

Choosing Goals and Selecting Strategies



These are some ideas for goals and strategies. Not every goal is written perfectly (i.e., following all SMART guidelines), but can serve as a springboard for generating some of your own ideas. Additionally, while most goals fall under one or more of the 9 strategies for a comprehensive approach to suicide prevention, some items you select based off of your campus self-assessment may not neatly fit into any category. We included a few examples of such goals and strategies.

Comprehensive Approaches	Possible Goals	Possible Strategies
Identify and Assist	<ul style="list-style-type: none"> ● Increase number of unique faculty making a referral ● Increase number of screenings completed online ● Increase number of at-risk students referred to counseling ● Equip students w/ skills needed to talk to a friend they are concerned about ● Increase number of faculty and staff on campus who refer students to counseling, either on or off campus ● Increase number of students who refer a friend to counseling. ● Increase the number of students who ask a friend about suicidal thoughts. 	<ul style="list-style-type: none"> ● Gatekeeper trainings for faculty and staff (esp. those in positions most likely to encounter students in distress). ● Gatekeeper trainings for students. ● Depression and anxiety screenings for all students seen at campus health services ● Implement online screening form accessible through campus counseling center website, and incentivize participation. ● Have counseling center present at department meetings about what is available for students and when and how to refer and do a Q and A. ● Presentations by health promotion staff to student organizations on warning signs and where to refer.
Increase Help-seeking	<ul style="list-style-type: none"> ● Number of unique students seeking formal helping resources ● Ensure all official communications follow recommended reporting guidelines ● Increase the number of students who go to counseling, either on campus or off campus ● Increase number of students who can identify at least two resources to call if there is an after-hours crisis. ● Reduce barriers to seeking counseling among specific population groups. 	<ul style="list-style-type: none"> ● Create optional language for syllabi regarding availability of counseling center. ● Incorporate presentation on counseling center and mental health resources into freshman orientation. ● Provide educational workshop for all campus media outlets on safe messaging guidelines (both university offices and student media). ● Add walk-in hours to counseling center schedule. ● Place counselors in departments or other campus locations where students are likely to access them.

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	<ul style="list-style-type: none"> ● Decrease the number of students with mental health problems who don't seek treatment. ● Reduce stigma towards mental health issues. 	<ul style="list-style-type: none"> ● Public awareness campaign of National Suicide Prevention Lifeline, counseling center, campus security, and emergency services numbers for crises. ● Feature stories in campus newspaper about students who have struggled with mental health concerns but gotten the help needed. ● Develop relationships with community partners who specialize in or represent an underserved group (e.g., veterans, LGBTQ+, ESL).
Respond to Crisis	<ul style="list-style-type: none"> ● Decrease faculty and staff reported uncertainty about process for responding to a student in crisis. ● Increase retention of students who face medical or other types of crises causing them to separate briefly from the university. ● Decrease the amount of time involved in a student getting necessary evaluation or reintegration into the campus following a crisis. ● Decrease staff hours dedicated to responding to crises. ● Increase faculty and staff who know where to find procedures in the case of a student emotional crisis. 	<ul style="list-style-type: none"> ● Crisis protocol development for faculty and staff ● Develop a medical leave of absence policy. ● Create MOUs with external institutions/organizations that may be involved in crisis management (e.g., local police, hospital, emergency services). ● Create staff training on crisis management with opportunities for case study discussions.
Means Safety	<ul style="list-style-type: none"> ● Decrease number of students reporting access to lethal medications or firearms. 	<ul style="list-style-type: none"> ● Install safety nets under bridges on and near campus. ● Install placards in unsafe areas (e.g., rooftops, along railways) w/ NSPL number and campus phone to connect w/ campus police ● Encourage counseling staff, health professionals, and clergy to take Counseling on Access to Lethal Means (CALM) online course ● Hold a medication disposal event and install secure medication drop-off boxes on campus.
Postvention	<ul style="list-style-type: none"> ● Increase number of faculty/staff indicating they know what to do in case of student death. ● Increase capacity to do safe reporting on suicide. 	<ul style="list-style-type: none"> ● Host an educational workshop for all campus media outlets (student and university run) on safe messaging guidelines. ● Establish MOUs with local counselors who can provide on-site support in the case of a campus death.

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	<ul style="list-style-type: none"> ● Increase resources available in the case of a campus death to provide support. 	<ul style="list-style-type: none"> ● Write postvention policies and procedures and educate all relevant campus staff about their particular role in that process.
Resilience and Coping	<ul style="list-style-type: none"> ● Increase number of students reporting adequate healthy coping skills. ● Decrease number of students reporting binge drinking. ● Reduce use of illegal substances on campus. ● Increase number of students identified as “flourishing” on the Healthy Minds Study. ● Decrease number of students who are dismissed after being placed on academic probation. ● Decrease number of students on academic probation. Decrease length of time students are on academic probation. 	<ul style="list-style-type: none"> ● Workshops to promote life skills development. ● Provide school-sponsored student activities every weekend that are substance-free. ● Incorporate assignments into general education curriculum that also teach healthy coping. ● Start NA/AA meetings or other substance use recovery program on campus. ● Insert specific information on tutoring resources into every syllabus. ● Place tutors in campus dorms and/or within academic departments to increase student utilization. ● Connect students on academic probation with a faculty/staff mentor.
Connectedness	<ul style="list-style-type: none"> ● Increase number of students who are actively involved in a volunteer or service-learning role. ● Increase attendance at advising sessions. ● Increase number of students involved in at least one organization on campus. ● Start at least two student organizations or support groups focused on currently at-risk underserved groups on our campus (e.g., Veterans, international students, first-generation students, LGBTQ+, racial minority group, students in recovery) 	<ul style="list-style-type: none"> ● Host bi-monthly activities on campus designed to increase connectedness among students. ● Create a mentorship program to connect struggling students with a faculty/staff mentor. ● Provide information for advisors on students who are struggling academically and resources to help them reach out to those students. (e.g., list of students w/ GPAs below 2.0 at midterms and suggestions for text of an e-mail that can be sent to those students offering support and resources).
Effective Care/Treatment	<ul style="list-style-type: none"> ● Develop a working relationship with all community health providers to whom students may be referred in your community. 	<ul style="list-style-type: none"> ● Counseling center staff attend or participate in training on one evidence-based treatment for suicidal behaviors. ● Health care staff trained in and begin regular use of suicide screener (i.e., Columbia CSSRS) when indicated.

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	<ul style="list-style-type: none"> ● Reduce the number of students reporting untreated mental health concerns. ● Increase satisfaction with care of students seeking counseling that also report suicidal thoughts. ● Decrease length of treatment for students with suicidal thoughts or behaviors. ● Increase number of students reporting suicidal thoughts or behaviors with an identified safety plan. 	<ul style="list-style-type: none"> ● Health care workers and counseling center staff participate in ASIST training. ● Counseling center staff participate in Recognizing and Responding to Suicide Risk training (RRSR). ● Train all counselors and healthcare workers on safety planning and create a policy supporting its standard use. ● Incorporate screener into EMR. ● Incorporate safety plan documentation into EMR.
Care Transitions / Linkages	<ul style="list-style-type: none"> ● Increase number of students who have identified home care providers upon matriculation. ● Increase number of students who have signed waivers for communication with their parents regarding their mental health. ● Increase number of seniors/final year students attending counseling who have a plan for transitioning care upon graduation. 	<ul style="list-style-type: none"> ● MOU w/ local hospital to facilitate seeking treatment there
Other Goals: Other Risk/Protective Factors, Data Collection, Systems-Level Functioning (i.e., policies and procedures)	<ul style="list-style-type: none"> ● Improve data collection on suicide attempts and ideation. Or data collection on any of the above strategies. ● Educate all public relations and media personnel on campus, including student publications and productions, in safe reporting guidelines. 	<ul style="list-style-type: none"> ● Design campus survey to be administered to second-semester freshmen and juniors on emotional well-being, suicide ideation and attempts, and help-seeking behavior. ● Conduct workshops for print and digital media classes, organizations, and offices on safe messaging and reporting guidelines related to suicide. Post safe reporting guidelines in all relevant offices. Distribute guidelines to all relevant personnel via e-mail.

Challenge I'm facing – some of the risk and protective factors that make for excellent goals/strategies do not fit neatly into one of the nine categories. (E.g., retention, data collection, policies and procedures).