



WVU Policy – Suicide Prevention Protocol

Category: Finance & Administration;
Student Life; Academic Affairs; Talent &
Culture

Title: Suicide Prevention Protocol

Responsible Unit: University Police,
Academic Affairs; Talent & Culture;
Student Life

Effective: [September 20, 2024]

Revision History: None

WVU POLICY – SUICIDE PREVENTION PROTOCOL

1. PURPOSE & SCOPE.

Suicide is one of the leading causes of death for college and university students.¹ In addition, suicide, attempted suicide, and suicidal behaviors impact not only the involved individual but many others in the campus community.

West Virginia University faculty and staff are committed to promoting the mental health and wellness of our campus community. Faculty and staff across campus work together to increase awareness of and access to mental health resources to support our students, faculty, and staff -- especially those who are struggling with suicidality. The purpose of this policy is to outline an appropriate response to suicide attempts, threats or related behaviors by WVU students, faculty and staff. This policy is designed to address and enhance the well-being and safety of both individuals who may be at risk and also other members of the WVU community.

This policy also serves to implement the requirements of Section 3 of WVU Policy – WVU-PD-7, Threat Assessment, Behavioral Intervention, and Suicide Prevention & Critical Response.

This policy applies to all incidents occurring or affecting the members of the University community.

2. SUICIDE PREVENTION GUIDING PRINCIPLES.

To further this policy, WVU Faculty and Staff will:

- Prioritize suicide prevention and safety.

¹ Nat'l Inst. of Mental Health, Statistics – Suicide, https://www.nimh.nih.gov/health/statistics/suicide#part_10459 (last visited Feb. 16, 2023).

- Actively avoid stigmatizing mental health difficulties and refrain from related discrimination against these students, faculty and staff.
 - Encourage students, faculty and staff to seek assistance when needed.
 - Protect confidentiality to the extent possible while prioritizing safety.
 - Actively collaborate with others and ask for help when encountering suicidal students, faculty or staff.
 - Ensure that campus and community entities who typically support distressed students and faculty and staff are part of the support intervention.
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3. SUICIDE PROTOCOL & CRITICAL RESPONSE.

Procedures. When a faculty or staff member identifies an individual with suicidal intent, which can be defined as making statements, writing notes, exhibiting self-harm or any similar at-risk behavior with the intention of related action, the faculty or staff member should follow the outlined procedures below to help that person access support and clinical intervention.

The procedures below are set out based on the status of the person with the suicidal intent to include relevant and specific information. Further, there are two types of situations outlined below: imminent risk and expression of current suicidal thoughts, the determination of which will guide the protocol to be followed.

In an imminent risk situation, the risk of death is high as the individual has a plan and access to a lethal means, is planning to make an attempt imminently, or is currently in the process of making an attempt. Conversely, an expression of current suicidal thoughts means that the person has identified a suicidal intent but does not have a plan and access to a lethal means, is planning to make an attempt imminently, or is currently in the process of making an attempt.

In order to help assess whether there's an imminent risk or an expression of current suicidal thoughts, members of the University community should ask specific questions and ask directly about suicide, using questions such as:

- Are you thinking about killing yourself? Or, are you thinking about suicide?
- Have you thought about how you would kill yourself? Have you decided when you would do it? Have you done anything to get the things you need to kill yourself?

When you think about this plan do you see yourself acting on it? Or –Have you thought about acting on these thoughts/plan?

Importantly, some other key considerations are:

- While arranging for assistance, take reasonable measures not to leave the individual alone.
- Talk with the person away from others and consider a more private space to speak.
- Listen non-judgmentally to the individual's concerns, speak calmly, express empathy and support, and instill hope by asking about long-term plans/goals and letting them know that the feeling does not last forever. Validate the student and let them know what they are going through is difficult and that you appreciate them sharing. Inform the student that you want to help get them help.
- Obtain and relay pertinent information and documentation to first responders, clinicians etc., (e.g. individuals name, contact information related stressors related social media post, email, notes from a conversation)

The protocol for response below is based on the level.

Morgantown Campus Students

Imminent Risk

- Call 911 (While you are with the student)
- Contact the student's emergency contact (the CARE team or Campus Police) can assist with this communication.
- After contacting 911 and the emergency contact, complete a CARE Report for follow up (<https://careteam.wvu.edu/>)

Note: a report should be filed ONLY after the student has been assessed and supported by first responders.

Expression of Current Suicidal Thoughts

→ Call the Carruth Center Urgent/Crisis Clinic at 304-293-4431 - After 5:00 pm or on holidays and weekends press #1 to speak to an afterhours - counselor.

→ Depending on the severity /nature of the student's concerns, the Carruth Center staff (or other appropriate staff or faculty member) may contact the student's emergency contact

→ After contacting Carruth, complete a CARE Report for follow up (<https://careteam.wvu.edu/>)

Note: a report should be filed ONLY after the Carruth Center is contacted.

Online Learners.

The above protocol is applicable to distance learners to the degree it is practical. For example, student interactions are not frequently in-person or via phone to be able to directly connect with Carruth Center staff in the moment. In these instances, staff are encouraged to utilize Carruth Center and CARE team consultation, CARE Team reporting, and local emergency resource referrals.

Additional off-campus resources for psychological emergencies:

- For Imminent Risk Call 911 (ideally while you are on the phone or engaged with the student)
- Call 988 (24/7 Suicide Crises Lifeline) to access support for a student
- Direct student to the nearest hospital emergency department

Study Abroad Students

- Contact ISOS at 1-215-942-8478 or use the free assistance app from app.internationalsos.com.
- If the student seems to be in imminent danger of hurting themselves or others, take immediate action by contacting local authorities and ISOS.
- Talk to the individual reporting the behavior/incident (if not the student themselves) and determine the location of the student.
- Contact IRM (304-293-9456) to assist with the process and to help with documentation.

Potomac State College Students

Imminent Risk

→ Call 911 (While you are with the student)
→ Contact the student's emergency contact (the Care Team, Campus Police, Dean of Students, or the Mental Health and Counseling Center can assist with this communication).

→ After contacting 911 and the emergency contact, complete a CARE Report for follow-up

<https://studentexperience.potomacstatecollege.edu/health-counseling-services/behavior-intervention-team>

Note: a report should be filed ONLY after the student has been assessed and supported by first responders.

Expression of Current Suicidal Thoughts

→ During operational hours, call the PSC Counselor at [304-788-6976](tel:304-788-6976). If they are not available call the Dean of Student Experience – 304-788-

6995 or the Care Team Case Manager – 304-788-6910 and they will provide assistance.

After 5:00 pm or on holidays and weekends, contact 304-788-6977

→ Depending on the severity/nature of the student's concerns, PSC Counseling Center may contact the student's emergency contact or request that you do so.

→ After contacting the appropriate person above, complete a CARE Report for follow-up:

https://studentexperience.potomacstatecollege.edu/health-counseling-services/behavior-intervention-team_

WVU Tech Students

Imminent Risk

→ Call 911 (while you are with the student)

→ Contact the student's emergency contact. The CARE team/ Dean of Students 304-929-1232, and/or Campus Police 304-929-2677 or the Student Health & Wellness Center 304-929-1237 can assist with this communication.

→ After contacting emergency services, complete a CARE Report for follow up (<https://students.wvutech.edu/dean-of-students/care-team>)

Note: a report should be filed ONLY after the student has been assessed and supported by first responders.

Expression of Current Suicidal Thoughts

→ During operational hours, call the WVU Tech Student Health & Wellness Center at 304-929-1237. If the counselor is not available call: CARE Team/Dean of Students: 304-929-1232 or Campus Police 304-929-2677.

After 5:00 pm or on holidays and weekends, please call 304.929.1237.

→ Depending on the severity /nature of the student's concerns the CARE team/ Dean of Students 304-929-1232, and/or Campus Police 304 929 2677 or the Student Health & Wellness Center 304-929-1237 may contact the student's emergency contact.

→ Complete a CARE Report after contacting emergency resources (<https://students.wvutech.edu/dean-of-students/care-team>) Note: a report should be filed ONLY after the student has been assessed and provided with support).

Morgantown Campus – Faculty and Staff

Imminent Risk

- Call 911 (While you are with the faculty or staff member)
- Contact Employee Relations Cell at 210-867-0260
- Contact Faculty Staff Assistance Program at 304-293-5590

Expression of Current Suicidal Thoughts

- During working hours, stay with employee and call FSAP: 304-293-5590
- If after business hours, weekends, or unable to reach FSAP, call crisis line at 988 (24/7 Suicide Crises Lifeline, or Valley Crisis Hotline at 1-800-232-0020).

Potomac State College Faculty & Staff

Imminent Risk

- Call 911 (While you are with the faculty or staff member)
- Contact Employee Relations Cell at 210-867-0260
- Contact WVU Faculty Staff Assistance Program (main campus) at 304 293 5590

Expression of Current Suicidal Thoughts

- During working hours, stay with employee and call FSAP 304-293-5590
- If after business hours, weekends, or unable to reach FSAP provider call crisis line at 988(24/7Suicide Crises Lifeline).

WVU Tech Faculty & Staff

Imminent Risk

- Call 911 (While you are with the faculty or staff member)
- Contact Employee Relations Cell at 210-867-0260
- Contact WVU Faculty Staff Assistance Program (main campus) at 304-293-5590

Expression of Current Suicidal Thoughts

- During working hours, stay with employee and call FSAP 304-293-5590
- If after business hours, weekends, or unable to reach FSAP provider call crisis line at 988.

Community Members on the WVU Campus

Imminent Risk

- Call 911 (While you are with the individual)
- Contact Campus Police

Expression of Current Suicidal Thoughts

→ Call Valley's Crises Hotline [1-800-232-0020](tel:1-800-232-0020).

→ Call 988 (24/7Suicide Crises Lifeline)

4. AUTHORITY.

W. Va. Code §18B-1B-7 (Jamie's Law); Resolution to Approve the Development and Implementation of a Plan to Advise Students, Staff, and Incoming Students on Suicide Prevention Programs and Resources Available On and Off Campus, WVU Board of Governors (June 5, 2015); WVU-PD-7, Threat Assessment, Behavioral Intervention and Suicide Prevention Policy.

Suicidal Prevention Protocol Appendix

Definitions:

- Self-harm/self-injury - The various methods by which individuals intentionally injure themselves, such as self-cutting, self-battering, taking overdoses or exhibiting deliberate recklessness.
- Suicidal ideation - Thinking about, considering, or planning suicide.
- Suicide attempt - A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- Suicide – refers to a death that is caused deliberately.

Suicide Risk Factors

Risk factors are characteristics of a person or their environment that increase the likelihood that they will die by suicide (i.e., suicide risk). Risk factors in themselves do not cause suicide; however, in combination with other risk factors can contribute to negative health outcomes.

Risk factors range on the individual, relationship, community, and societal levels. The following are risk factors:

Circumstances that increase suicide risk

Individual Risk Factors

These personal factors contribute to risk:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration
- Access to lethal means
- Major change in work status
- Chronic disease or disability.

Relationship Risk Factor

These harmful or hurtful experiences within relationships contribute to risk:

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

These challenging issues within a person's community contribute to risk:

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

Societal Risk Factors

These cultural and environmental factors within the larger society contribute to risk:

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide ([Risk and Protective Factors | Suicide | CDC](#))

Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide. These factors decrease the likelihood that a person would have negative health outcomes, such as attempting or dying by suicide.

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

Precipitating Factors

Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:

- End of a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems
- A serious loss
- Loss of job or changes in employment status.

Warning Signs

Warning signs are behaviors that indicate that someone may be at immediate risk for suicide.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- 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 feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Resources and Support Services

Resources that are available 24 hours a day, 7 days a week

- WVU Carruth Center: 304-293-4431
- Nearest Emergency Department: J.W. Ruby Memorial Hospital, 1 Medical Center Drive, Morgantown, WV 26505
- WVU University Police Department: 304-293-3136
- National Suicide Prevention Lifeline: 988
- Military Veterans Suicide Hotline: 1-800-273-TALK (Press 1)
- Trevor Project Hotline (LGBTQ): 1-866-4UTREVOR (1-866-488-7386)
- Crisis Text Line: Text WVU to 741741
- WVU Title IX anonymous on call line: 304-906-9930
- Rape and Domestic Violence Information Center: 304-292-5100
- Valley crisis hotline: 1-800-232-0020