



Report on Mental Health & Suicide Prevention in Higher Education

November 2016 | Task Force on Mental Health and Suicide Prevention in Higher Education



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Executive Summary

No college or university student in Washington should face behavioral health issues without appropriate support and treatment. No student should believe that suicide is the only option. No student should die by suicide.

The American College Health Association's National College Health Assessment (Fall 2015) reports the following data:

- 75% of students reported feeling overwhelmed at some time during the past 12 months
- 30% reported feeling so depressed it was difficult to function (past 12 months)
- 54% reported feeling 'sad to very sad'
- 36% reported that anxiety negatively impacted their academic performance
- 23% reported that depression negatively impacted their academics.

Washington has built a record of leadership in addressing suicide as a public health issue. In 2015 Washington developed a new, comprehensive plan – the Washington State Suicide Prevention Plan - to address suicidality across all age ranges and vulnerabilities.¹ In January 2016, Governor Jay Inslee issued an Executive Order calling for the Plan's implementation.

Washington state is also poised to become a national leader with regard to education-related suicide prevention initiatives. In 2013, House Bill 1336 was enacted and requires public secondary schools to update their crisis plans to reflect best practices in suicide prevention.² At the postsecondary level, multiple initiatives focused on addressing behavioral health and suicide prevention on college and university campuses are in place.



In 2015, the Washington Legislature enacted House Bill 1138 to create a Mental Health & Suicide Prevention in Higher Education Task Force.³ The legislation charged the Task Force with determining the policies, resources, and technical assistance needed to support higher education institutions in improving access to behavioral health services and improving suicide prevention responses.

The Task Force, convened in January 2016 and included representation from Washington's postsecondary education sectors and state agencies. In November 2016, the Task Force completed its work and issued a final report.

The Task Force report provides a national and state context for behavioral health and suicide prevention, a broad overview of initiatives in Washington and a summary of assessment findings and best practices.

Recognizing that Washington's postsecondary schools serve a large number of students who are at high risk of suicide, including student veterans, LGBTQ students, Native American students, and international

students, the Task Force identified four recommendations to increase awareness and prevention of behavioral health and suicide at Washington's postsecondary institutions. Based on research and best practices, as well as gaps in Washington, the Task Force recommended the following:

- Prioritize ongoing state funding to support behavioral health counselors at Washington's postsecondary institutions;
- Develop a public behavioral health and suicide prevention resource for all postsecondary institutions in Washington;
- Establish a grant program to support resource-challenged postsecondary institutions; and
- Require all Washington postsecondary institutions to submit an annual report focused on behavioral health awareness and suicide prevention to the Washington state Department of Health.

Introduction

Suicide is the second-leading cause of death for individuals ages 15-to-34 in Washington and across the nation.⁴ This age range comprises the majority of college students, from 11th- and 12th-graders enrolled in dual credit programs⁵ through undergraduate, graduate, and professional students at Washington's postsecondary institutions. A total of 1,442 Washington residents in the 15-to-34 age range died by suicide between 2010-2014.⁶ It is not fully known how many of these individuals were enrolled in postsecondary education, defined for the purposes of this report as Washington's public and private nonprofit four-year institutions, community and technical colleges, and private career institutions.

In 2015, the Washington Legislature enacted House Bill 1138⁷ to create the Mental Health & Suicide Prevention in Higher Education Task Force.

The legislation charged the Task Force with determining the policies, resources, and technical assistance needed to support higher education institutions in improving

access to behavioral health services and improving suicide prevention responses.

The Task Force, convened in January 2016 and staffed by Forefront: Innovations in Suicide Prevention, included representation from the four-year public and private nonprofit colleges and universities, community and technical colleges, private career institutions, and state agencies (See Appendix II).

In November 2016, the Task Force completed its work and issued a final report. In addition to the elements required in House Bill 1138, the report provides a national and state context for behavioral health and suicide prevention and a broad overview of initiatives in Washington.

The work of the Task Force led to four recommendations for consideration to increase awareness and prevention of behavioral health and suicide at Washington's postsecondary institutions:

- Prioritize ongoing state funding to support behavioral health counselors at Washington's postsecondary institutions;
- Develop a public behavioral health and suicide prevention resource for all postsecondary institutions in Washington;
- Establish a grant program to support resource-challenged postsecondary institutions; and
- Require all Washington postsecondary institutions to submit an annual report focused on behavioral health awareness and suicide prevention to the Washington state Department of Health.



Behavioral Health and Suicide Among College Students

The field of college mental health and counseling services originated nearly 100 years ago⁸ and has undergone enormous change in the last half century. Surveys by national organizations have found that mental illness and suicidality are common among college students and deaths by suicide represent the tip of the iceberg of suicidal behavior among college students.

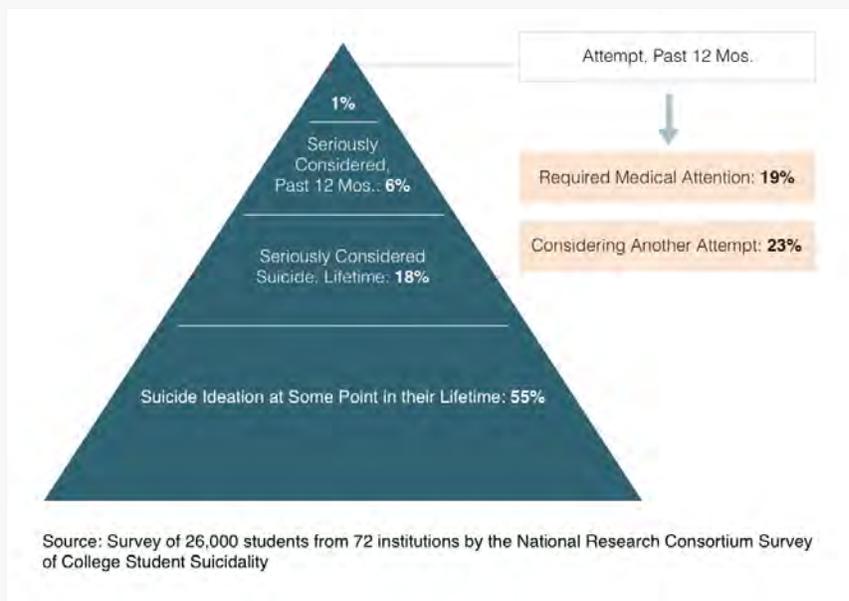


FIGURE 1: PREVALENCE OF COLLEGE STUDENT SUICIDALITY

The American College Health Assessment Survey by the American College Health Association found that 9.5% of students seriously considered suicide and 1.5% of students attempted suicide within the last school year.⁹ Less than 20% of these students were in treatment.

Among young adults nationwide, it is estimated that 25 suicide attempts occur for every death by suicide. (See Figure 1). In a study by the National Research Consortium of Counseling Centers in Higher Education, 18 percent of undergraduates and 15 percent of graduate students reported having seriously considered suicide at some time in their lives. In the past 12 months, 6 percent of undergraduates and 4 percent of graduate students had seriously considered suicide.¹⁰

The 2014 Washington Healthy Youth Survey showed similar percentages of high school students having considered suicide in the previous year: 20 percent of 10th graders, and 14 percent of 12th graders. Many of those students now attend Washington’s colleges and universities.¹¹ Table 1 represents college student self-reported data from the National College Health Assessment.

TABLE 1: PREVALENCE OF BEHAVIORAL HEALTH DISORDERS AMONG COLLEGE STUDENTS¹²

Nationwide Behavioral Health Among College Students, by percent			
Binge drinking	39	Insomnia	4.9
Illicit drug use	22.3	OCD	2.8
Anxiety	17.3	Bipolar disorder	1.7
Depression	14.5	Anorexia	1.1
Heavy drinking	12.7	Bulimia	1.0
Dep. & Anx.	10.9	Substance Abuse	0.9
PTSD	9.0	Schizophrenia	0.3
Panic attacks	8.7	Other	3.0

Untreated or improperly treated mental illness and/or substance use disorders are the most prevalent risk factors for suicide. It is estimated that 90% of individuals who die by suicide have a diagnosable behavioral health disorder.¹³ By age 14, half of all cases of mental illness have begun, yet years or even decades often pass before many individuals seek treatment.¹⁴

The American College Health Association’s National College Health Assessment (Fall 2015) includes the following data:

- 75% of students reported feeling overwhelmed (past 12 months)
- 30% reported feeling so depressed it was difficult to function (past 12 months)
- 54% reported feeling ‘sad to very sad’
- 35% reported overwhelming anxiety
- 46% reported more than average stress.

More than a third, 36% of students, reported anxiety as negatively impacting academics and almost a quarter (23%) said depression negatively impacted academics. These numbers are all important parts of the story about stress and anxiety as precursors to suicide.

Depression, anxiety and ADHD are the most common mental health disorders for which counseling centers refer students for evaluation and treatment by medication¹⁵. In addition, students who engage in solitary binge drinking are at risk for severe or suicidal ideation and suicide attempts.¹⁶ Alcohol use problems related to the presence, but not the severity of suicidal thinking.¹⁷



What We Know and Don't Know: Data and Research

Though many Washington colleges and universities track suicide attempts and deaths as reported to the institution, currently no national and/or statewide system exists to track suicide deaths or attempts among college students. In a 10-year study of the Big Ten universities, researchers estimated the national suicide rate of college students at between 6.5/100,000 and 7.5/100,000. The rate for non-students of the same age range was twice the student rate.¹⁸ Experts attribute this difference to the relative lack of access to firearms on campuses.¹⁹ The lack of data on suicide deaths and attempts among Washington's college students obscures the true impact of suicide among this population, and makes it difficult for systems and colleges and universities to take preventative action.

The level of professional behavioral health/mental health counseling varies significantly among the state's Community & Technical Colleges. Six institutions serving nearly 50,000 students have either no professional mental health providers to counsel students, or have such limited resource that the counselor-student ratio was as low as 1-to-nearly 8,500 in 2014-2015. Most of these campuses are in outlying or non-metropolitan areas.

Nationwide, counseling center directors have reported increased numbers of students with anxiety disorder and clinical depression, as well as mental health crises, over the past five years.²⁰ More students, nationwide, are arriving on campus with a history of mental health conditions and prescriptions for psychiatric medications.

Table 2: Fall 2015 Enrollment Data

How many students are in higher education in Washington?		
Institution Type	Main & Branch Campuses	Enrollment (Head Count)
4-Year Public ¹	10	134,616
4-Year Nonprofit ²	10	34,378
2-Year CTC ³	34	385,872
Career & Vocational ⁴	320	37,264
Total Enrollment		592,130

¹ ERDC, 2016
² Independent Colleges of Washington
³ Community & Technical Colleges at a Glance, Fall 2015; 181, 551 FTE
⁴ Workforce Training and Education Coordinating Board

Compounding this challenge is the fact that more than 80 percent of college students who report suicidal ideation do not seek counseling services.²¹ Male students die by suicide at double the rate of female students.²² This disparity occurs, in part, because male students (and men of all ages) choose more lethal methods, such as firearms. Female students (and women of all ages) choose overdose most often, a method which allows for potential rescue.²³

There are limitations to these data. The majority of behavioral health and suicide data is self-reported. Postsecondary institutions are only able to document what is reported to the postsecondary institution.

Furthermore, research on suicide among college students focuses predominantly on undergraduates in four-year, residential postsecondary institutions. Comparatively little research is published on students enrolled in two-year community and technical colleges and private career colleges. Two-year colleges, in general, employ a different counseling structure than is traditionally used by four-year institutions. Counseling faculty at most community and technical colleges are responsible for multiple duties, dividing their time among personal counseling, academic and career advising, and teaching.

Additionally, Washington's Workforce Training & Education Board licenses 325 private career schools. In total, 37,264 students attend career and vocational schools that operate largely without on-campus counseling services.²⁴

A recent survey by the Wisconsin HOPE lab of 4,000 community college students on 10 campuses found that half of these students are experiencing or have recently experienced a mental health condition.²⁵ A major study conducted by researchers at the University of Texas of 26,000 college and university students found that 44 percent of undergraduates and 49 percent of graduate students had utilized mental health resources during their lifetime.²⁶ Community college students exhibited levels of suicidal behavior similar to that demonstrated by students on four-year campuses.²⁷ This survey also found that community college students were less likely than their four-year peers to access either formal mental health services or informal support from friends or family. Generally, students attending non-residential community colleges also lack the advantage of a diverse range of programs that could support their adjustment to a campus community.

The need for mental health services for part-time students is suggested by Han,

Compton, Eisenberg, Milazzo-Sayre, McKeon, & Hughes, 2016. This team found part-time students and college-age non-students at higher risk for attempting suicide than their full-time college peers. They recommend increasing mental health services at community colleges, where many students enroll part-time. The study drew on data from the 2008-2013 National Surveys on Drug Use and Health.



Anyone can be at-risk of suicide and there are scores of individuals who belong to a "high risk" group who will never experience suicidality in their lifetime. However, certain demographics carry their own vulnerabilities. These include the following groups:

- Student veterans
- Native American/Alaska Native students
- LGBTQ students
- International students
- Graduate students

A higher prevalence of suicidal ideation is found among non-Hispanic white and Hispanic young adults, however racial or ethnic differences in rates of attempts were not found.²⁸ More research is suggested to learn why higher rates of ideation are found among white young adults. Students with

disabilities tend to report greater levels of anxiety, academic-related stress and suicidal behavior compared to a general student population.²⁹ And, among college athletes, those who associate with a “toxic jock” identity have an elevated risk a selection of health-risk behaviors including risk for a suicide attempt.³⁰



Student veterans were found more likely than their non-military peers to have experienced self-harm in a 2015 study.³¹ Student veterans with past hazardous duty experience are more likely to have a psychiatric diagnosis, but less likely to have experienced suicidal ideation. These students are coming to postsecondary education institutions in increasing numbers, in response to community need.

Overall, between 30,000-40,000 student veterans attend Washington state’s postsecondary schools, and perhaps more. Some veterans do not self-report. Research shows those who live with a traumatic brain injury and/or PTSD have a higher risk of suicide.

Changing a Campus Culture

Perry Technical College, a proprietary two-year institution in Yakima, lost three veterans to suicide during the 2010-11 academic year. “They all had reached out to people in our school,” Christine Cote, president of Perry Technical. “And we weren’t prepared. We didn’t have the skills to know how to help them.”

Cote was committed to changing that. While meeting with the bereaved parents of one of the veterans, she told them that Perry would be changing its culture around veterans.

Education for the staff came first. Peter Schmidt of the Washington Department of Veterans Affairs gave a training, explaining what it felt like being in Afghanistan and then days later sitting in a classroom.

Students have direct support, too. Today, a student alliance embraces everyone at Perry who is connected with veterans. A Vet Corps representative works on campus, and a campus monument now honors veterans. The institution holds an assembly each November and gives small gifts to each student veteran, always an item embossed with the school name and the logo for being a Veteran-Supportive Campus.

Perry has not experienced a student suicide in the last five and a half years.

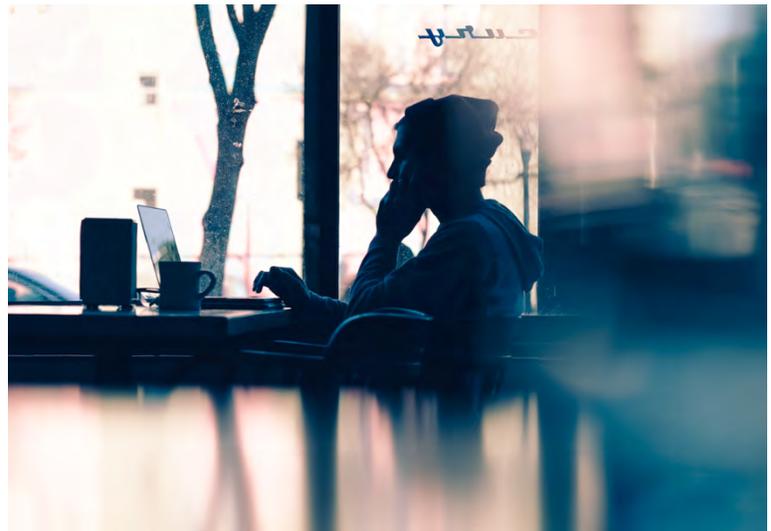
Washington Behavioral Health and Suicide Prevention Efforts

Washington state's legislature has built a record of leadership in addressing suicide as a public health issue. Washington is now the only state in the nation to require that all behavioral health and most healthcare providers have relevant training to assess, manage and treat individuals who may be risk for suicide, due to the implementation of House Bill 2366 (2012) and House Bill 2315(2014).³²

To aid in the development of a more comprehensive statewide approach to suicide prevention, House Bill 2315 (2014) required a new, comprehensive plan that would address suicidality across all age ranges and vulnerabilities.³³ The Department of Health oversaw development of the Washington State Suicide Prevention Plan.³⁴ The process of developing the plan included statewide listening sessions to learn what steps were needed to reduce suicidal behaviors across diverse communities.

The new Washington State Suicide Prevention Plan was released in January 2016 followed by Governor Jay Inslee's Executive Order calling for the Plan's implementation. In September 2016, the Washington State Action Alliance for Suicide Prevention--comprised of state agency directors, including postsecondary education and private citizens --was charged with leading implementation of the state plan.³⁵

Washington state is also poised to become a national leader with regard to education-related suicide prevention initiatives. In 2013, House Bill 1336 was enacted and requires public secondary schools to update their crisis plans to reflect best practices in suicide prevention.³⁶ It also requires school counselors, psychologists, nurses, and social workers to complete three hours of suicide prevention training every five years.



At the postsecondary level, multiple initiatives focused on addressing behavioral health and suicide prevention on college and university campuses are in place. This includes four federally funded youth suicide prevention grants and a learning collective of campuses participating in the Jed Campus program (See Appendix VI).

- Washington state has four recent federal suicide prevention grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), funded by the Garrett Lee Smith (GLS) Memorial Act. The four grants include: a campus grant at the

University of Washington-Seattle, a campus grant at Western Washington University, a state grant to the Department of Health, and a tribal grant to Northwest Indian College.

- In 2016, Forefront, the Jolene McCaw Family Foundation, and the Jed Foundation, launched the Washington State Suicide Prevention Campus Cohort Program. This initiative enrolled 13 Washington state postsecondary institutions in the highly acclaimed Jed Campus Program, the nation's leader in college campus suicide prevention. The postsecondary institutions enrolled in the cohort are: Central Washington University, Lake Washington Institute of Technology, Pacific Lutheran University, Seattle Central College, Seattle University, University of Puget Sound, University of Washington-Seattle, University of Washington-Tacoma, University of Washington-Bothell, Washington State University, Western Washington University, Whatcom Community College, and Whitworth University. (Gonzaga University is participating in the Jed Campus program independently, but is not a cohort member.)

The combination of these initiatives and laws are key in implementing a Zero Suicide approach to suicide across Washington.

Healing self, Helping others

Ian Vincent entered Western Washington University uncertain of his academic path. Four deaths in his first year rocked him. Two were suicides. Vincent slid into his own depression and suicidal thoughts. Counseling helped. So did sharing his story of grief, growth and recovery through open-mike events and classes. One student approached after a talk to say, "I want to get to where you are now." Others responded well, too. And when Vincent connected a student to counseling, he felt a real sense of purpose.

Psychologist and mentor Brennan Gilbert said Vincent's candor about the emotions of vulnerability and shame touches male students in a powerful way. Western Washington University's Counseling Center hired Vincent to run a Resiliency Campaign. Today, Vincent is the men's resilience specialist on campus. He tries to create a safe space and break down the mask of masculinity.

"Getting men to come forward and talk about issues of depression isn't necessarily easy," he said. "I tell them that you don't have to be strong to be resilient."

Summary of Assessment Data and Promising Practices

House Bill 1138 required the Task Force to collect data related to mental health services, suicide prevention and response, and deaths by suicide at Washington's private and public postsecondary institutions. In addition, the Task Force was to identify best practices and policies for providing mental health services and preventing suicide at institutions of higher education.

In April 2016, the Task Force completed an assessment of Washington's private and public four-year colleges and universities, community and technical colleges and private career institutions to assess the current services, policies and programs to address students' behavioral health needs and suicide prevention. Efforts to elicit survey responses from career and vocational schools were largely unsuccessful, primarily because such institutions do not offer the counseling services that the surveyed inquired about. Therefore, no data from these institutional types are included in this report. Also primarily unsuccessful were efforts to engage those 4-year private institutions not connected with Independent Colleges of Washington (ICW). Seven out of eight private nonprofit schools presented in this data report are members of ICW.

The Task Force created a survey for Washington's postsecondary institutions. The survey was aligned with the data requested in

House Bill 1138 regarding the behavioral health services each campus offers, upstream prevention policies, student-lead support, and demographic questions. The survey included 40 questions with some questions requiring additional prompts based on responses. Cover letters with links to the survey were sent to all postsecondary institutions statewide in the spring of 2016 (See Appendix II). Three categories separated the surveyed schools: two-year, four-year public, and four-year private nonprofit.

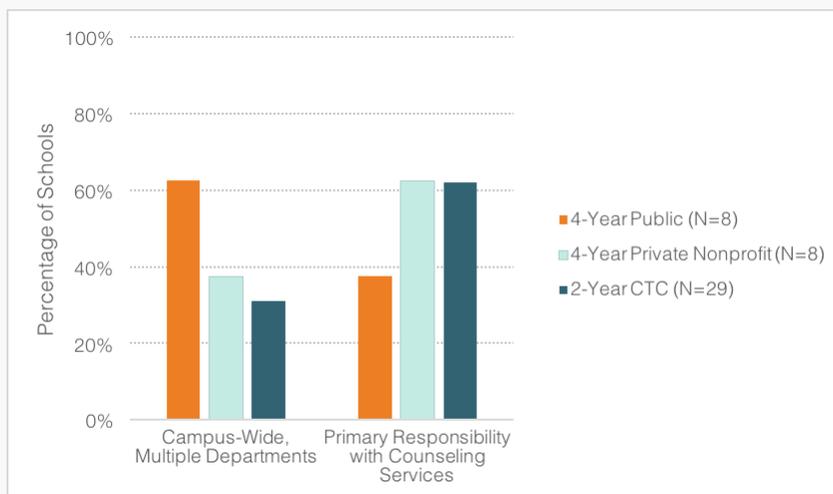
Survey Monkey, an online survey software tool, recorded each respondent's answers, which were then exported into an Excel file. Graphs were primarily utilized to show the status of behavioral health services among the three institutional categories. Additionally, Tableau software was used for data graphics that could not be communicated as clearly in an Excel graph.

Forty-five schools responded with complete surveys. (See Appendix I).

- Twenty-nine two-year institutions responded.
- 8 four-year public colleges and universities (includes branch campuses) responded.
- 8 four-year private nonprofit colleges and universities responded.

Summary of Assessment Data (among all responding institutions)

- Provide Behavioral Health Services
 - Ninety-three percent have dedicated mental health/counseling services.
 - Using the national average for a counselor-student ratio is one full-time equivalent mental health professional for every 1,600 students. The majority of private nonprofit four-year institutions met this ratio. Two-year institutions largely did not. No national standard exists specifically for two-year schools.
 - Eighty-two percent reported they did not have a dedicated substance abuse counselor on staff.
 - The average reported wait time for non-crisis appointments in 2015 was 1.98 business days for two-year institutions, 6.67 for public four-year institutions and 2.67 for private nonprofit four-year colleges and universities.
 - The majority (88%) reported that they provide access to their counseling website from the institutional homepage. However, just half (53%) of those counseling department websites include information about how to recognize, support and seek help for a suicidal student.

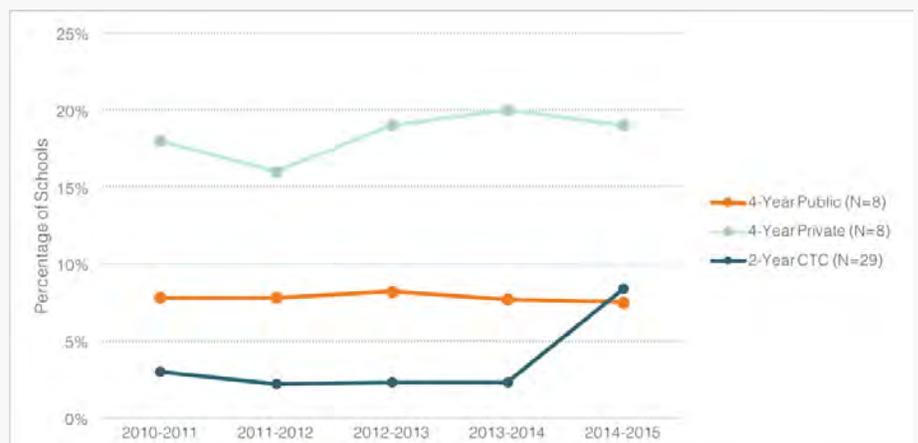


WHO IS RESPONSIBLE FOR STUDENTS' BEHAVIORAL HEALTH?

Represented on the left are campuses which regard behavioral health and suicide prevention as campus-wide issues. On the right, are campuses where the primary responsibility for such issues belongs to the counseling and/or health service.

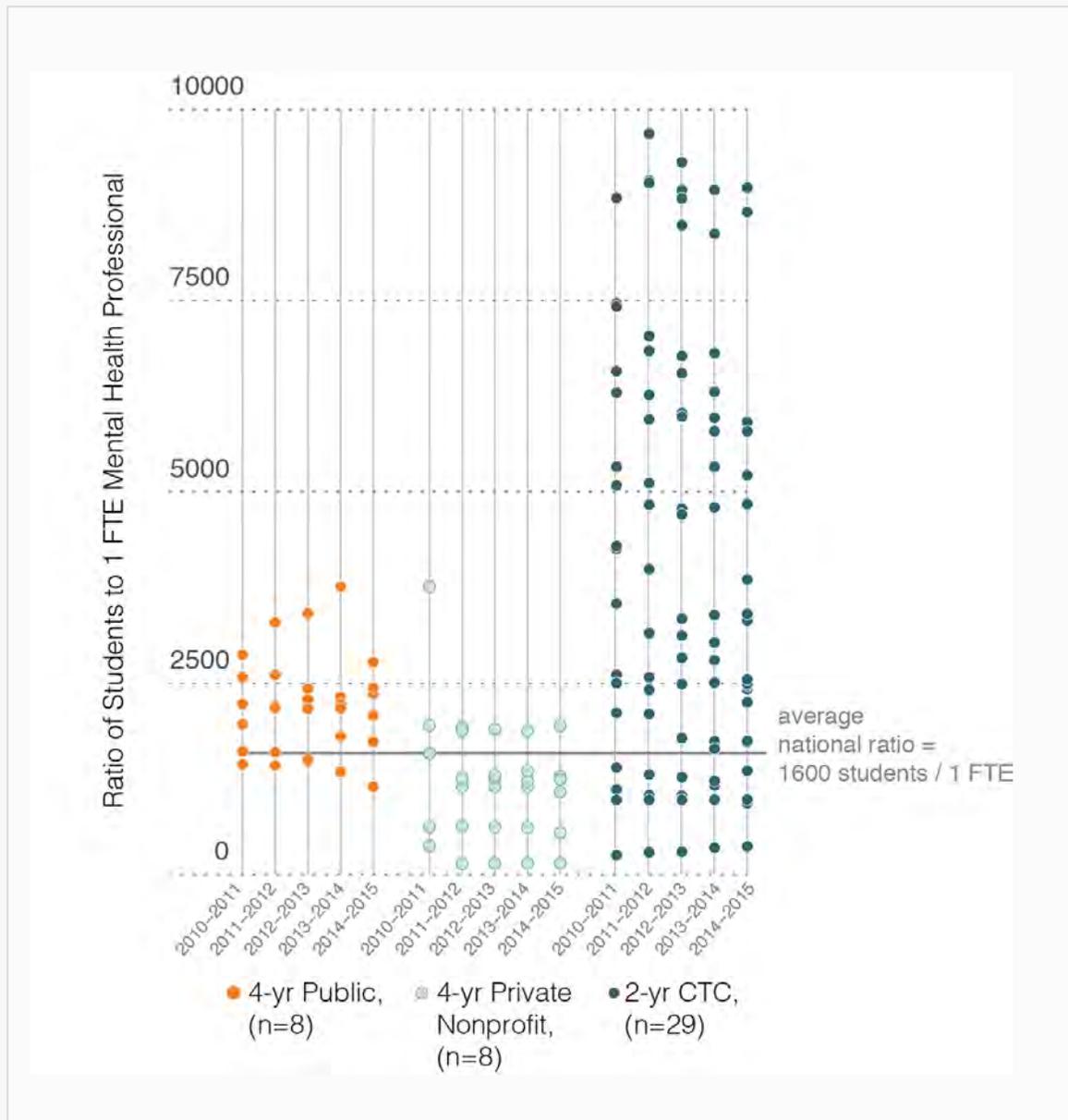
PERCENTAGE OF STUDENTS SEEKING COUNSELING

A combination of factors likely plays into the low percentage of students at two-year campuses seeking behavioral health services.



RATIO OF MENTAL HEALTH COUNSELORS TO STUDENTS

This chart represents estimated counselor-to-student ratios. The approved range of counselor-to-student ratio from the International Association of Counseling Center is between 1-to-1,000 and 1-to 1,500 depending on other resources. The average ratio nationwide, as reported by the 2013 National Survey of Counseling Center Directors, is one FTE mental health counselor to 1,600 students. Each dot represents one campus. This graph demonstrates that the majority of two-year campuses are not within the recommended counselor-to-student ratio or the average ratio, and are therefore most in need of resources. It should be noted that two-year institutions play only a minor role in this and similar national surveys. Further, no national standards exist specifically for behavioral health counselor-to-student ratios for two-year schools.

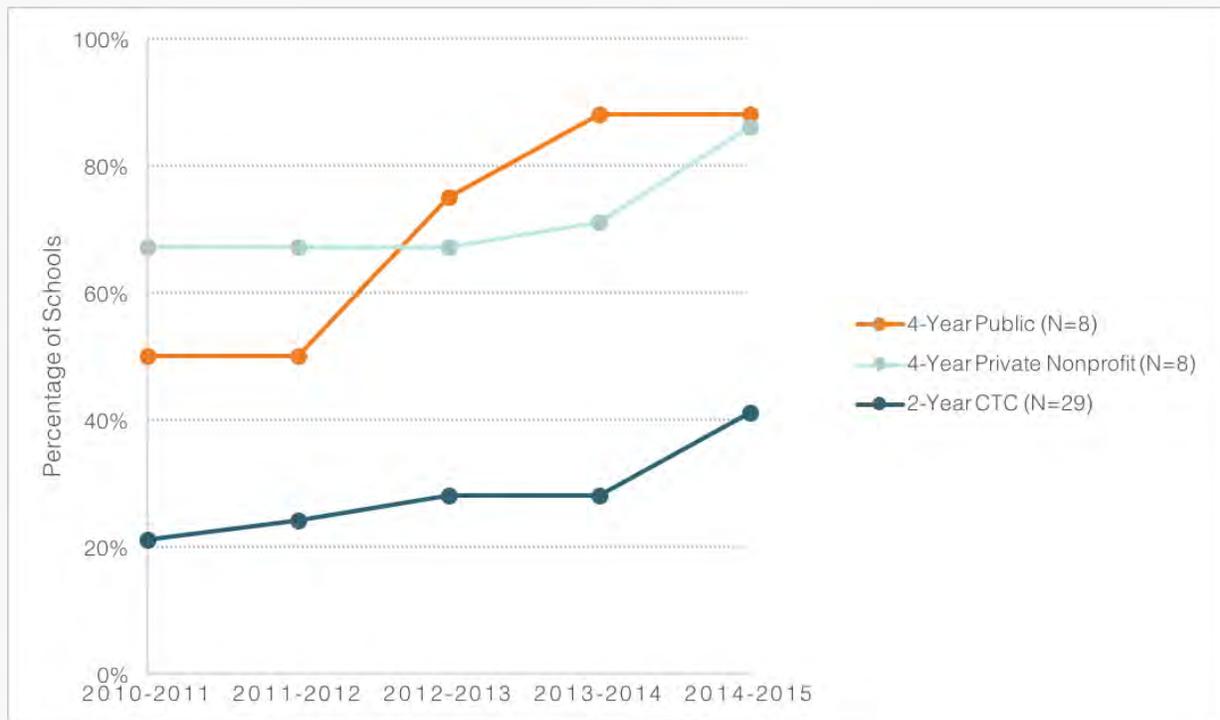


Summary of Assessment Data (continued.)

- Follow Crisis Management Procedures
 - The majority have behavioral intervention teams (89%), with a majority of institutions also having protocols for intervention (79%), medical leave (78%), re-entry (71%) and suicide postvention (80%).
- Restrict Access to Lethal Means
 - The majority (68%) undertake environmental scans of campuses to include roofs, balconies, windows and other dangerous locations.
- Identify Students at Risk
 - By 2015, 41% of two-year institutions, 88% of public four-year colleges and universities, and 88% of private nonprofit institutions provided courses, seminars or training for faculty, staff and/or students on early identification of behavioral health issues.
 - As of 2015 52% of two-year institutions, 50% of public four-year colleges and universities and 43% of private nonprofit institutions provided training in PTSD, traumatic brain injury and/or veteran-related issues.

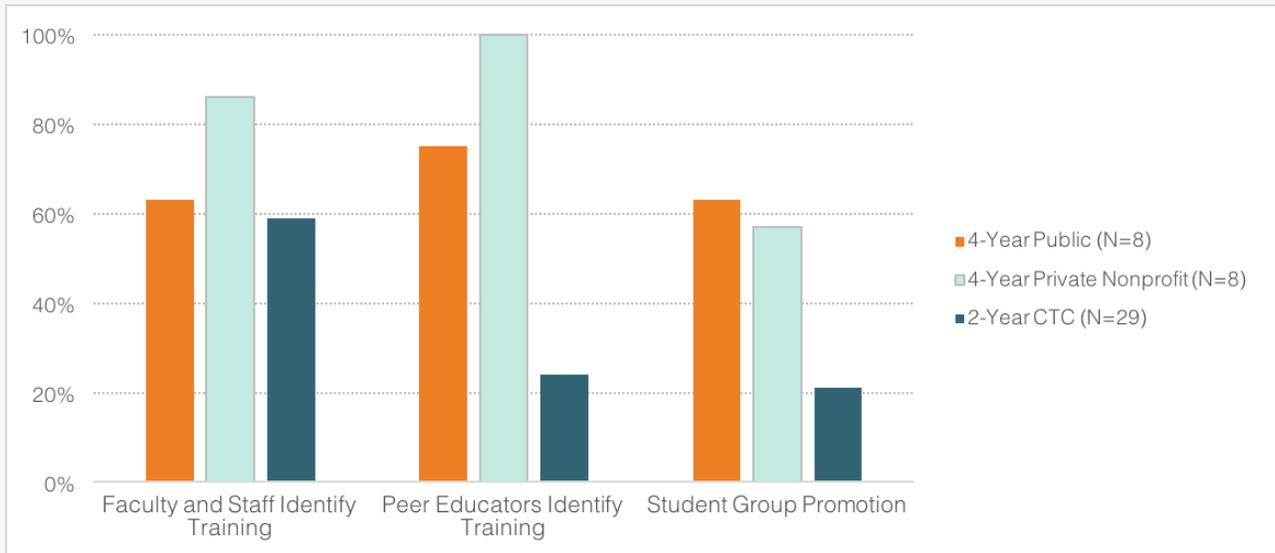
EARLY IDENTIFICATION OF BEHAVIORAL HEALTH ISSUES

Increasingly, Washington campuses are offering training in early identification of behavioral health issues, providing early access to behavioral health services and intervention.



TRAINING & PROMOTING AWARENESS

Represented here are campuses offering recognition & referral training to faculty/staff; campuses offering training to students, and those campuses with student groups that promote behavioral health awareness, suicide prevention and stigma reduction. However, is noteworthy that this survey question asked whether campuses offer any suicide recognition and referral training to faculty and staff, not whether they offer training to all faculty/staff that are in a position to identify and get help for students at-risk.



- Increase Help-Seeking Behavior
 - Eighty-two percent teach resiliency skills as a prevention services.
 - Twenty-nine percent of public and private nonprofit four-year institutions send universal messages to parents about suicide prevention.
 - Seventy-one percent of public and private nonprofit four-year institutions and 34% of two-year institutions send universal messages to students about suicide prevention.

Promising Practices for Providing Behavioral Health and Suicide Prevention

Most suicides are preventable. Saving one student at the brink of suicide can be accomplished if the appropriate resources and interventions are delivered at the right time. Multiple communities and institutions acting with comprehensive, public health approaches can save hundreds of lives when students reach the point of crisis, including many who have never been identified as being at risk for suicide.³⁷

A public health approach using comprehensive planning for suicide prevention is a strong evidence-based path to reducing suicide. An exemplary example of this approach is the Air Force Suicide Prevention Program. Prior to the launch of its program in 1997, the U.S. Air Force had reached a suicide rate of 16.4 per 100,000.³⁸ The program has since achieved a sustained result of a 33 percent reduction in the Air Force suicide rate.

Achieving this consistent result requires sustainability. The program saw an increase in suicide rates in 2004; subsequent research showed that consistent momentum alone was not sufficient to maintain the program's preventive value. In 2006, after researching causative factors, the Air Force recommitted to active implementation of the program, and regained its decrease in suicide rates.³⁹

The Zero Suicide Initiative, another example, is a systems-based approach to suicide prevention in healthcare that has gained national attention due to its dramatic results.⁴⁰ The initiative emerged from a focus on "perfect depression care" in Detroit's Henry Ford Health System.⁴¹ The behavioral health team at Henry Ford determined that the strongest measure of perfect depression care would be a total elimination of suicide. When Henry Ford began its perfect

depression care in 2001, the baseline suicide rate for this health care system was 89 per 100,000, significantly higher than the national average.⁴² Initially, the team focused on two evidence-based practices: broader access to treatment and the removal of lethal means. Four years later, as the program evolved, this initiative had reduced its baseline rate by 75 percent to 22 per 100,000. In 2009, the system achieved a period of zero suicide for its patients in active treatment for mental health or substance abuse—the two most high risk groups for death by suicide. In 2015, the suicide rate of Henry Ford's general population remains remarkably low, 5 per 100,000, well below the national average.^{43 44}

Nationally, the Jed Foundation is the country's leading voice on higher education suicide prevention. Founded in 2000, the New York City-based Jed Foundation program is a comprehensive public health approach to suicide prevention (See Appendix VI).



The foundation's program is grounded in a seven-point framework first developed by the Jed Campus program and the national Suicide Prevention Resource Center. This

framework includes the following elements: provide behavioral health Services, follow crisis management procedures, restrict access to lethal means, develop life skills and student wellness, promote social networks, identify students at risk and increase help-seeking behavior.

In Washington, there are multiple promising practices among our postsecondary institutions. Here are some shining examples:

Providing Mental Health Services

- Central Washington University has been the first campus in the state to move to a patient-centered medical home model. Based on the notion that approximately half of college primary care visits are behavioral health-related because of psychosomatic symptoms, this model involves moving a psychologist from the counseling center into the campus primary care clinic. This allows for brief interventions to take place right in the medical clinic, given the data that demonstrates that many students will never follow-up for a specialty mental health appointment. The primary drawback of this model is needing to backfill the missing position at the counseling center. There are only 14 such models on college campuses in the US.

Other promising services, programming and policies in use at Washington campuses include the following:

- Hiring a full time suicide intervention coordinator to provide outreach and connect at-risk students to resources. The suicide intervention coordinator is a licensed therapist, but since she is not based in the counseling center, she has some limited ability to share student information. Students admitted to the suicide intervention program are mandated to three sessions of free counseling.

- Providing substance abuse interventions to students admitted to the emergency department for a drug/alcohol overdose. This is particularly relevant since substance use disorder is the second leading risk factor for suicide.
- Starting the Pathways group to counter the long waitlists for counseling center appointments that many large universities face. This program provides 2-3 sessions of group counseling to teach emotional regulation and distress tolerance skills, as well as an introduction to counseling. For some students, this group therapy alone is a sufficient intervention and therefore it reduces the number of students needing one-on-one counseling. It also allows students to have a point of contact and a resource while they wait to begin one-on-one counseling.
- Making it a practice, at smaller universities, to pull a counselor into student conduct hearings, so that students whose conduct violations were related to a behavioral health condition can be quickly connected to care. This practice isn't common on large campuses due to limited staff availability.
- Hiring a case manager to support student care transitions from on-campus counseling to off-campus referral sources. Case managers can provide support for students with higher level needs than what can be properly treated on campus. This includes students with chronic suicidal ideation. Many students give up in the process of trying to connect with off-campus resources; having an on-campus case manager helps to avoid this fallout.
- Offering groups that support under-served student populations, such as a group for queer students that is facilitated by a counselor. Some students feel much more comfortable there than at the LGBTQ center. Groups and other resources for ethnic minorities, women, international students and

student veterans are also valuable in creating community for students who otherwise may feel marginalized.

- Hiring a men's resilience specialist, who works with male students to broaden their understanding of healthy emotional needs. It is worth observing that the population at highest risk of suicide is white men. Often no particular resources exist for this group.



Crisis Management Procedures

- Developing protocols for postvention—after a suicide death—that include holding an annual campus debrief to review student suicides from the past year. The purpose of these sessions is not to place blame, but to examine what can be learned from these deaths and to determine action steps.
- Making a concerted effort to publicize the campus violence prevention hotline as the go-to after-hours resource for people concerned about a person at-risk of suicide. At trainings and public events, all attendees are asked to take out their cell phones and save this number. Having a single point of entry for after-hours calls that keeps the students connected to campus resources and allows for tailored follow-up, has proven very effective.

- Instituting a mandated four-session mental health assessment in response to any incident of suicidal behavior deemed of legitimate concern. The Mandated Assessment of Risk of Suicidality and Self-Harm Protocol, for example, was instituted in 2004. One university using this program has determined that its students typically emerge from their crisis, to remain enrolled and graduate at very nearly identical rates to all other students. The campus has not documented a single student suicide since the program began.

Restricting Access to Lethal Means

- Investing in bridge barriers with a look and color consistent with existing campus norms, so that they blend in with the existing environment.
- Having policies and practices to limit student exposure to lethal means.
- Locking up cyanide in its chemistry labs, in the wake of suicide prevention training.

Developing Life-Skills

- Encouraging nursing students to debrief stressful situations among peers and with faculty, including dialoguing about stress and fear related to working with patients at-risk of suicide. This is considered a self-care initiative.
- Incorporating mindfulness into classroom environments on campus in creative ways, including having mindfulness moments and using reflection papers as a means of developing mindfulness.
- Offering a course for credit on resilience to students, which teaches specific skills for emotional regulation and distress tolerance. This is ideal for first year and transfer students.

Promoting Social Networks

- Having student groups hand out snacks in the library during finals week with encouraging quotes attached.
- Having a student group posts “hope notes” around campus, with encouraging messages written by other students. A hashtag is used so that when students find a hope note, they are encouraged to post it on social media.
- Making effective use of existing campaigns and activities as messengers. This includes student orientation, the Veteran Services Office/Vet Center, required common reading, and existing university-wide messaging campaigns.

A Bible for Veteran-Supportive Campuses

In the Army, Timm Lovitt lost friends and peers to combat. After transitioning home, he lost more friends to suicide. Ready to make a difference, Lovitt joined the Veterans Training Support Center in Seattle. One result of his work there is “Promising Best Practices in King County” -- a highly readable collection of 50 programs and policies in use on many Washington campuses.

This document has the potential to help so many. Most men and women coming home from military service use VA benefits for education. Any Washington campus can access this report, found on the Veterans Training Service Center website. Lovitt’s dream? To seek funding for research on the results campuses are seeing. Such research could elevate volume two of Lovitt’s report into a listing of proven, evidence-based best practices – and that could be a national treasure.

Lovitt serves Green River College as dean of student success and retention.

Identifying Students at Risk

- Having faculty use their course syllabi to convey information about behavioral health services that are available on campus and encouraging students to speak with the professor about difficult life circumstances that may arise. This helps to change campus culture to normalize struggles in college and encourage help-seeking behavior.
- Offering some form of suicide recognition and referral training for faculty, staff, and students—either online or in-person. Some of the student trainings are conducted by peers. Trainings offered include the widely known programs ASIST, QPR, Mental Health First Aid, as well as a new curriculum, LEARN, which is under development by Forefront.
- Having two online behavioral concern reporting forms—one for reports that originate within the university and one for reports that are from external sources. This facilitates communication about potential students at-risk.
- Having counselors in the classroom every day, so they know the students very well and are very accessible. The counselors have a close relationship with the faculty they are working with and are able to check-in with students of concern. This close contact with students creates improved opportunities for early identification. This model excels at identifying students at-risk and is much more common at the two-year professional colleges that have cohort models.

Increasing Help-seeking Behavior

- Having student groups work to reduce stigma related to behavioral health disorders and encourage help-seeking behavior on campus. Events include stress-reduction activities like yoga, therapy dogs, mindfulness, and awareness events and trainings.

- Running several events that promote mental health awareness, such as an annual Healthy Minds Fair, SAD/Depression Screening Day, The Mind Memoirs, guest speakers, Walk of Hope, and Vitality Art Show

A Counseling Success Story

Geneva (not her real name) was an active, engaged student at the University of Puget Sound. In addition to a full slate of challenging classes, she always held at least one job on campus, participated in groups committed to social justice, and involved herself with academic clubs related to her major. Geneva started the spring of her sophomore year with enough credits to be a junior. Everyone believed that she was on her way to professional school and a career of service.

From the outside, everything seemed fine. But just before exams, a roommate called an RA, reporting that Geneva was acting strangely. Soon campus security and the EMTs arrived. They learned that Geneva had taken an overdose of prescribed medication, and rushed her to a local hospital for evaluation and treatment.

Geneva is now an alumna. Although her GPA took a dip the semester of her crisis, she recovered academically and did well from then on. She earned her advanced degree from a competitive graduate program, and is living up to the potential that we saw in her early on. By working hard in therapy and committing to take medications to treat her mental illness, Geneva is a success story for others to follow.

*~ by Donn Marshall, Director of Counseling
Wellness & Health, University of Puget Sound*

Recommendations to the Legislature

The Task Force was charged with providing recommendations on resources and technical assistance required to improve student access to behavioral health services, increase awareness of student behavioral health needs, and support postsecondary institutions in preventing suicide on campus.

One student suicide is too many.



Washington's institutions of postsecondary education are actively working to address behavioral health and suicide prevention. It cannot be over emphasized, that although Washington's postsecondary institutions are committed to increasing awareness about behavioral health and suicide prevention, the lack of resources across all sectors is the **largest barrier** for postsecondary education statewide.

It is imperative that postsecondary institutions partner widely with state agencies, communities, tribes, K-12, and other entities active in behavioral health and suicide prevention work. Behavioral health and suicide prevention are issues that transcend

higher education's role as an educator and supportive foundation for students. To effectively address this issue, collaboration is needed between Washington's education sectors and non-education partners to create a multi-stakeholder strategy.

While many colleges and universities have procedures and basic resources to support students in crisis, not all campuses have this capacity. Approximately, 400,000 students in Washington's community and technical colleges and private career institutions have either limited or no access to on-campus behavioral health resources. Postsecondary institutions require resources if they are to undertake a comprehensive approach to behavioral health promotion and suicide prevention that reaches the entire campus community. Such an approach is not only beneficial to students, but also to the state.

Research from the Healthy Minds Study (HMS) suggests that adequate funding for on-campus behavioral health services can support the fiscal bottom line of postsecondary institutions. Economist and HMS Director Daniel Eisenberg of the University of Michigan determined that a college or university that invests funds needed for the mental health care of students with clinical depression yields a net revenue gain in the form of tuition dollars from students who otherwise would have dropped out. Eisenberg has demonstrated that the net gain is approximately 2-to-1 over the costs incurred for providing for mental health services.⁴⁵

Recognizing the evolving nature of the work and research on postsecondary education behavioral health and suicide prevention, the

following recommendations of the Task Force will expire in 2021, unless action is taken to revisit, with stakeholders, the recommendations within the context of current practices, research and state needs.

Prioritize ongoing state funding to support behavioral health counselors at Washington’s postsecondary institutions.

Ongoing state funding should be prioritized to support behavioral health counselors at Washington’s postsecondary institutions. The lack of resources across all sectors is the **largest barrier** for postsecondary education statewide. State funding for this purpose shall be directly appropriated to the public, four-year institutions and the State Board for Community and Technical Colleges. State funding shall be directly appropriated to the Washington Student Achievement Council (WSAC) to support private nonprofit, four-year colleges and universities and private career institutions. State funding for this purpose must be ongoing.

Develop a public behavioral health and suicide prevention resource for all postsecondary institutions in Washington.

Washington state should develop a public resource for postsecondary institutions, faculty, staff and students to support awareness of behavioral health and suicide prevention. Contingent on sufficient funding appropriated specifically for these purposes, the Washington Student Achievement Council (WSAC) shall develop an RFP to contract with an entity with suicide prevention expertise for the specific purposes of:

- Building and hosting a publicly available resource for Washington’s postsecondary institutions, offered primarily through a web-based portal and/or a support line, including a free curriculum to train

faculty/staff/students in suicide recognition and referral skills; model crisis protocols, per sector, that include behavioral health and suicide identification, intervention, re-entry and postvention; model marketing materials and messages to promote student behavioral health on college campuses; and programs that will serve diverse communities and underrepresented populations including programs that are culturally competent;

- Providing for staff and faculty an annual Training of Trainers, in-person or via the web, for use of the suicide recognition and referral curriculum within postsecondary institutions. The curriculum must be submitted to the national Best Practices Registry or equivalent, through the Suicide Prevention Resource Center, Substance Abuse & Mental Health Services Administration, or similar national entity.
- Providing technical assistance for grants to support resource challenged postsecondary institutions; and
- Hosting a free annual conference on behavioral health and suicide prevention in higher education.

The entity will be required to partner with the Washington state Department of Health, the Washington Department of Veterans Affairs, and an advisory group convened by WSAC for the purpose of consulting on the initial development of these resources. This advisory group must include, at a minimum, one representative from:

- Washington Student Achievement Council
- Council of Presidents
- Independent Colleges of Washington
- State Board for Community and Technical Colleges
- Workforce Training and Education Coordinating Board
- Northwest Career Colleges Foundation

- A tribal college
- Department of Health and Human Services' Division of Behavioral Health and Recovery
- Three institutional counseling center directors, including one from a public four-year college or university, one from a private nonprofit institution, and one from a community and technical college
- A representative from a community behavioral health provider
- A representative from the Veterans Training Support Center
- A suicide prevention expert
- A student
- A parent or family representative
- One or more representatives selected by the Educational Opportunity Gap Oversight and Accountability Committee

Establish a grant program to support resource-challenged postsecondary institutions.



Grants should be made available to Washington postsecondary institutions to develop data collection and basic strategic planning initiatives focused on behavioral health promotion and suicide prevention. Contingent on sufficient funding appropriated specifically for this purpose, the Washington Student Achievement Council shall administer the grant program in collaboration with an

advisory group of representatives appointed by the Council of Presidents, Independent Colleges of Washington, State Board for Community and Technical Colleges, Workforce Training and Education Coordinating Board, and Northwest Career Colleges Foundation.

Require all Washington postsecondary institutions to submit an annual report focused on behavioral health awareness and suicide prevention to the Washington state Department of Health.

All postsecondary institutions in Washington shall be required to submit an annual report focused on behavioral health and suicide prevention to the Washington state Department of Health from June 2018 through June 2021. The purpose of this report is to establish a baseline for behavioral health concerns and responses at postsecondary institutions. To this end, the Washington state Department of Health will convene a work group, which includes at a minimum representation from the public four-year colleges and universities; private nonprofit four-year institutions; community and technical colleges; and the private career institutions, to identify data, methods for data collection and data definitions, by December 2017. These annual reports shall identify the following, based on information reported to the postsecondary institutions:

- a. Awareness of students, faculty and staff with regard to behavioral health and suicide prevention resources;
- b. Counselor-to-student ratio
- c. Student caseload of on-campus behavioral health counseling services
- d. Number of students referred to off-campus behavioral health providers
- e. Number of students that identifies emotional distress as reason for withdrawal, if an institution collects data on reasons for student withdrawal
- f. Number of student suicide deaths

- g. Number of student suicide attempts that result in hospitalization
- h. Information about dissemination of material to students about behavioral health resources that are available on- and off-campus
- i. Confirmation of campus plan(s) for suicide recognition and referral training that identifies groups receiving the required training and which groups are recommended to receive training in the future
- j. The entity/entities on campus responsible for the development and maintenance of the campus crisis plan that integrate policies for suicide identification, intervention, re-entry and postvention
- k. The campus point person(s) with responsibility for the crisis plan.

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Appendix I:

Data Summary - 1138 Campus Needs Assessment

Limitations of this Data:

Data is from responding campuses only. Some respondents left multiple questions unanswered, or answered 'Don't know.'

Seven of the eight four-year private nonprofit campuses offering data are members of the Independent Colleges of Washington. Repeated efforts to engage other four-year private institutions were unsuccessful.

Efforts to solicit information from career & vocational institutions were met with responses from approximately 0.5% of the 325 schools in this category. This is primarily because the survey inquired about on-campus counseling services which are generally not available at career institutions. Five career schools did respond with partial content, and one career school responded with complete content.

Enrollment totals	4-year Public (n=8)	4-year Private Nonprofit (n=8)	2-year CTC (n=29)
2014-15	94,979	17,406	242,973
2013-14	92,189	18,014	217,849
2012-13	90,847	18,061	225,199
2011-12	90,146	18,116	221,724
2010-11	88,759	18,320	244,490

Total confirmed suicides			
2014-15	5	1	1
2013-14	1	0	1
2012-13	3	1	2
2011-12	3	0	1
2010-11	6	0	0

Suicide attempts resulting in ED/ER visits			
2014-15	67	7	4
2013-14	66	2	1
2012-13	65	2	0
2011-12	65	0	0
2010-11	65	2	0

Protocols & Planning

10) Campus has clear protocols for:	4-yr Public	4-yr Private Nonprofit	2-yr CTC
Intervention, with coordination of care, when students show signs of suicidal behavior	8	6	19
Medical leave of absence for students in crisis for both student-initiated and campus-initiated withdrawal	5	6	19
Reentry for students who have regained mental stability	3	6	17
Counseling & other protocols after a student death by suicide (i.e. postvention.)	7	6	18

11) Best description of how campus promotes and protects students' behavioral health. Check all that apply:	4-yr Public	4-yr Private Nonprofit	2-yr CTC
Behavioral health and suicide prevention are seen as campus-wide issues for multiple campus departments	5	2	9
The responsibility primarily lies with the counseling service, with some involvement from other stakeholders	4	4	17
All or almost all of the responsibility lies within the counseling and/or health service.	0	0	5
Institution has no dedicated services to address these needs. Primary responsibility lies with advisors.	0	1	3
None of the above. Explain:	0	0	3

2-Yr: TCC is developing a new partnership and writing a grant with Franciscan Health System; The Prevent, Avert, Respond (PAR) Initiative. This partnership includes a component that leverages resources with the JED Foundation.

2-Yr: Active Student Assessment and Intervention Team and easy access for staff and faculty to report students in distress.

2-Yr: Though we consider behavioral health and suicide prevention as a campus-wide issue, the campus does not have trained professional such as health services, psychiatrists, etc. So our services such as counseling, Women's Center, etc. have referrals for off campus support

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
12) Campus has an intervention team (Behavioral Intervention Team or other) to respond to reports of students of concern for suicide	7	6	26
12A) Campus has an alternative mechanism for reports of students of concern for suicide and subsequent action	2	1	3

Mental Health and Substance Abuse Services

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
13) Campus has dedicated mental health, health service, behavioral health professionals, dedicated counseling services or on-campus student behavioral health services*	8	6	26
14) Campus offers institutionally sponsored counseling for students' behavioral health needs*	8	6	26

* It appears that some CTC responses here may reference the advising/counseling model used on these campuses, rather than the professional behavioral health model.

15) Number of mental health counselors employed over the last five years, including full-time, part-time, and those with other duties:

Part-time calculated at .2 FTE

Other duties calculated at .1 FTE

The International Association of Counseling Services counselor-to-student recommended ratio is between 1 counselor to 1,000 students and 1 counselor to 1,500 students. Currently no recommended ratio exists specifically for 2-year schools.	Number of campuses not meeting ICS ratio		
	4-yr Public	4-yr Private Nonprofit	2-yr CTC
2014-2015	5	3	20
2013-2014	6	3	17
2012-2013	6	2	16
2011-2012	6	2	15
2010-2011	6	3	16

16) Campuses with 0.1-1.0 dedicated chemical dependency counselor, including those who also fulfill other duties:	4-yr Public	4-yr Private Nonprofit	2-yr CTC
2014-2015	1	1	5
2013-2014	1	1	5
2012-2013	1	1	4
2011-2012	1	1	3
2010-2011	1	2	2

17) Without staff dedicated to this specialization, how are chemical dependency issues diagnosed and treated for students? (Open answer)

4-Year Public Campuses:

- This is done routinely as part of our counseling and psychological services.
- The psychologists and master's level clinician's work with chemical abuse and misuse. If the student is chemically dependent they are referred to local agencies who specialize in substance dependency.
- Served within Counseling Center; if primary issue, referred to area providers. Free CD assessments arranged through Health and Wellness Program.
- Have an education program - Prime for Life. Community providers' agreement that we will pay for assessment.
- We have mental health professionals who are competent in assessing substance addiction and use. We can provide care for abuse issues, refer off campus for the very rare addiction diagnosis.
- Sometimes caught as part of counseling or while visiting Student Health Services

4-yr Private Nonprofit Campuses:

- Our counselors do not specialize in chemical dependency but manage these issues.
- Because the position is very part time, if necessary, we refer out for assessments to community resources. Dr. Jason Kilmer is our Substance Abuse Prevention Program Coordinator.
- By our psychology staff and through referrals to off-campus providers
- Diagnosed by regular counselors and off campus specialists
- Counseling center staff treats or refers if student self-discloses. We do not receive mandatory referrals for assessments.

2-yr CTC Campuses:

- Referrals made to community agency.
- Within the counseling services
- By the counselors here, by campus survey and encouraged to get assessments with local agencies.

Mental health counselors would refer students to community resources for diagnoses and treatment.

We refer students to community services

We rely on self-disclosure or referrals through the BIT process

We have a chemical dependency program, with the instructor/director being a chemical dependency counselor. Our institution does not diagnose and treat chemical dependency, we work closely with our local community chemical dependency agencies and refer our students to them for services. The counseling department does provide on campus resources for chemical dependency, such as brochures; personal wellness expo's; and community partnerships

Community Referral

We partnered with a local agency who provided some diagnosis and treatment for our students.

Counselors who have training and background to diagnose, treat and address CD issues

Referred out to either out- or in-patient treatment

If students are suspected of chemical dependency issue they are referred to the Counseling Center for short-term mental health counseling and a referral to a local agency specializing in Chemical Dependency Services.

Community Agency referrals.

Students seen for behavioral or academic issues who are suspected to have chemical dependency issues are referred to local community resources.

Referrals to external specialists

We do not diagnose nor treat such issues on our campus.

Referred out to an outside agency

Health Services is available to students who might wish to discuss substance use w/ a Health Service Coordinator and students can take online drug and alcohol assessment to gain insight. Counseling and Health Services can refer students to community resources for chemical dependency diagnosis and treatment. We also coordinate AA/NA meeting locations and times on campus when students express interest in this resource.

While we do not have staff dedicated to Chemical Dependency, our mental health counselors are skilled in the area of substance use disorders and work with community resources to serve students dealing with these issues.

18) Percentage of enrolled students receiving behavioral health services on campus over the past five years

Year	4-yr Public Average	4-yr Private Nonprofit Average	2-yr CTC Average
2014-15	7.8%	19.5%	8.4%
2013-14	7.8%	18.8%	2.3%
2012-13	8.2%	18.6%	2.3%
2011-12	7.7%	19.8%	2.2%
2010-11	7.5%	18.6%	3%

20) Student wait times for a non-crisis counseling appointment

Wait in Business Days for a Non-Crisis Appointment						
	Two-Year		4-Year Public		4-Year Private	
2010-2011	Lowest:	0	Lowest:	0	Lowest:	1
	Average:	2.67	Average:	6.67	Average:	5.38
	Highest:	7	Highest:	15	Highest:	10
2011-2012	Lowest:	0	Lowest:	0	Lowest:	1
	Average:	2.81	Average:	6.67	Average:	5.88
	Highest:	7	Highest:	15	Highest:	12
2012-2013	Lowest:	0	Lowest:	0	Lowest:	1
	Average:	2.27	Average:	6.67	Average:	5.38
	Highest:	5	Highest:	15	Highest:	12
2013-2014	Lowest:	0	Lowest:	0	Lowest:	1
	Average:	2.14	Average:	6.67	Average:	5.9
	Highest:	5	Highest:	15	Highest:	15
2014-2015	Lowest:	0	Lowest:	0	Lowest:	1
	Average:	1.98	Average:	6.67	Average:	2.67
	Highest:	5	Highest:	15	Highest:	15

21) Additional Comments

4-yr Public Campuses

We don't have a wait list. We triage people as they come in and they can always return to drop in.

Students requesting counseling services receive same-day walk-in or intake appointments through our walk-in triage system (M-F, 1:00-5:00pm), unless a student specifically requests later service (or is not available during afternoons).

This can vary from one day to 15 business days (at our peak times). Normally, it is 1-2 weeks.

4-yr Private Nonprofit Campuses

We have not needed a waiting list and can see students within the week or same day when urgent. This is because we have had 2 graduate interns for the last 2 years and 1 graduate intern prior years

Note: the funds listed above include compensation for all our staff - including medical and support staff - not just behavioral health staff

2-yr CTC Campuses

We also offer drop-in counseling services daily
We do not track this information. Also the number of business days for waiting varies among the different counselors.
Students are seen on a "walk-in" basis so the wait time can vary in minutes but they can receive same day services. If the wait time is too long due to high volumes of students they may be referred to come back the following day.
We track the number of face to face appointments with students, but not the number of individual students we have seen. Because of this, I was unable to calculate the percentage of students who received services.

Student Suicidality

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
22) Campus collects and maintains information about students' suicidality, including serious attempts and deaths	4	4	5

23) Number of confirmed suicides among enrolled students over the last five years.	4-yr Public	4-yr Private	2-yr CTC
2014-2015	5	1	1
2013-2014	1	0	1
2012-2013	3	1	2
2011-2012	3	0	1
2010-2011	6	0	0

24) Number of suicide attempts among your students resulted in ED/ER visits or hospitalizations over the past five years	4-yr Public	4-yr Private Nonprofit	2-yr CTC
2014-2015	67	7	4
2013-2014	66	2	1

	2012-2013	65	2	0
	2011-2012	65	0	0
	2010-2011	65	2	0

25) Additional Comments

4-yr Public Campus – no responses

4-yr Private Nonprofit Campus

We have never tried to track numbers of attempts as many of them don't come to the attention of the college. Many NSSI events do not require hospitalization.

2-yr CTC Campus

Unfortunately, this number is not officially tracked.

We collect and maintain information, only if the Behavioral Intervention Team (BIT) is notified of a student. The data is collected on the student, brought to our attention through this process.

Information Collected and Shared

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
26) Campus collects & maintains reasons for students' formal withdrawal from enrollment	3	4	8
27) Campus tracks emotional distress as one of the reasons for student withdrawal	1	3	2

29) Campus offers to faculty, staff or students a course, seminar or training on early identification of behavioral health issues, providing early access to behavioral health services and intervention	4-yr Public	4-yr Private Nonprofit	2-yr CTC
2014-15	7	5	12
2013-14	7	4	8
2012-13	6	3	8
2011-12	4	3	7
2010-11	4	3	6

29A) Campus offers to faculty, staff or students a training in PTSD, traumatic brain injury and other veterans-related issues	4-yr Public	4-yr Private Nonprofit	2-yr CTC
2014-15	4	2	15
2013-14	4	0	12
2012-13	5	0	8
2011-12	2	0	4
2010-11	2	1	4

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
30) Campus teaches or promotes resiliency skills to students	6	4	20
31) Incoming first year and transfer students are asked to complete questions related to mental health and substance abuse on medical history forms	1	5	0
32) Screening days are offered on campus, for issues such as substance use, depression, suicidality, anxiety, eating disorders, sexual or relationship violence	6	1	5

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
33) A universal message goes to all students at least once a year about the importance of student wellness and the availability of behavioral health resources on campus	5	3	10

33A) If yes, please provide the text of the message or a url for the message.

4-yr Public Campus

We provide wellness and self-care information at a mandatory orientation session, additionally students get message about staying healthy and drug and alcohol policies.
<https://shib.everfi.net/login/default.aspx?id=wwualcoholedu>

4-yr Private Nonprofit Campus

General message @ Counseling Center availability

2-yr CTC Campus

Feelings of stress and anxiety are a part of life. Some levels of stress can actually be good for us, as the right kind of stress encourages us toward change and growth. However, when stress and anxiety exist for an extended period of time, they can become a burden or even a health risk. This guidebook will help you recognize and understand feelings of stress and anxiety and learn how to manage them so that they don't become overwhelming.

<http://www.wwcc.edu/CMS/index.php?id=1700>

Annual week of wellness (flyers on campus promo)

email from counseling services quarterly to all students and all employees

<https://northseattle.edu/counseling> message summarizes

Student health and wellness is very important at Skagit Valley College, and it is the desire and goal of the faculty, staff, and administration to help provide a variety of resources to students. Skagit Valley College is continually evaluating how we can best meet the needs and foster opportunities for the success of our students. Many resources are available to assist students in all areas of behavioral health and wellness. If you would like more information, or would like to talk with someone about these issues please consider the following resources: (phone numbers are listed as well as this URL)
www.assvc.com/student-resources/

In our First Year Introduction seminar discusses that we have counselors available for students

<http://www.greenriver.edu/Documents/student-affairs/judicial-programs/2015-16-student-rights-to-know-and-student-conduct.pdf>

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
34) Does a universal message go to all parents at least once a year about the importance of student wellness and the availability of behavioral health resources on campus?	2	1	0

34A) Comment, or text of the message or a url for the message.

4-yr Public Campus

We used to send a message to parents of all incoming students prior to their arrival in fall.

It's included in a message from the VP for Student Life. Varies year by year but always includes information on mental health, substance use, and other resources.

4-yr Private Nonprofit Campus

Sent to first year parents each year.

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
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35) Faculty and staff are trained to identify and refer students who are at risk for mental health issues, suicide or substance abuse	5	5	17
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36) Peer educators (including RAs and other peer leaders) are trained to identify and refer students who are at risk for mental health issues, suicide or substance abuse	6	6	7
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37) Campus has a student group that works to promote behavioral health and raise awareness around suicide prevention	4	3	6
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38) Counseling center and health education websites are easily accessible from campus homepage	4-yr Public	4-yr Private Nonprofit	2-yr CTC
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	5	5	21
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38A) If yes, please provide the url here.

4-yr Public Campus

evergreen.edu/health

<http://www.uwb.edu/studentaffairs/counseling>

<http://www.ewu.edu/caps>

4-yr Private Nonprofit Campus

Sorry, I don't know what an url is.

<http://www.gonzaga.edu/Student-Development/Health-Center/>

<https://www.stmartin.edu/student-life/campus-life/health-and-wellness>

<http://www.pugetsound.edu/student-life/counseling-health-and-wellness/>

2-yr CTC Campus

<http://www.bigbend.edu/academics/counseling/>

http://www.clark.edu/campus-life/student-support/counseling/health_services/index.php

<http://www.edcc.edu/counseling/default.html>

<http://www.everettcc.edu/students/css>

<http://www.olympic.edu/current-students/counseling-services>

<http://www.scc.spokane.edu/Resources/HealthClinic.aspx>

<https://www.tacomacc.edu/resourcesandservices/counseling>

<http://www.wvcc.edu/CMS/index.php?id=1700>

<http://www.wvc.edu/directory/departments/counseling/>

www.bellevuecollege.edu/counseling

<http://www.cascadia.edu/advising/counseling.aspx>

<https://northseattle.edu/counseling>

<http://www.centralia.edu/students/advising/>

http://www.skagit.edu/news.asp_Q_pagenumber_E_3698

<http://www.cptc.edu/advising>

<http://www.columbiabasin.edu/index.aspx?page=1752>

<http://www.greenriver.edu/student-affairs/counseling-and-health-services.htm>

	4-yr Public	4-yr Private Nonprofit	2-yr CTC
39) Counseling center website includes information about how to recognize, support and seek help for a suicidal student	3	3	9
39A) If yes, please provide the url here.			
4-yr Public Campus			
http://access.ewu.edu/caps/suicideprevent and http://access.ewu.edu/caps/selfhelp/worriedfriend			
4-yr Private Nonprofit Campus			
http://www.gonzaga.edu/Student-Development/Health-Center/HealthCheck.asp https://www.stmartin.edu/student-life/campus-life/health-and-wellness/counseling-and-wellness-services/emergency-resources http://www.pugetsound.edu/student-life/counseling-health-and-wellness/suicide-prevention/			
2-yr CTC Campus			
http://www.edcc.edu/counseling/faq.html#helprightaway http://www.everettcc.edu/students/css/suicide-prevention/ http://www.olympic.edu/current-students/counseling-services http://www.scc.spokane.edu/Admissions/Counseling/Home.aspx?page=PV6 http://www.wvcc.edu/CMS/index.php?id=1700 http://www.wvc.edu/directory/departments/counseling/prevention.asp http://www.uwb.edu/studentaffairs/counseling http://www.lwtech.edu/student_life/counseling/docs/GUIDELINES_FOR_STUDENT_BEHAVIOR_6_10_14.pdf https://northseattle.edu/counseling http://www.columbiabasin.edu/index.aspx?page=1767 http://lowercolumbia.edu/counseling/index.php			

40) Campus has policies or programs in place for the following:	4-yr Public	4-yr Private Nonprofit	2-yr CTC
Removing access to potentially dangerous sites, e.g. roofs, balconies; also chemical storage, etc.	1	3	12
Safe disposal campaign for prescription medications	1	1	3
Safe storage for prescription medications	2	3	2
Promotion of safe use of prescription medications	2	2	1
Residence halls and apartments have break-away closet rods	2	1	1
A policy prohibiting firearms on campus	5	6	22
A policy otherwise addressing firearms on campus	4	3	20
Carry and storage policies on campus	5	4	12
Lockers for safe storage of firearms	3	0	4

41) Additional Comments

4-yr Public Campuses – no responses.

4-yr Private Nonprofit Campuses

I'm not sure what "policy otherwise addressing firearms on campus means." Firearms are not allowed, so any further policy would be superfluous.

2-yr CTC Campuses

You need an N/A option for question 40 since schools that prohibit firearms would not have lockers for safe storage and not all schools have residence halls or apartments

some of the "Nos" above should be N/A we don't have residence halls

Our weapons policy does not allow weapons on campus. If an individual is a licensed to carry, they are instructed to keep the weapon in their locked vehicle. The college does not take responsibility for storing weapons.

Firearms policy: "Carrying, exhibiting, displaying or drawing any firearm, dagger, sword, knife or other cutting or stabbing instrument, club, or any other weapon apparently capable of producing bodily harm, in a manner, under circumstances, and at a time and place that either manifests an intent to intimidate another or that warrants alarm for the safety of other persons."

Regarding Q35: While we do not provide formal training, this happens in the context of Student Affairs professionals and their direct work with instructional faculty and via faculty reporting of student concerns and/or via Early Alert.

Do you have comments to share about your campus and any of the topics listed above? Or comments to share about your experience filling out this survey?

4-yr Public Campus

There is some information that I could have provided, but it would take a while to track down the numbers and I didn't have advance notice/budget or sufficient time to complete the survey.

I would like to see the report you complete based on aggregate data. Could you email the report to all survey participants?

Thanks for your important work in this area. Very much appreciated.

4-yr Private Nonprofit Campus

This university is mainly students earning graduate degrees. The average age is higher than a traditional university.

Some of the yes and no questions were hard to answer and it would have been helpful to have a comment section or a place to explain. It was helpful to have a place to share additional information. For example, I answered no to the question about a post-intervention policy of suicide. However, we attended a training in the fall and are in the process of writing a post -intervention policy based on the training. The questions were very helpful in reviewing our current policies, initiatives and prevention programs. Thank you!

2-yr CTC Campus

Question # 12: Currently developing Behavioral Intervention Team policies and procedures.
Question # 30: Courses that teach resiliency skills - Lifetime Wellness, Focus on Success, College Survival Skills, and New Student Orientation.

My apologies for the lack of further information, I have only been in my position for 1 year, and did not have access to much of the historic data.

I am very new to this job (5 months) so I had a hard time retrieving data at this time. Hopefully I will be more helpful next year!

The repetition of data for multiple years is rather tedious and it is obvious that this survey was not constructed with community colleges in mind.

[Veterans] do not always self id - But we do have a dedicated Veterans counselor. All of the below demographics are optional for disclosure on our counseling intake form. Thank you for this opportunity. Some of the questions that were raised in the survey are things that we can implement and update immediately. I think we have a strong counseling team and we do a lot of partnership in the community to bring behavioral health services to campus. Such partnerships include YWCA, the Rainbow Center, the Crystal Judson Center, Rebuilding Hope, and we have a grant with UW to provide substance abuse screening for students and we have a Substance Abuse Task force that provides oversight. Thanks again.

Specific Student Populations

	4-yr Public		4-yr Private Nonprofit		2-yr CTC	
	Approx. Total	Offer Programs	Approx. Total	Offer Program	Approx. Total	Offer Programs
42) Student Veterans	2,356	4 campuses	757	2 campuses	7,391	23 campuses
43) LGBTQ students (Active/visible LGBTQ population on campus?)	No est. for number of students	6 campuses	No est. for number of students	5 campuses	No est. for number of students	23 campuses
44) International students	7,307	4 campuses	331	4 campuses	11,121	19 campuses
45) Native American/Alaska Native students	1,651	2 campuses	91	3 campuses	2,737	10 campuses
46) Transfer/Non-Traditional Student Population	3,954	2 campuses	978	5 campuses	26,797	15 campuses

Appendix II:

Task Force Members & Experts

CO-CHAIRS

Julie Garver, Council of Presidents
Donn Marshall, University of Puget Sound

MEMBERS

Mark Bergeson, Student Achievement Council
Violet Boyer, Independent Colleges of Washington
Jeri Carter, University of Washington-Tacoma
Deborah Casey, CTC Student Commission
Chris DeVilleneuve, Central Washington University
Edward Esparza, State Board for Community & Technical Colleges
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LoriAnn Miller, Seattle Central College
Mary Moller, Pacific Lutheran University
Cassandra Nichols, Washington State University
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David Shulman, Seattle Film Institute
Rosemary Simmons, University of Washington-Bothell
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Ellen Taylor, University of Washington
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Jan Berney, St. Martin's University
Julian Burrington, Highline College
Kimberly Caluza, Seattle University
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Megan Kennedy, University of Washington
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Appendix III:

Institutions Responding to the Campus Needs Assessment

(Timing & technology issues interfered with a few campuses that endeavored to provide their response.)

Four-Year Public Campuses

Central Washington University
Eastern Washington University
Evergreen State College
University of Washington Bothell
University of Washington Seattle
University of Washington Tacoma
Washington State University Vancouver
Western Washington University

Four-Year Private Nonprofit Campuses

Bastyr University
Gonzaga University
Pacific Lutheran University
Saint Martin's University
Seattle Pacific University
University of Puget Sound
Whitman University
Whitworth University

Two-Year Community & Technical College Campuses

Bates Technical College
Bellevue College
Bellingham Technical College
Big Bend Community College
Cascadia College
Centralia College
Clark College
Clover Park Technical College
Columbia Basin College
Edmonds Community College
Everett Community College
Green River College
Highline College
Lake Washington Technical Institute

Lower Columbia College North Seattle College
North Seattle College
Olympic College
Peninsula College
Renton Technical College
Seattle Central College
Shoreline Community College
Skagit Valley College
South Puget Sound Community College
Spokane Community College
Spokane Falls Community College
Tacoma Community College
Walla Walla Community College
Wenatchee Valley College
Yakima Valley College

Appendix IV:

Definitions & Glossary of Terms

The definitions below are found in the National Strategy for Suicide Prevention, unless otherwise noted.

Anxiety disorder – an unpleasant feeling of fear or apprehension accompanied by increased physiological arousal, defined according to clinically derived standard psychiatric diagnostic criteria.

Behavioral health⁴⁶ – Mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.

Best practices – activities or programs that are in keeping with the best available evidence regarding what is effective.

Comprehensive suicide prevention plans – plans that use a multi-faceted approach to addressing the problem; for example, including interventions targeting biopsychosocial, social and environmental factors.

Connectedness – closeness to an individual, group or people within a specific organization; perceived caring by others; satisfaction with relationship to others, or feeling loved and wanted by others.

Intervention – intervention designed for individuals at high risk for a condition or disorder or for those who have already exhibited the condition or disorder.

Means – the instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

Means restriction – techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

Mental disorder – a diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional or social abilities; often used interchangeably with mental illness.

Mental health – the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational).

Postsecondary Institutions – Washington institutions that offer programs deemed as State Need Grant eligible.⁴⁷

Postvention – a strategy or approach that is implemented after a suicide has occurred.

Prevention – a strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.

Protective factors – factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

Public health – the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

Recognition & Referral Training – a more easily understood alternative to the traditional term gatekeeper training.

Resilience – capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Screening – administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Suicidal behavior – a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

Suicidal ideation – thoughts of engaging in suicide-related behavior.

Suicidality – a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

Appendix V:

Washington Postsecondary Education-Related Initiatives to Address Behavioral Health & Suicide Prevention

With four federally funded youth suicide prevention grants, a learning collective of campuses participating in the Jed Campus program, and creative strategies to extend access to care on Washington's campuses, Washington state is poised to become a national leader in college campus suicide prevention.

Garrett Lee Smith Federal Suicide Prevention Grants

Washington state has four recent federal suicide prevention grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), funded by the Garrett Lee Smith (GLS) Memorial Act. The four grants are: a campus grant at the University of Washington-Seattle, a campus grant at Western Washington University, a state grant to the Department of Health, and a tribal grant to Northwest Indian College.

- University of Washington-Seattle: The Husky Help & Hope (H3) initiative provides in-person suicide prevention training to faculty/staff and students, including tailored trainings for various professional schools such as the School of Social Work, College of Education, School of Pharmacy, School of Nursing, and the Department of Communication. Under the H3 initiative, the campus developed written protocols for recognizing and responding to suicide risk in students. The H3 initiative has also supported student-led behavioral health promotion activities and a Dialectical Behavior Therapy (DBT) training for campus mental health counselors.
- Western Washington University: WWU's Building Resiliency And Voicing Empathy (BRAVE) program provides online suicide awareness training for faculty/staff and students and focuses on addressing cultural issues that effect prevention efforts. It also provides educational seminars and targeted outreach and messaging efforts.^{48 49}
- Department of Health: The Suicide Prevention Works! program largely focuses on adolescent suicide prevention in Grays Harbor, Pacific, and Clallam counties. However, Forefront receives a small portion of the funds to host an annual suicide prevention in higher education conference every year for the five years of the grant. For the final four years of the grant (2016-2019), the campuses who attend the annual conference will be the participants in the Jed Campus program (see "Campus Cohort Program" below). This conference creates a statewide learning collaborative of campuses that are participating in the 4-year intensive Jed program. Furthermore, beginning in 2017, there will be an annual student leadership showcase in which college students from the Jed campus schools will join together to network and share ideas about behavioral health promotion and stigma reduction efforts. Finally, as part of this initiative, Forefront staff will help to facilitate coordination and collaboration among the suicide prevention programs at the three University of Washington campuses.
- Northwest Indian College (NWIC)/Lummi Nation: The Witnessing Our Future (WOF) project employs a culturally adapted version of the Model Adolescent Suicide Prevention Program (MASPP). This program created a suicide screening and referral system for the 207 NWIC students and 721 Lummi enrolled youth ages 10-24, in addition to hosting training and awareness events.⁵⁰

University of Washington-Tacoma was the past recipient of a campus GLS grant. UW-T continues to offer a two-credit course in suicide prevention, which is a direct outgrowth of their grant.

Washington State Suicide Prevention Campus Cohort Program

In 2016, Forefront, the Jolene McCaw Family Foundation, and the Jed Foundation, launched the Washington State Suicide Prevention Campus Cohort Program. This initiative enrolled 13 Washington state institutions of higher education in the highly acclaimed Jed Campus Program, the nation's leader in college campus suicide prevention. Due to generous funding from the Jolene McCaw Family Foundation, the Jed Campus program is being provided to these campuses at no cost.

The Jed Campus program will work with each participating campus to conduct a comprehensive assessment of their suicide prevention readiness across a broad array of categories. A detailed Jed Campus response to this assessment becomes the guiding document for each campus. Over the course of four years, campuses are provided in-person and remote technical assistance to make strategic improvements in the areas covered by the Jed Campus template, as well as policy and strategic planning; substance use disorder services; student skills that support academic performance; and student wellness. A second comprehensive assessment, undertaken in the third year, gives campuses data about areas in which they are progressing and where they need further work. Jed Campus participants become part of a national network to share ideas and have access to an extensive online library of resources.

The cohort campuses are also enrolled in the Healthy Minds Study of the University of Michigan, which will survey students on their attitudes and perceptions regarding mental health and related issues, and their use of mental health services. Participating campuses will undergo two rounds of the HMS study, the first at the start of their four years in the cohort, and the second during their third year.

The Institutions of Higher Education enrolled in the cohort are: Central Washington University, Lake Washington Institute of Technology, Pacific Lutheran University, Seattle Central College, University of Puget Sound, University of Washington-Seattle, University of Washington-Tacoma, University of Washington-Bothell, Washington State University, Pacific Lutheran University, Western Washington University, Whatcom Community College, and Whitworth University. (Gonzaga University is participating in the Jed Campus program independently, but is not a cohort member.)

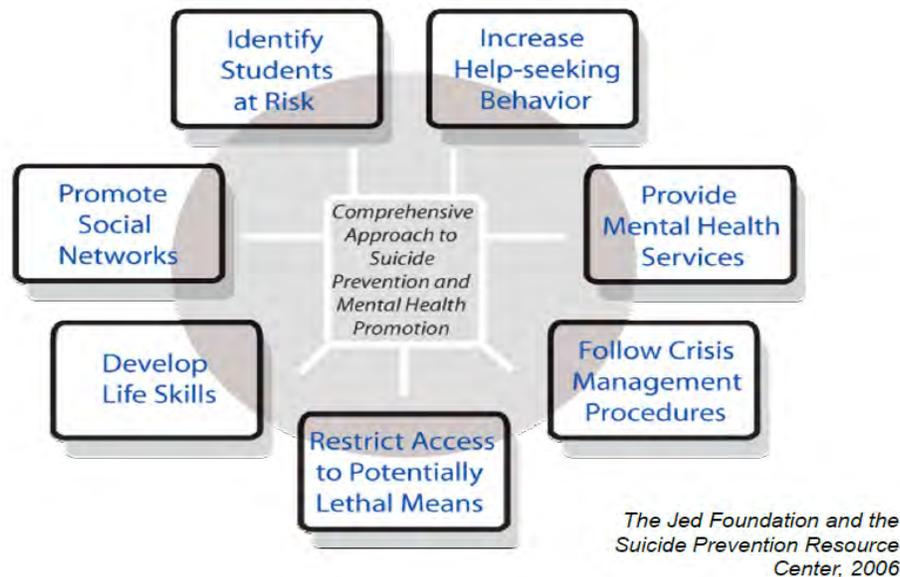
All campuses in the cohort will convene annually for a conference, implemented by Forefront, through the Department of Health's federally funded Suicide Prevention Works grant. Student groups at the participating campuses that engage in behavioral health promotion activities will be invited to an annual student leadership showcase to share their work and network with other like-minded student groups.

Appendix VI:

A Framework for Higher Education: The Jed Campus Program

No matter what setting is the focus of attention, suicide prevention remains a complex issue requiring a comprehensive, sustained approach. As discussed, institutions of higher education, like secondary schools, are an important system that interfaces with young adults, a significant fraction of whom are at-risk for suicide. Fortunately, a framework to develop a comprehensive approach to suicide prevention within institutions of higher education is currently available.

Founded in 2000, the New York City-based Jed Foundation is the nation’s leading voice in the world of suicide prevention for higher education. When developing its core work—namely a comprehensive approach to suicide prevention to be implemented by numerous colleges and universities through the Jed Campus Program—the foundation turned to the model used by the U.S. Air Force Suicide Prevention Program.



For this report, we will use the seven-point framework first developed by the Jed Campus program and the national Suicide Prevention Resource Center. This framework includes the following elements:

- *Provide Behavioral Health Services:* A variety of mental health and substance use disorder services should be made available on campus, as well as strong communication with local providers for longer-term care when needed. Ensuring adequate staffing and hours that meet student needs also deserve significant attention.
- *Follow Crisis Management Procedures:* The development of clear, easily accessible policies to prevent suicidal behavior, to intervene when a student demonstrates suicidal behavior,

and to respond to a suicide death is essential to any campus. Strategic planning is also needed to help a college or university build an emotionally healthy environment.

- *Restrict Access to Lethal Means:* Banning or limiting firearms on campus and establishing safe storage policies for prescription medications are effective measures to prevent student suicides. Campuses also should conduct annual walk-throughs to ensure that access to balconies, rooftops, windows, bridges, toxic chemicals, and other potentially fatal dangers are minimized.
- *Develop Life Skills and Student Wellness:* College students are learning about relationships, independence, friendship, money management, work-life balance, among other life issues. Programming to help them learn healthy habits will aid in reducing stress levels.
- *Promote Social Networks:* Connectedness helps to protect students from isolation and is a protective factor against suicide. By offering students a multitude of engaging ways to live, play and learn together, a campus can support the emotional health of its students.
- *Identify Students at Risk:* Procedures should be in place to help freshmen and transfer students connect with counseling and disabilities services, particularly for those students who enter with a history of a mental health condition or substance use disorder. Proactive screening for behavioral health disorders and suicide risk is critical. Additionally, high quality gatekeeper, or recognition and referral, training should be widely available across campus.
- *Increase Help-seeking Behavior:* A variety of methods should be used to encourage students with mental illness and addiction needs to come forward. Student-led clubs and stigma-busting campaigns should be offered; projects to bring behavioral health awareness into the mainstream also carry real value.

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