

#### **Suicide Prevention Resource Center**

Promoting a public health approach to suicide prevention











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# The Interface between Clinical Care, Prevention, & Legal Standards



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### Disclaimers

- ✓ I am NOT a lawyer, so don't quote me!!
- My perspective is that of a suicide expert/consultant to colleges/universities that have been sued after a student has died by suicide.
- ✓ I am both computer- and Power Point-challenged neither of which are ADA eligible (at least not yet).



### Outline of Presentation

- Overview of legal terminology and liability
- Overview of TJF/SPRC Framework
- Key planning documents
- Important legal considerations
- Questions
- Interactive Participation



### **Definitions**

- ✓ GUIDELINES: criteria, procedures, protocols used where medical outcomes are NOT certain (ex: APA's Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors 11/03)
- STANDARDS: activities, procedures, protocols used where the medical outcomes ARE certain
- STANDARDS of CARE: "that degree of care which a reasonably prudent person or professional should exercise in same or similar circumstances" (Black, 1979). Therefore, a community (not "gold") standard.



### Negligence

Negligence can be described as:

"doing something which he or she should not have done (**commission**) or omitting to do something which he or she should have done (**omission**).

- Hence, consequences of carelessness or ignorance do not excuse the clinician from liability
- ✓ The most common legal action is the failure "reasonably" to protect patients from harming themselves (taking precautions)

Simon (1988)



### The Four D's in Establishing Negligence

✓ Each of these must be demonstrated by the plaintiff by a preponderance of evidence ("more likely than not"; the "51% rule")

Dereliction of—Duty—Directly causing—Damages

This concept assumes concepts of causation (causal chain) and that the 4 D's occurred in close proximity to the time of injury





### Establishing Negligence

- ▼ FORESEEABILITY (attention to risk assessment)
  - failure to properly diagnose risk

- CAUSATION (proximate cause)
  - failure to treat and/or use precautions
  - failure to implement appropriate interventions



### Foreseeability vs. Prediction

- Accurate prediction of suicide is extremely difficult (Pokorny, 1983; 1997 "false positives"). Prediction is a mathematical concept.
- ✓ When the suicidal behavior is foreseeable, the treatment provided must be consistent with professional standards.
- Foreseeability is a clinical and judgmental concept, based on the best available and commonly understood knowledge at the time.



# Foreseeability and Causation

Three issues tend to recur in assessing liability cases:

- 1. Should the administration/clinician have predicted/foreseen the possibility of the violent behavior?
- 2. Was there sufficient evidence for an identifiable risk of harm (warning signs; risk factors; changes)?
- 3. Did the administration/clinician do enough to protect the campus/individual?



### Adequate Precautions

- Documentation
  - who, what, where, when, why, & how
  - phone calls; emails; letters
  - "thinking aloud on paper"
  - "if it isn't written, it didn't happen"
- Consultation
- Availability
- Family/Support network involvement
- Medical & Mental Health Management
- Contingency Plans known to all

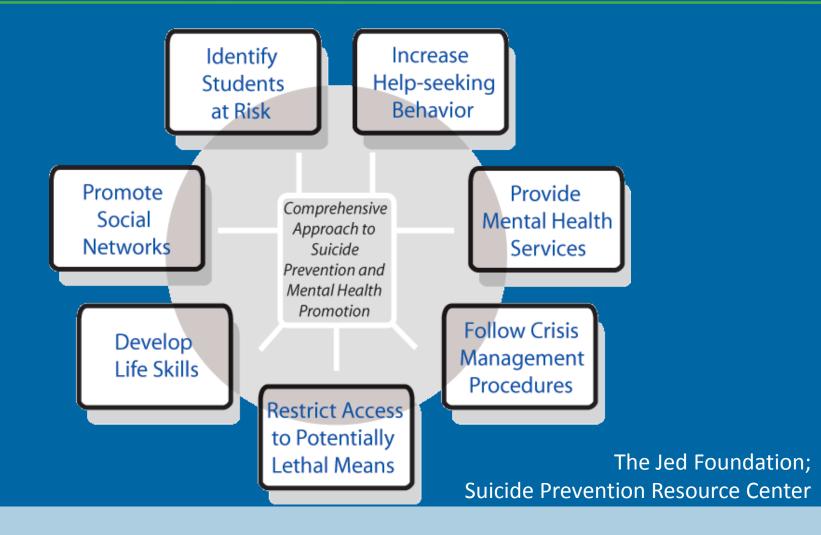


#### **Errors**

- Honest errors of judgment are inevitable in clinical practice however, good clinical judgment needs to based on facts and clinical investigation.
- There is no place for clinical intuition in the assessment, treatment, and management of suicidal individuals.
- An error of prediction, or even judgment, does not necessarily establish negligence.

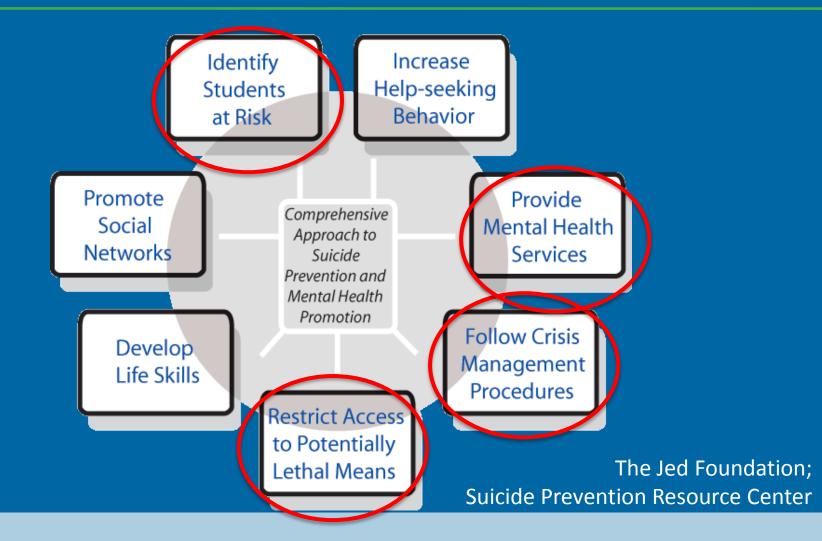


### TJF/SPRC Comprehensive Approach





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# TJF Framework for Developing Institutional Protocols (2006)



http://www.jedfoundation.org/professionals/programs-and-research/framework

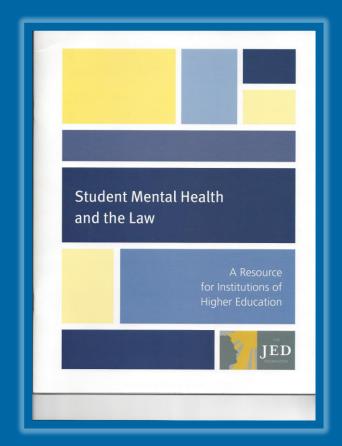


### TJF Framework: Key topic areas

- Developing a Safety Protocol
  - -responding to acutely distressed students
  - hospitalization protocols
  - -post-crisis follow-up plan
  - -documentation of encounters with students
- Developing an Emergency Contact Notification Protocol
- Developing a Leave of Absence and Re-Entry Protocol



# TJF Student Mental Health and the Law (2008)



http://www.jedfoundation.org/professionals/programs-and-research/framework

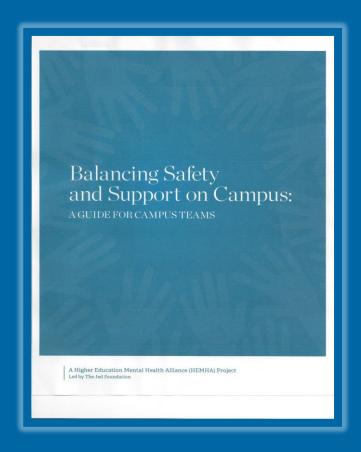


#### Contents

- Privacy and Confidentiality
  - FERPA
  - HIPAA
- Disability Law
  - Americans with Disabilities Act (1990; 2008)
  - Section 504 of Rehabilitation Act (1973)
  - Title VIII of Civil Rights Act (1968)
  - Office of Civil Rights (OCR) of DoE memoranda
- Delivering Mental Health Services



# Higher Education Mental Health Alliance (HEMHA) A Guide for Campus Teams



http://www.jedfoundation.org/professionals/programs-and-research/campus teams



### A Better Approach

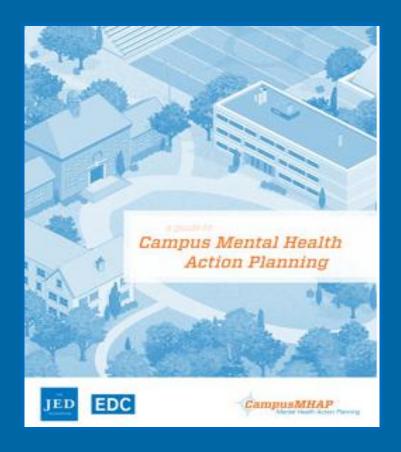
"A prevention plan that guards against common risks, rather than the sensational ones that are much less likely to occur; that relies on a network of collaboration and clear communication; and that contributes to campus-wide awareness and a sense of community, trust, and meaningful human connection."

The Academy for Critical Incident Analysis (2010). A broader view. Proceedings of the winter 2010 ACIA Conference.

http://winter2010.aciajj.org/overview/a-broader-view



# EDC/TJF CampusMHAP: A Guide to Campus Mental Health Action (2011)



http://www.sprc.org/sites/sprc.org/files/library/CampusMHAP\_Web%20final.pdf



# Sources of Relevant Law: Federal Statutes

- 1) ADA Amendments Act of 2008 (Titles II and III)
- 2) Section 504 of the Rehabilitation Act
- 3) Fair Housing Act





### Sources of Relevant Law (cont.)

- 4) Regulations implementing those statutes (new ADAAA regulations in effect since March 2011)
- Judicial opinions interpreting those statutes and their regulations
- 6) U.S. Department of Education's Office of Civil Rights "Resolution Letters"



#### ADA/ Section 504

The primary obligation under the ADA/Section 504 is to not discriminate against individuals with disabilities

- Includes affirmative obligation to provide reasonable accommodations
- Exception: individuals who poses a "direct threat" to self or others, defined as a "significant risk of substantial harm"



## "Guidance" from Cases and Federal Guidance

- Individualized assessments, not blanket ("zero tolerance") policies
- Safety concerns must be grounded in evidence, not stereotypes
- Cannot require someone to be "stable" or "cured"
- No blanket waivers for medical information



# "Guidance" from Cases and Federal Guidance (cont.)

- Clear policies on voluntary or involuntary medical leaves of absence
- Consistent reenrollment criteria
- Clear disciplinary and grievance procedures
- Transparent emergency suspension with an opportunity to present evidence and challenge the decision



### Specific Challenges

- ✓ At risk vs. threat assessment committees:
  - Understand the difference between risk and threat
  - Primary focus should be on student support actual threats are rare and this erodes trust
  - Importance of having a good understanding of relevant laws fear of FERPA
  - Concept of interlocking committees: academic/dean and psycho-social/student services



### Direct Threat Assessment

The Four-Factor Test requires that you analyze:

- 1) Nature of the risk
- 2) Duration of the risk
- 3) Severity of the risk
- 4) Probability that the potential injury will actually occur

28 C.F.R. § 35.139(b) (Title II, or public, entities); 28 C.F.R. § 36.208(b) (Title III, or private, entities)



#### Direct Threat Assessment

Whether someone poses a "direct threat" must be determined based on an *individualized assessment* (not stereotypes or assumptions) using the most current, objective medical evidence.



### Specific Challenges

- Screening programs and online resources:
  - Are very appealing to many students and often an acceptable way to make contact with treatment system
  - Don't screen if you do not have the resources to handle the capacity
  - Peer-to-peer programs are very appealing, but you need the resources to supervise properly
  - Look for specific tools that may help you (ex., appointment reminder system)



### Resources

- SPRC Grantee Webinar "Developing Crisis Protocols and Legal Considerations for Student Mental Health <a href="http://www.sprc.org/news-events/events/developing-crisis-protocols-and-legal-considerations-student-mental-health">http://www.sprc.org/news-events/events/developing-crisis-protocols-and-legal-considerations-student-mental-health</a> (includes presentation from Julia Graff from the Bazelon Center cited throughout)
- •Jed Foundation: Framework for Developing Institutional Protocols <a href="http://www.jedfoundation.org/professionals/programs-and-research/framework">http://www.jedfoundation.org/professionals/programs-and-research/framework</a>
- Jed Foundation: Student Mental Health and the Law <a href="http://www.jedfoundation.org/professionals/programs-and-research/legal-resource">http://www.jedfoundation.org/professionals/programs-and-research/legal-resource</a>
- EDC/ Jed Foundation: CampusMHAP Guide <a href="http://www.sprc.org/sites/sprc.org/files/library/CampusMHAP\_Web%20final.pdf">http://www.sprc.org/sites/sprc.org/files/library/CampusMHAP\_Web%20final.pdf</a>
- HEMHA/ Jed Foundation: Balancing Safety and Support on Campus: A Guide for Teams <a href="http://www.jedfoundation.org/professionals/programs-and-research/campus\_teams">http://www.jedfoundation.org/professionals/programs-and-research/campus\_teams</a>



## Resources (cont.)

- "Campus Mental Health: Know Your Rights!" Guide for College Students, <a href="http://www.bazelon.org/Who-We-Are/Leadership-21/Campus-Rights-Guide.aspx">http://www.bazelon.org/Who-We-Are/Leadership-21/Campus-Rights-Guide.aspx</a>
- "Supporting Students: A Model Policy for Colleges and Universities," <a href="http://www.bazelon.org/pdf/supportingstudents.pdf">http://www.bazelon.org/pdf/supportingstudents.pdf</a>
- Bazelon Center: Campus Mental Health Legal Action: <a href="http://www.bazelon.org/Where-We-Stand/Community-Integration/Campus-Mental-Health/Campus-Mental-Health-Legal-Action.aspx">http://www.bazelon.org/Where-We-Stand/Community-Integration/Campus-Mental-Health/Campus-Mental-Health-Legal-Action.aspx</a>
- U.S. Department of Education Office of Civil Rights: <a href="http://www2.ed.gov/about/offices/list/ocr/docs/howto.html">http://www2.ed.gov/about/offices/list/ocr/docs/howto.html</a>
- •The Academy for Critical Incident Analysis (2010). A broader view. Proceedings of the winter 2010 ACIA Conference. http://winter2010.aciajj.org/overview/a-broader-view/



# Questions?



# Your Turn!

