

Alabama Higher Education Suicide Prevention Conference 2024

Troy University

September 12 & 13, 2024

Coalition building for Prevention & Recovery

What do university faculty have to offer?



Dear Reader & Audience of this presentation,

This is the first time I have put these ideas in writing. These ideas have not adequately been cited and referenced, and I thank you for reading this/viewing this/hearing this ppt as it is, and I would appreciate your thoughts and feedback on this presentation.

Please feel free to email or call/text to discuss. I'd love to hear from you. This conference was a very meaningful experience for me professionally and personally.

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What do faculty have to offer?

Maybe not as much as they think they have?!

Research & writing skills.

Status (Maybe or maybe not? Pros and cons)

University resources (Maybe not as many as you think they have.)

Perhaps the ability to listen & learn?

Grant writing and administration resources.

Working with students, alumni and stakeholders.

Challenges of the university

- Funding challenges.
- Changes in higher education delivery.
- Academic Affairs/Student affairs-walls and boundaries may be high between parts of university that serve students.
- For student organizations student demographics are constantly changing.
- Hierarchical and vertical structure. Whereas, substance use, mental health, intellectual disabilities, suicide prevention is more horizontal-seems more tailored to meet individual needs. Whereas, higher ed, we just expect people to fit into our structure.

Suicide survivors have stories, We all have stories-long & beautiful stories.

From Narrative therapy

Survivors Telling & Writing their stories

Making meaning and purpose out of tragedy.

Continuing the story.

Connecting with others, others connecting with others, the ripples continuing, movements developing, organizations, changes for good.

This story starts at a university.

Context: Regional university in a small city in South Georgia. New faculty comes to an MSW program. The MSW program is now in a Department of Human Services in a College of Education & Human Services. The focus of this university is teaching.

New faculty has had a *Rural* Communities Opioid Prevention Grant at another university and introduces it to this regional university, Valdosta State University. Through the grant research is to be done on the scope of opioid deaths in rural counties surrounding this university. Statistics on opioid and other *deaths of despair*. *(citations needed)* Needs assessment interviews from people affected by these deaths throughout the region.

More stories . . .

- Similarities & Differences in the stories.
- The grant was a two year grant.
- First, Second & Third South Georgia Health & Wellness Summits
 - 2022: Opioid and Substance Use Scope & Prevention
 - NAMI emerging affiliate for Lowndes County, Georgia
 - 2023: Mental Health in Georgia (post Georgia legislative session)
 - 2024: Biopsychosocial spiritual approach to health & wellness
 - Cheryl Dodson ASPARC & Michelle Cope, Yellow Elephant

South Georgia Health & Wellness Summits

- Mayor & Judge from Accountability Court give welcome.
- NAMI presence, Recovery Council of Georgia Presence. Georgia DBHDD
- Voices from the Community (List all organizations that have taken part)

Connections & Networks



We haven't made it around the world yet, but

We have expanded seeing how individuals and the situations/experiences that affect us are similar and different.

2025 The South Georgia 4th Annual Health & Wellness Summit

Untangling the web

- Who does what?
- Meeting unmet needs.
- Avoiding duplication of services/programs.
- Making room for others, making room for all.
- Diversity, inclusion, human rights, justice.

Back to the role of faculty . . .

- Focus on the scientific method, what does the evidence show is effective in prevention? What is effective in suicide prevention?

Bryan, Craig (2021). Rethinking suicide: Why prevention fails and how we can do better. Oxford University Press.

Summary: In the past two decades in the US, suicide rates have increased despite suicide awareness campaigns. This is a critical examination of what is known about suicide from studies and meta-analyses.

Concepts: Suicide research is tainted by survivor bias.

Suicide is a wicked problem. Not a linear, one size fits all solution. No one strategy works. What inspires one person may trigger another.

Uncomfortable and hard topic to discuss.

Access to lethal means to suicide prevents suicide.

Building a life worth living.

Dialectical behavioral therapy (emotional regulation, distress tolerance, wise mind) and Cognitive behavioral therapy have shown the most success in preventing suicide of the modalities.

More concepts

Suicidal thoughts, ideations, plans, lethal means to suicide, preparatory behaviors, interrupted attempts and abandoned attempts. Self-injurious behavior, self-harm and attention seeking

Risk assessments for suicide??? Suicide research is in its infancy.

A person can have warning signs and not be suicidal.

Desire to die and lethal means needed for completed suicide.

We feel so strongly about suicide from our own experiences, that this is a confirmation bias for researchers. For instance, I may have experienced rejection leading to suicidal thoughts so I think that is the case for others.

More concepts

- In studying wicked problems, we need productive stupidity. This means we can be wrong, we can hypothesize, test things, research and find out we are on the wrong track or stupid, but this shifts us in the direction of getting on the right track.
- Of the entire population a few people with mental illness die by suicide and a few people without mental illness die by suicide. People with diagnosed mental illness do not have the high rates of suicide or violence that we think they do and this adds to the stigma.
- Balancing on the beam and emotional regulation.

More concepts

- Predicting suicide and the weather map. The Spaghetti models.
- Study of social media posts of people who died from suicide show both of these present near the time of the person's death—posts indicating negative thoughts about themselves and their situation with posts about great stress in their lives.
- Suicidal mulling-the internal debate. If a person makes it through the internal debate and decides not to, most likely will not do it.
- Friction/buffers/protective factors between the thoughts/plans and doing it.
- Creating a life worth living.

My favorites on Creating a Life Worth Living-
the best prevention planned.