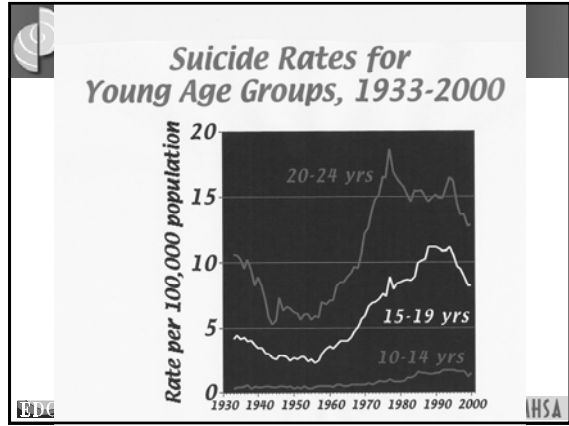


SPRC SUICIDE PREVENTION RESOURCE CENTER

CLINICAL and EMPIRICAL FINDINGS ABOUT COLLEGE STUDENT SUICIDE

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Senior Advisor, SPRC
Medical Consultant, The Jed Foundation
Columbia University/NYSPI/AFSP Conference
New York, NY
April 21, 2005

BDC **SAMHSA**

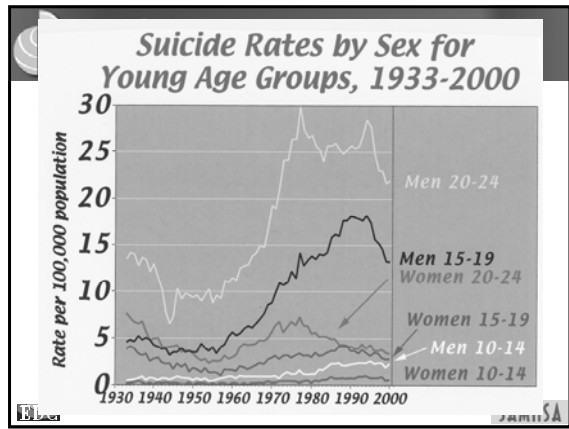


11 Leading Causes of Death, United States 2002, All Races, Both Sexes

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 5,623	Heart Disease 1,741	Malignant Neoplasms 1,174	Heart Disease 1,142	Heart Disease 1,116	Heart Disease 1,116	Malignant Neoplasms 1,116	Malignant Neoplasms 1,116	Heart Disease 1,116	Heart Disease 1,116	Heart Disease 1,116
2	Heart Disease 4,837	Congenital Anomalies 830	Malignant Neoplasms 830	Heart Disease 830	Heart Disease 830	Heart Disease 830	Malignant Neoplasms 830	Heart Disease 830	Malignant Neoplasms 830	Malignant Neoplasms 830	Malignant Neoplasms 830
3	SIDS 2,298	Congenital Anomalies 199	Congenital Anomalies 199	Congenital Anomalies 199	Congenital Anomalies 199	Congenital Anomalies 199	Heart Disease 1,898	Heart Disease 1,898	Heart Disease 1,898	Heart Disease 1,898	Heart Disease 1,898
4	Maternal Pregnancy Comp. 1,792	Malignant Neoplasms 887	Malignant Neoplasms 887	Malignant Neoplasms 887	Malignant Neoplasms 887	Malignant Neoplasms 887	Heart Disease 7,276	Heart Disease 7,276	Heart Disease 7,276	Heart Disease 7,276	Heart Disease 7,276
5	Traumatic Cord Injuries 1,028	Heart Disease 180	Heart Disease 180	Heart Disease 180	Heart Disease 180	Heart Disease 180	Heart Disease 1,797	Heart Disease 1,797	Heart Disease 1,797	Heart Disease 1,797	Heart Disease 1,797
6	Septicemia 1,028	Influenza & Pneumonia 175	Influenza & Pneumonia 175	Influenza & Pneumonia 175	Influenza & Pneumonia 175	Influenza & Pneumonia 175	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838
7	Respiratory Disease 963	Heart Disease 42	Heart Disease 42	Heart Disease 42	Heart Disease 42	Heart Disease 42	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838
8	Medicaid Deaths 748	Chronic Low Respiratory Disease 79	Chronic Low Respiratory Disease 79	Chronic Low Respiratory Disease 79	Chronic Low Respiratory Disease 79	Chronic Low Respiratory Disease 79	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838
9	Cerebrovascular Disease 748	Heart Disease 44	Heart Disease 44	Heart Disease 44	Heart Disease 44	Heart Disease 44	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838
10	Intentional Injuries 683	Heart Disease 38	Heart Disease 38	Heart Disease 38	Heart Disease 38	Heart Disease 38	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838
11	Alcoholism 400	Cerebrovascular Disease 33	Cerebrovascular Disease 33	Cerebrovascular Disease 33	Cerebrovascular Disease 33	Cerebrovascular Disease 33	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838	Heart Disease 1,838

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC
Date Source: National Center for Health Statistics (NCHS) Vital Statistics System.

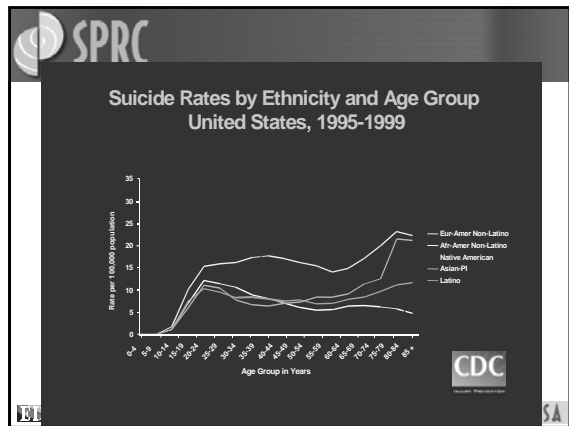
BDC **HSA**



SPRC Suicide Among Leading Causes of Deaths United States - 2002

	Age Groups				
	5 - 14	15-24	25-34	35-44	45-64
1	Unintentional Injuries	Unintentional Injuries	Unintentional Injury	Unintentional Injury	Malignant Neoplasms
2	Malignant Neoplasms	Homicide	Suicide	Malignant Neoplasms	Heart Disease
3	Congenital Anomalies	Suicide	Homicide	Heart Disease	Unintentional Injuries
4	Homicide	Malignant Neoplasms	Malignant Neoplasms	Suicide	Cerebrovascular
5	Suicide	Heart Disease	Heart Disease	HIV	Diabetes Mellitus
6	Heart Disease	Congenital Anomalies	HIV	Homicide	Chronic Low Respiratory Dis.
7	Chronic Low Respiratory Dis.	Chronic Low Respiratory Dis.	Diabetes Mellitus	Liver Disease	Liver Disease
8	Septicemia	HIV	Cerebrovascular	Cerebrovascular	Suicide
9	Cerebrovascular	Cerebrovascular	Congenital Anomalies	Diabetes Mellitus	HIV

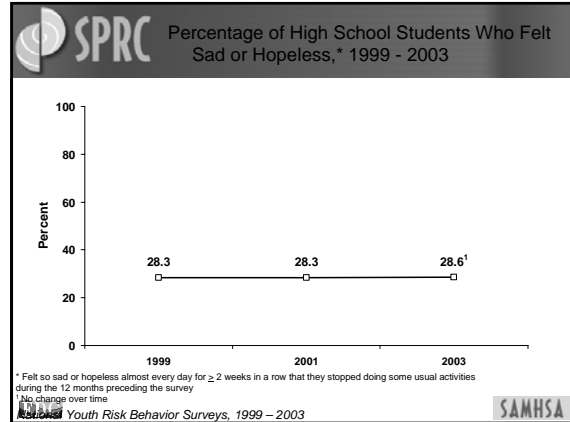
BDC **SAMHSA**



SPRC The U.S. College and University Population

- More teenagers and young adults die from suicide than from all medical illnesses combined
- Approx. 14 million students currently attend over 4,500 American colleges and universities.
- An estimated 8 million college/university students are between ages 18-24 (representing over one-quarter of all 18-24 year-old in the U.S.)
- Students' health-risk behaviors, including suicidal behavior, have been only partially documented.
- College and university students constitute an important, but in many respects underserved, population for public health interventions.

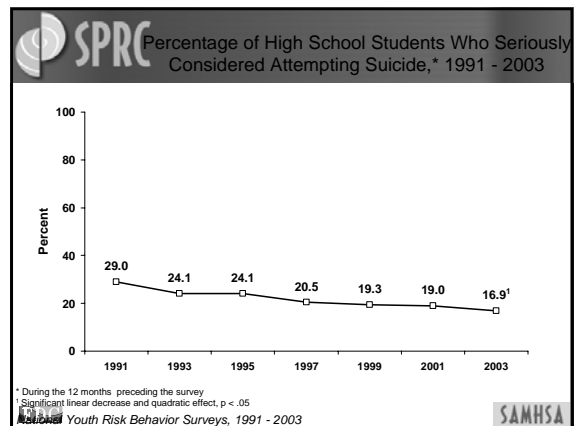
SPRC **SAMHSA**



SPRC Why the Rise?

- Earlier identification and referral (high school)
- Improved treatment options
- Decreased stigma (high school & college)
- Increased accessibility/availability
- Greater parity with physical health
- Decreased 3rd party coverage & reimbursement
- Increased perturbation and uncertainty in world
- Cohort effect?

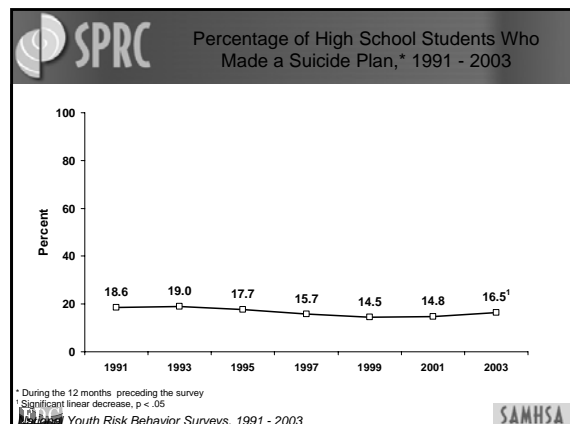
SPRC **SAMHSA**

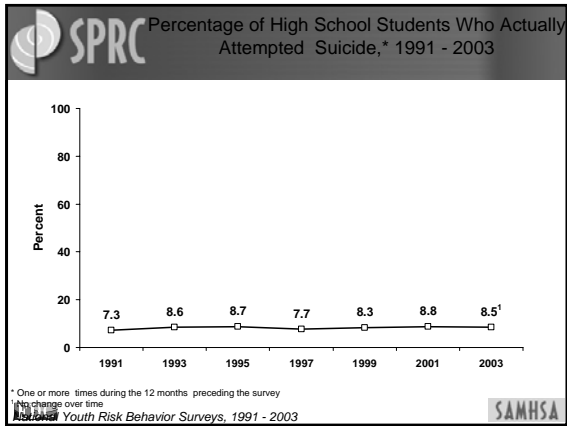


SPRC Evidence for Rise in Psychological Distress

- Big 10 Universities Student Suicide Study (1980-1990)
- CDC's YRBS (2001; 2003)
- CDC's NCHRBS (1995)
- ACHA Spring 2000 NCHA
- AUCCCD's Annual Surveys
- Published literature
- Chickering Insurance Company figures

SPRC **SAMHSA**





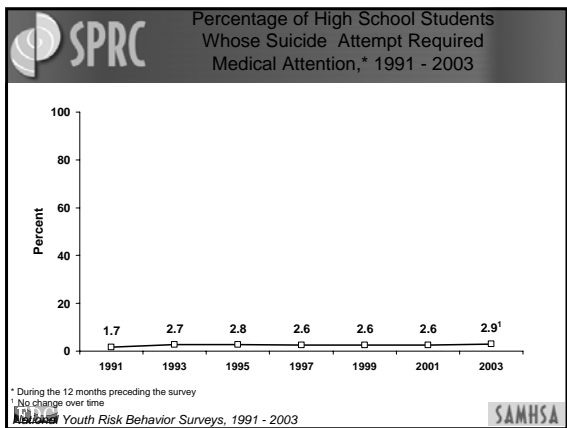
SPRC ECA STUDY

Table 2.—Median Age at Onset for Selected DIS/DSM-III Mental Disorders*

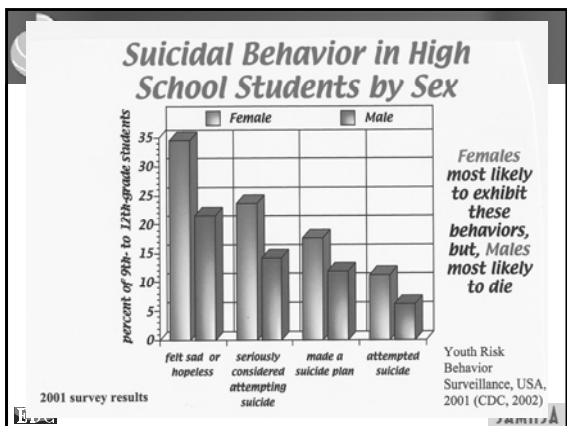
Diagnosis	Median Age at Onset, y		
	M	F	Total
Unipolar depression	23	25	25
Bipolar illness	18	20	19
Panic disorder	23	24	24
Obsessive-compulsive disorder	21	24	23
Phobias	14	13	13
Drug abuse/dependence	18	19	18
Alcohol abuse/dependence	20	23	21

*DIS indicates Diagnostic Interview Schedule. These estimates are for all respondents from all five sites of the National Institute of Mental Health Epidemiologic Catchment Area Program, weighted for sampling design and adjusted by age, sex, and race to the 1980 US census.

BRUCE et al (6/90)



-
- CDC** One Year Prevalence Rates of Mental Disorders (United States, 18-54 year olds)
- Any mental disorder = 16.5%
 - Any mental or substance use disorder = 20.9%
 - Any mood disorder = 5.7%
 - Unipolar = 4.5%
 - Bipolar = 0.9%
 - Schizophrenia = 1.2%
- AGP, 59(2): 115-123 (2002)



-
- SPRC** One Year Disorders with Clinical Significance (18-54 year olds)
- Lifetime History of Suicidal Ideation
- Any anxiety disorder = 33.3% (ECA)
47.4% (NCS)
 - Unipolar major depression = 58.5% (ECA)
57.8% (NCS)
 - Any substance abuse/dependence = 28.3% (ECA)
37.1% (NCS)

SPRC

One Year Disorders with Clinical Significance (18-54 year olds)

Lifetime History of Suicide Attempt

Any anxiety disorder = 12.4% (ECA)
19.5% (NCS)

Unipolar major depression = 21.2% (ECA)
21.1% (NCS)

Any substance abuse/dependence = 9.6% (ECA)
15.3% (NCS)

AGP 59(2): 115-123, 2002

SPRC

Big Ten Suicide Study: Age Distribution of Suicides

AGE	MALE	FEMALE	TOTALS
Caucasian	166 (86%)	61 (88%)	227 (87%)
Afro-American	6 (3%)	1	7 (2.7%)
Asian/Pacific Isl.	4 (2%)	1	5 (2%)
Foreign	11 (5.7%)	4 (5.7%)	15 (5.7%)
[African]	[1]	[1]	[2]
[Asian]	[3]	[3]	[6 (2%)]
[Indian]	[5(2.6%)]	--	[5 (2%)]
[Spanish]	[2]	--	[2]
Unknown	5 (2.6%)	2	7 (2.7%)
	192 (74%)	69 (26%)	261

SPRC BIG 10 UNIVERSITIES STUDENT SUICIDE STUDY

BIG 10 UNIVERSITIES STUDENT SUICIDE STUDY

1980 - 1990

SPRC SAMHSA

SPRC

Big Ten Suicide Study: Class Year of Suicides

STATUS	MALE	FEMALE	TOTALS
Freshman	22 (11%)	6 (9%)	28 (11%)
Sophomore	34 (18%)	6 (9%)	40 (15%)
Junior	34 (18%)	16 (23%)	50 (19%)
Senior	42 (22%)	14 (20%)	56 (21%)
Graduate	57 (30%)	27 (39%)	84 (32%)
Other	3 (2%)	--	3 (1%)
	192 (74%)	69 (26%)	261

SPRC SAMHSA

SPRC

Big Ten Suicide Study: Age Distribution of Suicides

AGE	MALE	FEMALE	TOTALS
17-19	27 (14%)	6 (9%)	33 (13%)
20-24	87 (45%)	34 (49%)	121 (46%)
25-29	45 (23%)	15 (22%)	60 (23%)
30-34	12 (6%)	7 (10%)	19 (7%)
35-39	12 (6%)	4 (6%)	16 (6%)
40-44	3 (2%)	3 (4%)	6 (2%)
45-49	2 (1%)	--	2 (1%)
Unknown	4 (2%)	--	4 (2%)
	192 (74%)	69 (26%)	261

SPRC

SPRC

Big Ten Suicide Study: Age by Class Year of Suicides

AGE	Fresh	Soph	Jun	Sen	Grad	Total
17	2					2
18	10	1				11
19	6	12	2			20
20	5	7	12			24
21	3	9	12	11	1	36
22	--	3	11	13	1	28
23	--	2	2	8	6	18
24	1	--	2	4	8	15
25	--	2	4	4	9	19
26	--	1	--	1	9	11
27	--	2	1	3	3	9
28			1	3	7	11
29			1	1	7	9
Total	27	39	48	48	51	213
%	12.7%	18.3%	22.5%	22.5%	24%	

SPRC HSA

Big Ten Suicide Study:
Suicide Rates By Age and Class Year

AGE	Fresh	Soph	Jun	Sen	Grad
17	4.3				
18	2.6	2.9			
19	2.9	4.6	5.8		
20	10.4	3.3	5		
21	22.2	13.3	6	5.3	8.1
22		13.9	14.5	7.2	1.7
23		16.1	7.3	10.1	7.6
24	23.8		12.4	11.6	9.9
25		32	36.1	18.3	12
26		21		6.4	13.6
27		58.7	16.4	25.5	5.2
28			20.7	31.5	14
29			25.1	13.1	16.2

Big Ten Suicide Study: E Code by Class Year

E Code	Class Year					Total
	Fresh	Soph	Jun	Sen	Grad	
956 Knife	1 (4%)	1 (3%)		1 (2%)	1 (1%)	4 (2%)
957 Jumping	4 (14%)	6 (15%)	3 (6%)	3 (5%)	6 (7%)	22 (9%)
958 Vehicle/Elect.	1 (4%)		1 (2%)	2 (4%)	3 (4%)	7 (3%)
Unknown	2 (7%)	2 (5%)	7 (14%)	2 (4%)	6 (7%)	19 (7%)
Total	28	40	50	56	84	258

Big Ten Suicide Study:
Month by Class Year

	Mon	F	S	J	S	G	Total
Jan	3	4	4	3	8		22 (9%)
Feb	1	2	7	6	9		25 (10%)
Mar	3	1	5	9	8		26 (10%)
Apr	2	1	4	3	9		19 (7%)
May	2	3	2	4	6		17 (7%)
June	4	4	3	3	3		17 (7%)
July	1	5	1	2	3		12 (5%)
Aug	2	1	6	3	11		23 (9%)
Sept	1	4	4	2	8		19 (7%)
Oct	4	3	12	6	11		36 (14%)
Nov	3	8	1	6	1		19 (7%)
Dec	2	3	0	8	5		18 (7%)
Unk	0	1	1	1	2		5 (2%)
Total	28	40	50	56	84		258
%	10.8%	15.5%	19.4%	21.7%	32.6%		

Big Ten Suicide Study:
Suicide Rates Compared to the U.S. Population 1980-1990

Age	University Students			National Rates		
	F	M	T	F	M	T
17-19	1.2	5.7	3.4	4.0	19.1	11.7
20-24	4.5	9.0	7.1	4.8	25.5	15.2
25-29	10.0	16.3	14.1	5.9	25.7	15.8
30-34	9.6	9.9	9.8	6.6	24.4	15.4
35-39	9.0	24.1	17.0	7.2	23.3	15.1
40-44	12.5	17.0	14.4	7.9	22.2	14.9
45-49	0.0	32.4	11.8	8.6	22.7	15.5
Total	4.5	10.0	7.5	6.4	23.7	15.0

Big Ten Suicide Study: E Code by Class Year

E Code	Class Year					Total
	Fresh	Soph	Jun	Sen	Grad	
950 Chemical Poisoning	3 (11%)	8 (20%)	9 (18%)	7 (13%)	30 (36%)	57 (22%)
952 Gas	5 (18%)	3 (8%)	7 (14%)	9 (16%)	4 (5%)	28 (11%)
953 Hanging/Asphyx.	6 (21%)	8 (20%)	6 (12%)	11 (20%)	15 (18%)	46 (18%)
954 Drowning					2 (2%)	2 (1%)
955 Firearms	6 (21%)	12 (30%)	17 (34%)	21 (38%)	17 (20%)	73 (28%)

NATIONAL COLLEGE HEALTH RISK BEHAVIOR SURVEY
1995

During the past 12 months	Male	Female	Total
1. Thought seriously about attempting suicide	9.7%	10.8%	10.3%
2. Made a suicide plan	7.2%	6.3%	6.7%
3. Attempted suicide (> 1)	1.7%	1.3%	1.5%
4. Suicide attempt requiring medical attention	0.5%	0.3%	0.4%
Current frequent alcohol use (> 20 of last 30 days)	6.6%	2.2%	4.2%
Current episodic heavy drinking (> 5 drinks/episode)	43.8%	27.0%	34.5%
Current marijuana use (> 1 in last 30 days)	17.1%	11.6%	14.0%
Lifetime cocaine use (ever tried)	14.8%	14.1%	14.4%

* 7.1 M 18-24 year old college students in USA.

SPRC

Replication of YRBS Findings
ACHA (2000) 16,000 students surveyed

	Female	Male	Total
Seriously considered suicide (≥1x/yr)	9.9%	9.7%	9.5%
Attempted suicide (≥1x/yr)	1.4%	1.6%	1.5%
Diagnosed with depression	4.8%	2.3%	

SPRC

SPRC AUCCCD 2003 Survey

- ❖ 81.4% report seeing more students with serious psychological problems than 5 years ago. This is the #1 service provision concern (77.2%) and the #1 administrative concern (49.5%)
- ❖ 40.7% of clients have severe psychological problems
- ❖ Utilization of services: 9.8% is average (goes up to 40%) for entire campus per year
- ❖ 160 suicides in 2002-03, but only 31 were current or former counseling center clients

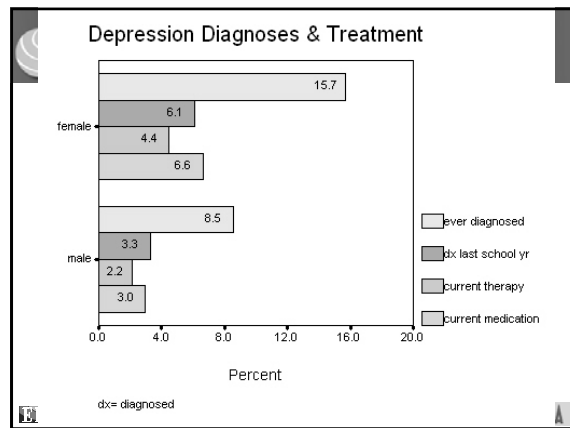
SPRC **SAMHSA**

SPRC

Replication of YRBS Findings
ACHA (2000) 16,000 students surveyed

	Female	Male	Total
Very Sad (≥3x/yr)	55.5%	41.9%	50.3%
Hopeless (≥3x/yr)	36.5	28.3	33.4
So depressed could not function (≥3x/yr)	24.0	19.0	22.1

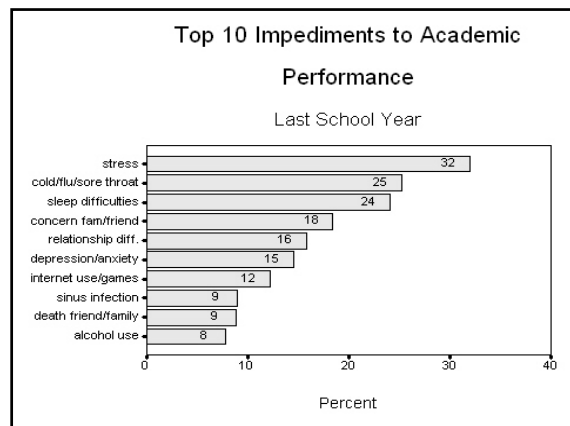
SPRC **ISA**



SPRC NCHA vs. NCHRBS Findings

NCHA Spring 2000 (N=15,977)	Male	Female	Total
Seriously Considered Attempting Suicide	481 (8.7%)	893 (9.9%)	1,374 (9.5%)
Attempted Suicide	88 (1.6%)	126 (1.4%)	214 (1.5%)
NCHRBS 1995 (N=4,609)			
Seriously Considered Attempting Suicide	167 (9.3%)	302 (10.4%)	469 (10.0%)
Attempted Suicide	29 (1.7%)	39 (1.4%)	68 (1.5%)

SPRC **SAMHSA**



SPRC

Student Use of Prescription Drugs
Frequency of Claims (N= 187,413)
 (1/1/00 - 12/31/00)

- SSRIs = 11.3%
- Combinations OTC = 11.2%
- Acne Products = 8.5%
- Antihistamines = 7.8%
- Cough/Allergy Combination = 6.6%
- Tetracyclines = 4.5%
- NSAIAAs = 4.2%

HSA

SPRC Co-Morbidity

- ❖ **7-10% with MDD die from suicide**
- ❖ **60% completed suicides have an MDD diagnosis**
- ❖ **8-10% with bipolar disorder die from suicide**
- ❖ **over 50% of suicides have alcohol or other drugs in their system**

SAMHSA

SPRC

Student Health Insurance Claims
% of Total Services
 Two Years (4/1/99 - 3/31/01) (N=1,069,000)
 191,000 Students/5,200 Dependents

- Neurotic Disorders = 7.5
- Normal Pregnancy = 6.4
- Adjustment Reaction = 3.71
- Affective Psychoses = 3.3
- Unspecified Disorder of Joint = 3.0
- Special Investigations and Exams = 2.9
- Unspecified Disorder of Back = 2.9
- Symptoms of Abdomen and Pelvis = 2.6

PSYCHIATRIC DISORDERS = 14.5%
 F:M = 2.1

SAMHSA

SPRC Co-Morbidity

- ❖ **a sleep disturbance is a symptom of depression, anxiety, and/or stress**
- ❖ **perceived stress can be a symptom of depression**
- ❖ **alcohol is often used to self-medicate for anxiety, stress, or depression**
- ❖ **impulsivity, aggressive behavior, and irritability are associated with suicidal behavior**

SAMHSA

SPRC **FACTS AND FIGURES**

- ❖ **Upwards of 20% of students use antidepressants at some point in their college years**
- ❖ **AUCCCD reports 18% of students seeking help at counseling centers received psychotropic meds – up from only 7% in 1992**
- 1.6 million incoming freshmen experience episodes of depression**
- Jed Foundation/NMHA estimate 1088 suicides/year on college campuses**

SAMHSA

SPRC **Overlap of spheres of influence for suicidal behavior**

The diagram shows four overlapping circles arranged in a square pattern. The top-left circle is labeled 'Individual', the top-right is 'Administration', the bottom-left is 'Health/Mental Health Svcs.', and the bottom-right is 'School Community'. All four circles overlap in a central area.

SAMHSA

SPRC

WHY NOW?

Changes in:

- Medication
- Psychiatric Symptoms
- Physical Symptoms
- Social Support
- Perceptions (Delirium; Psychosis)
- Impulsivity Controls
- Violence Potential
- Professional Support
- Sense of Hope/Future
- Sense of Stability

SPRC

Essential services for addressing suicidal behaviors on campus.

- Screening program(s)
- Targeted educational programs for faculty, coaches, clergy, and student/resident advisors
- Broad-based, campus-wide public education
- Educational programs and materials for parents and families
- On-site counseling center with appropriately trained providers
- On-site medical services
- Stress-reduction programs
- Non-clinical student support network
- Off-campus referrals, if available
- Emergency services
- Postvention programs
- Medical leave policies

SPRC

SUICIDE PREVENTION RESOURCE CENTER

Promoting Mental Health and Preventing Suicide in College and University Settings

Prepared for Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Supported by Grant No. 1 U79 SA00009-01

October 20, 2004

SAMHSA

Prevent Suicide and Promote Mental Health Awareness & Well-Being
Leadership: President's Office

- Pre-Enrollment Survey to:**
 - Identify high-risk and potentially high-risk students
 - Provide snapshot of incoming class
 - Proactively work (programs, treatments) with identified students
 - Lead: Admission Office or Freshman Dean with MHS and the Health Service
 - Target: Incoming first-year students
- Training of Mental Health Service (MHS) Providers to:**
 - Identify and treat depression, threats of suicide, and other emotional disorders
 - Refer cases as appropriate
 - Lead: Suicide prevention experts
 - Target: MHS, community resources, local hospitals
- Means Restriction to:**
 - Limit access to lethal means
 - Lead: Buildings & Grounds, Public Safety, Residential Life, Chemistry Dept., Athletic Dept.
 - Target: Entire campus community
- Life Skills Development (Protective Factors) to:**
 - Improve students' management of the rigors of college life
 - Equip students with tools to recognize and manage triggers and stresses
 - Lead: VP of Student Affairs, Deans of Students, MHS, Faculty & Staff, Advisors, Residential Life
 - Target: Students
- Crisis Management to:**
 - Establish policies and implement programs (including medical leave and re-entry) that respond to suicide attempts and high-risk behavior
 - Respond with comprehensive postvention program
 - Lead: VP Student Affairs, MHS
 - Target: Students; gatekeepers (with implementation responsibility)
- Educational Programs to:**
 - Train gatekeepers and students to: (1) identify signs of individuals in distress; (2) take the steps that get them help
 - Lead: Provost, VP Student Affairs
 - Target: Students and gatekeepers (Deans of Students, Faculty & Staff, Advisors, Residential Life, Student Gov't, Student & Greek Orgs., Athletic Dept., Dining Services, Public Safety, Chaplains)
- Social Marketing to:**
 - Stimulate campus-wide cultural change that de-stigmatizes mental health, removes barriers, and encourages help-seeking behavior
 - Target both high-risk students and general campus community
 - Lead: VP Student Affairs, Deans of Students, MHS, Marketing Department, Campus Media
 - Target: Entire campus community
- Social Network Promotion to:**
 - Reduce student isolation and promote feeling of belonging
 - Encourage the development of smaller groups within the larger campus community
 - Lead: Deans of Students, Faculty & Staff, Residential Life, Student Gov't, Student & Greek Orgs., Chaplains
 - Target: Students

SPRC

Suicide - A Model*

To uncover the **Disorder**

To reduce the probability of a **Stress Event**

To cope with a **Mood Change**

Facilitation (triggers) → **Suicide**

Inhibition (of impulsive action) → **Survival**

Suicide Prevention Interventions

- Disorder: Questionnaire/Screening, Mental health service
- Stress Event: Life skills development, Social marketing, Social network promotion
- Mood Change: Crisis management, Educational programs, Mental health service
- Facilitation: Crisis Management, Educational programs
- Inhibition: Means restriction, Social marketing, Social network promotion, Mental health service

SPRC

A Checklist for Your Institution.

Administrative Policies

- Yes ___ No ___ Do we have a mental health management plan in writing?
- Yes ___ No ___ Have we allocated enough financial resources to accommodate the plan and all of its components?
- Yes ___ No ___ Do we have a Medical Leave policy in place that includes mental health problems?

Risk-Identification Programs


- Yes ___ No ___ Do we have a screening program in place?
- Yes ___ No ___ Do we have a transitional support program in place for parents and families of incoming students who have already been diagnosed with mental health disorders?
- Yes ___ No ___ Have we trained our faculty, coaches, clergy, and student/resident advisors to identify students who may be at risk for suicide and/or suicidal behaviors?
- Yes ___ No ___ Have we educated our students so that they are able to identify at-risk behaviors within themselves and among their peers?

On-Campus Support Services



- Yes ___ No ___ Do we have an on-site mental health services center?
- Yes ___ No ___ Have we hired providers who are appropriately trained to handle suicidal clients? If not, are we willing to train them?
- Yes ___ No ___ Do we have an on-site medical center with personnel who can prescribe the appropriate psychotropic agents?
- Yes ___ No ___ Do we have a 24-hour emergency service that is accessible to students?
- Yes ___ No ___ Do we provide students with support programs (social, academic, etc.)?
- Yes ___ No ___ Have we made our students and faculty aware of exactly what services are offered on campus and in the community?
- Yes ___ No ___ Have we publicized the names and numbers of on-campus and off-site support providers?


Community-Based Support Services

- Yes ___ No ___ Do we have working relationships with community mental health providers to ensure appropriate off-site referrals? Do we know their appointment hours and fees? Have we arranged for a sliding scale? Do they accept insurance?
- Yes ___ No ___ Have we identified which hospital/center in the community is on call to handle any campus emergencies?
- Yes ___ No ___ Does our university Web site offer links to mental health information and services?

 **Ulifeline**


- ❖ **Schools can join the Ulifeline Network**
 - Tool that helps students cope with the stress of everyday college life
 - Empowers students to help one another and themselves
 - Self E-Valuator
 - Q&A
 - Free service
 - Student-friendly
 - Connects students to the counseling services available to them on campus
- ❖ Internal resources of a university can be used to create an effective awareness of Ulifeline


 

 **Contact SPRC**



- ❖ **Phone: 877-GET-SPRC (438-7772)**
- ❖ **TTY: 617-964-5448**
- ❖ **Web: www.sprc.org**
- ❖ **Email: info@sprc.org**
- ❖ **Mail: Suicide Prevention Research Center
55 Chapel Street
Newton, MA 02158-1060**

 **SUICIDE PREVENTION RESOURCE CENTER**
Ulifeline.org



Ulifeline.org leverages the anonymity of the internet to provide students with a non-threatening link to their counseling centers as well as important mental health information

 **SUICIDE PREVENTION RESOURCE CENTER**

For more information:

See: www.jedfoundation.org

See: www.ulifeline.org

E-mail: jkonvisser@jedfoundation.org