

IDENTIFICATION PROTOCOL

Identifying students who may be at risk for experiencing behavioral health issues and/or suicide risk requires education and preparation for your institution’s faculty, staff and students.

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WHY THIS PROTOCOL MATTERS

Student academic success correlates with accessible mental health services. Suicide is a leading cause of death among college and university students nationwide and adolescents and young adults are particularly vulnerable to mental health issues. Seventy-five percent of such issues emerge by age 25.

In 2018, 41% of Washington 12th-graders confirmed at least two weeks of feeling sad or hopeless – a rate that rose from 29% in 2017.

Washington’s 2018 overall state suicide rate was 16.6 per 100,000. It is typical for male suicide rates to be three (or more) times that of females, as seen below.

Additional Information

- » [Mental Health and Academic Success in College](#)
- » [Suicide Prevention Resource Center: Colleges and Universities](#)
- » [Healthy Youth Study, 2018](#)

AGES	FEMALE RATE (PER 100,000)	MALE RATE (PER 100,000)
15 - 24	10.13	27.67
25 - 34	7.13	24.79

SCREENING

There are several **benefits** to using screening tools. Anonymous online screenings can educate students and move them toward readiness to seek treatment and free options are available. Live screenings help normalize conversations about mental health concerns. However, there are also some **limitations**. The free online screenings offer institutions no knowledge of student

levels of mental health concerns. Live screenings require organizational time and counseling resources to respond to positives.

Online Screening Tools

Below is a list of widely used online screening resources:

- » [Ulifeline](#), a free program from the Jed Foundation
- » [Mental Health America](#) offers free online screenings
- » [Interactive Screening Program](#), from American Foundation of Suicide Prevention
 - requires staff time to follow up with students who screen positive. Costs apply.
- » [Start Your Recovery](#) offers free resources for individuals who are exploring possible avenues to change in their levels of substance use.
 - This site does not offer a screening tool per se, but its resources are rich and accessible.

Live Screening Tools

Live screenings typically offer immediate connections to services on campus or in the community. Institutions with a health center may use universal screening for depression and anxiety, and follow positives with screening for suicidal ideation. Annual screening events at your institution can be organized at any time; see Box 2 for some suggestions on when to hold these types of events.

Advance planning with a nearby School of Nursing, or other graduate program, may create a win-win relationship, bringing a service to your students and giving valuable experience to participating graduate students.

A Mental Health Fair, Mental Health Week or other live event can be useful in promoting live screenings.

Below are some of the screening tools most commonly used by mental health clinicians:

- » The PHQ9 – a widely validated, brief, and publically accessible resource.
- » [The Columbia Suicide Severity Rating Scale](#)
- » Related option: Medical or health history forms for incoming students should include questions on depression, anxiety and/or suicidal ideation.

Box 2: Best times to organize screening events

- » May – Mental Health Awareness Month
- » September – Suicide Prevention Month
- » October 9 – National Depression Screening Day

General Screening Recommendations

1. All institutions should offer screening options.
2. If an institution asks incoming students to complete a medical history, appropriate staff should consider adding questions on depression and anxiety. (See samples below.)
3. Information about your institution's behavioral health counseling and disability services and/or community resources should be shared in multiple ways with all students.
4. Options for promoting campus services include placing information on course syllabi, email signatures, and restroom fliers.
5. Engage students to help identify further opportunities for promoting mental health resources.
6. Elsewhere on the INSPIRE website, a section on Model Messaging offers resources for the promotion of behavioral health on campus.

CARE TEAMS (or BIT TEAMS)

These commonly used teams serve as a hub for collecting and interpreting reports of concerning behavior that may indicate a student needs support. CARE often stands for Campus Assessment, Response, and Evaluation. BIT often stands for Behavioral Intervention Team. They may receive concerns about students from faculty, staff, other students, and/or families. Such campus teams generally:

1. Receive concerns about students from faculty, staff, other students, and families
2. Connect students to mental health resources or other appropriate resources
3. Educate faculty, staff and families on mental health resources.

Recommendations

1. Formal, recognized, institutional CARE Teams should include a representative cross section of campus staff and faculty.
2. CARE Teams should meet regularly to help identify students in need and coordinate meaningful campus interventions and support.
3. The CARE Team should post an online template for students and others to report any social media message or other behavior that indicates the presence of suicidal thinking.
4. All campus constituencies should be made aware of the CARE Team and its avenue(s) for sharing information about students of concern.

EDUCATION FOR FACULTY, STAFF AND STUDENTS

Training faculty, staff and students to recognize and refer students who may be at risk of a behavioral health crisis or suicide is widely recognized as an effective practice in promoting the health of students.

Promoting Behavioral Health Resources

- » All faculty/staff should be encouraged to keep printed mental health resources (e.g. flyers, brochures or cards) in their offices. These resources should be accessible to students who meet with employees during office hours and scheduled appointments.
- » Printed mental health resources should be provided in student lounges and other common spaces.

Instructional & Training Resources

- » Red Folder – This is a generic term for a succinct educational document on possible mental health-related behaviors of concern and next steps for faculty or staff to take in response.
- » Mental Health First Aid – An 8-hour training on how to identify and respond to signs of mental illness or substance use. MHFA is evidence-based.
- » LEARN SAVES LIVES – A three-hour, evidence-informed training on how to identify suicide risk, use empathy and listening, reduce access to lethal means, and connect the individual to sources of professional help. Forefront Suicide Prevention offers free Training for Trainer Workshops in LEARN for postsecondary institutions in Washington. LEARN was created to answer the need for a gatekeeper curriculum that included instruction on reducing access to lethal means. Formal evaluation and research on LEARN are under way.
- » Campus Connect – This experientially based program was developed by the University of Syracuse and is designed to enhance participant’s knowledge, awareness, and skills concerning college student suicide.
- » QPR – Question, Persuade and Refer – This 1- to 2-hour program was developed in the 1970s. The Suicide Prevention Resource Center has designated it a program with evidence of effectiveness. See more at [SPRC](#).
- » ASIST – This two-day program is designed for mental health professionals.
- » Kognito At-Risk for College Students – This is a 30-minute online, interactive gatekeeping program that focuses on four role-playing exercises. The Suicide Prevention Resource Center has designated it a program with evidence of effectiveness. See more at [SPRC](#)

EDUCATION ON FERPA & HIPAA

- » [Joint Guidance on Application of FERPA & HIPAA to Student Health Records, 2019 Update](#)
- » University of Washington's Registrar's Office shares this information about its protocols for [FERPA and student health records](#).
- » [The Family Educational Rights and Privacy Act: Seven Myths and the Truth](#) – This article originally appeared in the Chronicle of Higher Education in 2008, a year after the shootings at Virginia Tech. It underscores seven 'myths' and the facts regarding FERPA in each area. Author Steven J. McDonald, who serves as legal counsel for the Rhode Island Institute of Design, has written widely on FERPA and is editor of The Family Educational Rights and Privacy Act: A Legal Compendium.
- » [APA Resource Document on College Mental Health and Confidentiality](#) This 2016 document replaces the original document of 2009; both iterations were written by the Counsel on Psychiatry and Law of the American Psychiatric Association.

Recommendations

1. Commit to a systematic training schedule that reaches all faculty, staff, and student leaders. (See INSPIRE 2019 Report; data on levels of gatekeeper training reflect an apparent lack of urgency in such training.)
2. Consider requiring online training for faculty/staff on how to recognize signs of distress/suicidal ideation/depression.
3. Ensure all faculty and staff have easy access to instructions in how to effectively refer students.
4. All training should be culturally responsive and inclusive for the diversity represented on each campus. Work with your institution's Diversity/Multicultural Office and Disabilities Office to ensure training is inclusive.

OUTREACH TO NEW STUDENTS

There are several methods a campus can use to reach out to new students. Develop an early outreach plan that works for your institution. This is an important step to ensuring your students can find behavioral health services.

Recommendations

1. Survey new students on stress levels and coping skills; guide those with a deficit of skills to resources.

- [Set To Go](#), by the Jed Foundation, offers materials on coping, understanding emotions, and more.
2. Educate students on easy access to counseling.
 - Use syllabi or email signatures as a way to promote your counseling location, telephone and hours.
 - Commit to sending out information on your institution’s mental health resources midway through each quarter. This avoids overloading students who are inundated with “new everything” at the start of the year or quarter.
 3. Distribute resource information at orientation and other times during the year
 4. Identify courses and programs designed for new students
 - Seek permission to present on mental health resources
 5. If possible at your institution, establish a mental health & well-being course focusing on self-care/how to recognize when one is in distress/triggers

PEER EDUCATION GROUPS, STUDENT MENTAL HEALTH CLUBS

Benefits include campus-wide awareness and acceptance of mental health issues, community building, and student empowerment. Involvement in awareness-raising can be empowering for students who have gained perspective on and/or skills in managing their mental health concerns; students often turn to other students to first discuss mental health issues.

Many institutions engage at least a few students; some do far more. No matter the current level of activity on your campus, take a step to expand student engagement. Below is a list of resources.

- » Active Minds is a national chapter-based mental health organization for college students.
- » [NAMI chapters](#) can be located on college campuses.
- » [To Write Love On Her Arms](#) supports college chapters.
- » Independent clubs can be developed to focus an annual event. Options include a fund-raising walk; a student art exhibition with a mental health theme; story-telling events that focus on hope or recovery. (Such events also can be developed without a student club.)
- » See [Strengthening College Students’ Knowledge, Awareness and Helping Behaviors](#), by Lisa Sonntag-Padilla et al, 2019

Examples of Peer Health Educator Programs

- » [Peer Health Educators](#) at Washington State University

- » [Peer Health Educators](#) at University of Washington
- » [Peer Listeners](#) at Whitman College

SAMPLE HEALTH & MENTAL HEALTH HISTORY RESOURCES

- » <https://www.pugetsound.edu/files/resources/health-history-form.pdf>
- » <https://spu.edu/~media/administration/health-services/documents/student-health-and-immunization-record-20190.ashx>
- » <https://hope.edu/offices/student-development/policies-resources/risk-responsibility/forms/6-medical-history.pdf>
- » <https://www.austincollege.edu/wp-content/uploads/2019/04/health-form-2019.pdf>

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.