

# Mental Health Resources & Crisis Protocol



**Montana State University  
Bozeman, Montana**

*Academic Year 2016-17*

## Quick Resources

### Crisis Resources

University Police:	406-994-2121 or 911
Counseling & Psychological Services:	406-994-4531
Dean of Students:	406-994-2826
Bozeman Help Center (24-Hr)	406-586-3333
Hope House:	406-585-1130
Bozeman Deaconess ER:	406-585-1000
National Lifeline:	1-800-273-8255
Crisis Text Line:	741741

### Campus Resources

Counseling & Psychological Services	406-994-4531	<a href="http://montana.edu/counseling">montana.edu/counseling</a>
Suicide Prevention	406-994-4531	<a href="http://montana.edu/suicide-prevention">montana.edu/suicide-prevention</a>
Health Advancement	406-994-4380	<a href="http://montana.edu/oha">montana.edu/oha</a>
Activities & Engagement	406-994-6902	<a href="http://montana.edu/engagement">montana.edu/engagement</a>
Insight	406-994-5937	<a href="http://montana.edu/oha/insight">montana.edu/oha/insight</a>
Student Health	406-994-2311	<a href="http://montana.edu/health">montana.edu/health</a>
Nutrition Services	406-994-4380	<a href="http://montana.edu/health/nutrition">montana.edu/health/nutrition</a>
Office of Student Success	406-994-7627	<a href="http://montana.edu/success">montana.edu/success</a>
Career, Internship, and Employment	406-994-4353	<a href="http://montana.edu/careers">montana.edu/careers</a>
VOICE Center	406-994-7662	<a href="http://montana.edu/health/voice">montana.edu/health/voice</a>
Fitness Center	406-994-5000	<a href="http://montana.edu/getfit">montana.edu/getfit</a>
Diversity Awareness Office	406-994-5801	<a href="http://montana.edu/diversity">montana.edu/diversity</a>
Dean of Students Office	406-994-2826	<a href="http://montana.edu/deanofstudents">montana.edu/deanofstudents</a>

### Warning Signs

Intense sadness, depression, or anxiety	Changes in mood or behavior
Decline in academic/job performance	Poor class attendance/participation
Panic attacks in class	Irritability or agitation
Social withdrawal	Threats of harm to others
Threats of harm to self or killing self	Seeking means of harm/suicide-pursuing access to firearms, available pills, or other means
Verbal statements, class writings or social media posts that discuss:	
Loneliness or isolation	Hopelessness, worthlessness or pessimism
Suicidal behaviors, thoughts, or intention	Rage, uncontrolled anger, seeking revenge
Engaging in reckless or risky activities	Feeling trapped – like there’s no way out
Increased/problematic alcohol/drug use	Problems with sleep or appetite
A sense of failure, (real or perceived)	Loss-including deaths, relationships, school, jobs, etc.
Belief that there is no reason to live	Lack of purpose or fear of being a “burden”

## Introduction

This Mental Health protocol was designed to assist faculty, staff, parents, and students in learning about available resources for managing mental health issues and student crises. Approximately 22% of college students experience depression at some point during their time at school, and almost one in ten have seriously contemplated suicide (Jed Foundation). Suicide is the second-leading cause of death among college students (CDC, 2013). At Montana State University, preventing suicide is everyone's job, and requires a coordinated effort throughout all components of the university. Many students may not be depressed or suicidal, yet still struggle with anxiety, substance abuse, or other mental health issues.

When students exhibit warning signs or self-identify with any of these issues, it's important that the MSU community knows how to support them and their continued academic success. Research consistently shows that support from others and getting treatment helps: thoughts of suicide diminish, symptoms are treated, hope is instilled, academics improve, and life gets a bit less distressing. Many students experience struggles at some point during their college career, many of whom reach out to a parent, friend, or trusted faculty/staff member.

Montana State University – Bozeman is committed to suicide prevention and providing appropriate services for students in distress. Strengthening existing policies, procedures and prevention efforts also furthers this commitment. College mental health advocacy groups (The Jed Foundation & The Campus Program), the Suicide Prevention Resource Center, and the Substance Abuse Mental Health Services Administration also recommend the creation of such protocols to further suicide prevention and enhance mental health treatment.

This protocol was written by staff members in Counseling & Psychological Services (CPS), Residence Life, Dean of Students, Student Health, and University Police, with input from the MSU Mental Health Task Force. Additional support was provided by the Garrett Lee Smith Campus Suicide Prevention Grant #1U79SM061796-01.

### *Additional Acknowledgements:*

*Pensacola State College*

*College of the Holy Cross*

*The Campus Program*

*The Jed Foundation*

*Suicide Prevention Resource Center*

*Higher Education Mental Health Alliance*

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## Awareness & Prevention

### Suicide Prevention/Gatekeeper Training

One of the best ways to prevent suicide is teaching everyone in the community how to recognize warning signs of suicide and intervene. Because of the prevalence of suicidal thinking among college students, and because of the supportive role everyone on campus can take as a gatekeeper to help, it is recommended that as many students, faculty, and staff as possible receive this training, and that new faculty/staff receive this training at existing orientation sessions. MSU offers several gatekeeper training options:

### **Question, Persuade, Refer (QPR)**

QPR is a 60-minute presentation that teaches how to recognize warning signs and risk factors for suicide, how to instill hope, and how to refer a suicidal person to appropriate mental health care. CPS provides QPR training at various times throughout the semester to the campus community, and is also available to come to faculty/staff/organizational meetings to provide the training for smaller groups.

### **Kognito Online Training**

MSU subscribes to Kognito, an online training module that teaches faculty/staff how to recognize and respond to students who may be experiencing distress or suicidal thinking. Similar to QPR, it provides instruction for how to reach out to an at-risk student and refer them to appropriate resources. It is a web-based module that can be accessed at home or office at: [www.kognitocampus.com/login](http://www.kognitocampus.com/login), access code: msuboze.

There is also a student module that provides guidance and role-play to instruct students how to recognize and assist a peer who may be experiencing mental health issues and suicidal thoughts. It can be accessed at: [www.kognitocampus.com/login](http://www.kognitocampus.com/login), access code: msuboze16.

### **College Student SOS (Signs of Suicide)**

College SOS is designed to teach students the signs of depression and suicidality. Through an interactive online student portal accessed at: [collegesos.org](http://collegesos.org), access code: montanastateuniv. In-person College SOS training is also available, and can be scheduled through Counseling and Psychological Services.

### **Prevention Website**

A website is available that outlines prevention efforts and resources at MSU, including risk factors, warning signs, crisis resources, and mental health counseling. It can be accessed at: [www.montana.edu/suicide-prevention](http://www.montana.edu/suicide-prevention).

Educational/Preventive Programming

MSU provides a wide variety of educational and developmental programming to help students navigate their collegiate experience. This programming is designed to provide preventive intervention to help students avoid developing more serious mental health issues, or to help facilitate early intervention and treatment should students experience mental health issues or crises. Seminars on the following topics are available:

- |                            |                                      |
|----------------------------|--------------------------------------|
| Time/Stress Management     | Study Skills                         |
| Coping with Depression     | Coping with Anxiety                  |
| Test Anxiety               | Substance Use/Abuse                  |
| Eating Disorders           | Body Image                           |
| Sleeping Better            | Relationships                        |
| Sexual Violence Prevention | Diversity/Multicultural Issues       |
| Relaxation                 | Physical Health                      |
| Mental Health              | Adjusting to University Life         |
| Nutrition                  | Health/Fitness                       |
| Sexual Health/Sexuality    | Safe Zone Training for LGBTIQ issues |
| Career/Internship Planning | Resume Writing                       |
| Financial Planning         |                                      |

Many of these programs are available at various times throughout the semester, or by special invitation to residence halls, classes, or student groups. To see what is available or to schedule a seminar for your group, contact the following offices:

- |                                     |              |  |
|-------------------------------------|--------------|--|
| Counseling & Psychological Services | 406-994-4531 | <a href="http://montana.edu/counseling">montana.edu/counseling</a>     |
| Health Advancement                  | 406-994-4380 | <a href="http://montana.edu/oha">montana.edu/oha</a>                   |
| Insight                             | 406-994-5937 | <a href="http://montana.edu/oha/insight">montana.edu/oha/insight</a>   |
| Student Health                      | 406-994-2311 | <a href="http://montana.edu/health">montana.edu/health</a>             |
| Student Success                     | 406-994-7627 | <a href="http://montana.edu/success">montana.edu/success</a>           |
| Career, Internship, and Employment  | 406-994-4353 | <a href="http://montana.edu/careers">montana.edu/careers</a>           |
| VOICE Center                        | 406-994-7662 | <a href="http://montana.edu/health/voice">montana.edu/health/voice</a> |
| Fitness Center                      | 406-994-5000 | <a href="http://montana.edu/getfit">montana.edu/getfit</a>             |
| Diversity Awareness Office          | 406-994-5801 | <a href="http://montana.edu/diversity">montana.edu/diversity</a>       |

Student Involvement

Becoming involved in student life is highly encouraged to facilitate social connections and engagement with the campus and community of Bozeman. There are many student organizations, clubs, activities, and volunteer opportunities:

- |                                   |              |  |
|-----------------------------------|--------------|--|
| Office of Activities & Engagement | 406-994-6902 | <a href="http://montana.edu/engagement">montana.edu/engagement</a> |
|-----------------------------------|--------------|--|

## Identifying Students at Risk & Accessing Clinical Services

There are multiple venues in which a student may be identified as being at risk for distress, crisis, or suicide, either by self-identification or identification by a concerned party. When such students are identified, MSU staff strives to get help and support for them as soon as possible. This typically involves facilitating access to mental health care at CPS, or a referral to the appropriate campus/community agency for clinical services and case management. MSU students, faculty, and staff are encouraged to reach out and ask students about whom they feel concerned if they are having thoughts of suicide.

### Screening for Mental Health Issues

There are multiple venues for students to be screened, either anonymously or in person, for mental health symptoms:

#### **Online Screening Program:**

MSU subscribes to an online screening program through Screening for Mental Health. Students can take a screening for depression, anxiety, PTSD, bipolar depression, substance abuse, and eating disorders. The link is customized to provide MSU-specific information and crisis referrals. Students can access the link at: <http://screening.mentalhealthscreening.org/montanastateuniv>.

#### **In-Person Assessment:**

Students can be assessed for any mental health or substance use issue at Counseling & Psychological Services, Student Health Services, or Insight.

### Substance Use Education/Screening

#### AlcoholEDU:

All incoming students are required to complete AlcoholEDU, which provides substance use education and helps students assess their use, attitudes, and behaviors around substance use.

#### Insight:

The Insight office provides assessment for substance use issues, as well as education and counseling. Insight offers referral assistance to students and their friends and provides support to friends and family affected by someone else's use/abuse. They provide workshops, seminars and training around alcohol and other substance misuse/abuse.

**University Police (UPD):**

As first responders, UPD officers are trained to respond to students at risk, how to access emergency services, and how to refer to appropriate emergency and after-care resources. UPD can be contacted in the event of an emergency when a student's life is in immediate risk, or the safety of others is in immediate risk. UPD may also be called when the level of risk is unknown or a welfare check is desired. UPD can provide risk assessment and facilitate further assessment by Counseling and Psychological Services or the community Crisis Response Team (CRT), as well as transport a student to the Emergency Department or Hope House. UPD can also notify the Dean of Students for follow-up and after-care following a crisis.

**Counseling & Psychological Services (CPS)**

As the primary mental health agency on campus, CPS is aware of students at risk when they present to CPS, either by self-referral or referral by a concerned party. CPS staff members follow appropriate legal and ethical guidelines when managing suicidal or mental health crises, and will manage crises in accordance with best clinical practices. This may include creating a safety plan with a student, obtaining releases of information to consult with individuals/agencies who may be supportive, or, in rare cases, breaking confidentiality as allowed by law to protect the student or others. Following a suicide attempt of a client, CPS staff will continue to work toward enhancing resources for the client, as well as provide on-going safety planning and risk assessment. To access CPS services:

***During CPS Business Hours (M-F 8-5):***

CPS can always be contacted to provide support, guidance and consultation regarding an at-risk student. Students in imminent risk can be scheduled for a same-day appointment. Referring parties can call CPS or walk a student in to the office to request an appointment. CPS staff will assess risk and create a safety and follow-up plan that best meets the needs of the student. CPS staff will attempt to obtain a release of information to follow-up with the referring party to provide some additional support and closure about the student's well-being.

***CPS After Hours Services:***

CPS provides 24-hour on-call services to the MSU community to provide consultation regarding students at risk or university crises, as well as on-site assessment or crisis response. Residence Life, UPD, clients, and other staff or administrators can access on-call services by calling the Bozeman Help Center at 406-586-3333 and requesting contact with the CPS on-call staff.

**Student Health Services (SHS):**

SHS routinely administers the Patient Health Questionnaire (PHQ-2) to students arriving for medical care, and based upon assessment results, the PHQ-9, or GAD-7 is administered. Students presenting with symptoms of depression, anxiety, or suicidal ideation may be referred to CPS, followed by SHS clinicians, or jointly followed. As medical providers, SHS clinicians are trained to assess/manage risk, and may refer to CPS or appropriate agencies for further assessment or follow-up care if needed. The SHS uses case management to provide ongoing follow-up to students with diagnoses of depression or anxiety. The SHS also has a psychiatrist on staff to assist with complex cases. SHS and CPS are located in the same building which facilitates easy communication, consultation, and referrals. A student calling the SHS main number (406-994-2311) after regular hours has the option to talk to a free nurse advice service. These nurses work off national protocols and would refer the student to local resources depending on the urgency of the situation.

**Dean of Students Office (DOS):**

The DOS office is often notified of students at risk from other campus personnel, students, family members, or community members, either by phone, email, in person during on-call hours, or through an electronic report. They also receive incident reports from Residence Life and University Police. The DOS office follows up on notifications of a student thought to be at risk by requesting that the student come in to meet with a member of the DOS- most often the Associate Dean or a Campus Safety & Welfare Team (CSWT) case manager. Following such a meeting, the DOS determines whether or not the student should be added to the CSWT list and secures releases to appropriate resources (such as Student Health Services or Counseling and Psychological Services). The DOS makes referrals to CPS to facilitate assessment and treatment for those at risk of suicide, or those who would benefit from counseling. At times, the DOS personnel will walk a student to CPS to be seen for a crisis or urgent appointment. The Campus Safety and Welfare Team (CSWT) discusses and tracks students who may be at risk.

In situations where an at-risk student is not willing to seek CPS/campus services, the DOS can be contacted to initiate contact with the student of concern. DOS staff can invite them to a meeting where a referral to CPS or appropriate campus agency can be made. The DOS Office has an on-call staff member available each day to meet with students. DOS staff often reach out to parents or other agencies to support students who are suicidal or in crisis. DOS staff can also be contacted to consult about options for support or to share concerns.

**Residence Life and Family and Graduate Housing (FGH):**

Residence Life and Family and Graduate Housing staffs are required to be trained in QPR and crisis response. They receive training in making referrals to counseling/campus agencies, as well as in crisis intervention procedures and after-hours crisis call options. They may also walk students to CPS for same-day appointments or request a CPS staff member to come to the residence hall if the student needs to be assessed on-site or is unwilling to come to CPS. If they are aware of a suicide attempt, they are trained to follow up with the student and offer an expression of concern, as well as the offer to help the student access appropriate resources such as CPS and DOS.

**The MSU Victims Options in the Campus Environment Center (VOICE):**

The MSU VOICE Center staffs a 24-hour support line for those who have experienced sexual violence as primary or secondary survivors. They are trained in how to handle related crises, including referrals to CPS and how to manage callers who indicate suicidal ideation.

**MSU Veteran Services:**

Veteran Services staff members have experience in working with complex issues veterans face. They often identify veterans who are at risk, and provide referrals to CPS, campus agencies, and options in the state or within the Veteran Affairs Administration.

**Faculty/Staff:**

Faculty or staff members may learn of a student in distress in various ways, such as through conversation, student writing, or class assignments. Faculty and staff members can contact CPS or DOS staff for consultation about their concerns and how to facilitate a referral, or they may walk the student to CPS to schedule an appointment. They can also call UPD to conduct a welfare check.

**Friends, Family, or Community Members:**

Those closest to students at risk may see signs of distress before others do. Students at risk often turn to trusted friends, family, or mentors when experiencing a crisis or distress. Friends and family can call CPS to consult about how to help the student access appropriate resources. They can also call the DOS for assistance in reaching out to the student, or to UPD to conduct a welfare check. If the student of concern lives on campus, Residence Life or Family & Graduate Housing staff can also be contacted to facilitate a welfare check and referral to campus support services. Friends, family, or community members can contact Insight for support or referrals for students involved in substance misuse/abuse.

**Hope House:**

The Hope House, Bozeman's crisis stabilization unit, may also identify students at risk when they present there. Students may self-refer to Hope House for crisis stabilization, or they may be referred there by other clinicians/agencies. Students who are current clients at CPS will be asked to sign a release of information to facilitate after-care, including appointment scheduling and disclosure of records. All MSU students who present at Hope House are asked to sign a release of information for the DOS in order to initiate support services, including assistance with class and referrals to CPS, Residence Life, or other campus agencies.

**Emergency Department (ED) or Crisis Response Team (CRT):**

Students who are evaluated by the ED or CRT who are deemed safe to be released are referred to CPS for after-care. ED and CRT staff obtain appropriate releases of information and fax appropriate records. CPS has a standing 1:00 crisis hour that ED/CRT staff can directly schedule for students, so a next-day appointment is in place for them upon discharge.

**Bozeman Help Center:**

The Bozeman Help Center staffs a 24-hour crisis line, as well as provides community referrals. If an MSU student calls the Help Center, they can be referred to CPS or receive crisis response or support as needed. Staff and volunteers at the Help Center offer anonymous support and crisis response and many students access support through them.

## Campus Safety & Welfare Team (CSWT )

Nationally, college campuses are seeing growing trends regarding more serious mental health issues and increased unsafe behaviors leading to harm or death. As a result, MSU has created the Campus Safety and Welfare Team (CSWT). In order to promote the safety and wellness of the University community, the CSWT addresses behaviors that are disruptive or concerning, which may include mental health and/or safety issues.

The CSWT is a multi-disciplinary team comprised of University officials with the responsibility of discussing, assessing, and responding to reports of students who are demonstrating disruptive or concerning behaviors. The CSWT utilizes a core group of members who meet and assess issues of safety and welfare. The CSWT is designed to be a centralized entity that is proactive in providing swift, coordinated, caring, and developmental intervention to members of the campus community prior to, or following, crisis.

The CSWT balances the individual needs of the person of concern and those of the greater campus community. A person of concern is any individual who demonstrates disruptive or problematic behavior, expresses personal difficulties that interfere with personal or academic functioning, exhibits mental or emotional instability, or otherwise causes members of the campus community to feel apprehension for their own safety, the safety of others, or the safety of the student of concern.

The CSWT will address cases in a structured and positive way to minimize “fragmented care,” enact supportive resources, and curtail the disciplinary process. CSWT will recommend a plan of action that may include reaching out to the student of concern to offer support and resources. They will also offer follow-up meeting with faculty, staff, and students (as appropriate) to provide ongoing coordination of care to enhance the safety and success of the student of concern. If it is appropriate, they may include other family members or parents of the student to assist in coordinating care.

Referrals to the CSWT can be made by any faculty, staff, student, or community member who has a concern for a person’s safety or welfare. Reports can be made through e-mail (aaron.grusonik@montana.edu), phone (406-994-2826), or on the CSWT website (<http://www.montana.edu/wwwds/concern.html>). If necessary, reports can be taken anonymously. In the case of a report of imminent or unusually high risk, members may be called to meet immediately for a Behavior Intervention Meeting (BIT) or it may be dealt with directly by University Police.

## Academic Assistance

Students who are experiencing an acute mental health crisis, or students who have experienced mental health issues that have impaired their physical, emotional, or academic functioning, have several options within the university to support them. These options include: missing class, dropping a portion of their credits, obtaining an incomplete, withdrawing from the university, obtaining a Retroactive Withdrawal, and/or working with MSU's Disability Services to discuss the possibility of reasonable accommodations. Anyone interested in learning more about these processes can call the Dean of Students office for assistance.

### *Documentation of Mental Health Crisis or Mental Health Issues:*

As students seek assistance with their academic issues through the University, they are often encouraged to provide documentation from those with whom they have a previous or on-going treatment relationship (clinicians at Student Health Services, Counseling and Psychological Services, or in the community), or from university staff who have historical knowledge of the student's issues (e.g. Office of the Dean of Students). Please note that clinicians or university staff cannot provide documentation for past events or symptoms of which they have no knowledge or history. If a student seeks documentation by someone without this knowledge/history, a clinician or staff member can only provide documentation based upon the student's current status and report, which may not be sufficient to document a crisis or on-going mental health impairment.

### *Recommended Withdrawal or Leave of Absence:*

If a student has experienced an acute crisis or chronic mental health issues (e.g. severe depression, suicidal thoughts/attempts, substance use, homicidal ideation, etc.) to the extent that it disrupts personal/academic functioning, threatens the safety of self or others, or causes behavioral disruption, a withdrawal may be recommended. In cases when behavior (unrelated to mental health issues) is a violation of the Student Code of Conduct, students may be mandated to leave or suspended from the university. This may be recommended by the Dean of Students, the Campus Safety and Welfare Team, or other university staff/faculty. This is to ensure the health, safety, and well-being of the at-risk student, as well as other members of the MSU community.

### *Reinstatement:*

Students who wish to return to school following a mental health issue or crisis may do so. MSU values the health, well-being, and academic success for all students, and will work with students to evaluate their readiness to return to school. Each case will be evaluated depending on the unique needs and situation for each student; this may entail a meeting with the Dean of Students Office, and/or documentation of assessment/treatment and readiness to return to school. This evaluation is to ensure that students have an appropriate after-care plan in place, which might include on-going counseling, meetings with Dean of Students Office staff, or support from other campus/community resources. Reinstatement and continued enrollment may be contingent upon the student's compliance in providing requested documentation and adherence to the after-care plan.

MSU is committed to maintaining an environment free of discrimination of any type. Please see [www.montana.edu/policy/discrimination/](http://www.montana.edu/policy/discrimination/) for MSU's non-discrimination policy.

## Postvention: Responding to a Student Death or Suicide

The death or suicide of a student can have a profound, wide-reaching effect on the campus community. Estimates are that for every suicide, 25 people are deeply impacted and 115 people affected (Cerel, 2015); however, on a college campus with students living, working, socializing, and attending classes so closely together, the number of those impacted by a student death or suicide may be much higher.

A standard, postvention protocol for responding to a student death provides support for the grief response of those impacted, helps to restore stability to the campus environment, and, in the case of suicide, can potentially mitigate the risk of additional suicide attempts, completions, or suicide clusters.

It is vital that individuals in the campus community receive grief counseling, crisis debriefing, and information about grief, loss, suicide, and available counseling/crisis resources. Everyone responds differently to a loss, and many internalize their feelings and reactions and can appear “fine.” It’s important to have this information to facilitate the grieving process, let students know their available options, and curtail any crises or suicides that may stem from the initial death. Also, it lets the community know that MSU is supportive of them during this time, even if they choose not to utilize the services offered. This plan provides a protocol for responding sensitively, respectfully, and systematically in the wake of a student death or suicide.

### Response

After learning of a student death or suicide, the Dean of Students Office (DOS) will serve as a communications hub to facilitate a university response by notifying the appropriate offices/individuals. Students with the same name should also be notified, to avoid possible misinformation; they should be advised to alert friends and family of their well-being to avoid unnecessary stress, panic, or worry. Representatives from the Division of Student Success are available to provide consultation to the President, University Communications, and others as needed regarding the notification of the death. **See the appendix for the Deceased Student Protocol and a sample email for campus notification.**

### Counseling & Psychological Services (CPS):

The DOS will notify the CPS Director, Assistant Director, and Outreach Coordinator of the student death, as well as the academic department in which the student was enrolled and any other known groups who would benefit from outreach (e.g. residence halls, clubs, organizations, etc.). If necessary, the death can be reported after-hours by using the CPS on-call system.

CPS will provide outreach (including after-hours) to those identified by DOS or other MSU staff as being impacted by the student death. This outreach includes:

- \*Consultation about how to notify professors, staff, or other students.
- \*On-site grief counseling/crisis debriefing for faculty, staff, students.
- \*Information about grief, loss, or suicide.
- \*Resources available for counseling, or crisis/suicide.

Student deaths often have a large or wide-reaching impact, so as other individuals or groups are identified, it is imperative that CPS be made aware of them so that as many individuals as possible receive this outreach.

CPS will offer on-site grief counseling and crisis debriefing, as well as be available for walk-in services in the days following the student death and community notification. Services will be available to faculty, staff, students, and parents/non-students (as appropriate).

In addition to educational/prevention materials regarding grief, loss, and suicide, it may also be useful to provide psychoeducational or preventive materials when causes of death include preventable accidents, alcohol/drug use, violence, car accidents, etc., as appropriate.

### Student's Academic Department

The DOS will notify the student's academic department. This facilitates notification, as well as helps identify those who could benefit from grief counseling and grief/crisis debriefing. The Dean or Department Head should notify other faculty, staff, or students as appropriate. The members of that department can consult with DOS and/or CPS for support and guidance in this process. Academic Departments should work collaboratively with DOS and CPS to facilitate appropriate notification, grief counseling, and crisis response. See the appendix for a sample email for campus notification.

### Residence Life/Family & Graduate Housing

If the student was a resident in campus housing, the DOS should notify appropriate Residence Life staff. CPS, DOS, and Residence Life staff will work collaboratively to ensure timely notification and grief/crisis debriefing, as well as to identify additional students or groups who may be impacted.

### Family Contact

Communication with the family needs to be respectful of their needs and emotions. Information about the student death and circumstances surrounding it should not be disclosed to the campus community until the family has been notified and consulted. In discussions with the family, university officials may determine what they prefer is or is not disclosed to the campus community regarding the death of their student and any funeral or memorial arrangements they'd like to communicate to the campus community.

When the student died by suicide, it can be helpful to inquire if this information can be shared in order to keep students safe and to help prevent additional suicides due to suicide clusters. If the family refuses to permit disclosure of the cause of death, campus communication should read: "The family has requested that the circumstances of (student's name) death not be shared at this time."

### Campus Media

Campus and student media should work with CPS to provide direction on risks and guidelines when reporting a campus suicide. Because of the risk of suicidal imitation or contagion by vulnerable individuals, it is imperative that media follow recommendations about how to report/discuss a student suicide in order to mitigate risk. This may entail breaching typical journalistic practices by allowing a mental health professional or suicide prevention specialist to proofread a story to ensure reporting is accurate and free from language that would increase community risk. Collaboration with campus/student media can also facilitate communication about postvention efforts and educational/support resources.

Additional resources for reporting on suicide and mental health issues can be found at:

<http://reportingonsuicide.org/Recommendations2012.pdf>

<http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

### *Social Media:*

If individuals voice suicidal thoughts/comments via social media, or indicate acute distress, they should be referred to CPS or DOS for support. The Dean of Students Office can also be notified to enable staff to reach out to a student of concern. Additionally, Facebook has a system for reporting suicidal threats or content: [www.facebook.com/help/contact/305410456169423](https://www.facebook.com/help/contact/305410456169423).

### *Memorials and Posthumous Degrees:*

When considering memorial events, it is important to consider the need to honor the deceased, while also being mindful of the risk of the contagion effect with suicide. Consultation with the family, campus departments, and university organizations is encouraged when considering whether or not to hold a memorial event. Responses to a suicide death should be similar to those of other student deaths. Representatives from CPS should be in attendance at memorials for students who died by suicide in order to offer resources, offer consultation to those leading the memorial about how to appropriately address the suicide, and to respond to those in distress.

MSU has a posthumous degree policy which can be found at <http://www.montana.edu/policy/posthumous/>. If the deceased student meets the requirements, MSU may recommend to the Board of Regents that a posthumous degree be awarded.

### *Following a Suicide:*

Public memorials, in person or online, can potentially affect the suicide risk of others by influencing survivors to imitate or model the suicidal behavior of the deceased student. When the cause of death is suicide, it is important not to over-emphasize or glamorize the state of “peace” the deceased may have found through death. The quality of the afterlife, contrasted with the emotional pain or suffering the suicidal person may have experienced, should not be emphasized in a public gathering or online: The lure of finding peace or escape through death may add the attractiveness of suicide for those who might be experiencing similar struggles. Similarly, suicide should not be normalized by interpreting it as a reasonable response to distressful life circumstances.

These risks can be mitigated by emphasizing the positive accomplishments of the deceased student, separate from the cause of death. Further emphasis can be placed on the need to support those with mental health issues, the need to remove stigma and prejudice for mental health treatment, and empowering help-seeking. This serves to motivate the community to support its members, rather than contribute to its collective guilt.

### *Online Memorials/Discussion:*

Students often turn to the deceased student’s social media pages to post comments, tributes, pictures, etc. It can be helpful to post information about available resources on the deceased student’s pages, or on the pages of survivors. Posting the National Suicide Prevention Lifeline (1-800-273-8255) is one way to ensure that those in need have access to a free service, around the clock, and across the nation. Notification and social media discussions should not discuss the method of suicide, or glamorize the suicide in any way.

Recommended language for social media posts:

**“The best way to honor (Student’s Name) is to seek help if you or someone you know is struggling. If you’re feeling lost, desperate, or alone, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). The call is free and confidential, and crisis workers are available 24/7 to assist you. To learn more about the Lifeline, visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).”**

## Appendix A: Email Notification Template

Dear Members of (MSU or Campus Dept.):

I am deeply saddened to inform you of the tragic loss of a member of our [MSU or Dept] family.

[Name of student] [took his/her life/died] on [date]. We offer our deepest condolences to [student name]'s family, friends, and loved ones.

During this time of great loss, we are reminded of the importance of community. Losing a fellow student and member of our University can be very difficult. I encourage those who feel they may need additional support to contact Counseling & Psychological Services at 406-994-4531. In addition, grief counseling and a group debriefing is scheduled for [Date/Location].

If you need additional assistance with academic issues during this time, please speak with your professors or consult the Dean of Students Office at 406-994-2826.

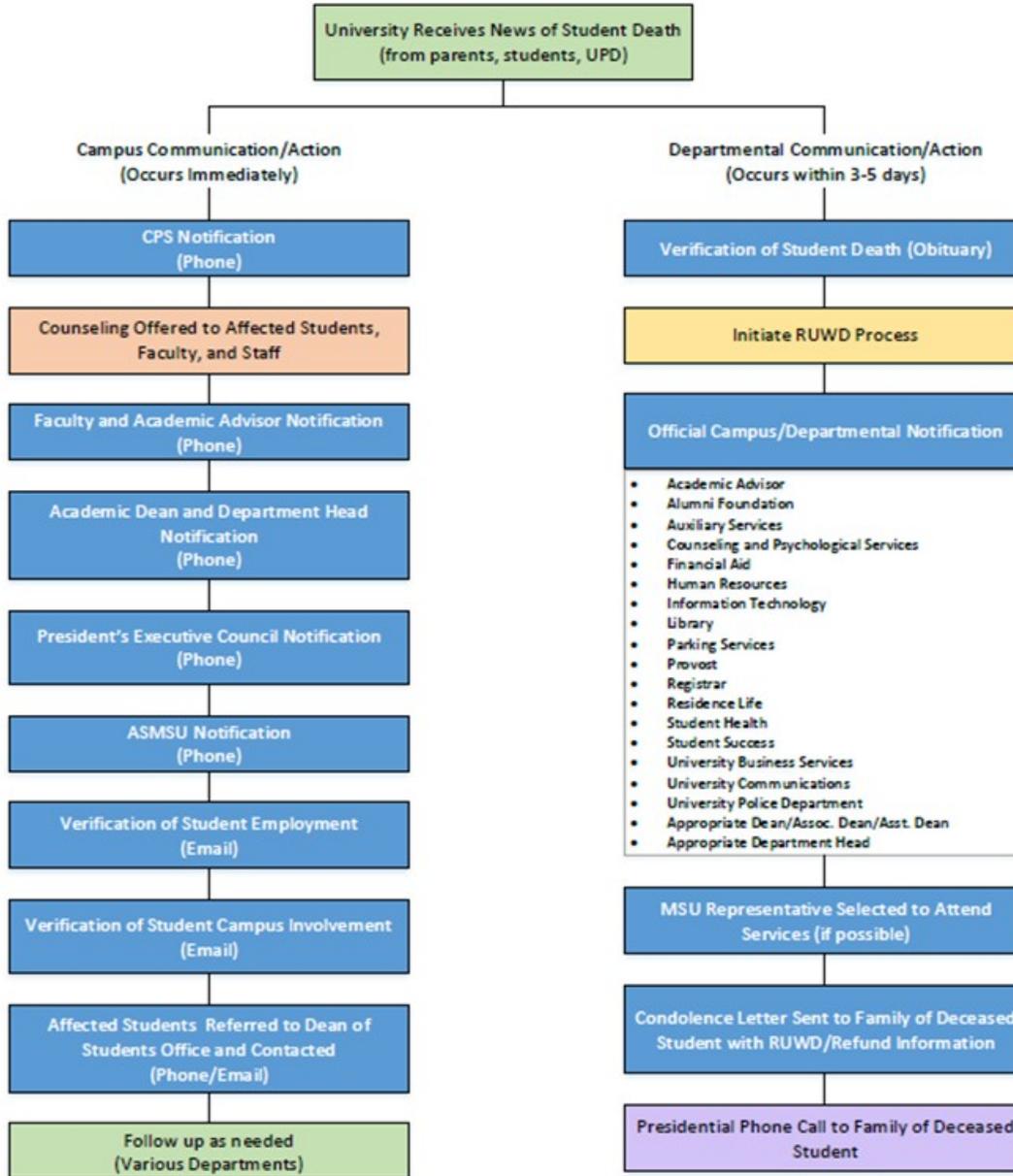
If you experience any thoughts of suicide, please call CPS at 406-994-4531. For after-hours assistance, please call 406-586-3333 or 1-800-274-8255. The Crisis Text Line is also a free, 24-hour service: Text MT to 741-741.

Whether you are experiencing common grief reactions or distress/thoughts of suicide, please know that there is a great deal of support available to you.

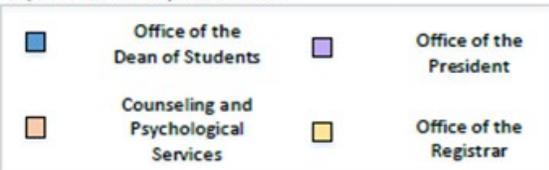
Sincerely,

# Appendix B: Deceased Student Protocol

## Deceased Student Protocol Office of the Dean of Students



Department/Office Responsible for Task:



Updated 1/12/2015

## References

Centers for Disease Control. (2013). Web-based injury query and reporting system. [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars).

Cerel, J. (2015, April 18). We are all connected in suicidology: The continuum of "survivorship." Plenary presentation at the 48th annual conference of the American Association of Suicidology, Atlanta GA. [data from Cerel, Brown, Maple, Bush, van de Venne, Moore, & Flaherty, in progress].

Jed Foundation. (2015). [www.jedfoundation.org/parents](http://www.jedfoundation.org/parents).