OMB No. 0930-0286 Expiration Date: 05/31/10

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0286. Public reporting burden for this collection of information is estimated to average .42 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

### Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

### Suicide Prevention Exposure, Awareness and Knowledge Survey (SPEAKS) - S (Student Version)

<b>Date:</b> (Today's Date) □□/□	
Site: (Name of Campus)	[Select from Pull-down menu]
Administration Wave:	= First wave of administration = Second wave of administration

Before you continue with this short online survey, please read carefully the following consent form and click the "I CONSENT" button at the end to indicate that you agree to participate in this data collection effort. It is very important that you understand that your participation in this survey is voluntary and that the information you share is private.

You were selected to participate in this survey because your school, along with other schools across the country, received federal funding to support implementation of Campus Suicide Prevention programs. As part of the cross-site evaluation of the Campus Suicide Prevention, we are asking that you complete this Suicide Prevention, Exposure, Awareness and Knowledge Survey (SPEAKS). The survey includes a series of open and closed ended questions asking you about your exposure to suicide prevention activities, and your awareness and knowledge of suicide prevention. The findings from this survey will be used to inform the federal agency responsible for providing funding, the Substance Abuse and Mental Health Services Administration (SAMHSA), about suicide prevention activities on campuses.

There are not right or wrong responses to this survey and the survey will take approximately 15 minutes for you to complete. Your consent to participate in this survey requires that you carefully read and agree to the following:

<u>Privacy</u>: The information that you provide via this survey will be kept private except as otherwise required by law. Any identifying information will not be disclosed to anyone but the researchers conducting this evaluation and will be kept in locked files separate from the data collected. The information that we report to SAMSHA will be reported in aggregate, will not contain any identifying information and your name will not be used in any reports about this evaluation.

<u>Risks</u>: Completing this survey poses few, if any, risks to you. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Benefits: Prior to completing the survey, you received a \$1 incentive via standard mail with a letter describing the survey and providing the link and password. Your participation will not directly benefit you other than the incentive. However, the benefit of your completing this survey is that your input will help facilitate the development of Campus suicide prevention programs.

Your participation is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to participate in this survey here are some additional things you should know:

- You may stop your input of data at any time without penalty or consequence.
- You may chose to not answer a question at any time without penalty or consequence.
- You may contact the cross-site evaluation Project Director or Database Administrator with any questions that you have about the evaluation and/or SPEAKS before, during or after you have completed the survey.
- We encourage you to print a copy of this consent for your records.
- Again, your name will not be used in any reports about this survey.

<u>Contact information</u>: If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact [INSERT CONTACT NAME, TITLE AND PHONE NUMBER]. Please click the "I CONSENT" box below to proceed to SPEAKS.

"I CONSENT" (Move to next web page to start SPEAKS)

"I DO NOT CONSENT" (Move to the web page which should say "Thank you for your time in consideration to participate in SPEAKS. Please contact the Project Director, Christine Walrath-Greene at 212-941-5555 with any questions," and offer respondents an opportunity to go to the survey Homepage.)

Thank you!

Thank you for agreeing to participate in this survey about suicide prevention. You were selected to participate in this survey because your school, along with other schools across the country, received federal funding to support implementation of Campus Suicide Prevention Programs. Your responses to these questions are extremely important in enhancing programs to prevent suicide on campuses.

1.	Have you been exposed to any materials on your campus related to suicide prevention (e.g., brochures, posters, videos, radio messages, orientation materials, etc.)?  Yes No Don't know If Yes, what materials have you been exposed to?
2.	Have you directly participated in any suicide prevention activities sponsored by your campus (e.g., gatekeeper training, seminar, workshop, orientation program, etc.)?  Yes  No Don't know If Yes, what activities have you participated in?

Please rate your level of confidence in your ability to interact with others about the suicide prevention behaviors described below from not confident to very confident (check one).

	Level of Confidence						
	Not	Somewhat	Confident	Very	Don't		
I feel confident that:	Confident	Confident		Confident	know		
3. I can recognize the							
warning signs of suicide							
in another student.							
4. I would ask someone							
who was exhibiting the							
warning signs of suicide							
if they are thinking							
about suicide.							
5. I would connect or							
refer a student at risk for							
suicide to resources for							
help (e.g., hotline,							
counseling, ER, etc.).							

Next, we would like to know a little bit about your campus and resources available for students at risk for suicide. Please respond to each of the items using the response options provided that best represents your answer.

	m aware of at least on aicide.	e local resource	to which I could refe	r someone who	seemed at risk
101 0		e to question 7) uestion 8)			
•	you knew a friend or ther? (List up to 4 locations)		nat was thinking about	suicide, where	e would you refer
8. M	Ty campus values the r Strongly Disagree	mental health an Disagree	d wellbeing of its stud No Opinion	lents. Agree	Strongly Agree
	0	1	2	3	4

We'd like to understand your perceptions of mental health seeking. Please respond to each of the following using the scale provided. Select the number that best represents what *you think*.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Personally:			1		8 **
9. I think that it is a sign of personal					
weakness or inadequacy to receive					
treatment for suicidal thoughts and					
behaviors.					
10. I would see a person in a less favorable					
way if I came to know that he/she has					
received treatment for suicidal thoughts					
and behaviors.					
11. I think that it is advisable for a person					
to hide from people that he/she has been					
treated for suicidal thoughts and behaviors.					

<sup>\*</sup>Adapted from Komiya, Good & Sherrod (2000)

Now, we'd like to understand the perceptions of mental health seeking on your campus overall. Please respond to each of the following using the scale provided. Select the number that best represents what you believe most people on your campus think.

On my campus:	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
12. It is considered a sign of personal					
weakness or inadequacy to receive					
treatment for suicidal thoughts and					
behaviors.					
13. People would see a person in a less					
favorable way if I came to know that he/she					
has received treatment for suicidal thoughts					
and behaviors.					
14. It is advisable for a person to hide from					
people that he/she has been treated for					
suicidal thoughts and behaviors.					

<sup>\*</sup>Adapted from Komiya, Good & Sherrod (2000)

The following statements represent myths or facts about suicide. Some are true and some are false. Please indicate whether you believe the statement is true or false (select one).

	True	False	Don't Know
15. Most of the time people attempt suicide without warning and out of			1110 (
the blue.			
16. People who have attempted suicide in the past are less likely to			
attempt suicide again in the future.			
17. Sometimes a minor event (like a bad exam grade) can push an			
otherwise normal person to attempt suicide.			
18. People who are depressed are more likely to attempt suicide.			
19. The great majority of people who commit suicide do not have			
psychiatric or substance use disorders.			
20. Someone who has aggressive or impulsive tendencies is at lower risk			
for suicide attempt.			
21. If a person attempted suicide, their situation was probably so bad			
that death was the best solution.			
22. Reducing access to firearms and other lethal means reduces the risk			
of suicide.			
23. People who talk about or threaten suicide don't do it.			
24. If someone is exposed to a suicide (family, friends, other students),			
this may increase their own risk for attempting suicide.			
25. People who really want to die will find a way; it won't help to try			
and stop them.			
26. People who are using alcohol more than usual or abusing substances			

	True	False	Don't Know
are at greater risk for attempting suicide.			IXIIOW
27. A person with a family history of suicide is at lower risk for			
attempting suicide.			
28. Hopelessness is a risk factor for attempting suicide.			
29. You should not talk to depressed people about suicide; it might give them the idea or plants the seed in their minds.			
30. A fellow student with sleep problems is at increased risk for attempting suicide.			
31. People with both mental health problems and substance problems			
are at even greater risk of attempting suicide that those with either mental health or substance problems alone.			
32. Suicides are more likely to occur around the holidays like Thanksgiving and Christmas.			
33. Social isolation/withdrawal is a risk factor for suicide attempt.			
34. Most suicidal people never discuss their problems with others.			
35. The experience of physical, sexual and/or emotional abuse puts one			
at greater risk for attempting suicide.			
36. A fellow student who has a sexual identity conflict or is uncertain			
about their sexual identity is at greater risk for a suicide attempt.			
37. Many people who talk about suicide just want attention.			
38. Suicide is the leading cause of death among college students.			
39. Risk for suicide attempt is not associated with legal problems or			
criminal justice involvement (arrest or incarceration).			

We'd like to know a little bit about your involvement with and your connectedness to your campus. Please rate your agreement with the following statements from *strongly disagree* to *strongly agree*.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
40. I am involved in					
extracurricular activities on					
campus					
41. I feel I have a supportive					
goup of friends on campus					
42. I feel I have a sense of					
togetherness with my peers.					
43. I feel connected to my					
campus.					

Adapted from the Social Connectedness Scale. (Lee, R.M., & Robbins, S.B. (1995). Measuring belongingness: The Social Connectedness and Social Assurance Scales. *Journal of Counseling Psychology*, *45*, 338-345.

Now we'd like to understand what you do when you encounter a stressful life event. For the following items, please indicate how often you do the following when you experience a stressful event: (Please mark the appropriate column for each row)

44. When I experience a stressful	Never	Occasionally	Sometimes	Always
event:				
a. I concentrate my efforts on doing				
something about it.				
b. I get emotional support from				
others.				
c. I turn to work or other activities				
to take my mind off things.				
d. I use alcohol or drugs to make				
myself feel better.				
e. I learn to live with it.				
f. I make fun of the situation.				
g. I pray or meditate.				
h. I get help or advice from other				
people.				
i. I do things to think about it less				
such as going to movies, watch TV,				
read, daydream, sleep, or go				
shopping.				
j. I give up attempting to cope.				
k. I blame myself.				

Adapted from the Brief COPE. (Carver, C.S. (1997). You want to measure coping but your protocol's too tong: Consider the Brief Cope. *International Journal of Behavioral Medicine*, *4*(1), 92-100.)

# If you were having a personal or emotional problem, how likely or unlikely is it that you would seek help from the following people:

45. If I had a personal or	Very	Unlikely	Neither	Likely	Very
emotional problem I would seek	Unlikely				Likely
help from:					
a. Intimate partner					
(NOTE: If you do not have an					
intimate partner, please skip					
this item but answer the rest.)					
b. Friend not related to you					
c. Parent					
d. Other relative/family member					
e. Mental health					
professional/school counselor					
f. Doctor/general practitioner					
g. Clergy member					
h. Other not listed (please					
specify)					
i. I would not seek help from					
anyone					

# If you were having thoughts of suicide, how likely or unlikely is it that you would seek help from the following people:

46. If I were having suicidal thoughts, I would seek help from:	Very Unlikely	Unlikely	Neither	Likely	Very Likely
a. Intimate partner					
(NOTE: If you do not have an					
intimate partner, please skip					
this item but answer the rest.)					
b. Friend not related to you					
c. Parent					
d. Other relative/family member					
e. Mental health					
professional/school counselor					
f. Doctor/general practitioner					
g. Clergy member					
h. Other not listed (please					
specify)					
i. I would not seek help from					
anyone					

Adapted from the General Help-Seeking Questionnaire. (Ciarrochi, J.V., & Deane, F.P. (2001). Emotional competence and willingness to seek help from professional and nonprofessional sources. *British Journal of Guidance & Counseling*, 29 (2), 233-246

47. Do you know where to find the counseling center on your campus?					
	Yes				
	No				
	My campus does not l	have a counseling	g center		
	ve you ever received psy lege/university's Counse			rvices from you	ır <u>current</u>
	Yes				
	No				
	My campus does not l	have a counseling	g center		
48a. If so, how helpful were the services you received based on why you attended services?					
	Very Unhelpful	Unhelpful	Neither	Helpful	Very Helpful
49. Do you know other students who have received psychological or mental health services from <u>current</u> college/university's Counseling or Health Service?					
	Yes No				
My campus does not have a counseling center From the American College Health Association National College Health Assessment, (proposed pilot items), 2007.					

### **Background Information**

50.		Wha	tt is your gender (select one)? Female Male	
	51.	Wha	at is your age? <u>y</u> ears	
	52.		you Hispanic or Latino (select one)? Yes No	
		52a.	If Yes, Which group represents you? Are you (select one or more)  Mexican, Mexican-American, or Chicano  Puerto Rican  Cuban  Dominican  Central American  South American  Other Hispanic origin (please describe:	)
	53.		American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	
	54.	Are	you an international student? Yes No	
55.	Wh		Undergraduate $-1^{st}$ Year Undergraduate $-2^{nd}$ Year Undergraduate $-3^{rd}$ Year Undergraduate $-3^{rd}$ Year Undergraduate $-4^{th}$ Year or more Graduate Student (e.g., master's, PhD, MD, JD, DDS, etc.)	
		55a. □	Which best describes your enrollment status at this school? Part-time Full-time	
	56.	O O	ich best describes your living situation? n-campus, university housing ff-campus, university housing ff-campus, non-university housing	

57. How many years have you attended school at this campus? (select one)					
	One year or less				
	More than one year but less than two years				
	Between two and three years				
	More than three years				

Thank you for your time and attention to this survey, the information you have provided is extremely important to suicide prevention efforts on your Campus.

To request additional information or if you or someone you know is in need of help,

See A Mental Health Professional on Your Campus or in Your Community

OR

Dial 1-800-273-TALK (8255)

OMB No. 0930-0286

Expiration Date: 05/31/10

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### Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

# CAMPUS KEY INFORMANT INFRASTRUCTURE INTERVIEW (CIFI)

<b>Date:</b> (Today's Date)	
Site: (Name of Campus)	[Select from Pull-down menu]
Participant ID:	
Interviewer:	[Select from Pull-down menu]
Verbal consent provided: 1=yes 2= no	

*Instructions for interviewer:* When to Use: This qualitative interview will be conducted with an identified representative of the campus: an administrator, human services faculty, non-human services faculty, representative of the Counseling Center (if applicable), or a student. The local evaluator will be responsible for developing a potential respondent list from which the target

respondent will be selected. The questions in this interview are designed to obtain information about: the campus infrastructure and knowledge base around suicide prevention and related efforts. *Administered by:* Staff from the ICF Macro cross-site evaluation team. *Completed by:* An administrator, human services faculty, non-human services faculty, representative of the Counseling Center (if applicable), or a student.

#### **Introduction:**

Just to remind you, this is an interview designed to understand your knowledge of the Garrett Lee Smith suicide prevention program as well as your campuses' approach to student and mental health. This survey is administered at the end of the first and third year of the grant period, so please don't worry if you do not know the answer to all the questions. We are asking the same questions across **X** campuses nationwide.

I will ask several questions that will ask you to rank several questions. These will ask about program effectiveness, campus support for suicide prevention, and the likelihood of several possible events. These questions are all on a four point scale with No Opinion as an option; for example, Very supportive, supportive, unsupportive, very unsupportive, and No Opinion.

- 1) Now just to start were you aware of this award prior to our request for an interview?
  - INTERVIEWER: Yes or no, continue with the survey.

#### **Background:**

- 2) Prepopulated ENA information will appear in Access
  - Rural/urban, size, commuter/residential
  - For purposes of ice-breaker, could review information with respondent: "Towson University is a small, commuter college in Maryland correct?"

Alright, so the next couple sections of the interview will ask about your knowledge of the grant, its goals, and your campus's approach to student health, wellness, and mental health.

#### **Reason for Grant and Prior Approach:**

- 1) In your opinion, why did \_\_\_\_\_\_ apply for a GLS suicide prevention grant?
- 2) Thinking about your campus before the GLS suicide prevention program do you recall any suicide prevention activities on campus?
  - **PROBE:** Outreach and awareness activities, training events
- 3) Was there a formal plan or policy that described the previous approach?
  - **PROBE:** Any policies or protocols for dealing with a student in crisis or a campuswide suicide prevention plan?
  - Second administration does not include questions 1-3 if same respondent as first administration

#### **Awareness of GLS Grant and Goals:**

- 4) To your knowledge, what are the primary, or main goals of the suicide prevention grant program?
- 5) Are you aware of any protocols or policies around suicide prevention that are in development or that the grant program plans to develop?
  - **INTERVIEWER:** Allow respondent to answer and then use probes.
  - **PROBE**: This could be a campus-wide plan for suicide prevention, a set response to crisis or a suicide attempt, training for resident assistants, or a protocol for referring and treating a student at-risk for suicide.
  - To your knowledge, could you describe any policies or protocols around suicide prevention developed through the grant?
  - PROBE: This could be a campus-wide plan for suicide prevention, a set response to crisis or a suicide attempt, or a protocol for referring and treating a student at-risk for suicide.

#### Campus Approach to Student Health, Wellness, and Mental Health

6) On your campus, does it seem like mental health is valued as part of general wellness and student well-being?

**PROBE: IF YES, but no explanation:** Where have you seen mental health treated as a part of general wellness and student health?

**PROBE: IF NO:** Why do you think that mental health is not valued?

 For example, reluctance to discuss mental health, financial considerations, the campus does not consider mental health to be an academic institution's priority

PROBE YES OR NO: Do you expect that the way that mental health is perceived on campus will change with the grant? Why or why not?

- Second administration: Ask question six and Yes/No probe. Then use following probe about change over the past three years.
- Have you seen this change over the past three years?

PROBE: Would you describe any changes that have you seen on campus?

7) Do you agree that the grant has the administrative support that it needs to accomplish its goals? Strongly agree, agree, disagree, strongly disagree, or No Opinion. Very supportive, supportive, unsupportive, very unsupportive, and No Opinion

**INTERVIEWER:** Could you provide any examples of this support/lack of support?

 Possible cuts/hires of Counseling Center staff, Support from administration, mention of mental health during orientation or in handbook

#### **Program activities:**

I am now going to ask you about the activities that have been sponsored by the suicide prevention program to accomplish its goals.

8) Ok, could you please describe any efforts, such as trainings or seminars that have been implemented on campus to educate faculty, staff, and students on suicide prevention?

- **PROBE:** Did you participate in these activities?
- **Interviewer:** If it is not clear ask the respondent to describe the main points, topics, and name of the training/activities (such as mental health, identification and referral)
- Second administration if same respondent: Preface question with, "Since we last talked..."
- 9) To your knowledge, is the intended the audience of the education activities the entire campus community, or is it focused specifically on students, staff, or faculty?
  - **PROBE:** Are any special groups selected within the campus?
    - First year students, graduate students, resident hall students, first-year faculty/staff
  - **PROBE:** Are there different messages for different groups?
- 10) Are there any other activities on campus that are trying to raise awareness about suicide prevention?
  - **FOLLOW UP**: For example, wellness or health fairs, depression screenings, or orientation events?
  - **FOLLOW UP:** How are these connected to the suicide prevention program?
- 11) Have you seen any materials, like emails, websites, brochures, stickers, or posters that are designed to raise awareness about suicide and its prevention?
  - **PROBE:** Could you describe those materials?
- 12) Thinking about the educational and awareness efforts that you are aware of, how effective or ineffective has the program been in increasing knowledge and awareness of suicide and its prevention on campus? Very effective, effective, ineffective, very ineffective, and No Opinion
  - **PROBE:** What makes you feel this way? How have you seen this improvement on campus?
- 13) Can you think of some ways that the program's activities or effectiveness on campus could be improved?

#### **Collaboration and Campus Involvement**

This next session of the interview asks about departmental collaboration around suicide prevention at \_\_\_\_\_\_.

- 14) What mental health services are available on campus?
  - **PROBE:** Are there any barriers to access these services?
- 15) Is there a campus alert team, or a group of individuals that meet to discuss at-risk students?
  - **PROBE:** What are the responsibilities of the committee?
  - **PROBE:** Could you describe the team members, their positions or how often they meet?
- 16) Does the grant have an advisory committee?
  - **PROBE:** What are the responsibilities of the committee?
  - **PROBE:** Could you describe the team members, their positions or how often they meet?
- 17) What departments, offices, and organizations have been involved with the SP program at \_\_\_\_\_\_?
  - O What about academic departments?
    - **PROBE:** Which departments are involved? Have some been more involved than others?
  - o Are non-academic departments involved?
    - **PROBE:** campus staff, clergy, police, athletic or custodial staff?
  - What about student organizations?
    - **PROBE:** Has the program targeted any particular students, for example Resident Assistants or student government? Any other groups of students?

- For example: NAMI, Psychology Club/Graduates Students, Active Minds, Student Council from specific schools (engineering, liberal arts, etc
- 18) Has the SP program worked with any off-campus community or health partners to increase knowledge and awareness?
- 19) Of all the departments you've mentioned, which are the most involved in the suicide prevention program at \_\_\_\_\_\_?
  - Interviewer: If the respondent is unsure, list back departments that the respondent has discussed.
  - Second administration all respondents: Would you agree that campus collaboration around suicide prevention has improved over the last three years? Strongly agree, agree, disagree, strongly disagree, No opinion

#### **Knowledge and Program Outcomes:**

- 20) If, in the course of a conversation with a student/friend, you became concerned that they were at risk for suicide, what would you do?
  - Do you think that most faculty and staff on campus would know what to do? What about students?
    - o **PROBE:** What other resources are you aware of for referral?

We're coming to the end of the interview and I want to shift our conversation to talk about the primary accomplishments and outcomes of the program.

- 21) Thinking about what the program has accomplished thus far, what would you identify as the program's main impact on campus?
  - PROBE: Increased awareness, increased knowledge of suicide prevention and campus resources
  - To your mind, are there any other changes on campus that you would attribute to the grant?
- 22) In your opinion, do you think that the program will be able to accomplish its goals? Very likely, likely, unlikely, very unlikely, No Opinion
  - Why do you feel this way?

- Second administration both respondents: In your opinion, do you think that the program has accomplished its goals? (Completely accomplished, somewhat accomplished, somewhat unaccomplished, completely unaccomplished, No opinion)
- Why do you feel this way?

#### Sustainability/Most important

- 23) Of all the suicide prevention activities we have discussed, which do you think is the most important to continue in the future?
  - PROBE: Why do you choose this particular item?
- 24) Thinking about sustainability, what would need to happen to continue the suicide prevention program after the grant period?
  - Staffing, money? Are these resources available?

#### **Recommendations and Barriers/Facilitators:**

- 25) Do you have any final recommendations for how the suicide prevention program could be improved?
  - **INTERVIEWER:** When you ask this question, repeat back to the respondent any recommendations they have already mentioned

INTERVIEWER: Review your notes for facilitators/barriers mentioned in the course of the interview.

I have two final questions, about the factors that promote and the things that are barriers to suicide prevention on campus.

- 26) What do you consider to be the biggest barriers or obstacles to suicide prevention on campus?
  - **FOLLOW UP:** How could these barriers be overcome?
  - **INTERVIEWER:** Have the respondent try to give a response to each barrier.
- 27) On the opposite side, what are the greatest facilitators of suicide prevention efforts on campus?