



AFSP College Student Initiatives

SAMHSA's Suicide Prevention Grantee Orientation Meeting

Washington, D.C.
December 14, 2005

Ann Pollinger Haas, Ph.D.
American Foundation for Suicide Prevention

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

2

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

3

... 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

4

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

5

...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

6

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

7

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

8

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

9

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

10

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.

11

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)

12

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

13

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.

14

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 w/in 24 hours.
- If address was provided, students receive an e-mail when the counselor's response is posted on website, with direct link.

15

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.

16

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.

17

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)

18

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)

19

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).

20

Potential Targets

Project can be directed toward:

- Undergraduates – selected classes or whole student body
- Graduate students
- Medical students

21

Variations

System can be designed as either:

1. Confidential with possibility of identifying a suicidal student, or
2. Anonymous with no possibility of identification.

22

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.

23

Contact Information

Ann P. Haas, Research Director
(207) 236-2475
ahaas@afsp.org

Bethany Koestner, Research Administrator
(212) 363-3500, ext. 15
bkoestner@afsp.org

Elizabeth Gough, Education Administrator
(212) 363-3500, ext. 34
egough@afsp.org

24
