Welcome!

Today you are on the staff of McDavis University.

- McDavis University is an urban private campus in the Northeast.

- The student population is 10,000
  - 6,000 undergraduates
  - 4,000 graduate students
Generating an Action Plan for Preventing College Student Suicide

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\textit{Suicide Prevention Resource Center}\textsuperscript{1}  
Education Development Center, Inc.  

\textit{The Jed Foundation}\textsuperscript{2}
Introductions

- Speakers
- Suicide Prevention Resource Center
- The Jed Foundation
Suicide Prevention Resource Center (SPRC)

- SPRC provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.

- SAMHSA suicide prevention grantees:
  - 55 campuses in 31 states, Puerto Rico, and Guam.
This Month Don’t Miss...

**New! Pocket Card Developed for Mental Health Professionals**
The Suicide Assessment Five-step Evaluation and Triage (SAFE-T) Card guides clinicians through five steps which address the patient's level of suicide risk and suggest appropriate interventions. The SAFE-T Card, a 6x7, 2-sided folded pocket card, is intended to provide an accessible and portable resource to the professional whose clinical practice includes suicide assessment.

SAFE-T Cards are available for [order](#) through Screening for Mental Health. View a PDF version of this [resource](#).

**New! Spring Research Training Institute: Applications Due by Feb. 22**
The University of Rochester’s Center for the Study and Prevention of Suicide is accepting applications for its Second Annual Training Institute, Promoting Mental Health through Community Collaborations in Research. Planned for April 26-30, in Rochester, NY, the institute will foster community-integrated and community-led research programs that focus on the prevention of suicide, attempted suicide, and risk factors. View [more information](#).

**Call for Papers: Active Duty Personnel and Veterans’ Issues**
A special issue of the Journal of Mental Health Counseling will focus on Active Duty Personnel and Veterans of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF): Mental Health Treatment and Practice. Submission deadline: July 31. Projected publication date: Jan. 2009. Manuscripts should focus on issues relevant to working with OIF/OEF active duty personnel and veterans and include implications for mental health counselors. View [general submission information](#).
The Jed Foundation

- The nation’s leading organization working to reduce the rate of suicide and the prevalence of emotional distress among college students

- Guided by an expert board of mental health professionals and leaders in higher education
www.jedfoundation.org
What are you hoping to get from today’s workshop?
Agenda

- Suicide and mental health on college campuses
  - Scope of the problem
- Case study
- Public health approach to suicide prevention
  - The Jed Foundation/SPRC Comprehensive Approach
  - Case management teams
- Next steps for your campus
Case Study

- McDavis University is an urban private campus in the Northeast.

- The student population is 10,000
  - 6,000 undergraduates
  - 4,000 graduate students

- McDavis University has had 2 suicides in the past month.
Scope of the Problem
Trends in Suicidal Behavior
National Comorbidity Survey and Replication

<table>
<thead>
<tr>
<th></th>
<th>1990-1992 (14.8/100k)</th>
<th>2001-2003 (13.9/100k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ideation</td>
<td>2.8%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Plan</td>
<td>.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Gesture</td>
<td>.3%</td>
<td>.2%</td>
</tr>
<tr>
<td>Attempt</td>
<td>.4%</td>
<td>.6%</td>
</tr>
</tbody>
</table>

Kessler et al 2005
## ACHA-NCHA Findings (%)

<table>
<thead>
<tr>
<th>In the <strong>last 12 months</strong>, have you:</th>
<th>Fall 2000</th>
<th>Fall 2004</th>
<th>Fall 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Q40D)</strong> Felt very sad</td>
<td>80.7</td>
<td>78.2</td>
<td>76.4</td>
</tr>
<tr>
<td><strong>(Q40E)</strong> Felt so depressed it was difficult to function</td>
<td>43.7</td>
<td>43.6</td>
<td>43.1</td>
</tr>
<tr>
<td><strong>(Q40F)</strong> Seriously considered attempting suicide</td>
<td>11</td>
<td>10.8</td>
<td>10.2</td>
</tr>
<tr>
<td><strong>(Q40G)</strong> Attempted suicide</td>
<td>1.8</td>
<td>1.7</td>
<td>1.8</td>
</tr>
<tr>
<td>Have you <strong>ever</strong>:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Q41)</strong> Been diagnosed with depression</td>
<td>10.1</td>
<td>13.7</td>
<td>16.0</td>
</tr>
<tr>
<td>Which phrase best describes you:</td>
<td>Undergrad N=15,010</td>
<td>Graduate N=11,441</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Suicidal thoughts on a regular basis for several years</td>
<td>2.01</td>
<td>1.86</td>
<td></td>
</tr>
<tr>
<td>Repetitive episodes of suicidal thoughts with periods in between of no suicidal thoughts</td>
<td>6.08</td>
<td>4.45</td>
<td></td>
</tr>
<tr>
<td>A few discrete periods in my life of having had suicidal thoughts</td>
<td>23.32</td>
<td>23.03</td>
<td></td>
</tr>
<tr>
<td>One period in my life of having suicidal thoughts</td>
<td>23.58</td>
<td>21.63</td>
<td></td>
</tr>
<tr>
<td>I have never had suicidal thoughts</td>
<td>45.00</td>
<td>49.03</td>
<td></td>
</tr>
<tr>
<td>Have you ever seriously considered attempting suicide?</td>
<td>17.69</td>
<td>14.97</td>
<td></td>
</tr>
</tbody>
</table>

*Brownson, 2006*
## Who the Ideators Told (%)

<table>
<thead>
<tr>
<th>The first person they told</th>
<th>Undergrad N=484</th>
<th>Graduate N=214</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>17.75</td>
<td>10.57</td>
</tr>
<tr>
<td>BF/GF/Partner/Spouse</td>
<td>30.44</td>
<td>41.35</td>
</tr>
<tr>
<td>Friend</td>
<td>32.77</td>
<td>24.04</td>
</tr>
<tr>
<td>Roommate</td>
<td>3.59</td>
<td>1.44</td>
</tr>
<tr>
<td>Professional</td>
<td>10.99</td>
<td>19.71</td>
</tr>
<tr>
<td>This person was helpful in dealing with the suicidal thoughts</td>
<td>51.97</td>
<td>52.34</td>
</tr>
<tr>
<td>This person advised seeking professional help</td>
<td>58.00</td>
<td>49.70</td>
</tr>
</tbody>
</table>

*Brownson, 2006*
Which of the following occurred (%) …

<table>
<thead>
<tr>
<th>Recent…</th>
<th>Undergrad N=910</th>
<th>Graduate N=411</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family problems</td>
<td>41.96</td>
<td>35.64</td>
</tr>
<tr>
<td>Academic problems</td>
<td>37.57</td>
<td>30.45</td>
</tr>
<tr>
<td>Loss of romantic relationship</td>
<td>36.00</td>
<td>27.97</td>
</tr>
<tr>
<td>Financial problems</td>
<td>34.53</td>
<td>26.98</td>
</tr>
<tr>
<td>Intentional self-harm (non-suicidal)</td>
<td>27.67</td>
<td>15.84</td>
</tr>
<tr>
<td>Loss of friendship</td>
<td>27.56</td>
<td>13.86</td>
</tr>
</tbody>
</table>

Brownson, 2006
Events rated as having a large *impact* (%)…

<table>
<thead>
<tr>
<th>Event</th>
<th>Undergrad N=910</th>
<th>Graduate N=411</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional / physical pain</td>
<td>64.72</td>
<td>65.26</td>
</tr>
<tr>
<td>Romantic relationship problems</td>
<td>58.81</td>
<td>52.63</td>
</tr>
<tr>
<td>Impact of wanting to end my life</td>
<td>49.37</td>
<td>46.56</td>
</tr>
<tr>
<td>School problems</td>
<td>43.17</td>
<td>45.38</td>
</tr>
<tr>
<td>Friend problems</td>
<td>43.00</td>
<td>34.38</td>
</tr>
<tr>
<td>Family problems</td>
<td>42.51</td>
<td>34.30</td>
</tr>
</tbody>
</table>

*Brownson, 2006*
Impulsivity

- Among all 18-24 year olds who died by suicide:
  - 1 in 5 occurred on the same day as an acute life crisis
  - 1 in 4 occurred within 2 weeks

- Approx. 46% occurred either on the same day or within 2 weeks of a life crisis

*Harvard University, Young Adult Suicide and Student Status, NVISS Pilot, 2001*
Big 10 Suicide Study

- Overall student suicide rate of 7.5/100,000
  - Half the rate of age-matched peers
- Upperclassmen and graduate students at highest risk
- No differences in terms of selectivity, competitiveness, or prestige of school

Silverman et al, 1997
UC Berkeley Graduate Student Survey

- 52% considered using university MH services; <33% actually used services
- Almost 25% were unaware of on-campus MH services
- International students were less aware of MH services (77% vs. 61%) and less likely to use them (30% vs. 14%) than their peers
Means Used

Postsecondary students:
- 58% suffocation or hanging
- 34% guns

Non-postsecondary students:
- 54% guns
- 34% suffocation or hanging
- Other: poison

*Harvard University, Young Adult Suicide and Student Status, NVISS Pilot, 2001*
## Primary Means Considered

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose</td>
<td>51.07</td>
</tr>
<tr>
<td>Combined method</td>
<td>35.17</td>
</tr>
<tr>
<td>Cutting</td>
<td>25.69</td>
</tr>
<tr>
<td>Motor vehicle</td>
<td>16.21</td>
</tr>
<tr>
<td>Gun</td>
<td>14.68</td>
</tr>
<tr>
<td>Jumping</td>
<td>13.15</td>
</tr>
<tr>
<td>Other</td>
<td>9.17</td>
</tr>
<tr>
<td>Hanging</td>
<td>7.65</td>
</tr>
<tr>
<td>Carbon-monoxide</td>
<td>3.98</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>3.98</td>
</tr>
</tbody>
</table>

Brownson, 2006
Alcohol, Depression, Suicide

- Youth depression & alcohol
  - Drinkers 2X more likely to be depressed
  - “Binge” drinkers 4X more likely

- Suicide & alcohol: individuals
  - 68% of serious suicide attempts give evidence of alcohol or substance abuse

- Suicide & alcohol: environment
  - As alcohol consumption rises, suicide mortality rates increase

Hallfors et al, 2004; Hall et al., 1999; Mann et al, 2006
Questions
McDavis University is an urban private campus in the Northeast.
- 6,000 undergraduates
- 4,000 graduate students

McDavis University has had 2 suicides in the past month.
- A female law student jumped to her death from her apartment in on-campus housing.
- A male senior business student took a lethal dose of prescription medication with alcohol.
Where to start?
Leadership Skills

- Communication
- Understanding and building group capacity
- Persuasion and influence
- Strategic thinking and planning
- Sharing leadership
Leadership

- Is there a clear vision for addressing student mental health?
  - Does it include systemic change?

- Does senior administration share that vision?

- Which decision-makers are needed to support:
  - Vision
  - Strategic planning
  - Implementation
Develop a Planning Task Force

- Membership
- Structure
- Time commitment
- Leadership
Develop a Planning Task Force

- Mandate
- Timeline
- Communication
Recommendations

- Obtain senior leadership support
- Employ a strategic planning process
- Solicit broad-based campus input
- Continually evaluate
The Public Health Approach
Rose’s Theorem

A large number of people at small risk may give rise to more cases of a disease than a small number who are at high risk.

Rose, 1991
A population strategy of prevention is necessary where risk is widely diffused through the whole population.

Rose, 1992
The Public Health Approach

- The National Strategy for Suicide Prevention advocates a public health approach to suicide prevention.

- Public health is the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

- The public health approach is widely regarded as the approach that is mostly likely to produce significant and sustained reductions in suicide.

- This approach is applicable to any health problem that threatens substantial portions of a group or population.
Social Ecological Model

- Individual
- Interpersonal
Social Ecological Model

- Individual
- Interpersonal
- Institutional
- Community
- Public policy
Strategic Action Planning

Set goals
Include plan for evaluation!

Define the problem: Surveillance

Identify causes: Risk & protective factor research

Develop and test interventions

Implement interventions

Evaluate interventions

Set goals!
Step 1: Define the Problem: Surveillance

- Collect Data
  - National
  - State
  - Community
  - Campus

- Data Sources
  - ACHA-NCHA
  - Counseling Center
  - Residence Life
  - Student Affairs
  - Key Informants
  - Focus Groups
Step 1: Define the Problem: What’s in Place?

- Programs, policies, activities, interventions
- Assets and resources
- Institutional climate, readiness
- Partners or potential partners

**Tools**

- The Jed Foundation/SPRC CampusCare Inventory of Campus Practices
- Readiness assessment tools
Step 2: Identify Causes: Risk & Protective Factors

Risk Factors

- Depression, alcohol and other drug use
- Hopelessness
- Lack of social support, isolation
- Untreated, unsupported financial/social loss
- Impulsivity

Step 2: Identify Causes: Risk & Protective Factors

Risk Factors
- Barriers to clinical care
- Stigma associated with seeking care
- Access to lethal means
- Exposure to media normalizing/glamorizing suicide

Step 2: Identify Causes: Risk & Protective Factors

Protective Factors
- Access to clinical interventions
- Effective clinical care
- Restricted access to lethal means

Step 2: Identify Causes: Risk & Protective Factors

Protective Factors

- Strong connections to family & community support
- Skills in problem-solving, conflict resolution, etc.
- Norms discouraging suicide

Problem identification may yield particular goals of interest

- Goal ≠ activity
- Use “outcome” language
- How will you know you’ve achieved this goal?
10-Minute Break
Case Study

- McDavis University is an urban private campus in the Northeast
  - 6,000 undergraduates
  - 4,000 graduate students
- McDavis University has had 2 suicides in the past month
  - A female law student jumped to her death from her apartment in on-campus housing.
  - A male senior business student took a lethal dose of prescription medication with alcohol.
Case Study

- ACHA-NCHA last done in 2004
  - 12% of students report having been dx’d with depression
  - 50% of those receiving services
  - Suicide attempts have increased slightly
Case Study

- Current resources:
  - Stress management session in freshman orientation
  - Health educator providing 10 hours/week “outreach”
  - $4,000 earmarked to bring a speaker to campus to talk about suicide prevention with students
  - 10 sessions free of charge at counseling center
TJF/SPRC Comprehensive Approach

Identify Students at Risk
Increase Help-seeking Behavior
Promote Social Networks
Provide Mental Health Services
Develop Life Skills
Follow Crisis Management Procedures
Restrict Access to Potentially Lethal Means

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

The Jed Foundation and the Suicide Prevention Resource Center, 2006
Crisis Management Procedures

Goals:
- To respond effectively to students who are acutely distressed or suicidal
- To help survivors deal with grief and confusion and to prevent suicide contagion when a suicide does occur
Crisis Management Procedures

- Establish and follow policies and protocols to respond to distressed and distressing students
- Respond with a comprehensive postvention program

Examples: Massachusetts Maritime Academy; National Suicide Prevention Lifeline
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

Examples: NYU; Oregon State University
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

Examples: Arizona State University; St. Peter’s College
Promote Social Networks

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

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

Examples: Living-and-learning communities; Worcester Polytechnic Institute’s Student Support Network
Goal:
- To identify those students who may have mental health problems or be at risk for mental health problems, or who may be at risk for suicide
Identify Students at Risk

- Include questions about mental health on medical history form
- Provide gatekeeper training
- Create interface between disciplinary process and mental health service
Identify Students at Risk

- Screen to identify high-risk or potentially high-risk students
- Establish cross-department case management team

Examples: University of North Carolina, Chapel Hill; Syracuse University’s Campus Connect
Increase Help-Seeking Behaviors

Goal:
- To increase the likelihood that a student who needs supportive services or counseling will seek out and secure assistance.
Increase Help-Seeking Behaviors

- Reduce stigma associated with mental health problems
- Reduce stigma associated with help-seeking
- Remove barriers to getting help
- Enhance accessibility of mental health services
Increase Help-Seeking Behaviors

- Educate students about signs and symptoms of suicide and mental illness
- Provide online self-assessment & referral tools

Examples: Howard University; University of Wisconsin Oshkosh; Active Minds
Increase Access to Mental Health Services

Goals:
- To ensure that students who need services receive them
- To ensure services are appropriate and of high quality
- To assess and manage suicide risk
Increase Access to Mental Health Services

- Utilize resources outside the counseling center
- Create linkages to community resources
- Train mental health providers to identify/manage suicidal risk
Increase Access to Mental Health Services

- Increase efficiency of treatment delivery systems
- Train staff on confidentiality, notification, and other legal issues

Examples: Northeastern Illinois University; Blue Mountain Community College
Cross-Cutting Activity: Case Management Team

- “Case management” or “student-at-risk response” teams
  - Definition

- A case management team is not:
  - Mental health planning task force
  - Mental health advisory committee
  - Threat assessment team
Case Management Teams

- Research summary results:
  - 50% reported having case management teams
Case Management Teams

- Challenges identified
  - Lack of knowledge about student behaviors
  - FERPA & HIPAA misunderstandings
  - Lack of mechanisms to get information to the team
  - Concerns about professional confidentiality
  - Reluctance to share information
Case Management Teams

Recommendations:
1. Establish a central team
2. Ensure team visibility
3. Establish information-sharing system
4. Ensure follow-up
Establish Central Team

- Formal
- Include key departments:
  - Student affairs, counseling services, health services, housing/res life, academic affairs, judicial affairs, and campus safety/police
- Designate coordinating department/person
- Meet regularly
Ensure Visibility

- Visible
- Emphasize caring role
  - Clarify misperceptions
- Link to academic success and campus safety
Establish System for Information-Sharing

- Formализе protocols and structures
- Educate the community
  - Who tells what to whom?
  - Then what happens?
- Remove perceived and real barriers
  - FERPA misperceptions
  - HIPAA misperceptions
Ensure Follow-Up

- Keep meeting notes
- Designate a “case manager”
- Establish and adhere to re-entry plan
  - Develop necessary relationships with outside providers
  - Case management team review
Practical Concerns

- Defining the mission, tasks, personnel
- Size
- Communication
- Chairperson
Steps 4, 5, 6: Interventions: Develop and Test

- **Intervention Planning & Evaluation Tools:**
  - Logic Models
    - Linking activities to outcomes/goals
  - The Jed Foundation/SPRC
    Comprehensive Approach to Suicide Prevention and Mental Health Promotion
  - SPRC’s Best Practices Registry
Evaluate

- Decide how you will measure effectiveness before implementation
- Measure process: Did things go as planned?
- Measure outcomes: Did you achieve your goals? Are you maximizing available resources?
- Use information to modify or replace activities
- Does not need to be a formal research study!
- What has worked for you?
Your Next Steps
Contact Information

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Laurie Davidson, MA
Suicide Prevention Resource Center
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