Suicide and its Prevention on College Campuses

Lee Keyes, PhD, Executive Director, Counseling Center, University of Alabama

In recent years suicide and suicide prevention initiatives have gained much attention across the nation. Spurred on by tragedies in Virginia, Illinois, Arizona and other states, many higher education institutions have implemented proactive programs which seek to identify students in distress as early as possible in the development of their emotional health issues, assist them with timely referrals for treatment, and monitor their progress over a period of time. As parents are highly involved in their child's college education and better educated about mental health in general, and as college administrators bear witness to managing the burden of psychological illnesses on their campuses, the fact is none of us can afford to dismiss suicide as an issue unworthy of our attention, planning and effort.

Approximately 1,100 college students die by suicide each year (Wilcox, Arria, Caldeira, Vincent, Pinchevsky & O'Grady, 2010). The most recent Centers for Disease Control and Prevention (2007) estimate of suicide prevalence is 11.0/100,000 for the general population (Xu, Kochanek, Murphy & Tejada-Vera, 2010). Prevalance rates for college students fall somewhere between 6.5 and 7.5/100,000 (Silverman, Meyer, Sloane, Raffel, & Pratt, 1997; Drum, Brownson, Denmark & Smith 2009). This suggests a buffering effect merely by being in college, which is intuitive because those in college are typically late adolescents and early adults and older groups have higher rates of suicide. Furthermore, by virtue of career planning, they are projecting into future enrollment. In the State of Alabama, prevalence rates for *all citizens* aged 15-19 and 20-24 are 7.3 and 13.9, based on census estimates, respectively (Alabama Department of Public Health, 2009). The actual prevalence rate for college students in Alabama is not known. Looking deeper, however, one finds that 46% of college students have stated they have been depressed to the point of not being able to function within the past school year (American College Health Association, 2005). It is estimated about 10% of all college students have seriously considered suicide (Brener, Hassan & Barrios 1999). At the University of Alabama alone these data would translate to about 14,000 students affected by depression and 3,000 by suicidal thoughts.

The pain due to loss of life is immense. Other costs of this burden in human and financial terms are of course difficult to calculate, but when one considers events such as course and enrollment withdrawals, academic and nonacademic misconduct secondary to mental health problems, disruption in residence halls and classrooms, absence from class and other functions, and hours devoted to working with such students, it must be quite high indeed. Examples like these are compelling reasons to address these mental health concerns. In their landmark study Drum et al., (2009) called for a paradigm shift in suicide prevention which is problem-focused, and intervenes at multiple points in the continuum of suicidal ideation. Community-wide interventions and education are among the most important initiatives campuses can undertake at the earliest points in that continuum.

Examples of Campus Prevention Efforts

What follows is not an exhaustive list of all prevention efforts, but rather a sampling, which hopefully will provide examples of the types of activities involved. There are a wide range of prevention programs in existence on college campuses. Some focus on peer training to recognize and respond to mental health distress (e.g., Student Support Network, Worcester Polytechnic Institute, (www.wpi.edu/Admin/SDCC/network.html). The Question, Persuade, Refer (*PQR)*) Institute (www.qprinstitute.com) provides another and widely-used model of training community members in effective responding. Aggie C.A.R.E.S. at North Carolina Agricultural and Technological Institute is an example of an approach based upon the QPR model. The basic theory undergirding these approaches is an educated community can help prevent suicide by knowing what to look for and how to communicate with a person in distress.

In a similar vein, a very large number of college mental health centers provide outreach programming and web-based material on the topic of suicide. A recent search on this resulted in 130,000 unique web pages hosted by such centers across the country. These pages typically provide facts concerning suicide, tips on responding to distressed students, and invite readers to contact the center to request a speaker, program or event related to the topic. These models, however, rely on community members reaching out for information and help from the centers and not the other way around. Some centers take this approach a step further and provide targeted programming through an awareness week, which includes an anchor event and smaller-scale programming around that. Such programming is available, for example, at the University of Connecticut and the University of Alabama. The anchor event at the University of Alabama (and also the University of Montvallo and the University of Alabama at Birmingham) is a community awareness walk in partnership with the Alabama chapter of the American Foundation for Suicide Prevention (AFSP) (www.afsp.org.) Awareness events like these engage participants in meaningful activity while also providing information concerning suicide and responding to individuals in need.

Some institutions have created more interactive web-based resources. An excellent example is the University Life Café at Kansas State University (www.universitylifecafe.org). This resource provides information and interactions on many topics, including suicide. The interaction opportunity includes a chat utility and methods in which students can contribute to and improve the site itself. As college students are among the most media-savvy consumers, these resources hold great promise for engaging college students on the topic of suicide and other mental health issues. The AFSP's Interactive Screening Program, currently in use at 25 institutions, is an application, which facilitates communication between students in distress and a mental health professional using internet resources. The anonymity involved in early encounters is thought to increase the likelihood of self-identification, which in turn is thought to increase the likelihood of actually meeting with a mental health professional (Garlow, Rosenberg, Moore & Haas 2008; Haas, Koestner, Rosenberg, Moore & Garlow 2008).

Funded by the Garrett Lee Smith Youth Suicide Prevention Act, the Substance Abuse and Mental Health Services Administration (SAMHSA, www.samhsa.gov) provides grant opportunities for college campuses to provide outreach concerning suicide. SAMHSA also provides information concerning a *National Strategy for Suicide Prevention*. Programs at East Tennessee State University, the University of Guam and Boston University are examples of recent awardees. This opportunity is highly important because many college mental health services require additional funding to mount large-scale suicide prevention programming. Like all grant-based initiatives, this does have

limitations as it requires a significant amount of labor to manage the grant and report on the program's progress. As many college counseling services are under-staffed, this can be a prohibitive challenge.

A number of colleges and universities have focused their suicide prevention efforts on the identification, referral and monitoring of students who have communicated suicidal distress and/or engaged in suicide-related behavior. One example of this approach is known as the Illinois Model (Joffe, 2008). The essential elements of this empirically-supported model, currently in use at the University of Alabama, include the establishment of a critical incident response team, campus-wide referrals of such students to the dean of students or other office with administrative authority, mandated mental health referral for a more than one visit evaluation (the number is four at Alabama), and ongoing monitoring by the referring office for compliance and progress. Students can face escalating consequences should disruptive or alarming behavior continue, which addresses what is thought to be dynamics involving an abuse of power by the student. A primary purpose of such approaches, however, is to facilitate the identification of students in distress and effectively get them help at times when they may not seek it themselves. The University of Illinois, where this process was first developed, reports a 58% reduction in suicide since it began in 1984. It is not know how many schools employ this method, but a recent listserv query on this topic resulted in 30 affirmative responses.

Related to this is the development of behavior intervention teams (BIT) on college campuses. These teams are comprised of several campus offices, which are typically involved in helping students in distress, such as the counseling service, dean of students, housing and campus police or public safety. The National Behavioral Intervention Team Association (www.nabita.org) is an entity, which provides resources and training on BIT development. The National Center for Higher Education Risk Management (www.ncherm.org) is an entity, which provides similar resources and recommendations, some of which relate to BITs. It functions as a central repository for referrals of students in distress, and also as the entity, which provides on-going monitoring of such students. A chief advantage of BITs is their ability to collaborate across offices and communicate widely across campus. An intent of this model is to eliminate the "silo effect", whereby offices do not or cannot communicate with each other, which so often can limit a school's effectiveness with distressed students and has been widely reported as being implicated in some campus tragedies.

Among the most effective and empirically-supported efforts in suicide prevention is means restriction (Anderson, 2008). These methods include eliminating or reducing access to the means of suicide. Gun control statutes and policy, restricting access to windows, bridges, poisons and the like are all known to effectively reduce the incidence of suicide. Due to recent suicides by jumping from campus bridges, Cornell University instituted some means restriction measures as a part of its overall prevention efforts (Marchell, 2011).

Other Important Resources on Suicide Prevention for College Campuses

There are several important entities, which provide educational material, training for community members and mental health professionals, screening and interactive resources regarding suicide. In addition to the AFSP there are the Suicide Prevention Resource Center (SPRC, www.sprc.org,) which contains a section on best practices), the Jed Foundation and its Ulifeline tool (www.thejedfoundation.org, www.ulifeline.org), the American Association of Suicidology (AAS, www.suicidology.org), and the National Suicide Prevention Lifeline (1-800-273-TALK). Colleges

and their students can benefit greatly from incorporating these resources in their prevention plans. One highly important product of the AAS is its Assessment and Management of Suicide Risk (AMSR), a training program developed for the SPRC for mental health professionals which includes a set of competencies for clinical work.

Research of Suicide Prevention Program Efficacy

Many of the resources noted above have sections for current research. The reader is encouraged to consult those resources as that research will not be repeated here. As is usually the case when needs are urgent, and therefore programs are developed quickly, efficacy studies for specific suicide prevention activities are limited (Gould, Greenberg, Velting, & Shaffer, 2003). Randomized, controlled studies are scant. One meta-analysis which evaluated a total of 20 articles covering the efficacy of a wide variety of programs concluded there was not enough evidence to support or refute the effectiveness of curriculum-based initiatives (Guo & Harstall, 2004). Means restriction, QPR, and AFSP's ISP are examples of programs with some or strong supporting literature, as noted above. Smaller-scale and less formal programs and events most often do not have accompanying empirical support beyond what is generally known about educational outreach.

There have been a few studies in this area, however. Tompkins and Witt (2009) evaluated QPR and found continued gains in learning by participants post-training, but its effect on suicide prevention or reduction was not evaluated. Similar "gatekeeper" training was evaluated by Cross, Matthieu, Lezine, & Knox (2010), and with similar results, in that participants did in fact exhibit increased skill post-training. Effects such as those reported in the above studies are noted in the short-term; long-term retention of knowledge and skills is not known. Gould et al., (2003) found that educational programs do in fact increase the likelihood of participants inquiring about suicide, but little to no effect beyond this was noted.

Though it did not address college populations, one example of strong supporting evidence reported on the outcome for the Sources of Strength (www.sourcesofstrength.org) prevention program for high school students (Wyman, Brown, LoMurray, Schmeelk-Cone, Petrova, Yu, Walsh, Tu & Wang 2010). In this study 18 high schools were randomly assigned to a wait-list control group or the intervention group. Assessments were administered at baseline and four-month follow up to 453 peer leaders and 2,675 students. Peer leaders were found to be four times more likely to refer a student. Perceptions of adult support and acceptability of seeking help increased among the students, with the largest increases in perception of adult support occurring in a group with previous suicidal ideation. The authors note this program is the first with evidence of peer leaders enhancing protective factors at the population level.

Conclusion

Suicide is a significant issue facing higher education institutions. Many campuses are involved in a variety of procedures, programs and initiatives, which seek to reduce or prevent suicide and the impact of suicide-related behavior. There are a wide range of options available, and many educational and training resources exist for a good number of them. College mental health professionals are strongly encouraged to become familiar with these resources and select options that best meet the needs and culture of their campuses. There is literature, which supports some programs, and some elements of others. In general there is much needed research in this area as the actual effect of many programs on suicide attempts and completions is not known. The issue of

suicide and the need for competent responding will not wait for research, however. It is most accurate to say no single method or approach is best or all-encompassing, therefore those interested in developing initiatives on their campuses would benefit from selecting a range of materials, resources and programs. Any menu of prevention efforts chosen should probably include community education, interaction with students, web-based resources, highly publicized campus activities, screening tools, and proactive identification, referral and monitoring processes. Because a non-suicidal student may not attend to delivered information but later become suicidal, it is crucial to saturate the campus community with messages and to do so repeatedly over the course of the academic year. This is true in particular during various campus milestones such as the beginning of the term, mid-term and final exams, and other known stressful periods which students face.

References

Alabama Department of Public Health. (2009). Alabama Vital Statistics. Montgomery, AL.

Amerian College Health Association. (2005). Reference group data report. *American College Health Association National College Health Assessment. Spring* 2005. Baltimore, MD.

Anderson S. (2008). The Urge to End it All. New York Times.

Brener N. D., Hassan, S.S. & Barrios, L. C . (1999). Suicidal Ideation Among College Students in the United States. *Journal of Consulting & Clinical Psychology, 67*(6), 1004-1008.

Cross W, Matthieu M, Lezine, D. & Knox, K. (2010). Does a Brief Suicide Prevention Gatekeeper Training Program Enhance Observed Skills? *Journal of Crisis Intervention & Suicide, 31*(3), 149-159.

Drum, D., Brownson, C., Denmark, A. B., & Smith, S. E. (2009). New Data on the Nature of Suicidal Crises in College Students: Shifting the Paradigm. *Professional Psychology - Research & Practice. 40(*3), 213-222.

Garlow S. J., Rosenberg, J., Moore, J.D., & Haas, A.P. (2008). Depression, desperation, and suicidal ideation in college students: Results from the American Foundation for Suicide Prevention College Screening Project at Emory University. *Depression & Anxiety, 25*(6), 482-488.

Gould, M. S., Greenberg, T., Velting, D.M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 385-405.

Guo, B., & Harstall, C. (2004). Efficacy of suicide prevention programs for children and youth. Edmonton, *AB, Canada: Alberta Heritage Foundation for Medical Research*. Health Technology Assessment; 26 Series, A2002.

Haas. P., Koestner, B., Rosenberg, J., Moore, D., & Garlow, S. J. (2008). An interactive Web-based method of outreach to college students at risk for suicide. *Journal of American College Health, 57*(1), 15-22.

Joffe, P. (2008). An Empirically Supported Program to Prevent Suicide in a College Student Population. *Suicide and Life-Threatening Behavior, 38*(1), 87–103.

Marchll, T. (2011). History, research and responsibility show the need for safer bridges. *The Ithaca Journal*, Ithaca: NY.

Silveran, M. M., Meyer, P. M., Sloane, F, Raffel, M. & Pratt, D. M. (1997). The big ten student suicide study: A 10-year study of suicides on mid-western university campuses. *Suicide and Life-Threatening Behavior, 27*(3), 285-303.

Tompkns, T. & Witt, J (2009). The Short-Term Effectiveness of a Suicide Prevention Gatekeeper Training Program in a College Setting with Residence Life Advisers. *Journal of Primary Prevention. 30*(2), 131-149.

Wilcox H. C., Arria, A. M., Caldeira, K. M., Vincent, K. B., Pinchevsky, G. M., & O'Grady, K. E. (2010). Prevalence and predictors of persistent suicide ideation, plans, and attempts during college. *Journal of Affective Disorders, 127*(1-3), 287-94.

Wyman. P. A., Brown, C. H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu Q, Walsh, E., Tu X & Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health, 100*(9), 1653-1661.

Xu, J., Kchanek, K. D., Murphy, S. L. & Tejada-Vera, B. (2010). Deaths: Final Data for 2007. *National Vital Statistics Reports, 58*(19), Centers for Disease Control and Prevention Reports, Atlanta: GA.