



# CRISIS SUPPORT SERVICES

of Alameda County

## SUICIDE PREVENTION ON COLLEGE CAMPUSES

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# LEARNING OBJECTIVES

**By the end of the presentation, the participant will be able to:**

- Understand the scope of suicide
- Identify suicide risk factors and warning signs
- Learn how to ask about suicide and what steps to take when someone is experiencing emotional distress.



## **LOCAL SUICIDE PREVENTION RESOURCES**

### **Crisis Support Services of Alameda County**

#### **24/7 Crisis Line**

988 or 1800-309-2131

#### **Youth Textline**

Text SAFE to 20121 (8a-12a Daily)

**For Spanish:** Text SEGURO to 20121 (5p – 9pm Tues-Fri)

**Para Español:** Textear SEGURO al 20121 (5 pm - 9 pm martes - viernes)

## **NATIONAL RESOURCES**

### **988 Suicide & Crisis Lifeline (24-Hours)**

988

\*press 1 for Veterans, press 2 for Spanish

#### **Crisis Textline**

Text BRAVE to 741-741 (24-Hours)



# Mental Health on College Campuses

# WHAT IS MENTAL HEALTH?

- Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.
- It also helps determine how we handle stress, relate to others, and make healthy choices.
- Mental health is important at every stage of life, from childhood and adolescence through adulthood.

(Retrieved from: <https://www.cdc.gov/mentalhealth/learn/index.htm>)

# MENTAL HEALTH ON COLLEGE CAMPUSES

- According to **2021 *Healthy Minds Study*** mental health challenges are common on college campuses.
- The most common mental health challenges are:
  - Major depression 41%
  - Anxiety 34%
  - Lifetime diagnoses of mental disorder 40%
  - Mental health therapy/counseling (past year) 30%
  - Perceived public stigma: agrees with 'Most people would think less of someone who has received mental health treatment 45%
  - Suicidal ideation (past year) 13%

# MENTAL HEALTH SURVEY DATA

Health Related Topics	Yes, within the last 12 months		Yes, in the last...						No...				Valid Responses	
			14 days		30 days		12 months		not in the last 12 months		...never			
	Num	Pct	Num	Pct	Num	Pct	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Felt things were hopeless	150	48%	67	22%	28	9%	55	18%	60	19%	101	32%	311	100%
Felt overwhelmed by all you had to do	237	75%	130	41%	48	15%	59	19%	19	6%	61	19%	317	100%
Felt very sad	180	58%	68	22%	40	13%	72	23%	42	14%	89	29%	311	100%
Felt overwhelming anxiety	213	68%	104	33%	35	11%	74	24%	26	8%	75	24%	314	100%
Seriously considered suicide	43	14%	12	4%	7	2%	24	8%	55	18%	202	67%	300	100%
Felt so depressed that it was difficult to function	117	38%	33	11%	30	10%	54	17%	44	14%	150	48%	311	100%
Attempted suicide	9	3%	1	0%	2	1%	6	2%	40	13%	252	84%	301	100%

# COVID-19 & COLLEGE MENTAL HEALTH

- Approximately 70% of college students experienced increased stress and anxiety due to COVID 19
- Multiple stressors were identified that contributed to increased levels of stress, anxiety, depression and suicidal ideation:
  - Fear and worry about their own health and of their loved ones health
  - Disruptions to sleeping patterns
  - Decreased social interactions due to physical distancing
  - Difficulty concentrating
  - Increased concerns about academic performance
- To cope with the increased stress and anxiety there has been an increase in of both negative and positive coping skills.







SUICIDE

THE SCOPE OF THE PROBLEM

# DEFINING TERMS

Term	Definition
Suicide	Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
Suicide Attempt	A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
Suicidal Ideation	Passive thoughts about wanting to be dead or active thoughts about killing oneself, not accompanied by preparatory behavior.
Suicidal Behavior	Includes suicide, suicide attempts, other suicidal behavior, and preparatory acts.
Self-Harm	An act with nonfatal outcome, in which an individual deliberately initiates a nonhabitual behavior that, without intervention from others, will cause self-harm.

# TIPS FOR TALKING ABOUT SUICIDE

## Consider Saying

- Suicide attempt/attempted suicide
- Died by suicide/suicide death
- Took their own life
- Died as the result of self-inflicted injury

## Instead Of

- Failed suicide or unsuccessful attempt
- Successful or completed suicide
- Committed suicide
- Chose to kill him/herself

When talking about suicide, consider other meanings your words may have. For example, “committed suicide” implies that suicide is a crime. Choosing words that are clearer and more neutral help reduce stigma.

# SUICIDE STATISTICS, U.S. 2020



45,979 people died by suicide in 2020 in the U.S. making suicide the 12<sup>th</sup> cause of death in the U.S.



Suicide is the second-leading cause of death for ages 10-34  
(CDC,2022)



Approximately 1,200 college students die by suicide each year

# SUICIDE RISK IN DIVERSE COMMUNITIES

**Suicide is a complex issue.** There is never one reason why a person may attempt or die by suicide.

Often it is a combination of circumstances that contribute to the risk of suicide.

Understanding racial, ethnic, and gender differences in rates of suicidal ideation, suicide attempts, and suicide deaths is essential for more effectively directing and guiding suicide prevention efforts.

In addition to general risk factors experienced by their cisgender counterparts, transgender people have additional risk factors, such as experiences of discrimination, stigma, family and societal rejection, and lack of access to gender-affirming health care.

Racial and ethnic groups differ in their access to culturally appropriate behavioral health care, experiences of discrimination, historical and inter-generational trauma, and other factors that may be related to suicide risk.

At the same time, our understanding of racial, ethnic, and gender differences in suicide deaths and suicidal behaviors is limited by underreporting and other limitations in data collection systems.

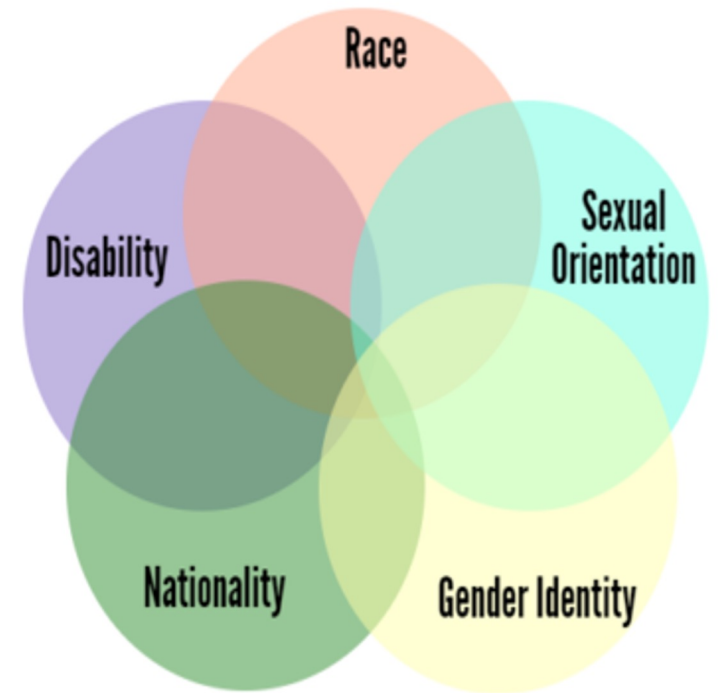
# INTERSECTIONALITY AND SUICIDE

Introduced by Kimberle Crenshaw as an idea that, “when it comes to thinking about how inequalities persist, categories like gender, race, and class are best understood as overlapping...rather than isolated and distinct”

According to Crenshaw, these inequalities “**operate together and exacerbate each other**”

We have many facets to our identity and it’s what makes us unique.

**When individuals experience the convergence of inequalities and other adverse experiences (ex. systemic racism, institutional violence, homophobic and transphobic violence, ageism, classism, ableism..etc) based on the multiple identities they hold, the impact is compounded and can lead to physical and mental health disparities, including an increased suicide risk.**



(Image credit: YW Boston Blog, 2017)



# THE SUICIDAL MIND



What stops us from talking about suicide  
with students?

What might stop a student from talking to  
us about their suicidal feelings?



# COMMON ANSWERS

## **What stops us from talking about suicide?**

Fear, shame, guilt

Putting the idea of suicide in the person's mind

Not knowing what to do if the person says yes

My personal beliefs about suicide

## **What might stop a client from talking to us about their suicidal feelings?**

Fear, shame, guilt

Stigma about suicide and help seeking

Not knowing how to talk about difficult feelings

Being hospitalized

# KEVIN HINES: I JUMPED FROM THE GOLDEN GATE BRIDGE





Photo by [Nik Shuliahin](#) on [Unsplash](#)

# RECOGNIZING SUICIDE BEHAVIOR

# EVENTS THAT CAN CONTRIBUTE TO SUICIDAL BEHAVIOR

- Changes in families, such as divorce, siblings moving out, moving to a new town
- Changes in relationships - problems with friends, romantic relationships
- Problems at school – academic, social problems
- Major disappointment
- Child maltreatment – sexual, emotional, physical abuse
- Mental health disorders
- Social failure
- COVID 19 – Loss, missing critical events, isolation and grief and loss.

# SUICIDE RISK FACTORS (CDC,AFSP.ORG)

- Personal or family experience with trauma, violence or intergenerational trauma
- Lack of acceptance by family, friends, and community regarding gender identity and/or sexual orientation
- Family history of suicide, history of suicide attempt(s)
- Social isolation, exclusion or history of aggressive or antisocial behavior
- Childhood maltreatment
- Institutional discrimination, violence, racism
- Access to lethal means coupled with suicidal thoughts.
- Recent discharge from psychiatric hospital.
- Barriers to health care
- Recent life stressor

# ACUTE WARNING SIGNS OF SUICIDE

**These might be remembered as expressed or communicated ideation. If observed, seek help as soon as possible by contacting a mental health or medical professional or the National Suicide Crisis Line at 988**

Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself.

Looking for way to kill him/herself by seeking access to firearms, pills, or other means.

Talking or writing about death, dying or suicide when these action are out of the ordinary.

**These might be remembered as expressed or communicated ideation.**

# ADDITIONAL SUICIDE WARNING SIGNS

- Increased use of substances
- No reason for living, no purpose in life
- Anxiety, agitation, aggression
- Feeling trapped - like there is no way out
- Feeling hopeless, worthless, loneliness
- Withdrawal from family, friends, and social activities,
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes
- Sleep disturbances
- Feeling like a burden
- Giving away personal possessions

# STATEMENTS TO PAY ATTENTION TO

Examples of statements that a student may say when experiencing suicidal thoughts or feelings. When heard help should be offered.

“It’s just so hard to get out of bed lately.”

“I just can’t deal with life right now.”

“I want to go to sleep and never wake up.”

“Everything is too much.”

“I feel like nothing is ever going to change. My life will always be terrible.”

“I don’t want to live anymore.”



# PROTECTIVE FACTORS

**Protective factors may help mitigate the crisis.**

**However protective factors, when present, may not counteract significant suicide risk.**

Protective factors are personal or environmental characteristics that help protect people from suicide.

## **Major protective factors for suicide include:**

- Effective behavioral and physical health care
- Feelings of connectedness to individual's, family, community and social institutions
- Participating in religion or a spiritual practice
- Having social and emotional support
- Being involved in community programs
- Having hope
- Positive ethnic identity



**HOW TO HELP**

# BEFORE YOU BEGIN...

- Take a deep calming breath.
- The emphasis is on the students experience and feelings.
- Be prepared to listen, put away any distractions.
- Let individual know you are there to help and that you care.
- Be persistent. It is okay to ask about suicide more than once.
- Try not to argue, distract or cheer-up the individual.
- Remain attentive, open body language, comfortable eye contact. Even when using technology to connect this is important.
- Reflect emotions, paraphrase content of story and clarify anything you do not understand
- Respond with respect and understanding



“WE’RE ARE ALL IN THIS  
TOGETHER”

BY ACTIVE MINDS & NATL  
SUICIDE PREVENTION  
LIFELINE

# HOW TO HELP

Talking about suicide can understandably be anxiety provoking for the helper and the at risk student.

The 5 Steps are:

- Ask
- Be There
- Keep them safe
- Help them connect
- Follow up



## STEP # 1 – ASK

**Ask** – Asking the question “*Are you thinking about taking your life?*” communicates that you’re open to speaking about suicide in a non-judgmental and supportive way.

Asking in a direct unbiased manner, can open the door for an effective dialogue about their emotional pain.

You will not put the idea of suicide into someone mind when you ask about suicide.



# ADDITIONAL WAYS TO ASK ABOUT SUICIDE

“Do you feel so hopeless that you think about killing yourself?”

"You said that you feel like there is no way out, have you been thinking about dying?"

"Do you ever feel so bad that you want to hurt yourself?"

“Are you in so much pain that you don’t want to be alive anymore?”

“Do you ever wish someone would end your life?”

## STEP #2 – BE THERE

This could mean being physically present for someone, speaking to them on the phone, texting, or any other way that shows support.

It is important that you follow through in the ways you say you'll support the person.

If you are unable to be physically present with someone with thoughts of suicide, talk with them to develop some ideas for others who might be able to help as well.







# MAKING A CONNECTION

- O – Open ended questions** – Helps gather information, builds better understanding, and deepens rapport. Example: “How are you feeling today?”
- A - Affirming** - Statement recognizing the strength of the person and their positive behavior. Example. “ It took a lot of strength to pick up the phone and reach out for help today.”
- R - Reflection** – A restatement of the content and emotions expressed in the person’s story. Example. “You’re right, this sucks.”
- S - Summarizing** – A restatement of the major points covered in the person’s story. Example: “I heard you talk about a few stressful things that happened today - argument with your mom, your dog being sick, missing your friends. **You are dealing with a lot right now.**”

## CONNECTION SKILLS: SPACE & EMPATHY

**Space** - allows room to explore their story and feelings without major interruption. Allows someone to gather their thoughts. Often silence is a necessary intervention to express that you are present, not in a rush, and that you care.

**Empathy** – understanding and sharing their feelings. Without feelings and expressing empathy, connecting with someone in crisis is impossible.



## STEP #3 KEEP THEM SAFE

After you have determined that suicide is being talked about, it is important to find out a few additional things to establish immediate safety. Some ways to ask are:

**“Have you done anything to try and take your life before we started talking?”**

**“Have you thought about how you would end your life?”**

**“Thank you for letting me know you are thinking about ending your life. Do you have a plan? When do you plan to end your life? Do you know how you would do it? Do you have access to the method?”**

## STEP #4 HELP THEM TO CONNECT

It is important to create a safety net for the person at risk.

Be creative when thinking about how you can help someone connect to support and help.

- Collaborate and ask who they think could help best right now
- Offer to go with them to the student counseling center
- Mental health professional, campus supports, religious/spiritual leaders
- Call the local or national crisis line

If someone is at immediate risk of harm to themselves, it may be necessary to call emergency services.

One way to start helping them find ways to connect is to work with them to develop a safety plan. A safety plan can also include a list of individuals to contact when a crisis occurs.



# RESOURCE: SAFETY PLAN

Safety planning is a collaboration between the provider and the person at risk to develop a list of coping strategies and resources that can be used during a crisis.

The plan is brief, in the person's own words, and easy to read.

This is usually done in conjunction with a mental health provider. In an emergency it can be done with a friend, family member, someone in their support system...etc.

Safety planning can help remind someone about their support systems during a suicidal crisis.

## Patient Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>
1. _____
2. _____
3. _____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>
1. _____
2. _____
3. _____
<b>Step 3: People and social settings that provide distraction:</b>
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____
<b>Step 4: People whom I can ask for help:</b>
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
<b>Step 6: Making the environment safe:</b>
1. _____
2. _____

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The one thing that is most important to me and worth living for is:

\_\_\_\_\_

# HOW A SAFETY PLAN HELPS KEEP THEIR THERMOMETER IN THE GREEN

## Helps to develop:

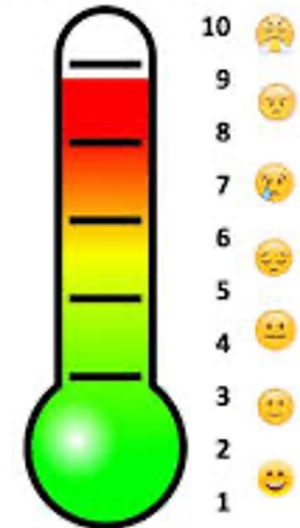
**Coping strategies** that can help us get out of our head such as: take a walk, doing something physical, use a mindfulness app, find something to distract us, service someone else.

**Social contacts** that help provide distractions

**People that can help:** identify who is available in their life that can help during a crisis. Help ID emergency contacts and how to work with a provider using telehealth.

Using the thermometer helps the individual recognize where their emotions are on the thermometer and what strategies would be helpful.

FEELINGS THERMOMETER



## STEP # 5 FOLLOW UP

After your initial conversation with the person at risk and have connected them to the immediate support systems they need, make sure you follow up with them and help them stay connected.

**Check in** and see how they are doing. If they had to go to the hospital, ask how you can be helpful. Would they like visits, meals, phone calls? Don't be afraid to ask if they have followed up on any supports you may have spoken about.

This step is important. This type of contact can continue to increase their feelings of connectedness and share your ongoing support.

Studies have shown a reduction in the number of deaths by suicide when following up was involved with high risk populations after they were discharged from acute care services.



# ADDITIONAL THOUGHTS

- Let the individual know you are there to help and you will do your best to continue to support them during this time.
- Acknowledge they what they told you for example, “Thank you for letting me know how you are feeling. I know this must have been hard for you but I am here to help.”
- Follow college protocols. It is always good to ask about protocols before a crisis occurs.
- Do not make any promises for example, “I’ll keep this between us.”
- Be patient and take care of yourself as well. Remember we are all in this together.
- Setting boundaries is helpful even when it seems unhelpful. It’s okay to know your limits with regards to how much you can help.
- Do not handle any of this on your own. Reach out for support.



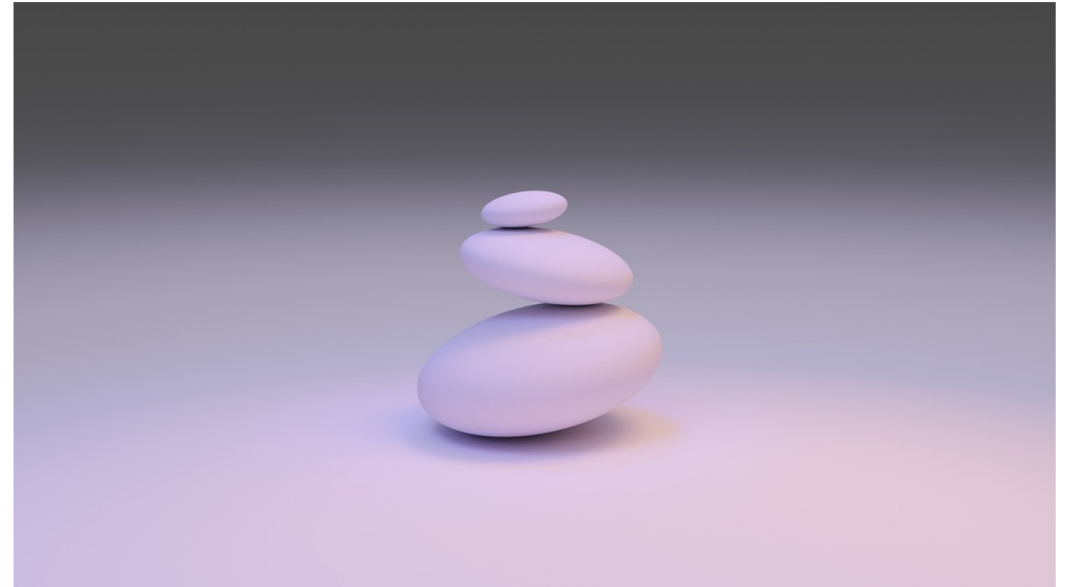
# PRACTICING SELF COMPASSION

Having self-compassion for oneself is really no different than having compassion for others.

First, to have compassion for others you must notice that they are suffering. Be aware when you are experiencing suffering.

Second, compassion for yourself involves feeling moved by your suffering so you can respond to your pain. When this occurs, you feel warmth, caring towards yourself.

Instead of mercilessly judging and criticizing yourself for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings – after all, whoever said you were supposed to be perfect.



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# LOCAL SUICIDE PREVENTION RESOURCES

## Crisis Support Services of Alameda County

### 24/7 Crisis Line

988 or 1800-309-2131

### Youth Textline

Text SAFE to 20121 (8a-12a Daily)

**For Spanish:** Text SEGURO to 20121 (5p – 9pm Tues-Fri)

**Para Español:** Textear SEGURO al 20121 (5 pm - 9 pm martes - viernes)



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# **NATIONAL SUICIDE PREVENTION RESOURCES**

## **988 Suicide & Crisis Lifeline**

Crisis Line 988 (24-Hours)

## **Crisis Textline**

Text BRAVE to 741-741 (24-Hours)

## **Trans Lifeline**

1-877-565-8860

Run by and for transgender communities. Available 7am-1am PST /  
9am-3am CST / 10am-4am EST.

## **The Trevor Project for LGBTQ+ Youth**

Crisis Line 1-866-488-7386 (24-Hours)





The most important question to a potentially suicidal person:

“Where do you hurt and how can I help?”

***Edwin S. Shneidman***



**Questions?**

# CONTACT INFORMATION

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