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Rachel A. Haydel

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Suicide Attempt Recovery Storytelling as a Way to Increase Help-Seeking Attitudes in
College Students

by

Rachel A. Haydel

Undergraduate honors thesis under the direction of

Dr. Raymond Tucker

Department of Psychology

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Louisiana State University
& Agricultural and Mechanical College
Baton Rouge, Louisiana

Abstract

Research on help-seeking attitudes for adults experiencing thoughts of suicide is growing, with little research on sharing stories of lived experience as a means to increase help-seeking behaviors. This study researched if whether watching a video of a suicide attempt survivor Kevin Hines explaining his recovery after a suicide attempt increased mental health help-seeking attitudes and behaviors more than watching a psychoeducational video on suicide. Participants were randomized to see either the lived experience or one of two psychoeducation videos, and afterward, self-report help-seeking attitudes were measured. An additional suicide prevention resource URL link was presented to measure how much time participants spent on these resources. A total of 193 participants were included in the study (78.2% female), and no differences between groups was found for help-seeking attitudes and time-spent on a help-seeking resource link.

Evidence for Storytelling as an Effective Mode to Increase Help-Seeking in College Students

The suicide rate in the United States total population has increased by 24% from 1999 to 2014, with an increase of 2% per year since 2006 (Curtin, Warner, & Hedegaard, 2016). Suicide is the third leading cause of death for adults between the ages 18-24, and it's the second leading cause for young adults in college (Brownson, Becker, Shadick, Jagers, & Nitkin-Kaner, 2014; Centers for Disease Control, 2011, 2014; Suicide Prevention Resource Center, 2004). In a 2017 survey completed by 63,497 students from 92 college campuses, the American College Health Association (ACHA) found that about 2.4% of undergraduate students considered suicide in the last two weeks prior to completing the survey, while about 1.2% attempted suicide in the past year. Additionally, the ACHA found about 7.3% of undergraduate students seriously considered suicide in the past year.

A current issue with suicide prevalence is the likelihood for college students who are at risk to seek out the help they need. Over half of college students who seriously consider suicide do not seek professional treatment (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013). Data shows that one primary risk for suicidal behavior in young adults is mental illness (Czyz et al., 2013; Kessler, Berglund, Borges, Nock, & Wang, 2005; Moskos, Olson, Halbern, Keller, & Gray, 2005; Nock & Kessler, 2006). Around 61% of college students in 2014 who died by suicide exhibited significant symptoms of clinical depression (Gallagher, 2014). However, most students who have any sort of mental health issue do not receive treatment (ACHA, 2013; Blanco et al., 2008; Eisenberg, Golberstein, & Gollust, 2007; Eisenberg, Hunt, Speer, & Zivin, 2011; Rosenthal & Wilson, 2008; Samuolis, Griffin, Mason & Dekraker, 2017).

Increasing the number of students who receive treatment may prove to reduce the suicide rate in college students. Research has shown that adults who receive evidence-based

psychological interventions, such as cognitive behavioral therapy or dialectical behavior therapy, show a reduction in suicide attempts (Linehan et al., 2006; Brown et al., 2005). However, many college students do not seek mental health treatment when it may be needed. Only about 36% of students who have a mental health problem receive medical or psychotherapeutic treatment, while around 60%-80% of students who are in need of help do not seek professional treatment (Samuolis et al., 2017; McDermott et al., 2017). The number of students who die by suicide without ever seeking professional help is also increasing (McDermott et al., 2017; Gallagher, 2012, 2013, 2014). In the National Survey of College Counseling Centers in 2014, counseling center directors reported around 125 suicides by students within the year (Gallagher, 2014). Additionally, 86% of these students did not seek professional help from the counseling center (Gallagher, 2014). Many national organizations concerned with college student mental health and mental health clinics are aiming to increase help-seeking behaviors in college students in order to decrease college student suicide. For example, the national suicide prevention resource center (SPRC) holds a help-seeking webinar. This webinar provides a place for researchers to share their recent findings on what strategies effectively increase help-seeking behaviors in students (Suicide Prevention Resource Center, 2018).

The strategies utilized by organizations such as SPRC include identifying barriers to students seeking mental health care in order to understand effective ways to promote help-seeking. Most studies examine the barriers to help-seeking, and try to discover what is keeping students from getting the help they need. In a study by Czyz et al. (2013), college students responded that the barriers to seeking help included low perceived need for treatment (66%), time constraints (26.8%), preference to manage concerns on their own (18%), and stigma (12%). Callear, Batterham, and Christensen (2014) found health literacy to be a large part of help-

seeking attitudes. Health literacy is defined by the researchers as knowledge of symptoms, causes, and treatment. Stigma was found to be another large factor, and unwillingness to receive help was associated with low mental health literacy and high stigma (Calear et al., 2014). Still other sources found more barriers such as inability to recognize a problem, lack of knowledge for treatment options, confusion about insurance, male gender, and questions about treatment efficacy (Niederkröthaler, Reidenberg, Till, & Gould, 2014; Samuolis et al., 2017; Eisenberg et al., 2007, 2011; Zivin, Eisenberg, Gollust, & Golberstein, 2009).

With these barriers in mind, the American Foundation for Suicide Prevention (AFSP) developed an online screening program for college students that proved to be beneficial for increasing help-seeking. Each student received an email invitation to participate in an online screening, where counselors assessed each student and they were given the option to log onto a username and see their assessment. The AFSP found that out of the 8% of students who participated in the screening, 89% viewed their assessment, and 34.3% of those at high risk engaged in one or more online dialogues with a professional counselor (King, Eisenberg, Zheng, Czyz, Kramer, Horwitz, & Chermack, 2015). Another study tested this method but targeted suicide attempt history, current suicidal thinking, depression, and alcohol abuse through a program called eBridge. The results showed that at a two-month follow-up, the participants who participated in the eBridge program had significantly higher scores of readiness to talk to family and friends about seeing a professional. Also at the two-month follow up mark, the eBridge participants had received help more often than the control group (King et al., 2015). There seems to be a growing attraction for online promotion of help-seeking, with positive results for online programs such as eBridge.

There is evidence that individuals with mental health disorders spend a larger amount of

time online (Aboujaoude, 2010; Harris, McLean, & Sheffield, 2014; Starcevic & Aboujaoude, 2015). Seward and Harris (2016) researched online versus offline help-seeking behaviors and found that as risk level increased, face-to-face treatment willingness decreased. The availability of online help is increasing, which appeals to more reluctant help-seekers. Seeing something online can be less stigmatizing, since it is more private, and this can explain why more people are seeking help online and are more likely to disclose personal struggles with an online expert (Seward & Harris, 2016; Burns, Davenport, Durkin, Luscombe, & Hickie, 2010; Joinson, 2004; Vogel, Wade, & Hackler, 2007).

More evidence showing the power of media and online sources on help-seeking comes from news stories. Morgan and Jorm (2009) found positive news stories showing the mental health recovery of a well-known individual decreased negative stigma toward mental illness in Australian youth. There is a trend called the Papageno effect, where news articles of people sharing how they overcame a suicidal crisis shows to protect against suicide (Michel, Frey, Schlaepfer, & Valach, 1995; Etzersdorfer & Sonneck, 1998; Niederkrotenthaler & Sonneck, 2007; Pirkis et al., 2009). Stories show to impact individuals, especially when those stories include recovery in a positive way. There are several new approaches that include a storytelling element to bring awareness, reduce stigma, and increase help-seeking. Wexler, White, and Trainor (2015) created a CARES programs which included sharing stories on suicide intervention in an Alaskan indigenous population. Storytelling is thought to help others who are listening make connections with the person, or identify with them (Wexler et al., 2015; Niederkrotenthaler, Arendt, & Till, 2015). Alcoholics Anonymous (AA) meetings include storytelling as a way to help listeners see the similarities between the experiences of the storyteller and that of the listener (Humphreys, 2000). The hope in AA programs is that if a

listener relates to the speaker and sees how the speaker was able to cope and get professional help, then he or she may also be able to cope/get help in the same way (Humphreys, 2000).

The emphasis of storytelling seems to be strongly related to identification with the storyteller. Niederkrotenthaler et al. (2015) tested the effect of identification to a storyteller for 104 students at the University of Vienna, Austria. Participants read a story about a protagonist who is about to attempt suicide and copes by getting help from a crisis phone line. The protagonist describes how a traumatic event affected him, his preparations to die by suicide, and his last-minute decision to call the helpline. The experimental group read a story of a man who is a student, 24 years-old, and a communications major, showing high similarity with the participants (higher identification). The second experimental group read the same story but with a man who is 54 years-old and an office worker, showing low similarity to the participants (and therefore, lower identification). The control group read a narrative that was unrelated, containing no suicide-related concepts. Results showed that higher depression scores predicted higher identification with the speaker, meaning that the participants who were more depressed identified more with the depressed protagonist. In addition, participants in the first treatment group who read about a similar protagonist showed significantly higher intentions to read similar material in the future about suicide awareness than the second treatment group. This is in line with other research showing that identification with the storyteller leads to more willingness in the reader to read similar media stories (Basil, 1996; Dillard & Main, 2013).

Niederkrotenthaler et al. (2015) indicate that these findings are crucial for suicide prevention efforts that include lived experiences of crises involving suicidality. The researchers also note that many prevention programs include stories of hope or recovery by individuals as a means to encourage others to get the help they need, such as “Now Matters Now”

(<https://www.nowmattersnow.org>), “U Can Cope”

(<http://www.connectingwithpeople.org/ucancope>), or Kevin Hines

(<http://www.kevinhinesstory.com>). Still these researchers mention a lack of knowledge as to the specific story content that will lead to greater identification and encourage listeners to also get help. They also include that further research should study another mode of message other than reading, such as a video message.

For the present study, we investigated this storytelling effect on help-seeking attitudes in an undergraduate college sample. We used a video message of Kevin Hines, a well-known speaker who shares his story of recovery following a suicide attempt. We explored whether those who listened to Kevin share his story by a video message endorse more positive attitudes towards professional mental health treatment seeking compared to those who watched one of the psychoeducational videos on suicide. We wanted to know if the content from another person’s lived experience inclined participants to be more open to seeking help, and therefore potentially get the help they need. Additionally, this study included a behavioral measure of help-seeking to determine if engaging with storytelling was related to taking action toward getting more information or help. We hypothesized that:

- (1) The participants who watch the storytelling video will show more willingness to get help for themselves than those who saw a psychoeducational video.
- (2) The participants who watch the storytelling video will spend more time on a suicide prevention resource link than those who saw a psychoeducational video.

Method

Participants

The participants included undergraduates at a large state university. A total of 193 individuals participated in the study (78.2% female, 21.2% male). Participant age ranged from 18 to 51, with a mean age of 20.17 years ($SD = 3.69$). Majority of participants (77.7%) identified as Caucasian/White, 9.3% identified as Asian/Asian-American, 7.3% identified as African American, 2.1% identified as biracial, 1.6 identified as American Indian/Alaska Native, 1.0% identified as Latino/Latina, and 1.0% identified as Other. All participants received course credit for their participation in the study.

Materials

Demographics. Participants completed a brief demographics form which asked questions such as age, gender, and race/ethnicity.

Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004). This Inventory included a five-point Likert scale ranging from 0 = Disagree to 4 = Agree for 24 items. Higher scores on this measure indicated more likelihood to seek mental health services. This measure has been found to have good internal reliability, along with good test-retest reliability (Drapeau, Cerel, & Moore, 2016). It demonstrated good internal consistency ($\alpha = .84$) in the current study.

Behavioral Measure of Help-Seeking (Bauer, Tucker, & Capron, 2018). A link to suicide prevention resources was presented following the completion of the IASMHS. Participants were instructed to, “Click this link if you are interested in learning more about suicide prevention resources.” The online survey platform used in the current study tracked how many seconds participants spent interacting with resources found after clicking on the link.

Storytelling Video. We included a video of Kevin Hines sharing his story of his suicide attempt, and how he overcame the crisis and received the help he needed. This video was about

14 minutes long, and included Kevin sharing his story at Fresno State in 2014. The video is titled “The Kevin Hines Story” (<https://www.youtube.com/watch?v=loiGNZTfu6g>). This was the video shown to the experimental group.

Psychoeducational Videos. Two different psychoeducational videos on suicide were randomized as a measure of control. Studies on psychoeducational videos prove to enhance the suicide literacy of college students, but has not shown to help improve help-seeking (Han, Batterham, Calera, Wu, & van Spijkera, 2017; Dueweke, & Bridges, 2017). These videos were the same length as the storytelling video, and included the same key components of Kevin’s video minus the storytelling element (e.g., risk factors of suicide, mental illness and suicide risk, helping others, getting help for oneself). The first psychoeducational video included a video message of a person giving suicide facts and statistics. The second video included the same audio from the first psychoeducational video, but it contained charts, words, and images instead of a video of a person speaking. The control video with a visible narrator was included to control that the Kevin video did not have an impact simply because the participants watched a real person speak.

Procedure

Participants were recruited through the online SONA system. Through the system, a link to the online survey housed on an external survey platform (Qualtrics) was embedded in the study description on SONA. Participants were randomized into the storytelling experimental group or one of the psychoeducational control groups. After participants clicked on the survey link, they were given an information sheet and clicked a button to provide informed consent to participate. They then completed the demographics form, watched the videos according to group allocation, then completed the IASMHS, followed by the behavioral measure of help-seeking.

The study ended with a debriefing page which included counseling resources and a study description. Participants were compensated with course credit for completing the study.

Analytical Approach

The statistical approach included two ANOVA analyses. The independent variable for both analyses was group allocation. The dependent variable was mean IASMHS scores for the first ANOVA analysis and the mean time spent on the URL link (in seconds) for the second ANOVA analysis.

As an effort check, four true/false questions preceded the video the participant saw. A participant's data was removed from the study if he/she scored 2 or more incorrect answers on the four-question test.

Results

Data Cleaning

48 participants discontinued the study prior to completing the measures following the videos and their data was removed. The data of 26 additional participants were removed for failing to meet the criterion on the video post-test attention check (e.g., two or more true/false questions were answered incorrectly). Additionally, four univariate outliers were removed based on the time spent on the resource link. Univariate outliers were identified if z-score values were greater than the absolute value of 3.29.

ANOVA Analyses

Mean scores with standard deviations are presented in Figure 1. The total mean scores on the IASMHS were not significant between groups. The between groups one-way ANOVA found an $F(2,190) = 0.547, p = 0.580$. Participants who watched the storytelling video ($N=73$) showed an IASMHS score of $M = 65.18$ with an $SD = 12.23$. Those who watched the psychoeducation

video with a visible speaker (N=63) showed an IASMHS score of $M = 63.22$ with an $SD = 12.15$. Those who saw the psychoeducation video with graphics (N=57) scored a $M = 65.28$ and an $SD = 11.65$.

Mean scores with standard deviations are presented in Figure 2 for the mean time spent on the help-seeking link (in minutes), there was also no significant difference between the groups. The between groups one-way ANOVA found an $F(2,186) = 1.087, p = 0.339$. The storytelling group (N=70) showed scores of $M = 9.18, SD = 12.10$. The psychoeducation group with a visible speaker (N=63) had scores of $M = 7.35, SD = 5.86$. The psychoeducation group without a visible speaker (N=56) had scores of $M = 7.02, SD = 7.17$.

Discussion

The present study investigated whether watching a speaker tell a story of recovery following suicide attempt is related to help-seeking attitudes and behaviors. Research has shown that those who seek professional help show reduced suicide attempts; however, mental health treatment-seeking is rare particularly in college students (Linehan et al., 2006; Brown et al., 2005; Czyz, Horwitz, Eisenberg, Kramer, & King, 2013; ACHA, 2013; Blanco et al., 2008; Eisenberg, Golberstein, & Gollust, 2007; Eisenberg, Hunt, Speer, & Zivin, 2011; Rosenthal & Wilson, 2008; Samuolis, Griffin, Mason & Dekraker, 2017). The hypothesis that seeing a video about recovery following a suicide attempt would be related to increased help-seeking attitudes was not supported. Those who saw a video of Kevin Hines discuss his recovery did not demonstrate more positive help-seeking attitudes than those who were presented simple psychoeducation about suicide. Additionally, no differences between groups were seen for actual help-seeking behaviors. Time spent viewing suicide prevention information did not differ between those who viewed Kevin's video or those who viewed the psychoeducation videos.

Although participants who watched the storytelling video did show a higher mean for time spent on the resource link, this was not significantly higher than the other two psychoeducational groups. Generally, these results did not show a significant effect of storytelling on attitudes or behavior.

We did not see a positive effect of storytelling such as the Papageno effect mentioned previously (Michel, Frey, Schlaepfer, & Valach, 1995; Etzersdorfer & Sonneck, 1998; Niederkrotenthaler & Sonneck, 2007; Pirkis et al., 2009). This effect may have been seen due to third variables not assessed in the current study. Neiderkrotenthaler et al. (2015) tested the measure of identification and found that higher identification to a narrator led to more willingness to read further material on suicide awareness. It is possible that the participants (majority college-aged females) did not identify with Kevin in the storytelling group (a middle-aged male). High identification with the storyteller is said to lead to more openness to reading further information about suicide awareness. Thus it is possible that effects would be seen for Kevin's video in those who identified with Kevin but not for those who did not feel immersed in his story.

It should also be noted that generally participants demonstrated relatively high attitudes toward mental health treatment seeking and low engagement with actual resources regardless of what video they saw. If participants were already high in help-seeking, it may have been hard to change the data significantly. It may be that storytelling (or psychoeducation) may be more effective for increasing help-seeking in those with more negative attitudes, as these could be reversed through the story or information. Another concern is the length of the videos that participants viewed. Is a 12-minute video long enough to change someone's attitude, and is it long enough to actually change behavior? What is the dosage effect needed to produce actual

changes? It is possible that a 12-minute video cannot produce changes, but a longer more personal in-depth video could produce changes that last?

Limitations

Results of the current study should be interpreted with methodological limitations in mind. First, the way treatment-seeking was assessed in this study was not ideal. Although we included a behavioral measure of help-seeking with the inclusion of the help-seeking link, this is not a perfect proxy for seeking help from a professional. It is unsure as to whether these results can be generalized to the behavior of students obtaining professional help. Future research might include a longitudinal design that follows participants over the course of several months with a follow-up questionnaire asking if they sought professional help for any concerns. This cross-sectional design makes the study correlational and unable to infer causality. A one-time point assessment is not ideal for generalizing the results and drawing conclusions.

There are also were limitations regarding the sample of individuals who participated in the study. As mentioned previously, suicide is the second leading cause of death for adults ages 18-24, yet many individuals who may be at highest risk might not be within the college sample. It's hard to generalize the results of this experiment to those who are seriously at risk for suicide as the majority of students in the study were likely not at elevated risk. The majority of the participants self-identified as female and White, so the variation within the participants in demographics was small. Additionally, women are more likely to seek help or treatment when at risk, and with the participants being majority female, this could be a confound variable in our results (Niederkrötenhaler, 2014). Women attempt suicide more than men, yet men actually die by suicide more than women (Curtin, Warner, & Hedegaard, 2016). With a heavy female participant demographic, these results might not generalize toward the male population as well as

we would like. With a college sample of participants who are completing the experiment for course credit, it is also possible that they were not giving their full effort, but simply completing it for credit. This can be supported with the sizable number of participants who dropped out at the start of the video, during the video, or right after the video. Other participants also failed the video post-test attention check.

Future Research

Research on storytelling as a means of suicide prevention is slim. More research might be necessary on how to define storytelling, what kinds of stories are told, and for whom – if anyone – are they helpful for. It also might be helpful to pick one barrier to help-seeking and measure it before and after some treatment like the video we used, then follow it with the help-seeking measure. Since stigma seems to be the most prominent barrier to help-seeking in many college students, gearing a story toward reducing stigma in the listeners might be more effective in increasing help-seeking attitudes and behaviors. Further research might test identification with the speaker and help-seeking behaviors. Neiderkrotenthaler et al. (2015) found identification to be an important part of participants' further interest in suicide prevention material. This small behavioral measure could be tested again with identification and stigma possibly. A more longitudinal study would also be helpful in these tests of help-seeking attitudes to see if these attitudes actually change behavior over the long-term.

Implications

Although our results did not find a positive increase in help-seeking attitudes after listening to a story of recovery from a suicide attempt, our results do expand the current research on help-seeking. Not much research has been conducted on storytelling as a specific method for increasing help-seeking behaviors, yet many suicide attempt survivors share their stories of

recovery and encourage others with their stories to get help and reach out to those who may be at risk. Prevention programs such as “Now Matters Now” (<https://www.nowmattersnow.org>), “U Can Cope” (<http://www.connectingwithpeople.org/ucancope>), or Kevin Hines (<http://www.kevinhinesstory.com>) promote storytelling as a way to increase awareness and lower suicide risks. If storytelling does not prove to increase help-seeking attitudes and promote help-seeking behaviors among listeners, then more effective approaches may help these programs to enhance their messages and goals.

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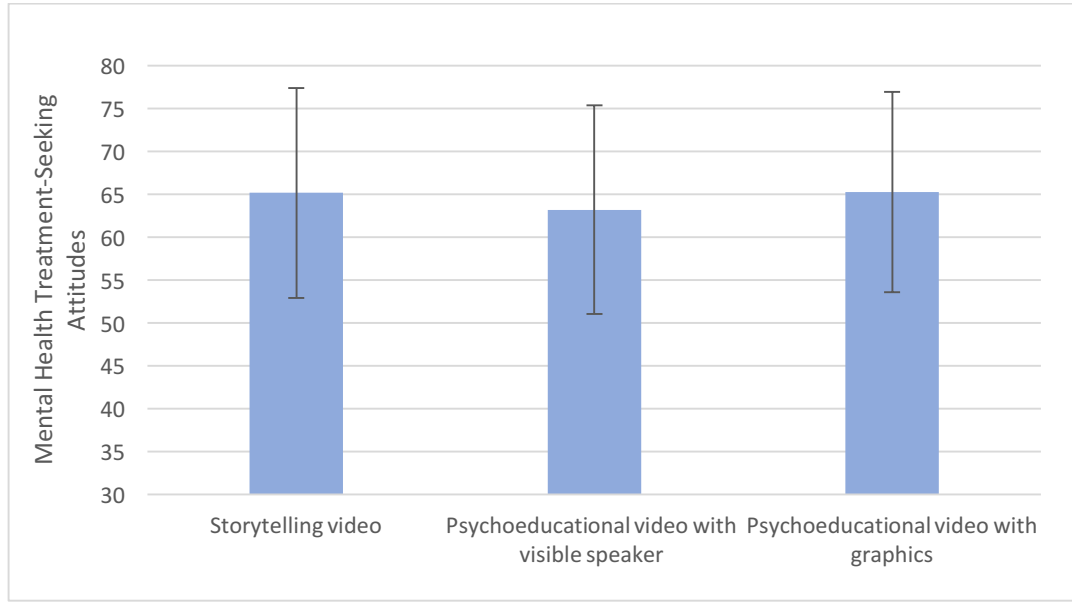


Figure 1. Mean mental health treatment-seeking attitudes scores in participants who viewed Kevin Hines' storytelling video and a suicide psychoeducation video.

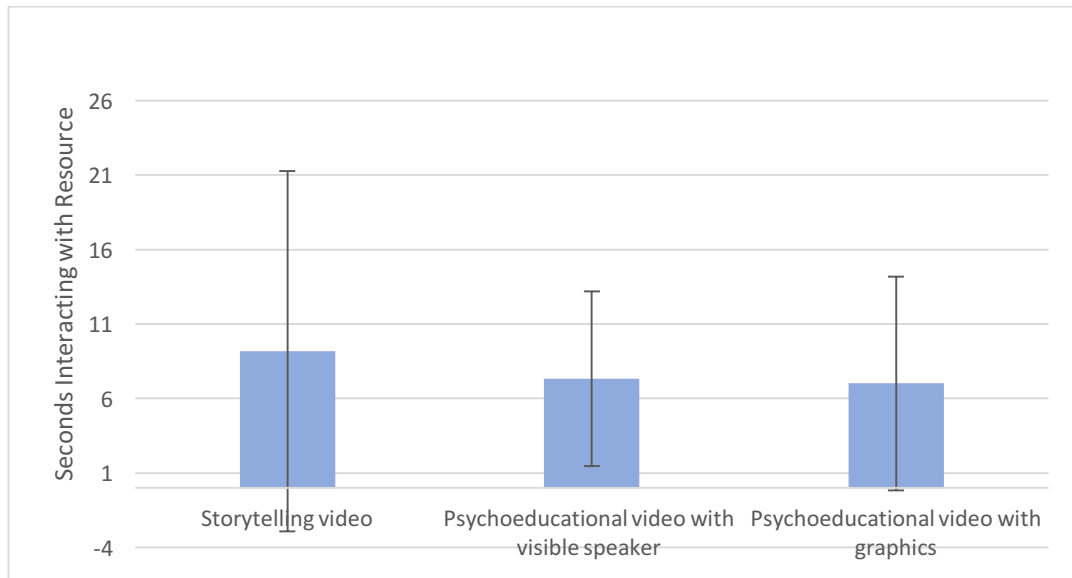


Figure 2. Mean time spent on the optional suicide prevention resource link in participants who viewed Kevin Hines' storytelling video and a suicide psychoeducation video.