

Suicide Prevention in Higher Education Final Grant Report

January 31, 2020

Take Action to Prevent Suicide

Lead Partner: Washington State University Health Sciences Spokane

Other Partners: Eastern Washington University Spokane and Frontier Behavioral Health

Reporting Period: January 1, 2019 – January 31, 2020

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Washington State University Health Sciences Spokane

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Executive Summary of Take Action to Prevent Suicide

Washington State University and Eastern Washington University are co-located on the Spokane Campus and partnered to focus on their Spokane students since there tends to be less services on this campus as compared to their main campuses. WSU Spokane (WSUS) and EWU Spokane (EWUS) sought to expand suicide prevention efforts on the Spokane campus and at the WSU Yakima locations (students on this campus are considered WSU Spokane students).

Our main areas of concentration for the grant included: 1) Enhancing treatment options for veterans, LGBTQ+ students, students of color, international students, and others disproportionately affected by suicide; 2) Creating a sustainable educational program by training faculty and staff to be QPR and Mental Health First Aid Instructors so educational opportunities can continue after the grant's completion; 3) Developing culturally competent outreach to and services for communities disproportionately impacted by suicide including veterans; 4) Creating comprehensive assessment and evaluation procedures that continue past the grant's completion. A major focus of this grant was to create sustainable practices rather than just one-time programs that end when the grant is complete.

Our first objective was to build a partnership with Frontier Behavioral Health (FBH), the main community mental health agency in Spokane County, to involve them with the mental health and suicide prevention work conducted on the Spokane campus. In order to do this, we worked on increasing communication about the students we serve and the mental health problems we see in our campus population. FBH was invited to the Spokane campus Mental Health Promotion and Suicide Prevention (MHSP) committee meetings to further develop communication pathways and help establish the partnership. WSUS counselors and EWUS staff have also joined the Prevent Suicide Spokane Coalition that consists of numerous agencies throughout the Spokane area to build a suicide prevention program, plan, and response for the Spokane area. This has helped the campus continue to build off-campus partnerships to help aid students in suicide prevention and mental health.

Our next objectives were to develop and implement a systemic approach to assessing and evaluating student needs and awareness of services on campus. This was completed through carrying out a climate survey across campus. We added questions on mental health, stigma, and awareness of services to the campus climate survey, and it ran from February 25 – April 8, 2019. The questions included on the climate survey were produced by meetings with the counseling staff. We had 615 students complete the climate survey to help us gain knowledge in our counseling programs and services. This data is still being analyzed and compiled and is not yet available to share in this report. We also send out an annual counseling survey for feedback from students who have received services from counseling on campus and will be looking into developing a campus survey that will be sent out annually on student needs, awareness, and stigma by the MHSP committee.

We also worked on developing culturally relevant materials, which promote suicide prevention, mental health strategies, and service awareness for disproportionately affected groups (i.e., veterans, LGBTQ, people of color, rural communities, health care providers). In collaboration with FBH, the WSUS Student Diversity Center, and the Marketing department created brochures, posters, and digital displays to promote mental health strategies, suicide prevention

knowledge, and counseling services. Some of these items advertised to specific disproportionately affected groups and helped to increase student, staff, and faculty knowledge around mental health and suicide prevention. This is also an on-going project and will continue to be a focus as our campus moves forward. Furthermore, two of our counselors received a certificate through the National Council for Behavioral Health by completing the Veterans Behavioral Health Certificate. This allows us to improve our services to our veteran students within our campus community and collaborate more effectively with other campus partners to produce programming targeted towards our veteran population.

Additionally, we developed and are in the process of finalizing our implementation strategy for a stigma reduction campaign that is culturally relevant for different populations. We worked on creating a stigma reduction campaign by creating posters, digital display signs, and a website that features our own campus population and messaging to end stigma and promote help seeking behavior. These materials are currently being finalized and have not been implemented yet. However, we plan to launch this in the Spring 2020 semester and will also feature this at our next Mental Health Awareness Week programming in September 2020. This will be an on-going campaign that we use on our campus to promote help seeking behavior and reduce stigma.

A major objective we worked on was creating a sustainable training model by training 10 faculty or staff as Question, Persuade, Refer (QPR) Suicide Prevention Instructors and two faculty or staff as Mental First Aid (MHFA) Instructors. Our main barrier to this in the past has been the cost of attendance for the instructor trainings and/or bringing trainers to our campus. With the grant funds we were able to get 22 staff and faculty trained as QPR Suicide Prevention Instructors between WSUS and EWUS. We were also able to get four staff and faculty trained as MHFA Instructors. Having these instructors trained and part of our campus communities now allows us to offer these trainings on a more regular basis and help our students, staff, and faculty learn how to respond to a mental health crisis. We have been able to offer four QPR trainings and three MHFA classes since our instructors have been trained. We also have two additional QPR trainings scheduled in February and two MHFA trainings schedule this spring semester.

Our last objective was to collaborate with FBH to bring additional training and workshops to campus for students, staff, and faculty to help increase knowledge and awareness around mental health topics. Once again, our main barrier to offering trainings has been funding and with the grant we were able to partner with FBH and bring them to campus for six workshops in the areas of suicide prevention, homicide assessment, cultural competency, and MHFA. These trainings were offered to students, staff, and faculty of both WSUS and EWUS and we had about 65 people participate across the workshops.

Project Activities Description

1. FBH joined the MHSP Committee and attends monthly meetings.
 - a. This did not proceed according to plan at first, as it was hard to identify a single point of contact that would be available from FBH to attend the meetings every month. This is an on-going issue and we work it out as FBH individuals are able to attend.
 - b. WSUS Counselors and EWUS health promotion staff also collaborate with FBH and other health/mental health agencies through the Prevent Suicide Spokane Coalition. This has helped us to build numerous partnerships throughout the Spokane area and allows us to continue to collaborate on suicide prevention.
2. We have identified a single point of contact with FBH in order to ease the referral process and help our students access services in the community.
 - a. The partnership that we established with FBH during this grant has helped us to increase communication and build a partnership that allows us a more streamlined communication path.
3. Completed the Campus Climate Survey to assess stigma, mental health, and awareness of services in our student population.
 - a. We put the survey out to students from February 25 – April 8, 2019 and had 615 students participate. We were hoping for at least 800 student participants, but for our first climate survey 37% of the WSUS student population appears to be a good turnout.
 - b. The analysis and final report of the Campus Climate Survey data has been delayed, as we had hoped it would be available last fall. However, there was a delay with the department that is helping with this process and we have not yet received the data back. We will use this data to help us improve our trainings, educational programs, and services. Additionally, we plan to use this to build a more comprehensive assessment and evaluation system around mental health and suicide on a more annual basis.
4. Print and electronic materials were created that focus on veterans, the LGBTQ+ community, and other groups disproportionately affected by mental illness and suicidal ideation.
 - a. Through partnerships with FBH, WSUS Student Diversity Center, and student organizations, materials were created to help promote awareness and services around mental health and suicide to veterans, people of color, students who are lesbian, gay, bisexual, transgender, or queer, and from rural or low-income backgrounds.
 - b. Materials were translated into Spanish, Chinese (Mandarin), and Ethiopian (Amharic), which are the languages most relevant to the Spokane campus.
 - c. These materials were distributed and posted around campus to raise awareness and promote services and went as planned.
5. Treatment services for veterans were enhanced through the completion of the National Council for Behavioral Health's Veterans Behavioral Health Certificate by two of our

counselors. New promotional materials focused on veterans have been distributed around campus to encourage them to reach out to counseling services.

- a. This activity went as planned and both counselors completed the certificate, gaining significant knowledge in working with veterans and their families.
 - b. We will be working with the Student Diversity Center to create a specific survey for our veteran students to identify trainings and programs for them. This is something that has been delayed and did not get completed yet.
6. We created an “End the Stigma” campaign, using current students, staff, and faculty in the photos for our media. We created print materials and a website to build this campaign.
- a. This activity initially was completed with the help of our Communications department, by setting up a photo shoot for the media during our Mental Health Awareness Week activities. However, compiling the website and editing the print materials has been delayed due to being short staffed. We are working towards finalizing the website this semester and launching the campaign in Spring 2020.
7. We held two QPR Suicide Prevention Instructor trainings to train a total of 22 staff and faculty on the WSUS and EWUS campus.
- a. We initially planned to train 10 staff and faculty as QPR Instructors, but we had additional funds left that allowed us to schedule and hold another training to have additional instructors trained. The second training will not be held until February 17th due to availability of QPR Trainers, however everything has been setup and paid for.
 - b. These trainings went better than we originally planned and feedback from the Instructors was positive. Having this many instructors trained in QPR will allow us to hold QPR trainings on campus more often and train more students, staff, and faculty so they can respond to a mental health/suicide crisis.
8. We had four staff and faculty trained as MHFA Instructors.
- a. We initially planned to have two staff and faculty trained as MHFA Instructors, but we had additional funds that allowed us to send two additional staff and faculty to get trained. This went better than we had originally planned and will allow us to train students, staff, and faculty across campus more effectively to address/respond to mental health situations.
9. We held three QPR trainings that were available to all WSUS and EWUS students, staff, and faculty.
- a. These trainings went as planned. Each training was one hour long. In total, we had 75 participants across the four QPR trainings. The headcount for each training was 19, 12, 10, and 34 respectively.
10. We held three Mental Health First Aid trainings that were made available to WSUS and EWUS students, staff, and faculty.
- a. These trainings were not planned, as we did not originally plan to have our instructors trained in time to hold our own trainings. However, we were able to hold three of our own and there has been a very positive response from our campus community to finding out that we offer this training now. The training is an eight hour training, but has been broken up into two, four hour trainings to accommodate scheduling needs. These trainings have been successful as we were able to train 85 participants through these three trainings. The headcount for each training was 30, 25, and 30 respectively.

11. We held our first annual Mental Health Awareness week in September 2019, which consisted of a week of activities, programming, and education around mental health and suicide prevention.
 - a. This was not something that we originally planned to do, but our MHSP committee thought it was important to add so there is more visibility on campus. During this week there was tabling and educational resources made available everyday to students, staff, and faculty. We also held some educational programs such as: a Self-care Panel from recent graduates in the Health Science fields, a hope campaign around suicide awareness/prevention, and launched our QPR trainings this week.
12. We worked with FBH to hold six trainings on the WSUS and EWUS campus that were made available to all students, staff, and faculty.
 - a. There were two trainings held on Suicide Prevention and the Columbia Suicide Severity Risk Assessment. Each training was one hour long and we had a total of 14 participants attend these two trainings.
 - b. FBH held two trainings on Cultural Competency. Each training was one hour long and we had a total of 8 participants attend these two trainings.
 - c. FBH held a Homicide Threat Assessment training that lasted one hour. We had a total of 16 participants attend this training.
 - d. Last, FBH hosted a MHFA training for our campus community members and we had 26 participants attend this training. This training was the standard 8 hour MHFA training.
13. With some additional funding we have stated a resource library in the Counseling Services office that will allow campus community members to check out resources around mental health, suicide prevention, coping, grief and loss, and self-help materials.
 - a. This is not something that we originally planned to do, but were able to create with grant funds and are in the process of setting it up so our campus community members will have continued access to a growing list of resources.

Project Evaluation

1. Overall we feel like we have been successful at accomplishing our objectives to attain postsecondary student suicide prevention through increasing our campus awareness, advertisements, targeting groups disproportionately affected by mental illness and suicidal ideation, creating a sustainable training program to educate our campus community on how to respond to a mental health/suicide crisis, and building community partnerships with FBH and other agencies in Spokane. We have been able to complete most of the objectives we set out to achieve and surpassed some of them. We do have some that we need to work on finishing up and plan to do that this semester.
2. We have seen a 6.65% increase in use of counseling in the WSUS Counseling Services office from Fall 2018 semester compared to the Fall 2019 semester. While we can not directly attribute this to the activities we have completed through the grant, we believe that we have made an impact in raising awareness and promoting help-seeking behaviors. Some additional data from counseling appointments shows changes in reported suicidal ideation and past attempts:

For the 2018/2019 academic year:

- 3.7% of student reported suicidal ideation at their 1st appointment
- 15.2% of students reported having past suicidal ideation at their 1st appointment
- 5.5% of students reported a previous suicide attempt at their 1st appointment
- In follow up appointments 10.5% of students reported having suicidal ideation
- In follow up appointments 1.9% of students reported having a suicidal plan

For the current 2019/2020 academic year:

- 9.3% of students reported suicidal ideation at their 1st appointment
- 1.3% of students reported intention of acting on their suicidal thoughts at their first appointment
- 18.7% of students reported having past suicidal ideation at their 1st appointment
- 4% of students reported a previous suicide attempt at their 1st appointment
- In follow up appointments 16.3% of students reported having suicidal ideation

This data shows that we have an increase in students reporting current and past suicidal ideation, as well as current intent when first coming in for counseling appointments this year, as opposed to before implementing our objectives of the grant. While this data may initially seem alarming, it may also be a sign that more students are feeling comfortable to seek help, know where to go when they are in crisis, and/or are comfortable to open up about these thoughts. Additionally, this data shows that in subsequent follow up counseling sessions, suicidal ideation is reported at a lower rate than initially reported at first sessions.

3. During the trainings hosted on campus by FBH we collected feedback from participants at the Suicide Prevention and Columbia Suicide Severity Risk Assessment trainings. Overall, participants stated that they found the trainings to be very helpful. Some of the participants noted that the most helpful things about the trainings were: 1) being able to ask the

trainers questions, 2) learning about protective factors, 3) learning about safety planning, 4) learning about the Columbia Suicide Severity Risk assessment, 5) learning how different people go through suicidal threats, 6) talking about the risks of special populations, and 7) learning tools to help people who are struggling with suicidal thoughts. Participants also shared that the things they had wished they had included in the training was: limits/expectations in the workplace, roleplaying, more resources in the Spokane area, and statistics specific to the college population and health sciences. This feedback was helpful, as it has allowed us to add to our QPR trainings and ensure that participants have the resources, practice time, and information they are looking for to feel more confident in this area.

4. In our last QPR training we also did a pre- and post-test survey to assess how participants felt their knowledge changed after the training. The following tables are the data from the QPR training:

QPR Pre-training Survey				
Q1: Age (optional)	average age:	25.55		
Q2: Gender (optional)				
Male		11		
Female		21		
Non-binary		1		
Q.3: Ethnicity (optional)				
African American		0		
Asian American		9		
Caucasian		19		
Latino/Hispanic		4		
Native American		0		
Other		1		
Q.4: How would you rate your knowledge of suicide in the following areas?				
		LOW/NEVER	MEDIUM/SOMETIME	HIGH/ALWAYS
a. Facts concerning suicide prevention		12	21	1
b. Warning signs of suicide		5	24	5
c. How to ask someone about suicide		20	11	3
d. Persuading someone to get help		14	18	2
e. How to get help for someone		7	26	1
f. Information about local resources for help with suicide		19	14	1
g. Do you feel that asking someone about suicide is appropriate?			25	9
h. Do you feel likely to ask someone if they are thinking of suicide?		6	23	5
i. Please rate your level of understanding about suicide and suicide prevention		11	22	1

QPR Post-training Survey

Q.1: Now that you have received the QPR Gatekeeper Training Please indicate how you would rate your knowledge of suicide in the following areas?

	LOW/Never	MEDIUM/ Sometime	HIGH/Always
a. Facts concerning suicide prevention		13	17
b. Warning signs of suicide	1	7	22
c. How to ask someone about suicide		16	14
d. Persuading someone to get help		18	12
e. How to get help for someone		12	18
f. Information about local resources for help with suicide		12	18
g. Do you feel that asking someone about suicide is appropriate?		6	24
h. Do you feel likely to ask someone if they are thinking of suicide?		12	18
i. Please rate your level of understanding about suicide and suicide prevention	2	14	14

Q.2: Please provide your OVERALL rating of the quality of this training.

excellent	5		
very good	16		
good	8		
fair	1		
poor	0		

Q3: Would you recommend QPR training to others

yes	29		
no	0		
undecided	1		

Q.4: Comments:

appreciated common myths, example phrases.... More time on role play			
would be great to have a longer session to dive deeper and not feel rushed through heavy topics			
more time for training			
before in patient hospitalization requires ED evaluation (at least for Seattle/Oregon), is this true for Spokane?			
thank you for your time today			
longer length of time to allow for practice			

This data helps us see that the QPR training helped improve participants overall knowledge of suicide and helped them to feel more confident in how to help someone who is in a crisis. We will continue to do these pre- and post-test surveys as we move forward to collect additional data and feedback on how to improve our trainings.

5. We also completed an evaluation following one of our MHFA trainings. This training had 30 participants at it . Below is some of the relevant data that shows the increase in confidence participants felt after taking the training.

MHFA Training Evaluation	
n=30	
As a result of this training, I feel more confident that I can...	Aggregate Score from Likert scale 1-5 = Strong Disagree-Strongly Agree
Recognize the signs that someone may be dealing with a mental health problem, substance use challenge or crisis.	4.7
Reach out to someone who may be dealing with a mental health problem, substance use challenge or crisis.	4.9
Ask a person whether they're considering killing themselves.	4.8
Actively and compassionately listen to someone in distress.	4.8
Offer a distressed person basic "first aid" level information and reassurance about mental health and substance use challenges.	4.3
Assist a person who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.	4.5
Assist a person who may be dealing with a mental health problem, substance use challenge or crisis to connect with appropriate community, peer, and personal supports.	4.3
Be aware of my own views and feelings about mental health problems, substance use challenge and disorders.	4.1
Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.	4.7

Overall, as we continue to move forward we plan to continue to work on assessment and evaluation to be able to monitor how our trainings are going, ways we can improve them, and evaluate areas we might need to add and/or improve in our services and programs.

Expenditure Report

The expenditure report is not attached, as it must be completed by WSU's Sponsored Programs Department at the end of the grant period and will be submitted as part of the final financial paperwork.

Next Steps

Both WSUS and EWUS plan to continue to hold QPR and MHFA trainings each semester. We currently have two of each training scheduled for this spring semester and have had additional requests for trainings to be set up. We are looking forward to expanding our reach and training more of our campus community to respond to those who may be having a mental health or suicidal crisis, as well as promote help seeking behaviors.

We are also planning to continue working on the Prevent Suicide Spokane Coalition, as we have a vested interest in what kinds of educational programs, resources, and outreach the community does. This also helps us to build more partnerships and potentially bring a variety of trainings and experts to our campus.

We will be looking to expand our annual Mental Health Awareness week with additional activities, educational programs, and trainings. Since we do it in September, which is National Suicide Awareness and Prevention month it allows us to use this as another tool to promote awareness on our campus and build connections. Additionally, we look forward to receiving the results of our Campus Climate Survey so we can use that data to look at how we might be able to expand our programming and see what students need, feel is lacking, and might be looking for when it comes to mental health/suicide prevention services, programming, and education.

Last, our counseling staff will be participating in a Forefront Protocol Subgroup, which will consist of higher education representatives participating in state-level discussions around model protocols at the institutional level as it relates to the implementation of SB 6514.

Certifications

8. Certifications

The undersigned certify, to the best of their knowledge, that this report is accurate and complete. If employed by a postsecondary education institution, the undersigned also certify that the institution they work for completed the data survey outlined in Substitute Senate Bill 6514 and plans to complete future data surveys resulting from the bill.

Jessica Mason, Ph.D.
Project Director Signature

Jessica Mason, Ph.D.
Print Project Director Name

Assistant Director, Counseling Services & Violence Prevention Programs
Print Project Director Title

1/30/2020
Print Date Signed

If applicable (add as many lines as necessary for multiple co-directors):

James Mohr
Project Co-Director Signature

James Mohr
Print Project Co-Director Name

Vice Chancellor
Print Project Co-Director Title

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Project Director Signature

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Print Project Director Name

Assistant Director, Counseling Services & Violence Prevention Programs
Print Project Director Title

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