

**Tennessee State University Suicide Outreach, Prevention, Intervention and Postvention  
and Mental Health Wellness Promotion Plan**

Revised June 2020

The Suicide Outreach, Prevention, Intervention and Postvention and Mental Health Wellness Promotion Plan was developed to mitigate risk for suicidality among students matriculating at Tennessee State University as suicide is the second leading cause of death among college students with students of color presenting with higher intense responses to distress that include anxiety, depression, mood disorder, and self-harming behaviors. Additionally, House Bill 1354, which became effective July 1, 2019 and the supporting framework from the Higher Education Suicide Prevention Outreach and Prevention Curriculum Toolkit structure efforts included as a part of the plan for suicide prevention, intervention, and postvention as a campus-wide, community support to students, faculty and staff. These strategies promote the mental health wellness of students and lessen the risk of suicide.

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## **Prevention/ Assessment**

***Training of Faculty/Staff and Students:*** Annually trainings will be available to the campus for suicide prevention and response to distress. The Office of Service Learning and Student Engagement offer the Question, Persuade, and Refer (QPR), which is designed for the general community to employ basic detection and interviewing steps to refer appropriately students to next steps presenting with safety risk. Additionally, counseling staff will offer the Mental Health First Aid Training to provide a common language, and response approaches to briefly assess risk for students and identify self-help and other supports as next steps. MHFA is now available to be delivered virtually and in hybrid formats in response to guidelines for social distancing. Continuing Education for this training is under development. This training is most appropriate for faculty/staff who have higher frequency contact with students. Counseling staff engage in ongoing training for suicide prevention that includes MHFA, Assessing and Managing Suicide Risk and use of the (Columbia Suicide Severity Rating Scale (C-SSRS).

***Information Dissemination:*** Tennessee State University will share suicide prevention that includes self-help resources such as the Mental Health Online Screening Tool ([bit.ly/TSUMH](http://bit.ly/TSUMH)), campus resources, community resources such as Mobile Crisis, and national crisis hotlines that include the National Suicide Prevention Lifeline, Veterans Crisis Line, Trevor Lifeline, and TN Text Line, and Steve Fund Resources.

***Sharing Campus-Wide Plan:*** Tennessee State University will provide a link to the SOIPMHW plan on the counseling center landing page, and disseminated through University Communications twice per year (fall and spring semesters). Additionally, a one-page description as a flyer or graphic will be shared through the university's social media platforms.

***Skill Building and Resiliency for Students:*** Students have access to the Mental Health online screening tool throughout the year. Each of the four counseling center high impact events will incorporate consultations to accompany the completion of the screening tool. For students whose signs/ symptoms are consistent with problems associated with one or more subscales recommendations are made for follow-up. This only screening tool is available to Faculty, Staff and Community Members as well. Programming is planned for parallel delivery in-person or through digital platforms to maintain adherence to social distancing guidelines. Furthermore, an emphasis for developing and maintaining healthy habits for daily functioning, wellness and general coping is provided through weekly social media engagement and bi-monthly Friday Conversations with Counseling that offer drop-in conversation style focus on a specific mental health wellness topic facilitated by the university counseling center staff accessible through social media/digital platforms. Programming and student engagement supports the academic and emotional preparedness of students to reduce the risk of harmful behaviors and poor decision-making.

***Organization/Community Relationships:*** As a member of the CHASCo, the university will assess the student well-being by completing the Healthy Minds Survey\*, biennially. Additionally, a campus climate survey\* will be completed triennially that will provide feedback from students

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about prevention, intervention, and postvention efforts in place. UCC staff also has engagement in community initiatives that include the Suicide Prevention African American Faith Community Coalition (SPAAFCC) and the Centerstone facilitated Zero Suicide Prevention collaborative for Higher Education.

CCAPS-34/62 and CCAPS-Screen- As a member of the Center for Collegiate Mental Health (CCMH) Consortium, the University Counseling Center utilizes the Counseling Center Assessment of Psychological Symptoms as the primary measure of student well-being and database access to assist in data-informed decision-making about the prevention plan and procedures.

*Direct Student Connections:* UCC collaborate with student organizations, residence hall staff, and departmental events to present and support programming that addresses healthy habits and emotional wellness. Students participating in the UNIV 1000 course are introduced to campus resources, UCC services and staff, and other resources to support wellbeing.

## **Intervention**

***Question, Persuade, Refer*** is a model appropriate for any member of the general community interacting with students is offered through the Office of Service Learning and Civic Engagement. Participants learn effective tools to use proven intervention tools to reduce risk of suicidal behaviors. Online training options will also be shared for individuals to complete this training. The training addresses the following key components:

- How to *Question, Persuade and Refer* someone who may have risk for suicide
- How to get help for self or learn more about preventing suicide
- Common causes of suicidal behavior
- Warning signs of suicide
- How to get help for someone in crisis

***Mental Health First Aid*** training provided by the UCC is preferred for faculty and staff who have higher frequency contact with students, teaches how to identify, understand and respond to signs of mental illnesses and substance use disorders. Participants learn the unique risk factors and warning signs of mental health problems, the importance of intervening early and helping someone experiencing a mental health or substance use emergency.

The training components address:

- Assessing for risk of suicide or harm.
- Breaking down the bias against people living with mental illnesses, addictions and suicidal thinking.
- Reaching out to those who suffer in silence, reluctant to seek help.
- Informing individuals struggling with mental illnesses and addictions that support is available.
- Providing community resources.
- Making behavioral health care and treatment accessible to thousands in need.

***Behavior Intervention Team*** (BIT)\* Tennessee State University's BIT reviews students of concern and situations brought to the team, the team determines the appropriate response, and coordinates the plan to address the concern to maintain the health and safety of the campus community. UCC staff is represented as a part of the BIT, which schedules a follow no than one month following a student concern plan being developed to modify or reassess the plan for any changes needs to maintain a safe campus environment. The team may convene when no specific concerns are presented to review safety plans for the campus and resources for efficiency.

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## *Crisis Response and After-Hours Emergencies*

### UCC Crisis Protocol

#### **Mental Health Emergency** (*Severe or Extreme Level of Distress*)

A mental health emergency is a **life-threatening** situation in which an individual is imminently in danger of harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

#### **Examples of a Mental Health Emergency include:**

- Acting on a suicide threat
- Homicidal or threatening behavior
- Self-injury needing immediate medical attention
- Severely impaired by alcohol or other substances
- Demonstrating highly erratic or unusual behavior that indicates unpredictable behavior and the inability to care for self.

#### **What to do in case of a Mental Health Emergency:**

Call 9-1-1, or TSU PD (will contact the counselor on-call) and TN Mobile Crisis at 615.726.0125 (Davidson County Area) or 1.855.274.7471. The counselor on-call will assist with facilitating the plan for the student in crisis and gather information for follow-up.

\*TSU PD will leave a detailed message if the counselor on call is not reached. The call should be returned within 10 minutes, if not they will call again or contact the counselor using the secondary number.

#### **Mental Health Crisis/Urgent Need** (*Moderate Level of Distress*)

A mental health emergency is a **non-life threatening** situation in which an individual is exhibiting emotional disturbance or behavioral distress, considering harm to self or others, severely disoriented or out of touch with reality, has impaired ability to function, or is otherwise agitated and unable to be calmed.

#### **Examples of a Mental Health Crisis/Urgent Need include:**

- Talking about suicide threats
- Verbalizing threatening behavior
- Self-injury that **does not** need immediate medical attention
- Erratic or unusual behavior
- Behaviors consistent with disordered eating
- Visibly emotionally distraught, very depressed, angry or anxious

#### **What to do in case of a Mental Health Crisis/Urgent Need After Hours and Weekends:**

1. TSU PD (will contact the counselor on-call) and state there is a person in crisis.
2. The counselor on call will gather detailed information, including student name, gender, clothing, crisis concerns, location, and emergency contact information.

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3. The counselor on call will assess via phone or video platform the student and facilitate the plan for the student
4. If in-person support is needed, the counselor on-call will facilitate transport to TN Mobile Crisis or ER (preferably Centennial).

### **During Regular Office Hours:**

1. Call the Counseling Center at 615.963.5611. Be sure that you have asked the student what is happening; **if you encounter a student who is visibly in distress and unable to describe what is happening or unresponsive call TSU Campus PD or 911 immediately.** They will notify the counseling center.
2. Affirm to the student you are there to help. State you also want to connect the students to someone else who can help. Do not leave the student unattended.
3. Provide the student's name, T-Number, and detailed information, including student gender, a brief description of crisis concerns, location of the student, and contact information for the person with the student.
4. A staff counselor will complete a brief crisis assessment by phone or video platform with the student to determine next steps. **Do not walk students to the center unless instructed to do so by the staff counselor.**
5. **Do not send an email regarding a student in crisis.**

For students determined to be experiencing a **mild level of distress**, the staff counselor will triage the situation and schedule the student for the next available appointment during office hours.

**Note:** The counselor on-call will make the determination about off-site placement for a student requiring transport with consideration of the student's presenting symptoms, student's medical coverage, and the availability of the facility.

**University Counseling Center  
615.963.5611  
FPCC Suite 306**

If you are concerned about a student who is not in crisis to refer them, email [counseling@tnstate.edu](mailto:counseling@tnstate.edu) or call 615.963.5611. Be sure that you have first responded to the student if they have expressed a concern to you, affirm how you are able to help, and inform the student if you are referring them to the UCC.

Referring a student by first sharing this action with the student recognizes their autonomy to make decisions about their well-being, which may be refusing counseling when they are not in immediate danger. It also can be confusing, unsettling or cause distrust if the student has confided in you. It may be in a student's best interest to contact the UCC about your concern

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even if they decline services, but share this with the student and let the student know that you want them to be aware the option is available if they change their mind.



## **Postvention**

Support of those involved and responders to a death by suicide help mitigate trauma responses that later present more distressing is imperative. The notification of a student death will be made by the Dean of Students and internal and external resources subsequently employed as a part of the University's Critical Incident Response as appropriate. Mobilization of counseling staff and other responders will occur as a part of the notification process. Counseling staff will lead contacts with close friends, roommates, teammates or organizations members, or others who have closer connections to the deceased.

*Psychoeducation* may include coping information, debriefing with groups, and assessing for subsequent risks of others following death by suicide of one member of the university community. Referral to resources is also a part of this process and will be provide to students, faculty and staff.

## **Resources**

For incidents involving more than one student or critical incidents, affecting the broader campus community will be coordinated with the Office of Emergency Management and local resources to supporting the University's Counseling Services will be shared. Additionally, faculty and staff may receive immediate support from counseling staff as triage, but they will be referred to EAP services.

### **General Public Mental Health Resources:**

#### **Center for Health Behavioral Health**

Address: 106 E Due W Avenue, Madison

Phone: 615.760.5785

Email: [info@centerofhopebh.org](mailto:info@centerofhopebh.org)

Website: <https://centerofhopebh.org/>

#### **Centerstone**

Centerstone-Dede Wallace Campus 2400 White Avenue, Nashville

Centerstone-Franklin Luton Center 1921 Ransom Place, Nashville

Centerstone-Harding Pike 4525 Harding Pike Suite 226, 235, 236 Nashville

Phone: 888.291.4357 or 877.467.3123 | Crisis Line: 800.681.7444

Website: <https://centerstone.org/locations/tennessee/#nav-locations>

#### **Mental Health Cooperative**

Address: 275 Cumberland Bend Nashville, Tennessee 37228

Phone: 615-726-3340 office | 615-743-1555 intake

Website: <https://www.mhc-tn.org/>

#### **Matthew Walker Comprehensive Health Center- Behavioral Health Services**

Address: 1035 14th Ave N, Nashville, TN 37208

Phone: 615.327.9400

Website: <http://mwchc.org/>

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**Neighborhood Health-** Behavioral Health Services

Address: 2711 Foster Avenue Nashville, TN 37210

Phone: 615.227.3000

Website: <https://www.neighborhoodhealthtn.org/>**Connectus Health-** Behavioral Health Services

601 Benton Avenue, Nashville, TN 37204 (Vine Hill)

2637 Murfreesboro Pike, Nashville, TN 37217 (Priest Lake)

Phone: **615.292.9770**Website: <https://www.connectus.org/behavioral-health>

\* United Way 211, Psychology Today (<https://www.psychologytoday.com/us>), Employee Assistance Program (ask your employer if EAP is a benefit that is available to you) and your insurance provider for in-network MH services/therapists

*Available to Students, Faculty, Staff, and Community Members is a behavioral health screening to complete a brief check-in about how you are doing: <https://bit.ly/TSUMHSCREEN>*

**Crisis Hotlines:**

TN Mobile Crisis: 1.855.274.7471

National Suicide Prevention Lifeline: 1.800.273.TALK (8255)

Veterans Crisis Line 1.800.273.8255 (option 1 or text 838255)

Trevor Project: 866. 488.7386

TN Suicide Prevention Text Line: Text 741 741

**Plan Evaluation**

Assessment of needs and improvements to SOIPMHW plan will be ongoing informally and formally through debriefing with UCC staff before the dissemination of the plan biennially. Feedback may be solicited using the Organizational self-study or interviews with students, faculty/staff and other stakeholders involved in decision-making for plan revisions.

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