



INVENTORY OF CAMPUS MENTAL HEALTH AND SUICIDE PREVENTION PROGRAMS, POLICIES & SERVICES

IDENTIFYING STUDENTS AT RISK

1. What medical history information you collect from **incoming students**?

- History of depression
- History of psychiatric hospitalization
- Prior suicide attempts
- Use of psychotropic medication
- Alcohol and/or other drug abuse
- Other (*specify*):

2. Which mental health **screening tools** do you use?

	Tool(s) Used	Target Audience(s) or Setting (e.g., freshmen, int'l students, graduate students)	Setting(s) (e.g., health services, counseling services, national screening day)
Anxiety			
ADD/ADHD			
Bipolar disorder			
Deliberate self-harm/cutting			
Depression			
Drug or alcohol abuse			
Eating disorders			
Homesickness			
Schizophrenia			
Social isolation			
Stress/coping difficulties			
Suicide attempts			
Other (<i>specify</i>):			

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3. Do you offer **gatekeeper training** to: (1) enable identification of students in distress; and (2) promote taking necessary steps to get them help? _____Yes _____No

a. What are the target audiences for your gatekeeper training efforts?

- | | |
|--|--|
| <input type="radio"/> Administration | <input type="radio"/> Judicial affairs |
| <input type="radio"/> Alumnae/alumna | <input type="radio"/> Ministries |
| <input type="radio"/> Athletic department | <input type="radio"/> Parents |
| <input type="radio"/> Campus health services providers | <input type="radio"/> Public safety |
| <input type="radio"/> Campus media | <input type="radio"/> Residence life |
| <input type="radio"/> Commuter services | <input type="radio"/> Students |
| <input type="radio"/> Disability office | <input type="radio"/> Student activities/
student (campus) life |
| <input type="radio"/> Faculty | <input type="radio"/> Student affairs |
| <input type="radio"/> Fraternities and sororities | <input type="radio"/> Student government |
| <input type="radio"/> Graduate student associations | <input type="radio"/> Student clubs |
| | <input type="radio"/> Other (<i>specify</i>): |

4. Does your institution have a **case management committee** that meets to discuss the mental health needs of individual students? _____Yes _____No

- a. How often does the case management committee meet?
b. How long has the committee been in place?
c. Who leads the case management committee?

Additional efforts to identify students at risk:

MENTAL HEALTH SERVICES

5. What places on campus can students get some type of **counseling** or mental health service?

- | | |
|---|---|
| <input type="radio"/> Academic advising/
tutoring services | <input type="radio"/> Greek life office |
| <input type="radio"/> Alcohol and other drug
office | <input type="radio"/> Health services |
| <input type="radio"/> Athletic dept. | <input type="radio"/> International student
office |
| <input type="radio"/> Career services | <input type="radio"/> Ministries |
| <input type="radio"/> Counseling center/ mental
health service | <input type="radio"/> Psychiatry dept. |
| <input type="radio"/> Disability services | <input type="radio"/> Psychology dept. |
| <input type="radio"/> Education dept. | <input type="radio"/> Residence halls |
| <input type="radio"/> Graduate student office | <input type="radio"/> Sexual assault office |
| | <input type="radio"/> Student-run hotline |
| | <input type="radio"/> Other (<i>specify</i>): |

6. How many health and mental health **professionals** work at your institution?

	Licensed FTEs	Non-Licensed FTEs	Based in which office?*	Trained to manage suicidal students?***
Counselors				
Psychologists				
Psychiatrists				
Social Workers				
Doctors (non-psychiatrists)				
Nurse Practitioners				
Other Nurses				
Physician Assistants				
Other (<i>specify</i>):				

* E.g., counseling center, sexual assault office, ministries.

*** Completed specific training in managing a suicidal client.

7. Are students required to have **health insurance**? _____ Yes _____ No

	% of Students Covered	Covers MH Services? (Y/N)	Types of MH Services Covered	# of Annual Sessions Covered
Student health insurance plan				
Student supplemental health insurance plan				

8. Regarding the **counseling center/mental health service**:

a. During what hours is it open?

b. What types of therapy are offered to your students? *Check all that apply.*

i. Individual therapy

ii. Group therapy

iii. Short-term therapy

iv. Long-term therapy

v. Cognitive behavioral therapy

vi. Dialectical behavioral therapy

vii. Dynamic therapy

viii. Interpersonal therapy

ix. Supportive therapy

x. Other (*specify*):

9. What types of **after-hours and emergency** mental health services are available at your institution? *Please describe or attach.*

10. What **hotline** services are offered?

On-campus, staffed by clinicians _____ Yes _____ No

On-campus, staffed by students _____ Yes _____ No

Community-based _____ Yes _____ No

Other (*specify*):

11. Does your institution have working relationships with **community mental health providers** for off-campus referrals? _____Yes _____No

- a. Do you maintain an updated referral list for community services?
_____Yes _____No
- b. Are appointment hours and fees known? _____Yes _____No
- c. Do these off-campus providers accept the student insurance and supplemental insurance? _____Yes _____No
- d. If no to (c), have sliding scale fee arrangements been made? _____Yes _____No

Additional efforts to provide access to effective mental health services:

CRISIS MANAGEMENT

12. What is included in your institution’s **crisis management** protocols?

	FOR ADMINISTRATORS		FOR CLINICAL STAFF	
	Protocols (Y/N)	Written (Y/N)	Protocols (Y/N)	Written (Y/N)
Suicide threat				
Suicide attempt				
Suicide				
Other trauma on campus				

13. How are these **protocols shared** with parents, students, and others in the campus community?

14. Do you have a **medical leave policy** or process in place that includes leave for mental health reasons? Describe or attach all.

- a. Do you have both voluntary and mandatory medical leave policies?
- b. Do you have a policy or process for re-entry from medical leave?

15. How does your institution interpret **HIPAA/FERPA**?

16. What is your institution’s approach to **parent or emergency contact notification**?

Additional efforts to develop and follow crisis management protocols:

INCREASING HELP-SEEKING BEHAVIOR

- 17. How are students, parents, faculty, staff, administrators, coaches, etc., made aware of the **mental health services** available to students at your institution (e.g., Web sites, orientation, health fairs, etc.)?
- 18. Do you have any specific support **program for incoming students** who have already been diagnosed with a mental health disorder?
- 19. Who is in charge of mental health-related **outreach activities**? In what office is this person(s) based?
- 20. What outreach activities do you provide?

Topic	Y/N	Type*	Frequency
Alcohol or drug abuse			
Anxiety			
Bipolar disorder			
Depression			
Diet & exercise			
Eating disorders			
Healthy lifestyles			
Help-seeking behaviors			
Homesickness			
Learning disabilities			
Schizophrenia			
Sexual assault prevention			
Sleep			
Social isolation			
Stress/coping skills			
Suicide			
Symptom recognition in self			
Symptom recognition in others			
Treatment efficacy			
Winter blues			
Other (<i>specify:</i>)			

* Types of outreach activities include articles in school newspaper, brochures, mental health fairs, mental health student clubs, orientation talks, Web sites, etc.

Additional efforts to increase help-seeking behaviors:

MEANS RESTRICTION

21. Are there any **physical locations** on your campus that have become associated with suicide?
22. What efforts have you have taken on your campus to **limit access to potentially lethal means**?

	Yes	No	Unknown
Specific policies regarding firearms			
Restrict access to tall buildings			
Restrict access to bridges			
Restrict access to balconies			
Restrict access to windows			
Restrict access to atriums			
Restrict access to alcohol			
Restrict access to drugs			
Restrict access to chemicals			
Gatekeepers and mental health staff incorporate questions about means (firearms, drugs) in assessing students at high risk for suicide			
Other (<i>specify</i>):			

Additional efforts to restrict potentially lethal means:

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INCREASING STUDENTS' LIFE SKILLS AND COPING ABILITIES

23. What **life skills programs** does your institution offer?

	Incoming Students	All Students
Balancing peer pressures against personal values		
Communication		
Consequences of using substances as coping mechanisms		
Exam-taking		
Importance of balancing work and social life		
Importance of exercise		
Importance of forming social ties		
Job searches		
Mind-body techniques/relaxation exercises		
Money management		
Problem-solving		
Proper sleep hygiene		
Proper nutrition		
Relationship management (at school & back home)		
Stress management		
Study abroad: re-entry to home school		
Study habits		
Time management		
Other (<i>specify</i>):		

Additional efforts to develop life skills:

SOCIAL NETWORK PROMOTION

24. What efforts have you have taken on your campus to reduce student isolation and promote a feeling of community belonging (e.g., school-wide parties, small freshman groups that meet all year, peer-to-peer support groups, etc.)?