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SUICIDE PREVENTION RESOURCE CENTER

CLINICAL and EMPIRICAL FINDINGS ABOUT COLLEGE STUDENT SUICIDE

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

| Rank | Age Groups | | | | | | | | | | All Ages |
|------|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------|--|--|---|--|--|
| | <1 | 1-4 | 5-9 | 10-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | |
| 1 | Congenital Anomalies 5,623 | Unintentional Injury 1,641 | Unintentional Injury 1,176 | Unintentional Injury 1,542 | Unintentional Injury 15,412 | Unintentional Injury 12,569 | Unintentional Injury 16,710 | Malignant Neoplasms 49,637 | Malignant Neoplasms 93,391 | Heart Disease 576,301 | Heart Disease 696,947 |
| 2 | Short Gestation 4,637 | Congenital Anomalies 530 | Malignant Neoplasms 537 | Malignant Neoplasms 535 | Homicide 5,219 | Suicide 5,046 | Malignant Neoplasms 16,085 | Heart Disease 37,570 | Heart Disease 64,234 | Malignant Neoplasms 391,001 | Malignant Neoplasms 557,271 |
| 3 | SIDS 2,295 | Homicide 423 | Congenital Anomalies 199 | Suicide 260 | Suicide 4,010 | Homicide 4,493 | Heart Disease 13,688 | Unintentional Injury 14,675 | Chronic Low Respiratory Disease 11,290 | Cerebrovascular 143,293 | Cerebrovascular 162,672 |
| 4 | Maternal Pregnancy Comp. 1,708 | Malignant Neoplasms 402 | Homicide 140 | Congenital Anomalies 218 | Malignant Neoplasms 1,730 | Malignant Neoplasms 3,872 | Suicide 6,851 | Liver Disease 7,216 | Diabetes Mellitus 10,022 | Chronic Low Respiratory Disease 108,313 | Chronic Low Respiratory Disease 124,816 |
| 5 | Placenta Cord Membranes 1,028 | Heart Disease 165 | Heart Disease 92 | Homicide 216 | Heart Disease 1,022 | Heart Disease 3,165 | HIV 5,707 | Suicide 6,309 | Cerebrovascular 9,897 | Influenza & Pneumonia 58,826 | Unintentional Injury 106,742 |
| 6 | Unintentional Injury 946 | Influenza & Pneumonia 110 | Benign Neoplasms 44 | Heart Disease 163 | Congenital Anomalies 492 | HIV 1,839 | Homicide 4,739 | Cerebrovascular 6,055 | Unintentional Injury 8,345 | Alzheimer's Disease 58,289 | Diabetes Mellitus 73,249 |
| 7 | Respiratory Disease 943 | Septicemia 79 | Septicemia 42 | Chronic Low Respiratory Disease 95 | Chronic Low Respiratory Disease 192 | Diabetes Mellitus 642 | Liver Disease 3,154 | Diabetes Mellitus 5,496 | Liver Disease 6,097 | Diabetes Mellitus 54,715 | Influenza & Pneumonia 65,681 |
| 8 | Bacterial Septis 749 | Chronic Low Respiratory Disease 65 | Chronic Low Respiratory Disease 41 | Cerebrovascular 68 | HIV 178 | Cerebrovascular 567 | Cerebrovascular 2,425 | HIV 4,474 | Suicide 3,618 | Nephritis 34,316 | Alzheimer's Disease 58,866 |
| 9 | Circulatory System Disease 667 | Perinatal Period 65 | Influenza & Pneumonia 38 | Influenza & Pneumonia 53 | Cerebrovascular 171 | Congenital Anomalies 475 | Diabetes Mellitus 2,164 | Chronic Low Respiratory Disease 3,475 | Nephritis 3,455 | Unintentional Injury 33,641 | Nephritis 40,974 |
| 10 | Intrauterine Hypoxia 583 | Benign Neoplasms 60 | Cerebrovascular 33 | Septicemia 53 | Diabetes Mellitus 171 | Liver Disease 374 | Chronic Low Respiratory Disease 1,008 | Viral Hepatitis 2,331 | Septicemia 3,360 | Septicemia 26,670 | Septicemia 23,865 |
| 11 | Atelectasis 400 | Cerebrovascular 53 | Anemias 29 | Benign Neoplasms 45 | Influenza & Pneumonia 167 | Influenza & Pneumonia 345 | Influenza & Pneumonia 971 | Septicemia 2,074 | Influenza & Pneumonia 2,987 | Hypertension 17,345 | Suicide 31,655 |

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

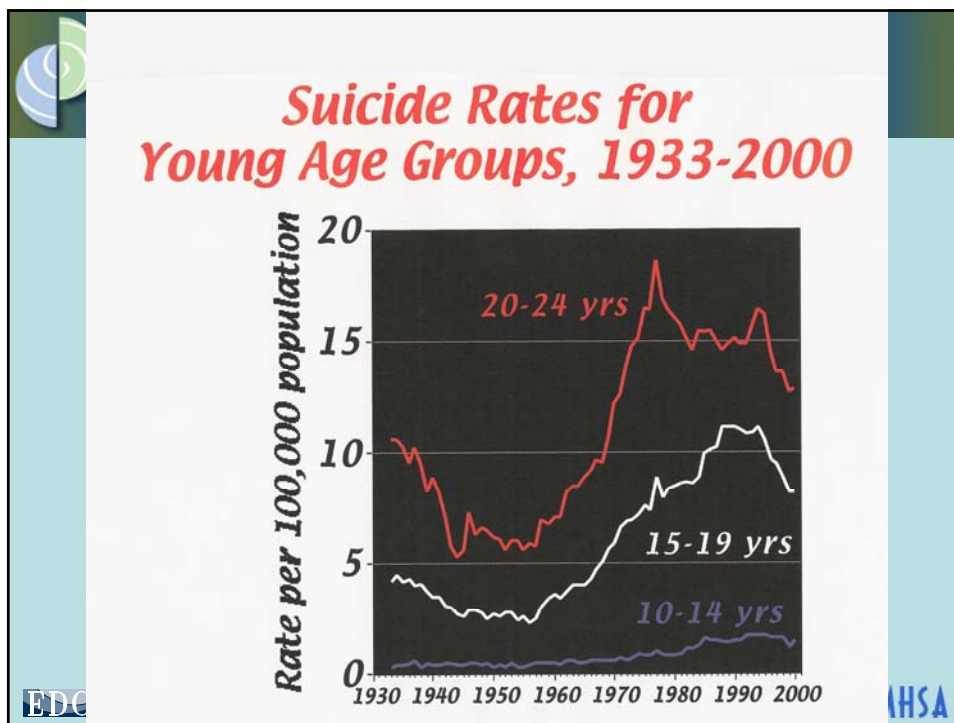


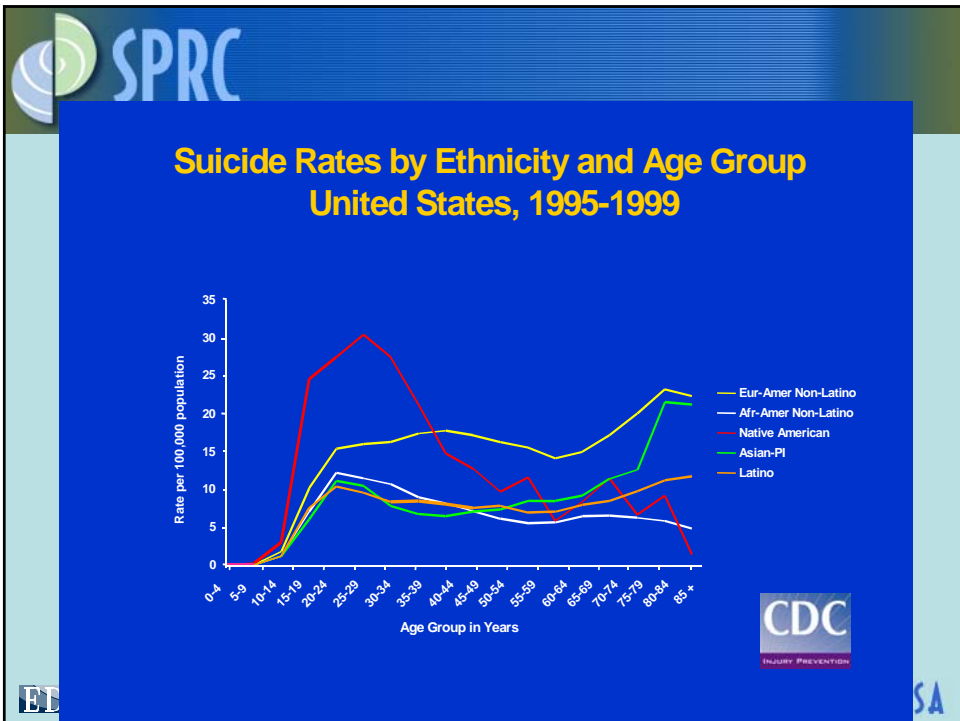
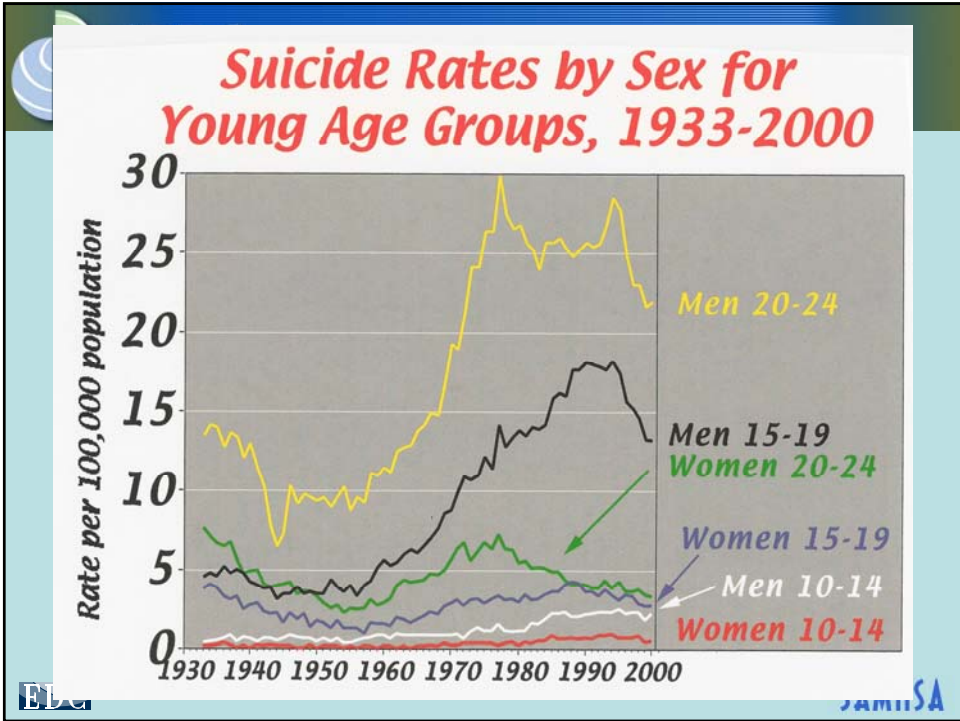
SPRC Suicide Among Leading Causes of Deaths United States - 2002

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 |

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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.

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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?

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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**

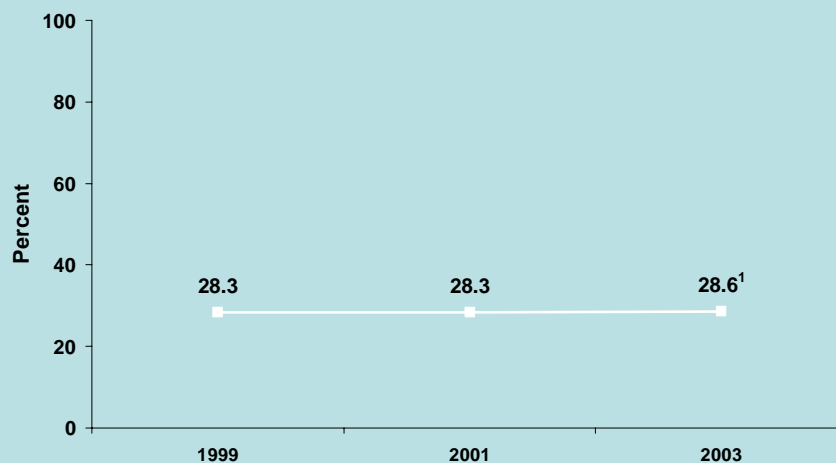
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Percentage of High School Students Who Felt Sad or Hopeless,* 1999 - 2003

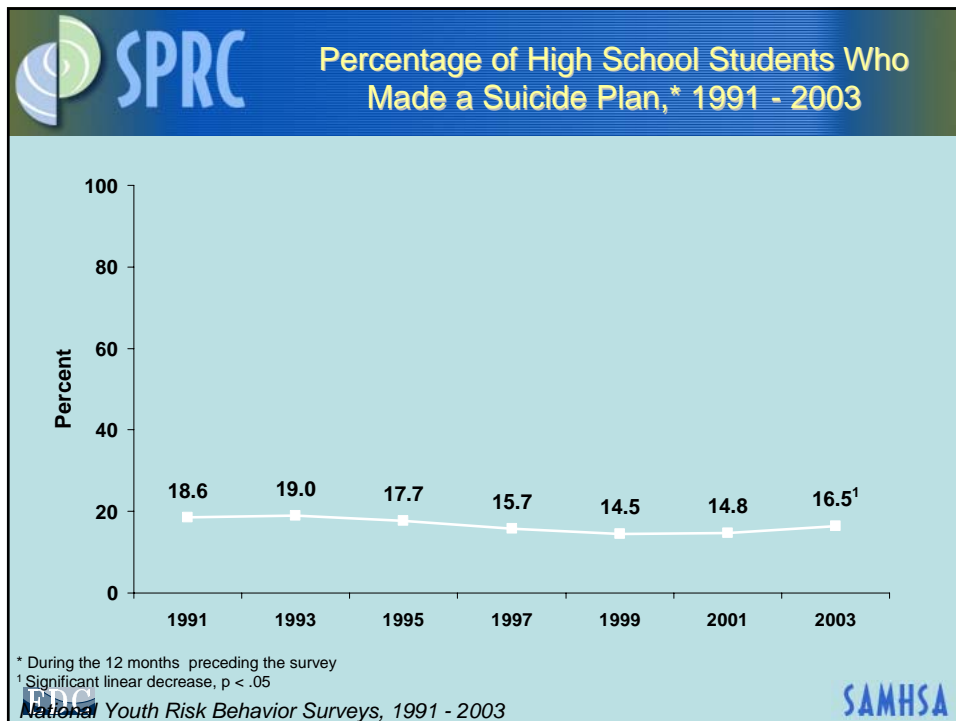
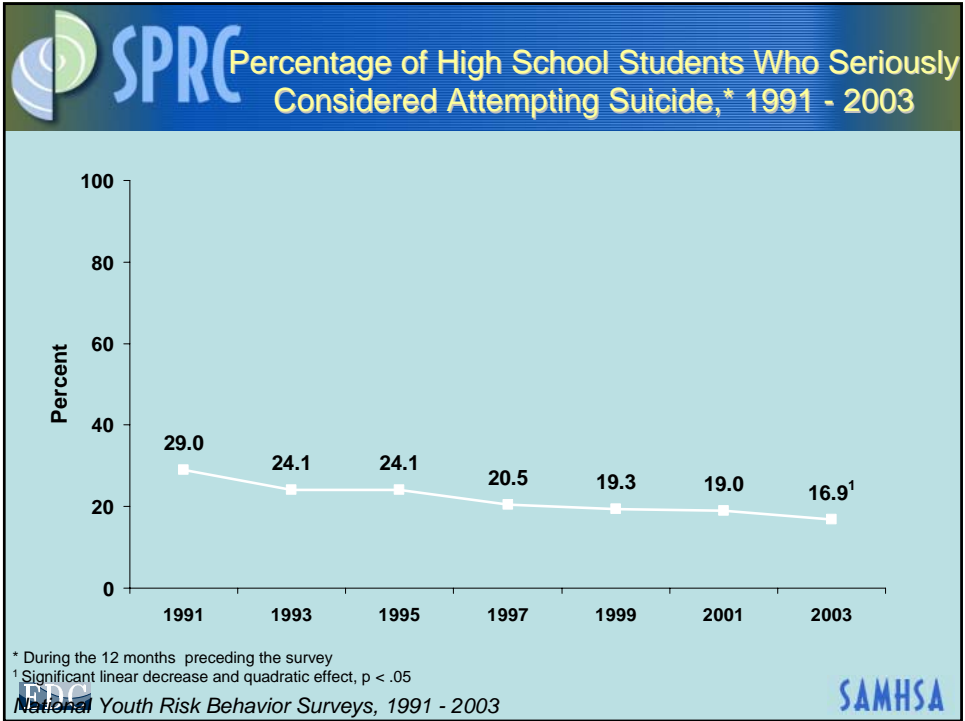


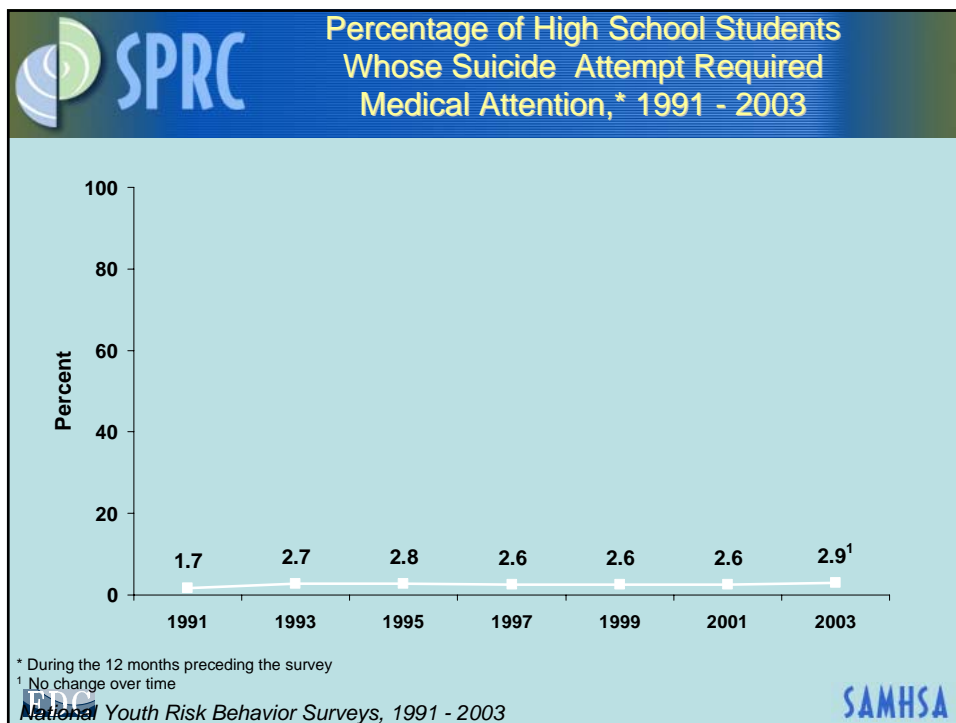
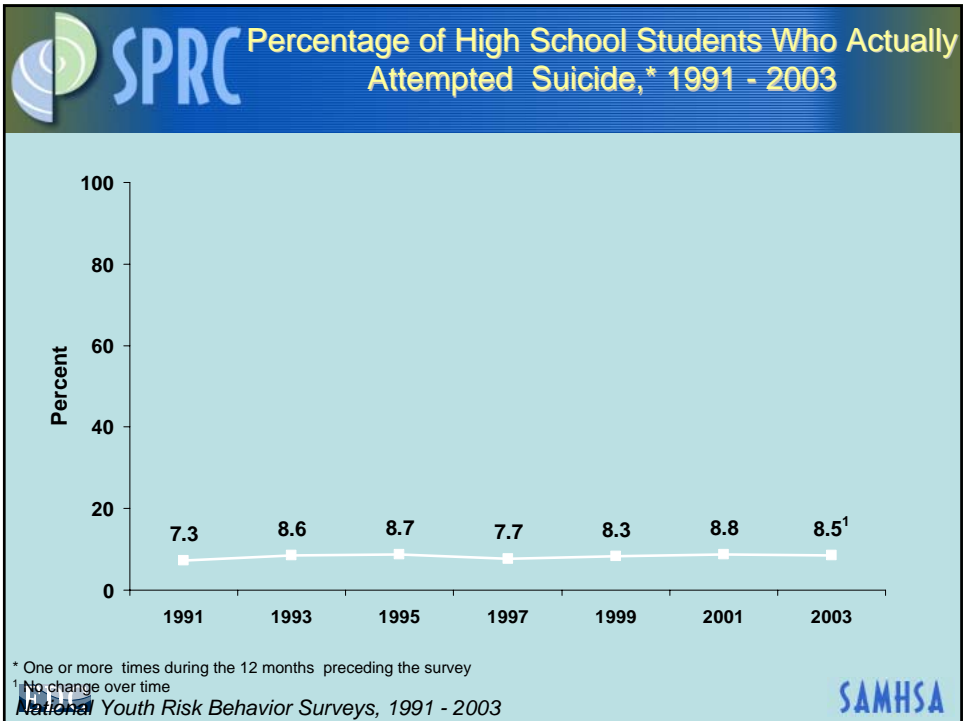
* Felt so sad or hopeless almost every day for ≥ 2 weeks in a row that they stopped doing some usual activities during the 12 months preceding the survey

¹No change over time

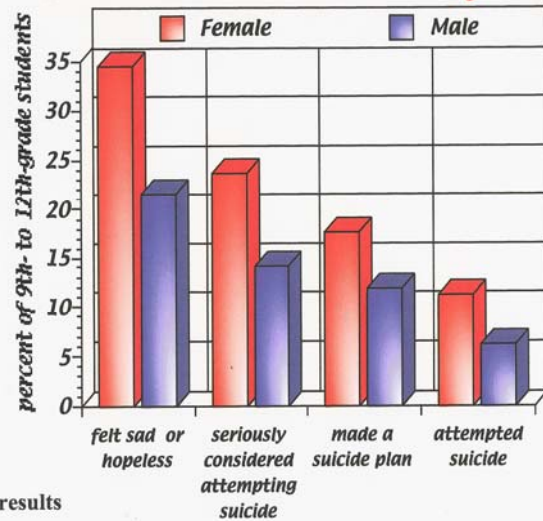
National Youth Risk Behavior Surveys, 1999 - 2003

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Suicidal Behavior in High School Students by Sex



Females most likely to exhibit these behaviors, but, Males most likely to die

2001 survey results

Youth Risk Behavior Surveillance, USA, 2001 (CDC, 2002)



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.

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BURKE et al (6/90)

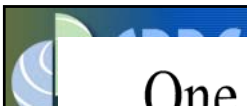
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One Year Prevalence Rates of Mental Disorders (United States, 18-54 year olds)

- 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)



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)



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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



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BIG 10 UNIVERSITIES STUDENT SUICIDE STUDY

BIG 10 UNIVERSITIES STUDENT SUICIDE STUDY 1980 - 1990



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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 |



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 |



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 |



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% | |







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: 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: 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%) |

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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%) |

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| | | | | | | |
|--------------|-----------|-----------|-----------|-----------|-----------|------------|
| Total | 28 | 40 | 50 | 56 | 84 | 258 |
|--------------|-----------|-----------|-----------|-----------|-----------|------------|


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 |

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 is USA.





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

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

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

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



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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%) |

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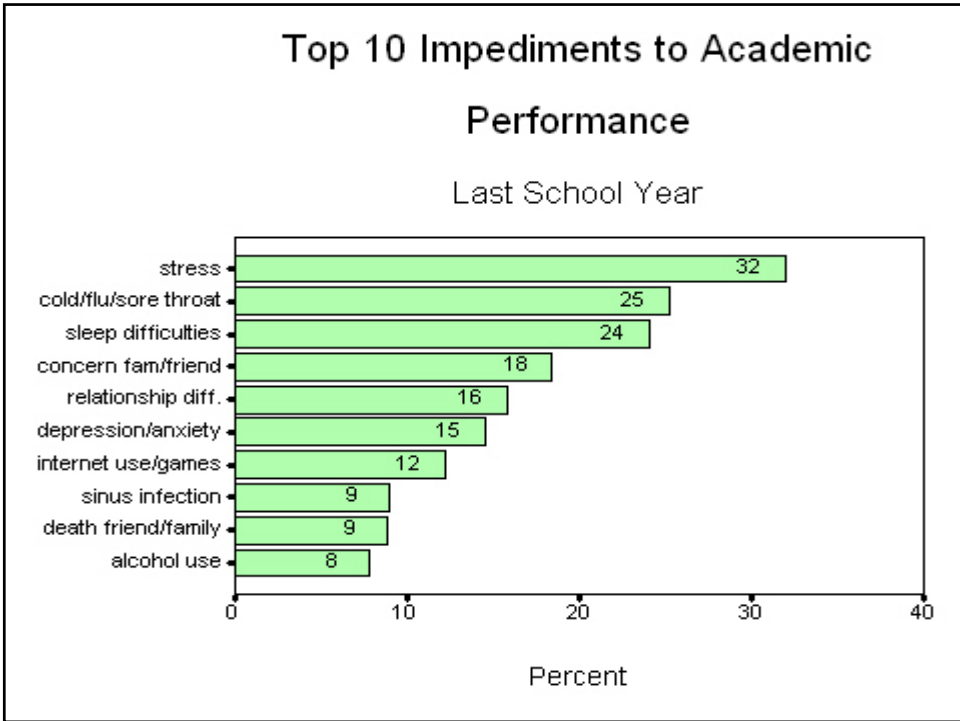
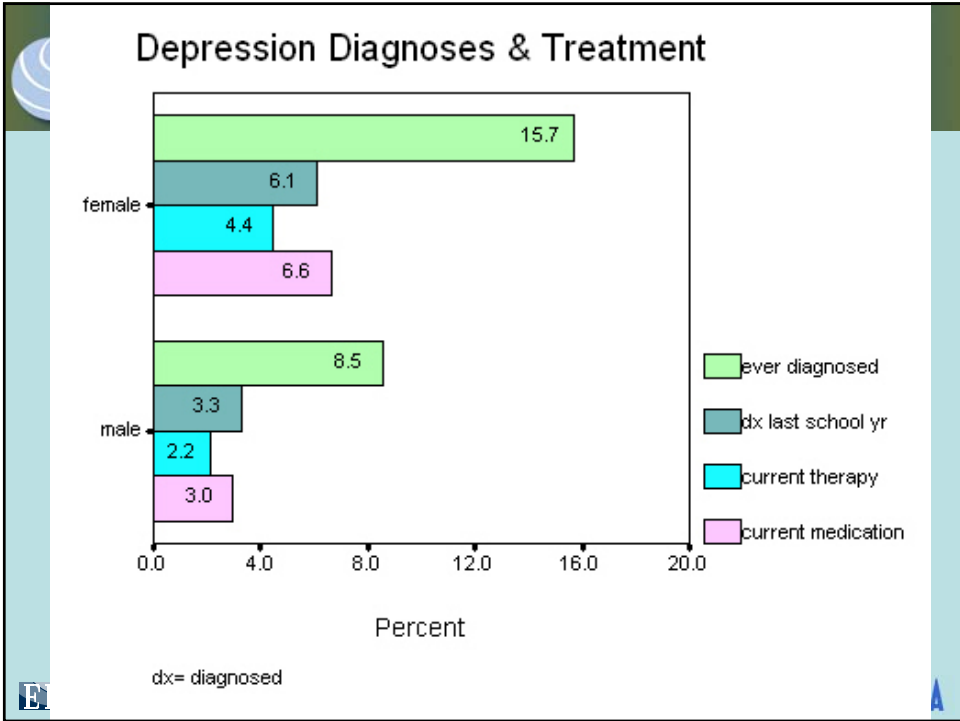
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AUCCCD 2003 Survey

- ❖ 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

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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%
- NSAIAs = 4.2%

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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

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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**

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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**

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Co-Morbidity

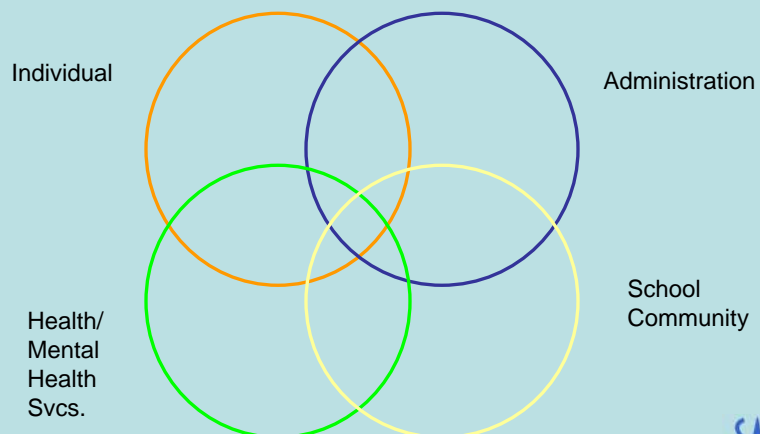
- ❖ a sleep disturbance is a symptom of depression, anxiety, and/or stress
- ❖ perceived stress can be a symptom of depression
- ❖ alcohol is often used to self-medicate for anxiety, stress, or depression
- ❖ impulsivity, aggressive behavior, and irritability are associated with suicidal behavior

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Overlap of spheres of influence for suicidal behavior



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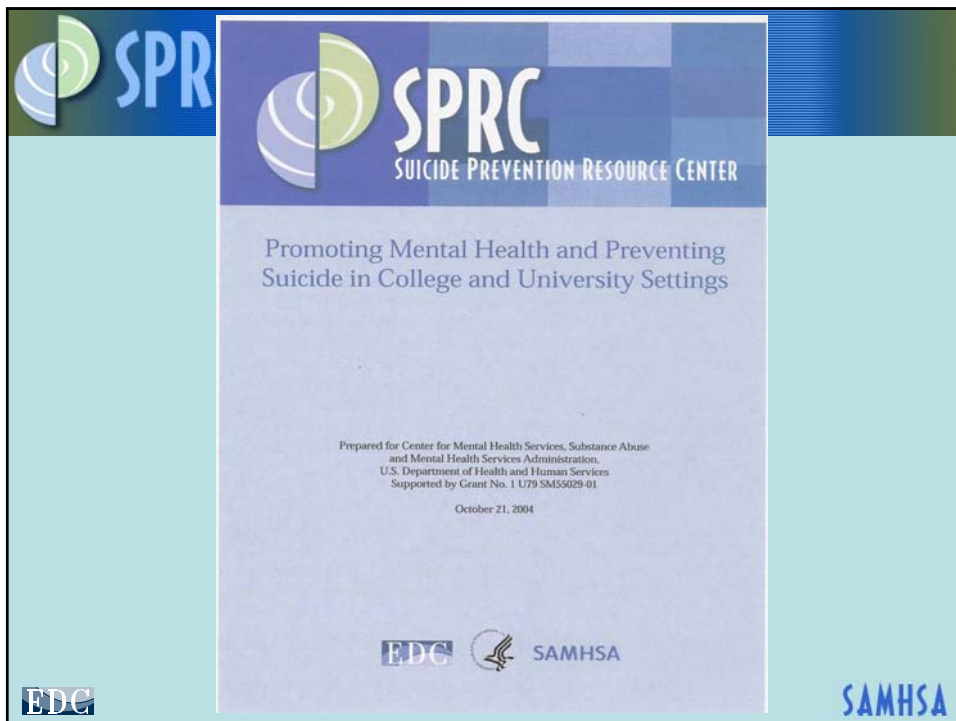
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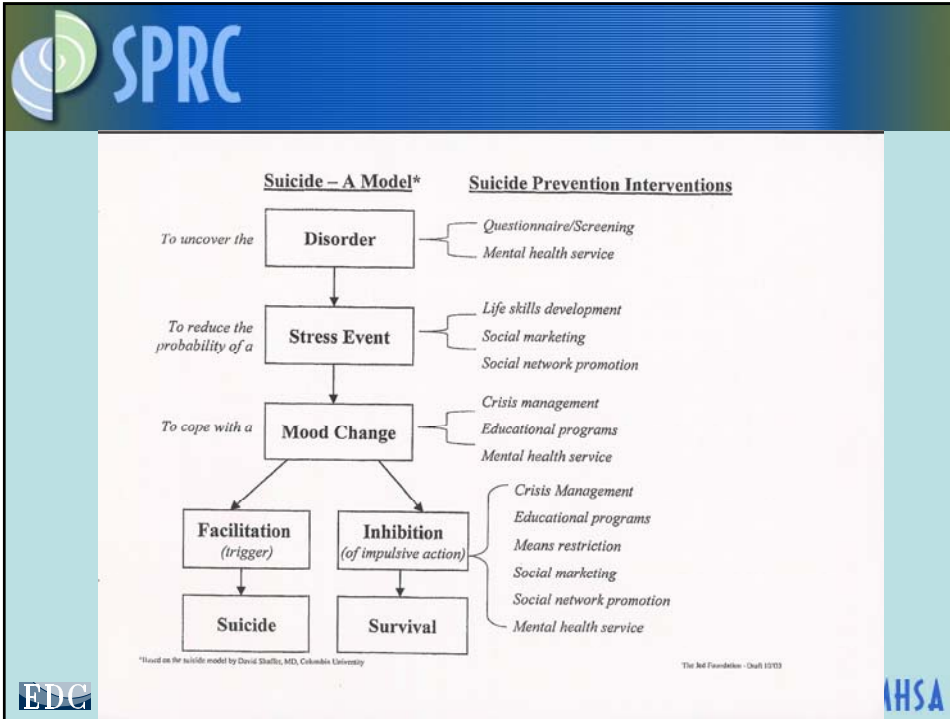


WHY NOW?

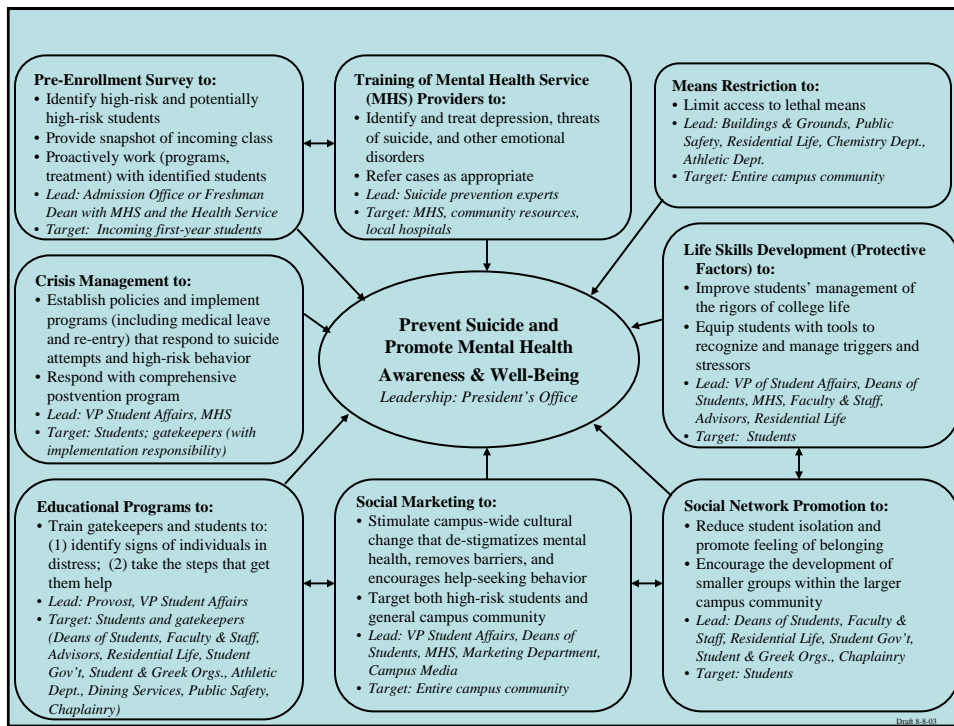
Changes in:

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





-
- 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



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 have a crisis-management plan in place in the event of a suicide or other trauma on campus?

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

EDC

SAMHSA

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

EDC

SAMHSA



SPRC

SUICIDE PREVENTION RESOURCE CENTER

For more information:

See: www.jedfoundation.org

See: www.ulifeline.org

E-mail: jkonvisser@jedfoundation.org

EDC

SAMHSA



SPRC

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

EDC

SAMHSA