Draft/Long Form
Protocol for Faculty/Staff in the Event of
Suicidal Ideation, Gestures, Attempt or Hospitalization

UW-L seeks to promote a healthy and safe learning environment for the entire community. This goal requires a collaborative partnership between Faculty/Staff and Student Life. The following protocol was developed to assist faculty and staff once they become aware of behaviors that pose a threat to life of an individual student or others. Student Life in conjunction with Faculty and Staff will intervene out of concern for the health and welfare of the individual students and for the adverse effects that behavior may have on others. We take the approach of care and support and try to devise a safety plan that best serves the student and the safety of the learning community.

Note on FERPA (Family Educational Rights and Privacy Act): Your own personal observations of a student’s behavior or condition are not educational records and thus are not regulated by FERPA. So if you have a concern about the well-being of a student, report it. [http://www2.ed.gov/policy/gen/guid/fpco/pdf/2012-final-regs.pdf](http://www2.ed.gov/policy/gen/guid/fpco/pdf/2012-final-regs.pdf) (page 24, section 99.36)

For the purposes of this protocol the following definitions are being used:

**Suicidal Ideation** is a term used by mental health professions to describe suicidal thoughts and feelings (without suicidal actions). For example, people experiencing suicidal ideation commonly report that they feel worthless, that life is not worth living, and that the world would be better off without them. The presence of suicidal ideation, occurring alone in the absence of any plans to act out actual suicide, anchors the low/less-dangerous end of the suicide risk continuum. The potential for someone engaging in suicide is still there, but the risk is not as immediate. Suicide ideation is only dangerous to the extent that it motivates suicidal planning and actions. Examples of this can include but are not limited to statements of harm to self in a written format through papers, exams, emails, and other modes of communication.

**Suicidal Gestures** are typically done to alert others of the seriousness of the individual’s clinical depression and suicidal ideation, and can end in death. Regardless of the intent and degree of seriousness that motivates them, suicidal gestures are often dangerous events. Examples can include, but are not limited to cutting deeply enough to bleed but not enough to cause significant blood loss, or taking a non-lethal overdose of medication.

**Suicide Attempt** is an action taken by an individual with intent to die.

**Hospitalization** when a student is voluntarily or involuntarily hospitalized in response to dangerous threatening and/or harmful behavior to self.

**Warning Signs that a Person may be at Risk for Suicide**
Most people who show suicidal behaviors do not actually want to die. They cannot see any other relief from painful thoughts or feelings. More often than not, individuals who are contemplating suicide will give some warning of their intentions to a friend or family member. All suicide threats, gestures, and attempts must be taken seriously.

- Hopelessness (e.g., life seems pointless, things will not get better, etc.)
- Rage, uncontrolled anger, or seeking revenge
- Feeling trapped or like there’s no way out

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- Increased alcohol or drug use
- Withdrawing from friends, family, and society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes
- Expressing no reason for living or no sense of purpose in life, talking about suicide
- Prior suicide attempts

Protocol

If you have a suicidal concern for at student you should report it. Do not guarantee confidentiality.

1. If the student is exhibiting behavior of immediate threat to their well-being or well-being of others call 911 and allow law enforcement to determine whether or not the individual needs to be transported to the hospital for care.

2. Once you become aware of an incident in which you suspect possible suicidal intent, but it is not an immediate threat call Student Life 608.785.8062, Rm. 149 Graff Main Hall to report the incident. Other options to consider in addition to talking through resource options would be to:
   a. Contact Counseling and Testing at 608.785.8073
   b. If situation permits and the student is willing escort them to the Counseling and Testing Center, Rm. 2106 Centennial Hall.

It will be very helpful to be specific about the behaviors that you have observed including sharing any documentation that you may have. For example if a student wrote something concerning on an exam, paper or some form of electronic communication. The more details the better our support plan can be.

3. Upon receipt of information regarding the incident, the CARE Coordinator or designee will contact the student to schedule an appointment. The purpose of this meeting will be to determine a) expectations for continuing enrollment or b) option of a medical withdraw and plans for their subsequent return.

4. The assessment meeting will occur within one week of meeting with the CARE Coordinator or designee when utilizing university resources. Use of an off campus credentialed provider at their own expense for the assessment meeting will be completed within a reasonable time frame agreed upon by the student and CARE Coordinator or designee. In either case, the student must sign appropriate release of information forms that will address the following:
   a. Record of attendance of the assessment
   b. Provider to share recommendations for frequency of follow-up between the student and the CARE Coordinator as to the need and frequency of meetings with either the CARE Coordinator and/or other University support network (e.g. Hall Director)
   c. Provider to share names of any persons whose continued contact with the student could hinder the progress or well-being of the student.

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5. In consultation with the student, the CARE Coordinator or other preferred university person of support will follow up with the student on a monthly basis, or as frequently as deemed necessary by the CARE Coordinator. Student Life reserves the right to meet with the student in subsequent semesters if deemed necessary.

6. The CARE Coordinator or designee will contact the reporting Faculty/Staff person to apprise them of the situation to the degree appropriate.

7. The Student Life Office may take additional steps to support the student’s safety, including contacting the student’s parent(s), selected family member, significant other, or someone considered a reliable source of support to the student.

8. Failure to complete the assessment or the request of other concerned university official following a suicidal incident may result in disciplinary referral to the presiding conduct officer.

For more information on students in distress go to: [http://www.uwlax.edu/Student-Life/CARE-Team/](http://www.uwlax.edu/Student-Life/CARE-Team/)