

**Oregon College and University Suicide Prevention Project (OCUSPP)**  
**Progress Report**  
**July 2012 – June 2013**

## **OVERVIEW AND HIGHLIGHTS**

OCUSPP campuses have been very active and engaged in suicide prevention this year as you will discover when you read the campus highlights below. We have been pursuing both well-established interventions, such as gatekeeper training, as well as forging new paths through innovative programs that enhance student well being and moderate risk such as setting up a collection system for unused medications, bringing dynamic speakers to campus, and reaching out to students who express suicidality in social media.

Those who are familiar with college mental health are very aware that the past several years has witnessed significantly increased demand on clinical services. More students are seeking counseling services, and these students are presenting issues of greater acuity. Several OCUSPP schools have added professional staff to help meet this demand and a couple have hired case managers. In the context of limited resources, there is an ever-present tension between providing clinical services vs. doing preventative work around suicide and other pressing mental health issues on campus.

During this year OCUSPP explored the idea of forming an advisory board. Part of the intent was to tap into the diverse skills and knowledge that advisory board members would bring to the organization. A related desire was to fill in gaps in our membership's expertise, particularly around making better use of data to inform our interventions, helping us brand and market our organization, and also exploring different funding possibilities. Ultimately, after meeting with an outside consultant in non-profit management, we decided to shelve this proposal. We did not feel that we had sufficient administrative resources to manage and make best use of such a board at the present time. In lieu of setting up an advisory board, we have been cultivating relationships and consult with various experts in an ongoing, ad hoc basis.

## **SCREENING FOR MENTAL HEALTH**

Several of our campuses have implemented screening programs to identify students who may be at higher risk of suicide or other serious mental health problems. Lewis and Clark College contracted with [College Response](#) to implement anonymous online screenings for depression, bipolar disorder, anxiety, eating disorders and alcohol use, so that students can self-assess whether they might benefit from meeting with a counselor. The University of Oregon adopted the AFSP's Interactive Screening Program (ISP) and the Oregon Health Sciences University took steps to begin implementing the ISP next year.

## **AAS MEETING**

OCUSPP sent two members to the annual meeting of the American Association for Suicidology in Austin, Texas. The conference offered numerous sessions related to clinical and preventive activities. Since one goal for our participation is to bring new knowledge back to the

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consortium, members who attended will report back to the full membership at our Fall 2013 meeting.

## **RESEARCH**

Four OCUSPP campuses participated in the [National Research Consortium](#) study of college student stress, coping, suicide and resilience. The study was designed to explore why some students become suicidal during stressful periods and emotional crises and others do not. We worked with Stan Dura and Brian Clark of Student Affairs Assessment and Research at the University of Oregon to have the data analyzed. Results were presented to the membership at our semi-annual meeting in April 2013.

Brian Clark, a social psychology graduate student at UO, identified three attitudes and beliefs that seem to mediate whether one remains resilient or becomes suicidal during times of particular stress: Self-Representation, Sociality, and Coping and Attention. Sociality, which incorporates the experience of connection, belonging and meaningfulness, seemed to play the strongest role in protecting one against becoming suicidal. The second most powerful component was Self-Representation, which includes self-awareness, self-acceptance and lack of self-criticism. Coping and attention, which includes the ability to be focused, as well as confidence in the ability to manage daily challenges, had a weaker but still significant role.

When we looked at demographics and history, several factors correlated with increased risk of becoming suicidal. Students who reported a trauma and abuse history or history of having used mental health services were at greater risk for suicide ideation and attempts.

Below are some additional highlights of the OCUSPP study:

- 8.3% Undergrads and 5.8% Grad Students reported having attempted suicide at some point during their lifetime
- Students who seriously contemplate suicide usually do so for the first time before they enter college
- When students are stressed, they typically turn to family, friends and romantic partners for support. A much smaller percent turn to mental health providers.
- Female students (8.5%) were twice as likely to attempt as male students (4.2%)
- Gay, lesbian and bisexual students were much more likely to have seriously considered suicide and attempted suicide than their heterosexual peers.
- Students of color were more likely to have considered suicide during the most stressful period in the previous year and were more likely to report a history of attempts.

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- First Generation college students were likely to think of suicide during very stressful periods in college but not at other times and not more likely to attempt

## **VETERANS & SUICIDE**

The culture has shined a light recently on the high incidence of veteran suicides. In the National Research Consortium study, we did not find an elevated risk of suicidal thoughts or attempts among military veterans at our participating campuses. Perhaps the ability to attend and succeed in college itself points to strengths that both protect against suicide and contribute to a positive transition to civilian life. However, since the number of military veterans in our sample endorsing suicidal thoughts or attempts was so small, any firm conclusions must await the publication of results from the national study. In the meantime, OCUSPP campuses met with VA staff this year to learn more about resources available to veterans.

## **CAMPUS SUICIDE PREVENTION ACTIVITIES**

During the 2012-13 academic year, OCUSPP member campuses engaged in these activities:

- Published ten news articles
- Participated in three radio or TV interviews and sponsored two radio PSA
- Trained 23 college leaders, including as presidents, V-Ps, provosts and deans & directors
- Provided educational seminars to 3082 students
- Trained 1037 resident advisors
- Provided suicide prevention gatekeeper training to 740 faculty and staff
- Offered educational seminars to 127 faculty and staff
- Provided prevention training to 24 campus administrators
- Presented suicide prevention information to 208 parents
- Provided training to 75 health center staff and 55 counseling staff and trainees
- Sent four staff to suicide prevention conferences or workshops, including the AAS Conference in Austin, Texas and VA training
- Participated in three SPRC or Jed Foundation webinars

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- Four schools established or maintained an Active Minds chapter
- Five schools have a dedicated suicide prevention web page
- Six schools are connected to Ulifeline
- Three schools have an active suicide prevention task force
- Two schools instituted online mental health screening
- Participated in a safety assessment in the residence halls
- Installed a drop-box for used pharmaceuticals as part of a means restriction effort
- Used the Jed Foundation model to conduct a gaps analysis and establish goals for the coming academic year
- Participated in the AFSP Out of Darkness Walk
- Held a performance of “The Gospel According to Josh” — a one-man play about confronting the legacy of suicide, which was attended by 60 campus members
- Hosted Kevin Hines who presented to 150 campus and community members about surviving a jump off the Golden Gate Bridge and living well with bipolar disorder
- Created a “100 Reasons to Stay” video, involving students, faculty and staff, eliciting 1200 views
- Implemented a 24/7 Crisis Line
- Distributed suicide prevention posts on bathroom bulletin boards
- Held a Memorial Flag display
- Tabled for Suicide Prevention Week, reaching 500 students
- Hired case managers to help keep “at risk” students from falling through the cracks
- Expanded clinical service hours
- Sent a campus-wide suicide prevention letter to 4,500 faculty and staff
- Participated in the daisy project: a prominent display of 1,100 daisies corresponding to the number of college students lost to suicide each year

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**CAMPUS HIGHLIGHTS**

At **Lewis & Clark College**, the Associate Dean of Students Office hired a new case manager to provide support to students, some of whom were facing health or safety risks. Over the course of the year, the case manager provided support to a number of students who were at risk of suicide, had severe eating disorders, exhibited psychotic behavior, or had significant alcohol or drug problems. In addition, the Counseling Service was able to attract a \$200,000 gift from an anonymous donor to increase access to clinical services for students. Counseling Service staff also partnered with ProtoCall to implement a 24/7 crisis line for students. At their request, students contacting the crisis line can receive follow-up contact from the Counseling Service on the next business day. Finally, on two occasions this year, staff from the College's behavioral intervention team were able to partner with Portland Police to identify and intervene with students who had made anonymous statements of imminent suicidal intent in social media postings. This is a relatively new mode of operation for our behavioral intervention team. In both cases, we were able to refer students to the appropriate level of care.

**Oregon Health Sciences University (OHSU)** placed a brief [video](#) with gatekeeper guidelines on the Joseph B. Trainer Health and Wellness Center website for use by the campus community. The video was used as a core aspect of a Center-wide in-service training and has been used in discussion with the Center's Advisory Committee and presented to the Wellness Committee as well. The video link has been distributed widely to key staff, faculty, program directors and administrators across the University. A follow-up training was provided to a committee of medical students at their request. The Health and Wellness Center received approval from Columbia University to implement the Columbia Suicide Severity Rating Scale as the standard of care for risk assessment in identified high-risk cases. This is expected to be implemented into the electronic medical record system in the 2013-14 academic year.

**Oregon State University** has continued to work with its campus-wide suicide prevention workgroup on three initiatives. The workgroup decided to trial depression screening with the LGBTQ community and the Human Services Resource Center for students who are experiencing poverty. They also have addressed means reduction by arranging to provide gun locks, securing campus buildings and establishing a fully operational used drug drop-box on campus. The workgroup has been developing a post-suicide protocol to better learn the causes of completed suicides with the goal of improving prevention. Active Minds continued to be involved with the Counseling and Psychological Service's (CAPS) outreach and prevention efforts as well as their own independent initiatives. OSU has been actively engaged in ongoing work on the Mental Health Initiative — a campus-wide effort to promote mental health across all aspects of the student experience. *Flourishing* was chosen as the overriding theme, and the group worked on identifying ways to integrate this idea across campus. Gatekeeper training continue to be provided, and a grant allowed the training to be videotaped and made available on the OSU and CAPS web pages for staff and faculty who are unable to attend a live training. Counseling Staff continued to work with Greek Life in getting suicide prevention trainings and consultations into sororities and fraternities. Finally, a *100 Reasons to Stay* video was completed and will be published winter term in 2014.

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Staff at **Portland State University (PSU)** continued to provide suicide prevention training to RAs. They were asked to sit on the Housing and Residence Life Safety Committee to prioritize safety issues, including windows that open widely and doorways to rooftops, etc. Staff worked with students to obtain official recognition of PSU's Active Minds chapter and will be co-advising the group. Prevention training was provided to International Student Services Staff. PSU published a campus "[100 Reasons to Stay](#)" video, which has been viewed by over 2,000 people. In addition, PSU hosted "The Gospel According to Josh" — a one person play by Josh Rivedal about growing up with the legacy of multigenerational suicide while offering a suicide prevention message.

At the **University of Oregon**, a letter to the entire faculty and staff unleashed a flood of requests for suicide prevention trainings. The Suicide Prevention Team – a cross-disciplinary group of student affairs professionals – responded by training over two-hundred staff and faculty in sixteen sessions. We engaged with the media to spread the prevention message, which led to three newspaper articles and two TV interviews. To reach students who are struggling with significant mental health concerns yet unlikely to seek counseling on their own, the Counseling and Testing Center implemented the [Interactive Screening Program \(ISP\)](#). The ISP program — a "best practice" and a partnership with the American Foundation for Suicide Prevention (AFSP) — reaches out to students online and invites those who are struggling with depression or other significant mental health problems to come in for counseling. Prevention work this year culminated during Suicide Prevention Week in May. The week's activities included a display of 1,200 white flags on the Memorial Quad to commemorate those students lost nationally each year to suicide and a riveting presentation by Kevin Hines, who survived a jump off the Golden Gate Bridge and who presented a message of hope and self-care in the face of serious mental health challenges.

The **University of Portland's** Health Center bolstered its clinical staff by hiring a new Assistant Director of Training and expanding its training program by taking on additional practicum students, resulting in increased accessibility to services. In addition, counselors implemented a triage system which guarantees students same-day appointments, allowing for increased identification of students at risk. The Health Center also was active in campus outreach and suicide prevention programming. Annual gatekeeper trainings were offered to all Residence Life staff and new faculty as part of orientation programming. Additionally, representatives from the Health Center presented a Comprehensive Model for Suicide Prevention to the directors of the Division of Student Affairs. Finally, efforts were made to incorporate issues of suicide awareness and prevention into staff training and clinic procedures. A representative from the Portland VA Medical Center was invited to speak about suicide and safety planning at an in-service for all Health Center staff. From this presentation a formal suicide safety plan was created and adopted by the counselors.

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## **CHALLENGES AND THREATS**

As state funding for higher education continues to decline, campus counseling service budgets have come under increasing scrutiny and pressure. The annual fees for membership in OCUSPP are \$1,733 for institutions with more than 15,000 students and \$600 for institutions with fewer than 7,000 students. Originally, the fees were twice this amount but were reduced in the wake of the economic downturn in 2008 and subsequent budgetary constraints. Approximately, one third of the fee reverts back to each campus to pay for suicide prevention materials. While the consortium has reduced its membership fee by fifty percent and strives to ensure that member institutions receive a positive return on their investment, some campuses may experience further demands to justify the expense of continued membership in light of declining resources.

The number of students seeking counseling on our campuses has increased over time. Evidence suggests that the acuity of students' concerns has also increased. As clinical demands continue to increase on our campuses, we may face demands to curtail prevention activities in order to provide more direct service. While we understand the importance of students' access to direct service, we believe that it's critical to also invest in suicide prevention activities, especially since only a minority of those who attempt suicide seek counseling on campus or other mental health services.

Finally, increased clinical demands may also compromise our ability to administer the organization, as there is no independent funding for OCUSPP's leadership. Currently, the University of Oregon provides administrative and leadership support for the organization, and there is no direct financial support from the consortium for this work.

## **FUTURE DIRECTIONS**

- ❖ We will continue to consult with outside experts who can help our organization address such issues as marketing and branding.
- ❖ We will continue to identify and share existing sources of data that can inform our approach and interventions. We will also explore other ways to generate and make use of data to achieve our prevention goals
- ❖ We will develop and strengthen alliances with potential partners, including relevant state agencies and others conducting suicide prevention work in the state.
- ❖ We will explore utilizing some of our travel funds to hold a suicide training in Oregon that would provide continuing education for staff at our member institutions.