

Article 18

**Commuter Campus Suicide Prevention Program
Challenges: Engaging Nontraditional Students
and College Faculty/Staff**

Darren A. Wozny, Julia Y. Porter, and Joshua C. Watson

All colleges aim to successfully prepare students academically for their future; however, an underemphasis on the development of help seeking skills for mental health issues jeopardizes student potential both during college and life after graduation. Students come to our campuses needing to be educated about their chosen academic majors but they may also bring non-conducive attitudes toward help seeking. Many students have been taught that mental health issues are to be dealt with privately, either at an individual or family level, but not publicly because there are prohibitions against the use of counseling services. College campuses can play an important role in decreasing stigma associated with help seeking so that students can utilize counseling services when necessary during their college careers and across the lifespan through mental health prevention program activities.

Our commuter campus suicide prevention program is broadly conceptualized as a mental health promotion program focused on developing wellness among our campus student population. The purpose of this article is to articulate the various engagement methods that our campus has employed to encourage target campus populations to participate in key campus suicide prevention activities.

The activities facilitate a decrease in mental health stigma and an increase in conducive help seeking attitudes and counseling referrals to mental health services (these represent suicide prevention program outcomes). The intent of this paper is to assist similar commuter campuses in the implementation of a suicide prevention program; therefore our focus is on the process of implementation rather than the outcome evaluation of the program.

Suicide and Related Mental Health Issues on College Campuses

Going to college and staying in college is a protective factor for suicide risk. The Big Ten Suicide Study (Silverman, Meyer, Sloan, Raffel, & Pratt, 1997) identified reported suicides among the campuses of the Big Ten Universities over a 10-year period and reported a college suicide rate of 7.5 per 100,000 students. However, the suicide rate in the general population when matched for age, gender, and race was double the college student rate at 15.0 per 100,000 (Suicide Prevention Resource Center, 2004). Yet, suicide and related mental health issues are still a significant problem on college campuses. The American College Health Association (2001) national survey of 16,000 students across 28 college campuses reported that in the year prior to the survey, 9.5% of college students had suicidal ideation, 1.5% had made a suicide attempt, 50% reported feeling very sad, 33% reported feeling hopeless, and 22% felt depressed to the point of impaired functioning. Despite the fact that suicide and related mental health issues are commonplace on college campuses, many students fail to seek counseling services. The American College Health study found a discrepancy between students who reported depression impaired their functioning (22%) and students who were diagnosed with depression (6.2% of males and 12.4% of females). The discrepancy highlights that many students with serious mental health issues are not seeking treatment. One of the primary reasons for not seeking counseling services is the stigma associated with counseling that results in non-conducive help seeking attitudes whereby, regardless of severity of mental health

issues experienced, some students will not seek counseling on their own accord.

Granello and Granello (2007) indicate that there are several suicide risk factors that are particular to the general college student population including: perfectionism; victimization (both rape victims and perpetrators); stress of interpersonal relationships; risk-taking behaviors (substance abuse, driving erratically, fighting, promiscuity, etc.); and cognitive rigidity (particularly among undergraduate students). However, there are college subpopulations that are at increased risk for suicide, particularly males, older students (25 years and older) and graduate students (both male and female; Silverman et al., 1997).

Nontraditional college students (students 25 years and older) have some unique stressors that include: commuting to college and therefore less able to participate in extra-curricular college activities; loss of status if they have quit work to attend college (Silverman, 2004); work/family/school balance for those students that attend college while continuing to work and raise families; and academic-related challenges of returning to school after a prolonged absence (SPRC, 2004). A related student subpopulation is commuter students. Commuters tend to have weak ties to their college whereby they only appear on campus to attend classes, lack “school spirit,” and are difficult to engage in school-based programming (e.g., campus suicide prevention activities; SPRC). It should be noted that there is a dearth of research associated with suicide rates among commuter campus students and little information about how to promote mental health or prevent suicides on commuter campuses (SPRC). Our article aims to begin to address the literature gap of how to promote mental health on a commuter campus by focusing on engagement methods used to encourage faculty, staff, and students to participate in the primary activities of a campus suicide prevention program. These activities include a suicide prevention awareness/gatekeeper training workshop and campus clinical screenings. The workshop provides the skills necessary for engaging distressed students, assessing suicide risk (i.e., asking directly about suicide), and making appropriate referrals to Employee Assistance Program services (EAP;

in our case we contracted with our community mental health agency). It provides information on suicide risk factors, suicide warning signs, and suicide myths.

Description of Campus

Our campus is a small regional campus (762 students) of a major public state university (16,238 students). Our campus offers no residential facilities and is located 100 miles from the main campus, which houses most university services including the college counseling center. Thus, students commute to campus from surrounding counties, some traveling significant distances just to attend classes, and would have difficulty accessing the counseling center on the main campus. This was a primary rationale for the campus to contract with EAP mental health services with our community mental health agency. Our campus offers programs in arts and sciences, business and industry, and education. Programs range from four-year bachelor to masters and education specialist degrees. Our student population has the following characteristics related to academic class, gender, ethnicity, and age. Students are: predominately undergraduate juniors and seniors (72%), though there is a significant graduate student population (28%); primarily female (77%) due in part to fewer males in the education programs which constitute the largest enrollment; primarily White American (67%), though African American (29%) students are a large minority campus population (this distribution is reflective of the local ethnic diversity); 25 years and older, or nontraditional students, (71%) compared with a smaller percentage of younger, traditional college age population (29%). The majority of our students are 25-49 years of age as it accounts for 63.3% of our population.

Description of SAMHSA Campus Suicide Prevention Grant Project

In 2005, the Garret Lee Smith Memorial Act, named after a U.S. Senator's college aged son that died by suicide, was passed by

Congress. The act made federal funding available for the first time for development and implementation of suicide prevention programming on college campuses. In the fall of 2006, our regional commuter campus received a three year federal grant from SAMHSA to implement a campus suicide prevention program for our commuter college campus.

The SAMHSA guidelines for the federal grant stipulated that campus suicide prevention grant activities should be limited to the five primary project activities that include development of the following: 1) mental health network; 2) campus crisis response plan; 3) integration of the National Suicide Prevention Lifeline in the campus crisis response plan; 4) informational materials for students and their families; and 5) suicide prevention gatekeeper/awareness training workshops that promote early identification of students-at risk and help-seeking behaviors among distressed students. Engagement methods of the last project activity are the focus of this article.

The fifth project activity involves the development and delivery of suicide prevention gatekeeper/awareness training workshops to campus faculty, staff, students, and families. The gatekeeper/awareness training is a three hour workshop designed to: develop conducive attitudes toward help seeking; increase knowledge of suicide myths, warning signs, and suicide risk factors; and develop skills in observing and intervening with distressed students (includes basic suicide risk assessment and safety-based intervention of making referrals to EAP mental health services). The final project activity includes mental health promotion and campus clinical screenings for our students and their families on several major mental health issues (depression, suicide, anxiety, substance abuse, PTSD).

Engagement Methods

Campus Clinical Screenings/Mental Health Promotion Engagement Methods

Engaging students and their families in campus suicide prevention outreach activities, such as clinical screenings, is directly related to facilitating self-referral to EAP mental health services.

Students and their families may be unsure if their mental health issues warrant the involvement of a counselor; clinical screenings can provide them with feedback on the severity of their mental health issues and thus facilitate their decision to participate in counseling. We use the following methods to reach students:

1. Schedule monthly clinical screenings on campus prior to high enrollment classes. In scheduling our clinical screening events, we choose Mondays and Tuesdays (more classes on those days) and both day and evening times to reach both our traditional and nontraditional campus students.
2. Provide incentive drawings. At each clinical screening event, we draw for two campus bookstore gift certificates to encourage student participation. The draw also gives us an estimate of how many students come to the mental health promotion table, though not all participate in the clinical screening.
3. Organize mental health promotion events in high traffic areas on campus. We have experimented with different campus locations throughout our single building regional campus. We noticed that any campus location that did not require the majority of students to walk past the event table was often overlooked as commuter students tend to go straight to class. Therefore, we have found that setting up our event table across from the deli and vending machines has resulted in more student participation.
4. Arrange brief clinical screenings in private areas on campus. One of the dilemmas on our campus is that the locations that are primary for the mental health promotion event are often the furthest from the private spaces on campus necessary for the clinical screenings. Students tend to not want to walk far to talk with a counselor about their clinical screening. We need to continue to find a space that works for both aspects of the campus event.
5. Change monthly mental health promotion. It is important to encourage students to regularly participate in mental health promotion and clinical screenings. One method we have employed is introducing a new monthly mental health theme coupled with varied,

- engaging activities. For our stress management theme, mental health services used a tub of water with many floating ping-pong balls (named for various stressors) and invited students to see how many balls they could hold down at once.
6. Provide refreshments. Initially, we provided large cookies to entice students to participate; however, we were reminded that cookies were incompatible with our wellness philosophy that encourages healthy nutrition. We now offer our students a piece of fresh fruit to encourage better nutrition.
 7. Send monthly campus-wide suicide prevention program newsletter email. One of the authors directs a wellness institute, affiliated with the campus, and developed a wellness newsletter that will include a column on a particular mental health issue and will advertise the suicide prevention mental health promotion/clinical screening dates for the current semester.
 8. Promote clinical screenings to students through professors and academic advisors. On our campus, all students must meet with their academic advisor. This one-on-one time is a great opportunity to see how students are doing, both academically and personally, allowing advisors to encourage students who are struggling to participate in campus clinical screenings or make referrals for counseling.
 9. Add subscription to Screening for Mental Health, <http://www.mentalhealthscreening.org/>, to our campus suicide prevention program website. We have found that some students do not want to participate in clinical screenings on campus for various reasons. Thus, we encourage students to participate in clinical screenings anytime through this online service that will provide students with the local contact information necessary for accessing mental health services.
 10. Promote clinical screenings through campus marketing manager. Screenings are advertised on the campus website, campus TV announcements, and event postings in classrooms.
 11. Offer clinical screenings in conjunction with other campus events. Our campus hosts an annual health fair and offering our mental health promotion and clinical screenings at this larger

event is a method to reach our target community population (families of campus students).

*Campus Suicide Prevention Gatekeeper/Suicide Awareness
Workshop Engagement Methods*

Engaging campus faculty, staff, students and their families in the suicide prevention gatekeeper/awareness training is vital to decreasing mental health seeking stigma and increasing conducive help-seeking attitudes that will hopefully lead to an increase in campus referrals to EAP mental health services (third-party referrals). Getting students to participate in the suicide prevention gatekeeper/awareness training is particularly important as students are more likely to disclose distress to other students (friends) or significant others rather than campus faculty or staff (Brownson, 2007). The following items directed our practice:

1. Target particular groups of students, faculty, and staff. Groups might include student organizational leaders, naturally supportive students, and the general student population; faculty, administrators, campus police, student services personnel, IT, etc. For example, by targeting campus student organizational leaders, we may gain access to providing the suicide prevention training to student members of those student organizations by providing talks at their organization meetings.
2. Promote gatekeeper training/suicide awareness workshops through professors/advisors (for students) and campus dean's office (for faculty/staff). Students may be more likely to attend if their academic advisor, who has been to the suicide prevention workshop, encourages their advisees to attend. In terms of faculty and staff, the majority of the workshop registrations came shortly after an email from the campus dean encouraging faculty and staff to attend. Our campus dean also attended the suicide prevention workshop to demonstrate her commitment to the campus initiative.
3. Vary the scheduling of gatekeeper training/suicide awareness workshops during the semester and deliver the workshop as a three part series (for students). Generally, the middle of the semester is

the best time for workshops for faculty, staff, and students. In terms of students, particularly commuter campus students, finding a three hour block of time to participate in an extra-curricular workshop is very difficult, so we are experimenting with offering our three hour workshop in a three part series scheduled one hour prior to the beginning of evening classes and repeating the series each semester for students that miss part of the series.

4. Add a text-based version of the gatekeeper training/suicide awareness workshop to our campus suicide prevention program website. We recognize that some students will not attend the suicide prevention workshop and therefore want to make the information available on our suicide prevention campus website to raise student awareness.
5. Provide refreshments. For the faculty and staff workshops, we offer fresh fruit and juices; at the student workshops we offer pizza so that students can come to campus early, eat during the brief workshop, and attend class that evening.
6. Offer workshops in conjunction with other campus events/meetings (e.g., Wellness Institute Workshop and COE Orientation). Offering our suicide prevention workshop with our campus's Wellness Institute was a way to target our community population (families of campus students). We experimented with offering the suicide prevention workshop during our counselor education orientation this fall and found that it was an effective way to reach a large number of counseling students.
7. Offer incentives for student workshop attendance (e.g., tote bags for workshop participants and drawings for bookstore gift certificates). The tote bags were chosen primarily because we have mostly female students on campus and we thought that the tote bags would be used as book bags on which we could advertise our campus suicide prevention program. We also thought that random drawings for bookstore gift certificates would encourage students to participate in the workshop series.

Future Directions for Project Evaluation

The process of implementing a campus suicide prevention program requires brainstorming several different methods of engaging campus faculty, staff, and students in the primary prevention activities. However, some engagement methods are better than others and this essential information is best learned through evaluation. The program implementation has already begun and we are in the process of determining future directions for project evaluations. Trend analysis of how many students completed clinical screenings and received mental health information will help us determine whether our engagement methods for the clinical screenings have been successful. We will conduct a campus survey of those who participated in the clinical screenings and mental health promotion events. The survey will include a list of our engagement methods and instructions to indicate methods that most influenced their decision to participate.

Tracking the percentage of faculty, staff, and students that receive the training over time will show whether our engagement methods for the gatekeeper/awareness workshops have been successful. We will conduct a campus survey of those who participated in gatekeeper/awareness workshops. The survey will include a list of our engagement methods and instructions to indicate methods that most influenced their decision to participate.

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