



Adapting the Zero Suicide Framework for Higher Ed

★ [The Zero Suicide framework](#) was originally developed for use in the healthcare system

★ The framework is structured around 7 key principles. See how they were adapted to better suit higher ed's unique needs

★ [Georgia Tech](#) has adopted this framework and the University of Alabama is in the process of adopting it

In Health Care

Adapted for Higher Ed

1

Lead

Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles.*



Create leadership group that spearheads initiative and is representative of the entire campus community, including survivors and those with lived experience. The team is committed to the aspiration of zero suicide and creating a culture of zero suicide within their respective area.

2

Train

Develop a competent, confident, and caring workforce.*



Training is critical to providing a network of informed campus members on the philosophy and implementation of Zero Suicide, the signs and risk factors of suicide, and information on available campus services. College mental health professionals should provide training and facilitate the training of additional campus trainers.

3

Identify

Systematically identify and assess suicide risk among people receiving care.*



For college and university campuses, a network of care must be 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.

4

Engage

Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.*



Establishing an effective plan for providing care to those identified at risk for suicide is crucial for each campus unit. Development of an effective unit-based plan is reflective of the unit's competency and is individualized to maintain the safety of the person at risk.

5

Treat

Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors.*



Counseling center and other campus mental health professionals provide theory-based, empirically supported interventions 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 against suicide behavior. For other campus units, treatment should take the form of programs or services based on current research.

6

Transition

Provide continuous contact and support, especially after acute care.*



Care for the individual at risk should be continuous and ongoing. Campus units should develop effective guidelines and procedures to maintain and extend care (when necessary).

7

Improve

Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.*



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 program evaluation and assessment is critical to objectively measure and define the degree of impact of efforts to provide data used to inform strategic service planning.

*Retrieved from <http://zerosuicide.sprc.org/about>

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