

# Assessing and Managing Suicide Risk in University Students

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## INTRODUCTION

### Background:

- **Suicide** is the **second leading cause of death** for youth ages 15-24
  - In the past decade, prevalence of suicidal ideation (SI) has **doubled on college campuses**
- Utilization of **university counseling centers (UCCs)** has grown six times faster than institutional enrollment
  - Disproportionately attributed to SI and self injury
  - **Increase is mostly in crisis care** rather than routine care: most common number of appointments is 1
- The **Safety Planning Intervention (SPI)** is an evidence-based brief intervention (30-60 min) completed in collaboration with a clinician to mitigate acute suicidal crises: shown to **reduce SI, suicidal behavior, depressive symptoms** and **improve coping with suicide-related distress**
  - SPI is feasible and acceptable when completed in collaboration with the treating clinician regardless of format (e.g. paper, web-based, online, etc.)

### Problem:

- At the Vanderbilt UCC retrospective chart review between 11/1 and 12/1/2021 determined that there is **no standardized, evidence-based way of intervening when student is at elevated risk for suicide**:
  - Currently clinicians of the Acute Care Team (ACT) offer a one-time crisis counseling session (15-60 mins) focused on supportive psychotherapy
  - **0% utilized evidence-based interventions such as the SPI**
  - Risk level was also difficult to determine due to **lack of standardized risk assessment and documentation** that likely interfered with the accurate identification of high risk students

### Aim:

To **increase providers' utilization of the standardized, evidence-based SPI** for students identified at high risk for suicide **from 0% to 100%** (zero harm) over a **4-week period**.

### Objectives:

- **Design and implement an electronic SPI tool** in collaboration with ACT and IT team
- **Standardize and streamline risk assessment procedures and documentation** by re-designing crisis care EMR template
- **Create Standard Operating Procedures (SOP)** in collaboration with leadership team to guarantee safety of all students (zero harm)
- **Design visual management tools** that strengthen ACT provider adherence to SOP
- **Providing education to ACT staff** on processes outlined in the new SOP and **train on use of SPI tool** and supporting material

## METHODS

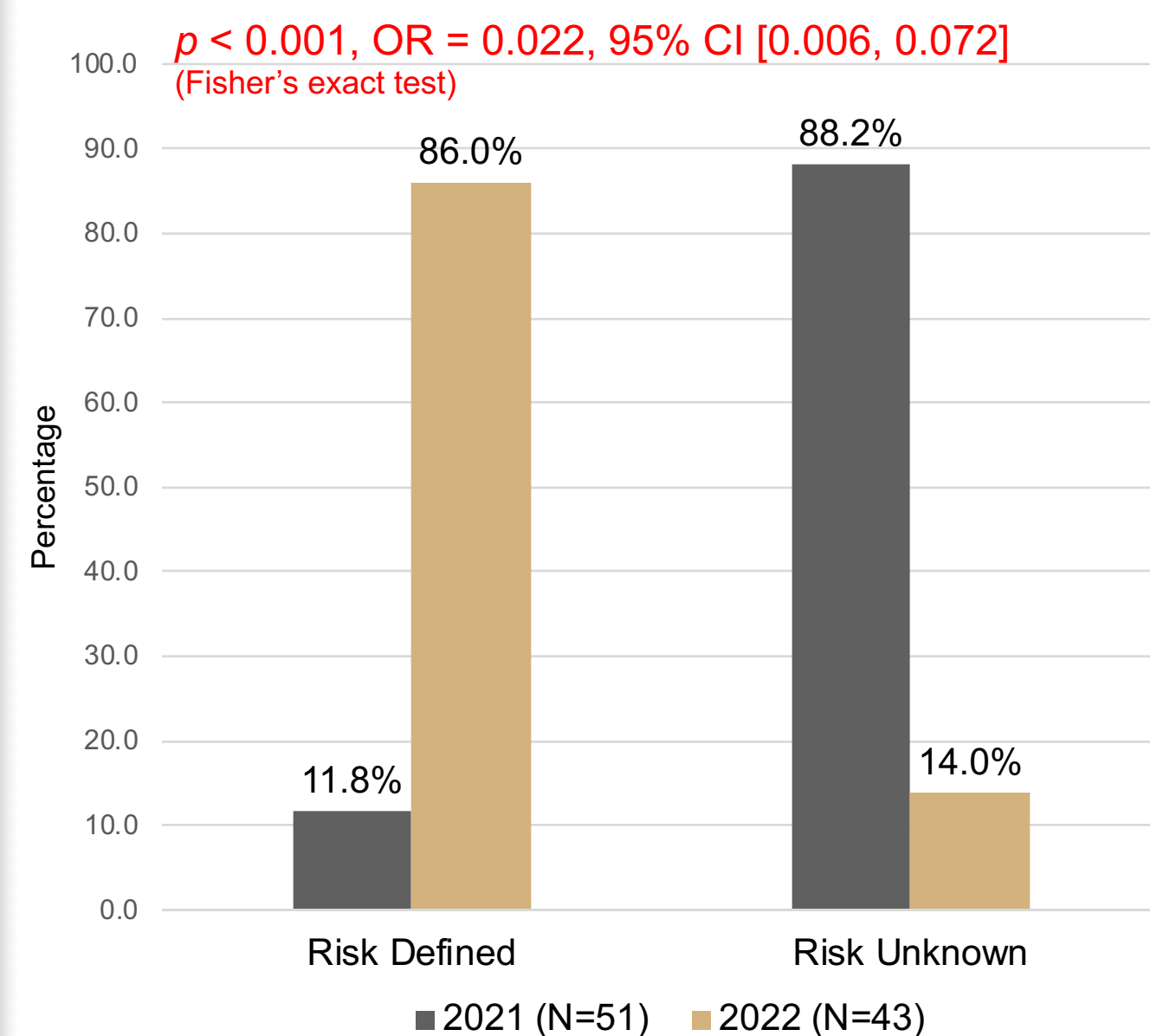
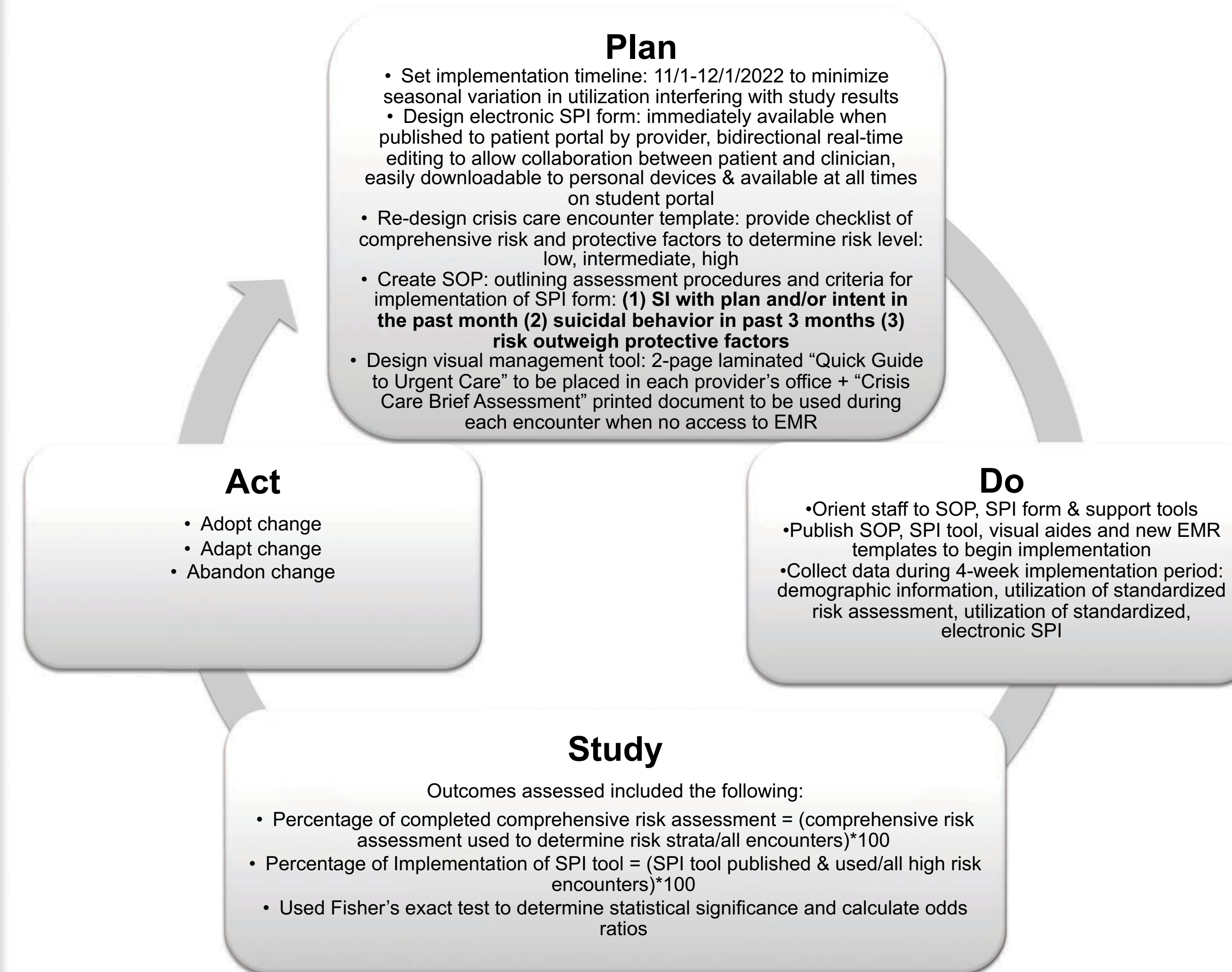


Figure 1. Comprehensive Risk Assessment Pre and Post Intervention

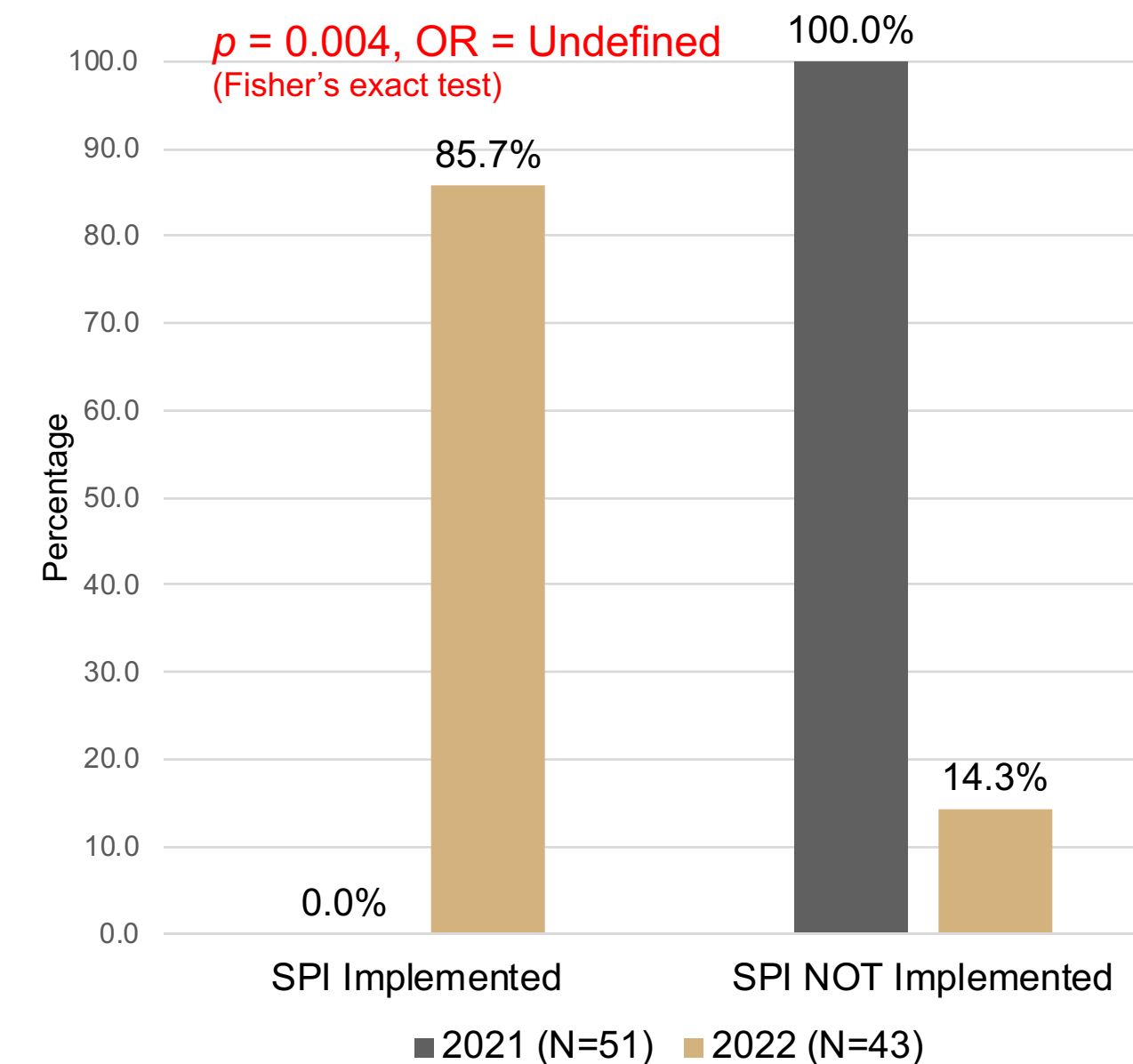


Figure 2. Implementation of Safety Planning Intervention Pre and Post Intervention

## RESULTS

**Standardization of risk assessment and implementation of an electronic safety planning form with bidirectional real-time editing capacity significantly increased delivery of the evidence-based Safety Planning Intervention to students seeking care for acute suicidal crises.**

- SPI utilization rate was **85.7%**, still below the targeted 100%

## IMPLICATIONS FOR PRACTICE

- The **project aim** of 100% SPI utilization in high-risk students **was not achieved**, so change is to be adapted in the future
- **Limitations:**
  - **Pre-intervention data are unreliable** due to inconsistencies in documentation – potential for undocumented/partial SPI
  - **EMR could not support automation of assessment and safety planning processes** resulting in **provider assigning wrong risk level/need for SPI implementation**
    - **Technological innovations** that allow for automated "risk stratification" will likely reduce these provider errors
  - **Difficulties in downloading SPI form** due to EMR limitation likely hindered perceived usefulness of intervention
  - **No data collected on clinician attitudes**, perception and knowledge pre- and post-intervention
- **Future directions:**
  - Create **standing meeting** (e.g. 1x/mo.) with **ACT** to explore attitudes and beliefs to break down resistance to change
  - **Undertake another root cause analysis** to determine barriers to successful implementation; plan additional PDSA cycles
  - **Implement project into new EMR system** with capabilities for automation and easy access of completed SPI form

	2021 (n=46)		2022 (n=37)	
	n	%	n	%
<b>Age in years</b>	19.5	±1.3	22.8	±4.7
<b>Gender</b>				
Female	28	60.9	29	78.4
Male	18	39.1	8	21.6
<b>Race/Ethnicity</b>				
White	17	37.0	13	35.1
Asian	10	21.7	12	32.4
Black	12	26.1	6	16.2
Hispanic	6	13.0	3	8.1
Other	1	2.2	3	8.1
<b>Graduate School</b>	7	15.2	14	37.8
<b>Undergraduate Programs</b>	39	84.8	23	62.2

Table 1. Comparison of Sociodemographic Characteristics of Participants in 2021 and 2022

## REFERENCES & SUPPLEMENTS



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