodic treatment reports provided to the project (sole identification is the student's User ID).
- Initial evaluation report provides clinical information and assesses the role of the on-line questionnaire in bringing student for help.
- Treatment reports are used to monitor compliance and outcomes.

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### Project Results to Date

- 8% of targeted students have responded to the first invitation to participate.
- 50% = Tier 1, 35% = Tier 2 and 15% = Tier 3
- 88% of Tier 1 and 76% of Tier 2 have accessed the counselor's assessment.
- 30% of Tier 1 and 17% of Tier 2 have engaged in online dialogues with the counselor.
- 17% of Tier 1 and 14% of Tier 2 have come for evaluation (almost all referred to treatment).
- Over 90% say questionnaire and counselor's invitation were responsible for their seeking help.

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### Project Costs During Current Pilot Testing

- University-contributed: One full-time clinician per 12,000 students. Duties: responding to questionnaire, conducting online dialogues, conducting initial evaluations, doing some treatment.
- AFSP-contributed: Web site technology, including interactive features and data collection capacity.

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### Evaluation Challenges

1. Project Outcomes
  - Reduction in suicides? Low base rate.
  - Reduction in suicide attempts? Lack of reliable reporting system; heightened awareness due to project may identify more suicidal behavior.
  - Increase in seriously depressed students seeking counseling services? Demand for services up on almost all campuses; many concurrent factors.
  - Impact on the "culture" of the university? How can this be measured?

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## Evaluation Challenges (continued)

2. Barriers to Control Group Design
  - Finding comparable campus.
  - Resistance to disclosing information on suicidal behavior.
3. Limitations of Treatment Services
  - Quantity/quality of available services may affect outcomes.

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## Implementation Challenges

- Is the project in conformity with the recent guidelines of the Health Insurance Portability & Accountability Act (HIPAA)?
- Does the project need to be reviewed and approved by the campus Institutional Review Board (IRB)?
- If the university identifies a suicidal student and then fails to prevent the student's suicide, does it assume an added liability – or does outreach to an unidentified population of seriously disturbed students offer legal protections?

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## Lessons Confirmed and Learned

- Seriously disturbed and suicidal students are often:
  - more concerned about maintaining anonymity
  - more reluctant to use campus counseling services
- Alternative ways for such students to access and receive mental health services need to be developed

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## Comprehensive Campus-Based Suicide Prevention

Screening programs for early identification of students at risk for suicide are only one component of an overall campus effort. Others include:

- Varied, responsive mental health services and campus support services for at-risk students.
- Education for students, faculty and staff on depression and other problems associated with student suicide.
- Policies, programs and activities that support positive attitudes towards recognizing and seeking help for mental health problems.

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## Comprehensive Campus-Based Suicide Prevention (cont.)

- Suicide-related training for RAs, counselors, and other student life staff.
- Campus linkages with appropriate community treatment and service providers.
- Availability of student insurance to cover off-campus referrals for mental health services.
- Policies that allow students to take mental health leaves, as necessary, without academic penalties or other barriers.

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## Comprehensive Campus-Based Suicide Prevention (cont.)

- A safe physical and social campus environment.
- Crisis response protocols that include roles for all campus personnel and give practical direction for common situations in the aftermath of a suicide, such as appropriate media coverage, notification sequences, and ways to avoid suicide contagion.

AFSP is working to develop exemplary policies, programs and practices in many of these areas. For more information, contact [info@afsp.org](mailto:info@afsp.org)

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