



THE UNIVERSITY OF  
TENNESSEE  
SOUTHERN

# **Suicide Prevention Plan**

## Students, Faculty, & Staff

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## SECTION 1 | INTRODUCTION

The University of Tennessee Southern strives to create a culture of safety, in which asking for help is encouraged and mental health is destigmatized and prioritized. Our goal is a safe campus community for learning and working that is free from violence, directed at oneself or others.

According to the American College Health Association, suicide is the second most common cause of death among college students. Common stress producers, which could lead to suicidal thoughts and attempts, include financial issues, competitiveness and acceptance.

National Survey on Drug Use and Health reports that 4% of the adult U.S. population reported having suicidal thoughts in the past year.

As a result, the Tennessee General Assembly passed a law requiring all state institutions of higher education to establish a suicide prevention plan for students, faculty and staff.

The University of Tennessee's prevention plan and additional resources are available at [UT System Human Resources website](#).

We know that suicide is preventable, and the plan that follows seeks to identify resources and procedures related to suicide prevention, intervention, and postvention for both students (Section 2) and employees (Section 3).

### Definitions

1. **Vice Chancellor for Enrollment & Student Affairs** refers to the University's chief student affairs officer to whom the Chancellor has delegated primary authority and responsibility for matters relating therein.
2. **Campus Community** refers to any person who is a student, faculty member, staff employee, campus visitor, or participant in a University-sponsored or University-affiliated activity.
3. **CARE Team** refers to the University's Case Assessment, Review, and Evaluation team, which is charged with behavioral intervention and threat assessment for students, faculty, and staff.
4. **Chancellor** refers to the University's chief executive officer to whom the President of the University of Tennessee System has delegated primary responsibility for administration of University operations, policies, and procedures.
5. **Counseling Services** refers to the office and staff designated with primary responsibility for clinical mental health counseling for University students.
6. **Death by Suicide** refers to when people direct violence at themselves with the intent to end their lives, and they die because of their actions.
7. **Faculty** refers to any University employee who holds faculty rank and whose primary appointment is to engage in academic instruction, research, or service.
8. **FERPA** refers to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99).
9. **Intervention** refers to a direct effort to prevent a person from ending their life through an activity or set of activities to decrease risk factors and increase protective factors.

10. **Prevention** refers to activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.
11. **Postvention** refers to activities following a completed suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion.
12. **Safety and Security** refers to the UT Southern security department with primary jurisdiction for all University owned and controlled property.
13. **Staff** refers to any full-time or part-time University employee not primarily engaged in academic instruction, research, or service, who holds either an exempt or non-exempt position with or without administrative, executive, or managerial responsibilities, excluding student employees of the University.
14. **Student** refers a person who is admitted, enrolled or registered for study at the University, either full-time or part-time, pursuing undergraduate, graduate, professional, and/or non-degree courses; or has completed a preceding academic term at the University and is eligible for re-enrollment without re-applying for admission and/or otherwise has a continuing relationship with the University.
15. **Suicide Attempt** refers to when people harm themselves with the intent to end their lives, but they do not die because of their actions.
16. **Suicidal Ideation** refers to thoughts or/and unusual preoccupation about suicide may be seen in the following ways:
  - self-harm,
  - detailed planning,
  - expressions of past bullying, trauma, abuse,
  - written expression in assignments, emails, and class discussions,
  - past attempts of self, close friends, or family,
  - suicide of close friend,
  - distressing and concerning social media,
  - change in attendance, class participation, assignment completion and performance, overall performance.

### **Dissemination**

The chairperson of the CARE Team will distribute information regarding the work of this policy to all students, faculty and staff through the University's e-mail system at the beginning of each semester.

**SECTION 2 | STUDENTS**

**PREVENTION**

UT Southern will provide suicide prevention training and resources through existing, standardized training opportunities as well as training and resources that are specifically tailored to the campus community. Prevention training and resources will be reviewed annually and updated as appropriate to respond to changing practices and the campus community needs.

**Training**

The University provides suicide prevention training, such as Question, Persuade and Refer (QPR) which teaches participants to (1) identify people at risk for suicide; (2) recognize the risk factors, protective factors, and warning signs of suicide; and (3) respond to and get help for people at risk.

Training will be offered each semester to select faculty, staff, and students. Select departments will be educated on suicide policies and procedures annually, as suggested by the UT Southern CARE Team. Training may also be requested by any faculty or staff office or student group.

**UT Southern Clinic and Counseling Services**

Clinic and Counseling Services will assist students in achieving and maintaining physical and mental health by providing a clinic and professional counseling services for our students.

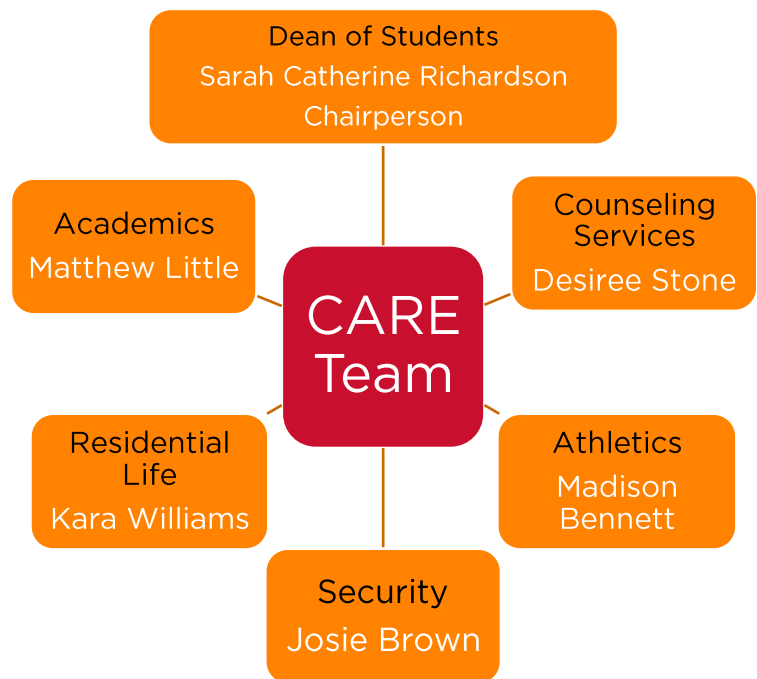
Counseling Services are located in the UT Southern Clinic. Clinic and Counseling Services offer office visits to students who are currently enrolled in classes.

**UT Southern Clinic**

**625 West Madison Street  
Pulaski, TN 38478  
Clinic Phone: 931-424-7338**

**CARE Team**

The UT Southern CARE (Case Assessment, Review, and Evaluation) Team is a multi-disciplined committee including faculty and staff dedicated to providing safety and support to students and the UT Southern community. The team meets on a regular basis and is tasked with collaboratively devising a way to aid in removing barriers to student success. The team also addresses/assists with crisis response and behavioral threat assessment.



**Screening**

Online screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. One resource is [www.mhascreening.org](http://www.mhascreening.org); other are available through Clinic and Counseling Services.

**Wellness Wednesdays**

A programming series from the Division of Student Affairs, *Wellness Wednesdays* seek to increase awareness around mental health, increase coping skills, and promote help-seeking behaviors.

**Residential Life**

UT Southern Residential Life employs live-in staff (Resident Directors) and student Resident Assistants (RA) to help manage the campus residential experience. Residential Life is committed to ensuring all staff are trained with the ability to serve as a first-line response to a variety of student concerns and incidents. All staff receive training in Mental Health First Aid, suicide prevention training, and bystander intervention training.

**INTERVENTION**




**Identifying Suicidal Students & Reporting**

We evaluate students using the National Association for Behavioral Intervention and Threat Assessment’s Risk Classification. Some behaviors we see commonly, as identified by NaBITA, are outlined below.

|   | Extreme Risk  | Severe Risk  | Elevated Risk                                       | Moderate Risk   | Mild Risk                                     |
|---|---|--|---|---|---|
| <i>How does the student seem?</i>                   | Dysregulated (way off baseline) or medically disabled; possibly detached                                | Disturbed or advancing to dysregulation  | Seriously disruptive incident(s)                    | Involved or repeated disruption                             | Disruptive or exhibiting concerning behaviors |
| <i>Is the student making or suggesting threats?</i> | Threat made or present; concrete, repeated, consistent, plausible. References to weapons, means, target | Threat made or present; vague but direct or specific but indirect; repeated, consistent, plausible | Threat made or present; vague/indirect but repeated | Possible threat made or present; vague/indirect/implausible | No threat made or present                     |

## Suicide Prevention Plan

Employees at University of Tennessee Southern are expected to follow the procedures below, based on the assessed risk level.

| Is a Student in Imminent Danger?   |  |  |
|--|--|--|
| Yes  | Maybe  | No   |
| <p>Risk of death is high.</p> <p>Student has a plan and access to a lethal means, are planning to make an attempt very soon, or are currently in the process of making an attempt.</p> <p><b>YOUR NEXT STEP</b></p>  <p>1. Call 911.<br/>2. Call Security.<br/><i>Security will alert CARE on Call.</i></p> | <p>Risk of death uncertain or unclear.</p> <p>Student may not have plan or means, but has suicidal ideation.</p> <p><b>YOUR NEXT STEP</b></p>  <p>Call CARE on Call, and/or call Counseling Services*.<br/><i>*If unavailable, may call Security.</i></p> | <p>Risk of death not imminent.</p> <p>Student is a concern.</p> <p><b>YOUR NEXT STEP</b></p>  <p>Submit a <a href="#">CARE Alert</a>.</p> |

### Contact Information

| Resource                                | Call when...   |
|---|--|
| <p>Emergency/ Police<br/><b>911</b></p> | <p>A student...</p> <ul style="list-style-type: none"> <li>exhibits <u>severe</u> distress</li> <li>has stated or alluded to having a suicide plan and lethal means, <b>and/or</b></li> <li>has indicated they have made a current attempt to kill themselves.</li> </ul> <p>If there is any indication that there is a firearm involved, call 911. <u>Firearm lethality requires professional support and immediate action.</u></p> |

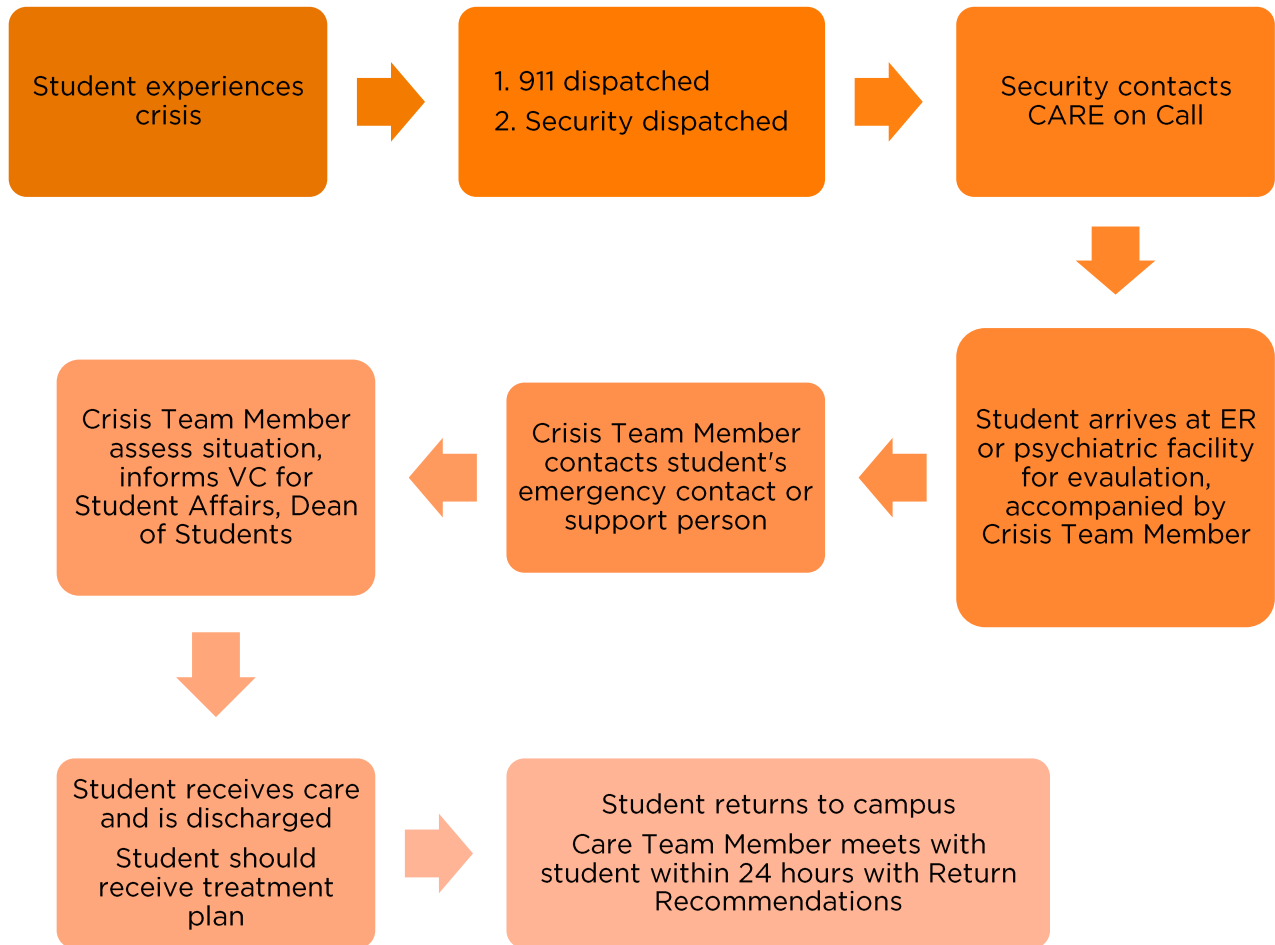
## Suicide Prevention Plan

| Resource  | Call when...  |
|---|---|
| <p style="text-align: center;"><b>Security</b><br/><b>931-309-7502</b></p> <p>Security responds to members of the campus community in need of intervention. Staff are trained annually in responding to crises, and can perform welfare checks on community members to assess safety and will take necessary steps to ensure safety if it is in question. Security notifies the CARE Team every time a student is transported to the hospital from campus.</p>  | <ul style="list-style-type: none"> <li>You have already contacted 911 due to severe distress, student has stated or alluded to having a suicide plan and lethal means, or student has indicated they have made a current attempt to kill themselves; <b>or</b></li> <li>You are unable to contact CARE on Call or Counseling Services when a student has made statements that they are experiencing suicidal thoughts.</li> </ul> |
| <p style="text-align: center;"><b>CARE on Call</b><br/><b>931-309-1670</b></p> <p>Student Affairs administrators who respond when a student has been transported to the hospital. One of the team members is on-call daily 24/7 via the CARE on Call number. The team maintains an open line of communication with one another to further aid in responsiveness.</p>  | <ul style="list-style-type: none"> <li>You have already contacted 911 and Security due to severe distress, student has stated or alluded to having a suicide plan and lethal means, or student has indicated they have made a current attempt to kill themselves; <b>or</b></li> <li>A student has made statements that they are experiencing suicidal thoughts.</li> </ul>   |
| <p style="text-align: center;"><b>Counseling Services</b><br/><b>931-424-7338</b></p> <p>Concerned community members may contact the office for consultation during office hours.</p>   | <p>A student has made statements that they are experiencing suicidal thoughts.</p>  |
| <p style="text-align: center;"><b>CARE Alerts</b><br/><a href="https://utsouthern.edu/care-team/">utsouthern.edu/care-team/</a></p> <p>CARE Alerts are a 24/7/365 online reporting tool that allows community member to alert the CARE Team if they are concerned for a student. This is not a replacement for contacting 911 or Security in cases of imminent danger.</p> <p>All alerts are responded to within 48 hours of being received, often within minutes. Should immediate intervention be required, appropriate measures are taken to alert those on campus who can offer assistance.</p> | <p>You have concerns about a student's wellbeing, but <b>do not believe</b> that the student...</p> <ul style="list-style-type: none"> <li>exhibits <u>severe</u> distress</li> <li>has stated or alluded to having a suicide plan and lethal means,</li> <li>has indicated they have made a current attempt to kill themselves, or</li> <li>has made statements that they are experiencing suicidal thoughts.</li> </ul>         |

**The University's Response (POSTVENTION)**

Response Protocol for Imminent Danger/Crisis

Risk of death is high; student has a plan and access to a lethal means, are planning to make an attempt very soon, or are currently in the process of making an attempt.



**CRISIS RESPONSE TEAM**

The Crisis Response Team is comprised of Student Affairs administrators who respond when a student has been transported to the hospital/a psychiatric facility. One of the team members is on-call daily 24/7 via the CARE on Call Number (931-309-1670). The team maintains an open line of communication with one another to further aid in responsiveness.

If a student has been transported to the hospital/a psychiatric facility for a suicide attempt or suicidal thoughts, a member of the Crisis Response Team will stay with the student until parents or the student's support person arrives at the hospital. If the student is transferred to the ICU, the Crisis Response Team member will establish communication with the parents or support person and meet them at the hospital upon arrival. In the absence of being able to reach someone, the on-call Crisis Response Team member will continue to attempt contact. Once contact has been established, the CRT member will relay only basic information, provide the phone number for the hospital/facility, facilitate a conversation with the student if medically advised, and explain the crisis evaluation process for the hospital/facility.



### **BEHAVIORAL THREAT ASSESSMENT TEAM**

Select members of the Care Team comprise the university's Behavioral Threat Assessment Team. The team engages in best practices as established by the National Behavioral Intervention Team Association (NaBITA) and utilized industry specific rubrics and tools for assessing potential for violence on campus.

### **UT SOUTHERN CLINIC & COUNSELING SERVICES**

Clinic and Counseling Services offers appointments for students and will assist with the triage of students who are in crisis any time during the business day. Appointments are made through the University Clinic, and may occur in person at the Clinic or via secure telehealth links, based on the student's preference and the counselor's availability.

### **CARE TEAM**

UT Southern's Case Assessment, Review, and Evaluation (CARE) Team is charged with behavioral intervention and threat assessment for students, faculty, and staff. Students gain the support of a Care Team Member to help navigate resources and support during times of crisis or concern, and upon returning to campus as part of postvention protocols. The protocol used for a student returning from a Serious Medical Condition may recommend establishment of a written safety plan, regular check-in meetings with a Care Team Member, or referral to appropriate university resources or local agencies.

### **EMPLOYEE ASSISTANCE PROGRAM**

Available to employees 24/7, and staffed by trained counselors who will aid the employee in finding local resources for continuing mental health.

### **Student Confidentiality Concerns**

University faculty and staff members who respond to crises must remain aware that students have a right to privacy and that, in some instances, they may not wish to have information shared with others. FERPA protects student education records from disclosure to unauthorized persons. Once observations become written (electronically or on paper), they become subject to FERPA, unless these records are written by and remain in the custody of the UT Southern Safety and Security or other law enforcement agencies. University Safety and Security records are subject to public records laws, including the Tennessee Public Records Act (Tenn. Code Ann. § 10-7-503, et seq.). As outlined in the University's Policy Statement on FERPA, faculty and staff may disclose a student's education records and information without the consent of the student under certain circumstances, including when the disclosure is to University officials (e.g. a person employed by the University in an administrative, supervisory, academic, research or support staff position, including health and medical staff, a person employed by the UT Southern Safety and Security who have a legitimate educational interest in the receiving the records and/or information. An official has a legitimate educational interest if that official is performing a task specific to their position description, performing a task related to the discipline or education of a student, providing a service or benefit to the student or student's family (e.g. healthcare, counseling, job placement, financial aid), or maintaining the safety and security of the campus. In any situation, it is always best to attempt and obtain the student's permission to release information.

**SECTION 3 | EMPLOYEES**

**PREVENTION**

UT Southern will provide suicide prevention training and resources through existing, standardized training opportunities as well as training and resources that are specifically tailored to the campus community. Prevention training and resources will be reviewed annually and updated as appropriate to respond to changing practices and the campus community needs.

**Training**

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Training will be offered each semester to select faculty, staff, and students. Select departments will be educated on suicide policies and procedures annually, as suggested by the UT Southern Care Team. Training may also be requested by any faculty or staff office or student group. Other mental health awareness programming will be provided via Counseling Services and Student Affairs throughout the academic year to promote awareness, increase coping skills, and help-seeking behaviors to faculty, staff and students.

**Screening**

Online screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. One resource is [www.mhascreening.org](http://www.mhascreening.org); other are available through Clinic and Counseling Services.

**Employee Assistance Program**

The UT Employee Assistance Program (EAP) is designed to provide free, confidential assistance to help employees and their families resolve problems that influence their personal lives or job performance. Spouses and dependent children of employees also qualify for EAP benefits.

The program is available to all benefits-eligible UT employees and their immediate families, regardless of whether you participate in the State’s Group Health Insurance Program. The state EAP provides free short-term counseling, financial counseling, and brief legal advice for regular employees scheduled to work at least 75% (30 hours per week) time. Seminars are also available throughout the state.

Accessing State EAP Services:

[www.Here4TN.com](http://www.Here4TN.com)

1-855-Here4TN (1-855-437-3486)

*Employees may enter as a registered or unregistered user to utilize assessments, self-tests, and more. Results are provided immediately in most screenings. Counseling sessions can also be scheduled via the EAP.*

Assessments

- alcohol use
- anger management
- anxiety disorder
- depression
- eating disorders

Self-Tests

- career motivation
- conflict management
- emotional intelligence
- goal setting
- nutrition knowledge
- self-esteem
- stress (SRR scale)


### INTERVENTION

#### Pay Attention to Warning Signs

Suicide affects people of all ages and backgrounds, and every distressed individual has different circumstances that impact his or her life. However, many distressed individuals display behaviors that may deliberately or inadvertently signal their suicidal intent.

Such warning signs include:

- Talking about wanting to die or to kill themselves (This may be stated directly-“I’m going to kill myself.” Or indirectly- “You would be better off without me,” or, “Soon you won’t have to worry about me anymore.”).
- Looking for a way to kill themselves, like searching online or buying a gun. (The more specific the plan, the more serious the intent and risk of harm).
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Having extreme mood swings.
- Giving away belongings or speaking as if they will soon be dying



If you or a UT colleague exhibit any of these warning signs, seek help by calling the **National Suicide Prevention Lifeline (800-273-TALK)**, or the **State of Tennessee Employee Assistance Program (1-855-Here4TN)**.

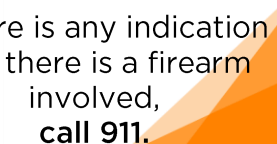
#### Understand Risk Factors

Certain risk factors may increase the likelihood that someone in trouble will consider or attempt suicide. These risk factors include:

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, etc.
- Lack of health care, especially mental health and substance abuse treatment
- Exposure to others who have died by suicide (in real life or via the media and Internet)
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Alcohol and other substance user disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempts
- Family history of suicide
- Job or financial loss
- Loss of relationships
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and a sense of isolation
- Stigma associated with asking for help

If you or a UT colleague exhibit severe distress, has stated or alluded to having a suicide plan and lethal means, and/or has indicated they have made a current attempt to kill themselves, **call 988 or 911.**

If there is any indication that there is a firearm involved, **call 911.**



**POSTVENTION**

The State of Tennessee's Employee Assistance Program (EAP), which can be reached at 855-Here4TN (855-437-3486), can offer ongoing support for employees who have either attempted suicide or who are affected by a suicide by another person. For more information, visit [www.Here4TN.com](http://www.Here4TN.com).

Additionally, eligible employees who need time away from work to seek mental health treatment may do so by requesting leave under the Family and Medical Leave Act or other University leave policies. For more information, contact [Human Resources](#).