



Suicide Safer Care: Developing Comprehensive Care on Campuses

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GLS Meeting



Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention



The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.

National Action Alliance for Suicide Prevention

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VISION

The Action Alliance envisions a nation free from the tragic experience of suicide.

MISSION

To advance the NSSP by:

- *Championing* suicide prevention as a national priority
- *Catalyzing* efforts to implement high priority objectives of the NSSP
- *Cultivating* the resources needed to sustain progress

GOAL

To save 20,000 lives in five years

Defining the Problem: Health Care is Not Suicide Safe

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- 45% of people who died by suicide had contact with **primary care** providers in the month before death. Among older adults, it's 78%.
- 19% of people who died by suicide had contact with **mental health** services in the month before death.
- South Carolina: 10% of people who died by suicide were seen in an **emergency department** in the two months before death.

Defining the Problem: Suicidal Individuals in Behavioral Health on Campus

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- 2/3 students seen in college counseling centers have seriously considered suicide
- 1/4 students seen in college counseling centers have made an attempt
- Only 14-19% of college student suicides in past year had sought counseling center assistance

Zero Suicide...

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- Makes suicide prevention a core responsibility of health care
- Applies new knowledge and proven tools for suicide care
- Supports efforts to humanize crisis and acute care
- Is a systematic approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- Is embedded in the National Strategy for Suicide Prevention (NSSP).

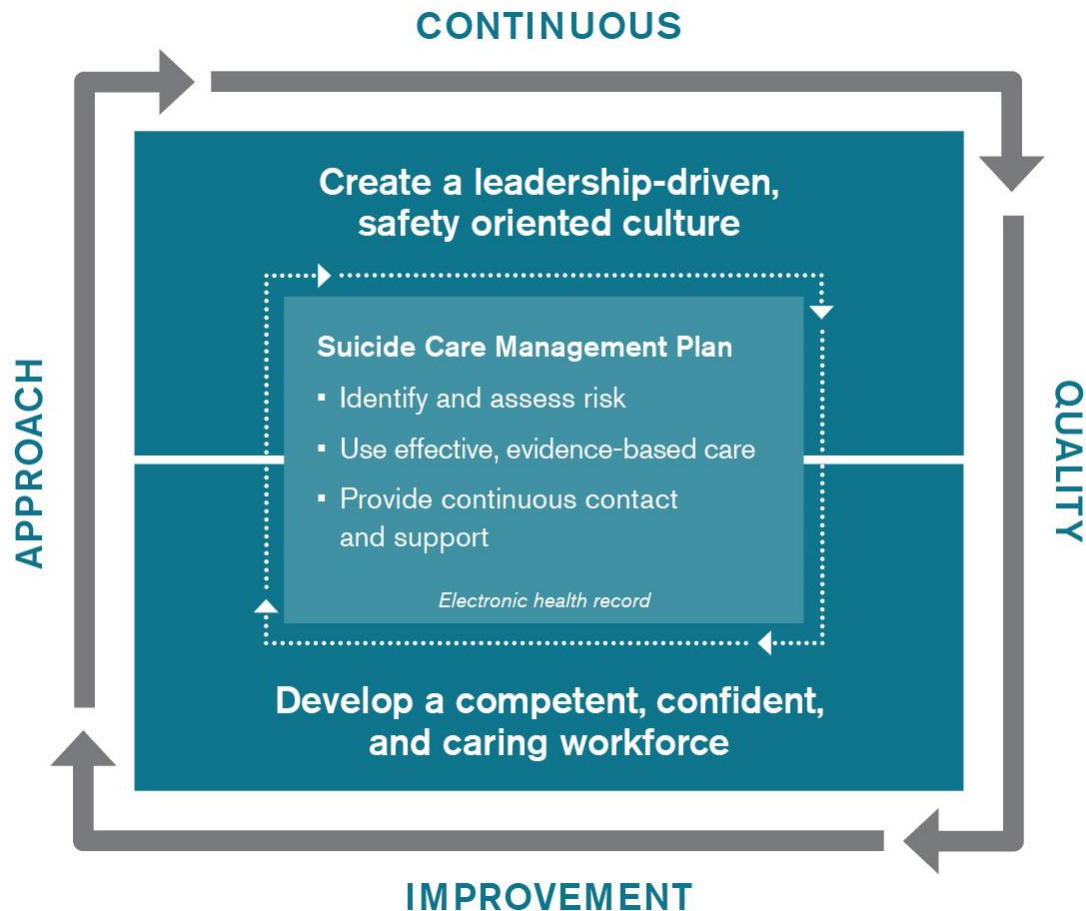
What Zero Suicide is Not

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- Social Marketing Campaign
- Quick Fix
- An Approach Looking to Place Blame
- A Campus Wide Model for Suicide Prevention

Elements of Zero Suicide

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Leadership Commitment and Culture Change

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- Leadership makes an explicit commitment to reducing suicide deaths among students and orients staff to this commitment.
- Organizational culture focuses on safety of staff as well as persons served.
- Opportunities for dialogue and improvement without blame; and deference to expertise instead of rank.
- Persons with lived experience are supported, and participate in program design and delivery.
- Cross-departmental leadership team for campus suicide care approach and collaboration

Employee Assessment and Training

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- Campus staff are assessed for the beliefs, training, and skills needed to care for persons at risk of suicide.
- All campus staff, clinical and non-clinical, receive suicide prevention training appropriate to their role.
- All campus health care workers receive training in suicide care.

Screening and Risk Assessment

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- Screen specifically for suicide risk, using a standardized screening tool, for any student entering counseling center services.
- Screening concerns lead to immediate clinical assessment by an appropriately credentialed, “suicidality savvy” clinician.
- Screen at every visit, especially those with elevated risk.
- Screen at all medical encounters.

Safety Planning and Means Restriction

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- All students with suicide risk have a safety plan in hand when they leave care on same day as the assessment regardless of setting.
- Safety planning is collaborative and includes regular review and revision of the plan.
- Specific training to those written in to plan so they know steps to take to assist.
- Means restriction is assessed for all at risk and includes confirmation that access to means has been removed.

Suicide Care Management Plan

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- Design and use a care Suicide Care Management Plan, or pathway to care, that defines care expectations for all persons with suicide risk, to include:
 - Identifying and assessing risk
 - Using effective, evidence-based care
 - Safety planning
 - Continuing contact, engagement, and support
- Transparency and education about sharing risk status with others
- Plans for missed appointments

Effective, Evidence-Based Treatment

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- Care directly targets and treats suicidality and behavioral health disorders using effective, evidence-based treatments.
- Refer to providers who use best practices.

Follow-up and Engagement

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- Persons with suicide risk get timely and assured transitions in care. Providers ensure the transition is completed.
- Persons with suicide risk get personal contact during care and care transitions, with method and timing appropriate to their risk, needs, and preferences.
- Strengthen relationships with local hospitals and crisis lines.
- Improve off campus referral networks and employ case managers to coordinate care outside of counseling center.
- Behavioral intervention teams to take campus-based referrals and follow-up.

Quality Improvement and Evaluation

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- Suicide deaths for student population are measured and reported on.
- Continuous quality improvement is rooted in a Just Safety Culture.
- Fidelity to Zero Suicide model is assessed.

Summary: Zero Suicide On a College Campus

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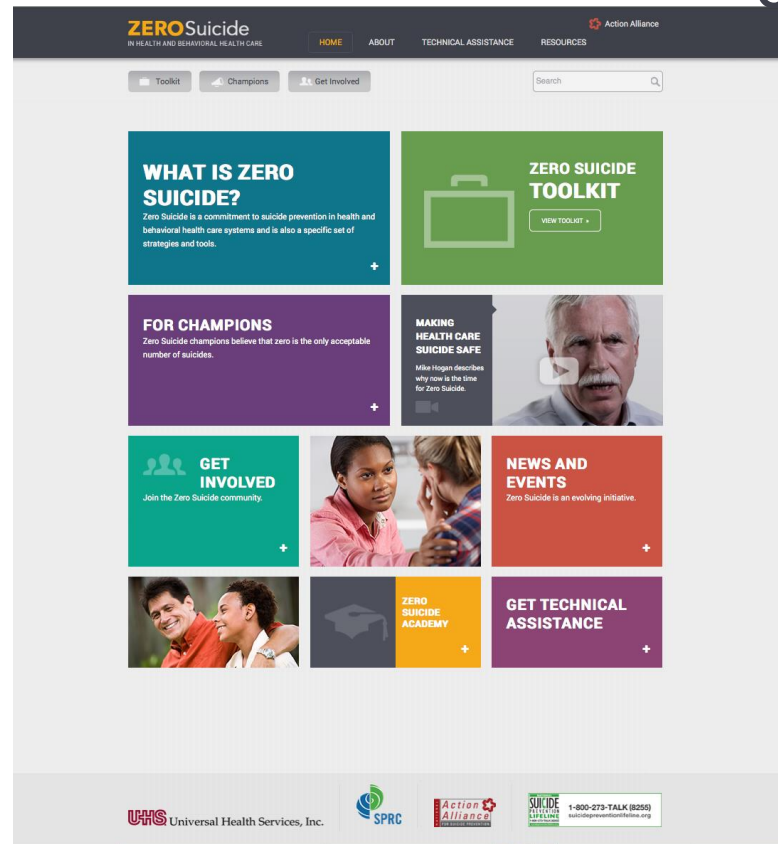
- Develop clear policies and protocols in advance of an adverse event
- Identify youth at risk regardless of the setting where they are receiving care
- Refer and provide optimal care
- Provide resources to those at risk
- HIPAA and FERPA – Students should be kept safe but know the limits of confidentiality
- Build a caring community

- Can you do better?

Resources and Tools

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www.ZeroSuicide.SPRC.org



Resources and Tools

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- SPRC webinar clips on addressing campus mental health clinical capacity:
<http://go.edc.org/Capacity>
- The Jed Foundation, Student Mental Health and the Law:
http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf
- The Jed Foundation, Framework for Developing Institutional Protocols:
https://www.jedfoundation.org/assets/Programs/Program_downloads/Framework_color.pdf
- HEMHA, Balancing Safety and Support on Campus: A Guide for Campus Teams:
http://www.jedfoundation.org/campus_teams_guide.pdf
- ACHA, Considerations for Integration of Counseling and Health Services on College and University Campuses:
https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Integration_of_Counseling_White_Paper_Mar2010.pdf
- University of Michigan Campus Mind Works Resources (example of tools to support students transitioning back to campus after a hospitalization):
<http://campusmindworks.org/students/hospitalization/default.asp>

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