HOW ARE YOU USING YOUR DATA?

QUICK PEAK

- Brief overview of our suicide prevention program

- How we are using data

- Types of data we are using

- What our data has told us

- Impact of data on our programming

UNIVERSITY OF TENNESSEE KNOXVILLE

- Close to 28,000 students
- 10,000 faculty and staff members
- Public
- Large residential population - almost 7,500 students live in on-campus housing
- Primarily white/Caucasian (85%)

OVERVIEW OF OUR SUICIDE PREVENTION PROGRAM

- The project's overall purpose is to strengthen the ability of the human infrastructure on our campus to accurately identify and effectively refer students at-risk for suicide.

- Target populations: a) students who are under 21 years of age, b) males, c) African American students, d) Asian students, e) Hispanic students, f) the LGBT student population, and g) veteran students.

OVERVIEW CONTINUED

Three main objectives:

1   Develop enhanced training programs for the campus community to improve the capacity of UT to identify and refer suicidal students at risk.

1   Create social marketing materials to decrease the stigma of mental illness, increase bystander reports/identification of students who would not self-identify, raise mental health awareness, and promote help-seeking behaviors.

2   Provide educational materials and training for parents and families to increase their ability to identify students at risk and promote help seeking.

TYPES OF DATA WE ARE USING

- Cross-site data
  - SPEAKS
  - CIFI
  - TES

- Local data
  - Focus groups - contracted with the UT Institute for Assessment and Evaluation
  - Health & Wellness surveys - partnered with the UT Safety, Environment and Education Center

- Local data from a national data source
  - National Research Consortium of Counseling Centers in Higher Education - Suicide Ideation Survey and Student Coping Survey (out of University of Texas at Austin)

HOW ARE WE USING OUR DATA

- Measuring grant effectiveness

- Developing social media campaign

  - Understanding campus and target-level population information regarding suicide prevalence, help-seeking, referring, and stigma

  - Understanding preferred and effective communication channels

  - Learning phraseology that speaks to our

SOME THINGS OUR DATA HAS TOLD US

- Understanding our students – values, beliefs, attitudes

- Prevalence

- Help seeking patterns and attitudes

- QPR Effectiveness

- Connectedness to campus

SOME THINGS OUR DATA HAS TOLD US

- Awareness of resources

- Preferred means of comunication

- Perceptions of suicide, resources, stigma

- Myths most commonly held

- Coping strategies

- Risk and protective factors

SOCIAL MEDIA CAMPAIGN

- Using the Gallup strategic communications strategy that that Christina talked about

- Cultural considerations

- What have we learned about our students?

- What have we learned about help-seeking

- What have we learned about bystander intervention?

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SOCIAL MEDIA CAMPAIGN

- What have we learned about stigma on our campus?

- What have we learned about how students prefer to receive information?

- Creatively using our data in our campaign

- Social norms campaign

UNDERSTANDING OUR STUDENTS

- Their values

- Their beliefs regarding seeking help

- Who they turn to when problems arise - parents, family, friends; counselors sometimes if it is a serious problem; not faculty or academic advisors

UNDERSTANDING OUR STUDENTS

- Their awareness of resources

- What sources of stress they face and how they typically cope with them

- Best ways to reach them

- What sources of information they trust

HELP-SEEKING

- Who they are seeking help from

- Attitudes about help seeking

- Barriers to help seeking

- Facilitators of help seeking

- Perceptions of stigma related to help seeking

HELP-SEEKING FINDINGS

- Majority of students would seek help but those that would NOT:

- Have a positive personal perception of help seeking but feel that the larger campus perception is negative

HELP-SEEKING FINDINGS

- Why NOT seek help (in general) most common responses:
  - Do not share personal concerns
  - Did not want to burden others
  - Did not think I needed help
  - Did not think it would be helpful

- Why NOT seek professional help most common responses:
  - Did not feel a need
  - Did not occur to me to seek help
  - Did not think it would be useful
  - Did not think I could afford help

HELP-SEEKING FINDINGS

- Results from our participation in the 2011 National Research Consortium of Counseling Centers in Higher Education study highlight help-seeking attitudes and behaviors

  - they turn to friends, peers or roommates, family members, and/or romantic partners for help or support when they are dealing with stressful periods.

  - The most common factor that seemed to play a part in these decisions of whom to turn to for help was a belief that these individuals would empathize with their difficulties.

  - Those respondents who indicated they do not seek help from anyone stated they do not do so either because they typically do not share their concerns, do not believe it would be helpful, and/or they did not think they needed help.

  - For those who indicated they do not seek professional help during times of stressful periods, the reason most commonly cited was they did not feel there was a need to seek professional help.

FOCUS GROUPS - HELP SEEKING

- *"I can talk from personal experience because I went through a battle of depression myself. It was really hard and I didn't think it was an issue....I didn't feel comfortable enough to talk about it either so I was just hiding it from my roommates. Then I realized needed to reach out and tell somebody. So I talked to my mom about it but I hadn't talked to any of my close friends. .... I didn't know what was out there on campus in terms of resources and also I was embarrassed and didn't want people to know. Didn't feel like going and admitting there was an issue..."*

- *"someone you trust. You know they are not going to be fake and they are going to want to say nice things to you and they aren't going to spread your business all around campus."*

FOCUS GROUPS - HELP SEEKING

- *"I'm very private so I wasn't willing to tell anybody and I wasn't comfortable to tell anybody. I has to be someone that you are close to that you would tell."*

- *"I think they want to minimize problem. They don't want to talk about it and they tell themselves they don't really have a problem and that they can get through this on their own."*

- *"They don't' want to seek help or share their problems with a stranger."*

PERCEIVED STIGMA VS. ACTUAL STIGMA?

- Results of the SPEAKS 2011 survey indicate that respondents were much more likely to endorse beliefs that others stigmatize seeking mental health than they were to endorse having stigma about mental health

- Own personal beliefs versus what I belief others think

FOCUS GROUPS - STIGMA

- Personal versus perceived stigma:

    – *"No, there is no stigma attached to thinking about suicide."*

    – *"No, people may think they are looked down upon....but we would actually respect them more if they went to see someone to talk about their problems."*

    – *"Yes, there is stigma associated with seeking treatment."*

    (Comments from the same group of students in the same focus group)

FOCUS GROUPS - STIGMA

- *" I don't perceive people who are thinking of suicide negatively just because you know so many people are affected by it so to me it's not something I would stigmatize someone"*

- *"[Someone] showing signs of going down that path for me it was a stigma as like they don't fit but it was more like just feeling really sad for them and being like oh what went wrong or what's your problem here."*

- *"When I see a situation where someone tried to commit suicide I don't think about immediately that person is crazy or it's wrong I just feel sad."*

- *"Absolutely there's a stigma to it, absolutely there is."*

- *"There's just so much stigma …."*

(Comments from the same group of students in the same focus group)

FOCUS GROUPS - PERCEPTIONS OF SUICIDE

- *"I feel like sometimes people make light of the fact. Like they say I'm so stressed out or depressed when in reality it's probably not to that extreme or they say I'm so depressed I'm going to commit suicide even though they know in their mind they probably wouldn't. It's just a way of saying I'm feeling really bad."*

- *"I have a real hard time trying to understand why someone would like want to hurt themselves, but I also see why someone might think that was their only option."*

FOCUS GROUPS - BYSTANDER INTERVENTION

- *'It's kind of hard to decide who you would tell. Or how to judge because someone could just be having a bad day."*

- *"I don't think the signs (warning signs) are that clear, at least in my personal experience."*

- *"It's difficult to recognize them, like, I could recognize how hard it was for me, but I would just seek out something that would make me feel like at home."*

- *"And it's hard too, because every person is different. Everyone has a different way of reaching out."*

FOCUS GROUPS - ALTERNATE LABELING

- *"Suicide is a real strong word, you hear suicide and you kind of get turned away. Make it really broad and really creative, add a twist to it."*

- *"Suicide prevention...no one feels like that relates to them. I don't think many people my age like me are thinking about suicide. Make it relate to me.. I start to pay attention a lot more."*

INTERVENING

- Faculty are seen as unapproachable or untrustworthy

- Education is needed about resources (which resources exist, who will benefit from them, what do they do)

- Specific myths need to be addressed
    - Discussing suicide with someone can introduce the idea to that person
    - People talk about suicide to get attention (belief of males)

INTERVENING

- Language, communication approaches need to change

- Responding to gender differences - increase focus on males

FOCUS GROUP - GENDER

- *"Also gender has a big impact on it...if it was a guy I would think well maybe you should just man up and that's a terrible thing to think..."*

- *"We've gotta get away from the mindset that men have to be these stoic masculine independent people that can't have these problems."*

GUIDANCE IN INTERVENTION

- SPEAKS data helped us identify areas of intervention that we need to focus specifically on
    - Training on strategies for asking someone about suicide
    - Education about local resources for help related to suicide
        - compared to their rated confidence in their knowledge if risk factors and ability to assist, students indicated less confidence in their knowledge about strategies for asking someone about suicide and knowledge of local resources for help related to suicide.

FOCUS GROUPS -AWARENESS OF RESOURCES

- *"I know there are resources; I just don't know where they are."*

- *"One of the recurring themes at UT is that we have a lot of resources, but you have to go find them yourself."*

GATEKEEPER TRAINING

- Results of the TES indicate that those individual on campus who have been trained in QPR Gatekeeper Suicide prevention training have high levels of self-efficacy to perform suicide prevention-

  - high likelihood they will ask someone who appears to be at-risk in they are thinking about suicide,

  - would be highly likely to directly raise the question of suicide with someone if they knew the person was showing signs of suicide,

  - would be highly likely to ask that person if he/she is thinking about suicide and would be highly likely to intervene if someone told them they were thinking of suicide.

GATEKEEPER TRAINING

- TES results show that 66% of those who were trained in QPR Gatekeeper Suicide prevention training stated they rate their knowledge of resources to help with suicide either high or very high following their training.

- Results of the TES also indicate that QPR Gatekeeper training increased our participants' knowledge about suicide prevention and helped them feel more ready to help with youth suicide prevention in their community.

FOCUS GROUPS SUGGESTIONS FOR THE COUNSELING CENTER

- *"To expand ways to get people more knowledgeable about services. In college people are juggling so many things and they internalize the stress from all the things they are juggling. I want to have a better means of letting people know of services that are available and what they can do in terms of prevention."*

- *"They have a website? [none of the students knew there was a Counseling Center website]."*

- *"Do a video to show how you save lives. How the Counseling Center can help, something inspirational. Let them know it's okay to use their voice and show how they feel. Those things are concrete."*

FOCUS GROUPS - COUNSELING IS A HASSLE

- *"It's a hassle just to go because once you go, you have to keep coming back."*

- *"I think, people don't have time to commit and keep coming back after they receive help, they still have to take the time to continue to go there."*

- *"Definitely. It's about your appointment conflicting with other fun things to do."*

IDENTIFYING CHALLENGES TO OUR SUICIDE PREVENTION

- Respondents of the CIFI cited several challenges/barriers to suicide prevention on UT's campus.

  - Most respondents cited shame around seeking mental health treatment and discussing mental illness as the most difficult barrier to overcome in our campus' efforts to prevent suicide.

  - A second barrier cited by respondents of the CIFI is limited faculty engagement and time. One respondent cited faculty concerns around being too intrusive or belief that it is outside of the purview of academic faculty responsibility as contributing to this limited faculty involvement.

  - Another barrier noted by respondents on the CIFI is the Counseling Center's difficulty keeping up with demand for services in the context of increased referrals.

EVALUATING GRANT EFFECTIVENESS

- CIFI - highlighted out several key accomplishments of the grant
  - Increased awareness of the importance of suicide prevention and suicide prevention activities/resources on campus,
  - Success of events/activities focused on raising awareness of mental health and promoting student wellness,
  - Produced a reduction in negative attitudes toward mental illness because of increased conversation about suicide and its prevention on campus,
  - Increased collaboration between several departments for student wellbeing.

EVALUATING GRANT EFFECTIVENESS

- Both versions of SPEAKS assessment (2010 SPEAKS and 2011 SPEAKS) also highlighted strengths of our grant

- Results demonstrated improvements in:

  - our campus's awareness of suicide and its prevention

  - awareness of resources to assist someone at-risk

  - self-efficacy to perform suicide prevention-related behaviors, and help-seeking behaviors among students.

EVALUATING GRANT EFFECTIVENESS

- The PSI highlights many of the successful strategies that we have implemented over the past grant year.

- By reviewing this inventory, we were able it highlight our engagement in additional prevention-related activities that were not highlighted elsewhere.

IMPACT OF DATA ON OUR PROGRAMMING

- Focus on parents

- Focus on perceived stigma as well as personal stigma

- Shift focus on faculty and staff to long-term planning

- Training for students - higher focus

IMPACT OF DATA ON OUR PROGRAMMING

- Education versus awareness about resources

- Awareness goals - prevalence, resources

- Partnerships with campus groups and organizations - dialogs, integration, shared resources

- Relate-ability - Language, image, personalization, medium

- Partnering with religious organizations

WHAT'S NEXT

- ## More focus groups
  - Attempt to get larger numbers in some of our groups
  - Want more information about values

- ## Focus more specifically on intervention

- ## Reviewing data with focus on learning even more about out students