

Crisis Resources - on Campus and in the Community

Service	Details
Mental Health & Crisis Resources University Counseling Service 8 am -5 pm Monday – Friday Call: 319-335-7294 For students/postdocs	Consultation: <ul style="list-style-type: none"> • Consultant-on-Duty • Let support staff know if it is an emergency. Consult on what to do, problem-solve. Same-Day Appt: Voluntary Services <ul style="list-style-type: none"> • Quick Access Appt • Same-Day Consultation Appt
Student Care & Assistance 8 am -5 pm Monday – Friday Call 319-335-1162 For students/postdocs	Crisis Situation: <ul style="list-style-type: none"> • Let support staff know if it's an emergency Risk assessment & safety planning with student • Regularly check-in with the student Academic & Financial Support <ul style="list-style-type: none"> • Coordinate academic accommodations & schedule changes • Financial support for mental health services/transportation
Employee Assistance Program 8 am -5 pm Monday – Friday Call 319-335-2085 For faculty, staff, medical students, & their families	Services: <ul style="list-style-type: none"> • Voluntary Services • Short-term counseling • Consultation for supervisors/managers • Referral to communication resources • De-brief group space after a crisis
UI Support & Crisis Line 24/7/365 Call/text: 844-461-5420 Chat:mentalhealth.uiowa.edu Open to student, staff, & faculty	Services: <ul style="list-style-type: none"> • Crisis counseling by trained crisis counselors • Will notify UCS case management if students wants a follow-up
Mobile Crisis Unit Call 855-581-8111 for a dispatch (est. 30 mins) Free & Confidential Within Johnson County	Services: <ul style="list-style-type: none"> • Come to the person's space to help de-escalate. • Can transport the person to GuideLink or ER based on crisis counselor's assessment • Voluntary services.
GuideLink Center Iowa City Open 24/7 Call: 319-688-8000 Address: 300 Southgate Ave. Voluntary Services	Crisis Services: <ul style="list-style-type: none"> • Walk-in Crisis Counseling (23-hour observation unit) • Up to 5 days of stay for Crisis Stabilization beds • Free and confidential • Call GuideLink to alert them about the referral Sobering & Medical Detox <ul style="list-style-type: none"> • Safe space for monitored withdraw from alcohol and other substances. • Medical Detox – medically supervised space, goes through insurance

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<p>988 (National Suicide & Crisis Lifeline) 24/7/365 Call/text: 988 Online chat on <i>988lifeline.org</i> Free & confidential</p>	<ul style="list-style-type: none"> • Routed to local services by phone's area code • Johnson County IA ---CommUnity • Can request the LGBTQ affirming line
<p>National Crisis Text Line 24/7/365 Text "Home" to 741741 Free & Confidential</p>	<ul style="list-style-type: none"> • Text-based Crisis Counseling • Accessible by Text, Online Chat, & WhatsApp • Available in U.S., U.K., Canada, & Ireland
<p>UIHC Start at the ER Typical Process: ER— physical exam psychiatric Evaluation</p>	<p>Crisis Stabilization Unit</p> <ul style="list-style-type: none"> • Calm and safe open space • Lower level of care than hospitalization • Voluntary Service <p>Psychiatric Hospitalization</p> <ul style="list-style-type: none"> • Highest level of care • Voluntary or Involuntary Service
<p>UI Campus Safety On campus or near (if outside, need to contact the local police department) Call 319-335-5022</p>	<p>Transportation:</p> <ul style="list-style-type: none"> • Transport students to ER (voluntarily/involuntarily) • Recommend contacting SCA to support the process • Explain to the student that it is not an arrested <p>Wellness Check</p> <ul style="list-style-type: none"> • When you or the person's emergency contact cannot get hold of them, and you have reasons to believe they may take their life. • Ask for a call-back after the Wellness Check
<p>Additional Resources</p>	<p>Early Intervention Team</p> <ul style="list-style-type: none"> • Extra Support for student • Contact: Anna Holbrook (SCA) & Danielle Martinez (ASR) <p>Psychiatry at Student Health</p> <ul style="list-style-type: none"> • Psychiatric Appointment -medication

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Postvention Guidelines and Sample Postvention Plan

Adapted from postvention plans from UCS, Active Minds, Suicide Prevention Resource Center, Department of Veteran Affairs, and National Association of School Psychologists

Whether or not you have experienced the loss of someone you know to suicide, it is important that you have access to a suicide postvention preparation plan to help you navigate through the complexities associated with this type of loss. It is important that a postvention plan is developed ahead of time and that it balances being detailed enough to help guide individuals or groups in best practices while also being flexible enough to be adaptable to your environment.

General Recommendations

- Create an electronic file/document or a physical copy of your plan. Whether it's an electronic document or a physical copy, make sure you can access the plan easily from multiple offices or spaces.
- Organize your plan. Consider separating your plan into sections so that you can easily access the specific information and resources you need at each stage of the grieving process. Recommended sections to include in your plan are listed below.
- Be as specific as possible in your plan. Clearly lay out the steps you will take and how to access the resources you will need. This specificity and clarity will help you know what to do and who to reach out to after receiving notification about a patient suicide.
- The immediate aftermath of a suicide loss can be an emotionally charged time. Preparing your plan prior to a loss can help decrease the anxiety associated with having to quickly determine necessary action steps following a suicide, allowing you to focus on taking care of yourself personally and professionally.

Verifying Information and Communication

- Unit administration is informed of the death—typically via Dean of Students Office
 - If other staff/student learn of a student death, the direct supervisor(s) and/or leadership team for your unit should be immediately informed. The direct supervisor(s)/unit leadership team will check in with the Dean of Students Office regarding what is known about this death and what, if anything, can be publicly shared.
 - As much as possible, details to be obtained include:
 - cause of death (and if this is information that is public/known)
 - status of family notification

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- other students or campus communities/groups who may be directly impacted by the incident.
- The direct supervisor(s) and/or leadership team will work with the director of your unit to email all staff as soon as they are able, and include information allowed to be shared, including student's name and any other details that have been permitted to be shared publicly. Notification can also be considered to include communication with former staff who may have had close connections with the deceased, or those who are in close contact with those directly impacted by the loss (i.e. current friends or colleagues of the deceased).
 - Communication must promote help seeking behaviors, include a referral number and available resources on campus, and contact information about local crisis intervention services.
- Following any messaging to staff/students, you must be ready to address rumors and posts on social media – remind students and staff of the harm rumors can be to those who are grieving.

Activate Crisis Response Team

- Activate the crisis intervention team for impacted students/staff.
 - Mental health providers on campus – UCS and EAP
 - Student Support Offices – Student Care and Assistance, Threat Assessment Team
 - Direct supervisor(s) and DSL administration
 - Off-campus mental health and crisis resources listed above
- Evaluate the impact of the death by suicide on the environment and determine the level of crisis response.
 - Identify students and staff significantly impacted by the suicide.
 - Conduct staff planning session to determine when and how to share information about the death and discuss plan for the day.
 - After evaluating the impact, deliver crisis intervention to those demonstrating need.

Social Media and Media Messaging

- Establish a point person ahead of time who will manage any inquiries received over social media and to help determine with the team if it is appropriate to acknowledge the loss on social media platforms.
 - If utilizing social media messaging, be sure to focus on promotion of safe messages that include information on seeking help, how to gently intervene when worried about others, and crisis resources.

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- Consult with direct supervisor(s) regarding the appropriateness of social media messaging prior to posting any item.
- Consider the impact of any message on impacted individuals, families, and communities.
- Refrain from engaging in sensationalizing or romanticizing the death by suicide.
- Never post photos, information on location of death by suicide, or method of death.
- Must include information regarding on and off-campus mental health services, hotlines, and crisis resources.

Documentation and After-Incident Reviews

- Document steps taken as an individual/group/team
- Identify any student/staff who may benefit from follow-up check-ins
- Review and evaluate the responses taken with direct supervisors and, if desired, as a team.
- Identify self-care opportunities for yourself and your team
 - Consult and/or collaborate with mental health resources on campus, such as UCS or EAP
- Check in with each other and offer ongoing support

Self-Care

- Consider the support you and your team may need in the days/weeks/months following the loss of someone to suicide. It may be helpful to consider outside groups or units from across campus that can assist in facilitating a debriefing space for you and your staff.
 - UCS and EAP are fantastic resources to help facilitate a debriefing space. The debriefing space can be organic or can include targeted information about grieving processes, self-care, etc. Crisis resources and campus/community mental health service resources will always be offered.
- Consider what the individual(s) or the entire team may need in the aftermath of this loss. Encourage a range of options, including but not limited to:
 - Going home or shortening the day when notified.
 - All remaining commitments that day will be covered by other staff (e.g., meetings and appointments canceled, community events postponed/rescheduled or covered by another unit's staff capable of facilitating

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- the event). Consider such adjustments for a week, which can be adjusted depending on staff needs.
- Checking in about capacity to continue to provide care and respond to student or staff needs, especially if current work pertains to supporting students or staff in high distress or crisis. Consider capacity for upcoming supervision for those who provide direct administrative supervision to staff and consider finding temporary coverage from other administrators.
 - Follow-up meetings either privately or in groups of impacted staff with your unit director and/or team leaders and administrators depending on preference of involved students/staff.
 - Plan for a check-in at least 1 week later by staff/student's direct administrative supervisor or other member of your unit's leadership team to inquire as to their needs moving forward. Discuss what, when, and how to share any further information with other staff/student workers if needed.
 - Connect impacted students with UCS or impacted staff with EAP if desired. Both UCS and EAP can help connect individuals interested in therapy referrals to community providers or other types of services if needed, including lists of referrals or guidance on navigating health insurance or similar considerations.