Tech Ends Suicide Together

SELF-STUDY

Unit/Group Name:

Self-study conducted by:

Date of study completion:

This Self-Study is intended to be used by each campus unit (e.g., student, faculty, or staff group or department) to define, evaluate and assess which areas of the *Tech Ends Suicide Together* initiative are in place, the degree to which they have been implemented, and to identify future areas for service and program development. The Self-Study can be used as a baseline evaluation measure to initially identify components of this initiative as well as to assess on-going progress in the implementation of programs and services.

All programs and services should be grounded in each unit's professional knowledge of their respective fields and based on proven programs or services that contribute towards enhancing protective factors against suicide and reducing risk factors towards suicide.

This Self-Study reflects the seven core principles of *Tech Ends Suicide Together* and assumes knowledge of the role of primary, secondary, and tertiary prevention in the initiative. Underlying *Tech Ends Suicide Together* is the belief that each member of the Georgia Tech community is a care provider and that each unit contributes in their own unique and distinctive ways to end suicide through the promotion and enhancement of protective factors and reduction of risk factors that contribute to suicide. This fundamental philosophy is paramount to our common goal of preventing and ending suicide as a Tech community.

Area I: LEAD
Leadership that is dedicated and committed to ending suicide and providing appropriate care through programs and services. A desired aspect of leadership is the inclusion of individuals identified as survivors and those with lived experience. There are three essential components: an identified leadership group within the unit, commitment through identification and mobilizing staff, and leadership support.

LEADERSHIP- Leadership is defined as a person or group whose purpose is to promote, establish, and sustain the unit's suicide prevention efforts.

Please indicate your unit's appraisal based on the following:

[1]   Our unit has no identified person or group to spearhead suicide prevention efforts within the unit.

[2]   Our unit has started to identify an individual or group to spearhead suicide prevention efforts.

[3]   Our unit has an identified individual or group to spearhead suicide prevention efforts within the unit but has not yet engaged in actively promoting, establishing, or sustaining suicide prevention efforts.

[4]   Our unit has an identified individual or group to spearhead suicide prevention efforts within the and has begun to engage in actively promoting, establishing, or sustaining suicide prevention efforts.

[5]   There is a formal recognition of an individual leader or group that actively serves to promote, establish, and sustain suicide prevention efforts within the unit.

COMMITMENT- Commitment is defined through the extent to which a unit is effective in identifying and mobilizing its members to engage in suicide prevention efforts <u>and</u> through well-established organization policies and procedures that promote on-going suicide prevention efforts.

Please indicate your unit's appraisal based on the following:

[1]   There is no demonstrated commitment by members of the unit to suicide prevention efforts. There are no organizational policies and procedures in place to promote on-going suicide prevention efforts.

[2]   Our unit has at least 25% of members who demonstrate a commitment to suicide prevention through active involvement of current members.

[3]   Our unit has at least 50% of members who demonstrate a commitment to suicide prevention through active involvement of current members, <u>but</u> there are no organizational policies and procedures in place to promote on-going suicide prevention efforts.

[4]   Our unit has at least 75% of members who demonstrate a commitment to suicide prevention through active involvement of current members <u>and</u> our unit is developing policies and procedures to promote on-going suicide prevention efforts.

[5]   Our unit has a strong commitment to suicide prevention efforts demonstrated through active involvement of <u>all</u> members, *and there are organizational policies and procedures in place to promote on-going suicide prevention efforts.*

LEADERSHIP SUPPORT- Leadership support is defined as the extent to which a unit is effective in providing support and recognition to unit members to continue active involvement in suicide prevention efforts and also provides opportunities for professional development to further member's knowledge and awareness of suicide prevention.

Please indicate your unit's appraisal based on the following:

[1]   Our unit has no leadership support or recognition of unit members for their active involvement in suicide prevention efforts.

[2]   Our unit is beginning to establish a commitment to leadership support of its members for their active involvement in suicide prevention efforts.

[3]   Our unit has established leadership that is committed to providing support and recognition to members, but there is yet no systematic means in place to provide on-going recognition and support.

[4]   Our unit has leadership that is committed to providing support and recognition to members and also working to establish a systematic process to provide on-going recognition and support to members.

[5]   Our unit has on-going and systematic support from the leadership of the unit in providing support and recognition to unit members to continue active involvement in suicide prevention efforts. *There is also on-going and systematic support to provide members with opportunities for professional development to further their knowledge and awareness of suicide prevention.*

Area II: TRAIN
Training is critical to providing a network of informed campus members on the philosophy of Zero Suicide and suicide prevention and intervention (i.e., the warning signs and risk factors of suicide and information on available campus services). The unit has made a total commitment of its members to engage in suicide prevention training.

Please indicate your unit's appraisal based on the following:

[1]   Our unit members have not received training on suicide prevention and intervention.

[2]   At least 30% of unit members have successfully received training on suicide prevention and intervention.

[3]   At least 50% of unit members have successfully received training on suicide prevention and intervention.

[4]   At least 75% of unit members have successfully received training on suicide prevention and intervention and at least one unit member has been certified to provide suicide prevention training.

[5]   100% of unit members have successfully received training on suicide prevention and intervention. *At least one unit member has been identified and certified to provide suicide prevention training.*

Provide information on training approaches utilized (e.g., *QPR-Question, Persuade Refer*):

Area III: IDENTIFY
A network of care is established in which all campus members work to identify those at risk for suicide. This involves the development of skill sets to identify suicide risk, the knowledge of campus resources, and the ability and will to intervene appropriately.

Please indicate your unit's appraisal based on the following:

[1]   Our unit has no guidelines and procedures in place to identify persons at risk for suicide and no knowledge of campus or community resources for persons at risk for suicide.

[2]   Our unit has knowledge about campus or community resources and services for persons at risk for suicide, but no guidelines or procedures in place to identify persons at risk for suicide.

[3]   Our unit has knowledge about campus or community resources and services for persons at risk for suicide, and has developed guidelines and procedures in place to identify persons at risk for suicide.

[4]   Our unit has knowledge about campus or community resources and services for persons at risk for suicide, and has developed guidelines and procedures in place to identify persons at risk for suicide. *In addition, our unit has identified other campus or community resources for collaboration to enhance current guidelines and procedures for those persons at risk for suicide.*

[5]   Our unit has knowledge about campus or community resources and services for persons at risk for suicide, and has developed guidelines and procedures in place to identify persons at risk for suicide. *Our unit collaborates with campus or community resources to enhance current guidelines and procedures for those persons at risk for suicide.*

Area IV: ENGAGE
Establishing an effective plan for providing care to those identified at risk for suicide is crucial for each campus unit. By developing an effective plan, each unit defines their unique services and the extent of their services to adequately maintain the safety of those at risk. Effective plans also recognize unit limitations and the importance of appropriate collaboration to ensure the safety of persons at risk for suicide.

Please indicate your unit's appraisal based on the following:

[1]   Our unit has no guidelines and procedures in place to engage persons at risk for suicide.

[2]   Our unit has a plan to establish guidelines and procedures to engage persons at risk for suicide and is aware of appropriate resources.

[3]   Our unit has established guidelines and procedures to engage persons at risk for suicide and provides appropriate resources.

[4]   Our unit has established guidelines and procedures to engage persons at risk for suicide and provide appropriate resources. *In addition, our unit has identified other campus or community resources for collaboration to ensure treatment and safety for those persons at risk for suicide.*

[5]   Our unit has established guidelines and procedures in place to engage persons at risk for suicide *and collaborates with campus or community resources to ensure treatment and safety for those persons at risk for suicide.*

Area V: TREAT
Counseling center and other campus mental health professionals provide therapeutic interventions that are rooted in theory-based, empirically supported approaches that are specific to college student development and targeted to the remediation of suicidal behavior, the reduction of suicide risk factors and the enhancement and promotion of the protective factors. Based on their experience and expertise, campus mental health professionals are also uniquely qualified and obligated to provide programs and services at the secondary and tertiary level of prevention/intervention.

For other campus units, treatment should take the form of programs or services that are informed by the latest research findings regarding suicide prevention, including the reduction of risk factors and the promotion of protective factors.

Please indicate your unit's appraisal based on the following:

[1]   Our unit has no identified systemic, integrated process for providing programs or services that contributes to either primary, secondary, or tertiary level of suicide prevention/intervention.

[2]   Our unit currently provides at least 1 program or service that contributes to either primary, secondary, or tertiary level of suicide prevention/intervention.

[3]   Our unit currently has at least 2 established programs or services that provide primary, secondary, and/or tertiary prevention/intervention. In addition, guidelines and procedures are being developed, but have not yet been put into place for the purposes of program/service improvement.

[4]   Our unit currently has at least 3 established programs or services that provide primary, secondary, and/or tertiary prevention/intervention. In addition, guidelines and procedures have been developed and are in place to implement programs and services and to evaluate and assess ongoing programs for the purpose of program/service improvement.

[5]   Our unit currently has at least 5 established programs or services that provide primary, secondary, and/or tertiary prevention/intervention. *For mental health professionals, at least 1 additional program or service is dedicated to secondary or tertiary prevention.*

In addition, guidelines and procedures have been developed and are in place to implement programs and services and to evaluate and assess ongoing programs for the purpose of program/service improvement.

Area VI: TRANSITION
Transition involves care for the individual at risk that is continuous and ongoing. Care is broadly defined as follow-up contact after the initial engagement with the person at risk (see Area IV). Campus units should develop effective guidelines and procedures to maintain and extend care in a manner appropriate to each unit.

Please indicate your unit's appraisal based on the following:

[1]   Our unit has no guidelines or procedures in place to re-engage with an individual at risk for suicide.

[2]   Our unit has begun to establish guidelines or procedures that clearly defines the process of re-engagement with an individual at risk for suicide.

[3]   Our unit has established guidelines or procedures that clearly defines the process of re-engagement with an individual at risk for suicide. Guidelines include confirmation of a plan for treatment and safety.

[4]   There are established guidelines or procedures in place that clearly defines the process of re-engagement with an individual at risk for suicide. Guidelines include confirmation of a plan for treatment and safety *and continued collaboration with appropriate units.*

[5]   There are established guidelines or procedures in place that clearly defines the process of re-engagement with an individual at risk for suicide. Guidelines include confirmation of a plan for treatment and safety, continued collaboration with appropriate units, *and ongoing re-engagement until such time that the person is no longer at risk.*

Area VII: IMPROVE
A strong dedication and commitment must exist among campus partners to engage in a culture and practice of evaluation and assessment of the efficacy of all levels of prevention services (i.e., primary, secondary, tertiary). Ongoing evaluation and assessment of suicide prevention efforts is critical to objectively measure and define the degree of impact of a unit's efforts and to inform strategic planning. Improvement is defined as assessment and evaluation of all levels of prevention services.

Please indicate your unit's appraisal based on the following:

[1]   Our unit does not have any assessment and evaluation process in place to determine the efficacy of programs or services.

[2]   Our unit has a plan to develop an on-going assessment and evaluation process to determine the efficacy of programs or services.

[3]   Out unit has an on-going assessment and evaluation process in place to determine the efficacy of programs or services, but has yet to use data to inform continued strategic service and program planning.

[4]   Our unit has an on-going assessment and evaluation process in place to determine the efficacy of programs or services *and uses the data to inform continued strategic service and program planning.*