The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
Creating a Caring Community:
Engaging Peers in Campus Suicide Prevention

ACHA Annual Meeting
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Kerri Smith, LCSW, MPH
Suicide Prevention Resource Center

Charlie Morse, MA, LMHC
Worcester Polytechnic Institute
SPRC: Who We Are

www.sprc.org
GLS Campus Suicide Prevention Program
What brings you here?
Agenda

✓ What we know about suicide on college campuses
✓ Taking a comprehensive approach
✓ Why engage peers?
✓ Models of peer engagement
✓ Campus example: WPI’s SSN program
✓ Best practices
✓ Questions & Discussion
Distressed College Students

ACHA-NCHA: Percentage reported in last 12 months

- Depression: 31%
- Anxiety: 51%
- Suicidal Ideation: 7%
- Suicide Attempt: 1%

ACHA-NCHA Reference Group Executive Summary (Spring 2012)
Deaths by Suicide: College Students

- Higher rates: Men, juniors/seniors, graduate student women, students “out of synch”
- Majority are not counseling center clients
- Firearms and overdose are most common methods
- Diagnosable mental illness or alcohol/substance abuse disorder

Silverman et al. (1997); Gallagher (2009); Goldsmith et al. (2002)
Impact on Student Success

Students report the following issues as negatively impacting academic performance in the last 12 months:

<p>| | |</p>
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<thead>
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<tbody>
<tr>
<td><strong>Stress:</strong></td>
<td><strong>Sleep difficulties</strong></td>
</tr>
<tr>
<td>29%</td>
<td>20.6%</td>
</tr>
<tr>
<td><strong>Anxiety:</strong></td>
<td><strong>Depression:</strong></td>
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<tr>
<td>20.2%</td>
<td>12.4%</td>
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*ACHA-NCHA Reference Group Executive Summary (Spring 2012)*
Protective Factors for Suicide

- Strong connections to family and other supports
- Access to effective clinical interventions
- Restricted access to lethal means
- Skills in problem-solving, conflict resolution
- Positive beliefs about future, ability to cope, and life in general

SPRC/TJF 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
Why involve peers?

- Connectedness between individuals can lead to:
  - increased frequency of social contact
  - lowered levels of social isolation or loneliness
  - increased number of positive relationships

- Two-thirds of college students who disclosed their suicidal ideation first did so to a peer (roommate, friend or romantic partner)

- Benefits to the peers who participate

- What we don’t know – efficacy of these programs

CDC (2011); Brownson (2007); Turner & Shepherd (1999)
Models of peer involvement

Natural Network:
1. Peers as “natural messengers”
2. Peers as “natural helpers”

Paraprofessional:
1. Peer advocates
2. Peer educators
3. Peer mentors and peer counselors
4. Peers as advisors to the process

Campus Suicide Prevention Center of Virginia, 2011
Peers as natural messengers

- Enhance interactions between students and their peers about mental health

- Example: Active Minds
Peers as natural helpers

✓ Teach students to identify peers in distress and refer them to appropriate services

✓ Example: Student Support Network
Peer advocates

✓ Share personal stories of overcoming mental health challenges with the aim of encouraging help-seeking and increasing dialogue about mental health issues

✓ Example: Active Minds’ Speaker’s Bureau
Peer educators

- Train students about a range of health topics

- Content designed to change behavior by raising awareness, changing norms, and reducing stigma

- Example: Friends Helping Friends (UNC-Greensboro)
Peer mentors and peer counselors

✓ Provide assistance to other students through hotlines/helplines and other mentoring opportunities

✓ Examples: University at Albany Middle Earth Peer Assistance Program, NMSU WAVE program, Student SPILL
Peers as advisors to the process

✓ Serve on advisory boards or focus groups to provide input on the direction of campus suicide prevention initiatives

✓ Example: Michigan State communication campaign
Questions?
## Identifying Need Areas

- **Annual suicide rate on College campuses**
  - 7.5 per 100,000 students  (Silverman et al, 1997)

- **ACHA-NCHA Findings**

<table>
<thead>
<tr>
<th>In the last 12 months, have you:</th>
<th>Fall 2000</th>
<th>Fall 2004</th>
<th>Fall 2007</th>
<th>*Spring 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt very sad</td>
<td>80.7</td>
<td>78.2</td>
<td>76.4</td>
<td>60.7</td>
</tr>
<tr>
<td>Felt so depressed it was difficult to function</td>
<td>43.7</td>
<td>43.6</td>
<td>43.1</td>
<td>30.7</td>
</tr>
<tr>
<td>Seriously considered attempting suicide</td>
<td>11.0</td>
<td>10.8</td>
<td>10.2</td>
<td>6.2</td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td>1.9</td>
<td>1.8</td>
<td>1.8</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Have you ever:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been diagnosed with depression</td>
<td>10.1</td>
<td>13.7</td>
<td>16.0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Spring 2010 data from ACHA-NCHA II, which alters question wording.
National Data on Students Considering Suicide

- 55% of students had experienced suicidal thoughts in their lifetime
- 46% never talk to anyone else about thoughts or suicidal attempts
- Of those who talked to others, 67% first told a friend/peer
- Of those who talked to others, 52% found it helpful and 58% were advised to seek professional help

Drum et al, 2009
National Research Consortium of Counseling Centers (June 2009 issue of Professional Psychology: Research and Practice)
Friends and family are most sought out
- 77% would turn to friends for help
- 67% would turn to parents for help

Students are less inclined to seek professional help
- 20% say they would turn to school counseling
- 6% would turn to Resident Advisor
- 3% would turn to a crisis hotline
Enhancing a Network of Support

- Who are the individuals and groups within campus communities who are most influential within a network of student support?

- What are some of the groups of students (formal or informal) who might benefit from additional networking within the community?
Student Support Network (SSN)

- Identifying and selecting student participants
  - E-mail to faculty and staff
  - General advertising/programming

- Training SSN participants (6 week training)
  - Knowledge
  - Skills
  - Perspectives/Stigma reduction
  - Connection
SSN Knowledge Areas

- Mental Health Concerns
  - Depression
  - Anxiety
  - Self-harm
  - Suicide
  - Substance Abuse

- Orientation to Available Resources
SSN Skill Areas

- Providing support in the moment
  - Listening/empathy (the hammer)
  - Resist urges to fix
  - Acceptance
- Successfully connecting friends with help
  - Process orientation
  - Stages of change model
  - Working with resistance
SSN Perspectives

- De-stigmatizing view of mental health
  - Normalization of struggles
  - Functional vs. Diagnostic descriptions
  - “It’s not us and them…it’s us and us”

- Enhancing Connection
  - Networking within support system
  - Helping the helpers
  - Enhancing a community of support
Empowering and Supporting Student Initiatives

- Specialized training offered in key areas
- Supporting additional opportunities for student involvement
  - Programming
  - Marketing
- Feeds existing and new traditional Peer Ed
- Active Minds at WPI
Student Participant Perspectives

- “The series opened doors to talking about issues generally classified as taboo. The easy-going, relaxed atmosphere made it very comfortable to talk and learn.”

- “It was worthwhile because I got to know the SDCC staff and learn of the resources available for troubled students.”

- “I feel it helped me realize how to help others cope with their problems and also how to better cope with my own. Most importantly, I feel like I could actually help someone talk about and solve their issues.”

- “It was worthwhile because even if I don’t end up using this in college, it is something that I can use for the rest of my life.”
Evaluating SSN Outcomes (based on over 400 student participants)

- Students demonstrated significant improvement in the following areas:
  - Recognizing warning signs for suicide
  - Making appropriate referrals for support
  - Convincing someone to get help
  - Discussing suicide with others

- Significantly increased student outreach to the SDCC for consultation (tripled over past 5 years)

- Increased contact and programming with student organizations
Significant Changes in Psychological Flexibility and Stigma Reduction

- Based on 260 participants
  - Significantly increased psychological flexibility
  - Significantly decreased “Social Stigma for Receiving Psychological Help”
  - Significantly Decreased “Self Stigma of Receiving Psychological Help”
More Information on Student Support Network

- SSN Training Manual is listed on the Suicide Prevention Resource Center (SPRC) Best Practices Registry
- Manual is available to campuses who are considering implementing a peer networking program
  - Contact us at sdcc@wpi.edu
- SSN training is evolving to include a staff/faculty track and specialized cohorts for specific populations.
Best practices for involving peers
Essential Questions

- How does this fit into your other mental health promotion/suicide prevention efforts?
- What data or theoretical basis supports your strategy?
Essential Questions

✓ What are appropriate roles for your students? What training and supervision is needed?

✓ Is managing a peer group an effective use of professional staff time?

✓ How will you evaluate your strategy?
Questions & Discussion
References


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SPRC is a project of EDC
Contact Us

Kerri Smith
ksmith@edc.org
617-618-2738
www.sprc.org

Charlie Morse
cmorse@wpi.edu
508 831-5540
http://www.wpi.edu/offices/sdcc/support-network.html