

Cross-site Evaluation of the Garrett Lee Smith
Suicide Prevention and Early Intervention Program



LAWRENCE UNIVERSITY

Campus Infrastructure
Key Informant Interviews:
Initial Progress Report 2010
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INTRODUCTION

The Campus Infrastructure Key Informant Interviews (CIFIs) are a major component of the GLS Campus Suicide Prevention and Early Intervention cross-site evaluation. The CIFI is administered at the end of the first year of the grant (fall and winter 2010) and in the spring of 2012. This document summarizes our findings from first administration of the CIFI at Lawrence University. The CIFI assesses the campus infrastructure development as it relates to suicide prevention from the perspective of five key informants per grantee: (1) campus administrator; (2) faculty in a human services department; (3) faculty in a non-human services department; (4) student group leader and (5) Counseling Center staff member. The CIFI includes 23 items and takes approximately 45-60 minutes to complete. In the spring of 2012, the second CIFI administration will ask follow-up questions to understand project development and impact over time.

Respondents answer questions on campus context, outreach and education program components, collaboration, campus protocols and policies, outcomes and sustainability, as well as barriers and facilitators to program implementation and continuation. For a more detailed description of the question topics, please see the Methods section of this report.

The respondent names were provided by the on campus suicide prevention project staff, resulting in a non-probability sample. The respondents'¹ perspectives are reported as personal perceptions of prevention efforts on campus. They are not representative of opinions shared by the university community as a whole. In short, sample size and selection bias along with other methodological limitations limit generalizable conclusions.

EXECUTIVE SUMMARY

Counseling Services at Lawrence University facilitates the suicide prevention effort on campus that incorporates training, collaboration, and outreach efforts concerning mental health. According to respondents, the main program components of the suicide prevention program are QPR trainings, the Lifeline Project, a variety of health and wellness workshops and seminars held throughout the school year, and student organizations for suicide prevention. Respondents identified the Director of Counseling Services and Project Director, Kathleen Fuchs, the Vice President of Student Affairs and Dean of Students, Nancy Truesdell, and several other administrators as key players in suicide prevention efforts on campus. Respondents specified program facilitators including collaboration with administration and academic departments, and a strong sense of community on campus. Respondents also noted several barriers to program implementation such as hesitance to discuss mental health, the rigorous trimester academic schedule, and limited suicide prevention program staff members. Nonetheless, respondents described reduced stigma, increased awareness of mental health and suicide prevention, increased participation from both faculty and students in prevention programs and trainings, and dispelled myths around suicide and its prevention.

¹ Respondent responses were reported according to the following schema: 1-2 respondents were reported as “a couple of respondents;” 3-4 respondents were reported as “a few of the respondents” or “many or most respondents”. Universal responses were reported accordingly: “no respondents,” and “all respondents.”

FINDINGS

Context

All of the respondents reported awareness of the Garrett Lee Smith suicide prevention grant on campus. One respondent explained that the grant was renamed and marketed as the “*Lifeline Project*.” Respondents reported that the name, Lifeline Project, is printed on posters and other outreach materials throughout campus. When asked about their understanding of the grant, respondents described increasing community-wide awareness and QPR trainings for faculty, staff, and students as the primary focuses of the grant. Furthermore, respondents noted additional outreach and awareness activities including wellness events, suicide prevention presentations, an advisory group who meets to discuss the grant and its goals, and tools such as emails, posters, videos, and Lifeline logo, all designed to enhance knowledge of suicide prevention. According to respondents, Counseling Services coordinates project activities and serves as a campus resource for students in need. One respondent described the goals of the suicide prevention program on campus,

“The primary goal [of the Lifeline Project] is to make as many people on our campus community as possible aware of the danger signs of someone who may be suicidal and also to give them the tools and resources as well as help them figure out what to do and where to go.”

Most of the respondents agreed that the project can change the way that mental health is perceived on campus through increased awareness and knowledge of suicide and its prevention.

When asked why suicide prevention has been made a priority on the Lawrence campus, respondents highlighted the importance of awareness of suicide prevention, education about student risk factors, student group interest and involvement, and a broader concern on campus about student mental health and wellbeing.

According to respondents, the Counseling Services staff leads QPR trainings for faculty, staff, and students; facilitates wellness programs such as alcohol education, mental health, and sexual harassment and assault awareness; and offers counseling sessions for faculty, staff, students, and parents. One respondent described the efforts of the Lawrence campus to educate the school community on the importance of mental health and reduce stigma around suicide,

“So I think the primary goal [of Counseling Services] is really to make sure people understand the commonness of what our students are experiencing, in terms of mental health, but certainly also to have other people well versed in understanding how prevalent it is in our community. It is important that people know how to respond, especially when somebody might be in more of a precarious situation regarding more serious mental health issues, such as depression or anxiety or certainly suicide or something to that effect. [Another goal] is to reduce stigma and to have enough resources out there in the sense that it normalizes the difficult times we all go through, in terms of depression or anxiety or any other mental health related issues.”

When asked about the campus, respondents described the campus as a suburban, private, small residential campus, which is known for its music conservatory and strong liberal arts program.

Program

All of the respondents noted that Counseling Services is actively involved with suicide prevention efforts on campus. According to respondents, the approach to suicide prevention on campus emphasizes QPR trainings to instruct students and faculty on how to identify students at risk for suicide. Additionally, there are several outreach and awareness events, presentations, and workshops, many of which incorporate collaboration with academic and nonacademic partners on campus. One respondent described Counseling Services' open approach to mental health and suicide prevention,

PROGRAM COMPONENTS

- QPR training
- Outreach activities
- Lifeline outreach materials
- Wellness events

"I think it's something the [Counseling Services] talks about very openly on our campus, and I would say we do enough programming and reaching out to people, certainly in the residence halls, but also faculty and staff, to kind of normalize the issues that our students face regarding mental health issues. I know they have done a lot in the past few years with getting information to the campus community that came from the national college health assessment about the nature of mental health issues on our campus. I would say for the most part, even more than physically related health issues; they've addressed mental health issues on this campus."

► First, all of the respondents described QPR trainings held on campus to educate faculty and staff on suicide prevention. Respondents reported, *"We trained about 30 people from campus to then go back to their areas to do the QPR training for people in their areas."* One respondent described that several departments sent representatives to QPR trainings who then later trained the remaining members of the department. Additionally, non-academic departments such as the Athletic department received QPR training as well. One respondent summarized the necessity behind training faculty and staff, *"Each student has a faculty advisor, so faculty members have been given procedures and have been told what resources are available if a student comes to them. They serve as the frontline and because it's a small campus and because there are small classes, faculty and staff tend to know students very well. Students tend to feel comfortable coming to faculty with problems."* Respondents mentioned annual trainings for all incoming and existing Resident Advisors and Resident Hall Directors.

In addition to the trainings that are held on campus, a couple of the respondents reported QPR trainings with off campus partners, such as healthcare providers, police officers, and counselors. A few of the respondents reported that although the trainings focus on the three steps—Question, Persuade, Refer—the second main objective is to encourage those who have

been trained to train others. One respondent summarized student led trainings for both campus community members and off-campus partners,

“Student leaders have done trainings for RLAs and RHDs. Student committies have also led many trainings for members of the community that connect to mental health in some way including healthcare providers, counselors, police officers, NAMI, and the sexual assault crisis center. They’ve done trainings for many community members as well. In the next two years, the idea is to do more programming on our campus directed towards students to get more discussion and awareness about mental health, in general, on our campus.”

One respondent went into detail about the material covered during the trainings. The respondent explained that the trainings opened with a discussion about the importance of mental health and the prevalence of suicide on college campuses. Following this, the facilitators of the training walked through the three steps and role-played various traumatic situations and how to safely assist a student in distress. The trainings closed with a conversation about the importance of positive interactions with the student in distress. The respondent highlighted,

Going forward for the next two years, all the respondents stated that it is “*very likely*” that the program will achieve its goals².

“[The QPR trainings] teach you that while you have to help and take care of others, you have to help and take care of yourself, too. So yeah, but I would say that the training, overall, really just goes through step by step how to question somebody. They taught us good, leading questions of how to get somebody to start talking. They told us to not be afraid to bluntly ask somebody specifically: Are you thinking of hurting yourself?; Are you thinking of committing suicide? They taught us that that’s a good thing to do and they taught us how to persuade somebody to stay with us and not hurt themselves until we get them help and then how to refer them to somebody that is, actually, a healthcare professional who can do more to get them in a safe environment.”

► Second, all of the respondents described various outreach activities on campus throughout the school year to increase knowledge and awareness around mental health and suicide. A couple of the respondents described events to educate the campus community on various topics related to student mental health. One respondent noted a presentation by a guest speaker on transgender individuals who described the psychological effects of constantly feeling different from one’s peers. One respondent explained, “...we’re talking about suicide, but we’re talking about some of the factors that lead to suicide, one of them being that isolation or that lack of understanding about the diversity of people and how people are responding differently to situations. So I hope people start to see it’s not just a suicide issue as much as a broader mental health issue and the importance for us to stay connected and to help each other out...”

² Respondents answered the following question, “Going forward for the next two years, do you think that the program will be able to accomplish its goals?” (very likely, likely, unlikely, very unlikely)

Additionally, one respondent described the collaboration between the suicide prevention program and the theatre department on the Mask Project that encourages student self-expression, *“...it’s a different way for students to be expressive with their feelings and the masks that we all hide behind throughout our lives and kind of talk about what’s behind that mask...”*

A couple of the respondents described Lawrence’s new *“holistic approach”* to student health seen through the relocation of the Counseling Services and the Student Health facilities into the same building. One respondent cited, *“I think they’re stating or at least showing that they think that [physical health and mental health] are all connected and that they matter equally and feed off each other, as well.”*

▶ Third, according to a couple of the respondents, when Lawrence University was first awarded the grant, members of the campus community titled the grant and the suicide prevention program, the Lifeline Project. The title is branded on several materials and posters throughout campus. The respondents described that several student led organizations and Counseling Services staff educate the community about upcoming suicide prevention events through Lifeline information booths and posters in residence halls. All of the respondents described several materials used to increase awareness around campus including webinars, posters, brochures, and emails. Several of the respondents described Lifeline paraphernalia such as water bottles, pens, magnets, and stress balls. A couple of the respondents described the use of posters to highlight the current suicide prevention agenda as well as future goals, *“...there have been posters showing that we now have this grant and that now and far into the future we’re going to try to do things on our campus that really focus on mental health and suicide issues...”* Additionally, one respondent cited that faculty members are encouraged to include a statement in their class syllabus about student mental health risks and needs, and the location of Counseling Services.

▶ Last, respondents described a school-wide effort to promote mental health through various wellness programs spearheaded by the Wellness Committee, a student-led organization. One respondent summarized that the Wellness Committee has sponsored wellness fairs as well as hosted several mental health facilities that set up information booths around campus to educate the student body on the importance of staying mentally healthy. During mental health awareness week, the Wellness Committee arranged depression screenings and organizes mental health panels where students, faculty, and staff can ask questions to a panel of mental health experts. One respondent recounted the significance of wellness programs on campus and why they are a vital to achieving the objectives laid out by the Lifeline Project,

“I think, it’s essential to continue to sponsor events that are related to mental health, and certainly to suicide prevention, as well as host events that might not necessarily be as directly related to it, such as events that get people more connected on campus. This could be Saturday night programming, which would be a healthier, more connected way for our students to get together. By hosting certain events that get more students involved in kind of telling their story and being able to reach out and feel more connected and address some of the mental health issues a little bit easier on campus will help reduce stigma, which is one of the parts of this grant.”

Collaboration

According to respondents, Counseling Services collaborates with academic and non-academic departments, student groups, and community partners. Respondents also specified a committee of staff who guide the Lifeline Project.

► First, according to several of the respondents, Kathleen Fuchs is the key player in suicide prevention efforts on campus. One respondent summarized her role in grant activities,

“...Kathy Fuchs has been sort of the - if not the leader of [the grant], than certainly one of the leaders. She’s the person I associate with making the announcement that the grant was being applied for and then she was pretty central to the announcement that it was awarded, and so she’s the one that I have identified as one of the main people involved with the grant...”

A second respondent noted Kathleen’s commitment to the Lifeline Project, *“I would say Kathleen Fuchs, who is the Director, has the most primary position, and she is pretty much overseeing the grant entirely and overseeing everything that is being done through the grant and through the QPR trainings and any other programs that we have done so far.”*

► Most respondents named several campus partners who work together in the Core Team including: the Director of Counseling Services and Project Director, Kathleen Fuchs; the Vice President of Student Affairs and Dean of Students, Nancy Truesdell; the Coordinator of International Student Services, Timothy Schmidt; the Project Evaluator, William Skinner; the Program Evaluation Assistant, Kristin Mckinley; the Director of the Center for Teaching and Learning, Julie Haurykiewicz; and the Assistant Director of Admissions, Chuck Erickson. The Core Team will be discussed in detail in the Campus Policies and Procedures section of this report.

► Second, a couple of the respondents identified campus collaboration between Counseling Services and various academic departments, including the Psychology and Education departments. While a couple of the respondents noted the involvement of both academic departments, they could not specific their role in the suicide prevention program.

Additionally, as previously noted, all faculty and staff are encouraged to include information about Counseling Services in their syllabi. The objective is to promote mental wellness as well as engage faculty in providing information to students about who to call and where to go if necessary.

All respondents stated that they “agreed” that the grant has the administrative support that it needs to accomplish its goals³.

³ Respondents answered the following question, “Do you agree that the grant has the administrative support that it needs to accomplish its goals on campus?” (strongly agree, agree, disagree, strongly disagree)

▶ Third, several respondents described campus collaboration between Counseling Services and non-academic departments. One respondent summarized the various non-academic departments engaged in suicide prevention efforts,

“...we’re reaching out to the theater department because [suicide prevention] is an interest of theirs, but also they have some interesting ideas of how we can approach this from a different perspective, as well. I would say student academic services, for example, certainly, in terms of student affairs, campus life, academic or the international student office, the multi-cultural office, and admissions because they work closely with everything we do and there are some really good people over there who care very deeply about the college, some being alums, and the dean of students’ office, without a doubt, all the folks in that office are, again, kind of that center hub on some of this stuff because most things go through there in one way, shape, or form.”

▶ Fourth, a majority of the respondents described the involvement of several student organizations including the Wellness Committee, the Lawrence University Common Council, and Gay, Lesbian, Or Whatever (GLOW). A couple of the respondents described the efforts put forth by the student-led Wellness Committee to support Counseling Services in suicide prevention work, *“certainly, the Wellness Committee, which is partially based out of Counseling Services, has helped out in a number of ways.”*

Additionally, several of the respondents described collaboration between the Lifeline Project team and Housing Services to ensure that all Resident Advisors are educated on how to help a fellow student in crisis and where to direct a student in need of counseling, *“...they have a number of [Resident Advisors] for each residence hall, and I think there might even be one on each floor or some sort of thing and I know that they’ve done some activities about what happens, what to look for, what are the signs that somebody might be leaning towards suicide or thinking about suicide and how can they, as upper classmen, how can they help those students at risk...”*

▶ Last, according to a couple of the respondents, Counseling Services has worked with several off campus partners in suicide prevention. In addition to off campus educators and counselors, a couple of the respondents describe collaboration among health care providers, physicians, police officers, and representatives from various religious affiliations. One respondent recounted,

“It has been other teachers and counselors that work in other school systems, other universities or colleges in the area, also teachers and principals from middle schools, elementary schools, high schools in the area. There have also been trainings that included mental health providers, doctors, police officers, clergymen, and priests. We really have had quite a wide variety of community members that have gone through the trainings including leaders in nonprofit organizations.”

Table 1 on the following page describes respondent perceptions of departmental involvement in suicide prevention.

TABLE 1: PERCEPTIONS OF DEPARTMENTAL INVOLVEMENT IN SUICIDE PREVENTION

CAMPUS DEPARTMENT	TYPE OF INVOLVEMENT
Counseling Services	<ul style="list-style-type: none"> • Lead trainings and workshops to increase knowledge and awareness of suicide prevention • Provide counseling services to students at risk • Collaborate with the Core Team on program design and strategy • Administer and implement grant activities • Collaborate with off campus community partners to provide QPR trainings and disseminate suicide prevention information
Academic Departments	<ul style="list-style-type: none"> • Participate in QPR trainings • Refer students to services • Promote Counseling Services in their class syllabi
Non-Academic Departments	<ul style="list-style-type: none"> • Participate in QPR trainings • Refer students to services • Participate in the Core Team • Support the Mask Project (i.e. Theatre department)
Student Organizations	<ul style="list-style-type: none"> • Complete annual Resident Life Trainings (i.e. Resident Advisors and Resident Hall Directors) • Participate in the Wellness Committee • Facilitate suicide prevention outreach efforts to students (i.e., Lawrence University Common Council and GLOW)
Community Partners	<ul style="list-style-type: none"> • Collaborate with Counseling Services • Participate in QPR trainings

Campus Protocols and Policies

Respondents answered questions on their knowledge of campus policies or protocols for referring a student in crisis or a campus-wide suicide prevention plan in place prior to the grant. Several respondents were unaware of a campus-wide suicide prevention plan, but a couple of respondents described suicide prevention education for incoming freshman as well as an evolving referral protocol, *“So it was a process, but we certainly had a typical protocol on how to deal with those types of situations, who to get involved, that type of thing.”*

► Respondents provided feedback on protocols or policies around suicide prevention that are in development or that the current grant program plans to develop. Most respondents did not report knowledge of formal protocols or procedures in development, but a couple of the respondents commented on the goal of educating the entire campus community on how to appropriately and safely handle a student in distress, *“...I think the largest protocol or policy that is currently happening is trying to get as many people on our campus—students, faculty and staff—to be aware and to know how to respond in either an emergency situation, or just in any situation, in which a friend or a student has come to you saying that they’re thinking about [committing suicide]. I think that there is a lot more push for that...”*

► As previously noted, several respondents described the Core Team that collaborates with Counseling Services to discuss the grant and its goals. One respondent summarized the primary objectives of the Core Team,

“I would say they’re there to understand the mission of the grant and to provide insight on how best to use the money and the best programs that will meet the goals of the grant. The kind of main tenet of our goal is reducing stigma and reaching sometimes marginalized students. That kind of dictates a little bit about who gets to be - who’s on the grant, the Core Team, and what they have to say about how we can best reach out in their areas and program in their areas to have students feel more a part of campus and feel less marginalized and less suicidal.”

► All respondents then answered questions concerning how they would deal with a student in distress or crisis. A couple of the respondents reported that faculty advisors are an excellent resource for students and described that students often seek their help for personal issues. Almost all of the respondents reported that they would alert Counseling Services. Several of the respondents illustrated the specific steps they would take according to their QPR training,

“Well, I would pretty much go through what is taught through the QPR trainings because I really do think it’s the best way to approach things. I would try to get as much information from them as possible, in terms of are they just thinking about it, do they have a plan, have they decided when they’re going to do it, are they really at risk and try to assess all that immediately. Then try to persuade them to talk with a mental health provider or get help from somebody in a position that would be able to help them in assessing a little bit better than I could. I’m the type of person that I would probably try to get the person to allow me to go with them to get help so that I know that they’re, actually, doing it so that they can have somebody that they feel comfortable with during the process. After that, I would keep checking in with the person.”

Program Outcomes and Continuation

Because of the grant, respondents described a more inclusive and effective approach to suicide prevention built around QPR trainings, Counseling Services, and increased mental health information across campus. According to respondents, the primary outcomes of the grant include increased awareness about suicide and its prevention, reduced stigma around suicide and mental health, increased participation in trainings and prevention efforts, and reduced misconceptions around suicide through increased education.

► First, almost all of the respondents described increased awareness of suicide on campus. Several respondents described various programs and events held throughout the school year which have educated the campus community to identify the potential risk factors of suicide. Respondents described an overall increased level of importance placed on mental health and specifically suicide prevention since the start of the grant period,

"I think just getting a dialogue out there about suicide right now and about mental health issues [has made the greatest impact]. I think so far because the grant, there's a natural progression to talk about suicide and to say, hey, this is a key issue on our campus and we have data to show that it is a huge issue here. So I think making sure that people understand the seriousness of this and how our students at times really do struggle with mental health issues. So I think that's, so far, been the greatest success."

In addition, another respondent mentioned increased dissemination of information through the Lifeline Project materials has led to heightened confidence among the Lawrence community in how to support an individual in distress. A couple of the respondents explained that continued education and increased awareness are crucial components to reducing suicides on campus, *"I think a success we've had is to be able to brand [the grant] so that people can see, the Lifeline project, it takes all these different ideas of what we're talking about and kind of brings it down into one idea, which is the Lifeline project. I think that's something we've done really well by giving a number of giveaways and being in a number of tabling opportunities around campus."*

► Second, a majority of the respondents described an increased acceptance of mental illness advocacy and programming on campus, and an acknowledgment of the need for suicide prevention. The respondents explained that the increased acceptance and acknowledgment of mental health has led to decreased stigma. In particular, one respondent mentioned that

PROGRAM OUTCOMES

- Increased awareness and value of student mental health
- Reduced stigmatization of suicide and mental illness
- Increased engagement in suicide prevention
- Dispelled myths about suicide and its prevention

reducing stigma is a top priority of the grant, *“...Overall, I think our intent continues to be to reduce the stigma about seeking counseling for mental health related issues. I would say if there’s any lasting thing from all of this, that would be at the top of our list. The goal is to reduce stigma and to have enough resources out there in the sense that it normalizes the difficult times that we all go through...”*

All respondents stated that the program has been effective in increasing campus awareness and knowledge⁴.

Several respondents explained that increased awareness has led to a reduction in stigma towards mental health services and greater comfort when discussing the topic. One respondent noted that one of the greatest impacts of suicide prevention efforts has been to ensure that all students feel connected to one another and to the campus community, *“being able to reach out and feel more connected and be able to address some of the mental health issues a little bit easier on campus has helped with reducing stigma.”*

▶ Third, respondents agreed that program activities have increased campus-wide capacity to respond to students in crisis. Several of the respondents described an increased interest in suicide prevention programs as well as increased participation in QPR trainings among faculty, staff, and students. A couple of the respondents described increased participation in QPR trainings among the campus community members, *“our Counseling services, faculty, staff and student organizations, like the Student Wellness Committee, are trying to implement not only more awareness about suicide but also training faculty, staff and student leaders on campus to know what to do in a situation if a student or peer is telling somebody that they are thinking about committing suicide.”* The same respondent highlighted the significance of QPR trainings and the future goals of the grant, *“...in the future, we’re going to reach out to multiple populations, as many students as we can get to, because we believe that it’s important that everybody is aware of mental health issues and the mental health issues that are most prevalent on our campus and how to address them and work with somebody who is struggling with suicidal thoughts or intentions...”*

▶ Last, a couple of the respondents named the reduction of myths about suicide and mental health through increased education on campus. Several of the respondents reported that one of the primary goals of the Lifeline Project is to educate the campus community on the prevalence of suicide on college campuses through information booths, outreach materials, and events. One respondent cited that the greatest impact of the grant is, *“just to dispel the myths about suicide, the myths surrounding suicide.”*

⁴ Respondents answered the following question, “Of the suicide prevention efforts that we’ve discussed, how effective or ineffective has the program been in increasing the campuses’ knowledge and awareness?” (very effective, effective, ineffective, very ineffective)

► When respondents answered questions concerning the overall effectiveness of efforts in educating students, faculty, and staff on suicide prevention, all respondents provided a positive response. Most respondents referenced the QPR trainings as a key component in suicide prevention education. According to respondents, the increase in prevention programs, trainings, and outreach materials has increased awareness school-wide, “...we’re in the effective stage because people know what we’re doing and what the grant is all about. To be very effective we have to continue to get [the campus community] more information and get them more involved...”

When asked to identify the most important parts of the program to continue, a couple of the respondents mentioned QPR trainings and continued wellness activities. Additionally, a couple of the respondents discussed the value of continued leadership within the suicide prevention program, “I think that it comes directly down to people. We’ve got to have professionals who are both competent themselves and can also communicate to the faculty the types of things we’re talking about. So I think it’s just staff, it’s personnel and having the experts in places where they can do the most good”.

In regards to continuation of the program after grant funding ends, most of the respondents mentioned the importance of student organizations, QPR trainings, and continued educational activities. Lastly, a couple of the respondents highlighted the need for additional support to ensure that every student, faculty, and staff member is educated and trained in suicide prevention tactics.

Barriers and Facilitators to Suicide Prevention

Respondents overwhelmingly identified the Director of Counseling Services and Project Director, Kathleen Fuchs, as the primary facilitator for suicide prevention on campus. Additionally, respondents noted the Core Team, members of the Lifeline Project, and student organizations as key facilitators to suicide prevention.

► First, according to respondents, the leadership from Kathleen Fuchs is a key facilitator to the overall success of the suicide prevention program. Respondents also noted her pivotal role throughout the grant process, “I have a great faith in the people who are running the grant, like Kathleen, the Director; she’s very meticulous about a lot of things. She’s got kind of the mind for managing a grant.”

► Second, several respondents mentioned the hard work put forth by the Core Team, members of the Lifeline Project, and student organizations as a major facilitator to the success of the suicide prevention program. Respondents described the passion students exemplify for helping one another and their desire to educate their peers on ways to stay mentally healthy. One respondent explained the effort put forth by the staff involved and entire campus community,

“I think the commitment of all the people on the Core Team, without a doubt, to make sure we follow through with this and make sure that people get the message and understand what we’re trying to do is

key. *We have very dedicated people, and we are a strong residential college and we care, obviously, a great deal about our students.*"

▶ Third, several of the respondents mentioned the support from the administration as a major facilitator for mental health education and suicide prevention awareness on campus. One respondent stated,

"The administration, I know, they're very concerned about this issue on campus. I know that they take this grant very seriously, they take this issue very seriously, they've been very clear to us during faculty meetings that this is here, that we're participating in this program, that we've received this grant, how important it is, how the faculty can help, I think the administration is very supportive and aware of this..."

Additionally, one respondent described the excitement felt throughout the Lawrence campus community when they were awarded the grant, *"it was a real point of pride for the university and not just a pat on the back, but for the president and from the provost, and basically every one of the executives of the university; it was acknowledged and promoted and celebrated."*

▶ Last, all of the respondents described characteristics of the campus community and the community-wide effort to educate its members on the importance of mental health. Several of the respondents highlighted the visibility of the Counseling Services staff on campus. Additionally, a couple of the respondents talked about the benefit of the small size of the Lawrence campus, *"I think, for the most part, just being a real tight campus, a residential campus; I think people care a great deal about what the next person is doing or feeling. It's a real caring community, in that sense. And I think that's a real positive, here."* Another respondent went on to say, *"it's the fact that we do have a strong sense of community here. The faculty are committed, the students are here because they want attention, they don't want to just be a number in a big lecture hall. And I think the biggest thing we have going for us is the sense that there's a real sincere desire to be a part of that, and not just sit back and let someone else's department or someone else do the job."*

When asked about barriers to suicide prevention on campus, respondents noted a variety of barriers including, stigma, an intense academic schedule, and the need for additional program staff to support the grant.

▶ First, several respondents described stigma as a barrier to suicide prevention on campus. A couple of the respondents reported that the topic of suicide is often *"pushed aside"* because it is thought of as taboo and uncomfortable to discuss. One respondent reported that the reluctance to talk about suicide and mental health is one the great barriers to suicide prevention efforts,

PROGRAM FACILITATORS

- Dedication and leadership of Program Director
- Commitment of Core Team and groups associated with the Suicide Prevention Program
- Support from administration for mental health outreach
- Strong sense of campus community

"I think one of the biggest barriers is this stigmatized idea that mental health can't really be talked about on our campus. I think - not only on our campus, but I think anywhere, I think lots of students really feel like they openly don't want people to know that they're struggling with depression or anxiety or other things like that because it's not something you want somebody to know about you. And so I think our campus does really struggle with that but I think it could get better."

► Second, a couple of the respondents identified the intense academic schedule as a barrier to suicide prevention. Specifically, a couple of the respondents explained that Lawrence's trimester system creates an intense school environment and sometimes prevents students from seeking mental health services. One respondent recounted, *"one of the barriers to access is the trimester system. I think it's a very intensive environment. The students have three ten week sessions and a lot of times, there's not a lot of other time to do anything other than academics. So sometimes, they can't come in [to Counseling Services] because they're too busy or they can't make a follow-up appointment for a while because [Counseling Services] won't have another opening for a bit."* Another respondent summarized that the "fast paced" life style of Lawrence University does not allow for a significant amount of time to be spent discussing mental health issues, *"And here on campus everyone lives a pretty fast life, and it's all about academics and it's all about getting things done, and it's all about getting to the end of the term. I just think our sometimes crazy lifestyle that we have here is a barrier for people to stop and say, what did that student just say or gosh, I might need to do something more about that and not feel that you're too busy that you can't follow-up with somebody."*

Furthermore, one respondent explained that in addition to the heightened stress levels at Lawrence, many students have unique needs, *"we get more than our fair share of kids that are sort of awkward or just kind of keep to themselves, and in some ways, it's a very nurturing environment, and that's a good thing. But there's enough young people here who aren't looking to reach out or to be reached out to, I suppose. I think that's a big barrier. I think we have to tailor our program to our specific student body."*

► Last, several of the respondents noted the need for additional suicide prevention program staff to support the efforts and activities of the grant. Respondents referred to numerous demands on program staff and the need for additional staff to better distribute responsibilities. One respondent explained that *"the person [who helps with the administration of the grant] is becoming more and more overwhelmed with the amount of requests to gather more and more data. Both the amount that we're spending on the person to keep her employed and keeping up to date with a lot of stuff and still being able to be effective in keeping the numbers and doing something with them is hard for us."*

Table 2 describes respondent recommendations to overcome barriers to suicide prevention on campus.

TABLE 2: RESPONDENT RECOMMENDATIONS TO OVERCOME BARRIERS TO SUICIDE PREVENTION ON CAMPUS

BARRIER	RESPONDENT RECOMMENDATIONS
<p>Stigma Towards Suicide on Campus</p>	<ul style="list-style-type: none"> • Continue to openly discuss suicide and signs of distress on campus- including programming, outreach events, and materials • Expand the Lifeline Project to continually educate students and share the importance of mental health and how to seek help if needed through all forms of communication available • Increase educational programs that differentiate fact from fiction with regards to suicide and its prevention to combat stigma and dispel myths • Continue training faculty and staff on the signs of suicide • Continue programming events and information booths to educate the campus community • Include contact information for suicide related resources on all educational materials • Utilize peer educators or suicide survivors to promote mental health awareness
<p>Rigorous Academic Schedule</p>	<ul style="list-style-type: none"> • Increase student group involvement to ensure they are reaching students who may be more difficult to reach • Encourage faculty members to educate students on how to contact Counseling Services • Continue to encourage dialogue pertaining to mental health and suicide prevention between students and their faculty advisors • Continue to train faculty and staff on the warning signs of suicide • Acknowledge the rigorous academic schedule and tailor the Lifeline Project to best meet the needs of the student body
<p>Limited Suicide Prevention Program Staff</p>	<ul style="list-style-type: none"> • Hire additional staff to support the Lifeline Project • Encourage the Core Team to be more visible on campus • Create small groups of faculty that can support the Core Team and enhance suicide prevention efforts on campus • Utilize student employees to assist with administrative tasks

METHODS

The project coordinator at Lawrence University provided the cross-site evaluation team with the names and contact information of between one and five potential respondents in each of the five categories enumerated in the Introduction. One individual from each category was randomly selected to participate in the CIFI. All individuals who were contacted consented to participating in the interview and to the recording of their responses. For CIFI Follow-up Progress Report, we will recontact the respondents to understand program development and impact in the spring of 2012. If the respondents are not available, we will contact the next potential respondent in the list provided by the project coordinator.

Analysts from the cross-site evaluation team transcribed interview recordings into a Microsoft Word document, and all analyses were conducted on these transcripts using the software package, Atlas.ti 6.0². The first phase of data analysis involved the selection and categorization of text into broad categories designed to identify underlying themes. These initial categories were developed by trained analysts from ICF Macro and were based on the evaluation questions corresponding to the CIFI interview protocol, as well as themes emerging from the pilot data. These themes included the following: Suicide prevention activity (suicide prevention activity: outreach/awareness, protocol development, screening, training, treatment, wellness); Populations targeted by program activities (parents/families, students, faculty and staff); Campus background information that provides context to the data on the saliency and relevance of suicide prevention on campus; and themes that directly correspond with interview questions, for example, barriers, facilitators, recommendations for change, and administrative responsibility.

The second phase of analysis involved compiling the segments of text aligned with each general theme followed by a more detailed analysis intended to examine the responses within each category. This phase of analysis further identified new themes that emerged from the data. The guiding questions of the second phase of analysis include:

1. Context: What is the campus context and background for suicide prevention? Why has suicide prevention been made a priority on campus?
2. Program components: What are the different activities on campus? How is information disseminated across campus?
3. Collaboration: Who are the key players? To what degree is there collaboration across campus?
4. Campus protocols and policies: What are the policies and protocols around the identification, and referral of at risk students? What are policies and protocols around student deaths?
5. Program outcomes and sustainability: What are the perceived program outcomes? What are recommendations for program improvement? What is the likelihood that the program will be sustained? What are the priority areas for sustainability?
6. Barriers and facilitators: What are barriers and facilitators of suicide prevention on campus?

² Muhr, Thomas. (2004). User's Manual for ATLAS.ti 5.0, ATLAS.ti Scientific Software Development GmbH, Berlin.