The Qualitative Report

Volume 25 | Number 9 Article 3

9-5-2020

# Managing Student Suicidality on Campus: Perspectives from Diverse Student Affairs Staff

Carla Chugani
*University of Pittsburgh*, carla.chugani@chp.edu

Gabriel Kass
*University of Delaware*, gkass@udel.edu

Elizabeth Miller
*Division of Adolescent Medicine, Department of Pediatrics, University of Pittsburgh, Children's Hospital of Pittsburgh of UPMC*, elizabeth.miller@chp.edu



## Recommended APA Citation

Chugani, C., Kass, G., & Miller, E. (2020). Managing Student Suicidality on Campus: Perspectives from Diverse Student Affairs Staff. *The Qualitative Report*, *25*(9), 3224-3239. https://doi.org/10.46743/2160-3715/2020.4388

# Managing Student Suicidality on Campus: Perspectives from Diverse Student Affairs Staff

## Abstract

Suicidal behavior is a substantial public health issue faced by college campuses. College counseling professionals often interact with a variety of other student affairs professionals who may be involved in the management of suicidality on campus. However, research on their experiences and perspectives on this topic is scarce. In this study, we build on literature related to management of suicidality on campus, which is predominantly focused on campus counseling professionals. Fifteen semi-structured qualitative interviews were conducted with student affairs professionals to explore how professionals on campuses might better work together to prevent crises and support students at elevated risk for suicide. Recurrent and emerging themes included barriers impeding their ability to best serve suicidal students, their perceptions on what factors make students vulnerable to suicide, and suggestions for future research. We conclude with a discussion of options to increase quantity and quality of service provision on campus for suicidal students.

## Keywords

College Students, Student Affairs, Suicide, Qualitative Interviews



## Acknowledgements

Funding Disclosures: Dr. Chugani was supported by an NSRA training grant during the conduct of this research (T32HD087162, PI: Miller). This research was supported by a grant from the Fine Foundation (PI: Chugani)

*The Qualitative Report* 2020 Volume 25, Number 9, Article 2, 3224-3239

# Managing Student Suicidality on Campus: Perspectives from Diverse Student Affairs Staff

Carla Chugani
Division of Adolescent Medicine, Department of Pediatrics, University of Pittsburgh, Pennsylvania, USA

Gabriel Kass
University of Delaware, Newark, Delaware, USA

Elizabeth Miller
Division of Adolescent Medicine, Department of Pediatrics, University of Pittsburgh, Pennsylvania, USA
Children's Hospital of Pittsburgh of UPMC, Pennsylvania, USA

*Suicidal behavior is a substantial public health issue faced by college campuses. College counseling professionals often interact with a variety of other student affairs professionals who may be involved in the management of suicidality on campus. However, research on their experiences and perspectives on this topic is scarce. In this study, we build on literature related to management of suicidality on campus, which is predominantly focused on campus counseling professionals. Fifteen semi-structured qualitative interviews were conducted with student affairs professionals to explore how professionals on campuses might better work together to prevent crises and support students at elevated risk for suicide. Recurrent and emerging themes included barriers impeding their ability to best serve suicidal students, their perceptions on what factors make students vulnerable to suicide, and suggestions for future research. We conclude with a discussion of options to increase quantity and quality of service provision on campus for suicidal students. Keywords: College Students, Student Affairs, Suicide, Qualitative Interviews*

## Introduction

Suicide is currently the second leading cause of death for college students (Turner, Leno, & Keller, 2013). College counseling center directors report observing increases in the severity of psychological issues with which students present as well as increases in the number of students with suicidal thoughts or behaviors presenting for care (Gallagher, 2014; Reetz, Krylowicz, Bershad, Lawrence, & Mistler, 2015). National College Health Association data also show that during a 12 month survey period, nearly 10% of students had seriously considered suicide, and far more struggled with hopelessness (48%) and depression so severe that it was difficult to function (35%; American College Health Association, 2016). Given the substantial challenges facing counseling center clinicians in confronting students' mental health needs, a growing body of research has been devoted to college mental health prevention and intervention.

Many promising, prevention-focused solutions have been generated to help campuses better prepare to identify and support students struggling with severe mental health problems. Popular programs such as Mental Health First Aid, Kognito (an online program using virtual

reality) and Question, Persuade, Refer (QPR) focus on training campus community members (sometimes called, "gatekeepers") to identify and intervene with students at risk for suicide (Hadlaczky, Hokby, Mkrtchian, Carli, & Wasserman, 2014; Litteken & Sale, 2018; "QPR Institute," 2018; Rein et al., 2018). These programs typically focus on helping bystanders (e.g., professors, resident assistants, and students) increase their knowledge of potential "red flags" and assist them in increasing self-efficacy and skills for intervening with the individual at risk.

Multifaceted approaches, such as the comprehensive framework developed by the Jed Foundation, which includes prevention, early intervention, indicated intervention, environmental intervention (e.g., means restriction), and crisis management have also been developed to help campuses implement a variety of strategies and supports (Jed Foundation, 2018). While such strategies are important, users of the model are warned about the importance of ensuring that their institution has adequate capacity to handle the increased volume of students who may seek services when such programs are implemented. Whether campuses focus on clinical capacity or multi-system approaches, many may struggle with having adequate staff and resources to provide services that students may need once identified. For example, the Association for University and College Counseling Center Directors (AUCCCD) 2015 survey found that that 79% of counseling center operating budgets stayed the same or decreased during the year (Reetz et al., 2015). This issue is compounded for schools located in more rural areas, which often have fewer community resources to which students can be referred for assessment, stabilization, or ongoing care.

Student affairs staff and administrators (including counseling, health, and residence life staff, as well as staff and administrators in a variety of other student service departments) often play a vital role in programs and initiatives aimed at prevention and intervention for mental health and suicidal behavior on campus. Though counseling center professionals are often leaders in such initiatives due to their clinical expertise, they must work effectively with other campus stakeholders and implementers of the aforementioned programs. However, the research on college campus suicide prevention to date has not included the perspectives of student affairs staff and their roles in addressing and managing suicidal students. One qualitative study with college counseling center administrators investigated perceptions of the changes in student demand for mental health services and the evolving role of campus mental health services to elucidate what changes are occurring as well as how counseling center administrators are responding (Watkins, Hunt, & Eisenberg, 2011). Consistent with previous literature, Watkins and colleagues (2011) found that administrators agreed that students are presenting with both increased severity of concerns and demand for services, as well as psychosocial differences (e.g., lowered socio-emotional skills) in the student population. Administrators also noted that while they had used a variety of strategies to address the demand (e.g., increasing specific clinical offerings, outreach, use of training programs), several institutional challenges remained. These included issues such as space, staff burnout and shortage, and challenges collaborating with others on campus to manage complex situations. These results suggest that college counseling center administrators are in a difficult bind: they try to respond appropriately and ethically to the severe and acute needs of students, often without the support and resources they believe are required to fully address the needs of their campus population. Moreover, while space and staff shortages can be difficult problems to solve, the issue of collaborating more effectively with other campus professionals involved is likely to be malleable – though there is currently no research highlighting the experiences and perceptions of other campus professionals regarding student suicidality.

While counseling center administrators play a vital role in the management of situations involving suicidality on campus, they represent a small proportion of the staff on campus that are affected or involved in these situations. In particular, many student affairs professionals are not trained as clinicians, yet often have contact with students during crises or are included in

decisions involving these students. A gap exists in the current literature related to student affairs professionals' experiences, opinions, and needs (for support, training, communication, protocols, etc.). Efforts to better collaborate with, support, or train such professionals should begin with an in-depth discussion of their experiences navigating situations involving student suicidality, and elucidating their suggestions for specific supports.

We sought to build on the existing literature by interviewing a diverse group of student affairs professionals, most whom were outside of college counseling, to better understand their experiences and perspectives. In addition to investigating strategies that participants' clinics/departments had used or would like to use to better respond to these situations, we queried the extent to which participants felt supported and prepared to work with suicidal students, their perceptions of what seemed to make students more vulnerable to suicidality, opinions of the level of responsibility institutions of higher education have for providing suicide prevention and treatment, and the administrative, structural, or clinical barriers that interfered with their ability to respond effectively to students. Overall, the goal of this descriptive study was to elicit a range of experiences and perspectives from a diverse group of student affairs staff to inform future training, best practices, policies, and research related to the management of student suicidality. In particular, the interviews focused on participants' experiences in managing situations involving student suicidality (including interactions with students as well as campus staff, administrative systems, and other supports or structures), ideas about training, research, or new types of programming which would better support student mental health, and their perceptions of what factors seem to contribute to student suicidality (as these perceptions would inform their ideas for potential solutions).

## Methods

### Reflexivity

Carla Chugani, PhD, LPC is an early-career clinical scientist and an assistant professor of pediatrics whose research focuses primarily on college student suicide prevention and intervention. Her clinical training is as a mental health counselor and she began her career in a college counseling center. This early training, situated within a division of student affairs, gives her a keen appreciation for the diversity of campus professionals who become involved when a student is suicidal and the importance of effective cross-sector collaboration among student service providers and administrators.

Gabriel Kass is an undergraduate psychology student with an interest in and passion for supporting college student mental health. He spearheaded a successful campaign to bring Mental Health First Aid to his campus, and subsequently worked as a summer intern and then a research assistant under Dr. Chugani's supervision to gain more experience in the field of college student mental health. Elizabeth Miller, MD, PhD is a senior investigator and expert in adolescent and young adult medicine (including college health) with over 15 years of experience in the field of violence prevention. She has served as a mentor to Dr. Chugani and a senior advisor throughout the conduct of this work.

This qualitative research was situated within a larger quantitative study led by Dr. Chugani investigating socio-emotional factors related to suicide in college students intended to support intervention development in this area. Guided by our interest in equity, development of accessible and feasible interventions, and implementation science, our position is that intervention development should be firmly rooted not only in the needs of the population the intervention aims to serve, but also in the needs and desires of the population tasked with implementing the intervention. As a specific intervention was not under investigation in the

parent study, we sought to more broadly explore the experiences, needs, desires, and recommendations of student affairs professionals on the topic of collegiate suicidality.

## Overview of the Research

The present study is an exploratory qualitative investigation intended to generate rich, descriptive data related to the experiences of student affairs professionals. We were specifically interested in three core areas: (1) experiences with managing or treating student suicidality, including both direct interaction with students as well as interactions with other campus professionals, systems, supports, and structures; (2) perceptions of factors that contribute to student suicidality; and (3) needs and desires for training as well as recommendation for novel solutions to the problem of collegiate suicide. Student affairs professionals were invited to participate in one-time, semi-structured qualitative interviews focused on the core topical areas above. Our design choice to conduct a single round of interviews was initially influenced by our knowledge of the scarcity of time available for participants to engage in interviews due to their busy work schedules. Upon data analysis, we found that the single round of interviews was sufficient to engage participants in in-depth discussions of their experiences in the key areas we sought to explore through this work.

## Recruitment and Participants

This study takes place in the context of a larger college health parent study on 28 campuses across Western Pennsylvania and West Virginia (Abebe et al., 2018). Campus stakeholders from parent study sites were invited to participate. Any stakeholder working broadly within the field of student affairs, including both direct service providers (e.g., counselors, nurses, doctors) as well as administrators (e.g., director of health services, vice presidents within student affairs) was eligible to participate, to capture diverse perspectives and experiences among student affairs professionals. In total, we contacted 21 stakeholders from 13 campuses, and 15 stakeholders from 11 campuses elected to participate in the interview for a response rate of 71%. To further diversify the sample, we purposefully invited stakeholders from institutions with varying characteristics (e.g., size, geography [urban and rural], religiously affiliated, etc.). The sample included 10 female and 5 male student affairs professionals with an average of 16 years of experience working in higher education (range 6 to 26 years). Eleven participants were directors of a student service center (e.g., counseling, health, or disability services), three were direct service providers, and one was director of a nonclinical student affairs department.

## Procedures

Student affairs professionals known to the study team through their ongoing work on the parent study were invited via email by Dr. Chugani to participate in a qualitative interview focused on student affairs professionals' experiences with the management and treatment of student suicidality. Participants were purposefully selected such that a diverse range of professionals (by job title) would be interviewed. Participants were interviewed in person, via telephone, or videoconference depending on the geographic location and preference of the participant. Participants were informed that the interview was being audio-recorded. Audio recordings were professionally transcribed and then quality checked against the recordings by a research assistant. At this time, all identifying information was also removed from the transcripts. The final transcripts, which include the demographic information provided above, were used as the final dataset for this research. This study was approved as an exempt protocol

by the University of Pittsburgh Human Research Protection Office. All participants were provided with a gift card for their time.

## Analysis

We conducted a thematic analysis guided by Braun and Clarke's six-phase process for thematic analysis in psychology research (Braun & Clarke, 2006). Thematic analysis was selected as the analytic approach as our goal was to develop richly detailed themes that could be understood both by researchers as well as non-research trained individuals working in the field of student affairs. Transcripts were uploaded to Dedoose, a secure, web-based qualitative data analysis platform (Sociocultural Research Consultants LLC, 2018). The coding team consisted of Dr. Chugani and Mr. Kass. An *a priori* codebook was generated by Dr. Chugani, and then both Dr. Chugani and Mr. Kass coded transcripts and generated ideas for new (inductive) codes and emerging patterns for discussion during weekly meetings. Disagreements about code definitions or applications were resolved via discussion. Once a final codebook was agreed upon, we re-coded all available excerpts using the final codebook, and Mr. Kass also re-coded all full transcripts to ensure that all codes had been fully applied. When coding was completed, the authors determined that all codes fit well within their existing categories. Codes were reviewed to create overarching, descriptive themes with high relevance to our aim of understanding the experiences, perspectives, and needs of diverse student affairs staff on student suicidality. In total, the analysis yielded six descriptive themes organized according to the original *a priori* codebook.

# Results

The overall goal of this study was to understand student affairs professionals' experiences with managing or treating college student suicide to inform best practice and policy. We aimed to explore their interactions with students, other staff, and institutional structures, beliefs about what factors contribute to the issue of suicidality, and needs, desires, and recommendations for training, support, and novel solutions. Our analysis yielded six descriptive themes which reveal that: (1) Student affairs staff face challenges in managing their own reactions as well as the reactions of others to situations involving student suicidality; (2) Students lack coping skills needed to support successful transition to college, which can exacerbate mental health difficulties; (3) There is a general increase in mental health problems on college campuses; (4) Student affairs professionals feel supported by colleagues and direct supervisors, but often lack institutional supports needed to be effective in their work with suicidal students; (5) Student affairs professionals need to be prepared to address the complexities in students' lives that contribute to suicidality; and (6) Student affairs professionals call for prevention and early intervention approaches that account for diversity among students and campuses.

## Managing Emotional Responses

When suicidality is involved, challenges in managing their own emotional responses as well as the responses of others increase pressure for student affairs staff. A dominant part of participants' experiences managing situations involving student suicidality was managing their own anxiety as well as the anxiety and emotional reactions of others. Understandably, the experience of managing such situations can create intense pressure to ensure that the student is safe. As one participant described,

> *I'd say when I was brand-new to it, it was terrifying. I was—this is my first job post-residency, so a lot of it was just me getting my feet under me on my own and learning when to ask for help and who to ask help from, figuring out when to use our counseling center, when to use our county 24-hour crisis line.*

Developing the ability to effectively manage and respond to one's own anxiety was an important piece of being able to respond to the situation and student effectively. One participant described their experience with this as,

> *I think over time, you kind of develop sort of a sense of calm and—because my approach is it's—if I react with a sense of anxiety—and some of these cases are anxiety-provoking. That doesn't mean you don't feel the anxiety. The anxiety is there. It means that you respond to the anxiety differently.*

Participants also described a balance between managing their own feelings (e.g., overwhelmed, disturbed, concerned, scared) with the necessity of responding to and supporting others in their system. This included supporting those making the referral, debriefing with staff, and managing the reactions and expectations of others (e.g., administrators) on campus. One participant described the reactions of others as, "The people that are referring are not calm. The faculty, the staff, the students sometimes that are referring friends—because it comes from all different angles. They're often in a state of panic, in a state of anxiety." Others described the challenges of managing the expectations and reactions of colleagues. As one counseling professional described, "They [campus administrators] wanna make sure that this person is completely stable, never gonna do it again…I can't give them that complete guarantee, so that kind of makes them anxious."

Finally, participants noted the ways in which their own response to a situation could influence the responses of others. One participant described the balance between their own reaction and the reactions of others thusly,

> *…since we work in a system here, I want to make sure I respond to these type of situations with reason, and calm, and good decision-making skills so that gets imparted to the rest of the staff, because they have to remain calm too, because everybody else is not calm.*

An interaction between the interviewer and one participant exemplifies the pressures that student affairs staff may face as part of their work with suicidal students:

> *Interviewer: Yeah. I mean, it almost sounds like you're saying dealing with other people's reactions is sometimes more stressful than dealing with the suicide crisis itself?*
> *Interviewee: One hundred percent.*

These findings underscore the challenges, as well as the opportunities, for college counseling professionals as leaders in situations involving suicidality, including the ways in which emotional reactions of all those involved may be better or more strategically addressed as part of a coordinated response process.

**Difficulty Coping with Transition**

A dominant theme throughout the interviews was that students seem to lack coping skills needed to support successful transitions to college and adulthood, which can trigger or exacerbate mental health difficulties. Participants noted the ways in which students seem less prepared to cope with transitioning to college as well as the variety of stressors that students may contend with once matriculated. They noted that while some students arrive on campus with a pre-existing condition, this is exacerbated by a lack of life skills. As one participant explained,

> *A long and unsuccessful treatment history that some bring along…the severity of those stories, but also coupled with really a lack of effective coping skills, resilience, all in all a positive outlook, a hope in general that life's gonna be okay, even with everything bad that's happening.*

Other participants also explained how there were expectations on campus supports to ease these transitions for students. As one participant noted,

> *There are people that walk through and say, oh, the reason we're doing this is because [our child] has separation anxiety or, she really has never lived on her own and when she's gone to camp, she's never made it through the week and, what do you have that's going to get my [child] through her first semester?*

As students transition to college and into managing their health as adults, they also have the opportunity to begin making their own decisions about disclosure and help-seeking. For some students, this means making a decision to try to do without previously received support or treatment. One participant explained this as,

> *They had all of that support in K-12 because of their disability and then, they came to campus, and they said, "I don't want to be recognized as someone who needs additional support. I'm not gonna register with the disability services office because I don't wanna have that label follow me to college.*

This participant explained that a similar process can occur for students with histories of mental health treatment as,

> *The other thing I have seen a couple of times this semester is that student who comes to campus thinking that they can just stop all of their medicine because they're coming to a new place and can make a fresh start…There have been two students this semester already, that have gone into the hospital and, prior to entering the hospital, they had decided, "I'm not gonna take my meds anymore. I'm not gonna see my therapist anymore. This is gonna be a new experience for me. I'm gonna start over. I don't need these things." Then, they came here, and the transition was just so great that they were not able to function.*

Participants also noted the changes on their campuses toward increased academic pressure and expectations, coupled with decreased capacity to tolerate such pressures among the student body. As one participant explained,

> *We also see as the academic rigor for entering the institution has been climbing regularly, there's also been a lot of academic pressure to succeed for some of our students. This is the first time that they've ever not been successful…and they don't know how to cope with all the stuff from life as they transition in…I think we have people who mentally are children who are being asked to function like adults.*

**The Rise of Mental Health Problems**

Participants also shared observations that there is a general trend of increasing mental health problems and acuity among students on their campuses. These trends can create great strains on the resources available as well as on staff who are bound to follow protocols or models of response that may not be fully appropriate to the situations they are facing. As one participant explained,

> *I think it's specific to the vast majority of universities and colleges across the country, that they are not equipped in terms of the resources, inclusive of staffing, that they need not only to deal with suicidal people, but the high volume of students that are coming in with intense anxiety, depression, eating disorders, trauma backgrounds and histories. It's just flooding counseling centers across the country.*

Another explained the ways in which the severity of students' presenting concerns can make it difficult to provide treatment as,

> *Yeah, and I think there's some talk is of people that are so chronically suicidal that…The feeling overwhelmed and some people that are chronically suicidal to the point where it's really difficult to move away from a crisis, counseling crisis management model, an actual model that can be very difficult.*

These results are consistent with reports of increased mental health acuity and decreased resilience observed by counseling center administrators (Watkins et al., 2011), and also highlights the many ways in which non-mental health professionals on campus are faced with supporting students through transitions or problems involving substantial emotional concerns.

**Inconsistencies in Support**

Student affairs professionals feel well-supported by colleagues and supervisors but lack institutional supports necessary to work effectively with suicidal students. When participants were asked the extent to which they felt supported in their work with suicidal students, the majority shared feeling supported. In particular, participants described feeling supported through their administration or supervisors (e.g., being consulted with or having recommendations taken seriously) as well as through collaboration with colleagues or other campus systems. As one participant described it,

> *We've got several levels of making sure that someone is gonna be on campus who can respond to that, and if that person's not there that there's a protocol for forwarding that on to another person…I have people at [redacted] who I can reach out to in terms of getting that supervision.*

Another shared how being recognized as the expert was a way for others in the university to show support, explaining that, "I think one hundred percent we are supported by them. They recognize us as the experts, and anything, any input we provide is seriously considered, and usually adhered to."

In contrast, participants who felt less supported shared issues such as having to do more with less, challenges in collaborating or communicating with other departments, and funding. These issues highlight the challenges reported by participants related to support at the institutional or structural levels that make their jobs more difficult, despite feeling that their needs are being met by their colleagues and direct supervisors. For example, one participant shared the challenges of serving students without information from other departments that were also engaged with that student as,

> *I think the only way that a university can feel tricky is just—people use that term all the time, when the right hand doesn't know what the left hand's doing or this student has been lighting up boards in several offices and we're not aware of it.*

Another participant described challenges related to receiving tangible supports from the university as, "I feel supported a lot in words, but not so much in deeds or funding."

Participants also noted shifts between high collegial support and low institutional support. For example, as one participant explained,

> *In general, I feel that for me and our staff, there's a really supportive environment around our clinical services and the procedures whereby which we avail our clients of measures of safety. I think more broadly, politically, and from a policy perspective, our university is not as attuned to some of the procedures that could help our students avail themselves of services more readily.*

Institutional support via funding, time, and staffing also substantially interfered with student affairs professionals' ability to serve students or be effective in their jobs. For example, one participant explained that,

> *I now have a great supervisor who wants to support me however he can, but there is no debriefing person for me. I don't have a team, aside from the intervention team, but there's not, like a case consult or a case debriefing. I'm an office of one, so it does get really stressful for me on some cases, where I just can't put it down.*

Another participant described the challenges of serving students after one of their colleagues left and the position was not filled as, "It's just not really sustainable. The quality of work, I think, suffers if you have day-in, day-out, back-to-back from 8:00 to 5:00 therapy appointments. It just can't be done very well."

When staffing vacancies go unfilled, it can create pressure for the remaining staff to pick up extra responsibilities. At smaller schools with fewer staff, a small handful of professionals often have myriad job responsibilities. As one participant notes,

> *In addition to the reports that are in there, there's also my emails and my phone calls, so the volume has become so great that it makes it difficult for me to keep up with students in the way that I would want to and in the way that I feel like they're getting the best possible care.*

These data describe the ways in which institutional support and collaboration between departments can be effective in reducing stress and complexities associated with high risk students, though these supports do not always occur. In addition, these results highlight the ways in which quality service to the most vulnerable students suffers when campus professionals are charged with taking on excessive workloads.

**Addressing the Complex Roots of Suicidality**

Student affairs professionals must be prepared to address the complexities in student's lives that contribute to suicide crises. Student affairs professionals may see students for a variety of reasons aside from suicidality and they are aware of the ways in which care and support in these areas can impact student mental health. For example, one participant discussed their staff's focus on LGBTQ issues, explaining that they completed a lot of training:

> *Lots and lots of continuing ed activities in the LGBTQ area. Because often this where some of the issue play out from whether out, or thinking about coming out, or wondering about being trans, etc. It's like none of those things are mental illness, but it is the stressor of either not living within your own identity or the fear of how other people will see you. These are things that do cause intense mental anguish for a student…It's the stress of having to deal with what's wrong with the world at large. I wanna make that very clear. I don't think they're in the [mental health] cohort because they're LGBTQ. I think that we see a higher representation as a cohort because situationally their life can be miserable.*

We specifically inquired about participant interest in integrated programs that would address suicide in tandem with other known risk factors, such as exposure to sexual violence or substance abuse. Participants were in favor of such integrated programs, though none mentioned having these types of services available on their campus. As one participant explained,

> *I would love to see us move toward that kind of integrated treatment, where we are addressing all things. I notice that those are the trickiest cases…I'll walk into our…eating disorder team meeting and that's where things get really tricky. There's also alcohol involved. There's also a trauma history, and we're trying to say, what are we gonna treat first? The thing about suicidality is, it just makes it all very clear because the thing you're treating first is suicidality…this is the thing we have to stabilize first.*

Finally, many participants discussed better interdepartmental communication and collaboration as critical for serving suicidal students who may be receiving a variety of different supports (or struggling in a variety of domains). One participant described a new team on campus that supported their institution's staff in better coordination around student needs, "…They'll pull everybody together. They provide post-hospitalization support for both medical and psychiatric hospitalizations to help people with talking to professors and managing classes and housing and that kind of stuff." Others noted that information sharing between departments was sometimes a challenge that had not yet been overcome. One participant commented that, "I just think that we have information that we could be sharing that if they were willing to receive, that would be very helpful to them, I think in the end eventually make their jobs easier." Encouragingly, one participant shared positive results of their campus'

initiatives to better serve students with mental health concerns, which included a high degree of interdepartmental collaboration, explaining that, "We actually experienced a 25 percent decline in our students presenting with suicidal ideation, which is the first time we had a decrease in years."

**Up-Stream Solutions that Account for Diversity**

We asked participants to share their recommendations for future research and intervention development related to college student suicidality and they emphasized three key considerations. First, participants indicated the importance of prevention and earlier intervention. One participant noted that,

> *I think that most of the suicide prevention programs that we have now, like [bystander intervention program], are really focused very much on just averting the immediate crisis, which is super important. I think if there could be an added layer of really increasing resilience and making it through these tough times…*

Another shared that,

> *On my team, one of my suggestions was that we really address things from a much more campus-wide – not just constantly put out flyers, but really see if there's a way we can change the culture on campus to really promote resilience, and promote well-being, and taking care of yourself before you get to that point, and really focusing not only on our students, but also on faculty and staff. We don't always do a really good job at modeling the way we would like our young people to behave.*

Second, participants emphasized the importance of considering the diversity of the current college population. They noted the rise in nontraditionally aged college students, cultural and socio-economic differences, and generational changes associated with rapid technological advances. As one participant explained, "Everybody comes from such a different frame of reference, you know. There are kids that come from…candy-land type scenarios to kids that are nearly homeless…but just bear in mind that they're all just sweet, darling, beautiful, lovable kids…" Another addressed the issue age diversity on campus, saying that,

> *What do I want them to keep in mind? Maybe just that not all college students are 18 to 22. We have a lot of students at our campus that are 30s, 40s, 50s 60s, some pushing 70. I think a lot of things that are prepared for college campuses are only thinking about those folks who are right out of high school and in their late 20s.*

Participants also discussed the importance of grounding future research in the desires of the students and what is known about their preferences for communication (e.g., texting, social media). As one participant explained,

> *I would say more than anything, inquire with the students themselves. Do focus groups. Do surveys. Keep in mind who is the 21st century student. I think anything that has to be developed for students now has to really keep that question at the forefront of their awareness, cuz otherwise, it's not going to*

> *connect with them…There's some shared characteristics but being a 21st century student is different than being a 20th century student.*

Third, participants noted the importance considering the diversity of campuses when developing new interventions or programs. One participant explains their recommendation as follows,

> *There will not be a person who does just that [one service]. It will be added into a somewhat overwhelming landscape of trying to take care of these students. I think you're gonna find very supported in theory that people really want to do something and then they come up with the physical reality of how are we gonna do this and what gives?*

Another noted that,

> *For my area, it would just be remembering that not everybody has access to everything. We're a very rural campus so getting that off-campus counseling site was amazing for us. The last time we had to work with a student to…check them in for suicide and all that, it took the counselor seven hours to work with a hospital and they still were going on hour away to the hospital. Just remembering as we're doing programming and outreach, not everybody has access close by.*

Others discussed the importance of programs and materials that are affordable and can be implemented without a large, specialized staff. For example, one participant cautioned,

> *Keep in mind that you're not gonna be dealing with specialists. In an ideal would you'd have a counselor and a psychiatrist who could give you a beautiful evaluation, but especially on the smaller campuses, you're not gonna have those people. Something that a nurse could do or something that someone who feels more comfortable with a sore throat or a swollen ankle could still use, I think would be most useful.*

These results underscore the practical and implementation issues that should guide development and research focused on collegiate mental health. Key implementers of prevention programming may not always be mental health professionals and as such, more work may be needed to adequately support diverse professionals in successfully delivering needed programming and resources to students.

## Discussion

Consistent with previous literature, we found that student affairs staff often struggle with resource barriers, lack of institutional support, increased demand for services from students with increasingly acute difficulties and lowered socio-emotional skillsets, and heavy workloads with many varied job responsibilities (Gallagher, 2014; Reetz et al., 2015; Watkins et al., 2011). More research is needed to support these critically important collegiate professionals in their work to serve students while also maintaining their own wellbeing. Building on this, we found that key challenges for student affairs professionals are related to shouldering the responsibility for managing the reactions of other staff or administrators involved in a suicide crisis and the need for better training to respond to the complex issues

underlying student suicidality (e.g., coming out, trauma). Participants also underscored the importance of developing prevention and earlier intervention programs that account for the diversity of both campuses and students (e.g., urban vs. rural campuses, traditional vs. non-traditional learners). Given the integral role that student affairs professionals play in managing student suicidality and in particular, their roles as implementers of most prevention and early intervention programs, research focused on novel interventions should include these professionals as key stakeholders to inform programs and practices that will be optimally attractive, feasible, and sustainable.

While overall, participants felt supported in their work, lack of funding represented a substantial barrier for participants in this study. While resource limitations and budgetary issues are common but not easily resolved, we offer several suggestions based upon these results that can be implemented with no to low financial investment. These suggestions include efforts to increase and improve communication and collaboration among departments that often have contact with such students and inviting a larger and more diverse group of staff to any training or continuing education opportunity related to mental health. Environmental scans can be conducted to identify all possible off-campus resources and making attempts to partner with these providers where appropriate. On campus, communication systems can be adjusted to better respond to preferences of students (e.g., sending information about resources on campus via text rather than email, with reminders occurring throughout the academic year) and models of response/protocols for managing acute suicidality can be developed or improved.

Regarding models of response, the available literature provides several successful examples of internally developed models to address the needs of students within current structures on college campuses. These models typically have a strong focus on counseling professionals, though other campus stakeholders are sometimes involved, including behavioral intervention teams, team-based intake systems, new triage systems, models to increase successful referrals, and developing and expanding case management services (Hardy, Weatherford, Locke, Hernandez DePalma, & D'luso, 2011; Iarussi & Shaw, 2016; Murphy & Martin, 2004; National Behavioral Intervention Team Association, 2018; Shelesky, Weatherford, & Silbert, 2016). An additional starting point for many institutions may be a campus-specific assessment of the scope of issues present and need for development or improvement in particular areas. This could be achieved via an anonymous survey of campus staff via popular web-based platforms such as Qualtrics or SurveyMonkey. Campuses wishing to complete a survey of this nature could further reduce their investment of time and staff energy by allowing a graduate student to lead the project and present the data to fulfill thesis requirements. Given participants' comments related to inconsistent support, heavy workloads, and myriad job responsibilities, we suggest that such a survey should also include measures of burnout and job satisfaction. In addition, it may be particularly important for the institutional leadership to publicly support and prioritize completion of such a survey for high participation among campus staff outside of the counseling center.

For those campuses that can invest additional resources for student mental health and suicidality, these data suggest that greater focus on primary prevention efforts, such as those aiming to increase coping skills and resilience, may be very useful. Resilience has been associated with better ability to cope with the transition to college, higher self-esteem, and higher engagement in health promotion behaviors in college students (DeRosier, Frank, Schwartz, & Leary, 2013). While efforts to increase student resilience are popular, these are often not formally evaluated. Recently, pilot attempts to evaluate college courses designed to increase student resilience have demonstrated encouraging preliminary results (Shatkin et al., 2016). Given that the literature in this area is relatively nascent, we encourage readers to build evaluation and quality improvement efforts into any resiliency-training program developed for students. It is also likely that student needs will vary widely, in part due to institutional

characteristics. For example, students at high achieving, prestigious institutions may have greater need for skills to cope with maladaptive perfectionism, while those with large international student populations may need to be especially attuned to cultural differences in the transition to college living and demands. Similarly, institutions primarily serving nontraditional students may need to use different prevention methods from those contending with high rates of student hunger and homelessness. Use of stakeholder-engaged approaches (inclusive of students, staff, and community providers serving a high volume of college students) to assist with program development may yield programs with higher relevance and institutional fit.

In the long term, it is likely that college counseling centers may need to work toward increasing clinical capacity on campus to better respond to the increased acuity and demand for services. Among our participants, most desired further specialized training (e.g., trauma, LGBTQ issues) and support to increase clinical services through adding staff positions. We suggest that rather than solely increasing providers as a solution, efforts to increase clinical capacity should concurrently focus on implementation of evidence-based practices, as this has been associated with decreased burnout in college counseling center clinicians (Wilkinson, Infantolino, & Wacha-Montes, 2017).

While counseling center professionals will likely always be at the forefront of managing student mental health concerns, diverse student affairs professionals are additional key stakeholders in campus efforts to manage and treat student suicide. Our results suggest that many of these staff members feel overworked, under-resourced, and consequently, may experience burnout and low job satisfaction. Importantly, these issues can contribute to less effective service provision and high staff turnover rates, which disrupt continuity of care for suicidal students who are most in need of attentive and close supervision during times of crisis. In tandem with efforts to discover more effective and feasible methods for supporting students, we posit that institutions could place more effort on understanding needs of all staff serving these students, including efforts to reward and retain these staff.

Conversely, when staff turnover does occur, it may provide an additional opportunity to optimize staffing to better meet the needs of a diverse and changing student body. For example, when turnover occurs, it may be possible to re-write the position description to include priority areas of focus such as training in evidence-based approaches for trauma and suicidality, expertise in substance abuse or LGBTQ issues, high competence in suicide risk assessment and management, or previous experience delivering evidence-based prevention programming or serving on a behavioral intervention team. In addition to hiring new staff with the requisite expertise to address the issues most prevalent for a particular campus, this approach also allows for the recruitment of individuals who are interested, trained in, and energized by this type of work, which may lead to higher job satisfaction in the long-run.

This study is not without limitations, which include a small sample size. Further, while efforts were made to recruit participants from diverse campuses and with varied job descriptions within student affairs, the sample was limited to those working at higher education institutions in a single geographic region. Despite these limitations, these results provide valuable insights into the experiences of diverse student affairs professionals as well as several malleable intervention points that can be addressed to improve service provision and case for suicidal students.

In sum, the experiences and perspectives of student affairs staff related to managing student suicidality echo much of the recent literature indicating that campuses continue to struggle to meet the demands for mental health services as well as the complex and acute problems with which students increasingly present. Research on campus staff perspectives and solutions to these challenges is scant, with most of the current literature focusing on university and college counseling center directors. While counseling services play a vital role in any

situation involving suicidality on campus, we assert that a wide variety of other student affairs professionals are also on the front lines of student suicidality, including campus health, residence life, outreach and wellness, and disability and academic advising services. These professionals may have existing relationships with students who are struggling and insight into the history and development of their problems, offering valuable information that can aid counseling professionals in resolving high risk situations. Importantly, while nonclinical campus professionals do not treat student suicidality, they are affected by it and may need additional mechanisms for support, training, supervision, or debriefing to continue to respond appropriately to the needs of all students. By attending to the experiences and needs of all campus professionals involved to student suicide crises, we may be more likely to generate new solutions, programs, or policies with high effectiveness as well as real-world relevance, feasibility, and sustainability.

## References

Abebe, K., Jones, K., Rofey, D., McCauley, H., Clark, D., Dick, R., . . . Miller, E. (2018). A cluster-randomized trial of a college health center-based alcohol and sexual violence intervention (GIFTSS): Design, rationale, and baseline sample. *Contemporary Clinical Trials, 65*(Feb.), 130-143. doi:10.1016/j.cct.2017.12.008

American College Health Association. (2016). *American College Health Association - National College Health Assessment II: Reference Group Executive Summary Fall 2015*. Hanover, MD: American College Health Association.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

DeRosier, M., Frank, E., Schwartz, V., & Leary, K. (2013). The potential role of resilience education for preventing mental health problems in college students. *Psychiatric Annals, 43*(12), 538-544.

Gallagher, R. (2014). *National survey of college counseling centers 2014*. Retrieved from http://d-scholarship.pitt.edu/28178/1/survey_2014.pdf

Hadlaczky, G., Hokby, S., Mkrtchian, A., Carli, V., & Wasserman, D. (2014). Mental health first aid in an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. *International Review of Psychiatry, 26*(4), 467-475.

Hardy, J., Weatherford, R., Locke, B., Hernandez DePalma, N., & D'luso, N. (2011). Meeting the demand for college student concerns in college counseling centers: Evaluating a clinical triage system. *Journal of College Student Psychotherapy, 25*(3), 220-240.

Iarussi, M., & Shaw, B. (2016). A collaborative process model for promoting successful referrals in college counseling. *Journal of College Counseling, 19*(3), 261-275.

Jed Foundation. (2018). *What we do: Our comprehensive approach*. Retrieved from https://www.jedfoundation.org/what-we-do/

Litteken, C., & Sale, E. (2018). Long-term effectiveness of the question, persuade, refer (QPR) suicide prevention gatekeeper training program: Lessons from Missouri. *Community Mental Health Journal, 54*(3), 282-292.

Murphy, M., & Martin, T. (2004). Introducing a team-based clinical intake system at a university counseling center. *Journal of College Student Psychotherapy, 19*(2), 3-12.

National Behavioral Intervention Team Association. (2018). *Behavioral intervention teams*. Retrieved from https://nabita.org/behavioral-intervention-teams/

QPR Institute. (2018). Retrieved from https://qprinstitute.com/

Reetz, D., Krylowicz, B., Bershad, C., Lawrence, J., & Mistler, B. (2015). *The association for university and college counseling directors annual survey*. Retrieved from https://www.aucccd.org/assets/documents/Governance/2017%20aucccd%20survey-

public-apr26.pdf

Rein, B., McNeil, D., Hayes, A., Hawkins, T., Ng, H., & Yura, C. (2018). Evaluation of an avatar-based training program to promote suicide prevention awareness in a college setting. *Journal of American College Health, 66*(5), 401-411.

Shatkin, J., Diamond, U., Zhao, Y., Dimeglio, J., Chodaczek, M., & Bruzzese, J. (2016). Effectives of a risk and resilience course on stress, coping skills, and cognitive strategies in college students. *Teaching of Psychology, 43*(3), 204-210.

Shelesky, K., Weatherford, R., & Silbert, J. (2016). Responding to the increased needs of college students: A case study of case management. *Journal of College Student Psychotherapy, 30*(4), 284-299.

Sociocultural Research Consultants LLC. (2018). *Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data*. Retrieved from www.dedoose.com

Turner, J., Leno, E., & Keller, A. (2013). Causes of mortality among American college students: A pilot study. *Journal of College Student Psychotherapy, 27*(1), 31-42.

Watkins, D., Hunt, J., & Eisenberg, D. (2011). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work, 11*(3), 319-337.

Wilkinson, C., Infantolino, Z., & Wacha-Montes, A. (2017). Evidence-based practice as a potential solution to burnout in university counseling center clinicians. *Psychological Services, 14*(4), 543-548.

## Author Note

Carla D. Chugani, PhD, LPC is an Assistant Professor of Pediatrics at the University of Pittsburgh, Division of Adolescent and Young Adult Medicine, Pittsburgh, PA. Please direct correspondence to carla.chugani@chp.edu.

Gabriel Kass, BA is an incoming graduate student in the Master of Mental Health Counseling program at Chatham University, Pittsburgh, PA. Gabriel Kass Please direct correspondence to gkass@udel.edu.

Elizabeth Miller, MD, PhD is a Professor of Pediatrics, Public Health, and Clinical and Translational Science at the University of Pittsburgh School of Medicine, and Director of the Division of Adolescent and Young Adult Medicine, UPMC Children's Hospital of Pittsburgh, Pittsburgh, PA. Please direct correspondence to elizabeth.miller@chp.edu.

**Acknowledgements:** Funding Disclosures: Dr. Chugani was supported by an NSRA training grant during the conduct of this research (T32HD087162, PI: Miller). This research was supported by a grant from the Fine Foundation (PI: Chugani)



## Article Citation

Chugani, C., Kass, G., & Millerand, E. (2020). Managing student suicidality on campus: Perspectives from diverse student affairs staff. *The Qualitative Report, 25*(9), 3224-3239. https://nsuworks.nova.edu/tqr/vol25/iss9/3