



Transcript - Putting the Essentials in Place

Now that you've gathered some information about your campus, it's time to choose your next step. The 9 areas we reviewed in the introductory video are **ALL** important for a **comprehensive** approach to suicide prevention. Each adds an important piece to the campus safety net. But there are some specific strategies that really need to be put into place first. They are essential to helping your campus respond to different kinds of crisis, and are becoming standard practices that all campuses are expected to have in place.

Imagine a pyramid – most of our students fall in the bottom layer. They simply need an environment and education that promotes positive well-being to foster their development and continue on the path of good mental health. A subset of our students fall into the middle layer – they may have a number of distressing life circumstances or psychological challenges and are at risk for thoughts of suicide. They require intervention to help move them downwards toward the bottom layer of students with good mental health. Finally, a very small group of our students not only has thoughts of suicide, but also has acted or will act on those thoughts, or experience other types of personal crisis. This group requires more intensive intervention to help them to keep safe, recover, and move down the pyramid towards good mental health. If we aren't careful and strategic in our work, we will find ourselves constantly focused on the top layer of students, responding to crises. This subgroup can utilize all of our time, energy, and resources, leaving us with nothing to give the students in the lower levels of the pyramid. Likewise, if we don't plan anything to support the well-being of students in the bottom two layers, some of those students are likely to move up the pyramid when they encounter significant challenges.

The “essentials” we want to highlight in this video are for working with those students in the top layer. They help put structures in place so that you respond efficiently, and then devote more of your energy and time towards students in the lower two layers, preventing them from moving up the pyramid. So, if your campus is missing or needs to strengthen one of these elements, this might be your best place to start.

Let's review the things we believe should be prioritized.

They are:

- Training for clinicians
- Training for key gatekeepers or natural helpers
- Having an option for walk-in or triage appointments
- Developing protocols for responding to students in crisis
- Setting up agreements with community care providers



- Educating students and families about limits of confidentiality
- Having a postvention plan

First, your clinicians need to be trained specifically in how to care for people who are having thoughts of suicide or experiencing a suicidal crisis. Some have gotten this training in their graduate programs but many have not. As a result, your clinicians can feel overwhelmed and anxious when faced with suicide risk and may avoid the topic or provide inappropriate treatment. We recommend that at least one campus clinician, but preferably all, have some training specifically in working with people who are at risk for suicide. If your counselors need training in this area, our office offers a number of trainings that can help build competence in this area. These trainings are offered regularly and upon request. There are also several brief trainings available online for free or low cost to build skills in working specifically with suicidal students. See the video on **Effective Care and Treatment** for more information on standards of care for working with suicidal clients and what training options are available to you.

Next, let's talk about Natural Helper training, sometimes called "Gatekeeper Training". Ideally, everyone on campus would know *something* about how to help a person in distress and be familiar with campus support services. However, this basic "natural helper" training is especially important for the people on your campus who are most *likely* to encounter people who are distressed. This group may include residence life staff, campus security, medical staff, campus ministers, student conduct office employees, financial aid officers, student leaders and peer support providers, or even well-liked professors and academic advisors. These "natural helpers" need to know how to talk to those in distress and, if necessary, ask directly about thoughts of suicide. They need to know how and when to make a referral to appropriate resources that will support the individual. Many campuses have their own basic training programs for both faculty and students. There are also a number of good standardized trainings, including both in-person and online options, out there. Our office can help you choose trainings that are most appropriate for your campus. We even provide some of the in-person trainings for no cost upon request. See the video on **Improving Identification and Assistance** for more information. We recognize that training EVERYONE on a campus is not feasible, but we do encourage campuses to identify those who are most likely to meet people in distress, and teach those natural gatekeepers basic helping skills.

Training natural helpers is only beneficial if there are adequate supports and services to refer identified students to. That sometimes means getting someone to care without an appointment. Therefore, we also recommend that you have a plan for walk-in or crisis triage appointments. These can also be beneficial in managing long wait-times experienced by many campus counseling centers. If you decide to work on this essential element, see our videos on **Responding to Crises**.

Having protocols for crisis management is also an "essential", particularly when the crisis involves students. Crisis response protocols should outline things like, who to call in an emergency, who decides when a student needs to go to the hospital, how that person is transported, when and how parents or guardians are contacted, what offices or individuals on campus need to be notified, how and when to plan for a medical leave of absence, and how to support a student's return to campus. Crisis response protocols should also include guidance about training key staff members for their roles. If you want to start here, go to our videos on **Responding to Crises**.



Crisis management plans should also include written agreements, or “Memorandums of Understanding”, with local emergency service providers, including the local hospital(s) and the community services board. The memorandum should outline how the institution and providers will work together, including if and how the institution will be notified of the student’s hospitalization and what each party will do to facilitate the student’s return to campus. Having these agreements in place before a crisis makes managing the situation easier, safer and hopefully, more effective. For example, campuses often ask hospital staff to request that a student sign a release to allow them to share information with the university. This helps the campus to support the student and facilitate their transition back to school after a hospitalization or medical emergency. This makes sense for any situation that involves hospitalization. If you want to work on developing your agreements, see our video on **Supporting Care Transitions**.

Students and parents should also be made aware of the university’s policies on sharing information with parents and breaking confidentiality in case of an emergency. Ideally, this should be done long before an emergency occurs, like during student orientation sessions. This topic is also addressed in our videos on **Supporting Care Transitions**.

Finally, every campus needs to have a plan for “postvention”. Postvention is the work we do following a suicide related crisis that affects multiple students at the same time, like a death to suicide or maybe a high profile attempt. Postvention planning helps the campus respond quickly to those most affected and acknowledge the loss while reducing risk for suicide contagion. A strong postvention plan considers important questions, like, “Who should be notified and when?” “What services should be available and to whom?” “Who will communicate with the decedent’s family?” “Who should communicate with the media and how should that be done safely?” “Who is responsible for working with local law enforcement and medical personnel who respond to the scene?” If the individual was a student, what supports will be needed by friends and roommates and how will those be provided? What guidance or support should be provided to the student’s professors, advisors and coaches? It is much easier to manage these situations if a plan is put into place BEFORE a crisis happens. If you decide that your campus should work on postvention planning as a next goal, see our video on **Postvention Procedures**.

Your campus may already have one or all of these pieces in place. If so, that’s great! We encourage you to refer to your assessment, discussed in the previous video, to start thinking about what your next best goal may be. But if your campus is missing one or more of these key elements, we encourage you to start with those first. These are essentials that may or may not come up in your campus self-assessment, but putting them in place first will help your later efforts to be more successful.