

# CRISIS RESPONSE PROTOCOL

This protocol will guide your institution’s actions when a student is acutely suicidal, determined to be preparing to attempt, or attempts suicide. As you work on this protocol, you will find the [Jed Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal Students](#) to be an excellent resource.

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## WHY THIS PROTOCOL MATTERS

The Healthy Minds Network estimated in a [2019 brief](#) that students who live with mental health concerns drop out at twice the rate of their peers. An estimated 1,500 U.S. college students die by suicide each year, a rate of 7.5 per 100,000 college students<sup>1</sup>. The American College Health Association’s [2019 Fall National College Health Assessment](#) found that 2% of students attempted suicide in the last 12 months. At that rate, a Washington state postsecondary enrollment of 400,000 would result in an estimated 8,000 students attempting suicide.

## DEFINITION OF TERMS

- **Acute vs chronic suicidality** – Acute suicidality involves intent to die, access to lethal means, and intent to act very soon. It is also denoted by a positive answer to the screening question, “Are you thinking of suicide right now?” Chronic suicidality is, as its name implies, the presence of suicidal thoughts over time with and without immediate intent to act. Suicidologist Stacey Freedenthal has written about [chronic suicidality](#).
- **Continuity of care:** It is vital that transitions in the mental health care of a suicidal individual remain seamless. Gaps in care or communication can leave this highly vulnerable individual open to spikes in their suicidal impulses. One most dangerous period for a suicidal person is during the first several weeks after discharge from inpatient care.

<sup>1</sup> In a U.S. college population of 20 million students.

- **Imminent danger** – Direct and immediate danger to life.
- **Involuntary hospitalization:** Typically begins with a 72-hour hold (not including weekends or holidays) in a locked unit of an evaluation and treatment facility.
- **Preparations and planning for suicide:** May include purchasing or otherwise collecting lethal means with which to end one’s life; organizing and displaying these means; giving away possessions, particularly in connection with statements such as, “I won’t be needing these anymore.” Saying goodbyes for no apparent reason. Traveling to a location that holds individual significance (e.g, their hometown or a favorite location off campus.) Each of these alone may have little importance, however multiple behaviors should be taken seriously.

## ROLES AND PROCEDURES: Educate Your Campus Community

To ensure clarity and ease of response, it is important to have well thought-out procedures in place. Consider the following questions and how your institution would respond.

- » How do you ensure knowledge of the following roles and procedures is easily available to your entire campus community?
  - Produce and widely distribute a concise summary of your protocols, as well as the *Red Folders* mentioned in the Identification Protocol
  - Appropriately displayed posters or fliers, along with information on social media, will benefit staff who work in non-office surroundings (e.g., dining facility, groundskeepers, campus police)

### Administration and CARE Teams (BIT)

- » What is the role of the CARE Team (or BIT) in a suicidal student crisis?
- » Who in your administration is notified about a student in suicidal crisis? Possibilities include:
  - Vice President of Student Affairs
  - Dean of Students
  - Dean of Health, Wellness & Counseling
  - Campus Police
- » How will your administration work with your CARE Team? Collaborative decision-making is encouraged.
- » Recognition and referral training, as well as annual table-top exercises, are recommended to ensure that incoming administrators understand the complexities of a suicidal crisis.

## Questions Regarding First Responders & Hospitals

It is vital that channels exist to share discharge plans between the hospital (or other community partner) with the student and also – assuming the student has a ROI – with your institution’s counseling center, dean of students, or other appropriate Student Affairs leadership.

It is important to keep your campus security or campus police and community first responders informed regarding policy changes.

- » Who are the first responders to a student in crisis?
  - Campus Security, in consultation as needed with Campus Counseling
  - First responders from your community
  
- » Who undertakes an immediate assessment of suicide risk (as appropriate, given circumstances)? Possibilities include:
  - EMTs
  - Off campus resources (Protocols, ED staff)
  - Counseling director
  - Counseling staff who has treated the student
  - Counseling staff
  - Community counseling partner
  
- » Does Campus Security receive training to guide them in working with students in a suicidal crisis?
  
- » Does your institution have a relationship with the community first responders? Topics for formal or informal agreement may include the following:
  - Number of responders considered appropriate for response to a suicide attempt
  - The use of sirens/no sirens
  
- » Which hospital(s) does your institution turn to in a crisis?
  - Do you have a MOU with this facility to an agreed upon process for sharing documents? (e.g., sharing of student mental health records, coordination of discharge planning)
  - Which staff are designated to visit a hospitalized student?

## Other Questions to Consider

- » Is there a process to determine when the student in crisis is cognitively able to make decisions on their own behalf?
  - Removing this capacity from the student should be seen as a last resort.
  
- » Who on your campus needs immediate emotional support or monitoring? (e.g. witnesses to attempt; close friends, or partner if already aware of the crisis)
  
- » Is the student in on-campus housing?

- If so, communication with RAs, roommates is needed.
- » Is student in off-campus housing?
  - If so, will community resources take over?
  - What community resources are available?
  - How will the institution determine which community resources to partner and establish shared protocols with?
- » Who determines contact with parents, partners, guardians, etc.? Who makes those contacts? See Confidentiality and Parent Communications sections below.
- » Once essential information has been reported, who can effectively remind the campus community of the student's right to privacy?

## Recommendations

1. Use the questions above to develop a protocol unique to your campus; work with colleagues from appropriate areas of the institution to develop a statement on roles and immediate procedures that specifies job titles (not names).
2. Place contact information for positions and offices in a visible location near the start of each protocol or section.
3. Ensure your crisis response protocol refers to resources that will support the best possible outcomes.
4. Schedule a table-top exercise to take place some months after completion of these protocols; annual table-top exercises should follow.

## RESPONSES MID-ATTEMPT (& Other Acute Scenarios)

A student who describes suicidal intent, has access to their choice of lethal means, and/or is preparing for or rehearsing suicidal behaviors should be deemed acutely suicidal.

Below are a list of steps to be taken:

- » Call campus security or 911.
- » If possible, ensure the student is not left alone.
- » When a student's life is in imminent danger, staff and faculty should share information regarding their knowledge of this risk with appropriate offices on campus.
  - With imminent risk, FERPA deems such communication as exempt from confidentiality.
- » The first individual on the scene should stay calm and respectful, and acknowledge the student's emotions, even if they do not understand them.
  - Further discussion with the student best handled by a mental health professional.

- » Consider who will determine if a professional suicide risk assessment is appropriate?  
Who makes that decision?

Who will conduct the assessment?

- Any counselor?
- Counseling center director?
- Community partner?
- ED social worker?

Further resources regarding communication with the student – see the [University at Albany Crisis Protocol](#)

## Recommendations

1. This is a high priority protocol and should be given commensurate time and attention. Please review provided resources and sample materials to help guide your thinking.

## SUPPORT FOR CAMPUS

Please consider how these protocols can support your campus and the individuals most affected. Support is not a one-time event; consider how to provide support the same day, the next day, the same week, and the next week after the suicide occurs.

## Support Considerations

- » When should a mental health consult be included?
- » Top-tier need for support:
  - Students present during attempt – initial counseling session and perhaps more.
  - Students who are/have been close to the student of concern – these students may already be emotionally fragile. The CARE Team can seek out and connect with these students.
  - Affected faculty or staff present – option for counseling sessions, perhaps via institutional EAP providers.
- » Can your counselors handle the immediate need to meet with small numbers of affected students? Will this impact previously scheduled appointments with other students?
- » Ongoing support for roommates and/or other close friends: May be handled through Dean of Students, or Counseling, or both.

- Whether now or in coming weeks, consider offering the option for roommates and possibly other affected students to move to a different residence hall. Depending on circumstances this option may be useful after a suicide attempt or after a suicide.

## Recommendations

1. Choose communications and support measures that are appropriate for your staffing and your institution.
2. Recognize that individuals' reactions and emotional needs will vary, and will likely evolve over time.

## COMMUNICATING WITH THE FAMILY

Communicating with a student of concern's family can be a tricky process because there are privacy laws in place that may prevent communication. However, parents will likely want to be kept informed regarding any mental health crises that may occur.

### Release of Information

Does your institution have an emergency contact form as well as a specific release of information (ROI) form for mental health emergencies?

- » Think about establishing a mental health crisis ROI as one of the forms given to incoming students. When new students confirm their enrollment, ask them to read and consider signing the ROI.

#### *Considerations for this approach:*

- Will an ROI signed in this timeframe be considered as *informed* consent — as incoming student may not have an appreciation of the mental health issues they may encounter.
- Can students change their minds and remove the ROI?
- Which office holds the ROIs?
- Has your student of concern signed ROI allowing communication to family?
- How does your institution support students in their understanding of ROIs?

What is your policy for determining when involuntary communication with family (i.e., against the student's wishes) is *not appropriate* due to potential negative effects for the student?

- » Who decides this?
  - Involving your CARE Team will allow this decision to be jointly weighed, rather than in the hands of a sole individual.

- » Who do you turn to for translation services when needed during a student mental health crisis?
  - Are documents multilingual?
- » Who handles the first discussion with the student of concern regarding contact with their family? And, when?

#### Box 1: Additional Resources

- [Student Mental Health and the Law](#), by the Jed Foundation is a thorough and accessible resource.
- [College and University Response to Mental Health Crises](#) by Mental Health America, a consumer advocacy organization, offers thought-provoking views on student rights and mental health resources.

## Recommendations

1. As a routine element of enrollment documentation, all students should be asked to identify emergency contacts.
  - Communication with students about the use of emergency contacts should be as transparent as reasonably possible.
2. In advance of any crises, develop guidelines about under what circumstances emergency contacts will be notified, with and without student consent.

Finally, please refer to the Intervention protocol and the Medical Leave & Re-entry protocol for information on *Academic Accommodations and Next Steps to Support Student of Concern*. Depending on the severity of a suicidal crisis, please consider these resources.

#### Box 2: Confidentiality Overview

Only with the student's consent may information be released to peers. Consider establishing a media policy that spells out the institution's inability to offer statements on suicide attempts and policies regarding when to communicate with parents/family (see below). It's important to also remind all parties of the student's right to privacy.

#### FERPA, HIPAA, & WA State Laws

- See [Student Mental Health and The Law](http://www.jedfoundation.org/wp-content/uploads/2016/07/student-mental-health-and-the-law-jed-NEW.pdf), by the Jed Foundation <http://www.jedfoundation.org/wp-content/uploads/2016/07/student-mental-health-and-the-law-jed-NEW.pdf>
- FERPA – clarify for your campus community
- How University of Washington-Seattle interprets confidentiality issues regarding students and suicidal behavior (Refer to the INSPIRE in Postsecondary Education website)
- 2020 Washington state law: Effective June 11, 2020, [RCW 70.02.205](#) states that a health care provider may without a patient's authorization, disclose information to a parent, other relative or close friend regarding issues concerning the safety of the patient, risk factors, steps that can be taken to make the home safer, and a safety plan to support the patient. This statute includes no obligation to disclose such information.
- [Resource Document on College Mental Health and Confidentiality](#) by the American Psychological Association.

#### Recommendation

- As legal and ethical standards about confidentiality are weighed by medical and mental health professionals, they should be encouraged to consider requesting an ROI in order to share relevant information with the institution in order to help provide input for support upon release from any hospitalization.

## FOLLOW-UP CARE FOR STUDENTS

*Continuity of Care* includes documentation, communication, and warm hand-offs from one care setting to the next. While your institution may not lead this effort, it is important to keep communications with community resources open and active.

After a suicide attempt, support is needed to help the student begin resolving continuing distress, guilt or shame. Clinical care will be appropriate in most instances. Another beneficial resource may be peer support by an individual with lived experience, who has regained stability.

The National Suicide Prevention Lifeline has gathered information on [Follow-up Care](#) here.

Additionally, consider this guide by SAMHSA, [After an Attempt](#). It will provide insight into the issues which many suicide attempt survivors face.

### Recommendations

1. Institutional policy available to students and their families should clarify expectations for meeting students' treatment needs following a crisis.
2. An identified member of the campus should meet with the student to coordinate return to campus which might involve a variety of staff, faculty and offices, including Disability Services, Counseling, Registrar, Residence Life, etc.
  - Having one staff member identified as a point of contact may help the student from having to repeat their painful story over and over.

## SAMPLES OF CRISIS RESPONSE RESOURCES

- University at Albany's [Guidelines for Responding to Students in Crisis](#)
- University of Maryland, Eastern Shore's [Critical Incident Response Manual](#)
- Montana State University's [Mental Health Resources and Crisis Protocol](#)
- "[Campus Mental Health, Know Your Rights](#)" from the Bazelon Mental Health Law Center offers a perspective on student rights and mental health resources on campus.

**THANK YOU** for spending time with this content. The authors' intent is to prepare you for engaging with issues outlined here, and to bring your colleagues into conversation regarding protocols that will work best for your institution and to benefit your students. You are welcome to use or adapt language from these protocols and from those that are referred here, through links. Please acknowledge the origins of any material you use.