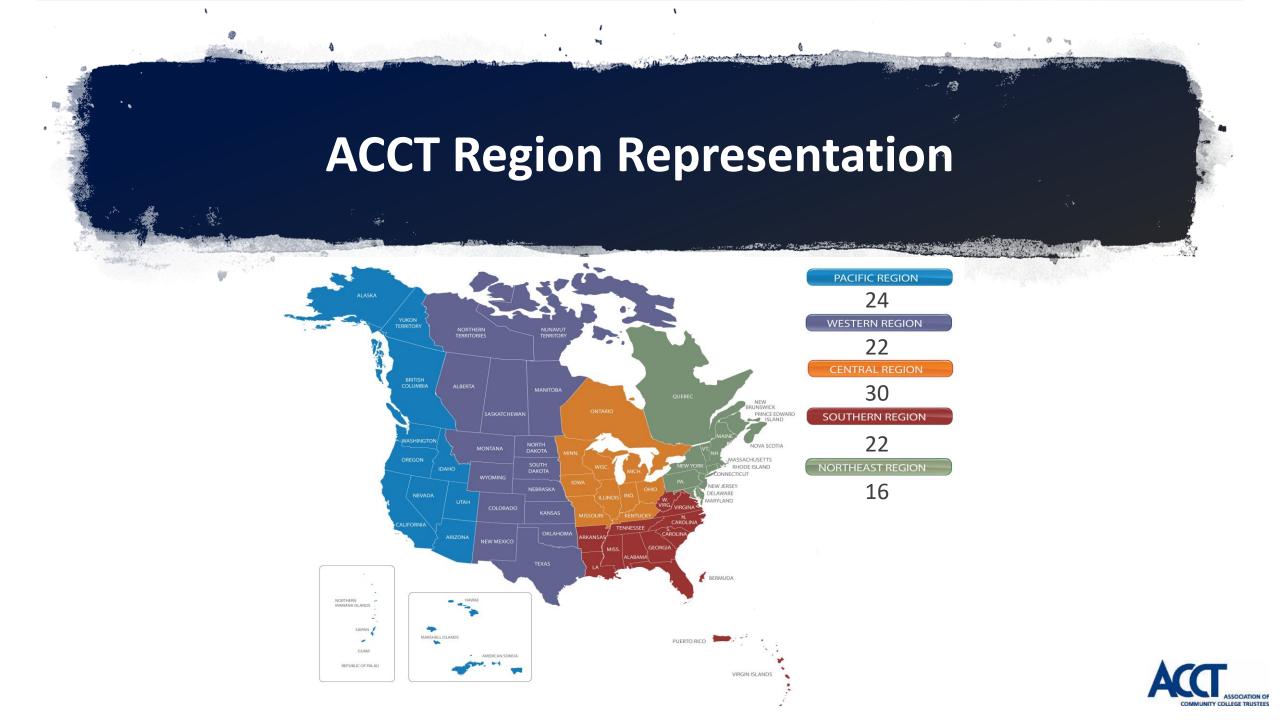
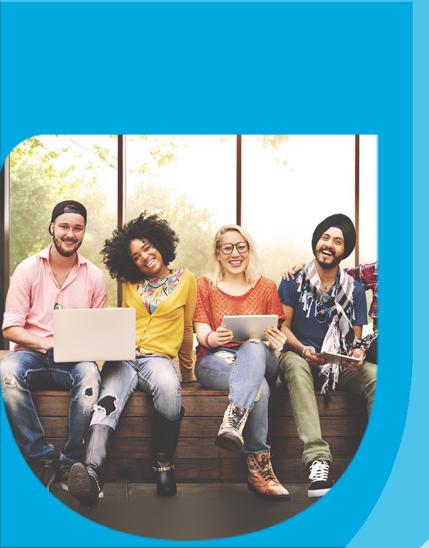
Strengthening Rural Community Colleges Protecting the Mental Health of Rural Community College Students: Creative Innovations in Challenging Times

This webinar series is brought to you in part by the Association of Community College Trustees in partnership with the Rural Community College Alliance and with funding made possible by the Bill and Melinda Gates Foundation. For more information about the <u>Strengthening Rural Community Colleges Initiative</u> and to read our report, please visit <u>our website</u>. Thank you!











Protecting the mental health of rural community college students: Creative innovations in challenging times

Kurt Michael & Diana Cusumano

Webinar sponsored by the Association of Community College Trustees (ACCT) and the Rural Community College Alliance (RCCA)

Brief Introductions



- Diana Cusumano, L.M.H.C., N.C.C., Director, Jed Campus & Wellness Initiatives
 - Diana comes from a background in higher education prior to JED where she worked for 12 years gaining experience in college counseling, student affairs and academic services. Her most recent role in higher education was as Director of Counseling/Assistant Dean of Academic Services. She is a licensed, national certified mental health clinician and a registered 500-hour yoga teacher. Diana is also a certified Koru Mindfulness teacher.
- Kurt Michael, Ph.D., Senior Clinical Director
 - Kurt is a licensed clinical psychologist. For the past 23 years at Appalachian State University in Boone, North Carolina he established and sustained a nationally recognized program of funded research and clinical practice in school mental health, adolescent suicidology, and rural healthcare. He recently retired as the Stanley R. Aeschleman Distinguished Professor of Psychology to take on the role of the Senior Clinical Director of Jed High School.



The Jed Foundation

The Jed Foundation (JED) works to protect emotional health and prevent suicide for our nation's teens and young adults.





Mission:

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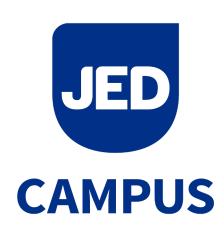
Vision:

At JED, we envision a future where:

- All teens and young adults are equipped to navigate mental health challenges, to seek and give help, and are emotionally prepared to enter adulthood and fulfill their potential.
- Every high school and college has a comprehensive system that supports emotional health and reduces the risks of substance misuse and suicide.
- Our communities support the emotional well-being and mental health of teens and young adults.
- Mental health is recognized as part of general health and wellness and is not associated with shame, secrecy, prejudice or uncertainty.

JED Programs













Mental Health is Health



Trends in College Student Mental Health 2020-2021





Among our 20 million college students, at some point this year...

- 41% screened positive for depression
- 34% screened positive for anxiety
- 1 out of 5 binge drank regularly
- 1 out of 8 misused prescription drugs
- 1 out of 3 struggled with food insecurity
- 2 out of 5 experienced discriminiation or harassment
- 1 out of 4 had serious thoughts of suicide
- 1 out of 10 engaged in self injury
- 115 students attempted suicide per day
- 1,400 died by suicide
- Average of 12% of students seen at campus services
- 20% of campus suicides were seen at the counseling center/80% no contact

Healthy Minds Study, Spring 2021 <u>ACHA-NCHA III, Spring 2021</u> AUCCCD, Fall 2020

COVID-19 Pandemic Effects on Mental Health

Psychological effects of quarantine

- Increased anxiety (including social anxiety)
- Increased anger
- Substance use and misuse
- Triggered PTSD

Unique stressors

- Uncertainty of duration and adjusting to the "New Normal"
- Fear of infection for self and loved ones
- Grief (loss of opportunities and loved ones)
- Inadequate or contradictory information
- Working/studying where you live and living where you work/study
- Financial and basic needs concerns

COVID-19 Pandemic Effects on Mental Health



- 41% screened positive for depression and 34% for anxiety
- There was a decline in student receiving services in 2020, but numbers have started to rebound to pre-pandemic levels with 30% receiving services in the past year (2021)
- 5. 8 out of every 10 students experienced basic needs insecurities
 - Around 25% of students experienced food insecurity
- 33% of students reported serious suicidal ideation and 9.4% had a suicide attempt
- The number of students seen in counseling centers reporting lifetime traumatic events have increased 11.7% (42.6% overall) for the past nine years
- Statistically significant increases in students reporting social anxiety from Fall 2019 to 2021, with a larger jump between Fall 2020 to 2021

Two-Year and Four-Year College Data Analysis



- "Prevalence rates were comparably high in the sample of community college and 4-year students, with just more than 50% of each group meeting criteria for one or more mental health problems."
- "Analyses by age group revealed significantly higher prevalence for community college students ages 18–22 years, relative to their same-age peers at 4-year institutions."
- "Community college students, particularly those from traditionally marginalized backgrounds, were significantly less likely to have used services, compared with students on 4-year campuses."
- "Financial stress was a strong predictor of mental health outcomes, and cost was the most salient treatment barrier in the community college sample."



JED's Comprehensive Approach

- Drawn primarily from the overall strategic direction of the United States Air Force (USAF) Suicide Prevention Program
- Based on what's known about decreasing risk factors and increasing protective factors for mental health/suicide among young people
- Used to assess efforts currently underway on campuses and identify existing strengths and areas for improvement

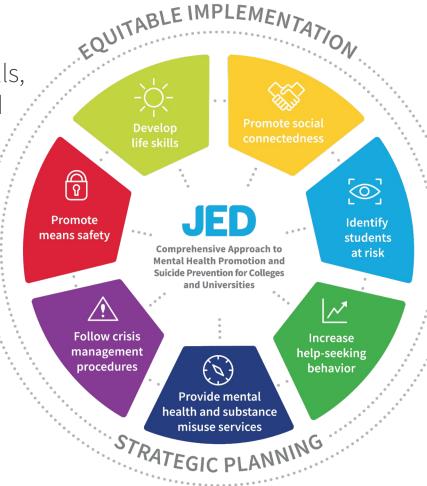


Our Comprehensive Approach for promoting mental health and creating sustainable change guides our work.

Develop independent living skills, social and emotional skills, and resilience

Identify and limit access to dangerous means

Ensure the right policies and protocols are in place to manage crises



Foster connectedness and belonging

Create opportunities and systems to notice someone who may be struggling

Reduce shame, secrecy, and stigma so people will reach out for help

Ensure high quality, accessible services



Equitable Implementation Framework

- JED's Equitable Implementation Framework ensures that the needs of students who are
 potentially marginalized and/or underserved due to societal and structural inequities and
 campus-specific community demographics are considered deliberately and intentionally
- We have conducted research and developed recommendations and promising practices to support the following populations:
 - Students of Color <u>Equity in Mental Health Framework</u> with The Steve Fund
 - Students who are Parents <u>Improving Mental Health of Student Parents Framework</u> with Ascend at the Aspen Institute
 - Graduate/Professional Students <u>Recommendations to Support Graduate and Professional</u> <u>Student Mental Health & Well-being</u> with the Council of Graduate Schools
 - LGBTQ+ Students <u>Proud & Thriving Framework for LGBTQ+ Student Mental Health</u> with the Consortium of Higher Education LGBT Resource Professionals



The public health problem of suicide in rural settings

in US (2019)



Epidemiology of Suicide

Across all ages a person died by suicide every 11 minutes

A young person died by suicide every 1 hour and 28.3 minutes

There were **47,511 suicide deaths** annually

For ages 15-24, **5,954 died by suicide**

10-14: **534**

15-19 years:

2,210

20-24 years:

3,744

Across all ages, there were an estimated 1.4 million suicide attempts in 2019

Approximately 2.5% of U.S. teens report a suicide attempt that was treated by a medical professional during the previous 12 months



Recent Trends Among Youth by Race

Black males

Rates almost doubled (6.6 to 11.6 per 100k)

Black females

Rates increased by almost 4 times (1.2 to 4.0 per 100k)

Hispanic males

Rates increased by 1.5 (8.8 to 13.3 per 100k)

Hispanic females

Rates increased by 2.5 (1.9 to 4.8 per 100k)

White males

Rates almost doubled (12.5 to 22 per 100k)

White females

Rates almost doubled (2.9 to 5.8 per 100k)

Recent Trends for Youth by Sexual and Gender Status



LGBTQ+ Youth

3 times more likely to attempt suicide (compared to heterosexual students from 2009-2017)

Gender Diverse Youth

Transgender youth were

2.71 times more likely

to have made a suicide attempt in the past year, and

2.54 times more likely

to make an attempt that required medical treatment (compared to cisgender)

Non-binary and gender questioning youth were

2.31 times more likely

to have past year suicidal ideation (compared to cisgender)



Epidemiology of Suicide in Rural Settings

Suicide rates are nearly twice as high in many rural regions

especially in Alaska and the Rocky Mountain West (Wyoming, Montana, New Mexico, Colorado, Oregon, Nevada)¹



Epidemiology of Suicide in Rural Settings

According to CDC data across a 20-year period (1999-2019), the average suicide death rate for youth between the ages of 10-19

most rural areas (7.6/100k)

nearly double the number of their counterparts most urban areas (3.9/100k)

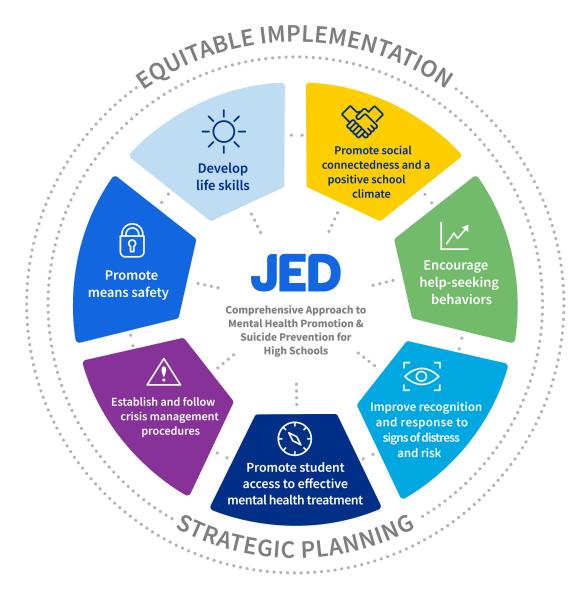
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Contributing factors to these rural disparities

- **Known barriers**
 - Limited availability of providers in rural settings
 - Access barriers (transportation, remoteness)
 - Affordability (inadequate insurance)
 - Acceptability (help seeking not seen as a viable option, sign of weakness, concerns about privacy)
- Other factors
 - Ready access to lethal means







Promoting Means Safety



Summary: Why Means Matter

- Suicidal crises are often brief.
- Some methods, especially guns, are far more lethal than others.
- >90% of those who attempt and survive do not go on to die by suicide.
- Many people who are suicidal are ambivalent.

Putting time and distance between a suicidal person and a highly lethal means – especially a gun – can save a life.

Israeli Defense Force (IDF):



An International Example of Means Reduction through Policy Change

In the early 2000s, IDF focused on preventing suicides.

Most were by firearm, many on weekends while soldiers were on leave.

In 2006, IDF required soldiers to leave weapons on base during weekend leaves.

The suicide rate decreased by 40%.

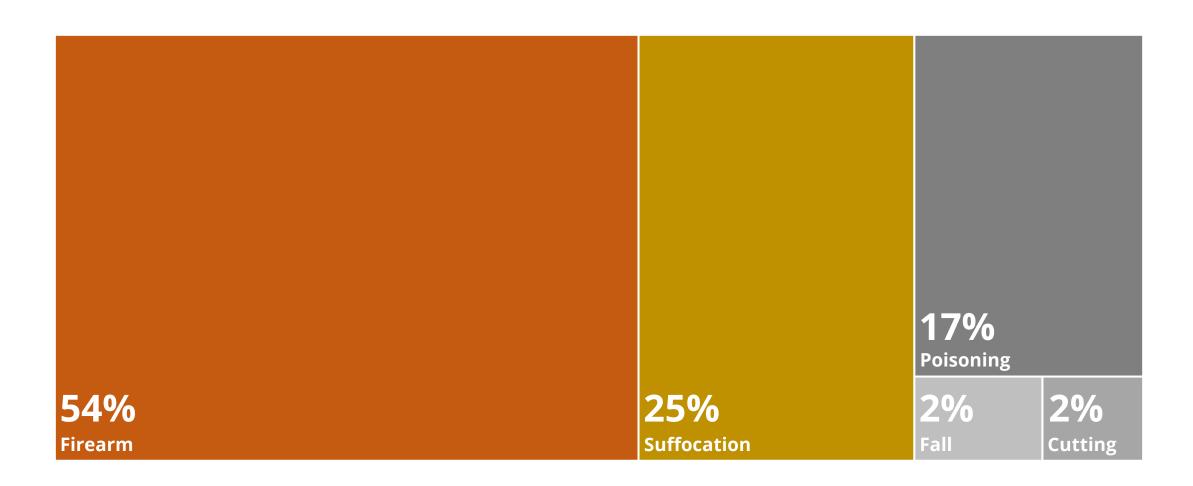
Weekend suicides dropped significantly.

Weekday suicides did not.

Why?



Mechanism of Suicide Death



Source: CDC WONDER, accessed 2021

Overview of Counseling on Access to Lethal Means (CALM)



Assess suicide risk

using standardized risk assessment tools.

Explain risk to patient and parent/support person

suicidal feelings can come and go; reducing access to lethal means—especially firearms—can help the patient stay safe.

Collaborate on a plan

to reduce access to firearms (leading suicide method) and medications (leading method of attempt), as well as on any method on which ideation focuses.

Agree on roles and timetable and document the plan

in the chart (e.g., patient's parents agree to lock up pain relievers).

Follow up

within 24 hours (or the next school day in school settings) and at next appointment.

Philosophical Underpinnings of CALM



- Public health approach
- Focuses on the "how" of suicide
 - Prevention via safety planning¹ and risk reduction
 - Acknowledges gap in the empirical literature regarding our capacity to predict attempts



Medications

Medication overdose is the **most common method** of suicide attempt.

Overdose is not often fatal;

however, some medications are more dangerous than others, especially in combination (like opioids, benzodiazepines, and alcohol).

Finding lethal combinations on the internet is easy.

Medications



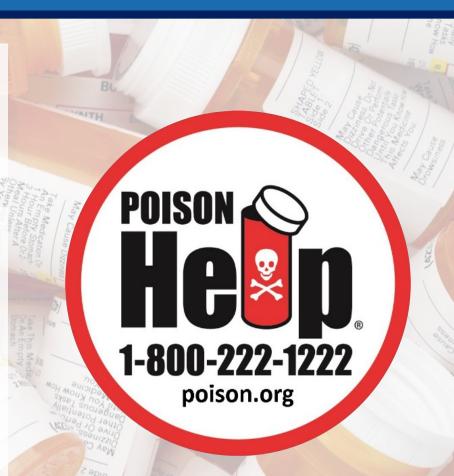
Reducing Access

Overdose is usually not fatal.

But because there are hundreds of thousands of overdose attempts, it is the **3rd-leading method** of suicide death.

If you prescribe meds or work with prescribers, minimize overdose risk for at-risk patients:

- Use lower toxicity medications where possible
- Limit quantities to non-lethal doses, even if taken all at once
- Take into account drug interactions & substance use/misuse
- For help on safe quantities, ask a pharmacist or the
 Poison Control Hotline 1-800-222-1222



Medications

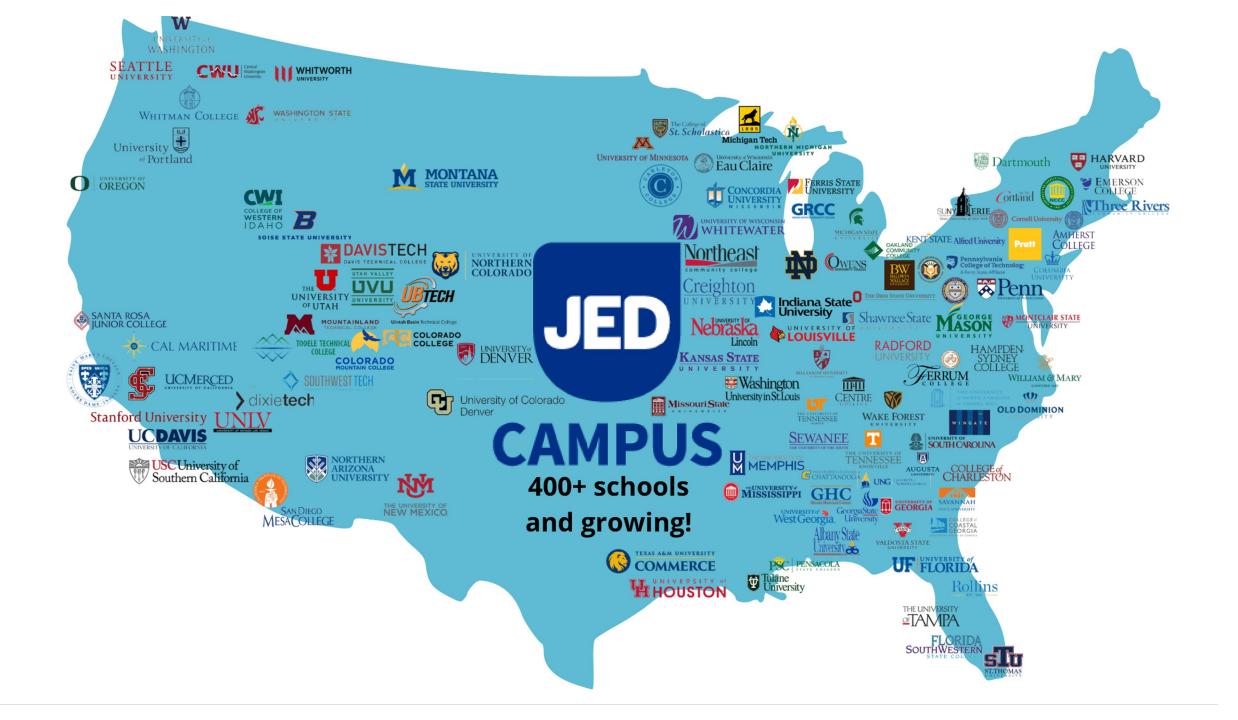


Reducing Access

Advise the following steps:

- Properly dispose of unneeded/expired medications.
- Keep only non-lethal quantities on hand.
- Lock up abuse-prone and dangerous drugs (e.g., opioids, anti-anxiety medications, amphetamines, sedatives/tranquilizers).
- Local health departments may distribute lockboxes.
- Pharmacists can advise on safe quantities. A support person—not the patient—should talk with them.





Thank you!

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