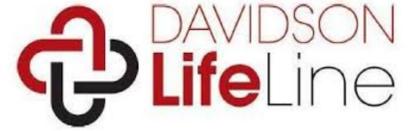


Davidson LifeLine 101

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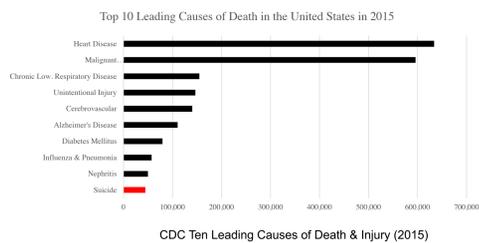


Introduction

Davidson LifeLine 101 is a program that is a collaboration between Davidson Lifeline and Davidson College. During every Davidson College freshman's first year they must complete five Davidson 101 courses in order to graduate. These range in topics from diversity to sexual assault and campus police. My proposal for change is that Davidson LifeLine and Davidson College partner to create another Davidson 101 course about suicide prevention. This would be a way to help reduce the stigma surrounding mental health and to inform freshmen about suicide prevention. This course could also then be expanded to create a group similar to the student health advisors, but this group would be a group of students who focused on suicide prevention.

Suicide is an issue that has become more prevalent throughout the United States in the past decade. In 2005, according to the Center for Disease Control (CDC) there were 27,223 people who committed suicide (10 Leading Causes of Death, 2005). In 2014, this picture changed dramatically. According to the CDC, 42,773 people committed suicide in 2014 (10 Leading Causes of Death, 2014). This was the tenth leading cause of death in the United States that year (10 Leading Causes of Death, 2014). Over the course of this time, 2005 to 2014, the number of suicides nationwide increased by 57.1%.

Suicide did not become one of the top 10 leading causes of death nationwide until 2008, where it has been the tenth leading cause of death in the United States since (Leading Causes of Death Chart, 2016). From 2008 to 2014 the number of suicides rose from 36,035 to 42,773, which is a 18.7% increase (Leading Causes of Death Chart, 2016).



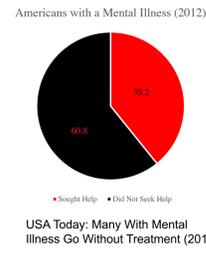
Background

In North Carolina, the rate of suicide from 2001 to 2005 was 11.6 people per 100,000 residents (Key Health Indicators, 2017). From 2006 to 2010 the suicide rate was 12 people out of 100,000 committed suicide (Key Health Indicators, 2017). From 2011 to 2015 that rate increased even more to 12.7 people for every 100,000 people committed suicide in North Carolina (Key Health Indicators, 2017). The number of people who committed suicide per every 100,000 residents increased by 9.5% from 2001 to 2015. In North Carolina suicide was the "leading cause of injury death [...] and remained the leading cause [from 2012] through 2013" (N.C. Prevention Plan, 2015).

For the county of Mecklenburg suicide rates were 9.9 out of 100,000 from 2001 to 2005 and 9.0 out of 100,000 from 2006 to 2010, a decrease of 9.1%. From 2011 to 2015 the rate was 9.6 out of 100,000, which was a 6.7% increase from 2006 to 2010 (Key Health Indicators: Mecklenburg, 2017). For Davidson county, the rates were much higher than both Mecklenburg county and the state of North Carolina as a whole. From 2001 to 2005 the rate of suicide in Davidson county was 13.1 for every 100,000 residents (Key Health Indicators: Davidson, 2017).

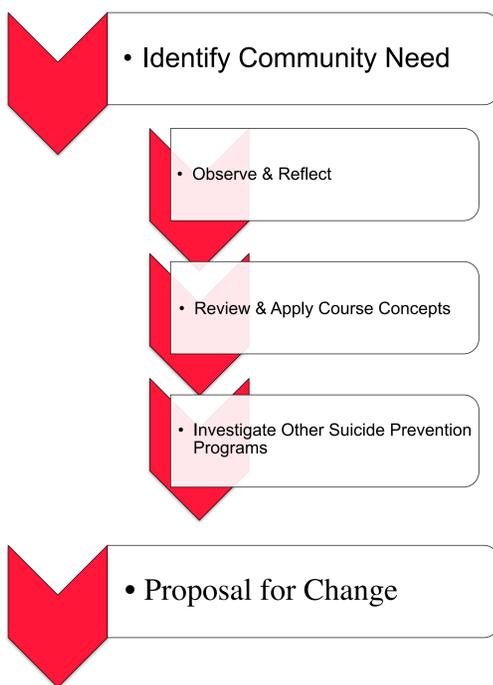
The rate decreased slightly from 2006 to 2010 to 12.8 out of every 100,000 people, a 2.3% decrease from 2001 to 2005, but then went back up from 2011 to 2015 to 13.8 out of every 100,000 people, a 7.8% increase (Key Health Indicators: Davidson, 2017).

With 1 in 4 Americans suffering from a mental health issue at least once in their life, and suicide rates that keep increasing, there should be a push to destigmatize mental health. According to a survey released in 2012, only 39.2% of Americans who reported having a mental illness sought out treatment (USA Today: Mental Illness, 2012).



There are a variety of reasons this is such a low percentage, such as, stigma surrounding mental illness, cost of receiving treatment, people's expectations that they cannot be helped, and many other reasons. These deterrents can be problematic because if people do not seek the treatment they need they could feel trapped and may turn to extreme measures, such as suicide.*

Methods

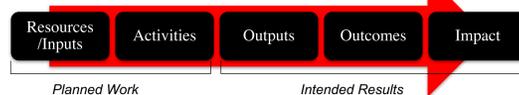


Methodology

Applicable Course Concepts

Theories of Change

- Logic Model
 - As defined by the W.K. Kellogg Foundation, "a logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve" (1).



- Davidson, the Health Center, and RLO would all be **resources** I would have. The **activities** I would capitalize on is the already existing Davidson 101 orientation requirements. The **output** would be a new Davidson 101 class with an **outcome** of a new knowledge of suicide prevention methods and a reduction in stigmatization of mental illnesses. The **impact** would be a continuation of these outcomes for future Davidson students.

Strategies for Advocacy

- Problem vs. Issue
 - "A **problem** is a broad area of concern. [...] An **issue** is a solution or partial solution to a problem" (Bobo et al. 22).
 - Cutting the issue, or "deciding how to frame the issue in a way that will gain the most support" (Bobo et al. 23).*

Model Suicide Prevention Program



Mission Statement: Saving Lives through the creation, development, and delivery of innovative training experiences that empower organizations, communities, and individuals to be safer from suicide.

How LivingWorks Accomplishes Its Goals:

- Belief that suicide prevention starts at the community level.
- Community members who have the skills and training are able to intervene when necessary.
 - LivingWorks does this by providing training programs.
- Collaboration with both public and private organizations to empower communities.
- Provide support by:
 - Training local trainers
 - Ensuring an international standard of excellence
 - Helping develop effective strategies
 - Offering resources and workshop materials
- Sustainability is key for successfully building suicide-safety skills.*

Programs Offered by LivingWorks

- suicideTALK**
 - Makes participants more aware of suicide prevention opportunities in their community.
 - Reduces the stigma surrounding suicide by openly talking about it.
- safeTALK**
 - Trains people to recognize signs that may suggest someone is considering suicide and who they can refer that person to.
- ASIST**
 - Workshop in suicide first aid.
 - Teaches participants to recognize signs of someone with suicidal thoughts and how to create a plan to support their immediate safety.
- suicide to Hope**
 - Training for clinicians and other professional health care providers.
 - Teach them how to help aid recovery and growth persons with previous suicide experiences.*

Proposal for Change

Davidson LifeLine 101

- Create another Davidson 101 course about suicide prevention by partnering with Davidson LifeLine.
- QPR (Question-Persuade-Refer): a 90-minute training on how to recognize warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

Health Advisor Branch

- Create a branch similar to the student health advisors, but instead of the groups' primary focus being on sexual health, they would focus on mental health and suicide prevention.
- MHFA (Mental Health First Aid) is an 8 hour training that introduces participants to risk factors and warning signs of mental health problems and provides the participant with skills to handle the situation.

Residence Hall Talks

- The health advisors who have taken the MHFA training would organize a talk to give to all freshman halls and other residence halls about suicide prevention and mental health in general.
- If enough interest was shown, they could organize a QPR training if it was not already incorporated into Davidson 101 or if it had been incorporated after students' freshman year.*

*References Available Upon Request