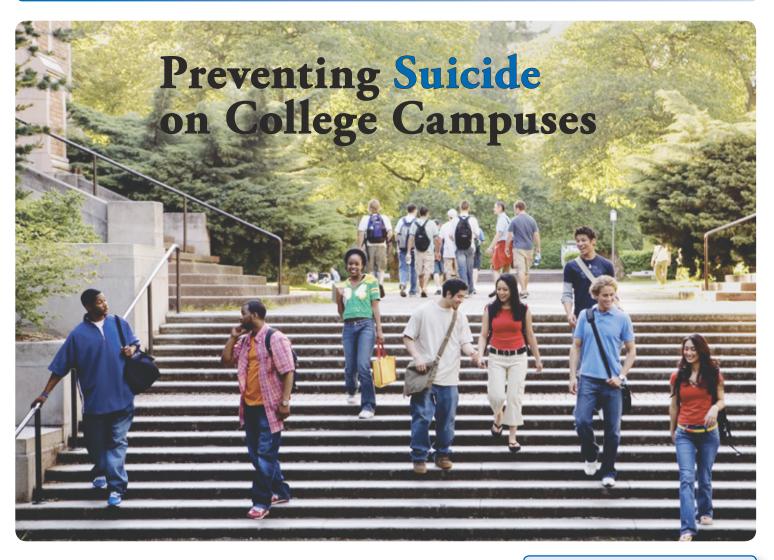
Substance Abuse and Mental Health Services Administration

54/1/H54 NEWS

SAMHSA's Award-Winning Newsletter

November/December 2007, Volume 15, Number 6



"I don't care. I don't really care about anything anymore."

Those red-flag words, even if they don't explicitly say "suicide," can be a troubled college student's only call for help.

Fortunately, from coast to coast, college campuses are more prepared than ever to provide assistance to students who

are overwhelmed, depressed, and at risk for suicide.

SAMHSA's Campus Suicide Prevention grant program, administered by the Agency's Center for Mental Health Services (CMHS), is helping more than 50 colleges and universities enhance services for students with mental and behavioral health problems.

Continued on page 2

Inside This Issue

Difference, Saving a Life	3
Access to Recovery: Enhancing Consumer Choice	2
Mental Health Report to Congress	7
Grant Updates	8
Campaign: Proper Disposal of Prescription Drugs	9
Adolescents Do What Every Day?	12
Employers Honored for Behavioral Health Services	19

Signed Up for SAMHSA's eNetwork?

Join the **eNetwork**

Go to www.samhsa.gov/eNetwork.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Substance Abuse and Mental Health Services Administration
- Center for Mental Health Services
 Center for Substance Abuse Prevention
- Center for Substance Abuse Treatment www.samhsa.gov



Some SAMHSA grantees—such as the University of California, Irvine (UC Irvine), in Irvine, CA, and Syracuse University (SU) in Upstate New York—had suicide prevention programs in place before they received the grants. They have been using the funds to enhance their existing programs. Other grantees are using the funds to develop programs from the very beginning.

Grants for these programs are authorized under the Garrett Lee Smith Memorial Act to provide schools with funds to help students complete their studies successfully. (For more on the Garrett Lee Smith Act, see page 10.)

All 55 of the grantees offer programs to train the campus community to

recognize the warning signs of suicide, so that students in crisis can be referred for professional assessment. They also offer awareness programming to bring attention to the problem.

"When you identify somebody at risk, you need to go get help for this person," said Ellen Reibling, Ph.D., Director of Health Education at UC Irvine. "There's no 'let's wait and see' time."

Rebecca S. Dayton, Ph.D., Director of the SU Counseling Center, agreed. "Stigma is one of the biggest factors that contribute not just to suicide, but to any mental health problem," she said. "Universities are learning to educate the campus community, especially students,

on how to identify times when they're struggling and how to get help."

Indeed, many young people are struggling. Across the Nation, the statistics are overwhelming. Suicide is the third leading cause of death among young people age 18 to 25, according to 2004 data from the Centers for Disease Control and Prevention (CDC) at the U.S. Department of Health and Human Services.

Suicide also is strongly associated with mental illness and substance use disorders. For young people age 18 to 22, the rates of serious psychological disorders are 17.8 percent for those enrolled in college and 19.0 percent for others in that age group, according to SAMHSA's 2006 National Survey on Drug Use and Health.

"Suicide prevention is a priority area for SAMHSA," said Terry L. Cline, Ph.D., SAMHSA Administrator. "When schools promote mental health services, it makes a difference."

More than 30,000 adults age 18 or older die by suicide each year, according to the CDC. A 2006 report from SAMHSA's Office of Applied Studies also suggests that there may be between 8 and 25 attempted suicides for every suicide death. (See "Resources.")

With these statistics in mind, CMHS Director A. Kathryn Power, M.Ed., views suicide as a public health crisis. "The reality is that suicide is still greatly misunderstood and not accepted by the general public as something that we can prevent," she said. "We must build awareness to change that perception."

Resources

For an overview of the suicide prevention initiatives within the U.S. Department of Health and Human Services (HHS), visit http://mentalhealth.samhsa.gov/suicideprevention/glance.asp. Resources from SAMHSA include:

- National Strategy for Suicide Prevention: The Strategy represents the combined work of advocates, clinicians, researchers, and survivors. Visit http://mentalhealth.samhsa .gov/suicideprevention for information.
- The Surgeon General's Call To Action To Prevent Suicide: The full text is available at http://mentalhealth.samhsa.gov/ suicideprevention/calltoaction.asp.
- Statistics from SAMHSA: A recent report from SAMHSA's Office of Applied Studies, Suicidal Thoughts, Suicide Attempts, Major Depressive Episode, and Substance Use among Adults, is available at www.oas.samhsa.gov/2k6/suicide/suicide.htm. For the latest data, visit http://oas.samhsa.gov/suicide.cfm.
- National Suicide Prevention Initiative: For links to SAMHSA's other efforts, including the Suicide Prevention Resource Center, visit the Web site of SAMHSA's Center for Mental Health Services at http://mentalhealth. samhsa.gov/cmhs/nspi.

For additional resources, see *SAMHSA News* online.

SAMHSA News/2 November/December 2007

All of the grantees are working to build awareness. Grantees share suicide prevention knowledge with each other, and some offer classes to help students manage stress. But it is the gatekeepers who often serve as the link between professional counseling staff and students.

Gatekeeper Training

Traditionally, campus gatekeepers are those people—such as resident life staff, academic advisors, faculty, and health center staff—who come into contact with students. After receiving training on suicide prevention and warning signs, these gatekeepers connect with students in distress and refer them to mental health professionals.

"A big part of suicide prevention involves getting people into treatment," said SAMHSA's Richard McKeon, Ph.D., M.P.H., Special Advisor on Suicide Prevention at CMHS. "Predicting suicide with certainty is not possible, but assessments are possible. Gatekeepers help in that first critical step toward counseling."

Just 18 percent of those who commit suicide report suicidal ideation to a health professional prior to their deaths, according to the *National Strategy for Suicide*Prevention: Goals and Objectives for Action.
(See SAMHSA News online, Fall 2002.)

If students aren't talking to campus counselors—and aren't receiving help elsewhere—other people may recognize the warning signs of suicide and steer affected students toward professional help.

For example, Dr. Reibling recalled a student employee who seemed to be having problems. Always on time before, the student was arriving chronically late, and her appearance had deteriorated. In her gatekeeper role, Dr. Reibling caught up with the student to talk.

As it turned out, the student was struggling to get by in a class and wasn't feeling supported by her family. "She just needed extra attention," Dr. Reibling explained,

Continued on page 10

From the Administrator

Making a Difference, Saving a Life

When it comes to suicide prevention, SAMHSA is making every effort to fund effective programs for at-risk populations, including students on college campuses.

SAMHSA's efforts are guided by the National Strategy for Suicide Prevention (NSSP), which represents the combined work of advocates, clinicians, researchers, and survivors around the Nation.

The NSSP is a collaborative effort among public and private organizations, including several agencies of the U.S. Department of Health and Human Services. Federal agencies include SAMHSA, the Centers for Disease Control and Prevention, Health Resources and Services Administration, Indian Health Service, and the National Institutes of Health.

The Strategy lays out a framework for action to prevent suicide, following goals and objectives designed with leadership from the Surgeon General. The NSSP is designed to be a catalyst for social change to transform attitudes, policies, and services.

As a result of enactment of the Garrett Lee Smith Memorial Act, SAMHSA's activity in suicide prevention has increased dramatically. At the start of 2005, there were two competitive grant awards for suicide prevention. At the end of 2005, there were 46. At the end of 2006, there were more than 100.

These awards included State/Tribal Youth Suicide Prevention and Early Intervention grants.

Other grants have been made under the Linking Adolescents at Risk to Mental Health Services Grant program, which focuses on



Terry L. Cline, Ph.D.

school-based suicide prevention programs to assess whether youth at risk can be identified and families engaged.

The Suicide Prevention Resource Center, another activity of the NSSP, serves as a national resource for suicide prevention information and provides technical assistance to Garrett Lee Smith grantees. It also helps states develop statewide suicide prevention plans.

Another key SAMHSA suicide prevention program is the National Suicide Prevention Lifeline. The national toll-free number is 1-800-273-TALK. Calls are routed automatically to the closest crisis center within a nationwide network of 120 centers.

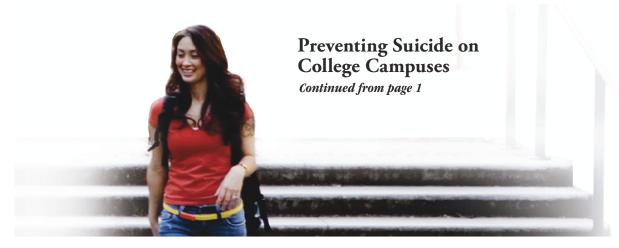
Beginning in 2008, SAMHSA's National Survey on Drug Use and Health will ask all respondents age 18 or older about suicidal thoughts, plans, and attempts. This is an important step forward.

SAMHSA considers suicide prevention a critical investment in our Nation's future. For every life we save through our prevention efforts, we make a difference.

Terry L. Cline, Ph.D. Administrator, SAMHSA

Teny L. Cline

November/December 2007 SAMHSA News/3



noting that the two visited the Counseling Center, and the girl ended up dropping the problematic class. "The outcome isn't always this easy. She just needed to know I was there to listen, and I cared enough to get her help."

That's the premise of gatekeeper training. "We don't want gatekeepers to be therapists," said Cory Wallack, Ph.D., Staff

Therapist at the SU Counseling Center. "A gatekeeper's first task is to connect to students and help students feel supported. Then, a gatekeeper helps to increase the likelihood that students will follow through with referrals to the Counseling Center. Because it's a trusted person telling them, 'You know, I really think you should do this. Get some help.'"

Gatekeeper training is so important that it's one of the objectives of the National Strategy for Suicide Prevention—a strategy in which SAMHSA plays a key role.

"Many young adults will not seek out interventions or counseling by adults unless they feel that they can trust the adult to maintain respect, confidentiality, and provide knowledge and appropriate information," said Dr. McKeon. "So, it makes sense to train those school personnel who are most likely to come in contact with students at risk."

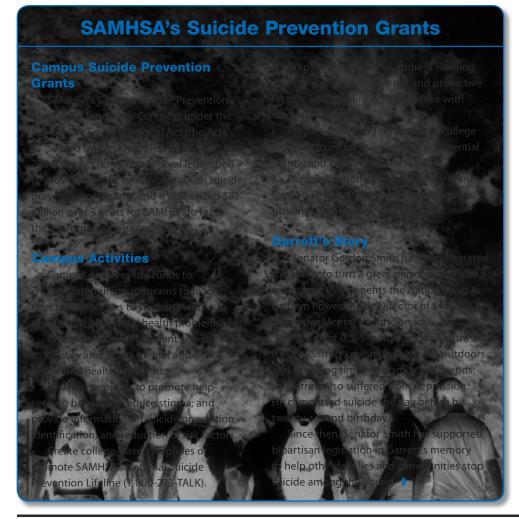
All told, staff at colleges and universities operating under SAMHSA's Campus Suicide Prevention grants trained more than 10,000 lay gatekeepers successfully during the first year of the program.

SU has trained about 300 resident life and health center staff in 3-hour sessions. There are plans to train academic advisors and counselors in the near future. UC Irvine has trained 2,200 gatekeepers in just 2 years, with school staff members, campus police, and even some students learning how to relate to young people in crisis.

SU has even worked with 10 other schools receiving SAMHSA Campus Suicide Prevention grants to train additional staff members about their Campus Connect gatekeeper training program.

Stress Reduction

In addition to gatekeeper training, the SU Counseling Center offers an 8-week class—Mindfulness Based Stress Reduction—



SAMHSA News/10 November/December 2007

to teach students how to manage difficult situations before severe distress occurs.

Specifically, the class teaches students how to respond to situations with choice rather than knee-jerk reactions. Participants engage in gentle yoga and body scan meditations to focus on and work through what's going on in their minds.

While the program isn't designed to eliminate stress, it does help students learn how to reflect. "If you don't know you're in distress, you can't seek help," Dr. Dayton explained. "We believe that students need help in learning how to be self-aware."

By the end of the grant term, about 180 students will have taken the class. Preliminary evaluations suggest that participants have seen a reduction in perceived stress.

Building Awareness

A key component of both programs is awareness programming.

Grantees use posters, brochures, and public service announcements to promote knowledge and understanding of mental health problems on campus, reduce stigma, and increase help-seeking behaviors.

On the West Coast, UC Irvine's awardwinning *Don't Erase Your Future* campaign (donteraseyourfuture.org) is an important resource. Online, the university posts SAMHSA's National Suicide Prevention Lifeline phone number (1-800-273-TALK), describes suicide warning signs, and uses stories about famous historical figures to show visitors why they should look toward the future. (See SAMHSA News online, September/October 2005.)

The Lifeline has saved lives at UC Irvine. Dr. Reibling recalled at least three documented instances in which students in crisis called the hotline and were directed to local resources for treatment.

Lessons Learned

About 18 million students will be enrolled in colleges and universities across the Nation in 2008. In light of the big-picture needs of students, campus suicide prevention cannot be the sole responsibility of school counseling centers, Dr. Dayton said. Faculty and university administration staff at institutions across the Nation must collaborate with counseling center staff to help college students address mental health issues.

The hope for the campus program is that, over time, grantees will be able to bring about a cultural shift on campus that will actually *decrease the need* for mental health services. In the meantime, however, as awareness of

suicide increases, so does the demand for SU Counseling Center services. No doubt multiple factors are responsible for this growth, and grantees report more students are asking for help. So many more, in fact, that the Counseling Center may hire additional staff next year.

"Connecting with people, helping people feel understood, improving communication skills, enhancing relationships—those are important protective factors that help reduce suicidality," Dr. Dayton said. "Universities need to be educating students on how to get help when they need it."

Ms. Power noted that students in distress must be encouraged to seek assistance. "Each and every one of us has a role to play in suicide prevention," she said. "SAMHSA is here to help."

For more information about SAMHSA's National Strategy for Suicide Prevention, visit http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp. For details on SAMHSA's Campus Suicide Prevention program and other mental health programs, visit www.samhsa.gov.

-By Leslie Quander Wooldridge



November/December 2007 SAMHSA News/11