



Responding to student suicidality

Please note/disclaimer

This is a training for a general audience. It is not intended to provide any mental health, medical, psychological, or legal training, and it is not expected to replace consultation during a crisis situation. This course is intended to provide guidance for those faculty and staff who find themselves interacting with a student expressing suicidality or concerned about someone else expressing thoughts of suicide.

It is not possible to prevent all deaths by suicide—preventing an individual from choosing suicide is beyond the power of any individual and ignores the fact that individuals have autonomy over their own lives. Please know that every student of concern situation is unique, and we recognize that this training cannot stop all student suicide.

Introduction to suicide response

Introduction to course

Welcome to the UMN Training Course “Responding to student thoughts of suicide” designed for faculty and staff across the UMN system with Twin Cities-specific resources. We are so grateful you are here!

Before we begin, we would like to acknowledge the challenging content ahead. In the following Canvas course, we will be discussing the topic of suicide, teaching you ways to respond to students when engaged in this topic, and providing ways to support students in getting the appropriate mental health resources.

Engaging with course content

The topic of suicide is a serious subject and may be emotionally triggering. First and foremost, we support you to take the best care of yourself while navigating this training.

In the spirit of supporting all members of the University community, below is a list of tips and resources for taking care of **yourself** as you engage with this content:

- What to notice...
 - Notice if you begin to feel emotionally triggered or overwhelmed.
 - Notice if engaging in this content feels as though it is negatively impacting your own mental health.
 - Try noticing these in a non-judgmental and gentle way, providing support and compassion towards yourself.



- Ways to show compassion to yourself and practice self-care...
 - Take a break. You can take a break from this content and come back to it if and/or when it feels right for you.
 - Notice how you feel and what you need in the moment. Validate your own needs and attend to them (for example, go for a walk, practice intentional deep breathing, talk to a supportive person).
 - Practice grounding skills. Bring yourself back to the present moment and engage your thinking brain (for example, place your feet firmly on the ground, take slow deep breaths, name objects you can observe in your environment, connect with nature, remind yourself that you are in a safe place).
 - If you find yourself having thoughts of suicide, seeking help is important.
 - [Find resources to support you in getting connected with your own mental health provider.](#)

Overview of course

This course may take between 30–60 minutes to complete, depending on your familiarity with the content and your learning style. The content includes:

- The importance of learning and talking about suicide
- Terminology
- Your role in supporting students
- Warning signs
- How to talk to a student you are concerned about
- Making effective referrals
- Caring for yourself in this work

Objective of this course

Those who complete this course will be equipped to:

1. Support a student experiencing thoughts of suicide.
2. Support a student concerned about a loved one experiencing thoughts of suicide.

To accomplish these objectives, the course includes facts about suicide and suicidal ideation, an explanation of the scope of your role and obligations as an employee of the University of Minnesota, steps to take when concerned about a student, recommendations for engaging with students in need of mental health support, and available mental health resources you can use as referrals.

Introduction to the team developing the course



The development of this course was led by licensed psychologist Dr. Jodi Leirness, PsyD (she/her) from the office of Student Counseling Services, and Kate Elwell, MPH, CHES, CPH (she/her) from Boynton Health. The interdisciplinary collaboration that brought this seed to fruit was a partnership including the following employees from the Twin Cities campus:

- Alexa Fetzer, PhD, LP (she/her) | Student Counseling Services • Anna Lifson, MSW, LICSW (she/they) | Women's Center, Office for Equity & Diversity
- Carrie Ryan Gallia, JD | Office of the General Counsel
- Chinh Truong, MA, (he/him) | Carlson School Undergraduate Advising • Christina Walker, LPCC (she/her) | Boynton Mental Health Clinic • Claire Schmidt, MA | College of Science and Engineering
- Cynthia Fuller, PhD | Disability Resource Center
- Deb Wingert, PhD (she/her) | Center for Educational Innovation • Elena Tran (she/her) | Boynton Health
- Emily Ehlinger (she/her) | Disability Resource Center
- finn schneider, PhD (they/them) | Gender and Sexuality Center for Queer and Trans Life
- George M. Brown, PhD | University Recreation & Wellness
- Jamie Stafford (he/him) | Boynton Health
- Jerri Kjolhaug, MPH, RD (she/her) | School of Public Health
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- Katie Levin, PhD (she/her) | Center for Writing
 - Laura Dupont-Jarrett, PhD, LP, (she/her) | Global Programs and Strategy Alliance, Carlson Global Institute, & the Office for Student Affairs
- Lauren Adamski, MEd (she/her) | Housing & Residential Life
- Layton Hernandez, MA (he/they) | Gender and Sexuality Center for Queer and Trans Life
- Luke Huck | University of Minnesota Police Department
- Michael Houlahan, EdD (he/him) | CLA - Department of Psychology • Molly Giffin (she/her) | Disability Resource Center
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- Sarah Gustafson-Dombeck, MA, LPC (she/they) | Student Affairs Behavioral Consultation Team/Care Program
- Sohail Akhavein (he/him) | Disability Resource Center

Campus-specific updates were graciously provided in partnership with the following members of the [President's Initiative for Student Mental Health](#) (PRISMH) and the University's Systemwide Mental Health Learning Collaborative (SMHLC):



- Jean Baribeau-Thoennes, MSW, LICSW (she/her) | Counseling Services | Health Services | Duluth Campus | Counseling Director | SMHLC member
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- Jeanne Williamson, MSW, LICSW (she/her) | Assistant Director of Student Counseling Health and Wellness | Morris Campus | PRISMH member, Coordinator of the Systemwide Mental Health Learning Collaborative (SMHLC)

The importance of learning and talking about suicide

While the topic of suicide can feel scary, it's important to understand that most students who are having suicidal thoughts do not actually want to die but want the pain they are experiencing to stop. This is an important distinction.



Oftentimes, having suicidal thoughts is a red flag that there are other major stressors in students' lives. Being able to have an open conversation and talk about how they are feeling allows permission for them to not suffer in their pain alone. Creating this holding space for students to name what they are really feeling allows them to feel heard and cared for and, importantly, to receive the mental health services that will support them in their healing.

It is important to note that, should a student have suicidal thoughts, thoughts of methods, access to means, a plan, and intent to follow through with killing themselves, immediate action needs to be taken. Although this situation is uncommon, we will address this and other crisis situations in depth later in the course.

Frequency of thoughts of suicide among college students

In 2019, nearly 12% of young adults aged 18–25 in the United States reported having had “serious thoughts of suicide in the past year” (CBHSQ, 2019, p. 79). People aged 18 to 25 reporting serious thoughts of suicide in the past year have increased overall among non-Hispanic white and Black young adults and among Hispanic young adults ([CBHSQ, 2019](#)). (*“non-Hispanic” is the term used in the CBHSQ study).

Data from the [Healthy Minds Study 2020 Winter/Spring data report](#) survey shows that 14% of students indicated they experienced suicidal ideation in the past year, 6% of students reported that they made a suicide plan in the past year, and 1% reported that they made a suicide attempt in the past year.

The College Student Health Survey does not collect information on serious thoughts of suicide for our population. However, we do know that on the Twin Cities campus, 0.7% of students report having attempted suicide in the past 12 months ([CSHS, 2021](#)).

Dr. Sarah Ketchen Lipson, of the highly-regarded Healthy Minds Study, presented findings from the [Healthy Minds Study at a national conference of student affairs professionals \(NASPA\) 2020](#). Her presentation included data showing that 10% of cisgender students reported suicidal ideation in the past year, while 40% of trans and gender-nonconforming students reported suicidal ideation in the same time period. The same data source showed that 8% of heterosexual students reported suicidal ideation in the past year, while the rates were much higher for LGBTQ+ students: 23% of bisexual students, 16% of gay/lesbian students, 23% of questioning students, and 30% of students with another sexual orientation reported suicidal ideation in the past year.





Suicidal ideation (past year)

Gender identity

Cisgender	
Trans/gender non-conforming	10%

Sexual orientation

Heterosexual	
Bisexual	8%
Gay/lesbian	23%
Questioning	16%
Other	23%

30%

There are also disparities by race, though less pronounced, for suicidal ideation.



Suicidal ideation
(past year)

Racial identity

African American	12%
Asian	9%



Multi 14% Other 11%

White 10% **Ethnicity**

Non-Latinx 10%

Latinx	10%
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*“Non-Latinx” and “Latinx” are the terms used by the researcher, Dr. Sarah Ketchen Lipsom.

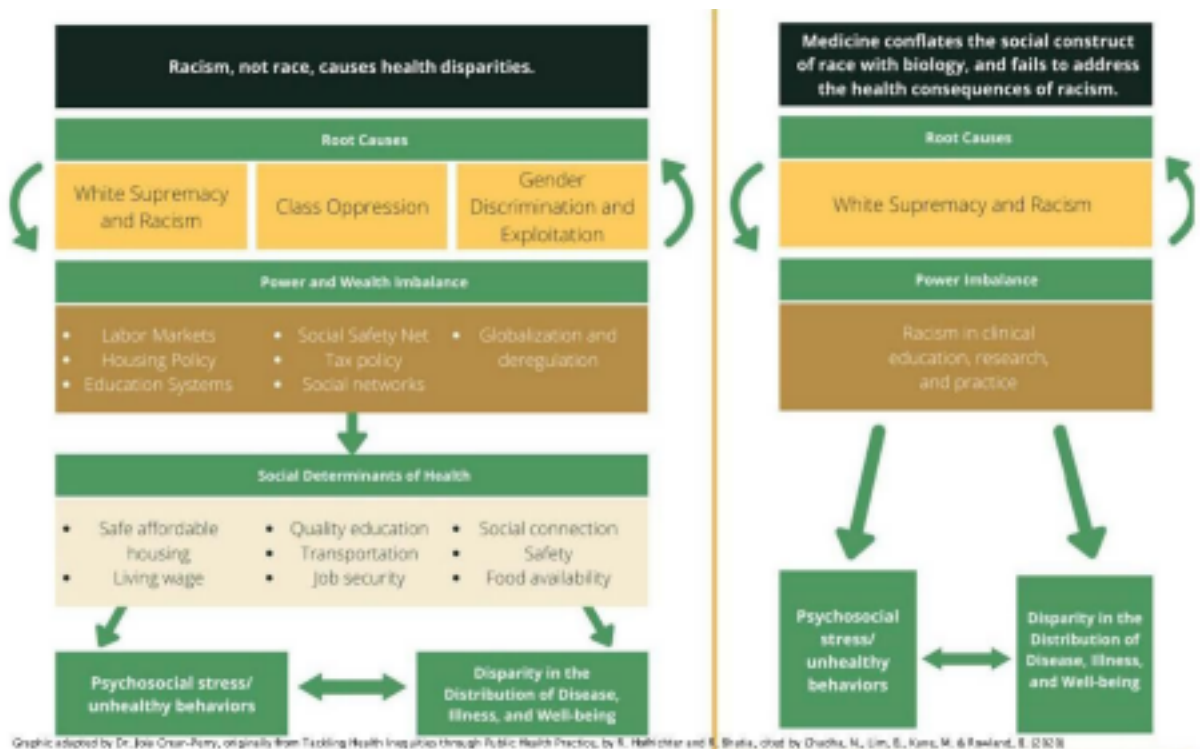
Research also demonstrates that [college students who identify as having a disability experience higher rates of suicide ideation than students who do not identify as having a disability](#). This is partly because students who identify as having a disability experience higher levels of general anxiety and academic distress due to instances of personal and societal discrimination.

The experience of discrimination has been found to be a risk factor for suicidal ideation. Eleven percent (11%) of students who report experiencing discrimination indicate they have experienced suicidal ideation, while 8% of students who report not experiencing discrimination indicate they have experienced suicidal ideation; students reporting having experienced discrimination have a higher rate of experiencing suicidal ideation.

The impact of oppression on suicidal ideation

The rates of suicide and suicidal ideation differ by identity. However, it is important to remember that these differences are not caused by identity. [As succinctly described in graphic form below](#) by Dr. Joia Crear-Perry: “racism, not race, causes health disparities” (originally from Tackling Health Inequities through Public Health Practice, by R.

Hofrichter and R. Bhatia; cited by [Chadha, N., Lim, B., Kane, M. & Rowland, B. \(2020\)](#).



For the purposes of this course, we can expand this to “oppression, not identity, causes health disparities.” The discrimination and associated stress of living under oppression mean that oppressed students experience worse mental health. Students’ social identities may play a critical role in their being at higher risk for suicide.

Being aware of identity dynamics is an important part of creating a space where students feel safe to be themselves and to be vulnerable about their struggles. Be mindful of gender, racial, disability, religious, and other identity dynamics. Be aware of the interplay of multiple identities on a student’s experience and that shared identities do not mean identical experiences.

An awareness of your own identities and privileges, and how these impact your experience of life and the University experience, will enhance the relationships you have with students.

Understanding the spectrum of suicidality

Terminology

When talking about the topic of suicide, it can be helpful to have a clear understanding of what suicide-related terms actually mean. It is also important to understand that suicidal thoughts and actions exist on a **spectrum**.



Suicidality refers to the full spectrum of suicidal thoughts, plans, behaviors, attempts, intent, and risk. It's important to know that there is a long distance between someone having suicidal thoughts and someone actually attempting to take their own life. Anywhere the student falls on this spectrum should be taken seriously, and students at all points on the spectrum should be met with compassion and care.

These are the terms to describe the main factors we review when assessing someone's level of suicide risk:

- **Suicidal thoughts** (also known as suicidal ideation): These are the actual thoughts that people have related to suicide. Suicidal thoughts can be thoughts of dying or death as a means of relief, thoughts of wanting to die, or thoughts of acting on suicide itself.

Suicidal thoughts can be further identified as passive vs. active suicidal thoughts:

- **Passive suicidal thoughts** refer to thoughts of not wanting to be around, not wanting to wake up, and not wanting to go on with life. They may also be thoughts of wishing to get a terminal illness or get into a fatal accident. These are thoughts without any action or intention of taking one's own life.
- **Active suicidal thoughts** include more specific thoughts of action or intention of killing oneself. These are more detailed, focusing on how one might go about ending their life.
- **Methods:** Suicidal methods refer to the thoughts a student has about how they would die or ways they have thought about killing themselves. For example, a student might report considering jumping off a bridge, overdosing on medication, or using a firearm.
- **Access to means:** The term 'access to means' refers to whether the student is actually able to access items that could harm themselves or not. This is an important distinction when assessing suicide methods and considering how to keep students with suicidal thoughts safe.
- **Plan*:** A suicide plan is a specific plan that includes how, where, and when one plans to attempt suicide. For example, a suicide plan may state that this Tuesday at 9pm, they plan to jump off a specific bridge.

**Important note: method and plan are often confused. A method is a way a person might go about killing themselves. A plan is more time- and place-specific.*

- **Behaviors:** Suicidal behaviors are gestures or actions that move towards suicide—for example, purchasing items to harm oneself, giving away personal items, writing a suicide note, or practicing the act of suicide one



plans to attempt.

- **Attempt:** A suicide attempt is taking action to kill oneself with specific intent to die. It is important to note that, even if the attempt was not a lethal one, if the **intent** was to die, it is still considered a suicide attempt.
- **Intent:** Intent related to suicide refers to the intention, desire, or purpose of dying. The higher the level of intent, the higher the level of risk that the student may act on their suicidal thoughts.
- **Risk:** Suicide risk refers to the outcome of the assessment of each of these items: suicidal thoughts, methods, means, plans, actions, behaviors, attempts, and intent.

Suicide risk is dependent on these many factors, in particular on **current** risk factors and warning signs, and changes over time. While suicide risk assessment may help us understand the degree to which someone is at risk of acting on suicidal thinking, research suggests that it is difficult even for trained professionals to accurately predict a suicide attempt or a death by suicide.

Thus, responding to suicidality does not mean you will be able to prevent it. You need not expect that of yourself. But as a caring community, when we encounter someone in distress we will respond, and that expression of care and compassion may have an impact. A more informed, skilled response may have a bigger impact, and later content in this course will provide tips on making appropriate referrals to trained helpers.

Suicidality v. other self-harm behaviors

Non-suicidal self-harming behaviors

At times it may be challenging to differentiate between self-harm and suicidal thoughts and actions. Self-harming behaviors tend to be used to manage emotion, whereas suicidal thoughts and actions are more specific to ending one's life.

Examples of self-harm may be intentionally cutting, burning, pulling, scratching, hitting, or otherwise physically harming oneself. People may also harm themselves by means of disordered eating or substance misuse/abuse. Often when people are engaging in self-destructive behaviors, it is to either help them feel something (when they are feeling numb or empty) or to help them not feel something (when they are feeling emotionally overwhelmed).

Factors that contribute to suicide risk

Some contributing risk factors for suicide include:

- Social isolation
- Impulsive or aggressive tendencies



- Legal problems
- Financial problems
- Real or perceived academic problems
- Substance use problems
- Relationship problems
- Chronic disease or disability
- Experience of discrimination, oppression, or social marginalization
- Feeling like a burden to others
- Talking about feeling trapped or in unbearable pain
- Lack of access to behavioral health care

While there are risk factors for suicide, there are also protective factors. Protective factors for suicide include:

- Connection to friends, family, and community support—having someone to talk to is a critical protective factor for students not feeling alone in their pain
- Supportive relationships with care providers (including faculty and staff!)
- Access to physical and mental health care where they feel their identities are honored
- Limited access to lethal suicidal means
- Cultural, religious, or personal beliefs that discourage suicide
- Life skills (problem-solving, coping skills, ability to change, resiliency)
- Reasons for living (having future goals, close relationship connections, wanting to live)

Myths About Suicidality Comprehension Check

Below are three statements about suicide. Mark “true” or “false” for each item.

1. Someone who “has their life together” wouldn’t kill themselves.

☐ True

☒ False

You cannot tell what someone is going through by looking at them. Oftentimes we assume that when someone appears to have it all together or seems to have a perfect life, it means they are happy and not at risk of killing themselves.

Everyone

you know is fighting a battle you know nothing about. The only way to really know if someone is struggling is to ask.

2. It’s dangerous to ask someone if they are considering suicide.

☐ True



☐ False

You may be afraid of talking to someone about suicide or asking if they are suicidal out of fear that this could cause them further harm or make them more likely to kill themselves. The truth is that students struggling with depression may be relieved to have someone to listen and hear their concerns. Talking about suicide in a safe space with a person they trust will help to increase support, decrease isolation, and improve the chances of them reaching out for further help.

3. Asking someone to simply not kill themselves is enough.

☐ True

☐ False

People who feel as though they want to die are often in a tremendous amount of pain and suffering that feels inescapable. It's not fair to ask someone to simply live with that pain. And yet, we do not want them to die. What needs to happen is for that person to have a safe space where they can talk about their suicidal thoughts and what stressors in their life are fueling those thoughts. When those stressors can be relieved is often when relief from suicidal thoughts will come as well. The essential part of treatment is helping them find a life worth living.

Scope of role as an employee of the University of Minnesota

The scope of your role

The scope of your role is an important factor when learning how to respond to your students' mental health needs. Understanding the differences between what is within and outside of your role will help increase your confidence and decrease areas of possible uncertainty or confusion. It will also help provide important boundaries for both you and your students.

First, we will review what is NOT your role, and then we will review what IS your role: **Your role is NOT:**

- Being a mental health expert or therapist
- Solving students' personal or emotional problems
- Providing clinical crisis interventions

Since you were not hired by the University as a therapist, your role does not include serving as a mental health therapist, and we are not asking you to be a mental health professional. Your scope of role is limited, and professional ethics require you to act within your scope of role.



It is important for you to honor the boundaries of your role when supporting students, and similarly important for the students to be aware of these boundaries as well. You are not expected to solve students' personal or emotional problems or provide mental health crisis interventions to students.

Your role IS:

- Demonstrating care for students
- Setting clear boundaries
- Providing specific resources and referrals
- Seeking consultation as needed
- Documenting your actions and efforts

Demonstrating care for students

Practicing empathy and compassion

College can be an extremely stressful time. Life is busy and everyone has stressors. Being able to show students compassion and empathy will make a significant difference in their ability to trust you.

Empathy is the ability to understand what another person may be feeling by placing yourself in their position. Compassion is being concerned about the suffering of others. To practice compassion, we must first allow ourselves permission to notice suffering, to be moved by that suffering, and to feel a desire to ease that suffering. Responding in a compassionate way includes practicing understanding and kindness towards the person. It also includes using gentle and caring language and avoids the use of critical, harsh, or judgmental language.

You can practice empathy and compassion towards individual students, the student body as a whole, and towards yourself. The practice of self-compassion is noticing your own suffering and responding in a gentle and caring way. When you are able to practice compassion towards yourself, you will be much more able to respond to others in a compassionate way as well.

Some faculty may feel that attending to students' mental health needs means relaxing their course expectations. This is not the case. Supporting students does not require adjusting course material or content, but it can open up an opportunity to consider what standard protocols may not be serving the course objectives or may be having a negative impact on student wellbeing. (If a student's mental health needs require reasonable accommodation, an instructor must make that accommodation unless it compromises learning objectives. For support with accommodations, please reach out to the [Disability Resource Center](#) directly.)



Listening to students with patience, empathy, and compassion is key to students feeling heard and seen. This is a critical step to connecting with students and improving student mental health outcomes. How you engage with students shows them what you care about. Using compassionate language and communicating in a respectful, validating, and supportive manner will improve your relationship with students which may improve mental health outcomes for students.

By incorporating mental health-promoting elements into your unit or course you are showing them that you care about their mental health and wellbeing. Some examples of mental health-promoting elements include: scheduling in time for interpersonal connection in meetings or class time, using clear communication in multiple modalities (explain orally, include an assignment description, follow up via email), and [scaffolding assignments](#) to help foster a sense of mastery. Some staff or faculty may also feel comfortable including connecting with nature or mindfulness as components of their unit or course.

Modeling self-care

Similarly, being able to model self-care for **yourself** teaches students this is an acceptable and appropriate way to care for themselves as well. Remember, staff and faculty are often seen as role models for students. If students observe staff and faculty caring for themselves and living balanced lives, students receive permission to care for themselves as well. Being “caught” doing self-care doesn’t need to involve live-streaming your meditation practice! Self-care expands far beyond yoga, bubble baths, and journaling; attending needed medical appointments, maintaining a tidy living space, and allowing time for rest are examples of critical and under-valued self-care strategies. Simply mentioning your preferred strategies, or naming the fun that you engage in on weekends, demonstrates balance to students.

It’s important to acknowledge that access to various forms of self-care is impacted by privilege. Members of marginalized populations often have higher levels of stress and limited access to resources compared to their non-marginalized peers. Be aware that some forms of self-care you access may not always be available to all students. Self-care can take many forms and be different for different people. For example, taking a vacation or having a gym membership may not be accessible to students, but taking a walk, deep breathing, and practicing self-compassion may be more accessible. Be mindful of the ways you talk about self-care to students, being open and aware of various forms of accessible self-care.

Faculty and staff engaging in self-care also send a positive message by demonstrating that taking care of your own mental health is an important part of succeeding academically. When we prioritize our basic human needs—sleep, food, water, movement, relationships, overall wellness—we set a healthy foundation for optimal



functioning in other important areas of life, like learning. When we set aside our own basic needs, our other areas of life suffer. When we make space for and attend to our own basic needs, our other areas of life benefit.

Setting clear boundaries

Setting clear boundaries with students is a caring act that requires you to be honest and transparent. Sometimes we worry that setting boundaries means pushing people away, but that is not true. What is important is setting boundaries in a way that also feels caring to the student. Stating that you care about them, encouraging them to get professional help, and supporting them in finding that help are some examples of how you can show care while acknowledging your limits in this process.

An example of how to express your own boundary with clear and caring language when a student discloses suicidal thoughts is:

I see that you are struggling and I care about you. I am not a trained counselor, but I am here to support you in getting connected to someone who is. Would you be willing to contact Boynton Mental Health or Student Counseling Services?

The example above is an appropriate response to a student who discloses mental health concerns, whether in person or over email. It is important to note that you are not permitted to ask students for details about their health conditions—including mental health—or their diagnoses, nor to make assumptions about students' capacity for success based on your perception of their physical or mental health.

Resources and referrals

Providing specific resources and referrals will help the student get the care that they need. **Your role is to connect students experiencing suicidal ideation with professional help.**

It will help you to feel more confident when you are aware of mental health services on campus and are able to direct students to where they need to go. It is good practice to check the websites, handouts, and contact information of resources on campus at the start of each semester to ensure the information you reference is up to date. Most importantly, it shows students that you care about them and you are knowledgeable about where they can seek help.

Mental health resources on the Twin Cities campus:

[Boynton Mental Health](#)

- Provides individual, couples, and group counseling services
- Provides medication management services



- Bills insurance (note that services may show up on Explanations of Benefits (EOBs), which may be sent to policy-holders such as parents or guardians) •
- No out-of-pocket cost to undergraduate students, \$10 copay for graduate students
- Provides substance use and eating disorder assessments
- Provides urgent mental health services and consultation

[Student Counseling Services](#)

- Provides individual and group counseling
- Provides affinity groups
- Provides academic and career counseling
- Does not require insurance for service and does not bill insurance for services
- Visit notes do not enter an electronic medical record
- Provides urgent mental health services and consultation
- Provides outreach programming to University departments
- Provides training and supervision to graduate students in mental health programs

[Services available to Medical Residents and Fellows](#)

[Save and print a copy of these resources](#) for future reference.

More information on how to go about making these referrals is discussed further in this training, as well as in the [Red Folder](#). We recommend that at the beginning of each semester you reacquaint yourself with campus resources for holistic student wellbeing to be able to make accurate and useful referrals.

There are additional resources on campus

Seeking consultation

Seeking consultation is never a bad idea. It's actually always a good one!

[The Care Program](#) and Behavioral Consultation Team is the first step in seeking consultation for concerns about student mental health on campus. The Office for Student Affairs' [Behavioral Consultation Team](#) is a resource for faculty and staff to share their concern about the safety of a student. This is a team of professionals at the University of Minnesota that will provide you with support and consultation in assessing the situation, discussing appropriate steps and following up with students of concern.

To inform the BCT/Care Program about your concern for a particular student, please submit an [online BCT/Care Program referral form](#). Even if you don't have specific



questions, you can alert the BCT/Care Program to a concern about a particular student. Additionally, it may be helpful to consult with the Care Program about the plan you offer to a particular student and ask for any additional consultation or support that may feel helpful to you.

[Contact the BCT](#) via phone (612-626-3030), email (osacare@umn.edu), or [online BCT/Care Program referral form](#). Please note that the BCT is NOT a crisis line. The team will respond to calls/referrals as quickly as possible within 24 hours M-F 8:30a-4:30p. If the concern/situation is an emergency, please call 911.

Documenting your actions/efforts

It is always wise to follow up by documenting what actions or efforts you have provided to students. Documenting will help provide a reviewable history in case future needs arise with the same student. It will also support continued quality care for this student should others need to step in to provide care as well. It is helpful to **always** document your actions so that you and others can be aware of how you have supported students of concern.

The information that you should note for documentation is:

- Date and time
- Location
- Full name of student
- Full names of all others present
- Student's reported safety concerns
- What you did to intervene (e.g., active listening, referral to urgent counseling, asking about intent to harm self, etc)
- What did you do after the interaction (e.g., referral to Care Program, consultation with a supervisor, etc)
- Your plan to follow up with the student
- Where you would store a note like this, in compliance with the requirements of your role

Here is an example of documentation when a student shares their own suicidal ideation:

Tuesday, Aug 10, 2021 10:45am

Starbucks at the Student Union, meeting with a student employee

Student: Shawna Melendez

Others: Kate Elwell, Penny Casey, and Josh Lim



Shawna disclosed that she doesn't walk over the Washington Avenue Bridge and only takes the bus because she is worried that she wouldn't be able to stop herself from jumping.

I thanked her for sharing with me and asked her follow-up questions about her safety. I asked her how long she has been having these thoughts, if she has ever attempted suicide before, and if she is currently feeling safe. She reported having these thoughts over the past year. She denied any previous suicide attempts. She was able to commit to safety. I offered to walk her to Boynton Mental Health Clinic. She declined the offer to go to the clinic but said that she would call the Clinic after our meeting ended. I am not sure if she followed up with the Clinic.

After the meeting, I submitted a referral to the Care Program for Shawna and called my supervisor for an urgent check-in.

I am going to email Shawna at the end of the business day to reinforce that I'm glad she shared, and include links. I will check in with her again in person at our next weekly meeting.

Here is an example of documentation when a student shares concern about the suicidal ideation of a friend:

Tuesday, Aug 10, 2021 10:45am

Starbucks at the Student Union, meeting with a student employee

Student: Penny Casey

Others: Kate Elwell, Shawna Melendez, and Josh Lim

Penny disclosed that they found a stash of pills in the bathroom that they share with a roommate. Their roommate hasn't been coming out of their room except for coffee and the bathroom for three weeks.

I thanked Penny for sharing with me, asked them how long they noticed this behavior from the roommate, and asked where the pills are currently. Penny shared that they noticed this behavior over the past three weeks and they believe that the pills are still in the shared bathroom. I asked Penny about what it is like to be facing this with their roommate, and how they are doing in this situation. Penny shared that it has been stressful, but that they are managing okay. I asked Penny for the roommate's name (Georgina Johnson), and if there are any other concerns about the roommate. Penny denied any other concerns.



After the meeting, I submitted a referral to the Care Program/BCT for Penny's roommate and emailed my supervisor requesting a quick meeting without including Penny or the roommate's name in the email.

I am going to email Penny at the end of the business day to reinforce that I'm glad they reached out to me and will include links to resources for those supporting people in emotional distress. I will check in with Penny again in person at our next weekly meeting.

Here is an example of documentation when a student references suicidal ideation in written communication:

Tuesday, Aug 10, 2021 7:00pm

Written or electronic communication

Student: Jim Smith

Professor: Kate Elwell

Jim wrote in an email, "I cannot do this anymore, things are horrible and I don't know how to cope."

First, I thanked Jim for confiding in me and communicated that as a staff at the U, we care about student well-being and that part of my role is to consult with colleagues because we take notice when/if a student shares how they are feeling and doing. In order to clarify and understand the intent of Jim's message, I followed up with an email to Jim to clarify and share resources. I emailed: "Jim, at times, I will reach out to students directly if I have concerns about exhibited behaviors or written/verbal communication. I wanted to clarify what you meant when you wrote "_____" in your email. I am concerned and want to make sure you get support and are connected to helpful resources."

After emailing the student, I also consulted with and made a referral to the Care Program/BCT. Upon receiving the student's response, which was "I was just stressed out." I updated the Care Team who will also email the student offering resources and support.

Remember to store this documentation in a secure and private place. This may be different depending on your role at the University. If you have questions about where an

appropriate place to store documentation is based on your role and your reporting requirements, please consult with your direct supervisor. Depending on how documentation is stored, it may become part of a student's educational record subject to



FERPA obligations.

In addition, the actions of support that are referenced in the scenarios are approached with the understanding that each student and situation is unique. Clarifying intent and following through by email or during a 1:1 meeting provides an opportunity for staff to increase understanding of the student's perspective and intention. A statement that may be interpreted as a crisis or concern may actually be a student's opportunity to express feelings of frustration. At other times, it is a crisis and a request for help. Either way, we always take the student messaging seriously and offer resources, but we also want to recognize that students may find a paper or an email an outlet of expression.

Talking with a student with concern

Talking with a student of concern

Having a direct conversation with a student you are concerned about is a way of showing that you care. This sends the message that you see them, their concerns matter, and their mental health is worthy of being cared for. Show them respect and validate their emotional experience. Speaking directly about mental health issues decreases stigma and increases the chances that students will get the treatment that they deserve and need.

A guide for how to respond to a student in distress: [Red Folder](#)

When to ask a student if they are considering suicide

You might be wondering when it's time to ask a student if they are considering suicide. Being aware of suicide risk factors can help you know when the right time to ask might be. If a student is showing any [risk factors](#), it is an important time to ask about their wellbeing and mental health, and if they are experiencing suicidal thoughts or risk.

Similarly, if students show warning signs listed below, it is the right time to ask about suicidal thoughts or risk:

- Any talk of suicide or talk of wanting to die or be dead (talk of not wanting to be around, wishing they were dead, ending their life)
- Talking about having no hope or reason to live
- Searching for a way to kill oneself such as looking online or searching for suicide methods
- Giving away personal belongings or talking about a suicide note
- Access to lethal means
- Disclosure of previous suicide attempt(s)
- Suicide of someone close to them (family/friend)



- Mental health concerns such as depression or another mood disorder
- Dropping out of activities, classes, groups, or becoming disengaged
- Behaving more aggressively or recklessly

How to ask a student about their suicidal thoughts and level of risk

Expressing care and concern and actively listening to students sharing their distress are good ways to go about creating a safe space where students might feel comfortable talking about their mental health. Allow yourself permission to be supportive without having to solve the student's emotional or mental health problems.

The following are helpful steps to take when asking a student about suicide:

- If you're in email or text communications, ask if they'd be willing to talk with you on Zoom or on the phone. If they are not open to speaking on Zoom or the phone, it is ok to continue the conversation in email or text.
- If you talk in person, talk to them in private
- Listen to their story with openness and empathy
- Tell them you care about them and their mental health (e.g., "Thank you for sharing this with me. I care about you and your mental health.")
- Ask directly if they are thinking about suicide (e.g., "Are you having thoughts about wanting to die or thinking about killing yourself?")
- Direct them to the appropriate mental health resources on campus
- Encourage them to seek help
- Avoid debating, problem-solving, or trying to convince them to live

What to say if a student says they are experiencing suicidal thoughts

If a student expresses suicidal thoughts, you should take them seriously. Ask if they plan to harm themselves and how. You should consider asking them to remove access to anything that they could use to harm themselves and assist them in seeking urgent counseling services. Staying with them and escorting them directly to Boynton Mental Health Clinic or Student Counseling Services is a supportive and helpful way to ensure they are seen by a professional mental health counselor.

Students are deserving of full transparency, so you should communicate directly to the student when you will be seeking consultation. When a student shares their intent to harm themselves or others, you are required to act. You are not asking their permission—as it is your professional obligation to intervene when you have concerns about the life of a student—but you can indicate your care. For example, you may say, "My colleague in the Care Program will be reaching out to you to check in and help you



make a plan to stay safe,” or “I am so grateful that you’ve shared with me today. I am going to consult with my colleague at the Student Counseling Services so that I can be sure to help you stay safe.”

When the Care Program reaches out to a student of concern, they strongly prefer to identify a referral source. This means that they would prefer to share the name of the person who is concerned about them. The rationale for this is twofold:

1. Transparency. By naming who is concerned, the Care Program is demonstrating respect for student self-determination and agency.
2. It could increase suspicion and paranoia, and the concern of “who is in my business” if a reporting party is not named.

Referring a student in crisis

When referring a student in crisis to a resource, it is important to gather relevant information to share with the provider who will see that student. Below is a list of relevant information for you to consider collecting:

- Presenting issues: what is the main problem the student is facing?
- Your concern: what is the cause of your concern for the student?
- Willingness to seek services: is the student open to this referral or not?
- Risk factors: any thoughts or actions of harming themselves or others? Any awareness of substance misuse/abuse or other risk factors?
- Any other relevant information: anything you, or the student, feels would be important to share with the mental health professional seeing the student?

You can make an urgent referral to Boynton Mental Health Clinic. **Call the front desk at Boynton and tell them that you are escorting a student of concern.**

Boynton Mental Health Clinic: contact 612-624-1444

How to make a non-urgent referral

Assist the student in contacting either Boynton Mental Health Clinic or Student Counseling Services to access services. The front desk of either center will be able to assist you in scheduling a brief consultation appointment where the student will meet with a professional counselor, discuss their concerns, and decide with the support of the counselor what the next steps are to access appropriate services.

24/7 UMN Support and Crisis Helpline

It’s important to know that the University of Minnesota has a 24-hour phone and text Crisis Line dedicated to supporting students that need to speak with a counselor urgently. The Crisis Line is also able to coach an individual who is supporting a



student

in crisis, or concerned about someone in crisis. Please share this number with students. It can be extremely helpful to have students enter these numbers into their cell phones so that they have quick access to this resource when they need it most.

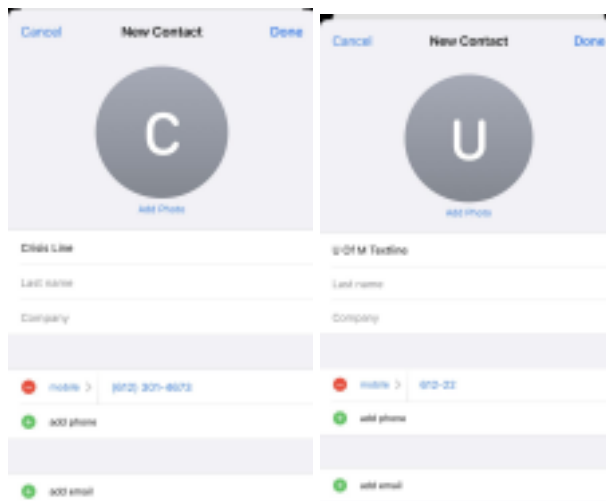
You should pause now to enter these numbers into your phone.

Crisis Line

612-301-4673

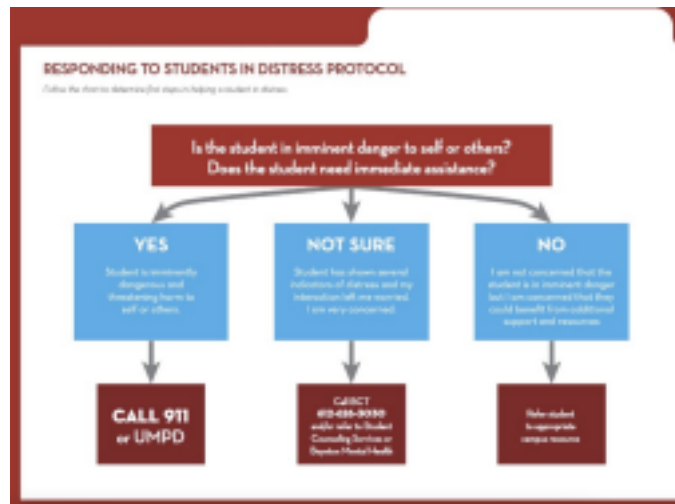
U of M Textline

Text "UMN" to 61222



Assessing urgent vs non-urgent situations

It can be helpful in a crisis situation to be able to assess urgent versus non-urgent situations. An urgent situation is one where there is a risk of harm to the student or another person. This could include the risk of suicide or harm to others, and it could also include the risk of serious malnutrition or substance misuse or abuse.



<https://provost.umn.edu/sites/provost.umn.edu/files/2020-03/redfolder.pdf>

Connecting with law enforcement

If a student expresses a desire to kill themselves, has thought of methods, has access to lethal means, has made plans, has an intention to follow through, and is not willing to go with you to access mental health resources, it is time to contact 911 in order to keep them safe. You may also consult with the Care Program in this process. It may also be helpful to have support from your supervisor or another colleague as well.

There are certain—limited!—situations when it is not optional to call 911. Calling 911 can be required to protect the fundamental safety of a student.

In situations of immediate and life-threatening harm, we are responsible for involving emergency personnel (including law enforcement), who are trained and equipped to provide immediate responses to promote safety. This means that, if you have a clear indication that someone has a suicide plan, intent, and access to lethal means (i.e. a weapon), you should contact law enforcement. In most other situations involving potential suicidality—when the risk of life-threatening harm is not immediately present—you can first consult with the licensed mental health professionals at Care/BCT, Boynton Mental Health Clinic, Student Counseling Services (during business hours), or UMN's 24/7 crisis line (outside of business hours).

Upon calling 911, you will be connected with a dispatcher. You will be asked to share your name and contact information, to provide the location of the incident, and to describe the situation. Providing as much detail as possible is useful to law enforcement as they respond in an effort to keep the student and community safe. Some details that you might consider including are the name of the student, the current location of the student, the specific concern, whether the student has access to lethal means (and if



yes, what means), and any other details that would help law enforcement provide comprehensive and timely support to protect the student and community from harm.

UMPD Dispatch provides all of the information that they have received from the reporting person and gives it to the responding UMPD officer. It is essential that the reporting person provide as much detail as possible to prepare officers for their response. Upon arrival, UMPD officers will evaluate the situation using information from any witnesses on the scene, the individual that may be experiencing a crisis episode, the previously known information from the reporting person, and the officer's observations. All UMPD officers have received training in crisis intervention, mental illness crisis, and de-escalation. Officers and/or paramedics will give the individual experiencing a mental health crisis the opportunity to be voluntarily transported to a crisis facility. If the individual experiencing a mental health crisis refuses voluntary transport, and is deemed a threat to themselves or others and/or is unable to care for themselves, a 72-hour hold will be placed on the individual. The patient will be transported to a hospital where there is crisis mental health care and they can be evaluated by mental health professionals.

Hesitance to connect students with law enforcement

Some students have trauma from past personal or community experiences related to interacting with law enforcement. Both [quantitative](#) and qualitative data show us that people of marginalized identities—specifically, [Black](#), [Indigenous](#) and [people of color](#); [trans and gender-expansive people](#); [people experiencing acute mental health challenges](#); [immigrants and refugees](#); [substance users](#); [survivors of interpersonal and political violence](#); [people who identify as having a disability](#); and [impoverished and/or unhoused people](#)—are at increased likelihood of experiencing individual and community trauma from law enforcement interactions. Additionally, students of all social identities may have had previous interactions with law enforcement officers and/or other authority figures that had a traumatic impact. These traumatic impacts can manifest in a [variety of ways](#). This means that actual and/or potential interactions with law enforcement may trigger trauma responses in the students involved and/or in the student body/community at large.

Some staff/faculty also have trauma from past personal or community experiences related to interacting with law enforcement. Faculty and staff are also human beings with social identities and life experiences! Everything stated above can and does apply to employees of UMN, not just to students. Some students, staff/faculty, and community members also report positive experiences with, and perceptions of, law enforcement involvement in mental health crisis situations. There is no monolithic experience with, or beliefs/values about, this complex and high-stakes topic.

All of these experiences are real and should be honored. A trauma-informed approach



to interacting with fellow humans guides us to believe what people tell us. When people/communities tell us that police make them feel safer in mental health crisis situations, we can choose to honor this as their truth. When people/communities tell us that police make them feel less safe in mental health crisis situations, we can likewise choose to honor this as their truth. Our own individual values, beliefs, and experiences related to law enforcement do not necessarily align with the values, beliefs, and experiences of the student/person at the center of any given situation. Our role as UMN employees is to balance our individual values/experiences, the student's/impacted person's values/experiences, and the requirements/choices for action and resources within our campus and public safety systems as they currently exist.

What campus partners are doing to reduce police presence when responding to suicide/safety concerns

- Housing & Residential Life (HRL) has decreased the number of situations for which their staff will automatically seek assistance from law enforcement in our residence halls and apartment buildings. The parameters for calling UMPD are as follows: When HRL staff has observed a crime in progress that cannot be properly managed without law enforcement, and/or when HRL staff becomes aware of an immediate threat to the life or safety of someone in our community, law enforcement will be contacted.
 - HRL has protocols in place to assess suicide & safety concerns with students through the use of the University's 24-hour Crisis Line, collaboration with the Care Program and the Behavioral Consultation Team, and after-hours support/consultation from HRL on-call professionals.
 - HRL does not employ clinical mental health staff, and much of the after-hours support immediately available to residents comes from Community Advisors, who are also students. For this reason, there are times when Housing & Residential Life needs to contact law enforcement, such as if they become aware that there is a clear and imminent risk to resident safety. HRL staff are not trained or prepared to encounter a situation of self-harm in progress.
- [Student Affairs Care/BCT](#) staff work at various individual and systemic levels to reduce the involvement of law enforcement to only those situations when it is deemed absolutely necessary. In fact, the entire existence of the Care/BCT office can and does reduce the amount of law enforcement involvement due to the program's trauma-informed approach, consultation with students and campus partners, and coaching faculty/staff to navigate situations of risk. UMN community members can contact Care/BCT (and/or SCS and Boynton Health) first to triage safety



concerns, and determine if the Care/BCT office can manage the potential concern (which is the case the vast majority of the time) or whether involving UMPD or other local law enforcement is necessary (which is the case a small minority of the time).

- Care/BCT services serve to connect with students—particularly those who are not responsive to other communications—to confirm safety and guide them to resources, to better understand students' intentions and needs, and to communicate with students' emergency contacts as needed.

What to say if a student says they are not considering suicide

If a student shares they are not considering suicide, listen openly to any other concerns that they might express. Providing an open ear, compassion, and validation for their concerns is essential to them feeling heard and understood. If they have expressed feeling safe, you can tell them you are glad they are feeling safe, and that their current concerns and mental health matter. You can then share mental health resources on campus and support them in accessing these resources and prioritizing their wellness and mental health.

Student resistance to accessing mental health support

For non-emergency situations

If you come across a student who is resistant to accessing mental health support, treat them with the same respect, support, and validation as you would with any other student. Listen to their concerns about accessing mental health care and validate their situation. Let them know that mental health support is available to them if and when they are ready.

It also can be helpful to explain that the first meeting at Boynton Mental Health Clinic or Student Counseling Services is not a counseling session. The first meeting is a brief consultation to share their concerns and explore what options might be best for each individual student. This is a good opportunity for students to ask questions about the counseling process, share any concerns or fears they might have, and have those questions and concerns be addressed.

Other non-mental health professional counseling supportive resources If students are clear that they are not comfortable with accessing mental health services with a professional counselor, it is important to also share referral information for [other non-professional counseling supportive resources](#). See the resources listed below.

Let's Talk



[Let's Talk](#) is a free virtual drop-in service that offers informal, confidential consultations for students throughout the academic year. No appointment is necessary, so a student can drop in virtually during the scheduled times. Let's Talk is not a substitute for formal counseling and does not constitute mental health treatment, but counselors can listen to specific problems, provide support, explore solutions, and share resources. To get started, a student will complete a [brief Let's Talk intake form](#) and select the desired calendar Zoom link to access the meeting. Once a student accesses the Zoom link, they will be admitted to the waiting room. When the counselor is available they will admit students on a first-come, first-serve basis. There may be a wait if a counselor is seeing another student. Please note that Let's (Tele) Talk Consultations are 1:1 meetings. Let's Talk counselors offer regular weekly time slots; however, please check the [Let's Talk website](#) for updated hours of service

Learn to Live

[Learn to Live](#) is an online therapy program that is available and free for students (code "UMN"). Learn to Live offers five highly effective online programs based on the proven principles of Cognitive Behavioral Therapy (CBT). Programs are confidential and accessible anywhere with the following topics: social anxiety, depression, insomnia, substance use, and stress/anxiety. These online programs are available to students regardless of their location.

Affinity Spaces at Student Counseling Services

Student Counseling Services offers [affinity groups](#). These are spaces for individuals to connect and share lived experiences based on shared identities. These groups exist to create space where individuals can support one another, explore their identities, discuss the impact of systems, create a sense of community, highlight their resilience, and share difficult experiences in a safe, supportive online environment.

BIPOC Mental Health Collective

[The Black Indigenous People of Color \(BIPOC\) Mental Health Collective \(MHC\)](#) was formed in January 2019 due to a community desire to create a radical healing space to foster conversations around the topic of Mental Health and Wellbeing in the BIPOC communities. They acknowledge that much of the current resources/services at the University of Minnesota fit within the traditional white western mental health framework, and their collective strives to disrupt that model. This group is open to students (undergraduate and graduate), staff, and faculty at the University of Minnesota. This is a space for Black, Indigenous, Latinx, Middle Eastern and North African (MENA), Desi, Asian, and/or People of Color--including mixed-race, QTPOC, and trans-racial adopted folks.

YOU@UMN



[YOU@UMN](#) is a well-being portal for University of Minnesota students offering tools, dynamic content, and resources built to align with on-campus health and wellness programs and resources. The platform is highly personalized and will help UMN students find the campus and community content and campus resources tailored to their individual needs and personal goals.

How to support a student who is supporting someone considering suicide At times, it may not be that the student you are with is the one facing suicidal thoughts. Oftentimes, we meet with students who are concerned about the wellbeing and safety of their friends. Students often tell their friends about their struggles before family members, faculty, or staff. Therefore, students can often be concerned for their friends.

In a situation where you are responding to a student's concern for someone else, remember that you are providing support to the student in front of you. The student you are talking to is the primary target for support right now; don't ignore their distress to talk about or problem-solve about the student for whom they are concerned.

Throughout the conversation

- Listen to the student with openness and empathy—it is likely that the student had a difficult time making the decision to tell you about their concerns for another person.
- Refrain from disclosing anything you may know about the student's situation during this conversation, even if you know something about the student of concern's situation. Be transparent that you can neither confirm nor deny what they are reporting. You can receive information from a student, but you cannot share any.

As early as possible in the conversation

- Remind the student that you are a mandated reporter, and if they share information with you regarding sexual misconduct or any abuse/neglect of a child, you will be [required to report that information](#).
- Let the student know that Boynton Mental Health Clinic, Student Counseling Services, and the Aurora Center are options for confidential support.
- Remind the student that as a member of the University of Minnesota community, you are [encouraged to prevent, stop, and report all acts of discriminatory conduct](#)

After you have listened to the student's concerns

- Validate the student's perspective and experience. It is scary when a friend or family member is talking about killing themselves; of course they are concerned! This makes it more likely they'll continue coming to you with concerns. Affirm for



the student in front of you that this situation *is* concerning (from their perspective) and that you are grateful that they are bringing this situation to your attention. • Be aware of how this stress is impacting the student sharing their concern. Talk with the student about managing their own stress and reactions to this situation. Support the student in making a plan to care for themselves while being concerned about another student.

- Reassure the student that you will do all you can to ensure the student of concern gets care and support. Be transparent that if the student of concern's health/safety is at risk, you will need to share that fact with the Care Program/BCT. Ask for and document the name, contact information, and general details of the student of concern. At a later time, you will share this information with the Care Program/BCT.
- Communicate directly that they are not responsible for anyone else's health and safety.
- Remind them of their need to set boundaries. Their primary duty is their own health and learning; they do not need to feel guilt for not "saving" another student. Indeed, the student may be at risk of over-caring for their friend to the extent that the friend feels like they do not need professional support.
- Help the student to identify mental health resources on campus, both for the person they are concerned about and for themselves to have support during this stressful time.

Toward the end of the conversation

- Check in with the student to see how they are feeling at the end of your meeting if they have any more questions, or what else they need in order to feel supported.

After the conversation

- Check in with the student some time later to see how they are feeling after having a deep concern for a friend.

Considering how to support a student you do not directly observe

When a student indicates that they are concerned about another student, you may notice yourself automatically begin to plan how to help the student of concern. We ask that you pause, and consider what the appropriate next steps are. Some questions to consider as you plan your next step:

Is the student's health/safety of concern enough that you must do something? 1. If yes, take action. You can [make a referral to the Behavioral Consultation Team](#). 2. If no, ask yourself the following questions.



- a. If their fundamental health/safety is not at risk, can you subtly check in with them?
- b. Can you proactively offer support or resources to an entire group without singling out the student of concern?
- c. How can you prepare to respond in case the student does seek support from you?

Staying available to support/refer students again in the future

After you have supported students, it is helpful to let them know that you are available to offer support and assist them with appropriate referrals again in the future. Students, like everyone, build trust over time. Letting them know you are there for them will increase the chances that they reach out in the future when they are struggling and ready for support.

Caring for yourself when caring for others

Caring for yourself

Caring for yourself is the first step of being able to care for others. It's important to remember that your own mental health matters and that you need to take good care of yourself in order to best support your students.

Actions to consider as you prepare to support student mental health The best way to prepare yourself before coming into a potential crisis situation is to take good care of yourself, have a plan for how you want to care for others, and know what resources are available to students.

Below are some actions to consider as you prepare to support students in distress:

- Take good care of your own mental health.
- Be aware of what you want your boundaries to look and feel like with students. ● Set expectations of these boundaries with students early on—be clear that you are open to supporting them and listening to their concerns and needs. ● Focus on students' mental health and wellness early on by, for example, naming its importance, adding wellness exercises into your curriculum or agenda, and encouraging students to prioritize their mental health and seek mental health counseling services. These are all preventative measures so that students may be less likely to end up in a crisis situation.
- Consider adjusting your work or building in a cushion at those times to have more bandwidth to support students. For example, during midterms, hold an



additional hour of office hours AND block a few hours on your calendar to have the space to support students.

- Examine your own values and the expectation of your role on campus, and decide in advance of a crisis situation what resources you will use.
- Stay familiar with campus resources.
 - Add crisis information into your phone so you can access it.
 - Know how to google “umn + _____” to show students how they can access information.

Managing your own emotions when supporting students

It's normal to find yourself having feelings related to talking to a student about suicide. Allow yourself permission to notice how you feel and attend to those feelings. Learning to manage your emotions during this process will help to make the conversation with the student smoother for both of you.

- Remember to breathe
- Keep your focus on the student in need
- Know that you are not alone in this process
- Seek support from a supervisor or colleague
- Seek [free, confidential support from the Employee Assistance Program](#) 24 hours a day, 7 days a week
- Seek consultation from Boynton Mental Health Clinic, Student Counseling Services, or the Behavioral Consultation Team (BCT)
- Take time to process what happened with a trusted colleague after the student has left

How to set boundaries on when you are and are not available to support students There may be times when you are not available to support students; you may be struggling with personal issues, you may be burned out, you may have other obligations, or you may not want to have that level of relationship with a student. Whatever your reason, it is ok for you to set a firm boundary. When setting a boundary, you are still able to support the student in getting the care they need. Some examples of respectful boundary-setting are:

“I am so glad that you are reaching out for help; it sounds like you are right to be seeking support. I want to connect you with someone who is able to support you. Here is the number for Boynton Mental Health Clinic (612-624-1444). Would you like to call and schedule an appointment while I am here?”

“Thank you for trusting me with your story; this is so much for you to carry. Because I care deeply about your well-being, I want to connect you with



someone who is trained to help.”

What is important is to be able to communicate that to students in a way that sets a boundary for you and still supports them in getting the care that they need.

Fight or flight response and needing to decompress

When in a stressful situation, our bodies experience fight, flight, or freeze response. You may find your autonomic response system being triggered when learning about a student's suicidality. Your body/brain rightly perceives a threat to someone's fundamental safety. Physical symptoms may include a rapid heart rate and breathing, sweating, stomach distress, and/or increased blood pressure. If you're able, give yourself a moment to process the information and return to homeostasis before making decisions about action. If time is of the essence, at least try to take a few deep breaths before responding.

We may feel the physical impacts of the stress we have been through and need an opportunity to decompress and process what just happened. It is normal to feel stress in your body when you are concerned about students. After the situation has been attended to, try to give yourself time to decompress. When our autonomic response systems are alerted, we need time to return to homeostasis. When we're alerted again and again, as can be the case for many of us providing student support, we're at risk for compassion fatigue and burnout.

It's important to have support from others who we can talk to about our stressors in a way that remains respectful of students' privacy. Reach out to your supervisor or a supportive colleague to share what you have been through—the impact on you, not the student's situation—and have a chance to lower the levels of stress on your body and mind.

Attending to yourself after supporting someone

After you have supported a student of concern, it's important to check in with yourself. How are you feeling? How did that go for you? Is there any support that you are needing now? Listening to how you are feeling and giving yourself what you need are essential in taking care of yourself.

Self-care strategies

Wondering what are some ways that you can take care of yourself? Below are some great self-care tips!

- Get good sleep. Have a regular sleep schedule (go to bed and wake up at the same time).



- Drink water. Staying hydrated is essential to feeling well.
- Eat food that fuels you. Food meets many needs: hunger, grief, celebration, and connection. Make sure to fuel yourself.
- Move your body. Moving the body will help decrease stress and improve health.
- Connect with nature. Go outside, notice your feet on the ground or your weight in a chair, pay attention to your surroundings, look at the sky! Pay attention to small details like the color of the leaves with the backdrop of the blue.
- Practice gratitude. Focusing on things we are grateful for makes us notice more things that we are grateful for, no matter how small or large.
- Connect with others. We are social creatures, and social connections positively impact our health.
- Connect with a trained helper. A therapist or counselor will provide skilled support as you care for yourself. Other trained helpers in your life may include clergy, spiritual guides, or life coaches.
- Connect with yourself. Balance being with others alongside having space and time for yourself.
- Find time for joy. It's important to hold space for the feeling of experiencing joyfulness.

Compassion fatigue and burnout

Stress is a part of life. Managing stress is an important part of taking care of ourselves. However, it's important to know whether what we are dealing with is stress, burnout, or compassion fatigue.

Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress, typically related to stress at work. Stressors can be related to the job, one's supervisor or coworkers, or poor work culture. It has physical, emotional, and behavioral symptoms. Burnout can feel like constant bad days, exhaustion, mind-numbing or overwhelming tasks, or work overload. You may feel like you're making no progress or that nothing you do makes a difference or is appreciated.

Compassion fatigue is the stress resulting from exposure to a traumatized individual or many traumatized individuals over time. It leads to physical and emotional exhaustion and a diminished ability to care for or show compassion to others.

Sample language

Below is some language that you can use with students when you are not able to offer further support for the student but want to connect them with someone who can.

For example:



If you are unable to support someone with eating disorders due to personal circumstances you could say:

“I am so appreciative that you are seeking help for your own concerns with your eating. I would like to connect you to [resource] to be sure you are well cared for.”

If you are unable to support someone due to burnout or feeling emotionally drained you could say:

“I care deeply for you and am glad that you are seeking help. As I manage a personal situation, I am not available to support you in the way that I wish I could. Let me help you make a plan to access support for [issue] / Let me connect you with the Care Program so that I know you are in good hands.”

Getting the support you need

Taking care of yourself is not only good for you but a wonderful modeling behavior for those around you, especially for students. Students listen to our words, but they also watch our behavior. They are watching to know what behavior is okay and not okay. Practicing self-care and seeking support when you need it gives others permission to take care of themselves as well. This is a critical way that you have the power to change mental health stigma and make prioritizing mental health wellness an accepted and welcomed part of our community.

Resources for University Employees

University-sponsored resources

- [Employee Assistance Program](#)
 - Confidential professional consultation and referral services to address any personal or work concern that may be affecting your wellbeing; receive up to eight sessions per issue at no cost.
- [Earl E. Bakken Center for Spirituality and Healing](#)
 - Learn and practice skills for individual well-being. Most offerings are held via Zoom; some free activities, some activities available on a sliding fee scale. Check event details for more information.
- [BIPOC Mental Health Collective](#)
 - A space for Black, Indigenous, Latinx, Middle Eastern and North African (MENA), Desi, Asian, and/or People of Color voices, experiences, and stories; mixed race, QTIPOC, and trans-racial adopted folks. Open to students, staff, and faculty.
- [Black Faculty & Staff Association](#)
 - The mission of the Black Faculty & Staff Association (BFSA) is to build and



maintain a well-connected community of Black employees to increase their sense of belonging and affinity to the U of M.

[Save and print a copy of these resources](#) for future reference.

Non-University resources available in the Twin Cities

- [Hennepin County. Mental health and substance use services](#)
 - Holistic, trauma-conscious, and healing-centered services; accepts public insurance, sliding fee scale
- [Kente Circle](#)
 - Black-owned community mental health clinic; accepts insurance
- [Lutheran Social Services \(LSS\). Military & Veteran Services](#)
 - Focused on veterans and families of veterans; accepts insurance
- [Minnesota CarePartner](#)
 - BIPOC-led and centered; accepts insurance
- [MN Mental Health Providers of Color Database, created by Larry Yang](#)
 - Search for providers by identity and specialty
- [Native American Community Clinic. Behavioral Health Services](#) ○ Native American-centered, all welcome; provides care regardless of ability to pay
- [NorthPoint Health & Wellness Center. Behavioral Health](#)
 - Multi-specialty health center serving North Minneapolis; accepts insurance and managed care plans, sliding fee scale
- [Psychology Today](#)
 - Searchable directory for community therapists, filter by identity
- [Ramsey County. Mental health & crisis services](#)
 - Comprehensive behavioral and chemical health services for people with private insurance, public health care, or without insurance on a sliding fee scale
- [Walk-In Counseling Center](#)
 - Non-profit, non-religious, anonymous, no appointment necessary; free
- [Wilder Foundation. Mental Health & Wellness Services](#)
 - Culturally appropriate and trauma-informed services; insurance accepted but not required

Grounding techniques

As we come to the close of this training, we would like to offer a reminder again on the practice of grounding skills. Bring yourself back to the present moment and engage your thinking brain. Place your feet firmly on the ground, take slow deep breaths (in through your nose, hold it, and exhale completely out through your mouth, repeat), name objects you can observe in your environment, notice yourself settling deeper into your space,



remind yourself that you are in a safe place. Slowing down offers you the gift of noticing your surroundings and taking in the present moment. Engaging in calmness and grounding skills will assist you in being present during potentially stressful situations and help you to best support students in distress.

Closing

Comprehension Check

1. Which of the following campus resources are appropriate referrals for students experiencing thoughts of suicide? Check all that apply.

a. Boynton Mental Health Clinic (student goes)

Boynton Mental Health Clinic provides individual counseling and psychiatric treatment for students. Students can call the clinic during business hours at 612-624-1444 to schedule a time to consult with a professional counselor.

b. Let's Talk (student goes)

Let's Talk is not a substitute for formal counseling and does not constitute mental health treatment; counselors can listen to specific problems, provide support, explore solutions, and share resources. Let's Talk is not designed to provide crisis support.

c. Student Counseling Services (student goes)

Student Counseling Services provides individual counseling with licensed mental health professionals to help students address mental health concerns.

d. Care Program (student goes)

The Care Program team supports students by providing on and off-campus resource referrals. A student can request to meet with a team member 1:1 (in person or virtual) to learn more about campus resources. The Care Program also supports staff and faculty in responding to student concerns/referrals.

e. Care Program / BCT (staff/faculty referral)

The Care Program / BCT is a consultation source for faculty and staff who have concerns about the safety and well-being of a student. The team will review the referral information, concerns, consult and brainstorm intervention steps with faculty and staff. The Care / BCT team is your partner in supporting student well-being. Staff and faculty can submit an online referral form or contact the team directly if they think a student's safety is at risk. *Care / BCT team does not serve as a crisis line and imminent



concerns for student safety should be routed to UMN crisis line, 911 or UMPD for intervention.*

2. Which of the following responses are appropriate to say to a student who is experiencing thoughts of suicide?
- a. "Oh, I wish you didn't tell me that."
 - b. "Thank you for sharing this with me"
 - c. "I care deeply for you, and I'm glad that you are seeking help."
 - d. "I am not the right person to talk to about this."

It is important to practice understanding and kindness towards the student by responding in a compassionate way, using gentle and caring language. Reinforce help-seeking behavior and requests for assistance by affirming and validating the student's concerns. Avoid the use of critical, harsh, or judgmental language.

Thank you for taking this course

You have come to the end of this training on responding to student thoughts of suicide. It's important to acknowledge once again that the topic of suicide can be emotionally heavy and draining. Notice how your body feels and what energy you have given in this process. Allow yourself permission to give nourishment and rest back to your body and your mind before you move onto your next task. Be kind to yourself when taking what you need. Take a walk outside, connect with a supportive person, or simply allow yourself permission to rest. Giving yourself what you need will help replenish and restore you for whatever comes next in your day.

Thank you, sincerely and genuinely, for taking this course. The dedication you have shown in caring for student wellness and mental health is evident from the time and energy you took out of your day to be present with us in this training. How you interact with students has a direct impact on the culture of mental health at the University of Minnesota and contributes to a community that demonstrates the importance of student mental health. We want students to know that faculty and staff care about their mental health, not just the dedicated mental health professionals on campus. Thank you for showing your commitment to student mental health and being an important part of changing our culture for the better.

If you have any follow-up questions or concerns, please contact Kate Elwell (kelwell@umn.edu) | Boynton Health at the University of Minnesota–Twin Cities.