

## Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention











The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.





# Integrating Alcohol and Other Drug Use Treatment and Prevention Approaches with Suicide Prevention Efforts

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Suicide Prevention Resource Center
June 13, 2013



## Goals of the Session

- Review what we know about alcohol and suicide in youth.
- Look at the relationship between substance abuse and suicide.
- Identify barriers and opportunities for collaboration on campus.
- Activity



# Alcohol Use and Depression in College Students



#### Findings continued

#### Felt very sad

Percent (%)	Male	Female	Total
No, never	30.8	18.9	22.9
No, not last 12 months	19.7	16.6	17.6
Yes, last 2 weeks	18.3	27.1	24.2
Yes, last 30 days	11.0	14.8	13.5
Yes, in last 12 months	20.3	22.5	21.8
Any time within			
the last 12 months	49.5	64.5	59.5

#### Felt overwhelming anxiety

Percent (%)	Male	Female	Total
No, never	44.5	30.7	35.3
No, not last 12 months	16.6	13.8	14.8
Yes, last 2 weeks	14.7	23.3	20.5
Yes, last 30 days	9.2	13.2	11.9
Yes, in last 12 months	15.0	18.9	17.6
Any time within			
the last 12 months	38.9	55.4	49.9

#### Seriously considered suicide

Percent (%)	Male	Female	Tota
No, never	81.4	79.3	79.9
No, not last 12 months	12.4	13.6	13.3
Yes, last 2 weeks	1.4	1.4	1.5
Yes, last 30 days	1.0	1.1	1.1
Yes, in last 12 months	3.8	4.6	4.4
Any time within			
the last 12 months	6.2	7.1	6.9

#### Intentionally cut, burned, bruised, or otherwise injured yourself

Percent (%)	Male	Female	Total
No, never	86.7	80.5	82.4
No, not last 12 months	9.5	13.2	12.0
Yes, last 2 weeks	1.1	1.6	1.5
Yes, last 30 days	0.5	0.9	0.8
Yes, in last 12 months	2.2	3.8	3.3
Any time within			
the last 12 months	3.8	6.3	5.5

#### Felt so depressed that it was difficult to

Percent (%)	Male	Female	Total
No, never	53.0	46.0	48.3
No, not last 12 months	20.9	22.9	22.2
Yes, last 2 weeks	8.6	9.8	9.5
Yes, last 30 days	5.1	5.9	5.6
Yes, in last 12 months	12.5	15.4	14.4
Any time within the last 12 months	26.1	31.1	20.5

#### Felt overwhelming anger

Percent (%)	Male	Female	Total
No, never	45.3	41.0	42.4
No, not last 12 months	21.8	21.8	21.8
Yes, last 2 weeks	9.7	11.5	10.9
Yes, last 30 days	7.2	8.5	8.1
Yes, in last 12 months	16.1	17.3	16.8
Any time within			
the last 12 months	32.9	37.2	35.8

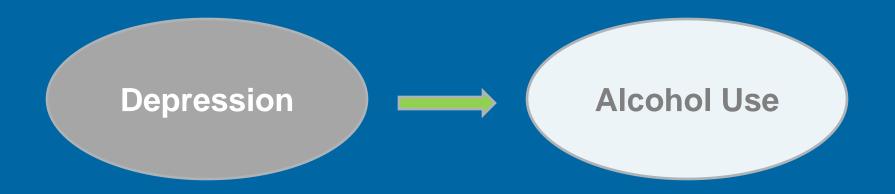
#### Attempted suicide

Percent (%)	Male	Female	Tota
No, never	93.2	91.3	91.
No, not last 12 months	5.8	7.5	7.0
Yes, last 2 weeks	0.3	0.2	0.3
Yes, last 30 days	0.1	0.1	0.1
Yes, in last 12 months	0.7	0.9	0.9
Any time within			
the last 12 months	1.0	1.2	1.2





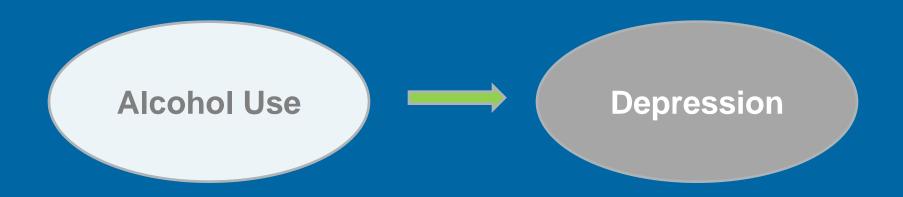
## Depression Preceding Alcohol Use



Owens and Shippee (2009); Crum et al (2008); Wu et al (2006); Kuo et al (2006); Haynes et al (2005); Repetto et al (2004); Wang & Patten (2001a); Moscato (1997); Mason et al (2008)



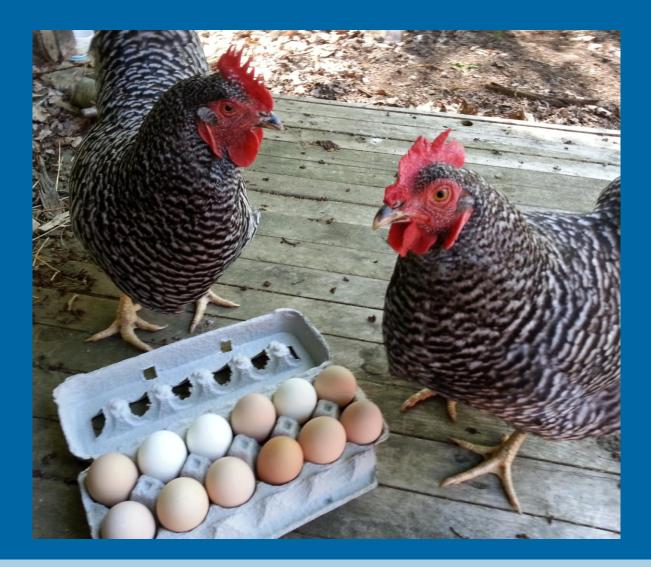
## Alcohol Use Preceding Depression



Fergussen et al (2009); Owens & Shippee (2009); Mason et al (2008); Hallfors et al (2005); Wang & Patten (2002); Brook et al (2002); Gilman & Abraham (2001); Wang & Patten (2001b); Hartka et al (1991)



## So...what came first?





## Alcohol Use Preceding Depression

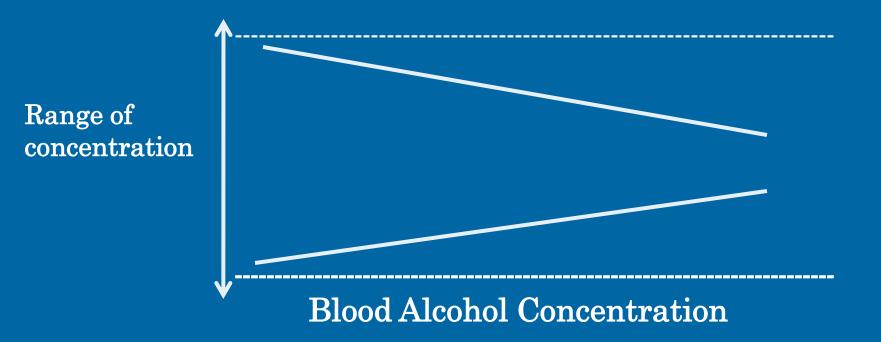
- Brain effects
- Biphasic effect
- Causing/intensifying other depression triggers

Repetto et al (2004); Mason (2008); Hufford (2001)



## Alcohol Use Constricts Thinking

Alcohol "myopia"



Cherpitel et al (2004); Hufford (2001); Sher (2005); Steele & Josephs (1990)



## Risk Factors for Suicidal Behavior

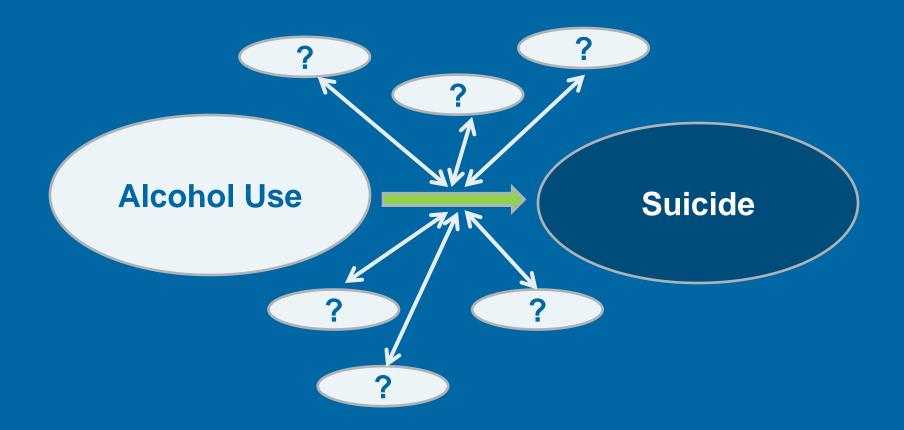
- Depression, anxiety
- Hopelessness
- Job or financial loss
- Relational or social loss
- History of trauma or abuse

....and others

SPRC (2003); HHS (2001)



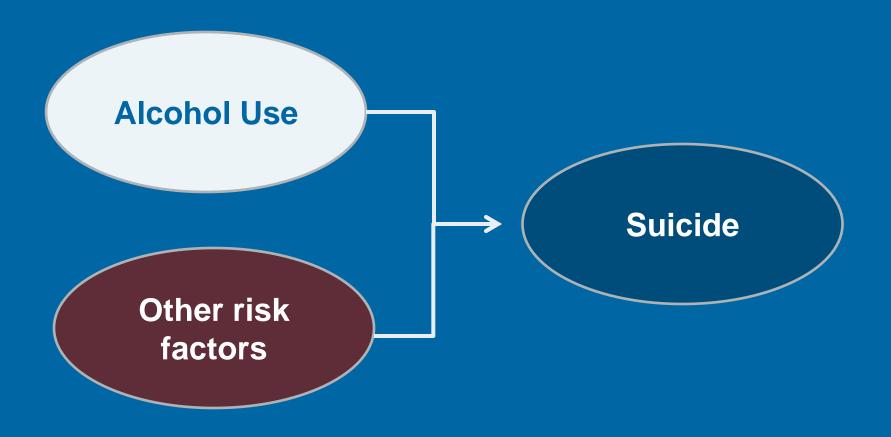
## Alcohol as a Risk Factor for Suicide



Aseltine et al. (2009); Swahn & Boassarte (2007); Hallfors et al. (2004); Windle (2004); Cherpitel et al (2004); Hufford (2001); Powell et al. (2001); Borowsky et al. (2001); Gould (1998); Brent et al. (1988)



## Alcohol Use & Mental Health Issues as Suicide Risk Factors





## Alcohol Use & Mental Health Issues as Suicide Risk Factors

# Three patterns identified as co-occurring risk factors

- Alcohol along with a mental health condition
- Alcohol with other life stresses
- Alcohol use at the time of death

Logan, Hall & Karch, D. (2011)



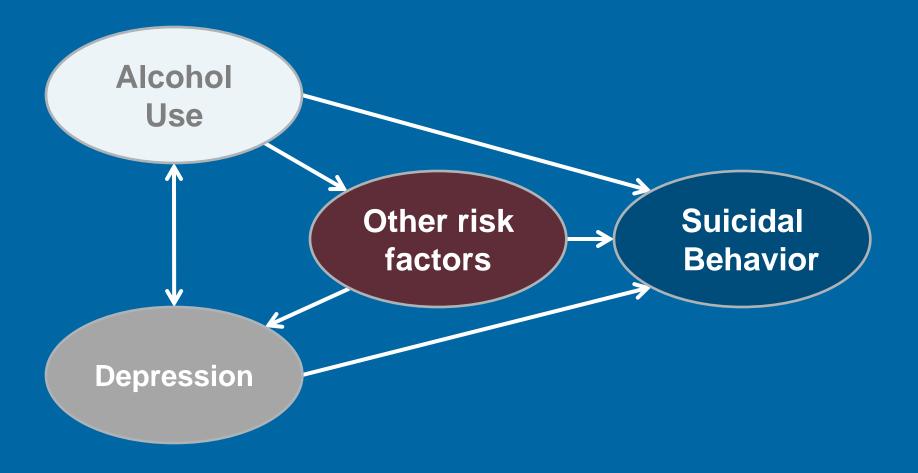
## Alcohol Environment and Suicide

- Lower MLDA associated with increased suicide risk among 18-21 year olds
- Increased alcohol consumption associated with increased suicide mortality rates
- Restricting alcohol availability may reduce suicide mortality

Birckmayer & Hemingway (1999); Brady (2006); Mann et al (2006); Pridemore & Snowden (2009); Varnik et al (2006)



## Alcohol Prevention as Suicide Prevention





## Questions?



## Collaboration on Campus



## Facilitators to Collaboration

- Leadership
- Coalitions and task forces
- Shared understanding of the continuum of care (prevention, treatment and maintenance)



## Barriers to Collaboration

- Differing philosophies and funding streams between mental health and substance abuse professionals
- Campus readiness for change
- Lack of leadership
- "Turf" issues



## Collaboration Continuum

#### SPRC Collaboration Continuum

#### Contemplating

#### What is Contemplating?

At this stage you're thinking about collaborating. You have potential partners in mind, but have not approached them.

## What does Contemplation look like?

We have not agreed on an aim We don't know who gets to lead We are not sure if we should trust each other

We may be tired of partnering efforts
People's priorities are constantly changing
Is this right for us?

#### How to move toward Cooperating

Build trust through small wins Fake time to understand partners' context Use key champions, friends and allies to build relationships

Identify opportunities to support each other's goals

#### Cooperating

#### What is Cooperating?

At this stage you've decided partnering makes sense, you are engaging partners, but have no formal agreements.

## What does Cooperating look like?

Informal & supporting relationships Exchanging information for mutual benefit

Attending each other's events

Positive & intermittent interaction:

#### How to move toward Coordinating

Use data & information to find shared

Get clear on why you need a partner; what *can't* you do alone?

Create & sustain positive dialogue δ

#### Coordinating

#### What is Coordinating?

At this stage your partnership is growing stronger. You are modifying your activities for mutual benefit. You are engaged in projects, initiatives and work together.

## What does Coordinating look like?

Short-term or long term project-oriented engagement

Share time, decision-making and/or resour

Engage using informal/formal agreements

Low to moderate risk

#### How to move toward Collaborating

Commit to the partnership in a formal way

Define the terms & boundaries of the

partnership

Recruit strategic, high-capacity partners that know how to nurture collaboration

Structure for engagement & inclusion among

Carve out long-term strategic directions &

#### Collaborating

#### What is Collaborating?

At this stage your partnership has formal agreements. You are working toward developing enhanced capacity to achieve a shared vision.

## What does Collaborating look like?

Creative, synergistic & innovative approaches New organizational structures & financal

Long-term engagement

Institutionalized & credible collaboration in the community

Well-defined mission based on member

Effective leadership team High risk/High Trust

### How to sustain & strengthen your Collaboration

Engage in regular strategic planning Manage & measure performance Nurture your membership/team Jentify processes for managing conflict

SPRC Substance Abuse and Suicide Prevention Collaboration Continuum – April 2013

Adapted from Butterfoss, F. D. (2007). Coalitions and partnerships in community health. Coalitions and partnerships in community health. San Francisco, CA US: Jossey-Bass.



## Examples

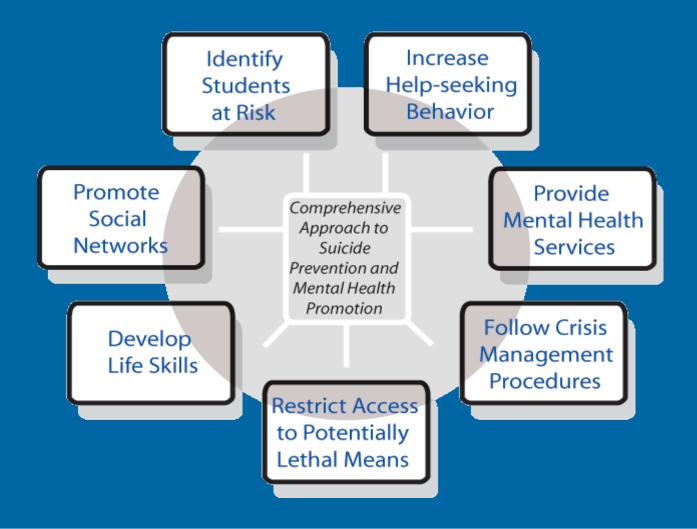
Campus A	Have comprehensive approach to alcohol prevention but doesn't carry over into mental health.
Campus B	Staff work together but there is still limited understanding of the relationship between high-risk alcohol use and suicide.
Campus C	Different offices on campus were contacted to see how student problems presented there in order to inform developing a comprehensive program.



# Activity



## SPRC/Jed Foundation Approach





## Contact Information

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