Perspective/Opinion

MCW Suicide Prevention Council: Addressing Culture Through Risk and Protective Factors

by David Cipriano, PhD – Director of Student and Resident Behavioral Health

In February, 2020, the Office of the Provost chartered the MCW Suicide Prevention & Well-Being Support Steering Committee (we call ourselves the Suicide Prevention Council). I co-chair the Council with Darcey Ipock, Associate Vice President and Chief of Staff for the School of Medicine. The Committee is staffed by representatives from all schools and campuses of MCW (including students), as well as various departments such as Academic Affairs, Public Safety, Office of Communications, General Counsel, Human Resources, Faculty Affairs, and Corporate Compliance. Our membership represents far-flung disciplines with very few from the mental health profession. In fact, we deliberately set it up this way believing that neither the Department of Psychiatry and Behavioral Medicine nor Student and Resident Behavioral Health should "own" suicide prevention. We all have a stake in this, and we would like for everyone in our MCW community to feel like a part of the solution.

With people from such different backgrounds, we decided early on that we needed to level the playing field of knowledge and comfort level with the subject of suicide. Therefore, we spent the first months learning about suicide, hearing lived experience stories from survivors, and getting in touch with how this topic has affected each of our lives. We brainstormed and studied the unique factors that increase risk among our population. These included shame, vulnerability, perception of incompetence, and conflict with high expectations for oneself. These have come to be so linked with professionals working in healthcare, that we speak of them as being "embedded" in our culture.

Isolation and Stigma

Using guidelines from American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC), we structured our interventions as either increasing protective factors or decreasing risk factors for suicide. After reviewing empirically-based sources for both, and considering our particular population, we landed on two risk factors to focus on to begin with: **Isolation** and **Stigma**. We have begun to operationalize these.

We interpret "**Isolation**" as *a lack of connectedness or sense of community in which we can authentically seek and give support*. And "**Stigma**" is framed as *a fear of talking about mental health and the belief that it is incongruous with being a physician, scientist, leader, etc.*

Can you see how these are interwoven in our culture – not just the culture here at MCW, but the culture of medicine in general and perhaps even society at large?

Creating a Framework for Genuine Cultural Change

How do we change culture – with digital banners, posters and memes? We happen to believe that culture change starts with creating a framework in which to learn new skills, challenge old beliefs and try out new behaviors. Through whatever interventions we land on, we hope to provide a structure and a safe space in which to promote this behavior change. But behavior change alone won't get us there. There are the beliefs behind behaviors, and these are even harder to change. With leadership buy-in and an organized, institutionally-supported initiative, we hope to create the conditions for change.

Our last two meetings have been spent hearing presentations on best practices for mitigating these risk factors. The strategies we have been considering are mostly focused on creating safe networks of peer supporters, increasing awareness of mental health and signs of distress, and increasing capacity for having difficult conversations. The approach will involve gatekeeper training

programs such as *Question, Persuade, Refer (QPR)* and other structured, peer-support programs. You will be hearing from us soon, and we hope you will join us to bring about the sort of change we need to reduce these risk factors for suicide.

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