

OHIO PROGRAM *for*
**CAMPUS SAFETY
& MENTAL HEALTH**
A NEOMED CCoE

Suicide Prevention Toolkit **for Ohio Institutions of Higher Education**

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Introduction

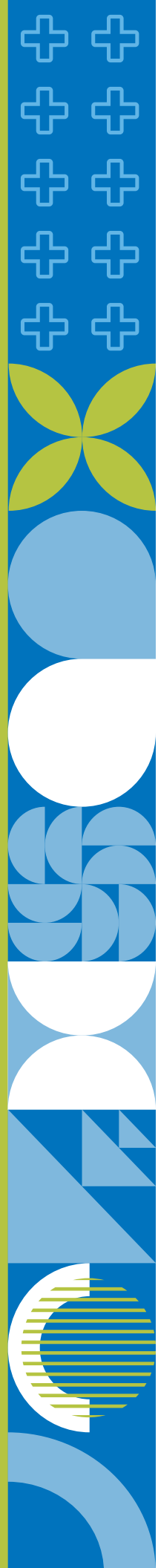
This Suicide Prevention Toolkit is meant to serve as a vital resource and guide for students, staff, and faculty across Ohio's Institutions of Higher Education (IHE), regardless of their role on campus. This toolkit emphasizes that suicide prevention is a shared responsibility of students, staff, and faculty alike to safeguard campus-communities.

“Individually we are one drop. Together, we are an ocean.”
– Ryunosuke Satoro

This toolkit is informed by insights from publications, research, and applicable legislation, such as [JED's Comprehensive Model for Campus Mental Health and Suicide Prevention](#). This toolkit provides practical content and guidance to assist IHEs with identifying potential signs for suicide risk and encouraging help-seeking. Inside, readers will find recommendations for communicating about suicide, identifying potential signs and indicators, information on suicide prevention and gatekeeper training programs, crisis hotlines and warmlines, and much more.

According to the [2023-2024 Healthy Minds Network survey](#), 13% of college students experienced suicidal ideation within the past 12 months. Suicide is the second-leading cause of death for teen and young adults (10-34) and college students ([Suicide Data and Statistics | Suicide Prevention | CDC](#); [Making College Campuses Safer From Suicide | AFSP](#)).

Yet, campus-communities do not just consist of traditional college age students. Non-traditional students, faculty, and staff are important populations to consider for collegiate mental health efforts and are also a population of focus in this suicide prevention toolkit.



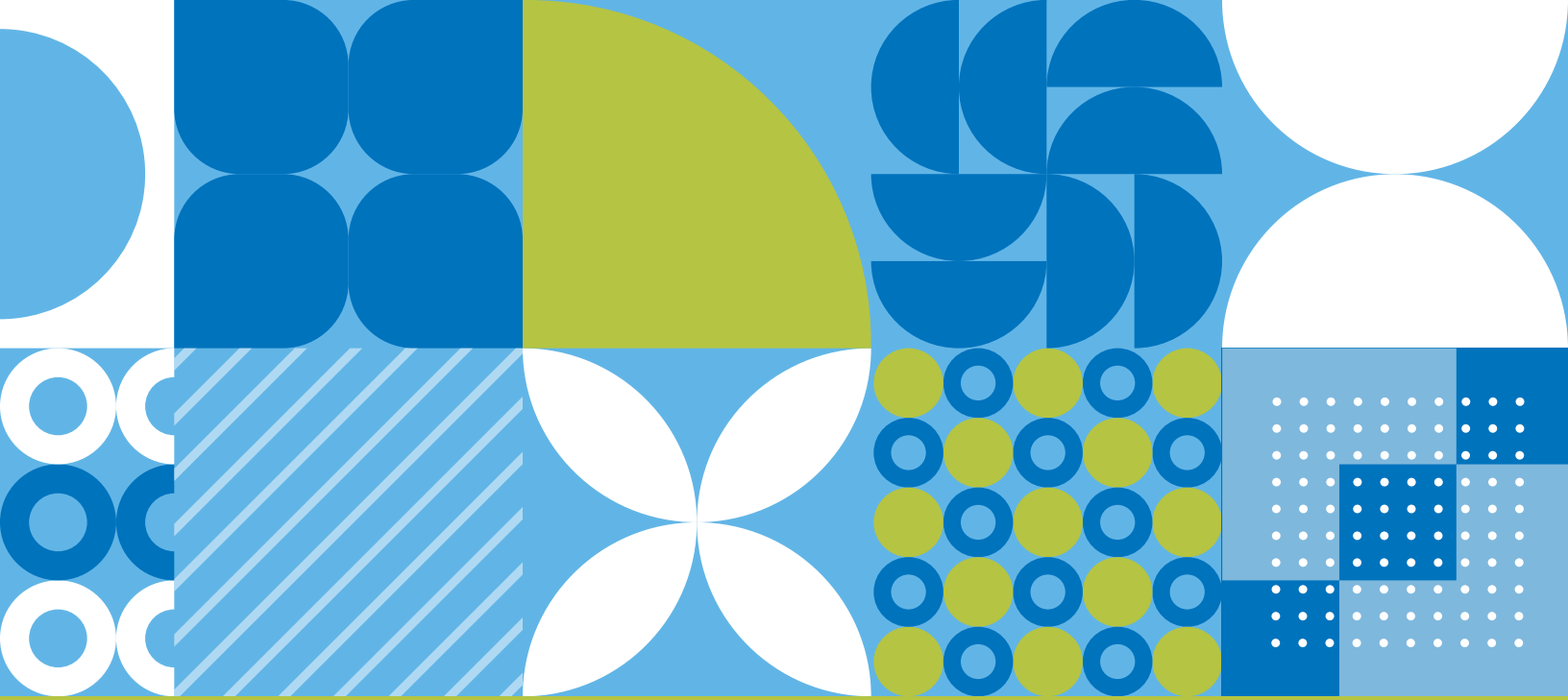
In response to statistics and feedback from Ohio Institutions of Higher Education (IHEs), this toolkit was created to address the widespread impact suicide has on campus-communities. Suicide is preventable! This toolkit empowers students, staff, and faculty at IHEs to transform campus culture and attitudes regarding suicide by fostering awareness, education, skill development, and access to resources and referral sources.

This toolkit was developed and distributed by the Ohio Program for Campus Safety and Mental Health's team. The OPCSMH is grateful for the insights and contributions from various campus-community and suicide prevention experts. This will be an ongoing project and thus this toolkit will serve as a living, breathing, resource for all to utilize. Please note, this toolkit is not a substitute for legal advice and IHEs are encouraged to consult their policies and procedures as well as legislation.

Myth: Suicide cannot be prevented.

Fact: Suicide may be unpredictable, but it is preventable. Proper evidence-based interventions have been proven to reduce the risk of suicide.

*“Be a beacon of hope
for your campus-
community to see.”*



About the OPCSMH



OHIO PROGRAM *for*
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The Ohio Program for Campus Safety and Mental Health (OPCSMH) serves as a Coordinating Center of Excellence promoting a comprehensive approach to suicide prevention and mental health promotion at college campuses across the state of Ohio. Its primary goal is to stimulate collaboration between campus and community partners, to develop programs that prevent campus suicide and to create a culture of care.

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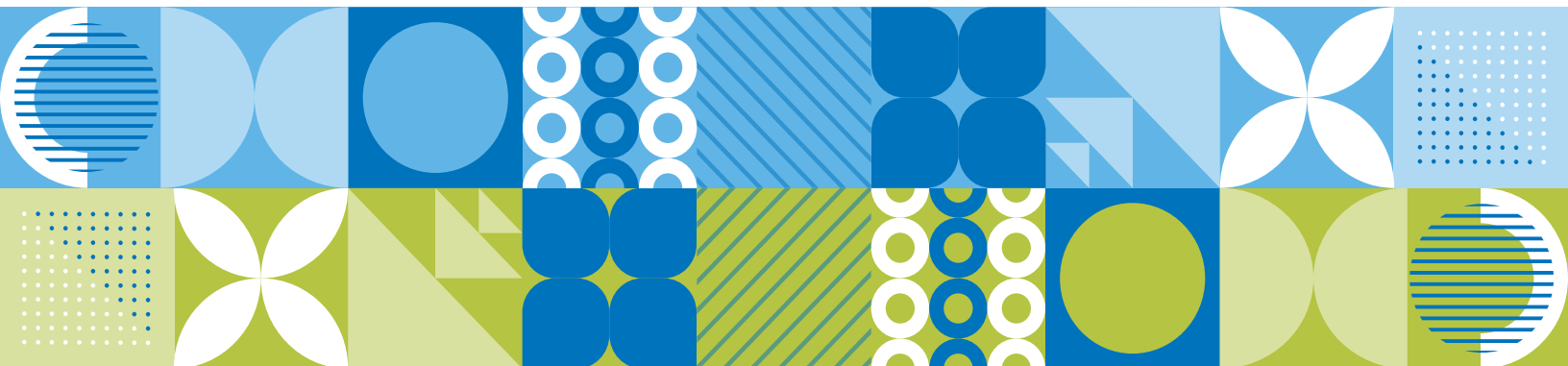
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**This list is not inclusive of all Statewide Question, Persuade, and Refer (QPR) Advisory Committee members. This is a list of those Statewide QPR Advisory Committee members who contributed to the development of the Suicide Prevention Toolkit.*



Use Language to Safely and Thoughtfully Discuss Suicide

The language we use to discuss suicide matters! Using intentional language is a powerful way to promote awareness and reduce stigma. Some language about suicide may inadvertently reinforce stigma, even when this is not the intention. Consider adopting the language below

Language to Adopt:

- Feeling suicidal, having/experiencing suicidal thoughts/feelings
- Suicide attempt/non-fatal attempt
- Took their own life
- Died by suicide/death by suicide
- Person who died by suicide
- Populations with potentially higher risk of suicide, factors that may increase risk of suicide
- Person living with suicidal thoughts or behaviors
- Increasing rates or higher rates
- Describe the actual behavior

Language to Reconsider Using:

Suicidal

- Describes a person based on their experience, feelings, or symptoms.

Failed/unsuccessful suicide attempt/ incomplete suicide

- This language may inadvertently imply there is a desired outcome. It is recommended to use neutral language or language that does not imply a positive or negative outcome.

Committed suicide

- This is outdated language that holds criminal or immoral implications.

Successful suicide or completed suicide attempt

- This language may inadvertently imply there is a desired outcome. It is recommended to use neutral language or language that does not imply a positive or negative outcome.

Suicide victim

- This language defines someone by their experience.

Chose to kill themselves

- This language diminishes the emotional pain and impairment that may have been experienced by the person who died by suicide.

At risk/high-risk people or populations

- Risk may be more likely tied to someone's experiences and treatment rather than their inherent identity. Additionally, this language can imply suicide is inevitable.

Suicide ideator, attempter, or contemplator

- This language defines someone by their experience.

Suicide epidemic

- Glamorizes suicide, can cause panic, and may imply suicide is inevitable.

They are “attention-seeking” or “manipulative”

- This language is dismissive of the emotional distress the person is experiencing.

Helpful Tips:

- Use person-first language
 - Person-first language is a method of communication that prioritizes the person before their symptom, condition, or diagnosis. This method of communication assists in combating stigma by recognizing that symptoms, conditions, and diagnoses do not define a person.
- Keep language neutral and factual
- Everyone makes mistakes. If you find yourself using outdated or stigmatizing language, take a moment to correct yourself.

Adapted from

[Language Guidelines – International Association for Suicide Prevention](#)

[NAMI Language Matters](#)

[Resources about suicide, mental ill-health, alcohol and other drugs. - Mindframe](#)

Myth: Suicide only affects those who have a mental health condition.

Fact: Many individuals who have been diagnosed with a mental illness do not experience suicidal thoughts, and not all of those who attempt or die by suicide have mental illness.



Increase Your Awareness

Potential Indicators of Suicide Risk

One of the important first steps of suicide prevention is developing awareness of the potential indicators of suicide risk. The indicators below may be signs that someone is experiencing suicidal thoughts or behaviors.

Myth: Suicide almost always occurs without warnings or signs.

Fact: There are almost always warning signs and symptoms of suicide. Common signs include being occupied with death, changes in regular routines such as eating or sleeping, and feeling hopeless.

VERBAL INDICATORS:

Someone might begin talking about or discussing the following topics:

- Wanting to die
- Sharing feelings of guilt, shame, and hopelessness
- Feeling like a burden to others
- Reporting having no reason to live
- Talking about feeling trapped or being in unbearable pain
- Discussing suicide-related plans

EMOTIONAL INDICATORS:

- Feeling empty, hopeless, trapped, no reason to live
- Extreme mood changes including sadness, anxiety, agitation, and/or relief or sudden improvement

- Increased feelings of rage
- Unbearable emotional or physical pain
- Depression
- Anxiety
- Loss of interest

BEHAVIORAL INDICATORS:

- Researching or planning ways to die
- Social isolation and withdrawal
- Saying goodbye to loved ones
- Giving away prized possessions
- Risk taking or reckless behavior
- Extreme mood swings
- Disrupted sleep patterns
- Increased substance use
- Neglecting personal hygiene and appearance
- Past suicide attempt(s)
- Engaging in violent behavior or being a victim of violence
- Diminished academic or work-related performance
- Submitted assignments including warning signs above or direct mention of suicide or death

Adapted from

[NIMH Warning Signs of Suicide](#)

[Warning Signs of Suicide – Suicide Prevention Resource Center](#)

[OMHAS Suicide Prevention](#)

Have Intentional and Informed Conversations about Suicide

The question isn't 'Do I have a role in suicide prevention?' but 'What is my role in suicide prevention?'

Students, faculty, and staff report uncertainty balancing considerations of privacy, confidentiality, and liability when speaking with an individual experiencing suicidal thoughts and feelings. The following resources can provide further insight and guidelines to balance concerns of privacy while simultaneously working to keep students and colleagues safe.

[Student Mental Health and the Law - JED.pdf](#)

[JED Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student](#)

[Privacy and Confidentiality: Balancing Student Rights and Campus Safety](#)

Many individuals experience feelings of anxiety, uncertainty, and concern when speaking with individuals experiencing suicidal thoughts and feelings. This guide can assist you in feeling more prepared to discuss suicide with individuals in your campus-community.

Guide to Start the Conversation:

1. Select a private place and time

- Respect the privacy of the individual you are speaking with
- Minimize disruptions
- Ensure you have sufficient time for the conversation
- If it is an emergency, skip ahead to step 9!

2. Demonstrate concern and desire to help

- Ask open-ended questions to learn more information
- Examples:
 - "I've noticed _____ and I am worried about you. What can I do to help?"
 - "You don't seem like yourself lately, I've been there before too. Tell me what is going on."

3. Directly ask about suicide

- Practice empathy and compassion while asking about suicide.
- Use a non-judgmental, non-condescending tone
- Discussing suicide can feel uncomfortable, yet it is recommended to directly use the word "suicide".

Myth: Talking about suicide puts the thought in one's head.

Fact: Talking about suicide can actually help diminish someone's thoughts of suicide.

- Examples of how to ask about suicide:
 - “Sometimes when people are really hurting, they have thoughts of suicide, I am wondering if suicide has crossed your mind?”
 - “With this much stress in your life, I wonder if you have you been thinking about suicide?”
 - “Sometimes, when students feel hopeless and overwhelmed, they report having thoughts of suicide. Have you thought about killing yourself?”
 - “Have you been thinking about suicide?”
 - “Are you feeling suicidal?”
 - “Do you have any thoughts of suicide?”
- If you cannot use the word suicide, you might ask alternative questions such as:
 - “Have you been thinking about hurting yourself?”
 - “Do you ever wish you could go to sleep and not wake up again?”
- Avoid leading questions and questions with judgement. Additionally, leading questions and questions with judgment may suggest you are not open to having a conversation about suicide.
 - “You aren’t thinking of killing yourself, are you?”
 - “Are you sure that is how you are feeling?”
 - “You wouldn’t do anything foolish, right?”

- Consider making yourself available to speak with them in the future. You might also consider asking permission to follow up after your initial conversation.
- Remember, you are not expected to have all the answers. Consult with professionals such as counselors, case managers, medical professionals, and so forth.

5. Remain calm if the answer is yes

- Just because someone says yes, does not mean they are in imminent danger
- Remain calm
- Use active listening skills
- Ask follow up questions if you need more information
- Remember, the individual confiding in you is being brave. This can be a very vulnerable conversation.

What to do when they deflect

- Sometimes people may change the subject or not provide a direct response
 - In these events, you can paraphrase what you heard and ask the question again directly.
 - Example:
 - “I heard you say you can’t go on like this anymore, I am wondering if you are thinking about ending your life?”

4. Connect with your community

- At times, individuals may prefer to discuss thoughts of suicide with others (i.e., peer mentors, advisors, counselors, spiritual leaders, resident assistants, etc.). In this event, you can assist in facilitating this connection.

6. Use active listening skills

- Focus on listening and understanding instead of providing solutions, offering unsolicited advice, and toxic positivity.
- For example:
 - Example of toxic positivity:
 - “You have so much to be grateful for”
 - “But I would be so sad if you died!”
 - Example of unsolicited advice:
 - “If you just stop _____, then you will feel better.”
 - Unhelpful advice:
 - “Just try to ignore the thoughts and you will feel better.”
- Remain attentive to the conversation
 - Examples:
 - Use non-verbal active listening skills such as making eye contact, nodding, and avoid appearing distracted (i.e., do not check your phone or emails), etc.
- Examples of What to Say:
 - “Thank you for sharing this with me. I am here to help.”
 - “I hear that you are having a difficult time, and I am here to listen.”
 - “I am here for you.”

7. Empower and refer

- Although it is not your responsibility to provide mental health intervention, it is your responsibility to refer someone experiencing suicidal thoughts/or behaviors to appropriate campus-community resources. The customized resource guide on **page 25** can help increase insight and awareness of the resources in your campus-community.

- Examples:
 - “I will walk with you to the counseling department.”
 - “Here is information for the 988 Suicide & Crisis Lifeline. Would you like us to call together?”
- Consider providing a menu of referral options to empower choice and control over their next steps.
- Examples:
 - “Together, we can call or text 988, which would you prefer?”
 - “I want to make sure you are safe. Would you like to text the Suicide Crisis Hotline or walk to the counseling center together?”

8. Don't make promises you cannot keep

- Practice caution against guaranteeing privacy when discussing suicide. It is your responsibility to ensure one's safety when experiencing suicidal thoughts and/or behaviors.

9. In the event of immediate distress/crisis, get help immediately

- Express your concern
- Act as a bridge to professional help
- Offer to help connect with a mental health professional
- Call, text, or chat with 988 yourself or with the person
- Escort them to the emergency room
- Call 911

10. Don't forget to follow up!

- Make a specific plan to follow up with the person at risk
 - “Tomorrow, I will email you to ask how you are doing.”
 - “Would it be okay with you, if we check in after class tomorrow?”
- Phone call, text, email, postcard, mail
 - Read more about follow up through caring messages: [Help Others — Now Matters Now](#)

11. Attend to Yourself!

- After providing them with support, be sure to take care of yourself.
- Engage in self-care, utilize your support system, and attend to your own feelings.

Additional recommendations:

- Become aware of resources in your campus-community (see final page for your own customized resource guide!)
- Practice! Rehearse the conversation aloud to become more comfortable with asking the question.



Adapted from:

[How to Ask Someone About Suicide | NAMI: National Alliance on Mental Illness](#)

[How to Ask Someone If They Are Thinking About Suicide | JED](#)

Increase Your Knowledge and Skills

Prevention, Early Intervention, and Gatekeeper Courses

Students, faculty, staff, and various members of the campus-community can play a crucial role in suicide prevention. Suicide prevention and gatekeeper training programming equip participants with skills to recognize potential indicators of suicide risk, increase suicide knowledge and awareness, engage in effective communication with individuals experiencing thoughts and behaviors of suicide, and provide appropriate referrals and resources.

IHEs can offer these trainings programs to increase the number of gatekeepers in their campus-communities. Gatekeepers are individuals who may have regular contact with individuals experiencing suicidal thoughts and behaviors. Therefore, gatekeepers play an integral role in helping to save lives. The training programs listed below provide appropriate awareness, education, and skills for non-clinical students, faculty, and staff roles. Please visit the individual websites linked below for additional information about each training program.

Myth: Only experts can prevent suicide.
Fact: Everyone has a role in suicide prevention.



Mental Health First Aid (MHFA) for Higher Education

MHFA for Higher Education is a skills-based course that teaches participants recognize mental health and substance use concerns that may be impacting individuals on campuses. The courses are offered virtually or in-person for students, staff, and faculty to increase mental health awareness and resilience. Tailored courses are available for interested participants.

[Learn more about Mental Health First Aid for Education](#)

Question, Persuade, Refer (QPR) Gatekeeper Training

QPR Gatekeeper Training is a one-hour course that dispels myths about suicide, teaches participants to recognize potential indicators of suicide risk, and ways to engage in communication and referral when an individual is experiencing crisis. The courses are available online or in-person.

[Learn more about QPR Gatekeeper Training](#)

AS+K? About Suicide to Save A Life

This workshop consists of two 3-hour training courses that are designed to help individuals recognize warning signs, risk factors, and learn to communicate with individuals who may be experiencing suicidal thoughts or behaviors. The workshops include opportunities for learners to role play conversations with individuals who may experience suicidal thoughts or behaviors. The courses are available to individuals 18 and older and are offered online or in-person.

[Learn more about AS+K? Workshop](#)



LivingWorks safeTALK

This four-hour training programming is grounded in an effective model that empowers participants to develop knowledge and awareness of indicators associated with suicide and facilitate connections to appropriate resources and professional help. This course is available to individuals 16 and older.

[Learn more about LivingWorks safeTALK](#)

Sources of Strength

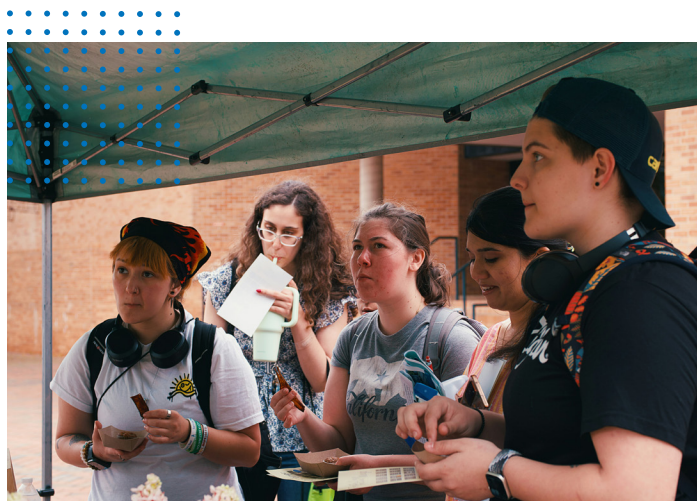
Sources of Strength is a strengths-based, upstream educational program for youth and young adults in schools and community settings. This program focuses on knowledge and skill development to promote help-seeking, healthy coping, belonging, and resilience.

[Learn more about Sources of Strength](#)

LivingWorks ASIST

This two-day workshop prepares participants to recognize potential indicators of suicide risk and prepares participants to engage in skilled discussion to facilitate connection to mental health resources. This course is available in-person workshop incorporates multimodal forms of learning for individuals 16 and older.

[Learn more about LivingWorks ASIST](#)



Suicide Prevention for College Student Gatekeepers (SPCS)

A 90-minute gatekeeper course designed by licensed psychologists to assist college students in recognizing potential signs and symptoms of someone experiencing suicidal thoughts and encourage help-seeking. This course is offered in a three-phase, synchronous format for up to 30 participants per course.

[Learn more about Suicide Prevention for College Student Gatekeepers](#)

Campus Connect

This 3-hour experiential education is designed to prepare gatekeepers on college campuses to engage in suicide prevention. The training focuses on increasing knowledge, skills, and awareness with an emphasis on listening and communication skills. This training programming is appropriate for students, faculty, and staff.

[Learn more about Campus Connect Training](#)



Spread Information about Resources

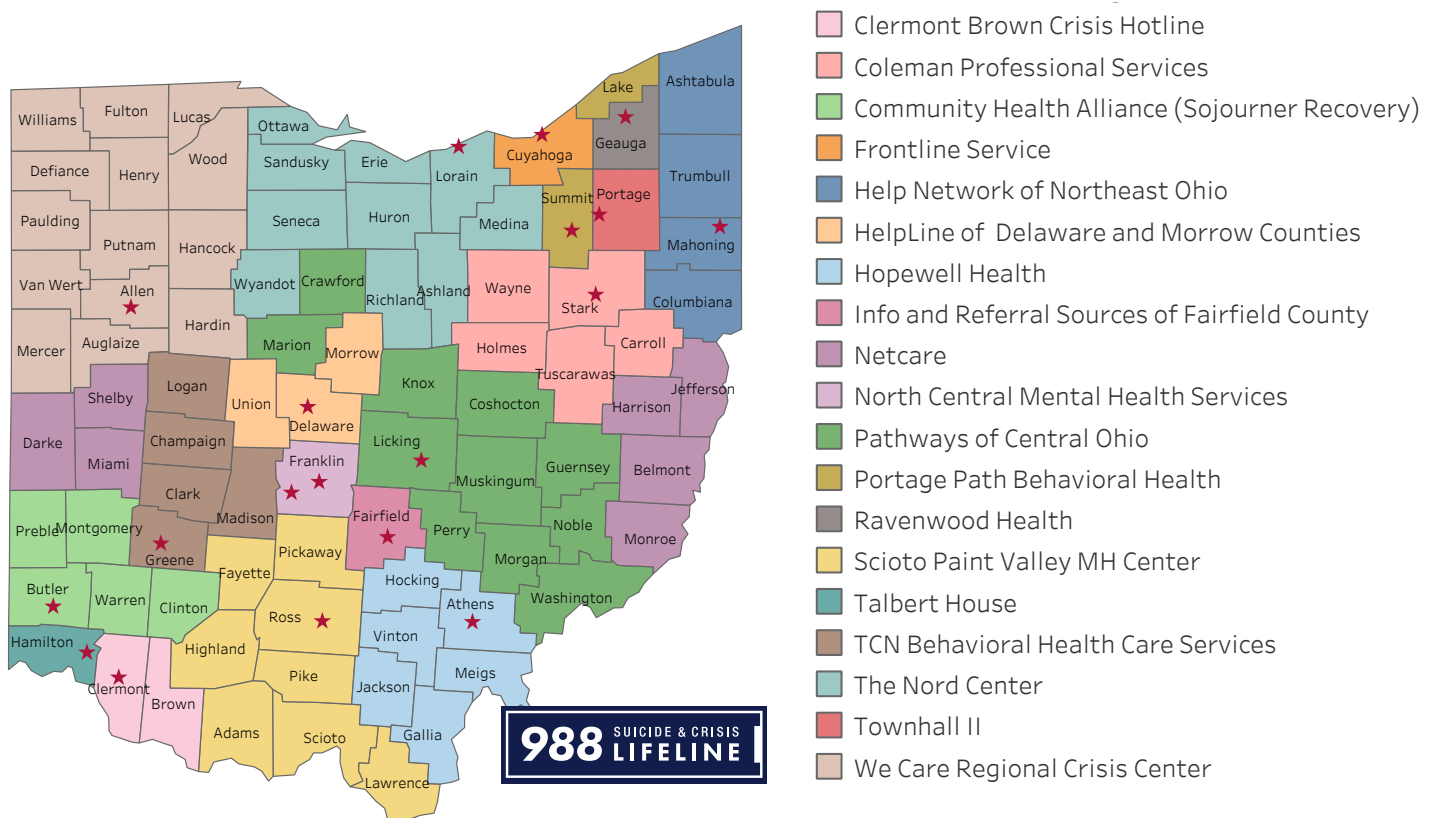
What are “Hotlines”?

Hotlines provide urgent support and resources to those in crisis situations.

988 Stats in Ohio

- **456,008** total 988 contacts (calls, chats, and texts) since July 2022.
- **18,209** average number of 988 contacts per month.
- **1,728** average number of chats received per month from Ohio area codes.
- **3,836** average number of texts received per month from Ohio area codes.
- **12,645** average number of monthly 988 call from Ohio area codes, including veteran and Spanish-speaking calls routed to specialized national call centers.
- **0.9%** average percentage of calls rolled over to a national back-up call center.
- **25 seconds** averaged speed to answer rate in Ohio, compared to 34 seconds nationally.
 - Direct Source: [988 by the Numbers](#)

OHIO 988 COVERAGE



988 Suicide & Crisis Lifeline



The purpose of 988 is to attend to mental health and suicide related crises.

988 is a three-digit phone number providing 24/7 free and confidential support to those experiencing mental health, suicide, or addiction related crisis.

METHODS OF CONTACT



Call: Dial 988 to connect with a trained professional



Text: Text 988 to connect with a trained professional



Chat: Use your internet browser to chat with a trained professional:
<https://chat.988lifeline.org>

Videophone: <https://988.asnow.io/phones/100030001>

SERVICES

Veterans, Service Members, and their Loved Ones

- Veterans press 1 or text 838255 after dialing 988.

Spanish-Speakers

- After dialing 988, select 2 to speak with a trained Spanish-speaking professional.
- When texting 988, you will be provided with service options. Text “Ayuda” to work with a Spanish-speaking professional.
- Additionally, 240 additional languages are available through [Language Line Solutions](#) when contacting 988 via phone call. You will be connected with an interpreter in approximately 20 seconds.

LGBTQI+ Persons

- After dialing 988, select 3 to speak with an LGBTQI-trained professional.
- When texting 988, you will be provided with service options. Text “PRIDE” to work with an LGBTQI-trained professional.
- When chatting with 988, you will receive a pre-chat survey providing you with an option for LGBTQI-support. [Learn more here.](#)

Deaf and Hard-of-Hearing Persons

- You can connect with a trained professional when calling 988 via Videophone or connecting through the [web portal](#).

WHEN TO CONTACT 988

- In the event of a mental health and/or addiction crisis, call 988.
 - A crisis is a non-life-threatening circumstance.
 - Examples:
 - Severe symptoms of mental illness and distress
 - Thoughts, feelings, or discussion or suicide or self-injury
 - Self-injury that does not require immediate medical care
 - Misuse of substances

WHAT TO EXPECT

Calling

- Upon calling, you will hear a pre-recorded message of service options. Soft music will be played as you wait to connect with a trained professional.
- [988 Lifeline Pre-Recorded Phone Call Example.mp3](#)
- Your call will be retrieved by a trained professional who will then introduce themselves.
- You may be asked for your name, location, and age to assist in connecting you with the most appropriate resources. You can choose to share as much information as you wish.
- The trained professional will ask you about the crisis and your safety.
- The professional will provide active listening skills to understand your concern, offer support, and link you with resources for additional care, as necessary.
- In some events, a mobile unit may be sent to your location to escort you to a stabilization facility, if needed.
- In some events, you may be transferred to 911

Texting

- You will select “Chat With Us,” to open begin contact.
- You will be provided with a brief survey to assist the trained professional in best supporting you.
- To accept the [Terms of Service](#), you will select “Start a Chat”.
- The next screen will begin to connect you with a trained professional.
- The trained professional will introduce themselves via text.
- You may be asked for your name, location, and age to assist in connecting you with the most appropriate resources. You can choose to share as much information as you wish.
- The trained professional will ask you about the crisis and your safety.
- The professional will listen, offer support, and link you with resources for additional care, as necessary.
- In some events, a mobile unit may be sent to your location to escort you to a stabilization facility, if needed.
- In some events, you may be transferred to 911.

Chatting

- Upon texting 988, you will receive a response with service options.
- After reviewing the service options, you will text “next” to accept the [Terms of Service](#).
- You will be provided with a brief survey to assist the trained professional in best supporting you.
- After completing the brief survey, you will receive a “wait” response and optional questions as you are being connected with a trained professional.
- The trained professional will introduce themselves via text.
- You may be asked for your name, location, and age to assist in connecting you with the most appropriate resources. You can choose to share as much information as you wish.
- The trained professional will ask you about the crisis and your safety.
- The professional will listen, offer support, and link you with resources for additional care, as necessary.
- In some events, a mobile unit may be sent to your location to escort you to a stabilization facility, if needed.
- In some events, you may be transferred to 911.

Looking for more information on the 988 Ohio Toolkit?

[988 Ohio Toolkit](#)

[988 Suicide and Crisis Lifeline in Ohio](#)

[988 Legislation](#)

[PrimaryCoverageNSPL.pdf](#)

[988 Partner Toolkit | SAMHSA](#)

[988vs911.pdf](#)

[988-FAQ.pdf](#)

[988-what-you-need-to-know.pdf](#)

When to Contact 911, and What to Expect

Contact 911 in the event of a mental health and/or addiction emergency. An emergency is a life-threatening situation.

Examples:

Failure to care for self

Active suicide behavior or threat

Self-injury that requires medical attention

Active substance overdose or intoxication

Derived from [988vs911.pdf](#)

What to Expect:

Your call will be retrieved by a dispatcher.

First responders will be dispatched to your location immediately. In some events, crisis intervention teams may accompany the first responders.

In some events, you may be transferred to 988.

Adapted from

mha.ohio.gov/988



Crisis Text Line

WHAT IS THE CRISIS TEXT LINE?

CRISIS TEXT LINE

Free, 24/7 crisis support offered via text message.

Crisis Text Line: Methods of Contact

- Text: “HELLO,” “START,” or “HOME” to 741-741
- WhatsApp: Send a message to 443-SUP-PORT
- Chat: <https://connect.crisistextline.org/chat>

Texting The Crisis Text Line: What to Expect

- Begin a new message and text words such as, “HELLO” or “START” or “HOME” to begin talking to a trained volunteer.
- You will receive two automated responses and will be prompted to share more information about your crisis.
- In approximately five minutes or less, you will be connected with a trained volunteer.
- You will then communicate with your trained volunteer, sharing only as much information as you want to.
- The trained volunteer will ask questions to understand the crisis situation, listen, and provide support.
- The volunteer will work with you until you feel like you are in a calm, safe place. You may be provided with resources and referrals for additional support.
- You will receive an optional survey about your experience at the end of the conversation.

Warm Lines

WHAT ARE “WARM LINES”?

Warm lines offer support for non-crisis situations. Warm lines can provide support in times of emotional distress.

Examples of emotional distress may include feeling anxious, isolated, or concerned.

Warmline.org

Find a Warm Line at warmline.org

The P.E.E.R. Center

Phone: (614) 358-TALK (8255)

Website: <https://thepeercenter.org/>

Hours of Operation: 5PM - 3AM daily

Area of Service: Ohio and out-of-state calls

Lucas County Warmline - Wellness and Recovery Center (WRC)

Phone: (419)-442-0580

Website: <https://www.neighborhoodproperties.org/wellness-and-recovery-center/>

Hours of Operation: 11AM – 7 PM daily

Area of Service: Ohio-only

Cincinnati Warmline

Phone: (513)-931-9276

Website: <http://cincywarmline.org/>

Hours of Operation: 24/7

Area of Service: Ohio and out-of-state calls

Warm Line services are also available at anytime by calling 988.

Additional Helplines

The National Grad Crisis Line

A free, confidential service for graduate students. Trained professionals and volunteers are available to provide crisis intervention and support.

Methods of Contact:

Call: 1-877-472-3457 (1.877.GRAD.HLP)

Call BlackLine

Call Blackline is an organization that provides mental health resources and they support to Black, Indigenous, and Persons of Color (BIPOC).

Methods of Contact:

Call: 1-800-604-5841

SAMHSA's National Helpline

Free, 24/7, confidential information and referral service for those experiencing mental health and substance use disorders.

Methods of Contact:

Call: 1-800-662-4357 (1.800.662.HELP)

LGBTQ National Hotline

The LGBTQ National Hotline is a peer-led organization that extends mental health resources and support to LGBTQIA+ folx.

Methods of Contact:

Call: 888-843-4564

NAMI Teen & Young Adult Helpline

A free and confidential service to provide emotional support and mental health information to teens and young adults

Methods of Contact:

Call: 1-800-950-6264 (NAMI)

Text: Text "friend" to 62640

Chat: <https://www.nami.org/support-education/nami-helpline/teen-young-adult-helpline/>

StrongHearts Native Helpline

StrongHearts Native Helpline is a 24/7 confidential resource that extends support and advocacy to Native Americans and Alaska Natives

Methods of Contact:

Call: 1-844-762-8483

Text: Text 1-844-762-8483

Chat: <https://strongheartshelpline.org/get-help#CallorChatOnline>

The Trevor Project

The Trevor Project extends free and confidential crisis support to LGBTQIA+ folx.

Methods of Contact:

Call: 1-866-488-7386

Text: Text "Start" to 678-678

Chat: <https://chat.trvr.org>

Trans Lifeline

Trans Lifeline is a peer-led crisis resource that extends support to transgender and non-binary folx.

Methods of Contact:

Call: 877-330-6366

Disaster Distress Helpline

The Disaster Distress Helpline provides free, multilingual, 24/7 crisis support to those affected by natural or human-caused disasters

Methods of Contact

Call: 1-800-985-5990

Text: Text 1-800-985-5990



Ohio Suicide Prevention Resources

The Suicide Prevention Plan for Ohio 2024-2026

[Suicide-Prevention-Plan-24-26.pdf](#)

Impact of suicide in Ohio

Groups that may experience higher rates of suicide in Ohio:

- Those living in rural regions
- Males
- Young adults
- Veterans
- LGBTQ+
- Individuals with disabilities
 - Many of these individuals make up our population of students, staff, and faculty at Ohio IHEs.

Ohio Suicide Prevention Foundation (OSPF)

OSPF is a non-profit organization in Ohio that provides hope, help, and resources for suicide prevention.

Website: [Ohio Suicide Prevention Foundation](#)

Ohio House Bill (HB) 28

In 2016, Ohio HB 28 mandated suicide prevention programs at public Institutions of Higher Education. Suicide prevention program components include crisis intervention access, mental health program access, multimedia applications, student communication plans, and postvention plans.

Website: [Ohio House Bill 28](#)

Ohio Department of Mental Health and Addiction Services

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) provides high-quality and effective addiction and mental health prevention, treatment, and recovery for Ohioans.

Website: [Department of Mental Health and Addiction Services](#)



Ohio Department of Higher Education (ODHE)

ODHE oversees new degree programing, manages financial aid programs, and develops and advocates for policies in higher education. Additionally, ODHE provides information about mental health and suicide prevention for Ohio IHEs.

Website: [Suicide Prevention for Colleges and Universities](#)



National Suicide Prevention Resources

The JED Foundation

A non-profit organization that promotes wellness skills, social connection, and help-seeking behavior for teens and young adults. The foundation works with high schools, colleges, and universities to assist in creating a culture of wellness.

Website: [The JED Foundation](#)

National Institute of Mental Health (NIMH)

NIMH is a federal agency that engages in research on mental health disorders.

Website: [National Institute of Mental Health \(NIMH\)](#)

Mental Health America

Mental Health America is non-profit organization that promotes mental health and wellness across America.

Website: [About Mental Health America](#)

Suicide Prevention Resource Center

An organization that provides technical assistance and resources on best practices for suicide prevention. SPRC provides resources specifically for colleges and universities regarding suicide prevention.

Website: [Colleges and Universities – Suicide Prevention Resource Center](#)

988

988 is a three-digit phone number providing 24/7 free and confidential support to those experiencing a mental health, suicide, or addiction related crisis.

Website: [988 Lifeline](#)

Crisis Text Line

The Crisis Text Line is a free, 24/7, confidential hotline and resource to support individuals in crisis

Website: [Crisis Text Line | Text HOME to 741741 Free, 24/7 Mental Health Support](#)

American Association of Suicidology (AAS)

AAS is a national, non-profit organization that promotes education, training, awareness, and research to further understand and prevent suicide.

Website: [American Association of Suicidology](#)

American Foundation for Suicide Prevention (AFSP)

AFSP is a national organization that promotes advocacy, education, and research on suicide prevention.

Website: [About AFSP](#)

National Alliance on Mental Illness (NAMI)

NAMI is the largest grassroots organization nationwide for mental health. Additionally, student-led NAMI On Campus programs are available for high schools, colleges, and universities.

Website: [NAMI | National Alliance on Mental Illness](#); [NAMI on Campus | NAMI](#)

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is an agency within HHS dedicated to mental health and substance use prevention and promotion for Americans.

Website: [SAMHSA - Substance Abuse and Mental Health Services Administration](#)

Active Minds

Active Minds is a national non-profit organization promoting mental health education and awareness for youth and young adults.

Website: [Active Minds - Championing a New Era of Mental Health](#)

Center for Collegiate Mental Health (CCMH)

The CCMH engages in national and international research about collegiate mental health.

Website: [Center for Collegiate Mental Health](#)

The National Action Alliance for Suicide Prevention

The National Action Alliance for Suicide Prevention has over 250 public-private partners working dedicated to the National Strategy for Suicide Prevention

Website: [National Action Alliance for Suicide Prevention](#)

The Steve Fund

The Steve Fund is a non-profit organization that extends mental health and well-being support to young people of color across educational institutions, workplaces, and other professional settings.

Website: [The Steve Fund](#)

U.S. Department of Health and Human Services (HHS)

The HHS is an executive public branch working to foster the health and wellness of Americans.

Website: [Department of Health & Human Services | HHS.gov](#)

Research on Mental Health and Suicide at IHEs:

[The Healthy Minds Study](#)

[National College Health Assessment \(ACHA\)](#)

My Campus-Community Resource Guide

Increase your awareness and knowledge to resources in your campus-community. Use this fillable resource template to identify the mental health and crisis resources available in your campus-community.



OHIO PROGRAM *for*
**CAMPUS SAFETY
& MENTAL HEALTH**
A NEOMED CCoE

Our local emergency department or psychiatry emergency center is:

Our local mental health resources are:

Our campus mental health resources are:

Crisis hotlines:



Call, text, or chat with 988



Text "Home" to 741-741

911: Call 911 in cases of emergency

