STAND4YOU: What Did We Learn During the First-Year of Introducing a Suicide Prevention Campaign on a College Campus?

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Abstract
The past decade has seen increasing concern for mental health issues in general, including suicidal thoughts and behaviors, among emerging adults attending college. Online surveys of our campus community support our assumption that while most community members are invested in serving the mental health needs of students, they do not always feel they have skills and knowledge they need to provide that help. In this presentation we will discuss the various activities during the first year of a suicide prevention program designed to address those issues, including an online training program which utilizes interactive scenarios with computer-generated avatars.

Introduction
Recent trends suggest college students are experiencing more severe and more complicated mental health problems than in the past (Barr, Rando, Krylowicz, & Winfield, 2010; Benton, Robertson, Tseng, Newton, & Benton, 2003; Kitzrow, 2002). This includes suicidal thoughts and behaviors, with the Centers for Disease Control and Prevention (2010) currently reporting suicides account for 20% of all annual deaths among 15-24 year olds, making it the third leading cause of death for that age group, and it is the second leading cause among persons aged 25-34 years. In addition, the prevalence of suicidal thoughts, suicide planning, and suicide attempts is significantly higher among young adults aged 18-29 years than among adults aged 30 years or older (Crosby, Han, Ortega, Parks, & Gfoerer, 2011).

With the support of a suicide prevention grant from the Substance Abuse and Mental Health Services Administration, we implemented a campus-wide program (STAND4YOU) focusing on suicide prevention and mental health promotion. A variety of activities and accomplishments occurred during the initial, start-up year of the program, including the introduction of an online gatekeeper training program for all students, staff, and faculty. STAND4YOU’s goals are three-fold: 1) Increase early detection of at-risk students; 2) Increase help-seeking behavior in students; and 3) Increase help-seeking behavior in high-risk students. A multi-pronged approach was used to educate the campus community, including an educational media campaign. Online and in-person trainings as well as discussion groups for students, faculty, and staff serve as the core of our approach. In order to decrease the stigma attached to seeking and receiving mental health assistance, STAND4YOU partnered with campus and community organizations to provide outreach activities and events. Of particular focus was increasing outreach to historically underserved and at-risk populations on campus (African-American, LGBTQ students, Veteran and Military, Native American/Alaska Native). In an effort to target these groups and those reluctant to seek counseling services, drop-in consultations based on Cornell University’s “Let’s Talk” program were also offered to students.
STAND4YOU Activities During the First Year

(1) Administrative Activities
- Formalized the support and involvement of campus-wide stakeholders before submitting the grant application through Memorandums of Understanding
- Identified Faculty from the Social Work and Psychology departments to join the program and be primarily responsible for assessment and evaluation processes
- Hired a Program Coordinator after a nation-wide search
- Purchased Kognito at-Risk for College Students and Kognito at-Risk training for Faculty (and staff) access for life of the grant (see Kognito Images 1-4). This training program utilizes interactive scenarios with computer-generated avatars which guides an individual toward more constructive and helpful behaviors they might later use in real-world situations. Users learn how to identify a student who is at-risk, skills to intervene, and where and how to refer students to support services.
- Identified an organization name (STAND4YOU) during a campus-wide naming contest
- Issued press release advertising the new program to the campus and local community
- Attended activities hosted by SAMHSA, including monthly meetings, numerous webinars, and the annual Suicide Prevention Grantee Conference.

(2) Suicide Prevention Trainings/Educational Seminars
- At least 786 students have completed Kognito at-Risk for College Students (see Kognito Images 1 & 2)
- At least 210 faculty/staff have completed Kognito at-Risk for Faculty (see Kognito Images 3 & 4)
- Encouraged training participation among faculty, staff, and students campus wide via multiple emails, posters, faculty-initiated course assignments, departmental and chair meetings, and promotional items such as handouts, bookmarks, notepads, magnets and other materials.
- Asked students leaders to complete the training including: Resident Assistants, Orientation Leaders, Powerful Connection Mentors, Student Athlete Mentors, Commuter Assistants, Trio Mentors, Campus Against Violence peer educators, and SGA board members.
- Asked High-Risk Groups to complete the training, including LGBTQ Alliance, Union of African-American Students, Multicultural Alliance Team, Veteran and Military Students.
- Provided follow-up in-person suicide prevention trainings throughout the semester and upon request.
- Presented STAND4YOU and suicide prevention information at New Student Orientation.
- Provided suicide prevention information at President’s Safety Town Hall meeting, SGA forum and SGA events, undergraduate and graduate courses, Employee Appreciation Day, and to parents during a panel at Preview for new students, among other forums.
- Invited speaker to present an educational seminar on mental health at New Student Orientation.

(3) Coalitions and Partnerships
- A STAND4YOU Faculty/Staff Committee consisting met monthly to discuss program goals and assisted in program implementation. Representatives included members of the following campus departments and organizations:
  - Counseling Center
  - Office of the Provost
  - Office of Student Affairs
  - Academic Affairs
  - The Social Work Department
  - The Psychology Department
  - Disability Support Services
  - Student Health Services
  - Housing and Residence Life
  - Student Activities
  - Student Government Association
  - Active Minds
• A commitment of time and/or resources was also made from diverse individuals, departments, and organizations both on and off campus, including:
  o Athletics Department
  o Multicultural Student Services
  o Center for Student Achievement
  o Commuter Connections
  o University Police
  o Academic School Deans
  o Administration Deans and Offices
  o Registered Student Organizations
• A STAND4YOU Student Committee meets monthly to provide feedback, assist in program goals, and increase collaboration efforts. Representatives from various student groups include:
  o LGBTQ Alliance
  o Student Government Association
  o Union of African-American Students
  o Student Military and Veterans Association
  o Active Minds
  o Sigma Pi Fraternity
• A number of events and activities both on campus and in the community were coordinated with Off-Campus Organizations, including:
  o Life Crisis Center
  o American Foundation for Suicide Prevention
  o Youth Move
  o Worcester County Health Departments
  o Worcester County Youth Suicide Awareness Program
(4) Social Marketing Campaign
• Distributed posters and table tents to advertise events, trainings and outreach activities.
• Developed STAND4YOU QR code as well as Facebook, Twitter, and Instagram webpages.
• Enhanced Counseling Center webpage to include STAND4YOU information about events, trainings, and educational resources.
• Created ‘Suicide Transcends Cultures Campaign’ and distributed educational posters on campus.
(5) Outreach Events/Activities
• Held STAND4YOU kick-off at the beginning of the spring semester, including speakers, STAND4YOU promotional items (t-shirts, notepads, pens, etc.), door prizes, informational tables and announcement of organization name (STAND4YOU) and naming contest winner.
• Coordinated end-of-the semester celebration events called ‘Chalk it Up!’ and ‘Step it Up!’ before finals week to relieve stress and promote Kognito at-Risk trainings. ‘Step it Up!’ was organized by STAND4YOU and the POMS Dance Team.
• Offered mental health screenings including Alcohol, Depression and Eating Disorder screenings.
• Provided STAND4YOU informational tables at Health Fair, Open Enrollment Fair, Sigma Pi’s Suicide Awareness Event, Student Activities Fair, and Survival of Arrival for new students.
• Hosted World Suicide Prevention Day with suicide prevention informational tables and “Mardi Gras Beads with Meaning” activity to reduce stigma around mental health.
• Recruited almost 40 students, staff, and faculty for the STAND4YOU team to participate in a community “Out of the Darkness Walk” and participated in planning meetings.
• Planned events for Depression Awareness Month-October: informational tables, depression screenings, speakers, National Coming Out Day.
• Offered weekly Let’s Talk!” drop-in consultations with Counseling Center staff at various campus locations.
• Participated in a community LGBTQ Coalition and offered LGBTQ support groups in the Counseling Center.
(6) Additional Accomplishments
• Conducted a campus-wide online survey assessing knowledge and attitudes related to mental health issues, including suicide
• A new client triage screening system was implemented to identify and intervene with those clients who report suicidal or homicidal indicators in a timely manner.
Campus-Wide Study

Methods

A total of 636 individuals from a Mid-Atlantic campus population of approximately 10,000 (6.36%) completed an online questionnaire assessing knowledge and attitudes related to mental issues, including suicide. The majority of respondents (67.49%) were students (see Table 1).

Results

• Overall, beliefs about individuals with suicidal thoughts was positive and supportive (see Figure 1), although less so for students and staff than for faculty and staff (see Table 1).
• Most respondents felt it was part of their role to intervene and refer students to mental health services when appropriate (See Figure 2), particularly faculty and administrators (see Table 2).
• The majority also indicated they knew where to refer someone if they were in need of mental health or suicide prevention resources (See Figure 2), although this was less true for students (see Table 2).
• Although some individuals reported a lower likelihood of seeking help for themselves than for others, a clear majority do indicate they would seek help in either situation (see Figure 3).
• Most relevant for the Kognito training programs adopted as part of the this program, a relatively lower percentage of the campus community expressed confidence in their ability to recognize those in need of help (See Figure 4), particularly among faculty and students (see Table 1).
• Finally, findings do suggest the suicide prevention campaign is at least partially successful, with more than half of respondents reporting awareness of the materials (see Figure 5).

Recommendations and Lessons Learned

• Involve members from as many diverse areas of the campus as early as possible
• Formalize commitments of time and resources from all campus partners
• Involve campus community, particularly students, early in the process through contests and events
• Recognize the possibility of a disconnect between sense of responsibility toward helping, which is likely high among members of the campus community, and the practical knowledge and confidence these individuals have about how to recognize and help those in need, which may be relatively low
• Set realistic goals for campus participation in events, surveys, and trainings
• Target specific groups, particularly at-risk groups such as minority, LGBTQ and military veterans.
• Strive for a long-lasting impact which will survive the life of the grant by attempting to slowly create a culture of awareness; focus on administration involvement and students new to the campus

References


Barr, V., Rando, R.A., Krylowicz, B. & Winfield, E. (2010). The Association for University and College Counseling Center Director’s Annual Survey Monograph. CO: AUCCCD


Personally, I think that it is a sign of personal weakness or inadequacy to receive treatment for suicidal thoughts and behaviors.

Personally, I would see a person in a less favorable way if I came to know that he/she has received treatment for suicidal thoughts and behaviors.

Personally, I think that it is advisable for a person to hide from people that he/she has been treated for suicidal thoughts.

Figure 1: Beliefs about those with Suicidal Thoughts

- **Strongly Agree (5)**
- **Agree (4)**
- **Neither Disagree nor Agree (3)**
- **Disagree (2)**
- **Strongly Disagree (1)**
Do you think it is your role as a staff member, faculty member, or student to refer a student for mental health services when they are showing signs of emotional...

If you or someone you know seems or is at risk for suicide, do you know where to go for help?

If you or someone you know needs help for a personal or emotional problem do you know where to go for help?

Do you think it is your role as a staff member, faculty member, or student to refer a student for mental health services when they are showing signs of emotional...

Figure 2: Role to Help? & Know How to Help?

- I Don’t Know
- No
- Yes

<table>
<thead>
<tr>
<th>Question</th>
<th>I Don’t Know</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you or someone you know seems or is at risk for suicide, do you know where to go for help?</td>
<td>22.8%</td>
<td>77.2%</td>
<td></td>
</tr>
<tr>
<td>If you or someone you know needs help for a personal or emotional problem do you know where to go for help?</td>
<td>20.6%</td>
<td>79.4%</td>
<td></td>
</tr>
<tr>
<td>Do you think it is your role as a staff member, faculty member, or student to refer a student for mental health services when they are showing signs of emotional...</td>
<td>15.9%</td>
<td>76.5%</td>
<td></td>
</tr>
</tbody>
</table>
If someone you know was having a personal or emotional problem (including, but not limited to suicidal thoughts) how likely or unlikely is it that you would assist them in getting help from a professional (e.g., mental health professional, medical doctor, or clergy member)?

If you were having a personal or emotional problem (including, but not limited to suicidal thoughts), how likely or unlikely is it that you would seek help from a professional (e.g., mental health professional, medical doctor, or clergy member)?

![Figure 3: Likelihood of Helping](image)

### Figure 4: Confidence in Being Able to Help

- **Very Confident (4)**
- **Confident (3)**
- **Somewhat Confident (2)**
- **Not Confident (1)**

I feel confident that I would be able to connect or refer a student at risk for suicide to resources for help (e.g., hotline, counseling, ER, etc.).

I feel confident that I would be able to ask someone who was exhibiting the warning signs of suicide if they are thinking about suicide.

I feel confident that I would be able to recognize the warning signs of suicide in students.
### Table 1: ANOVA Differences Based on Connection to Campus

<table>
<thead>
<tr>
<th></th>
<th>Staff N=114 M (SD)</th>
<th>Faculty N=88 M (SD)</th>
<th>Student N=429 M (SD)</th>
<th>Administrator N=5 M (SD)</th>
<th>F (df, N)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Beliefs:</strong> Strongly Disagree(1), Disagree(2), Neither Disagree nor Agree(3), Agree(4), Strongly Agree(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personally, I think that it is a sign of personal weakness or inadequacy to receive treatment for suicidal thoughts and behaviors.</td>
<td>1.26 (.65)</td>
<td>1.14 (.55)</td>
<td>1.42 (.76)</td>
<td>1.20 (.45)</td>
<td>4.533** (3, 628)</td>
</tr>
<tr>
<td>Personally, I would see a person in a less favorable way if I came to know that he/she has received treatment for suicidal thoughts and behaviors.</td>
<td>1.35 (.72)</td>
<td>1.27 (.72)</td>
<td>1.44 (.78)</td>
<td>1.40 (.55)</td>
<td>ns</td>
</tr>
<tr>
<td>Personally, I think that it is advisable for a person to hide from people that he/she has been treated for suicidal thoughts</td>
<td>1.77 (1.00)</td>
<td>1.74 (.96)</td>
<td>1.73 (.99)</td>
<td>2.00 (1.23)</td>
<td>ns</td>
</tr>
<tr>
<td><strong>Mental Health Intervention Likelihood:</strong> Very Unlikely(1), Unlikely(2), Neither(3), Likely(4), Very Likely(5)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>If you were having a personal or emotional problem (including, but not limited to suicidal thoughts), how likely or unlikely is it that you would seek help from a professional (e.g., mental health professional, medical doctor, or clergy member)?</td>
<td>3.81 (1.19)</td>
<td>4.03 (.98)</td>
<td>3.15 (1.29)</td>
<td>4.00 (.71)</td>
<td>13.576*** (3, 627)</td>
</tr>
<tr>
<td>If someone you know was having a personal or emotional problem (including, but not</td>
<td>4.36 (.79)</td>
<td>4.36 (.91)</td>
<td>4.18 (.93)</td>
<td>4.60 (.55)</td>
<td>ns</td>
</tr>
</tbody>
</table>
limited to suicidal thoughts) how likely or unlikely is it that you would assist them in getting help from a professional (e.g., mental health professional, medical doctor, or clergy member)?

<table>
<thead>
<tr>
<th>Mental Health Intervention Confidence: Not Confident(1), Somewhat Confident(2), Confident(3), Very Confident(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident that I would be able to recognize the warning signs of suicide in students.</td>
</tr>
<tr>
<td>2.33 (0.84)</td>
</tr>
<tr>
<td>I feel confident that I would be able to ask someone who was exhibiting the warning signs of suicide if they are thinking about suicide.</td>
</tr>
<tr>
<td>2.54 (1.02)</td>
</tr>
<tr>
<td>I feel confident that I would be able to connect or refer a student at risk for suicide to resources for help (e.g., hotline, counseling, ER, etc.).</td>
</tr>
<tr>
<td>3.05 (0.94)</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001
Table 2: Chi Square Differences Based on Connection to Campus

<table>
<thead>
<tr>
<th></th>
<th>Staff</th>
<th>Faculty</th>
<th>Student</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( N = 114 )</td>
<td>( N = 88 )</td>
<td>( N = 429 )</td>
<td>( N = 5 )</td>
</tr>
<tr>
<td></td>
<td>( M (SD) )</td>
<td>( M (SD) )</td>
<td>( M (SD) )</td>
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</tr>
<tr>
<td>Mental Health Role</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>I Don’t Know</td>
<td>( \chi^2 ) (df, ( N ))</td>
</tr>
<tr>
<td>Do you think it is your role as a staff member, faculty member, or student to refer a student for mental health services when they are showing signs of emotional distress?</td>
<td>100</td>
<td>4</td>
<td>10</td>
<td>31.062*** (6, 630)</td>
</tr>
<tr>
<td>Mental Health Intervention Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you or someone you know needs help for a personal or emotional problem do you know where to go for help?</td>
<td>98</td>
<td>16</td>
<td>19</td>
<td>13.299** (3, 631)</td>
</tr>
<tr>
<td>If you or someone you know seems or is at risk for suicide, do you know where to go for help?</td>
<td>95</td>
<td>14</td>
<td>111</td>
<td>6.122* (3, 618)</td>
</tr>
</tbody>
</table>

* \( p < .05 \), ** \( p < .01 \), *** \( p < .001 \)

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**Additional Websites of Possible Interest and Relevance**

FY 2013 SAMSHA Campus Suicide Prevention Grant  

Kognito at-risk Gatekeeper Training  
http://www.kognito.com/

Salisbury University’s STAND4YOU SUICIDE PREVENTION PROGRAM  
http://www.salisbury.edu/counseling/STAND4YOU/

American Foundation for Suicide Prevention (AFSP) “Out of the Darkness” Walks  
http://afsp.donordrive.com/

A more detailed copy of this presentation is available for download from:  
http://faculty.salisbury.edu/~lcgarmon/research.htm