USF Campus Lifeline

Preventing *Suicide* and *Violence*

Counseling & Psychological Services (CAPS)

Rev. Summer 2015
Is a system in place to identify individuals in distress and assist them in obtaining help.

Promotes campus-wide safety and the emotional well-being of community members.

Includes EVERYONE at USF.
Why We Need Campus Lifeline

Colleges nationwide are experiencing tragedies involving violence or suicide.

More students are entering college with psychological problems, including depression.

80%-90% of people who commit suicide have a psychological disorder.

Students, staff, and faculty who recognize warning signs can help prevent suicide and violence by connecting someone in need to help.
Key Factors in Preventing Suicide and Violence

- Educating students, staff, and faculty on how to identify individuals of concern.
- Reducing the stigma attached to mental illness and counseling.
- Strengthening the support system for the individual and the institution.
Individuals of Concern: Situations You May Encounter

• A student who used to attend class regularly looks disheveled, stops going to class, and even misses exams. You’re not sure how to help her.

• An international graduate student has no relatives or close friends in the country. He is struggling academically, and you are worried that he is so depressed that he may attempt suicide. You don’t know whom to contact for help.

• Your acquaintance makes comments such as “What’s the point of living?” and/or “I wish I were dead.” You don’t know how to begin to talk with him about getting help.

• A student submits a writing assignment with violent images scrawled in the margins. Her essay also contains violent themes. You are alarmed but do not know how to approach her.
Facts About Depression

- Depression is **not** a character flaw or sign of weakness. It is a treatable illness, much like diabetes.

- Depression can affect people of all ethnicities, nationalities, and cultural backgrounds.

- Depression does not “go away” if a person ignores it or thinks positively. However, it can be treated with counseling, medication, or both.
Symptoms of Depression

- Persistent sad, anxious, or “empty” mood
- Feeling guilty or hopeless/pessimistic
- Loss of interest in hobbies and activities once enjoyed
- Difficulty concentrating, remembering, or making decisions
- Decreased energy, fatigue
- Eating too much or too little
- Thoughts of death/suicide
- Unexplained physical symptoms (e.g., headaches, digestive disorders, chronic pain)
- Difficulty sleeping
Symptoms of Mania

- Increased energy, activity, and restlessness
- Excessively “high”, euphoric mood
- Extreme irritability
- Racing, disjointed thoughts and talking very fast
- Little sleep needed
- Unrealistic estimation of one’s abilities and powers
- Poor judgment
- Spending sprees
- Increased sexual drive
- Abuse of drugs (especially cocaine, alcohol, sleeping medications)
- Intrusive or aggressive behavior

Source: National Institute of Mental Health
Facts About Suicide

• You will not make someone suicidal by asking straightforward questions about whether they have considered suicide. If they have, they may feel relieved to be able to talk about it. If not, they will appreciate knowing that somebody cares enough to ask.

• Take any mention of death or suicide seriously. The more specific someone’s plans, the higher their risk of suicide and the more urgent it is to obtain help.

• Suicidal people don’t want to end their life; they want to end their suffering and see death as the only option.

• Early recognition and treatment of depression and other mental illnesses is the best way to prevent suicide.
Suicide Risk Factors

- Individual or family history of mental illness and/or substance abuse
- Prior suicide attempt(s)
- Family violence, including physical or sexual abuse
- Easy access to lethal suicide means
- Exposure to suicidal behavior (family, peers, media)
- Recent stressful event or loss, including academic failure or romantic break up.
Red Flags for Suicide

Extreme Changes in:

- Mood
- Appearance/grooming
- Work habits
- Attendance (class, lab, work)
- Participation in previously enjoyed activities (e.g. athletics, music, social activities)
Factors Reducing the Risk of Suicide

- Skills in problem-solving and conflict resolution
- Strong social support network
- Access to mental health care and willingness to enter treatment
- Cultural and religious beliefs that discourage suicide
What to Do If You Think Someone Is Having Suicidal Thoughts

1. ASSESS if someone you know exhibits any of the following suicide warning signs:
   - Talking about wanting to hurt or kill oneself
   - Looking for ways to kill oneself by seeking access to firearms, pills, or other means
   - Talking or writing about death, or suicide when this is out of the ordinary for the person
     - Substance abuse—Excessive or increased
     - Purposeless—No reasons for living
     - Anxiety—Agitation/Insomnia
     - Feel trapped—Feeling there is no way out
     - Hopelessness Withdrawning—From friends, family, society
     - Anger (uncontrolled)—Rage, seeking revenge
     - Recklessness—Risky acts, unthinking
     - Mood changes (dramatic)

   Contact a mental health professional by calling the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

2. ASK the person directly:
   - “Are you thinking of ending your life?”
   - “Have you thought of ways that you might end your life?”
     - “What are they?”
   - “Do you have (pills/weapons, etc.)?”
   - “Where are you located right now?” (If the person is not with you.)

3. ACT
   - If you think the person might harm him or herself, do not leave the person alone.
   - Say, “I’m going to call for some help.”
   - Call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255). You will be connected to the nearest available crisis center. (www.mentalhealth.samhsa.gov/databases/)

Counseling and Psychological Services
Gillson Hall, Lower Level   (415) 422-6352
8:30am- 5pm (Monday-Friday)
Red Flags for Violence

**Relationship Violence:**
- Previous history of abuse of others
- Witnessing or experiencing violence within one’s family
- Controlling, jealous, and/or isolating behavior directed toward a partner
- Lack of respect for others
- Use of intimidation/threats

**Mass Violence:**
- History of violence
- Abuse of the individual by others
- Abnormal interest in reports of violence
- Acquiring means to commit violence
- Explicit or implicit threats of violence
- Social isolation and aggressive/hostile attitude
What You Should Do if Someone May Be Violent

Take all implied or explicit threats of violence seriously, including threats on Facebook, Twitter, Instagram, Tumblr, etc.

Consult with Human Resources, the Dean of Students, Counseling and Psychological Services, and/or Public Safety if someone has made a threat or said something that suggests they could be violent (e.g., “If I flunk this class, I’ll kill the professor”).

Call (415) 422-4222 (Public Safety) if violence is imminent!
Your Role in Campus Lifeline

Be alert to changes in behavior:
• Recognize that these changes may indicate that something is wrong!

Respond according to:
• Your knowledge/experience level.
• Your relationship with the individual.

The more imminent the threat of suicide or violence the more important it is to notify someone.
How to be Supportive

Consider consulting with a Counseling and Psychological Services staff member first.

If there is no immediate threat and you feel comfortable dealing with the person directly:

• Find a time to talk privately.
• Point out behavior changes you have noticed, communicate your concern.
• Ask directly how he/she is doing.
• Be calm and show your concern.
• Reassure the person they can get help.
• Guide him/her to resources.
• Follow up with the person.
How to Suggest Counseling

- Describe campus counseling services. If urgent, walk student directly to CAPS. Inform the receptionist of the nature of the emergency.

- Remind student that the sessions are free.

- Tell student about the diversity of the counseling staff.

- Normalize counseling and assure student that he/she is not “crazy” if he/she seeks help.

- Point out the CAPS website for more information and resources.
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<tr>
<th>If you are concerned about a student:</th>
<th>If you are concerned about a faculty member or staff member</th>
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<tbody>
<tr>
<td>Counseling and Psych Services x6352</td>
<td>CONCERN--Employee Assistance Program 1-800-344-4222</td>
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<tr>
<td>Dean of Students Office x6251</td>
<td>Human Resources x6707</td>
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<td>Residence Life x6824</td>
<td>University Ministry x4463</td>
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<td>Student Disability Services x2613</td>
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<td>Office of Student Rights and Responsibilities x5330</td>
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# Off Campus Referrals

## Crisis Centers
- **Suicide Prevention**
  - (415) 781-0500
  - 24 hr talk line. Need not be suicidal.
- **Westside Community Crisis Clinic**
  - (415) 355-0311
  - Open 9:00am-7:00pm, last intake at 6:00pm. Mon-Sat. Walk-in crisis clinic.

## Domestic Violence / Sexual Assault
- **SF Women Against Rape**
  - (415) 647-7273
- **Woman Inc.**
  - (415) 864-4722
- **Gay/Lesbian Community United Against Violence**
  - (415) 333-HELP (4357)
Test Yourself

Consider this scenario:

You’ve noticed some changes in a student and are concerned. She misses meetings and classes, looks tired and depressed almost every day, and doesn’t seem to have friends to whom she can talk. You mention this to a friend and find out that others are also concerned about the student.

What would be the best way to handle the situation?
What Would Be the Best Way to Handle the Situation?

a) Put an anonymous note in her mailbox suggesting that she visit Counseling and Psychological Services.

b) Ask to speak with her privately.

c) Ignore the situation because it might go away on its own.

d) Have someone else speak to the student because she might not feel comfortable getting help from you.
Recommendation

Either B) or D) are good options, depending on the situation.

An anonymous note could make the situation worse. She may worry about who wrote the note and if she is being watched.

Do not ignore someone who needs help. It can be reassuring to know that our problems are real and that other people notice them. Offering someone help can be the beginning of their road to recovery.

Speaking privately about the changes you’ve noticed shows that you care about the person’s welfare. It often helps others realize that they do matter.

If the person has a friendly relationship with someone else but not with you, then it might be a good idea to have that person speak to them. If you are unsure about how to handle a situation, consult with CAPS.
Consider This Scenario

You hear someone shouting loudly at a staff person. You see he is physically agitated, pacing around and becoming louder. Then he says. “You need to help me... I need some answers or else! This place is making me crazy. You’ll be sorry if I don’t get what I need now.”

Which of the following things might you do?
Which of These Things Might You Do?

a) Alert someone else so that you can work as a team to help the person.

b) Call USF Public Safety.

c) Try to diffuse the situation by talking to the person in a calm and caring way.

d) All of the above.
D) All of the above are good options.

If you sense that an individual is threatening someone or himself/herself, it is best to have more help.

USF Public Safety can help to defuse a potentially violent situation.

In this situation, the individual is clearly in a crisis and may be thinking about suicide or harming someone else. People are often upset when they perceive others as not caring about their situation. Conveying your concern and that you understand the person’s frustration can help defuse a situation.
As a member of USF’s caring community, committed to the full development of each person, we hope you will keep this Campus Lifeline link where you can easily access it and use it whenever necessary.

Thank you for being a part of USF’s Campus Lifeline.

* Adapted from programs at California Institute of Technology Counseling Center (2009) and University of California, Berkeley CAPS (2008)