

# MU MENTAL HEALTH EMERGENCY PROTOCOL

## IMMEDIATE RESPONSE SITUATIONS...

### AGGRESSIVE OR DANGEROUS BEHAVIOR

- Screaming or yelling at others
- Throwing objects, damaging property
- Threatening to harm self or others
- Possession of firearm or weapon
- Physical aggression, fighting
- Reports of sexual assault or domestic violence



1. Immediate danger? Call  
9-1-1 or Public Safety  
910-630-7577

2. Call Student Affairs  
910-630-7152

### SUICIDAL THOUGHTS OR BEHAVIORS

- Sharing suicidal intent or plan
- Cutting or self-harming behavior
- Steps taken to die by suicide, such as writing suicide note, overdosing
- Bizarre behavior, disconnected from reality, unresponsive student
- Recent alcohol or drug overdose



1. Immediate danger? Call  
9-1-1 or Public Safety  
910-630-7577

2. Call Counseling Services  
910-630-7164

## RESPOND AS SOON AS POSSIBLE...

### CONDUCT OR BEHAVIORAL PROBLEMS

- Frequent disruptions during class
- Hateful or disrespectful behavior toward others
- Refusing to cooperate with authority or rules on campus
- Appearing to be high or intoxicated during class or campus function



1. Call Student Affairs  
910-630-7152

2. Call Counseling Services  
910-630-7164

## HOW TO RESPOND TO A SUICIDAL INDIVIDUAL

All staff, faculty, and students must follow the following steps in response to a person who expresses suicidal thoughts and/or behaviors:

1. **Call 9-1-1** when someone has made a suicide attempt (for example, taking an overdose of medication or cutting themselves) and follow their instructions. You should also have someone else call MU Public Safety (910-630-7577), and the person's emergency contact if applicable. *If there are no immediate threats to your own safety, stay with the person until help arrives.*
2. **Call 9-1-1** when someone has expressed suicidal intent or planning and they have access to lethal means (firearm, knife, medication) and follow their instructions. You should also have someone else call MU Public Safety (910-630-7577). *If there are no immediate threats to your own safety, stay with the person until help arrives.*
3. **Emergency Calls** - If someone expresses suicidal thoughts to you by phone, ask them for their name and location, and *continue talking with them until they are connected with help.* Ask them if they are injured, if they have taken an overdose of medication, or if they have access to a firearm, knife, or other lethal means.
  - If they say *yes*, have someone else call 9-1-1 to report their location.
  - If they say *no*, assure them that they will receive help, and have someone else contact MU Public Safety (910-630-7577). Resident Coordinators and the Director of Housing, Nan Fiebig (910-630-7370), can also connect the student with a counselor on-call.
4. **Emergencies In-Person** - If you are talking with someone who expresses suicidal thoughts or feelings, engage them in completing the Columbia Suicide Severity Screening (see Addendum A).
  - For low-risk (yellow) and moderate (orange) responses, please connect the person with a therapist in West Hall (910-630-7164) during business hours, or the counselor on-call after hours (Public Safety 910-630-7577).
  - For high risk (red) responses, please call 9-1-1 and follow their instructions. You should also contact MU Public Safety (910-630-7577). *Please stay with the person until they are connected with help.*
5. **Notify Student Affairs** - Following any call to 9-1-1, Public Safety, or any other emergency situation, please contact the Vice President of Student Affairs, Dr. William Walker (910-630-7030).

## Columbia Suicide Severity Screening

	Past month	
Ask questions that are in bold and underlined.	YES	NO
<b>Ask Questions 1 and 2</b>		
<b><u>1) Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b><u>2) Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b><u>3) Have you been thinking about how you might do this?</u></b> <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
<b><u>4) Have you had these thoughts and had some intention of acting on them?</u></b> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b><u>5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>		
<b><u>6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  <b>If YES, ask: <u>Was this within the past 3 months?</u></b>	<b>Lifetime</b>	
	<b>Past 3 Months</b>	

### Possible Response Protocol to C-SSRS Screening

<u>Item 1 "Yes" = Refer to behavioral health/counseling services.</u>
<u>Item 2 "Yes" = Refer to behavioral health/counseling services.</u>
<u>Item 3 "Yes" = Refer to behavioral health/counseling services.</u>
<u>Item 4 "Yes" = Refer to EMT/emergency room for psychiatric evaluation.</u>
<u>Item 5 "Yes" = Refer to EMT/emergency room for psychiatric evaluation.</u>
<u>Item 6 "Yes" = Refer to EMT/emergency room for evaluation if behavior was within 3 months.</u>