



The Campus Suicide Prevention Center of Virginia

Project ECHO for Campus Suicide Prevention

July 28, 2020

Supporting Mental Health Among Students of Color

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Project ECHO® for Campus Suicide Prevention is part of the larger ECHO educational community that was created by the University of New Mexico's Health Sciences Center

In order to support Project ECHO®, we collect the following participation data: Participant's name, e-mail, credentials, role, and institution

These data allow Project ECHO® to measure, analyze, and report on the movement's reach. It may be used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Data Collection



Logging on as an ECHO® participant through Zoom serves as permission to be included in the reporting and to be recorded. Each session is recorded, stored, and made available to other ECHO participants.

We will record the introduction and didactic portions of our sessions

We will NOT record case presentations

Portions of sessions will be recorded



- 1. Overview of ECHO® session (12:00 pm)
- 2. Introductions (12:05)
- 3. Didactic Presentation (12:15 pm)
- 4. Case presentation (12:35 pm)
 - A. Case presented (5 min)
 - B. Clarifying questions
 - a. ECHO® participants
 - b. CSPCVA hub
 - c. Case summary by ECHO® discussion leader
 - C. Recommendations
 - a. ECHO® participants
 - b. CSPCVA hub
 - c. Summary of recommendations by ECHO® discussion leader
- 5. Closing remarks and questions (1:20 pm)





Participation Tips

- All participants are muted during the presentation.
- If you have a question or comment during discussions, please raise your hand. We will call on you. Press your space bar to talk.
- We encourage participation. (Reminder: participation is recorded.)
- If you called with a phone to hear the audio, hit *6 to unmute yourself.
- If using Zoom format, speak facing the camera and avoid distractions.
- For technical problems (such as echoing, audio level etc.), use the chat function to "speak" or interact with our IT specialist, Gabe Anderson, who will assist.

Protecting Privacy

Identifying Information



Introductions







The Campus Suicide Prevention Center of Virginia July 28, 2020

We'll consider:

Some of the many challenges

This is a BIG topic

Some questions to get us started



1. Sometimes the language we use can inadvertently contribute to the problem

"The way we talk about things can often influence the way we think about them."

Works like "Marginalized" and "Minority"

- focus on the imbalance of power
- Not "person-first" language

For now, we'll use BIPOC- Black, Indigenous, Persons of Color

Some Challenges 2. Limited DATA

- Systemic bias in determining which studies get funded Typically compare "whites" to "non-whites", so less data specifically on Black, Hispanic, Native American and Asian populations
 - Studies of treatment efficacy over-represent white populations and researchers
 - White, straight groups are the norm to which other all other groups are compared

3. Health care ACCESS is not equitable

- Insurance
- Willingness and trust
- Quality of fit with clinicians
- Harder to get and keep BIPOC clients in treatment

4. Risk and protective factors may well differ between groups and subgroups.

For example:

- Suicide risk higher among Caribbean Blacks than African Blacks
- •Church involvement is an important protective factor among Blacks (esp. women) less so among Native Americans.

5. Suicide prevention tools (e.g. screenings and trainings) are not designed for or tested with non-white groups

- 6. Suicide **rates** increasing among Black youth, faster than among white youth
- 7. Though the topic is now very present for everyone, racial injustice and upheaval is not new to BIPOC cultures. *Multi-generational Trauma*
- 8. The COVID-19 crisis is especially devastating among BIPOC populations. As we return....?

This is a BIG conversation.

The work brings many challenges.

We have some deep, systemic infrastructure to dismantle and re-build

There is a lot to learn

What other challenges do you see in this work?

What do you wish campus student services staff knew about supporting mental health among BIPOC students?

How can clinicians support the social wellbeing of BIPOC students (many of whom find it difficult to feel a sense of belonging on a majority population campus or PWI)?

(And how does the need for social distancing affect this work?)

With racial tensions so prominent in the media and around the world, what are some resources we can use to support BIPOC students; many of whom are navigating past, present, and future concerns simultaneously?

"I believe, this is a unique stressor for BIPOC students?"

The traditional treatment models

(e.g., individual and group counseling or more intensive therapy)

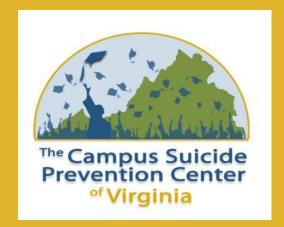
might not be a good fit for some (white, BOPIC, whatever.)

What other treatment options can you imagine?

What are some "good starts" for fall 2020?

Resources

- •BIPOC Mental Health Month 2020 Outreach Toolkit
- Ring the Alarm: The Crisis of Black Youth Suicide in America
- The Steve Fund: Achieving Equity in Mental Health
- •NAMI: Multicultural Mental Health Infographic



http://www.CampusSuicidePreventionVA.org/



Questions

Acknowledgement:

Funding received from the Virginia Department of Health's Virginia Project ECHO®



Calling All to Volunteer!





Check your Inbox:

- Evaluation form link
- Link to video of today's didactic and PowerPoint
- •Syllabus (topics, objectives, CE credits, etc.)
- Case presentation form link



Thanks for your participation!

Next session: Tuesday, August 25, (12-1:30)

Topic: Who We Are and What We Do

