Assessment of a Pilot Peer Support Program for Suicide Prevention on a Medical School Campus: Impact on Awareness, Stigma, and Self-Efficacy for Outreach

Cassandra Balson, BS; Justin York, BS; David Cipriano, PhD; Jeffery D. Fritz, PhD; Sara Kohlbeck, PhD, MPH; Shane Huang, MS; Margaret Lieb, MS

ABSTRACT

With the continued rise in mental health concerns, including suicide on college campuses nationwide, many academic institutions have developed peer-support programs. Correspondingly, the Medical College of Wisconsin developed and evaluated Seeking Peer Outreach* as its pioneer suicide prevention initiative. Seeking Peer Outreach* is an innovative approach to provide all medical students near-peer support and outreach encouraging engagement and conversations in effort to reduce the stigma and isolation often associated with mental health concerns in professional education. This study explores the effectiveness and efficacy of Seeking Peer Outreach* – a 3-tiered peer-support system. A survey of medical students, faculty, and staff demonstrated that the program increased knowledge on suicidal thoughts and behaviors and improved self-efficacy in talking about mental health with peers. It also showed that effective training helps individuals gain confidence with mental health interventions and suicide prevention.

BACKGROUND

Suicide accounts for more deaths than natural disasters, interpersonal violence, and war combined.[1] It is the second leading cause of death for people aged 10 to 34, and the average age of matriculating medical students is 24.[2] Male medical students had a 40% increased rate of suicide, and females had a 130% increase compared to peers the same age in other fields.[2]

Stigma creates an environment where individuals do not feel comfortable speaking about mental health for fear of how their professional and personal identities may be affected. Physicians reported feeling reluctant to seek help for their psychiatric illnesses due to possible repercussions on their medical license.[3,4] This culture leads many physicians to attempt to treat their own mental health issues with prescription medications or self-help style therapies, but this "physician, heal thyself" approach has proven inadequate.[4]

An annual survey of students at the Medical College of Wisconsin (MCW) showed medical students were able to identify the need for mental health care but struggled to overcome barriers to receiving it (DJ Cipriano, unpublished data, 2021). For example, limited time, fear of mental health record entering the academic record, and stigma surrounding mental health all have been endorsed as barriers to accessing care. Stigma is a particularly challenging issue as it has to do with culture change. This is something that MCW and many college campuses are addressing with the hope of impacting the next generation of health care providers.

Given that suicide has affected MCW, it was evident there was a need for a systemic approach to address stigma surrounding mental health and raise awareness of suicide risk. In pursuit of this goal, a tiered peer-support program was developed called Seeking Peer Outreach* (SPO*). The asterisk is used to call attention to the program's importance and to signify that our stories are not yet finished. The program aims to provide support for any member of the MCW campus – regardless of the situation – whether that be for moral support, connectedness, mental health crisis, or suicidal ideation.[5]

SPO* consists of 3 tiers. Tier 1 includes all current students, staff, and faculty and focuses on culture change by promoting discussion and mental well-being activities. Such efforts promote inclusion and increase awareness surrounding

• • •

Author Affiliations: Medical College of Wisconsin – Central Wisconsin, Wausau, Wisconsin (Balson, York, Lieb); Medical College of Wisconsin, Milwaukee, Wisconsin (Cipriano, Fritz, Kohlbeck, Huang).

Corresponding Author: David Cipriano, PhD, MS, Director of Student and Resident Behavioral Health, 8701 W Watertown Plank Rd, Milwaukee, WI 53226, phone 414.955.8954; email dcipriano@mcw.edu; ORCID ID 0000-0002-0165-0684

Published online June 3, 2024.

mental health and suicide in health care. This involves large-scale well-being messaging, events promoting mental health, and discussions on mental health and suicide. Events include introducing new students and staff/faculty to the statistics of health care professionals dying by suicide, increasing a sense of community and peer-support, and suicide awareness walks in the community. Tier 2 consists of students and faculty who complete additional training on suicide prevention and crisis intervention beyond the initial Tier 1 efforts. The training asks participants to be accountable for others' well-being and to be accessible. Tier 2 individuals can be reached through a quick response (QR) code that was developed within the SPO* logo. User concerns are triaged and assigned to a peer-supporter, if appropriate, or a more intensive intervention, such as a Tier 3 individual. Tier 2 individuals also are able to provide resources to decrease barriers for seeking professional help, including local counseling services and crisis hotline numbers. Tier 2 individuals are encouraged to include the program's QR code in their email signatures. Licensed mental health professionals who are utilized in situations that exceed the expertise of Tier 2 trainees comprise Tier 3.

This study aimed to assess 2 objectives: (1) whether the program was able to increase awareness of wellness resources, decrease stigma, and support inclusion; and (2) whether Tier 2 individuals gained awareness on suicidality and showed an increase in knowledge on intervening with mental crisis situations.

METHODS

MCW has 3 campuses located in Milwaukee, Green Bay, and Wausau, Wisconsin. The Central Wisconsin (CW) campus, located in Wausau, was selected to pilot SPO*. Campus leadership helped acquire funding for the project through Sentry Funds, and study activities were approved through the MCW Institutional Review Board (PRO00041758). SPO* was introduced to the CW campus through student-led presentations and event marketing.

One year after SPO* was introduced and 3 months after new members started on campus, a voluntary, anonymous survey was sent out via email to all individuals on campus to assess awareness of the SPO* mission, willingness to reach out to peers for support, comfort level talking about mental health, and mental well-being. This survey, called the Global Awareness and Attitudes Scale, was conducted through Qualtrics and consisted of 10 questions, including multiple choice and free-response questions.

All faculty, staff, and students were then presented with the opportunity to participate as peer-supporters and complete a 2-hour online training focused on mental health and suicide prevention. Twenty volunteers identified by their peers through an anonymous survey as approachable and empathetic completed the 2-hour online training. The training involved background information on prevalence of mental illness and suicide, as well as the importance of mental well-being as a buffer against such distress. There were modules on recognition of distress, active listening techniques, crisis management, and intervention. Information on stigma and self-care for the caregiver also was provided.

Prior to training, volunteers were sent a baseline survey to assess their knowledge on these topics and their confidence on intervening. The survey—Peer-Supporter Knowledge and Attitudes Scale (Table 1)—was conducted through Qualtrics and consisted of 15 multiple-choice and Likert scale questions. Following peer-supporter training, participants were sent the same survey. Data from presurveys and postsurveys were compared to assess effectiveness of training for preparing Tier 2 individuals in providing peer support. Descriptive statistics were generated, and the Mann-Whitney U test was performed. For questions with binary responses, Fisher exact test was performed. All statistical analyses were conducted using R (version 4.3.2; R Foundation, 2023).

RESULTS

Global Awareness and Attitudes Scale

This survey was sent out 1 year following the launch of the initiative and 3 months after the newest members were introduced. One hundred thirty surveys were sent out (94 students, 36 faculty/staff), with a 27.3% response rate that obtained a high representation of the student population and relatively lower representation of faculty and staff. While the response rate is not ideal, the range of responses does suggest that it is somewhat representative. The results demonstrated that 96% of respondents were aware of the SPO* mission, and 92% were aware of who Tier 2 individuals were. Ninety-two percent of respondents reported feeling comfortable talking about mental health and suicide with their peers. Top reasons reported for this comfort level included campus activities that normalized discussion, easy access to resources through the QR code, and hearing peers acknowledge similar stressors. Reasons cited for being uncomfortable talking about mental health and suicide with peers included stigma still existing on campus and feeling more comfortable talking with other individuals versus medical school peers. A simple wellness scale was included, with 0 indicating poor mental health and 100 indicating best possible mental health. The mean was 69.0 with a standard deviation of 15.53 and a range of 25-97.

Peer-Supporter Knowledge and Attitudes Scale

This survey was given to Tier 2 peer-supporters before and after training. Ten trained peer-supporters completed the presurvey, and 16 completed the postsurvey. While the absolute number of completed surveys is small, it represents a reasonable response rate considering that in this pilot study only 20 individuals underwent

Published online June 3, 2024.

Table. Survey Questions and Response Statistics

Question	Response Type	Preintervetion Median	Postintervention Median	U value	*P* value	Fisher exact *P* value	OR
1. I understand the 1:2:4 rule in terms of actively reaching out to peers.	5-item Likert scale (Strongly agree–strongly disagree)	2	5	156.6	<0.001[a]	n/a	n/a
2. Individuals in the United States who die by suicide have a current mental health diagnosis.	Binary agree/disagree	1	1	66	0.3	0.3	2.9
3. Suicide is the leading cause of death in male physician residents and the second leading cause of death in female residents.	Binary agree/disagree	2	2	88	0.2	0.4	0
4. Stigma and shame are not major factors in suicide among physicians.	Binary agree/disagree	1	1	80	n/a	n/a	n/a
5. Select the best phrasing below.	4 response options: 1. John died by suicide 2. John committed suicide 3. John successfully took his life 4. John completed suicide	4	4	98	0.1	0.3	6
6. What are the 3 elements of mindful self-compassion	Binary	2	2	112	<0.01[a]	0.01	0
7. Mindful self-compassion decreases anxiety, depression, stress, and shame while increasing happiness, life satisfaction, optimism, and physical health.	Binary agree/disagree	1	1	82	0.9	1	0.8
8. Suicide is an easy-to-understand phenomenon which usually is the result of just one or two risk factors.	Binary agree/disagree	1	1	80	n/a	n/a	n/a
9. Nonsuicidal self-injury is causing harm to oneself without the intent to die.	Binary agree/disagree	2	2	80	n/a	n/a	n/a
10. An example of a behavior that is a suicide warning sign is increasing the use of alcohol or drugs.	Binary agree/disagree	2	2	90	0.09	0.15	0
11. If you are concerned that someone might be thinking about suicide, you should not talk to them about it because you might put the idea in their head.	Binary agree/disagree	1	1	80	n/a	n/a	n/a
12. If someone is considering suicide, it is important to ask them about access to lethal means (eg, firearms).	Binary agree/disagree	2	2	80	n/a	n/a	n/a
13. Most people who attempt suicide once eventually go on to die by suicide.	Binary agree/disagree	1	1	72	0.2	0.4	Inf
14. Our response to another person's suicidality should be dependent on their thoughts and plans.	Binary agree/disagree	2	2	99	0.1	0.3	0.2
15. To what degree do you agree with this statement: "If I am concerned that a peer is suicidal, I feel comfortable about how to handle the situation."	5-item Likert scale (Strongly agree–strongly disagree)	3	4	135.5	<0.01[a]	n/a	n/a

[a]$P < 0.05$ is statistically significant.

the peer-supporter training. Upon completion of the training, peer-supporters demonstrated increased knowledge of intervention techniques and self-efficacy with carrying them out (Table 2).

DISCUSSION

This study aimed to evaluate a new suicide prevention program, SPO*, within the context of implementation at a single medical school campus. The evaluation found that Tier 1 activities increased respondents' comfort level in addressing issues related to mental health and suicide compared to previous studies. Results of the preintervention and postintervention for Tier 2 training demonstrated gained knowledge and skills among trainees, in addition to an increased sense of self-efficacy in assisting peers during times of distress.

Suicide prevention programs exist at other institutions, but there are few examples of peer-support programs. Of those available, they have not been studied extensively, suggesting the need for standardized protocols and training for peer-support efforts.[6]

Published online June 3, 2024.

One study observed that 1 in 5 college students used some form of peer support within the last year, and almost 60% said it was helpful.[7] With the focus of peer-support in SPO*, we were able to bridge some of the gaps in research by evaluating the efficacy of peer-support efforts to decrease barriers to care and stigma.

The mental well-being score of 69 out of 100 on the MCW-CW campus indicated there is need for mental health support, with 25% of students at MCW-CW receiving a new mental health diagnosis since starting their program. On the MCW-CW campus, these findings occurred during the onset of SPO* initiatives, and while they may indicate some level of the effectiveness of SPO* in lowering stigma and empowering students to seek help, further study is needed to clarify these relationships. Additionally, we believe the new mental health diagnosis also indicates more work is needed to institute systemic efforts in supporting mental health awareness. However, such a change has begun—as indicated by the Global Awareness and Attitudes Scale—with the finding that SPO* is normalizing mental health discussion among health care professionals.

This study further supported the suggestion that protocol and training is needed for successful peer-support efforts.[6] Through the pilot program and peer-supporter training, individuals were equipped with a deeper knowledge of crisis intervention and suicide prevention. By providing training in specific skills, SPO* was able to build confidence among Tier 2 individuals to intervene and create a safe environment to talk about mental health.

We believe SPO* is having an impact on the MCW-CW campus. For example, in 1 instance, an individual used the QR code to anonymously request support during a crisis that was successfully de-escalated. However, this example also shone light on areas requiring improvement. Students, staff, and faculty were able to meet as a campus to brainstorm ways to improve the anonymous reporting system, and the pilot program continues to evolve into the MCW-CW campus culture.

Study limitations included selection bias, as students at a higher state of mental well-being were more likely to take the survey. Also, the MCW-CW campus may not be an accurate representation of the entire institution due to the nature of being a small campus.

This study found that SPO* was effective at reducing stigma by normalizing conversation about mental health and combating isolation by providing inclusive events. The study also showed SPO* was able to effectively train students and faculty to serve as Tier 2 members. MCW plans to implement SPO* across all 3 medical school campus locations starting in the spring of 2023.

Funding/Support: None declared.

Financial Disclosures: None declared.

Acknowledgements: The authors acknowledge the assistance of Sofie Kjellesvig, Sadie Jackson, Meghan Peterson, Marissa O'Hair, Dana Warwick, Haley Daigle, Grace Buechel, Erin Gruber, and Rachel Glassford in the implementation of multiple aspects of Tiers 1 and 2.

REFERENCES

1. Drolet BC, Rodgers S. A comprehensive medical student wellness program--design and implementation at Vanderbilt School of Medicine. *Acad Med*. 2010;85(1):103-110. doi:10.1097/ACM.0b013e3181c46963

2. Kalmoe MC, Chapman MB, Gold JA, Giedinghagen AM. Physician suicide: a call to action. *Mo Med*. 2019;116(3):211-216.

3. Rothenberger DA. Physician burnout and well-being: a systematic review and framework for action. *Dis Colon Rectum*. 2017;60(6):567-576. doi:10.1097/DCR.0000000000000844

4. Kingston AM. Break the silence: physician suicide in the time of COVID-19. *Mo Med*. 2020;117(5):426-429.

5. Peterson MM, Lieb MW, O'Hair MS, et al. Seeking Peer Outreach: an integrated, tiered approach to address stigma and isolation in medical education. Paper presented at: 2021 Innovations in Healthcare Education Research Annual Conference; September 22-24, 2021; Milwaukee, WI.

6. Kuimelis C. Student-led programs are key mental-health resources but more research is needed. *Chronicle of Higher Education*. November 3, 2022. Accessed February 10, 2023. https://www.chronicle.com/article/student-led-programs-are-key-mental-health-resources-but-more-research-is-needed

7. Humphrey D, Malpiede M, Ragouzeos Z. Peer Programs in College Student Mental Health. Mary Christie Institute/Ruderman Family Foundation. Accessed February 10, 2023. https://marychristieinstitute.org/wp-content/uploads/2022/11/Peer-Programs-in-College-Mental-Health.pdf

Published online June 3, 2024.