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## **Garrett Lee Smith (GLS) National Outcomes Evaluation Campus Suicide Prevention Programs Student Behavioral Health Form (SBHF)**

### **Instructions:**

Please answer each question below to the best of your ability. For assistance, please contact the data collection liaison.

During the year 1 (baseline) administration, you will submit data separately for five academic years (AYs)—the current/most recent AY and the four previous years. For the purpose of this data collection, an academic year includes fall and spring semesters.

Throughout the survey, you will be asked to report whether the information is based on tracked information or an estimate. Tracked information should be reported if it is being supplied from a comprehensive, campus-wide reporting system

Please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

### **SECTION 1. CAMPUS DEMOGRAPHICS**

*The following information will be pre filled with Integrated Postsecondary Education Data System (IPEDS) data.*

Total student body enrollment:

Freshman retention:

Are you reporting on an entire academic year?

- Yes
- No

How are you defining an academic year?

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## SECTION 2. BEHAVIORAL HEALTH SERVICES ON CAMPUS

1. If a student is in need of behavioral health services (e.g., mental health and substance use), what resources are available through your campus?

*Select all that apply. If you select "None" do not select any other items from the list.*

- Behavioral health services or on-campus emergency services
- Spiritual or religious counseling
- Referral to an off-campus provider/emergency department
- Transportation to off-campus provider/emergency department
- Other, please specify: \_\_\_\_\_
- None

2. [IF "BEHAVIORAL HEALTH SERVICES OR ON-CAMPUS EMERGENCY SERVICES" IS SELECTED FOR Q1, ASK THE FOLLOWING]

Do you have an electronic health record system or management information system on campus to track behavioral health services (e.g., Titanium)?

- Yes
- No

a. [IF NO TO 2] How is information about behavioral health services tracked?

\_\_\_\_\_

b. [IF NO TO 2] How is information about crisis services tracked?

\_\_\_\_\_

3. [IF "BEHAVIORAL HEALTH SERVICES OR ON-CAMPUS EMERGENCY SERVICES" IS SELECTED FOR Q1, ASK THE FOLLOWING]

During the AY, how many students received behavioral health services (e.g., health or substance use) from the counseling center or other campus location?

Total number of students (unduplicated) \_\_\_\_\_

- Tracked       Estimate
- Information not available

### SECTION 3. SCREENINGS AND ASSESSMENT OF RISK

4. Are students being screened/assessed for risk of suicide on campus (e.g., asking students about suicide or depression)?

Yes             No             Unknown

a. How many students were screened over the course of the AY? \_\_\_\_\_ (unduplicated)

Tracked                       Estimate                       Information not available

b. [IF YES TO 4] Are you implementing universal screenings or are there specific criteria for screening the following? *Select all that apply*

- All students entering the counseling center
- All students entering the health/wellness center (including physical health)
- All students with an identified behavioral health concern (e.g., referred by faculty)
- All freshmen or first year students
- Other, please specify: \_\_\_\_\_

c. [IF YES TO 4] Is the screening conducted through informal means (e.g., asking a student if he or she is suicidal) or using a standardized screening tool?

Formal (e.g., a structured instrument)                       Informal and formal  
 Informal     Unknown

i. [IF "FORMAL" OR "INFORMAL AND FORMAL" ARE SELECTED] What instrument(s) are you using? *Select all that apply*

- Ask Suicide Screening Questions (asQ)
- Behavioral Health Screen (BHS)
- Columbia Suicide Severity Rating Scale (CSSR-S)
- Counseling Center Assessment of Psychological Symptoms (CCAPS)
- Patient Health Questionnaire (PHQ-9)
- Suicide Assessment Five Step Evaluation and Triage (SAFE-T)
- Suicide Behaviors Questionnaire (SBQ-R)
- Other, please specify: \_\_\_\_\_

d. [IF YES TO 4] During AYXX how many students were identified as at risk of suicide according to your local procedures for identifying risk?

Total number of students who scored positive: \_\_\_\_\_

Tracked                       Estimate

Information not available

[IF 4 IS "NO" OR "UNKNOWN", PROCEED TO Q14]

**SECTION 4. SERVICES FOR STUDENTS AT RISK FOR SUICIDE (IDENTIFIED THROUGH SCREENING)**

5. Of the students who were identified through screening as at risk for suicide during AYXX (those identified in 4d), how many students received behavioral health (e.g., mental health and substance use) or crisis services on campus? (Unduplicated count of students): \_\_\_\_\_

Tracked                       Estimate

Information not available [PROCEED TO QUESTION 7]

None, students are referred off-campus [PROCEED TO QUESTION 9]

6. [SKIP IF ANSWER TO Q5 IS "NONE"] Of the students identified as at risk for suicide and receiving on campus behavioral health services, how many students are referred from the following sources?

- |  |  |
|--|--|
| a. Self-referral _____                         | <input type="checkbox"/> Tracked <input type="checkbox"/> Estimate |
| b. Peer/student or resident advisor (RA) _____ | <input type="checkbox"/> Tracked <input type="checkbox"/> Estimate |
| c. Campus health services _____                | <input type="checkbox"/> Tracked <input type="checkbox"/> Estimate |
| d. Other faculty/ staff _____                  | <input type="checkbox"/> Tracked <input type="checkbox"/> Estimate |
| e. Parent or family member _____               | <input type="checkbox"/> Tracked <input type="checkbox"/> Estimate |
| f. Other _____                                 | <input type="checkbox"/> Tracked <input type="checkbox"/> Estimate |

Information not available

7. [SKIP IF ANSWER TO Q5 IS "NONE"] Of the students at risk for suicide who received behavioral health services on campus (in Q5), how many students received each of the following services on campus? *Enter zero if this service is not conducted on campus. If this service is offered, but the number is not available, select "We offer, but number not available"*

- a. Behavioral health counseling (e.g., mental health or substance use): \_\_\_\_\_  Tracked   
 Estimate  
 We offer, but number not available
- b. Medication management/psychiatric services \_\_\_\_\_  Tracked  Estimate  
 We offer, but number not available
- c. Crisis/emergency services (e.g., transportation to the emergency department) \_\_\_\_\_  Tracked  
 Estimate  
 We offer, but number not available
- d. Initiation of an on-campus emergency protocol (e.g., lethal means restrictions): \_\_\_\_\_  Tracked   
 Estimate  
 We offer, but number not available

8. [SKIP IF ANSWER TO Q5 IS "NONE"] Are suicide-specific services (a service that directly addresses suicidality rather than just underlying conditions such as depression) offered on campus? *If services are not tracked, but suicide-specific services are provided, select Yes to 8 and "Information not available" for 8a.*

- Yes  No  
 Unknown

- a. [IF YES TO Q8] How many students identified in question 5 received suicide-specific services? (Unduplicated count of students, not services): \_\_\_\_\_  
  Tracked  Estimate  Information not available

9. How many students identified through screening as at risk for suicide were referred to an off-campus provider for behavioral health or crisis services? (unduplicated count) \_\_\_\_\_

- We refer students, but the number is not available  
 None, we don't refer students to off-campus facilities

10. [IF Q9 >0 OR "WE REFER STUDENTS, BUT THE NUMBER IS NOT AVAILABLE"] Do you follow up with students after they have been referred to an off-campus facility?

- Yes, at least some  
 No

Unknown

11.[IF YES TO Q10] Approximately what percentage of referrals made have been followed up? \_\_\_\_

- Tracked                       Estimate
- Information not available

11a. [IF Q11 IS LESS THAN 100%] If not all referrals are followed-up, what are some of the common barriers preventing follow-up? *Select all that apply.*

- No staff availability to follow-up
- Student is no longer enrolled at the institution
- No contact information availability
- Staff was unable to reach the student/ the student never responded
- Other, please specify: \_\_\_\_\_

12.Of students who were identified as at risk of suicide (through screenings), what is your approach or set of procedures for determining whether or not someone poses high or imminent risk of suicide?

*Select either Always, Sometimes, Never for the list of procedures below.*

	<b>Always</b>	<b>Sometim es</b>	<b>Never</b>	<b>Don't Know</b>
Implement level of risk assessment tool (separate from previously mentioned screening instruments)				
Assess suicide thoughts, plans, and intent				
Assess history of suicide attempts				
Assess family history				
Assess nonsuicidal self-injury				
Assess presence of serious mental illness				
Assess availability of means for attempting suicide				
Assess presence of depression and/or hopelessness				
Assess presence of substance abuse				
Ask student to articulate or list reasons for living				
Ascertain if the student can agree to a safety contract				
Try to develop safety plan with student				
Meet with student's parents or guardians to address concerns and safety issues				
Immediately refer the student to speak to a clinician				
Other procedure for determining someone who poses high or imminent risk of suicide, please specify:				

13. Using your local risk assessment processes described in Q12, for students who are identified at high or imminent risk, what

are your typical procedures for managing these students? Do you typically engage in any of the following practices?

Select either Always, Sometimes, Never for the list of procedures below.

	Always	Sometim es	Never	Don't Know
Call or meet with parents or guardians to discuss monitoring				
Call or meet with parents or guardians to provide education about the need for follow-up treatment				
Assess safety in the home or residential facility and discuss safety with relevant parties(e.g., removing means of suicide such as firearms)				
Discuss alternative ways of coping with distress, or alternatives to suicide with the student				
Discuss reasons for living with the student				
Work with student to identify individuals the student can contact if feeling suicidal				
Refer student to off-campus emergency department or provider				
Provide an after-hours emergency contact number to student				
If a new referral is given, follow up with the suicidal student and family to see if they followed through with treatment recommendation or need assistance with this				
Follow up with the student at school to assess ongoing status/risk				
Provide student with national suicide hotline or other crisis hotline phone information				
Notify the dean or other faculty				
Contact the student's RA				
Administrative case review to discuss at-risk student (eg. BIT Team)				
Student is removed from campus for an extended period of time				
Student must be monitored by RA or other campus staff				
Student is required to attend regular counseling sessions				
Other, please specify:				

14. Do you provide any postvention services on campus (following a suicide attempt or

Always

Sometimes

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Never

Unknown

a. [IF ALWAYS OR SOMETIMES TO Q13] What postvention services are available on campus? *Select all that apply.*

- Community/campus support services
- Group or individual support services

- Peer support groups
- Family support services
- Other: \_\_\_\_\_

**SECTION 5. SUICIDE ATTEMPTS AND COMPLETIONS**

15. During the AY, how many suicide attempts occurred among students who lived on or off campus?

Total

**Gender**

Tracked    Estimate

Male: \_\_\_\_

Female: \_\_\_\_

Transgender: \_\_\_\_

Gender unknown or not tracked: \_\_\_\_

**Age**

Tracked    Estimate

16-20: \_\_\_\_

21-24: \_\_\_\_

>24: \_\_\_\_

Age unknown or not tracked: \_\_\_\_

Information on number of suicide attempts is not available

a. What source of information did you use to answer these questions?

*Select all that apply..*

- Electronic health record system
- Grant staff tracking (e.g., Excel spreadsheet)
- On-campus police
- Community police
- Local hospital
- Emergency medical technician (EMT) or other first responder
- Dean's office
- Academic department (e.g., social work or psychology staff)
- Residential life staff

- Campus-wide incident reporting protocol
- Newspaper or social media
- Other, please specify: \_\_\_\_\_

b. What are your formal campus policies or protocols for a student who has attempted suicide?

*Select all that apply.*

	<b>Always</b>	<b>Someti mes</b>	<b>Never</b>
Student is removed from campus for an extended period of time			
Student must be monitored by RA or other campus staff			
Student is required to attend regular counseling sessions			
Administrative case review to discuss student			
Student is referred to counseling services			
No policy			
Other, please specify: _____			

16. During the AY, how many suicide completions occurred among students who lived on or off campus?

Total

Gender

Tracked    Estimate

Male: \_\_\_\_

Female: \_\_\_\_

Transgender: \_\_\_\_

Gender unknown or not tracked: \_\_\_\_

Age

Tracked    Estimate

16-20: \_\_\_\_

21-24: \_\_\_\_

>24: \_\_\_\_

Age unknown or not tracked: \_\_\_\_

- Information on number of suicide completions not available

a. What source of information did you use to answer these questions? *Select all that apply.*

- Electronic health record system

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- Grant staff tracking (e.g., Excel spreadsheet)
- On-campus police
- Community police
- Local hospital
- EMT or other first responder
- Dean's office
- Academic department (e.g., social work or psychology staff)
- Residential life staff
- Campus-wide incident reporting protocol
- Newspaper or social media
- Vital statistics
- Obituaries
- Other, please specify: \_\_\_\_\_