Jillian Devies-Adams
Problem-Solving Discussion Outline
CAS100B

I. *Identify and define the problem:*
   a. **"How can colleges proactively lower the suicide rate among their students?"**
   b. Define terms-
      i. Proactive: by taking action to control a situation rather than just responding to it after it has happened.
      ii. Mental Health: a person's condition regarding their psychological and emotional well-being
      iii. Stress: mental or emotional strain/tension
      iv. Prevention: the action of stopping something from happening
      v. Student: a person who's studying at an institution
      vi. Counseling: assistance and guidance in resolving personal, social, or psychological difficulties by a professional
      vii. Socioeconomic: relating to or concerned with the interaction of social and economic factors.

II. *Analyze the problem:*
   a. **History of the problem-**
      i. "There has been less research comparatively addressing suicide prevention and early intervention for college students than for primary and secondary school students." (Yunyu Xiao, et al.)
      ii. "College age men are four to six times more likely to die by suicide than women. Women are two to three times more likely to attempt suicide using nonlethal means than men." (govst.edu)
      iii. There is "...evidence of widening disparities in suicide across sex, sexual orientation, race/ethnicity, age, and socioeconomic status subgroups among college students." (Yunyu Xiao, et al.)
         1. Higher rates of attempted or completed suicide from those in more marginalized communities.
      iv. "Most suicidal persons give warnings of their intentions, but others are either unaware or do not know how to respond." (govst.edu)
      v. Warning signs:
         1. Withdrawing from friends and family
         2. Increased substance use, or starting substance use
         3. Engaging the risky activities
         4. Feelings of hopelessness, depression, or dramatic mood changes
         5. Talking or writing about wanting to hurt themselves or act on their intentions
         6. Neglecting personal hygiene
         7. Deteriorating academic performance
   b. **How widespread is the problem?**
      i. "Suicide is now the second leading cause of death for 15- to 24-year olds in the United States, and a recent national survey found that 2 percent of college students attempted suicide within the past year." (EDC.org)
      ii. If focusing on U.S. college students, it is a problem that affects almost every institution.

c. **What are the causes and effects of the problem?**
  i. Possible risks:
      1. Mental illnesses
      2. Substance use
      3. Relationship problems
      4. Physical and or chronic health problems
      5. Financial challenges
      6. Issues within the family or family history of mental illnesses, substance abuse, etc.
      7. Poverty; loss of housing
      8. LGBTQ+, Veterans, being a part of marginalized (including varying ethnic) communities, etc.
  ii. Has wide-ranging adverse effects on well-being and development, including low academic achievement, chronic physical health conditions, and reduced labor market performance (Yunyu Xiao, et al.)
d. **Who is harmed by the problem?**
  i. Those experiencing mental health issues or disorders, stressors, etc.
  ii. The student who attempts and/or completes suicide
  iii. The student's family, friends, coworkers, etc.
  iv. The school they attend(ed)
  v. Anyone in their surrounding community
  vi. "The trauma associated with exposure to a young person's suicide significantly increases widespread anxiety and panic, and causes prolonged grief across victims, families, and communities." (Yunyu Xiao, et al.)
e. **What methods already exist for managing the problem (what's working, what isn't)?**
  i. Campus counseling services
      1. Many are under resourced, and college students may have to use off-campus mental health services that aren't always covered by insurance, thus are less accessible.
      2. Not always accessible and at times not culturally or adaptive sensitive to the needs of marginalized communities.
  ii. Hotlines to call, anonymous texting options, other websites that allow people to express their thoughts or get help
      1. Should be displayed around schools as frequently as club activities are.
      2. https://suicidepreventionlifeline.org/
      3. 1-800-950-NAMI
      4. http://www.jedfoundation.org/
  iii. A few wellness days in-between scheduled breaks
      1. Important to have, but most of the time students use these days to catch up on schoolwork and don't use it for its intended purpose.
  iv. Surveys and screenings to gauge the mental health of students
      1. What is done with the data collected? Are at-risk students contacted and provided with resources?
  v. Utilizing protocols/crisis management procedures in place (EDC and NAMI)
      1. Not always clear to students what these protocols are- it's more geared towards university staff.
          a. Access to immediate emergency services on campus, in the community, or local/national crisis resources

    b. Appropriate institutional response to student suicide, death, or another emergency
    c. Counselor/medical staff action following procedures
    d. Safe news reporting

III. *Standards/criteria:*
  a. Our solution should:
    i. Make students feel that they have more options for comprehensive mental health care from their university.
    ii. Allow for better accessibility, in addition to a sensitivity to different cultural and socioeconomic identities.
    iii. Open up options for the university, in how they both provide information to students and how they handle these situations.

IV. *Possible Solutions (5-10):*
  a. Providing more than one wellness day so students can focus on more than just schoolwork on their time off.
  b. Asses and reform mental health services on campus, as needed. Utilize the data from surveys and make sure services are accessible and culturally appropriate!
  c. Invest in "upstream" programs.
    i. More programs to develop life skills: "Supporting life skills education is a valuable strategy for helping students cope with life's stressors, make wise lifestyle choices, foster resilience and achieve academic success. This area includes promotion of emotional and interpersonal awareness and education about the links between emotional and physical wellness, and how they impact academic success." (NAMI)
  d. Providing more in-depth training for faculty, staff, and student leaders (like RAs) to better identify warning signs and how to be proactive in reacting- including being able to reach out to and refer students at risk.
  e. Continuously provide more resources for students around campus- make them visible and approachable.
  f. Reduce stigma on mental health and asking for help
  g. Promote social "connectedness" through means such as promoting inclusiveness for those disconnected/isolated students.

V. *Best solution:*
  a. Investing in "upstream" programs on campus- aside from knowing the warning signs and being proactive in responding, this would foster a positive environment for college students who experience many stressors on campus. Providing this kind of education, guidance, and resources for those who need help may increase the chances of students reaching out when they're struggling, and aid those who notice the warning signs in taking the right (and efficient) steps.

VI. *Implementation and testing:*
  a. Looking at what programs already exist and seeing if they need reformed first, and then providing trial runs of new programs on campuses.
  b. Give several options (with different approaches) for students and faculty/staff to go to; not one approach fits all students' needs, especially with differing cultural, economic, and mental health backgrounds.

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