

## EXECUTIVE SUMMARY

### *Addressing Mental Health Issues and Suicide Prevention at William & Mary*

#### **A Comprehensive, Evidence-Based Model**

William & Mary uses evidence-based models for all of our public health efforts and suicide prevention is no exception. Three years ago, we were awarded a \$250,000 three-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for suicide prevention and education. From this, a multidisciplinary task force was created to explore the complexity of mental health concerns and risk factors, and how to address them. The working group includes staff, students, and faculty members, one of whom is a faculty psychologist with renowned expertise in suicide among gifted students.

**The Jed Foundation, a national organization that strives to prevent suicide in college students, in collaboration with the Suicide Prevention Resource Center, recommends seven thematic areas of focus that form a “comprehensive approach to mental health and suicide prevention.”** They include (1) identifying students at risk, (2) increasing help-seeking behaviors, (3) providing mental health services, (4) following crisis management procedures, (5) life skills development, (6) promoting social connectedness, and (7) reducing access to lethal means. On the following pages, we outline in greater detail how we apply that framework to W&M’s prevention efforts. This list is not exhaustive, but it provides significant and representative examples of what we’re doing and why. Most examples involve collaborative partnerships among many departments. This document also includes an appendix that addresses key contextual issues regarding college student mental health, both here and nation-wide.

The procedures, programs and policies in this executive summary were either adopted during the past three years under our suicide prevention grant or were in place before the awarding of the grant. Programs noted here as being “on the horizon” reflect initiatives proposed in the fall of 2014 and approved at the beginning of this semester (pending a BOV vote on the university’s 2015-16 budget).

#### **Examples of Recent and Current Efforts**

- New Health & Wellness thematic area created in 2012 as part of Student Affairs re-organization
- Associate Vice President for Health & Wellness hired to provide leadership (2013)
- Multi-disciplinary Suicide Prevention Working Group
- At-Risk Training by Kognito – a nationally recognized interactive online program for suicide prevention and education for faculty, staff and students (secured multi-year contract)
- Anti-Stigma Campaign – “Stop the Stigma, Start the Conversation”
- TribeRides – subsidized transportation services to off-campus mental health providers
- Mental Health Referral Coordinator position in the Counseling Center (created 2013)
- Intake procedures at the Counseling Center that include same-day walk-ins and regularly scheduled appointments, daily clinical intake teams, and no waitlist (i.e. after an assessment a student is assigned to a therapist and an appointment is scheduled)

- Expansive mental health services to include individual, group, outreach, consultation, online and crisis intervention services
- Expansive Care Support Services from the Dean of Students Office
- Medical/Emotional Emergency Policy, Psychological Emergency Protocol, and Care Reports
- Threat Assessment and Care Teams (for early intervention)
- 24-hour on-call services – Counseling Center staff, deans, and residence life professionals
- Contractual partnerships with local psychiatric and crisis treatment centers with subsequent hiring of additional police officers for crisis support and transport
- Online mental health screenings and mental health screening of all students who access the Student Health Center
- Authentic Excellence Initiative – a resilience and flourishing-based training program
- Expansive and robust peer education/advocacy devoted to mental health concerns, including concentrated efforts by Student Assembly
- Mental Health Awareness Weeks and campaigns

### **On the Horizon**

- Full-time psychiatrist position to begin Fall 2015
- ProtoCall – after hours tele-therapy services for urgent and emergent mental health concerns
- Therapist Assist Online – online and therapist-assisted modules for managing anxiety, depression and stress
- Mental Health Referral Coordinator expanded to 12-month position (adding summer services)
- Rapid Referral Assistance Program – private funding for acute mental health issues for students with financial need
- Construction of a new Integrative Wellness Center – anticipated opening in Fall 2017
- Center for Mindfulness and Authentic Excellence in the new Integrative Wellness Center – privately funded
- Private funding to sustain all SAMHSA grant initiatives (already secured)
- Continuation of the Suicide Prevention Working Group

## Expanded Descriptions of Programs and Services

*Listed According to the JED Foundation's Framework  
"Model for Comprehensive Mental Health Promotion and Suicide Prevention  
for Colleges and Universities"*

The Jed Foundation Model is an approach "based on what is known about how to decrease risk factors and increase protective factors for mental health and suicide among adolescents, college students, and the general population; an understanding of the student mental health problems that campuses face; and existing best practices."

The seven thematic areas of focus for this model include (1) identifying students at risk, (2) increasing help-seeking behaviors, (3) providing mental health services, (4) following crisis management procedures, (5) developing life skills and building resilience, (6) promoting social connectedness, and (7) reducing access to lethal means.

### Identifying Students at Risk

- **Threat Assessment and Care Teams.** These two multi-disciplinary teams are charged with managing students of concern through development of a wellness plan and tracking treatment and progress.
- **Care Reports (early alert system).** The Dean of Students Office website includes a secure, online portal for expressing concern about students. A report is sent directly to the Care Team for assessment and developing a wellness plan.
- **At-Risk Training by Kognito.** At-Risk is a nationally recognized interactive online program for suicide prevention and education for faculty, staff and students. William & Mary has secured a multi-year contract to make At-Risk available to members of our campus community. Through this gatekeeper training program, participants learn how to recognize students in distress and learn what to say to them.
- **Peer Educators/Advocates.** The university has several teams of peer educators/advocates who promote mental health on campus. One group, Health Outreach Peer Educators (HOPE), receives over 40 hours of training on effective programming as well as how to be a resource for their peers. They learn referral skills, signs of distress, and campus resources, and offer workshops and presentations to their peers.
- **Residence Hall Staff.** Resident Assistants (RAs) are an invaluable resource as they are often the first people that students approach when concerned about themselves or a friend. RAs are extensively trained to recognize students in distress and refer when needed.
- **Training Sessions.** Through training sessions and workshops, the university helps faculty and staff learn to recognize signs of distress in their students. During these training sessions, the At-Risk online module is used to reinforce their skills.
- **Student Health Assessment.** The Student Health Center requires students to complete a brief mental health screening tool upon intake, with further assessment and referral, if warranted.

## Increasing Help-Seeking Behavior

- **Education for New Students.** Mandatory extended orientation programs for all first-year residence halls focus on the college transition, supportive resources, and how to access them. This information is also provided to new graduate students. Further programming is offered to address specific mental health issues that are aligned with specific campaigns/events, awareness weeks, organizational functions, classes and developmental programs throughout a student's time at the university.
- **TribeRides Program.** TribeRides is a program that provides subsidized transportation for students needing mental health services off campus. The program breaks down a barrier for students to access services when there is not easily available transportation to off-campus treatment providers.
- **Targeted Marketing.** Through a marketing campaign "Stop the Stigma: Start the Conversation" the university aims to get students talking about mental health issues and reduce stigma around accessing mental health services.
- **W&M ID Cards.** As of 2013, all student IDs have a crisis hotline number printed on the back.
- **Counseling Center Website.** Online mental health screening tools and self-help resources are available on the Counseling Center website.
- **Counseling Center Student Advisory Committee.** A group of current students and peer health advocates strive to address misperceptions about the Counseling Center and provide more accurate information about services (common misperceptions include rumors about long wait times, forced medical leave, and suicide rate). The group also provides feedback to the Counseling Center on current student issues and needs.
- **National Studies.** William & Mary participates in the national Healthy Minds study and the National College Health Assessment (NCHA) to increase our understanding of mental health trends among emerging adults.

## Providing Mental Health Services

- **Clinical Intake.** The Counseling Center offers a clinical intake system that accommodates both regularly scheduled appointments and same-day walk-in appointments for students in distress. For the past three years, the Counseling Center has operated with no waitlist despite a time of unprecedented demands. (Most universities with similar demand carry a waitlist of 50-100 students during peak clinical periods). A clinical intake team is available each day to see walk-in students. For regularly scheduled appointments, the average wait time is less than a week, with no students scheduled for an appointment more than two weeks out. Students who are in distress or who express concern about the length of time until their scheduled appointment are encouraged to use the same-day walk-in system.
- **Clinical Services.** Multi-modal clinical services include individual therapy, group therapy (both structured and process groups), crisis intervention, online psycho-educational services, outreach and consultation.
- **Counseling Services.** Utilization of counseling services at W&M is higher than at other institutions our size and higher than the national average overall (13% compared to 10%). According to annual surveys, 95% of the students who access our services would recommend the Counseling Center to their friends. The Counseling Center is well supported by the

administration as evidenced by a provider-to-student ratio that is better than our peer institutions and that exceeds accreditation recommendations. Contrary to the perception that students who report suicidal ideation to the Counseling Center are forced to go home, almost 40% of the students who are treated at the Counseling Center report having had some suicidal thoughts. Nearly all of those students continue to attend classes and they evaluate their treatment as highly effective. Follow-up evaluations from the few students who take a medical leave indicate that they benefitted from attending more fully to their wellbeing/treatment. Almost all students who take medical leave return and graduate.

- **Student Appointments.** The vast majority of our students who access counseling services are seen at the Counseling Center the number of times they expected to be seen in order to address their needs. Some students are referred off-campus to optimally serve their needs. A Mental Health Referral Coordinator (MHRC) was hired last year to help connect students with off-campus providers and assist them through that transition. The MHRC position is being expanded from a 10-month to a 12-month position starting this summer.
- **Medication Management.** Psychotropic medication is managed through our part-time psychiatrist, Student Health Center physicians, and community providers. We received approval earlier this year to hire a full-time psychiatrist. (That search is underway with the expectation that an appropriate candidate will be hired this summer).
- **Accreditation Standards.** Both the Counseling Center and Student Health Center are accredited and have received exemplary evaluations from their accrediting agencies. The last site review from the accrediting agencies was last year for the Counseling Center and two years ago for the Student Health Center. The Counseling Center is also accredited by the American Psychological Association (APA) as a training site for doctoral interns.
- **Quality Assessment.** W&M is an ongoing participant in the Center for Collegiate Mental Health evidence-based assessment program. Students seen at the Counseling Center are monitored for improvement in outcomes over time as part of ongoing quality assurance.
- **Therapist-Assist Online.** A new program has been approved for next year that provides a personalized online program combined with regular therapist contact to treat anxiety, depression, and other critical mental health issues.
- **Integrative Wellness Center.** This new facility was approved in February 2015 by the Board of Visitors (as part of the university's new master plan). It will be located in the heart of campus and will expand and enhance health care services. The building will include the Counseling Center, Health Center, Health Promotion, wellness programs from Campus Recreation, peer educators, and the Center for Mindfulness and Authentic Excellence. Expected opening: Fall 2017.

### Following Crisis Management Procedures

- **Mental Health Emergencies.** The Medical/Emotional Emergency Policy and the Psychological Emergency Protocol guide us in attending to mental health emergencies. Through this policy, an assessment of a student's safety, mental status and history is conducted. An optimal treatment plan is then developed for the student and decisions are made about any academic accommodations the student may need. W&M was one of the first universities to develop such a policy over 50 years ago and it is emulated by other universities today.

- **Hotline System.** A 24-hour on-call system connects students in need to an on-call counselor for emergency assessment and treatment planning.
- **Crisis Treatment.** Contractual partnerships have been developed with local psychiatric and crisis treatment centers for mental health emergencies. Two additional police officers were hired as a result of these contracts for after-hours support and transportation.
- **ProtoCall.** Approved for next year, a new after-hours teletherapy service will be added that expands the breadth and depth of after-hours support and assessment.
- **William & Mary Police Department (WMPD) Support.** Officers intervene quickly whenever they identify a student in distress. WMPD personnel are part of a coordinated response with other on-call professionals. Officers assist with transportation, communication, or other needs.
- **Student Welfare Checks.** The WMPD responds to calls concerning the welfare of students and conducts welfare checks as needed, including coordinating with the Williamsburg or James City County Police for students living off campus.

### Developing Life Skills & Building Resilience

- **Authentic Excellence (AX) Initiative.** This resilience training program fosters flourishing from a values-based perspective. It is available to students, faculty, and staff online, through workshops and individual coaching. The initiative was featured at the recent SAMHSA Suicide Prevention Grantee Conference. The Life Values Inventory, a component of the AX Initiative, has been recognized twice by the American College Personnel Association (ACPA) as part of their Innovations in College Counseling program.
- **Developmental Programs/Services Around the 8 Dimensions of Wellness.** Examples of programs include mindfulness, meditation, stress and emotional management, nutrition and mood, sleep and energy management, fitness, yoga, spirituality, conflict management, emotional intimacy, active citizenship and service, leadership and inclusion.
- **Executive Functioning Workshops.** An array of workshops is provided by the Dean of Students Office to enhance executive functioning. Topics include time management, study skills, performance anxiety, perfectionism, procrastination, decision-making, problem-solving skills, and neurodiversity.
- **Peer Education Network.** A robust peer education network provides workshops and deepens conversations around issues of mental health, stigma reduction, healthy relationships, and bystander intervention. Examples of these peer groups include Active Minds, Health Outreach Peer Educators (HOPE), National Alliance on Mental Illness (NAMI), Student Assembly, SPAN Peer Mentoring Program, the Counseling Center Student Advisory Committee, and the Neurodiversity Student Working Group.
- **Healthy Campus 2020 Coalition.** A group of staff and faculty are dedicated to specific objectives outlined by the American College Health Association to promote an optimally healthy campus by 2020.
- **The Inner Architect.** Beginning next year a new program called The Inner Architect will be offered to help students integrate and make meaning from their collected W&M experiences. The goal is to help students clarify a sense of purpose and consider how they will approach decision-making for the future.

## Promoting Social Connectedness

- **Forming Relationships.** The low faculty-student ratio at William & Mary allows students and professors to know one another well. Over 450 student organizations bring peers together and encourage students to form relationships based on common interests and values. Additionally, the residential nature of the campus experience encourages the building of community in a wide variety of living-learning settings.
- **First Year Experience.** A major focus of New Student Orientation, First Year Experience (FYE) programs, and the multi-year residential experience is to help students connect to each other as well as to the W&M community.
- **W&M Traditions.** Many intentional programs, events, and campus traditions foster community-building, collaboration, inclusion, and respect for diverse people and perspectives.
- **Workshops.** Peer- and staff-led workshops on a variety of topics are offered to enhance interpersonal skills and relationship development.

## Restricting Access to Potentially Lethal Means

- **Weapons Policy.** The university's Weapons Policy prohibits possession or carrying of any weapon by any person on university property except by a police officer or other individual so authorized by university policy.
- **Campus Partners.** The W&M Police Department and Facilities Management have addressed campus areas identified as potential risks.

<https://www.jedfoundation.org/professionals/comprehensive-approach>

## APPENDIX A

### **Important Contextual Issues: College Student Mental Health at W&M and Nationwide**

#### **Are we seeing more mental health issues on campus than in years past?**

Yes, we are. That is true at William & Mary, and national data confirm it is true at colleges and universities across the country. According to the 2014 National Survey of College Counseling Centers, 94% of directors report that the trend toward greater numbers of students with severe psychological problems continues to be true on their campuses. 86% of directors report that there has been a steady increase in the number of students arriving on campus who are already on psychiatric medication, and they report that 52% of counseling center clients have severe psychological problems (up from 44% in 2013). Given societal advancements in the understanding and treatment of psychological illness, people with serious mental health diagnoses are able to function far more successfully today than ever before. Decades ago these individuals may not have been able even to attend college. Today, not only are they able to attend, but the vast majority are very successful. At the same time, this nationwide trend presents greater challenges for colleges and universities as they try to adequately support a higher percentage of students with greater needs.

#### **Does W&M have an especially high suicide rate?**

Any one student lost to suicide is one death too many – and we have experienced tremendous loss this school year. This is a difficult time to think and speak about research and national trends and averages. That said, it would be unresponsive to avoid addressing this question that is clearly on the minds of so many. We want people to have an accurate picture when it comes to the question about suicide rate.

The Center for Disease Control (CDC) collects and maintains the most respected and reliable national data on suicide rates. According to the latest report by the CDC (2013), the annual suicide figure among 15-24 year-olds is approximately 11 per every 100,000 people. Based on a relevant population of 100,000, and considering the size of our student body, the rate for W&M would be calculated over a 13-year period. Over the past 13 years, our rate is reflective of the national average. In saying that, it is important to affirm that we are remembering and honoring all W&M students lost to suicide – including deaths that occurred on campus and off, during the school year or between semesters, and regardless of a student's enrollment status at the time of death.

It is important to understand that suicide rate – when applied to a smaller sample, such as a college or university – is calculated longitudinally, not in a cross-sectional manner focused on a single year. Rates focused on one year would incorrectly conclude a high rate during a year of multiple tragedies and also incorrectly conclude no suicide concerns or a very low rate in the years of no suicides. To be accurate, we must look at an extended period of time.

Again, this rate doesn't matter to us because even one loss is too many. Our goal, always, is to do everything in our power to reduce the risk of suicide and promote well-being for each and every one of our students.

#### **Is there a relationship between academic stress and suicide?**

Concerns have been raised about the level of stress students feel as a result of the academic rigor at W&M. It is true that many students feel academic pressure, and stress often negatively affects one's general sense of well-being. Because stress can manifest itself in physical, emotional, behavioral, and cognitive symptoms (sleeping too much or too little, changes in appetite, aches and pains, moodiness,

substance abuse, etc.), reducing stress and helping students develop healthy coping strategies and personal resilience is an important area of focus for W&M. How students learn to manage their stress is an essential component of well-being and success, both here and in their lives post-graduation. At the same time, attributing suicides to academic stress oversimplifies a very complex mental health issue. Any university environment is going to bring some stress with it – but *stress alone is not a predictor of suicidality*. Research shows that the overwhelming cause of suicides is the presence of complex and often long-term mental health concerns. The American Foundation for Suicide Prevention (AFSP) affirms that "90% of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death." Therefore, identifying and treating these illnesses is especially important to us at W&M; someone with an untreated psychological disorder may be more likely to attempt suicide in the wake of stressful life events.

**Can you explain the Counseling Center's staffing model, especially with regard to APA interns and practicum students?**

William & Mary's Counseling Center is fully accredited and its staff is dedicated to the well-being of the students in this community. The Counseling Center's blend of providing experienced clinicians and high quality doctoral-level interns and practicum students is considered a "best practices" staffing model. Our clinical internship is accredited by the American Psychological Association (APA) and we are a highly sought-after training site for both practicum students and doctoral-level interns.\*

Currently the Counseling Center staff includes seven full-time and three part-time professionals, all of whom have doctoral degrees and licenses (or are in the process of obtaining licensure). Additionally, the staff includes four APA interns (full-time), and two doctoral-level practicum students (part-time). Next year, a full-time psychiatrist will be added to the professional staff roster. A search for that position is underway. Approximately 60% of clients are seen by professional staff and 40% of clients are seen by APA interns and practicum students under direct professional staff supervision.

*\*A psychology internship is the last step before obtaining a doctorate in clinical or counseling psychology. In this role, interns come with several years of prior clinical experience and serve as full-time clinicians for one year in our Counseling Center. They also bring a sophisticated understanding of the most recent research and trends in psychology.*

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