Peer Involvement in Campus-Based Suicide Prevention: Key Considerations

The Campus Suicide Prevention Center of Virginia

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Table of Contents

INTRODUCTION

The use of a "Public Health" model in suicide prevention is relatively new. For any community, we now think of *comprehensive* suicide prevention in terms of a "Big Picture" that involves data-driven planning and multi-level prevention strategies used in combination over time. For a college or university campus, this approach brings some changes in philosophy as well as in the practical work of planning and implementation. Promoting wellness and preventing suicide (as well as other forms of violence) now involves people from a wide range of roles; suicide prevention planning has become the work of the entire campus community.

The Centers for Disease Control (CDC) has recently identified *'connectedness'* as an important protective factor among youth. According to a 2009 report, "Greater degrees of social integration (e.g., number of friends, high frequency of social contact, low levels of social isolation or loneliness) serve as protective factors against suicidal thoughts and behaviors. Therefore, college students themselves are also part of this larger picture. Peer interactions among youth are an ongoing and naturally occurring social phenomenon (Milburn, 1995). Philliber (1999) describes the powerful influence young people have over one another, and many others have channeled this leverage into programs that teach young peers how to educate and help one another. Peer helper programs have been adopted on college campuses to reduce risk for substance abuse, eating disorders, relational abuse and, more recently, emotional distress and suicide.

Peer programs undoubtedly provide unique benefits. Peers can shape norms, convey messages and provide support in ways that can be quite compelling. They can extend the reach of the professional and strengthen a campus' network of support.

Peer helper programs can also pose special concerns, including:

- Difficulty in maintaining program quality over time;
- Questions of competency, accuracy and skill in delivering sensitive information (Milburn, 1995);
- Credibility of peer helpers: A Spring 2008 study found the believability of different sources of health information to be as follows: campus peer educators (49%) and resident assistants (47%) vs. health center medical staff (90%) and health educators (90%) (ACHA-NCHA, Spring 2008 National Reference Group);
- Difficulties posed by peer helpers who are themselves high-risk (e.g., possibly conveying undesirable messages) (Philliber, 1999);
- Problematic logistics, due to peer helper availability (given their course schedules), high turnover of students and the inevitable fact that "peers don't remain peers of a targeted age group for long", all of which contribute to challenges in sustainability of peer programs (Milburn, 1995; Philliber, 1999);

- Provision of adequate training, supervision and support, which can be very resource-intensive;
- Protection of confidentiality (Philliber, 1999).

A focus on the role of students in preventing suicide on a college campus is relatively new and research on program efficacy is limited. Experts consulted for this project agree that while peer involvement stems from good intentions, it may be detrimental as well as beneficial to a student in crisis (Whitlock, 2011, Slipka, 2011). Because concern for safety is paramount, it is important to review what we do know and to identify key considerations before involving peers in suicide prevention programs within a campus community.

This document has been created to guide that process. In it, we will:

- Briefly review the research on college student suicide
- Define relevant terms
- Classify models for peer involvement
- Review eight key considerations for planning programs
- Provide examples of programs
- Suggest topics for future work
- Provide additional resources

BACKGROUND

In October of 2009, Dr. Richard Bonnie, professor at the University Of Virginia School Of Law, sent a proposal to Senator Edward Houck, chair of the Commonwealth of Virginia's Joint Commission on Health Care, requesting a study of mental health in higher education. A steering committee and two task forces were created to undertake the work; the first to focus on issues in student access to mental health care and a second to study legal issues in campus mental health and safety. The "Access to Care" focus group identified the need for guidelines on the role of peers in promoting campus mental health and safety. This document was created as a part of that larger effort.

COLLEGE STUDENT SUICIDE- A Brief Review

It is difficult to determine the actual number of deaths by suicide among college students. Student status can be hard to define and is not typically recorded by a coroner or medical examiner. Estimated rates come from reports by campus counseling and health center staff at 4-year institutions and range from 6.5 (Schwartz, 2006) to 7.5 (Silverman, 1997) suicide deaths per 100,000 students. Silverman (2008) estimates that approximately 1,350 college students die by suicide each year; about 3 per day.

Statistics also tell us that 18-24 year olds who are in college are at HALF the risk of suicide compared to their non-student counterparts. That is, **being part of a campus community is believed to have a protective effec**t. While we may not have the full explanation for these findings, experts suggest that key factors may be: reduced access to firearms, greater availability of mental health care and richer connections to a supportive network (Silverman, 1997). The continued study of suicide risk within campus communities may well teach us some strategies for preventing suicide among 18-24 year olds in non-campus settings.

We also learn about suicide risk by surveying students. The 2009 Healthy Minds study (Eisenberg) surveyed 8,590 students across 15 campuses. Results indicate that 7% of students report having "Seriously thought about suicide" in the past year. Two percent report having had a plan for suicide and 1% reported having made a suicide attempt in the past year (findings which are comparable to data from the 2010 report of the American College Health Association's National College Health Assessment). If we translate those percentages into numbers of actual students on a small (1,000) and large (10,000) campus, the results are quite concerning (see Figure 1).

Percentage of students in this past year who report having:		On a campus of 1,000 students	On a campus of 10,000 students
Seriously thought of suicide	7%	**70**	**700**
Made a plan for suicide	2%	**20**	**200**
Attempted suicide	1%	**10**	**100**

Figure 1: Numbers of students reporting suicidal thoughts, plans and attempts on two different size college campuses.

Despite the severity and prevalence of suicidal ideation and depression, 80% of students who die by suicide are not known to the campus counseling center (Gallagher, 2004; Kisch, 2005). The majority of students who report (or screen positive for) mood disorders or substance abuse do not seek out or utilize treatment (Eisenberg, 2007). Yet among students who do use on- and off-campus counseling, most report satisfaction with the services provided (Healthy Minds Virginia, 2009) and students who seek counseling are six times less likely to die than students who did not (Schwartz, 2006). In addition, 52% of students who confided in others about their suicidal ideation reported that telling the first person was helpful or very helpful in dealing with their suicidal thoughts (Drum, 2009). These findings suggest that **strategies to promote *early identification and help-seeking* are an essential part of a campus suicide prevention plan**.

Why Involve Student Peers?

Research consistently reports that distressed college students first turn to friends for help (See Figure 2) (Drum, 2009; the Jed Foundation, 2006; Healthy Minds Virginia, 2009). Two-thirds of college students who disclosed suicidal ideation first chose to tell a peer, such as a romantic partner, roommate or friend (Drum, 2009). Similar findings are reported among middle and high school aged youth (Eskin, 2003; Kalifat, 1997; Henning, 1998). Also, because students interact throughout the day and night as well as weekends, they are often the first to recognize health and safety concerns in one another (Quinn-Zobeck, 2010).

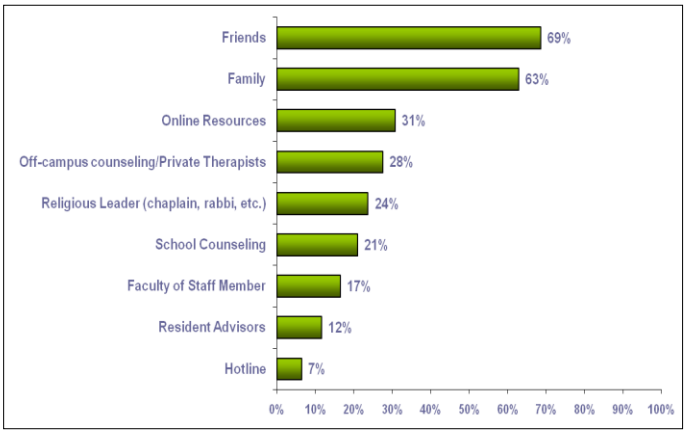

Figure 2. Where Students Turn When in Distress (JED, 2006).

With these findings in mind, we conclude that **peer involvement in campus based suicide prevention *is a given***. Students' interactions are natural and on-going, including during times of distress (Abelson, 2010). The challenge to campus leaders, therefore, is not to determine whether peers *should* be involved in suicide prevention efforts. **Rather, it is to *promote involvement that is both SAFE and EFFECTIVE*.**

Peer involvement through natural networks is a given.

How can campus planners ensure that it will be beneficial?

BASIC TERMS

Language and titles to define peer helper roles are critically important. While there is a range of possible roles for peers, and different terms to describe those roles, there is little consistency in their use. This document will use the following basic terms:

A Public Health Model: The National Strategy for Suicide Prevention (NSSP) promotes the use of a "Public Health" approach to preventing suicide. A public health approach uses data to identify patterns of risk and wellness, to reduce risk and to enhance protective factors for the entire population. It promotes the development, implementation and evaluation of multiple intervention strategies, used in combination, over time. While it incorporates the traditional "medical" or "treatment" model, which focuses on individuals who are in need of specialized care, it also promotes strategies to reduce risk and promote wellness for entire communities. (For more information, go to sprc.org.)

Peer: "One that is of equal standing with another, especially one belonging to the same societal group, particularly when based on age, grade, or status" (Merriam-Webster).

Peer helpers: Those who are trained, educated, or otherwise equipped and empowered by a program to provide information or assistance to others.

Students: For the purposes of this document, 'student' will refer to those who are the receivers of information, education, referrals, support or other assistance from "peer helpers."

Universal programs: Those that target the general population without reference to some particular risk. All members of a community benefit from a universal prevention effort, not just specific individuals or groups.

Selected programs: Those that target people who are at higher-than-average risk in some respect. Targeted individuals may be identified in a variety of ways (self-selected, screening, referrals). The goal is to prevent the development of more serious problems.

Indicated programs: Those that target people who are already at high risk for some negative outcome. The primary goals are to reduce risk for harm and promote stability and recovery. (Substance Abuse and Mental Health Service Administration; SAMHSA).

MODELS of PEER INVOLVEMENT

There are many existing campus-based models for peer helper programs (e.g., peer educators, peer counselors, peer mentors). Although we can borrow aspects of existing practice, suicide prevention planning warrants some special considerations, as peers may become involved in ways that can inadvertently increase risk for vulnerable youth.

First, we will draw a distinction between "Natural" and "Paraprofessional" peer involvement. We will describe peer helper models within each category and reference examples of each.

"Natural network" interactions occur as peers interact with friends, roommates, classmates, teammates, and other students whom they naturally encounter. Interaction may take place on a daily basis, in one-to-one, small or large group gatherings, on-line, via text messages, social networking sites or other communication channels.

1. Peers as "natural messengers". One way to enhance natural interactions between students is to involve peers in "changing the conversation" about mental health, help-seeking and local resources.

   Example: Active Minds, a national organization with chapters at over 200 colleges across the United States. Through student-run mental health awareness, education, and advocacy groups on campuses, Active Minds "works to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, promote help-seeking and serve as liaison between students and the mental health community." (see Active Minds in Appendix A)

2. Peers as "natural helpers" or "gatekeepers". Peers trained to be "natural helpers" serve as additional "eyes and ears" within their natural networks. They learn the basic skills needed to identify, talk to and refer students in distress and they also learn safe limits in helping others. Gatekeeper training for students should be taught by well-trained and qualified professionals and, ideally, through programs that have met "Best Practice" standards (http://www2.sprc.org/bpr/bpr-overview).

   Examples: The Student Support Network program (SSN), Campus Connect, QPR (Question, Persuade, Refer), SafeTALK and At-Risk (college student version) are all "Best Practice" Programs that can be used to teach college students basic "Gatekeeper" skills. (See Appendices A and B). Though presented in somewhat different formats, each teaches peers how to help another student who may be at risk for suicide.

"Paraprofessional" peer interaction occurs in formalized peer education, mentoring and counseling programs. Peers in paraprofessional roles receive specialized training to work with students with whom they would not normally interact. They work alongside a professional or under on-going professional supervision. Paraprofessional peer roles on campus typically include:

3. Peer advocates: In this context, a peer 'advocate' is trained to tell a personal story of overcoming mental health challenges as a way to encourage help-seeking and to promote a belief in recovery. Such programs require extraordinarily careful messaging (Whitlock, 2010). Adult clinicians must carefully review the messages the students plan to convey and follow **principles of "Safe and Effective Messaging"** (see Appendix C).

   Example: Active Minds, mentioned previously, also trains a specially selected team of young people to write and present a personal story of illness and recovery.

4. Peer educators are trained to teach others, typically at the population level. Content can include a range of topics (dating safety, substance abuse awareness, diet and exercise safety, basic mental health principles, etc.) Content is typically designed to change behavior by raising awareness, changing norms, and reducing stigma.

   Example: The program at the University of North Carolina at Greensboro called "Friends Helping Friends" trains peers to teach basic information on mental health and illness, reduce stigma about help-seeking, promote healthy and effective strategies for

PARAPROFESSIONAL ROLES

* **Peer advocates** share personal stories to encourage help-seeking

* **Peer educators** conduct population-level activities to raise awareness, change norms and reduce stigma

* **Peer mentors/ counselors** work individually with vulnerable students

All paraprofessional peer programs require:

- **thorough screening**
- **careful training and preparation**
- **careful messaging**
- **ongoing professional oversight and supervision**

managing mental health problems and promote the University's mental health services. See Appendix A for more information.

5. Peer mentors and peer counselors are trained to provide more specialized assistance to individual students. Services typically include support in responding to common life challenges. We will also include peers who staff hot-/help-lines in this general category. Typically, student participants from the general population may request this service and it is often offered to students from selected or even indicated populations. Peer mentors and counselors work closely with a professional supervisor and must be well-trained to seek immediate assistance when in contact with students who may be at risk for harm.

   Example: CoachLink is a program developed at Eastern Mennonite University (EMU) in Harrisonburg, VA. This 3 year pilot project pairs undergraduate students who experience mental health challenges, and other issues, with second-year graduate student "Coaches" from the university's Masters in Counseling program. This service is provided through EMU's campus counseling center and is overseen by a licensed professional counselor. According to the CoachLink website, "program results and feedback from students will be tracked to enable other colleges and universities to offer similar preventative programs." For more information, see Appendix A or go to: (http://www.emu.edu/studentlife/coachlink/

We will add one additional model for involving peers that does not fall neatly into either a 'natural' or 'paraprofessional' role:

6. Peers as advisors to the process. Peers can add unique perspectives to the planning process either through focus groups or as designated advisors on a campus team. In this context, the role is limited and peers work only with adults. The risk is minimal and there are many potential benefits.

   Example: Darren Wozny, and others at the Meridian Campus of the University of Mississippi, utilized graduate students in counselor education as advisors in the development of posters for an anti-stigma campaign (Wozny, 2009b)

In considering models for peer programs, it is important to select the one that best meets your program objectives, keeping in mind the availability of resources necessary to safely and effectively support each option. It is important to be specific about the intended role of the peer helpers and carefully consider the "titles" used to identify them. Consider the differential and optimal conditions under which peer helpers might enhance programs. What are the best roles for peers to make the program successful (Philliber, 1999)? Does this vary for undergraduate vs. graduate students? And finally, in determining appropriate roles, be sure to consider potential liability issues (SAMHSA Grantee meeting, 2010) and, if unsure, consult your institution's legal counsel.

SAFE and EFFECTIVE Peer Involvement: Key Considerations

1. A strategic and comprehensive "big picture" plan.

Involving peers to promote student mental health and safety must be part of a comprehensive, campus-wide plan that uses carefully selected strategies in combination over time (Quinn-Zobeck, 2010) (*Figure 3* – JED & SPRC). A comprehensive plan includes universal strategies to promote healthy behaviors and connectedness for all students, training for identification, early intervention and help seeking for students at risk, crisis intervention and emergency safety strategies for students in distress, plans for relapse prevention following a crisis, and postvention plans to protect and support students after a completed suicide (Drum, 2009). A comprehensive plan also ensures that campus and community mental health resources are well prepared to respond quickly and effectively once referrals are made, particularly during a crisis.

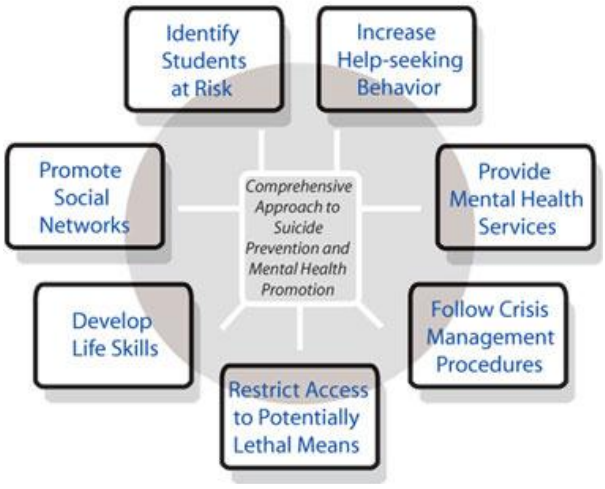

Figure 3. The Jed Foundation/Suicide Prevention Resource Center Comprehensive Approach

2. Clear, achievable and measurable goals and objectives.

What specific outcomes are desired and how would peer involvement help to achieve those outcomes (Milburn, 1995; Philliber, 1999, SPRC Technical Assistance E-mail, 2010)? Is the involvement of peer helpers appropriate and likely to help meet objectives (McDonald, 2001)?

Objectives should be defined in terms that are measurable and paired with a realistic plan for program evaluation (Parkin, 2000). Generally, outcomes are described in terms of some **desired change** in one or more of the following areas:

- Cognitive outcomes - What do you want student participants to know?
- Affective outcomes - What do you want student participants to feel or care about?
- Behavioral outcomes - What do you want student participants to do?

The *Campus Connect Program*, developed at Syracuse University, lists the following objectives:

- Increased knowledge of suicide warning signs and referral points for students at risk for suicide.
- Increased skills to respond to college students at-risk for suicide.
- Increased self-efficacy regarding their ability to respond to a student at-risk for suicide.

3. ***Sufficient resources***

It is essential to realistically assess the effort involved in recruiting, training, supervision and program evaluation before deciding if involving peers would be an effective use of professional staff time (SAMHSA Grantee Meeting, 2010). Are those who will oversee the program sufficiently trained? What needs to be done to ensure that they will have sufficient time for the work? What administrative support is needed to a secure a consistent source of funding (NAPP Guidelines, 2010)?

KEY CONSIDERATIONS for PEER PROGRAMS

- a strategic, comprehensive, "big picture" plan
- clear, achievable, measurable goals and objectives
- sufficient resources
- a defined target audience
- a plan for recruiting, selecting & retaining peer helpers
- effective training
- adequate supervision & support
- program evaluation

4. ***A clearly-defined target audience***

Consider who the program will serve; who will benefit from contact with the peer helpers? Will the audience be from universal, selected or indicated populations? Keep in mind that some students who are "at risk" will simply be among the general population and not known to campus planners.

5. ***Recruiting, Selecting and Retaining Peer Helpers***

Depending on the model used, peer helpers can come to a program in a variety of ways. They can volunteer or self-select, be nominated by others, or actively recruited. Some recommend recruiting peers who are already perceived to be helpers by their fellow students (Morse 2010).

Options for recruiting students include:

- Recommendations from faculty/staff/administration
- Mass e-mails to student body
- Ads on a program website
- Table tents and posters
- Exhibits and presentations during orientation

The process is more selective for students who will serve in paraprofessional roles. Consider the desired qualifications and characteristics necessary for each role and an application process that will help you identify the best candidates. It will be essential to evaluate the overall wellness of prospective peer helpers as well as to assess the skills needed for specific roles (Abelson, 2010).

Some other questions to consider:

- How will you identify and protect vulnerable students? Some students who volunteer to be peer helpers will themselves be struggling with mental health concerns. Having these students involved may enhance the discussion and can serve as an effective way to reduce stigma. It may also benefit the helpers (Morse, 2010). It is, of course, essential to provide these students

with support to establish appropriate goals, limits and messages as well as resources for getting help and consultation.

- How will you motivate and reward peer helpers?
- How will you assess performance and address discipline issues?

TRAINING PEER HELPERS

Training should include:

- clear definition of program aims & objectives
- modeling of skills and opportunities for practice
- best practices
- clear definition of peer helper roles, responsibilities and boundaries
- when/how to seek adult help & resources available
- non-judgmental thinking skills
- active listening, presentation & facilitation skills
- self-care skills
- clear, safe and effective messaging
- ongoing training and support

6. ***Training***

In addition to instruction in content areas, training typically includes:

- A clear definition of program aims and objectives (McDonald, 2001).
- Instructional and experiential formats; interactive learning is generally more successful than didactic learning and the best results come from training that includes substantial modeling and practice (McDonald, 2001; The Partnership Committee, 2005).
- For gatekeeper training, it is ideal to use programs that have been evaluated and professionally reviewed. The Suicide Prevention Resource Center provides a list of "Best Practice" programs specifically for training youth. (see Appendix B).
- Discussion of boundaries, including if and when self-disclosure is appropriate or helpful. Peer helpers need to have a clear understanding of the limits of their roles and know when to initiate consultation with a supervisor. They should also be prepared to let students know what will need to be referred or reported (The Partnership Committee, 2005).
- Instruction in active listening, facilitation or presentation skills.
- Support for non-judgmental thinking- about the way individuals experience and make meaning of their lives – in contrast to diagnosing or labeling all actions and feelings (Mead, 2001).
- Training in clear, safe and effective messaging (see Appendix C).
- Support for personal self-care, e.g., when to pull back and take care of themselves to protect their own well-being. Peers must understand that while they can notice and respond, they cannot fix everything. Peer helpers can get in over their heads very quickly. It is important to provide information and training needed to avoid getting into damaging cycles, feeling guilty when unable to help a fellow student, etc. (Whitlock, 2010).
- Students in paraprofessional roles require on-going training and support over the semester, academic year or multiple years.

7. Supervision & Support

Different peer helper models naturally require varying levels of professional guidance. Students who serve as advisors or are trained to be gatekeepers typically do not receive the on-going supervision and support that are essential for peer helpers in paraprofessional roles.

Peer advocates, educators, mentors and counselors must meet with supervisors on a regular basis (not just peer-initiated) and as needed for specific situations (e.g., any time a peer is working with a student who is having thoughts of suicide). Clear agreements to this effect need to be established during training sessions.

Peer advocates and educators (those who speak to groups of students) will frequently have a student from the audience self-disclose past (or even current) thoughts of suicide following a session. This common and desirable outcome must be anticipated; it is recommended that a professional counselor be available in the audience or at least on call for each session.

Supervisors for peer helpers working in a counseling role (co-facilitating support groups, staffing a hotline, providing individual support) should be licensed mental health professionals who themselves are trained and experienced in working with students who are at risk for suicide. They must have resources in place to respond immediately to a student who is in crisis, including knowledge of emergency care protocol and an understanding of how and when to utilize legal intervention.

8. Program Evaluation.

There is currently very little research on the roles, risks and benefits of involving peers in campus-based suicide prevention. Since data is essential for planning safe and effective programs, it is especially important to develop, implement and share data as well as evaluation strategies. Aggregate data across multiple campuses allows for more meaningful evaluation and conclusions about program impact over time (Morse, 2010). Even if only minimal resources are available, some level of evaluation is essential (McDonald, 2001; Parkin, 2000).

PROGRAM EVALUATION

Evaluate peer programs at multiple levels including:

- process
- impact
- outcomes
- cost/benefit

Program evaluation should go beyond simply measuring participant or helper satisfaction. It must assess the extent to which objectives have been met. That is, has there actually been a change in attitude, knowledge or behavior among students (SAMHSA Grantee Meeting, 2010)?

Example: The Student Support Network program (SSN), developed at Worcester Polytechnic Institute, utilizes a combination of measures to assess the effectiveness of peer helper training. It administers pre and post surveys on knowledge of warning signs and resources, awareness of the extent of the problem and attitudes toward helping students at risk. It also assesses peer helper crisis response skills following training by asking participants to respond to 25 'client scenarios'. Peer helpers' ratings are compared to a clinical norm as a measure of how well the peer helper responded to an individual in need of support. (For more information, see SSN in Appendix A).

The National Association of Peer Programs (NAPP) Programmatic Standards (2010) recommends a multi-level evaluation process that evaluates process, impact, outcome and costs/benefits.

1. Process evaluation "provides a picture of what has happened" and includes data on the number of peers helpers and students involved, program staffing and organization, selection procedures, the nature and extent of training and the amount and types of services provided (NAPP Guidelines, 2010.) These are basic evaluation measures that help to determine whether your peer initiatives are reaching people. For example, a campus counseling center might ask student clients to complete a brief survey that asks, "How did you hear about our services?" or "How did you know to come to us?" (Nevers, 2010)

2. Impact evaluation "assesses the program's effect upon both the peer helpers and those who have received services within a set period of time."

3. Outcome evaluation "assesses long term changes to the peer helper, those they serve and the community." Possible outcome measures for peer gatekeeper training include:
   - How many students have completed the training?
   - Has there been a change in knowledge, attitudes or skills pre- and post-training? Is that change maintained over time?
   - How can you track instances, quality and outcomes when peers have used the training to help someone?

   With regard to measures for paraprofessional peer helpers:
   - How will you measure "reach" (numbers of sessions/contacts; numbers of students receiving instruction/assistance)?
   - How will you measure performance?
   - How will you measure the short and longer-term impact on student participants?

4. Cost/benefit analysis estimates the program's monetary impact. For example, the cost of providing services to at risk students compared to the savings resulting from reduced drop-out rates.

When considering strategies for evaluating program effectiveness, review options for follow-up evaluation. Long-term studies of sustained change attributable to a peer led intervention would provide a valuable addition to the field (Milburn, 1995).

Suggestions for Further Research

There is currently very little research on the roles, risks and benefits of involving peers in campus-based suicide prevention. Since data is essential for planning safe and effective programs, it is especially important to develop, implement and share data as well as evaluation strategies. Aggregate data across multiple campuses allows for more meaningful evaluation and conclusions about program impact over time.

There is also little research on creating culturally competent peer helper training for campus based suicide prevention. We know that individuals within some sub cultures have higher levels of risk for suicide and are less willing to acknowledge or seek help for personal distress. We need to develop strategies for obtaining information to guide the development of messages and programs that are culturally sensitive and that promote safety and wellness among minority cultures.

We have presented information on strategies for involving peers that predominantly change *people*. We can also promote positive peer connectedness by changing *environments* (e.g., creating smaller learning communities (i.e., housing organized around academic, career or other interests) and programs to connect off-campus residents and commuters). Research is needed to identify environmental planning strategies that most enhance student connectedness

Finally, no discussion of enhancing student connectedness would be complete without at least some mention of 'social networking'. McKeon (2010) suggests that "We are just starting to understand both the potential and the risks" associated with young people's increasingly complex ability to connect to one another. Websites and applications ('apps') that promote helper skills have become available recently, though we have no data to assess their effectiveness at this time.

Summary

Students on a college campus are involved in each other's lives in ways that are pervasive and consequential, including during times of distress. A *comprehensive* campus based suicide prevention plan includes strategies to promote peer involvement that are both *safe* and *effective*. Careful program planning, careful training and careful messaging are essential.

The development and implementation of a good plan will take time and teamwork. This document has been created to support that effort on Virginia's college and university campuses. It provides an outline of peer involvement models as well as eight 'key considerations' for including student peers in suicide prevention planning and programs.

Appendix A: Example Programs

Active Minds

Through student-run campus chapters, Active Minds promotes mental health awareness, education, and advocacy. Programs work to increase students' awareness of mental health issues, provide information and resources on mental health and mental illness, encourage students to seek help when needed, and serve as liaison between students and the mental health community. Their speakers' bureau, "The Heard", is composed of carefully selected and extensively trained young people who speak about their personal experiences in recovering from mental illness. Active Minds provides support and resources to campus chapters, and includes an evaluation component for all its programs.

Further information:

Active Minds website: www.activeminds.org

Contact: Alison Malmon, Founder and Executive Director, alison@activeminds.org

BACCHUS Network: Building Bridges, Promoting Mental Health Campaign

Building Bridges supports peer education and outreach. Peer educators can effectively reduce the stigma associated with mental health issues and promote campus professional support services through peer led campaigns, awareness activities, and educational programs (Quinn-Zobeck, 2010).

Further information:

BACCHUS Network website: http://www.bacchusgamma.org/

Contact: Janet Cox, VP/COO or Dr. Ann Quinn-Zobeck, Director of Education & Training

Campus Connect

Developed by the Syracuse University Counseling Center, *Campus Connect* is a gatekeeper training program for college and university faculty, staff, and students. The experientially based training is designed to enhance participant's knowledge, awareness, and skills concerning college student suicide. Specifically, *Campus Connect* aims to increase participant's knowledge about suicide statistics, risk and protective factors, warning signs, and referral resources; to increase empathic listening skills, communication skills, and the ability to ask individuals if they are thinking about suicide; and to increase self-awareness concerning the potential emotional reactions gatekeepers may experience when interacting with students in crisis.

Further information:

Campus Connect is listed as a "Best Practice Program" by the Suicide Prevention Resource Center; additional information available at: http://www2.sprc.org/sites/sprc.org/files/CampusConnectfactsheet.pdf

- Contacts: Cory Wallack, Ph.D. cwallack@syr.edu and Susan Pasco, LCSW-R, sdpasco@syr.edu

CoachLink – Eastern Mennonite University

CoachLink pairs undergraduate students who are struggling with depression, anxiety, ADHD, bipolar disorder or other mental health challenges with second-year graduate student mentors who are in the university's MA in Counseling program. The program is run out of EMU's campus counseling center and is overseen by a licensed professional counselor. Results from this program are being tracked to enable other colleges and universities to offer similar preventative programs.

Further information:

CoachLink website: http://www.emu.edu/studentlife/coachlink/

Contact: Pam Reese Comer, LPC, Director, EMU Counseling Services

Friends Helping Friends (University of North Carolina – Greensboro)

Friends Helping Friends aims to raise awareness and knowledge and reduce stigma about mental health issues, promote healthy and effective strategies for managing mental health problems and promote the University's mental health services.

Further information:

Friends Helping Friends website: http://www.uncg.edu/shs/fhf/

Contact: Jason Robertson, Director of Outreach and Training

Middle Earth Peer Assistance Program (SUNY - University at Albany)

The Middle Earth program provides peer counseling and peer education services to assist students in coping with emotional, social, and other life issues. It includes one of the few peer-operated hotlines for students in the country. It also offers informational and self-help tapes on a range of issues, outreach education on a variety of topics to student groups and resident halls and a weekly column on mental health and physical health issues in the campus newspaper.

Further information:

Program website: http://www.albany.edu/counseling_center/middle_earth/peer.shtml

Contact: Dr. M. Dolores Cimini, Middle Earth Director: dcimini@uamail.albany.edu

Student Peer Helper Program of the Mississippi State University-Meridian Campus Suicide Prevention Program

MSU's Student Peer Helper Program is aligned with the educational objectives and training standards of the National Association of Peer Program (NAPP)'s training. (Wonzy, 2009) Program goals include early identification of potentially distressed students, engaging potentially distressed students and implementing appropriate helping interventions, including appropriate counseling referrals.

Further information:

"Commuter Campus Student Peer Helper Program Orientation: A Training Curriculum." *Perspectives in Peer Programs.* 2009; 22(1): 15-29.

Contact: Darren Wozny, dwozny@meridian.msstate.edu

Worcester Polytechnic Institute, *Student Support Network* (SSN)

SSN trains selected peer helpers to identify, support, and refer fellow students who may be struggling with significant mental and behavioral health problems. Core training components include: knowledge of mental/behavior health issues and campus/community resources; intervention skills, including empathic responding and working with resistance; connecting identified students with a wide range of peer helpers; and promoting attitudes with de-stigmatize mental health help-seeking. SSN is the **only suicide prevention program designed specifically for peers that is currently listed on the Suicide Prevention Resource Center's Best Practices Registry**.

Further information:

SPRC Program Summary:
http://www.sprc.org/featured_resources/bpr/PDF/StudentSupportNetwork.pdf

Detailed SSN Manual with complete lessons plans available upon request (please e-mail sdcc@wpi.edu), and **adoption of SSN on other campuses is encouraged**, with potential for consultation support from WPI SSN staff.

Contact: Charles Morse, Director of the WPI Student Development and Counseling Center, sdcc@wpi.edu

Appendix B: Additional Resources

Related Peer Training Peers

- safeTALK from LivingWorks: a 3 hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. See: http://www.livingworks.net/page/safeTALK. SafeTalk is on the Suicide Prevention Resource Center's registry of Best Practice Programs.

- At Risk from Kognito Interactive (student version): An online program that uses avatars in simulated conversations. Students learn about common indicators of psychological distress and how best to approach an at-risk student for referral to the counseling center. See: http://www.kognito.com/atrisk/. At Risk for students is on the Suicide Prevention Resource Center's registry of Best Practice Programs.

Organizations

- The JED Foundation: http://www.jedfoundation.org/
- Suicide Prevention Resource Center: http://www.sprc.org/
- National Association of Peer Program Professionals: http://www.perprogramprofessionals.org/
- Florida Office of Drug Control's Statewide Office of Suicide Prevention (specific to colleges): http://www.helppromotehope.com/resources/College_Resources.pdf
- American Association of Suicidology: http://www.suicidology.org/
- The American Foundation for Suicide Prevention: http://www.afsp.org/
- The Suicide Prevention Action Network: http://www.spanusa.org/

Guidelines for Developing Peer Helper Programs

- National Association of Peer Program Professionals (NAPPP, 2010) provides a list of programmatic standards for peer helper programs. See: http://www.peerprogramprofessionals.org/publications/publications/standards/

- BACCHUS has identified seven habits of highly effective peer education groups, included in the Network's CPE training program and as a workshop at their national and regional conferences. These guidelines apply to a range of peer programs.

- The Council for the Advancement of Standards (CAS) in Higher Education has developed a statement on learning outcomes for peer helpers involved in leadership development programs, such as peer education. These can be helpful in planning training for peer helpers. See: https://www.cas.edu/CAS%20Statements/CAS%20L&D%20Outcomes%2011-08.pdf

- Bazelon Center for Mental Health Law has a suggested model policy for colleges and universities regarding students affected by mental health issues: http://bazelon.org/pdf/SupportingStudents.pdf

Appendix C: Safe and Effective Messaging for Suicide Prevention

(Developed by the Suicide Prevention Resource Center: SPRC.org)

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of "Do's" and "Don'ts" should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging.[1,2,3] They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public.

These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources.4 References for resources that address planning and disseminating messages can be found in SPRC's Online Library (http://library.sprc.org/) under "Awareness and Social Marketing".

The Do's—Practices that may be helpful in public awareness campaigns:

- Do emphasize help-seeking and provide information on finding help. When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.

- Do emphasize prevention. Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.

- Do list the warning signs, as well as risk and protective factors of suicide. Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS).6 Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the National Strategy for Suicide Prevention.

- Do highlight effective treatments for underlying mental health problems. Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.

The Don'ts—Practices that may be problematic in public awareness campaigns:

- Don't glorify or romanticize suicide or people who have died by suicide. Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.[10] They should not be held up as role models.

- Don't normalize suicide by presenting it as a common event. Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.[11]

• Don't present suicide as an inexplicable act or explain it as a result of stress only. Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.[12] Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.[13]

• Don't focus on personal details of people who have died by suicide. Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.[14]

• Don't present overly detailed descriptions of suicide victims or methods of suicide. Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.[15]

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For more information, contact:

Suicide Prevention Resource Center www.sprc.org 877-GET-SPRC (877-438-7772)

Education Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060

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