

Suicide Prevention on College Campuses

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OHIO PROGRAM *for*
**CAMPUS SAFETY
& MENTAL HEALTH**
A NEOMED CCoE



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Prevention**



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Community psychologist and researcher with more than a decade of experience in research, evaluation, and policy focused on suicide prevention.

Expertise in community- and systems-level approaches to prevention, including work with schools and community organizations designing and evaluating programs.

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Suicide is a health issue,
but it can often be
prevented.



Language Dos and Don'ts

Avoid Saying

- × "Committed suicide"
- × "Failed" or "successful" attempt

Say

- ✓ "Died by suicide"
- ✓ "Ended their life"
- ✓ "Killed themselves"
- ✓ "Suicide attempt" or "death by suicide"



Agenda

- Scope of the issue
- Reasoning, risk factors, and warning signs
- Campus environment
- Addressing inequities
- Community collaboration



Scope of the Issue



Young Adults Statistics

Mental Health

- **31%** of adults 18-25 experience a mental, behavioral, or emotional health issue in the past year.
- In 2021, **43%** of 18- to 29-year-olds experienced symptoms of depression, compared to 21% in 2019.

Suicide

- **26%** of adults ages 18-24 reported having seriously considered suicide in the past month.
- Overall, suicide rates among 15- to 34-year-olds have increased in the last decade.

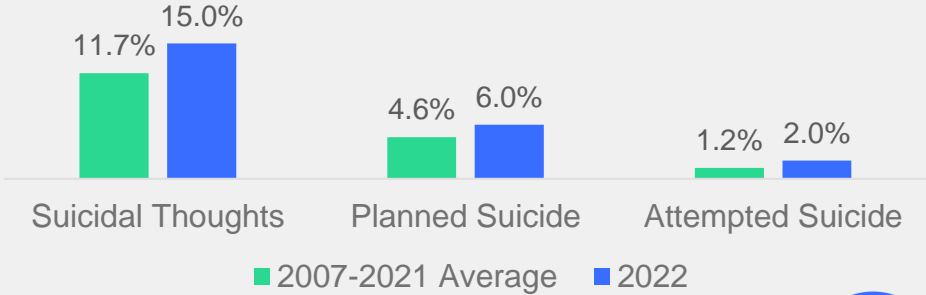


College Student Statistics

- Suicide is the **#2 leading cause of death for college students** with approximately 1,100 suicides on college campuses each year and another 24,000 attempts.
- Roughly **12% of college students report experiencing suicidal thoughts** during their first four years in college, with 3% percent reporting persistent suicidal thoughts.
- In one study of over 67,000 college students at 100+ institutions, one **out of every five students reported experiencing thoughts of suicide** and **9% reported making an attempt.**



Suicide-Related Thoughts and Behaviors Among College Students Have Increased Overall



Reasoning, Risk Factors, and Warning Signs



Why Might College Students Be at Risk?

Onset of mental health issues between ages 18-24

Transition periods are known to be higher risk

Balancing autonomy with fitting in

Balancing independence with social connectedness

Onset of new financial, academic, and social stressors

Potential for increased substance and alcohol use

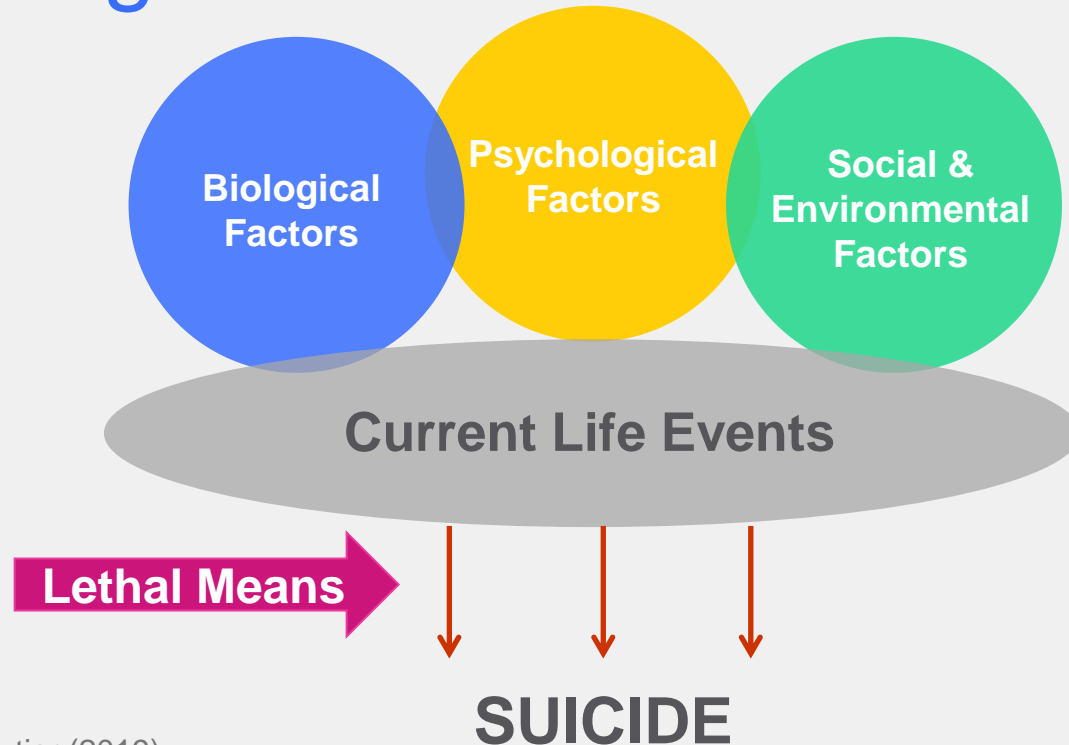


Pandemic and “Post”-Pandemic Factors

- Decreased social interaction and connection
- Increased caregiving, loss, and stress
- Financial struggles



Interacting Risk and Protective Factors



INSERT VIDEO SCREENSHOT

Video from Dr. Rory O'Connor
Volitional Factors from Thoughts to Action
2:34



Suicide Warning Signs



TALK

- Experiencing unbearable pain
- Being a burden to others
- Killing themselves
- Feeling trapped
- Having no reason to live



BEHAVIOR

- Increased use of alcohol or drugs
- Withdrawing from activities
- Giving away prized possessions
- Isolating from friends & family
- Looking for a way to kill themselves, such as searching online for materials or means
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Acting recklessly
- Aggression



MOOD

- Depression
- Loss of interest
- Irritability
- Anxiety
- Humiliation
- Rage

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The Campus Environment



INSERT VIDEO SCREENSHOT

Video from Dr. Peter Wyman
Suicide Prevention Takes Everyone
2:00



Help-Seeking on College Campuses

Less than 20% of students who died by suicide accessed their school's counseling center as a resource. Even when students know where to go for help, some remain hesitant to reach out.

59%

are aware of free counseling services on campus.

49%

of students know where to go for mental health care.

36%

of students who screen positive for major depression received treatment.



What Colleges and Universities Can Do

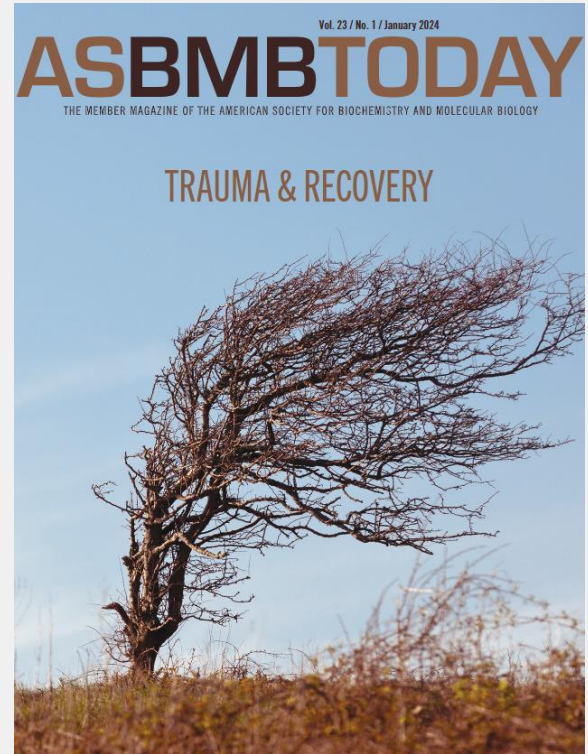


- Promote social networks and connectedness.
- Improve access to mental health services on and off campus.
- Identify and assist students who may be at risk for suicide.
- Be prepared to respond when a suicide death occurs.



Supporting Students

1. Support a culture of collaboration over competition
2. Model work–life balance
3. Frame and handle rejection constructively
4. Encourage inquiry
5. Lead with kindness



Addressing Inequities



Systems Centered Language

How we talk about disparities impacts how we act on the data, and puts the onus for change in the wrong direction.

Three things to consider when examining disparities:

- Know the **context**: Understand the community, culture, and people the data represent, and the systems in which they reside and interact.
- Clarify the **concern**: The concern is disparities in outcomes, not inherent individual flaws or deficits (e.g., race is not a risk factor, racism is).
- Identify root **causes**: Identify the conditions (e.g., social, structural, environmental, economic, political, etc.) that allow disparities to occur and persist.



Intersectionality

Intersectionality is a theoretical framework for understanding how **multiple social identities** such as race, gender, sexual orientation, SES, and disability **intersect at the micro level of individual experience** to reflect interlocking systems of privilege and oppression.



Disparities

- Suicidal ideation is more prevalent among gender minority students. **40% of gender minority students expressed thought of suicide in the past year.**
- Depression is highest among students with multiple racial identities. **33% of multi-racial college students show depressive symptoms.**
- About **half of LGBTQ students show negative mental health symptoms.**
- Among students from lower socioeconomic backgrounds, **42% experience mental health symptoms.**



Domains of Equity

Breaking down equity into clearly defined domains helps to make equity more actionable in systems and communities.



Strategic Focus

- Goals, outcomes, and strategic direction demonstrate commitment to equity.



Procedural

- Policies, practices, or staff behaviors do not disadvantage certain individuals based in identity, income, or location.



Influence

- Individuals from different groups have equitable influence over decisions impacting their lives or communities.



Access

- Services, supports, resources, and opportunities are equitably distributed and available across the communities being served.



Quality

- Services, supports, resources, and opportunities are of quality and demonstrate evidence of effectiveness for the intended populations in the intended settings.



Meeting Students' Needs

Students may have diverse needs and experiences that require tailored and equitable approaches.

- Students with disabilities may require additional support when experiencing a crisis.
- Students of color may have a very real fear of police intervention leading to violence, making a welfare check potentially traumatic and triggering in a way that can further contribute to student distress.
- International students, LGBTQ+ students, and student veterans, among others, may have higher risk and may require more personalized support.



Sociopolitical Context

Recent anti-science attitudes, harmful anti-LGBTQ legislation and rhetoric, and increased racial violence and hate crimes comprise a sociopolitical context that not only make advancing equitable suicide prevention efforts more challenging, but also directly impact the very communities we aim to support and affirm. This context requires scholars and professionals that work with and support these communities to amplify, support, and co-create community-led efforts that address sociopolitical issues and advance equitable prevention efforts.



Community Collaboration

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Fostering Community Partnerships



Cross-Sectoral Partnerships



High Schools



Extracurricular
Groups



Faith-Based
Organizations



Clinical
Settings



Professional
Organizations



Advocacy and
Policy Change



Coordinated Campus Care

Creating a coordinated care team helps to **provide improved coordination and community across a campus** to foster academic success, wellness, and safety for all individuals on campus.



Developing an Effective Care Team

Get all of the **major stakeholders** in the same room.

Standardize the **protocols and processes**.

Make sure all participating members are **invested in the network**.

Make **changes** to the team when necessary.

Imbed team participation into **job descriptions**.

Create a centralized **reporting system**.

Establish a **regular cadence** for discussing cases.

Assess team **structure and systems** on an annual basis.

Engage in regular **crisis prevention training**.

Communicate with on- and off-campus stakeholders on a regular basis.

Resources

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Resources

- AFSP
 - Interactive Screening Program
 - *It's Real: College Students and Mental Health*
- The Healthy Minds Network – healthymindsnetwork.org
- JED Foundation
- *Building Effective Care Teams in a Hybrid World*



Discussion

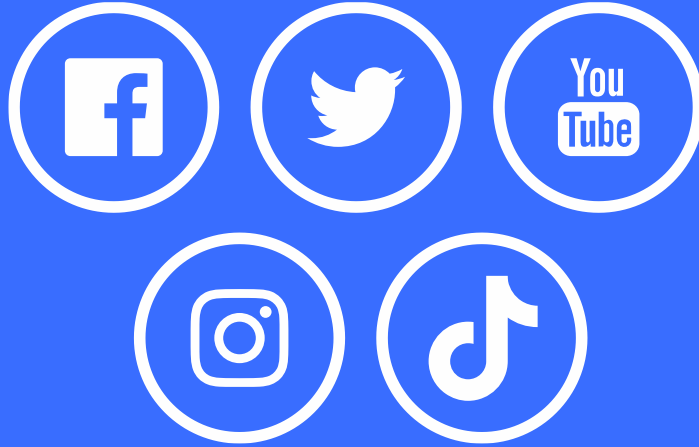


Thank You!

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