Suicide Prevention on College Campuses:
A Step by Step Guide to Developing a Comprehensive Approach

As institutes of higher education, California's community colleges are focused on student success. In 2012, the Governor appointed the California's Community College Student Success Task Force, which developed 22 recommendations to bolster student success. This plan is built around academic supports that call for innovation in coordination, assessment, planning, and professional development.

Even when all these academic supports are in place, however, students will still be impacted by real life challenges that can impair their ability to succeed. In addition, many students have mental health issues that require regulation, management, and support. Of special concern are the circumstances and symptoms that contribute to suicide. Suicide is a leading cause of death among college students. Community colleges in particular serve a high proportion of students who are at greater risk of suicide than traditional students, including older students and commuter students. Also at high risk are international students, LGBTQ students, and veterans.

Preventing suicide on college campuses requires a systemic approach that is supported by broad campus-wide cooperation. Students who die by or attempt suicide typically do not seek professional help before doing so, making outreach, gatekeeper training, and good referral systems even more critical. These strategies, in conjunction with the policies and procedures that support them, are what constitute a campus wide suicide prevention plan. Ideally, such a plan is imbedded in policies throughout the college that are part of a larger plan to support student wellness.

A key aspect of robust suicide prevention planning is the assimilation of effective suicide prevention policies and procedures into campus wide administration. This guide is intended to help campuses assess the strength of their current suicide prevention efforts and to offer support for building a more comprehensive suicide prevention framework.

A comprehensive approach to suicide prevention includes[1]:
- Screening to identify high risk students
- Social marketing and education to encourage help-seeking and reduce stigma
- Restriction of access to lethal means
- Training for campus mental health staff to help them identify and address risk factors
- Training gatekeepers to identify suicidal students and take appropriate actions
- Crisis management plans

Suicide prevention policies should support each of these strategic prevention efforts. Through the development and implementation of suicide prevention policies, campuses can ensure that their efforts are coordinated and supported across campus, and that they remain active and effective regardless of changes in leadership.

Though effective screening and referral are prerequisites to comprehensive suicide prevention policies, this guide is intended to allow campuses to begin their policy development at any of points detailed below. Campuses should answer the assessment questions for each section, and then begin to build policies in the areas in which they have the greatest existing capacity.

The assessment questions under each suicide prevention strategy are intended to help campuses develop a comprehensive set of policies, procedures, and protocols that support the implementation of a suicide prevention strategic plan. Each strategy also offers suggestions for additional resources to assist campuses in their efforts to develop suicide prevention policies, procedures, and protocols. These resources are intended to serve as a guide for campuses, and should not be understood to constitute an endorsement by the California Community Colleges Chancellor's Office or the Foundation of California Community Colleges.

1 Adapted from the Suicide Prevention Research Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc.

Suicide Prevention

Getting Started: Leadership and Referral Systems

Leadership Development: Leadership is a key factor in suicide prevention policy. Suicide prevention leadership can be housed under the auspices of one or multiple departments, such as the Behavioral Intervention Team, mental health services, risk management, student services, Crisis Response Team, or campus security. Leadership should be broad-based and inclusive, however, and should be empowered to make and enact suicide prevention policies.

Broad-based and inclusive leadership can be provided by a Suicide Prevention Board that includes key stakeholders from the campus and the community. The board may include campus representation, such as: college president or chancellor, deans, athletics, counseling services, disability services, legal counsel, campus security, behavioral intervention teams/crisis response teams, student health, dining services, custodial services, and student organization representatives. Community representation may include: police, county mental/behavioral health, emergency services, religious services, nonprofit providers, consumer groups, local suicide prevention advocacy, support organizations, and community mental health providers.

Campus Resources:

The Jed Foundation provides a thorough suicide prevention strategic planning guide. The purpose of this guide is to assist campuses in the development of suicide prevention protocols, including suggestions for developing leadership capacity on college campuses.

https://www.jedfoundation.org/assets/
Programs/Program_downloads/Framework_
color.pdf

Referral Systems: Campuses should review their existing resources before implementing any kind of large scale suicide prevention screening. Many campuses do not have internal mental health resources to provide either crisis intervention or longer term treatment for students identified as high-risk for suicide. In these cases, it is critical that effective referral systems are in place before a campus engages in suicide prevention outreach or screening. A campus must be able to refer students who are identified as potentially suicidal to appropriate mental health providers for treatment. Partnerships with community mental health and county mental health organizations should be formalized through MOUs. These referral relationships should be regularly reviewed and updated, and new staff and leadership should be routinely familiarized with the process.

Assessment Questions:

- Is there a designated department or committee responsible for suicide prevention planning?
- Does this entity represent key stakeholders from the campus and the community?
- Is this entity empowered to create, distribute, and enforce suicide prevention policies?
- Does this entity have sufficient resources to carry out its suicide prevention mission?

Assessment Questions:

- Does the campus have the internal capacity to provide mental health services to students identified as at-risk for suicide?
- Does the campus have the ability to refer students to community organizations where they can reliably receive needed mental health treatment?
- Are there MOUs in place with community partners?
- Is there a procedure in place for routinely reviewing and updating these agreements?
- Is there a policy requiring follow-up with students referred to treatment?

Suicide Prevention Screening

Research shows that the majority of college students who attempt or die by suicide do not access mental health services on campus before the incident of self harm. For this reason, universal screenings may be more effective than those that target students who are already accessing student health services. Screenings can be administered as part of first year orientation, when students access primary health care services, during mental health awareness days on campus, or at other regular points of contact.

Brief screening tools may also be used by mental health services staff for students who present with disorders associated with high risk for suicide, such as depression or substance abuse. The intended outcome of screening is that students identified as high-risk are referred for a clinical assessment.

Assessment Questions:

- Does the campus have a procedure for identifying students who may be at high risk for suicide?
- Are there procedures in place to guide faculty, staff, or administrators when they want to refer a student to mental health services?
- Do these procedures include a protocol for faculty when a student's submitted work or behavior in the classroom raises concerns that they may be at risk for suicide?
- Does student mental health employ screening tools to assess risk for suicide?
- Can students access self-screening tools through the campus website?

Campus Resources:

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides several screening tools and companion scoring instructions. These tools can be accessed free of charge from SAMHSA's website. There are tools that specifically assess risk of suicidal behavior, and tools that assess mental health disorders that are correlated with higher risk for suicide, such as depression and substance abuse. These tools can be administered by any person with access to mental health referral networks; they do not require specialized training in mental health.

Suicide Screening Tools:

http://www.integration.samhsa.gov/images/res/SAFE_T.pdf

http://www.integration.samhsa.gov/images/res/SBQ.pdf

Substance Abuse Screening Tools:

http://www.integration.samhsa.gov/images/res/CAGEAID.pdf

http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

Depression Screening Tool (also available in Spanish):

http://tinyurl.com/7uszg6y

http://tinyurl.com/bqhtztt

As an alternative or addition to screening administered and scored by campus staff, there are also screenings available on the internet that students can access directly. The Jed Foundation developed ULifeline (www.ulifeline.org) which is both a self-screening and referral source for students. Students can access the tool at any time for a confidential screening on their own behalf or on behalf of a friend about whom they are concerned. The self evaluation interface prompts students to enter their school name, and then provides visitors to the site with information about campus-specific resources and other hotline information. Based on the

results of the self evaluation, users are provided with valuable feedback and encouraged to reach out to their mental health service providers.

ULifeline is a free tool that can be integrated into a campus' website, and provided with updated referral information for the specific campus community. This tools is used by hundreds of campuses nationwide.

The American Society for Suicide Prevention also supports a campus-based suicide screening tool. This resource is customizable for campus participants, and provides confidential, web-based screening and then receive direct communication from the campus counseling staff. This program is used by all 10 University of California campuses. More information can be found here:

https://www.afsp.org/preventing-suicide/our-prevention-programs/the-interactive-screening-program

Social Marketing

Creating and sustaining an environment that encourages help seeking is an essential component of a comprehensive suicide prevention policy. The goal is to create a campus culture in which mental health disorders are de-stigmatized and there is broad awareness of how to access mental health services.

Assessment Questions:
- Are there policies in place designed to create awareness around how to access campus mental health services?
- Are there procedures for ensuring that there is broad awareness about how to access the suicide prevention hotline?

- Do faculty have access to materials aimed at reducing the stigma around mental health for use in the classroom?
- Are there campus-wide efforts to reach out to students who may be in need of mental health services, including veterans, foster youth, students of color, and LGBTQ students?

Campus Resources:

Campus Awareness Campaigns:

SAMHSA suggests the following activities, which can be supported alone or in combination.

- Host a Mental Health Awareness Week
- Disseminate information in multiple locations on counseling services and other mental health resources
- Distribute silver ribbons attached to cards with mental health facts
- Place posters in common areas with information about how to access mental health services

Stigma Reduction Efforts:

- Schedule speakers at campus wide events who share personal experiences with suicidal thoughts and behaviors
- Establish campus chapters of NAMI or Active Minds
- Post Faces of Mental Illness: students' smiling headshot photos displayed in glass cases
- Organize an art exhibit with visual/written entries by students with psychological disorders, with partitioned-off workspace where students or others can create and post their own art. Ideal timing: during study days or Mental Health Awareness Week, or both.

The California Mental Health Services Authority (CalMHSA) also supports efforts to reduce mental health stigma and discrimination through its statewide Prevention and Early Intervention (PEI) Program. PEI programs are voter-

approved and paid for through the Mental Health Services Act (Prop. 63). Their goal is to transform California's mental health services approach by uniting California's diverse communities to embrace mental wellness and delivering the tools individuals need before they reach the crisis point. They provide an up-front investment that will pay off with sustained cost reductions in health, social services, education and criminal justice programs. They are implemented as a coordinated effort by California's counties for maximum statewide impact and cost effectiveness.

The MHSA Stigma and Discrimination Reduction initiative uses a full range of Prevention and Early Intervention Strategies to confront the fundamental causes of stigmatizing attitudes and discriminatory and prejudicial actions toward people with mental illness, across ages and backgrounds. CalMHSA publishes a strategic plan Reducing Mental Health Stigma and Discrimination.

http://calmhsa.org/wp-content/uploads/2011/11/CDMH_MH_Stigma_Plan_09_V5.pdf

Runyon, Saltzman & Einhorn, one of the PEI program partners, supports rearchouthere.com, a forum for California youth to share information, stories, and strategies about coping with mental illness. The site provides fact sheets for a range of mental health issues, and offers information about how to access hotlines, clinical treatment, and peer support.

http://us.reachout.com/reachouthere

Classroom Resources:

The Suicide Prevention Resource Center recommends using material that presents a realistic and recognizable picture of depression among college students as a way to encourage help seeking behaviors. The American Foundation for Suicide Prevention (AFSP) produces resources available for use in the classroom, including a short film called The Truth About Suicide: Real Stories of Depression in College.

https://www.afsp.org/preventing-suicide/our-prevention-programs/programs-for-teens-and-

young-adults/the-truth-about-suicide-real-stories-of-depression-in-college

AFSP also provide a free PowerPoint presentation on suicide prevention, which could be adapted for use in the college classroom.
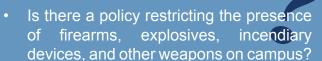
https://www.afsp.org/understanding-suicide/resources

Restriction of Access to Lethal Means

Colleges should take precautionary actions to limit students' access to lethal means, including guns, drugs, chemicals, and high places. There is strong evidence that when people lack access to avenues and methods of self harm they are less likely to engage in suicidal behavior, and, for those whose efforts are not thwarted, less likely to engage in lethal activities.

Campuses can implement and enforce a restriction of firearms on campus. They may also wish to limit access to high places from which students could jump, including bridges and buildings. Particular care should be taken when working with high-risk students to assess their access to lethal means.

Assessment Questions:
- Is there a policy restricting the presence of firearms, explosives, incendiary devices, and other weapons on campus?
- Is there a campus drug-free policy in place?
- Is there a policy to ensure that students do not have access to dangerous chemicals?
- Are there procedures in place to ensure that these policies are enforced?
- Is there a policy of restricting student access to high places from which they could jump?

Campus Resources:

An example of a policy restricting weapons on campus may be found here:

http://www.dickinson.edu/student-life/campus-safety/policies/Firearms-Weapons-Explosives-Policy/

An example of a drug-free policy checklist can be accessed here:

http://www.gavilan.edu/health/documents/GavilanCollege_DrugFreeSchools_CampusesAct.pdf

Training for Campus Mental Health Staff

To the extent possible, mental health staff on campus should be trained in assessment, diagnosis, treatment, and management of students who may be at high risk for suicide. Training for mental health staff should be regular and ongoing, and should be approved as FLEX days or professional development days for faculty to ensure that there is broad participation.

Assessment Questions:

- Are there policies in place that require ongoing professional development activities on campus for mental health staff and others who work closely with students?
- Is there a procedure in place to ensure that training in suicide prevention is part of these professional development activities?
- Is there a mental health internship program on campus?
- Are there protocols in place for working with acutely distressed students?
- Is there a campus confidentiality policy which informs decisions about whether and how to involve a student's family?

Campus Resources:

Confidentiality: Confidentiality policies should be transparent and every effort should be made to secure informed consent from students about the circumstances under which their personal information may be shared with their parents or other guardians. Federal law must inform policies on confidentiality and parental notification. Campuses should work with their legal departments to ensure that their campus or district policy conforms to relevant federal law. Information about the Family Educational Rights and Privacy Act (FERPA) can be accessed here:

http://www2.ed.gov/policy/gen/guid/fpco/brochures/postsec.pdf

Cornell University's policy for working with emotionally distressed students also has information about what interactions are covered by FERPA laws.

http://dos.cornell.edu/dos/cms/upload/Total-Book-2.pdf

Acutely Distressed Students: Campuses should have protocols for working with acutely distressed students, including a clear chain of responsibility for ensuring that appropriate steps are taken and that these steps are documented. The Mayo Clinic provides a list of appropriate questions to ask when you suspect someone may be suicidal, and a list of warning signs of suicidal ideation.

http://www.mayoclinic.com/health/suicide/MH00058

The National Suicide Prevention Lifeline offers connection with live responders at any time. They can be reached at 1-800-273-TALK.

Gatekeeper Training

Gatekeeper training is an effective way to increase the capacity of campuses to identify and refer distressed students to mental health services. The goal of gatekeeper trainings is to

at-risk Gatekeeper Training Simulations

educate people who interact regularly with the targeted population to spot the warning signs of suicidal ideation and take appropriate referral steps to connect them with mental health services. Gatekeeper trainings may utilize Motivational Interviewing, Brief Intervention (BI), or Question, Persuade, Refer (QPR) techniques. Train-the-trainer models may be a means to secure sustainability over time. Faculty, staff, students, and administrators should all be encouraged to participate in gatekeeper trainings.

These trainings may be most successful when provided to people for whom a degree of intimacy with students is already a part of their professional activities. For this reason, students, in particular, are key to gatekeeper training efforts. Students often confide feelings of distress or despair in their peers rather than in college faculty, staff, or administrators. Peer-to-peer strategies are a key element of preventing suicide. Gatekeeper training may be especially important for campuses that don't meet the assessment criteria for this strategy.

Assessment Questions:
- Is there a policy to ensure that the campus community as a whole is informed about the warning signs of suicide?
- Is there broad awareness on the campus community (including faculty, staff, students, and administrators) about the procedure for referring a distressed student to mental health services?
- Are there student chapters of NAMI, Active Minds, or other student led mental health awareness activities on campus?

Campus Resources:

Gatekeeper training is provided by a number of organizations, including Kognito Interactive. Kognito is uniquely supported by the CCC SMHP project, which allows them to offer training to all campuses free of charge. Campuses can apply for cost-free gatekeeper training under the CCC SMHP program by completing a technical assistance application form at:

www.cccstudentmentalhealth.org

The Center for Applied Research Solutions has also created a matrix of gatekeeper trainings that are listed in the Suicide Prevention Resource Center's Best Practice Registry (BPR). This matrix allows comparison of training modules, costs, and program format and characteristics. This matrix can be obtained by contacting CARS at carsinfo@cars-rp.org.

Both Active Minds and NAMI support campus-based chapters of student led mental health clubs. For more information about how to start a chapter on your campus, please use the links below.

http://www.activeminds.org/our-programming/chapters/start-a-chapter

http://tinyurl.com/d64jehm

Crisis Management Plans

Many campuses have a Behavioral Intervention Team or Crisis Response Team that is responsible for conducting threat assessment and threat management. Suicide prevention can be specifically addressed within these broad crisis management strategies, or may be part of a separate suicide prevention effort.

If a Suicide Prevention Board has been convened, the Board is responsible for ensuring that there

is an accessible suicide prevention protocol for working with acutely distressed and possibly suicidal students. The board commits to regularly reviewing and updating the protocols, as needed. The board ensures that the protocols are available to and known by students and parents, and that there is understanding about the situations in which the protocols would be used. Campuses should work with their legal departments to ensure that all protocols comply with applicable laws.

These protocols may be drafted by the Suicide Prevention Board, or may be part of a broader threat assessment plan developed by the campus Behavioral Intervention Team (BIT) or Crisis Response Team (CRT). These protocols need to address both instances of general concern and immediate crisis situations.

Assessment Questions[2]:

• Is there a protocol in place for conducting suicide threat assessments?
• Is there a policy detailing a clear chain of responsibility for managing threats and creating appropriate documentation?
• Are there procedures in place for gathering relevant information about the student and making contact with mental health services and/or law enforcement?
• Is there an emergency contact notification protocol in place?
• Is there a policy that requires monitoring of the student after the immediate crisis has been resolved?
• Are there policies in place that allow for mandatory assessment or treatment in cases where there is reason to believe the student is at continued risk for suicide?
• Does the campus have a policy allowing students to take medical leave to receive mental health treatment?

2 Questions are adapted from the Jed Foundation. (2006). Framework for developing institutional protocols for the acutely distressed or suicidal college student. New York, NY: The Jed Foundation.

Campus Resources:

Suicide Prevention Protocols: The purpose of suicide prevention protocols are to ensure that specific policies and procedures are followed in the event of a suicide threat or attempt. The Jed Foundation provides a comprehensive document which details the questions that need to be addressed in the creation and implementation of suicide prevention protocols.

https://www.jedfoundation.org/assets/Programs/ Program_downloads/Framework_color.pdf

Sigma Threat Management is a national organization that supports the development and administration of campus Threat Assessment Teams. They provide consultations for campuses interested in founding a Threat Assessment Team, and conducts audits and review of established teams. They publish a handbook for campus Threat Assessment and management teams. The handbook can be purchased directly through their website.

http://tinyurl.com/cms2rv5

It is recommended that law enforcement by part of any Crisis Intervention Team. NAMI provides NAMI Affiliates and State Organizations, local law enforcement, mental health providers and other community leaders with assistance and up-to-date information about implementing CIT programs. We also engage in national networking and partnerships to establish standards and promote innovation in the CIT movement.

http://tinyurl.com/ccrwbr6

The Bazelon Center for Mental Health Law has compiled a guide called Campus Mental Health Know Your Rights: A Guide For Students Who Want to Seek Help for Mental Illness or Emotional Distress. It also explains what students can expect in their interactions with mental health service providers, and what obligations students may have in terms of disclosure. The guide explains rights to privacy, confidentiality, and academic accommodations. It also explains student rights in the context of disciplinary action and leaves of absence for mental health reasons.

Some California Community College campuses are developing their own threat assessment protocols. The below protocol template is adapted from Santa Rosa Junior College. The protocols are still in draft form and so not available for distribution, but campuses may contact the Center for Applied Research Solutions for further information.

Suicide prevention protocols should include[3]:
- Identification of point person to make decisions in the event of a crisis
- Checklist for assessing the initial crisis report. For example:
  - Who is the cause for concern?
  - What is the behavior?
  - Where is the behavior occurring?
  - Is there imminent danger of self harm or other violence?
- Delineation next-steps for full threat assessment inquiry. For example:
  - Corroboration of facts—seek information from all people who may have information about the person in question
  - Assess the person's motives and/or goals
  - Has the person communicated suicidal ideation?
  - What risk factors does the person have?
  - Is there a history of suicidal attempts or other violence?
  - Does the person have access to lethal means?
- Develop a plan to make necessary interventions or continue to monitor the situation. For example:
  - Voluntary referral for mental health evaluation and treatment
  - Involuntary hospitalization
  - Law enforcement intervention
  - Mandated psychological assessment
  - Family or parental notification

3   Adapted from the Santa Rosa Junior College Threat Assessment Protocols.

Risk and Protective Factors: The Suicide Prevention Resource Center provides a list of risk and protective factors for suicide. This list can be used in conjunction with other threat assessment criteria to calculate the risk of suicidal attempt or completion.

Post Suicide Attempt Procedures

In the event of a suicide attempt, campuses should have procedures in place to ensure the safety of the student. Protocols for suicide postvention efforts should be drafted in conjunction with the campus legal department to ensure that they comply with relevant laws. Broadly speaking, the goal of postvention efforts should be to balance the student's continuing need for intensive mental health services and their ability to meet their academic goals.

Assessment Questions[4]:
- Is there a policy in place that determines the threshold for intervention if the student again shows signs of distress?
- Is there a procedure for following up with those who were affected by the suicidal student?
- Is there a standardized incident report to complete after the attempt?
- Are there formal academic policies that detail whether and how the student will be allowed to make up the work during voluntary or involuntary leave?
- Is there a procedure for determining when to pursue an involuntary leave?
- Is there a procedure for determining when a student is ready to return from an involuntary leave?

4   Questions are adapted from the Jed Foundation. (2006). Framework for developing institutional protocols for the acutely distressed or suicidal college student. New York, NY: The Jed Foundation.

- Are there special services offered for the student returning from leave?
- Are there policies in place to accommodate therapy sessions, medication schedules, and other post-suicide attempt needs?
- In the event that a student dies by suicide, is there a procedure in place for how to respond to the campus, media, and community?

Campus Resources:

The Jed Foundation has produced a thorough series of questions and recommendations for working with students who are suicidal, or who have attempted suicide.

https://www.jedfoundation.org/assets/ Programs/Program_downloads/Framework_ color.pdf

Although campuses should consult their own legal departments, a whitepaper published in 2012 and co-published by the National Center for Higher Education Risk Management and the National Behavioral Intervention Team Association answers some common questions.   The full paper can be accessed at the link below. Select questions and answers are highlighted within this document.

http://tinyurl.com/9cfm83g

The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) have collaborated to produce a toolkit to assist schools in the aftermath of a suicide. Although written for high schools, much of the information and many of the tools are applicable to the community college context as well.

http://www.sprc.org/sites/sprc.org/files/library/ AfteraSuicideToolkitforSchools.pdf

Common Questions for Suicide Postvention Protocols[5]:

Q. May a campus remove a suicidal student from campus involuntarily?

A. Being suicidal is not a protected disability, but some of the conditions that cause suicidal ideation are considered protected disabilities, including depression, addiction, and mental illness. As of 2011, it is unlawful to involuntarily separate a student from a school on the basis of self-harming or suicidal behavior (Lewis et al, 2012). Any separation of a student from an institution must be accompanied by a transparent process which gives the student the ability to respond to campus concerns. This process must be the same as the process used for students with other conduct violations. BITs may not be used to circumvent regularly campus disciplinary procedures.

Q. How should a behavioral intervention team respond to concerns that a student may be suicidal?

A. BIT teams should not summon students for hearings in order to advise them of complaints. Rather than an adversarial tone, BIT teams should discuss concerns with the student about how their behavior may impact their success, and provide them with feedback about how their behavior is impacting the community. Teams should be sure that any conversations about leaves of absence be framed as a discussion of academic success. Conditions of return may not be placed on a voluntary leave.

Q. What kind of conditions may be imposed on students seen to be at high risk for suicide?

A. Campuses should never impose sanctions that implicate behavioral health compliance (e.g. "comply with all recommendations of the counselor" "take all prescribed medications"). Instead "further behaviors that disrupt the institution or interfere

5 Lewis, Scott, Schuster, Saundra, and Sokolow, Brett. (2012).
Suicidal Students, BITs and the Direct Threat Standard.
The 2012 Whitepaper co-published by NCHERM and NaBITA.
http://tinyurl.com/9cfm83g

with the mission of the institution may result in additional disciplinary action up to and including suspension or expulsion." A student may be removed from campus involuntarily if the behavior is having a documented disruptive effect on the campus community.

Q. What procedures must be followed when readmitting a previously suicidal student after a leave from the college?

A. Re-admission policies for a suicidal student must be the same as readmission policies for other students. This may mean that a suicidal student may NOT be asked to provide treatment or other medical records to the college before being readmitted.

Conclusion

California's community colleges maintain different levels of readiness for the implementation of a campus-wide suicide prevention plan. This document is intended to help campuses evaluate their existing policies and procedures around suicide prevention, and to guide campuses towards the development of a comprehensive suicide prevention plan. Wherever possible, this document contains additional references, templates, and resources to help campuses develop effective policies and procedures.

The best-practice suicide prevention policy approach is to embed a comprehensive suicide prevention plan across campus functions and contexts. However, it is not always feasible to develop a comprehensive suicide prevention plan all at once. One goal of this guide is to provide campuses with a way to begin drafting the individual policies, procedures, and protocols that, together, constitute a comprehensive suicide prevention plan. To facilitate the strongest possible suicide prevention efforts, campuses may decide to prioritize strategies for which their existing capacities and resources are strongest. Each of the six suicide prevention strategies identified in this document can be supported with specific policies, procedures, and protocols that are appropriate for the local campus context.

This stages-of-readiness approach to suicide prevention planning enables all campuses, regardless of their existing assets, to make progress towards a comprehensive plan. Every campus can benefit from reviewing the assessment questions within this document to help them reflect on their current resources and real capacities. From developing appropriate referral networks to drafting post-suicide attempt academic policies, every campus in the California community college system can work to support the safety and wellbeing of their students.

Student Mental Health Program
Training and Technical Assistance for California Community Colleges

For More Information:

Toll free: (855) 304-1647

Fax: (707) 568-3810

Email: SMHP-info@cars-rp.org

www.cccstudentmentalhealth.org

The California Community Colleges Student Mental Health Program (CCC SMHP) is dedicated to increasing the capacity of the CCC system to provide student mental health services. Funded by the California Mental Health Services Authority, this program offers cost-free training and technical assistance (TTA) to California's community college campuses.