

Suicide Prevention & Postvention

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Suicide Prevention

Keys to Prevention Skills & education Identifying & assisting Effective care & treatment resources Resource linking Increase help-seeking behavior

Jamie's Law—W.Va. Code 18B-1B-7

To expand the number of people who are trained in suicide prevention to maximize the possibility that at-risk children and adults can be saved. School personnel from middle school through college will not only be trained but will also provide children and young adults with suicide prevention information, facilitate discussion about preventing suicide, and make mental health resources available. Licensed medical professionals will be required to obtain education in suicide prevention as part of their licensing process.

WVU-PD-7: Threat Assessment, Behavioral Intervention and Suicide Prevention: Police and West Virginia University

Section 3: Suicide Prevention and Critical Response

3.1 General: In order to further the goals of W.Va Code §18B-1B-7 (Jamie's Law) and the Resolution to Approve the Development and Implementation of a Plan to Advise Students, Staff, and Incoming Students on Suicide Prevention Programs and Resources Available On and Off Campues, which was adopted on June 5, 2015, the University shall continue to take steps to monitor and provide resources to the University community regarding suicide and other issues requiring critical response that race the University community, This includes programming, outreach, and a protocol to handle such situations.

3.2 Programming: At least once annually, members of Student Life, Talent & Culture, the Provost's Office, the Faculty Staff Assistance Program, Carruth Center for Psychological and Psychiatric Counseling, and WVU Medicine will meet and review programming and, at a minimum, develop a programming schedule to address the various members of the University community, as well as meet the requirements of W.Va Code §18B-1B-7 (Jamie's Law) . This group will be chaired by the Dean of Students or designee.

<u>3.3 Outreach:</u> At least once annually, the Division of Student Life and Talent & Culture will communicate to students (including incoming students), faculty, and staff about the available suicide prevention programs on and off campus. Additionally, websites devoted to suicide prevention shall be monitored and updated regularly, including:

- 3.3.1: Carruth Center for Counseling and Psychological Services, carruth.wvu.edu.
- 3.3.2: WVU Faculty and Staff Assistance Programs, hsc.wvu.edu/fsap/home.

WVU-PD-7: Threat Assessment, Behavioral Intervention and Suicide Prevention: Police and West Virginia University, *cont.*

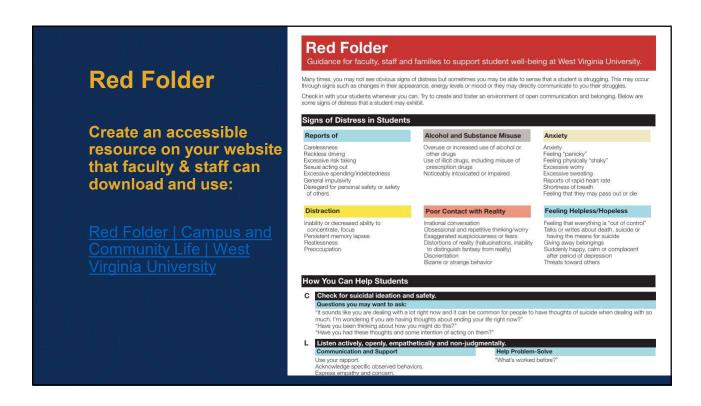
3.4: Protocol:

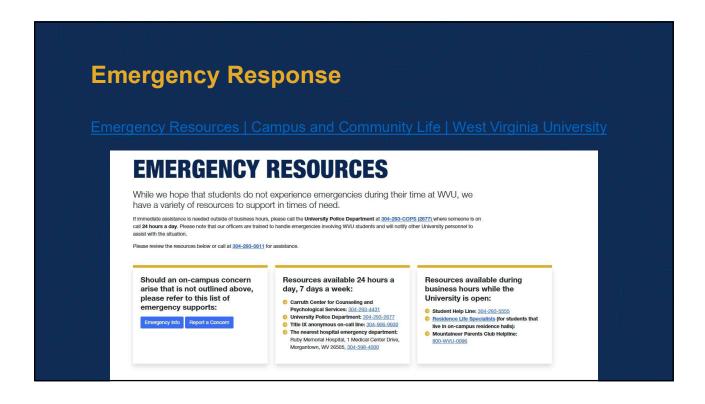
- 3.4.1: The University shall develop a crisis response protocol for suicidal members of the University community.
- 3.4.2: The Division of Student Life and Talent & Culture will communicate to Campus Security
 Authorities and Responsible Employees a protocol to initiate should an individual face a potential crisis
 before the Fall and Spring semesters.

3.5: Training:

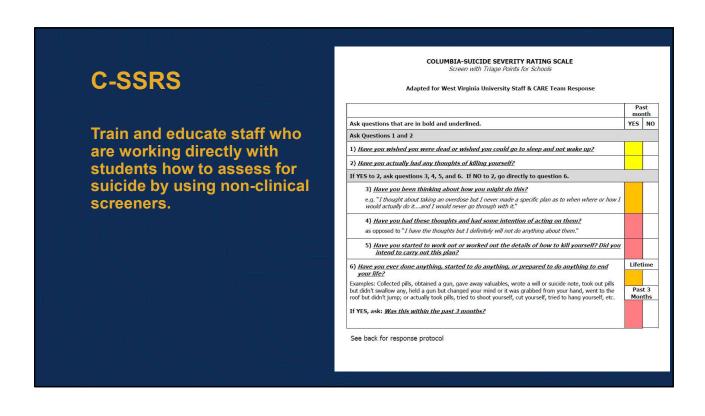
- 3.5.1: Those individuals who are likely to be in contact with students, faculty, or staff requiring immediate assistance through a critical response or suicide prevention protocol shall be trained regularly, including faculty and unique customer service positions.
- 3.5.2: Training documentation should be kept with other student, faculty, or staff training records.

Collaboration Across Campus Buy in from faculty and staff: • Teach the importance of coordination of efforts • Educate faculty on student mental health trends and data Relationship with campus police & administrators



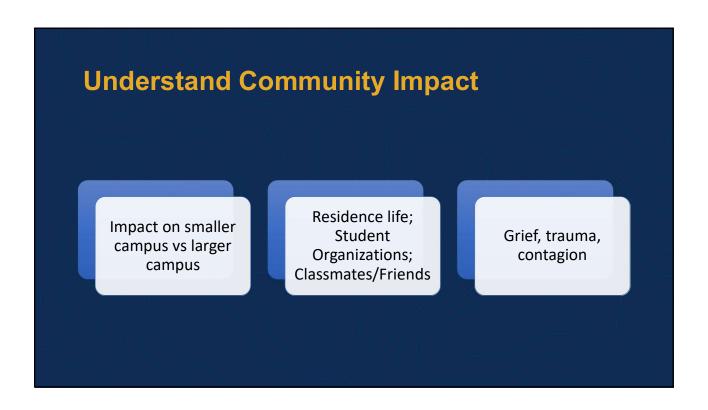








Postvention Team Meeting Checklist	Details	
Review & ensure all "Immediate Steps Upon Notification" were completed	Circumstances of death Communication with Carruth for immediate support Contact with the family Schedule postvention Meeting Internal staff notifications	
Identify students impacted	Reach out for support Explore need for re-locating housing for roommates impacted Meetings to be scheduled (residence hall, classroom, student org, etc.)	
Schedule Carruth meetings with students impacted	Work with necessary units (Residence Life, Student Organizations, Dean of College) to schedule group meeting for Students with Carruth Center staff	
Identify faculty/staff impacted	Referrals to FSAP Are there faculty/staff that can offer assistance or be a link to specific students who have been impacted	
Determine announcement necessity	Work with University Relations (announcement may be an email to faculty, student group, class, organization etc.)	
Documentation for CARE Team	Utilize Advocate to document students who may have been directly impacted and would be in needed of on-going support services/tracking	
Family Support	Determine family's needs and aid with any travel arrangements Work with religious or spiritual leaders if appropriate	
Schedule follow up Postvention Meeting	One month later to debrief on efforts and support needs	



Contagion and Cluster

Contagion: process where one suicide increases the likelihood others will attempt or die by suicide

Cluster: number of connected suicides occur following an initial death

Contagion

Material below are derived from the Suicide Prevention Resource Center PDF "Safe and Effective Messaging for Suicide Prevention"

Don't glorify or romanticize suicide.

 Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.

Don't normalize suicide by presenting it as a common event.

Although significant numbers of people attempt suicide, it is important to make suicide not seem
common or normal. Most individuals, and most youth, who seriously consider suicide or do not overtly
act on those thoughts but instead find more constructive ways to resolve them. Presenting suicide as
common may unintentionally remove a protective bias against suicide in a community.

Don't present suicide as an inexplicable act or explain it because of stress only.

Presenting suicide as the inexplicable act or an otherwise healthy or high-achieving person may
encourage identification with the victim. Additionally, it misses the opportunity to inform a community
of both the complexity and preventability of suicide. The same applies to any explanation of suicide as
the understandable response to an individual's stressful situation or to an individual's membership in a
group encountering discrimination. Oversimplification of suicide in any of these ways can mislead
people to believe that it is a normal response to fairly common life circumstances.

Don't focus on personal details of people who have died by suicide.

Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.

Contagion, cont.

Material below are derived from the Suicide Prevention Resource Center PDF "Safe and Effective Messaging for Suicide Prevention"

Don't present detailed descriptions of suicide victims or methods of suicide.

• Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.

Do emphasize help-seeking and hope and provide information on support resources.

When recommending mental health treatment, provide concrete steps for finding help, including
information for the Counseling Center (24/7 availability) and other confidential resources, Inform people
that help is also available through the National Suicide Prevention Lifeline (1-800-273-TALK/8255).

Do acknowledge that the community has experienced a significant loss and that this has a profound impact on many students, staff, and faculty at the University.

- Acknowledge that many community members may have a wide range of reactions, including sadness, fear, denial, numbness, shame, guilty, anger, blame, resentment, and other feelings.
- Acknowledge that people process feelings in a wide variety of ways, including talking with family, friends and counselors; processing privately and alone; or by other means such as writing.
- Reinforce the immediate and ongoing support options available to help community members process any feeling that has come up. Emphasize that the University's goal is to support all of its members at this difficult time.

Campus Communication: Determine a policy on what your campus will do.

Will a mass message be sent out?

Large campus vs. small

Community notifications should generally include:

- · Condolences to family and friends
- · Plans to provide support to those impacted while not pathologizing grief, anger, and other reactions
- Any changes in school or work schedule during the upcoming days\

Balance students' desire for information with family's wishes around privacy.

Only offer confirmation of a completed suicide in specific circumstances:

- If the family approves, and;
- The Postvention Team decides that it would be inappropriate or disingenuous to leave out this information (this may apply if the suicide was very public or If factual information about the suicide is already widely known in the community).

The message should include mention of plans for related meetings, Counseling Center walk-in and emergency hours, and information about whether the family plans to hold a memorial service or remembrance gathering open to the community. If such an event has not yet been planned, the email will explain that the community will be notified if and when the family wishes.

Communication to Faculty

Notify faculty of the student's death.

Have a simple email drafted within your postvention plan.

Example Email:

Dear [unit/group],

The Office of Campus and Community Life has been notified of the death of a student. [Student name] — a [#] year-old [major] student, from [hometown] — died [date], at [location]. [Student's] [relationship] [name of emergency contact] may be reached at [phone number] and their address is [address]. The [school/college] administration has been notified, and I have spoken with [emergency contact] on behalf of Campus Life. Information regarding services [may be found here/are not available at this time].

During this time of great loss, we are reminded of the importance of community. Losing a fellow student and member of our community can be very difficult. University personnel are working closely with the students and staff most affected by this tragic news and will continue to provide them support. If a student needs support, I encourage you to help them contact the Carruth Center — 304-293-4431. 24/7 (Confidential Resource) — for any emotional or academic assistance they may need.

If any students contact you or your colleagues regarding this death, please do the following: Refer them to use the student resources through the WVU Carruth Center:

- Students can call 304-293-4431 and ask to speak to a counselor immediately through the Carruth Crisis Clinic, which is available for students Monday through Riday from 8:30AM to 5:00PM.
- They also have an after-hours counselor available by phone, 304-293-4431 (24/7).
- The Crisis Text line is also available where students can text "WVU" to 741741.

Please complete a CARE Report on students you have spoken with or students that had reached out to you that have been impacted by this death; https://careteam.wvu.edu/.

Supporting Students Impacted

1

Help from the counseling center staff to talk to students in the classroom, residence halls, groups, etc. 2

CARE Referral—help with outreach to professors.

3

Don't let classroom conversations become group therapy:

- Discuss how to refer
- If students want more group support, offer a day/time so that they can opt in vs. having to be present due to being in class.

How to Support Students

- Clinicians should introduce themselves to students, explain the purpose of the meeting, and provide structure and a plan for the meeting. When possible, it can be especially helpful for a residence life/SL staff member or a faculty member who is known to the students to participate.
- Acknowledge that the student died by suicide if the family agrees and this is already understood in the
 campus community. This helps to manage rumors and allows attendees to have the same context. Do
 not discuss specific details of the death unless it was very public and is well-known to those in the
 group. Utilize appropriate terms such as "died by suicide," "took his/her/their own life" vs.
 "committed."
- When the family does not want to disclose the suicide, facilitating clinicians may want to generally discuss the topic of suicide, as this may already be a topic in speculation.
- Discuss the grieving process or post-crisis response. Emphasize the need for self-care and that there is no "right" way of grieving or reacting.
- Group attendees can share stories, thoughts and/or memories about the deceased. Be mindful of group participants who many have witnessed the death or found the deceased and discourage them from sharing graphic details with the group. If necessary, meet with these students separately.

How to Support Students, cont.

- Process feelings regarding the death. Pay particular attention to students emphasizing feelings of guilt, anger, abandonment and questions of "why?" or "what if?"
- Reinforce the concept of community caring, how students can be supportive of their peers, and which
 offices and staff members are available for support.
- Be vigilant regarding students in attendance who may be under the influence of alcohol or drugs as a
 coping strategy. This person may hinder the group's process, and it is advised to ask that person to
 meet privately to check in about how they are doing. Actively discourage substance use as a coping
 method to the group.
- Facilitating clinicians should provide their contact information should anyone in the group wish to follow up later for support or referral to resources.
- · Actively follow up on students who appeared distressed or who stayed after the meeting.

Supporting the Family

Posthumous Degree

Getting student's belongings

Housing

Bell-ringing