Chapter 29
Teaching Suicide Prevention: Experiences from a Social-Ecological Approach

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Contents

This chapter discusses the teaching opportunities and strategies embedded in the planning and implementation of health promotion projects targeting suicide prevention in the university context. The perspective adopted is that of an informal advisory group nestled in the psychology school clinic at the University of Brasília (UnB) in Brazil. Our group operates on two fronts. In an advisory capacity, we help schools within the university conduct a comprehensive collaborative assessment to identify and map out local determinants of suicide risk and protection in tandem

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with assisting executive academic coordinators in any matters pertaining to suicide prevention. In a formative capacity, we conduct mental health awareness and health promotion skill-building activities with the schools and provide in-service training to junior psychologists[1] in suicide prevention and health promotion.

Our group is called *Grupo Entrelinhas*. In Portuguese, *entrelinhas* means between the lines, a nudge to the notion that suicides communicate, albeit tragically, that which is not being ordinarily heard or spoken. We believe that suicides should be seen not only as signs of individual and familial suffering but also, and importantly, as byproducts of overarching socioeconomic and cultural structures, with historically developed mechanisms of power and oppression that materialize in unhealthy environments and relationships. To advance general quality-of-life strategies, social equity, and health education is thus an integral part of suicide prevention.

Historical Background

Suicide is the second leading cause of death among youth aged 15 to 29 years old worldwide (World Health Organization [WHO], 2019). In Brazil, 13,520 suicides were registered in 2019 alone, of which more than 28% (3862) occurred in the 15- to 29-age group, an increase of over 39% compared to the number of suicides in this age group in 2009 (SIM/DATASUS, 2009–2019). Some estimates indicate that every suicide may affect upward of 100 people, and suicide-exposed individuals report suicide ideation at almost double the rate of unexposed individuals (Cerel et al., 2019).

Grupo Entrelinhas was launched in early 2018 after several suicides were identified in the student body at the university over the preceding 2 years. Although in UnB a public unifying dataset of student suicide behavior (here understood as attempts and deaths) is unavailable, according to newspapers at least five departments within the university experienced student suicides (Antunes, 2018). In the same period, an apparent growth tendency in student suicide behavior throughout the country also made headlines (Cambricoli & Toledo, 2017).

A nationwide survey reported deteriorated mental health among college students, with over 80% facing varying degrees of emotional problems, 60% reporting anxiety, and 8.5% reporting suicide thoughts, a percentage of suicide ideation that more than doubled in relation to the previous survey, 4 years earlier (FONAPRACE, 2019). This growth tendency is not specific to Brazil; increased demand for student counseling services has been identified internationally (AUCCCD, 2019).

This data highlights the widespread prevalence of suicide behaviors and ideations among the university student body in Brazil and the pressing need for a coordinated and effective effort in mental health promotion in higher education.

[1] In Brazil, those are typically holders of a degree in a five-year undergraduate course in psychology

Challenges Faced In light of several suicides in the student body, hundreds of students potentially affected, and the impossibility and inadequacy of providing mental health care in the traditional individual session model, the challenges our group faced were trifold:

- Empowering university communities to take ownership and agency over the factors influencing their mental health,
- Delivering widespread first-tier mental health care focused on promoting and solidifying suicide protective factors, and
- Immediately supporting multiple individuals in grieving, attempting to prevent suicide contagion, and identifying those at an increased risk of worsening mental health status, while avoiding burnout of understaffed mental health professionals.

Crises as a Gateway to Approach Mental Health Promotion

Grupo Entrelinhas' effort focuses on signaling the need to rethink response strategy to suicides in university communities. The group's overarching approach is to enhance the general level of wellness in the university's communities by encouraging health consciousness in all daily activities. Instead of reacting with large-scale mobilizations following a suicide crisis, our group advocates identifying and changing general underlying processes that might be contributing to worsened mental health status. Furthermore, our interventions aim to acknowledge and strengthen skills already existing within the university's communities, thus empowering all to take ownership and agency over the betterment of their mental health.

In this sense, our work philosophy is fully aligned with the Ottawa Charter for Health Promotion (WHO, 1986) in the action guidelines of strengthening community action, developing skills, creating supportive environments, and reorienting health services.

Workflow Our services are requested by academic coordinators within the university who identify a mental health demand in their student, faculty, or technical body, usually following either a suicide or suicide attempt.

Our first approach is supporting academic coordinators in handling and communicating about initial aspects of the crisis. We then offer group suicide postvention interventions to bereaved school communities. Our postvention protocol involves active search of affected peers.

In terms of reach, at least 143 people participated in a total of 8 targeted postvention actions from April 2018 to November 2020. These interventions were met with very positive reactions and serve as a gateway in inviting schools' decision makers to engage in health promotion and suicide prevention planning.

Once an academic coordinator signals interest in creating a suicide prevention plan for their school, we begin by carrying out a comprehensive and participative

mapping of the school's situation regarding any factors that might play a role in the current mental health status of the group. We call this process a Situational Diagnostic. We are oriented by an overarching social-ecological framework to health promotion (Bartholomew et al., 2006) that recognizes an interplay of individual, interpersonal, organizational, environmental, societal, administrative, and political characteristics influencing mental health. Relationships between these levels are complex and reciprocal. The Diagnostic aims to identify, in the target community, these various influences, as well as specific demands for training in psychological competencies and skill sets.

We begin by conducting interviews with the academic coordinators, followed by separate focus groups with professors, technical staff, and student representatives. If additional interest groups are identified, such as black students or women empowerment groups, their representatives are invited to interviews. These initial talks aim to identify the communities' challenges, barriers, needs, and good practices regarding mental health. It is an effort in giving voice to every stakeholder.

We then review the school's official website and material from open social media accounts linked to the course. The website reviews intend to identify ease of access to information on health services available to students and on important academic rules, occurrence of language insensitive to minority groups, and confusing or otherwise unsuitable communication styles. The social media accounts are browsed to identify both the general mood of the school's communities as well as recurring mental health themes. In addition to this document analysis, we also visit the school buildings.

Collected data are organized and presented as a mind map illustrating every issue identified by the communities' stakeholders, document analysis, and environmental visit. Data are clustered by type of issue and interest group, and related, when possible, to suicide protective factors and risk factors. A mind map is an interesting tool as it allows the portrayal of complex relationships. In the same mind map, we include a proposal of actions, both punctual and continuous, revisional and propositional, aimed at promoting that communities' mental health by strengthening and encouraging new protective factors and minimizing the risk factors to suicide and barriers to mental health. We signal which of these actions can be carried out by our group and indicate which services, people, or places can be sought out for the others.

This final assessment format was developed over a couple of years and began to be implemented in 2019 with four pilot schools within the university. The huge scope of this work means that only very few schools can be assisted at the same time. However, it has the potential benefit of empowering communities to gain ownership over their processes and effectively target areas for change.

Figure 29.1 describes Grupo Entrelinhas' workflow in five stages: First encounters, Work proposal, Situational Diagnostic, Diagnostic feedback presentation, and Implementation. Each stage is subdivided into actions. The relationships of each action to the health promotion core competencies applicable are displayed.

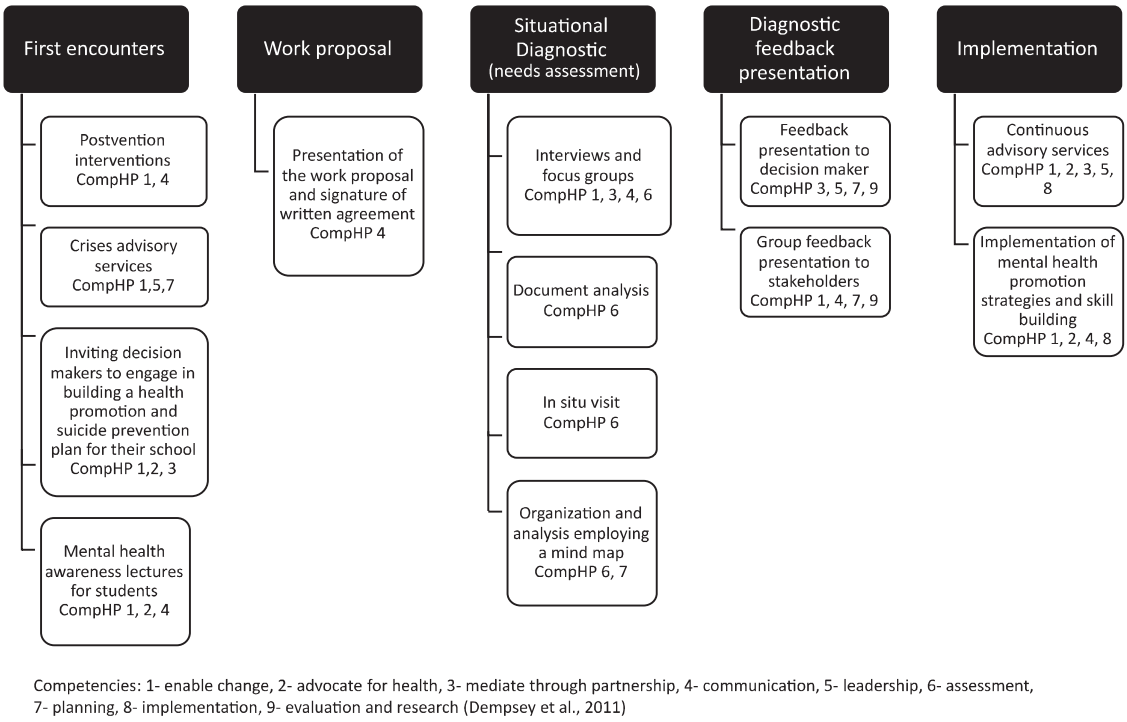

Fig. 29.1 Description of Grupo Entrelinhas' workflow

Teaching Opportunities, Practices, and Strategies

Our work yielded two categories of teaching opportunities. The first concerns the in-service training of four junior psychologists who joined us from October 2019 to October 2020. The objective was preparing them, through active learning methodologies, to plan and implement health promotion interventions linked to suicide prevention. The second group of teaching opportunities was embedded in *Grupo Entrelinhas*' interventions with school communities.

Teaching Junior Psychology Interns

All four interns were psychologists but differed in their clinical backgrounds: cognitive behavioral psychotherapy, psychodrama, psychoanalysis, and body-oriented psychotherapy. They were two women and two men, ranging in age from 27 to 58, all with little clinical experience.

Interns assumed diverse roles throughout the year. They were required to participate in a weekly general meeting. This meeting alternated between literature review discussions, skill-building sessions (for clinical interventions and self-care), group-building exercises, simulations, mock project presentations, and general coordination sessions. Interns acted as primary therapists in up to three cases each,

participated in a weekly group case supervision session and as observers in some awareness lectures and data collection sessions. Part of the group additionally participated as cotherapists in delivering skill-building sessions.

Active learning methodologies were prioritized in training, building from junior psychologists' previous declarative and procedural knowledge of case management for at-risk patients, assessed by an interview and case study during the hiring process. We will now turn to the main categories of activity.

Simulation: Suicide Awareness Talk

Interns had to prepare and deliver a suicide awareness talk and support material geared toward university professors. They delivered this talk to the senior psychologists in *Grupo Entrelinhas*, who role-played as faculty varying in degrees of acceptance toward the activity. Interns had to manage the technical aspects of the talk (risk and protective factors of suicide), their general standing as speakers, and their delivery to an audience with mixed acceptance toward mental health issues. The main compHP competencies targeted were communication, advocate for health, and implementation, the latter related to developing appropriate resources and materials (Dempsey et al., 2011).

Mock Project: Mental Health Question Box

Interns were asked to devise a way to collect and answer mental health-related questions posed by the community. They were asked to think about two options for collecting the questions: online and in situ. The specific competency domain targeted was Planning (Dempsey et al., 2011). Interns worked as one group and presented both options to senior psychologists as if they were presenting to schools.

For the in situ scenario, they opted for a physical box to be left at schools and later collected. Concerns were balancing visibility and privacy of the boxes, rendering them tamper-proof, organizing a timescale for their retrieval, discouraging prank questions, thinking of a proper forum for answering the questions, and managing crisis scenarios.

For the online situation, they opted for a question box in Instagram stories, with a 24-hour viewing period. Additional specific concerns of this modality were related to the organization of response by the interns while using a single Instagram account, especially if it attracted a lot of traffic.

This activity was carried out in early 2020. A subsequent trial run was not possible due to COVID-19 pandemic onset.

Suicide Prevention Environmental Intervention

In Brazil, suicide awareness campaigns are commonly held in September. In 2019, *Grupo Entrelinhas* decided to modify the psychology school clinic's waiting room with an intervention consisting of a string web high over the chairs, from which colored cards hung. Cards carried poems, music lyrics, and quotes linked to hope, resilience, and self-acceptance. At the end of the month, the school clinic's regulars were invited to take a card and either keep it or gift it to someone else. Junior psychologists participated in choosing the sayings for the cards and setting up the physical intervention. Health promotion competency domains involved were communication and implementation, especially regarding the necessary care in handling cultural aspects of interventions in spaces occupied by multiple people.

Skill Building

Most skill-building sessions were integrated with clinical supervision sessions and involved role-playing the management of crises encountered with patients during the previous week. Detailed feedback, reinforcement, and role models were provided regarding the delivery of specific clinical strategies such as anger and impulsivity control, assertive communication, grounding techniques, and relaxation and breathing exercises. Interns were invited to reflect on their emotional process during the handling of crises and when receiving feedback. This attention to emotion is crucial, since self-care is a vital skill for psychologists (Ziede & Norcross, 2020). Specific tool training sessions were also held, with guided practice on using the mind map program and filling out the school clinic's extensive paperwork. This approach to enhancing self-efficacy is grounded on Social Cognitive Theory as applied to the development of skills, which includes the strategies of modeling, guided practice, enactment, verbal persuasion, physiological and affective change, and facilitation (Bartholomew et al., 2006). Importantly, the strategies and techniques were not imparted upon the interns, but rather elicited through Socratic questioning (Paul & Elder, 2007). This process builds on interns' previous knowledge and asks of them an engaged stance.

Group-Building Activities

VIA Survey

The whole group (four interns and five psychologists) individually filled out the 120-item VIA Inventory of Strengths (VIA 120, Brazilian Portuguese version). The VIA Survey is an openly available tool from positive psychology that aims to identify a person's character strength profile. It identifies 24 strengths grouped in 6 virtues (Peterson & Seligman, 2004).

Participants sent the results regarding their five greater strengths and three lesser strengths to the group coordinator, who plotted them on a grid, allowing the identification of the group's general strengths and shortcomings, and giving insight into the potential interplay of profiles and sources of conflict.

The theoretical definition of each strength was shared, as well as what could be expected from their overuse and underuse. The participants then discussed how profiles played against each other and the groups', both in facilitating and hindering communication, and who might better handle which tasks. At the end of the activity, with the participant's permission, the profiles were identified. This was done so that the newly gained awareness could be directly applied to real situations.

Specific compHP competencies (Dempsey et al., 2011) were enabling change (specifically regarding the enhancement of personal skills) and leadership. Interns felt the exercise was relevant to their self-knowledge.

NASA Exercise: Survival on the Moon Scenario

From the group coordinator's perspective, a major turning point for the group's cohesiveness was the NASA exercise "survival on the moon scenario" (NASA, 2006). Participants are asked to imagine they are members of a space crew that experienced a malfunction and now have only 15 objects that survived a crash landing. They have to travel together on the moon's surface to reach a mother ship with only these objects, or all die. The exercise involves ranking the surviving objects in order of importance, first alone, then reaching a group consensus, and then comparing these rankings to NASA specialist rankings. Processes involved in negotiation of the group response are then discussed, allowing participants to have direct feedback on how they act in group settings and the consequences. This exercise targets both communication and leadership competencies (Dempsey et al., 2011).

It is noteworthy that the participants themselves apparently saw less of an effect of this exercise in the subsequent group dynamics than what the senior psychologists perceived.

This exercise can be understood as an adaptation of the interactive method commonly referred to as "think-pair-share" collaborative learning strategy. This strategy promotes individual accountability and group processing, uniting intellectual and interactional aspects of learning (Sharma & Saarsar, 2018).

Feedback Assessment from the Interns

At the end of their contract, interns answered a 12-question survey with open-ended and closed questions. They were asked to rate on a 5-point Likert scale their agreement regarding affirmations about 15 characteristics of their behavior and performance during activities and eight items about the contribution of the internship to

their careers and skills. They also rated the internship from 1 to 10. In addition, they were asked to write about the biggest challenge they successfully faced, which issues remained challenging in the management of suicidal patients and suicide prevention, what they thought about the activities of the situational diagnostics, and which activities from the internship they least and most liked, and why. They were also asked if they had any suggestions about the activities, whether they would recommend the internship to other people, and what they thought about the size of the group.

Interns indicated that the internship contributed to their professional qualification and clinical practice and that they felt safer in managing cases with suicidal risk. They also appreciated the novelty of the learning opportunity provided by their participation in the situational diagnostic stages.

Teaching Opportunities while Working with University Communities

Mental Health Awareness Lectures for Students

The breadth of health services available to university students is frequently not known by them. *Grupo Entrelinhas* has a standard "stress and self-care" lecture aimed at first-year students. It is divided into four parts: (1) university's student support network and services, (2) reflection on what makes one's life worthwhile and the role the university plays in this process, (3) quality of life and stress physiology, and (4) stress management exercises. Before the exercises, students take a measure of their respiratory rate and are instructed about anxious breathing patterns. Then they practice basic exercises that teach relaxation: breathing, face relaxation, and imagery visualization. Lastly, students are presented with an assortment of mental health apps and online resources, and general guidelines about types of issues that benefit from talking to a therapist. Students are encouraged to follow the psychology school clinic's Instagram, which advertises free mental health events, services, and materials.

This lecture has been delivered to over 300 students from at least six schools within the university. It is aligned with the World Health Organization's understanding that mental health awareness and knowledge of how to access mental health services are important strategies of suicide prevention at the universal level (WHO, 2014). One of the objectives of the lecture is to normalize help-seeking behavior, especially as there is evidence indicating that help-seeking is not necessarily seen as important by people with recent ideations (de Luca et al., 2019) and is hindered by self-reliance, social stigma, and treatment fears (Michelmore & Hindley, 2012). We also act with the understanding that strategies for mental health support may not be well known by the school's faculty and staff.

Skill Building: Public Speaking Workshop

A public speaking workshop was offered in November 2019. Oratory was chosen as an initial theme due to the high impact that communication anxiety has on students. Since oratory training is not traditionally understood as a mental health intervention, we also felt it would be better received by students and offer a safe entry into aspects of self-care.

There is evidence that fear of public speaking is prevalent worldwide, with reports as high as 63.9% in Brazilian university students (Marinho et al., 2017). Public speaking anxiety can negatively impact learning and social interaction (LeFebvre et al., 2019). The oratory workshop aimed to develop a higher sense of self-efficacy in communication skills so that students could better manage their anxiety and deliver required public speeches.

The workshop was structured in five weekly modules: (1) challenges of public speaking and voice characteristics, (2) planning and structuring presentations and the use of PowerPoint, (3) improvisation and speech fluidity, (4) the use of emotions in speech, and (5) debate cycle and final presentation. The overall focus was on enhancing stage presence in speech delivery, and diminishing stage fright.

Sessions were heavily reliant on group work and shared feedback. Contents were developed through fun, hands-on group activities that required participants to interact, try out new skills, make mistakes, loosen up, and integrate body movement, facial expression, and speech. Since the overarching idea was to foster ease in speaking to an audience, most of the exercises' actual content was either pop culture, funny, nonsensical, or otherwise not serious. For example, in a round of debates between two participants, the debate topic was "which creature is the most dangerous?" Debate pairs were: medusa or mermaids, Santa Claus or the Easter Bunny, pirates or ninjas, and zombies or werewolves. The use of this type of content in exercises guarantees a relaxed and explorative atmosphere. Conversely, the final presentation simulated an actual speech students had to deliver that semester. Exercises were recorded, and participants had access to the videos of their performances, with individualized feedback.

The group was composed of nine participants: the main instructor, an assistant, and seven students from different schools in the university. An additional assistant participated in specific modules. Both assistants were interns.

Feedback on the workshop was overwhelmingly positive. The evaluation asked participants to write their thoughts on the explanations and exercises for each module, and any suggestions. They also evaluated the instructor and aspects of the group format of the activities. Respondents indicated they were interested in continuing this activity should advanced modules be offered and they would recommend it to others, some already had. All indicated improvements in outcome such as feeling calmer when speaking in public, not being so afraid of making mistakes, dealing better with insecurities, gaining more control, better posture and movement on stage, dealing better with possible blanks when speaking, modulating voice, dealing

better with agitation and unease, and generally feeling their speaking abilities improved. One month after the end of the activities, one participant informed us the workshop had been instrumental in securing a position in the job market. The onset of the COVID-19 pandemic curtailed the implementation of further group activities.

Community Welcome and Networking Workshop

In 2012, the university banned violent or humiliating student hazing. Student veterans and academic centers have increasingly relied on get togethers, sport and play activities, or socially responsible activities as a substitution. From the initial situational diagnostics, we noticed that schools struggled with students who had difficulty fitting in with the group. Considering that lack of social connectedness is recognized as a risk factor for suicide (Poland & Ferguson, 2021), we decided to offer a workshop tailored to student union members who are frequently in charge of welcoming first-year students. The idea was to instrumentalize these students in using group activities to integrate newcomers while still being fun. Besides experiencing firsthand the suggested activities and resources, students also discussed a rationale for each activity.

Participants were 12 student union members from different schools. Their impression was that the workshop offered them structure, organization, and a theory basis in thinking of humane strategies for greeting newcomers. They also thought it a new and welcome space for exchanges between students' representatives from different schools.

Psychological Advisory Services for Academic Coordinators

Since most schools solicit our services following a student suicide or attempt, our group's first activities are postvention interventions and crisis management, such as advising the academic coordinator on how to handle communication, spontaneous and formal tributes, memorials, and gatherings. Avoiding suicide contagion is a pressing concern. A timely and respectful approach to these situations is paramount.

Following crises, schools are permeable to difficult talks about mental health needs. From the point of view of a school's decision maker, under the theoretical standpoint of the Health Belief Model (Champion & Skinner, 2008), you could say a student suicide is a powerful cue to the action of addressing students' mental health concerns. Additionally, the perceived susceptibility to and perceived severity of the problem are high. The perceived benefits of action are also high and the perceived barriers are momentarily lowered, as there is a general sentiment of avoiding further suicides at all costs. A challenge is related to a possible low self-efficacy of this decision maker, as the worst possible outcome may have already happened.

One of the main characteristics in conducting the Situational Diagnostic is the effort to actually understand how the problem presents locally and to identify the specific determinants before proposing solution strategies. Although the benefits in doing so are self-evident, we must recognize the heightened level of pressure felt by decision makers who need to rapidly respond to mental health incidents in their community, which frequently leads to the implementation of general mitigation strategies that are not tailored to their department needs. This in turn may lead to a low level of community engagement in such strategies and a general feeling of helplessness. Reassuring school's deans, department chairs, and executive academic coordinators of the importance of this assessment prior to the commitment to a specific course of long-term action is a laborious and necessary process that directly touches on issues of leadership and communication, both for the health intervention team and for the decision maker.

Situational Diagnostic

In the second semester of 2019, four schools signed with *Grupo Entrelinhas* to plan and implement a suicide prevention program tailored to their realities. When the COVID-19 pandemic began, the situational diagnostics of two schools had been completed and were in the early stages of the feedback loop. The other two were still in different stages of data collection. Important initial reactions and responses were identified.

During the feedback meetings, we noticed that one of the main benefits of the mind map was prompting individuals to understand poor mental health as a common challenge that all stakeholders were facing together, but that expressed itself differently across groups. It allowed each group to confront their responsibilities in the dynamic and their blind spots in evaluating the problem, and to recognize potential areas for positive contributions.

Throughout the situational diagnostic stages, changes were already taking place. Schools began reconsidering quality-of-life interventions dropped over the years and discussing the possibility of forming mental health working groups or having specific professors who could be mental health references for students. With better communication, management corrected minor maintenance issues that influenced staff's feelings of personal safety. One school organized a faculty meeting to talk about risk and protection factors for suicide. Activities that empower people in gatekeeper roles, such as professors in university settings, to better identify risk and counter misinformation are necessary (Poland & Ferguson, 2021).

Throughout the year, we also noticed a general rise in interest in the group's work. Staff from another sector of the university requested guidance on conducting a similar situational diagnostic on their premises. Professors and students heard about the work and approached us wishing to enhance suicide prevention in their schools. Other universities invited us to deliver lectures in suicide prevention.

The COVID-19 pandemic brought the diagnostic activities to a standstill and suspended all in-person activities indefinitely. In light of the limitations, *Grupo*

Entrelinhas decided to focus more closely on training professionals and offering emotional support for the community. Interns provided fixed hours for telephone and video calls, in the fashion of a helpline. Additionally, an 8-hour online training on suicide prevention was elaborated and offered to recently graduated psychologists. The group also launched a booklet entitled Suicide prevention: initial guidelines for university professors.

Media Coverage

To assess *Grupo Entrelinhas*' reach over time, we searched for all of the group's Google mentions from February 2018 to March 2021. *Grupo Entrelinhas* was mentioned 34 times in digital media posts, pages, and articles, from university pages and local media to national media vehicles, excluding pages directly linked to the group and group member profiles.

Of these mentions, we highlight 18 newspaper articles, 14 of which were the reproduction of the same article by different vehicles, suggesting the importance and scarcity of initiatives in this area.

Challenges and Obstacles Encountered

Grupo Entrelinhas is founded and run exclusively by psychologists who are staff and not faculty at the University of Brasília, incurring in legal and structural limitations on autonomy, funding and engagement of talents, as well as encountering additional bureaucratic hurdles.

Another general issue concerns the difficulty in obtaining and generating good quality data regarding suicides, suicide attempts, and interventions. Data baselines are often missing. There is widespread underreporting (Tøllefsen et al., 2012). This is not specific to our context; rather, it is a common occurrence and may be linked to various cultural, religious, social, and legal reasons, particular to deaths by suicide (Naghavi, 2019). Potentially unreliable and missing data are an obstacle in assessing the effectiveness of suicide prevention programs.

Obtaining outcome and impact data following suicide prevention and especially postvention interventions is particularly difficult, as the subject matter is very mobilizing, and populations involved may be in an extremely vulnerable position. Careful planning of and previous agreement on data collection points might circumvent some of these difficulties.

Challenges Related to the Internship

A major challenge is that the intern position is not paid and, as such, competes with remunerated activities. The unpredictability of the schedule for the community interventions is another difficulty. Postventions are by nature emergencies, and the diagnostic process's steps rely on the communities' availability, making scheduling and transportation planning challenging, especially as interns commonly live far away from the university. Interns' low computer literacy and working knowledge of the English language are also hindering issues.

Challenges Encountered while Working with School Communities

Academic coordinators usually serve a two-year term. Health promotion continuity in the face of frequent change within the schools is a challenge and relies heavily on political will. One possibility of addressing this difficulty is having either a work-group or a specific faculty member acting as a mental health liaison, undeterred by changes in management.

At the feedback meeting, the health team must pay close attention and intervene to dissuade unhealthy developing dynamics, such as invalidation of specific group's perceptions or scapegoating. Four guidelines curb these occurrences: (1) the decision maker who initially requested the assessment should be debriefed separately and thoroughly a few days before the meeting; (2) more than one representative of every group that participated in data collection must be present at the feedback meeting. Should the meeting not take place, all stakeholder representatives get a copy of the report; (3) the health promotion team clearly communicates the procedures and scope of the data collection carried out, including whole groups that may have opted out of participating; (4) group perceptions are presented as such, there is an absolute protection of precisely who said what. A successful feedback meeting is invaluable in promoting an integrated understanding of the multiple factors influencing mental health status in the school and in promoting a joint effort of all stakeholders, different as they are, in tackling the problem together, instead of assigning outside blame. This process is an opportunity to promote the competencies of enabling change and mediating through partnership in communities (Dempsey et al., 2011).

Although there are many challenges, our work so far has been welcomed by the university communities and administration. We hope that the experiences described in this chapter may inspire other initiatives in suicide prevention in university settings.

Table 29.1 brings our reflection on the six triggering questions suggested by the Editors.

Table 29.1 Authors´ reflections on the six triggering questions suggested by the Editors

Questions	Take-Home Messages
What is our vision about HP?	We adopt a social-ecological approach to health promotion, where contributions to any issue arise from the interplay of individual, relational, organizational, environmental, and societal/cultural influences. Our vision is that health promotion will become an integrated transversal topic in every area of knowledge, empowering different professions to contribute to overall health with their specificity. Planning health promotion programs, on the other hand, is a specific skill geared toward the health sciences, whose practitioners should work in close collaboration with decision makers.
What is the institutional and political context of your experience (participants, professions and courses involved, duration, and frequency of activities)?	We work on two fronts: Training junior psychologists and working directly with university students and schools in the delivery of suicide prevention services. On the one hand, we provide junior psychologists with 1 year of in-service training in suicide prevention, as well as planning and implementation of health promotion projects. On the other hand, schools may request a targeted service of suicide postvention and suicide prevention planning, where strategies for mitigating risks and amplifying protective factors are tailored to their reality after a careful diagnostic process. We also work directly with university students in providing group mental health awareness activities, skill-building activities, and network-building activities. Across all activities, *Grupo Entrelinhas* reached members of at least 22 schools: Accounting, Administration, Agribusiness Management, Agronomy, Chemical Engineering, Computer Sciences, Economy, Forest Engineering, International Relations, Languages, Law, Library Sciences, Medical School, Music, Pedagogy, Pharmacy, Physical Education, Physics, Psychology, Social Sciences, Veterinary Medicine.
Which theories and methodologies are used in the teaching-learning process?	Our overarching framework for understanding health promotion is a social-ecological model. Other theories, such as the Health Belief Model and Social Cognitive theory, may inform interpretations regarding specific processes of individual decision making and skill building. For the psychologist's training, we use active collaborative learning methods such as problem-based learning, simulation, role-playing, and mock projects. Skill-building activities, group-building activities, and group supervision of cases are cornerstones. The work with school communities, especially during the Situational Diagnostic, is oriented by a participatory-action research methodology.

(continued)

Table 29.1 (continued)

Questions	Take-Home Messages
What forms of assessment are applied, results achieved, and challenges faced?	For the junior psychologist's training, we measure outputs and perceived outcomes at the end of their internship through a survey with a mix of open and closed questions. All activities are also continuously assessed verbally throughout the year. With school communities, we measure service outputs, specifically the number of people served per activity, number of activities and services provided, media exposure, website hits, and number of downloads of mental health resources. Skill-building activities have a detailed specific survey that touches on perceived outcomes. At the end of every mental health awareness activity and suicide postvention, there is an informal assessment. Expectations and delivery of advisory services are continuously discussed verbally with school's decision makers. Assessing outcomes and impacts is extremely challenging in the context of suicide prevention and postvention due to the delicate nature of the subject matter and data gaps on baseline conditions.
Which principles, pillars, competencies, or approaches to health promotion do you base your plan of teaching and learning?	With school communities our effort is geared toward enabling lasting change. We seek to promote mental health consciousness, strengthen agency and ownership, develop useful skill sets, promote safe and positive interaction between groups, and encourage collaborative problem solving that fosters understanding of the underlying processes that may generate and maintain negative mental health outcomes. With junior psychologist interns, we hope to instrumentalize them in conducting integrated and participative assessments and interventions tailored to their client's needs and thinking about health promotion and suicide prevention more as a community-based intervention, rather than an individual one. Communication skills, planning skills, group work, and the ability to integrate different viewpoints are essential.
What others could learn with your experience? What is localized and what is "generalizable"?	The planning of specific health promotion programs must be requested and sanctioned by a high-ranking decision maker within the target school, as access to people, places, and resources depends on this. An initial diagnostic of the situation is paramount and must be understood and supported by decision makers. Feedback on the Situational Diagnostic should be given in a group setting, with representatives of all stakeholders present. Continuity is a challenge due to frequent changes in administration. Creating a stable mental health liaison role can perhaps facilitate these adaptations. Group-building activities and self-care are cornerstones for ensuring healthy intervention teams. Training activities should be tailored to culture and individual skill levels. Finally, difficulty in generating outcome and impact data should be expected, especially in light of absent baseline data. Careful planning of agreed-on data collection points may be able to mitigate this problem.

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