



# Suicide Prevention Screening to Decrease Suicide Rates in University-Aged Individuals

Clark Dean BS, Georgia Grace Osteen BS, & Nathaniel Champion BS

Cheryl Brohard PhD, RN, AOCN®, CHPCA®, CNS-ONC and Lenora McWilliams PhD, MS, RN



## PICOT

P

In 18 to 24 year olds

I

How does the use of a suicide prevention screening tool

C

Compared with no suicide prevention screening tool

O

affect suicide rates

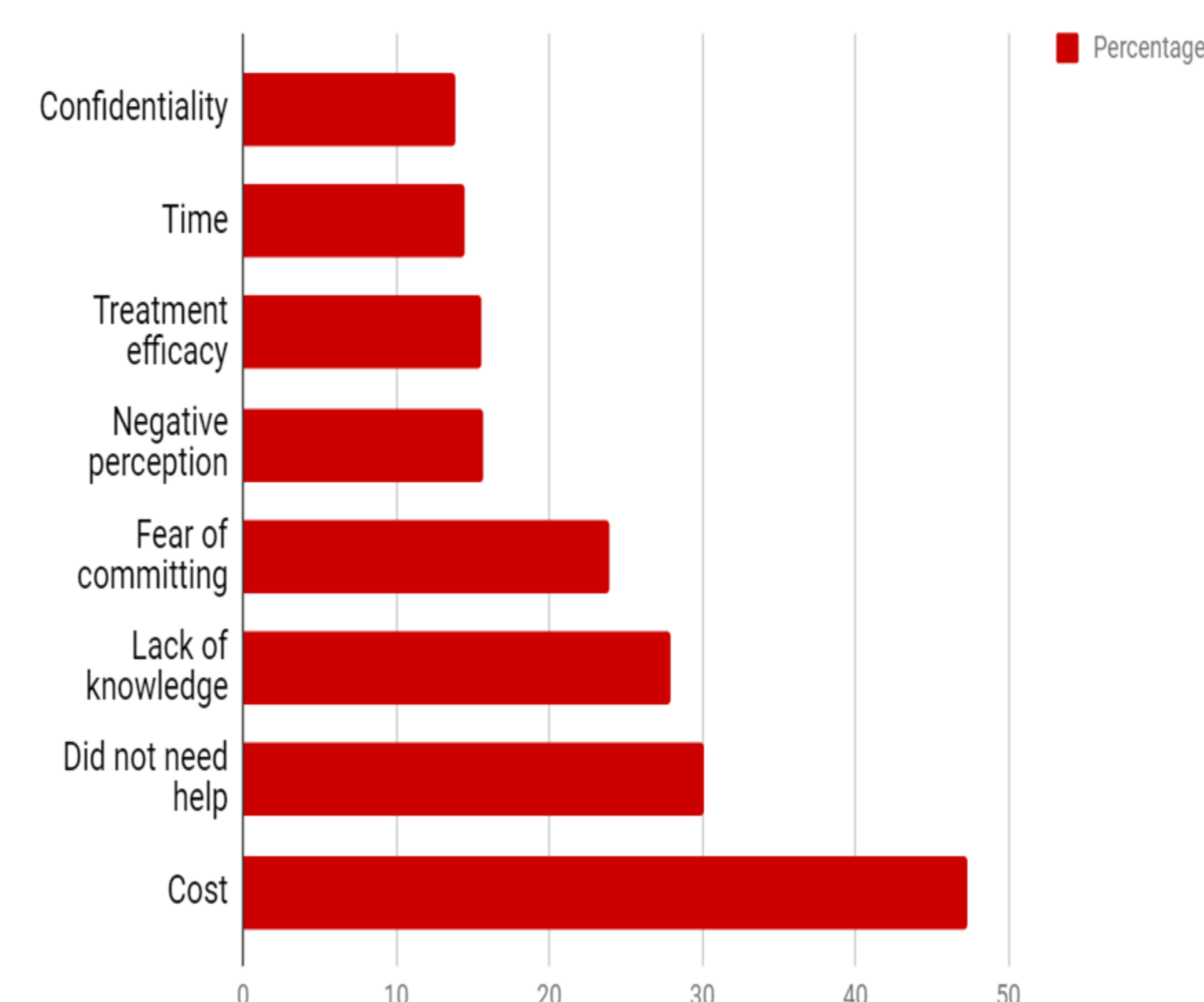
T

Over 4 years

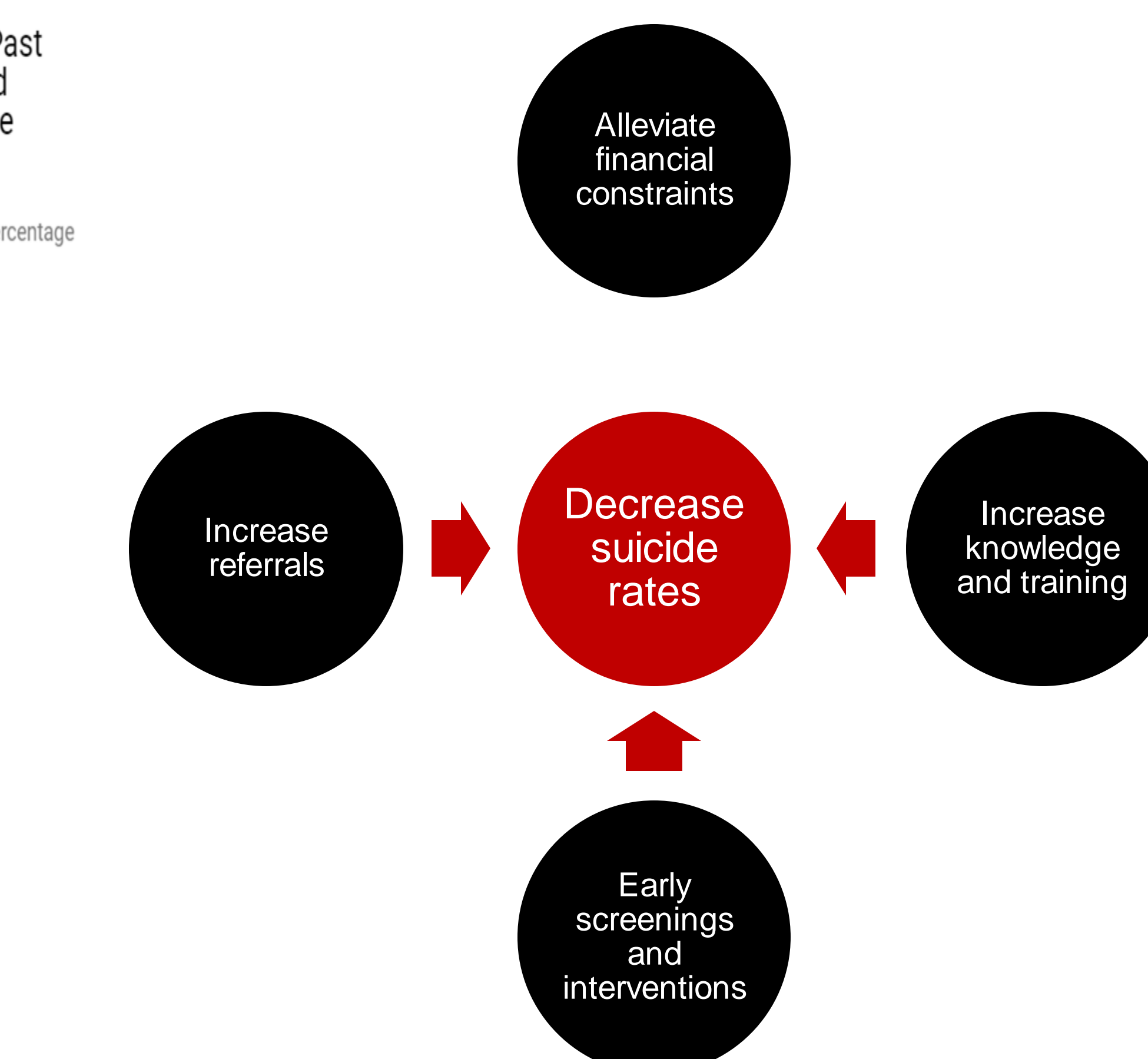
## Synthesis of Research

- An association was found between early suicide identification and intervention, and decreased suicide rates.<sup>1, 2, 5, 9, 10</sup>
- Implementation of a suicide screening tool is effective in decreasing suicide rates among 18 to 24 year olds, improving retention rates and grade point averages (GPA).<sup>3, 9, 10</sup>
- Financial burden of seeing a mental health clinician is the most frequently reported reason for not seeking care.<sup>2</sup> (Graph 1)
- University-wide suicide identification and prevention programs resulted in an

Self-Reported reasons for Not Receiving Mental Health Treatment in the Past Year by Adults Aged 18-25 Years Who Had 12-Month Suicidal Ideation and Behavior and Perceived an Unmet Need for Mental Health Treatment in the Past Year: 2008-2013 National Surveys on Drug Use and Health (n=1,800)



Graph 1: Reasons for Not Seeking Mental Health Care by Czyz, E. K., Horwitz, A. G., Eisenberg, D., Kramer, A., & King, C. A. (2013) *Journal of American College Health*, 61(7), 398-406.



## Decision to Change

- Implement suicide prevention screening tool during college admission and annually until graduation.
- Utilize information technology and software to screen large volumes of students on admission.
- Develop protocols and procedures including a flow sheet for referrals that include avenues for interventions and follow through for students at high risk.

## Acknowledgements

Academic scholarships were received by Georgia Grace Osteen from the Fred and Mabel Parks Foundation; Nathaniel Champion and Clark Dean from the Vivian L. Smith Foundation.

## Literature Review

### Databases used:

◆CINAHL ◆EBSCO  
◆PubMed ◆Cochrane

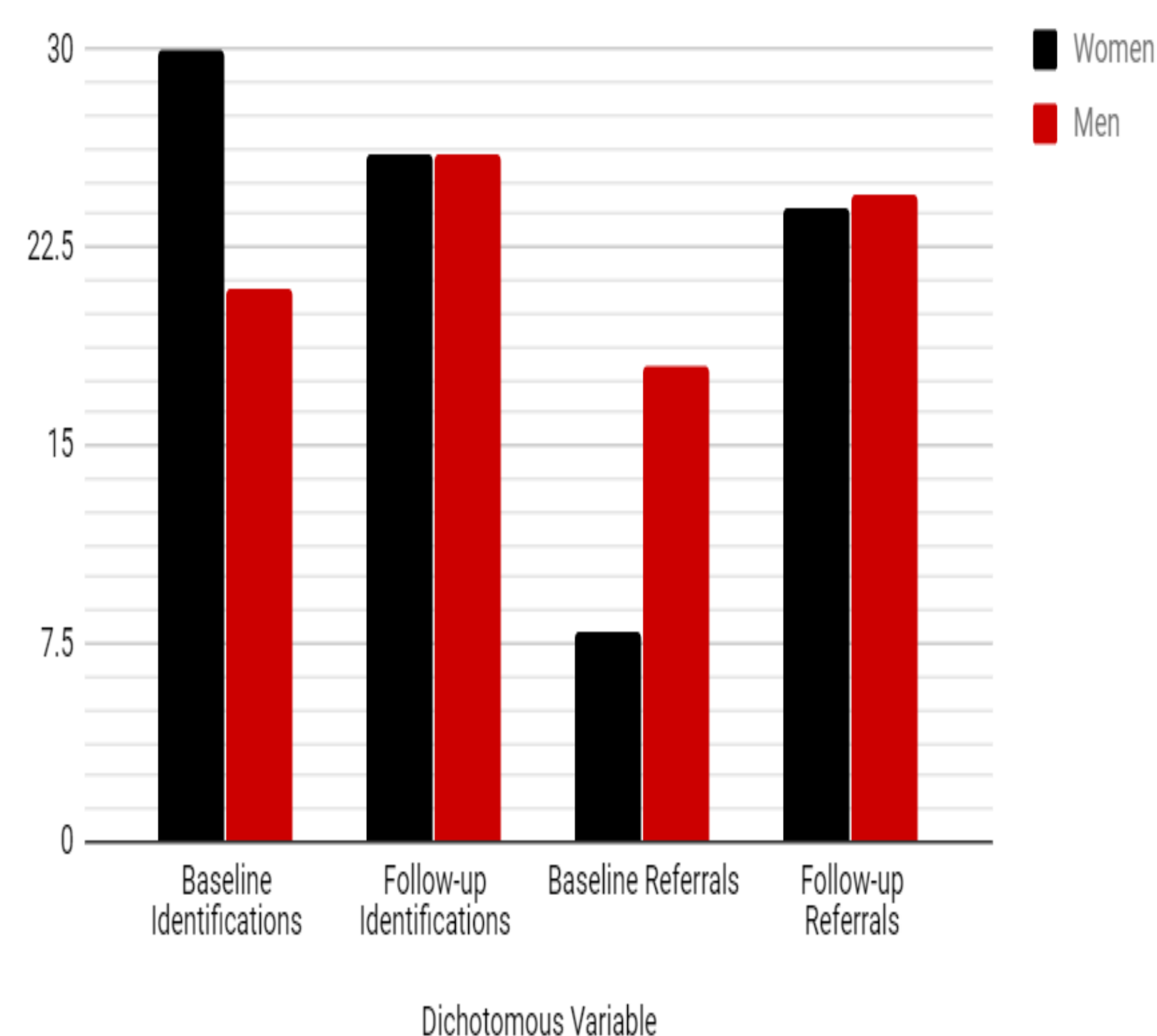
### Key terms:

◆Suicide ◆Suicide rates  
◆Depression ◆Mental health  
◆Anxiety ◆Screening  
◆Identification  
◆PHQ-9 ◆University ◆College  
◆Referrals

### Article selection criteria:

Peer-reviewed articles published within the past 5 years

Identifications and Referrals over time



Graph 2: Suicide Education and Referrals by Rallis, B.A., Esposito-Smythers, C., Diabato, D.J., Mehlenbeck, R.S., Kaplan, S., Geer, L., Adams, R., and Meehan B. (2018) *Journal of Clinical Psychology*. 74(7)

- Providing leaders with knowledge and a suicide prevention tool, led to a reduction in suicide attempts and an increase in mental health referrals.<sup>7,8</sup> (Graph 2)
- Maladaptive behavioral responses to stress are commonly seen in individuals aged 18 to 24 and result in a higher incidence of mental health issues.<sup>4</sup>
- Screening and identifying students at risk for suicide, providing early interventions for those in need improved education outcomes.<sup>7, 9, 10</sup>
- Mental health screening created a bridge for university students to access services in a timely manner.<sup>1, 2, 9</sup>