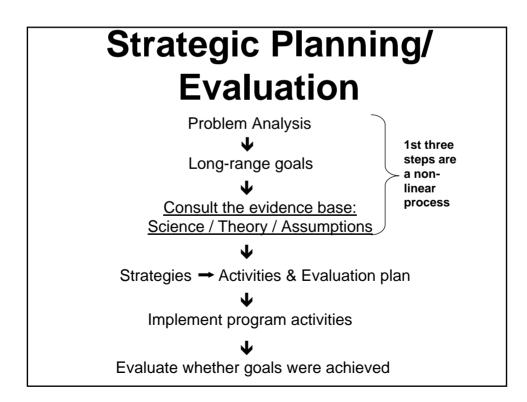
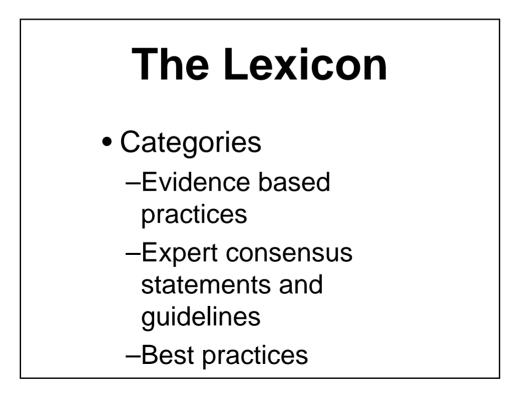
Best Practices for Campus Suicide Prevention

Morton Silverman, M.D. David Litts, O.D.



Overviews • Best Practices: The Lexicon • Best Practices: The List best Practices: The Linkage



1. Evidence-Based Practices

- Practices shown empirically to reduce suicide risk for individuals or population groups
 - -Reduce risk factors,
 - -Increase protective factors,
 - Reduce suicidal behaviors (ideation, attempts, completions)

1. Evidence-Based Practices

- Listed on SPRC Evidence-Based Practices, or
- National Registry for Effective Programs and Practices (NREPP)

2. Expert Consensus Statements & Guidelines

- Evaluated on:
 - 1. Importance
 - 2. Practicality
 - 3. Accuracy
 - 4. Safety
 - 5. Representative of present knowledge
 - 6. Methodology

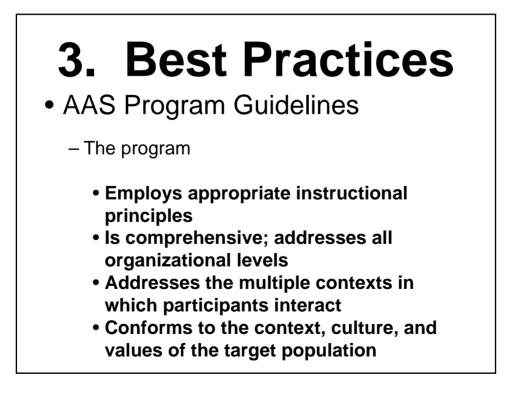
3. Best Practices

- Programs, guidelines, protocols, and practices that address specific objectives of the National Strategy for Suicide Prevention
 - Comply with:
 - American Association of Suicidology program guidelines (AAS & Kalafat, 1999) and
 - Safe and Effective Messaging for Suicide Prevention (SPRC/Gould), and
 - Are feasible

3. Best Practices

AAS Program Guidelines

- Program goals and objectives are conceptually and empirically grounded
- -Program materials are clearly articulated and packaged



3. Best Practices

Safe and Effective Messaging for Suicide Prevention

Program messages should:

- 1. Contain information about prevention
- 2. Provide information about help-seeking (including how to find help)
- 3. List suicide warning signs and risk and protective factors
- 4. Discuss effective treatments of underlying mental health problems

3. Best Practices

Safe and Effective Messaging

Program messages should not

- 5. Glorify or romanticize suicide or people who have died by suicide
- 6. Normalize suicide by presenting it as a common event
- 7. Present detailed descriptions of a suicide victim or methods of suicide
- 8. Present personal details of people who have died by suicide
- 9. Present suicide as an inexplicable act or explain it as a result of stress only

The List

1. Evidence-Based Practices

- Air Force (Knox, Litts, Talcott, Feig, & Caine, 2003)
- Analgesic Packaging (Hawton, 2002)
- Brief At-Home Psychological Counseling (Guthrie et al., 2001)
- C-CARE & CAST (Randell, Eggert, & Pike, 2001)
- Columbia University TeenScreen (Kaplan et al., 2005)
- Emergency Room Education (Kruesi et al., 1999; McManus et al., 1997)
- Emergency Room Intervention (Rotheram-Borus, Piacentini, Cantwell, Belin, & Song, 2000)

1. Evidence-Based Practices

- Lifelines (Kalafat & Elias, 1994)
- PROSPECT (Bruce et al., 2004)
- Reconnecting Youth (Thompson, Eggert, Randell, & Pike, 2001)
- SOS (Aseltine, 2003; Aseltine & DeMartino, 2004)
- Zuni Life Skills (LaFromboise & Howard-Pitney, 1995)

2. Expert Consensus Statements & Guidelines

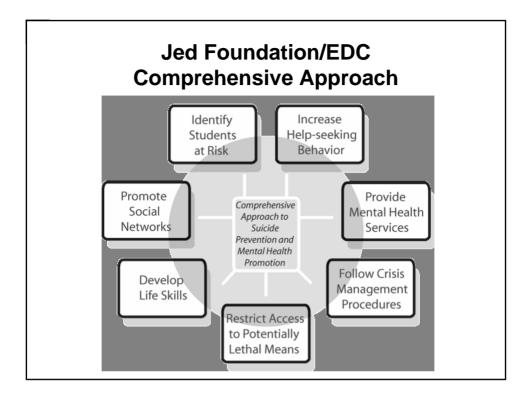
Under Consideration:

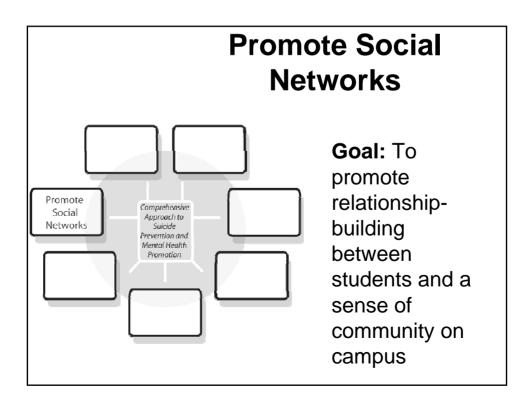
- Framework for Developing Institutional Protocols (The Jed Foundation)
- Safe and Effective Messaging for Suicide Prevention (Gould/SPRC)
- Warning Signs for Suicide (AAS)
- Reporting on Suicide: Recommendations for the Media (Annenberg/AFSP)
- American Psychiatric Association Practice Guidelines

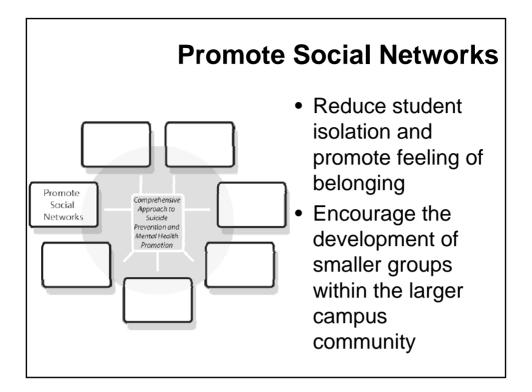
The Linkage

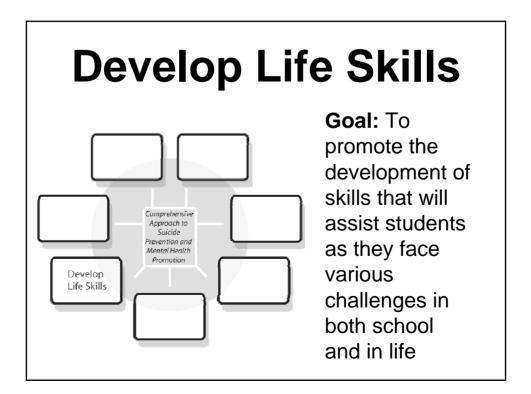
Putting it into practice

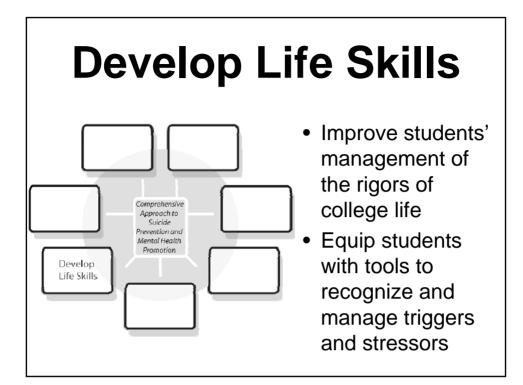
Comprehensive Prevention Approach

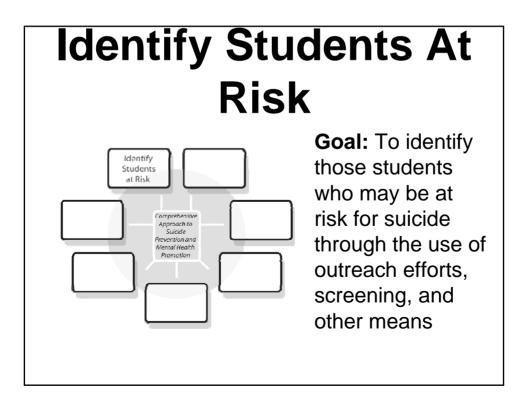




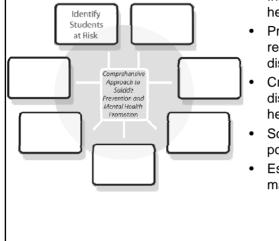






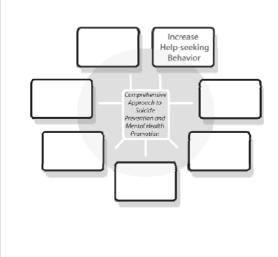


Identify Students At Risk Include questions about mental



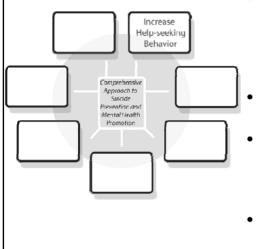
- health on medical history form
- Provide gatekeeper training to recognize/refer distressed or distressing students
- Create interface between disciplinary process and mental health service
- Screen to identify high-risk or potentially high-risk students
- Establish cross-department case management committee

Increase Help-Seeking Behaviors

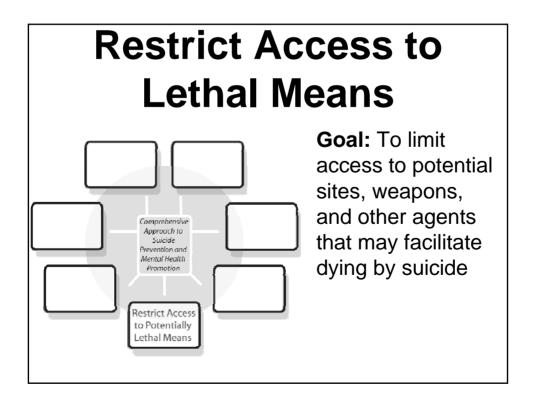


Goal: To educate students about mental health and wellness. encourage seeking appropriate treatment for emotional issues, and reduce the stigma surrounding mental illness and seeking help for suicidal thoughts and behaviors

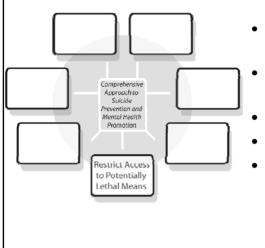
Increase Help-Seeking Behaviors



- Stimulate campus-wide cultural change that destigmatizes mental health problems and removes barriers to getting help
- Enhance accessibility of mental health services
- Educate students about the signs and symptoms of suicide and mental illness and where to go to get help
- Provide online selfassessment tools

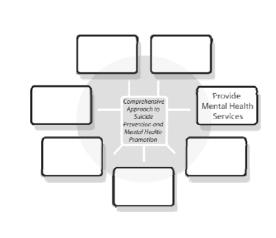


Restrict Access to Lethal Means

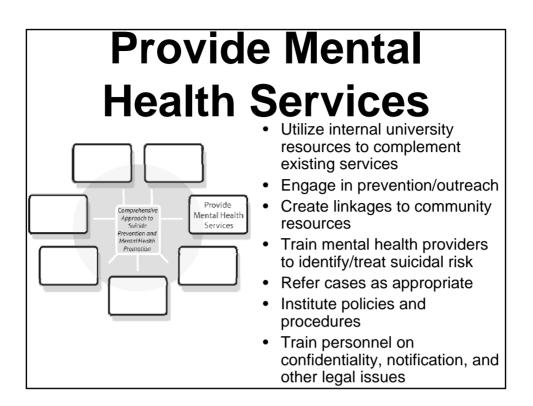


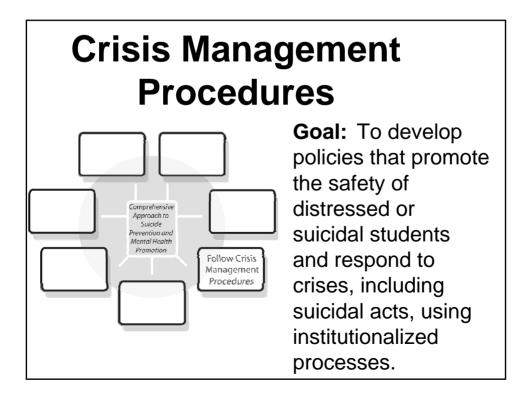
- Limit access and/or erect fences on roofs of buildings
- Replace windows or restrict size of window openings
- Restrict access to chemicals
- Prohibit guns on campus
- Control access to alcohol and other drugs

Provide Mental Health Services

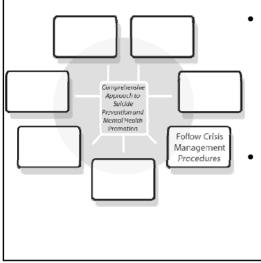


Goal: To accurately diagnose and appropriately treat students with emotional problems, including assessing and managing suicide risk





Crisis Management Procedures



- Establish and follow policies (e.g., parental notification, medical leave/re-entry) and protocols that respond to suicide attempts and other high-risk behavior
- Respond with a comprehensive postvention program

Grantee Activities

- Training programs
- Networking infrastructure
- Educational seminars
- Hotline
- Informational materials
- Educational materials for families

