Suicide Prevention Across the Educational Continuum

6-Part Webinar Series

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

TTC Technology Transfer Centers

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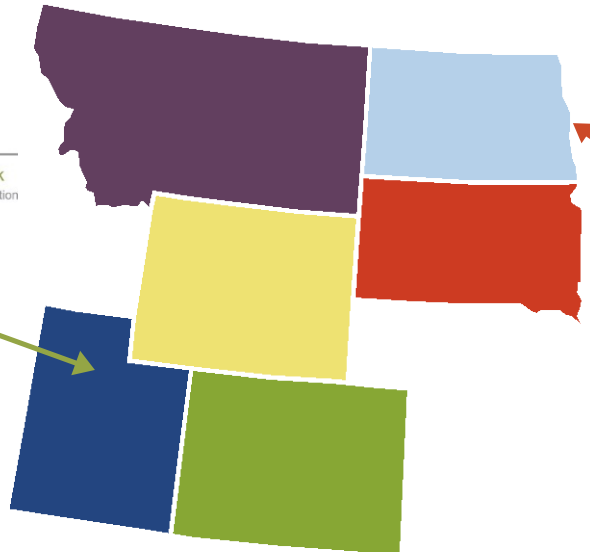
This Suicide Prevention Webinar Series is a collaboration between the **Mountain Plains Mental Health Technology Transfer Center (MHTTC)** and the **Mountain Plains Prevention Technology Transfer Center (PTTC)** located in HHS Region 8 (CO, MT, ND, SD, UT, WY).

Mountain Plains (HHS Region 8)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The Mountain Plains PTTC is a partnership between the Department of Educational Psychology in the College of Education and the School of Dentistry at the University of Utah.



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The Mountain Plains MHTTC is a partnership between the University of North Dakota and the Western Interstate Commission for Higher Education.

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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Andrew McLean and Sarah Nielsen and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SMHSA for the opinions described in this presentation is intended or should be inferred.

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Suicide Prevention and Intervention for Transition Age Youth on College Campuses

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Key Questions

At the end of the presentation, the participant will be able to:

1. Define concepts associated with the term suicidality
2. Identify risk factors and warning signs of suicide in college-age students
3. Identify screening tools for suicide and referral processes
4. Identify steps that faculty and staff can take to assist students experiencing emotional distress
5. Define resources available for students

College Students- Mental Health and Substance Use

Students reported experiencing the following anytime within the last 12 months (percent reporting)

	Male	Female
Hopeless	47.9	58.6
Overwhelmed	78.4	91.5
Very Lonely	58.0	66.4
Very Sad	60.7	74.9
Depressed interfering with function	37.1	47.6
Overwhelming anxiety	50.7	71.8
Seriously considered suicide	11.6	13.0
Attempted suicide	1.8	1.9
Prescription drugs, non-prescribed	10.7	11.4
>5 drinks in one setting in last two weeks	30.0	24.0

Treated by a Professional for the following:

- Anxiety- 24.3%
- Depression- 20%
- Both-16.5%
- Panic Attacks 11.9%
- Substance issues- 1.6%

ACHA- National College Health Assessment (Spring-2019)

Case Scenario

John is a 21 year old male in his third year of an academic program. You have advised John for two years. He has demonstrated up and down academic performance. He disclosed about a year ago he was in counseling for his substance use. Today, he requested an appointment because he is unsure if he wants to continue in the program. He is not failing courses, but is falling behind. He reports he worries most of the time and can not concentrate. He reports he is drinking. His significant other, Mark is supportive. He does not want to share his mental health concerns with his parents. During the conversation, he expresses hopelessness about his situation.

Understanding Suicidality

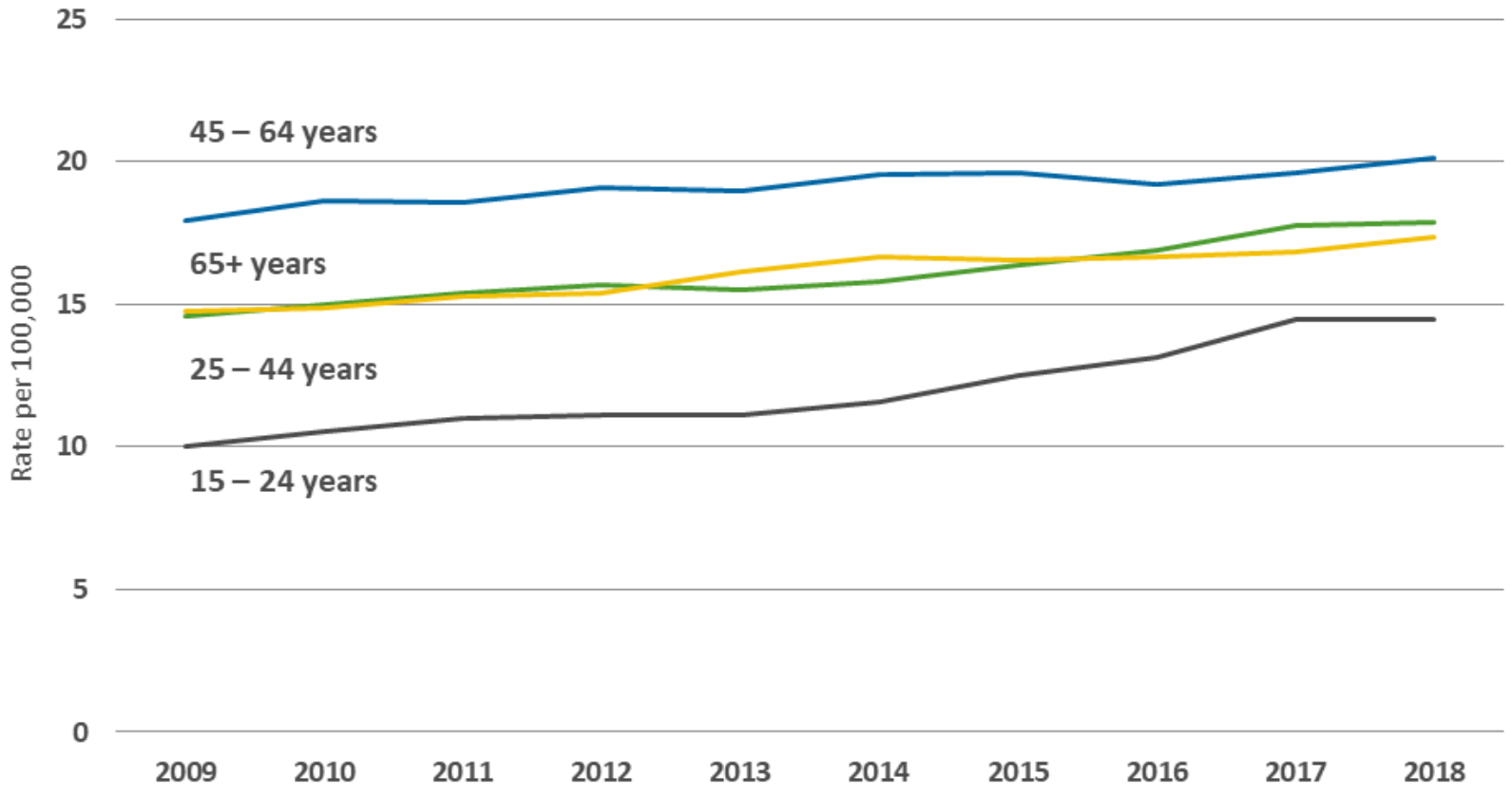
- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.

- A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

- **Suicidal ideation** refers to thinking about, considering, or planning suicide

National Institute of Mental Health

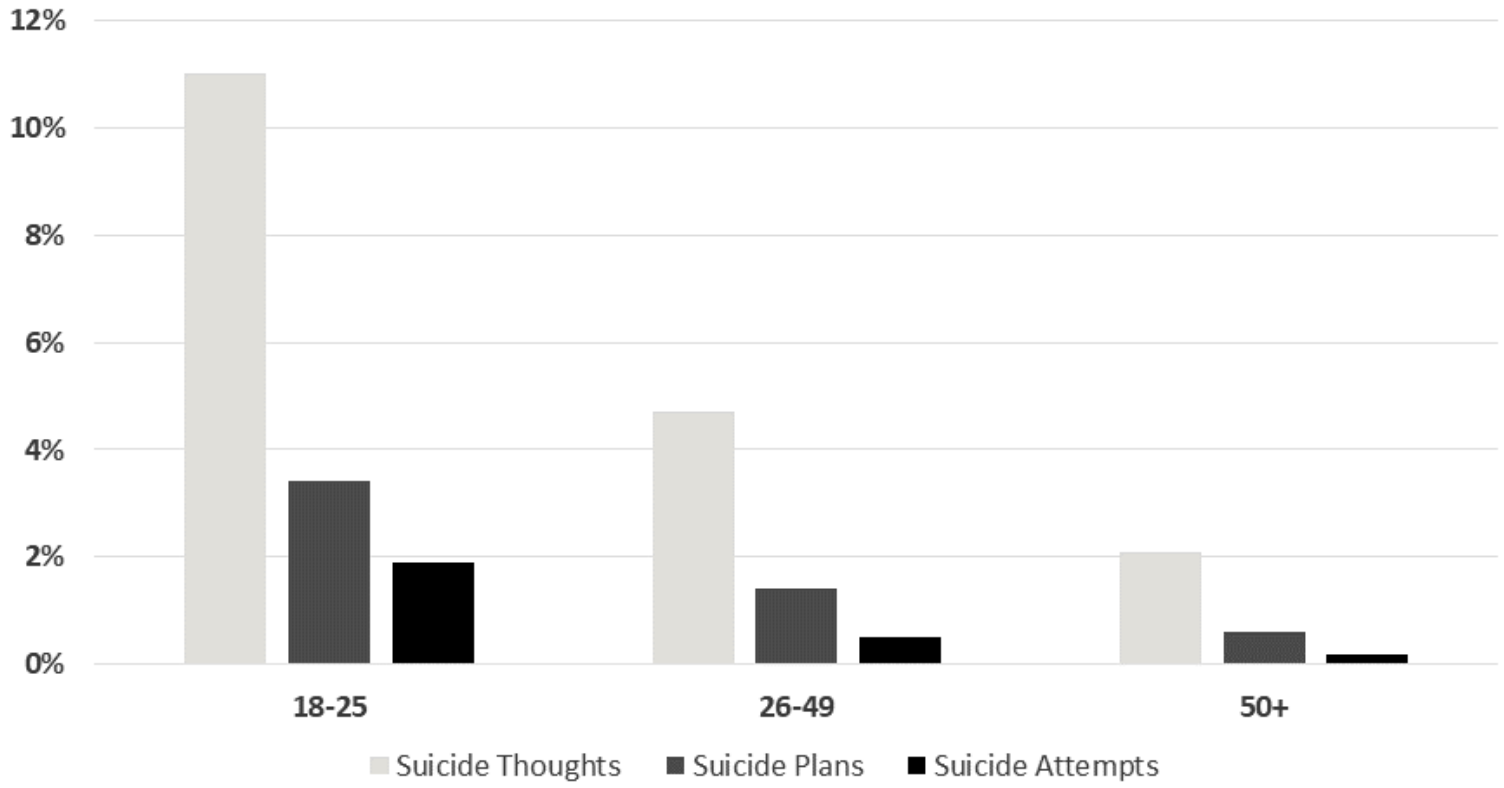
Suicide Rates by Age, United States 2009-2018



www.sprc.org

Source: CDC, 2020

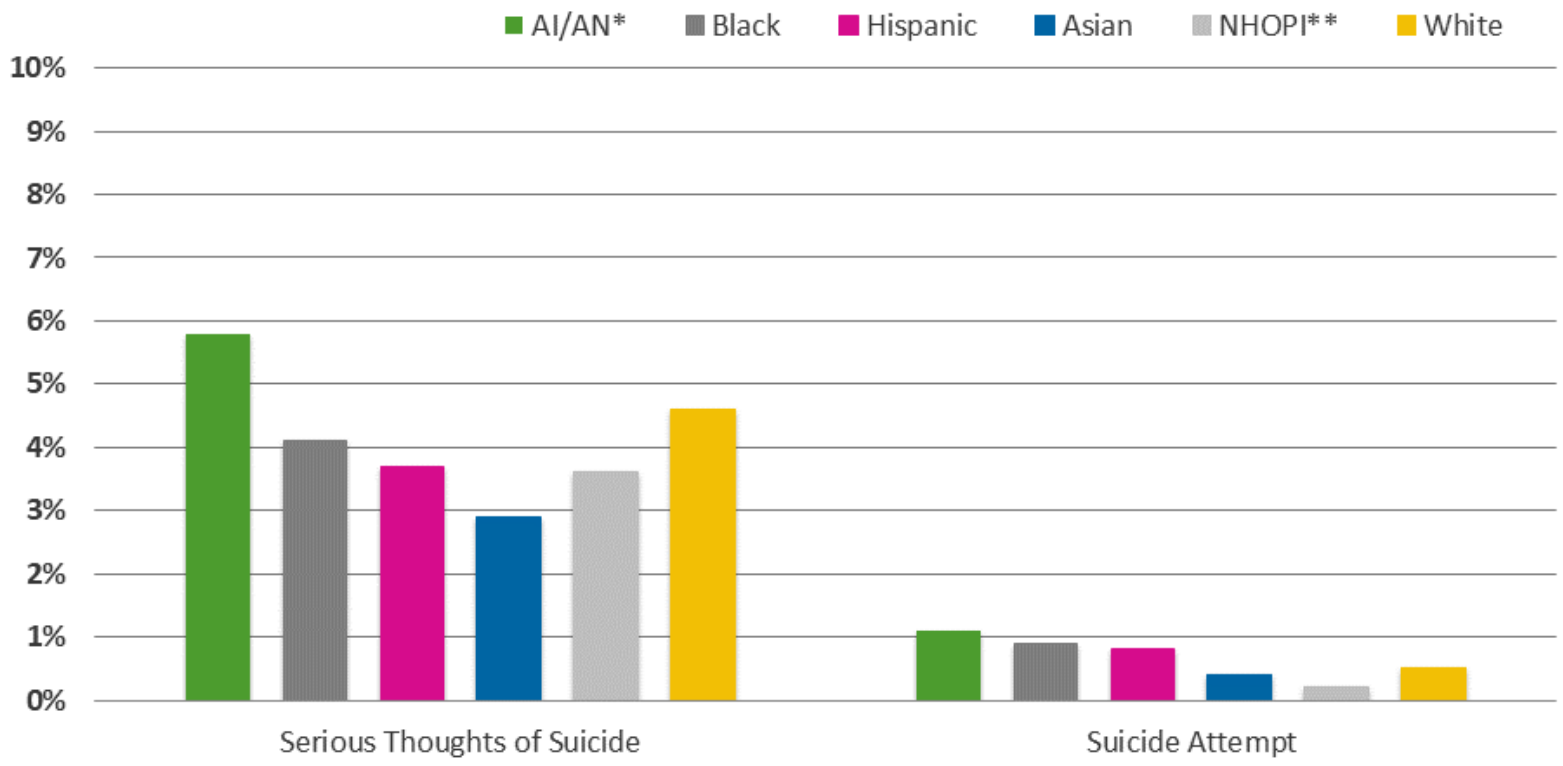
Past Year Suicidal Thoughts, Plans, and Attempts Among Adults (18+) by Age, United States 2018



www.sprc.org

Source: SAMHSA, 2019

Past-Year Suicidal Thoughts and Suicide Attempts for Adults, United States 2018



*AI/AN = American Indian/Alaska Native
**NHOPI = Native Hawaiian or Pacific Islander

Source: SAMHSA, 2019

Risk Factors in College Age Students

- Behavioral health issues or disorders
- Individual characteristics
- Adverse/stressful life circumstances
- Family characteristics
- School and community factors

Suicide Prevention Resource Center

Protective Factors in College Age Students

- Individual characteristics and behaviors
- Social support
- School and community factors

Suicide Prevention Resource Center

Case Scenario- Revisited

John is a 21 year old male in his third year of an academic program. You have advised John for two years. He has demonstrated up and down academic performance. He disclosed about a year ago he was in counseling for his substance use. Today, he requested an appointment because he is unsure if he wants to continue in the program. He is not failing courses, but is falling behind. He reports he worries most of the time and can not concentrate. He reports he is drinking again. His significant other, Mark is supportive. He does not want to share his mental health concerns with his parents. During the conversation, he expresses hopelessness about his situation.

But, I'm a teacher, not a therapist!

- Role, or "agency"
- For some circumstances, you might be deemed a "responsible employee' (Title IX)
- "When in doubt, be human." (Karl Menninger)

In this scenario

- The student has presented to you; in many other cases, you may observe that “something is off…” If so, you can simply reach out, in a private, non-judgmental fashion, to discuss your observation or concern.

- Listen objectively

- Know that you don’t need to be a mental health expert, but you do need to know resources.

How does John know he is being heard?

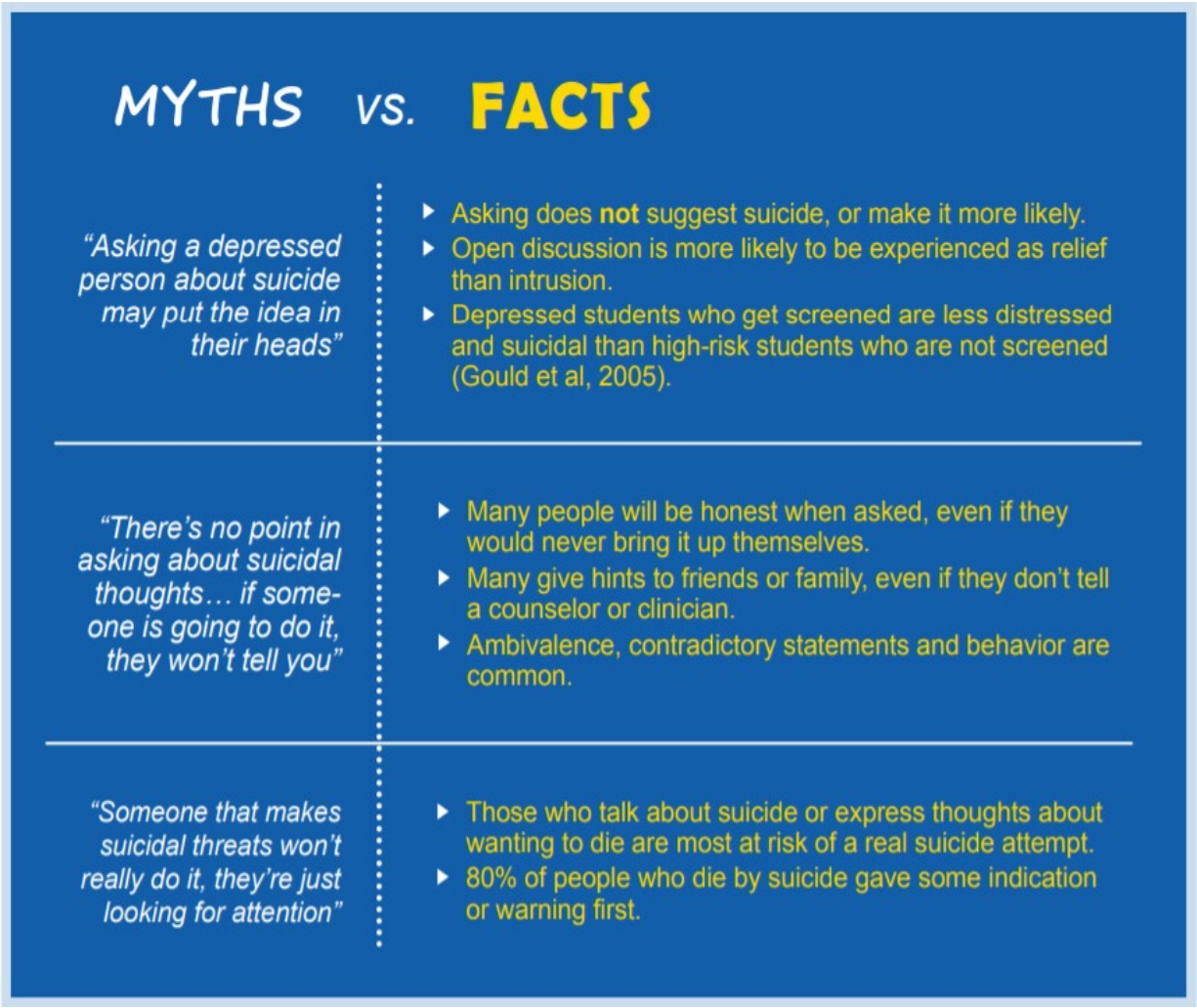
So, John has mentioned:

- Past counseling for substance use
- He is drinking now
- He is falling behind in school
- He is feeling hopeless.

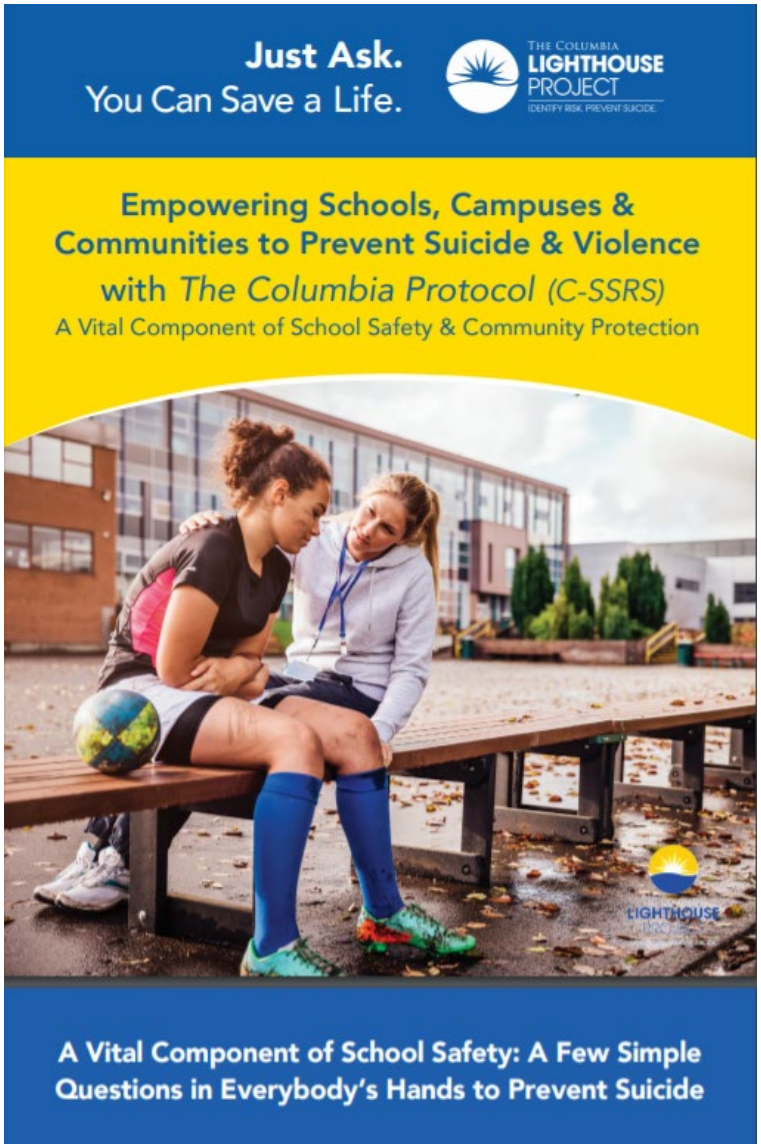
What might you do next?

Is this only a worry, urgent or emergent?

There are few emergencies in mental health, but one of them is high suicide risk. Non-mental health professionals can ask questions to get a better picture…



Tools and Resources



	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk	
Always Ask Question 6	Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Any YES indicates the need for further care. However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.

DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP

Virtual concerns:

- You find out this concern via video-conference.
- What some might have done in the past, is ask the student to call student counseling/health center from your office.
- Some might have been able to escort a student to one of the above.
- What now?

Urgent Care

- Student Counseling Centers are usually able to visit with students/clients face-to-face. (Virtual visits are considered Face-to-face. In-Person is “in-person)
- If the individual is at high risk, this calls for “emergent care,” which student counseling centers may be able to assist with, but not provide…

Student Health Centers may or may not be directly associated with Student Counseling Centers. They have trained medical providers who can screen for particular medical and behavioral health conditions and provide treatment. As with the “emergent care” issue, they may be able to assist with, stabilize, but need to refer on to a higher level of care.

Common Behavioral Health Disorders in Young Adults

- **Major Depressive Disorder**
- **Bipolar Affective Disorder** (Bipolar I and Bipolar II, the latter has the highest incidence of suicide)
- **Eating Disorders**, including **Binge-Eating**, **Bulimia Nervosa**, **Anorexia Nervosa**
- **Anxiety Disorders**
- **ADHD**
- **Obsessive Compulsive Disorder**
- **Post-Traumatic Stress Disorder**
- **Sleep Disorders**
- **Substance Use Disorders**
- While psychotic disorders are less common, they often manifest at this time

Getting someone urgent/emergent in-person help

VIA:

- Family
- Friend
- Other non-provider supports
- Campus Crisis Team
- Community Mobile Crisis Team
- Law enforcement
- Ambulance

Early in my training…

- **When feeling stuck, expand the field…**

(never feel like you have to be making difficult decisions alone…)

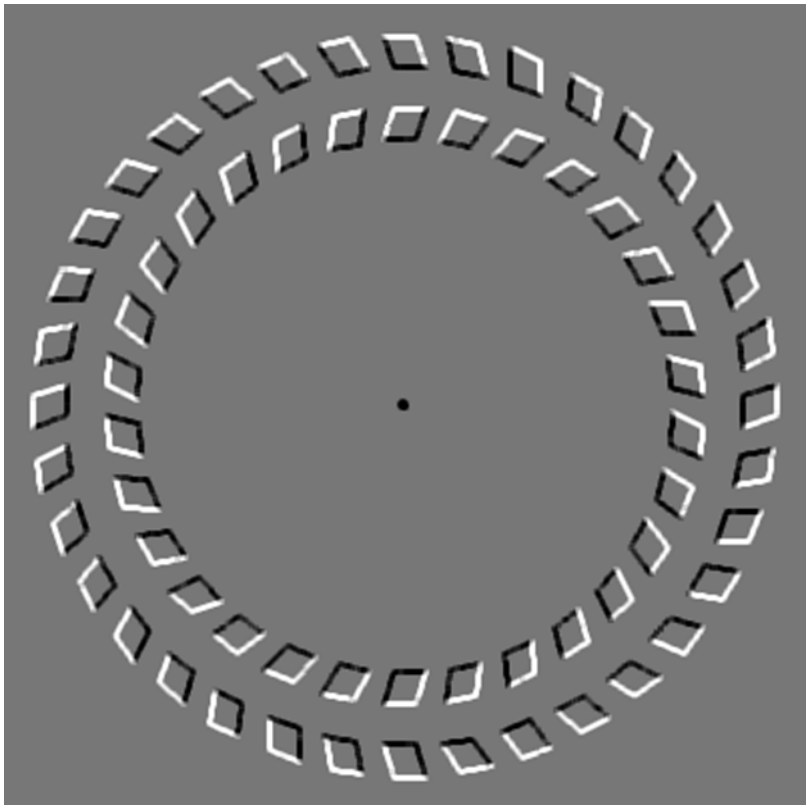
Phases of Disaster Response

Mitigation

Preparedness

Response

Recovery



Post-COVID

- Important points: most people post-disaster will not develop mental illness or substance use disorders. It is important though, for society to provide supports to prevent, as well as treat conditions.

- Normalize, don’t pathologize. However, some people will need professional help

Types of Mental Health And Psychosocial Supports (MHPSS)

Types	Hallmarks	Immediate	Intermediate	Extended
Psychological First Aid	"Look, Listen, Link"	X	X	
Crisis Counseling (Crisis Counseling Assistance and Training Program-CCP)	Community-based outreach, psycho-education	X ISP 0-60 days	X ISP 0-60 days	X RSP 2-9 months
Critical Incident Stress Debriefing (CISD)	Intended only for specific groups. Controversial	X		

A Holistic Framework for Recovery (Focus on Recovery)

Te Rākau Whakamarumaru
Ministry of Civil Defence & Emergency Management

Appreciation to Dr. Alistair Humphrey

So, what about non-urgent/emergent resources in the time of COVID?

- Virtual 1:1 therapy
- Virtual group therapy
- Virtual support groups, including peer supports
- Apps
- Friends, family, other…!
- Healthy habits, etc…

Resources

- As businesses, including those involved in education and health are reducing their workforces (hopefully temporarily) how do we manage?
- (in addition to following resources, recall that there are state and federal grants available for resources specific to COVID-19)

- See Resource list

Thank you!

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Thank You

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