CATALYST

From Competition To Collaboration
College Alcohol Prevention in An Era of Competing Risks

The following is an excerpt from a paper by Thomas A. Workman, Baylor College of Medicine and University of Houston–Downtown; Linda Major, University of Nebraska–Lincoln; and Darby Dickerson, Stetson University College of Law, that was presented at the 30th Annual National Conference on Law and Higher Education of Stetson University's Center for Excellence in Higher Education Law and Policy, which took place in February 2009 at the Caribe Royale Resort, Orlando, Fla. It is reprinted here with the authors' permissions.

Since the turn of the century, excessive drinking among college students—once viewed as the number one problem facing college campuses less than a decade ago—has been joined by a set of equally concerning student behaviors ranging from prescription medication abuse, lack of compliance to mental health therapies, cyber-stalking, sexual assault, rape, and acts of violence, some involving guns and other weapons. The incidents at Virginia Tech and Northern Illinois University created a new set of realities about the dangers students face on campus, and led many institutions to begin security task forces and student at-risk response teams that drew attention, resources, and time away from issues that seemed to be less dramatic or litigious. Combined with the belief that alcohol is an "old" and fairly intractable issue that has found less limelight in the national media in the past five years—particularly following the flurry of media attention on college drinking that occurred in the mid-to-late 1990s—and the belief that most campuses now have at least some basic plan to address the excessive drinking of college students, it's easy to see why alcohol use has, in some institutions, lost its aura of urgency on the long list of administrative concerns.

What has not changed is the continued excessive use of alcohol among college students and the host of physical, legal, and academic problems that accompany it. The problem of high-risk alcohol consumption and subsequent harms among college students remains relatively the same in size and scope across the United States as it did when researchers and institutions began in earnest to re-address the issue on a national (and federally funded) scale more than 20 years ago. The National Institute on Alcohol Abuse and Alcoholism still estimates that approximately 1,700 college students die in alcohol-related incidents annually (most from drunk driving). The good news is that high-risk drinking rates have declined in the United States in the past decade. The bad news is that the numbers are still dangerously high. In fact a recent study, based on information collected over a 27-year period by the National

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Survey on Drug Use and Health, found that binge drinking by men between 18 and 20 years old who did not attend college dropped by more than 30 percent over that period but remained statistically unchanged among similar-aged men on campus. There was no difference between college and noncollege women in the 18- to 20-year age group but a big upsurge in binge drinking by older college women.

Some progress has been made at several institutions that have implemented a wide range of strategies under top administrative support, but these institutions prove to be the exception rather than the rule.

Costs to institutions—in staff time used to police and adjudicate the vast number of alcohol-related incidents that occur regularly throughout the year, in lost tuition from students whose alcohol use halted their academic progress, and in damage to campus property (not to mention the loss of positive publicity within the community) from the drunken escapades of students—also add to the quiet daily damages caused by excessive drinking rates. While none of these incidents may ever make it onto the public's radar, the opportunities for a significant tragedy are ever present. More importantly, the collateral damage—of the thousands of assaults, unwanted sexual advances, and alcohol-related illnesses that occur in any given year due to high-risk drinking—has a profound impact on the health and well-being of the students. Not effectively addressing high-risk drinking among college students continues to be a recipe for disaster. More importantly, evidence is now building that institutions with strong prevention programs may be attracting students and parents who are looking for a safer environment more conducive to academic success, making institutions with "party school" reputations less attractive to top students.

As institutions move rapidly to "continuum of care" models where student physical and mental wellness becomes everyone's business,

a variety of student needs will be discovered or at least recognized. Having effective alcohol prevention and intervention systems in place will be as critical now as it was when the national media focused its lens on our campuses' problem.

Ironically, the field of alcohol prevention has grown significantly during this same era. The past two decades have yielded a large harvest of survey data, research studies, government agency task force reports, public and private grant-funded projects, and program evaluations, all of which have helped focus our understanding of the problem of excessive alcohol consumption and our approaches to address it. We've come to realize, for example, that college student drinking patterns and outcomes are influenced by a variety of personal, social, cultural, and environmental factors, requiring comprehensive prevention programs that offer a simultaneous mix of education programs, individual intervention opportunities, and modifications to the broader campus-community environment. More importantly, we now have evaluations suggesting that making significant changes in the host of high-risk behaviors among college students require campuses to engage in strategic, comprehensive approaches using a broad coalition of campus and community stakeholders.

The general message from the literature is that campuses cannot see significant improvement through the implementation of one or two carefully placed strategies; if they really want to see cultural change occur and the risk of harm decline, an entire campus-community needs to calculate, collaborate, and coordinate a comprehensive strategic plan that connects all sectors of the campus and community.

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According to the most recent Senior Administrators Survey conducted by the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, only 16 percent of our nation's campuses had a campus-community coalition that met regularly in the past year to work on broad community-based environmental issues. Close to 23 percent of the campuses surveyed said that they had a campus alcohol task force that meets regularly to address alcohol problems merely on campus. Despite our knowledge of the role of coalitions in creating change—and proof of its effectiveness—campus-communities struggle to implement this approach, much less think collaboratively about how their work may be broadened to affect the shared intersections of multiple risk behaviors.

Much of this is the result of our own institutional culture, where the tradition in higher education has been the individualization of academic fields and the separation of student affairs from academic affairs. Even within student affairs, increasing specialization threatens to make collaborative attempts at solving student risk problems more difficult. Even with the best of intentions, divisions of student affairs struggle to align their units toward collaborative goals as limited resources, expanding job duties, and pressure to justify unit existence by number of students served all serve to derail or weaken collaborative opportunities.

Operating as silos, addressing only the student behaviors that relate to our specific arena, may allow us to justify our role (and budget) at the institution, but it does little for us when attempting to solve the causes of student behavior problems rather than simply treat the symptoms. In times of limited resources—both

A Public Health Approach to Mental Health Promotion

by Laurie Davidson

There is no doubt that there is a problem of untreated mental illness on the nation's campuses. Studies have found that the majority of students who report being depressed are not in treatment and that most students who die by suicide have not been seen by the counseling center.

These reports have stimulated frequent calls for more clinical counseling staff on campus. But responses focused on the individual—such as treatment—do not address the social and environmental risk factors that influence student mental health: access to alcohol, isolation and alienation, peer rejection, and academic and work stress.

A focus on treatment also misses opportunities to address student mental health problems and suicide risk before intensive and costly treatment services are required. Students with financial problems or students who experience a low quality of social support are more likely to report being depressed or suicidal—but don't necessarily need clinical services early on. Perhaps providing assistance as a student works through financial difficulties or creating structures that encourage social connection would *prevent* mental health disorders from developing in these students.

An increasing number of campuses are correctly taking the position that treatment alone is not the answer and asserting that the burden of solving student mental health problems should not be borne solely by the counseling center. Rather, student mental illness is a public health problem, and promoting the mental wellness of students is the responsibility of everyone on campus.

Changing how administrators respond to student mental health problems requires a paradigm shift much like the one campuses have experienced in thinking about alcohol and other drug prevention during the last 20 years. We must go beyond simply providing education and treatment services and prevent mental health problems from arising by promoting the mental health of all students.

Laurie Davidson

As with the prevention of alcohol and other drug problems and violence on campus, a comprehensive, multi-strategy approach is needed. The Jed Foundation and the Substance Abuse and Mental Health Services Administration's Suicide Prevention Resource Center recommend seven areas of strategic direction for campuses to pursue. They are:

- *Increase social connection.* The creation of living and learning environments is one example of a strategy designed to promote social networks as a protective factor against the development of mental health and other problems.

- *Improve life skills.* Relationship problems, emotional immaturity, and poor work skills and habits are determinants of mental health disorders. Improving critical life skills such as problem-solving, decision-making, and conflict resolution is key to reducing risk.

- *Improve crisis response.* All of the administrators and staff who have a role in

Message From Kevin Jennings, OSDFS Assistant Deputy Secretary

According to research, students experiencing poor mental health or depression are more likely to report drinking-related harm and alcohol abuse. In addition, counseling centers at colleges and universities are reporting increases in the number of incoming students who have had psychiatric treatment. A survey in 2008 conducted by the American College Health Association found that 8.5 percent of students had seriously considered suicide, and 15 percent were diagnosed for depression, up from 10 percent in 2000. The Anxiety Disorders Association of America found that 13 percent of students at major universities and 25 percent at liberal arts colleges are using campus mental health services.

Responding to growing concerns over the mental health of troubled college students, this issue of *Catalyst* addresses what some campuses are doing to support the overall health and safety of their students. Thomas Workman, of Baylor College of Medicine and University of Houston–Downtown, Linda Major, of the University of Nebraska–Lincoln, and Darby Dickerson, of the Stetson University College of Law, call for greater collaboration to support a continuum of care to support the physical and mental health of students. At the University of Minnesota, the Provost's Committee on Student Mental Health addressed ways to remove barriers to effective services. A commentary from Laurie Davidson of the Suicide Prevention Resource Center urges campuses to adopt a public health approach to mental health prevention services. Syracuse University trains gatekeepers to identify students at risk for suicide and to help them get assistance. ■

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financial and human—it creates an awkward competition where each unit tries to prove the need for its existence rather than its synergistic role in creating a positive, healthy living and learning experience—the ultimate mission of the institution.

Rather than compete for the attention of administrators, shrinking budget dollars, and committed task force members, institutional units focusing on alcohol, other drug, sexual and relationship violence, cyber-bullying, mental health, and campus safety might find better success in seeking intersections and finding ways for creative collaboration. Several emerging trends in campus safety and security provide new opportunities for holistic thinking and interconnected systems that may help campuses approach the broader spectrum of needs.

A variety of intersections between these risk behaviors have already been explored, particularly between the relationship of alcohol and violence, and though there is no general pattern that enables a single strategy to fully address both issues, there are common factors worth exploring.

Three points of intersection seem particularly relevant and worth campuswide collaboration. The first is in the discovery and modification of environmental elements that encourage or enable unhealthy or dangerous behaviors. These elements—ranging from open access and availability to inexpensive alcohol to the existence of alcohol-centered rituals, traditions, and practices across the community—enable a set of social norms about high-risk drinking and create the spaces and places across the community where high-risk drinking and related behaviors are tolerated and at times encouraged. Abundant evidence now shows that, when fully engaged and driven by local data, changing the risk environment for college students through a coalition-based,

comprehensive strategic plan can and does make a difference. Yet, as is obvious from the number of institutions that are not fully engaged in this process, the comprehensive environmental approach is difficult and requires full support from upper administration, involvement from all campus and community stakeholders, and staff direction that is skilled at community organizing as well as prevention. The investment is long-term, and the changes can occur slowly, especially for a campus and community that is not familiar or comfortable with collaborative initiatives.

The second surrounds the use of social norms, which involves communicating a wide array of normative behaviors and values of the majority of students that is often silenced by the loud voices and cultural depictions of the highest-risk minority. By disallowing the continued misperceptions of students that "everyone" engages in a variety of high-risk behaviors or shares high-risk or destructive, antisocial attitudes and values, and by highlighting the many acts of self-care, responsibility, wellness, nonviolence, civic engagement, spiritual development, and healthy relationships that are also occurring daily on and off the campus, the culture begins to reset its perceptions of the "college experience" and high-risk behaviors that are clearly out of the cultural norm are marginalized. Normative work is most effective, however, only after the environment itself is able to support the claims of behavior or values that it touts. If a student sees a poster or reads a message about how most of his peers at the institution engage in nonviolent conflict resolution, and all the student sees is fighting, hazing, pranks, and drunken aggression in his or her corner of the campus-community, then all the normative messages in the world won't have an impact.

The third shared approach surrounds intervention. A good deal of support exists

for the many forms this can take, from brief motivational interactions between students and academic or resident advisors, health professionals, counselors, judicial affairs officers, or faculty, to more direct interventions where any of those parties, along with family and friends, can voice concern about a student's welfare or behavior with someone who can intervene. Intervention strategies are useful for a host of behavioral problems, and though the strategy has been studied most around the issue of high-risk drinking, campuses are developing effective ways to offer behavioral intervention in ways that are not intrusive, disruptive, and in violation of privacy laws. As the Virginia Tech Report suggests, intervention systems are needed that enable easy reporting of concern about student behavior or academic progress from a wide array of campus community members along with well-trained advisors who are able to effectively connect students with appropriate resources and assistance.

Once again, such efforts require campus-wide collaboration in order to be effective, and also need a level of skill by those engaged in the process. Training a wider array of faculty, staff, and administrators to recognize potential student issues is a starting point for identifying potential problems, but the deeper question surrounds what to do with those identified by those who respond to referrals.

Collaboration is critical to all these efforts, as is holistic thinking about the institution and the needs of the students who live within it. A collaborative mind-set is unable to see student alcohol issues as greater than or lesser than any other challenge to student safety and wellness; it is part of the current social and cultural mix that, when approached from a broader cooperative team, is added to the thinking around system design, environmental management, culture-shaping, and individual intervention. ■

Supporting Mental Health Services at the University of Minnesota

When people think about college students with disabilities, what usually comes to mind are students with learning disorders or physical challenges. But in 1999, Disability Services at the University of Minnesota, a unit within the Office for Equity and Diversity, found that the largest group they served was students with psychiatric disabilities. The staff then decided to learn more about these students in order to meet their needs better. The result is a campuswide mental health program called the Provost's Committee on Student Mental Health that can be a model for colleges across the country.

It all started in October 2001 when Barbara Blacklock, program coordinator for disability services at the University of Minnesota, and Betty Benson, associate director of disability services, received a $150,000 Fund for the Improvement of Postsecondary Education (FIPSE) grant from the U.S. Department of Education. Blacklock and Benson, who now cochair the provost's committee, gathered comprehensive data about barriers and opportunities for students with psychiatric disabilities. Over 18 months, they visited 13 colleges across the country, speaking to focus groups of students, faculty and staff, and on- and off-campus providers.

On all campuses, they found that barriers to full participation in college were consistent and included stigmas and stereotypes associated with mental health problems, the complex nature of psychiatric disabilities, organizational and institutional barriers, limited student resources, and limited student access to information and services.

As part of the study, Blacklock and Benson identified four strategies to remove these barriers to mental health. They are:

- Improve coordination and collaboration to develop a cross-campus approach to the problem;
- Ensure access to resources and training for students and faculty;
- Use principles of universal instructional design (ways that teachers can provide universal access to their courses for a population of diverse learners); and
- Reduce student isolation.

By the time the FIPSE grant ended in 2003, Blacklock and Benson had gathered a wealth of information on issues faced by students experiencing mental health problems. This information was then presented to colleagues on campus, with the goal of getting attention to these issues and commitment from top-level administrators to do something. A working group of eight volunteers began to meet over lunch to discuss ways to meet the needs of these students.

Blacklock described the environment on the 45,000-student campus at the time.

"If you looked up 'depression' on the University of Minnesota Web site, you got a bunch of research papers but nothing to help students experiencing depression," she said.

After Blacklock and Benson met with the provost to present their data and recommendations, the environment started to change. In 2005, the provost, in coordination with Blacklock and Benson, invited 14 key campus offices to join the new Provost's Committee on Student Mental Health. The committee includes high-level personnel from many facets of campus life, including mental health services, instructional centers, graduate schools, housing services, and law enforcement.

Benson says the committee began by reaching out to students with mental illness but has since moved to improving mental health campuswide.

"The goal is a healthy campus. Students who experience normal day-to-day stress need help, as do those diagnosed with mental health problems."

"The goal is a healthy campus," she says. "Students who experience normal day-to-day stress need help, as do those diagnosed with mental health problems."

The committee is proactive in addressing campus mental health, in contrast to most other colleges, which Benson says tend to be reactive.

The committee's work revolves around a fourfold charge. First, it strives to raise awareness about issues related to student mental health. It created a constantly evolving Web site, http://www.mentalhealth.umn.edu, that features information about available accommodations for students with psychiatric disabilities, resources and services for all students, and ways to address specific problems proactively. Launched with great fanfare in February 2007, it attracted 15,000 student hits in two weeks. The committee continues to call attention to the Web site by distributing information cards and sending e-mails.

Another strategy to raise awareness is a statement that the committee developed in 2006 for display on all course syllabi. It recognizes that students have mental health concerns and experience stress, tells students

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that the university has resources for them, and urges them to visit the Web site to learn more.

"Students realize that stress is a normal thing," says Blacklock, "but if you ignore it, it can damage you academically."

A second charge of the Provost's Committee on Student Mental Health is to affect policy change. For example, in spring 2009, the committee successfully urged the faculty senate to adopt a new bereavement policy. It includes "bereavement" as a circumstance under which students cannot be penalized for missed assignments.

The committee also pushed for a change in student health insurance. Since 2008, those covered by the university policy during the spring semester receive coverage during the summer, even if they are not enrolled in summer school. This enables students to maintain their regular mental health treatment services.

A third committee charge is to improve conditions on campus for students with mental health problems. Here, educating faculty and staff can make a big difference. So committee members speak to various campus groups about the extent of the problem and ways in which student mental health affects an entire campus.

More formal training is also offered, either as an interactive online class or a collaborative in-person session. These formal sessions teach how to spot students with mental health issues, how to approach them, and how to direct them to available services. As evidence that the training is working, Blacklock points to instructors who have requested lists of resources for students experiencing stress during exam periods.

The committee sponsors poster campaigns, films, lectures, and festivals—all designed to minimize the stigma of psychiatric disabilities. Committee members write letters to the editor that correct misinformation that may appear in the campus newspaper.

According to Benson, conditions have improved and people are open to talking about and addressing issues of student mental health.

Blacklock agrees. She said students who come to disability services are often reluctant to admit they have mental health issues.

"When you show them the Web site and tell them that students with psychiatric disabilities are the biggest group we serve, they open up," she says. "Students are moved when they see that the campus places emphasis on it."

The fourth and final charge of the committee is to serve as a model of collaboration for the University of Minnesota and other campuses. According to Blacklock and Benson, collaboration is key to success. It was a priority from the beginning when the provost asked a cross section of campus offices to participate. Now these offices and others have a new perspective on student mental health.

"Disability services always had good relations with mental health and counseling services," says Benson. "But the committee has strengthened relationships with people across campus. The stronger the relationships are, the better the services are for the students."

The provost's committee is action-oriented, and members are accountable for promises they have made.

"It's clear we are a working group," says Blacklock, "and the work must be done."

But hard work and accountability are not the only reasons for success. The committee enjoys the provost's support, and because it used the information acquired in the FIPSE study, its work is research-based.

In addition to focusing on its current mission, the committee is building toward future sustainability. It has moved in this direction by cultivating administrative support, maintaining a small budget, and becoming a resource for top administration officials. The cochairs play a critical role by monitoring progress on committee projects, creating pride and respect among committee members, and highlighting the importance of collaboration.

The success of the provost's committee has led to interest from other campuses that want to replicate the program. Blacklock says that although barriers for students with psychiatric

disabilities are always the same, strategies to address these barriers can vary from campus to campus. She urges individual campuses to choose one of the four strategies identified in the FIPSE study and do some work using that strategy.

"You can have a great conversation, but it's only a conversation until something happens," she says.

Benson adds, "You need to build connections, find like-minded people. You also need high-level connections and support."

Reflecting on the committee's work, Blacklock remembers students in the FIPSE focus groups who shared powerful personal stories. They asked researchers to "promise that this won't sit on a bookshelf somewhere."

Thanks to the University of Minnesota's Provost's Committee on Student Mental Health, it hasn't. On the contrary, its influence is expanding.

"It's become more than we ever dreamed," says Benson. "We're all astounded at what we've accomplished." ∎

Relaying the Message
News from the Front   by Robert J. Chapman

*T*he Network Addressing Collegiate Alcohol and Other Drug Issues (Network) would like to recognize the outstanding contribution of Robert Chapman for his work as editor of News from the Front. *As a volunteer for the Network, Chapman has selflessly given of his time and talents to provide excellent information and education to the prevention field through* News from the Front. *Without Chapman's intelligent vision for the publication as well as his tireless work ethic and keen eye for useful information for our work in prevention, the Network would not have been able to provide its 1,600+ members with such a comprehensive and useful document. On behalf of the Network Executive Committee and volunteers of the Network, we salute Chapman for his excellent contributions to our organization and the field of prevention.*

In his book *News from the Front: War Correspondents on the Western Front 1914–1918,* Martin J. Farrar, to quote from the Amazon.com review, uses "real newspaper reports from the period [to examine] how the perception by the military of World War I newspaper correspondents changed, from banned outlaws initially to official mouthpieces by 1918." Although it is not from this tome that the Network took the name of its newsletter *News from the Front (NFTF),* it does capture the essence of what the Network was trying to convey as a war correspondent of sorts regarding efforts to address collegiate problems associated with alcohol and other drug use in higher education.

Begun in August 2002 as a simple weekly e-mail composed by me, when I was the coordinator of the Pennsylvania Region of the Network, this correspondence with the field matured into a formal newsletter that was published regularly throughout the academic year until early in 2009, when the decision was made by the Network Executive Committee to suspend publication while the priorities of the Network were reassessed and the future role of *NFTF* reviewed to see how it could best service the field.

Begun in 1987 by the U.S. Department of Education, the Network is a voluntary membership organization whose member institutions agree to work toward a set of standards aimed at reducing alcohol and other drug problems at colleges and universities. It has more than 1,600 members nationwide. The mission of the Network is to proactively "[address] the issues of alcohol, other drugs, and violence in order to promote healthy campus environments through self-regulatory initiatives, information dissemination, and technical assistance. The Network serves as a liaison between the U.S. Department of Education and member institutions as well as other higher education professional organizations. Member institutions encourage and enhance local, state, regional, and national initiatives through a commitment to shared standards for policy development, educational strategies, enforcement, evaluation, and community collaboration."

Because an integral function of the Network's mission is the dissemination of information, it was only fitting that the informational e-mail sent to the field in mid-2002 be expanded and formalized into an electronic newsletter that could serve to keep Network member institutions along with their staff members and faculties

Robert Chapman

informed about the latest news and information coming from the front—both the arts and sciences poles of the academic continuum with regard to issues of prevention in general and alcohol and other drugs specifically.

As the format of the newsletter evolved through the years, various features were added to the simple e-missive that permitted a focus on topics related to alcohol, other drugs, and violence prevention at America's colleges and universities. Typically, issues would include Network News, tidbits culled from the electronic versions of newspapers, magazines, and other media in the popular culture, as well as snippets about scientific research that would often include electronic links to more in-depth discussions if not actual copies of scientific articles and research data on issues related to topics of interest to higher education.

To provide resources as well as information, links to interactive Web sites or online tools that could assist prevention specialists and counselors in their work with individual students, peer education groups, and in-class presentations were shared. With many of today's alcohol and other drug prevention responsibilities falling on the shoulders of

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a half-time practitioner or perhaps a single professional whose responsibility it was, not only to present prevention programs but also interview individual students and conduct assessments, *NFTF* attempted to concentrate on specific tools and resources that could be shared with professionals to lighten their load while at the same time incorporate the rapidly advancing electronic technology into their practitioner's toolbox. And because humor is such a great tool to reduce tension and often functions as a segue to a different focus, trivia and quotations from notable if not erudite sources on issues related to alcohol and other drugs were employed to fill out the newsletter and enhance its readability.

Examples of *NFTF* Articles

- The inaugural edition in August 2002 included "Making a Difference." Have you ever been driving down the road after it got dark and forgotten to turn your lights on? And when a car coming the other direction would flash its bright lights at you, what would you do? Chances are you are thinking the same thing I said when asked, "I check my lights and turn them on." Well, this is what flashbrights.com is all about . . . making a difference by courteously intervening in the high-risk behavior of another.

   The URL for this interesting Web site is http://www.flashbrights.com but one of the more interesting and useful pages on the site is http://www.flashbrights.com/studies.htm as it is dedicated to "case studies" about students who have employed this simple intervention technique.

- March 29, 2004: "Brief Mail/Computer-Generated Interventions for Young People." Health professionals who are concerned about hazardous drinking among young people can take heart: research indicates that brief intervention methods relying on mail or computers are both appealing and effective among this hard-to-reach population.

   See http://www.nattc.org/pdf/ASME_Book/09prevention.pdf.

- May 25, 2005: "Marijuana Withdrawal?" The issue of whether or not there is a distinct withdrawal syndrome associated with marijuana use has been discussed for some time. New research on the topic is reported in the latest issue of the journal of *Drug and Alcohol Dependence.* To read more visit http://www.medicalnewstoday.com/medicalnews.php?newsid=24083.

- Oct. 31, 2006: "A 'Strategic' Approach to Drinking, Pre-game, pre-party, pre-funk … how to pre-vent?" The article describes strategies to control the ubiquitous "pre-party," generally defined as a small group of students drinking together in a dorm room or other private space prior to an actual party or social event. To read the article, visit http://www.insidehighered.com/news/2006/10/23/pre_game.

- May 16, 2008: "The Relative Effectiveness of 10 Adolescent Substance Abuse Treatment Programs in the United States." For a free download of this *RAND Corporation* report, visit http://www.rand.org/pubs/technical_reports/TR346/.

To expand beyond the simple reporting of the news, a Spinning the Science section was added in 2006. The purpose of this feature was to present readers with an opportunity to think about contemporary issues of the day:

- Jan. 15, 2007: "Spinning the Science." Here is a link to a tongue-in-cheek spoof for a movie trailer. It presents a humorous example of just how easy it can be to spin the facts in order to represent one's personal opinion. Visit http://www.youtube.com/watch?v=2T5_0AGdFic.

Yet another innovation of the newsletter was the solicitation of op-ed pieces from the field. This was a way for the Network to give a voice to the field as well as solicit some interaction from readers who were regular subscribers or visitors to the *NFTF blog* (http://thenetworkws.blogspot.com/—visit to read some back issues of *NFTF*). Examples include:

- Jan. 31, 2007: *"NFTF* Guest Editorial: *Limiting Alcohol at Sporting Venues."* David Wolfe, adjunct professor at Champlain College and director of training for Green Mountain Concert Services, presents an interesting overview of the impact of limiting the availability of alcohol in various sporting/concert venues. To read this provocative op-ed piece, visit http://thenetwork.ws/documents/news/wolfe%20OP-ED.pdf.

- May 16, 2007: "Alcohol and Social Networking Sites: A Dangerous Combination for Students." This op-ed piece from Amber Dillard, formerly of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, discusses the attractions and pitfalls of social networking sites. To read the op-ed, visit http://thenetworkws.blogspot.com/2007/05/news-from-front.html.

Finally, a long-standing feature in *NFTF* was its inclusion of Online Resources. Here are some examples:

- *Indicator Reporting Programs.* A valuable tool to illustrate local substance use problems and track the impact of efforts to address them. Visit http://www.indicatorshandbook.org/.

- *Health Policy Guide.* This guide provides evidence-based, peer-reviewed policy guidance and resources to support advocacy and decision-making at the state and local levels. Search or browse over 150 policy topics below. Visit http://www.healthpolicyguide.org/default.asp.

- *Brief Counseling for Marijuana Dependence: A Manual for Treating Adults.* For a free PDF version, visit https://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17106.

- *Helping Patients Who Drink Too Much: A Clinician's Guide.* This publication and related professional support resources are posted at http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm.

- *SoundSnap.* Visit this free online sound library at http://www.soundsnap.com/.

Relaying the Message: *News from the Front*

Join the Network

As the Network has grown as an organization and as the field of alcohol and other drug prevention in higher education has become more defined as a profession, it is heartening to consider that *News from the Front* has, perhaps, played some small role in facilitating that change. As any counseling professional will tell you, change is the name of the game. To make a difference as we walk our individual paths is not difficult to do. As a matter of fact, we cannot *not* make a difference simply by being here. The trick is to increase the likelihood that the difference we make is a positive one.

From those correspondents reporting from the trenches in Europe during the First World War through *all* who have chosen to report the news from the front in whatever way during the decades since, there has been and remains to be a commitment to what *NFTF* has had as its motto from its first publication: "Good decisions begin with accurate information." ∎

Network Awards Two Student Research Awards in 2009

The Network is pleased to announce its 2009 recipients of the Margaret J. Barr Student Research Award: Ross Aikins, University of California-Los Angeles, and Diane Logan, University of Washington.

Both recipients will receive a $5,000 award to further their research in issues related to alcohol, other drug, and violence prevention in higher education. Both will complete their research funded by the award within two years and a synopsis of their work will be posted on the Network's Web site.

Aikins' research focuses on student use and abuse of prescription drugs through interviews with students about their use. Logan's research project examines the BASICS (Brief Alcohol Screening and Intervention for College Students) approach at the University of Washington and the University of Tennessee.

The Network congratulates these outstanding scholars on their tremendous achievements. For more information about the Margaret J. Barr Student Research Award, please visit the Network's Web site at http://thenetwork.ws.

Public Health Approach to Mental Health Promotion

addressing distressed or suicidal students and maintaining the safety of the campus community must understand what actions they are expected to take. The Jed Foundation's *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student* provides a blueprint for protocol development.

- *Identify students at risk.* Gatekeeper training is perhaps the most common program for identifying and referring students in distress. Screening programs such as the Jed Foundation's free resource called ULifeline are also being used.
- *Increase help-seeking behavior.* Students turn first to friends, family, or a significant other when they are in distress, rather than seeking professional help. Campuses employ gatekeeper training, peer-to-peer programs such as the nonprofit ActiveMinds, and the American Foundation for Suicide Prevention's

Interactive Screening Program to encourage greater help-seeking.

- *Restrict access to lethal means.* Access to potentially lethal means is a risk factor for suicide. The national Means Matter Web site developed by the Harvard School of Public Health offers suggestions for scanning the campus environment for methods a suicidal student might use.
- *Ensure access to appropriate, quality services.* To stretch limited resources, counseling centers have implemented brief, same-day appointments by telephone or in person for a quick assessment and referral and offered four-session "feel better fast" psycho-educational groups for students who may not need individual therapy in which participants rapidly learn tools for managing stress, sleeping better, and transforming negative thoughts into positive steps.

No matter how effective the services, an approach that focuses solely on getting more

and more students into treatment will only work if counseling centers have unfettered access to increasing resources to support the expanding number of students seeking care. A public health approach to prevention in the mental health field can leverage fewer resources to benefit more students.

A comprehensive, strategic approach has worked to reduce alcohol problems on many campuses. There is every reason to believe a public health approach to promoting mental wellness will also bring a positive result.

Laurie Davidson manages the campus program of the Suicide Prevention Resource Center funded by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. She served on the staff of the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention from 1998 to 2006. ∎

Syracuse University Trains Gatekeepers to Identify At-Risk Students

College years can be a vulnerable time for students, especially when it comes to suicide. A 2006 survey of 26,000 students compiled by the National Research Consortium of Counseling Centers in Higher Education, housed at the University of Texas Counseling and Mental Health Center, suggests that more than half of college students have had thoughts about suicide at one time or another.

The study, called "The Nature of Suicidal Crises in College Students," found that of the 15,010 undergraduates who completed the online survey, 55 percent reported that they had ever thought of suicide, 18 percent seriously considered it, and 8 percent made a suicide attempt. Among 11,441 graduate students in the survey, half had suicidal thoughts, 15 percent seriously considered it, and 6 percent made an attempt.

The reasons students gave for having these suicidal thoughts were relief from emotional or physical pain, romantic problems, and school or academic problems. They described their feelings as intense and brief, lasting one day or less. More than half of those who experienced a suicidal crisis did not look for professional help.

Study author David J. Drum of the University of Texas and his coauthors suggest that instead of focusing only on students in crisis, a new model should be developed to include everyone who has suicidal thoughts. Prevention needs to involve a cross section of campus personnel. According to Drum, this would reduce the percentage of students who engage in suicidal thinking, who contemplate how to make an attempt, and who continue to make attempts.

That was also the idea behind Syracuse University's Campus Connect program, which provides gatekeepers with state-of-the-art training that addresses more than just statistics and facts about suicide. Broadly defined, gatekeepers are those individuals who are in regular contact with students and, as a result of that contact, are in a position to assist in identifying and referring students to appropriate mental health resources. They may include, but are not limited to, residence life staff, health center staff, academic advisers, career counselors, faculty, campus police, and recognized student leaders, such as sorority or fraternity council members or club presidents.

Through the use of experiential exercises and frank discussion about gatekeepers' own fears, Campus Connect prepares gatekeepers for the anxiety-provoking situation of interacting with a student who is having suicidal thoughts and allows gatekeepers to overcome the obstacles that often leave a student feeling misunderstood, judged, invalidated, and dismissed.

According to Cory Wallack, director of the Syracuse University Counseling Center, the catalyst for Campus Connect was the need for a gatekeeper training designed specifically for college campuses. "Over the past five to ten years we have observed that college mental health has become a very specialized field. I would argue that suicide prevention on a college campus is different than in the general community, with different systems, different processes, and a slightly different culture. We wanted to design a program specifically geared toward suicide prevention with college students but also one that reflected an understanding of the mind-set of those faculty and staff who are working with students."

Campus Connect's gatekeeper training program places a heavy emphasis on relationships by training faculty and staff to develop skills involved in intervening with a suicidal student. Wallack points out that most gatekeeper training programs include sessions on how to ask about suicidal feelings and how to make referrals to the counseling center. "We wanted to add a component on how to connect with students in crisis—to help them feel understood and that you care about them. That is the guiding philosophy of Campus Connect," said Wallack.

The first group to go through Campus Connect was a sample of resident assistants, followed by training of administrative staff of residence life. "Their response was phenomenal. From there we went on to train the administrative staff of health services, who are primary gatekeepers on most campuses. It was a combined top-down and bottom-up approach. We were training both administrative personnel and simultaneously training people on the ground," said Wallack.

Campus Connect has evolved over the last four years based on feedback from those who have gone through the training. In addition, Wallack said that when Campus Connect went through the application process to be listed on the best practices registry of the Substance Abuse and Mental Health Services Administration's Suicide Prevention Resource Center a panel of national experts reviewed the program and provided feedback that was incorporated in the program.

Campus Connect's three-hour, interactive training program includes information on college student suicide statistics, facts, myths, and warning signs and provides instruction on how to ask students if they are thinking about suicide and how to refer students to mental health professionals. Participants also learn effective communication and relationship-building skills and the typical emotional reactions experienced both by students in crisis and responding gatekeepers, and they engage in four experiential exercises and a guided group role-play.

In order to determine the impact of the training on participants Campus Connect staff do a pre- and post- and follow-up

assessment with all participants. Before the training, they take a battery of assessments that ask questions about their confidence levels and their self-efficacy in regard to responding to a student in crisis. Then they have a standardized assessment to determine their skills in responding to a student in crisis. Both immediately after the training and two to three months post training, they take the same battery of assessments.

"Improvement in self-efficacy, comfort, and skills has been phenomenally strong among residence life staff, health center staff, academic advisers, and academic counselors, the groups [from which] we have evaluated the data," said Wallack. "On a different level, we have seen a philosophical shift on campus reflecting the message of Campus Connect, which is, 'Don't be afraid of students in distress.'"

For Wallack that shift is evidenced by the tremendous influx in consultations with the counseling center, with faculty, staff, and students calling at a much greater rate than they have in the past. "That is because Campus Connect urges people to reach out for help," said Wallack.

Wallack believes that by doing broad gatekeeper training across campus, the university has reinforced the idea of a public health approach to suicide prevention, which is a crucial piece of a comprehensive mental health program on campus. But there has to be a public health model because of the number of students who are experiencing stress.

"The level of emotional distress is so high and counseling centers just do not have enough resources to do everything on their own. Campus Connect's gatekeeper training model helps reinforce the message that this is a community effort and not just the counseling center's responsibility," said Wallack.

In fact, Campus Connect is one part of a much larger program at Syracuse University. Another program is a mindfulness-based stress reduction program, which is a six-week course that is offered directly to students. It teaches them skills to deal with stress and anxiety and skills for relaxation. There is also a communication campaign that includes a 45-second public service announcement from the campus radio station about warning signs of depression and how to get help for someone in stress.

"In conjunction with the Communications Department, Campus Connect created a poster, which has our slogan on it, 'Talk to someone and listen,' and lists the warning signs of depression. These posters are all over campus, in every academic building and residence hall," said Wallack.

A more recent initiative with the Office of Residence Life is the creation of a first-year residential curriculum. All first-year students are required to live in a residence hall and go through a series of seminars teaching them stress reduction, conflict resolution, communication skills, and relationship skills.

Wallack believes that it is crucial for the entire community to be involved in supporting the mental health of students. "Everybody in the community can help make a difference. A lot of people don't quite get that idea yet and look to the counseling center as the responsible campus resource. That is an impossibility, which is why we embrace a public health model when it comes to suicide prevention," said Wallack. ∎

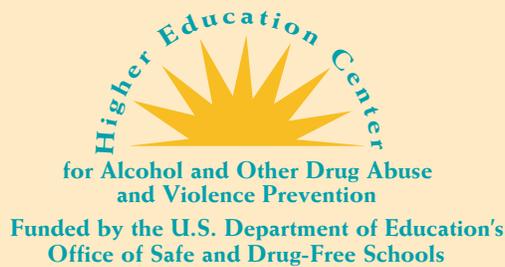## Strategic Planning for Gatekeeper Training and Suicide Prevention

While gatekeeper training can be an important component of campus suicide prevention efforts, Dave Stewart and Laurie Davidson of the Suicide Prevention Resource Center in Newton, Mass., suggest that campuses engage in strategic planning before putting a specific program into action. In a presentation at the 2009 NASPA [Student Affairs Administrators in Higher Education] Strategies Conference: Alcohol Abuse Prevention & Intervention, held in Boston, Jan. 22–24, 2009, they, along with Cory Wallack of the University of Syracuse outlined a process that includes a consideration of all the resources, such as time, money, staff, partnerships, and so on, that affect the functioning and outcomes of a program.

A first step in the strategic planning process is to adequately and accurately describe the problem on a campus, finding those most at risk for mental health problems and suicide through associated risk factors, such as academic troubles and financial problems. It is also important to find those whom these students actually talk to about their problems. Whom they talk to may also be closely linked with the risk factors. Obtaining all of this information requires consultation with multiple data sources, including campus-specific sources. The goal of this first step is to ensure that all subsequent decisions and actions are based on the demonstrated needs and characteristics of a specific campus.

The next step is to ask the following essential questions:
- Who is at greatest risk for mental health problems and suicide on campus?
- What are the expected results of training?
- What training content will lead to these results?
- Who should I train?
- How should I train them?
- What resources or infrastructure do I have?

To help answer these questions and develop a strategic plan for conducting gatekeeper training, Campus Connect has written an implementation readiness checklist that takes into account critical environmental factors, such as support, resources, and policies, that make up "crucial elements in determining the success of a gatekeeper program as well as an overall suicide prevention program," according to the checklist. The checklist can be found at http://counselingcenter.syr.edu/index.php/campus-connect/implementation-readiness-checklist/.

Our Mission

The mission of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is to assist institutions of higher education in developing, implementing, and evaluating alcohol and other drug abuse and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety.

Get in Touch

How We Can Help

- Resources, referrals, and consultations
- Training and professional development activities
- Publication and dissemination of prevention materials
- Assessment, evaluation, and analysis activities
- Web site featuring online resources, news, and information
- Support for the Network Addressing Collegiate Alcohol and Other Drug Issues

Preventing Mental, Emotional, and Behavioral Disorders Among Young People
Progress and Possibilities

This 2009 report, from the National Research Council and the Institute of Medicine, reviews research on mental, emotional, and behavioral problems in children, youths, and young adults and recommends strategies to improve prevention and treatment. The report is available at http://books.nap.edu/openbook.php?record_id=12480&page=R1.

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