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Article 60

Building Effective Components of a Campus Suicide Prevention Program Website: A Focus Group Approach

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Introduction

One of the core activities of the Garrett Lee Smith (GLS) Campus Suicide Prevention Grant Program for universities, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is to develop mental health informational materials for campus students and their families. Mental health information is vitally important on college campuses because it serves to educate college students and their families on mental health issues that impact them, decrease mental health stigma, and facilitate conducive help-seeking attitudes and behaviors (e.g., early identification of at-risk students and utilization of mental health services, when needed). The primary delivery method of mental health information on grantee campuses is through their Campus Suicide Prevention Website. Thus, the focus of this study was to determine how to develop an effective campus suicide prevention website for presenting mental health information to commuter campus students and their families. A secondary focus of the study was to identify effective social marketing methods to encourage commuter campus

students and their families to visit, and revisit, the campus suicide prevention program website as needed.

Statement of the Problem

Importance of Prevention and Early Intervention in Counseling

Remley and Herlihy (2005) indicated that the field of counseling is fundamentally based on four philosophical beliefs. The first belief is that the best approach for helping individuals is based on the wellness model rather than the illness/medical model. The second belief is that most problems and issues that individuals struggle with are developmental in nature; thus, we need a thorough understanding of human growth and developmental lifespan issues. The third belief is that counseling approaches need to empower individuals to handle their own issues so as to enhance individuals' autonomy and decrease dependence on counselors. The fourth belief highlights the importance of prevention and early intervention to the field of counseling. The field of counseling prefers to engage and develop prevention and early intervention programs to help people prior to the development of full blown problems that require significant counseling intervention programs (remediation). This campus suicide prevention program website study is primarily related to the fourth belief of the importance of prevention and early intervention in counseling.

Magnitude of Suicide

Nationally, suicide is a major public health problem in the United States and the eleventh leading cause of death. The national suicide rate is 11.1 per 100,000 and the distribution of suicides in the population peaks in middle age (45-54 years) at 17.2 per 100,000. However, the magnitude of suicide must also incorporate suicide attempts in the population which are estimated at: 100-200 suicide attempts per adolescent suicide; 25 suicide attempts per adult suicide; 4 suicide attempts per elderly suicide (American Association of Suicidology, 2006).

National Strategy for Suicide Prevention (NSSP)

As a result of the magnitude of suicide in the United States, a National Strategy for Suicide Prevention has been established to approach suicide as a preventable public health problem with pragmatic opportunities to save lives. The aims and goals set forth by *The National Strategy for Suicide Prevention: Goals and Objectives for Action (NSSP or National Strategy)* provide an organized list of 11 goals and 68 objectives to combat this serious epidemic. An overview of the *National Strategy* includes the following select goals: promote awareness that suicide is a public health problem that is preventable; develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services; develop and implement suicide prevention programs; implement training for recognition of at-risk behavior and delivery of effective treatment; and improve access to and community linkages with mental health and substance abuse services. The *National Strategy* provides a broad working plan on how to organize suicide prevention efforts in the United States (U.S. Department of Health and Human Services, Public Health Services, 2001).

Suicide on College Campuses

In the United States, suicide at both the national level and on college campuses is a major public health problem. The American College Health Association (2001) national survey of 16,000 students across 28 college campuses reported that 9.5% of college students had suicidal

ideation, 1.5% had made a suicide attempt, 50% had reported feeling very sad, 33% reported feeling hopeless, and 22% reported feeling depressed to the point of impaired functioning.

Despite the issue of suicide on college campuses, going to college and staying in college is still a protective factor for suicide risk. The Big Ten Suicide Study (Silverman, Meyer, Sloane, Raffel, & Pratt, 1997) identified reported suicides among Big Ten University campuses over a 10 year period and reported a college suicide rate of 7.5 per 100,000. However, the general population suicide rate when matched for age, gender, and race was 15.0 per 100,000 (Potter, Silverman, Connorton, & Posner, 2004). Thus, colleges and universities need to address the issue of suicide through implementation of comprehensive suicide prevention programs that are linked to campus and community mental health services to provide students with safe, supportive learning environments to stay in school.

Although suicide and related mental health issues are a problem for the general college population, there are some college subpopulations that are at increased risk for suicide; particularly males, older students (25 years and older), and graduate students (both males and females; Silverman et al., 1997). Nontraditional students (25 years and older) have some unique stressors that include commuting to college (less able to participate in extra-curricular college activities), loss of status if they have to quit work to attend college (Silverman, 2004), work/family/school balance for those students that attend school while continuing to work and raise families, and academic related challenges of returning to school after a prolonged absence (Potter et al., 2004). This highlights the need for campus suicide prevention programs on commuter college campuses.

Campus Suicide Prevention Programming

The Campus Suicide Prevention Grant Program is sanctioned under the Garrett Lee Smith (GLS) Memorial Act, and the Substance Abuse and Mental Health Services Administration (SAMHSA) provides Campus Suicide Prevention Grants for colleges and universities. Grants associated with this program seek to improve services for college students and their families struggling with behavioral and mental health issues that could put them in danger of suicide attempts and suicide. Recipients of these grants may develop various methods and strategies to attain their objectives related to the core grant program activities (SAMHSA, 2009).

Campus suicide prevention program grant activities. The SAMHSA GLS grant program guidelines stipulate that campus suicide prevention grant activities should be limited to the five primary project activities, which include the following: development of mental health network; campus crises response plan; integration of the National Suicide Prevention Lifeline into the campus crises response plan; suicide prevention gatekeeper/awareness training workshops, early identification of at-risk students, and promotion of help-seeking behaviors among distressed students; and mental health informational materials for students and their families. The GLS campus suicide prevention core project activities mirror several of the key goals of the National Strategy for Suicide Prevention. Thus, the focus of this study was to determine how to develop an effective campus suicide prevention website for presenting mental health information to commuter campus students and their families. A secondary focus of the study was to identify effective social marketing methods to encourage commuter campus students and their families to visit, and revisit, the campus suicide prevention program website as needed.

Prevention planning issues. There are many mental health-related websites that campus students and their families could choose to receive their mental health information. Thus, it is very important to design an engaging website that presents understandable mental health information (e.g., signs and symptoms of mental health issues) that facilitates our target population's (students and their families) help-seeking attitudes and behaviors. However, even the most engaging website will be of little use if the website is unknown to campus students and their families. Thus, our commuter campus must also develop effective social marketing methods to encourage students and their families to visit and revisit the campus suicide prevention website for their mental health information needs.

Use of Internet in campus suicide prevention programs. Campus Suicide Prevention Grantees are required to develop mental health informational materials to enhance and strengthen mental health access for college students and their families (SAMHSA, 2009). Many grantee institutions use the internet to distribute informational material and provide online mental health screenings. The internet is a unique, cost effective means to distribute information to a large-scale audience. However, university officials are searching for various internet marketing strategies to lure students to internet websites that outline mental health services (Potter, Silverman, Connorton, & Posner, 2004).

Research gap. There is a dearth of knowledge of how to promote mental health or prevent suicides on commuter college campuses (Potter et al., 2004).

Research Questions

When creating an effective campus suicide prevention program website, there are a couple of key questions related to the development and marketing of mental health information.

1. What are the components of an effective campus suicide prevention program website for mental health information?
2. How does our campus encourage, through social marketing, students and their families to visit the campus suicide prevention program website?

Method

Campus Setting

Our campus is a small regional campus (609 students) of a major public state university (17,992 students). It is located 100 miles from the main campus which houses most of the university services, including the college counseling center. Our campus is a commuter campus as many students commute from surrounding counties. Our regional campus student population has the following characteristics related to academic class (77% undergraduate, 23% graduate), gender (79% female, 21% male), race (61% White American, 34% African American, 3% American Indian, and 2% other), and age (69% nontraditional students, 31% traditional students; 23.5% older students aged 40-64 years).

Participants

The focus group consisted of six students. The average age of participants is 36 (range from age 20 to 50). Half (50%; n=3) of the participants are married and half (50%; n=3) of the participants are single. All (100%; n=6) of the participants are white females. Majority (83%;

n=5) of the participants are majoring in elementary education, and a minority (17%; n=1) of the participants is a community counseling major. A majority (67%; n=4) of the participants are unemployed and the minority (33%; n=2) of the participants are employed full time.

Recruitment Statement: Six to eight students are needed to participate in a 90 minute focus group for the purpose of developing suicide prevention program website guidelines to be utilized for the final development of the suicide prevention program website. Also, announcements were made in campus classes and emails. In order to increase participation, a gift card to Barnes and Nobles and a suicide prevention tote bag were offered as incentives.

Rationale for Focus Group Research Method

The focus group research method is a common method in social marketing research to evaluate/develop a product or service. We approached our campus suicide prevention program website as a prevention service and needed feedback on how to improve that service from our campus consumers (students). We did consider doing a series of individual student interviews but decided that a focus group research method would be more efficient and would likely result in richer qualitative data (feedback) to improve our current program website. A focus group interview is a group interview whereby the group is asked focus group questions (see Instrumentation) and participants respond to those questions. The advantage of focus group research method over individual interviews is that participants often share additional information upon hearing other focus group participants' responses (interaction effect). Additionally, focus group research method is very efficient if showing products (social marketing advertising materials) and services (campus grantees program websites) to participants prior to their group responses.

Instrumentation

Suicide Prevention Website Development Study – Focus Group Questions

Instructions: Focus group participants will be shown *three* different SAMHSA Grantee Campus Suicide Prevention Websites (from *three* different universities – prescreened from all the SAMHSA grantee websites available) and will be invited to share their reactions to the websites. All focus group participants will be asked the following focus group questions for each of the websites:

Focus Group Questions:

1. What is your first impression of each website?
2. For each website, how easy is the website to navigate or find the information that you are looking for? (Task: conduct a search for a common issue that a college student or family member may search for, such as depression.)
3. For each website, which components of the website do you think are organized well and which website components need work? Explain your position.
4. For each website, to what extent are the mental health/wellness/college-related content topics sufficient in *breadth or diversity of topics*?
 - a. What omitted topics do you think are important to add?
 - b. What omitted topics would your family members like to see on the website?
5. For each website, to what extent are the mental health/wellness/college-related content topics sufficient in depth of information/topic?

- a. For each mental health/wellness/college related topic, what kind of information is necessary on the website in order to facilitate a student's or family member's decision to seek help for a particular issue?
6. From your perspective, what makes a mental health website engaging to the point that a student would want to return to the website?
7. From your family's perspective, what makes a mental health website engaging to the point that your family members would want to return to the website?

Task: All participants will be given the opportunity to provide their perspective on the best potential social marketing materials for the suicide prevention program to invest in to get students and their family members to visit and revisit the website. Participants will be shown examples of social marketing materials (pens, stick pads, refrigerator magnets, Chapstick, bookmarks, etc.).

8. From your perspective, which of the social marketing materials presented here would encourage students to visit our mental health website? Explain your position.
9. From your family's perspective, which of the social marketing materials presented here would encourage families of students to visit our mental health website? Explain your position.
10. In terms of the discarded social marketing items, what made you think that some of the items would not encourage either students or their family members to visit the website?
11. What other potential social marketing items (not shown here) do you think would encourage students or family members to visit the website?

Materials

The following materials are needed in order to conduct the study: three campus mental health websites; and social marketing material examples.

The websites were chosen from colleges who are recipients of the Garrett Lee Smith Suicide Prevention Grant program. The websites were selected based on website organization and specific content. The following websites were included:

1. University of Utah (<http://www.bigthingslittlethings.com/>) is a very inviting, well organized, engaging website for students, friends, and parents. In addition to online screenings for several mental health issues, it also provides wellness information for academic, emotional, physical, social, and spiritual health issues.
2. Ohio State University (http://www.osuit.edu/campus_community/counseling_services/) has a website specifically designated for students' mental health. It includes marketing videos, suicide prevention hotline number, and a wealth of mental health resources. It is broken down into sections to access information easily. The *Reach* section lists different areas of outreach for students to become more educated about mental health issues. Next, the *Learn* section includes several resources that highlight prevention methods. Also, there is a *Help* section for ways students can easily receive mental health services. Lastly, the *Get Involved* section allows students to assist the mental health center with helping others.
3. Oklahoma State University (<http://reach.osu.edu/>) includes a list of top ten myths about counseling, self-help resources and crisis hotline numbers. Also, it focuses on the following reasons students should take advantage of the counseling center: academic

problems, anxiety, depression, romantic relationship concerns, procrastination, family relationship concerns, sleeping problems, career indecisiveness, and concentration difficulties.

Procedures

A focus group approach was employed to develop our campus suicide prevention program website guidelines. Current students were given the opportunity to participate in the focus group project whereby all participants had the opportunity to provide their reactions to the website and three pre-screened examples of campus suicide prevention college websites (SAMHSA grantees) as well as selected examples of social marketing materials (pens, stick pads, refrigerator magnets, Chapstick, bookmarks, etc.) to advertise the website. See focus group questions in Instrumentation section.

Once the focus group video is transcribed, the transcript is analyzed for participants' meaning and participants had the opportunity to participate in a member-check process (participants review their statements on the transcript and agree or make revisions to the researchers' analysis of meaning). Once the member check process was completed, researchers developed our campus suicide prevention program website guidelines based on the major themes identified in the focus group approach which will inform the final website development process.

Data Analysis

The content analysis and member check process will be supervised by the senior researcher to ensure that the procedures are performed correctly. Specifically, both researchers will read the focus group transcript thoroughly to become familiar with the content. The junior researcher will write in the margin the basic meaning of each participant's response (in black ink). The senior researcher will read the participants' responses thoroughly to become familiar with the content and will also read the junior researcher's basic meaning statement in the margin. If the senior researcher concurs with the basic meaning statement, the researcher will leave the meaning statement unchanged in the margin. If the senior researcher disagrees with the basic meaning statement, the researcher will write a second meaning statement beside the first meaning statement (in blue ink). The member check process will involve returning the participants' responses and their respective meaning statements to the participants to have them provide feedback on the meaning of their original statement. The participants can agree with the junior researcher's or senior researcher's meaning statements (with a check mark in red ink) or write a third meaning statement beside the existing meaning statements (in red ink). Statements of meaning will then be sorted into major categories to form website guidelines for our website development project.

Results

After analysis of the focus group transcript pertaining to effective components of a campus suicide prevention/mental health website, three major categories have been highlighted to organize the major findings of the study. The results have been sorted in the following categories: website organization; mental health content; and social marketing approaches.

Website Organization

The initial impression garnered when visiting a website usually falls under the category of website organization. Website organization encompasses all the visual and audio components that are displayed on a website. Website organization is broken down into the following sub-categories: website visual presentation; use of audio/visual components; intended target audience; integration with other websites; use of search engines; use of question and answer; use of discussion board; use of mental health screening; clarification of logo; and grammatical errors.

At first glance, website visual presentation is usually assessed through use of color, imagery, and fonts. After asking focus group participants to comment on what makes a good first impression when visiting a mental health website, it was stated, *“I was thinking some images of some kind because people like imagery and color to draw their attention”* [participant exemplar]. Then, an audiovisual component, a video to produce sound and visual elements, was introduced on a sample website. *“I like the video, good idea”* [participant exemplar]. Next, mental health websites are designed to target specific audiences. After viewing the University of Utah’s mental health website, www.bigthingslittlethings.com, a focus group participant commented, *“I like the For You, For Friends, For Parents sections”* [participant exemplar].

The next website organization component is integration with other websites which means how every component of the website works together to form an effective website. One focus group participant thought, *“Well ours would be better if it was its own separate entity and not a page. Everyone else has its own site. Ours is a little confusing, like the little search engine up there, you are going to Mississippi State search”* [participant exemplar]. Search engine is another website organization component which refers to a tool designed to search for information within a website. A focus group participant commented, *“My mother, she doesn’t know much about the internet, so she needs to be able to just click and be there”* [participant exemplar].

Website organization can also be achieved through different types of formats. Question and answer format includes information obtained from replies to predetermined questions. *“Whenever it is frequently asked questions, the question I want to ask is not on there”* [participant exemplar]. Another frequently used website organization format is the discussion board. Discussion board is a website communication tool that allows users to post a comment or question online. A focus group participant stated that, *“you could get the wrong advice”* [participant exemplar]. Also, online mental health screenings are used to check for a specified list of mental health issues or concerns that could help users identify whether to seek further assistance. *“It has a health screening for referrals”* [participant exemplar].

Other miscellaneous aspects that impact website organization include clarification of logo and grammatical errors. Clarification of logo is the process of helping users immediately recognize the website’s mission and purpose. *“Because I have no idea what COMPLETE (our Campus Logo) is about”* [participant exemplar]. Lastly, website organization also addresses grammatical errors. Grammatical errors include any error in spelling or grammar. *“Yeah, that undermines the quality of the website”* [participant exemplar].

Mental Health Content

After evaluating how a mental health website has been organized, content is usually addressed. Mental health content can be defined as all of the articles, lists, or links that describe mental disorders, signs, symptoms, medications, treatments, and research included on a website. Mental health content results are broken down into the following sub-categories: signs and symptoms of illnesses; information on article length; original mental health content; student related issues content; and wellness-based content.

Signs and symptoms of illnesses include a concise list of common symptoms or signs intended to provide a clearer understanding of the mental health disorder. *“We need some links to some signs and symptoms to some mental health illnesses, don’t we”* [participant exemplar]. Information article length refers to the amount of information presented on each mental health topic. *“I like that better because it is less reading. If you are a college student, you don’t have time to sit there and read”* [participant exemplar]. Original mental health material refers to all material published by the author of the website. Original material excludes all material that is linked to other websites. *“You don’t have to go to different websites, it’s all there”* [participant exemplar]. Student related issues are specific issues that are related to students’ academic or personal life. *“Oh, and exam panic, that’s a good one”* [participant exemplar]. *“And money management is one of them”* [participant exemplar]. Wellness-based content includes resources to improve social, occupational, spiritual, physical, intellectual, emotional, financial, mental, and medical areas. *“But yeah you could put on there like healthy eating”* [participant exemplar].

Social Marketing Approaches

Once the website organization and mental health content has been equally addressed, it is important to focus on social marketing approaches. Social marketing approaches are inclusive of all techniques applied to promote an intended audience to gain knowledge of the website and continuously visit the website as needed. Social marketing approaches include the following sub-categories: social marketing through linking; social marketing through search engines; and quality of social marketing materials.

Social marketing through linking websites refers to the ease of navigating from one website to another. *“Can you get there from the website, from the MSU’s website”* [participant exemplar]. Social marketing through search engines refers to typing key words into a tool that searches a database and reports websites that contain related topics. *“What about if somebody googles”* [participant exemplar]. Lastly, quality of social marketing materials is divided into promising, potential, and rejected categories. Focus group participants categorized several materials as promising social marketing materials. *“Highlighters, pens, pencils are all good”* [participant exemplar]. *“Notepads (sticky) are good”* [participant exemplar]. *“See I would use the tote bag”* [participant exemplar]. *“Is the tote bag a possibility because I have been using mine”* [participant exemplar]. *“I like (plastic) cups”* [participant exemplar]. *“I like business cards, I keep them”* [participant exemplar]. *“I like those water bottles. I could use water, crystal light, or something”* [participant exemplar]. *I like the hand sanitizer”* [participant exemplar]. Focus group participants also highlighted materials that were promising social marketing materials. *“I like the notebook. I would worry about the price of it, though”* [participant exemplar]. *“Brochures, this is a maybe”* [participant exemplar]. Also, several social marketing materials were rejected. *I am not putting a sticker on my car”* [participant exemplar]. *“I don’t know if I would use it (door hanger)”* [participant exemplar]. *“I don’t use them (bookmarks), I just fold a piece of paper”* [participant exemplar]. *“I don’t wear them (armbands), but if they are free, I will take one”* [participant exemplar]. *“I have to use my favorite kind of Chapstick, I wouldn’t just use a generic type”* [participant exemplar].

Discussion

First, the website must be organized very well. Website organization encompasses all the visual and audio components that are displayed on a website. Focus group participants recommend that an engaging website must find an effective way to use color, imagery, fonts, and

sound. Also, it is helpful when the website is organized to target specific audiences. Focus group participants only had favorable responses to an example website that is divided into sections specifically to target students, parents, and friends. Also, it was recommended that campus suicide prevention websites are integrated with other websites and to ensure that information is concise and conclusive. After everything is integrated, it is helpful to include an internal search engine so that information can be found easily.

After determining how a campus suicide prevention website will be organized, content is usually addressed next. Mental health content can be defined as all of the articles, lists, or links that describe mental disorders, signs, symptoms, medications, treatments, and research included on a website. Focus group participants recommend that all mental health issues have an easily accessible list of signs and symptoms as a quick reference. Also, focus group participants suggest that original mental health material or any associated link to mental health material be limited to one page in length. Additional information should be provided with supplementary links. It is equally recommended that a campus suicide prevention website include student related issues in addition to mental disorder content. Sample student related issues include money management, study skills, and procrastination.

Once website organization and mental health content has been equally addressed, it is important to focus on social marketing approaches. Social marketing approaches are inclusive of all techniques applied to promote an intended audience to gain knowledge of the website and continuously visit the website as needed. Focus group participants recommend that an effective campus suicide prevention website is easily linkable. Because the campus suicide prevention websites associated with the Garrett Lee Smith Campus Suicide Prevention Grants are a part of universities, focus group members felt that there should be an easy way to link from the university main page directly to the campus suicide prevention website and vice versa. Also, the items associated with the university homepage should not interfere with the campus suicide prevention website. Focus group members also suggested that the website be easily found through search engines on the World Wide Web. Lastly, focus group members categorized social marketing materials to promote the website. Promising social marketing materials include highlighters, pens, pencils, notepads, folders, book bags, cups, business cards, and hand sanitizer. Potential social marketing materials include notebooks, brochures, and magnets. Rejected social marketing materials include door hangers, clipboards, bookmarks, armbands, coffee holders, buttons, stickers, and Chapstick. The focus group members suggest that key chains and cup insulators would also be promising social marketing materials for the suicide prevention program website.

Future Directions

Our next step in the project is to incorporate the recommendations from the focus group related to website organization, relevant mental health content, as well as viable social marketing approaches for advertising our campus suicide prevention website to our target population of campus students and their families. Future directions for the website development project include: a follow-up focus group of campus students and family members on the newly updated website to determine if we incorporated the original focus group's primary recommendations; evaluating the effectiveness of the website (does exposure to the campus suicide prevention program website increase help-seeking attitudes and behaviors, perception of personal wellness, and reasons for living?). It is our hope that the campus suicide prevention program website can

play an integral part in developing a safe, supportive learning culture for our commuter campus students and their families.

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