

"Saving Lives in Tennessee"

TENNESSEE HIGHER
EDUCATION PROTOCOL
GUIDELINES FOR
SUICIDE INTERVENTION
AND POSTVENTION

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INTRODUCTION

The Tennessee Suicide Prevention Network (TSPN) Higher Education Task Force (HETF), an appointed task force of 22 representatives, serves to unite colleges/universities throughout Tennessee towards the goal of suicide prevention. All those selected for this task force were approved by the TSPN Advisory Council, who are appointed by the Governor, on June 8, 2017, have exhibited excellence in suicide prevention and/or intervention efforts at their institution either by trainings and awareness on their campus.

This document was created as a tool to aid in the development of protocols specific to your institution. In the development of your institution-specific protocols, determine which stakeholders are most pertinent to your campus; the most effectively developed protocol will result from a campus-wide approach with input from an array of campus offices. Consider developing a team to assist in this process and include members from counseling, residence life, academic affairs, students, behavior intervention team, campus police, etc. TSPN staff and members of the Higher Education Task Force are available to assist as you create campus protocols.

It is recommended that institutions have protocols that address identifying suicidal students, responding to suicidal students, and notifying family and appropriate campus personnel. Protocols need to address the personnel responsible for responding to suicidal students and how to refer these students to safety and care. Additionally, institutions may include postsuicide protocols to support students when a member of the college community has died by suicide. Student suspension or withdrawal secondary to suicidal warning signs may also be addressed.

Campus suicide prevention strategies may be found in the Outreach and Curriculum Infusion Tool Kit located at tspn.org/heft.

Suicide intervention protocols will include identifying students who are contemplating suicide, address the campus response to these students, and plan the campus response to students who have attempted suicide. These protocols may include making arrangements with behavioral health facilities when there are no on-campus counseling centers.

Suicide postvention protocols will address how to help students, staff, faculty, and the campus community when a student or employee is lost to suicide. This may include how to make arrangements for debriefings and supportive counseling to prevent suicide contagion and decrease the possible negative mental health effects of this traumatic loss.

MORE INFORMATION

The Higher Education Task Force has created a web page specifically for higher education in Tennessee. The page is formatted so institutions can simply link to the web page and immediately have information for students and resources for leadership as they work to promote optimal mental health on campus. These documents, and other helpful resources, are located at the bottom of that web page. The web page location is tspn.org/heft.

For more information about research, data, and other helpful resources gathered by the HETF please contact Joanne Perley, MPH, Director of Statewide Initiatives and Development, Tennessee Suicide Prevention Network at 615-297-1077 or jperley@tspn.org. For general information on suicide or suicide prevention, or to request training, please visit our website at www.tspn.org.

INTERVENTION PROTOCOLS

IDENTIFYING SUICIDAL STUDENTS

Members of the campus community may learn the warning signs of suicide through various outreach activities, classroom activities, and on-campus training activities. These suicide awareness strategies may be found in the Outreach and Curriculum Infusion Tool Kit. Campus personnel can request suicide prevention training at the TSPN web site tspn.org or by contacting the TSPN office at tspn@tspn.org

Warning signs of suicide, as well as basic interventions, are located in Appendix A and the TSPN web site. A brochure, *Saving College Student Lives in Tennessee*, is available by request at the TSPN office; the brochure may be viewed or downloaded free at <http://tspn.org/wp-content/uploads/2017/08/TSPN-College-Student-2017.pdf>

RESPONDING TO ACUTELY DISTRESSED STUDENTS

Students may be contemplating suicide or may have attempted suicide. Students who have attempted suicide may be treated using the institutional protocols that address injured students. Assess those protocols to ensure they are appropriate for suicidal students. In addition to caring for physical injuries, students who have attempted suicide will need mental health assessments and mental health follow-up care.

People usually think about suicide and display warning signs prior to a suicide attempt. When creating a protocol to protect these students and save their lives, answer the question “What process should be followed if an employee encounters a suicidal student?” This protocol should be written and readily available for all campus personnel.

Prior to creating the protocol it will be helpful to complete Appendix B. This will provide a list of resources that may be used for student assessments, counseling, or treatment. In addition to the crisis information, there are additional regional resources available. See the Tennessee Suicide Prevention Network Regional Information for resources in your area (tspn.org/regional-information). Resource Directories for each region can be found through the link. It is recommended that you review the information in your

region through these links and print or embed your region-specific information, as it pertains to your institution, within your protocol. Appendix B can also be included in the protocol.

Some institutions do not have counselors, social workers, or other trained professionals on campus to perform student assessments, counseling, or make referrals. The leadership in these institutions will need to seek out off-campus agencies to perform these duties. Personnel from these agencies may come to campus or students may need to present to the agencies (if students leave campus, the protocols should address how these students are transported safely). A list of local agencies is located in the resource directories or by contacting the TSPN office. Institutional leadership may wish to create a memorandum of understanding (MOU) between the institution and the mental health care provider. A sample MOU is provided in Appendix C.

As you are creating your protocol, understand that some students will be thinking about suicide but not be in imminent danger while other suicidal students may actually have made plans and have the means to kill themselves. Care for these students varies from acknowledging their thoughts and providing counseling to help them learn coping skills, hospitalization to keep them safe and provide mental health treatments, or treating them after they have attempted suicide to keep them alive. The counselor or other trained professional can assess the students and determine a plan of care.

Some things to consider while answering the question “What process should be followed if an employee encounters a suicidal student?” include:

1. What office will be notified (and who to notify after regular office hours)?
2. Who will respond to the student who is contemplating suicide?
3. Will this student be assessed and counseled on campus? By whom? Is there a trained counselor or other professional available that can speak to the student, perform an assessment to determine their safety, counsel them if needed, or determine the student needs a referral for their safety and well-being? If a referral is needed, what agency? Contact information? After hours contacts?
4. Will the student be referred to off-campus resources right away? What agency? What is the contact information? What about after regular office hours? Will the provider come to the campus? How long will this take?

5. Who will remain with the student until the person notified or referral agency has arrived to render assistance (professors and students must go to classes, and suicidal students should not be left alone)?
6. If the student needs to be transported off campus, who will do this and will safety be maintained?
7. If the student has plans and access to a lethal means, is planning to make an attempt very soon, or is currently in the process of making an attempt, this student is in imminent danger and should not be left alone. Get the student help by immediately. Determine who can get there quickly and keep the student safe. Is this calling 9-1-1 or campus police? Is there a counselor or other trained professional on campus who can perform this assessment and make this decision? Or can this decision be made by anyone who is concerned? Is this contact information in the protocol?
8. Actual suicide attempts are a medical emergency. What is the campus protocol for medical emergencies?
9. Provide documentation of the event to the Behavioral Intervention Team (BIT). It is recommended that each institution have a BIT team. Ideally, many personnel who would be contacted or intervene with suicidal students would be members of the BIT team. Students who are identified at risk for suicide, have voiced serious suicidal ideation, or have attempted suicide should be reported to the BIT team using the institutional reporting form. If the institution does not have a form, or would like to update a form to include suicidal students, a sample reporting form is located in Appendix D.

Write the answers to the questions above in detail to create a rough draft of a protocol for intervening with suicidal students.

OTHER THINGS TO CONSIDER

Institutions with residential students may have additional challenges when encountering suicidal students. Leadership in these institutions may wish to create protocols that address the following:

1. Under what circumstances should a student's emergency contact be notified? Only if they leave campus? If they deemed to be a danger to themselves? Create protocols to answer these questions, maintaining confidentiality and college privacy policies.
2. What information should be disclosed?
3. What procedure would be followed to determine whether information should be disclosed without student consent?
4. Who will be designated to notify the emergency contact?
5. If a student is hospitalized, will someone from the institution visit in the hospital until the parents or emergency contact arrives?
6. If the student will be returning to a residence hall after leaving campus, is there a follow-up plan to help the student that includes student support, a threshold for intervention if the student shows signs of distress again, and a plan with contacts for that intervention?
7. Does the institution have protocols that address a student's return to campus after a hospitalization? Do they include an individualized assessment and a follow-up plan to help the student be successful upon return to campus?
8. Most institutions have protocols that address leave of absence and re-entry. Do these protocols address the special needs of these students? Do they include an individualized assessment and a follow-up plan to help the student be successful upon return to campus?

When a student attempts suicide, other people in the campus community are affected by this act. In a residence hall, this would include those students who live in the same living unit with the student who attempted suicide. Significant others, roommates, teammates, and instructors are also affected by the attempted suicide of a student. How will your institution support others in the community with the emotional stress and crisis atmosphere that accompanies attempted suicide? Protocols should include:

1. Identify which department will reach out to individuals and groups that are most affected by the attempt.
2. Provide information to the campus community about which campus department will coordinate processing and debriefing following any significant event. Where do students go for help?
3. What staff has been trained to perform debriefings? What staff will be available to counsel students who are more affected and need more help? Create a plan have people available to perform debriefing and/or counseling. Are they off-campus resources or are there resources on campus? Campus leadership can create a campus response team. Debriefing training is available through the TSPN.
4. Highlight on-campus and off-campus resources provided to individuals and groups on campus that are available to students.
5. Create a supportive, stable environment for those who have been affected to reduce the risk of negative behaviors.

POSTVENTION PROTOCOLS

Because all student deaths affect our community, whether that death is accidental, due to illness, or the result of self-inflicted injury, it is important for the institution to respond to and recognize all student deaths in a consistent manner. Campus leadership and the communications department need to develop a protocol that includes a campus response to a student suicide to decrease the trauma experienced by the students left behind and to help prevent further suicides through contagion. The goals of a postvention response after a suicide should include:

- Providing resources to those impacted.
- Stabilizing the community and restoring balance and routine to campus at a pre-crisis level of functioning.
- Preventing further suicides through contagion and decreasing the trauma experienced by students.
- Facilitating understanding and processing the emotional impact of grief and loss.

In addition to creating a protocol campus leadership will want to plan the following:

- Form a postvention team and train them to provide an immediate response to a student's death to suicide. The TSPN can provide suicide postvention training and assist with the creation of your postvention protocol. The team needs to process the situation and students to determine which students need debriefing and which need more extensive counseling. The TSPN training will include best practices to follow in the event of a student death. If the campus does not have the resources to form a postvention team, consider using the off-campus resources discussed in the intervention protocol. Consider a MOU so they will be available if you need them.
- Recognize community partners and outside resources (EAP, counselors, etc.) who may be called in to assist with debriefing and counseling. These can be the same outside resources referred to in the intervention plan created above. Make plans and arrangement with them prior to any incident so they will be available and understand what is needed.

- Develop communication procedures for media, social media, family interaction, student support, and faculty/staff support. These communications, however, must be handled very carefully to prevent unnecessary trauma to the community and decrease suicide contagion. Communications and public relations personnel need to read and study media guidelines prior to sending out any communications. Information for the media and other communications is available from TSPN at <http://tspn.org/for-the-media>
- Recognize the need for self-care for responders and treatment providers. This crisis may last for weeks; one or two personnel cannot do this work for an extended time period. Plan how they will be relieved and who they may see for debriefing or counseling.

To create a postvention protocol, answer the question “What should happen on our campus when a student dies by suicide?”

1. What office will be notified (and who to notify after regular office hours)?
2. Who will lead the response to the death by suicide? This role is important because they will need to confirm that the death was indeed a suicide, activate the postvention team and the communications office, contact outside resources that are now needed on campus, etc. Remember, the TSPN can help during this time.
3. Will a death off campus be handled differently from a death on campus? There may need to be two different plans. Remember, even if the death was off campus, the student will be missed by classmates, teammates, club members, faculty, staff, etc. who could suffer from this traumatic loss.

Once a team of people is activated there will be many decisions to make. These decisions, however, may not lend themselves to a specific protocol but require individualized responses based on the situation. How will the death be communicated to faculty and staff? Should the death be communicated to the entire campus or just the classmates? Or maybe, in a small institution, the entire campus

knows already? How will debriefing and counseling be provided? Where and when? Will the leadership communicate with the family? Will there be a memorial?

Who will guide these decisions while working to decrease student trauma? In addition to creating protocols that address student suicide, personnel at the TSPN are willing to assist when there is a student death. The Higher Education Mental Health Alliance has created the document Postvention: A Guide for Response to Suicide on College Campuses. This document provides information institutional leadership can use while making plans before an incident and how to proceed after an incident. The document is located at <http://hemha.org/hemhapress/wp-content/uploads/2018/06/jed-hemha-postvention-guide.pdf>

APPENDIX A: SUICIDE WARNING SIGNS

SUICIDE WARNING SIGNS

There is no typical suicidal person. No age group, ethnicity, or background is immune. Fortunately, many troubled individuals display behaviors deliberately or inadvertently signal their suicidal intent. Recognizing the warning signs and learning what to do next may help save a life.

The Warning Signs:

The following behavioral patterns may indicate possible risk for suicide and should be watched closely. If they appear numerous or severe, seek professional help at once. The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) provides access to trained telephone counselors, 24 hours a day, 7 days a week or the Crisis Text Line by texting TN to 741 741.

- Talking about suicide, death, and/or no reason to live
- Preoccupation with death and dying
- Withdrawal from friends and/or social activities
- Experience of a recent severe loss (especially a relationship) or the threat of a significant loss
- Experience or fear of a situation of humiliation or failure
- Drastic changes in behavior
- Loss of interest in hobbies, work, school, etc.
- Preparation for death by making out a will (unexpectedly) and final arrangements
- Giving away prized possessions
- Previous history of suicide attempts, as well as violence and/or hostility
- Unnecessary risks; reckless and/or impulsive behavior
- Loss of interest in personal appearance
- Increased use of alcohol and/or drugs
- General hopelessness
- Recent experience humiliation or failure
- Unwillingness to connect with potential helpers

Feelings, Thoughts, and Behaviors

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep eat or work

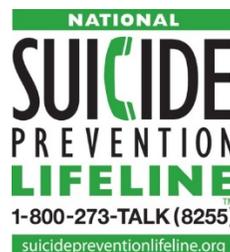
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

What Do You Do?

1. Be aware. Learn the warning signs listed on the first page.
2. Get involved. Become available. Show interest and support.
3. Ask if s/he is thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expressions of feelings and accept those feelings.
6. Be non-judgmental. Avoid debating whether suicide is right or wrong, whether someone's feelings are good or bad, or on the value of life.
7. Avoid taunting the person or daring him/her to "do it".
8. Avoid giving advice by making decisions for someone else to tell them to behave differently.
9. Avoid asking "why." This only encourages defensiveness.
10. Offer empathy, not sympathy.
11. Avoid acting shocked. This creates distance.
12. Don't keep someone else's suicidal thoughts (or your own) a secret. Get help, silence can be deadly.
13. Offer hope that alternatives are available. Avoid offering easy reassurance; it only proves you don't understand.
- 14. Take action. Remove anything that the person could use to hurt themselves means. Get help from individuals or agencies specializing in crisis intervention and suicide prevention.**

Who Can You Talk To?

- A community mental health agency
- A private therapist
- A school counselor or psychologist
- A family physician
- A suicide prevention/crisis intervention center
- A religious/spiritual leader



If you or someone you know is severely depressed or actively suicidal, call the National Suicide Prevention Lifeline at 1-800-237-TALK (8255). Trained counselors in your area are standing by to provide you with the help you need.

APPENDIX B: RESOURCES

ON-CAMPUS RESOURCES

Department	Phone	Website
Counseling and Personal Development Center		
Alcohol and Drug Prevention and Education		
Student Health Services		
Dean of Students Office		
Campus Police Department		
Office of Human Resources		
Employee Assistance Program		

LOCAL EMERGENCY RESOURCES

Name	Phone	Website
Emergency Services	911	
County Coalition		
County Sheriff's Office		
Police Department		

LOCAL HOSPITALS

LOCAL ALCOHOL, DRUG & MENTAL HEALTH TREATMENT RESOURCES

Name	Phone	Website

CRISIS SUPPORT

Hopeline Network	1-800-784-2433
Trevor Lifeline for LGBT Youth	1-866-488-7386
Suicide Prevention Lifeline	1-800-273-8255
Crisis Text Line	Text TN to 741-741
7 Cups of Tea– online chat	7cupsoftea.com
I'm Alive– online chat	Imalive.org
Lifeline Crisis Chat - online chat	CrisisChat.org
Adult Statewide Crisis Telephone Line	1-855-CRISIS-1 or 1-855-274-7471

APPENDIX C: SAMPLE MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING

BETWEEN

COLLEGE

AND THE

CRISIS CENTER, INC.

This Memorandum of Understanding (MOU) is entered into by College and the Crisis Center, Inc. This MOU formalizes the commitment of the parties to work together to provide trauma-informed services to student and employee victims of sexual misconduct (including but not limited to dating violence, sexual assault, and stalking) and of domestic violence and to improve the overall response to sexual misconduct and domestic violence at the College. The parties share the goal of preventing sexual misconduct and domestic violence on campus and in the community, and of responding appropriately to students and employees who have been victimized.

HISTORY

Prior to its first MOU, the partnership between College and Crisis Center, Inc. was one of providing educational information to students at the College. Both the Health Services and Counseling Services offices at the College have invited Crisis Center representatives to events and other initiatives where students at campus locations were provided information and an opportunity to ask questions. For more than five years College and the Crisis Center have partnered in such a manner. In 2014 the need to formalize the relationship arose. The initial MOU was signed between the parties in December 2014. Below is an updated version of the MOU and the signatures of parties committing to continuing the partnership.

I. Description of Partner Agencies

College

The College began as Tri-Cities State Area Vocational-Technical School in 1966 under the

governance of the State Board for Vocational Education. In 1970, the mission was expanded and the school became a regional center for vocational and technical training. The scope was again expanded in 1978 to include the awarding of both one-year certificates and associate degrees in technology, and the name was changed to Tri-Cities State Technical Institute. Effective on July 1, 1983, Tri-Cities State Tech was placed under the governance of the Tennessee State Board of Regents and became part of the State University and Community College System of Tennessee. On July 1, 1990, a university parallel component was added, and the institution's name was changed to College. On July 1, 2009, the name of the institution was changed to College to better reflect the diverse range of programs offered by the institution.

The College provides university parallel programs designed for students desiring to transfer to another college or university, career programs for students planning to enter the workforce immediately upon graduation, and continuing education and community service programs for professional growth and personal enrichment to the citizens of Carter, Johnson, Sullivan, Unicoi, and Washington counties.

In partnership with the community, the College sustains the effort toward improving the quality of life for residents of the Northeast Tennessee region. The College's fall 2014 headcount enrollment was 5,865 credit students.

Crisis Center, Inc.

The Crisis Center, Inc. is a non-profit agency that has been providing free services to the community for nearly 40 years. The Crisis Center has grown from a hotline for teens to an agency which provides a wide range of services including those dealing with issues of sexual assault, domestic violence, and stalking. The Crisis Center office is located at 100 Oakview Avenue, Bristol, Virginia, but serves individuals throughout eastern Tennessee and western Virginia. All services are free and confidential.

II. Collaboration

Previously, the Crisis Center has provided workshops at the College on sexual assault, staffed a table at the annual Wellness Fair, and served as a referral resource for students in crisis. This MOU will formalize the collaboration between the College and the Crisis Center as a part of the *Safe Northeast: A Safe Campus Saves You!* initiative.

Role of College

The College agrees to:

- A. Provide space on an "as available" basis to the Crisis Center to hold advisory board meetings and support group meetings at any of the College's teaching sites.

- B. Promote awareness among campus populations of volunteer opportunities at the Crisis Center.
- C. Facilitate the development of educational materials that promote the primary prevention of sexual misconduct, including sexual assault, domestic violence, dating violence, and stalking.
- D. Provide the Crisis Center with schedules of College workshops open to the public that cover topics such as applying for college, applying for financial aid, career exploration, resume writing, and interviewing skills.

Role of the Crisis Center, Inc.

The Crisis Center agrees to:

- A. Provide training to students, faculty, and staff at the College as requested regarding such topics as bystander intervention, sexual misconduct, sexual assault, domestic violence, dating violence, and stalking.
- B. Serve as a referral agency for the College students, faculty, and staff who are victims of sexual misconduct, including sexual assault, domestic violence, dating violence, and stalking.
- C. Provide literature and standing exhibits for each the College teaching site when requested.
- D. Staff information tables during the College's annual Club, Service, and Wellness fairs or other events as appropriate to this agreement.

III. Confidentiality

The College and the Crisis Center affirm the importance of providing students with options for confidential services and support. All service provided by the Crisis Center to students and employees of the College will be kept confidential except in the following circumstances:

- A. If the student or employee requests information shared with the College or the State Police Department or local law enforcement, the Crisis Center will obtain informed consent for Release of Information (ROI). When ROIs are required, they will be written, informed, and reasonably time-limited. The College encourages reporting of such incidents and has in place Limited Voluntary Confidential Reporting to Campus Police. Such a report will be treated in accordance with College policy.
- B. The Crisis Center will immediately provide the College with aggregate data about incidents of sexual misconduct (including but not limited to dating violence, sexual assault, and stalking) and of domestic violence and other reportable offenses to include in its annual Clery Act security report and to help the College identify patterns or systemic problems related to sexual misconduct and domestic violence which may result

in the issuance of Timely Warnings or Emergency Notifications in order to protect the campus community from possible threats. No personally identifying information will be provided for Clery Act purposes. The Crisis Center will consult with victims regarding what information needs to be withheld to protect their identities.

- C. If federal or state law requires disclosure because there is an imminent risk of harm to self or harm to others, the Crisis Center will determine: 1) who will be notified; 2) in what form; 3) what information will be provided to the victim regarding this disclosure; and 4) what steps will be taken to protect the victim from the imminent risk. The State Police Department must be notified in accordance with applicable federal or state law.

IV. Signatories

Signed _____ Date _____

President, College

Signed _____ Date _____

Executive Director, Crisis Center, Inc.

APPENDIX D: SAMPLE REPORTING FORM

Sample Reporting Form

Date student was identified at risk: _____

Student Name: _____

Date of Birth: _____

Student ID: _____

Student Contact Number: _____

Student Address: _____

Emergency Contact Name and Number: _____

Who identified Student as being at risk: _____

Reason for concern: (Please provide detailed information including verbal threats/actions, etc.)

APPENDIX E: RESOURCES FOR FURTHER STUDY

- [Tennessee Suicide Prevention Network](#)
The statewide public-private organization responsible for implementing the Tennessee Strategy for Suicide Prevention as defined by the 2001 National Strategy for Suicide Prevention. TSPN is a grass-roots association which includes counselors, mental health professionals, physicians, clergy, journalists, social workers, and law enforcement personnel, as well as survivors of suicide and suicide attempts. TSPN works across the state under the direction of our Executive Director to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate intention of reducing suicide rates in the state of Tennessee.
- [The Jed Foundation](#)
The nation's leading organization working to prevent suicide and promote mental health among college students.
- [Jed Foundation's HALF OF US Series](#)
half of us struggle with depression, and all of us have the power to help ourselves and others by fighting the stigma around mental health and speaking up when we need support.
- [Suicide.org](#)
Suicide Prevention, Awareness and Support
- [Suicide Prevention Resource Center](#)
Customized information for College Students
- [National Suicide Prevention Hotline](#)
1-800-273-TALK (8255)
- [ULifeline](#)
Online College Mental Health Services for Students