

Strategies for Campus Suicide Prevention and Mitigation of Contagion

Janet Corson-Rikert, MD

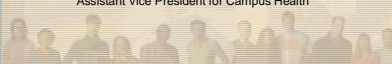
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Strategies for Campus Suicide Prevention and Mitigation of Contagion

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NYSCHA/NECHA October, 2011



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Outline



- I. Understanding suicide and contagion
- II. Basic principles for response
- III. Prevention strategies
 - A. U.S. Air Force
 - B. Jed Foundation & SPRC Models
 - C. Cornell University
- IV. Conclusions



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Cornell University Ithaca, NY


- Cornell campus
 - 21,000 students
 - Unique topography
- Historical suicide data
 - Reputation vs reality
 - Rate consistent with higher ed rate ~1/10,000
 - Jumps 48% vs. 2% nat'l
- 2009 – 2010
 - Multi-cause deaths
 - Six suicides – three jumps in one month

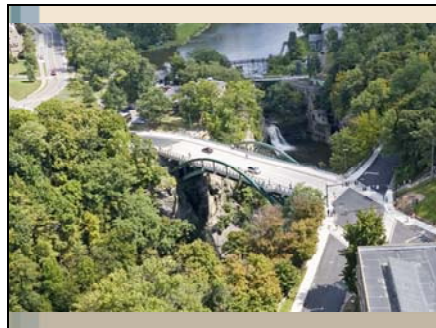
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Understanding Suicide

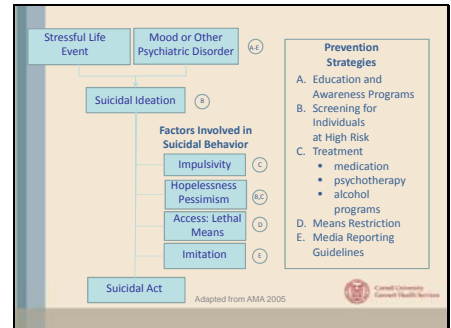
- Title an oxymoron
- "People die by suicide because they have both the ability and the desire to do so."
 - Thomas Joiner
- "Most suicides are unique in the sense that there is no one "profile" or "explanation" for why someone dies by suicide."
 - Mort Silverman



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Understanding Suicide

CDC, "Youth Risk Surveillance: National College Health Risk Survey"

- More teenagers and young adults die from suicide than from all medical illnesses combined
- Suicide rate peaks at ages 20 - 24
- One in 12 US college students makes a suicide plan



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Understanding Suicide


Nat'l College Health Assessment 2006

- Over the past 12 months:
 - ~ 8-10% seriously considered suicide
 - ~1.3% attempted suicide

Nat'l College Health Risk Survey 2006

- ~ 0.01% completed suicide

- Relative rarity of completed suicide contributes to difficulty predicting




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Understanding Suicide

National College Health Risk Survey

- In 2006, suicide was the third leading cause of death for young people ages 15 to 24.
- In each age group, the following number died by suicide:
 - Ages 10 to 14 — 1.3 per 100,000
 - Ages 15 to 19 — 8.2 per 100,000
 - Ages 20 to 24 — 12.5 per 100,000



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Suicide Clusters

CDC definition of a suicide cluster:

"a group of suicides or suicide attempts that occurs closer together in time and space than would normally be expected in a given community"

Gould et al, A Study of Time-Space Clustering of Suicide, CDC, Sept 1987

Clusters of completed suicide occur predominantly among adolescents and young adults, and account for ~ 1-5% of all suicides in this age group




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Understanding Suicide

National College Health Risk Survey

- Young people more likely to use firearms, suffocation, and poisoning
- Gender differences:
 - Ages 15 to 19 – more than four times as many males as females
 - Ages 20 to 24 - more than six times as many males as females




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Suicide Clusters

Gould et al

- Clusters ranged in size from 3 to 11 cases
- Duration varied from 1 to 357 days
- Interval between 1st and 2nd cases varied from 2 to 103 days, with one cluster deemed to be an extension of another that occurred 2 years earlier in the same community
- Relationships were relatively distant – not likely to be close friends



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Suicide Clusters

Gould et al

- Initial cases in clusters, in comparison to singleton controls:
 - were more likely to have occurred in public
 - had more surrounding publicity
 - took fewer precautions to minimize interference
 - were more likely to have been impulsive (planning less than one day)




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Responding to a Suicide Cluster

Principles

- Recognize the situation as a public health emergency
- Avoid being insular or defensive
- Acknowledge the pain and grief burden on the community
- Be proactive in communications




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Suicide Clusters

Means Matter: Bridges and Suicide, Harvard School of Public Health <http://www.hsph.harvard.edu/means-matter/bridges-and-suicide/>

- Means Reduction Saves Lives: "A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. This has been demonstrated in a number of areas: bridge barriers, detoxification of domestic gas, pesticides, medication packaging, and others."
- "While some suicides are deliberative and involve careful planning, many appear to have an impulsive component and occur during a short-term crisis."




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Cornell's Response

Consultation

- Weill Cornell Medical College
- American Foundation for Suicide Prevention
- New York University
- Columbia University / NYS Psychiatric Institute
- Yale University
- Harvard School of Public Health
- Suicide Prevention and Crisis Services of Tompkins County
- Mental Health Association of Tompkins County




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Suicide Clusters

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Cornell's Response

Public health emergency measures

- Immediately formed a leadership team and an emergency response structure
- Informed and educated Executive Committee on Campus Health and Safety and Council on Mental Health and Welfare
- Arranged open forums, inviting campus and local community leaders
- Took measures to enhance means restriction



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Cornell's Response

Communications

- Released web video from Student Services VP, along with Q & A from campus health professionals – aimed at students, faculty, staff, parents and alums <http://caringcommunity.cornell.edu/>
- Reached out to media to share CDC 1994 recommendations
- "suicide is often newsworthy...all parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide."



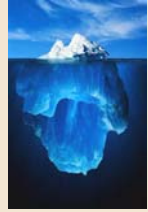

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Suicide: Tip of the Iceberg

Student distress over 12 months:

- 1 in 10 seriously considered suicide
- 1.3% attempted suicide
- 6% current high distress (1/2 not in treatment)
- 4 in 10 unable to function due to depression

National College Health Assessment, 2006





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Cornell's Response

Communications


- Aspects of coverage that can increase suicide contagion:
 - Simplistic explanations for suicide
 - Repetitive, ongoing, or excessive reporting
 - Sensational coverage
 - Memorialization
 - 'How to' descriptions



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Suicide Prevention Strategies

- Engage entire campus community
- Include prevention and treatment
 - Address problems at multiple levels
 - Think/plan strategically
 - Utilize best practices and tactics
- Use a coordinated, population-based strategy
 - Address a range of risk factors that confer vulnerability for a variety of adverse behavioral and physical outcomes
 - US Air Force Model




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Suicide Prevention Strategies

"Rose's Theorem":

- "...a large number of people at small risk may give rise to more cases of disease than a small number who are at high risk"
 - Rose (1989)
- "Prevention goes beyond changing individuals - it changes cultural norms"
 - Murray Levine (1998)



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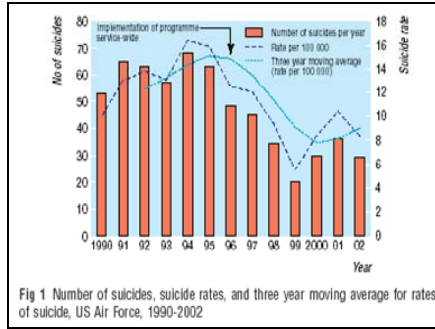
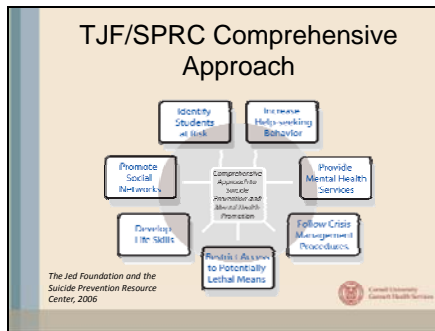


Fig 1 Number of suicides, suicide rates, and three year moving average for rates of suicide, US Air Force, 1990-2002

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The Jed Foundation and the Suicide Prevention Resource Center, 2006

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Foster a healthy educational environment

- Leadership: President, Students - Lift Your Spirits
- Strategic plan: Wellbeing
- Council on Mental Health and Welfare
- Academic environment review
- Climate: respect & inclusion
- Alcohol initiatives
- Natural environment

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Cornell's comprehensive public health approach to mental health promotion and suicide prevention.

Strategies reflect and build Cornell as **"caring community"**
<http://caringcommunity.cornell.edu>

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Promote life skills and resilience

- Social connectedness
- Study skills/time management
- Stress management
- Student leadership development

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Increase help-seeking behavior

- Leadership statements
- Modeling (Real Students, Real Stories)
- Reduce stigma (Cornell Minds Matter)
- EARS
- SPRC Interactive Screening Program
- Let's Talk

<http://www.gannett.cornell.edu/LetsTalk>

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Deliver coordinated crisis management

- 24/7 phone
 - Cornell University Police: 911 or 255-1111
 - Gannett on-call: 255-5155
 - CrisisLine: 272-1616
- Crisis managers
- Community Support Team
- Cayuga Medical Center

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Identify people in need of care

- Faculty/staff/parent handbooks
- Notice & Respond
 - Assisting Students in Distress
 - Friend to Friend
- Residential staff
- Advising offices
- Gannett CCI/screening
- Alert Team

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Restrict access to means of suicide

- Chemical, weapon restrictions
- Ban of firearms on campus
- Temporary bridge barriers
- Means restriction study

<http://meansrestrictionstudy.fs.cornell.edu>

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Provide mental and medical health services

- Integrated care model for whole persons
- Primary care entry option
- CAPS triage: assessment by counselor same or next day
- Saturday hours
- Evening hours

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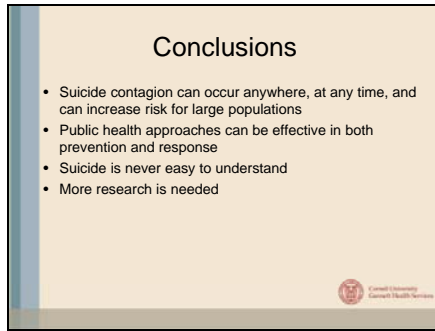
Cornell University Mental Health Framework

- Foster a healthy educational environment
- Promote life skills and resilience
- Increase help-seeking behavior
- Identify people in need of care
- Provide mental and medical health services
- Deliver coordinated crisis management
- Restrict access to means of suicide
- Foster a healthy educational environment

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The slide features a light beige background with a dark blue vertical bar on the left side. The title 'Conclusions' is centered at the top. Below the title is a bulleted list of four points. In the bottom right corner, there is a small red circular logo with a white cross, followed by the text 'Cornell University' and 'Cornell Health Services'.

Conclusions

- Suicide contagion can occur anywhere, at any time, and can increase risk for large populations
- Public health approaches can be effective in both prevention and response
- Suicide is never easy to understand
- More research is needed

 Cornell University
Cornell Health Services