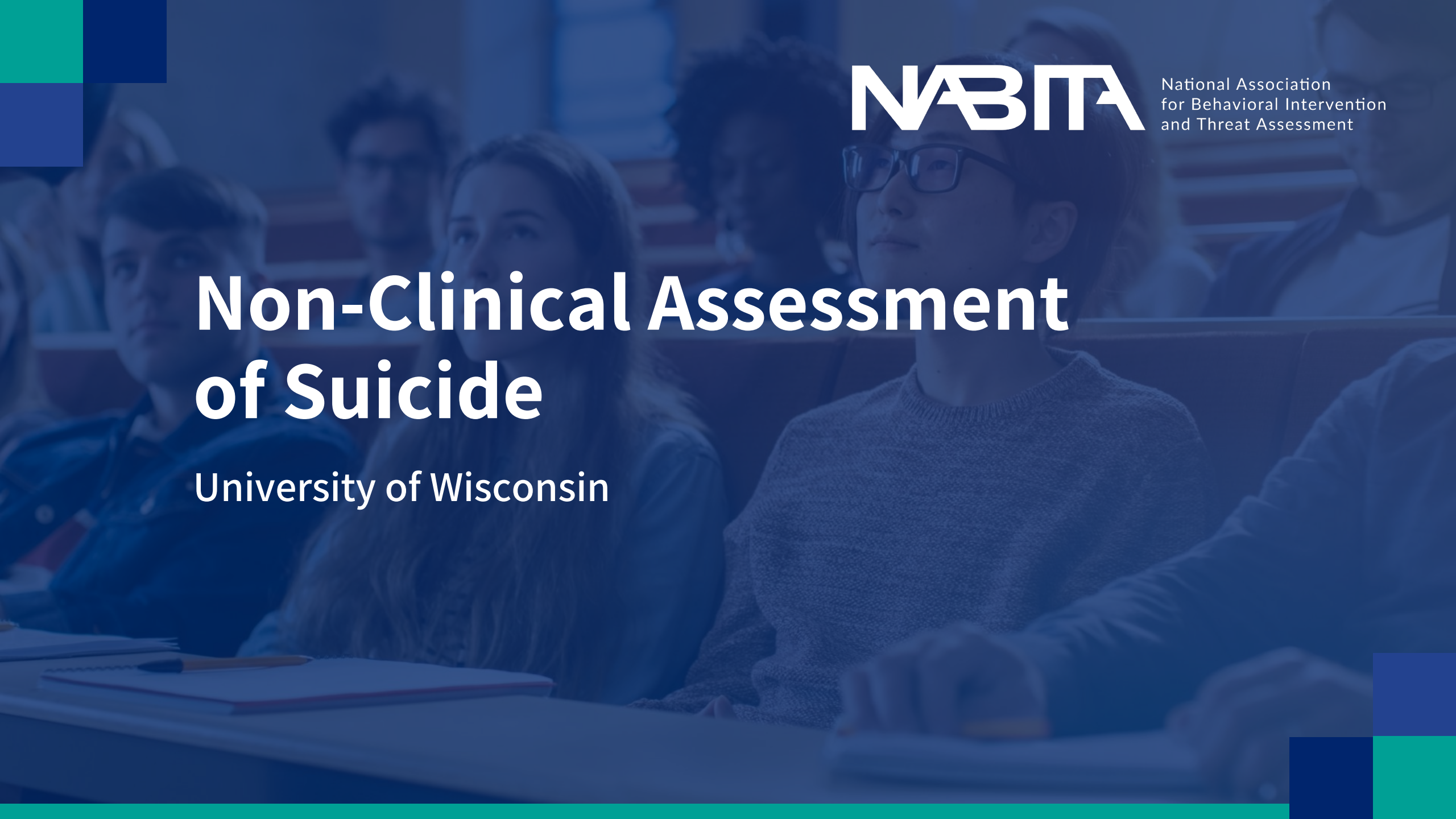


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Non-Clinical Assessment of Suicide

University of Wisconsin

Agenda



1. Understanding Suicidality
2. Non-Clinical Assessment of Suicide
3. Strategies for Supporting and Responding to Suicidality

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Understanding Terminology

- Clinical vs. Non-clinical
- Assessment vs. Treatment
- Suicidal Ideation and Non-Suicidal Self-Injury

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Clinical Provider

- Clinically licensed (LCSW, LPC, LMHC, etc.)
- Hired by school to practice mental health treatment
- Licensure is part of the job requirements
- Typically employed in a Counseling or Health Center

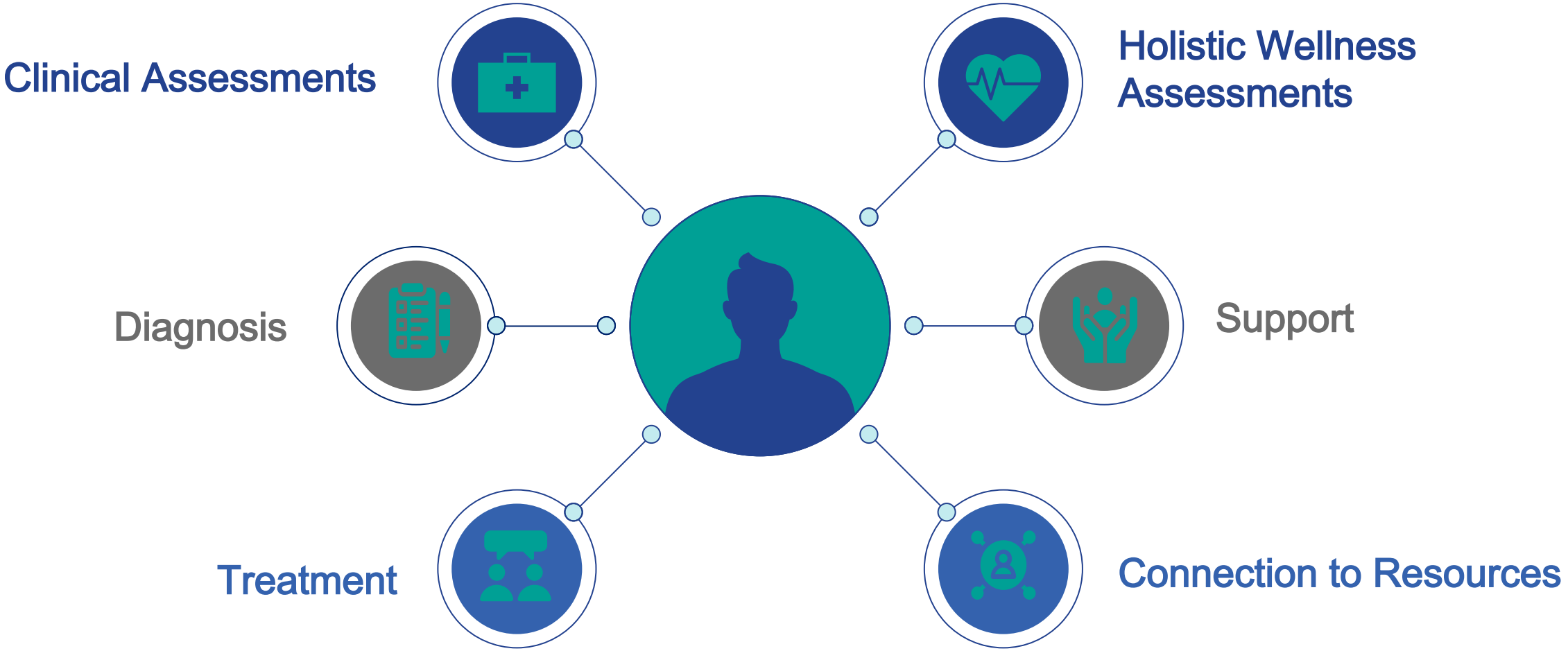


Non-Clinical Support

- May or may not have a clinical license
- Hired by school to offer support and resources
- Licensure is not required to perform the job
- Typically employed in Dean of Students Office, Res life, Conduct, Case Management, Disability Support Services, etc.

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Role of Clinical vs. Non-Clinical Staff



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Impact on Information Sharing

Clinical

01 Governed by licensure and state confidentiality laws

02 Cannot share information without a release

03 Records kept in privileged database



Non-Clinical

01 Governed by FERPA

02 Can share information internally to school officials and externally under certain conditions

03 Records kept in BIT or similar database

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Understanding Suicidality and NSSI

- **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.
- **Die by/of Suicide**: Suicide is a means of death as a result of an illness or pain. The cause of death is the illness, not the person who died of the illness.
- **Non-suicidal Self Injury (NSSI)**: Self-injurious behavior (cutting, burning, scratching) not associated with intent to die.

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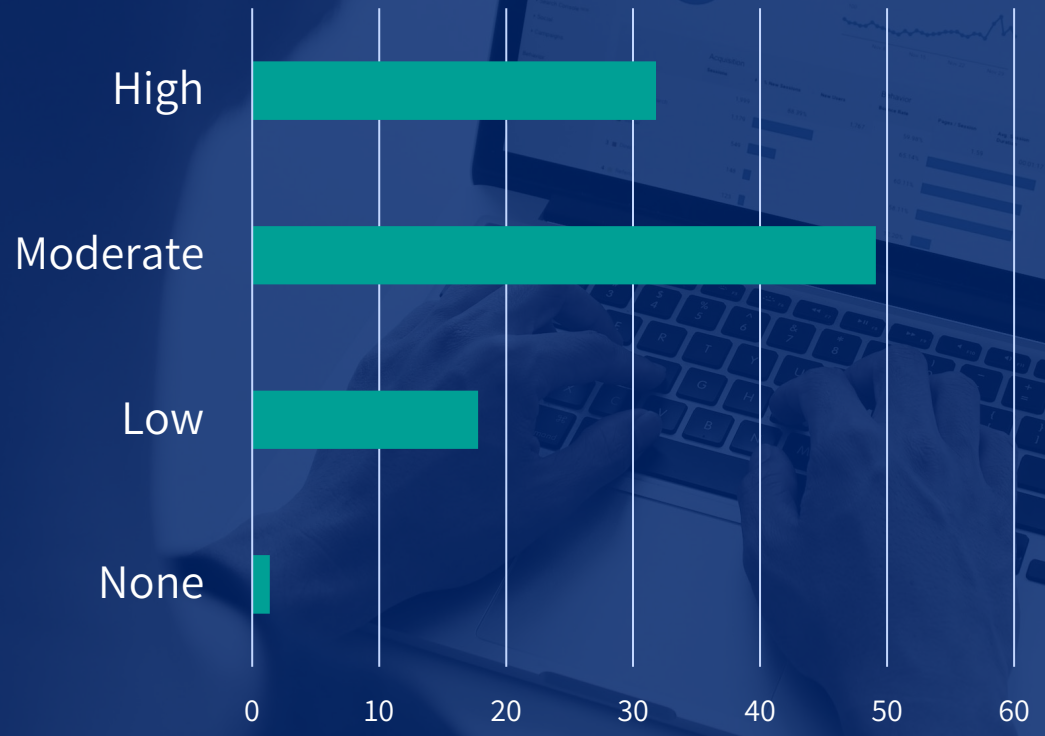
Suicide and NSSI

86% of students who die by suicide while at college never set foot in the counseling center.

Gallagher, R. (2014). *National Survey of Counseling Center Directors*. Alexandria, VA: American College Counseling Association, and the International Association of Counseling Services. Available at www.collegecounseling.org

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College Student Mental Health



Percentage of students reporting each level of stress in the last 30 days

In the last 30 days, how often have you felt hopeless?

SOME OF THE TIME: 25%
MOST OF THE TIME: 8%
ALL OF THE TIME: 4%

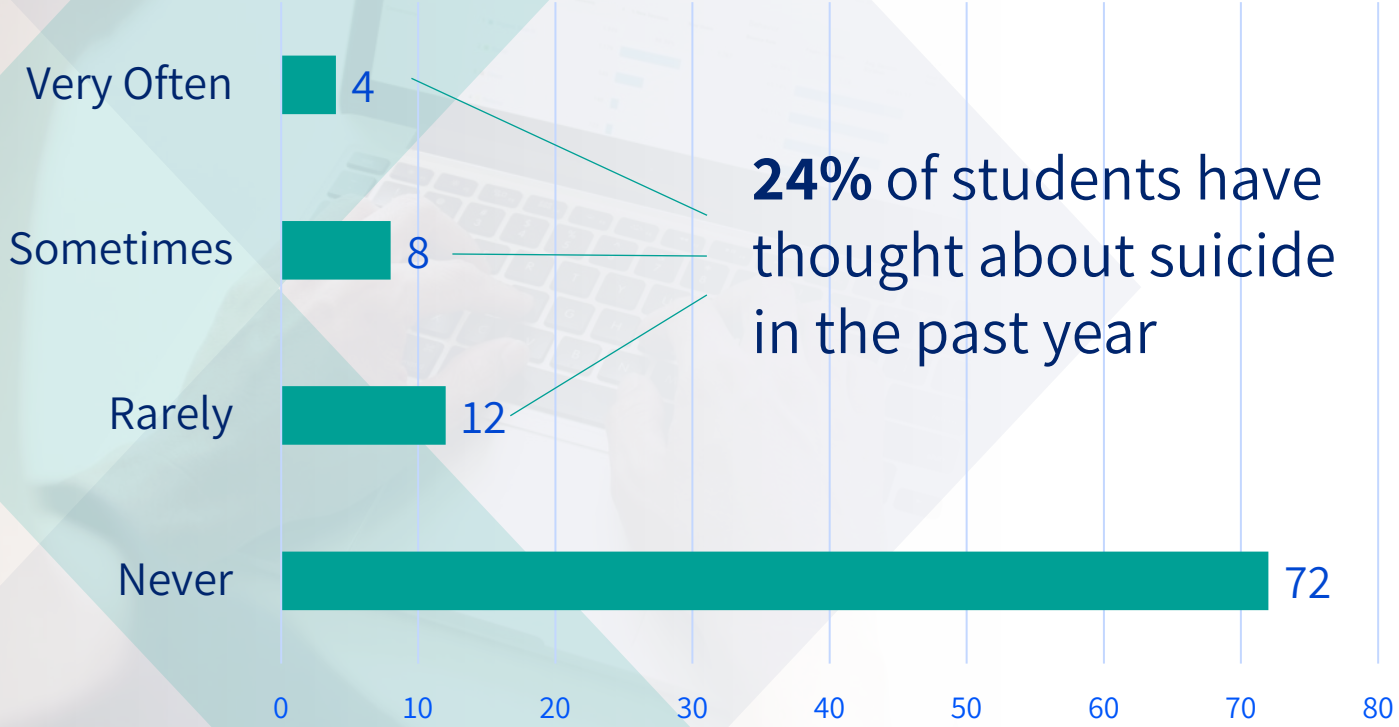
In the last 30 days, how often have you felt worthless?

SOME OF THE TIME: 15%
MOST OF THE TIME: 6%
ALL OF THE TIME: 4%

Source: ACHA-NCHA Fall 2020 Survey

Suicidality and Self-Harm in the College Population

How often have you thought about suicide in the past 12 months?



24% of students have thought about suicide in the past year

9% of students engaged in self-injurious behavior in the past 12 months

19% of students either planned or attempted suicide in their lifetime

Source: ACHA-NCHA Fall 2020 Survey

Mental Health Emergencies in the College Population



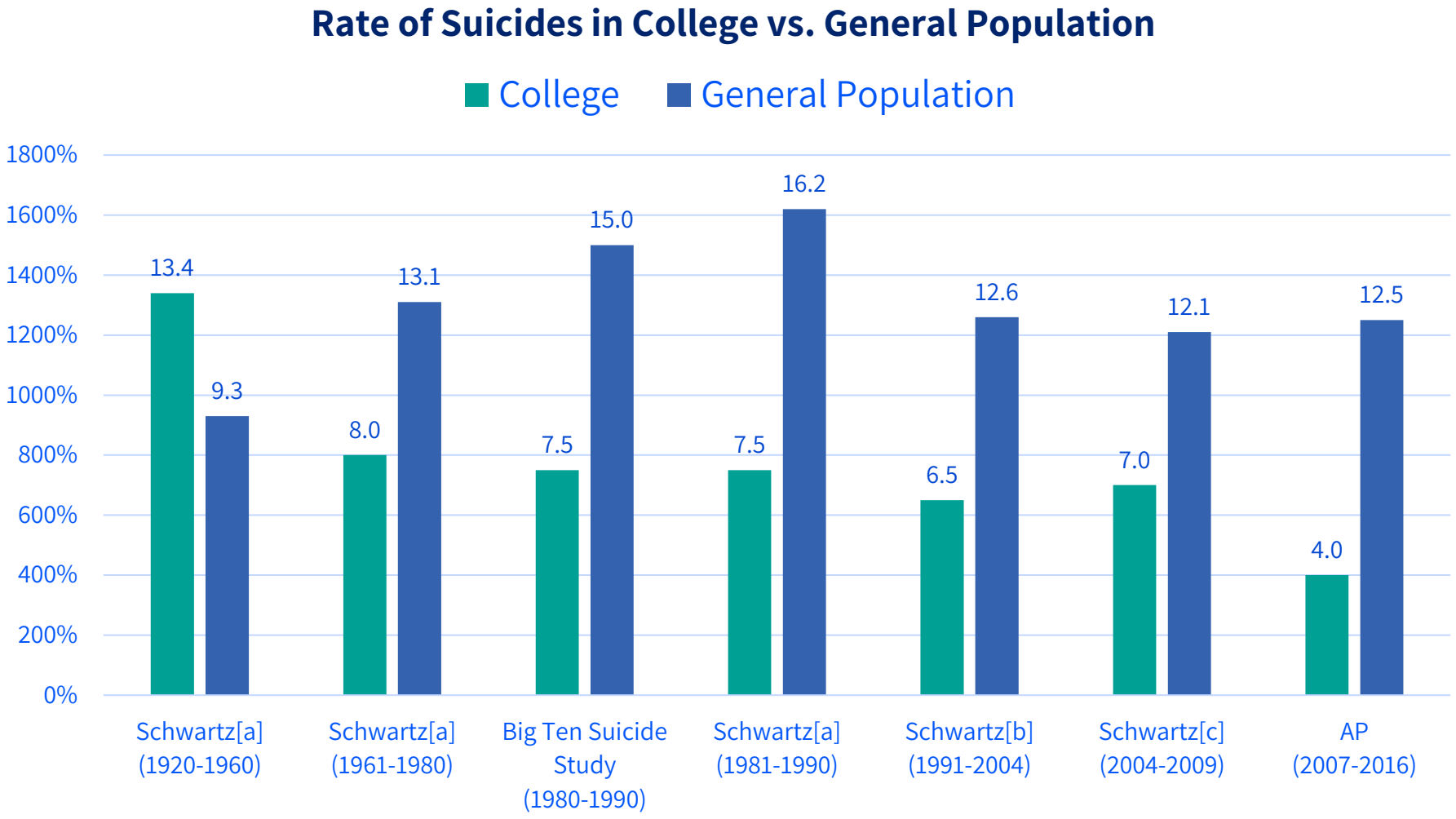
On average, counseling center directors report that 15 students/year were sent to the hospital by counseling center staff for psychological reasons.



In 2017, 1% of college aged students received psychiatric services from the emergency room--up from 0.3% in 2007.

Source: AUCCD Counseling Center Directors Annual Survey Public Version 2018

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

Non-Suicidal Self-Injury

"Deliberate, self-inflicted damage of body tissues without suicidal intent and for purposes not socially or culturally sanctioned"

- International Society for the Study of Self-Injury

	NSSI	Suicide
Stated Intent	To feel better	To cease feeling/life completely
Intensity of Methods	Inflict damage on the surface of body	Lethal
Incidence	Used intermittently to relieve feelings of distress	Frequent
Danger/Lethality	Methods utilized are designed to inflict significant damage, often enough to require treatment; however, unintentional death is uncommon	Lethal
Psychological Pain	Lower emotional distress	Higher emotional distress

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Recognizing and Understanding Suicidal Ideation

- Red Flags and Warning Signs
- Asking the “Suicide Question”
- Risk and Protective Factors for Suicide

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Preventing Suicide



Recognize the Warning Signs



Assess Risk and Protective Factors



Make an Appropriate Referral

Recognizing the Warning Signs



Warning Signs



Verbal

- Can be direct or indirect statements
- Expressions of hopelessness or worthlessness
- Statements about being a burden to others
- Seeing no options available to them
- Feeling trapped
- Preoccupation with death or dying
- Apathy toward life or seeing no reason to live
- Direct mentions of wanting to die or kill self

Warning Signs



Behavior

- Withdrawing or isolating from others
- Making a will or giving away possessions
- Researching or practicing methods
- Reckless or risky behavior
- Lethal self-harm

Warning Signs



Mood

- Depression
- Anxiety
- Loss of interest
- Aggression/Irritability
- Humiliation/Shame
- Relief or sudden improvement


The first step to
assessing suicide risk is
to talk about it.

Asking about suicide

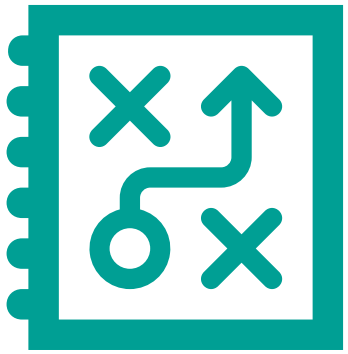
"Are you having thoughts of suicide?"

"Sometimes when people are feeling the way you do, they consider killing themselves. Have you considered this?"

"Are you feeling so _____ that you have considered ending your life or hurting yourself in some way?"

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If Yes…Further Assessment



PLAN



INTENT



ACCESS TO MEANS

Assess Suicide Risk



Risk Factors

Protective Factors

Protective Factors

Personal Characteristics

- Resiliency
- Coping skills
- Desire to live/sense of purpose
- Positive self image
- Hopefulness
- Values or beliefs that prohibit suicide

Support & Resources

- Access to mental health treatment
- Engagement in treatment
- Seeks support
- Strong peer or familial support
- Connected to community

External Factors

- Environment
- Restricted access to means

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Risk Factors

Demographics

- Between 16-24 years of age
- Over 65 and male
- LGBTQIAA+
- Chronic physical illness or disability
- Veteran
- First Responder

Stressful Events

- Loss of job, status, or relationship
- Loss of a loved one
- Anniversary date of difficult event
- Recent suicide in community
- Bullying or trauma

History

- Diagnosed with mental illness
- Prior suicide attempt
- History of reckless or impulsive behavior
- History of substance abuse/misuse

Current Behaviors

- Impulsive, risky behavior
- Current difficulty with mood/mental health
- Current substance abuse/misuse
- Practicing or researching methods
- Access to lethal means

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Video Demonstration

Suicidal Ideation: Faculty Intervention



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Assessing Suicidal Ideation

- Non-Clinical Assessment of Suicide

Non-Clinical Assessment of Suicide Tool

QPR INSTITUTE

JED

asQ Ask Suicide-Screening Questions

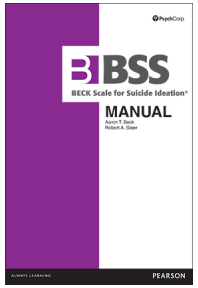
SPRC Suicide Prevention Resource Center

safeTALK

Suicide prevention & gatekeeping programs

Non-clinical screening, assessment, and/or triage





Clinical assessment for inpatient admission

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Non-Clinical Assessment of Suicide

- The Non-Clinical Assessment of Suicide Tool (NAS) is an expert system designed to assist non-clinical professionals in triaging an individual's risk related to suicide.
- The determined level of risk assists the non-clinical staff member in connecting the individual to the appropriate level of care in a timely and safe manner.
- NAS Risk Levels and Interventions:
  - Low – Risk for suicide is low and individual could benefit from connection to counseling
  - Medium – Risk for suicide is present, but not imminent. Connection should be made to counseling as soon as possible and case management work should bridge the connection to care.
  - High – Risk for suicide is imminent. Individual should be immediately connected to mental health or other professional qualified to assess for level of care and potential behavioral health hospitalization.

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Verbal or Written Threat

Assess for the presence of direct and/or indirect suicidal ideation.

- Individuals with the presence of direct and/or indirect suicidal ideation are at least a Medium risk, unless the indirect thoughts of suicide are accompanied by minimal stressors, hope for the future, and substantial protective factors.
- The presence of direct and/or indirect suicidal ideation is High when there are multiple stressors, and/or the presence of a plan, means, and/or intent.

Have they made a direct threat of suicide such as: • "I am going to kill myself" • "I'm going to end it all" Yes ◯ No	Have they made an indirect threat of suicide such as: • "I don't want to be here anymore" • "It would just be easier if I weren't here" • "The world would be better off without me" • "I wish someone would just kill me" Yes ◯ No

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Suicidal, Plans, Means, And Intent

Has the individual thought about ways they might die by suicide? Yes No	Does the individual have a concrete plan about how they plan to die by suicide? Yes No	Does the individual have access to lethal means associated with how they have thought about dying by suicide? Yes No
Does the individual have easy access to a firearm? Yes No	Does the individual have access to a collection of pills or other lethal drugs or substances? Yes No	Does the individual have access to other lethal means? (poison, chemicals, rope, etc.)? Yes No
Has the individual researched ways to die or engaged in rehearsal behaviors? Yes No	Has the individual engaged in last act behaviors such as leaving a note, giving away possessions, etc.? Yes No	Does the individual seem determined to die by suicide? Yes No

Assess whether the individual has thought of or researched a plan for suicide, if they have access to means to carry out a suicide attempt, and whether they intend to engage in a suicide attempt. Individuals who have plans, means associated with that plan, and/or intent are High considered High risk.

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Stressful Events

Have they experienced any of the following in recent days or weeks? (Check all that apply)

☐ Loss of job	☐ Loss of academic status or major	☐ Loss of intimate relationship that is important to the individual
☐ Death of a close friend or family member	☐ Terminal illness or chronic illness worsening	☐ Close proximity to an anniversary date of significant loss such as death of a loved one, loss of a relationship, etc.
☐ Recent suicide in the community, school, work, media, etc.	☐ Ongoing teasing or bullying	☐ Major trauma of any kind

Assess the presence of stressful or precipitating events. Stressful events are considered in the context of:

- Direct/indirect suicidal ideation
- Plans, means, and intent
- Current behaviors
- Protective factors

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Behavioral and Mental Health History

The presence of a significant mental health diagnosis, a prior suicide attempt, and/or a history of alcohol abuse or use of other drugs that would lower inhibition increases risk for suicide.

To your knowledge, have they been diagnosed with depression, anxiety, psychosis, mania, or other significant mental illness? Yes ◯ No	Has the individual attempted suicide in the past? Yes ◯ No	Does the individual have a history with alcohol abuse or use of other drugs? Yes ◯ No

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Current Behavior and Risk Factors

Have they experienced any of the following in recent days or weeks? (Check all that apply)

☐ Significant increase/decrease in appetite	☐ Significant sleep disturbances	☐ Poor concentration	☐ Lack of an emotional response
☐ Intense crying or experiencing of intense emotions	☐ Impulsivity, low frustration tolerance, or seeming "on-edge"	☐ Sudden changes in work or academic performance	☐ Increase in isolation or distancing from support systems
☐ Sudden improvement in depression or other negative outlook without apparent reason	☐ Frequent or significant alcohol or substance abuse	☐ Lack of interest in things previously enjoyed	☐ Hopelessness or despair about the future

Behavioral risk factors help assess an individual's current functioning, mood, and their outlook for the future. The presence of hopelessness or despair about the future increases risk as does the presence of one or more other behavioral risk factors.

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Access to Treatment and Resources

While not directly factored into the level of risk, the individual's connection to support resources as well as use of medication should be considered when developing interventions and action plans.

Is the individual working with a licensed mental health professional? Yes ◯ No	Is the individual taking medication as prescribed? Yes ◯ No

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Supportive and Protective Influences

Assess for the presence of supportive influences that help protect an individual from engaging in a suicide attempt. An individual that has strong social supports or other inhibitors, as well as the ability see options for the future an engage in discussions related to using coping skills and other strategies for keeping themselves safe, presents a lower risk for suicide.

Does the individual have friends or supportive people in their lives? Yes ◯ No	If they spoke of previous suicidal thoughts, where there specific supports that kept them from engaging in a suicide attempt at that time? Yes ◯ No	Are there things that would prevent the individual from engaging in a suicide attempt now? (e.g., pets, religious beliefs, loved ones, children, etc.) Yes ◯ No
Does the individual have the ability to see alternative options and choices for the future? Yes ◯ No	Does the individual have coping and resiliency skills that they are willing to use to keep themselves safe? Yes ◯ No	Is the individual willing to engage in planning for safety? Yes ◯ No

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NAS Score: Making the Appropriate Referral

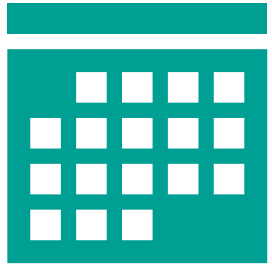
Timing



Immediate



Next Day or ASAP



Standard Scheduling

NAS Score: High

- An individual at High Risk poses imminent concern for suicide. Immediate connection to an individual qualified in your state (licensed mental health professional, on-call counselor, mobile crisis unit, law enforcement, medical professional, etc.) to perform an evaluation for level of care and behavioral health hospitalization should be made.

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NAS Score: High

If they are with you…

- Speak with them about your concern for safety and explain that you need to consult with an expert.
- Reduce fear/distress related to referral by destigmatizing treatment and emphasizing support.
- Offer to walk them to the counselor or to stay in the room when the assessor comes to your office.

If they are NOT with you…

- Immediately call for a welfare check and assist in coordinating the check and locating the individual.
- Provide information related to your concerns and the information that contributed to the high-risk assessment.

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NAS Score: High

If the individual is hospitalized…

- Offer to assist the student in addressing challenges or concerns (communicating to faculty, securing their apartment/vehicle if left unlocked or parked illegally, care for pets, communicating to roommate, family, etc.).
- Attempt to secure a release between the mental health professional hospitalizing the student and yourself, especially if that individual will be involved in the individual's care post-discharge.
- Communicate with the receiving hospital about the incoming student, your concerns, and how you can be of assistance in the discharge and after care planning.
- Request that the hospital talk to the student about signing a release for the hospital to speak with you.

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NAS Score: Medium

- An individual at Medium Risk presents concerns related to suicide, but the risk is not imminent. Connection should be made to counseling as soon as possible and case management work should bridge the connection to care.

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NAS Score: Medium

- Assist the student in scheduling the first available appointment with a licensed mental health professional.
- Attempt to secure a release of information with the mental health professional.
- Bridge care for the student while they are waiting to have their counseling appointment by scheduling a next day appointment as well as subsequent appointments with you, a case manager, or other member of the BIT.
- Work with student to address any exacerbating stressors or challenges.
- Develop a safety plan to assist the student in staying safe between now and the next appointment.
  - Tangible steps for reducing frequency and intensity of suicidal ideation.
  - Coping skills, distress tolerance techniques, self-soothing skills, distraction
  - Means restriction
  - Support resources – friends, family, crisis lines, etc.

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NAS Score: Low

- An individual at Low Risk presents mild to no risk for suicide but could benefit from connection to counselor or other support resources.
- Assist the student in scheduling an appointment with a licensed mental health professional using the mental health professional's routine scheduling practices.
- Bridge care for the student while they are waiting to have their counseling appointment by scheduling a next-day appointment as well as subsequent appointments with you, a case manager, or other member of the BIT.
- If there are concerns related to suicide or safety, engage in safety planning with the student.
- Work with the student to address any stressors or challenges such as academic issues, financial challenges, interpersonal difficulties, etc.

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Video Demonstration

Suicidal Ideation: Non-Clinical Assessment



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Responses to NSSI and Suicidal Ideation

- Connecting Individual to Appropriate Level of Care
- Behavioral Health Hospitalizations
- Strategies for Reducing Risk and Increasing Protective Factors

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NSSI and Suicidal Ideation Levels of Care

- Online support/paraprofessional (RA)/friend
- Non-clinical professional staff or case manager
- Outpatient treatment w/licensed mental health professional:
  - Weekly or bi-weekly
  - Psychological Testing
  - Medication Referrals
- Intensive Outpatient/Partial Hospitalization
- Inpatient Unit

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Imminent Risk
NAS Score = High

Non-Imminent Risk
NAS Score = Low or Medium



Hospitalization

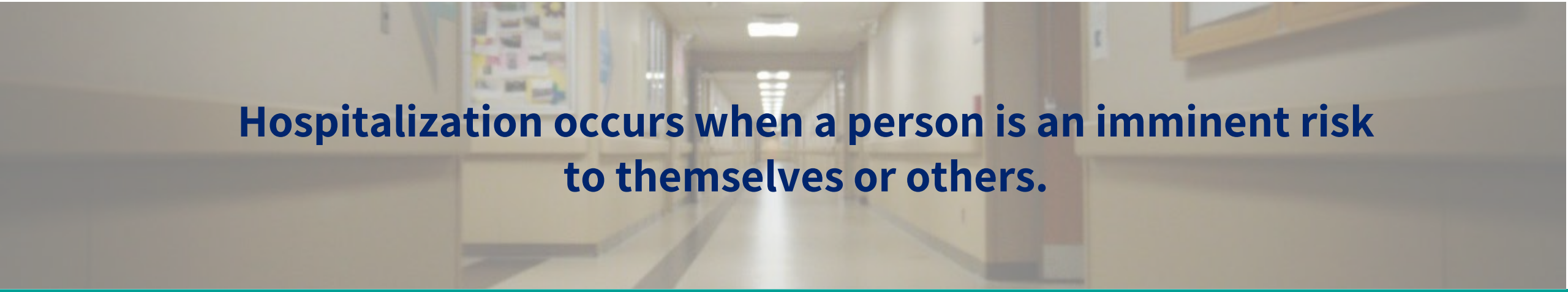


Outpatient Support:

- Safety Planning
- Counseling
- Referrals for Medication
- Case Management

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Hospitalization



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.

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Hospitalization: Bridging Support

Entering Hospital

- Discuss with the student importance of signing release with hospital
- Communicate to hospital about incoming student
- Address logistical concerns w/student:
  - Classes
  - Parking
  - Housing/Pets/Childcare
  - Family/Roommate/Friends

Exiting Hospital

- Coordinate w/hospital regarding discharge plan
- Assist student in connecting w/mental health resources
- Work on safety plan
- Deliver case management supports to increase protective factors and reduce risk factors

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Outpatient Support: Referrals for Resources and Treatment



Mental Health
Licensed, clincal counseling treatment

Social Services
Housing, food, legal resources

Academic
Tutoring, academic advising, writing center

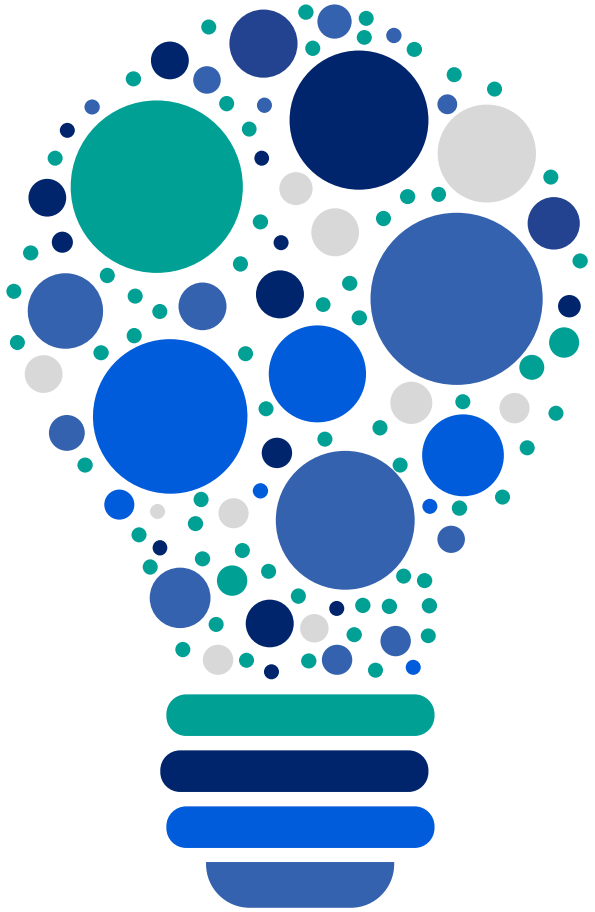
Medical/Psychiatric
Physical exams, medical treatment, psychiatric medication

Disability Support
Disability screening and accommodations

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Outpatient Support: Ideas for Finding Referrals

- On-Campus Resources
- County Health Department
- Findhelp.org



- Psychologytoday.com
- 211.org
- A good Google Search

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Outpatient Support: Making a Warm Hand-Off



Outpatient Support: Components of a Good Referral

Discuss the referral	Explain how the referral will help the student and what they can expect from the referral source.
Assist in securing an appointment	Help secure the appointment by scheduling it with the student in your office, walking them to the resource, or asking that they connect with the resource and update you in your next appointment.
Obtain an ROI if necessary	Secure the release (when needed) at the time of referral so that you are able to communicate with the referral source and/or receive updates.
Provide a Memo of Referral	It can be helpful to let the referral source know why you've referred the student and how you're hoping they can help.
Follow-up with the Student	Have at least 1 appointment (more if needed) with the student after you make the referral to confirm the connection to the resource was successful.

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Outpatient Support: Barriers to Resource Connection



Financial

- Emergency Funds
- Awareness of low-cost or free resources
- MOU w/providers for low-cost or free services



Transportation

- Emergency Funds
- Taxi vouchers
- City bus information
- Campus shuttle for common community resources

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Video Demonstration

Suicidal Ideation: Referral to Counseling



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Outpatient Support: Safety Planning

- **Say NO to "no-suicide/no self-harm" contracts**
  - No evidence for effectiveness
  - Leads to feelings of mistrust
  - Provides no legal protection if individual does complete suicide
  - If student attempts suicide, then what? Would they feel safe to share that after signing the contract?

- **Choose Safety Planning**
  - Collaborative with student
  - Action-based
  - Internal coping strategies
  - Personality strengths
  - Help-seeking behaviors
  - Social contacts for assistance (parents, close friends)
  - Professional and agency contacts
  - Means restriction

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Increasing Connections

Social Support

- Friends – names, phone #
- Family – names, phone #
- Online networks – who?
- Plan for contacting – in what order, what will you share, what if they don’t answer or aren’t available?

Professional Agencies

- On-call counselor
- Suicide Hotlines: 211, National Suicide Prevention Line

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Safety Plan

Name:
Date:

Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing for me:
1. _____
2. _____
3. _____

Internal coping strategies: things that I can do on my own to manage my stress (i.e. meditation, breathing exercise, physical activity):
1. _____
2. _____
3. _____

Personality Strengths: Positive aspect of myself that help me overcome challenges:
1. _____
2. _____
3. _____

Family members or friends that I can contact if I am feeling overwhelmed
1. _____
2. _____
3. _____

Professionals / Agencies I can contact if I am in crisis:
1. _____
2. _____
3. _____

Things I can do to make my environment safe:
1. _____
2. _____
3. _____

**Once complete, case manager and student are both given a copy of the Safety Plan.*

Case Study Application

Case Study #1: Tonya

- Tonya is a 21-year-old student, referred to case management by her academic advisor who noted that she seemed despondent during their advising appointment.
- Tonya spoke with the case manager about her academic struggles – she is a senior, majoring in education. She hasn't been doing well in her student teaching placement and is worried she won't pass.
- Tonya explains that she has generalized anxiety disorder as well as acute anxiety disorder, resulting in panic attacks. She knows her degree is "riding on student teaching" and she has felt an increased pressure to do well. Tonya believes this pressure has contributed to an increase in panic attacks, causing her to be late to student teaching more often than what is permitted in order to pass.

Case Study #1 Continued: Tonya

- Tonya isn't sure what to do about her panic attacks or her student teaching and expressed feeling out of options. Tonya has dedicated her life to wanting to be a teacher and stated, "I'd rather be dead than not be a teacher." When prompted to elaborate on what she meant by "be dead," Tonya explained that she can't picture her life as anything but being a teacher. She stated that she would never hurt or kill herself as she has too many people in her life that care about her, and she knows there must be another career for her if she fails student teaching, she just can't imagine it right now. If she found out she couldn't pass student teaching, Tonya explained she would feel like the universe should just "kill her now." Tonya has never had a prior suicide attempt. She explained that she has not thought about ways to kill herself, just that it is hard to imagine life without teaching.

Case Study #1 Continued: Tonya

- Tonya reports feeling close to her family and has a good group of friends. She has talked to them about what is going on for her and they have suggested she try talking to a counselor and restarting her medication, something she is open to doing.
- Tonya talked with the case manager about ways she is works through her panic attacks including calling her mom, using deep breathing, and just distracting herself. Tonya agreed that these strategies would be useful if her thoughts of wanting to die increased and she felt unsafe. Tonya was willing to discuss options for support and connect with a counselor and psychiatrist.

Case Study #1: Discussion Questions

- **What risk factors are present for Tonya?**
- **What protective factors are present for Tonya?**
- **PRACTICE**
  - Use the NAS to Score Tonya
  - What level of referral is appropriate based on her level of risk?
  - What interventions or strategies might be helpful to use with Tonya?

Case Study #2: Jordan

- Jordan is 32-year-old part-time student. Jordan has 3 kids (14, 9, and 5) with her husband. Jordan explained that she has recently left her husband, as he has been abusive to her for years, but most recently to her oldest son, thus prompting her to leave. Jordan has not had a job and has no stable source of income to afford an apartment. As such, she has been living with her kids in their van and sometimes in the homeless shelter.
- Jordan has never filed a police report regarding the abuse and has no medical records to support her report of the physical injuries. The husband is contesting the divorce and that Jordan has left with the children. He has a stable source of income, and the house is in his name, so he has filed a petition for full custody citing that Jordan has untreated mental health issues, no income, and no stable housing for the kids. The court has granted temporary custody to the father in light of the lack of stable housing.

Case Study #2 Continued: Jordan

- Jordan came to the case manager's office for help as she isn't sure what to do. Her main concern is being able to have custody of her kids. She is incredibly scared that her husband will win full custody. Jordan also discussed feeling an immense sense of guilt for "not doing something about the abuse sooner" and "letting it happen" to her son too.
- Jordan is scared and feels out of options. She hasn't worked since her part-time jobs in high school, as her husband always had a very stable job and she stayed home with the kids. Jordan is not sure what type of job she will be able to get and if it will be enough to cover rent and everything else she would need to support the kids. Her husband was paying for school, and she isn't sure how can she afford that on top of other bills. Additionally, she isn't sure that she will have time to continue in school with working full-time.

Case Study #2 Continued: Jordan

- When prompted by the case manager, Jordan disclosed that she has been thinking of killing herself – but only if her husband gets full custody. Jordan explains that her children mean everything to her, and as long as she has them, she has a reason to live. If her husband keeps custody, Jordan explained that she would kill herself by taking all of her Xanax and drinking a bottle of vodka.
- Jordan has been feeling overwhelmed and lost. She hasn't been able to go to class in over 2 weeks given everything. She feels like a failure as she will likely have to withdraw from the semester, and possibly school altogether.
- Jordan currently has nowhere to live, no income, and no stable access to food. Jordan reports that she has lost contact with most of her friends and family as her husband didn't like her talking to many people besides him.

Case Study #2 Continued: Jordan

- Jordan worked with the case manager to identify housing and food resources. Jordan also connected with an advisor in Career Services for assistance with employment.
- Jordan is open to attending counseling but is hesitant that she doesn't have the time. Jordan could not commit to disposing of her Xanax as she needs it to treat her panic attacks. She did agree to contact the psychiatrist to reduce to only have 1 week of pills in her possession at a time.

Case Study #2: Discussion Questions

- **What risk factors are present for Jordan?**
- **What protective factors are present for Jordan?**
- **PRACTICE**
  - Use the NAS to Score Jordan
  - What level of referral is appropriate based on his level of risk?
  - What interventions or strategies might be helpful to use with Jordan?