

Engaging Faculty in Suicide Prevention

Session Outline

Abstract:

Faculty members are key partners on campus who assist in identifying students at risk and referring them to mental health services. However, these collaborators are often identified as a “hard to reach” group. This session will explore why it has been so difficult to access and gain support from faculty. Grantees will discuss several practical strategies which have been effective in engaging and utilizing faculty in campus suicide prevention.

I. Overview/Hot Topics:

- Think of faculty as a specific audience for your message. What are their unique characteristics? How do they receive information (timing, channels, leaders)? Are there faculty members in leadership positions within your programs? On the advisory board? Crisis Management Team?
- Post Virginia Tech: Has there been increased interest from faculty?
- How does framing/language used affect getting interest in your programs?
- What characteristics of faculty have made them a notoriously difficult group to reach?
- How does this challenge vary by type of school? (e.g. schools with psychology/nursing programs versus tech and business schools) What if you don't have “built in support” from these helping professions?
- What are some practical strategies for engaging faculty?
- Are there ways that our programs can utilize faculty to promote the goals/successes of our grant activities?

II. Advice/Recommendations to Engage Faculty (identified in fall conference call sponsored by SPRC):

- Work from the top down (get leadership buy in first)
- Go to where they are: get invited to already scheduled department meetings
- Tailor your program: Make it shorter/simpler- show them how it is relevant to their work

III Grantee Speakers:

1. Susan Bell, PhD – **University of California - Berkeley**

CHALLENGES:

- Finding a venue to meet/train Faculty (they are often too busy to attend their own Department Meetings and/or a separate training we set up)
- Getting them to join a committee (they won't agree to join until they're getting credit- from Chancellor Committees)
- Older/Established Members: Don't see themselves as gatekeepers. They don't understand how mental health or suicide prevention is their business. The students should leave campus and "Come back when they're productive".
- Weren't able to get formal faculty input (for online training) from focus groups- because couldn't get them to attend those either.

SUCCESS/HOPEFUL:

1. **New Online GKT** (developed with Faculty in mind):
 - Less than 30 minutes long
 - Fall 2007 piloted in School of Engineering (staff & faculty); letter went out from the Dean
 - Spring 2008 will be piloted in School of Natural Resources & School of Chemistry
2. **Campus Wide Mental Health Committee:**
 - Faculty members sit on committee (we're able to have these difficult conversations with faculty present- great input)
 - Senior level administrators present: we are able to have high level/policy discussions
 - Ex: Offering incentives for faculty to complete GKT (fold in with "mentorship" necessary for tenure)
 - Making GKT mandatory (but some are resentful/turned off by mandatory trainings)
3. **Teachable Moment (New- since VT):**
 - Increase in faculty calling our department to evaluate a disruptive/concerning student.
 - We now have a captive audience: will embed the mental health issues in this conversation. Discussion around "What their role is".
4. **Getting Access:**
 - We've gotten a lot of great input from Staff who work with/have direct access to Faculty.

- Presenting to the Graduate Assembly (“like student council for Faculty”)

2. Scott Wiley, South Dakota School of Mines & Technology

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CHALLENGES with your FACULTY:

- At South Dakota, we have lots of scientists/engineers/mathematicians. The emphasis on the “human” side of students can be lower.
 - One faculty member said he viewed the students as “Learning Machines”.
 - Faculty is engaged by science: Love data!
 - Usually don’t have formal “teacher training” (unlike pre college education)- Just know their field.
 - However- have seen a shift in some attitudes since Virginia Tech.

PRACTICAL STRATEGIES which worked to engage faculty:

- We worked from the top down: we got support from the Deans of both colleges (they seemed to have a broader experience with the students and understood this to be a priority).
- Instead of scheduling another meeting- we “piggy-backed” and got ourselves invited to already existing meetings.
- Made title a littler broader; looked more attractive/applicable to faculty: Gatekeeper Training for Suicide and Violence Prevention.
- We adapted QPR into our own Gate Keeper Training. We designed this course with our faculty in mind- Simpler and Shorter. Easily fit into one segment of their faculty meeting (20-30 min). Also gave them a tri-fold business card which summarizes the training.
- Incorporate data since that is important to them; use it to emphasize how suicide affects their students...even if the students are “good kids”. (i.e. grad students at risk; students of all socioeconomic status at risk, etc)
- Address their fears/stigma about dealing with a student with mental illness:
 - Faculty are scared of having to be the student’s counselor
 - Fearful: are the students dangerous?
- Having discussion time is productive: After seeing the signs/symptoms, groups of faculty have said “Maybe we should tell Scott/Jolie about ‘NAME’”- and this produced additional referrals.
- “I think we were invisible before”. Now the campus sees an increased partnership/collaboration with counseling.

SUSTAINABILITY PLANS for work with Faculty:

- Would like to continue Scott’s position F/T

- Create an online Gate Keeper Training (to be used in conjunction with the in person trainings)
- Continue to attend dept meetings to offer new & refresher GKT.
 - Face to face is important to keep up: then faculty recognize us and have confidence in our services.
- Continue to track referrals:
 - Every student is asked on intake for their referral source
 - Staff/faculty are sent an email every semester, with questions such as:
 - Have you had opportunities to talk, listen, and refer students?
 - Have you referred?
 - What was the outcome?