

## When Efforts to Increase Students' Help-Seeking Behavior Succeed: Campus Readiness to Assess and Manage Suicide Risk

Heather Dawson, Ph.D., Pace University  
Harry Rockland-Miller, Ph.D, University of Massachusetts, Amherst  
Richard Shadick, Ph.D, Pace University  
Christina Zurla, The Gallup Organization

## Expectations

- ◊ Expectations for the session?
- ◊ What topics are of interest?
- ◊ Specific questions you would like to see addressed?
- ◊ Why should essential capacities be in place before increasing student help seeking?

## Overview: 4 Essential Capacities

- ◊ Crisis protocol in place and key players are trained in its use.
- ◊ Local, state, and national 24-hour hotlines are widely publicized, including 800-273-TALK.
- ◊ Sufficient mental health services on- and off-campus to handle an increase in student help-seeking.
- ◊ Counseling and health services clinicians are trained to assess and manage suicide and other urgent risk.

(Davidson & Locke, in press)

## Overview

- ◊ Before gatekeeper trainings, capacities should be in place to deal with students in crisis or who have urgent needs
- ◊ Suggestions for developing and effectively managing existing resources
  - ◊ Workshop aimed at enhancing your existing capacities
- ◊ Discuss common challenges for campuses regarding capacity

## Crisis Protocols

Heather Dawson, Ph.D  
Staff Psychologist/AOD Specialist  
Pace University Counseling Center

## Crisis Protocols

- ◊ Defining Protocol Types
  - ◊ Counseling Center
    - ◊ Key elements
  - ◊ Campus wide crisis protocol
    - ◊ Not just a Business Continuity Plan
  - ◊ Postvention protocol
    - ◊ Key elements

## Protocol Development

- ⊗ Protocol development process
- ⊗ Importance of local context for crisis protocols
- ⊗ Implementation Challenges/Solutions

## Questions?

GLS Campus Grantee Meeting  
February 2010



Presented By:  
Christina Zurla  
Communication Specialist  
The Gallup Organization

## WHO WE ARE & WHAT WE DO



## Overview

- SAMHSA-funded
- Administered by Link2Health Solutions, an independent subsidiary of the Mental Health Association of NYC
- Comprised of 144 crisis centers (and counting) in 49 states



## What Hotlines Provide

- **24-7 ACCESS** to a trained counselor (anytime/anywhere)
- **ANONYMITY/CONFIDENTIALITY** allow callers to avoid stigma around help seeking
- **I & R** before a suicidal crisis occurs
- **LINKAGE** to emergency services for individuals who might not dial 911 themselves
- **EDUCATION/TRAINING** within local communities



## How the Lifeline Works

- Dial **800-273-TALK** or **800-SUICIDE**
- Connected to closest center based on area code & exchange
- Crisis workers listen, assess, and link or refer callers to services, as needed
- Extensive back-up system ensures all calls are answered



## Cell Phones & the Lifeline

- Students using out of state cell phones will be connected with out-of-state centers
- All centers have capacity to transfer (some will search for referrals)
- If not, centers can still provide support, suicide risk assessment, and emergency intervention, if necessary



## What Hotlines Provide

- **24-7 ACCESS** to a trained counselor (anytime/anywhere)
- **ANONYMITY/CONFIDENTIALITY** allow callers to avoid stigma around help seeking
- **I & R** before a suicidal crisis occurs
- **LINKAGE** to emergency services for individuals who might not dial 911 themselves
- **EDUCATION/TRAINING** within local communities



## Lifeline Requirements

- Application form and follow-up call
- Proof of insurance and license/accreditation
- Sign network agreement and comply with Lifeline Policies, including:
  - Suicide Risk Assessment Standards
  - Emergency Intervention Standards (coming soon)



## Lifeline's Suicide Risk Assessment Standards

- Ask about suicide on all calls
- Conduct suicide risk assessment that includes all core principles and sub-components
- See **SPRC's Best Practices Registry** Section II Expert and Consensus Statements for more information [http://www.sprc.org/featured\\_resources/bpr/PDF/StandardsAssessmentCallertoLifeline.pdf](http://www.sprc.org/featured_resources/bpr/PDF/StandardsAssessmentCallertoLifeline.pdf)




## Network Goals

- Reach persons at a high risk for suicide
- Efficiently connect callers to the nearest participating center
- Develop and implement evidence-based standards & training to promote quality services
- Monitor and improve network performance through independent evaluation



**OPERATIONS  
& CALL  
VOLUME DATA**





**1-800-273-TALK**

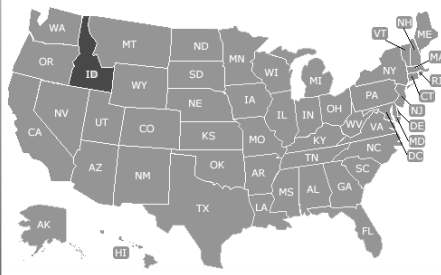

Press 1 → Canandaigua → 211 → VA BACKUP CENTERS (VA, USA, BHR (AOL), 211 helpline (CT), Lifeline (NY))

Press 2 → LIFELINE SPANISH SUBNETWORK


144 Lifeline Centers in 49 U.S. states

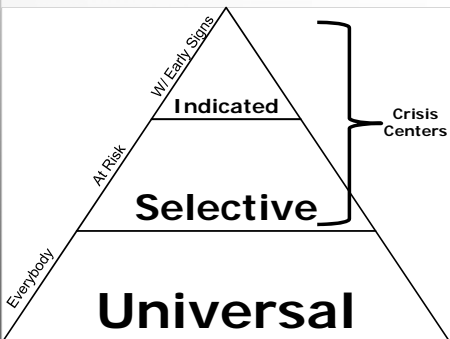

**States Not Represented in Lifeline Network**

**THE ROLE OF  
HOTLINES IN  
SUICIDE  
PREVENTION**




**Suicide Prevention**


**PARTNERING  
WITH  
HOTLINES**







### What Hotlines Can Offer

- Extensive database of local resources, services and programs
- Back-up services for a campus-based hotline
- Gatekeeper training (e.g., ASIST) and/or suicide risk assessment training
- Years of experience in suicide prevention/intervention




### Questions to Consider

1. Does your campus operate a hotline or warm line?
2. Is there a local hotline in your area?
3. Is your local hotline part of the Lifeline network?
4. Should you promote a local hotline number or the Lifeline number?

### Example of Campus Collaboration with Hotline


- 24/7 hotline to assist NYU students with day-to-day challenges and mental health issues, stress, substance abuse, sexual assault, etc.
- Originally LifeNet, a NYC crisis center, answered the line after hours



### Working with a Hotline

*Practical Information*

- If you're planning on promoting a hotline number, it's important that hotline staff know of the resources/programs your campus is offering
  - Reach out to your local hotline
  - Reach out to Lifeline staff to determine who answers the Lifeline for your area
- Other ways you can collaborate with hotlines :
  - Cross-training of staff
  - Invitation for hotline staff to serve on your grant committee



### For More Information

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Lidia Bernik, M.H.S.**  
 Director of Network Development  
[lbernik@mhaofnyc.org](mailto:lbernik@mhaofnyc.org)  
 (212) 614-5776

**Carole Ludwig, M.S.**  
 Network Development Coordinator  
[cludwig@mhaofnyc.org](mailto:cludwig@mhaofnyc.org)  
 (212) 614-5768



### Questions?

## Mental Health Clinical Triage Systems in the College Counseling Center

Harry Rockland-Miller, Ph.D.  
Director, Mental Health Division  
Associate Director, University Health Services  
University of Massachusetts - Amherst

## Initial Preparation

- One of the worst things that can happen to a college or university counseling center is for the word to get out that students cannot get in to receive services.
- If your prevention efforts are successful, potential for increased flow.
- Preparation involves discussing the importance of accessing the students at highest risk.

## Initial Preparation

- A common inefficiency: high no show rate for an initial assessment.
- With a triage system in place no shows now cost the system 15-20 minutes instead of an hour.
- Attempt to design systems that provide clinically based decision making, operate from a customer friendly orientation, provide ease of use, maximize efficiency and promote clinical discussion.

## Transitioning to a Triage System

- Provide an effective rationale
- Staff were very supportive of looking for a more efficient way to manage client flow and respond to an increase in emergent situations.
- A triage team was developed.
- Members of the team were strategically selected based on their ability to conduct brief assessments, their knowledge of the university and its systems, and their knowledge of referral resources in the community.

## Transitioning to a Triage System

- Construct a system that is a good fit within existing administrative structures that allows for the 15-30 minute triage appointments immediately available for students.
- It is then essential to educate the community about the new service
- "Talk to a counselor within 24 hours"
- Triage does not replace the existing more thorough assessment/intake process.

## Components of a Successful System

- When students call they are told that our system is to have them speak with a senior clinician in a confidential appointment who will gather some basic information that will allow for a rapid matching of services, based upon their individual needs.
- Same-day appointments are set up at the front desk.
- If the student self-identifies at that point as being in an emergency, they are immediately seen in person.

## Components of a Successful System

- During the appointment, usually by phone, students receive a brief description of confidentiality and are told that we will be "gathering some basic information that will allow us to best match our services with your individual situation."
- **4 key components.**
- Demographic information is gathered.
- Overview: of what led them to call.
- Critical item questions: past and current treatment, suicidality, history of hospitalization, substance abuse, eating concerns, medical concerns and current medications.
- Follow-up and scheduling

## Components of a Successful System

- Follow-up and scheduling- the student is assigned to 1 of 3 categories of clinical presentation:
  - **Emergency:** Seen immediately
  - **Urgent:** Appointment within 48-72 hours
  - **Routine level of care:** Appointment 1-2 weeks or referral out in the community depending on patient flow

## Results and Impact on Campus

- 60-70 triage assessments per week when school is in session.
- Decreased walk-ins.
- Decreased after hours emergencies.
- High level of patient satisfaction.
- Campus offices can reliably refer a student to our services and know that there will be an immediate response.

## Results and Impact on Campus

- Front office staff are happily removed from a quasi-clinical role.
- Clinical staff are relieved to have a system that reduces feelings of being overwhelmed during urgent-care times.
- Clinicians' schedules are more predictable, offering a sense of increased control over client flow during peak times.

## Decision Points

- Role in training program
- Team vs. direct assignment
- Length of triage appt.
- Phone vs. walk-in
- Specialty referrals from triage?
- Level of care criteria
- Keep in house vs. referral out
- Implementation: Workgroup? Clinical Services Team?
- Pilot?
- How to bring message of new system to campus?
- Others--unique to your community?
- Let the system evolve as you gain experience

## Conclusion

- Rapid clinical intervention in context of increased flow and acuity.
- Potential to impact important variables such as number of medical leaves, psychiatric hospitalizations and more broadly student retention and will allow key constituents to experience the university as a place that is more caring and responsive.

## Resources

Rockland-Miller, H. & Eells, G. T. (2006). The Implementation of Mental Health Clinical Triage Systems in University Health Services. Journal of College Student Psychotherapy, Volume 20(4), 39-52.

## Questions?

## Clinician Training

Richard Shadick, Ph.D.  
Director  
Pace University Counseling Center

## Clinician Training

- ◊ Why is additional clinician training necessary?
- ◊ What trainings are available?
  - ◊ ASIST, Campus Connect, AMSR, RRSR
  - ◊ How to choose the most appropriate training for your staff
- ◊ SPRC/AAS -Assessing and Managing Suicide Risk
  - ◊ 1 or 2 Day long workshops on a variety of core competencies

## AMSR - Core Competencies

- ◊ Approach to Work with Suicidal Students
- ◊ Phenomenology of suicide
- ◊ Assessing Suicidality
- ◊ Risk Formulation
- ◊ Treatment Issues
- ◊ Legal Issues

## Group Discussion