

Husky Help & Hope (H3) Strategic Plan—Executive Summary

University of Washington, November 2014

BACKGROUND

In October 2013, the University of Washington (UW) and Forefront: Innovations in Suicide Prevention received a three-year federal grant from the Substance Abuse and Mental Health Services Administration to design and implement a campus suicide prevention program, known as Husky Help & Hope, or H3. Over the course of six months, a broad-based group of stakeholders from across campus met to develop this strategic plan, based on a campus suicide prevention needs assessment.

Nationally, the suicide rate among college students is 7.5 per 100,000 and the UW suicide rate over the past five years aligns with this. According to national data, about 10 percent of college students experience suicidal ideation and 1.5 percent make an attempt. We do not have data on student suicidal ideation at UW. An average of about five student suicide attempts per year were documented by UWPD over the past five years, however, we know this figure is under-reported. If UW were in line with national averages, there would be over 600 student suicide attempts annually.

We learned from the needs assessment that UW, not unlike many universities across the country, has a need for improvement in the following areas:

- Screening students for unmet behavioral health needs
- Increased awareness about how to identify students in distress and existing campus resources
- Data collection and protocols for responding to students in distress and in the aftermath of a suicide
- Additional on-campus behavioral health resources

This strategic plan is designed to help us address these gaps with the following goals in mind:

- To increase calls to SafeCampus by students, faculty, and staff about self-harm which will indicate increased awareness about the warning signs of students in distress
- To increase help-seeking of campus resources by students who have unmet behavioral health needs and to improve identification of these students
- A 50% reduction in student suicide deaths and attempts by 2020, necessitating improved data collection of these outcomes

1. DEVELOP AND DISSEMINATE PROTOCOLS FOR STUDENTS IN DISTRESS AND IN THE AFTERMATH OF A SUICIDE

While the University has an array of mental health resources for students, there are no formal broadly disseminated protocols to assist faculty, staff, and student peer helpers in uniformly responding to students in distress. Such protocols would allow the University to take a more proactive approach to identifying students at-risk, to streamline a coordinated response to these students, and to ensure an appropriate University response in the aftermath of a suicide.

- Goal: Develop and disseminate clear, widely recognized protocols for identifying and responding to students in distress such that faculty, staff, and student peer helpers feel knowledgeable about what to do if they are concerned about a student.

- Stakeholders have developed protocols in four areas: (1) Identification of students in distress; (2) Intervention with those students; (3) Re-entry for students coming back to campus after a behavioral health-related absence; and (4) postvention after a suicide.
- Beginning in academic year 2014-2015, these protocols will be widely disseminated across campus and will be included in all faculty/staff/student suicide prevention and related trainings.

2. IMPROVE DATA COLLECTION ON STUDENT BEHAVIORAL HEALTH SERVICE UTILIZATION AND SUICIDAL BEHAVIOR

The University does not systematically collect and review data related to student use of on-campus behavioral health resources, wait times to receive campus behavioral health services, student behavioral health needs (including suicidal ideation), suicide attempts, and suicide deaths. Understanding this data is imperative to plan staffing to address student behavioral health needs and suicide prevention programs and to evaluate these efforts.

- Goal: Enhance and synchronize data collection in these areas such that all relevant campus entities (SafeCampus, Counseling Center, Hall Health, Health & Wellness, UWPD) are collecting the same data to provide an accurate portrait of student behavioral health on the UW campus.
- Available baseline data have been collected for the past five years.
- Data collection measures will be streamlined, enhanced, monitored and reported at quarterly H3 stakeholder meetings throughout the remainder of the grant.

3. MONITOR AND ADDRESS CAMPUS BEHAVIORAL HEALTH RESOURCE CAPACITY

It is conceivable that the promotion of SafeCampus, the implementation of behavioral health screening for targeted students, and increased training of faculty, staff, and students may result in an increased demand for campus behavioral health resources. This is of particular concern since the UW is significantly understaffed compared to national recommendations. A national study of college mental health recommends that a university have one mental health counselor for every 1,000 students, which would be 43 counselors at UW. However, UW only has 26 FTE mental health counselors, representing a 40 percent deficit compared to national recommendations.

- Goal: Closely monitor the need for increased campus behavioral health resources and respond to that need swiftly and appropriately.
- Data on student use of behavioral health resources and suicide/self-harm calls to SafeCampus will be collected, aggregated, and reported on a quarterly basis.
- Stakeholders will develop a strategy to pursue additional campus behavioral health resources for behavioral health, using available data. This may necessitate financial support from the University.

4. TRAIN STUDENTS LEADERS, STAFF, COUNSELING STAFF, FACULTY, AND FIRST RESPONDERS

The University provides ad hoc suicide prevention training for small numbers of staff and student Resident Assistants, but there is no systematic training of faculty, staff, and student leaders who interface with students. Since the majority of students do not live on campus, faculty, staff, and student peer helpers can play a key role in recognizing students in distress and helping to keep them safe, if they are equipped with the requisite knowledge and skills.

- Goal: Train 100% of student-facing faculty and staff in recognizing students in distress every six years. Offer suicide prevention training opportunities for student leaders and first responders.
- Clinicians at the Counseling Center and Hall Health were trained in suicide assessment, treatment, and management during the 2013-2014 academic year.

- Determine which training modality (online vs. in-person) will work best for the UW campus through a small research study in 2014-2015 and roll out the preferred training to approximately 3,000 faculty/staff during the 2015-2016 academic year.
- Train a minimum of 500 student leaders in suicide recognition and referral each year.
- In 2015-2016, host an advanced clinical training for on-campus clinicians in the treatment and management of suicidality.
- In 2015-2016, sponsor a specialized training for first responders (UWPD and, if space available, Seattle PD).
- Develop a training dissemination plan to reach 100% of faculty/staff by 2020.
- Beginning in academic year 2016-2017, we need financing to continue providing training to faculty, staff, students, and first responders.

5. IMPROVE SCREENING FOR BEHAVIORAL HEALTH DISORDERS AMONG STUDENTS

There are two anonymous online behavioral health screening tools available to students, but they are not widely known nor is there a direct way to connect students who complete the screening tools with services for unmet needs. Screening can be used to help a university proactively identify and intervene with students in distress, particularly those who are less likely to self-refer for help.

- Goal: Increase behavioral health screening of UW students to identify students with unmet behavioral health needs and connect them to care.
- Elevate the placement of one anonymous screening tool on select UW websites and promote its use.
- With appropriate staffing, offer the American Foundation for Suicide Prevention's interactive screening tool to targeted groups of students on campus (e.g. student veterans, international students) or apply the tool universally for all incoming students. If we agree to implement this screening tool, the implementing agency (Counseling Center or Hall Health) would need funding for additional staff time and we would need funding for the software beginning in academic year 2016-2017.

6. TRAIN CLINICAL STUDENTS IN SUICIDE ASSESSMENT, TREATMENT, AND MANAGEMENT AND JOURNALISM STUDENTS IN MEDIA GUIDELINES FOR REPORTING ON SUICIDE

Due to recent state laws, all healthcare professionals are now required to receive training in the assessment and management of suicide risk. Of the graduate schools whose students are impacted by this legislation, only the School of Social Work currently offers this training to its students. It would be advantageous for the University to take a proactive approach by training healthcare professional students in suicide prevention prior to graduation. Professional students are at a formative stage in their careers and can study the material more in-depth than they can in a continuing education setting. Also, training healthcare professional students prior to licensure would exempt these professionals from their initial licensure requirement under state law. In addition, the media plays a critical role in shaping public opinion on behavioral health and suicide, but media professionals receive little to no training on how to responsibly report on these issues.

- Goal: Train 100% of professional students in clinical tracks in the College of Education, School of Social Work, School of Medicine, and School of Nursing in a minimum of six hours of suicide prevention education prior to graduation. Provide training for journalism students in the Department of Communication and the UW Daily staff on responsible reporting about behavioral health and suicide.
- In academic year 2014-2015, the College of Education and the School of Nursing will begin to offer suicide prevention training to their graduate level students and the UW Daily staff will be trained in responsible reporting about behavioral health and suicide.

7. BUILD SUSTAINABLE STUDENT ORGANIZATIONS FOCUSED ON BEHAVIORAL HEALTH AND SUICIDE PREVENTION

UW has a vibrant and active undergraduate student organization—Huskies for Suicide Prevention and Awareness (HSPA). However, there is no current chapter of Active Minds, a national college mental health organization, and there are no groups for students in addiction recovery or 12-step meetings on campus. Student groups are an essential component of changing the campus culture around behavioral health promotion and suicide prevention.

- Goal: To have sustainable student organizations that promote behavioral health and raise awareness about suicide prevention in order to create a campus culture that de-stigmatizes behavioral health disorders and promotes help-seeking behavior.
- Forefront will continue providing technical assistance to HSPA in implementing their annual H3 suicide prevention walk and other events related to Mental Health Awareness Week and a de-stigmatization and public awareness campaign.
- Stakeholders will continue discussing ways to advance behavioral health promotion efforts, including a potential Collegiate Recovery Program for students in addiction recovery.

8. BUILD AND MAINTAIN ONLINE RESOURCES

The University has no online hub for behavioral health information and resources.

- Goal: Improve the quality of and access to information about behavioral health disorders, campus resources, and online screening and treatment tools.
- Stakeholders will work with the Student Life Health Consortium to create a robust web portal for behavioral health resources that will sit under the larger UW health hub website that will be created.

9. SUSTAINABILITY PLANNING

Sustainability is a constant conversation among H3 stakeholders. Thus far, there has been excellent engagement in this initiative by stakeholders from across campus.

- Goal: Ensure that activities begun under this initiative continue beyond the life of the grant to preserve the progress that was achieved during the grant.
- Sustainability will be discussed at our quarterly meetings for the remaining two years of the grant and an explicit sustainability/grant transition strategy will be developed with resources identified to sustain the program.

10. POLICY AND KNOWLEDGE SHARING WITH INSTITUTIONS OF HIGHER EDUCATION

The need for improvement in suicide prevention readiness is not unique to UW. We seek to build momentum around improving suicide prevention readiness across institutions of higher education in Washington State.

- Goal: Leverage knowledge gained from the H3 initiative to educate other institutions of higher education and to inform possible legislative action.
- Participate in the annual higher education suicide prevention conference, sponsored by the Department of Health and Forefront, beginning in 2015.
- Build a stakeholder group comprised of legislators and lobbyists from institutions of higher education to build consensus around possible next steps in the legislature to systematically improve campus suicide prevention readiness.