



Effective Suicide Prevention in Higher Education

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The tragedy of suicide among college students becomes more poignant in view of the promise their future holds. Recently, efforts to prevent suicide have increased on the national, state, county, local and private level. Psychologists play a major role in higher education suicide prevention.

The prevalence of psychological disorders among college students presents both a growing concern and an opportunity. As college students undergo a transition from family home to independence, psychologically vulnerable students with low social support may experience overwhelming levels of stress (Wilcox et al., 2010). Research on college student suicide has shown that one in 10 college students make a suicide plan, 18-24 year-olds think about suicide more often than any other age group, and peak risk for suicide attempts is in late

adolescence and young adulthood (Jed Foundation, 2002). Suicide is the second leading cause of death for youth aged 18-25 (U.S. Public Health Service, 2001).

Rates of completed suicide, however, are lower for traditional-aged college students than for age-matched peers not attending college (Silverman, Meyer, Sloane, Raffel, & Pratt, 1997). Researchers attribute these lower rates to the availability of more low or no-cost mental health services, increased peer support and advising, and the restriction of means due to substance and firearms restrictions on college campuses (Hass, Hendin, & Mann, 2003).

Stigma Reduction and Outreach Approaches

Multifaceted approaches are being successfully utilized in the higher education community on a variety of levels to address suicide prevention. Comprehensive suicide prevention necessitates a collaborative, community-wide approach that de-stigmatizes mental health, normalizes treatment, reinforces healthy lifestyles and other protective factors, and empowers staff, faculty and students to refer students who are exhibiting signs of suicide or other mental health concerns (Jed Foundation, 2006a).

Suicide prevention often starts with the messages that are communicated to college students. Guided by evidence-based recommendations for talking about suicide and mental health in a safe and effective manner, public awareness campaigns address both stigma reduction and outreach. The Suicide Prevention Resource Council (SPRC) offers safe messaging guidelines (Suicide Prevention Resource Council, 2006) that include emphasizing that suicides are preventable; outlining key warning signs and protective factors; stressing that the vast majority of those who die by suicide suffer from a treatable psychiatric illness and/or substance abuse disorder; and providing information on how to access treatment and where to find immediate assistance.

Utilizing non-clinical student support services to deliver educational messages reduces stigma and promotes protective factors. Trained student peers play an important role in promoting suicide prevention on college campuses. Groups such as Active Minds, peer educators, and student mental health advisory boards deliver paraprofessional services such as stress management workshops and biofeedback, outreach programs such as depression awareness days and wellness fairs, and marketing educational materials. Increasingly, other key student leaders also promote mental health and suicide awareness and education.

Additionally, parents and family members play a crucial role in suicide prevention. The Jed Foundation (2006b) reports that almost two-

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thirds of students will turn to family in times of emotional distress. Parent and family outreach programs deliver information on entering college with existing mental health conditions, adjustment to college life, how to notice distress in your relative, and campus mental health resources.

Training and Protocols

Counseling centers and university psychologists often lead efforts to identify and refer at-risk students to mental health treatment professionals. 80% of college students who die by suicide are not known to campus mental health professionals (Gallagher, 2009). In response to this disconnect, the Jed Foundation and the Suicide Prevention Resource Center recommend collaboration and enhanced communication amongst the campus community to identify students who may be at risk for suicide (Jed Foundation, 2006a; SPRC, 2004).

To help others on campus detect students of concern, psychologists create, deliver, manage, and assess specialized training programs for “gatekeepers.” These programs are designed to assist faculty, key staff, and student leaders to identify students in distress, offer support, determine where to refer for mental health treatment, and communicate with relevant professionals.

In addition, campuses have also developed policies and protocols to identify, refer, manage, treat, and communicate with students at-risk for suicide or highly distressed (Jed Foundation, 2006a). The Organization of Counseling Center Directors in Higher Education (OCCD-HE), serves counseling center directors from California public and private four-year colleges and universities and provides a useful forum for California higher education institutions to consult about relevant training, prevention and treatment issues.

Treatment

Most institutions of higher education have counseling centers dedicated to serve the needs of students and to create easy-access to services. Counseling center psychologists consult, deliver short-term treatment, provide urgent evaluation and crisis counseling, and make referrals. Recommendations for addressing suicide prevention in the treatment of students include screening programs, on-site counseling centers and medical services, emergency services, and referrals to mental health providers in the community (Jed Foundation, 2006a). Counseling centers establish relationships and memorandums of understanding for referrals to community providers, out-patient treatment programs, and in-patient psychiatric facilities. These referral options ideally specialize in issues related to college students that cannot be managed in short-term treatment such as severe depression, bipolar disorder, psychotic conditions, anorexia and substance dependence.

Primary care providers play an important role in suicide prevention. According to SPRC, in the year prior, only 32% of individuals who died by suicide had contact with mental health services, but 75% of them saw a primary care provider (Luoma, Martin & Pearson, 2002). Counseling centers work closely with on-site Student Health Services to collaborate in treatment. Collaborative care often includes shared electronic medical record systems, interdisciplinary team management of high risk students (eating disorder and substance abuse treatment teams), joint training on mental health management, and shared policies in the management of mental health issues. Counseling centers also develop protocols for managing high-risk students such as devel-

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oping safety plans, offering higher levels of care, engaging significant others, collaborating with university police for involuntary hospitalization, and facilitating bridge care and wrap around services after hospitalizations.

At many universities, key administrators, usually Deans of students, are the central clearinghouse of information about students of concern and, in consultation with others, make decisions about administrative actions that need to be taken in the identification, referral and follow-up stages. Teams of mental health and other professionals develop protocols to inform administrators how to address issues concerning hospitalization, follow-up, emergency contacts, leaves of absence and managing the legal issues involved. These procedures are necessary so that university administrators may effectively comply with the appropriate university policy, privacy laws (including FERPA and HIPAA), Americans with Disabilities Act, and state, local and federal laws. Universities are also developing standardized protocols for screening, identification, treatment and referral using measures such as the Patient Health Questionnaire 9 (Kroenke & Spitzer, 2002) and the Interactive Screening Program (Haas, et al., 2008).

California Initiatives

In 2011, the California Mental Health Services Authority (CalMHSA), funded by the voter approved Mental Health Services Agency (funded by Proposition 63), awarded the three California public systems of higher education funding to enhance their efforts toward suicide prevention strategies, stigma and discrimination reduction, and mental health training for students, faculty, and staff. The three funded systems include the California State University system, the California Community Colleges, and the University of California. These awards strategically fund various aspects of recommended, evidenced-based prevention and intervention strategies to better assist college students in getting them the services they need.

CalMHSA awarded the University of California (UC) \$6.9 million to support prevention and early intervention strategies that address the mental health needs of UC students. UC proposed a two-phase process in implementing these funds. Phase I includes developing and enhancing campus programs and services for peer-to-peer support, faculty/staff/student training, and suicide prevention. Phase II includes strengthening UC's relationship with the other California higher education systems (California State University (CSU) and California Community Colleges (CCC)) by collaborating on projects that increase access to services for all students within the systems, provide outreach, and extend resources statewide. Furthermore, counseling centers and psychologists are furthering research, creating protocols, and developing and implementing best practices to respond to the campus community and public health mandate of suicide prevention.

California institutions of higher education, with support from Proposition 63 funds, are taking necessary steps to establish comprehensive and collaborative mental health care for their campus communities. These services are being evaluated and presented to assist other universities implementing similar programs nation-wide. □

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