Food Systems Leadership Institute Presentation on Suicide Prevention

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OFFICE OF STUDENT LIFE

The Ohio State University Suicide Prevention Program

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AGENDA

1. OSU Suicide Prevention Program
2. Understanding Suicide, Risk Factors, Protective Factors, & Warning Signs
3. Overview of Ohio State Mental Health Resources
4. Discussion Questions
5. Q&A

OSU Suicide Prevention Program

- Established in 2006.
- Ongoing support from Student Life, the College of Education and Human Ecology, the Graduate School, Military and Veterans Services, and the Ohio Suicide Prevention Foundation.
- The largest campus suicide prevention program in the nation.
- 11 staff members.
- Collaborate with 200+ on and off campus partners.
- Use evidence-based practices and standards.
- Conduct research on effectiveness of our work and programs.
- State/national/international policy, programming, and collaboration.

Principles

1. Suicide is preventable.

2. Anyone can learn how to help someone who is at risk for suicide.

3. Suicide prevention is a shared campus responsibility.

4. Reducing stigma is an essential component to lowering suicide risk and promoting a campus culture that encourages mental health help-seeking.

5. Suicide prevention and mental health are critical components of student academic and overall success.

6. Suicide prevention involves focused and strategic education, advocacy, and outreach.

7. Suicide prevention efforts must be clearly and intentionally grounded in culturally appropriate messaging and programming that celebrates and enriches the diversity of the campus community.

8. Active, engaged, and diverse campus partners and a high level of student leadership and involvement are essential to program success.

9. Suicide prevention programming should use and contribute to a comprehensive model grounded in empirical research and evidence-based best practices for public health promotion.

Understanding Suicide

- Suicide is the 11th leading cause of death in the U.S.
- Second leading cause of death for ages 15-24.
- On average, 132 suicides per day.
- The age-adjusted suicide rate was 14.04 per 100,000 individuals.
- Men died by suicide 3.90x more than women.
- White males accounted for 69.68% of suicide deaths.
- Firearms accounted for 54.64% of all suicide deaths.
- 94% of adults surveyed in the U.S. think suicide can be prevented.

Source: Data & Statistics Fatal Injury Report, Centers for Disease Control and Prevention (CDC), 2021

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Understanding Suicide

- 10% of Americans have thought about suicide
- 54% of Americans have been affected by suicide in some way
- 90% of those who died by suicide had a diagnosable mental health condition at the time of their death
- Men die by suicide 3.9x more often than females
- Females are 1.8x more likely to attempt

Source: Data & Statistics Fatal Injury Report, Centers for Disease Control and Prevention (CDC), 2021

Understanding Suicide

- Suicide is complex.
- The numbers are higher than reported.
- Predominately a white male phenomenon.
- Certain groups are at higher risk
- Males
- LGBTQ+I individuals
- International students
- Minority students
- Individuals with disabilities
- Survivors: those left behind
- Veterans

Understanding Suicide

- Risk factors (health, environmental, historical) – heightened/increased risk.

- Protective factors - can help reduce risk.

- Warning signs - warrants immediate help!

Risk Factors: Health

- Mental health conditions
- **Depression**
- **Anxiety disorders**
- **Substance use problems**
- Bipolar disorder
- Schizophrenia
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Self-injurious behaviors
- Serious or chronic physical health conditions including pain.
- Traumatic brain injury.
- Impulsive or aggressive tendencies.

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Risk Factors: Environmental

- Access to lethal means including firearms and drugs.
- Prolonged stress, such as harassment, bullying.
- Relationship problems.
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss.
- Contagion or imitation (exposure to another person's suicide, or to graphic or sensationalized accounts of suicide).

Risk Factors: Historical

- Previous suicide attempts.

- Family history of suicide.

- Childhood abuse, neglect or trauma.

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Protective Factors

- Spirituality and religiosity.
- Cultural beliefs that affirm life.
- Family cohesion.
- Social support/good relationships with peers.
- Safe environment at school.
- Perceived connectedness at school.
- Access to mental health care and resources for mental, physical, emotional health.
- Responsibilities for others (pets).

Protective Factors

- Help-seeking behaviors/advise seeking.

- Internal locus of control.

- Sense of self-worth and confidence.

- Restricted access to firearms, medications, drug/alcohol use.

- Regular physical activity.

- Positive outlook on the future.

- Emotional intelligence and regulation.

- Positive coping and problem-solving skills.

Warning Signs/Red Flags

- Previous suicide attempt(s)
- A recent loss of a friend or family member
- Preoccupation with themes of death
- Expressing suicidal thoughts or a plan
- Depression, anxiety
- Difficulty concentrating
- Giving away prized possessions
- Major changes in sleeping (too much or too little)
- Changes in eating habits and/or loosing or gaining weight
- Self-injurious behaviors
- Withdrawal from family/friends

Warning Signs/Red Flags

- Dropping out of normal activities/loss of enjoyment
- Complaining of being a bad person or burden to others
- Sudden change in appearance or health
- Frequent irritability
- Extreme anger, impulsive behavior, apathy
- Tearfulness
- Feeling helpless, worthlessness, hopeless
- Lack of interest in the future
- A sudden lifting of spirits

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Helpful Resources

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
suicidepreventionlifeline.org

988 Suicide & Crisis Lifeline

CRISIS TEXT LINE
Text HELLO to 741741
Free, 24/7, Confidential

Helpful Resources

(614) 221-5445
Local Hotline

- Staffed by trained volunteers
- Will talk with person as long as needed
- Able to do more complete risk assessment
- Will help identify problems and make referrals
- What is the local hotline number for your campus or area?

Helpful Resources For Your Faculty and Staff

Employee Assistance Program (EAP)

- 1-800-678-6265

- EAP@osumc.edu

- OSUHealthPlan.com/OhioStateEAP

- No cost and confidential

- Counseling, financial assistance, legal assistance and more

- All benefits eligible employees and their dependents are covered

- On campus or off campus offices

- What are your campus options for employee assistance?

Emergency Resources

- **Call 911**
  - OSU Police (614) 292-2121
  - What is the local number for campus police on your campus?
  - Are your officers CIT trained, or do you have officers assigned and trained to help with mental health crisis?
  - Stay with the suicidal individual until help arrives

Mental Health Help at OSU: A Range of Needs and Options

Multimodal resources for mental health-related concerns are provided to meet a student's need with a service that matches

IF STUDENTS ARE EXPERIENCING…

Mild, Common, and Developmental Concerns

• Homesickness

• Not participating or regular disagreements

• Mild changes in mood

• Feelings of being overwhelmed

• Procrastination

• Test Anxiety

• Adjustment to a new environment

• Problems making friends

• Friction with an instructor

• Being excluded

RESOURCES

- CCS Workshops

- Dennis Learning Center

- Let's Talk

- Wellness Coaching

IF STUDENTS ARE EXPERIENCING…

MODERATE

- Excessive absences

- Significant increase or decrease in sleep/appetite

- Increase in use of drugs and/or alcohol

- Panic attacks

- Not taking care of self/neglecting personal hygiene

- Withdrawing from friends and family

- Frequent crying spells

- Anxiety or mood changes significantly interfering with life
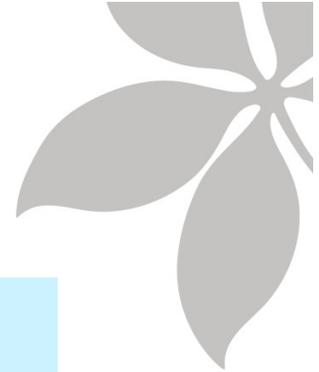
- Ongoing interpersonal problems

RESOURCES

- CCS (phone consultation)

- Psychological Services Center

- Couple and Family Therapy Clinic

- Wilce Student Health

- Student Advocacy

- Disability Services

- Harding Hospital outpatient clinic

- Community Provider Database

Severe and Urgent Concerns

Behaviors

- Violence
- Unpredictable angry outbursts
- Inability to communicate clearly
- Suicidal or homicidal thoughts
- Loss of contact with reality
- Extensive and dangerous substance use
- Unable to take care of basic needs

Events

- Hazing
- Unwanted Sexual Experience
- Assault
- Hate Crime
- Recent Grief and Loss
- Legal or Conduct Consequences

RESOURCES

- OSU Wexner Medical Center Emergency Department

- OSU Police Department (614-292-2121)

- Suicide Prevention Lifeline 988

- Text 4hope to 741741

- Counseling and Consultation Service provides crisis consultation for students by calling 614-292-5766
    - Urgent screening at CCS by appointment
    - If calling outside regular office hours, press "2" to be connected to a counselor

If you or someone you know is an imminent danger to themselves or someone else, go to the nearest ER or call 911.

OSU Counseling and Consultation Services – What to Expect

Triage First: The Triage model of care is a process by which clinicians assess the student's needs and refer them accordingly, (i.e. urgent appointment, referral to Emergency Department, diagnostic evaluation appointment, Therapist Assignment List (TAL), group/workshop, referral to community and campus resources). It is a process that allows students to be assessed and receive resources in an efficient manner. Additionally, it is a process that is designed to identify students at risk and allow for consultation.

OSU Counseling and Consultation Services – What to Expect

HIGH PRIORITY Students identified as high risk or unable to wait until scheduled triage appointment may be placed on the high priority waitlist. Any staff on coverage for triage and urgent services or available staff will contact students on the high priority list. OSU Faculty/Staff members, family, and friends may also be added to the High Priority wait list as needed for consultation services.

Consultation always available by calling 614-292-5766

If threat to safety exists, call 9-1-1

Urgent Services

URGENT SERVICES Urgent care hours have been established to respond to urgent situations. These should be conducted in person unless there are extenuating circumstances. Urgent care hours are made available between 9:00 a.m. and 3:00 p.m. While the agency is open most evenings, CCS does not provide urgent care after 4:00 p.m. Students/clients may be offered urgent services after a screening via Triage, a High Priority Call or in response to a flag on client's chart within 7 business days according to the acuity of the situation/client.

Consultation always available by calling 614-292-5766

Hospitalization Procedure

Assess for lethality (use risk assessment form), functional impairment or concern of altered MSE (mania, psychosis…)

Consult with Supervisor, Care Team, Senior Staff member for support o Discuss reason for concern, clinical need for hospitalization, determining need for voluntary vs. involuntary status.

Consult with the Care team and/or Clinical Services director to best support students of color

Care Team member, Senior Staff or Trainees support clinician by calling OSU PD (292-2121) to request escort and provide student identifying information and reason for voluntary/involuntary hospitalization

Hospitalization (Continued)

Clinician will wait with student while OSU PD is being dispatched

Supporting clinician have 3 copies of Pink Slip if needed ready (original to OSU PD, copy for OSU ED, and copy for CCS)

Care Team/Senior Staff member will call OSU ED and OSU Psych Intake to alert them that student is being escorted via police and documentation on hospitalization will be sent

A Care Manager will follow up with clinician after receiving disposition of hospitalization

Transporting Students

OSU Police will often transfer voluntary students to many hospitals in town if circumstances warrant this and resources are available. After consulting internally and arranging for admission, the procedure entails contacting the OSU Police and requesting transportation to the OSU ER. If an individual needs to go to a different hospital, consult with OSU PD. Involuntary transfers by OSU Police require a form (a "pink slip") completed by a staff member who is a licensed psychologist or psychiatrist (2 copies of pink slip, 1 for OSU PD & 1 for CCS). These forms are in the front reception area clinical file under the heading "Transporting for Involuntary Hospitalization" and can also be found in the red hospitalization folder. The form should be completed prior to OSU police's arrival. Clients must be informed that police will check their belongings and person for weapons. Involuntary transports may require the person to be handcuffed. The care team and leadership are available for consultation throughout.

Empathy

Sympathy vs. Empathy. What is the difference?

Discussion Topic #1

What are the mental health resources that exist at your institution?

    What are the procedures to refer a student?
    Do they meet on campus? Where?
    What limitations exist? Cost?
    Will they help students with referrals to a community provider/ Telehealth resources?
    Do we have up to date resource listings in place for students who may be in distress?
    How will they transport students in crisis to emergency care? (Consider cultural factors here).

Discussion Topic #2

What should we do in case of campus crisis?

       Who are the point people on my campus? Who are the liaisons?

       Do we have a CAT (Crisis Assessment) Team?

       How prepared do we feel right now?

       What trainings are available for our staff?

              Ideas for Faculty and Staff buy-in?

       Who in the community and on other campuses can we be ready to connect with in the event of a crisis?

Discussion Topic #3

What opportunities exist to help create a campus culture of care at your institution?

> What types of suicide prevention efforts are you aware of on your campus?
>
> How do staff/faculty/students get trained in suicide prevention?
>
> Do you have a syllabus statement about student mental health?
>
> What partnerships exist across your campus aimed at promoting mental health help-seeking behaviors?

OSU Suicide Prevention Program Website

[Suicide Prevention - The Ohio State University (osu.edu)](#)

Counseling and Consultation Website

ccs.osu.edu

Challenge the Myths

1. Asking someone if they feel suicidal will cause them to attempt suicide.
2. People who talk about suicide never attempt or complete suicide.
3. Attempted or completed suicides happen without warning.
4. Once a person is intent on suicide, there is no way of stopping them.
5. People who threaten suicide are just seeking attention.
6. Suicide is hereditary.
7. Most suicides occur in winter months when the weather is poor.
8. Suicide is more common in lower SES areas.
9. Some people are always suicidal.

What You Can Do Now

1. Educate yourself (sign up for suicide prevention gatekeeper training)
2. Talk openly about mental health.
3. Be conscious of your language.
4. Encourage equality between physical and mental health and wellness.
5. Show compassion for those who are struggling.
6. Let the media know when they're stigmatizing.
7. Don't harbor self-stigma.
8. Challenge the myths!

Questions?

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THANK YOU!