# JOINT STATE GOVERNMENT COMMISSION

**General Assembly of the Commonwealth of Pennsylvania**

## SUICIDE AMONG COLLEGE STUDENTS IN PENNSYLVANIA

**Report of the Advisory Committee on College Student Suicide**

**June 2017**

*Serving the General Assembly of the Commonwealth of Pennsylvania Since 1937*

# REPORT

*Report of the Advisory Committee on College Student Suicide*

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| **Project Staff:** | Yvonne Llewellyn Hursh, Counsel<br>Grant Rosul, Staff Attorney<br>Kathleen Wojtowicz, Public Policy Analyst<br>Jonas Ricci, Public Policy Intern<br>Wendy L. Baker, Executive Assistant |

| JOINT STATE GOVERNMENT COMMISSION | |
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| Room 108 Finance Building<br>613 North Street<br>Harrisburg, PA 17120-0018 | **Telephone:** 717-787-4397<br>**Fax:** 717-783-9380<br>**E-mail:** jntst02@legis.state.pa.us<br>**Website:** http://jsg.legis.state.pa.us |


The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.[1]

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.[2] Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

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[1] Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65 – 69.

[2] Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth of Pennsylvania receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used in determining the intent of the General Assembly.[3]

Since its inception, the Commission has published more than 350 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

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[3] 1 Pa.C.S. § 1939 ("The comments or report of the commission . . . which drafted a statute may be consulted in the construction or application of the original provisions of the statute if such comments or report were published or otherwise generally available prior to the consideration of the statute by the General Assembly").

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Pennsylvania State University
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Associate Director, Clinical Services Center
for Counseling and Psychological Services
Pennsylvania State University

Michael "Nykolai" Blichar, Jr.
PASSHE Student Representative
Student Trustee, Kutztown University
Council of Trustees

Elizabeth Bolden, President/CEO
Pennsylvania Commission for
Community Colleges
***Designee***: David A. Ruth, Ph.D., Chief of Staff
Northampton Community College

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Pennsylvania's State System of Higher Education
***Designees***: Dione Somerville, Ed.D.
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Bloomsburg University - and -
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*Former* President, Shippensburg University

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Associate Director of Counseling,
Coordinator of Graduate Training,
Student Health and Counseling
University of the Sciences

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Garrett Lee Smith Youth
Suicide Prevention Grant

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Inner Compass, LLC
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Perelman School of Medicine

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University of Pittsburgh School of Medicine
***Designee***: David A. Brent, M.D.
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Epidemiology, and Clinical
and Translational Science
University of Pittsburgh School of Medicine

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Lincoln University

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Penn State College of Medicine

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Staff Psychologist
Bucknell University

Richard R. Silbert, M.D., DLFAPA
Senior Medical Director
Community Care Behavioral Health Organization

Argie Allen Wilson Ph.D., MFT
Drexel University
Director of Clinical Training, Counseling
and Family Therapy Department
FAITH, Inc. /Connections Matter LLC
***Designee*** of the Minority Leader of the Senate

Matthew B. Wintersteen, Ph.D.
Department of Psychiatry & Human Behavior
Thomas Jefferson University

*General Assembly of the Commonwealth of Pennsylvania*
**JOINT STATE GOVERNMENT COMMISSION**
Room 108 – Finance Building
Harrisburg, Pa 17120

717-787-4397 *Fax* 717-783-9380

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***To the Members of the General Assembly of Pennsylvania:***

The Joint State Government Commission is pleased to announce the release of the report, ***Suicide Among College Students in Pennsylvania: Report of The Advisory Committee on College Student Suicide***, written in response to Senate Resolution 7 of 2016.

SR 7 directed the Joint State Government Commission to establish an Advisory Committee composed of higher education officials from public, private, and community colleges and universities, public officials, college students, and experts on the issue of suicide in higher education.

The report presents the Advisory Committee's thorough and comprehensive analysis of student suicide in higher education, best practices to address college student suicide and its causes, effective suicide prevention strategies, and recommendations best suited for institutions of higher education.

The report is available on our website, at http:/jsg.legis.state.pa.us.

Respectfully submitted,

Glenn J. Pasewicz
Executive Director

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## *- The Tragedy of Hamlet, Prince of Denmark, Act 3, Scene 1 by William Shakespeare*[4]

To be, or not to be--that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune
Or to take arms against a sea of troubles
And by opposing end them. To die, to sleep--
No more--and by a sleep to say we end
The heartache, and the thousand natural shocks
That flesh is heir to. 'Tis a consummation
Devoutly to be wished. To die, to sleep--
To sleep--perchance to dream: ay, there's the rub,
For in that sleep of death what dreams may come
When we have shuffled off this mortal coil,
Must give us pause. There's the respect
That makes calamity of so long life.
For who would bear the whips and scorns of time,
Th' oppressor's wrong, the proud man's contumely
The pangs of despised love, the law's delay,
The insolence of office, and the spurns
That patient merit of th' unworthy takes,
When he himself might his quietus make
With a bare bodkin? Who would fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,
The undiscovered country, from whose bourn
No traveller returns, puzzles the will,
And makes us rather bear those ills we have
Than fly to others that we know not of?
Thus conscience does make cowards of us all,
And thus the native hue of resolution
Is sicklied o'er with the pale cast of thought,
And enterprise of great pitch and moment
With this regard their currents turn awry
And lose the name of action.

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[4] http://www.monologuearchive.com/s/shakespeare_001.html#hs9u83VVKPr1FXIK.99

# INTRODUCTION

Almost every college student, at some point in his or her academic career, has encountered Hamlet's famous soliloquy on suicide. And while it gives a glimpse into how a distraught person might contemplate ending his or her life, and what might ultimately stay their hand, it does not reveal the final thoughts of a person who succeeds in ending mortal life. The most intuitive psychologist, the most loving parent, the most committed partner, no matter how intimate their knowledge of the person who dies by suicide, cannot truly understand what, in those final moments, swung the balance between life and death for that individual. For some, the intentional ending of life is sought; for others, the act of self-harm serves to reveal their mental turmoil and to seek help. College students, many facing a level of independence not encountered before, may become overwhelmed and unable to cope with daily life. With their impetuosity and their still adolescent emotional reactiveness, the idea of suicide can be an attractive escape. Colleges and universities strive to maintain the health and well-being of all their students. Outreach, screenings to identify at-risk individuals and supports to help maintain student mental health are vital to prevent suicidal ideation and completion. Support and accommodations are also important to help a student recover from both the attempt and the pain that led to it. Most of Pennsylvania's college and universities have policies and programs in place to address the needs of such students, though they range in breadth and capacity. This report seeks to identify those practices that can best prevent suicide among college students and suggest ways they can be incorporated into the services provided by Pennsylvania's institutions of higher education, in an effort to reduce self-inflicted loss of life among students.

### *Pennsylvania's Institutions of Higher Education*

Pennsylvania has nearly 300 post-secondary and higher education institutions, including approximately 88 private colleges and universities, with enrollment ranging from Drexel University's 16,400[5] to Bryn Athyn's 277.[6] There are four state-related universities created under individual legislation as part of the Commonwealth System of Higher Education – Pennsylvania State University (Penn State),[7] Temple University,[8] the

[5] "Fast Facts," *Drexel University*, http://www.drexel.edu/about/glance/fast-facts/. Although University of Pennsylvania has a higher total enrollment, it has fewer undergraduates than Drexel (roughly 10,000). "Facts," *University of Pennsylvania*, http://www.upenn.edu/about/facts.

[6] "Quick Facts," *Bryn Athyn College*, http://brynathyn.edu/about/quick-facts/.

[7] Act of April 1, 1863 (P.L.213, No.227); 24 P.S. § 2571 et seq.

[8] Act of November 3, 1965 (P.L.843, No.355); 24 P.S. § 2501-1 et seq.

University of Pittsburgh (Pitt)[9] and Lincoln University.[10] In addition, Penn State has 19 four-year undergraduate branch campuses and Pitt has four. There are also 14 schools within the Pennsylvania State System of Higher Education. Additionally, there are 14 community colleges providing two-year programs throughout the state, and many of theses have branch campuses. The largest community colleges are Community College of Allegheny County, with approximately 27,000 students across four campuses,[11] and Harrisburg Area Community College, with approximately 22,000 students across five campuses.[12] In contrast, the smallest is the Pennsylvania Highlands Community College, with approximately 1,000 students.[13] , Pennsylvania is home to six Bible or religious studies colleges.

The Commonwealth has 29 professional schools – eight medical schools, one podiatry school (Temple University School of Podiatric Medicine), one veterinary school (University of Pennsylvania School of Veterinary Medicine), nine law schools, four dental schools, and six pharmacy schools. There are at least 15 theological seminaries and four other graduate religious schools, a private school of music (Curtis Institute of Music), seven private two-year colleges, including Valley Forge Military College, one state school of technology (Thaddeus Stevens College of Technology), and 77 specialized associate degree granting institutions.[14]

Not reviewed for purposes of this study were institutions that function primarily online and the U.S. Army War College in Carlisle.

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[9] Act of July 28, 1966, 3rd Sp. Sess. (P.L.87, No.3); 24 P.S. § 2501-201 et seq.

[10] Act of July 7, 1972 (P.L.743, No.176); 24 P.S. § 2501-401 et seq. Lincoln University is recognized as a historically black college and university as designed by the U.S. Department of Education under the Higher Education Act of 1965 (Pub.Law 89-329), 20 U.S.C. § 1060 et. seq.

[11] "CCAC at a Glance," *Community College of Allegheny County*, https://www.ccac.edu/about/quickfacts/.

[12] "About the College," *Harrisburg Area Community College*, http://www.hacc.edu/AboutUs/loader.cfm?CFID=839eda97-01a0-47fa-bc20-73ad22659271&CFTOKEN=0&csModule=security/getfile&amp%3Bpageid=179665.

[13] *Niche*, "Pennsylvania Highlands Community College," https://colleges.niche.com/pennsylvania-highlands-community-college/student-body/.

[14] Pennsylvania Department of Education website, www.education.pa.gov/Postsecondary-Adult/Pages/default.aspx#tab-1. A list of Pennsylvania institutions of higher education can be generated through the Department of Education's EdNA database (Education Names and Addresses) and sorted by type of school. http://www.edna.ed.state.pa.us/Screens/wfSearchEntityResults.aspx?AUN=&SchoolBranch=&CurrentName=&City=&HistoricalName=&IU=-1&CountyPK=-1&CategoryIDs=40%2c34%2c45%2c47%2c36%2c44%2c35%2c38%2c999%2c32%2c33%2c37%2c&StatusIDs=1%2c.

### *Advisory Committee on College Student Suicide*

Recently, college student suicides have come to the forefront of attention for the nation's colleges and the public at large.[15] Between February 2013 and November 2016, a dozen students at the University of Pennsylvania, Pennsylvania's most academically competitive institution of higher education and a member of the elite Ivy League, died by suicide.[16] In January 2016, a student with a history of mental illness died by suicide at Pennsylvania State University (Penn State), the largest institution of higher education in the Commonwealth.[17] Less publicized deaths are also occurring at smaller public and private institutions as well as community colleges.[18] Pennsylvania's future leaders are being lost on a continuing basis. On June 27, 2016, the Pennsylvania Senate adopted Senate Resolution No. 7, calling for the Joint State Government Commission to establish an Advisory Committee comprised of higher education officials from public, private and community colleges and universities, public officials, college students and experts on the issue of suicide in higher education. The Advisory Committee's directive was to conduct a thorough and comprehensive analysis of student suicide in higher education, including graduate and professional schools, and identify best practices to address college student suicide and its causes, effective suicide prevention strategies, and develop recommendations best suited for institutions of higher education.

The Advisory Committee held four meetings, which included an in-person meeting on December 8, 2016, and conference calls on November 27, 2016, April 27, 2017 and May 25, 2017. Much of the work of the advisory committee was accomplished via email conversations.

### *Public Health Approach*

Suicide is a leading, yet preventable, cause of death for people across the world. According to the World Health Organization, more than 800,000 people die by suicide each year (one death every 40 seconds). Globally, it is estimated that for each death by suicide there are 20 more suicide attempts.[19]

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[15] Julie Scelfo, "Suicide on Campus and the Pressure of Perfection," *New York Times*, July 27, 2015, http://www.nytimes.com/2015/08/02/education/edlife/stress-social-media-and-suicide-on-campus.html?_r=1 ("[University of Pennsylvania] is far from the only one to experience a so-called suicide cluster. This school year [2015], Tulane lost four students and Appalachian State at least three.").

[16] Lauren Fiener, "Updated: Engineering graduate student's death ruled a suicide," *The Daily Pennsylvanian,* the University of Pennsylvania's independent student media organization, November 3, 2016.

[17] Lori Falce, "Penn State sees increase in self-injury, suicide cases," *Centre Daily Times,* May 8, 2016, reproduced at http://www.post-gazette.com/news/education/2016/05/08/Penn-State-sees-increase-in-self-injury-suicide-cases/stories/201605080069?pgpageversion=pgevoke.

[18] "Pa. college student, 19, plunges to his death in the middle of campus," May 4, 2017. http://www.pennlive.com/daily-buzz/2017/05/pa_college_student_19_plunges.html#incart_river_mobile_home_pop. This surge in college student suicide is not unique to Pennsylvania. The New York Post reported on a wave of suicides and likely drug overdoses among Columbia University students in the 2016-2017 year. http://nypost.com/2017/02/02/suicide-wave-grips-Columbia/.

[19] World Health Organization, "Preventing Suicide: A Global Imperative," 2014, 978 92 4 156477 9.

In the United States, suicide is the 10th leading cause of death across all age groups. In 2015, there were more than 44,000 known deaths by suicide, accounting for over 20 percent of all injury deaths.[20] It is estimated that an additional 500,000 persons are treated in United States emergency departments for self-inflicted injuries, while one million adults report making a suicide attempt each year.

Adding to the emotional and psychological toll suicide takes on the family and friends of persons who die by suicide, suicide has financial ramifications for society as a whole. In 2010, suicide cost the United States nearly $45 billion in medical costs and lost wages. In Pennsylvania, suicide deaths accounted for approximately $1.9 billion in financial losses. [21]

The United States Surgeon General identified violent behavior as a key public health priority in 1979. By 1992, The Centers for Disease Control and Prevention of the United States Department of Health and Human Services (CDC) had developed a national program to reduce death and disability outside the workplace, and established the National Center for Injury Prevention and Control (NCIPC) as the lead federal organization for violence prevention. The Division of Violence Prevention (DVP) was created within NCIPC to prevent injuries and deaths caused by violence.

The DVP is focused on primary prevention and its work involves:

- Monitoring violence-related injuries
- Conducting research on the factors that put people at risk and protect them from violence
- Creating and evaluating the effectiveness of violence prevention programs
- Helping state and local partners plan, implement, and evaluate prevention programs
- Conducting research on the effective adoption and dissemination of prevention strategies[22]

The DVP mission encompasses prevention in seven different areas, including elder abuse, child abuse and neglect, intimate partner violence, youth violence, sexual violence, global violence, and most significant to this study, suicide. As part of the public health approach to suicide prevention, four steps are followed:

- Define the problem

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[20] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), Feb. 19, 2017. www.cdc.gov/injury/wisqars.
[21] CDC, *Data & Statistics (WISQARS™): Cost of Injury Reports* (Sept. 18, 2014). https://wisqars.cdc.gov:8443/costT/ProcessPart1FinishOutServlet.
[22] U.S. Department of Health and Human Services, Centers for Disease Prevention and Control, National Center for Injury Prevention and Control, Division of Violence Prevention. https://www.cdc.gov/violenceprevention/.

- Identify risk and protective factors
- Develop and test prevention strategies
- Assure widespread adoption[23]

In 2017, the DVP released a new report on suicide prevention. While geared to suicide in general, the DVP's recommended strategies for preventing suicide are applicable in all environments and are instructive in their approach to the prevention of suicide among college students. The recommendations are:

- Strengthen economic supports.
- Strengthen access and delivery of suicide care.
- Create protective environments.
- Promote connectedness.
- Teach coping and problem-solving skills.
- Identify and support people at risk.
- Lessen harms and prevent future risk.[24]

This guidance can easily be integrated with the Suicide Prevention Resource Center's comprehensive plan for college campuses set forth below.

### *Best Practices*

In 2001, the United States Surgeon General issued the first "National Strategy for Suicide Prevention" (the "National Strategy"), which called for the establishment of a public-private partnership to advance the National Strategy. In 2010, the National Action Alliance for Suicide Prevention (the "Action Alliance") was created as that partnership,[25] and a Suicide Prevention Resource grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) funded the startup of the Suicide Prevention Resource Center (SPRC), which serves as the Executive Secretariat to the Action Alliance.[26] Together with the Surgeon General, the Action Alliance drafted an updated

[23] *Ibid*, https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html
[24] D.M. Stone, K.M. Holland, B. Bartholomew, A.E. Crosby, S. Davis, and N. Wilkins. *Preventing Suicide: A Technical Package of Policies, Programs and Practices,* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (2017). (*Preventing Suicide*)
[25] The partnership includes over 200 organizations, http://actionallianceforsuicideprevention.org/about-us.
[26] SPRC is located in the Education Development Center, Inc. (EDC). "EDC's founding in 1958 by university scholars and researchers coincided with a growing national investment in the education sector. Since that time, EDC has been a vital force in bridging research, policy, and practice."

and revised National Strategy that was released in 2012.[27] The National Strategy is "intended to guide suicide prevention actions in the United States over the next decade. The strategy provides guidance to schools, businesses, health systems, clinicians, and others, and it emphasizes the role all Americans can play in protecting their friends, family members, and colleagues from suicide."[28]

The Suicide Prevention Resource Center has developed "A Comprehensive Approach to Suicide Prevention," a suicide prevention model that contains nine strategies that can be used by colleges and universities through a variety of possible programs, policies, practices and services.[29] These strategies include:

- identify and assist students at risk
- increase self-help behaviors
- ensure access to effective mental health and suicide care and treatment
- support safe care transitions and create organizational linkages
- respond effectively to individuals in crisis
- provide for immediate and long-term postvention
- reduce access to means of suicide
- enhance life skills and resilience
- promote social connectedness and support

These nine components will be analyzed in this report in the context of developing and strengthening suicide prevention efforts in Pennsylvania's colleges and universities. Each component has been examined by looking at federal, state and local government programs, national non-profit organizations, laws and policies of other states, as well as programs and strategies currently in use in Pennsylvania's institutions of higher education.[30] Recommendations are developed based upon those reviews.

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[27] "2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. Washington DC; U.S. Department of Health and Human Services, September 2012. PMID: 23136686.

[28] "SAMHSA's Commitment to Suicide Prevention," Suicide Safe Press Conference, March 11, 2015.

[29] The SPRC model was "adapted from a model developed for campuses by SPRC and the Jed Foundation, drawing on the U.S. Air Force Suicide Prevention Program." http://www.sprc.org/effective-prevention/comprehensive-approach.

[30] Commission staff conducted an informal review of each college and university's website to determine what services, programs and policies were available at each school. The review is used throughout this study to provide examples of current practices. There is no guarantee that the survey is complete, in that some institutions may have chosen not to put all of the information staff was looking for on their websites, but gives a nice approximation of what is happening on Pennsylvania's campuses today. The review is on file at the Commission offices.

The Advisory Committee's core conclusion from this study is that each college and university should have a suicide prevention plan in place on campus. While the SPRC's model provides a framework for setting the basic tenets of what an effective suicide prevention plan should contain, neither it nor this report requires strict adherence to any particular program or policy. Given the extreme range in size and structure of Pennsylvania's colleges and universities, as well as the wide variability in the relative financial resources of these institutions, a one-size-fits-all approach is neither appropriate nor feasible. It is recommended that each school strive to implement these criteria in the form best suited to the unique nature and needs of the institution. The recommendations proposed in this report are, for the most part, general and aspirational, and are not intended to be restrictive or limited.

# RECOMMENDATIONS

The principal recommendation of the Advisory Committee on College Student Suicide is that each college and university should have a suicide prevention plan in place. The plan should address the components described below in some form, based upon the needs and resources of each institution. The plan should be developed and implemented, subject to approval of the college or university administration, by one individual or entity appointed or designated by the institution's board of directors. While there are models and programs that charge a fee for developing a plan, there are also cost-free resources available. Campuses should review their existing policies and programs to ensure that efforts are not duplicated and that adequate resources are available on campus or that referral systems are in place to ensure that students can access effective mental health care in the community. Draft legislation for this recommendation is found in "Develop a Campus Suicide Prevention Plan," *infra* page 20 The remaining recommendations are suggested ways that colleges and universities can address these components.

***Identify students at risk***

- Increase accurate and consistent data collection. This is not readily done because of a number of factors, including the educational institution's ability to obtain knowledge of suicide attempts and deaths by suicide, as information may need to be gathered from various sources (e.g., emergency room departments, coroners, police, and others). However, better data can help schools more specifically identify those treatment and services areas where resources are most needed and effective. One possible suggestion is to include suicide data as part of state Department of Education's Pennsylvania Information Management System.

- Develop faculty and staff training and awareness as a means of assisting students in distress; e.g. gatekeeper training; anonymous referral systems; behavioral assessment teams

- Provide information to students who have concerns about a friend and a process by which a referral can be made by a student for a student

- Make mental health assessments easily available to students across campus, which could include at admission or when general health services are sought out, as well as other times and locations

***Increase help-seeking behavior***

- Support outreach campaigns, like mental health fairs and screening days, as well as educational campaigns to reduce stigma and promote protective factors

- Develop a memorandum of understanding with the local county mental health/intellectual disability agency to cooperatively engage in outreach efforts on campus

- Provide internet self-screening tools

- Support peer education and counseling

- Provide placarding and brochures in high traffic student areas with hotline and crisis text line numbers for the National Suicide Prevention Hotline, as well as other organizations appropriate to a particular campus, such as the Trevor Project, the Veterans Crisis Line and other similar organizations

***Provide access to effective mental health services***

- Ensure that treatment capacity exists to meet the needs of students

- Liaison with community organizations that complement campus services and provide longer-treatment services

- Maintain a contractual on-call relationship with a local psychiatrist for consultation and referral when there is no on-campus psychiatrist

- If counseling staff consists solely of counselors, social workers, marriage and family therapists, or psychotherapists, an affiliation should be established with a local doctoral-level clinician or licensed clinical social worker to ensure that staffing is supported with multi-disciplinary licensed professionals

- When academic, career and mental health counseling are combined in one office, or when mental health counseling is included as part of a health and wellness center, designate at least one person with training and experience in mental health issues as responsible for coordinating and/or providing mental health services for students. Whenever possible, psychological counseling services should not be combined with other services

- Ensure clinicians are adequately trained to diagnose students, make appropriate referrals and assess and manage suicide risk

- Develop brief, short-term psycho-educational groups to address students with limited or less intensive needs

- Encourage students and family to advise the institution of any mental health concerns that arose in secondary school or during college breaks

- Encourage incoming students to meet with counseling services to develop a treatment plan that includes facilitating transitions between at-home counseling and college counseling

***Respond effectively to individuals in crisis***

- Institute brief, same day appointments to triage students

- Maintain a defined crisis response plan

- Require colleges and universities to provide access to 24/7 trained/experience counselors on campus or via telephone or other means; this could include arrangements with county mental health and intellectual disability agencies or be incorporated into an existing crisis response plan

- If the college or university uses campus police for crisis intervention, ensure that all such personnel have adequate training in dealing with a suicidal person. Any potential first responders should also be offered training.

***Provide for immediate and long-term postvention***

- Establish postvention protocols to deal with the immediate aftermath of a suicide

- Provide counseling and support to those in need following a campus-related suicide

- Develop guidelines for media reporting of suicides on campus via traditional media and social media. Model guidelines are available and discussed *infra* at page 90.

- Establish and publicize leave of absence and re-entry procedures for students who have attempted suicide or have other mental health issues requiring a break from school to receive treatment

***Reduce access to means of suicide***

- Consider placing physical barriers on rooftops and other high places

- Limit ability to access weapons on campus

- Limit access to dangerous chemicals in laboratories and chemical storage areas

- Establish procedures for ready availability and access to Naloxone (a drug that reverses the effects of an opioid overdose) by emergency responders

***Enhance critical life skills and resilience***

- The Department of Education should continue to assist middle and high school schools to institute programs that help promote and develop life skills and effective relational tools, such as managing workloads, conflict resolution, resiliency, setting goals, solving problems, establishing healthy relationships and recognizing personal and emotional identity, self-esteem and values, potentially through previously mandated school suicide prevention plans

- Develop programs to effectively deal with different types of loss across the life cycle span

- Provide life skills "refreshers" as part of new student orientation, such as First Generation programs and peer-to-peer support arrangements for incoming students

- Promote good executive functioning skills, such as time management and study skills

- Offer financial education

- Promote healthy lifestyles, including healthy sleep patterns to help decrease stress and anxiety

- Develop transition plans to assist students with mental health issues in moving from high school to college

***Promote social connectedness and support***

- Establish housing centered around common interests of students and wellness housing

- Promote spiritual connections

- Encourage and support student clubs and organizations that provide support and "safe zones" for students in higher-risk groups, such as LGBTQIA+, veterans, immigrants, and students of color

# DEVELOP A CAMPUS SUICIDE PREVENTION PLAN

Many of Pennsylvania's colleges and universities have suicide prevention plans already in place, but not all address all of the nine components recommended by the Suicide Prevention Resource Center. While every state (plus Puerto Rico, Guam, and Washington, D.C.) has a general suicide prevention program,[31] none of the programs deal specifically or exclusively with college student suicides, although several states have passed legislation addressing suicide on campus. While some of the suicide prevention programs were promulgated by acts of the states' legislative bodies, many of them appear to have their origins in an executive order or regulatory act of a state's department of health.[32]

### *Statewide Suicide Prevention Resources*

Pennsylvania has several resources available to assist colleges and universities in developing student suicide prevention plans.

#### Pennsylvania Youth Suicide Prevention Initiative

The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI), is described as "a multi-system collaboration to reduce youth suicide"[33] and addresses suicide in high schools, colleges and universities, and among youth in general. It is a product of the Office of Mental Health and Substance Abuse Services, part of the Pennsylvania Department of Health and Human Services. In 2001, Pennsylvania developed its own youth suicide prevention plan, based on the National Strategy for Suicide Prevention: Goals and Objectives for Action. The work group to develop this initiative was formed and began to meet in July 2005. PAYSPI provides a range of training and awareness resources. The website offers training information and webinars for gatekeepers (e.g., educators, family members, youth, and general community members) and mental health/health care professionals. In addition, PAYSPI has training modules for general health care providers, mental health care providers, schools and educators, and suicide prevention in juvenile detention facilities.[34]

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[31] "Suicide Prevention Plans by State," Suicide Prevention Resource Center, http://www.sprc.org/states.

[32] *E.g*. Pennsylvania's Youth Suicide Prevention Plan ("a collaborative program started in 1985 between the state Departments of Education (PDE), Health (DOH), and Public Welfare (DPW), exists in all 501 school districts."), Suicide Prevention Resource Center, http://www.sprc.org/sites/default/files/Penn%201_Youth_Suicide_Prevention_Plan.pdf.

[33] "PAYSPI About Us," *Pennsylvania Youth Suicide Prevention Initiative*, http://payspi.org/about-us/.

[34] "Training," *Pennsylvania Youth Suicide Prevention Initiative*, http://payspi.org/training/general/.

Additionally, PAYSPI hosts an annual suicide prevention PSA contest for high school students throughout the Commonwealth, as well as several other awareness events. Local suicide prevention and mental health resources for all counties in the Commonwealth can also be found on the website.[35]

STAR-Center

The STAR-Center began in 1986 in Pittsburgh as a specialty program to address the increasing problems related to adolescent suicide and depression, and youth violence. The services were expanded in 1989 to include consultation and training for schools in the area of crisis response and school safety. It is a specialty clinical, training, and research program of Western Psychiatric Institute and Clinic of UPMC. The STAR Center has initiated a new intensive outpatient program and step-down intervention for college students needing a higher level of care than available on campus, entitled CO-STAR (College Option).[36] Since its inception, the center has received financial support from the Commonwealth.

Higher Education Suicide Prevention Coalition

PAYSPI hosts the Higher Education Suicide Prevention Coalition, or HESPC, which is "a coalition of Pennsylvania's colleges and universities designed to serve as a collaborative learning environment to generate sustainable campus-based ideas to address the needs of students at increased risk for suicide."[37] The organization has "monthly conference calls or web-based video meetings, as well as one face-to-face meeting each of the five years of the project." Part of the objective of HESPC is to get campuses with existing suicide prevention systems to share their successes and challenges, so that other universities which do not have such programs or have underdeveloped programs can learn how to move forward. Information from the HESPC is housed on the PAYSPI website. [38]

Student Assistance Program

The SAP, a collaborative program started in 1985 between the state Departments of Education (PDE), Health (DOH), and Public Welfare (DPW) (now the Department of Human Services (DHS)), exists in all 500 school districts, charter schools and cyber charter schools and is required for grades K-12. Every secondary school building is required to have a student assistance program. Commonwealth Approved Trainers (CATS) provide training for all school core teams and ten Regional SAP Coordinators provide technical assistance to the state's 11 regions. The core teams are comprised of teachers, principals, school counselors, school nurses, psychologists, social workers, and community liaisons from mental health and drug and alcohol agencies to determine if students have any barriers to learning, including mental health, drug and alcohol, academic, and physical health

[35] *Supra,* note 33.
[36] Email from Dr. David Brent, Director of STAR-Center, May 25, 2017.
[37] "HESPC," *Pennsylvania Youth Suicide Prevention Initiative*, http://payspi.org/news-and-events/gls/colleges/.
[38] *Ibid*.

issues. Teams collect observable data to determine if a student may have a mental health or drug and alcohol concern in which case they are referred to the community agency liaison for screening or assessment. Depending on these results, liaisons provide recommendations to the student and family and the team, which may include school-based intervention, treatment, or other community supports and services. SAP teams meet at regularly scheduled times and some team members are involved in immediate crisis response, but not all are.

Yellow Ribbon Suicide Prevention Program

The Yellow Ribbon Suicide Prevention Program originated in Colorado in 1994 and is now in every state and 44 countries. Youth are taught how to use "yellow ribbon" cards to ask for help. Some Pennsylvania counties are participating in this program, although there is not much empirical evidence or support for this particular intervention.

**Center for Collegiate Mental Health**

The Center for Collegiate Mental Health (CCMH) at Penn State University is "a multidisciplinary, member-driven, Practice-Research-Network (PRN) focused on providing accurate and up-to-date information on the mental health of today's college students." It is a collaborative effort of 400 colleges and universities across the country with the goal of creating "one of the nation's largest databases on college student mental health."[39] Members submit data to the Center in order to conduct research in the field of college student mental health.

Since 2009, the Center has been releasing an annual report containing data regarding student mental health, including the number of visits and the nature of the appointments that college counselors see in a given year. The annual report contains data and analysis of students seeking counseling, not the college student population at large.[40] The hope is that this data collection effort by CCMH can "inform college and university policy and procedure" and thereby improve college mental health treatment.[41]

### *National Prevention Models*

A number of non-profit organizations have evolved that specifically address suicide prevention for college and university students. SAMHSA maintains a National Registry of Evidence-based Programs and Practices (NREPP), and SPRC maintains a list of programs and practices and designates which have shown evidence of effectiveness.[42] The Best Practices list is a catalog of various awareness, outreach, prevention, and screening tools that are "evidence-based," meaning they are "using the best available research and

[39] "Center for Collegiate Mental Health," http://ccmh.psu.edu/.
[40] "Publications," *Center for Collegiate Mental Health*, http://ccmh.psu.edu/publications/.
[41] "Member Benefits," *Center for Collegiate Mental Health*, http://ccmh.psu.edu/member-benefits/.
[42] http://nrepp.samhsa.gov/landing.aspx and http://www.sprc.org/resources-programs.

data throughout the process of planning and implementing" the program.[43] However, it should be noted that the SPRC list relies heavily on the NREPP ratings. When specific programs or practices are discussed in this report, reference will be made to any determination of effectiveness made by SAMHSA. The 2017 report from the CDC, *Preventing Suicide*, also reviews and recommends specific policies and programs and they will be noted as well.

Consistent with the National Strategy, several non-governmental entities have developed models for campus suicide prevention plans. They all share the same fundamental objectives, and can provide models for developing plans specific to the needs and resources of each educational institution.

**The Jed Foundation**

The Jed Foundation, established in 2000, recommends a seven-component approach to addressing suicide on college campuses, with the goal of "help[ing] schools evaluate and strengthen their mental health, substance abuse[,] and suicide prevention programs and systems to safeguard individual and community health."[44] In conjunction with Education Development Center, the Jed Foundation has developed "A Guide to Campus Mental Health Action Planning (CampusMHAP)"[45] which provides guidance to colleges and universities in building momentum and structure for a campus plan, engaging in a strategic planning process, and its seven-component "Comprehensive Approach to Suicide Prevention and Mental Health Promotion." These seven strategies are:

- Promote social networks
- Help students develop life skills
- Identify students at risk
- Increase student help-seeking
- Restrict student access to potentially lethal means of self-harm and suicide
- Increase access to effective services
- Develop and follow crisis management procedures

[43] "Evidence-Based Prevention," *Suicide Prevention Resource Center*, http://www.sprc.org/keys-success/evidence-based-prevention.
[44] "What We Do," *The Jed Foundation*, https://www.jedfoundation.org/what-we-do/.
[45] https://www.jedfoundation.org/wp-content/uploads/2016/07/campus-mental-health-action-planning-jed-guide.pdf. Much of the CampusMHAP underpinnings were first discussed in the article "Framework for developing institutional protocols for the acutely distressed or suicidal college student." New York, NY. The Jed Foundation (2006).

Until April 2016, SPRC reviewed suicide programs and policies for effectiveness and adherence to specific standards and, if approved, added them to the SPRC Best Practice Registry. The SPRC has changed its focus to "expanding and enhancing information regarding programs that have been found to be effective in changing suicide-related outcomes."[46] Lists of programs and policies in the Best Practice Registry are still maintained on SPRC's website and the CampusMHAP was accepted to the SPRC's registry in 2013.[47]

**Judge David L. Bazelon Center for Mental Health Law**

The Bazelon Center was established in 1972 as the Mental Health Law Project, and renamed in 1993 after Judge Bazelon, a federal appeals court judge and pioneer in the field of mental health law. The Center advocates for the rights of the mentally disabled. In 2007, the Bazelon Center created "Supporting Students: A Model Policy for Colleges and Universities" to support students with mental health needs and to ensure that schools' actions toward students are nondiscriminatory.[48] The model policy addresses the following issues:

- Availability of counseling and mental health services
- Confidentiality
- Accommodations
- Leaves of absence
- Alternative housing while enrolled
- Disciplinary action
- Education and training

### *Other State Efforts*

Every state (plus Puerto Rico, Guam, and Washington, D.C.) has a general suicide prevention program.[49] Some of the statutes passed by various state legislatures dealing with the topic of suicide have directed a state agency to create a suicide prevention council in order to develop suicide prevention strategies.[50] However, many states' suicide prevention programs are general and meant for the public at large, regardless of age.[51] It

[46] http://www.sprc.org/faqs-best-practices-registry.
[47] The Jed Foundation. "CampusMHAP Added to SPRC Best Practice Registry." April 9, 2013. http://www.jedfoundation.org/campusmhap-best-practice/.
[48] http://www.bazelon.org/LinkClick.aspx?fileticket=2sA8atOxLT0%3d&tabid=225.
[49] "Suicide Prevention Plans by State," Suicide Prevention Resource Center, http://www.sprc.org/states.
[50] *E.g.*, 43A Okla. Stat. Ann. tit. § 12-104 (2015); Colo. Rev. Stat. Ann. § 25-1.5-111 (2014).
[51] *E.g.*, 410 Ill. Comp. Stat. 53/1 *et seq.* (2004); Mont. Code § 53-21-1101 *et seq.* (2007); Cal. Welf. & Inst. Code § 4098 (2005); Ga. Code Ann. § 37-1-27 (2011).

should be noted, however, that some of the statutes addressing suicide prevention are directed toward "youths" or "adolescents," such as the Arkansas Youth Suicide Prevention Act.[52] New York's suicide prevention program is directed at "adolescents," defined in the statute as being less than 21 years old.[53]

Other state student suicide prevention laws are specific to elementary and secondary education, and often direct the state's education department to require secondary (and sometimes elementary) school teachers undergo suicide awareness and prevention training.[54] The suicide prevention programs directed toward elementary school students are generally set up through the states' education departments. For example, Pennsylvania's statute on the matter is directed toward school students and requires each "school entity" to adopt a suicide awareness and prevention program, and directs the Department of Education to "develop a model youth suicide awareness and prevention policy."[55] It also requires teachers to take four hours of suicide awareness and prevention training every five years.[56]

While most states have not passed legislation specifically addressing college students as a population vulnerable to suicide, there are a few state laws that address suicide on college campuses.

Ohio

Ohio recently passed a collegiate suicide prevention statute directing institutions of higher education to "develop and implement a policy to advise students and staff on suicide prevention programs available on and off campus," which must include information on "crisis intervention access," "mental health program access," and "multimedia application access, which shall include crisis hotline contact information."[57] The statute also instructs the institutions to include "student communication plans, which shall consist of creating outreach plans regarding educational and outreach activities on suicide prevention" as a component of the information given to students, as well as the institutions' "postvention plans."[58]

Ohio State University has a robust suicide prevention program, and educating its students, faculty, and staff about the risk factors for suicide and how to identify an at-risk person appears to be an important component of that program.[59] Ohio State has

[52] Ark. Code Ann. §20-77-1601 *et seq*. (2005).
[53] NY Mental Hyg. Law §41.49 (1988).
[54] 27 states and the District of Columbia mandate training, while another 15 encourage it. American Foundation for Suicide Prevention, *State Laws: Suicide Prevention in Schools (K-12)*, August 1, 2016. http://afsp.org/wp-content/uploads/2016/04/Suicide-Prevention-in-Schools-Issue-Brief.pdf
[55] Act of June 26, 2014 (P.L. 779, No. 71); 24 P.S. § 15-1526.
[56] *Ibid*.
[57] Ohio Rev. Code Ann. § 3345.37 (2015).
[58] *Ibid.*
[59] "Identify Risk Factors," *Ohio State University*, Suicide Prevention Program, https://suicideprevention.osu.edu/prevention-information/warning-signs/. The program has a dedicated staff and its own floor of a building.

implemented REACH, a suicide prevention training program offered to students and faculty to learn the risks and warning signs of suicide, and how to intervene to prevent suicide. Also at the University is the Buckeye Campaign Against Suicide, a student organization formed to educate the college community about mental health issues, and the "Peers Reaching Out" program, for students to engage with their peers and potentially refer them to campus counseling.[60]

Texas

Texas requires institutions of higher learning to provide all students, including graduate students, information about "available mental health and suicide prevention services offered by the institution or by any associated organizations or programs," as well as "early warning signs that are often present in and appropriate intervention for a person who may be considering suicide."[61]

Virginia

Each institution of higher education in Virginia is required to provide some form of suicide awareness training, have a memorandum-of-understanding with local mental health authorities, and have a page on its website "dedicated solely to the mental health resources available to students at the institution."[62] This is a re-codification of an earlier statute with substantially similar language. The new codification took effect October 1, 2016.

Washington

In Washington State, the legislature ordered the University of Washington to convene a task force of "public and private institutions of higher education to determine what policies, resources, and technical assistance are needed to support the institutions in improving access to mental health services and improving suicide prevention responses."[63]

West Virginia

Jamie's Law was enacted in 2015, and requires both public and private colleges and universities to develop and implement a policy to advise its students and staff on suicide prevention programs, and provide all incoming students with information about depression and available suicide prevention resources.[64]

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[60] "Student Involvement," *Ohio State University*, Suicide Prevention Program, http://suicideprevention.osu.edu/outreach/student-involvement/.
[61] Tex. Educ. Code Ann. § 51.9194 (2015).
[62] VA Code Ann. § 23.1-802 (2016). This is a re-codification of an earlier statute with substantially similar language. The new codification takes effect October 1, 2016. The old statute was codified at §23-219.1.
[63] 2015 Wash. Sess. Laws Chap. 67. The task force authorizing statute expires July 1, 2017.
[64] W. Va. Code § 18B-1B-7.

Proposed Legislation in Other States

During the 2015-2016 legislative session, companion bills were introduced in the New York State Senate and Assembly that would require colleges to provide their students with information about suicide prevention resources. The legislation was reintroduced for the 2017-2018 session as S3080 on January 19. It is currently still in committee.[65]

In Missouri in 2016, a bill was proposed that addressed a topic narrower than college student suicides – medical school student suicides - during its last legislative session. Missouri H.B. 1658 was written to bar medical schools from restricting mental health surveys or studies of their students, and to prevent medical schools from penalizing students who conduct or participate in such studies.[66] It passed the Missouri House, and was placed on the Senate's Informal Calendar, where it was remained until the close of the session.[67]

The response of those states that are addressing college student suicide through legislation, is to require institutions of higher education develop suicide awareness and prevention programs. This is similar to what many states have already instructed secondary schools to do, as detailed above. The states are giving individual institutions latitude to determine how to provide suicide awareness and prevention services to students.

## ***Proposed Legislation***

AN ACT

Amending Title 24 (Education) of the Pennsylvania Consolidated Statutes, providing for suicide prevention plans in institutions of higher education.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Part III (Higher Education) of Title 24 of the Pennsylvania Consolidated Statutes is amended by adding a chapter to read:

[65] http://nyassembly.gov/leg/?bn=S03080&term=2017.
[66] Ashley Zavala, "Medical Student Suicide Prompts Proposed Missouri Legislation," KRGC TV, February 5, 2016 http://krcgtv.com/news/local/medical-student-suicide-prompts-proposed-missouri-legislation.
[67] The Missouri House of Representatives, http://www.house.mo.gov/BillActions.aspx?bill=HB1658&year=2016&code=R.

PART III
HIGHER EDUCATION

Chapter
61. Suicide Prevention in Institutions of Higher Education
65. Private Colleges, Universities and Seminaries

CHAPTER 61
SUICIDE PREVENTION IN INSTITUTIONS OF HIGHER EDUCATION

Sec.

6101. Applicability of chapter.

6102. Student mental health and suicide prevention plans.

§ 6101. Applicability of chapter.

This chapter shall apply to any of the following institutions of higher education:

(1) A community college created under Article XIX-A of the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, or the act of August 24, 1963 (P.L.1132, No.484), known as the Community College Act of 1963.

(2) A university within the State System of Higher Education created under Article XX-A of the Public School Code of 1949.

(3) The Pennsylvania State University.

(4) The University of Pittsburgh.

(5) Temple University.

(6) Lincoln University.

(7) Any other institution that is designated as "State-related" by the Commonwealth.

(8) An independent institution of higher education which is an institution of higher education located in and incorporated or chartered by the Commonwealth, entitled to

confer degrees as set forth in section 6505 (relating to power to confer degrees) and entitled to apply to itself the designation "college," "university" or "seminary" as provided for by standards and qualifications prescribed by the State board under Chapter 65 (relating to private colleges, universities and seminaries).

(9) A secretarial, business, vocational or trade school of post-secondary grade, which is subject to the visitation, examination or inspection of, or is, or may be licensed by the Department of Education.

§ 6102. Student mental health and suicide prevention plans.

(a) Plan required; minimum required contents.--Each institution of higher education shall develop and implement a plan to advise students and staff on suicide prevention programs available on- and off- campus that includes at least the following:

(1) Crisis intervention access, which includes information for national, state and local suicide prevention hotlines. Individuals with training and experience in mental health issues who focus on suicide prevention shall be available on campus or remotely by telephone or other means for students 24 hours a day, seven days a week.

(2) Mental health program access, which provides information on the availability of local mental health clinics, student health services and counseling services.

(3) Multimedia application access, which includes crisis hotline contact information, suicide warning signs, resources offered and free-of-cost applications.

(4) Student communication plans, which consist of creating outreach plans regarding educational and outreach activities on suicide prevention.

(5) Post intervention plans which include creating a strategic plan to communicate effectively with students, staff and parents after the loss of a student to suicide.

(b) Information for students.--Each institution of higher education shall provide all incoming students with information about depression and suicide prevention resources available to students. The information provided to students shall include available mental health services and other support services, including student-run organizations for individuals at risk of or affected by suicide.

(c) Posting on school website.--The information prescribed by subsection (a)(1) through (4) of this section shall be posted on the website of each institution of higher education in this Commonwealth.

(d) Posting of free information.--Any applicable free-of-cost prevention materials or programs shall be posted on the websites of the institutions of higher education, and the Department of Education.

(e) Notification.—No later than 15 days following the beginning of each semester or trimester, each institution of higher education shall transmit to each student via electronic mail the contact information for the individuals responsible for crisis intervention services under paragraph (a)(1).

Section 2. Applicability. This act shall be applicable to the first semester or trimester of an institution of higher education that begins at least 90 days after the effective date of this act.

Section 3. Effective date. This act shall take effect immediately.

College students, as an overall demographic group, have lower suicide rates than their age-peers who do not attend college. However, within the category of college students, there are subgroups of students who have a much greater risk of suicide. There are a number of reasons suggested for these variations.

### *Suicide Rates*

Suicide is the tenth leading cause of death in the United States. In 2015, there were more than 44,000 known deaths by suicide. Of the 146,000-plus deaths by injury in the United States that year, suicide accounts for more than 20 percent of them.[68] Nearly 34,000 of those deaths were men, for whom suicide is the seventh leading cause of death.[69]

In addition to the emotional and psychological cost, suicide also presents a financial burden. According to CDC estimates, in 2010 alone suicide cost the United States nearly $45 billion in medical expenses and lost wages.[70] In Pennsylvania, that figure was approximately $1.8 billon.[71] In addition to the cost of deaths by suicide, approximately 316,000 people across the United States were hospitalized in 2010 with self-inflicted injuries, costing an estimated $9.8 billion in medical expenses and lost work costs.[72]

The number of suicide deaths has been steadily increasing in recent years. In 2000, the CDC reported 29,199 deaths by suicide. This number rose to 38,364 in 2010 and in 2015, 44,193 people took their own lives. This is a 51 percent increase in suicide deaths over a 15 year period. As a result, the national age-adjusted rate of suicide went from 10.44 to 13.75 per 100,000 people.[73]

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[68] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "10 Leading Causes of Death, United States, 2015, Both Sexes, All Races." Data available at www.cdc.gov/injury/wisqars.

[69] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "10 Leading Causes of Death, United States, 2015, Males, All Races." Data available at www.cdc.gov/injury/wisqars.

[70] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "Cost of Injury Reports: Fatal Injuries, Both Sexes, All Races, United States, 2010," September 18, 2014. Data available at https://wisqars.cdc.gov:8443/costT/cost_Part1_Intro.jsp.

[71] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "Cost of Injury Reports: Fatal Injuries, Both Sexes, All Races, United States, 2010," September 18, 2014. Data available at https://wisqars.cdc.gov:8443/costT/cost_Part1_Intro.jsp.

[72] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "Nonfatal Hospitalized Injuries, Both Sexes, All Races, United States, 2010, Self-Harm," September 18, 2014. Data available at https://wisqars.cdc.gov:8443/costT/cost_Part1_Intro.jsp.

[73] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, n.1.

Pennsylvania has been following similar trends. From 2000 to 2015, the number of deaths by suicide rose from 1,356 to 1,894 annually – a 40 percent increase. The number of suicide deaths for men was four times that of suicide deaths for women. Additionally, White and non-Hispanic Pennsylvanians have a higher rate of suicide compared to other races. These trends are generally consistent across the country. The following table displays the number of suicides across all age groups from 2000 to 2015.

**Total Suicides Across All Ages (2000 to 2015)**

| Demographic | United States | Crude Rate | Pennsylvania | Crude Rate |
|---|---|---|---|---|
| Male | 453,713 | 19.09 | 19,845 | 20.29 |
| Female | 121,913 | 4.96 | 4,784 | 4.63 |
| White | 520,430 | 13.46 | 22,897 | 13.34 |
| Black | 33,946 | 5.21 | 1,425 | 6.14 |
| Am. Indian/AK. Native | 6,685 | 10.82 | 15* | 2.33* |
| Asian/ Pac Islander | 14,565 | 5.74 | 292 | 5.22 |
| **Total** | **575,626** | **11.91** | **24,629** | **12.25** |

* Rates based on 20 or fewer deaths may be unstable. Use with caution.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), www.cdc.gov/injury/wisqars.

## Young Adults and College Students

More than half of all students attending universities across the country are between the ages of 18 to 24. Roughly one-quarter of all 18 to 24 year olds attend college. This age range is also the average age of onset for most mental health disorders, placing universities in a unique and important position in the treatment of mental health on campus.

Across the country, suicide is the second leading cause of death for young adults aged 18 to 24. In Pennsylvania, suicide was the third leading cause of death for young adults 18 to 24. In 2015, this accounted for 16 percent of all deaths, a rate of 14.78 per 100,000. Among Pennsylvanians in this age group, suicide was higher for men than women, with males accounting for 78 percent of suicide deaths.[74] The following displays the total number of suicides for 18 to 24 year olds from 2000 to 2015.

[74] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), www.cdc.gov/injury/wisqars.

| Total Suicides Ages 18 to 24 (2000 to 2015) | | | | |
|---|---|---|---|---|
| **Demographic** | **United States** | **Crude Rate** | **Pennsylvania** | **Crude Rate** |
| Male | 49,449 | 20.17 | 2,040 | 20.97 |
| Female | 9,260 | 3.96 | 365 | 3.84 |
| White | 48,396 | 13.14 | 2,084 | 13.27 |
| Black | 6,548 | 8.64 | 264 | 9.63 |
| Am. Indian/AK. Native | 1,615 | 21.17 | - | - |
| Asian/ Pac Islander | 2,150 | 7.89 | 53 | 7.40 |
| **Total** | **58,709** | **12.26** | **2405** | 12.5 |
| Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS. | | | | |

Suicide is also believed to be the second leading cause of death for college students, most of whom fall into this age range. Unfortunately, there is no breakdown in the available data for suicides in the 18 to 24 age range based on college attendance. However, the current rate of suicide among college students is estimated to be between 6.5 and 7.5 per 100,000 people. This rate is approximately half that of all 18 to 24 year olds, and this is despite findings in the literature that there are no differences in the odds of having at least one mood or anxiety disorder between college students and their non-college-attending peers.[75]

There are several hypothesized reasons why college students have a lower rate of suicide than their non-college-attending peers. Attending college itself may be considered a protective factor against suicide. College students have less access to firearms, a leading method of suicide, than does the general population. College populations also have a higher proportion of females than the general population of 18 to 24 year-olds, and females are less likely to die by suicide. It is also possible that pre-existing mental illness may prevent some young people from being able to attend college in the first place.

## Suicidal Ideation and other Mental Health Factors

Statistically assessing suicidal ideation and suicide attempts is more difficult than doing the same for deaths by suicide because of the way ideation or attempts are defined, the lack of reporting of ideation and attempts, and because the numbers available on ideation and attempts are from self-reported surveys, which may be subject to self-selection bias.

[75] David J. Drum et al., "New Data on the Nature of Suicidal Crises in College Students: Shifting the Paradigm," *Professional Psychology: Research and Practice* Vol. 40 No. 3 (2009): 213-222. DOI: 10.1037/a0014465.

One survey of students found that 18 percent of undergraduate students and 15 percent of graduate students had seriously considered attempting suicide at least once in their lifetime. However, only two percent of both undergraduate and graduate students responded that they had suicidal thoughts on a regular basis for several years, offering evidence for the theory that most suicides are typically an impulsive action. For both groups, under one percent of students reported attempting suicide in the past 12 months.

It is important to note the limitations of the study. The random sample of 108,536 students across 70 participating U.S. campuses had a response rate of 24 percent. However, outcomes to this particular survey have been comparable to other large-scale national surveys.[76]

According to the Suicide Prevention Resource Center, in 2012 between 6.6 and 7.5 percent of undergraduate students seriously considered suicide, 2.2 to 2.3 percent made a plan to die by suicide, and 1.1 to 1.2 percent attempted suicide. These rates are lower than those aged 18 to 22 who were not enrolled in college full-time during this time.[77]

**Suicide Rates, Young Adults, By Enrollment Status (2012)**

| Action taken | Undergraduate only | Undergraduate and graduate | Not enrolled in college full-time ages 18 to 22 |
|---|---|---|---|
| Seriously considered suicide | 6.6%- 7.5% | 7.1%-7.7% | 9.0% |
| Made a plan | 2.2%-2.3% | 2.3% | 3.1% |
| Attempted suicide | 1.1%-1.2% | 0.6%-1.2% | 2.2% |

Source: Suicide Prevention Resource Center.

### *Risk Factors*

Suicide is deeply personal and complex, not easily broken into components and analyzed. Researchers have identified a multitude of commonalities among persons who attempt or die by suicide and have determined them to be risk factors. The U.S. Centers for Disease Control and Prevention lists them, which include:

- Family history of suicide
- Family history of child maltreatment

[76] *Ibid.*

[77] Suicide Prevention Resource Center, "Suicide among College and University Students in the United States," May 2014. http://www.sprc.org/sites/default/files/migrate/library/SuicideAmongCollegeStudentsInUS.pdf

- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health, substance abuse disorders and suicidal thoughts[78]

However, just because someone has one or more of these risk factors does not mean he or she will die by suicide, or even attempt suicide. Many people display multiple risks factors but never consider suicide. Two recent meta-analyses of the effectiveness of suicide risk assessments have found "no statistical method to identify patients at a high-risk of suicide in a way that would improve treatment."[79] A simple evaluation of risk factors alone cannot predict suicidal behavior; instead a more nuanced understanding of the patient's overall mental health is necessary. Researchers have begun to question why the same traits in two different people can have such disparate effects.

The Center for Collegiate Mental Health recently finished an American Foundation for Suicide Prevention grant trying to determine if predictors of suicide attempts could be identified retroactively over several years of data and hundreds of thousands of students in treatment. The result was "sort of, but not really." It is important to understand that screening for risk factors cannot eliminate suicide.[80]

Within the last decade, suicide researchers have proposed theories which attempt to go beyond risk factors to explain the "why" of suicide.

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[78] U.S. Centers for Disease Control and Prevention, "Violence Prevention – Suicide: Risk and Protective Factors," August 15, 2016. Available at https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html.

[79] Delcan Murray and Patrick Devitt, "Suicide Risk Assessment Doesn't Work," *Scientific American*, March 28, 2017. https://www.scientificamerican.com/article/suicide-risk-assessment-doesnt-work/.

[80] Email from Ben Locke, PhD, Director of the Center for Collegiate Mental Health, June 23, 2017.

**Understanding Why**

Thomas E. Joiner, Jr., an academic psychologist and leading expert in the field of suicide, proposed the interpersonal theory of suicide in his widely cited 2005 book *Why People Die by Suicide*. Joiner notes that although it is true that mental states such as depression, sadness, emotional pain, and hopelessness are exhibited in nearly every individual who dies by suicide, there are far more people who display such mental states and do not die by suicide. Such risk factors, then, are too general to properly explain the phenomena of suicide.[81]

Instead, Joiner proposes that what causes an individual to begin thinking about suicide are "the perceptions that one is alienated from others and that one is simultaneously a burden on others." This low belonging and high burdensomeness paradigm explains suicidal ideation, but according to Joiner's theory, a third factor is necessary to spark suicidal behavior – learned fearlessness. People naturally fear death, and overcoming this fear requires a "process of habituation and the engagement of opponent processes in response to a series of often escalating encounters with various forms of actual or potential physical threat."[82] While Joiner's theory provides an impetus to further examine the role of "learned fearlessness" in suicidal behavior, it is important to remember that his theory is not dispositive, and that other explanations exist.

As used by Joiner, the habituation and opponent process can be explained this way: The first time someone is exposed to a stimulus such as BASE jumping, their response is going to be fear and reluctance to jump.[83] However, with repeated exposure to BASE jumping, although the primary response of fear remains the same, the effect of the opponent process (such as adrenaline rush) grows stronger, resulting ultimately in a net emotional response of decreased fear. Practice is what allows a BASE jumper to jump from a cliff, and practice is what acclimates a suicidal thinker into a suicide attempter. The best way to acquire the ability to die by suicide is to engage in suicidal behaviors, such as tying a noose or buying a gun with the intent to die by suicide. The practice, however, does not even need to be a physical act – it can be accomplished by simply imagining one's own death by suicide.[84]

Acquiring fearlessness takes time and multiple or repeated exposure to events that tend to lessen fear of physical injury or death. An individual can acquire the capability for attempting suicide through repeated practice and exposure and thereby become accustomed to the physically painful and fearful aspects of self-harm. Such practice makes it

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[81] Thomas E. Joiner, Jr., "Why People Die by Suicide: Further Development and Tests of the Interpersonal-Psychological Theory of Suicidal Behavior," 2011. http://portal.idc.ac.il/en/symposium/hspsp/2011/documents/cjoiner11.pdf.

[82] *Ibid.*

[83] BASE Jumping is an extreme sport that involves leaping from any of four fix objects, a building, antenna, span or earth (BASE) with parachutes designed specifically for rapid deployment. https://officialbridgeday.com/base-jumping/.

[84] Kimberly A. Van Orden et al., "The Interpersonal Theory of Suicide," *Psychological Review*, Vol. 117 No. 2 (2010): 575-600: DOI: 10.1037/a0018697.

psychologically possible for him or her to engage in increasingly painful, physically damaging, and lethal forms of self-harm.[85]

Joiner's theory explains several common features observed about suicide decedents. For example, it explains why individuals who die by suicide are not described as depressed in the time leading up to their deaths; rather, they are frequently described as agitated. According to Joiner, "fear of death is too difficult to overcome unless one is highly activated and aroused." He also posits that this learned fearlessness also explains why deaths by suicide occur more frequently on Mondays and Tuesdays than on any other days – Mondays and Tuesdays are days of activation following days of rest. It would also explain why suicides are more prevalent in May and June in the Northern hemisphere and November and December in the Southern hemisphere, as those are the respective hemispheres' spring, and spring is recognized as a time of activation following a period of inactivity (winter).[86] These examples may have simpler explanations; if school or work is a stressor, suicide at the start of the work/school week could be the triggering factors. While it has been shown that suicides peak in the spring, the reason remains unclear. "This springtime peak may be the result of a loss of hope as the weather warms but life doesn't seem to improve for the depressed person. Alternatively, increased sociality during warmer months could put extra pressure on someone who is struggling."[87]

This habituation and opponent process or "acquired fearlessness" component of Joiner's theory accounts for several other aspects of suicidality. Other research indicates that people who tend to engage in risky behaviors such as petty theft, promiscuous sex, shooting a firearm, playing contact sports, getting a piercing, and getting into fights, reported higher acquired capability scores on the Acquired Capability for Suicide Scale, a measurement tool used to determine an individual's self-perceived ability to tolerate the pain caused by self-injury.[88]

This, therefore, would explain why impulsivity is a risk factor for suicide. People who are impulsive are more likely to engage in painful and provocative behaviors. Consequently, impulsive individuals develop a higher level of acquired capability for suicide. However, according to the interpersonal theory, such individuals will not develop suicidal ideation unless they also possess high burdensomeness and low belongingness.

Yet impulsivity is not the only risk factor that the interpersonal theory of suicide accounts for. According to Joiner, all documented risk factors for suicidal behavior have an influence on suicidal outcomes because they either increase fearlessness of physical threat, increase perceived burdensomeness, or contribute to thwarted belongingness.[89] For example, a job loss could lead someone to feel both increased burdensomeness and lower belongingness. In this way, individual risk factors are not examined in isolation but are

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[85] *Ibid*.
[86] *Supra*, note 81.
[87] Stephanie Pappas, "Suicide: Statistics, Warning Signs and Prevention," *LiveScience*, March 16, 2015. https://www.livescience.com/44615-suicide-help.html.
[88] *Supra*, note 84.
[89] *Supra,* note 81.

distilled into one of the three psychosocial variables (burdensomeness, belongingness and fearlessness).

Most people who have a specific risk factor, such as job loss, or even combinations of numerous risk factors, will never go on to attempt suicide. An older but still enlightening study of 100 consecutive patients presenting to a central Florida emergency room for an attempted suicide illustrates the mindset and life circumstances of those who make a suicide attempt. The study was completed by survey of the patients and by direct observation by medical doctors and other hospital staff. The study took place from January 1, 1992 to December 31, 1993.[90]

Of the patients surveyed, 10 percent indicated that they had been in an agitated state for more than one week prior to attempting suicide, and one percent had admitted to engaging in assaultive behavior. However, it is worth mentioning that these data were taken from self-reported surveys, so it is possible that the patients underestimated or were unaware of their agitated mental state or did not disclose assaultive behavior.[91]

Of the type of attempts made, 76 percent were by overdose of one drug, and 17 percent were by overdose of multiple drugs or a combination of drugs and alcohol. Of the drugs used for overdosing, the most common were the benzodiazepines Xanax and Klonopin. It should be noted here that while drugs were the most common method of attempting suicide in the study, as mentioned previously in this report, firearms are the most common method of death by suicide in the United States.[92]

The suicide attempts were made impulsively. Only 14 percent of the patients had made a specific plan to die by suicide, with 69 percent reporting that they had experienced only fleeting thoughts of suicide or no thoughts at all, and that they had made no plan to die by suicide. Only 9 patients left a suicide note.[93]

Overall, the gender of the suicide attempters was 58 percent female and 42 percent male. Other demographic data indicated that 90 percent were White, 4 percent were Black, 4 percent were Hispanic, and 2 percent were Asian. The relationship status of the patients was 34 percent married, 12 percent divorced, 6 percent separated, and 45 percent single.

The patients also self-reported their own emotional state as well as their life circumstances. Hopelessness was reported by 64 percent of the patients, and 43 percent had a history of depression meeting DSM-IV criteria. Insomnia was reported by 92 percent. Fully 92 percent reported having severe anxiety, and 80 percent reported having had panic attacks. Seventy-eight percent of patients reported having recently lost a close

[90] Richard C.W. Hall et al., "Suicide Risk Assessment: A Review of Risk Factors for Suicide in Patients Who Made Severe Suicide Attempts." Available at http://drryanhall.com/Articles/suicide.pdf.
[91] *Ibid.*
[92] *Ibid.*
[93] *Ibid.*

personal relationship, or were experiencing a conflict with a spouse, lover, or family member.[94]

As for the patients' histories of psychiatric illnesses, 25 percent did not have a history of chronic psychiatric illness, 17 percent did have such a medical history, and the remainder had a psychiatric illness onset within the last few months. Reports of substance abuse were substantial, with 43 percent abusing alcohol and 5 percent abusing drugs, and 20 percent abusing both alcohol and drugs. Of the substance abusers, 70 percent did not chronically abuse drugs or alcohol, meaning they were not alcoholics or drug addicts.[95] A large number – 41 percent – of the participants had a diagnosis for a major medical condition such as cancer.[96]

The most common predictors of a suicide attempt in this study were living alone, being between the ages of 17 and 35, and self-reporting severe hopelessness, severe anxiety, anhedonia (the inability to feel pleasure), and insomnia. The suicide attempters also had very high incidences of substance abuse and relationship problems.[97]

Although this study's major drawback is that it only looks at 100 patients at a single point in time. Its focus is on those who attempted suicide and survived. There were several noticeable trends among the attempters who survived. A majority of them were women. They did not have a history of chronic psychiatric illness – either no history was present, or it manifested recently. The decision to attempt suicide was impulsive, and the overwhelming majority did not leave a suicide note. They had recently abused alcohol or drugs, had relationship problems, and had major medical issues.[98]

The researchers indicated that clinicians should assess patients' suicide risk within an imminent/short-term and long-term risk framework. They emphasized that sociodemographic factors, such as a patient's gender, marital status, and whether or not they live alone, should be taken into consideration when assessing suicide risk. Whether or not the patient suffers from anxiety, depression, bipolar disorder, or schizophrenia are also important considerations, as well as whether the patient is abusing drugs or alcohol.[99]

**Role of Genetics**

In recent decades, as more scientific knowledge about genetics has emerged, researchers have begun investigating potential genetic factors for mental illness and even suicide itself. All of the risk factors discusses thus far are environmental factors – things that are happening external to the individual. However, some risk factors may be innate.

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[94] *Ibid.*
[95] *Ibid.*
[96] *Ibid.*
[97] *Ibid.*
[98] *Ibid*.
[99] *Ibid.*

Although the ultimate cause of mental illness remains unknown, evidence is mounting that there is a strong heritable component to psychiatric illness.[100]

For example, it has been believed for decades that depression has an underlying biological cause. Known as the monoamine hypothesis of depression, it is postulated that at least some individuals' depression is caused by a deficit of neurotransmitters in the brain. This theory resulted in the widespread use of selective serotonin reuptake inhibitors to chemically alter the brain and relieve this deficit, and thereby relieve symptoms of depression. This biological basis is also seen in other mental illnesses as well. A study involving twins has shown that the heritability of schizophrenia is around 83 percent, meaning that if one twin had the disease, the other twin would also be affected in 83 percent of the cases examined.[101]

To be clear, to state that there exists a genetic influence on mental illness and suicide does not mean that inheriting a specific gene will result in someone becoming clinically depressed or dying by suicide. Researchers have long noticed a pattern of heritability of psychiatric illnesses. This could be caused by the interplay between several genes, and it may simply make an individual more susceptible to environmental influence on psychiatric disorders. In fact, this gene-environment interaction theory has been established in non-human primate models.[102]

Since the completion of the sequencing of the human genome in 2003, researchers have identified numerous genes suspected of contributing to mental illness, uncovered the ways various genes give rise to an observable trait (known as gene expression), and investigated how genes impact pharmacological mechanisms of action. Many of these genes have been identified as ones that alter serotonin signaling in the brain. Serotonin is a chemical in the brain that regulates mood.

Whether a gene plays a role in mental illness or suicide can be influenced by other genes or other aspects of brain biochemistry. One recent study examining the structure of the brain found that those at risk for developing depression, as determined by a family history of the disorder, had cortical thinning in the right hemisphere of the brain – whether or not they had any symptoms of depression. The study found that in those at high risk for depression because of their family history, the "L" or long variant of a particular gene was associated with more thinning of the cortex while the "S" or short variant was not. In the low risk group, the opposite was true – those subjects who had the "S" variant had more

[100] *E.g.* U.S. Department of Health, National Institutes of Health, "Common Genetic Factors Found in 5 Mental Disorders," March 18, 2013. Available at https://www.nih.gov/news-events/nih-research-matters/common-genetic-factors-found-5-mental-disorders.

[101] Tyrone D. Cannon et al., "The Genetic Epidemiology of Schizophrenia in a Finnish Twin Cohort A Population-Based Modeling Study," *Archives of General Psychiatry*, Vol. 55 No. 1 (1998): 67-74. DOI: 10.1001/archpsyc.55.1.67.

[102] Klaus Peter Lesch, "Gene-environment interaction and the Genetics of Depression," *Journal of Psychiatry and Neuroscience*, Vol. 29 No. 3 (2004):174-84.

thinning than those with the "L" variant. However, in the high risk group studied, the "S" variant was associated with onset of symptoms of depression.[103]

A genetic contribution to suicide independent of a genetic contribution to mental illness is widely supported by medical science. A 2006 review of the literature on the subject led its authors to conclude that the most likely scenario is that genetic contributions to suicidality are represented by small size effects of many gene variants associated with processes involved in suicidal behavior, and by the interaction between genetic factors and environmental factors. The authors stated that the genetic liability of suicide is determined through two components – the heritable liability of psychiatric disorders, and the heritable liability of impulsive aggression and other personality traits. Certain personality traits are strongly correlated with suicide, such as impulsivity, aggressiveness, neuroticism, and anxiety.[104]

The authors also explained that post-mortem brain analyses demonstrated that the brains of suicide victims are different from the brains of people who die from other causes. The suicide decedents had a low incidence of 5-HIAA – the main metabolite of serotonin – in their cerebrospinal fluid. The post-mortem studies on the brains of suicide victims also revealed evidence for reduced serotonin transporter sites in the prefrontal cortex, hypothalamus, occipital cortex, and brainstem. More 5-HT1A and 5-HT2A receptors were also found in the ventral prefrontal cortex, a region of the brain responsible for behavioral and cognitive inhibition. According to the researchers, these results suggest that there is less serotonergic activity in the brains of those who exhibit suicidal behavior.[105]

Growing data show that the genetic component to both psychiatric illness and suicide works by predisposing the carriers of these genes to such illness and suicidality. A 2016 review of the literature on genetic predisposition to suicide found a positive association between certain polymorphisms – or variations – of the TPH1 and 5-HTT genes and suicide attempts in men. The authors claimed that the genetic studies conducted thus far partially confirm that the serotonergic system plays a role in suicide, and that suicidal behavior has a genetic component.[106] Studies done on animals have also shown genetic predisposition to traits of psychiatric illness. For example, one animal model study indicated that there is a role of genetic predisposition in shaping the response to trauma and subsequent susceptibility to developing post-traumatic stress disorder behaviors.[107]

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[103] Ravi Bansal et al., "Serotonin Signaling Modulates the Effects of Familial Risk for Depression on Cortical Thickness," *Psychiatry Research: Neuroimaging*, published online January 16, 2016. DOI: 10.1016/j.pscychresns.2016.01.004.

[104] B. Bondy et al., "Genetics of Suicide," *Molecular Psychiatry*, Vol. 11 (2006): 336-351. DOI: 10.1038/sj.mp.4001803.

[105] *Ibid*.

[106] Joanna Pawlak et al., "Association Between Suicidal Behavior and Genes of Serotonergic System Confirmed in Men with Affective Disorders," *Journal of Medical Science*, Vol. 83, No. 1 (2014): 7-16.

[107] Jean A. King et al., "Genetic Predisposition and the Development of Posttraumatic Stress Disorder in an Animal Model," *Biological Psychiatry*, Vol. 50 No. 4 (2001): 231-237.

## *College Suicide Demographics*

### Across Campuses

Although the suicide rate at each school is not uniform, there are relatively few studies to assess whether the rate of mental health issues varies across campuses. One study which surveyed across 26 campuses found that although measures of depression, anxiety, and suicidal ideation varied across campuses, "[b]oth public/private status and enrollment size categories seem to be independent of mental health." This 2013 analysis, which used data collected in 2007 and 2009 as part of the Healthy Minds Study, claims to be the "first analysis to document variations between campuses."[108]

This study found that living on campus versus living off campus was associated with lower anxiety, that graduate students had significantly lower depression rates, and that homosexual and bisexual students had a "substantially elevated risk for mental health problems" than their heterosexual peers. The study discovered that students who are married or in a relationship were less likely to report symptoms of depression or anxiety. The study also found that the more religious a student professed to be, the less likely they were to exhibit symptoms of anxiety or depression.[109]

The 2013 study went on to note that while "[d]ifferences across individual campuses were large in many cases," "the intraclass correlation coefficients indicated that the campus level can only explain a small proportion of the overall variance in student mental health." In other words, the more prominent divergence in rates of depression or anxiety are due to other factors, such as relationship status or gender. The authors hypothesized that the "campus-level variations in mental health problems" may be due to a combination of "preexisting differences in populations upon entrance to college; effects of the campus context; and, possibly, contextual effects of the surrounding community." The authors noted that further research was needed "to determine the causal role of campus context."[110]

Like other research in this field, the studies are caveated by certain drawbacks. This study is limited by its low 44 percent participation rate, the modest number of campuses in the sample, and the fact that the survey measuring mental health was based on several brief self-reported instruments.[111]

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[108] Daniel Eisenberg et al., "Mental Health in American Colleges and Universities: Variation Across Student Subgroups and Across Campuses," *Journal of Nervous and Mental Disease*, Vol. 201, No. 1, January 2013. DOI: 10.1097/NMD.0b013e31827ab077.
[109] *Ibid*.
[110] *Ibid*.
[111] *Ibid*.

Another more recent study, however, surveyed over 40,000 students across 72 campuses and found that certain campus factors are associated with on student mental health. According to this study, the following institutional characteristics are associated with the prevalence of mental health problems: public institutions; large enrollment; and non-residential campuses. Further, depression, anxiety, and suicidal ideation were highest among students on nonresidential campuses, less competitive universities, and institutions with low graduation rates. The table below shows this variation. There were no notable variations in the prevalence of mental health problems across institutional type, sector, or enrollment.

**Mental Health Issues, By Campus Factors (2015)**

| Campus Factor | Depression | Anxiety | Suicidal Ideation |
|---|---|---|---|
| Non-Residential | 21.5% | 11.3% | 8.7% |
| Highly Residential | 17.0 | 8.4 | 7.4 |
| Highly Competitive | 15.7 | 8.2 | 7.3 |
| Least Competitive | 19.3 | 11.5 | 8.9 |
| High Graduation Rates | 16.4 | 7.9 | 6.8 |
| Low Graduation Rates | 19.7 | 12.2 | 8.2 |

Source: See footnote 108.

Unfortunately, many of those same factors associated with a higher prevalence of mental health problems also correlate with low treatment rates, so that the schools with the students with the most mental health problems also have greater numbers of students who do not use mental health services. Treatment utilization was lower at doctoral-granting, public, large, and non-residential campuses.[112]

The data from this study, however, should be taken with a word of caution, as the data were compiled by surveys with a low response rate of just under 30 percent. Although the researchers adjusted for potential differences between responders and non-responders, adjustments may not correct for response bias due to unobserved characteristics.[113]

Further, both studies described above dealt with indicators of mental health issues such as depression, anxiety, and suicidal ideation – not the suicide rate across campuses, which is quite variable.

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[112] Sarah Ketchen Lispon, EDM, S. Michael Gaddis PhD, Justine Heinze, PhD, Kathryn Beck MPH and Daniel Eisenberg PhD, "Variations in Student Mental Health and Treatment Utilization Across US Colleges and Universities," *Journal of American College Health,* 63:6, 388-396, DOI: 10.1080/07448481.2015.1040411.

[113] *Ibid*.

**Across Racial and Ethnic Groups**

Differences in the rates of anxiety, depression, and suicidality are also evident across different racial and ethnic groups. One study, from 2014, analyzed survey data from the National Research Consortium of College Counseling Centers in Higher Education. The results of this analysis were counter-intuitive.[114]

For example, while Whites in the general population have the highest suicide rate, the rate of suicidal ideation was highest among non-White students. Although Asian-Americans in the general population have a low suicide rate, among college students Asian-Americans "evidence greater risk for suicidal ideation and behavior than their peers," with these students being more than 1.59 times more likely to consider suicide than their White peers.[115]

Suggested reasons for the higher rate of suicidal ideation in Asian-American college students included reluctance to disclose personal issues, intergenerational conflicts, harboring "collectivistic values while living in an individualistic society," a tendency toward perfectionism, and difficulty managing expectations. The study also uncovered that certain cultural backgrounds, such as those of Asian-American students, led the students to feel that they were betraying their families by disclosing personal issues, especially if the issue was in some way connected to their family dynamics.[116]

In an earlier study, African-American students reported higher rates of depression than White students, even though the rate of death by suicide is higher in the White general population than the African-American general population.[117] Reviewing the literature of the causative factors of suicidal ideation in African-American college students, the authors found "a strengthened relationship between depression and suicidal ideation when mediated by acculturative stress and ethnic group identity." In other words, these students' struggles to either assimilate into or separate from the dominant culture, as well as a lack of ethnic group identity, are identified more strongly with having suicidal ideation or other mental health issues. However, for African-American students, family support and cohesion were linked to lower rates of suicidal thoughts and depression.[118]

Available data on the Hispanic college population indicate that they have suicide rates on par with their White peers. However, Hispanic students also tend to have "lower rates of help-seeking behavior and difficulty disclosing suicide risk to counselors," which other studies have also found to be true in the Hispanic population at large.[119] A 2013 study cited earlier for its exploration of cross-campus variation in mental health issues

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[114] Sarah Akhter and Richard Shadick, "Suicide Prevention with Diverse College Students," *Journal of College Student Psychotherapy*, 28:117-131 (2014). DOI: 10.1080/87568225.2014.883877.
[115] *Ibid*.
[116] *Ibid*.
[117] Eisenberg et al., n. 108.
[118] Akhter and Shadick, n. 114
[119] Akhter and Shadick, n. 114.

indicated that their data showed a higher rate of depression for Hispanic students as compared to their White peers.[120]

Native American college students have the highest level of suicide risk of all demographic groups. Data indicate that 15 percent of Native American students "seriously considered suicide within the past year" and "5.7 percent reporting attempted suicide." The rate for all other students was reported by this study were 9.1 percent and 1.2 percent, respectively. However, it was acknowledged that the Native American college student population is understudied, especially in relation to suicide risk and prevention factors. [121]

It should also be acknowledged here that one difficulty with studying suicidality by demographic group is that a student may have multiple identities, and focusing on one part of a student's identity may distract from other important aspects of an individual's identity which may play a role in mental health, such as in-group diversity (e.g. within the Asian-American classification are further identities, such as Korean or Chinese), socioeconomic status, gender, and sexual orientation.

**Veterans**

America's military veterans have a higher suicide rate than the general population. According to the U.S. Department of Veterans Affairs, suicides by veterans account for 18 percent of all suicides, despite the fact that only 8.5 percent of the population are military veterans. In 2014, while the suicide rate for the general population was 15.2 per 100,000 people, the rate for all veterans was 35.3 per 100,000 people.[122]

A brief note on terminology is needed before further discussion. The term "student veteran" implies that only individuals who have since completed their military service and moved on to civilian life are included, and excludes National Guard and reserve component members seeking an undergraduate degree and current active duty personnel seeking graduate degrees. Given this, many researchers decided to use the term "student service members/veterans," or "SSM/V" to indicate that such students are in fact taken into consideration in their research as well. In the interest of being inclusive of undergraduate and graduate students who have not yet separated from the military, the term "student service members/veterans" or "SSM/V" will be employed herein.

In 2008, the Post-9/11 Veterans Educational Assistance Act, often referred to as the New G.I. Bill, expanded the educational benefits for military veterans who served since September 11, 2001. With many veterans returning home from the wars in Iraq and Afghanistan, colleges and universities across the country have seen many veterans take

[120] Eisenberg et al., n. 108.
[121] Akhter and Shadick, n. 114.
[122] U.S. Department of Veterans Affairs, "VA Suicide Prevention Program: Facts about Veteran Suicide," July 2016.
https://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf

advantage of this benefit and have seen significant increases in SSM/V enrollment. At the same time, the suicide rate for veterans has doubled since the beginning of these wars.[123] Additionally, suicide is the second leading cause of death for active-duty military personnel, and has been since 2011 when deaths due to combat began to fall.[124]

As far back as 2008, the RAND Center for Military Health Policy Research predicted that 1 out of every 3 persons deployed in support of Operation Enduring Freedom (the war in Afghanistan) or Operation Iraqi Freedom (the war in Iraq) will experience post-traumatic stress disorder (PTSD), traumatic brain injury, or a major depressive disorder or at least exhibit symptoms of such a disorder.[125]

More recent studies have indicated that veterans on campus are at higher risk of suicide than their non-veteran peers. A 2011 study, which billed itself as "the first national survey targeting student veterans' emotional adjustment, psychological symptoms, and suicide risk on college and university campuses," measured rates of SSM/V depression, anxiety, and suicidal thoughts and behaviors, as well as PTSD and combat exposure. The researchers found "surprisingly high" symptom severity among the SSM/V population surveyed, with "most mean scores falling in clinically elevated ranges."[126]

The study found that 58 percent of veterans were exposed to combat, and 44.6 percent of that group were exposed to "moderate or higher" combat action, as defined by the Department of Defense's Combat Exposure Scale. With regard to psychological symptoms, 23.7 percent of all SSM/V reported experiencing severe depression, 45.6 percent indicated significant symptoms of PTSD, and 34.6 percent experienced severe anxiety.[127]

On suicidal thoughts and behaviors, 46 percent of SSM/V reported experiencing suicidal thinking at any point in the past, 20 percent stated that they had a plan to die by suicide, 10 percent reported having suicidal thoughts on a regular basis, and 7.7 percent had made a previous suicide attempt. These rates of suicidal thoughts and behaviors are much higher than in similar studies exploring suicidality among the non-SSM/V college student population. In fact, the rate of making a suicide plan and the rate of thinking about suicide in the SSM/V population under study regularly surpasses the rate of elevated suicide risk – 13 percent – of veterans who are seeking mental health care from the Department of Veterans Affairs.[128]

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[123] *Ibid.*

[124] United State Department of Defense, *Medical Surveillance Monthly Report*, Vol. 21, no. 10, October 2014. Available at https://www.afhsc.mil/documents/pubs/msmrs/2014/v21_n10.pdf#Page=14.

[125] Terri Tanilian and Lisa H. Jaycox, eds., "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," *RAND Center for Military Health Policy Research*, 2008. Available at http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.

[126] M. David Rudd et al., "Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk," *Professional Psychology: Research and Practice*, Vol. 42 No. 5 (2011): 354-360: DOI: 10.1037/a0025164.

[127] *Ibid*.

[128] *Ibid*.

This study had several drawbacks, however. First, the study used brief screening measures for symptoms of mental illnesses such as depression, anxiety, and PTSD. These measures are not diagnostic tools, and the researchers cannot make a definitive diagnosis of the SSM/V survey participants. Second, the "cross-sectional nature of [the] data does not make it possible to explore predictive relationships over time, something that would be clinically useful when targeting suicidality." Third, participation in the study was biased by self-selection, meaning that the SSM/V who chose to participate in the study and complete the screening tools probably included an over-representation of SSM/V suffering from mental health issues or suicidal thoughts and behaviors.[129]

A 2015 study published in the *Journal of American College Health* also criticized the 2011 study for other weaknesses in its methodology. The 2015 study criticized the fact that the earlier study surveyed SSM/V about lifetime suicidal thoughts and feelings, whereas comparable studies of the civilian college student population only inquired about suicidal thoughts and behaviors within the past year. The authors wrote that this "limits our understanding of suicide risk in this particular student subgroup during more recent time frames that may be of greater value to universities and colleges."[130]

In this more recent study, when SSM/V indicated suicidal thoughts or behaviors within their lifetime, a follow-up question was posed inquiring whether they had experienced such thoughts or behaviors during the past year. The researchers found that rates of suicidal thoughts and behaviors of SSM/V, when limited to suicidal thoughts and behaviors endorsed within the past year, generally mirror those found among the civilian student population.[131]

One study has indicated that SSM/V who have been exposed to hazardous duty had a higher rate of psychiatric diagnosis than not only their civilian peers, but SSM/V who have not been exposed to hazardous duty.[132] However, another study on SSM/V exposure to hazardous duty and mental health found that SSM/V who were exposed to hazardous duty did not experience greater rates of anxiety or depression than their civilian and SSM/V non-exposed peers. Although the former study dealt specifically with diagnoses and the latter with self-reported symptoms, the authors proposed that "student service members/veterans may not be disproportionately affected by poor psychological functioning."[133]

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[129] *Ibid*.

[130] Craig J. Bryan and AnnaBelle O. Bryan, "Sociodemographic Correlates of Suicidal Thoughts and Behaviors Among College Student Service Members/Veterans," *Journal of American College Health*, Vol. 63 No. 7 (2015): 502-507: DOI: 10.1080/07448481.2014.939982.

[131] *Ibid*.

[132] John R. Blosnich, et al., "Mental Health and Self-Directed Violence Among Student Service Members/Veterans in Postsecondary Education," *Journal of American College Health*, Vol. 63 No. 7 (2015): 418-426: DOI: 10.1080/07448481.2014.931282.

[133] Sandi D. Cleveland, et al., "Mental Health Symptoms Among Student Service Members/Veterans and Civilian College Students," *Journal of American College Health*, Vol. 63 No. 7 (2015): 459-472: DOI: 10.1080/07448481.2014.983925.

A separate 2015 study published in *JAMA Psychiatry* also concluded that "deployment was not associated with the rate of suicide," although that study is inclusive of all OIF/OED veterans and not just SSM/V. A caveat to this study, however, is that it included non-combat deployments in support of OIF/OED to locations such as Djibouti, Bahrain, and Uzbekistan, where active combat was not occurring. This study attempted to discover the suicide mortality of all OIF/OED veterans by looking at data from the Armed Forces Medical Examiner System and the National Death Index from 2001 to 2009. In total, data on the 3.9 million OIF/OED veterans were collected, and during the time frame of the study 31,962 deaths were observed, of which 5,041 were identified as suicides.[134]

Although no connection between deployment and suicide was uncovered, the study revealed other factors are associated with veteran suicide, with the strongest factors being ages 17-21 (25.52 per 100,000 person-years), not finishing high school (30.19), being of a junior enlisted rank (24.85), never having been married (21.75), and being Native American (30.36). The suicide rate was higher for those who served in the Army or Marine Corps than those who served in the Navy or Air Force.[135]

The inconsistency of both method and result in the studies analyzed above indicate that more social science research is needed in the field of SSM/V and mental health. Given the fact that the actual, rate of death by suicide in the veteran population at large is greater than that of the general population, it is imperative that clinicians and administrators on our Commonwealth's college and university campuses recognize and learn to work with the unique needs of our nation's service members on their campuses. This would include recognizing the symptoms of PTSD as well as utilizing suicide risk assessment approaches unique to veterans with PTSD symptoms.

**Graduate Students**

The professions most graduate students enter are significant because doctors, dentists, lawyers, and pharmacists all have a suicide rate higher than the rate for the general public. Lawyers, for instance, have a suicide rate of 19 per 100,000 people whereas the overall suicide rate in the United States was 16 per 100,000 people, according to the CDC.[136] Physicians were 1.87 times more likely to die by suicide, and veterinarians and

[134] Mark A. Reger et al., "Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military," *JAMA Psychiatry*, Vol. 72 No. 6 (2015): 561-569: DOI: 10.1001/jamapsychiatry.2014.3195.
[135] *Ibid*.
[136] Wendy LiKamWa McIntosh, et al., "Suicide Rates by Occupational Group – 17 States 2012," *Morbidity and Mortality Weekly Report*, *Center for Disease Control and Prevention*, Vol. 65 No. 25 (July 2016): 641-645.

dentists also had above-average rates of suicide.[137] A recent study published in JAMA found that 27 percent of medical students screened positive for depression.[138]

One aspect, unique to professional students, holding students back from seeking help is that seeking mental health care can be detrimental to their careers. The American Bar Association adopted Resolution 102 of 2015 to urge "state and territorial bar licensing entities to eliminate from applications required for admission to the bar any questions that ask about mental health history, diagnoses, or treatment."[139] The Resolution stated that the states should only inquire about an applicant's conduct, and explained that the Department of Justice had recently informed Louisiana and Vermont that their respective boards of bar examiners inquiries about applicant's specific mental health diagnoses was a violation of Title II of the Americans with Disabilities Act.[140]

It is not clear how many, if any, states have adopted this non-binding recommendation from the American Bar Association. The Pennsylvania Board of Law Examiners, for example, makes "evidence of mental or emotional instability" a character and fitness issue for prospective law license applicants.[141] However, as of April 2017, questions about an applicant's mental health have been removed from the application for a law license in Pennsylvania.[142] This would indicate that an applicant's mental health issues would only become relevant if the applicant brings them up in the context of explaining his or her conduct into which the Board is inquiring.

Concern about how seeking mental health treatment may affect their job security and licensure also affects physicians. According to a study by the *Journal of Medical Licensure and Discipline*, the official quarterly journal of the Association of State Medical Boards, "[t]hirteen of the 35 SMBs responding indicated that the diagnosis of mental illness by itself was sufficient for sanctioning physicians." Several states also requested that medical doctors applying for a license also provide letters detailing their treatment from their own treating physicians or provide their medical records.[143]

These requirements are perceived by medical license applicants to be incredibly intrusive and so broad as to be unrelated to state licensing boards' mission of ensuring physician qualification. Medical students and graduates are aware of how state licensing boards view mental health, with one doctor on the website *Student Doctor* forums advising

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[137] Gus Lubin, "The 19 Jobs Where You're Most Likely to Kill Yourself," *Business Insider*, October 18, 2011, http://www.businessinsider.com/most-suicidal-occupations-2011-10#.

[138] Lisa S. Rothstein, et al., "Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis," *JAMA*, 316 (21) (December 2016): 2214-2236. DOI: 10.1001/jama.2016.17324.

[139] American Bar Association, Resolution 102 of 2015, http://www.americanbar.org/news/reporter_resources/annual-meeting-2015/house-of-delegates-resolutions/102.html.

[140] *Ibid*.

[141] Pennsylvania Board of Law Examiners, "Character and Fitness Overview," http://www.pabarexam.org/c_and_f/cfoverview.htm..

[142] *Ibid*.

[143] Herbert Hendin et al., "Licensing and Physician Mental Health: Problems and Possibilities," *Journal of Medical Licensure and Discipline*, Vol. 93 No. 2 (2007): 6-11.

colleagues "[u]ntil the professional stigma of mental illness is squarely addressed by organized medicine, your honesty will only get you in trouble."[144]

Many of the programs referred to in the remainder of the chapter have been reviewed to determine their effectiveness by SAMHSA under criteria in effect from 2008 through September 2015. Programs that were so reviewed are listed in SAMHSA's National Registry of Evidence-Based Programs and Practices as a "legacy program." SAMHSA does not indicate whether it still considers legacy programs to continue to be effective.

### *Screenings*

According to the American Foundation for Suicide Prevention, "[o]ver 85% of students who die by suicide never have contact with the campus counseling center."[145] In order to maximize the effectiveness of campus suicide prevention programs, it is necessary to identify students who are most at-risk for suicide but who are not currently obtaining any sort of treatment and encourage them to seek help. There are several specific programs available to colleges and universities.

#### Interactive Screening Program (ISP)

The American Foundation for Suicide Prevention has developed the Interactive Screening Program, or "ISP." This program is an anonymous online questionnaire consisting of the PHQ-9 (a standardized depression screening scale) and a 35-question survey. The goal of ISP is to identify students who are at-risk of suicide, engage them in a supportive and meaningful way, and then refer the students to an appropriate mental health care provider.[146] The Interactive Screening Program is also on the Suicide Prevention Resource Center's Best Practices list.[147]

The Interactive Screening Program "provides a safe and confidential way for individuals to take a brief screening for stress, depression, and other mental health conditions, and receive a personalized response from a caring mental health counselor." The student taking the ISP survey is anonymous, and their identity is not known even to the counselor from whom they receive feedback. It is believed that by keeping the survey anonymous, the university can lessen the burden of feelings of shame or embarrassment

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[144] BrokenDoctor, *comment on* "Physicians with Mental Illness," January 8, 2008, https://forums.studentdoctor.net/threads/physicians-with-mental-illness.481898/#post-6055839.

[145] "ISP for Institutions of Higher Education," *American Foundation for Suicide Prevention*, https://afsp.org/our-work/interactive-screening-program/isp-institutions-higher-education/.

[146] "Interactive Screening Program," *Suicide Prevention Resource Center*, http://www.sprc.org/resources-programs/interactive-screening-program.

[147] *See* "Resources and Programs," *Suicide Prevention Resource Center*, http://www.sprc.org/resources-programs?type=68&populations=138&settings=All&problem=All&planning=All&strategies=All&state=All.

that may prevent some people from seeking help. In addition to colleges and universities, "medical and professional degree schools, hospital networks, corporations and Employee Assistance Programs" are utilizing ISP as well.[148]

A number of Pennsylvania colleges and universities have online mental health and depression screening tools. Five schools are currently contracted with ISP, which differs from other screening programs in that it requires a commitment of counseling staff in order to personally respond to each screening. [149]

**Electronic Bridge to Mental Health (eBridge) for College Students**

Researchers at the University of Michigan are currently conducting a large scale study on the effectiveness of web-based screening tools to identify students at elevated risk for suicide and in need of mental health services, with a goal of determining "how to most effectively link students with positive screens to professional services." This study is funded through 2019, and has thus far shown promising results.[150]

**Screening for Mental Health**

Screening for Mental Health initiated National Depression Screening Day in 1990, and is recognized annually in October on many college campuses. SMH's online screening platform can be customized to each college or university and provide specific referral options for students on each campus.[151] Many Pennsylvania schools have included this link on their websites. Because a personal response from a counselor is not a requirement for the program, it does not have the staff costs associated with ISP.

**REACH VET**

The United States Department of Veterans Affairs recently announced a new mental health alert system, Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET). This is an analytics program that uses a computer algorithm to screen veterans' electronic health records for indicators of risk of suicide. Now available at all VA hospitals, it was piloted in October 2016 at VA hospitals in Erie and Butler, PA. Once an at-risk veteran is identified, a coordinator informs a VA health care provider, who initiates contact with the veteran and may make a referral for specialty

[148] "Interactive Screening Program," n. 2.
[149] Telephone conference with Director of AFSP Interactive Screening Program, May 8, 2017.
[150] Cheryl A. King et al., "Electronic Bridge to Mental Health (eBridge) for College Students", Population Studies Center, Institute of Social Research, University of Michigan,
"http://www.psc.isr.umich.edu/research/project-detail/36253
[151] https://mentalhealthscreening.org/programs/screening.

care.[152] For campuses with a significant number of student-veterans, it may be advisable to develop an agreement to coordinate VA efforts with these at-risk students with those occurring with the campus counseling services.

**Special Screening Events**

Several schools have special on-campus events that deal with screening for mental health issues and depression. Albright College has a campus-wide mental health screening day in the fall semester to address depression, anxiety and suicide prevention. Marywood University hosts annual National Depression Screening, National Anxiety Screening, and Nothing to Hide Mental Health Awareness Days. Lincoln University holds Fresh Check Day each spring for suicide prevention and mental health awareness. The Peer Educators at LaSalle University sponsor "Speak Up Reach Out," a week long campaign for raising awareness of mental health conditions among the university community. Millersville University also holds an annual screening for depression and anxiety.

**Screening Caveats**

According to a study examining a broad range of Axis I and Axis II DSM-IV disorders in a nationally representative sample of college students and their non-college-attending peers, "[a]lmost one-half of the college students and their non-college attending peers met DSM-IV criteria for at least [one] psychiatric disorder in the previous year." Given that nearly half of all students meet criteria for a DSM-IV psychiatric disorder but only 19 to 21 percent seek help from their universities' counseling centers, is there a "false positive" effect of students who display some symptoms of a psychiatric disorder, but are not at risk of suicide? Members of the Advisory Committee indicated that there are cases of "false positives" and that using certain screening tools, particularly the online survey-style screening tools, increases such cases.

In 2016, the United States Preventative Services Task Force ("USPSTF") recommended that all adults and children ages 12 and older should receive screening for depression from their general practitioner. There was immediate criticism of this decision on the basis that such screening would misidentify individuals as depressed. Dissenters from the United States Preventative Services Task Force noted that Britain and Canada had earlier recommended against this screening policy. Further, a review of 17 studies with data on 20 depression screening tools conducted by researchers with McGill University and published in the *Canadian Journal of Psychiatry* concluded that there "is insufficient evidence that any depression screening tool and cut-off accurately screens for MDD [major depressive disorder] in children and adolescents." The authors went on to caution that

[152] Nikki Wentling, "VA launches 'new, unique' tool to help prevent veteran suicides," *Stars and Stripes,* April 20, 2017. https://www.stripes.com/news/va-launches-new-unique-tool-to-help-prevent-veteran-suicides-1.464543#.WRHVefnyupo.

"[s]creening could lead to over diagnosis and the consumption of scarce health care resources."[153]

*The BMJ* also voiced its concern regarding over-diagnoses as a result of unnecessary screening, arguing that the task force relies on questionable research methodologies. *The BMJ* noted that such screening can lead to inappropriate treatment and use of limited mental health resources by people who are not in need of them.[154] Another review of the literature concluded that "[t]he USPSTF recommendation to screen adults for depression in primary care settings … is not supported by evidence from any RCTs [randomized controlled trials] that are directly relevant to the recommendation."[155]

### *Gatekeeper Programs*

Other than ISP and Signs of Suicide, the remaining screening programs which have been developed rely on the vigilance and cognizance of fellow students, faculty, and staff on campus. These programs are broadly referred to as "gatekeeper" programs, and not all of them are specific to the university setting. Gatekeepers are "individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate."[156] A gatekeeper is someone who is in a position to observe a potentially in-need student regularly. In the university setting, this would include faculty, certain staff members, such as coaches, dormitory resident advisors, and even other students in the student body at large.

It is important to note that gatekeeper programs do not train people to "predict" who will die by suicide. It is impossible to predict who will go on to die by suicide.[157] The programs aim to educate and train others within a community how to recognize and respond to someone who is suffering from emotional or psychological distress. For that

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[153] M. Roseman et al., "Accuracy of Depression Screening Tools to Detect Major Depression in Children and Adolescents: A Systematic Review," *Canadian Journal of Psychiatry*, Vol. 61 No. 12 (May 2016). DOI: 10.1177/0706743716651833.

[154] "Experts Raise Concern Over US Advice to Screen All Adults and All Teens for Depression," *Medical News Today*, February 22, 2017, http://www.medicalnewstoday.com/releases/315990.php.

[155] Brett D. Thombs et al., "There Are No Randomized Controlled Trials That Support the United States Preventative Services Task Force Guideline on Screening for Depression in Primary Care: A Systematic Review," *BMC Medicine*, Vol. 13 No. 12 (2014). DOI: 10.1186/1741-7015-12-13.

[156] U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*,
Washington, D.C., September 2012, available at https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf.

[157] George E. Murphy, "On Suicide Prediction and Prevention," *Archives of General Psychiatry*, 40 no. 3 (March 1983): DOI: 10.1001/archpsyc.1983.01790030113015.

purpose, there is some evidence that gatekeeper training programs are effective in raising awareness of suicide and certain warning flags or markers.[158]

A study published in 2015 looked at the Garrett Lee Smith ("GLS") grants to determine whether a "reduction in youth suicide mortality occurred between 2007 and 2010 that could be reasonably attributed to GLS program efforts." The study noted that gatekeeper training programs have been a "core part" of the grant recipients, with roughly 32 percent of all recipients utilizing the money for a gatekeeper program.[159]

The researchers examined 479 counties where youths aged 10 to 24 who had been exposed to at least one Garrett Lee Smith grant-funded gatekeeper training program. The researchers examined the suicide rate of the studied counties one year after the training programs were implemented. According to the study, after controlling for other variables, "[c]ounties implementing GLS training exhibited significantly lower suicide rates among the population aged 10 to 24 years in the year after the implementation than similar counties that did not implement GLS training sessions." The researchers also found no difference in the suicide rate of adults aged 25 or older.[160]

However, perhaps the most notable result from the study was that the researchers "found no significant effect 2 or more years after GLS training sessions … in the suicide rates among the population aged 10 to 24." In other words, the effect of the gatekeeper training tends to wear off after a certain period of time.[161] These studies indicate that gatekeeper training can be a part of an effective suicide prevention plan, but it cannot be a stand-alone solution.

The Department of Defense (DOD) uses gatekeeper training as its primary means of suicide prevention in the military. In a 2015 RAND Corporation study commissioned by the DOD to investigate the effectiveness of gatekeeper training programs, a review of the literature revealed that there are "four factors that may influence an individual's decision to intervene with a person at risk of suicide and that can be affected by effective gatekeeper training."[162] The four factors are: knowledge about suicide; beliefs and attitudes about suicide prevention; reluctance to intervene; and self-efficacy to intervene, meaning "the extent to which an individual feels comfortable and competent to identify, care for, and facilitate referral for a person at risk of suicide."

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[158] Cory Wallack et al., "Gatekeeper Training in Campus Suicide Prevention," *New Directions for Student Services* no. 141 (Spring 2013): DOI: 10.1002/ss.20038.

[159] Christin Walrath et al., "Impact of the Garrett Lee Smith Youth Suicide Prevention Program on Suicide Mortality," *American Journal of Public Health*, Published online, e1-e8 (March 19, 2015). DOI: doi:10.2105/AJPH.2014.302496. *Available at* http://www.riprc.org/wp-content/uploads/2015/04/Grant-lee-smith-suicide-prevention.pdf.

[160] *Ibid*.

[161] *Ibid*.

[162] Crystal Burnette et al., "Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature," RAND Corporation, National Defense Research Institute, 2015, available at www.rand.org/t/RR1002.

According to the RAND study, there was "substantial evidence" that gatekeeper training programs increased knowledge and displayed more constructive attitudes about suicide, noting "[t]hose who receive gatekeeper training are generally better able to recognize warning signs of suicide and choose effective intervention strategies compared with those who have not received training." However, RAND highlighted one study that was conducted six months after the participants received gatekeeper training and found that the training "did not significantly improve knowledge about suicide or the utilization of resources for gatekeepers or the suicidal individual."

Further, evidence was mixed regarding reduced reluctance to intervene with an at-risk individual. It was reported that in one study, although training "reduced reluctance and self-reported intention to intervene," the gatekeepers did not actually alter their behavior in terms of self-reported interventions. However, another study reported that "stigma related to youth suicide and mental health care significantly decreased from pre- to post-training for both youth and adults who participated in gatekeeper training." The RAND study also pointed out that no study has been able to connect "improvements in or lower levels of reluctance with reduced rates of suicides or suicide attempts."

With regards to self-efficacy, RAND noted that there have only been three studies on this particular aspect of gatekeeper training. Evidence is mixed as to whether increasing self-efficacy to intervene actually results in a greater number of trained gatekeepers engaging in gatekeeper behavior, such as asking about suicide or referring an at-risk individual for help. One study found increased self-efficacy for training participants; one study found the opposite; and the third found increase self-efficacy for both the control and the training groups.

Other identified factors that may affect intervention behavior on the part of the gatekeeper are systemic support from their organization (e.g. employer or school) and competing demands of their job-related responsibilities. One 2011 study found that "supervisor and organizational support for gatekeepers was positively related to intervention behavior post-training." Conversely, time demanded by work responsibilities "were negatively related to intervention behavior." However, it appears that a supportive organizational environment for gatekeepers is a stronger determinant, as "even in presence of organizational demands, individuals who were more supported in their gatekeeping role were more likely to intervene with individuals at risk of suicide."

Another challenge is that the gatekeeper programs can be quite different from one another, and so it can be difficult to draw accurate conclusions about the effectiveness of gatekeeper programs as a whole. RAND also noted that because of the nature of the other studies in literature being reviewed, "the causal relationship between training and each factor and ultimately on behavior is difficult to discern." In general, gatekeeper training can influence knowledge and attitudes about suicide, as well as reduce self-reported reluctance to intervene, but there is little evidence that such training results in more interventions or ultimately fewer suicides.

Within the Commonwealth, there is a lot of room for implementing these programs. According to a survey conducted by the Pennsylvania Higher Education Suicide Prevention Coalition, when asked if they were "developing and implementing suicide prevention awareness campaigns," 5 percent of colleges responded that they already have one in place. A further 11 percent responded that they were in the process of doing so, with 47 percent responding that they are working on it but are in need of assistance. Another 26 percent of schools said they would like to start, but need assistance, and 9 percent responded that they are not addressing the issue of suicide awareness and prevention.[163]

Additionally, when asked whether they were "developing and implementing strategies to help identify students who may be at increased risk for suicide through training," 8 percent said they have a program in place, 14 percent said they are developing one, 44 percent said they are working on it but need assistance, 32 percent said they would like to begin to develop such a program, and only 2 percent (or one school) responded that they were not addressing this at the moment.[164]

**Kognito Interactive Programs**

Kognito is a health simulation company and provides fee-based professional development and public education simulations on topics such as mental health, substance use, chronic disease, family relations, medication adherence, and patient-provider communication. In addition, they develop simulations tailored to the specific needs of their clients.

*At-Risk for College Students*, introduced in 2010, is an online role-play training program that provides tools for college students and student leaders to identify and assist peers exhibiting signs of psychological distress. Topics covered include depression, anxiety, substance abuse, and suicidal ideation. The program aims to reduce the stigma surrounding mental health issues, promote help-seeking behaviors, and improve social connectedness.

The 30-minute training helps participants gain knowledge, skills, and confidence to identify, approach, and refer an at-risk student to the appropriate services. Participants are prepared for their role through engaging in a variety of social encounters with four avatar "friends" and identifying warning signs in each friend. Participants also lean to avoid common missteps when dealing with persons with mental health issues, such as giving unwarranted advice.

*At-Risk for College Students* has been shown to increase preparedness to recognize and approach fellow students in psychological distress, as well as increasing preparedness and likelihood to refer these students to the counseling center. Further, the training program increased the participants' willingness to seek mental health counseling for

[163] Higher Education Suicide Prevention Council, "HESPC Initial Needs Assessment" (survey, 2015), Question 19, on file with the Higher Education Suicide Prevention Council.
[164] *Ibid*.

themselves. According to the Suicide Prevention Resource Center, Kognito is most effective when it is utilized as part of a college's overall strategy to identify and help at-risk students. Prior to its 2015 change in criteria, SAMHSA designated Kognito as a "program with evidence of effectiveness."[165] Kognito's At-Risk for College Students was introduced in 2010. As of March 2013, it has been adopted by more than 120 institutions in 21 States, as well as in the United Kingdom and New Zealand. The course was developed to be appropriate for and acceptable to a broad range of racial and ethnic groups.[166] Kognito also has variants that are directed specifically at the LGBT[167] and veteran[168] student sub-populations.

Similar to *At-Risk for College Students*, *Family of Heroes* is an online role-play training program that utilizes avatar to provide participants with the skills to assist family members displaying signs of psychological distress. *Family of Heroes* is specifically designed for military families of service members who've recently returned from deployment (within the past four years). The program, which was released at the end of 2011, work to increase awareness of signs of postdeployment stress, such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and suicidal ideation and to motivate families to access mental health services if signs are present.

*Family of Heroes* educates participants on what to expect when a veteran returns from deployment, what postdeployment stress is and how to identify it, how to de-escalate arguments and negotiate family responsibilities, and how to talk to about and find the appropriate supports for veterans. This training is done through role-playing with online avatars to prepare families if symptoms emerge. In addition, the training provides an online list of local resources and key techniques that families can utilize.

In a randomized trial, family members, partners, or friends who participated in *Family of Heroes* significantly increased their preparedness to recognize signs of postdeployment stress and increased preparedness to approach, motivate, and refer a veteran with postdeployment stress to seek help. Additionally, participants displayed a greater increase in self-efficacy, or confidence in their ability to motivate a veteran to seek help at a VA hospital or Vet center than the control group. Increases were also seen in the likelihood of approaching their veteran to discuss concerns and mentioning the VA as an available resource.

*Family of Heroes* was developed in in collaboration with the Department of Veterans Affairs NY/NJ Veterans Healthcare Network. Since the program's release in November 2011, a number of organizations have purchased a license to make the training freely available to families, caregivers, friends, colleagues, and coworkers of veterans within their geographic areas. Organizations providing the training include the Kentucky

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[165] "Kognito At-Risk for College Students," *Suicide Prevention Resource Center*, http://www.sprc.org/resources-programs/kognito-risk-college-students.
[166] SAMHSA Review, May 2012, http://legacy.nreppadmin.net/ViewIntervention.aspx?id=303.
[167] http://kognito.com/products/lgtbq-on-campus-for-students/.
[168] "Veterans on Campus: Peer Program," *Suicide Prevention Resource Center*, http://www.sprc.org/resources-programs/veterans-campus-peer-program.

National Guard, the Air Force Space Command (serving military families and service members in California, Colorado, Florida, Georgia, Illinois, and Texas), the VA of New York/New Jersey, the Virginia Department of Health, the Arizona Department of Health Services, and the Ohio Suicide Prevention Foundation. More than 62,000 people have accessed the course as of April 2013.[169]

Kognito for *Veterans on Campus* is designed for the unique needs of student veterans to help them with their transition into civilian and student life. There are two campus programs designed by Kognito, *Veterans on Campus for Faculty & Staff* and *Veterans on Campus: Peer Program.* As with the other Kognito programs, *Veterans on Campus* is an online, interactive training program that uses role-play to engage participants.

The faculty and staff program provides a better understand the unique needs, experiences, and cultural issues of student veterans. The program focuses on four main topics including; highlighting the valuable and unique skills veteran students bring to campus, obstacles they may face in their pursuit of a degree, techniques for managing classroom discussions around topics that may be sensitive, and best practices for connecting with veterans exhibiting signs of psychological distress.

The *Veterans on Campus: Peer Program* trains both student veterans and student leaders on how to support fellow veteran students on campus. The program focuses on the challenges they face transitioning into college life. This includes isolation, cultural disparities, academic issues, time management, and mental-health issues. The peer training helps to build support among student veterans and build awareness of school activities and veteran support, enhancing their college experience.

*Veterans on Campus* has been shown to increase retention rates and academic success of student veterans and referrals to on and off campus supports. Additionally, the faculty and staff program achieved statistically significant changes in military culture competency and gatekeeper skills. Half of the participants also reported an increase in the number of student veterans they identified as exhibiting signs of distress, approached to discuss concerns, and referred to support services.[170]

*LGBTQ on Campus for Students* and, an interactive role-play simulation for students that builds understanding and appreciation for the challenges faced by LGBTQ youth and prepares users to lead real-life conversations with peers to curtail harassment and support those who may be struggling as a result of bullying, isolation, or psychological distress. It has been adopted by 110 colleges and universities nationwide. There is a related program titled *LGBTQ on Campus for Faculty and Staff.*

[169] SAMHSA Review, July 2012, legacy.nreppadmin.net/ViewIntervention.aspx?id=312.
[170] "Veterans on Campus for Faculty and Staff," *Kognito Interactive*.
https://resources.kognito.com/voc/voc_faculty_overview.pdf

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

Question, persuade, refer, or QPR, is a 1 to 2 hour training course, which can be presented either in-person or viewed online. The training includes "a short video that shows interviews with people who have experienced suicide in their families, schools, and neighborhoods," and consists of "standardized role-play dialogue for use in a behavioral rehearsal practice session." The participants learn how to identify someone who has a mental health issue or is suicidal, and then learn how to question the individual about how they are feeling, persuade them to seek help, and refer them to the appropriate health care provider.[171] QPR training was reviewed by SAMHSA's National Registry of Evidence-Based Programs and Practices and is listed as a legacy program.

A 2008 study examined the effect of QPR training on attitudes and behaviors of staff and faculty at 32 Cobb County, Georgia high school and middle schools. The study was a group-based randomized trial, with a total of 249 participants. A total of 112 received QPR training. The researchers surveyed four metrics: Knowledge of QPR; Self-assessment of knowledge; Gatekeeper behavior; and communication with students. The staff and faculty took the survey before and after receiving QPR training. Students were also surveyed about their interaction with school staff in the context of seeking or being offered mental health help, with a total of 2,059 8th and 10th graders participating.[172]

The researchers found that the staff and faculty exhibited increased knowledge and increased self-assessment of their own knowledge. However, the training only impacted gatekeeper behavior for one category of staff member – teachers. Further, QPR training did not have an impact on the way staff communicated with students. For the students' part, only 17.3 percent of students who self-reported a prior suicide attempt indicated they would talk with an adult at school about how they were feeling, compared to 37.8 percent of students who did not report having attempted suicide. Similarly, 21.9 percent of students who reported a suicide attempt indicated they believed an adult at school could help them, compared with 46.5 percent of students who never attempted suicide.[173]

Importantly, the study found that the QPR "training affected staff differently depending upon their baseline levels of attitudes and behaviors." Participants who were more knowledgeable about or more receptive to learning about QPR suicide prevention training were more likely to display knowledge about the training, and actually use it. However, the researchers concluded that "increased knowledge and appraisals were not sufficient to increase suicide identification behaviors." In other words, knowledge about QPR methods did not translate into actually identifying students at risk for suicide.[174]

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[171] QPR Institute, "About QPR." *Available at* http://www.qprinstitute.com/about-qpr.
[172] Peter A. Wyman et al., "Randomized Trial of a Gatekeeper Program for Suicide Prevention: 1-Year Impact on Secondary School Staff," *Journal of Consulting and Clinical Psychology*, Vol. 76 No. 1 (February 2008): 104-115. DOI: 10.1037/0022-006X.76.1.104.
[173] *Ibid*.
[174] *Ibid*.

The study also recognized that, although training gatekeepers to identify students at risk for suicide is important, "the success of gatekeeper training … relies on the existence of adequate networks for referral of students for crisis management and mental health treatment." Identifying students at risk for suicide is necessary, but not sufficient. Appropriate mental health resources must be available for use for QPR to have any effect on the well-being of the students.[175]

## ICARE

In 2015, the University of Pennsylvania's counseling and psychological services (CAPS) developed ICARE, a gatekeeper-training program unique to Penn.[176] ICARE stands for "inquire, connect, acknowledge, respond, and explore." The goal is to "enhance peoples' ability to provide high quality non-judgmental emotional support to someone in distress," "develop positive attitudes towards mental health," "enhance capacity to intervene in mental health crises," and reduce stigma. The training itself is either a 7-hour course or a 3-hour "essentials" course. So far, 1,800 people have been trained in Penn's ICARE gatekeeper program.[177]

The program is offered to faculty, staff, and students, and the overwhelming majority of participants indicated that they are satisfied with the ICARE training. Additionally, the participants demonstrated a statistically significant increase in knowledge of support and crisis intervention skills, as well as a statistically significant increase in comfort engaging with a student in emotional distress and preparedness to intervene. Participants also showed a decrease in attitudes of stigma surrounding mental health issues.[178]

## Trevor Lifeguard

The Trevor Project is "the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24."[179] The Trevor Project also offers several training workshops and programs. The Lifeguard Workshop, is a "free online learning module based on The Trevor Project's in-person workshop." It is listed in the SPRC's Best Practice Registry for suicide prevention programs.[180] The Trevor Project has also developed "Ally Training," a program specifically designed to introduce "adults to the unique needs of LGBTQ youth" and educate participants about "terminology used in the

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[175] *Ibid*.
[176] Meeta Kumar and Marian Reiff, "What Matters Most in Gatekeeper Training? Tailoring Experiential Activities Effectively," Presented at the 2nd Annual Higher Education Suicide Prevention Conference in Pittsburgh, Pennsylvania, March 13, 2017, *available at* http://payspi.org/wp-content/uploads/2017/03/Breakout-6C_What-Matters-Most-in-Gatekeeper-Training.pdf.
[177] *Ibid*.
[178] *Ibid*.
[179] "About The Trevor Project," *The Trevor Project*, http://www.thetrevorproject.org/section/about.
[180] "Lifeguard Workshop," *The Trevor Project*, http://www.thetrevorproject.org/pages/lifeguard.

LGBTQ community, the process of 'coming out' as an LGBTQ person and a discussion of the challenges faced by LGBT youth in their homes, schools and communities."[181] There are also several other training programs developed and offered by The Trevor Project, most of them specifically geared toward LGBTQ youth.

### *Behavioral Concern Reports*

Several schools have trained "behavioral intervention teams," established under a protocol designed by the National Behavioral Intervention Team Association.[182] A behavioral intervention team is made up of a cross-section of the campus community, including students, faculty, and staff.[183] These behavioral intervention teams operate by tracking "'red flags' over time, detecting patterns, trends, and disturbances in individual or group behavior."[184] The team then "conducts an investigation, performs a threat assessment, and determines the best mechanisms for support, intervention, warning/notification and response."[185] The Association of Threat Assessment Professionals (ATAP) is a non-profit organization whose objective is to learn more about how best to protect victims of stalking, harassment and threat situations. It was founded in 1992 by the Los Angeles Police Department's Threat Management Unit, and its mission is to network professionals in field of threat assessment and/or threat management to share experiences and techniques.[186]

The National Behavioral Intervention Team Association does not list the number of colleges that use their program, but highlights four: The University of Oklahoma, The University of Mississippi, Mississippi University for Women, and Loyola University of Chicago. The National Behavioral Intervention Team Association states that behavioral intervention teams were developed "as a proactive way to address the growing need in the college and university community for a centralized, coordinated, caring, developmental intervention for those in need prior to crisis."[187] These type of threat-assessment programs are designed from a campus safety prospective, with more of a focus on identifying disruptive students who may be a more of a danger to others than themselves.

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[181] "Trevor Ally Trainings," *The Trevor Project*, http://www.thetrevorproject.org/pages/ally-trainings.
[182] National Behavioral Intervention Team Association, https://nabita.org/.
[183] "Behavioral Intervention Teams," *National Behavioral Intervention Team Association*, https://nabita.org/behavioral-intervention-teams/.
[184] *Ibid.*
[185] *Ibid.*
[186] http://www.atapworldwide.org/?page=1.
[187] *Supra* note 183.

Several Pennsylvania schools have an online "Behavioral Concern Report" or "Student of Concern Report" that can be submitted anonymously by faculty, staff or students if they have concerns about a particular student.[188] For the most part, these programs are addressed toward mental health concerns surrounding persons at-risk for suicide, although there are some programs where the focus is on community threat assessment, *i.e*. where the focus seems to be more on students who may engage in violent or terroristic threats toward others than suicidal behavior. Other schools combine these two functions under one threat assessment team.

[188] Cabrini University, Cairn University, Duquesne University, Gettysburg College, Lafayette University, Lycoming College, and York College of Pennsylvania are among the private schools that have such programs. Elizabethtown College has a Campus Wellness Network designed to identify and intervene with at-risk students. PSU-Altoona, and Clarion, Kutztown and Millersville Universities of Pennsylvania and the Community Colleges of Beaver County, Butler County, Luzern County, Reading County and Westmoreland County all have early-alert type systems.

# PROMOTE HELP-SEEKING BEHAVIOR

It is important that people recognize when they need support and how to find it. Self-help tools can be the first step in helping an individual recognize their own mental health concerns. Outreach and education campaigns can aid in providing knowledge to students as well as helping to de-stigmatize the need for mental health services.

According to the American Foundation for Suicide Prevention:

> Over the past decade, colleges and universities have made considerable efforts to promote how and where students can get help for mental health problems both on and off campus. Yet even when students know where to go for help, some remain hesitant to reach out, afraid to admit or acknowledge that they are struggling with mental health concerns. Often students' beliefs about suicide and mental health affect their attitudes and perceptions about help-seeking and their intentions towards pursuing available resources. According to one study on help-seeking and access to mental health care in a university student population, 49% of students said that they would know where to go for mental health care while enrolled and 59% of students were aware of free counseling services on campus. However, only 36% of students who screened positive for major depression received either medication or therapy in the past year (Eisenberg, Golberstein, & Gollust, 2007). Furthermore, less than 20% of students who died by suicide used their school's counseling center as a resource (Gallagher, 2014). This suggests that colleges and universities need to make students more aware of available resources and services, and they should also take steps to change the culture and attitudes around the topics of suicide and mental health so that more students feel comfortable and empowered to seek help when in distress.[189]

[189] American Foundation for Suicide Prevention: *State Laws - Suicide Prevention on College & University Campuses*, updated September 15, 2016. http://afsp.org/wp-content/uploads/2016/10/AFSP_Higher-Ed-Issue-Brief.pdf

### *Outreach Campaigns*

Many college mental health centers provide outreach campaigns and provide web-based material on suicide prevention.[190] Mental health fairs, outreach campaigns and educational opportunities can all help reduce stigma, promote protective factors and encourage help-seeking. Awareness events make their appearances on college campuses in the fall, when the World Health Organization's "World Suicide Prevention Day" occurs on September 10. The activities can be put on by students or the schools themselves. For example, Great Falls College – Montana State University recently held a suicide prevention day that included a screening of the documentary film *The Bridge*, a presentation on the "question-persuade-refer" suicide prevention method, and a panel discussion of suicide.[191] Many schools also hold "Out of the Darkness" awareness walks around this time, which are organized by the American Foundation for Suicide Prevention.[192]

Beyond the actions of the schools as institutions, some students are engaging in various outreach and activism campaigns of their own accord. Recently, the Kappa Alpha Theta sorority at the University of Alabama put a giant chalkboard on the lawn of their Greek house for passing students to share the names of their loved ones lost to suicide.[193] The chalkboard was placed on the lawn in the context of University of Alabama's homecoming tradition of placing homemade lawn ornaments by fraternities and sororities in accordance with a theme. This year's theme was "legacy" and Kappa Alpha Theta wanted to honor a member of the sorority who died by suicide last year. In addition to this awareness-raising display, the sorority managed to raise $17,000 for the American Foundation for Suicide Prevention through an online fundraising webpage.[194]

Saint Peter's College in New Jersey created an outreach program targeted toward the local Hispanic population to help reduce parent-child conflicts after discovering that parent-child conflicts were a catalyst for suicidal behavior in Hispanic female adolescents.[195]

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[190] Lee Keyes, Ph.D., "Suicide and its Prevention on College Campuses," *Alabama Counseling Association Journal,* Vol 38, no. 2, pp. 3-8, 4, 2013.
http://www.alabamacounseling.org/pdf/journal/specialedition/special.pdf.

[191] "Great Falls College MSU Hosts Suicide Prevention Day Events," *Great Falls Tribune*, October 31, 2016, http://www.greatfallstribune.com/story/life/2016/10/31/great-falls-college-msu-hosts-suicide-prevention-day-events/93059966/.

[192] "Out of the Darkness Walks," *American Foundation for Suicide Prevention*, http://www.afsp.donordrive.com/index.cfm?fuseaction=donorDrive.eventGroup&eventGroupID=9AA117B3-F522-BB6D-359D1AA2D75A7958.

[193] Brooke Metz, "Alabama Sorority Dedicates Homecoming to Raise $17k For Suicide Prevention," October 24, 2016, *USA Today*, http://college.usatoday.com/2016/10/24/alabama-sorority-homecoming-suicide-prevention/.

[194] *Ibid*.

[195] Laurie Davidson, "Depression and Suicide Intervention Programs on College Campuses," *My Student Body*, https://www.mystudentbody.com/General/Article.aspx?id=4436&from=Home.

### *Consultation*

Most private and public institutions of higher education offer "consultation" in that a fellow student, faculty member or other interested party can seek advice on how to address troubling signs in a student. Many schools also provide psycho-educational workshops, seminars and programs on coping with particular mental health stressors. For example, Penn State Main Campus offers CAPS (Counseling and Psychological Services) Chats. CAPS Chat provides informal, drop-in consultation for students residing in South & Pollock Halls with counselors from Penn State Counseling & Psychological Services (CAPS). Sessions are free and drop-in only, no appointments necessary or permitted. They are held two hours a day, five days a week. Students are seen on a first-come, first-served basis and meetings are no longer than 30 minutes. The CAPS Chat is for discussing specific concerns in a one-on-one meeting, learning more about what counseling might be like, understanding how to help a friend, destigmatizing mental health concerns, and getting mental health questions answered.[196]

### *Posting of Hotline Numbers*

While most colleges and universities, at a minimum, provide hotline numbers on the health, wellness, student affairs or mental health pages on their websites, they require a student to actively search the information. In the middle of a crisis, moving about on campus, a distressed student may not have the means or resourcefulness in their current state of mind to search out the school website and find a hotline number. In Pennsylvania, Domestic Abuse placards with hotline numbers are found in most public women's rooms. Under a 2012 state statute, personal service and drinking establishments, adult entertainment enterprises, hotels and motels found to be a legal nuisance, airports, train and bus stations, and welcome centers and rest areas on the Pennsylvania Turnpike must publicly post the national human trafficking resource center hotline.[197] Posting of similar posters around campus could provide immediate information to students. The National Suicide Prevention Lifeline: 1-800-273-TALK (8255), [198] the Trevor Lifeline: 866-488-7386, [199] and the Veterans Crisis Line: 1-800-273-8255 and Press 1,[200] are all 24-hour hotlines that are among resources that could be posted. All of these lifelines/crisis lines have text and online chat capacities as well. Penn State has recently introduced the Penn

[196] studentaffairs.psu.edu/counseling/capschat.shtml.
[197] Act of Oct. 25, 2012 (P. L. 1618, No. 197) known as the National Human Trafficking Resource Center Hotline Notification Act.
[198] The National Suicide Prevention Lifeline is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Mental Health Association of New York City (MHA-NYC). national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
https://suicidepreventionlifeline.org/.
[199] The Trevor Lifeline provides crisis intervention and suicide prevention for LGBTQIA+ youth.
http://www.thetrevorproject.org/.
[200] https://www.veteranscrisisline.net/.

State Crisis Line, at 1(877) 229-6400 to provide 24/7 access for students on all campuses and communities of the university.[201]

### *Student-Run Organizations*

Two major non-profit suicide prevention groups offer resource material on "How to Help A Friend" and many Pennsylvania schools share this information on their websites. Additionally, these groups work to provide outreach and reduce stigma.

**Active Minds**

Active Minds is a non-profit student mental health awareness and advocacy organization founded by Alison Malmon at the University of Pennsylvania, following her older brother's suicide in 2000. Malmon "wanted to combat the stigma of mental illness, encourage students who needed help to seek it early, and prevent future tragedies." Within a year of its founding, chapters were started on other college campuses. In 2003, Active Minds, Inc. was incorporated as a non-profit and opened a Washington, D.C. headquarters office. Today, Active Minds has over 400 chapters across the country.[202]

What makes Active Minds different from other similar organizations is that, although it has a small core of staff working out of its Washington, D.C. office, it is a student-led organization with campus chapters. According to their 2017 Impact Report, over 12,000 students belong to one of its campus chapters. The group has five focus areas – education; training; research; advocacy; and student mobilization. According to the report, having a student-led, student-focused organization such as Active Minds on campus helps save lives, as "research shows the most effective way to address mental health stigma is peer-to-peer contact."[203]

Active Minds advocacy campaigns have included the spring 2016 "send silence packing" tour, where the organization visited 27 college campuses to display backpacks on campus greenspace, with each backpack representing a student lost to suicide, to convey the very real impact of the lives that have been lost. Active Minds also partnered with Kognito to provide its "at-risk for students" online suicide prevention program at no cost. Additionally, Active Minds is working with the California Mental Health Services Authority and the RAND Corporation to conduct a longitudinal study on 12 college campuses across California to quantify Active Minds' impact on mental health stigma and mental health knowledge. The study is currently ongoing and should be complete by the end of 2017.[204]

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[201] http://studentaffairs.psu.edu/counseling/crisis/.
[202] "Our Story," *Active Minds*, http://www.activeminds.org/about/our-story.
[203] "2017 Impact Report," *Active Minds*, http://www.activeminds.org/storage/impactreport/activeminds_impactreport_march2017.pdf, March 2017.
[204] *Ibid*.

There are currently 36 active chapters at Pennsylvania colleges and universities, with East Stroudsburg University of Pennsylvania, Saint Joseph's University, University of Pennsylvania, and West Chester University of Pennsylvania ranked as five-star chapters.[205]

**NAMI on Campus**

The National Alliance on Mental Illness, or NAMI is a nation-wide non-profit grassroots advocacy group formed in 1977, representing individuals and families affected by mental illness. NAMI operates numerous support and self-help groups throughout the country. NAMI on Campus was started to address the mental health issues of college-aged students. It is similar to Active Minds, as the chapters at each school are student-run and the groups aim to eliminate the stigma surrounding mental illness, but they differ in that NAMI on Campus is part of a larger parent organization.[206]

NAMI states that the goals of its NAMI on Campus chapter are to "[r]aise mental health awareness with fairs, walks and candlelit vigils," "[e]ducate the campus with presentations, guest speakers and student panels," "[a]dvocate for improved mental health services and policies on campus," and "[s]upport peers with signature NAMI programs and training from NAMI State Organizations and Affiliates."[207] NAMI on Campus groups have affiliations with their local NAMI chapters, which run the support and self-help groups.[208]

Within Pennsylvania, NAMI on Campus has chapters at Drexel University, Kutztown University, Lehigh University, Shippensburg University, University of Pittsburgh, and Westminster College.[209] NAMI on Campus has also partnered with Alpha Kappa Alpha sorority, and they are "working together to increase mental health awareness in the African American community."[210]

Other student run organizations on Pennsylvania campuses that address specific groups of at-risk students will be discussed later in this report.

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[205] Allegheny College, Alvernia College, Bloomsburg University of PA, Bucknell University, Cabrini University, Carnegie Mellon University, Drexel University, Franklin and Marshall College, Gannon University, Gettysburg College, Indiana University of PA, Messiah College (known as Minds Matter) Mercyhurst College, Moravian College, Muhlenberg College, Neumann University, Penn State University, Penn State Harrisburg, Penn State World Campus, Philadelphia University, Robert Morris University, Saint Vincent College, Slippery Rock University of PA, Susquehanna University, Temple University, Lincoln University, Thomas Jefferson University, University of Pittsburgh, University of Pittsburgh-Greensburg, Ursinus College, Villanova University, Washington and Jefferson College, and Widener University.

[206] "NAMI on Campus," *National Alliance on Mental Illness*, http://www.nami.org/namioncampus.

[207] *Ibid*.

[208] "NAMI on Campus FAQ," *National Alliance on Mental Illness*, http://www.nami.org/Get-Involved/NAMI-on-Campus/NAMI-on-Campus-FAQs.

[209] "NAMI on Campus Clubs," *National Alliance on Mental Illness*, http://www.nami.org/Get-Involved/NAMI-on-Campus/NAMI-on-Campus-Clubs.

[210] "Alpha Kappa Alpha Sorority," *National Alliance on Mental Illness*, http://www.nami.org/About-NAMI/National-Partners/Alpha-Kappa-Alpha-Sorority-Inc.

## *Peer Education and Counseling*

Peer programs can improve school norms and beliefs about suicide that are created and disseminated by student peers. These programs can increase perceptions of adult support for suicidal youths and the acceptability of help-seeking behavior.[211]

### Sources of Strength

While originally designed for high school students, Sources of Strength is also adaptable for college students. It is designed to build protective influences among students to reduce suicidal behavior. The program trains students as peer leaders and connects them with adult advisors at school and in the community.

> With support from the advisors, the peer leaders conduct well-defined messaging activities intended to change peer group norms influencing coping practices and problem behaviors . . . . Specifically, these activities are designed to reduce the acceptability of suicide as a response to distress, increase the acceptability of seeking help, improve communication between youth and adults, and develop healthy coping attitudes among youth. Sources of Strength is also designed to positively modify the knowledge, attitudes, and behaviors of the peer leaders themselves.[212]

Since its creation in 1998, the program has spread to encompass "approximately 130 peer teams, with 3,000 peer leaders, reaching out to approximately 25,000 adolescents and young adults." It has been recognized as a best practice by SPRC and NREPP. While it can improve peer support and relations, the program has not been shown to reduce suicide attempts.

### Aevidum

Initially started in a high school in Lancaster County in memory of a classmate who died by suicide, Aevidum inspires schools and communities to adopt cultures of care and advocacy, encouraging all members to have their friends' backs. It currently has clubs in 150 elementary, middle and high schools, across the country, but is primarily found in the Central Pennsylvania area. It is beginning to make inroads into college and university suicide prevention efforts. It's Mental Health and Suicide Prevention Curriculum is free and available to all schools, and is approved by the Department of Education to meet suicide prevention curriculum mandates.[213]

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[211] *Preventing Suicide, supra* note 24 at p. 29.
[212] http://legacy.nreppadmin.net/ViewIntervention.aspx?id=248
[213] http://aevidum.com/cms/index.php/aevidumu-for-colleges-universities/.

**Programs at Pennsylvania Colleges and Universities**

A number of Pennsylvania's institutions of higher education use peer counseling in a number of different ways. The table below, while not exhaustive, briefly discusses some of these programs and gives a glimpse of what is currently being done on campus by peers.

| **Peer Counseling Programs<br>Pennsylvania Colleges and Universities** | | |
|---|---|---|
| ***Institution*** | ***Organization*** | ***Mission*** |
| DeSales University | Peers Advising Counseling Educating (PACE) | PACE is a small group of students who provide peer education programs that focus on alcohol, tobacco, violence, sexual health and safety, and justice issues. PACE mentors are specially trained and certified through BACCHUS and GAMMA Peer Education Network, an international association of college and university-based peer education programs. |
| Drexel University | Peer Counseling Helpline | Staffed by volunteer students who help to provide support, referrals and a listening ear to all college undergraduates and graduates. This is not a HOTLINE for crisis intervention, but rather a HELPLINE to freely discuss troublesome topics. |
| Gettysburg College | Peer Resources for Education and Prevention Program (PREPP) | Peer education and prevention services which provide for the safety and well-being of students. Programs support high-quality academic and residential experiences and diversity across the broader campus community. Strives to promote growth and development, maximize potential, and prepare students for the transition into responsible, independent adults upon graduation. |
| Gwynedd Mercy University | Peer Mentoring Association | Promote and sponsor programs addressing issues that impact college students such as relationships, drug/alcohol use, family issues, sexual assault, eating disorders, AIDS, depression, suicide, tolerance, etc. Serve as peer mentors by being available to students who are experiencing difficulties that impact their academic success and personal lives; serve as a referral network for the Counseling Services staff |
| LaSalle University | Peer Educators | Peer Educators are responsible for providing peer-to-peer prevention and education services in fun and interactive ways. |

| Peer Counseling Programs<br>Pennsylvania Colleges and Universities | | |
|---|---|---|
| ***Institution*** | ***Organization*** | ***Mission*** |
| Lebanon Valley College | 5050 Peer Helpers | One-on-one meetings to discuss such issues as long distance relationships, academic concerns, and social anxiety. Peer Helpers are available to provide educational programming to various student groups and are available to present on Alcohol and Drug Education, Sexual Assault Prevention, and Suicide Prevention. |
| Marywood University | POW! Peers on Wellness | Peer educators address wellness topics such as: stress management, healthy relationships, body size acceptance, sexual assault awareness, alcohol awareness. |
| Misericordia University | Peer Advocates; Healthy Options Peer Educators (HOPE) | Engage and develop relationships with the student body; advocating for students' mental health needs, well-being, sense of connection, and positive experience with the university community. Focus on integration of first-year students into the college community during the fall semester and, throughout the entire academic year, foster educational awareness among all peers on issues relevant to them as college students and as people who live in a larger society. Create and implement programs oriented to education and awareness, service, and advocacy while also linking students to resources on campus.<br><br>HOPE members create awareness and advocate for students' overall health and wellness. Members educate and motivate students to practice and achieve an attitude of wellness by promoting the importance of having a sense of purpose and belonging, have a realistic body perception, and having a sense of knowing and valuing themselves. The group is also a resource for positive living as it specifically focuses on such areas as healthy eating, physical health, stress management, and self-acceptance. |

| Peer Counseling Programs<br>Pennsylvania Colleges and Universities | | |
|---|---|---|
| ***Institution*** | ***Organization*** | ***Mission*** |
| University of Pennsylvania | Penn Benjamins; Reach a Peer (RapLine) | Penn Benjamins are students who offer short-term, confidential peer listening and referrals to any member of the Penn undergraduate community. The Reach-A-Peer Helpline provides peer support, information, and referrals to all students of the University of Pennsylvania every night from 9 pm to 1 am. |
| Robert Morris University | THRIVE Program | To provide campus outreach for mental health and wellness initiatives through peer educators, known as THRIVE Leaders. THRIVE Leaders are trained on mental health issues, suicide prevention, drugs and alcohol, Title IX and sexual assault prevention, diversity, and common wellness concerns using a public health approach. They serve the campus community by "building a bridge" between the Counseling Center and students, primarily by developing and implementing outreach programs/events that will positively impact the campus community. When THRIVE Leaders become aware of individual students needing support, they provide referrals to appropriate resources and act as a role model for self-care. |
| Susquehanna University | Peer Educators | Training provided by counseling services |
| Temple University | Health Education Awareness Resource Team (HEART) Peer Educators | Temple University's Wellness Resource Center trains and certifies 15-18 peer educators each semester. HEART peer educators complete a three credit public health course and are certified through BACCHUS. HEART peer educators empower and support fellow Temple University students in making healthier and safer choices. They help to facilitate campus programs and events on wellness topics such as relationships, drugs & alcohol use, sexual violence prevention, intimate partner violence, sexual health, and mental well-being. They also help connect students to resources and services through our free wellness consultations. |

### *Pet Therapy*

While there is not empirical evidence to support the role of emotional support dogs in assisting veterans with post-traumatic stress disorder,[214] many veterans organizations and veterans attest to the impact these dogs can have on their mental health.[215] While evidence is currently anecdotal, many people believe that dogs can help improve mental health. A number of Pennsylvania colleges and universities have animal companions, usually dogs, as part of their counseling "team." Gettysburg College holds Dog Days during the first two weeks of the semester, when faculty and staff are invited to bring their dogs for play with students. "Students who miss home and their pets are welcome to come by for some real 'puppy love' and to get to know the folks who are there. Students love seeing the pooches and really like getting to know faculty and staff in a non-stressful environment."[216] Susquehanna University also has Dog Days conducted by their Counseling Services. The Lehigh Valley Therapy Dogs, as well as other similar organizations, make appearances at de-stress events at several colleges in the region, including Cedar Crest College, Kutztown University of Pennsylvania, Lehigh University, Northampton Community College, Moravian College, and Muhlenberg College.[217]

Other schools hold events to help students manage stress, but without the dogs in attendance. For example, Grove City College holds a Biannual DeStress Fair around finals time and the Peer Educators at LaSalle University conduct Stress Busters, which are events aimed at relieving stress in safe, healthy ways typically occurring the week before finals.

[214] U.S. Department of Veterans Affairs, National Center for PTSD, https://www.ptsd.va.gov/public/treatment/cope/dogs_and_ptsd.asp
[215] Eun Kyung Kim, "How service dogs help veterans with PTSD heal, embrace life again," *Today,* November 9, 2016. http://www.today.com/series/veterans/veterans-ptsd-find-hope-healing-service-dogs-t104821
[216] http://www.gettysburg.edu/about/offices/college_life/counseling/services/outreachtraining/dog-day.dot.
[217] http://lvtherapydogs.org/calendar/action~agenda/page_offset~-1/request_format~html/

# PROVIDE ACCESS TO EFFECTIVE MENTAL HEALTH SERVICES AND SUICIDE CARE AND TREATMENT

The SPRC advises that a major component of any suicide prevention program is to provide timely access to evidence-based treatments, suicide prevention interventions and coordinated systems of care. Central to this concept the availability and capacity of services. This includes supporting safe care transitions from provider to provider and creating organizational linkages on- and off-campus.

### *Treatment Availability and Capacity*

Creating a suicide prevention plan is just the first step in providing effective mental health services on campus. Implementation is highly dependent upon the availability and capacity of services. The best plan ever is useless if there is no one on campus to ensure that it is functional. Most colleges and universities use psychotherapy as their principal form of mental health treatment, *i.e.,* the focus is on psychological methods, rather than medical interventions. Individual and group counseling, support groups, psychological screenings and psycho-educational outreach can be found on most campuses. A recent study by the Center for Collegiate Mental Health has found that routine psychotherapy appears to be effective in improving symptoms in most students, although additional services for highly distressed individuals may be necessary.[218] Many of the evidence-based treatment programs discussed further in this chapter, while effective, are resource-intensive and hard to implement in higher education setting. The fluidity of students' schedules, including time away from school on breaks, makes it hard to engage in a long-term therapy plan on campus. For many institutions of higher education, the provision of effective counseling services is more a function of having a sufficient number of trained staff to meet demand rather than a panoply of intensive treatment programs.

#### Services available

On-campus psychological and personal counseling services are almost universally short-term and free, but may or may not be unlimited; if longer or more complicated treatment is needed, referrals are made to community providers, where fees and insurance can become issues. A number of schools currently limit the number of sessions per

[218] Andrew A. McAleavey, Soo Jeong Youn, Henry Xiao, Louis G. Castonguay, Jeffrey A. Hayes and Benjamin D. Locke, "Effectiveness of routine psychotherapy: Method matters," 2017 (in press).

semester or per year, because demand for services has outstripped the school's ability to provide sufficient counseling services to meet immediate demand and otherwise avoid waiting lists.[219] Almost all schools rely on referrals to community providers as part of their counseling services. There are 48 county mental health/intellectual disability programs covering the Commonwealth's 67 counties. In small, rural counties, they are the principal off-campus resource for counseling centers. Coordination of efforts with the county programs could help expand the capacity of campus centers.[220]

Four-year institutions

Almost all of Pennsylvania's four-year public and private institutions offer a similar array of services: individual counseling, group counseling, group therapy, support groups, consultation, psycho-educational outreach and programs, referrals to community providers, and psychological screenings. Some also offer couples/relationship counseling, crisis intervention. A few Pennsylvania colleges and universities offer crisis management, psychiatric medication management, psychiatric consultations and evaluations, and staff psychiatrists on campus for those with serious mental health concerns. They are almost exclusively private, elite, expensive schools with the majority of their students from out-of-state.[221] Among the public schools, Penn State Main and a few of its branch campuses, Temple University and the University of Pittsburgh offer some of these services. Within the state system of higher education, Kutztown, Shippensburg, Slippery Rock and West Chester Universities of Pennsylvania have similar services.

Community colleges

Community Colleges throughout the Commonwealth tend to offer counseling as well, but these counseling centers also appear to provide career and academic counseling to students, splitting the time, attention, and resources of the office. Psychological counseling, itself, is usually limited to individual and group therapy. This may be due in part to the fact that the majority of community college students at any given school attend part-time.[222]

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[219] The average is around 8 sessions per semester, and schools include: Albright College, Arcadia College, Cabrini College, Carnegie Mellon University, Cedar Crest College, Franklin & Marshall College, Juniata College, Lafayette College, Saint Joseph's University, Widener University, University of Pittsburgh, Bloomsburg, Edinboro, Kutztown, and Slippery Rock Universities of Pennsylvania.

[220] The Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services in the Pennsylvania Department of Health and Human Services maintains a directory of these offices. The most recent edition is available at http://www.parecovery.org/principles_cassp.shtml.

[221] Bryn Mawr College, Bucknell University, Carnegie Mellon University, Drexel University, Elizabethtown College, Franklin & Marshall College, Haverford College, LaSalle University, Lebanon Valley College, Lehigh University, Marywood University, Mercyhurst University, University of Pennsylvania, Robert Morris College, Swarthmore College, Widener University, and Wilson College.

[222] This is true nationally. National Center for Education Statistics, Department of Education, *Enrollment in Post-Secondary Institutions, Fall 2013*, published October 2014, http://nces.ed.gov/pubs2015/2015012.pdf. HACC and CCAC also report that part-time students make up roughly two-thirds of their student body. "CCAC at a Glance," n. 33, and "About the College," n. 34.

Community colleges, which offer two-year degrees, rarely have a specific mental health counseling office or service. Instead, personal and psychological counseling is offered by the same office together with academic, career and transfer counseling.[223] Community College of Allegheny County offers counseling at all four of its branch campuses.[224] Harrisburg Area Community College also offers counseling at each of its five branch locations.[225] Comparable to Community College of Allegheny County, it describes its counseling services as encompassing academic and career as well as personal and psychological counseling.[226] Northampton Community College, the only community college in the Commonwealth with residential halls, offers counseling services at all campuses, including mental health and substance abuse counseling in addition to career and academic counseling.[227]

Bible colleges

A Bible college is a four year school with a focus on Christian undergraduate education. Pennsylvania has four such colleges. Although other colleges are affiliated with a religion or offer ministry training and degree programs, they are counted for purposes of this report along with the private educational institutions because they offer numerous non-religious degree programs, such as accounting or engineering. Also included is Gratz College, a nondenominational Jewish institute. Another similar institution, The Talmudical Yeshiva of Philadelphia, is not accredited to award degrees. Thus, The Talmudical Yeshiva of Philadelphia is not included in this report. Because of their focus on religious based education, Bible colleges tend to approach counseling differently than more secular schools.

Of the Bible colleges, Lancaster Bible College is the largest, with roughly 1,900 students. Like the community colleges profiled above, the counseling services center offers both psychological and personal counseling along with career counseling. Lancaster Bible College's student handbook states that "LBC has created a response plan to address and provide guidance in situations where a student engages in self-harm."[228]

Gratz College, with 292 students as of 2015,[229] does not appear to have a counseling center, or provide personal or psychological counseling of any kind. However, it appears that Gratz College may be preparing to wind down its operations. It is currently not accepting new applicants into its B.A. in Jewish Studies program, which is its only remaining major undergraduate course of study.[230]

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[223] *Ibid*.
[224] *Ibid*.
[225] "Counseling Services," *Harrisburg Area Community College*, http://www.hacc.edu/Students/AdvisingCounseling/CounselingContacts/index.cfm.
[226] *Ibid*.
[227] https://www.northampton.edu/student-services/counseling-services.htm.
[228] "The LBC Journey," *Lancaster Bible College*, https://www.lbc.edu/Assets/PDFs/Student%20Experience/Handbook/LBCJourney.pdf.
[229] "Gratz College," *National Center for Education Statistics*, http://nces.ed.gov/collegenavigator/?q=Gratz+College&s=all&id=212771#retgrad.
[230] "Admissions," *Gratz College*, http://www.gratz.edu/pages/admissions

Cairn University has a counseling services center, called the Oasis Counseling Center. It is stated on Oasis Counseling Center's webpage that they "do not provide professional psychological treatment or psychiatric services," but that "Master's level Christian counselors are trained to assist you through issues like depression, anxiety and panic attacks, grief, trauma, abuse-recovery, relationships, confusion, and more." The Oasis Counseling Center's website is one page and simply contains a link to "more health and safety resources."[231]

It is not clear if Clarks Summit University has a counseling services center. It appears that this institution may offer personal or psychological counseling in a more informal setting. The "student services" page of the university's website states "[t]he Office for Student Development can assist you in finding a person with whom you feel comfortable meeting for counseling and mentoring. Professional counseling services are also available through the on-campus Foundations Counseling Center."[232] The Foundations Counseling Center is a non-profit Christian counseling service that has an office on the campus of Clarks Summit University and also serves as a training center for students who are studying toward a degree in counseling.[233]

Graduate schools

Most of the professional schools in Pennsylvania are part of a larger university system. The students at these schools have access to the wider university's counseling center. For example, under "student services," Temple School of Law directs its J.D. candidates to the Tuttleman Counseling Services office and provides a telephone number to make an appointment.[234] Temple also informs its law students about Lawyers Concerned for Lawyers, a helpline set up by the Pennsylvania Bar Association as "a comprehensive assistance program designed to meet the unique needs of lawyers, judges and their family members who are struggling not only with alcohol and drug related problems but also with stress, anxiety, depression, gambling and other emotional and mental health issues."[235]

Thomas Jefferson University's medical and pharmacy schools are unique in that, while TJU does have some undergraduate programs, the school has more students enrolled in its graduate medical programs. Just like any undergraduate campus, TJU has a student counseling center and advertises the available services, as well as the number for the national suicide prevention lifeline and other emergency information.[236]

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[231] "Oasis Counseling Center," Cairn University, https://cairn.edu/oasis/

[232] "Student Services," Clarks Summit University, https://www.clarkssummitu.edu/student-life/residence-hall-life/.

[233] "Undergraduate Academics – Counseling," *Clarks Summit University*, https://www.clarkssummitu.edu/academics/undergraduate-academics/degrees-majors-minors/counseling/.

[234] Temple University School of Law, "Counseling Services," https://www.law.temple.edu/resources/student-services/counseling-services/.

[235] *Ibid*.

[236] Thomas Jefferson University, "Student Personal Counseling Center," http://www.jefferson.edu/university/academic-affairs/counseling-center.html.

Similarly, Lake Erie College of Osteopathic Medicine is a free-standing osteopathic medical school, dental school, and pharmacy school. LECOM also has several graduate-level health sciences programs. It is not a part of a larger university. It has campuses in Erie, Greensburg, and Bradenton, Florida. Although being a small school that focuses on graduate medical education, according to LECOM's student handbook counseling is available through the Office of Student Affairs and the Director of Behavioral Health at the Erie and Florida campuses. Additionally, the school may be able to provide limited counseling services to students "through certain designated professionals who are members of the faculty," but cautions that these individuals are acting as a member of the faculty, not as the student's personal counselor, and so there is no patient-practitioner confidentiality. Students can also be referred to off-campus mental health providers.[237]

**Websites**

Almost all of Pennsylvania's institutions of higher education have counseling services which are advertised to students on the schools' websites.[238] These counseling center pages contain general information, such as how to make an appointment, what specific counseling services the school offers, and contact information for other mental health related resources. Many will contain links to helplines and psycho-educational materials, and will also provide links or lists of names, addresses and phone numbers of local mental health service providers. Frequently, guidance will be posted for faculty, staff and parents.

Some counseling center sites also offer advice to students on what to look for in their peers regarding mood or behavior changes, how to talk to fellow students about problems they may be facing, and how and when to refer peers to the college's counseling center. Allegheny College's counseling center provides a good example. Although not specific to the issue of suicide, it includes a "myths and facts" about engaging a peer about personal problems and a "what can I say and do?" bullet-point list for talking to peers about being referred to the college's counseling services.[239] For example, Drexel University, the largest private college in the Commonwealth by undergraduate population, has a suicide awareness and prevention page on its student counseling website, which lists signs that someone is contemplating suicide and how to help them.[240] Carnegie Mellon University has a page on their counseling services website that deals specifically with suicide.[241] The

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[237] Lake Erie College of Osteopathic Medicine, "Academic Catalog and Student Handbook 2016-2017," https://lecom.edu/content/uploads/2017/01/2016-17-Academic-Catalog-College-of-Medicine-REV-Jan2017.pdf.

[238] E.g. Bryn Athyn College lists a counsellor on its "student health services" portal under "student life" on its webpage. "Student Health Services," *Bryn Athyn College*, http://brynathyn.edu/student-life/student-health-services/.

[239] "Referring to the Counselling Center," *Allegheny College*, http://sites.allegheny.edu/counseling/referral/. This kind of "peer-to-peer" identification and referral outreach is discussed further *infra*.

[240] "Suicide and Self-Harm," *Drexel University*, http://drexel.edu/counselingandhealth/resources/students/suicide/.

[241] "Get Serious About Suicide Prevention," *Carnegie Mellon University*, http://www.cmu.edu/counseling/get-support/suicide-prevention-for-others.html.

page invites readers to "educat[e] yourself and others on suicide and ways to help someone in distress" and provides educational information regarding signs of suicide and how to get help.[242]

Like the private institutions, the state-owned and state-affiliated institutions are likely to have a counseling center, but not a specific suicide awareness and prevention program. The largest institution in this system, Pennsylvania State University, has a counseling and psychological services center, like every other school. However, Penn State's counseling and psychological services center also includes a "self-help" section and a "show you care" campaign designed to help Penn State students reach out to their peers "and take appropriate steps to refer others for the help that they need."[243] The University of Pittsburgh's counseling center page provides a page giving students advice on how to talk to a friend who may be in need of the counseling center's service and how to refer them to the counseling center. [244]

Community colleges usually have one office for all types of counseling services. Pennsylvania Highlands Community College, the smallest community college in the Commonwealth with approximately 1,000 students, offers counseling services to its students.[245] The counseling center's website is one page and instructs students who wish to use the counseling center's services call to set up an appointment.[246] Community College of Allegheny County, the largest community college at 27,000 students, also offers a one-page, brief overview of the counseling services available to students.[247]

**Counseling service staff**

Staffing ratios

The International Association of Counseling Services (IACS) recommends a ratio of students to counselors of roughly 1 full-time equivalent professional staff member (excluding interns, residents, externs, graduate assistants, etc.) to every 1,000-1,500 students. This figure "was originally established through the combination of empirical analysis and judgment of experienced counseling center directors." However, the IACS cautions that "[i]t is very difficult to come up with a specific ratio that ensures adequate staffing at all university counseling centers."[248] This is because some institutions will have

[242] *Ibid.*
[243] "Counseling and Psychological Services," Pennsylvania State University, http://studentaffairs.psu.edu/counseling/.
[244] "Psychiatric Counseling" *University of Pittsburgh*, http://www.studentaffairs.pitt.edu/cc/psychiatric/.
[245] "Counseling Services," *Pennsylvania Highlands Community College*. http://www.pennhighlands.edu/student-life/student-success-center/counseling-services.
[246] *Ibid*.
[247] "Counseling Services at CCAC," *Community College of Allegheny County,* https://www.ccac.edu/Counseling_Services.aspx.
[248] International Association of Counseling Services, Inc., "Statement Regarding Recommended Staff to Student Ratios," http://www.iacsinc.org/staff-to-student-ratios.html.

a higher-than-average use of counseling center services, while others will see a lower-than-average use and may have other related services that can help decrease demand.

The IACS cautions, however, that ratios that approach the recommended maximum will see increasing problems, including longer waiting lists, difficulty providing services to students experiencing increasingly more severe psychological issues, increased liability risks to the counseling center and the university, decreased support for the academic success of students, and counseling centers becoming less available to help support the campus community at large.[249]

Although use of the institution's counseling center may vary from college to college, overall the number of students arriving on campus with a pre-existing mental health issue or developing one while at college has increased,[250] as the total number of college students has increased around the country to 17.3 million enrolled in 2014, up 31 percent from the 13.2 million enrolled in 2000.[251] The IACS reported, from data gathered in a 2014 survey of 275 college counseling center directors, that 52 percent of their student-clients had a "severe psychological problem," up from 44 percent in the 2013 survey.[252] The 2014 survey is the most recent available survey.

There is very little hard data on student to counselor ratio at colleges and universities within the Commonwealth. One of the reasons for this lack of data is how the colleges count full-time equivalent positions within their respective counseling centers. Although counseling centers may have full-time permanent psychologists on staff, they will also have staff members who are part-time and work only part of the year, such as psychology doctoral students and interns. However, a number of schools are staffed by master's levels professional counselors only and do not have any psychologists on staff. Further, some schools have no counseling staff at all over summer break.

According to one study on the nature of suicidality in college, 19 percent of undergraduates and 21 percent of graduate students have "reported having received help from their campus counseling center at some point during their college career."[253] If a university adhered to the 1 to 1,000 student-to-counselor ratio suggested by the IACS, this would be 190 to 210 student patients for every full-time equivalent counselor (across a six-year period). The 2014 IACS report, however, indicated that the 275 institutions they surveyed had an average of 1 counselor for every 2,081 students.[254]

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[249] *Ibid.*
[250] Per the Advisory Committee.
[251] U.S. Department of Education, National Center for Education Statistics, *Undergraduate Enrollment (May 2016)*, https://nces.ed.gov/programs/coe/indicator_cha.asp.
[252] International Association of Counseling Services and Robert Gallagher of the University of Pittsburgh, "National Survey of College Counseling Centers 2014."
[253] Drum et al., *supra* note 75.
[254] *Supra* note 252.

While we do not know the precise student-to-counselor ratio at every college, what we do know is that over the last decade or so, most campus counseling centers have seen an increase in demand for services with no corresponding increase in resources.[255] As a result, what has happened is that practitioners will triage their student-patients, providing more care to the ones who are deemed most in need, in addition to limiting the number of sessions available to any one student and referring them out to practitioners in the community if they are in need of further treatment.

While it may seem bleak that universities are having a difficult time coping with the demand for psychological counseling services, it should be caveated that a college student on campus is more likely than a member of the population at large to receive mental health treatment. It has been previously estimated that, within the general population, only "roughly half of those with serious mental illness receive some form of treatment in a given year."[256]

Qualifications and training of counseling staff

Very few schools have a psychiatrist (a medical doctor) on their counseling service staff. About half of the private four-year schools have at least one Ph.D. or Psy.D. psychologist on staff and almost all of the state-related and state-owned schools do. Most community colleges do not have a licensed psychologist in their counseling office. The vast majority of counseling service staff are licensed professional counselors, licensed social workers, licensed clinical social workers, and a few licensed marriage and family therapists, and "counselors" with master's level degrees in mental health or education areas. Many schools also use interns and trainees.

*Psychiatrists*

Few colleges and universities have a psychiatrist on staff. As medical doctors, their focus is on diseases of the mind, and are most helpful with persons with psychiatric disorders such as schizophrenia and dissociative disorders. Most college students seeking mental health counseling do not have a psychiatric problem, and psychiatrists on campus are of limited utility to the majority of students.

Pennsylvania requires a four-year medical education pursuant to the Medical Practice Act of 1985, but leaves decisions regarding licensure in the hands of either the State Board of Osteopathic Medicine, if the doctor graduated from a school awarding a doctor of osteopathic medicine (D.O.) degree, or the State Board of Medicine, if the doctor graduated from a school awarding a doctor or medicine (M.D.) degree.[257]

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[255] David J. Drum et al., *supra* note 75.
[256] Philip S. Wang et al., "Adequacy of Treatment for Serious Mental Illness in the United States," *American Journal of Mental Health*, Vol. 92 No. 1 (2002).
[257] Act of October 5, 1978 (P.L. 1109, No. 261), 63 P.S. §271.4; act of December 20, 1985 (P.L.457, No.112), 63 P.S. §422.3.

In addition to state medical licensing boards, psychiatrists must be board certified, meaning they must also be licensed by a licensing body composed of other psychiatrists who set the standards for the knowledge, behavior, and continuing education required of psychiatrists. Psychiatrists are governed by the American Board of Psychiatry and Neurology, which is itself governed by the American Board of Medical Specialties.[258] To become board certified, aspiring psychiatrists must take the psychiatry exam, known as the "boards," after the completion of their 4-year psychiatry residence.

All physicians, including psychiatrists, are required to undergo 100 credit hours of continuing medical education every two years.[259]

*Psychologists*

Psychologists are regulated by the State Board of Psychology[260] and, like, medical doctors, are required to have a baccalaureate degree as well as a graduate education. According to the State Board of Psychology, the advanced degree must be "Doctor of Philosophy in psychology, Doctor of Psychology, or Doctor of Education in psychology," or "a doctoral degree in a field related to psychology."[261] The psychologist must also have two years' supervised experience and pass an examination.[262]

Like psychiatrists, psychologists are required to maintain their credentials through continuing education credits. Psychologists are required to attain 30 continuing education credits (or 30 hours) biennially, and at least 3 of those credits must deal with ethics issues. Additionally, licensees of the State Board of Psychology must complete one hour of continuing education in the assessment, treatment and management of suicide risks as a portion of the total continuing education required for license renewal.[263]

*Counselors*

The title of counselor in the context of this report is generally used to refer to any of the staff of the counseling center who advise or treat students, including psychiatrists and psychologists. However, "counselor" also has a more specific meaning, exclusive of psychiatrists and psychologists, and Pennsylvania recognizes and licenses several types of counselors – Marriage and Family Therapists; Licensed Professional Counselors; Licensed Social Worker; Licensed Bachelor Social Worker; and Licensed Clinical Social Worker.

To obtain a marriage and family therapist's license, or MFT, the counselor must have a masters or doctoral degree in a field of study in or closely related to marriage and family therapy, have 3,000 hours of supervised clinical work performed after the master's degree was awarded (the supervised clinical work requirement is different for counselors

[258] American Board of Psychiatry and Neurology, https://www.abpn.com/.
[259] 049 Pa. Code §16.19.
[260] Act of March 23, 1972 (P.L. 136, No.52) § 1; 63 P.S. §1201 *et seq*.
[261] *Ibid*, § 5; 63 P.S. §1206.
[262] *Ibid*.
[263] Matt Adler Suicide Prevention Continuing Education Act, act of Jul. 8, 2016, P.L. 476, No. 74; 63 P.S. § 1221 *et seq*.

with a doctoral degree), and pass an examination.[264] Professional counselors are bound by the same requirements for licensure.[265] Pennsylvania also recognizes and licenses Licensed Clinical Social Workers (LSCWs) and Licensed Social Workers (LSWs), who are under the same requirements for licensure as MFTs and LPCs.[266]

There is a class of counselors who are only required to possess a bachelor's degree in their chosen field. These are Licensed Bachelor Social Workers (LBSWs). LBSWs "may not practice in a private setting, practice independently or engage in clinical social work practice or hold themselves out as licensed social workers or licensed clinical social workers." Additionally, Licensed Bachelor Social Workers cannot diagnose mental health disorders in Pennsylvania.[267]

The State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors has mandated that the licensees it regulates must complete 30 credit hours of continuing education "in acceptable courses and programs offered by approved providers" biennially. Three credit hours must be on the topic of ethics, and up to 20 credit hours may be completed by home study.[268]

Additionally, psychologists, social workers, marriage and family therapists, and professional counselors are required to undergo one hour of continuing education in the assessment, treatment, and prevention of suicide as a portion of the total continuing education required to maintain their respective licenses.[269]

### *Evidence-based Treatment Programs*

In their newest publication, *Preventing Suicide,* the Centers for Disease Control and Prevention (CDC) has found the following treatment programs of positive value in addressing suicide attempts or ideation.

**Collaborative Assessment and Management of Suicidality (CAMS)**

CAMS, developed in 1998, is a flexible therapeutic framework that specifically assesses and treats suicidal tendencies. CAMS focuses on outpatient care but can be modified for inpatient use. Treatment relies heavily on participant engagement in which patients play an active role in their treatment plan. [270]

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[264] Act of July 9, 1987 (P.L.220, No. 39) § 7(e); 63 P.S. §1907(e).
[265] *Ibid* § 7(f); 63 P.S. §1907(f).
[266] 049 Pa. Code §47.12c *et seq*.
[267] *Supra* note 264, § 7(c.1); 63 P.S. §1907(c.1).
[268] 049 Pa. Code §48.32.
[269] *Supra* note 263.
[270] http://cams-care.com/cams/

CAMS utilizes a multi-purpose clinical tool, Suicide Status Form (SSF), which guides the assessment and treatment. SSF utilizes rating-scales and open-ended questions developed around six suicide-related markers including; psychological pain, stress, agitation, hopelessness, self-hate, and overall risk of suicide. This guides the process and allows for a tailored treatment with identified suicidal drivers, tracks ongoing risk, and clinical outcomes and disposition.

Evaluations have found that CAMS shows promising outcomes in reducing suicidal thoughts and behaviors, improving self-concept, and reducing depression and depressive symptoms. These findings included a slightly reduced rate of suicidal attempts and non-suicidal self-injuries; these findings were not statistically analyzed. Analysis did find that improvements in self-concept were significant, however the degree of improvement was not significantly greater than the comparison group. CAMS was not shown to be effective at reducing receipt of health care, including mental health and/or substance use treatment, or reducing general functioning and well-being.

**Cognitive Behavioral Therapy for Suicide Prevention**

CBT is a cognitive-behavioral psychotherapy program that gives patients the skills to reroute their thinking and behavior during episodes of suicidal crises. Further, it assists in building a network of mental health services and social supports to prevent future attempts. It is described in more detail on page 95 of this report.

**Dialectical Behavioral Therapy (DBT)**

"DBT is a multicomponent therapy for individuals at high risk for suicide and who may struggle with impulsivity and emotional regulation issues. The components of DBT include individual therapy, group skills training, between-session telephone coaching and a therapist consultation team. In a randomized controlled trial of women with recent suicidal or selfinjurious behavior, those receiving DBT were half as likely to make a suicide attempt at the two-year follow-up than women receiving community treatment (23% vs 46%), required less hospitalization for suicide ideation, and had lower medical risk across all suicide attempts and self-injurious acts combined."[271]

**Translating Initiatives for Depression into Effective Solutions (TIDES)**

Initiated in the early 2000s, the U.S. Veterans Affairs' TIDES program "uses a depression care liaison to link primary care and mental health services. The depression care liaison assesses and educates patients and follows-up with both patients and providers between primary care visits to optimize treatment. This collaborative care increases the efficiency of providing mental health services by bringing mental health care to the primary care setting, where most patients are first detected and subsequently treated for many

[271] *Preventing Suicide,* p. 38.

mental health conditions. An evaluation of TIDES found significant decreases in depression severity scores among 70% of primary care patients. TIDES patients also demonstrated 85% and 95% compliance with medication and follow-up visits, respectively."[272]

**Attachment-Based Family Therapy (ABFT)**

Designed to build and restore family relationships in an effort to assist youth with depression and anxiety, ABFT is considered a legacy program by the NREPP, but when first reviewed, was considered a program with evidence of its effectiveness.[273]

ABFT is a program for adolescents aged 12–18 and is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety. A randomized controlled trial of ABFT found that suicidal adolescents assigned to ABFT experienced significantly greater improvement in suicidal ideation over 24 weeks of follow-up than did adolescents assigned to enhanced usual care. Additionally, a significantly higher percentage of ABFT participants reported no suicidal ideation in the week prior to assessment at 12 weeks than did adolescents receiving enhanced usual care (69.2% vs. 34.6%) and at 24 weeks (82.1% vs. 46.2%).[274]

Drexel University's College of Nursing and Health Professions will offer an introductory workshop on ABFT as part of its continuing education programming in October 2017.[275] ABFT training is also being offered by the Department of Education through the Garrett Lee Smith Grant. Training has been provided in two counties and several more are planned in the remaining two years of OMHSAS' grant.

**New Programs for Veterans**

The Clay Hunt Suicide Prevention for American Veterans Act (Clay Hunt SAV Act) will increase access to mental health care and capacity at VA to meet demand. It requires the VA to create a one-stop, interactive website which will serve as a list of resources regarding VA mental health services, authorizes the VA to conduct a student loan repayment pilot program aimed at recruiting/retaining psychologists, and extends Combat-Eligibility for mental health services at the VA for one year, providing increased access for those suffering from PTSD. All VA mental health programs will be evaluated to help improve suicide prevention practices. In addition, a peer support and community outreach program will be established to assist those transitioning from active service by giving them access to VA mental health services.[276]

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[272] *Ibid.*
[273] http://www.sprc.org/resources-programs/attachment-based-family-therapy-abft
[274] *Preventing Suicide,* at p. 38.
[275] http://drexel.edu/cnhp/academics/continuing-education/Health-Professions-CE-Programs/ABFT/.
[276] Enacted February 12, 2015. Pub.L. 114-2. https://afsp.org/president-obama-signs-clay-hunt-suicide-prevention-american-veterans-act/

The Female Veterans Suicide Prevention Act directs the U.S. Department of Veterans Affairs to identify evidence-based programs and approaches for reducing suicide rates among female veterans.[277]

### *Financial Resources*

The financial ability of institutions to augment staff and expand programs varies greatly across the Commonwealth. While most private institutions have the ability to charge what the market will bear in terms of fees for student health and wellness services, the state-related and state-owned colleges and universities are restricted by the state budget, and community colleges must deal with the lean budgets of their participating school districts. Additionally, the availability and vagaries of private health insurance and Medicaid (known as Medical Assistance in Pennsylvania) involve issues of coverage and parity with constantly changing rules.

## Grants

Garrett Lee Smith Grant

Several non-profits and the federal government offer grant money to help offset the cost of providing mental health services to students. The federal government offers the Garrett Lee Smith Suicide Prevention Grant through the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (SAMHSA and CMS, respectively). According to SAMHSA:

> "The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts."[278]

Grants are offered to campuses, state entities, and tribal entities. Only four-year colleges and universities are eligible to apply for campus grants. Public and private institutions are eligible. The Garrett Lee Smith Grant awards can be awarded for a project that lasts up to three years. If an institution has previously been awarded a Garret Lee Smith

[277] Enacted June 30, 2016. Pub.L. 114-188.
[278] "Garrett Lee Smith (GLS) Suicide Prevention Grant – Initial Announcement," *SAMHSA*, http://www.samhsa.gov/grants/grant-announcements/sm-17-003.

Grant, it is not eligible to apply. The goal of the grant is to "assist colleges and universities in preventing suicide attempts and deaths by suicide," as well as to enhance "services for students with mental and behavioral health problems, such as depression and substance use/abuse that put them at risk for suicide and suicide attempts."[279]

The Garrett Lee Smith Suicide Prevention Grant is probably the most widely disseminated and well-known grant available for the purpose of funding programs to prevent suicide on college campuses. In Pennsylvania, OMHSAS has a state grant that was awarded in September 2014 and continues until September 2019. It is through this state grant that HESPC was established. The state grant is being used to provide gatekeeper and specialized training opportunities, standardized screening, training in empirically supported treatments.

Human Services Block Grants

Within the Commonwealth, the Department of Human Services offers the Human Services Block Grant to the counties, which in turn can use the block grant money to fund mental health services.[280] The purpose of the block grant is to "to provide locally-identified county-based human services to meet the service needs of county residents." This is a very broad class and can be used for "mental health community base funded services" and "behavioral health services initiatives," as well as for programs for the intellectually disabled, the homeless, child welfare agencies, and drug and alcohol addiction counseling funding.[281] While the counties listed "community mental health services" as a major expenditure area for block grant monies, none of them stated whether any of the money went to shore up programs that needed funding as a result of use of services by college students.[282]

Proposed grant programs

House Bill 985 was introduced in the Pennsylvania House of Representatives on March 28, 2017 and would create the Veteran Suicide Prevention Fund and Grant Program. The source of the fund would come in an increase in the cost of copies of birth and death records. Annual grants of up to $25,000 per entity would be available for eligible non-profit organizations, local government agencies, veterans' service organizations and private organizations for support groups, depression screening, suicide prevention or crisis hotline and education and outreach.[283]

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[279] Ibid.
[280] "Human Services Block Grant," *Pennsylvania Department of Human Services*, http://www.dhs.pa.gov/publications/budgetinformation/HumanServicesBlockGrant/index.htm.
[281] "Report of the Expenditures of Block Grant Funds by County Government, Fiscal Year 2014-2015," *Pennsylvania Department of Human Services*, http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_222873.pdf.
[282] Ibid.
[283] H.B. 985, P.N. 1146 (2017).

The Peer-Support Specialist Act of 2017, introduced in Congress on April 6, 2017 would create a grant program to develop and sustain behavioral health paraprofessional training and education programs. $100 million dollars is allocated for grants for fiscal years 2018 through 2022. Eligible entities are community colleges, training or credentialing programs or other entities deemed appropriate by the Secretary of Health and Human Services. The bill is currently in the U.S. House of Representatives Committee on Energy and Commerce.[284]

**Health Insurance**

In addition to the concerns related to campus counseling and psychological services from the perspective of the institution's ability to fund quality services, is the ability of students to pay for services above and beyond what the counseling centers offer. School counseling services are available free on campus (or costs incorporated in student life fees that all students pay). However, the number of sessions are limited by demand at some schools, and when a student has needs beyond what the counseling service can provide, several issues can arise.

Although a college student in America has greater access to mental health care than a comparable non-college-attending peer, members of the advisory committee relayed to staff the observation that many college students do not want to be referred to an off-campus mental health care provider – they want to attend therapy sessions on campus. Further, given the cost of attending college now in the United States, many parents who know that their child has a mental health issue demand that the school's counseling center provide the needed mental health care. Off campus referrals are restricted by the availability of professional psychological services in the community in which the campus is situated. There may only be a handful of providers in the geographic vicinity and simple logistical problems (like traveling off campus) can hinder success of off-campus referrals. Additionally, health insurance concerns come into play.

Even though a student may be eligible to remain on their parents' employer-provided group health insurance plan until age 26,[285] students who have private health insurance may encounter difficulty finding a mental health provider in their health-care network. Out-of-network providers cost more, due to higher co-pays and allowances, and some may refuse clients who are not in their participating networks. Some colleges and universities require all students to be enrolled in a health insurance plan. For example, all incoming students at Union College in Schenectady, New York, are automatically enrolled in their student health insurance plan unless the student waives coverage and provides proof of coverage under another health plan.[286] Bucknell University has a similar requirement,[287]

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[284] H.R.2046 (2017).
[285] "In school? Student health plans & other options" *HealthCare.gov.* https://www.healthcare.gov/young-adults/college-students/.
[286] https://www.union.edu/offices/health-counseling/health/insurance/.
[287] http://www.bucknell.edu/general-counsel/student-health-insurance.html.

as does Lehigh University.[288] Several of the schools in the Pennsylvania State System of Higher Education strongly encourage students who are not already covered to acquire health coverage, and offer student health insurance plans as well. Slippery Rock, Shippensburg and Mansfield Universities are among those who high recommend, but do not mandate, student coverage. Community colleges, for the most part, provide information and links to assist students in acquiring health insurance, but do not mandate it. Medical assistance (Medicaid) is an option for those students who are legally independent and low-income.[289]

Under federal and state law, insurance companies must cover mental health services to the same extent that they cover physical health services, *if they offer mental health coverage*. The federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)[290] requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. The law does not mandate that MH/SUD benefits be provided by the plan, but if they are provided, they must be equivalent to medical/surgical benefits. The law also did not apply to small (1-50 employees) employers. The Affordable Care Act expanded coverage for persons in the individual and small group market plans. By 2016, most government-funded health plans cover mental health services to some degree and permits youth to remain on their parents' health insurance policy until age 26.[291]

Pennsylvania implemented the MHPAEA by enacting the Health Insurance Coverage Parity and Nondiscrimination Act,[292] but retained its authority to regulate health insurance in the Commonwealth. Specifically, the Insurance Company Law of 1921[293] provides for minimum coverage standards for mental illness for large health insurance plans (defined as plans covering groups of 50 or more employees).

In 1996, the U.S. Department of Health and Human Services established the Community Preventive Services Task Force, an independent, uncompensated panel of public health and prevention experts to provide information to decision-makers on programs, services and policies aimed at improving population health. Members are appointed by the Director of the Centers for Disease Control and Prevention (CDC), and the task force receives administrative support from the CDC.[294] The task force completed a study on mental health parity legislation and in January 2014 released its findings and

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[288] https://www.universityhealthplans.com/letters/letter.cgi?group_id=4.
[289] Regulations governing student health insurance coverage can be found at http://www.regulations.gov/#!documentDetail;D=CMS=2011-0016-0108.
[290] Pub. L. 110-343, 122 Stat. 3881 (2008).
[291] Final Report, The Mental Health and Substance Use Disorder Parity Task Force, October 2016. https://www.hhs.gov/about/agencies/advisory-committees/parity/index.html.
[292] Act of May 17, 1921 (P.L.682, No.284) art. VI-B; 40 P.S. § 908-11 *et seq.*
[293] *Ibid.,* at § 635.1; 40 P.S. § 764g.
[294] The Community Preventive Services Task Force, http://www.thecommunityguide.org/about/task-force-members.html.

recommendations in favor of parity legislation. The task force found that mental health benefits legislation is associated with increased access to care, increased diagnosis of mental health conditions, reduced prevalence of poor mental health, and reduced suicide rates. The task force also stated that evidence from a concurrent economic review indicated that mental health benefits expansion did not lead to any substantial increase in cost to health insurance plans, measured as a percentage of premiums.[295]

[295] "Improving Mental Health and Addressing Mental Illness: Mental Health Benefits Legislation," *The Community Guide*, Community Preventive Services Task Force, January 3, 2014, http://www.thecommunityguide.org/mentalhealth/RRbenefitslegis.html.

# RESPOND EFFECTIVELY TO INDIVIDUALS IN CRISIS

Crisis intervention must provide evaluation, stabilization and referrals to ongoing care. To be effective, a student facing a mental health emergency needs immediate access to a knowledgeable person able to identify the risk of suicide and ensure the student receives treatment.

### *Immediate Access*

A few Pennsylvania schools has begun to offer brief, same-day triage appointments and specifically identify crisis intervention as a service offered by the counseling office. The University of Pittsburgh notes on its website that it maintains an after-hours crisis respond contract with an off-campus entity.

Almost all schools provide the toll-free hotline number for the National Suicide Prevention Hotline. Many also provide the number for the Crisis Text Line, a free 24/7 text line for individuals in crisis. Several schools also list the Veterans Crisis Line, which has telephone and text capacity. Pennsylvania State University recently initiated its Penn State Crisis Line, a 24/7 contact for all campuses. The Jed Foundation sponsors ULifeline, an online resource for college mental health that includes number for the National Suicide Prevention Hotline. The advantage of these text lines and call centers is that they are anonymous and young adults may be more comfortable with that and the ability to communicate via text. The Trevor Project, founded in 1998 by the creators of *Trevor*, a film about a gay teenager contemplating suicide, is "the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24."[296] The Trevor Project runs its own crisis intervention and suicide prevention lifeline, as well as an online instant messaging service and a text message help line.[297]

Hotlines and text lines both address the issue of availability of counseling assistance as soon as the need for help arises. The Madison Holleran Foundation was established to help prevent youth suicide and to assist those in a crisis situation with phone numbers and resources that will assist them during their time in crisis.[298] The Foundation was instrumental in enacting the Madison Holleran Suicide Prevention Act, which mandates that New Jersey colleges and universities have experienced individuals available to assist

[296] "About The Trevor Project," *The Trevor Project*, http://www.thetrevorproject.org/section/about.
[297] "Programs & Services," *The Trevor Project*, http://www.thetrevorproject.org/pages/programs-services.
[298] http://www.madisonholleranfoundation.org/

students in crisis 24 hours a day, 7 days a week, on campus or remotely by telephone or other means.[299] A version of this law is incorporated into the proposed legislation *infra* at page 20.

### *Crisis Intervention Training*

Knowing how to response to a person in crisis is crucial to the individual's well-being both in the immediate moment and after.

#### Applied Suicide Intervention Skills Training (ASIST)

ASIST, developed in 1983, is a 2-day training program that teaches participants how to intervene and help prevent the immediate risk of suicide. Trainees go through five progressive components which gradually build comfort and understanding around suicide and suicide intervention.

The model includes assessment of suicide risk and the development of a "safeplan." The safeplan varies depending on the person's risk of suicide, available resources, and the specific needs of the person at risk. Options may include connection to and support from friends, family, or other sources, as well as referrals to formal mental health services.

ASIST has shown promising outcomes for personal resiliency and self-concept. Data from monitored calls showed significant improvement in callers' behaviors, including feeling less depressed, less suicidal, and less overwhelmed, by the end of calls handled by ASIST trained counselors, compared with the wait-list control group. [300]

This training program is listed as effective by both the CDC's *Preventing Suicide* manual and the SPRC.

#### Mental Health First Aid

First developed in Australia in 2001, Mental Health First Aid is "an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis." The program focuses on educating participants on how to respond to individuals facing one or more acute mental health crises, such as suicidal thoughts and behavior, acute stress reaction, panic attacks, and psychosis. In addition, the program helps participants identify those in the early stages of chronic mental health issues such as depressive, anxiety, and/or psychotic disorders, which may occur in

[299] Enacted August 1, 2016. Approved P.L.2016, c.18.
[300] Newly reviewed programs were reviewed under the new review criteria that took effect after September 2015. http://nrepp.samhsa.gov/AdvancedSearch.aspx

conjunction with substance abuse. In those instances, it could be classified as a gatekeeper program along the lines of Question, Persuade, Refer and UPenn's ICARE.[301]

The training is provided either in one 8-hour course or over two 4-hour courses. Sessions introduce participants to risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders. Additionally, mental health first aid builds understanding of the impact and prevalence of mental health problems and provides an overview of common support and treatment resources for those with a mental health problem.[302]

Like regular first aid, the goal is to help support an individual until they can receive proper medical intervention. Participants in the mental health first aid "learn a single 5-step strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports." The mental health first aid students also engage in role-playing activities, so they can identify the situations in which to apply what they are learning.[303]

Mental health first aid training is directed at police, firefighters, EMT personnel, teachers, and anyone else who has a good deal of contact with the public. There are two versions – an "adult" version, and a "youth" version for parents, school staff, and other who interact with adolescents and teenagers aged 12 to 18.[304] Mental health first aid is listed on SAMHSA's National Registry of Evidence-Based Programs and Practices as an intervention that shows "promising outcomes" regarding "knowledge, attitudes, and beliefs about mental health" and "non-specific mental health disorders and symptoms." Once completed, participants are certified for 3 years as a "Mental Health First Aider."[305]

There have been several studies on mental health first aid. Many of the studies are quite recent and were conducted in numerous countries and in various settings. As with QPR, ICARE, and other gatekeeper programs, mental health first aid has been found to increase participants' knowledge about mental health problems, how to identify someone who may be suffering from a mental health problem, how to get help for that person, and lessening the stigma surrounding mental health issues.[306] However, it is not known what the effects of this program are on the people who have mental health issues. In other words, we do not know how participants in mental health first aid intervened with someone suffering from mental illness, whether or not they intervened in a situation they otherwise would not have, or if their intervention benefitted the person being helped.

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[301] Mental Health First Aid, "FAQ," *available at* https://www.mentalhealthfirstaid.org/cs/faq/.
[302] *Ibid*.
[303] *Ibid*.
[304] Mental Health First Aid, "Course Types," *available at* https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/.
[305] U.S. Department of Health, Substance Abuse and Mental Health Services Administration, National Registry of Evidence-Based Programs and Practices, "Mental Health First Aid," *available at* http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1229.
[306] Mental Health First Aid – Australia, "MHFA Australia Course Evaluations," *available at* https://mhfa.com.au/research/mhfa-course-evaluations.

**Police Training**

Many colleges and universities in Pennsylvania use their college or university police departments to provide crisis intervention services after counseling office hours. In 2015, Pennsylvania law was amended to require municipal police (including most campus and university police) and members of the minor judiciary to receive continuing education in:

- Recognition of mental illness, intellectual disabilities and autism.
- Proper techniques to interact with and de-escalate individuals engaging in behavior indicative of mental illness, intellectual disability or autism.
- Instruction on services available to individuals with mental illness, intellectual disabilities or autism.

However, this law does not apply to college or university police departments in the State System of Higher Education.[307] Additionally, some schools do not have campus police departments.

### *Social Media*

Social media is a mixed blessing – it can connect people in many ways, but at times it can create the impression that others have a "better" or more fulfilling life than others, which can contribute to depression and anxiety. The top five most popular social media sites[308] respond differently to suicide intervention. Facebook,[309] Instagram,[310] and Twitter[311] provide links to report concerns regarding potential self-harm posts. Reddit hosts a chat page called Suicide Watch that offers itself as a forum for support for persons contemplating suicide.[312] YouTube provides support information and recommends calling police in an emergency.[313] The National Suicide Prevention Lifeline[314] maintains the Lifeline Online Postvention Manual offer recommendations on how to safely memorialize someone who died by suicide in online communities.[315]

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[307] 53 Pa.C.S. §§ 2162, 2164.
[308] Pete Kallas, "Top 15 Most Popular Social Networking Sites (and 10 Apps!)," https://www.dreamgrow.com/top-15-most-popular-social-networking-sites/, May 20, 2017.
[309] https://www.facebook.com/help/contact/305410456169423.
[310] https://help.instagram.com/553490068054878.
[311] https://support.twitter.com/articles/20170313.
[312] Amanda Hess, "How Reddit is changing suicide intervention. Slate.com. March 3, 2015. http://www.slate.com/articles/technology/users/2015/03/reddit_and_suicide_intervention_how_social_media_is_changing_the_cry_for.html; https://www.reddit.com/r/SuicideWatch/.
[313] https://support.google.com/youtube/answer/2802245?hl=en.
[314] See *Immediate Access, infra* at page 85.
[315] http://www.sprc.org/sites/default/files/migrate/library/LifelineOnlinePostventionManual.pdf.

# PROVIDE FOR IMMEDIATE AND LONG-TERM POSTVENTION

In the immediate aftermath of a suicide or suicide attempt, there is a need to provide ways in which to support the educational community in an effective and compassionate manner. This includes how news of a suicide is communicated and how immediate and longer term supports are implemented for those affected by the suicide. Establishing postvention protocols can ensure that a school is promptly and responsibility responsive. For those students who attempt suicide, or who need to take a leave of absence from school cope with mental health issues, policies and procedures should be in place to determine when leave is necessary and how students can be able to return to their studies following stabilization.

### *Postvention Protocols*

In 2014, the Higher Education Mental Health Alliance[316] issued guidance for response to suicide on college campuses.[317] The guide calls for colleges and universities to establish postvention protocols. A postvention coordinator is responsible for overall management of a response to catastrophe such as suicide. Protocols should address how information about a campus suicide will be communicated to the campus community, what clinical services are available and appropriate following a campus suicide and how the campus will handle memorials and other events. The "Student Death Protocol" at Appalachian State University[318] is an example of a postvention protocol and was funded, in part by a Garrett Lee Smith Campus Suicide Prevention Grant.

[316] HEMHA was established in 2008 under the leadership of the American College Health Association. Member organizations included: American Academy of Child and Adolescent Psychiatry, American College Counseling Association, American College Personnel Association, American Psychiatric Association, American Psychological Association, Association for University and College Counseling Center Directors, the Jed Foundation, and NASPA – Students Affairs Administrators in Higher Education. http://hemha.org/partner-organizations.

[317] Higher Education Mental Health Alliance. *Postvention: A Guide for Response to Suicide on College Campuses.* 2014. http://hemha.org/postvention_guide.pdf.

[318] http://policy.appstate.edu/images/b/bc/Student-Death-Protocol.pdf

**Communication with the campus community**

With respect to communications, the guide recommends immediate, open and direct information to forestall rumors. Communication considerations include who will provide official notification from the college and how it will be disseminated, communicating with the deceased's classmates who are also personal friends, communicating with faculty and communicating with the deceased's family, which includes ascertaining and respecting their wishes regarding the amount of information released. Traditional media reporting and social media reporting can create a risk of "contagion" or "copycat" suicide attempts in vulnerable individuals, so care should be taken in this area and protocols developed for reporting campus suicides.

In 2011, *ReportingonSuicide.org* released its "Recommendations for Reporting on Suicide."[319] The guidelines are intended to promote responsible reporting of suicide as a means of suicide prevention. Minimizing suicide contagion and dispelling myths and misunderstanding surrounding suicide and mental illness are primary concerns of the recommendations. The recommendations are based on more than 50 international studies on suicide contagion.

The Entertainment Industries Council program, Tools for Entertainment and Media (TEAMup) issued "Social Media Guidelines for Mental Health Promotion and Suicide Prevention in 2014." The goal of the guidelines is to reduce stigma, increase help seeking behavior and help prevent suicide.[320]

The Action Alliance for Suicide Prevention created a Framework for Successful Messaging that include guidelines for how persons (other than the media) develop public messages about suicide. The goal is to create a strategy, ensure safety, and provide a positive narrative when communicating in the public domain, including posters, social media, websites, newsletters, fundraising appeals, event publicity, and press interactions.[321]

**Counseling and support for survivors**

The HEMHA notes that "after a suicide in a contained community, members are at an increased risk of suicide."[322] This includes individuals who were close to or connected to the deceased as well as persons on campus with existing psychiatric illnesses. Examples of high risk individuals include: siblings; friends; the person who discovered the body; resident life staff, academic support staff, faculty, and student affairs staff who knew and/or had a close relationship with the deceased; students with a history of previous suicide

[319] The lead partners in the organization are the American Foundation for Suicide Prevention, the Annenberg Public Policy Center of the University of Pennsylvania, Columbia University Department of Psychiatry, National Alliance on Mental Illness – New Hampshire, Substance Abuse and Mental Health Services Administration, and the Suicide Awareness Voices of Education.
[320] www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf.
[321] http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/guidelines.
[322] *Supra* note 316 at p. 17.

attempts; students who live in the same dorm; students in the same academic department, same club or student activity, or on the same athletic team; students who went to the same high school or are from the same hometown as the deceased: or students who may identify in other ways with the student who died.[323] The guide suggests that differing formats be available and well publicized to intended audiences. Activities and events should be voluntary, and promote psycho-education. The focus should of these activities should be self-care and returning to routine to help foster healthy grieving. Guidance for group counseling and support sessions is also provided.

The Pennsylvania Adult//Older Adult Suicide Prevention Coalition provides information and links for support to individuals who lost someone to suicide.[324]

**Memorials and related events**

The HEMHA guide offers advice on memorial services, fundraising, community service activities and attendance at funeral services. The guide recommends that a suicide death should not be handled differently from other deaths, but that whatever method a school uses must be careful in framing the content of any activity.[325] Some schools support memorial services on a case-by-case basis. For example, the University of North Carolina provides a "Memorial Service Planner" and policy for students, faculty or staff members who wish to hold a memorial service on campus for a deceased student.[326] Other schools hold an annual memorial service to recognize any students who have died in the previous academic year/semester. Both the University of Georgia and the University of Alabama follow this approach.[327]

### *Leaves of Absence and Return Policies*

Another area in which colleges and universities must be prepared to respond to is the issue of what happens to a student after a suicide attempt that does not result in death.

**Automatic expulsion**

Some schools have responded to a suicide attempt by expelling or dismissing the troubled student. In a well-publicized incident, Princeton University expelled a student for

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[323] *Ibid,* p. 18.
[324] The Coalition is a statewide non-profit organization dedicated to suicide prevention. http://preventsuicidepa.org/support-survivors
[325] *Ibid*. p. 23.
[326] https://mrc.uncc.edu/memorial-service-planning.
[327] http://news.uga.edu/releases/article/uga-to-remember-22-deceased-students-faculty-and-staff-at-memorial-service-/ (Georgia) and http://www.cw.ua.edu/article/2016/11/peers-administration-remember-deceased-students-at-memorial-service (Alabama).

attempting suicide in 2012.[328] The student filed a lawsuit alleging violations of the Americans with Disabilities Act, Princeton attorneys asserted that his lawsuit was "patently meritless" and that the young man was just "hurl[ing] accusations."[329] After news of the student's expulsion made its way around Princeton's campus, other students felt that use of the university's counseling center was now stigmatized and feared that if they said the wrong thing, they too would be asked to leave campus.[330] Following the lawsuit that arose out of the 2012 incident, the United States Department of Justice investigated Princeton and found no non-compliance with the ADA in 2016. However, "The Justice Department has asked Princeton to revise university policies to more explicitly state the kinds of accommodations students may request and how they may request them, to revise leave policies and practices, and to require annual training on Title III of ADA for all staff involved in decisions relating to requests for accommodations."[331]

Princeton was sued in early 2017 by a graduate student who alleges that the university ignored his sexual assault complaint because he is gay, in violation of Title IX. His lawsuit claims he attempted suicide as a result of sexual harassment and assault, which led to his forcible expulsion from campus.[332] A student successfully sued the City University of New York after the institution kicked her out of her dorm after she was hospitalized for attempted suicide. Because of this, City University of New York no longer has an "automatic-exclusion" policy for suicidal students.[333]

While these stories garner a lot of interest, they are the exception, rather than the rule, according to the Jed Foundation's medical director, Victor Schwartz, M.D. Dr. Schwartz stated that many of these situations are complicated:

> Students and families are sometimes not fully able to acknowledge the extent of pathology or risk, and college clinicians and administrators sometimes make mistaken or less than ideal decisions. More often than not, the student, family, clinicians and administrators can mostly agree about the situation and an acceptable plan emerges. In the rare situation in which the student and the campus professionals cannot reach an agreement, it is best to treat these situations as a clinical impasse and work to under the

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[328] Rachel Aviv, "Should Suicidal Students be Forced to Leave Campus?," December 1, 2014, *New Yorker*, http://www.newyorker.com/news/news-desk/suicidal-students-allowed-campus.
[329] *Ibid*.
[330] Akane Otani, "Princeton Students Say They're Afraid to Seek Help After Suicidal Freshman was Forced Out," December 1, 2014, *Bloomberg Buisinessweek*, http://www.bloomberg.com/news/articles/2014-12-01/princeton-students-say-they-re-afraid-to-seek-help-after-suicidal-freshman-was-forced-out.
[331] Dom Olivera, "Princeton reaches agreement with DoJ after attempted suicide suit," *The Tab* (a university news network run by student journalists), December 2016.
https://thetab.com/us/princeton/2016/12/19/princeton-reaches-agreement-doj-2014-attempted-suicide-case-4126
[332] Charles Toutant, "Princeton Sued Under Title IX Over Response to Suicide Attempts," *New Jersey Law Journal*, March 10, 2017. http://www.njlawjournal.com/id=1202781062891/Princeton-Sued-Under-Title-IX-Over-Response-to-Suicide-Attempts?slreturn=20170424145228
[333] Katie J.M. Baker, "How Colleges Flunk Mental Health," February 11, 2014 *Newsweek*, http://www.newsweek.com/2014/02/14/how-colleges-flunk-mental-health-245492.html.

> motivations and conflicts from a dynamic and therapeutic perspective. If an agreement cannot be reached, a mandated leave is possible and may be the leverage needed to get a student to seek needed treatment.[334]

Dr. Swartz suggested that many students might be better off receiving treatment while remaining in school. Attending college is considered a protective factor by the CDC. Remaining in school can provide connectedness, social support, and meaningful occupation for some students. Conversely, if a student is making repeated suicide attempts or has a serious life-threatening attempt and returns to campus without any intervention, the student remains at risk. Colleges and universities must abide by Title II of the American with Disabilities Act and other federal laws, which require expert medical opinions based on well-established data in order to effect a mandatory mental health leave.

**Mental health leaves or withdrawals**

Most colleges and universities provide for medical or psychological leaves of absence in general, but others have specific policies governing leaves of absence for mental health reasons. Involuntary medical or psychological leave may be mandated for students who are considered a danger to self or others, which encompasses suicide attempts. Return to school following involuntary leave usually requires documentation from a physician of the student's fitness to return to campus.

Each school has different procedures for applying for leave, amount of leave time granted or required, deadlines, conditions, and re-entry requirements. Some schools required a firm commitment to return to school before a leave will be granted. Even under those circumstances, some schools with require a student to re-apply. Although the assumption may be that the reapplication is *pro forma*, the possibly of being refused re-entry may deter some students from seeking a leave of absence.

**Financial implications**

A significant factor in determining whether to take a voluntary leave is financial aid. Federal financial aid is prorated based on the amount of course credit accomplished, and students can find themselves further indebted to the school if the school must refund government-provided financial aid to a state or federal agency. Repayment of student loans is usually triggered by withdrawal from school, and in some circumstances a leave of absence may result in treatment as a withdrawal. School-based financial aid may have separate criteria for renewal and reimbursement to the school.[335] A possible protection against financial repercussions of a withdrawal is a relatively new insurance product,

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[334] Victor Schwartz, M.D., "Mandatory Leave of Absence for College Students With Suicidal Behaviors: The Real Story," *Psychiatric Times*, August 26, 2016. http://www.psychiatrictimes.com/suicide/mandatory-leave-absence-college-students-suicidal-behaviors-real-story/page/0/2.

[335] "Taking a Leave of Absence: What You Need to Know," *Mental Health America,* http://www.mentalhealthamerica.net/taking-leave-absence-what-you-need-know.

known as tuition refund insurance. Not many schools offer it, and there is only one group plan nationwide. And additional three companies offer plans through individual colleges. A student who has had mental health issues or his family may consider obtaining such a policy, but they must be approached with extreme caution. Not all will cover a mental health withdrawal or may have a pre-existing condition exclusion of six months to a year, which sometimes can be waived after 6 to 12 months of coverage. Many plans also exclude suicide or intentional self-injury. Premiums typically range from one to five percent of the coverage per year. Coverage may be full or partial and in most cases involving a mental health withdrawal, the refund is 60% of the tuition.[336]

**Model re-entry program**

In 2007, the Bazelon Center issued a model policy to help institutions of higher education develop a "nondiscriminatory approach to a student who is in crisis because of a mental health problem. It places particular emphasis on how to deal fairly and non-punitively with students in crisis, and how to support those whose mental health problems may be interfering with their academic, extracurricular or social lives."[337]

The Bazelon model recommends that colleges and university make reasonable accommodations to enable a student with mental health concerns to remain in school or return to school, meet academic standards and maintain normal social relationships. Suggest accommodations include allowing a student to:

- take a reduced course load or complete alternate assignments
- postpone assignments and exams
- work from home
- drop courses
- change roommates or room
- have guests stay in the student's room
- retrospectively withdraw from courses if academic problems were the result of mental health issues

The model also recommends that voluntary leaves for mental health reasons be permitted and involuntary leave for mental health reasons be imposed only after specific procedures are followed. In general, the model suggests that mental health leave should be treating the same as physical health leave, including with respect to tuition refunds, and return from leave standards, procedures and qualifications.

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[336] "The SmartStudent Guide to Financial Aid," http://www.finaid.org/beyond/tuitioninsurance.phtml.
[337] Judge David L. Bazelon Center for Mental Health Law, "Supporting Students: A Model Policy for Colleges and Universities" at p.2. http://www.bazelon.org/pdf/SupportingStudents.pdf.

### *Programs to Prevent Re-Attempts*

Several strategies have shown some success in post-attempt treatment to prevent – re-attempts.

**Cognitive Behavioral Therapy for Suicide Prevention (CBT)**

CBT is a cognitive-behavioral psychotherapy program that gives patients the skills to reroute their thinking and behavior during episodes of suicidal crises. Further, it assists in building a network of mental health services and social supports to prevent future attempts.

This therapy is implemented between six months to one year and generally includes 10 to 16 structured sessions consisting of three phases; early, middle, and late. First, therapist introduce the intervention and the cognitive model. This phase includes a narrative interview of a recent suicidal crisis used to develop a list of problems and goals for therapy. The middle phase focuses on teaching cognitive and behavioral skills to address treatment goals, including the prevention of suicidal thoughts and behaviors. Finally, treatment focuses on skill consolidation and relapse prevention.

CBT has been proven to reduce depression and depressive symptoms. In addition, the program showed promising outcomes in reducing suicidal thoughts and behaviors, personal resilience/self-concept, and social functioning/competence. Significantly, one study found that over an 18 month period participants were 50 percent less likely to reattempt suicide, compared to the control group.[338]

**Standby Response Services**

Standby is a postvention program that the CDC recognizes as having evidence of impact on risk and protective factors. Designed for suicide survivors, the program provides personal outreach and telephone support, develops case management plans and referrals to existing community services for further support. A study found that

> clients were significantly less likely to be at high risk for suicidality (suicide ideation and attempts) and had less psychological distress than a suicide bereaved comparison group who had not had contact with the StandBy program (48% and 64% respectively). Additionally, research suggests that active postvention approaches in which outreach to suicide survivors occurs at the scene of a suicide is associated with intake into treatment sooner, greater attendance at support group meetings, and attendance at more

[338] Brown, G. K., Ten Have, T., Henriques, G. R., Xie, S. X., Hollander, J. E., & Beck, A. T. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. JAMA, 294(5), 563–570.

meetings compared to passive postvention (i.e., approaches where survivors self-refer for services).[339]

**Active contact and followup**

Several programs have attempt to determine the effect of active contact and followup approaches. Generally, the programs involve personal contact with emergency room personnel and other health care provider at the time of the suicide attempt, with followup contact over an extended period of time. While initial efforts have seen positive results (significantly fewer suicide attempts versus persons who received treatment-as-usual, the number of trials and small sample sizes have prevented a definitive finding on effectiveness to date.[340]

[339] *Preventing Suicide,* at p. 41.
[340] *Ibid*, at p. 38.

# REDUCE ACCESS TO MEANS OF SUICIDE

Limiting access to lethal means of suicide is believed to reduce the incidence of suicide among college students. This is thought to be true because many suicide attempts occur during a short-term crisis with little planning, the means of attempted suicide bears significantly on its completion, and 90% of attempters who survive do not die by suicide later. Means matter in a number of ways, which include inherent deadliness, ease of use, accessibility, the ability to abort mid-attempt and acceptability to the attempter.[341] "The fundamental assumption underlying restricting access to means of suicide is that, in many cases, it may delay an attempt until the period of high-risk passes. Moreover, if access to highly lethal methods of suicide is reduced, even where substitution occurs, the proportion of people who survive suicide attempts will be increased."[342]

Studies have generally shown that restricting means for suicide may delay or prevent suicides from occurring. For example, one study in Taiwan demonstrated that restricting access to the charcoal-burning method of suicide in one locality brought down the suicide rate in that location. Burning charcoal in a small enclosed space releases carbon monoxide, leading to asphyxiation of the victim. It is a common suicide method in Taiwan. In the quasi-experimental study conducted in New Taipei City, the researchers removed barbeque charcoal from open store shelves to locked shelves only accessible to store employees. During the course of the study, New Taipei City observed a 30 percent decrease in its suicide-by-charcoal rate, while "[n]o compensatory rise in non-charcoal-burning suicide" was observed by the researchers. No decrease in charcoal-burning suicide was observed in the control cities.[343]

[341] Catherine W. Barber, MPA and Matthew J. Miller, MD, ScD, "Reducing a Suicidal Person's Access to Lethal Means of Suicide: A Research Agenda," *American Journal of Prevention Medicine,* 2014;47(3S2):S264-S272.

[342] "Marco Sarchiapone, Laura Mandelli, Miriam Iosus, Constanza Andrisano and Alec Roy, "Controlling Access to Suicide Means," *International Journal of Environmental Research and Public Health* 2011, 8, 4550-4562; doi:10.3390/ijerph8124550

[343] Y.Y. Chen et al., "Assessing the Efficacy of Restricting Access to Barbecue Charcoal for Suicide Prevention in Taiwan: A Community-Based Intervention Trial," *PLoS One*, 10(8) (August 2015). DOI: 10.1371/journal.pone.0133809.

The three most common means of suicide among college-aged persons are by firearms, hanging/suffocation/self-strangulation, and poisoning (including intentional drug overdose and carbon monoxide exposure).[344] Jumping and drowning are also lethal means used by students.[345] Due to the private nature of most suicides by hanging, which can occur at virtually any location with a wide array of ligatures and ligature points,[346] means restriction is not a very viable option. Instead, researchers recommend that prevention in this particular are be focused on suicide prevention in general, the emergency management of near-hangings and means restrictions in controlled environments such as prisons, psychiatric wards, hospitals, and police custody, where approximately 10% of suicides by hanging occur.[347] However, there has been some movement toward installation of breakaway closet rods and shower curtain rods in residential halls.[348]

The three most common methods of suicide used by college students that are most amenable to restricting access to lethal means are jumping, poisoning, and use of firearms.

### *Use of Physical Barriers*

Jumping and drowning, while relatively rare means of dying by suicide, are highly lethal. Certain locales can become known as "hotspots" where the place itself can become recognized, in part, for the suicidal acts engaged in there. Landmarks like the San Francisco Golden Gate Bridge, the Empire State Building and Niagara Falls have seen a number of suicides. Construction of a suicide deterrent net and system at the Golden Gate Bridge began in 2017 and is expected to be finished by 2021, at a cost of over $200 million. Between 1,500 and 2,000 people have died by suicide by jumping from the bridge since its opening in 1937, with only 1% of attempters surviving.[349]

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[344] Suicide Prevention Resource Center & Harvard Injury Control Research Center, 2007. "Young Adult Suicide & Student Status. Findings from the pilot for the National Violent Death Reporting System." https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5635a2.htm?s_cid=mm5635a2_e. The CDC reported similar results for 2014 at 6.7 deaths per 100,000 for suicide by firearms, 3.6 deaths per 100,000 for suicide by suffocation, and 2.1 deaths per 100, 000 for suicide by poisoning. All other methods of injury by suicide had rates of less than one death per 100,000, with falls (jumping) at 0.3. Drowning and cutting had a rate of 0.2 each. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. "Deaths: Final Data for 2014," National Vital Statistics Reports, Vol. 65, No. 4.

[345] "Restricting Access to Lethal Means at Colleges and Universities," *Means Matter: Suicide, Guns, and Public Health*, Harvard T.H. Chan School of Public Health. https://www.hsph.harvard.edu/means-matter/.

[346] Beams, bannisters, hooks, door knobs, and trees, for example.

[347] David Gunnell, Olive Bennewith, Keith Hawton, Sue Simkin, Nav Kapur; "The epidemiology and prevention of suicide by hanging: a systematic review." *International Journal of Epidemiology* 2005; 34 (2): 433-442. doi: 10.1093/ije/dyh398

[348] https://www.jedfoundation.org/means-restriction-saves-lives/; Montana State University, http://www.montana.edu/suicidesummit/Means%20Restriction%20Handout.pdf.

[349] Katy Steinmetz, "The Golden Gate Bridge Is a 'Suicide Magnet.' So Officials Are Adding a Net," *Time.com,* April 14, 2017, http://time.com/4736962/golden-gate-bridge-suicide-net/.

On a micro-level, colleges and universities can review their campus to determine if there are any particular areas that may be attractive to a person intent on suicide by jumping. The most effective means of preventing suicide at a jumping site is to erect a physical barrier that literally restricts access to the site, such as is intended at the Golden Gate Bridge. Signs encouraging suicidal persons to seek help and displaying a hotline contact number can also be used, which may have an impact on persons who are feeling ambivalent about their decision. Suicide patrols are also useful. The Golden Gate Bridge uses paid suicide prevention officers, while other locations may use volunteers, assisted by closed-circuit television monitors. Training for staff of agencies working near potential jumping off points to identified persons in distress and perhaps reach emergency services in time to prevent a suicide is also available. Finally, restraint on the part of media outlets in reporting on suicides can help reduce the incidence of copycat behavior.[350]

### *Poisoning*

Suicide by poisoning can include intentional overdoses of medications or illegal drugs, as well as ingestion of toxic substances and chemicals. Schools should track, monitor, and control access to toxic substances found in laboratories and other departments that are accessible to students. Encouraging students to dispose of old or unused medications is a free and easy way to remove means. The Pennsylvania Department of Drug and Alcohol Programs has a Drug Take-Back program and their locator service can be provided as a link on any school website.[351]

### *Firearms*

Firearms are by far the most lethal means of suicide, at a rate nearly double the next closest means, suffocation. [352] However, means restriction with regard to firearms comes up against a formidable complication – the 2nd amendment to the U.S. Constitution. Most proponents of means restriction when it comes to firearms do not look to forbid possession, instead they advocate of use of means to delay access to a firearm, which could allow a distraught person to pass through a mental health crisis without a lethal outcome. Suggestions have included safe storage of guns and use of gun locks. Stricter enforcement of existing gun laws, especially those designed to prevent individuals with mental illness from acquiring a firearm can also be a way to restrict access to lethal means.

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[350] National Institute for Mental Health in England, "Guidance on action to be taken at suicide hotspots," 10 October 2006

[351] Pennsylvania Department of Drug and Alcohol Programs, "Get Help Now," ttps://apps.ddap.pa.gov/gethelpnow/pilldrop.aspx.

[352] *Supra*, note 344.

Pennsylvania, together with 22 other states, leaves the decision as to ban or allow concealed carry weapons on campuses to be made by each college of university individually.[353] Gun owners should take care to ensure that their weapons are not easily accessible to others. In February 2017, the Campus Gun Policy Transparency Act was introduced in Congress, which would require institutions of higher education that participate in federal student aid programs to annually provide students and employees with a statement of its currently policy on concealed carry or open carry of firearms. Additionally, any such institution must disclose that policy on its website and in its promotional materials.[354]

### *Counseling on Access to Lethal Means (CALM)*

Lethal means counseling is becoming a popular way to intervene and prevent gun suicides. Lethal means counseling involves an assessment to determine if the person at risk for suicide has access to a firearm or other lethal methods and then working with the individual, their family and their support system to limit their access until they are no longer suicidal.[355] The Suicide Prevention Resource Center offers a free online course in CALM training. Though primarily designed for mental health care providers, training could be useful to clergy, firearms retailers and instructors, divorce and defense attorneys, probation and parole officers, and first responders.[356] This resource is a version of the CALM Project training program.

The Counseling on Lethal Means Project is a combined effort of the New Hampshire Suicide Prevention Counsel, the Injury Prevention Center at the Children's Hospital at Dartmouth, the New Hampshire Department of Health and Human Services and the Gutin Family Foundation. The program offers a two-hour training workshop for mental health providers designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms. The training can be direct or train the trainer and costs vary. [357]

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[353] "Guns on Campus: Overview," National Conference of State Legislatures, May 5, 2017, www.ncsl.org/research/education/guns-on-campus-overview.aspx. Other states include Alabama, Alaska, Arizona, Connecticut, Delaware, Hawaii, Indiana, Iowa, Kentucky, Maine, Maryland, Minnesota, Montana, New Hampshire, Ohio, Oklahoma, Rhode Island, South Dakota, Vermont, Virginia, Washington, and West Virginia.

[354] H.R. 1079, 115th Congress. Introduced February 15, 2017 and referred to House Education and the Workforce Committee.

[355] *Means Matter: Lethal Means Counseling*, Harvard T.H. Chan School of Public Health, https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/

[356] http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means.

[357] "Lethal Means Counseling by Physicians," Suicide Prevention Resource Center, May 12, 2017. http://www.sprc.org/news/lethal-means-counseling-physicians; see also, *Means Matter: Program Examples*, Harvard T.H. Chan School of Public Health, https://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/.

# ENHANCE CRITICAL LIFE SKILLS AND RESILIENCE

Most college students today were in pre-school or kindergarten on September 11, 2001. Their entire lives have been overshadowed by the war on terrorism. The need of many current college students for assistance in develop life skills such as managing workloads, conflict resolution, resiliency, setting goals, solving problems, establishing healthy relationships and recognizing personal and emotional identity, self-esteem and values may have originated in these lifelong stressors.

## *Resiliency*

According to the American Psychological Association (APA), resilience is "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress-such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences."[358] The APA notes that being resilient does not mean free from distress. Rather, the road to resilience is often preceded by emotional pain, leading to the belief that resiliency can be learned through experiences and rerouting negative thinking.

The APA lists a variety of factors that contribute to resiliency. The primary factor, which has been shown in a myriad of studies, is having healthy, positive relationships with family and friends. Social connectedness is important to developing resiliency, and will be discussed further in the next chapter. Other factors associated with resiliency include; the ability to make realistic plans and take steps to achieve them, confidence in one's self and abilities, the ability to communicate and problem solve, and the capacity to manage strong feelings and impulses. Importantly, the APA notes that these are all factors that people can develop.

There are a variety of ways students can mindfully build resiliency. Fostering positive relationships with close family and friends who can provide support should come first. Allowing others to help, as well as helping others, benefits all parties. Adjusting one's perceptions, whether that be looking towards the future or accepting fixed circumstances, can help refocus energy on situations that can be changed. It is important to take decisive action when faced with a challenge, rather than detaching and hoping the problem will go away.

[358] American Psychological Association, "The Road to Resilience," accessed March 24, 2017 http://www.apa.org/helpcenter/road-resilience.aspx

The University of Pittsburgh supports the RISE (Reaching Inside Your Soul for Excellence) mentoring program to teach students "how to positively and effectively change your environment, develop interpersonal coping strategies, and improve self-perception through reflection, introspection, dialogue, involvement, and action." All undergraduate students are eligible to join the program.[359]

West Chester University's Counseling and Psychological Services sponsors the Humanity and Resilience Project "to foster the resilience of West Chester University students, faculty, staff, and the overall campus community by encouraging connecting with each other through shared humanity or vulnerability."[360]

The Community College of Philadelphia has the Center for Male Engagement, geared toward African-American males and provides its "members with targeted academic and non-academic supports designed to enhance their skill sets, cultivate a sense of belonging and build resolve as they pursue a degree at Community College of Philadelphia and continue beyond."[361]

OASIS (Overcoming Adverse Situations in School) is a social, supportive group at Lebanon Valley College that covers topics such as building relationships, coping with stress, reading social cues, and speaking up.[362] The HOPE Center at Lock Haven College "exists to support, empower, and enlighten all students about issues of sex, gender, sexual violence, personal safety and health, social justice and educational equity." Programs and events are designed to promote an overall sense of well-being, and to create a safe campus climate for all."[363]

Susquehanna University has a SWEET Suite (Student Wellness and Ease of Tension) and Franklin and Marshall College has a Stress Free Zone, where meditation and guided relaxation are available.

Specialized housing, such as wellness housing, can provide a sanctuary for students interested in substance-free living. Lafayette College, for example, offers wellness housing to those students who espouse "wellness in six dimensions: social, occupational, physical, intellectual, emotional and spiritual. On these floors, students have opportunities to participate in special programming and create an environment where healthy choices are encouraged and supported which includes a substance-free lifestyle on the floor."[364]

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[359] http://www.rise.pitt.edu/about-program

[360] http://www.wcupa.edu/_SERVICES/stu.cou/resiliency.aspx

[361] http://www.ccp.edu/student-support/center-male-engagement

[362] http://www.lvc.edu/events/details/oasis-overcoming-adverse-situations-in-school-social-support-meetings/2017-10-21/

[363] http://www.lhup.edu/students/campus_safety/hope_center/

[364] https://reslife.lafayette.edu/residence-hall-housing/housing-designation/. BigFuture, a college search website, identifies 49 Pennsylvania schools that offer wellness housing.

The University of Pennsylvania Positive Psychology Center runs the Penn Resilience Program, "an evidence-based training program that has been demonstrated to build resilience, well-being, and optimism. These strengths-based prevention programs equip individuals with a set of practical skills that can be applied in everyday life to strengthen an individual's ability to overcome adversity and challenges, manage stress, and thrive in their personal and professional life."[365] The program is offered to military, corporations, first responders, governments, professional sports organizations, primary and secondary schools, and colleges and universities internationally.

At the middle and high school level, the Jana Marie Foundation offers "Mind Matters: The Power of Mindfulness, Hardiness and Positive Mindset" to assist students in grades 6-12 to learn to develop resilience.[366]

### *Life Skills and Healthy Living*

The Jed Foundation defines "developing life skills" as "managing friendships and relationships, problem solving, decision making, identifying and managing emotions, healthy living, and finding life purpose, meaning and identity."[367] In developing these life skills, the Foundation hopes that students will be better able to manage the stress of college life.

Some universities have begun to recognize the need to teach their students basic life skills. Harvard University began offering free non-credit courses on topics such as car maintenance and cooking in 2007.[368] Seminole State College of Florida offers two for-credit life skills courses, "college success" and "life/career planning."[369] Seminole recommends its students to take one of the life skills courses during their freshman year.[370] Insomnia has been found to be a risk factor in suicide, in part because of its ability to affect cognitive functioning and therefore an individual's ability to rationally solve problems. Some schools are providing guidance to students in developing healthy sleep patterns can reduce suicidal ideation and attempts, as well as improve academic performance.[371]

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[365] https://ppc.sas.upenn.edu/services/penn-resilience-training
[366] https://www.janamariefoundation.org/resources/
[367] "What We Do," *The Jed Foundation*, n.82.
[368] Steve Bradt, "College Adds 'Life Skills' to its Menu," *Harvard Gazette*, March 22, 2007, http://news.harvard.edu/gazette/story/2007/03/college-adds-life-skills-to-its-menu/.
[369] "Student Life Skills (SLS) Courses," *Seminole State College of Florida*, accessed November 19, 2016, https://www.seminolestate.edu/first-generation/programs/college-success.
[370] *Ibid*.
[371] W.Vaughn McCall, MD. "The Correlation Between Sleep Disturbance and Suicide, *Psychiatric Times,* September 30, 2015. http://www.psychiatrictimes.com/special-reports/correlation-between-sleep-disturbance-and-suicide.

### *Early Identification – Training*

Early identification of mental issues among youth in middle and high school can lead to earlier intervention and treatment, ultimately derailing suicidal tendencies before students reach university level.

Effective for the 2015-2016 school year, the Pennsylvania General Assembly enacted an amendment to the Public School Code of 1949 to require public schools to adopt an age-appropriate youth suicide awareness and prevention policy, which may be based on a model policy to be developed by the Pennsylvania Department of Education. School employees and the parent/guardian of each student was to be informed of the policy and the policy posted on the school's website.[372]

Additionally, the School Code amendment required that professional educators, working in buildings service students in grades six through twelve, complete four hours of training in youth suicide awareness and prevention every five years as part of their professional development.[373] These amendments also include a student education component, and the Department of Education has a model curriculum posted on its website.[374]

**Jason Foundation**

The Jason Foundation was established in the late 1990s to provide curricula for students and informational seminars for parents and teachers to help youth, educators and parents to identify persons at-risk and obtain professional help as soon as possible. The Jason Flatt Act requires training in youth suicide awareness and prevention as part of teacher's in-service or certification training. Eighteen states have adopted the Jason Flatt Act to require suicide prevention training for educators.[375]

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[372] A "Model School District Policy on Suicide Prevention" was created by the cooperative efforts of the American Foundation for Suicide Prevention, The American School Counselor Association, the National Association of School Psychologists and The Trevor Project. It is available at https://afsp.org/wp-content/uploads/2016/01/Model-Policy_FINAL.pdf.

[373] Act of June 26, 2014 (P.L. 779, No. 71), adding section 1526 to the Public School Code of 1949, act of March 10, 1949 (P.L. 30, No.14); 24 P.S. § 15-1526.

[374] http://www.education.pa.gov/Documents/K-12/Safe%20Schools/Act%2071/Youth%20Suicide%20Education%20Awareness%20and%20Prevention%20Curriculum.pdf

[375] "Jason Flatt Act," The Jason Foundation, http://jasonfoundation.com/about-us/jason-flatt-act/. These states include Alabama, Alaska, Arkansas, California, Georgia, Illinois, Louisiana, Mississippi, Montana, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wyoming.

**Society for the Prevention of Teen Suicide (SPTS)**

*Making Educators Partners in Youth Suicide Prevention* (ACT on FACTS) is a free online course for educators, and has provided training for over 150,000 educators throughout the United States. SPTS also produced a 17 minute video for parents, *Not My Kid: What Every Parent Should Know About Youth Suicide.* The video is also free on SPTS's website. The video has been viewed on the website over 25,000 times and another 15,000 hard copies have been distributed to schools, church groups, and parent-teacher organizations.[376]

### *Early Identification Programs*

Several programs are available at the high school level to identify potentially suicidal students, and are important in preventing suicide among school-age youth and in preparing at-risk students for college by allowing them to recognize their behaviors before the stress of transition to college can exacerbate them.

**Signs of Suicide (SOS)**

Signs of Suicide is a program developed for middle and high school students, and combines "curricula to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior."[377] Essentially, it is a combination of an ISP-style questionnaire and a gatekeeper-training program. The students are first taught the warning signs of suicide and depression in themselves and others, and are then taught specific steps to take in response to those signs. Those steps are to acknowledge the signs of suicide, demonstrate care for the at-risk individual, and tell a responsible adult. In a 2004 study of SOS, researchers found that self-reported suicide attempts in the three months following exposure to the program were significantly reduced. Additionally, SOS student-participants demonstrated greater knowledge of depression and suicide and their surrounding issues. However, the researchers cautioned that "significant effects of the SOS program on suicidal ideation and help-seeking behaviors were not observed." [378]

[376] http://www.sptsusa.org/about-us/
[377] Robert H. Aseltine Jr. and Robert DeMartino, MD, "An Outcome Evaluation of the SOS Suicide Prevention Program," *American Journal of Public Health* 94 no. 3 (March 2004): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448274/?tool=pubmed.
[378] *Ibid*.

**Youth Aware of Mental Health Program (YAMS)**

The Youth Aware of Mental Health Program, or "YAM," is a universal intervention targeting all students that aims to raise mental health awareness about risk and protective factors associated with suicide, such as knowledge about depression and anxiety. YAM also teaches students general life skills, such as dealing with adverse events, stress, and suicidal ideation. The program consists of 3 hours of role-play sessions with interactive workshops, a 32-page booklet, educational posters displayed in classrooms, and two one-hour interactive lectures about mental health. The YAM program was developed as part of the Saving and Empowering Young Lives in Europe (SEYLE) Study.[379]

The SEYLE study was a multicenter, cluster-randomized controlled trial which took place between November 2009 and December 2010 across Ireland, Hungary, Austria, Estonia, France, Germany, Italy, Romania, Slovenia, and Spain. The SEYLE sample consisted of 11,110 adolescent pupils across 168 schools, with a median age of 15 years. The researchers randomly assigned each school one of three interventions: QPR, YAM, or screening by professionals with referral of at-risk students.[380]

The primary outcome measure was the number of suicide attempts made by the 3-month and 12-month follow-ups. No significant differences between intervention groups and the control group were recorded at the 3-month follow-up. However, at the 12-month follow-up, the schools assigned to the group which implemented YAM had fewer suicide attempts than the control group. In the control group, 11 students attempted suicide versus 5 attempts in the students participating in YAM. No completed suicides were reported for any study participants. According to the researchers, these data show that YAM was effective in reducing the number of suicide attempts and severe suicidal ideation in adolescents.[381]

**U OK? Friends Ask!**

The U OK? Friends Ask! Program is a school or community-based youth suicide prevention and awareness program that engages youth in providing peer-to-peer awareness activities. The program offered by the National Center for the Prevention of Youth Suicide, part of the American Association of Suicidology.[382]

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[379] Danuta Wasserman et al., "School-based Suicide Prevention Programmes: The SEYLE Cluster-randomized, Controlled Trial," *The Lancet*, Vol. 385 No. 9977 (April 18, 2015): 1536-1544. DOI: 10.1016/S0140-6736(14)61213-7.
[380] *Ibid*.
[381] *Ibid*.
[382] http://www.suicidology.org/ncpys.

## *Transition from High School to College*

Moving from high school to college can be a culture shock for any student, whether they come from a long line of college-educated people or if they are the first generation of their family to continue past high school. Transition from high school to college when you have an acknowledged mental health issue, such as anxiety or depression, or a diagnosed psychiatric disease, is far more problematic. Some students and their families may view college as a "fresh start" and do not disclose any mental health issues at admission. Concerns about being identified and labeled, and thereby treated differently by the institution are understandable fears. However, this lack of knowledge leaves the school at a disadvantage if a crisis situation arises.

Encouraging students to take ownership of their mental health needs and prepare for the transition to college life are the guiding principles of several college transition programs.

### Set to Go

In April 2017, the Jed Foundation launched Set to Go, a resource designed to assist students in preparing for college. Areas covered include viewing college from an emotional and social fit, developing basic like skills, managing social and emotional skills, developing mental health and substance abuse literacy, and coping with transition and adjustment concerns. One element of the program is a Transition of Care Guide. The guide provides advice for students from 9th grade on who have an existing mental health condition. Learning about his/her condition and treatment, finding a "right fit" college or university, planning for mental health care while at college and periodically reviewing the care plan are fundamental aspects of the guide.[383]

### Transition Age Group Program

At its 2017 conference, the STAR Center of the Western Psychiatric Institute and Clinic at the University of Pittsburgh presented it research on "An Adjunct Group Intervention for Youth with Mood and Anxiety Disorders Transitioning to College." The goal of the project was to create an adjunctive group to assist transition-aged youth "build independence and optimize success in the transition to college/community and independence." The group is designed for youth in individual therapy who have relatively stable symptoms and are preparing to graduate from college and their parents. Goals are to enable the youth to:

- Manage their disorder: accurate knowledge of diagnosis, symptoms, treatment, warning signs and coping skills; planning for continued health care and monitoring

[383] https://www.settogo.org/wp-content/uploads/2017/03/Transition-of-Care-Guide.pdf.

- Advocating for themselves: communicating with providers, finding services, managing crises, making independent decisions

- Managing their academics: structuring time, arranging academic accommodations, asking for help

- Living independently; managing time and money; basic like skills

- Managing relationships: with parents and high school friends and building new relationships[384]

[384] PowerPoint from conference provided by David A. Brent, MD, Director, STAR-Center.

# PROMOTE SOCIAL CONNECTEDNESS AND SUPPORT

The CDC's Strategic Direction for Suicide Prevention includes promoting and strengthening individual, family and community connectedness to prevent suicidal behavior.[385] Connectedness involves several components: greater degrees of social integration (number of friends, high frequency of social interaction); connectedness to community organizations (sense of belonging and personal worth, and access to a larger source of support) and connectedness among community organizations and social institutions (ensure services are delivered and beneficial). Connectedness is viewed as a proactive preventative; that individuals with a strong sense of belonging and self-esteem are more resilient and less at-risk for suicidal behavior.

A sense of connectedness can be a protective factor for any individual, but can serve to aid in suicide prevention among specific at-risk subgroups of college students in particular.

### *First Generation*

Students who are the first in their families to attend college are referred to as first generation students. "It is estimated that 30 percent of students enrolled in postsecondary institutions today are low income, first-generation college students. But 89% of these students will not earn a bachelor's degree six years out from high school. They drop out of college at four times the rate of their peers whose parents have a postsecondary education."[386] First generation students can sometimes face intense cultural shock, with no family or friends who have gone before to prepare them and show them the way to acclimate to college life. "I'm First" is an online community and resource for first generation students.[387] The adjustment is greatest for low-income students attending elite, private schools, and a number of Pennsylvania's private institutions have programs to mentor and support first generation students and encourage them to connect with their first generation peers in the college community.[388]

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[385] U.S. Department of Health and Human Services, Centers for Disease Prevention and Control, National Center for Injury Prevention and Control, "Connectedness as a Strategic Direction for the Prevention of Suicidal Behavior," https://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf.

[386] http://www.imfirst.org/wp-content/uploads/2012/08/FAQ.pdf.

[387] I'm First is part of the Center for Student Opportunity (CSO), a winner of the College Knowledge Challenge, a grant competition sponsored by the Bill and Melinda Gates Foundation, Facebook, College Summit, and King Center Charter School that helped create I'm First!.

[388] Schools include: Arcadia University, Bucknell University, Carnegie Mellon University, Cedar Crest College, Chatham University, Dickinson College, Elizabethtown College, Gettysburg College, Haverford

### *Veterans and Students in the Military*

Student Veterans of America (SVA) is a national organization "to provide military veterans with the resources, support, and advocacy needed to succeed in higher education and following graduation."[389] Nearly 50 Pennsylvania campuses have a chapter of the SVA. In conjunction with the Home Depot Foundation, the SVA Vet Center Initiative, which provides grants to colleges and universities to establish new or remodel existing veteran's centers and lounges to provide a secluded space where veterans and military students can study and socialize. Marywood University and Penn State Mont Alto were recipients of grants in 2014, the first year of the program. Mount Aloysius College and Wilkes University (Veterans Center of Excellence) were the 2015 Pennsylvania recipients. Grants in 2016 Duquesne University (to renovate the existing veteran's center), Keystone College (for renovations to the Elmer Hawk '48 Veterans Center), Penn State Berks (for a new Adult and Veterans Lounge), Temple University, Mansfield University and Lehigh Carbon Community College.

A number of other Pennsylvania colleges and universities include a veteran's center/lounge and other support services as part of their campus. These schools include: Alvernia University, Carlow University (Military Student and Family Resource Team), Delaware Valley University (Janet Manion Military and Veterans Center), DeSales University, Mercyhurst College (Veterans Student Resource Center), Moravian College (lounge designated for veterans in library), Point Park University (military and veteran lounge), Robert Morris University (VETS Center), Thiel College (SERV – Supportive Education for the Returning Veteran Program), University of Scranton (Veterans and ROTC Resource Lounge), Penn State Shenango (Veterans Resource Center), Bloomsburg University (Office of Military and Veterans Resources), California University of Pennsylvania (Veterans Center), East Stroudsburg University (Student Veterans Center), Edinboro University (veteran-specific lounge and computer lab), Kutztown University (Military Club at KU), Shippensburg (Veterans Resource Center), West Chester University (Greg and Sandra Weisenstein Veterans' Center and Lounge), Bucks County Community College (Stars and Stripes Lounges for veterans on all three campuses), Lehigh Carbon Community College (veterans lounges at main campus and Tamaqua branch), Montgomery County Community College (Veterans Resource Center), and Northampton Community College (Band of Brothers Club)

Chatham University requires all counselors to be trained in Military Cultural Competence and Working with Service Members and Veterans with PTSD. Butler County Community College ensure that there are faculty and staff with training to support veterans and provide a safe space for them. Harrisburg Area Community College has a counselor trained in veterans counseling and dedicated for that purpose.

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College, Juniata College, Lafayette College, Lycoming College, Mount Aloysius College, Saint Francis University, Saint Vincent College, Swarthmore College, University of Pennsylvania, and Villanova University.

[389] http://studentveterans.org/aboutus.

The Community College of Beaver County has an organization entitled "A.N.T.S." for Adult Non-Traditional Students. Its purpose is "to provide encouragement, mutual support and assistance to students returning to the academic world."[390]

### *Gender and Sexual Identity*

Students who identify as lesbian, bi-sexual, gay, transgender, queer/questioning, intersexual, asexual/aromantic, as well pansexual/polysexual, demisexual, and non-binary, represented by the acronym LGBTQIA+, are at higher risk for suicide, and need interaction and connectedness with others who also do not identify as exclusively binary male/female heterosexuals.

A grassroots movement has evolved over the past few decades to provide "safe zones" where LGBTQIA+ students can feel comfortable discussing their sexual identity concerns and be included in a community of others who face many of the same problems with acceptance and discrimination, both in their families and society at large. Generally, an educator or staff person who is personally motivated to assist these youth can seek training. Once trained, the person self-identifies as a safe zone by placing a sign on their office door, or if they share office space, their desk, to alert students that the educator or staff person is an ally. Sometimes an individual person can be identified as a "safe zone" where students can feel free to approach the person in any location. It is not a universal program and there is no uniform way of establishing it, other than ensuring that all participants receive training in understanding LGBTQIA+ issues. Training varies from institution to institution and can be 2 hours, 6 hours, 8 or 10 hours.[391]

A number of Pennsylvania institutions of higher education identify as having safe zones, resource centers and lounges for LGBTQIA+. Occasionally, gender identity resources are combined with women's resources. The table below is a survey of LGBTQIA+ resources at various Pennsylvania schools. It is not all-encompassing, but rather reflects what information is readily accessible on each campuses website. Campus Pride maintains a National Listing of LGBTQ Friendly Colleges and Universities. The designation as a Campus Pride campus is the result of a survey programs, support and accommodations offered by each school and is also noted below.[392]

[390] http://www.ccbc.edu/VetsResources

[391] Telephone conference with Dr. Blaise W. Liffick, Chair of the Department of Computer Science, Millersville University of Pennsylvania, May 1, 2017.

[392] https//www.campusprideindex.org/searchresults/displau/330697

| Survey of LGBTQIA+ Resources at various Pennsylvania schools | | | | |
|---|---|---|---|---|
| **School** | **LGBTQIA+ Centers and Offices** | **LGBTQIA+ Policies** | **Safe Zone Designation** | **Campus Pride Endorsement** |
| Alvernia | - | Policy for transgender students | - | - |
| Bucknell | Women's Resource Center (includes gender issues); Office of LGBTQ Resources | - | | X |
| Dickinson | Women's and Gender Resource Center | - | - | - |
| Elizabethtown | - | - | - | X |
| Gettysburg | The Women's and LGBTQA Resource Center | - | - | X |
| Juniata | - | - | X | X |
| Lafayette | Gender and Sexuality Resource Center | | X | X |
| Lebanon Valley | - | - | X | |
| Lehigh | The Pride Center for Sexual Orientation and Gender Diversity | - | - | X |
| Muhlenberg | - | - | - | X |
| Philadelphia | Gay Straight Alliance | - | - | - |
| Point Park | Gender and Sexuality Spectrum Alliance | - | - | - |
| St. Joseph's | SJU Pride | - | - | - |
| Seton Hill | Griffin Pride; Gay-Straight Alliance | - | - | - |
| Susquehanna | Gender and Sexuality Alliance | - | - | - |
| Swarthmore | - | Pride Month; Sager Symposium (LGBTQA) | - | X |
| Thiel | LGBT+ Alliance | - | X | |
| U. of Penn | LGBT Center; Lambda Alliance (LGBT+); Penn Association for Gender Equality | - | - | - |
| U. of Scranton | Scranton Inclusion (LGBT+) | - | - | - |
| Ursinus | Gender Sexuality Alliance | - | - | - |
| Villanova | VU Pride | - | X | - |
| Washington & Jefferson | Gay/Straight Alliance | - | - | - |
| Widener | Sexuality and Gender Alliance | - | - | - |
| Wilkes | Gay/Straight Alliance | - | - | - |

| Survey of LGBTQIA+ Resources at various Pennsylvania schools | | | | |
|---|---|---|---|---|
| **School** | **LGBTQIA+ Centers and Offices** | **LGBTQIA+ Policies** | **Safe Zone Designation** | **Campus Pride Endorsement** |
| York | LAMBDA – LGBT Alliance | - | - | - |
| Penn State Brandywine | - | - | - | X |
| Penn State DuBois | SAFE Club (Students, Allies, Friends and Educations Student Organization | - | X | - |
| Penn State Erie (Behrend) | Trigon (LGBT+ Student Organization) | - | X | - |
| Penn State Fayette | - | - | X | - |
| Penn State Harrisburg | LGBTQ+ Talking Circle | - | - | - |
| Penn State Schuylkill | Paw Pride (LGBTQA Alliance) | - | - | - |
| Penn State Main | LGBTQA Student Resource Center; Ally House | - | X | - |
| Penn State Wilkes-Barre | - | - | X | - |
| Penn State York | Rainbow Paws (LGBTQA+) | - | X | - |
| Temple | - | - | X | - |
| U. of Pittsburgh | Rainbow Alliance; Allies Network | - | - | - |
| Bloomsburg | - | - | - | X |
| CalU | Lambda Bridges Program (LGBTQA) | - | - | - |
| IUP | Commission on GLBT Issues | - | X | X |
| Kutztown | GLBTQ Center | - | | - |
| Lock Haven | - | - | X | X |
| Mansfield | Spectrum (LGBTQA) | - | - | - |
| Millersville | - | - | X | - |
| Shippensburg | LGBTQ+ Concerns Committee; Silent Witness Peacekeepers Alliance | - | X | - |
| Slippery Rock | Pride Center | - | X | - |
| West Chester | Office of LGBTQA+ Services | - | - | - |

### *Cultural and Multicultural Groups*

Ethnic and religious groups can help provide emotional and spiritual support among students who share similar values. Groups for women and people of color can provide support and a sense of sister/brotherhood for their members. Many schools have an office of social equity, including Indiana University of Pennsylvania, Lock Haven University, Robert Morris University, and Shippensburg University, for example. Others have offices of inclusion and diversity, such as St. Joseph's University. St. Vincent College has a campus organization called Visionaries of H.O.P.E. (Helping One People Evolve) that celebrates cultural diversity, while Swarthmore College, the University of Pennsylvania, and the University of Scranton, maintain an Intercultural Centers.

The Penn Initiative for Minority Mental Health (PIMMH) seeks to integrate the University of Pennsylvania's minority and underrepresented populations into the conversation of campus mental health.

### *International Students*

International students are another group at higher risk for suicide. The University of Pennsylvania offers International Peer Support for Mandarin students making cultural adjustments to attending an Ivy League school in the United States. Many other schools offer international clubs as part of their student organizations. Large numbers of international students at some schools highlight the need for culturally and linguistically competent people on counseling staff in order to meet the special needs of this high-risk group. One organization that offers a fee-based program for international students is Moreau Shepell's International Student Support Program which provides international students with accessible and culturally-appropriate support that complements on-campus resources. Support is provided in the student's native language and cultural context, "to help them resolve mental and physical health concerns, culture shock, adaptation to life in the US, and much more." The program offers 24/7 live intake and assessment, instant online support, immediate translation service for over 200 languages and Master's level counselors.[393]

[393] http://www.morneaushepell.com/us-en/international-student-support-program.

# APPENDIX A:

## *Directory of Resources*

| **Prevention Resource PHONE Directory**<br>*Phone Resources Mentioned Throughout the Report* | | |
|---|---|---|
| **Organization** | **Contact** | **Description** |
| **National Suicide Prevention Hotline** | **1-800-273-8255** | **24/7 free and confidential support for people in distress. Also provides prevention and crisis resources, and recommends the best practices for professionals.** |
| **Crisis Text Hotline** | **741741:** | **Young Adults (and others) can text 741741 from anywhere in the United States to talk with a crisis counselor.** |
| Action Alliance for Suicide Prevention | (202)-572-3737<br>www.actionallianceforsuicideprevention.org | Public-private partnership to advance the National Strategy for Suicide Prevention |
| Active Minds | (202)-332-9595<br>www.activeminds.org | change the perception about mental health on college campuses |
| American Foundation for Suicide Prevention (AFSP) | 1-(888)-333-AFSP (2377)<br>https://afsp.org/ | Raises awareness, funds scientific research and provides resources aid to those affected by suicide. |
| American Psychological Association (APA) | (800)-374-2721 or (202) 336-5500<br>www.apa.org/ | American Psychological Association. Advances the creation, communication and application of psychological knowledge to benefit society and improve people's lives. Speaking out about mental health. |
| Center for Collegiate Mental Health (CCMH) | (814)-865-1419<br>http://ccmh.psu.edu/ | Multidisciplinary, member-driven, Practice-Research-Network focused on providing accurate and up-to-date information on the mental health of today's college students. |

| **Prevention Resource PHONE Directory**<br>*Phone Resources Mentioned Throughout the Report* | | |
|---|---|---|
| **Organization** | **Contact** | **Description** |
| Depression and Bipolar Support Alliance, Young Adult Council | (800)-826-3632<br>www.dbsalliance.org | Peer-based hope, help, support, and education to improve the lives of people who have mood disorders |
| Higher Education Mental Health Alliance (HEMHA) | (212)-647-7544<br>hemha.org/ | Partnership dedicated to the provision of leadership to advance college mental health. |
| International Association of Counseling Services (IACS) | (703)-823-9840<br>www.iacsinc.org/ | Committed to furthering the visibility of counseling services on university and college campuses and improving their quality. |
| Jana Marie Foundation | (814)-954-5920<br>www.janamariefoundation.org | increase protective factors for young people and raise awareness for mental wellness and suicide prevention, especially young women |
| Jason Foundation | 1-(888)-881-2323 or (615)-264-2323<br>https://jasonfoundation.com/ | Preventing youth suicide through educational and awareness programs. |
| Jed Foundation | (212)-647-7544<br>www.jedfoundation.org | protect emotional health and prevent suicide for our nation's teens and young adults |
| Judge David. L. Bazelon Center | (202)-467-5730<br>www.bazelon.org/ | Protection and advancement of the civil rights of adults and children with mental illness or developmental disabilities. |
| **Kognito**<br>and others programs associated with Kognito: Veterans on Campus, LGBTQ on campus for students, At-Risk for Students | (212)-675-9234<br>https://kognito.com/ | Health simulation company providing professional development, and public education simulations on a variety of topics, including mental health. |
| Lawyers Concerned for Lawyers | 1-(888)-999-9706<br>http://www.lclpa.org/ | Peer-assistance program working to save the lives and restore the health and professional competence of Pennsylvania's judges and lawyers. |
| The National Behavioral Intervention Team Association (NaBITA) | (484)-321-3651<br>https://nabita.org/ | Offer support and professional development for behavioral intervention team members. |

| **Prevention Resource PHONE Directory**<br>*Phone Resources Mentioned Throughout the Report* | | |
|---|---|---|
| **Organization** | **Contact** | **Description** |
| Pennsylvania Adult/Older Adult Suicide Prevention Coalition | (717)-885-9161<br>www.preventsuicidepa.org/ | Provides education and collaborates with the community to prevent suicide and reduce its stigma. |
| Pennsylvania Office of Mental Health and Substance Abuse Services | (717)-787-6443<br>http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/officeofmentalhealthandsubstanceabuseservices/ | Aim to ensure the opportunity for growth, recovery, and inclusion in one's community for every individual seeking the Services' system. |
| Question, Persuade, Refer (QPR) | (888)-726-7926<br>http://www.qprinstitute.com/ | Question, Persuade, Refer is an institute promoting three-steps to help prevent suicide. |
| Substance Abuse and Mental Health Services Administration (SAMHSA) and National Registry of Evidence-based Programs and Practices (NREPP) | 1-(877)-SAMHSA-7<br>(1-877-726-4727)<br>www.samhsa.gov | SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. |
| | https://www.samhsa.gov/nrepp | NREPP promotes the adoption of scientifically established behavioral health interventions. |
| Sources of Strength | 1 (701) 471-7186<br>https://sourcesofstrength.org/ | Providing evidence-based prevention for suicide, bullying, and substance abuse. |
| Suicide Prevention Resource Center (SPRC) | 1 (877) 438-7772<br>www.sprc.org/ | Suicide Prevention Resource Center provides technical assistance, training, and materials to increase the knowledge and expertise of professionals serving people at risk for suicide. |
| Society for the Prevention of Teen Suicide (SPTS) | 1 (800) 273-8255<br>www.sptsusa.org/ | Society for the Prevention of Teen Suicide encourages public awareness about suicide through the development and promotion of educational training program. |
| Standby Response Service *(Australia)* | +61 400 183 490<br>http://socialfutures.org.au/standby-response-service/ | Coordinated community crisis response service that supports the health and wellbeing of families, friends, and associates bereaved by suicide. |
| STAR-center | 1 (412) 246-5619<br>https://www.starcenter.pitt.edu/ | Combines clinical and outreach services designed to combat the problem of adolescent suicide. |

| **Prevention Resource PHONE Directory**<br>*Phone Resources Mentioned Throughout the Report* | | |
|---|---|---|
| **Organization** | **Contact** | **Description** |
| Student Veterans Association (SVA) | 1 (202) 223-4710<br>https://studentveterans.org/ | Provide military veterans with the resources, support, and advocacy needed to succeed in higher education and following graduation. |
| Trevor Project | Trevor Lifeline: 1-866-488-7386<br>www.thetrevorproject.org | Crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24 |
| Veterans Crisis Line | 1 (800) 273-8255, press 1<br>or text 838255 | Free, confidential support for Veterans in crisis and their families and friends. |
| Yellow Ribbon Suicide Prevention Program | 1 (800) 273-8255<br>https://yellowribbon.org | Offers community readiness training and suicide prevention education |

| **Prevention Resource WEB Directory**<br>*Website Resources Mentioned Throughout the Report* | | |
|---|---|---|
| Family of Heroes | www.familyofheroes.com/ | Online avatar-based resiliency& PTSD training simulation where family members learn essential skills to manage the challenges they may face in adjusting to post-deployment life. |
| ICARE | www.vpul.upenn.edu/caps/icare.php | Interactive gatekeeper training for UPENN students, faculty and staff that builds a caring community with the skills and resources to intervene with student stress, distress, and crisis. |
| Madison Holleran Foundation | www.madisonholleranfoundation.org/ | Mission is to prevent suicides and assist those in a crisis situation with phone numbers and resources that will assist them during their time in crisis. |
| Metanoia | www.metanoia.org | Sponsored by PsychCentral; guide to online psychotherapy |
| Morneau Shepell | http://www.morneaushepell.com/us-en/international-student-support-program | International Student Support Program provides accessible and culturally-appropriate support that complements on-campus resources |
| Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) | http://payspi.org/ | Promotes awareness, identifying youth suicide as a preventable public health problem. |
| Prescription Drug Take-Back Program | www.ddap.pa.gov/Prevention/Pages/Drug_Take_Back.aspx | Alleviating the health and safety concerns from the diversion and abuse of prescription drugs by helping our citizens properly dispose of unused prescription medications. |
| PsychCentral | www.psychcentral.com | Mental health resources; newsletter, blogs |
| Student Assistance Program | http://www.dhs.pa.gov/provider/studentassistanceprogram/ | Assist school personnel in identifying issues including alcohol, tobacco, other drugs and mental health issues which pose a barrier to a student's success. |
| ULifeline | www.ulifeline.org/ | Online resource for college mental health |

| **Pennsylvania Public Institutions**<br>*Two-year Community Colleges and Technical Schools* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Community College of Allegheny County<br>https://www.ccac.edu/ | Pittsburgh (Allegheny Campus)<br>Monroeville (Boyce Campus)<br>McCandless (North Campus)<br>West Mifflin (South Campus) | https://www.ccac.edu/Counseling_Services.aspx<br>*Each campus will redirect to the same webpage.* |
| Community College of Beaver County<br>www.ccbc.edu | Center Township | http://www.ccbc.edu/CounselingServices |
| Bucks County Community College<br>http://www.bucks.edu/ | Newtown Township (Newtown Campus)<br>Bristol Township (Lower Bucks Campus)<br>East Rockhill Township (Upper Bucks Campus) | http://www.bucks.edu/student/counseling/emergencycontactinformationand24hourhotlines/ |
| Butler County Community College<br>http://www.bc3.edu/ | Butler Township | http://www.bc3.edu/current-students/safe-zone.html |
| Delaware County Community College<br>https://www.dccc.edu/ | Marple Township (Marple Campus)<br>East Brandywine Township (Downingtown Campus) | https://www.dccc.edu/student-services/support-services/counseling-services/personal-counseling |
| HACC, Central Pennsylvania's Community College<br>http://www.hacc.edu/ | Harrisburg (Harrisburg Campus)<br>East Lampeter Township (Lancaster Campus)<br>Manchester Township (York Campus)<br>Cumberland Township (Gettysburg Campus)<br>Lebanon (Lebanon Campus) | http://www.hacc.edu/Students/AdvisingCounseling/CounselingContacts/Counseling-Resources.cfm<br>*Each campus will redirect to the same webpage.* |
| Lehigh Carbon Community College<br>https://www.lccc.edu/ | North Whitehall Township | https://www.lccc.edu/academics/academic-advising/counseling-center-and-services |
| Luzerne County Community College<br>http://www.luzerne.edu/default.jsp | Nanticoke | http://www.luzerne.edu/supportservices/studentdev/<br>-and-<br>http://www.luzerne.edu/diversity/ |
| Montgomery County Community College<br>http://www.mc3.edu/ | Whitepain Township (Central Campus)<br>Pottstown (West Campus) | http://www.mc3.edu/student-resources/counseling |
| Northampton Community College<br>http://www.northampton.edu/ | Bethlehem Township (Main Campus)<br>Pocono Township (Monroe Campus) | http://www.northampton.edu/student-services/counseling-services.htm |

| **Pennsylvania Public Institutions**<br>*Two-year Community Colleges and Technical Schools* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Pennsylvania Highlands Community College<br>http://www.pennhighlands.edu/ | Richland Township | http://www.pennhighlands.edu/student-life/student-success-center/counseling-services |
| Community College of Philadelphia<br>http://ccp.edu/ | Philadelphia | http://ccp.edu/student-support/counseling |
| Reading Area Community College<br>https://www.racc.edu/ | Reading | https://report.myredflag.com/reporter/about |
| Thaddeus Stevens College of Technology<br>https://stevenscollege.edu/ | Lancaster | https://my.stevenscollege.edu/ICS/Counseling__Disability/Counseling_Services.jnz |
| Westmoreland County Community College<br>https://westmoreland.edu | Hempfield Township | https://westmoreland.edu/pages/current-students/student-services/counseling-services/ |
| Pittsburgh Technical College<br>https://www.ptcollege.edu/ | Pittsburgh | https://www.ptcollege.edu/about/consumer-information |

| **Pennsylvania State System of Higher Education:**<br>*State-owned Master's Level Institution*s | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Bloomsburg University of Pennsylvania<br>http://www.bloomu.edu/ | Bloomsburg (Columbia County) | http://www.bloomu.edu/counseling |
| California University of Pennsylvania<br>http://www.calu.edu/ | California (Washington County) | http://www.calu.edu/current-students/health-services/counseling/index.htm |
| Cheyney University of Pennsylvania<br>http://www.cheyney.edu/ | Cheyney (Chester County) | http://www.cheyney.edu/health-services/Psychological-Counseling.cfm |
| Clarion University of Pennsylvania<br>http://www.clarion.edu/ | Clarion (Clarion County) | http://www.clarion.edu/student-life/health-fitness-and-wellness/counseling-services/ |
| East Stroudsburg University of Pennsylvania<br>http://www.esu.edu/ | East Stroudsburg (Monroe County) | http://www.esu.edu/students/counseling_services/immediate_help.cfm |
| Edinboro University of Pennsylvania<br>http://www.edinboro.edu/ | Edinboro (Erie County) | http://www.edinboro.edu/directory/offices-services/caps/ |

| **Pennsylvania State System of Higher Education:**<br>*State-owned Master's Level Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Indiana University of Pennsylvania<br>http://www.iup.edu/ | Indiana (Indiana County) | http://www.iup.edu/counselingcenter/ |
| Kutztown University of Pennsylvania<br>https://www.kutztown.edu/ | Kutztown (Berks County) | https://www.kutztown.edu/about-ku/administrative-offices/counseling-and-psychological-services/emergencies.htm |
| Lock Haven University of Pennsylvania<br>http://www.lockhaven.edu/ | Lock Haven (Clinton County) | http://www.lockhaven.edu/adac/counseling/ |
| Mansfield University of Pennsylvania<br>http://www.mansfield.edu/ | Mansfield (Tioga County) | http://www.mansfield.edu/counseling-center/emergency-situations.cfm |
| Millersville University of Pennsylvania<br>http://www.millersville.edu/ | Millersville (Lancaster County) | http://www.millersville.edu/counsel/ |
| Shippensburg University of Pennsylvania<br>http://www.ship.edu/ | Shippensburg (Cumberland County) | http://www.ship.edu/Counseling_Center/Emergencies/ |
| Slippery Rock University of Pennsylvania<br>http://www.sru.edu/ | Slippery Rock (Butler County) | http://www.sru.edu/life-at-sru/health-and-wellness/counseling-center/counseling-resources |
| West Chester University of Pennsylvania<br>http://www.wcupa.edu/ | West Chester (Chester County) | http://www.wcupa.edu/_SERVICES/stu.cou/counselingServices.aspx<br><br>-and-<br><br>http://www.wcupa.edu/_SERVICES/stu.cou/ |

| **Pennsylvania - Commonwealth System of Higher Education:**<br>*State-related Colleges and Universities Main Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Lincoln University<br>www.lincoln.edu | Oxford (Chester County) | http://www.lincoln.edu/departments/counseling-services |
| Pennsylvania State University<br>www.psu.edu | State College (Centre County) | http://studentaffairs.psu.edu/counseling/crisis/ |
| University of Pittsburgh<br>www.pitt.edu | Pittsburgh (Allegheny County) | http://www.studentaffairs.pitt.edu/cc/crisisemergency/ |

| **Pennsylvania - Commonwealth System of Higher Education:**<br>*State-related Colleges and Universities Main Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Temple University<br>https://www.temple.edu/ | Philadelphia | http://counseling.acquiastaging.temple.edu/emergency-info |

| **Pennsylvania**<br>*Commonwealth and Affiliated Campuses* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Penn State Abington<br>http://abington.psu.edu/ | Abington Township<br>(Montgomery County) | http://abington.psu.edu/emergencies |
| Penn State Altoona<br>www.altoona.psu.edu | Altoona (Blair County) | http://altoona.psu.edu/health-wellness/emergency-after-hours-care |
| Penn State Beaver<br>http://beaver.psu.edu/ | Center Township<br>(Beaver County) | http://beaver.psu.edu/crisis-intervention-hotlines |
| Penn State Berks<br>http://berks.psu.edu/ | Spring Township<br>(Berks County) | http://berks.psu.edu/personal-counseling |
| Penn State Brandywine<br>http://brandywine.psu.edu/ | Middletown Township<br>(Delaware County) | http://brandywine.psu.edu/counseling-crisis-intervention |
| Penn State College of Medicine<br>http://hmc.pennstatehealth.org/ | Derry Township<br>(Dauphin County) | https://students.med.psu.edu/student-life/counseling/crisis-and-support-services/ |
| Penn State Dickinson School of Law<br>https://dickinsonlaw.psu.edu/ | Carlisle<br>(Cumberland County) | https://dickinsonlaw.psu.edu/experience/student-life/policies-procedures-and-forms/mental-health-and-substance-abuse |
| Penn State DuBois<br>http://dubois.psu.edu/ | Dubois<br>(Clearfield County) | http://dubois.psu.edu/Safety-In-Case-Of-Emergency |
| Penn State Erie, The Behrend College<br>http://behrend.psu.edu/ | Erie<br>(Erie County) | http://behrend.psu.edu/student-life/student-services/personal-counseling |
| Penn State Fayette, The Eberly Campus<br>http://fayette.psu.edu/ | North Union Township<br>(Fayette County) | http://fayette.psu.edu/personal-counseling |
| Penn State Great Valley School of Graduate Professional Studies<br>http://greatvalley.psu.edu/ | East Whiteland Township<br>(Chester County) | http://studentaffairs.psu.edu/familyservices/emergency_services.shtml |
| Penn State Greater Allegheny<br>http://greaterallegheny.psu.edu/ | White Oak<br>(Allegheny County) | http://greaterallegheny.psu.edu/health-services |

| **Pennsylvania**<br>*Commonwealth and Affiliated Campuses* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Penn State Harrisburg<br>http://harrisburg.psu.edu/ | Lower Swatara Township<br>(Dauphin County) | http://harrisburg.psu.edu/counseling-services/crisis-intervention |
| Penn State Hazleton<br>http://hazleton.psu.edu/ | Sugarloaf Township<br>(Luzerne County) | http://hazleton.psu.edu/counseling-links |
| Penn State Lehigh Valley<br>http://lehighvalley.psu.edu/ | Upper Saucon Township<br>(Lehigh County) | http://lehighvalley.psu.edu/health-counseling-services |
| Penn State Mont Alto<br>http://montalto.psu.edu/ | Quincy Township<br>(Franklin County) | http://montalto.psu.edu/counseling/crisis |
| Penn State New Kensington<br>http://newkensington.psu.edu/ | Upper Burrell Township<br>(Westmoreland County) | http://newkensington.psu.edu/crisis-intervention-early-alert-system |
| Penn State Schuylkill<br>http://schuylkill.psu.edu/ | North Manheim Township<br>(Schuylkill County) | http://schuylkill.psu.edu/crisis-intervention |
| Penn State Shenango<br>http://shenango.psu.edu/ | Sharon<br>(Mercer County) | http://shenango.psu.edu/crisis-intervention-and-hotlines |
| Penn State Wilkes-Barre<br>http://wilkesbarre.psu.edu/ | Lehman Township<br>(Luzerne County) | http://wilkesbarre.psu.edu/health-wellness/personal-counseling |
| Penn State Worthington Scranton<br>http://worthingtonscranton.psu.edu/ | Dunmore<br>(Lackawanna County) | http://worthingtonscranton.psu.edu/health-counseling-services |
| Penn State York<br>http://york.psu.edu/ | Spring Garden Township<br>(York County) | http://york.psu.edu/student-life/services/personal-counseling |
| Pennsylvania College of Technology<br>https://www.pct.edu/ | Williamsport<br>(Lycoming County) | https://www.pct.edu/campuslife/counselingservices |
| University of Pittsburgh at Bradford<br>http://www.upb.pitt.edu/ | Bradford Township<br>(McKean County) | http://www.upb.pitt.edu/counselingservices/ |
| University of Pittsburgh at Greensburg | Hempfield Township<br>(Westmoreland County) | http://www.greensburg.pitt.edu/student-resources/counseling-services |
| University of Pittsburgh at Johnstown<br>http://www.upj.pitt.edu/ | Richland Township<br>(Cambria County) | http://www.upj.pitt.edu/en/campus-life/counseling/ |
| University of Pittsburgh at Titusville<br>http://www.upt.pitt.edu/ | Titusville (Crawford County) | http://www.upt.pitt.edu/student-life/health-counseling |

| **Pennsylvania**<br>*Commonwealth and Affiliated Campuses* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Temple University Ambler<br>http://ambler.temple.edu/ | Upper Dublin Township<br>(Montgomery County) | http://counseling.acquiastaging.temple.edu/emergency-info |

| **Pennsylvania**<br>*Private Two-Year Colleges and Technical Schools* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Harcum College<br>www.harcum.edu | Lower Merion Township<br>(Montgomery County) | http://www.harcum.edu/s/1044/edu/index.aspx?sid=1044&gid=1&pgid=1117 |
| Hussian School of Art<br>https://www.hussiancollege.edu/ | Philadelphia | https://www.hussiancollege.edu/for-students/student-resources/<br>-and-<br>https://wellconnect.cuthrive.com/ |
| Johnson College<br>http://www.johnson.edu | Scranton<br>(Lackawanna County) | https://www.johnson.edu/current-students/student-support/counseling/ |
| Lackawanna College<br>http://www.lackawanna.edu/ | Scranton<br>(Lackawanna County) | https://portal.lackawanna.edu/ICS/Student_Services/Student_Wellness_Program/Emotional_Wellness.jnz |
| Manor College<br>https://manor.edu/ | Abington Township<br>(Montgomery County) | https://manor.edu/student-life/counseling/ |
| Mercyhurst North East<br>http://northeast.mercyhurst.edu/ | North East Township<br>(Erie County) | http://northeast.mercyhurst.edu/campus-life/health-and-wellness |
| Pennsylvania Institute of Technology<br>http://www.pit.edu/ | Upper Providence Township<br>(Delaware County) | http://www.pit.edu/Support-Services/Student-Services |
| Pittsburgh Institute of Aeronautics<br>http://pia.edu/ | West Mifflin<br>(Allegheny County) | http://pia.edu/ |
| Pittsburgh Institute of Mortuary Science<br>https://pims.edu/ | Pittsburgh<br>(Allegheny County) | https://pims.edu/wp-content/uploads/2017/01/clery-act-campus-safety.pdf |
| Valley Forge Military College<br>https://www.vfmac.edu/college/ | Radnor Township<br>(Delaware County) | https://www.vfmac.edu/cadetlife/counseling-center/ |

| **Pennsylvania**<br>*Private Bible Colleges and Religious-Oriented Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Clarks Summit University (Formerly Baptist Bible College and Seminary and Summit University)<br>https://www.clarkssummitu.edu/ | South Abington Township (Lackawanna County) | https://www.clarkssummitu.edu/student-life/residence-hall-life/safety-security/title-ix/where-to-get-help/ |
| Gratz College<br>http://www.gratz.edu/ | Cheltenham Township (Montgomery County) | http://www.gratz.edu/ |
| Lancaster Bible College<br>https://www.lbc.edu/ | Manheim Township (Lancaster County) | https://www.lbc.edu/counseling-and-career-center/appointments/ |
| Cairn University (formerly Philadelphia Biblical University)<br>https://cairn.edu/ | Langhorne Manor (Bucks County) | https://cairn.edu/safe-campus/bit/ |
| Talmudical Yeshiva of Philadelphia | Philadelphia | Phone: 215-477-1000 |
| University of Valley Forge<br>https://www.valleyforge.edu/ | Schuylkill Township (Chester County) | http://www.valleyforge.edu/campus-life/counseling-at-uvf |

| **Pennsylvania**<br>*Private Baccalaureate and Master's Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Albright College<br>http://www.albright.edu | Reading (Berks County) | http://www.albright.edu/resources/counselingcenter.html |
| Allegheny College<br>http://allegheny.edu/ | Meadville (Crawford County) | http://sites.allegheny.edu/counseling/ |
| The American College<br>https://www.theamericancollege.edu/ | Haverford Township (Delaware County) | https://www.theamericancollege.edu/resources/academic-policies |
| Bryn Athyn College<br>https://brynathyn.edu/ | Bryn Athyn (Montgomery County) | https://brynathyn.edu/student-life/behavior-intervention-team/ |
| Bryn Mawr College<br>https://www.brynmawr.edu/ | Bryn Mawr (Montgomery County) | https://www.brynmawr.edu/healthcenter/counseling-services |
| Bucknell University<br>http://www.bucknell.edu/ | East Buffalo Township (Union County) | https://www.bucknell.edu/about-bucknell/counseling-and-student-development-center/in-a-crisis.html |

| **Pennsylvania**<br>*Private Baccalaureate and Master's Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Cabrini University<br>https://www.cabrini.edu/ | Radnor Township<br>(Delaware County) | https://www.cabrini.edu/about/departments/counseling/crisis-information |
| Cairn University<br>https://cairn.edu/ | Langhorne Manor<br>(Bucks County) | https://cairn.edu/safe-campus/bit/ |
| Carlow University<br>https://www.carlow.edu/ | Pittsburgh<br>(Allegheny County) | https://www.carlow.edu/Emergency_Care_CC.aspx |
| Cedar Crest College<br>http://www.cedarcrest.edu/ | Allentown<br>(Lehigh County) | http://www.cedarcrest.edu/healthservices/counseling.shtm#3 |
| Central Penn College<br>http://centralpenn.edu/ | Summerdale<br>(Cumberland County) | http://centralpenn.edu/college-services/counseling-services/ |
| Chatham University<br>https://www.chatham.edu/ | Pittsburgh<br>(Allegheny County) | https://www.chatham.edu/campuslife/osa/counseling/ |
| Delaware Valley University<br>http://www.delval.edu/ | Doylestown Township<br>(Bucks County) | http://www.delval.edu/events-campus-life/services-and-supports/health-and-wellness/counseling-services |
| DeSales University<br>http://www.desales.edu/ | Upper Saucon Township<br>(Lehigh County) | http://www.desales.edu/home/campus-life/campus-life-pages/lists/frequently-asked-questions-about-campus-life-@desales-university/who-will-help-me-when-i-need-it- |
| Dickinson College<br>http://www.dickinson.edu/ | Carlisle<br>(Cumberland County) | http://www.dickinson.edu/info/20243/wellness_center/1585/emergency_resources |
| Elizabethtown College<br>http://www.etown.edu | Elizabethtown<br>(Lancaster County) | http://www.etown.edu/offices/counseling/emergencies.aspx |
| Franklin & Marshall College<br>https://www.fandm.edu/ | Lancaster<br>(Lancaster County) | https://www.fandm.edu/counseling-services/emergencies |
| Geneva College<br>https://www.geneva.edu/ | Beaver Falls<br>(Beaver County) | http://www.geneva.edu/student-life/services/counseling-center/counseling_emergency |
| Gettysburg College<br>http://www.gettysburg.edu/ | Gettysburg<br>(Adams County) | http://www.gettysburg.edu/about/offices/college_life/care/ |
| Grove City College<br>http://www.gcc.edu | Grove City<br>(Mercer County) | http://www.gcc.edu/studentlife/Counseling-Center/Pages/Services.aspx |
| Gwynedd Mercy University<br>https://www.gmercyu.edu/ | Lower Gwynedd Township<br>(Montgomery County) | https://www.gmercyu.edu/student-life/campus-resources/counseling-services/counseling-resources#Counseling Staff |

| **Pennsylvania**<br>*Private Baccalaureate and Master's Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Harrisburg University of Science and Technology http://harrisburgu.edu/ | Dauphin County | http://harrisburgu.edu/counseling-services/ |
| Haverford College https://www.haverford.edu/ | Haverford Township (Delaware County) | https://www.haverford.edu/counseling-psychological-services/resources |
| Juniata College http://www.juniata.edu/ | Huntingdon (Huntingdon County) | http://www.juniata.edu/offices/health/counseling/media/EmergencyContacts.pdf |
| Keystone College http://www.keystone.edu/ | La Plume Township (Lackawanna County) | http://www.keystone.edu/campus-life/counseling-services/ |
| King's College http://www.kings.edu/ | Wilkes-Barre (Luzerne County) | https://www.kings.edu/life_at_kings/resources_for_success/counseling_center |
| La Roche College https://www.laroche.edu/ | McCandless Township (Allegheny County) | https://www.laroche.edu/About/Administration_and_Staff/Counseling_and_Health_Services/ |
| Lafayette College https://www.lafayette.edu/ | Easton (Northampton County) | https://counselingcenter.lafayette.edu/promoting-healthy-behaviors/ |
| Lebanon Valley College http://www.lvc.edu/ | Annville (Lebanon County) | http://www.lvc.edu/offices-directories/counseling-services/additional-resources/ |
| Lycoming College http://www.lycoming.edu/ | Williamsport (Lycoming County) | http://www.lycoming.edu/counseling/resources.aspx |
| Marywood University http://www.marywood.edu/ | Scranton (Lackawanna County) | http://www.marywood.edu/csdc/emergency-care.html |
| Mercyhurst University http://www.mercyhurst.edu/ | Erie (Erie County) | http://www.mercyhurst.edu/campus-life/counseling-center |
| Messiah College http://www.messiah.edu/ | Upper Allen Township (Cumberland County) | http://www.messiah.edu/info/20895/counseling_services/1433/emergency_contacts |
| Moravian College https://www.moravian.edu/ | Bethlehem (Northampton County) | https://www.moravian.edu/counseling/emergency |
| Mount Aloysius College http://www.mtaloy.edu/ | Cresson Township (Cambria County) | http://www.mtaloy.edu/counseling-disabilities/ |
| Muhlenberg College http://www.muhlenberg.edu/ | Allentown (Lehigh County) | http://www.muhlenberg.edu/main/aboutus/counseling/ |

| **Pennsylvania**<br>*Private Baccalaureate and Master's Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Peirce College<br>https://www.peirce.edu/ | Philadelphia | https://www.peirce.edu/about-peirce/additional-resources/consumer-information/emergency-response |
| Point Park University<br>http://www.pointpark.edu/ | Pittsburgh (Allegheny County) | http://www.pointpark.edu/StudentLife/HealthandStudentServices/MentalHealthCounseling |
| Rosemont College<br>http://www.rosemont.edu/ | Lower Merion Township (Montgomery County) | http://www.rosemont.edu/campus-life/student-services/counseling-services/index.php |
| Saint Vincent College<br>http://www.stvincent.edu/ | Unity Township (Westmoreand County) | http://www.stvincent.edu/student-life/title-ix-and-sexual-harassment#resources |
| Seton Hill University<br>https://www.setonhill.edu/ | Greensburg (Westmoreland County) | https://www.setonhill.edu/campus-life/health-safety/campus-safety/ |
| Susquehanna University<br>https://www.susqu.edu/ | Selinsgrove (Snyder County) | https://www.susqu.edu/campus-life/student-and-campus-services/counseling-services |
| Swarthmore College<br>http://www.swarthmore.edu/ | Swarthmore (Delaware County) | http://www.swarthmore.edu/counseling-and-psychological-services |
| Thiel College<br>https://www.thiel.edu/ | Greenville (Mercer County) | https://www.thiel.edu/campus_life/health-and-wellness/counseling-center |
| Ursinus College<br>https://www.ursinus.edu/ | Collegeville (Montgomery County) | https://www.ursinus.edu/student-life/health-and-wellness/ |
| Washington & Jefferson College<br>http://www.washjeff.edu/ | Washington (Washington County) | http://www.washjeff.edu/student-health-and-counseling-center |
| Westminster College<br>https://www.westminster.edu/index.cfm | New Wilmington (Lawrence County) | https://www.westminster.edu/campus/health/counseling.cfm |
| Wilson College<br>http://www.wilson.edu/our-campus | Chambersburg (Franklin County) | http://my.wilson.edu/counseling-services |
| Wilkes University<br>http://www.wilkes.edu/ | Wilkes-Barre, Pennsylvania (Luzerne County) | http://www.wilkes.edu/campus-life/student-affairs/health-and-wellness-services/counseling-services.aspx |
| York College of Pennsylvania<br>https://www.ycp.edu/ | Spring Garden (York County) | https://www.ycp.edu/about-us/offices-and-departments/counseling-services/ |

| **Pennsylvania**<br>*Private Specialty Four-Year Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| University of the Arts<br>http://www.uarts.edu/ | Philadelphia | http://www.uarts.edu/students/emergency-resources |
| Curtis Institute of Music<br>http://www.curtis.edu/ | Philadelphia | http://www.curtis.edu/students/campus-resources/health-services/ |
| Pennsylvania College of Health Sciences<br>http://www.pacollege.edu/ | Lancaster (Lancaster County) | http://www.pacollege.edu/student-life/services/health-and-counseling/ |
| Moore College of Art and Design<br>http://moore.edu/ | Philadelphia | http://moore.edu/admissions/student-life/health |
| Pennsylvania Academy of Fine Arts<br>https://www.pafa.org/ | Philadelphia | https://www.pafa.org/health-wellness |
| Pennsylvania College of Art and Design<br>http://pcad.edu/ | Lancaster (Lancaster County) | http://web.co.lancaster.pa.us/554/Crisis-Intervention-Team |

| **Pennsylvania**<br>*Private Doctoral Universities* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Alvernia University<br>http://www.alvernia.edu/ | Reading (Berks County) | http://www.alvernia.edu/student-life/student-services/health/emergency.html |
| Arcadia University<br>https://www.arcadia.edu/ | Cheltenham Township (Montgomery County) | https://www.arcadia.edu/life-arcadia/campus-services/wellness-services/counseling-services/emergencies |
| Bryn Mawr College<br>https://www.brynmawr.edu/ | Lower Merion Township (Montgomery County) | https://www.brynmawr.edu/healthcenter/counseling-services |
| Carlow University<br>https://www.carlow.edu/ | Pittsburgh (Allegheny County) | https://www.carlow.edu/Emergency_Care_CC.aspx |
| Carnegie Mellon University<br>http://www.cmu.edu/ | Pittsburgh (Allegheny County) | http://www.cmu.edu/counseling/index.html |
| Chestnut Hill College<br>https://www.chc.edu/ | Philadelphia | https://www.chc.edu/student-life/counseling-center |

| **Pennsylvania**<br>*Private Doctoral Universities* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Drexel University<br>http://drexel.edu/ | Philadelphia | http://drexel.edu/counselingandhealth/emergency/overview/ |
| Duquesne University<br>http://www.duq.edu/ | Pittsburgh (Allegheny County) | http://www.duq.edu/life-at-duquesne/health-recreation-and-wellbeing/counseling-and-wellbeing/emergency |
| Eastern University<br>http://www.eastern.edu/ | Radnor Township (Delaware County) | http://www.eastern.edu/student-life/academic-support-counseling-and-disability-services/cushing-center-counseling-and |
| Gannon University<br>http://www.gannon.edu/ | Erie (Erie County) | http://www.gannon.edu/About-Gannon/Services-for-Students/Counseling-Services/ |
| Holy Family University<br>https://www.holyfamily.edu/ | Philadelphia | https://www.holyfamily.edu/current-students/student-resources/wellness-services/counseling-center/crisis-emergency |
| Immaculata University<br>http://www.immaculata.edu/ | East Whiteland Township (Chester County) | http://www.immaculata.edu/CounselingServices/GeneralInformation |
| La Salle University<br>http://www.lasalle.edu/ | Philadelphia | http://www.lasalle.edu/student-life/student-counseling-center/# |
| Lehigh University<br>https://www1.lehigh.edu/home | Bethlehem (Northampton County) | http://studentaffairs.lehigh.edu/content/emergency-or-crisis-situation |
| Marywood University<br>http://www.marywood.edu/ | Dunmore (Lackawanna County) | http://www.marywood.edu/csdc/emergency-care.html |
| Misericordia University<br>http://www.misericordia.edu/ | Dallas Township (Luzerne County) | https://www.misericordia.edu/page.cfm?p=694 |
| Neumann University<br>https://www.neumann.edu/ | Aston Township (Delaware County) | https://www.neumann.edu/life/counseling.asp |
| University of Pennsylvania<br>http://www.upenn.edu/ | Philadelphia | http://www.vpul.upenn.edu/caps/emergency |
| Philadelphia University<br>http://www.philau.edu/ | Philadelphia | http://www.philau.edu/counseling/emergencies.html |

| **Pennsylvania**<br>*Private Doctoral Universities* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Robert Morris University<br>https://www.rmu.edu/ | Moon Township<br>(Allegheny County) | http://studentlife.rmu.edu/rmu-counseling-center |
| Saint Francis University<br>https://www.francis.edu/ | Loretto (Cambria County) | https://www.francis.edu/Counseling-Services/ |
| Saint Joseph's University<br>https://www.sju.edu/ | Philadelphia and Lower Merion Township<br>(Montgomery County) | https://sites.sju.edu/studenthealthcenter/student-medical-emergency-response/ |
| University of Scranton<br>http://www.scranton.edu/ | Scranton<br>(Lackawanna County) | http://www.scranton.edu/studentlife/studentaffairs/counseling-center/emergency.shtml |
| University of the Sciences<br>https://www.usciences.edu/ | Philadelphia | https://www.usciences.edu/student-life/student-health-and-counseling/index.html |
| Thomas Jefferson University<br>http://www.jefferson.edu/university.html | Philadelphia | http://www.jefferson.edu/university/academic-affairs/counseling-center.html |
| Villanova University<br>http://www1.villanova.edu/main.html | Radnor Township<br>(Delaware County) | http://www1.villanova.edu/villanova/studentlife/counselingcenter/emergency.html |
| Waynesburg University<br>http://www.waynesburg.edu/ | Waynesburg<br>(Greene County) | http://www.waynesburg.edu/undergraduate/academic-resources/academic-support/counseling-center |
| Widener University<br>http://www.widener.edu/ | Chester (Delaware County) | http://www.widener.edu/academics/support/counseling/ |
| Wilkes University<br>*WEBSITE COULD NOT BE ACCESSED* | Wilkes-Barre<br>(Luzerne County) | --- |

| **Pennsylvania**<br>*Graduate Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Yeshiva Beth Moshe<br>*NO WEBSITE*<br>(570)346-1747 | Scranton (Lackawanna County) | NA |
| Biblical Theological Seminary<br>http://www.biblical.edu/ | Hatfield (Montgomery County) | NA |
| Byzantine Catholic Seminary of SS. Cyril and Methodius<br>http://www.bcs.edu/ | Pittsburgh (Allegheny County) | http://www.bcs.edu/spiritual-life/# |
| Calvary Baptist Theological Seminary<br>NO LONGER OPEN | Upper Gwynedd Township (Montgomery County) | NA |
| Christ the Saviour Seminary<br>http://www.acrod.org/organizations/seminary/ | Johnstown (Cambria County) | NA |
| The Commonwealth Medical College<br>https://tcmc.edu/ | Scranton (Lackawanna County) | https://tcmc.edu/students/student-health-services/personal-support-therapeutic-counseling-services/ |
| Evangelical Seminary<br>https://evangelical.edu/ | Myerstown (Lebanon County) | NA |
| Lancaster Theological Seminary<br>https://lancasterseminary.edu/ | Lancaster (Lancaster County) | https://www.lancasterseminary.edu/assets/uploads/Clery_Report_2014.pdf?_ga=2.22103867.1649593490.1497622795-1320315559.1497622795<br><br>(pgs. 14-15) |
| Lake Erie College of Osteopathic Medicine<br>https://lecom.edu/ | Erie (Erie County) | https://lecom.edu/admissions/student-policies/campus-security/emergency-phone-numbers/?hilite=%22counseling%22%2C%22services%22 |
| Lutheran Theological Seminary at Gettysburg<br>http://www.ltsg.edu/ | Gettysburg (Adams County) | NA |
| Lutheran Theological Seminary at Philadelphia | Philadelphia | https://ltsp.edu/academics/the-ltsp-experience/student-services/ |
| Palmer Theological Seminary<br>http://www.palmerseminary.edu/ | Lower Merion Township (Montgomery County) | NA |
| Pittsburgh Theological Seminary<br>http://www.pts.edu/ | Pittsburgh (Allegheny County) | http://www.pts.edu/shofar |
| Philadelphia College of Osteopathic Medicine<br>http://www.pcom.edu/ | Philadelphia | http://www.pcom.edu/student-life/student-affairs/academic-personal-support.html |

| **Pennsylvania**<br>*Graduate Institutions* | | |
|---|---|---|
| **Institute Name** | **Campus Location** | **Website for Campus Counseling/Emergency Services** |
| Theological Seminary of the Reformed Episcopal Church<br>http://www.reseminary.edu/ | Whitpain Township (Montgomery County) | http://www.reseminary.edu/files/CampusSafetyReport-2016.pdf<br><br>pg. 3 |
| Reformed Presbyterian Theological Seminary<br>http://www.rpts.edu/ | Pittsburgh (Allegheny County) | NA |
| Reconstructionist Rabbinical College<br>http://www.rrc.edu/ | Cheltenham Township (Montgomery County) | http://www.rrc.edu/sites/default/files/primary_navigation/about/Emergency%20Plans%20and%20Alerts.pdf |
| Respect Graduate School<br>http://www.respectgs.us/ | Bethlehem (Lehigh County) | http://www.respectgs.us/student-handbook/#1484757103317-184c1f96-b959 |
| Saint Charles Borromeo Seminary<br>http://www.scs.edu/ | Radnor Township (Delaware County) | http://www.scs.edu/safety-and-security-services |
| Saint Tikhon's Orthodox Theological Seminary<br>http://www.stots.edu/ | South Canaan Township (Wayne County) | NA |
| Salus University<br>http://www.salus.edu/ | Cheltenham Township (Montgomery County) | http://www.salus.edu/getattachment/Life/Safety-and-Security/Emergency-Guidebook-FINAL-August2016.pdf.aspx<br><br>pg. 16 |
| Trinity School for Ministry<br>http://www.tsm.edu/ | Ambridge (Beaver County) | NA |
| United States Army War College<br>https://www.armywarcollege.edu/ | North Middleton Township (Cumberland County) | NA |
| Westminster Theological Seminary<br>https://www.wts.edu/ | Cheltenham Township (Montgomery County) | https://d3h3guilcrzx4v.cloudfront.net/uploads/images/files/Student%20Development/2016-17%20handbook%202016%20sep%2028.pdf<br><br>pg. 12 |
| Won Institute of Graduate Studies<br>https://www.woninstitute.edu/ | Cheltenham Township (Montgomery County) | https://drive.google.com/file/d/0ByH2gtQmpN3baDVJLVdJeTZqRFk/view<br><br>pg. 52 |

# APPENDIX B:

***Senate Resolution No. 7 of 2015***

PRIOR PRINTER'S NO. 193 PRINTER'S NO. 1982

THE GENERAL ASSEMBLY OF PENNSYLVANIA

# SENATE RESOLUTION

No. 7 Session of 2015

INTRODUCED BY HUGHES, FONTANA, TEPLITZ, FARNESE, BREWSTER, TARTAGLIONE, LEACH, SMITH, YUDICHAK, COSTA, VANCE, RAFFERTY AND BROWNE, JANUARY 23, 2015

SENATOR SMUCKER, EDUCATION, AS AMENDED, JUNE 27, 2016

A RESOLUTION

Directing the Joint State Government Commission to study the issue of student suicide in higher education, to establish an advisory committee to conduct a thorough and comprehensive analysis of the underlying causes of student suicide and to report to the Senate with its findings and recommendations.

WHEREAS, This Commonwealth is home to some of the finest higher education institutions in the world; and

WHEREAS, Each year thousands of young men and women matriculate at these colleges and universities to pursue a higher education degree to prepare them for a future career; and

WHEREAS, Many of the young men and women who enroll in an institution of higher education will face numerous issues, both academic and nonacademic, associated with obtaining a college, graduate or professional degree; and

WHEREAS, Mental health issues often manifest themselves during an individual's late teens and early twenties; and

WHEREAS, Academic pressures coupled with the pressure of adapting to new surroundings, schedules, activities and responsibilities can lead to increased stress and anxiety among

students; and

WHEREAS, Increased stress among college students often leads to depression, substance abuse or other behaviors and conditions that may raise the risk of suicide, attempted suicide or suicidal thoughts among students; and

WHEREAS, The stigma associated with seeking or receiving mental health counseling or services often deters students from communicating their thoughts and feelings and seeking professional help; and

WHEREAS, According to the Suicide Prevention Resource Center, suicide is the second leading cause of death among college-age students, accounting for approximately 1,100 deaths per year on college campuses; and <--

WHEREAS, According to the Pennsylvania Youth Suicide Prevention Initiative, suicide is the third leading cause of death for young people 15 to 24 years of age; and

WHEREAS, Available data suggest that suicide occurs at a rate between 6.5 and 7.5 per 100,000 college students; and

WHEREAS, In 2011, the American College Health Association-National College Health Assessment (ACHA-NCHA), a nationwide assessment of college students at two-year and four-year institutions, found that approximately 30% of students reported being "so depressed that it was difficult to function" in the prior year. That same 2011 survey found that approximately 6% of college students reported seriously considering suicide and 1% reported attempting suicide in the prior year; and

WHEREAS, Student suicide unfortunately has touched a number of college and university campuses in this Commonwealth in the last few years; and

WHEREAS, The Senate recognizes the seriousness of the issue

of suicide among college, graduate and professional students in this Commonwealth and wishes to convene an advisory committee to study the issue; therefore be it

RESOLVED, That the Senate direct the Joint State Government Commission to establish an advisory committee of 25 members consisting of higher education officials, public officials and experts on the issue of student suicide in higher education. The committee is balanced so that it encompasses a wide range of backgrounds and viewpoints; and be it further

RESOLVED, That the advisory committee contain the following individuals:

(1) The President of The Pennsylvania State University or his designee. The designee may be an officer or faculty member of the university or an employee of the university, who provides services to students through a university counseling center, university health center or through university residency and housing programs.

(2) The President of the University of Pittsburgh or his designee. The designee may be an officer or faculty member of the university or an employee of the university, who provides services to students through a university counseling center, university health center or through university residency and housing programs.

(3) The President of Temple University or his designee. The designee may be an officer or faculty member of the university or an employee of the university, who provides services to students through a university counseling center, university health center or through university residency and housing programs.

(4) The President of Lincoln University or his designee.

The designee may be an officer or faculty member of the university or an employee of the university, who provides services to students through a university counseling center, university health center or through university residency and housing programs.

(5) The Chancellor of the State System of Higher Education or his designee. The designee may be an officer of the State System of Higher Education, a president, officer or faculty member of a university within the State System of Higher Education or an employee of a university within the State System of Higher Education, who provides services to students through a university counseling center, university health center or through university residency and housing programs.

(6) Two representatives, or their designees, of private institutions of higher education within this Commonwealth selected by the Joint State Government Commission upon the recommendation of the Association of Independent Colleges and Universities of Pennsylvania. Designees may be an officer or faculty member of the university or an employee of the university, who provides services to students through a university counseling center, university health center or through university residency and housing programs.

(7) An individual representing the community colleges of this Commonwealth selected by the Joint State Government Commission upon the recommendation of the Pennsylvania Commission for Community Colleges.

(8) Three students enrolled in good standing at institutions of higher education within this Commonwealth selected by the Joint State Government Commission. One

student shall be enrolled at a State-related institution, one shall be enrolled at a university within the State System of Higher Education and one student shall be enrolled in an independent college or university within this Commonwealth.

(9) The Secretary of Health, or his designee.

(10) The Secretary of Education, or her designee.

(11) An individual representing the Department of Public Welfare's Office of Mental Health and Substance Abuse Services, selected by the Secretary of Public Welfare.

(12) Eleven members of the public who are experts on the issue of suicide, physical, behavioral or mental health, or who are involved in any other profession relevant to the issue of student suicide. Of the 11 members, nine shall be selected by the Joint State Government Commission, one shall be selected by the President pro tempore of the Senate and one shall be selected by the Minority Leader of the Senate; and be it further

RESOLVED, That the Joint State Government Commission, working with the advisory committee, conduct a thorough and comprehensive analysis of student suicide in higher education, including graduate and professional schools, the issues set forth in this resolution and other related issues as determined by the commission; and be it further

RESOLVED, That the Joint State Government Commission, working with the advisory committee, review the following to identify the best practices to address the issue of student suicide, its causes and effective suicide prevention strategies and to develop recommendations best suited for institutions of higher education in this Commonwealth:

(1) Proposals and policies of other states.

(2) Policies currently in place at institutions of higher education in this Commonwealth and other states.

(3) Other resources on the issue of student suicide; and be it further

RESOLVED, That the Joint State Government Commission establish a process by which interested members of the public can make suggestions and have input; and be it further

RESOLVED, That the final report include recommendations to implement necessary changes in State statutes, practices, policies and procedures relating to student suicide, including measures to reduce the incidences of student suicide, and to develop awareness, education and other strategies to address issues relating to student suicide in higher education; and be it further

RESOLVED, That the Joint State Government Commission issue a report to the Senate with its findings and recommendations not later than June 30, ~~2016~~ 2017. <--