Common Suicide Prevention Training Across the MUS

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MUS Suicide Prevention and Student Mental Health Task Force

- Developed with members from all MUS Campuses
- Charged with assessing current practices & policies, and recommend changes as identified
- Develop best practices and common training approaches
Common Training Workgroup

Members:
Betsy Asserson – MSU Bozeman
Jessie Dufner – Miles Community College
Brian Kassar – MSU Bozeman
Carlin Hale – Flathead Valley Community College
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Jacque Boyd – Helena College
Tammy Steckler – Helena College
Brenda York – MSU Bozeman
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The Numbers...Again

- Suicide is the 2nd leading cause of death for those age 15-24
- Approximately 1100 college students die by suicide each year
- MT has ranked in the top 5 for completed suicide rate for the past 40 years
Important Organizations

Jed Foundation
Non-profit organization providing research and support for college mental health and suicide prevention on college campuses.
www.jedfoundation.org

Suicide Prevention Resource Center
Federally supported by SAMHSA and provides resources, best practices, and training
www.sprc.org
The Campus Program Framework

- Policy, Systems & Strategic Planning
- Develop Life Skills
- Connectedness
- Academic Performance
- Student Wellness
- Identify Students at Risk
- Increase Help-Seeking Behavior
- Provide Mental Health & Substance Use Disorder Services
- Means Restriction & Environmental Safety

Identifying students at risk is only ONE important component of a comprehensive mental health plan.
Gatekeeper Training

- Recommended by Jed Foundation and SPRC
- Train community members to recognize warning signs that someone may be at risk for suicide (Cross et. al. 2010; CDC 1992; Mann et al., 2005)
- Goal is to refer someone to professional services. Not intended to reduce suicidal thinking or treat psychiatric disorders.
- Gatekeepers do NOT offer counseling
Benefits of Gatekeeper Training

- Public Health Approach
  - Most individuals who are feeling suicidal don’t see a counselor first!
    - Many reach out to family, friends, professors, primary care providers
- Helps others to be empowered to appropriately refer someone at risk
- Community responsibility to create a campus culture of wellness which includes emotional and mental well-being
Limitations of Gatekeeper Training

- It has to be a SUSTAINED public health approach. Benefits tend to be short-term so ongoing training is needed.
- Works best when there is a culture of support and individuals are already developing relationships with each other.
- Not as many practice opportunities to solidify learning.

(Cross et al., 2010; Mitchell et al., 2013; Walrath et al., 2015)
College SOS

SMH Screening for Mental Health

QPR - Ask A Question, Save A Life

Kognito Interactive

ASIST - Suicide Prevention

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org
Types of Gatekeeper Training on Campuses

- **QPR**
- **MH First Aid**
- **Campus Connect**
- **Ask Listen Refer**
- **ASIST**
- **Kognito**
- **Local Model**

**Legend:**
- National
- MUS
What are MUS Campuses Doing?

• 90% are doing QPR (all except one campus)
• Other programs:
  – ASIST = 1 campus
  – MH First Aid = 1 campus
  – Kognito = 2 campuses
  – SOS = 1
  – Other Local Model = 1
Who Provides Training?

- In the MUS, 4 campuses do not have anyone trained in mental health or public health who handles trainings or prevention efforts
- MT Suicide Prevention Coordinator from DPHHS is available to provide some trainings at campuses
Who Receives Training Currently?

- Gatekeeper trainings are offered frequently at most campuses, most often to a direct group.
- Residence Life Staff (for residential campuses) typically are trained on a yearly basis.
- Faculty and Staff often have the option to attend a training that is offered in an open format or to a specific department.
- Offered for students.
Needs on MUS Campuses

- Institutionalized recommendations for training target groups (ie. faculty, residence life staff, student leaders)
- Ongoing plan to maintain adequate training for those already trained
- Targeting our higher risk populations (American Indians, Veterans)
- Accessible and timely mental health services (including partnerships with off-campus services)
- Well publicized protocols for after-hours crises
3 Draft Recommendations from Common Training Workgroup
1. Each MUS campus should have a licensed clinician on staff
2. MUS campuses should have an established policy/procedure to ensure that appropriate personnel are receiving evidence-based suicide prevention training.
3. Develop a formal process by which staff across MUS campuses can consult with each other about programming and services.
SMALL GROUP DISCUSSION

- What are the needs on your campus for licensed clinicians? How would you envision working with them? Barriers to getting them?
- What policies are in place to encourage personnel to attend gatekeeper training on your campus? Who is not getting trained that might need it? How to institutionalize training?
- How would you envision collaboration across the MUS to support staff who are engaged in suicide prevention training?
References


