



UNIVERSITY OF
SOUTHERN MAINE

College Mental Health / USM Cares

Suicide Prevention Program: Understanding, Responding, Connecting

Robert Small Psy D

Clinical Director,
University of Southern Maine Counseling Services

Micheline Hagan Psy D

Coordinator
USM Cares Suicide Prevention Program

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Overview of the Presentation

- **Current Trends in College Mental Health**
- **The Theoretical Context: Understanding Suicide Prevention on a College Campus**
- **USM Cares Suicide Prevention Program**
- **Group work: Using the Ecological Model of Suicide Prevention**

Current Trends in College Mental Health



Background:

Maine Statistics

- **Suicide is the 2nd leading cause of death for Maine's youth (15-24).**
- **Of every 5 suicides, 4 are males.**
- **Of every 10 suicides, 5 are by firearm, 4 by hanging.**
- **Of every 100 attempts, 70 are female.**
- **In the general population, there are 25 attempted suicides for every death by suicide.**

Attempted Suicides



Suicide



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College Suicide Statistics

- **6.5** to **7.5** suicides per **100,000** annually.
- This would mean about **1** suicide per year for **12,500** students.



College students: suicidal ideation and attempts

- **Over 50%** of college students report having had some form of **suicidal thoughts** during their lives.
- **18%** of college students report having **thought seriously** about **suicide**.
- **8%** reported having made a **suicide attempt** at some point during their lives.



College students compared to a matched sample

- College suicide rate is $\frac{1}{2}$ **the rate** of a sample matched age, gender and race.
- **Why?**
 - Reduced access to fire arms
 - Increase in percentage of women in college
 - Protective factors: increased belonging and engagement



Changing Nature of College Mental Health

- **Better assessment and treatment (including medication) means more students with mental illness in college.**
- **College counseling center directors reported increased level of acuity on college campuses**
 - More students with chronic and persistent mental illness
 - More students experiencing functional impairment due to mental illness



National Survey of Counseling Center Directors 2011

- **College Counseling Center Directors reported 37.4% of clients had severe psychological problems**
 - 5.9% had impairment so serious that they could not remain in college or could only remain in college with extensive psychological/psychiatric help
 - 31.2% experience severe problems yet could be treated successfully with available treatment modalities



Counseling Center Directors report:

87 college student suicides in 2010

- **20% current or former center clients**
- **73% male**
- **80% undergraduates**
- **21% occurred on or near campus**
- **32% firearm**
- **26% hanging**
- **10% toxic substances**
- **8% jumping**



Directors noted increases in the following areas:

- **78%** **Crises requiring immediate response**
- **77%** **Psychiatric medication issues**
- **62%** **Learning disabilities**
- **49%** **Illicit drug use (other than alcohol)**
- **42%** **Alcohol abuse**



College Students' Help-seeking Behaviors

- The majority of students stated they would be most likely to share suicidal thoughts with a **peer** before anyone else.
- The majority of students who die by suicide are **not in counseling**.
-



Why students don't seek help:

- ❑ **Stigma**

- An attribute that is deeply discrediting
- Fear judgment from friends, faculty, family, self
- Who is most vulnerable to stigma?
 - ❑ Males, minority, international, younger, heterosexual, religious

- ❑ **Self-Sufficiency**

- ❑ **Distrust**

- ❑ **Information Overload**

- ❑ **Disconnection**



Why People Die by Suicide

Thomas Joiner (2005)

1. Must develop the *capacity* to die by suicide (w/suicidal behavior, drug use, etc. etc.)

2. Must have the *desire* to die (belief that you don't belong & are a burden to those you love)

Personal Burdensomeness

Thwarted Belongingness

Learned
fearlessness

These few die.

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**Prevention goes beyond changing individuals--it
changes cultural norms**

--Murray Levine (1998)

**The National Strategy for Suicide Prevention is
designed to be a catalyst for social change with the
power to transform attitudes, policies and services.**

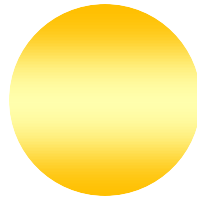
-- The National Strategy (2001)

The bottom line:

**Suicide prevention is a
critical component of
promoting college
mental health.**

And...

Suicide is preventable



- **No one person is responsible for another person's decision to die by suicide.**
- **AND—there are things we can do as individuals and as a community to help prevent suicide.**

The Theoretical Context: Understanding Suicide Prevention on a College Campus



Understanding Suicide

from a public health perspective

Warning Signs

earliest observable signs indicating risk of suicide for an individual in the near-term (within minutes, hours or days)

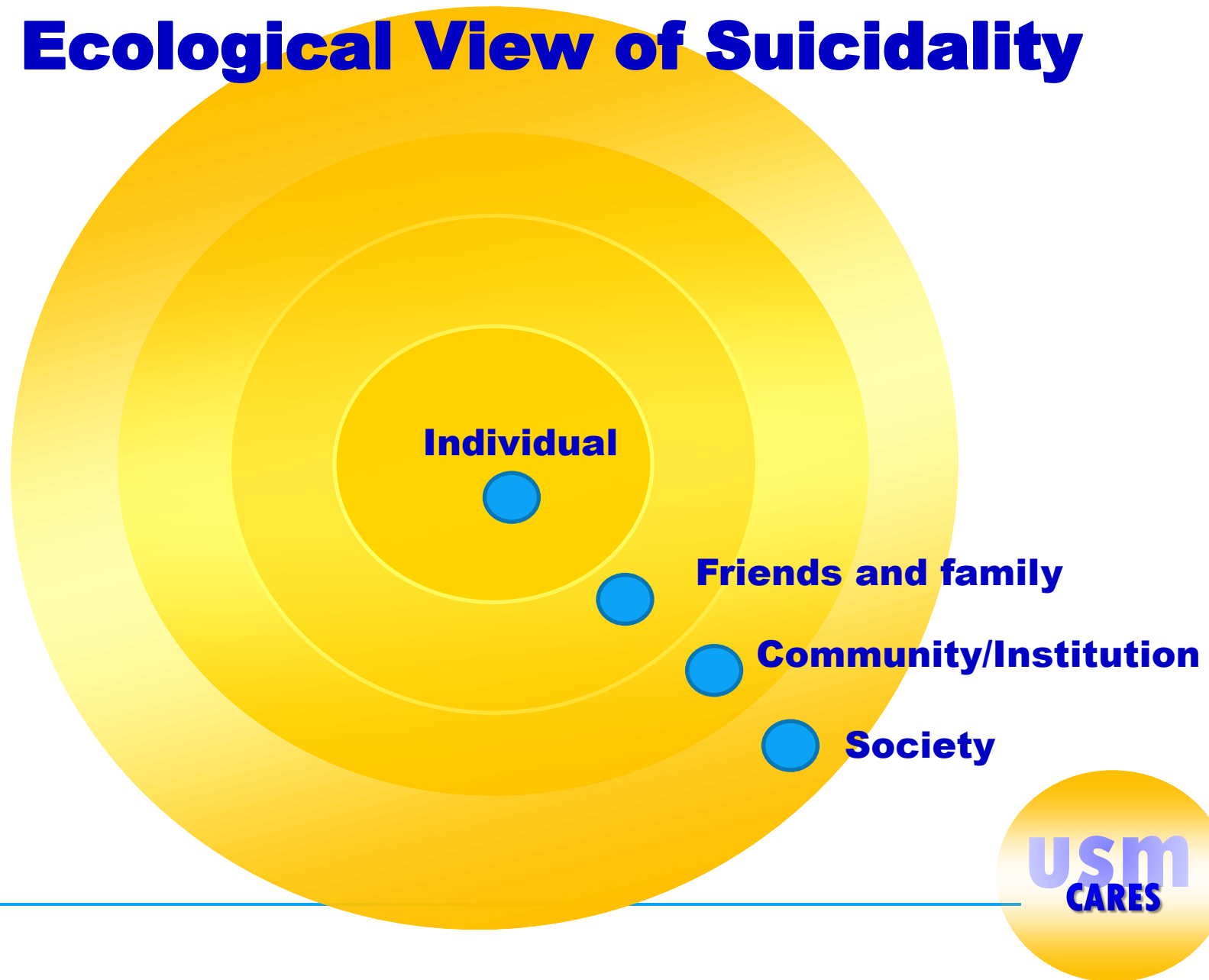
Risk Factors

long standing conditions, stressful events or situations that *may* increase likelihood of a suicide attempt or death (statistically significant)

Protective Factors

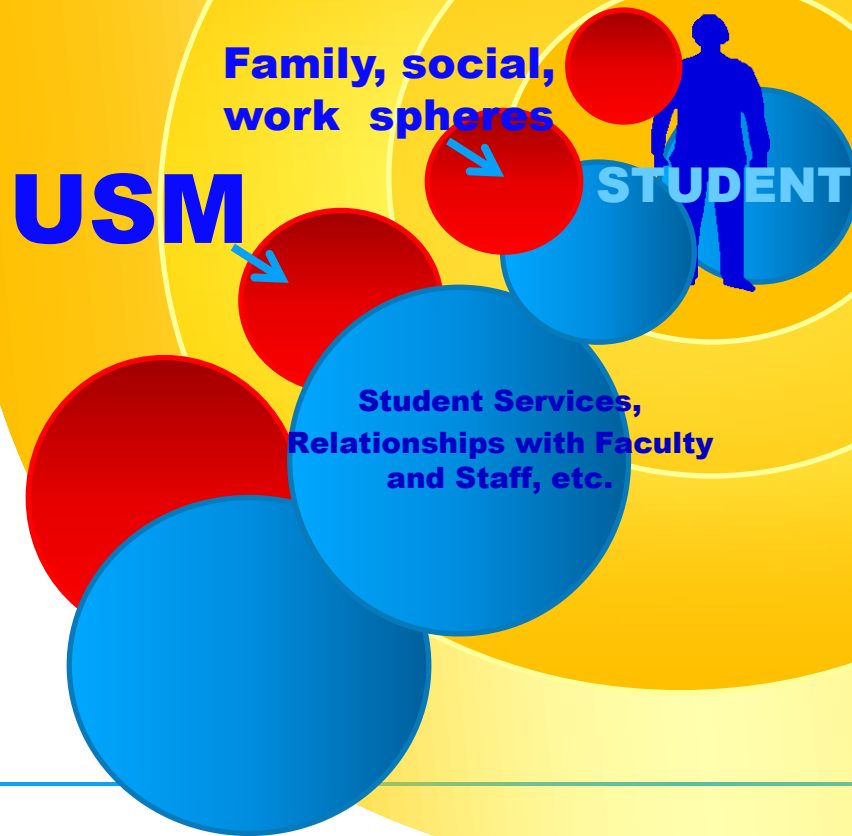
positive conditions, personal and social resources that promote resiliency and reduce the potential of suicide and other high-risk behaviors

An Ecological View of Suicidality



The Big Picture:

Suicide prevention takes all of us



**Risk
factors**

**Protective
factors**

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The Big Picture at University of Southern Maine

- **USM student population:**

- **1000** residential students
- **8500** commuter students

- **Three campuses:**

- **Portland, Gorham, Lewiston/Auburn**



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Student Body

- ❑ **55% female**
- ❑ **80% undergraduate**
- ❑ **85% receive financial aid**
- ❑ **90% from Maine**
- ❑ **57% are enrolled full time and working**



Academics

- **College of Science, Technology and Health**
- **College of Art, Humanities and Social Sciences**
- **College of Management and Human Service**



Students Seeking Accommodations Due to Emotional Disability

■ 2006	58 students
■ 2007	75 students
■ 2008	74 students
■ 2009	74 students
■ 2010	98 students
■ 2011	98 students



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Counseling Services

- **Serves 600 to 700 students in mental health treatment annually**



Significant **Risk Factors** for College Students

- **A previous attempt**
- **Mental health condition**
 - Pre-existing or emerging
 - Affective disorders present in 50% or more suicides
 - Eating disorders highest risk
- **Being Male**
- **Substance Abuse**
 - Present in as many as 80% of suicides
 - 32% of college students report binge drinking
- **A major loss or difficult event**
 - Break ups, academic set back, family conflict, financial set back, loss of housing
 - Loss of support



Significant **Risk Factors** for College Students (cont.)

- **Past trauma, particularly interpersonal, familial**
- **Impulsive behavior**
- **Difficulty with transitions**
- **Developmental asynchronicities**
 - e.g., nontraditional students
- **STRESS**



Groups at risk:

- ❑ **LGBTQ**

- *(Multiple studies show ATTEMPT rates 2-4 times higher for GLBTQ youth. Some studies show higher death rates as well ~ more research needed.)*

- ❑ **Veteran status**

- ❑ **Native American**

Protective Factors



Individual Protective Factors

■ Self Care

- ❑ **Nutrition**
- ❑ **Exercise**
- ❑ **Sleep**
- ❑ **Moderation in alcohol and drug use**
- ❑ **Safe sex**

■ Psychological Factors

- ❑ **Resiliency**
- ❑ **Self-regulation**
- ❑ **Good self-esteem**
- ❑ **Help-seeking behaviors**
- ❑ **Hope**
- ❑ **Optimism**



Group Protective Factors

■ Supportive Healthy Relationships

- ❑ **Acceptance**
- ❑ **Respect**
- ❑ **Civility**
- ❑ **Friends and supportive family**
- ❑ **Counseling**

■ Opportunities for Community Involvement

- ❑ **Community service learning**
- ❑ **Engagement in the campus community**
- ❑ **Religious involvement**
- ❑ **Participation in sports**
- ❑ **Other pro-social activities**



Institutional Protective Factors

- Active administrative support for student wellness initiatives
- Adequate resources devoted to student mental health intervention
- Active policies and protocols that support and foster civility
- Top-down support for student wellness (beyond academics)





- **Engaging**
- **Connecting**
- **Belonging**

Engaging with students IS suicide prevention.

Thomas Joiner ***Why People Die by Suicide (2005)***

USM System Supports for Students

Engagement and belonging on campus

- **Multicultural Center**
- **Veterans Resource Center**
- **Center for Gender Diversity**
- **Woman's Resource Center**
- **The Well (wellness and prevention programming)**
- **Student Activities,**
- **Student Organizations**

Learning Communities

- **Office for Support for Students with Disabilities**
- **Student Success Office**
- **Student Support Network**
- **Interfaith Chaplaincy**
- **Residential Staff**

External Community Supports

- **Cumberland County Crisis Response**
- **Churches**
- **Maine Medical Center**
- **Spring Harbor Hospital**
- **Employment**
- **Vet Centers**



The Greater Context

■ Risk Factors

- ❑ Cost of Living
- ❑ Poverty
- ❑ Uncertainty
- ❑ Alienation
- ❑ Fear

■ Protective Factors

- ❑ Financial literacy
- ❑ Education
- ❑ Community memberships
- ❑ Hope and optimism



USM Cares Suicide Prevention Program





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**Main
Components:**

□ **Depression Screening**

- **Anonymous online depression and stress screening**
- **American Foundation for Suicide Prevention (AFSP) Interactive Screening Program (ISP)**

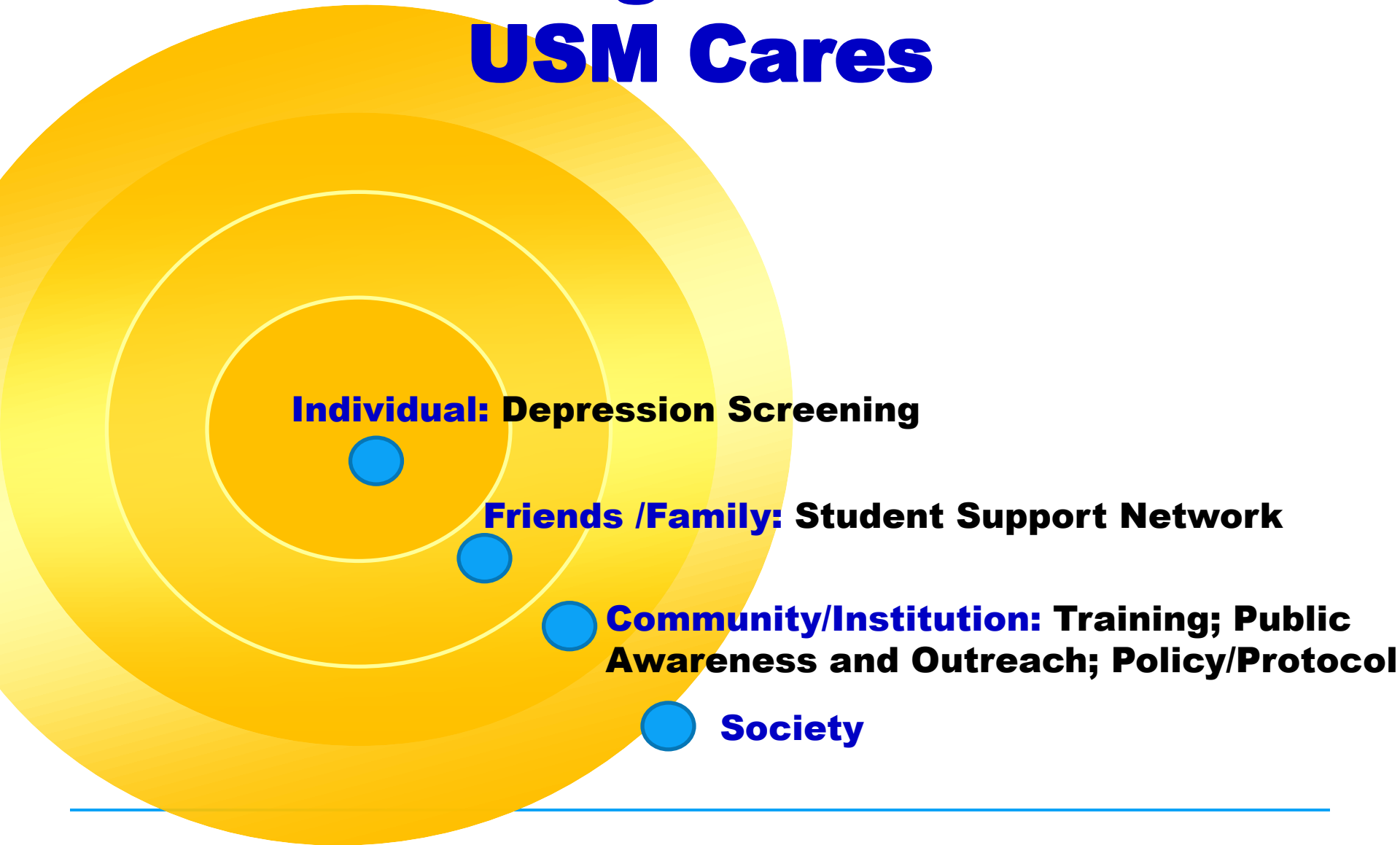
□ **Peer Helpers**

- **Student Support Network (SSN)**
- **Model developed at Worcester Polytechnic Institute (WPI)**

□ **Training**

- **Training for faculty, staff and student on identifying and responding to students in distress**
- **Gatekeeper / Question, Persuade, Refer (QPR)**

An Ecological View of USM Cares



Depression Screening


- ❑ **Developed by the American Foundation for Suicide Prevention (AFSP) with the Suicide Prevention Resource Center (SPRC)**
- ❑ **Interactive Screening Program (ISP)**
 - **Anonymous**
 - **Online**
- ❑ **Used at nearly 60 colleges and universities across the country**
- ❑ **Started at USM in 2010**

USM Cares ISP

Online Anonymous Screening

...welcome.cfm?c_ounselor=logintoapp&student_id=7683

...thern Maine Scr... x

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...Forget your User ID or password?

Welcome New User Sign Up Counselor Login User ID ***** Login

Welcome!

Thank you for taking action to find out how stress and depression may be affecting you - and how you can get help for these problems at University of Southern Maine.

Your participation is completely voluntary and anonymous.

This website and the services offered are intended ONLY for students at University of Southern Maine.

This is not a crisis intervention service. If you are in crisis, please use the resources listed on this page.

There are 3 easy steps

1. Fill out a simple, 10-minute Stress & Depression Questionnaire, identifying yourself only with a User ID that you select.
2. A campus counselor will respond to you over this website with an assessment and options for follow-up, if recommended.
3. You decide what's next. You may talk with the counselor through the website or in person. Or, you might do nothing further at this time. It's all up to you. No follow-up services will be provided unless you request them.

Protecting your privacy

Your identity will not be known to the counselor unless you decide to share it.

You'll have the option of providing an email address on your questionnaire so the computer system can notify you when the counselor's response has been posted to your User ID. Having your email address will also enable the system to retrieve a forgotten User ID or password.

Your email address will be encrypted in the computer system and will not be revealed to anyone, including the counselor.

If you don't give an email address, at the completion of the questionnaire you'll be told when to return to this website to get the counselor's response.

Questions?

Contact Dr. Robert Small, Director, at the University Counseling Services at (207) 780-4080.

We hope you'll take advantage of this safe and easy service.

[Sign Up »](#)

Counseling Services

University Counseling Services

105 Payson Smith Hall
Portland, Maine 04104

110 Upton Hall
Gorham, ME 04038

Lewiston-Auburn Campus
51 Westminster St.
Lewiston, ME 04240

Phone: (207) 780-4080
Fax: (207) 780-5749

Office Hours
Monday - Friday
8:00 am - 4:30 pm

Emergency Contacts

Emergency Contact Office Hours
(207) 780-4080

Emergency Contact After hours
USM Police
(207) 780-5211 or 911
from on-campus phone

Helpline
(207) 774-HELP
or 1-888-668-1112
National Suicide Prevention
Lifetime
1-800-273-TALK (2555)

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<http://site11.isptestsites.com/>

Stress & Depression Questionnaire

During the last 4 weeks, how often have you been bothered by any of the following?

	Not at all	Some of the time	A lot of the time	Most or all of the time
Feeling nervous or worrying a lot		X		
Becoming easily annoyed or irritable			X	
Feeling your life is too stressful		X		
Having arguments or fights			X	
Feeling intensely anxious or having anxiety attacks		X		
Feeling intensely lonely	X			
Feeling intensely angry			X	
Feeling hopeless	X			
Feeling desperate	X			
Feeling out of control		X		

During the last 4 weeks have you experienced any of the following?

	Not at all	Some of the time	A lot of the time	Most or all of the time
Drinking alcohol (including beer or wine) more than usual		X		
Feeling like you were drinking too much	X			
Feeling that your work or school attendance or performance was affected by your drinking	X			
Using drugs other than alcohol (marijuana, cocaine, etc.) or taking prescription medications without medical supervision?	X			

During the last 4 weeks have you experienced any of the following in relation to eating?

	Not at all	Some of the time	A lot of the time	Most or all of the time
Feeling that you can't control what or how much you eat		X		
Feeling overly concerned about staying thin or losing weight	X			

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ISP Process

- ❑ **Every 2 weeks “invitations” sent to a target group**
- ❑ **Roughly 400 students in each invitation group**
- ❑ **Reminder emails sent one week after invitation is sent**
- ❑ **3000 invitations sent since September 2011**

ISP 2011-2012

Targeted Groups

- ❑ **Athletes**
- ❑ **Vets**
- ❑ **First-year Commuter Students**
- ❑ **Residential Students: Vulnerable Dorms**
- ❑ **LGBTQ students**
- ❑ **Graduating Seniors**



Who are we reaching?

(Based on USM Cares ISP Data September 2011-March 2012)

- **153 students responded**
 - **97 Female**
 - **54 Male**
 - **2 other/no sex indicated**

- **130 of 153 respondents not in counseling**



Who are we reaching?

(Continued)

- **40 Students at Very High Risk for Suicide**

- **25 Female**
- **15 Male**
- **2 other/no sex indicated**

- **67 Students at High to Moderate Risk for Suicide**

- **43 Females**
- **24 male**

- **30 students with suicidal ideation**

- **6 frequent; 4 nearly all the time**

- **14 students with previous suicide attempts**

Our Response rates

Target Groups	Response Rate
Fall Athletes	5.7
First Year Commuters	4.2
Winter Athletes	3.3
Vets	5.1
Spring Athletes / New and Transfer Students Spring 2012	3.5
(Spring Athletes)	(9.9)
Residential Students: Vulnerable Dorms	6.2
Mix: Residential, LGBTQ students, Male graduating seniors	7.6
Female Graduating Students	9.8



Improving ISP Response Rates

- **Average Response rate across other participating schools = Roughly 7%**

USM RESPONSE RATE		%
OVERALL		5.6
Before reminder emails		4.1
With reminder email		8



Improving ISP Response Rates

- **Reminder emails**
- **Public awareness activities matter**
 - **ISP publicity with spring athletes brought response rate up to 95 (without reminder emails)**
- **Ongoing questions: what else matters?**
 - **Time of day?**
 - **Time of semester?**
 - **Timing for particular groups?**
- **Support from faculty, staff and administration**
 - **Emory University: Strong administrative and faculty support and 16% response rate**

ISP Challenges

- **Limited clinical resources**
- **ISP and other components of USM Cares creating more referrals**
- **Low response rate, and yet:**
 - **Rate of dialogue and intake from ISP higher than national average**

ISP Successes

- **Increased response rates**
- **Collaboration with athletic trainers**
- **Reaching vulnerable students not in counseling**
- **Collaboration with other departments/groups on campus**

ISP Future Directions

- **Use of the QR code on the website and on awareness materials on campus**
- **USM Cares cards with counseling information and QR code/url for advisors and others to distribute**
- **Additional identification and targeting of vulnerable groups**

Student Support Network

- **6 week pilot course in peer advocacy skills. Creation of a new student activist/ advocacy/ support group**
 - **Teaches skills for identifying and supporting peers in distress, and making referrals**
 - **2 groups: One at night in Portland, one during the day in Gorham (24 students total)**
 - **6 weeks: 4 1hr meetings, 2 2hr meetings**

Student Support Network

- **Targets current and emerging natural helpers and student leaders**
 - **Students nominated by staff, faculty, peers, themselves**
- **Suicide prevention by strengthening two key protective factors:**
 - 1) **improving peer-to-peer support on campus**
 - 2) **enhancing students' sense of connection, belonging and engagement on campus**

Student Support Network

- **Modeled after the SSN developed at Worcester Polytechnic Institute (WPI)**
 - **A large majority of the 180 students who participated in the WPI SSN over the first 3 years of its existence reported greatly increased skills for helping a peer, and greatly increased knowledge of available resources.**
- **Research-driven rationale for the program: students are most likely to turn to a peer when they are in distress, and peers often don't know how to be helpful**
- **Collaborative from the beginning.**

SSN Curriculum

- **What is mental health?**
- **Core supportive skills: Empathy**
- **Safe Zone Training for LGBTQ students**
- **Depression and anxiety**
- **Use of alcohol and other drugs ****
- **Campus Safety: Relationship Violence**
- **Suicidal thoughts and behaviors *with Cumberland County Crisis***
- **Helping others get help *with Cumberland County Crisis***

Student Support Network

- **Started with 109 names; 62 nominated by others.**
- **52 out of the 109 expressed interest (48%)**
 - **41 of the 62 who were nominated expressed interest (66%)**
- **28 were able to attend SSN training (54% of those interested)**

Suicide Prevention Trainings

- **Designing the trainings**

- ☐ Consulted with MSPP, UMaine Orono, SAMHSA
- ☐ Materials inherited from MSPP and UMaine Orono
- ☐ Modified Gatekeeper (1 hr based on demand)

- **Began with existing relationships**

- ☐ Trainings with key staff (high contact with distressed students)
- ☐ Trainings by request

- **Impact of unattended deaths**

- ☐ Increased interest and demand
- ☐ Responding to crises

Trainings to Date

- **18 trainings since October 2011**
- **208 faculty/students/staff trained**
- **Trainings To Date Include:**
 - **Student and Staff senates**
 - **LAC faculty**
 - **Student and University Life Staff**
 - **Residential Directors**
 - **Health and Counseling**
 - **Financial Aid and Student Accounts**
 - **Computing**
 - **Individual Classes**



Suicide Prevention Training Challenges

- **Engaging Faculty**
 - ❑ **Limited time for student service**
 - ❑ **Varying levels of commitment to student service**
- **Generating interest in longer trainings**
- **Limited time and trained trainers**

Suicide Prevention Training Future Directions and Goals

- **More systematic plan for trainings**
 - **Increased staff trained to train**
 - **Stronger connections with faculty**
 - **Increased administrative support**
-

Outreach and Publicity

- **3 unattended deaths in fall semester**
 - One death on campus
 - Media coverage
 - Postvention needs
- **75 awareness activities**
 - Newspaper articles on and off-campus
 - Daily Flush—bathroom reader
 - Student Health 101 interactive magazine
 - Brief introductions to USM Cares program
- **330, 000 people reached through awareness activities**





The Wider Impact

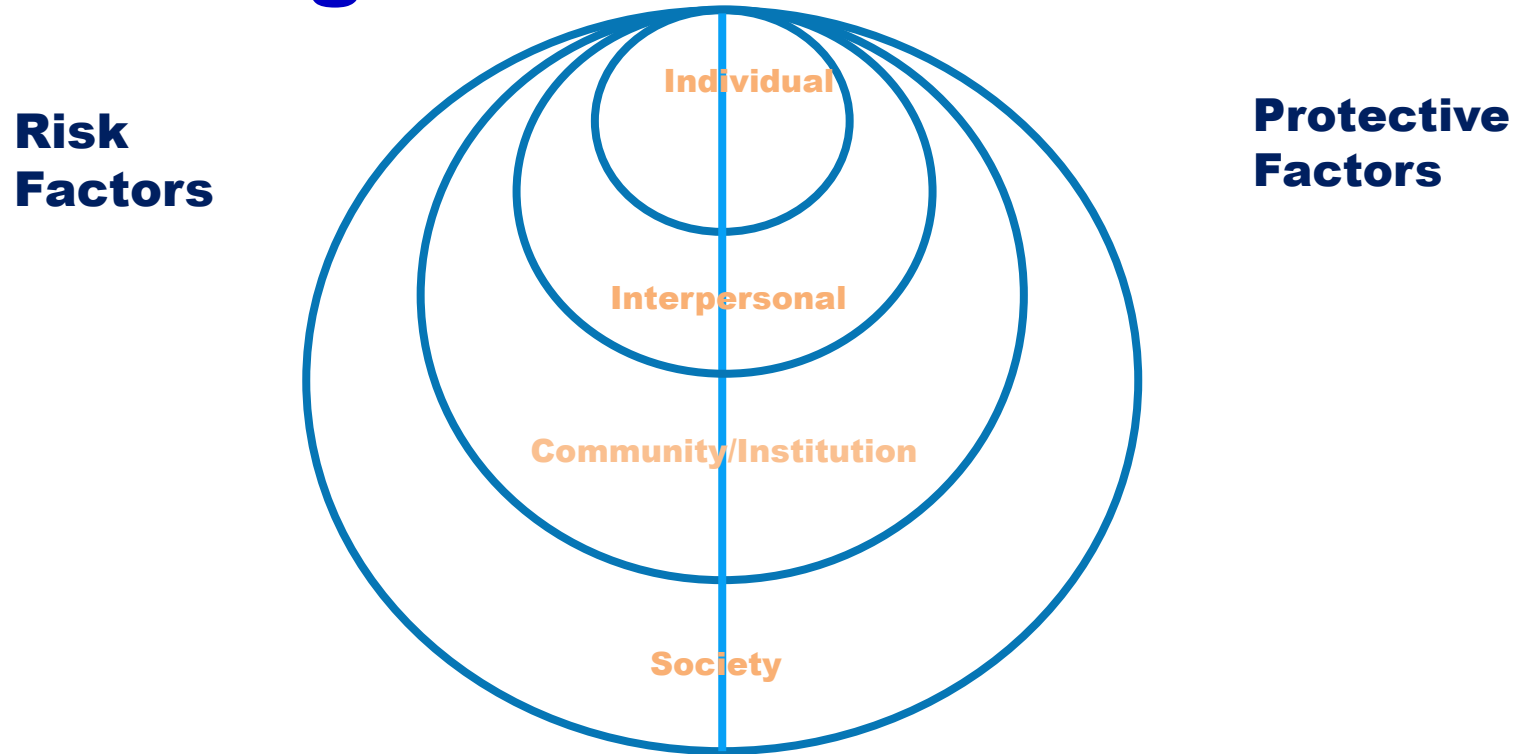
- Increase connection on campus
- Increase academic success
- Improve retention
- Promote kindness, caring, and compassion
- Create a better campus community
- Prevent violence on campus/in the classrooms
- Improve the mental wellbeing of individuals, and of our community
- **Prevent suicide**



Group Work: Using the Ecological Model of Suicide Prevention



Program Development in an Ecological Public Health Frame



- What more do you need to know before you begin (to create a site-specific, research-driven program)?
- What barriers to implementation can you anticipate? How might you address them?
- With whom would you want to collaborate?