

National Association
for Behavioral Intervention
and Threat Assessment

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Managing Suicide on Campus

NABITA Webinar

Your Faculty





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Webinar Agenda



1

Introduction

- National data related to suicide and mental health
- Understanding levels of care and behavioral health hospitalizations

2

Legal and Risk Management Considerations

- Case Law examples
- Americans with Disabilities Act
- Due Process
- Understanding “Readiness to return”

3

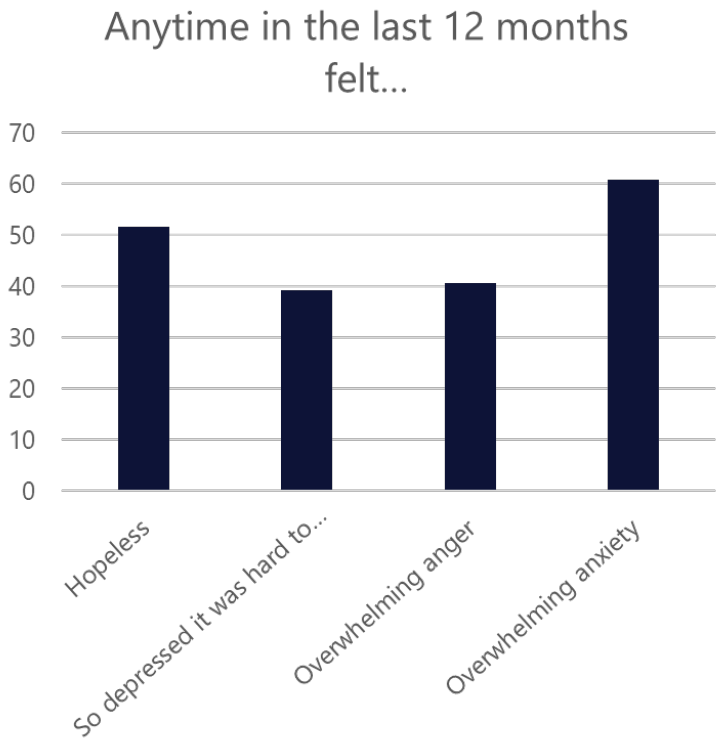
Developing an Appropriate Process

- Appropriate and legal options
- Balancing providing support and mitigating risk

Mental Health in the College Population

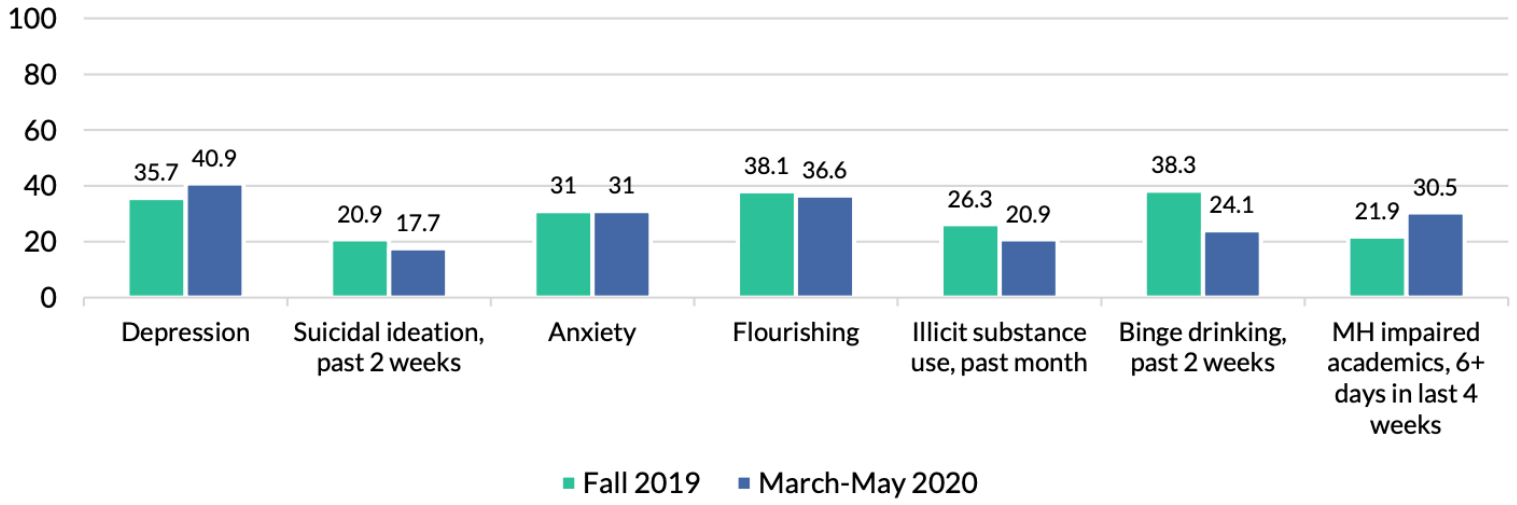
NCHA Data 2017

In the last 12mos, diagnosed or treated for….	Percentage of students reporting
Eating Disorder	2.7
Anxiety	21.6
Bipolar Disorder	1.8
Depression	17.8
Obsessive Compulsive Disorder	3.2
Panic attacks	10.7
Substance abuse or addiction	1.9
Schizophrenia	.4



Mental Health in the College Population

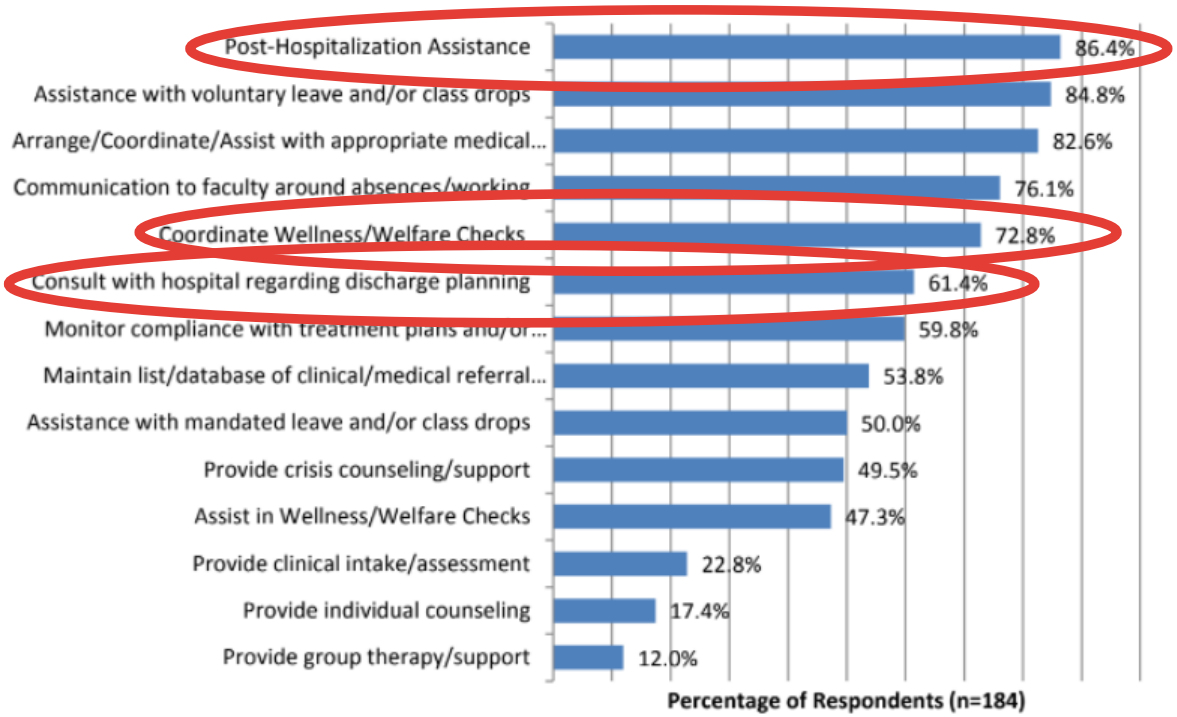
Figure 11a. Mental Health and Substance Use Fall 2019 vs. Spring 2020 (*Healthy Minds Study*)



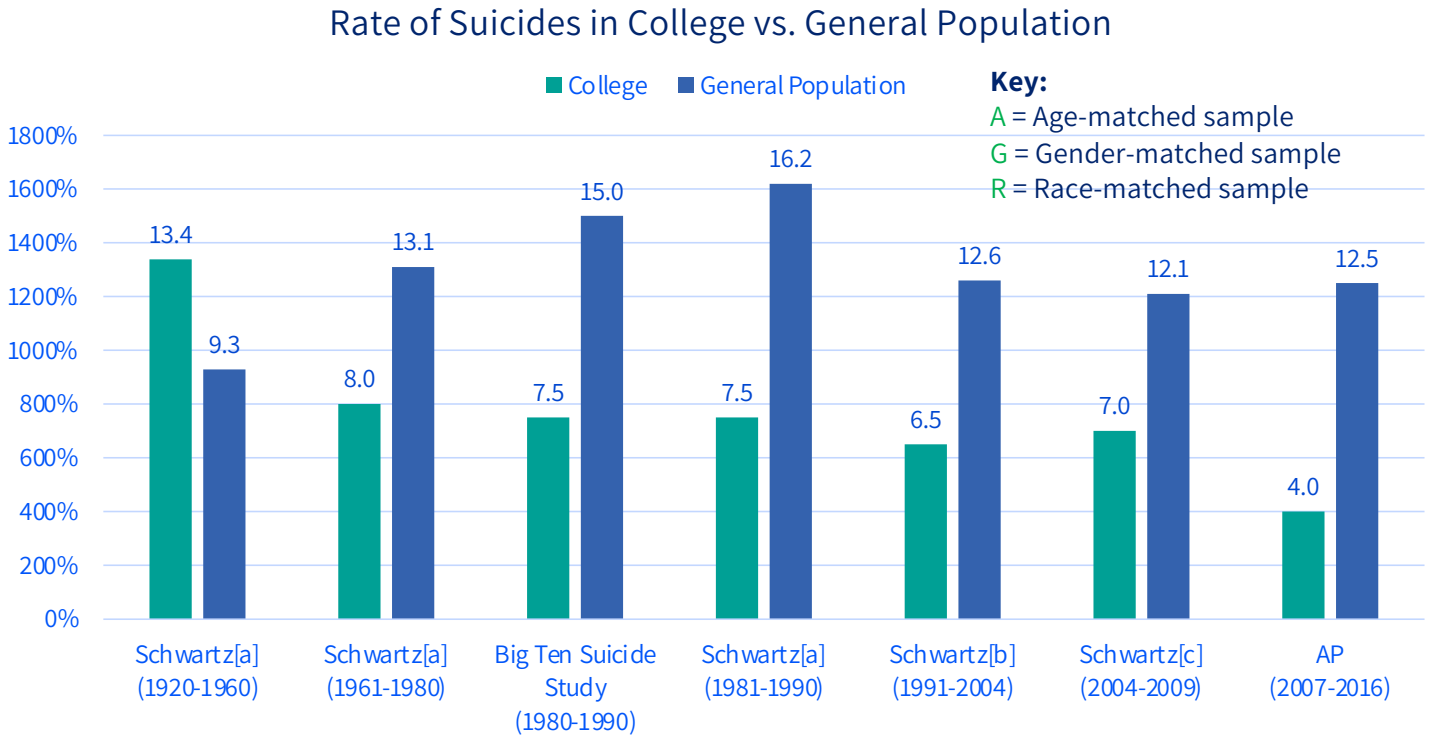
Source: https://healthymindsnetwork.org/wp-content/uploads/2020/07/Healthy_Minds_NCHA_COVID_Survey_Report_FINAL.pdf

Suicidality and Hospitalizations

Case Management Services Provided to Students Experiencing Mental Health Concern



College as a Protective Factor



Source: http://www.sprc.org/sites/default/files/migrate/library/SuicideAmongCollegeStudentsInUS.pdf https://afsp.org/about-suicide/suicide-statistics/ https://apnews.com/45f78abcfcec43e49f4c0fbe06b66a8b

Suicidality and Mental Health Emergencies in the College Population



On average, counseling center directors report that 15 students were sent to the hospital by counseling center staff for psychological reasons.



In 2017, 1% of college aged students received psychiatric services from the emergency room - up from .3% in 2007.

Understanding Suicidality

- Suicidal Ideation: Having thoughts about wanting to die, or planning suicide. Passive suicidal ideation refers to a person who is thinking about death but has no specific plan for suicide.

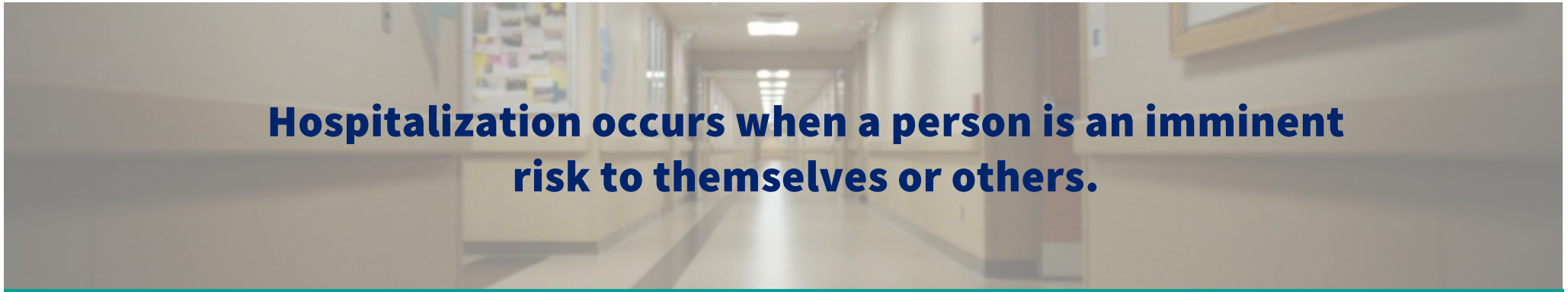
- Suicide attempt: A self-injurious behavior, associated with some evidence of intent to die.

- Non-suicidal self injury (NSSI): Self injurious behavior (cutting, burning, scratching) not associated with intent to die.

Understanding Suicidality Level of Care

- Online support/paraprofessional (RA)/friend
- Consulting evaluation (stop by)
- Outpatient treatment:
  - Weekly or bi-weekly
  - Psychological Testing
  - Medication Referrals
- Intensive Outpatient/Partial Hospitalization
- Inpatient Unit

Understanding Suicidality Level of Care



Hospitalization occurs when a person is an imminent risk to themselves or others.

Voluntary Hospitalizations

- The individual agrees to be admitted to the hospital.
- Can request to be discharged. If providers agree, they are released.
- If treatment providers do not agree they are safe, can turn to involuntary.

Involuntary Hospitalizations

- The individualized is found to be a danger to self or others or are unable to care for themselves and there is a danger of “essential harm” due to a mental illness.
- Varies by state but typically initiated by licensed mental health provider, doctor, or law enforcement.
- Initially 72 hours but can be extended.

The Challenge…

- A student was feeling suicidal and expressed to his roommates that he was feeling scared that he was going to do “something stupid”. The roommates told the RA what was happening and then drove him to the hospital where he waited for hours and eventually returned to the residence hall without being seen.

- A student has been engaging in non-suicidal self-injury for several weeks and has been telling her friends lately she has been thinking of killing herself. The friends are feeling worried that they can’t keep taking care of her and reach out to the counseling center for assistance. The student meets with a counselor and discloses that she has been stockpiling her medication by not taking it for months and she has been thinking of overdosing. The counselor involuntarily hospitalizes the student. After staying at the hospital for the required 72 hours, the student is released.

- A father of an off-campus student reaches out to your office as his son has attempted suicide and has been admitted to the hospital. The student has been in the hospital for several days and the student and his family is hoping someone can communicate with his professors about the medical emergency. The student’s doctors have told the parents that he will likely be released at the end of the week and would like to continue in his classes as he has been doing well.

Commonly Asked Questions...

- How do we know the student is safe to return to campus?
- We believe they need to take some time off school. Can we require they take a leave of absence?
- What documentation do we need to be able to let them in classes?
- How can we make sure they get the support they need to stay safe?

Protections for Students with Disabilities

- Section 504 of the Rehabilitation Act – this act effectively states that a student cannot be denied or excluded from an opportunity on the basis of their disability.
- Americans with Disabilities Act – this is the act that requires schools and employers level the playing field for those with disabilities using reasonable accommodations.
- Thus, these regulations may effect how a public or private college may act to suspend, place on leave, or withdraw a student on the basis of a condition of disability.
  - Protection under the law applies to those who have disclosed a documented disability and those who are regarded as having a disability

Psychiatric Disabilities

- **Defined as a mental impairment that substantially limits one or more major life activities.**
- **Suicidality is not in itself a protected disability, but suicidality is often accompanied by a mental illness.**
- **Examples of psychiatric disabilities:**
  - Major Depressive Disorder
  - Bipolar Disorder
  - Schizophrenia
  - Generalized Anxiety Disorder
  - Autism Spectrum Disorder
  - Other diagnoses as defined in the DSM-V

Change in Disability Law

- As a result of 2011 changes to federal disability law regulations, it is now unlawful to involuntarily separate a student on the basis of self-harm or suicidal behaviors.

- The narrowing of this language has forced colleges and universities to reconsider what are appropriate and lawful practices when faced with students whose actions indicate self-harm and/or the risk of suicide.

Student Code of Conduct and Due Process

- All students, including those with disabilities may be held accountable for behaviors that violate policy through the student code of conduct.
- All students are entitled to due process before any adverse action is taken.
- Typically, that is defined as notice and an opportunity to be heard; almost all institutions have an appeal opportunity as well.
- Schools are entitled to take interim actions in certain extenuating circumstances, but are limited in these circumstances.



NORTHERN MICHIGAN UNIVERSITY

Northern Michigan University Case Facts

- Katerina Klawes was a student at Northern Michigan University when she shared with a friend that she had Major Depressive Disorder and her doctor was concerned about her being suicidal.
- When her friend reported it, the Dean of Students attempted to contact her unsuccessfully, and then had campus and local police locate her. Local police determined she was not a threat to herself.
- NMU required her to sign a behavioral agreement, requiring her to not speak to others about her suicidal thoughts and to attend a psychological assessment, with the threat of disenrollment.

Decision

- **Klawes filed a complaint with DOJ for violation of Title II of the ADA.**
  - Four other students who were required to sign behavioral agreements joined the complaint.
- **DOJ required NMU to update its "Policy relating to student self-destructive behavior, its ADA and reasonable accommodations policies, and its withdrawal policies, practices, and procedures.**
- **DOJ required NMU to create a process for individualized assessments and train faculty, counseling, DOS and staff.**
- **NMU settled for $173,500.**



Takeaways

- NMU overreacted to the risk presented and acted based on speculation and assumption.
- Threatening a student with separation or conduct code action for suicidal thoughts is problematic.
- Retire the use of gag orders.
- Teams should take a position of genuine interest in identifying a success plan rather than threatening them with disenrollment.
- If institutions use behavioral agreements, they should be designed to reinforce Codes of Conduct - not add additional standards and sanctions.





ST. JOSEPH'S COLLEGE

St. Joseph's College Case Facts

- In the fall semester, a female student grabbed and tried to kiss a male student, would not let go of him, insisted she was in love with him and that they were married. She had to be forcibly removed by a security guard. She voluntarily went to the hospital and was released the same day.

- A week later, she was permitted to return to campus after receiving a letter from her psychiatrist giving her clearance; however, another week later, the student repeated the first incident. This time she was transported to the hospital via ambulance.

- The college's BAC (their BIT) met and placed the student on emergency suspension without notice to her or an opportunity to meet with any member of the BAC.

St. Joseph's College Case Facts

- The student wrote to the Dean of Students in the following Spring semester, seeking to return.

- It was determined by the BAC on the basis of the evidence it used to suspend her the previous semester, that she was not fit to return.

Decision

- OCR determined that the College regarded the student as an individual with a disability, based on its knowledge of her psychiatric conditions at the time of her delusions.

- Further, SJC had subjected the student to differential treatment on the basis of that disability by diverting from the traditional conduct process that would have been used for similar behaviors by students who were not disabled, and that it had failed to provide the due process and additional procedural protections that the traditional process would have afforded.



Takeaways

- Do not use BIT processes as a diversion from the conduct process. While the two collaborate and communicate, BIT should not take over or replace the conduct process.
- BIT processes and policies should be written and published.
- The St. Joseph's College decision appears to reinforce the notion that BIT should remain preventive and caring, and leave the conduct actions to the Student Conduct Office.



Responding to a Student Post-Discharge



Discharge from the hospital indicates student is no longer an imminent risk





Must be permitted to return to classes and housing

UNLESS…

Applying the Code of Conduct

- **If there is a violation of the code of conduct, can initiate the conduct process**
  - Does the behavior/violation warrant an interim suspension?
  - If not, student can return and go through the conduct process as usual

- **Common Violations:**
  - Disruption to campus
  - Threat of harm to others
  - Violation of housing contract

- **Avoid Behavioral Agreements/Contracts**

Balancing Support while Managing Risk

- **Use of Mandated Assessment**
  - Requirement to attend an assessment of risk issued by BIT or Conduct
  - Psychological Assessment vs. Risk Assessment
  - Student permitted to return to campus and classes while the assessment is being issued
  - Risk assessment provides an understanding of the risk and protective factors

- **Case Management and BIT as Collaborative Support**
  - Engagement with the student at time of hospitalization
  - Serves to help support the student during and after hospitalization
  - Can assist with accessing resources, navigating academics, etc.
  - Involve other support networks such as parents

THANK YOU

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