



MENTAL HEALTH CRISIS RESPONSE ON CAMPUS

MENTAL HEALTH CRISIS RESPONSE TOOLKIT

Contents

Current Landscape	3
Goal and Summary of This Resource	3
Literature Review	4
Current Framework for Responding to Crises	13
Recognizing, Responding, Referring and Reflecting on Students in Distress/Crisis	13
A Whole-Campus Approach to Crisis	18
Policy and Culture Change	19
Ideas for Policy Change	20
The Effects of Policing on Certain Student Populations	24
Training for Mental Health Crisis Response	27
Mental Health Crisis Response Recommendations for Colleges and Universities	28
Contributors	29
Appendix	30
References	32

Current Landscape

Goal and Summary of This Resource

Over the past several years, there has been a dramatic increase in the number of mental health-related crises that are occurring on post-secondary campuses across Ontario. Sixteen percent of post-secondary students in Canada have seriously considered suicide and almost 3% have made an attempt (ACHA-NCHA, 2019). Additionally, approximately 60.5% of the crisis calls handled by schools required the involvement of community support (Porter, 2018). In the wake of increasing mental health crises, stretched community resources and an overall trend in North America to explore service models that reevaluate the role of campus police officers/security in mental health crisis response, post-secondary institutions have had to determine how they can better meet students' mental health needs. Many schools are implementing broader mental health frameworks which incorporate crisis supports. This toolkit has been created to support campuses in moving from siloed, department-specific approaches to crisis response to a collaborative, whole-campus approach as they work towards the broader goal of a whole-campus mental health framework.



The creation of this resource would not have been possible without the working groups that we have consulted. These groups, composed of students, campus staff and community mental health workers, helped to shine a light on the major questions and concerns with regards to this topic. The working groups were purposefully composed of people in various campus roles to ensure that a whole campus approach was taken to create this resources. Without these working groups, this toolkit as it stands would not have been realized. We are grateful for all who took the time to be involved in this process. We also want to acknowledge all of the work that community mental health organizations are doing when it comes to crisis response programs and services. There is a substantial amount to be learned from how crisis response operates in the community.

Literature Review

Taking an Evidence-Based, Whole-Campus Approach to Mental Health Crisis Response

Post-secondary mental health centres are reporting an increase in the number of post-secondary students using campus mental health services and presenting with more severe mental health issues (Crozier & Willihnganz, 2006). A survey conducted by The Ontario University College Health Association (OUCHA) in 2009 reported that 6% of post-secondary students had contemplated suicide within the past year (OUCHA, 2009; as cited in Crozier & Willihnganz, 2006). More recent data suggests that this has increased to 16% of post-secondary-students (ACHA-NCHA, 2019). As the mental health needs of post-secondary students grow exponentially, campuses will need to work together and find effective resources to support students in crisis. However, there is currently no standard established to guide campuses on implementing interventions for mental health crisis response. Consider implementing the following evidence-based recommendations uncovered through our literature review as your institution works towards whole-campus approaches to supporting student mental health crises.

1 Establish comprehensive policies that address how mental health crises will be managed on campus



A recent survey looking at mental health policies across post-secondary institutions in Canada found that campuses are lacking in policies surrounding mental health crises on campus (Somma, Jaworska, Heck & MacQueen, 2017). The survey found that only 40% of schools had protocols in place to support students with severe mental illness and only 32% of schools had policies in place to assist students who have attempted or threatened to attempt suicide (Somma, Jaworska, Heck & MacQueen, 2017). This evidence suggests there is a clear need for comprehensive policies on campus that benefit mental health crisis response. However, there is little guidance on what constitutes best practice in mental health crisis response and how to effectively implement these practices. The existing literature on mental health crisis response on campus emphasizes community crisis intervention teams and community partnerships.

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A crisis is any situation that puts someone at risk of harming themselves or others and/or puts them at risk of being unable to care for themselves or function in a healthy manner. Distress is a state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life.

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2 Identify internal and external stakeholders who contribute to supporting students experiencing a mental health crisis and determine if other relationships or capacity-building needs to be enhanced



Effective mental health crisis response in post-secondary institutions is multi-faceted and typically includes a range of internal and external stakeholders such as campus security, crisis teams, mental health services, local emergency departments and distress lines. One study that looked at crisis response at an Ontario post-secondary institution found that of the 311 reported incidents of student mental health crisis: 34.1% of students were transported to a hospital, 24% required emergency medical service, 21% used a mental health crisis team, 11.9% involved contacting the local police, and 39.5% used no external resources (Porter, 2018).

Some campuses also have crisis and behaviour response teams within the school. In 2005, the University of British Columbia established a crisis intervention team consisting of service providers from the counselling centre, disability services, health services, residence life, academic affairs and campus security to ensure wrap-around support for students (Washburn & Mandrusiak, 2010). The University of Florida employs a crisis intervention team model in which select campus police officers are trained as part of a response team (Margolis & Shtull, 2012). These police officers receive specific training on recognizing signs of mental illness, mental health resources on- and off-campus, psychopharmacology, and crisis de-escalation (Margolis & Shtull, 2012).

Moreover, the goal for campus police when dealing with crisis situations is to safely connect the person in need with supports available either on campus or in the community (Margolis & Shtull, 2012). One study highlighted the need for adequate training and access to resources for campus police to support those in crisis (Margolis & Shtull, 2012). Suggestions to improve campus police response to mental health crises emphasized the importance of cultivating multidisciplinary approaches and prioritizing collaborative partnerships. For example, the campus can bring together various external and internal stakeholders to develop a training program that identifies the roles and responsibilities of the stakeholders and how to access these services during a crisis (Council of State Governments, 2002; Schwarzfield et al, 2008, as cited in Margolis & Shtull, 2010). Considering campus police are one of the first points of contact during a mental health crisis response, adequate mental health training and resources for campus police are crucial (Margolis & Shtull, 2010).

3 Create behavioural intervention response teams



Other crisis approaches that are prevalent across campuses in the United States include behavioural intervention/response teams/units. Behaviour response teams are comprised of an interdisciplinary group of campus personnel who evaluate cases involving students exhibiting concerning behaviours such as emotional distress, disturbed writing, and aggressive or suicidal remarks and behaviours. (Cornell, 2010, as cited in Golston, 2015; Frederick Community College, 2017). Mental health issues were the most commonly addressed concern by behaviour response teams (Golston, 2015; Mardis, Sullivan & Gamm, 2013, as cited in Self, 2017). One survey of over 800 universities and colleges found that 92% of campuses reported having some component of a behaviour intervention team, threat assessment team or students of concern team (Van Brunt et al., 2012).

It is recommended that behavioural intervention teams are comprised of 5 to 8 personnel who work closely with students (Van Brunt et al., 2012; Penven & Janosik, 2012; Goltson, 2015). Accordingly, most of the teams surveyed by Van Brunt et al. (2012) included primarily counselling staff, campus police/security, deans of students, residence life staff, and academic affairs staff. Moreover, it is recommended that teams meet weekly to maintain communication and progress (Eells & Rockland-Miller, 2011; as cited in Goltson, 2015). Van Brunt et al. (2012) also found that the majority of teams met on a weekly or bi-weekly basis, while others met monthly or as needed. Another relevant survey focused on the training of behavioural intervention team members found that most teams attended conferences, National Center for Higher Education Risk Management training, webinars and workshops with experts (Mardis, Sullivan & Gamm, 2013).

According to *The Book on BIT*, the 10 functions of behavioural response/intervention teams include:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Educate the campus community about behaviors of concern and reporting procedures 2. Provide consultation and support to faculty, staff, administration, and students in assisting individuals who display concerning or disruptive behaviors 3. Serve as the central point of contact for individuals reporting aberrant student behavior or behavior that deviates from an established baseline 4. Triage reports – identify patterns of aberrant behaviors which might suggest the need for an intervention | <ol style="list-style-type: none"> 5. Assess threat/risk 6. Assess available resources 7. Follow a formalized protocol of instruction for communication, coordination, and intervention. 8. Coordinate follow-up – Connect individuals with needed campus and community resources 9. Observe ongoing behavior of individuals who have displayed disruptive or concerning behavior 10. Assess long-term success (Sokolow et al, 2014, p. 4-8, as cited in Goltson, 2015) |
|---|---|

With the increasing demand for campus crisis response teams, there is need for a framework and guidance for colleges and universities to effectively develop these teams (Jed Foundation, 2013). In response, the Jed Foundation and the Higher Education Medical Health Alliance created a guide to help colleges and universities develop and improve campus teams. The guide focused on 5 components, including:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Team mission and purpose 2. Naming the team 3. Team composition, size, and leadership | <ol style="list-style-type: none"> 4. Team functions 5. Common pitfalls and obstacles |
|--|---|

The guide also provides key issues of consideration, as well as examples for implementation. It highlights several campus teams across the United States such as the University of North Texas CARE Team and Cornell University Alert Team. An example of a behaviour intervention team is the Behavioural Evaluation and Response Team (BERT) at Frederick Community College which consists of administrators from various college departments, a security supervisor, and a counsellor (Frederick Community College, 2017). The BERT investigates reported cases and follows up with the student to explore some strategies that might address the concerning behaviour (Frederick Community College, 2017). The BERT then continues to monitor the student's behaviour and refers the student to appropriate resources such as the College Counselling Centre or recommends a leave of absence or withdrawal (Frederick Community College, 2017). In this way, behaviour intervention and response teams act as a proactive response to a potential crisis rather than an immediate crisis intervention. Frederick college encourages calling 911 or campus security in the instance of an immediate crisis. Despite the number of existing behavioural intervention teams and the framework, there is very limited literature on the efficacy and outcomes of these teams.

4 Integrate health and counselling services for a holistic and comprehensive approach to student care



Campuses must work to develop partnerships with community resources to ensure priority and timely support for students who present with concerns that are outside the scope of support available on campus (Lamberg, 2006). One method that colleges and universities can use to improve their current service offerings is integrating health and counselling services (American College Health Association, 2010). This integrated model results in a holistic and comprehensive approach to care for students. At the University of Texas at Austin, the Counseling and Mental Health Center (CMHC) and University Health Services (UHS) collaborated to create the Integrated Health Program (IHP) as a means to expand the psychological services offered to students (Tucker, Sloan, Vance & Brownson, 2008). The IHP consists of two psychologists and two clinical social workers who work in the UHS. They provide crisis intervention for any student experiencing a crisis.

Researchers are also suggesting an on-campus health/medical services model to reduce the need for student hospitalization (Porter, 2018). Considering the increasing rates of mental health crises, and responses often requiring hospitalization and inpatient psychiatry, it might be helpful for campuses to expand and prioritize psychiatric services and/or establish better links to psychiatric services in the community. One survey found that 33.7% of psychiatric services are performed by a primary care physician/nurse practitioner and 23.9% of campuses do not provide any on-campus psychiatric services, instead referring students to community providers (American College Health Association, 2010). A survey of counselling centre directors in the United States reported that 30% of campuses have no psychiatric services available on campus, and in campuses with psychiatric services, 66% reported that the available services are inadequate (Barr, Krylowicz, Reetz, Mistler, Rando, 2011). In Canada, access to psychiatry services on campuses is fairly scarce. While 29% of medium-sized campuses and 57% or larger institutions have some internal access to psychiatry, there are no small campuses with internal access to psychiatric consultations (Jaworska et al., 2014).

5 Create partnerships and agreements between post-secondary institutions and community resources



Effective management of mental health crisis collaboration between on-campus resources and off-campus resources is essential to ensure continuity of care (Jed Foundation, 2006; Suicide Prevention Resource Center, 2004; as cited in Washburn & Mandrusiak, 2010). Washburn & Mandrusiak (2010) recommend that for crisis response, university and college campuses must form partnerships with community resources such as mental health clinicians, hospital emergency departments and police departments. This is even more pertinent considering a national survey of counselling center directors in the United States reported that 9.4% of counselling center clients are referred to external off-campus resources for specialized or more intensive treatment (Gallagher, 2010). Moreover, a 2006 survey of American university and college counselling center directors reported that 2,069 post-secondary students were hospitalized for symptoms of mental illness, with an average of 8.6 students hospitalized per school over the course of a year (Gallagher, 2007). Despite frequent utilization of hospital resources for students, campus directors reported a lack of collaboration between the campus and local hospital and psychiatric services. As it relates to premature discharge, students often return to school without notification or an understanding on the part of hospital staff of the post-secondary environment (Rockland-Miller 2000, Rockland-Miller 2003, as cited in Rockland-Miller & Eells, 2008).

Rockland-Miller & Eells (2008), highlights the need for partnership and agreements between post-secondary institutions and local hospitals to facilitate a safe hospitalization process. Once colleges and universities have determined that hospitalization is required, they should ask the student to sign a Release of Information (ROI) (Rockland-Miller & Eells, 2008). Once the student has signed, the school clinician should call or have administrative staff contact the local hospital and connect with a touchpoint person who is determined by the partnership agreement and who can provide the student with the necessary information that they require (Rockland-Miller & Eells, 2008). The transportation process is then dependent on the circumstances of the hospitalization. In the case of a voluntary admission, a friend or family member can be notified to accompany the student. In the case of involuntary hospitalization, transports would involve ambulance and campus police (Rockland-Miller & Eells, 2008). Developing close partnerships, agreements and processes between campuses and local hospitals is one aspect post-secondary institutions should explore in regard to their crisis response.

While Rockland-Miller & Eells (2008), emphasize that the onus is largely on the college or university to facilitate and maintain [partnerships with local hospitals](#), other researchers are exploring the role of hospitals and mental health service providers in supporting student mental health. McLeans Hospital in Belmont, Massachusetts introduced a College Mental Health Program (CMHP) that aimed to integrate the hospital and university/college system (Pinder-Amaker & Bell, 2012). Not only did the program provide direct clinical support for students, it also evaluated protocols and developed policies and standards to improve the hospital experience and processes for students (Pinder-Amaker & Bellm 2012). Within the program, 30% of students were on the Short-Term Inpatient Unit, as they were likely displaying acute symptoms (Pinder-Amaker & Bellm, 2012). Consequently, collaboration between the school and hospital system leads to improved mental health outcomes for college or university students (Pinder-Amaker & Bellm 2012).

One example of this type of [partnership in Ontario](#) is between the University of Toronto and the Centre for Addictions and Mental Health (CAMH); where they are working to integrate mental health services between campuses through a stepped care approach.

6 Establish discharge protocols in partnership with local hospitals that include follow-up with campus services



Discharge planning and follow-up are important for student outcomes after hospitalization. One study looked at college students who received psychiatric evaluation at a Comprehensive Psychiatric Emergency Program (CPEP) after experiencing a crisis. College students represented 8% of all patients between the ages of 18-40 at the CPEP (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013). The average hospital stay for students was 2.38 days; however, 77% of students were discharged the same day as they were admitted (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013). Considering that the majority of students were not admitted to the program, discharge and follow-up care is necessary to support students. In particular, students admitted to the inpatient psychiatry unit stayed for an average of 8.93 days (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013). Once students were discharged, 79% were referred for outpatient mental health services, 14% were referred to a campus counselling centre, and 7% were not given a referral (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013). Before discharge, approximately 50% of the students received a referral for an actual appointment with a community service provider (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013).

Moreover, having an appointment prior to discharge increased the likelihood of students successfully connecting with supports after discharge (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013). This is an important aspect of crisis postvention plans that can lead to improved mental health outcomes for students. As such, when exploring mental health crisis response, postvention processes such as discharge planning and follow-up should also be considered. Furthermore, discharge planners from the hospital should follow up with the students to ensure they are receiving the recommended treatment (Mitchell, Kader, Haggerty, Bakhai & Warren, 2013). Considering the major role of the discharge planner in the mental health outcomes of students, both hospitals and campuses would benefit from partnership to ensure effective coordination of care for students (see the example in the appendix).

7 Improve ease of navigation and raise awareness of crisis counselling services that are accessible 24/7 worldwide



It is also important to note the change in student mental health and crisis protocols and policies within the context of the COVID-19 pandemic. During this time, most universities and colleges are operating through remote and distance learning. Over the last few years, CICMH's need's assessment has identified this as a barrier for students seeking supports in a timely manner. The pandemic has exacerbated the mental health issues students were experiencing due to academic uncertainty, social isolation, difficulty concentrating, loss of routine, concerns over personal and family health, and financial difficulties. (Son, Hegde, Smith, Wang, Sasangohar, 2020; Grubic, Badovinac & Johri, 2020). Campuses also have international students who may be studying in their home countries, far away from their campuses.

As a result of remote learning, access and structures of mental health supports have changed. For example, most schools have moved to providing online mental health supports and counselling services (Conrad, Rayala, Menon, Vora K, 2020). Many universities in North America are encouraging students in crisis to use school and community crisis lines to access support. Despite available online supports, one study found that most students were utilizing self-management strategies to cope with the anxiety and stress of the pandemic, with 23% of students using maladaptive coping strategies (Son, Hegde, Smith, Wang, Sasangohar, 2020). Another study reported that 55% of college students surveyed did not know how to access mental health supports during a crisis (Active Minds, 2020). Moreover, students were having difficulties accessing general mental health supports (Redden, 2020). A study looking at the mental health information available on counselling centre websites found that only 50% of the web pages provided information on remote counselling and community resources such as 24/7 hotlines (Siedel, Mohlman, Basch, Fera, Cosgrove & Ethan, 2020). More concerningly, only about 30% of schools provided information on how to access mental health crisis services (Siedel, Mohlman, Basch, Fera, Cosgrove & Ethan, 2020). Providing students with easily accessible knowledge and information is essential in helping reduce barriers to service access.

8 Investigate reasons for the underutilization of counselling services



Other studies have reported that students are not utilizing counselling services offered by their university. Reasons for underutilization included not feeling that their issues were severe enough for support, discomfort seeking help from unfamiliar counsellors, and distrust of counselling services (Son, Hegde, Smith, Wang, Sasangohar, 2020). Recommendations to reduce barriers to access include providing “walk-in” appointments for virtual care options (Liu, Pinder-Amaker, Hahm & Chen, 2020). Drop-in appointments for counselling might present a timely and accessible option for students in crisis to get connected to initial support. Additional recommendations include monitoring and connecting with vulnerable students such as international students, Black students, Queer students, Indigenous students, and those with pre-existing mental health issues or financial stressors (Liu, Pinder-Amaker, Hahm & Chen, 2020). Proactively reaching out to vulnerable students can work to mitigate the risk of a mental health crisis. For more information on how to better engage with equity-deserving students, see CICMH’s [Anti-Oppressive Practice toolkit](#).

Challenges and Gaps

The literature indicates that there is very limited evidence available on best practices for mental health crisis response in colleges and universities. Moreover, in the context of the COVID-19 pandemic, crisis services focus on crisis lines and forms of online counselling; however, considering the unprecedented nature of the pandemic, literature on this subject is still emerging. Outside the context of the pandemic, the existing literature focuses primarily on crisis prevention and utilizing behaviour/crisis intervention teams and community partnerships to support students in crisis. Specifically, a common recurring theme is close communication and collaboration with both internal and external stakeholders. By including a variety of stakeholders in the dialogue around campus mental health, campuses are able to expand upon the resources made available to students, as well as learn from the valuable perspectives of different stakeholders to improve program and service delivery (Drum, Brownson, Denmark & Smith, 2009).

One major gap in the literature involves the efficacy of existing interventions, including virtual care options, that are currently prevalent. Given the difficult scope of the problem, these crisis interventions are lacking in monitoring and evaluation. This highlights the need for better assessment and evaluation of existing protocols, as well as a comprehensive approach to mental health crisis response.

In 2006, The Jed Foundation published the [Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student](#) as a response to a lack of consensus among post-secondary institutions surrounding what entails a comprehensive crisis response (The Jed Foundation, 2006). The framework covers the key points to consider when developing a safety protocol, including:



- What the roles of campus staff are and who holds the ultimate accountability for the response
- When students are required to sign a Release of Information (ROI), whether to involve a student's potential off-campus mental health clinician
- How to support students in crisis outside of regular business hours
- How to determine if hospitalization is the best option
- Whether there is an affiliation agreement with local hospitals
- What the process is for transporting students to hospitals

The framework emphasizes collaboration with stakeholders on- and off-campus. Despite being over a decade old, the framework accurately encompasses the idea of student mental health as a community and campus-wide issue. This is in line with the ongoing shift to involve all campus personnel in supporting student mental health and increasing mental health literacy and knowledge of resources across the whole-campus. Furthermore, a part of the framework encompasses suicide prevention efforts that consist of matching the resources available to the demands for service; however, many students continue to experience long wait-times to access services which can contribute to an increased number of mental health crises. Counselling centres were already overwhelmed with the mental health crisis on campus prior to the pandemic, and now are experiencing increased demand for service. It is also important to acknowledge the exacerbated effects of vicarious trauma on support staff in the context of the pandemic. The framework provides institutions with guidance on issues to consider during the development of protocols related to suicide but does not provide concrete steps on implementation. This is reflective of the current state of the literature and existing interventions, as there is a lack of established best practice protocols to support campus-wide mental health.

Current Framework for Responding to Crises

Recognizing, Responding, Referring and Reflecting on Students in Distress/Crisis

The following are some potential steps you can consider taking when supporting a student in distress. These strategies and examples are based on protocols that are currently being implemented on campuses across Ontario. For more information on how to recognize, respond, refer and reflect in situations where students are in distress, visit the [More Feet on the Ground website](#).

RECOGNIZE

RESPOND

REFER

REFLECT



RECOGNIZE

Distress often refers to emotions or feelings that interfere with a person's daily functioning. In order to support students in distress, it is important to be able to recognize the warning signs. Distress can impact a student's academics, work, body, emotions, and behaviours. Please see the chart below for examples of indicators of distress.

Common Indicators of Distress

Academic Indicators	Emotional and Behavioural Indicators	Physical Indicators
Changes in quality of work	Expression of hopelessness or despair	Changes in personal hygiene
Increased absences	Disclosure of personal crisis (e.g., death of a family member or friend, housing, or food insecurity)	Frequent or chronic illness
Low productivity or participation	Self-harming behaviours	Disorganized, rapid, or slurred speech
Missed assignments/tests	Tearful or angry outbursts	Dramatic weight loss or gain
Concerning content in assignments/tests/discussions posts	Excessive anxiety	Swollen or red eyes

Imminent Risk

An emergency is any reference to physical harm to oneself or others, violence, or weapons. If a student makes **ANY** reference to suicide or wanting to die, immediate action must be taken and the situation should be reported immediately. In the case of an emergency, call 911 immediately. State your concern to the student and let them know you are getting them help. Then notify the appropriate campus departments as needed.

During an emergency:

- "I am worried about your safety; I need to get support for you."

Consider

When noticing these warning signs in a student, it is important to think through the information observed or heard to determine the appropriate next steps.

Questions to reflect on:

- Does what I am seeing concern me?
- Does what I am hearing concern me?
- Is this the first time I've felt concern for the student?

RESPOND

Once you have recognized the warning signs, reflected on what you have seen or heard, and identified there is a reason for concern, the next step is to respond.

Approach

Timing and the environment are factors that need to be considered when approaching a student, in order to ensure they feel safe and comfortable. You need to choose a time and place where you can speak to the student in private. When expressing concern for the student, it is important to be explicit and to identify specific behaviours you have observed or heard that are causing you to be worried.

Starting the conversation:

- “I’ve noticed you have been missing class lately and I am concerned about you.”

Engage

Next, you need to be prepared to listen without judgement, show concern, and ask clarifying questions. This requires patience, your undivided attention, and the use of open-ended questions. Be sure to provide students with adequate time to respond as it may take them some time to open up. While listening to the student’s experience, it is important to provide validation, information, and encouragement. Continue to listen to the student without approving or disapproving their concern. Communicate acceptance of the student’s experience by using validation and normalization, which lets them know you are understanding, that they are not alone and that there is support available.

Examples of open-ended questions:

- “How are you doing?”
- “How can I best support you?”
- “Tell me more about that.”

Examples of validating statements:

- “It sounds like you’re going through a lot right now.”
- “I’m sorry you are going through this.”
- “You aren’t alone in your experience. May I share some resources to support you?”

REFER

Inquire about whether the student is already connected to resources. Let them know there are supports available to them, both on- and off-campus. Normalize the use of mental health services and highlight the strength and courage it takes to seek help. Encourage them to seek support and access these resources. Provide the student with the referral information for the appropriate resources. Extend your support by offering to call the resources with the student to set up an appointment or walk with them to the health and wellness centre to seek help.

Statements of support

- “Is this something you would like help with? I can recommend some resources.”
- “If you would like, we can call together to make an appointment.”
- “I’m happy to walk with you to the office, if you would like.”

For emergency situations, always call 911 and then notify the appropriate campus department.

Engaging the appropriate resources

If you are concerned for the student’s safety as a result of potentially engaging a specific resource (e.g., campus security/police), reflect on whether there are equally effective safer options that you can make a referral to (e.g., a mobile crisis unit). If there are not any equally effective safer options to offer, proceed with engaging the resource and consider the ways you can remain an advocate and effective bystander for that person when that resource is engaged. This will be further covered in the section of this toolkit titled “The Effects of Policing on Certain Student Populations”.

Next steps

If you are comfortable doing so and have established appropriate boundaries, you can follow-up with the student or let them know you are available if they need additional resources or support. Try not to inquire about their decision to seek help or not, but rather let them know they can always reach out if they need support.

Student declines referral

It is important to understand that you are only able to provide information and encourage the student to seek help. It is ultimately the student’s decision whether they follow through with the referral or not. If a student does not wish to seek help, it is important to respect the student’s decision. Do not force the issue or pressure them to seek help. Leave the door open for further conversation by letting them know they can always get in touch with you again if they reconsider or need additional support.

REFLECT

Tough conversations like these can be emotionally draining for both staff and students. Once you've connected a student to supports or left the door open for further conversation, you may want to step back and reflect on the situation. Here are some tips that can support your reflection process.

1. Do a self-assessment

Make time to reflect on your emotions and how you're feeling after the interaction. Keep an eye out for physical, behavioural, or emotional signs of struggling or languishing. Reach out to resources, like your EAP, if you need support.

2. Debrief with a colleague or friend

Debriefing with another person is a great way to work through any residual feelings or concerns you may have about your interaction with a student. Remember that while debriefing you must still maintain student privacy.

3. Practice self-care

It is crucial to take time for yourself after supporting someone else. The definition of self-care is different for everyone. Be sure to identify activities that replenish you and make you feel fulfilled so that you can engage in them when you need to take some time for yourself.

A Whole-Campus Approach to Crisis

What is a whole-campus approach? In a whole-campus approach, all members of the campus community are involved in supporting student mental health. Ideally, practices that promote mental health are woven into all aspects of campus, from policies and programs/services to the learning environment. The whole-campus approach also involves breaking down silos between departments/campus areas and ensuring that everyone has the appropriate information and resources they need to support student mental health based on their role on campus. This approach allows for information to flow more freely between campus departments. It also ensures that every interaction students have with staff and faculty can help connect them to the proper resources to support their mental health. The whole-campus approach aids campuses in assessing available resources to better understand what services can be provided to students in-house. This can provide the foundation for intentional partnership building with community mental health organizations to fill service gaps and ensure students have access to a full complement of mental health services to meet their varying needs. When creating a campus framework for crisis response, post-secondary institutions should include ways to support students who live far from campus, whether that's out of the city/town, province, or country. This ensures that all students will have equitable access to support resources.



Within a campus, there are many opportunities for staff and faculty to interact with students. This means that there is also a chance that staff may come across a student who is experiencing a crisis. Therefore, it can be helpful to have a good sense of some of the resources that are available to support students on your campus. Some places you can find more information on the resources available to students include:

- the '[Services](#)' page on the More Feet on the Ground website (www.morefeetontheground.ca),
 - Lists all the mental health services available at each publicly funded college and university campus in the province
- CICMH's "[Supporting International Students During the COVID-19 Outbreak](#)" infosheet.
- [CICMH's Crisis webpage](#)
- [ConnexOntario's website](#)
- [Good2Talk](#)

Depending on your role on campus, there may be different things that you can do to support student mental health, from having a good understanding of the resources available to being able to intervene and de-escalate a crisis situation. Your role as a faculty or staff member is not necessarily to assess risk or be a student's main point of contact in a crisis. Instead, it is to provide support in the moment, and to help a student get connected to programs/services that can best meet their needs.

To learn more about the whole-campus approach and ways it can be implemented, take a look at the Okanagan Charter in the appendix.

Policy and Culture Change

Traditionally, campus culture has not always normalized the reality that there are ups and downs in the student experience and that students may sometimes have trouble coping. One of the means through which we can begin to change the culture on campus is through policy changes. By moving away from policies that may be causing unintentional harm to students, as well as removing barriers to accessing supports, we can begin to create a campus environment that recognizes the importance of mental health and works to positively support students in their pursuit of wellbeing. Campuses can begin the process of reshaping their policies by reviewing them, even those not related to student health and wellness, through a mental health and equity lens. Only then can campuses begin to understand the true impacts of their policies on students' wellbeing. Some things to look out for are whether policies are inappropriately punitive with regards to mental health or if policies are structured in a way that could deter students from accessing campus or community mental health resources. Going through the assessment process can not only help institutions to understand where barriers may lie, but can also provide insight into how students perceive and experience these barriers. Tools like the [Health Equity Impact Assessment](#) can be used to analyze policies and note their impact on student populations. A main goal of campus mental health policies should be to provide supports for faculty, staff and students when it comes to dealing with mental health crisis response.

All campuses should also have an easy to comprehend mental health crisis navigation path. This navigation path should inform a person of what steps they can take to support a student in crisis based on the student's immediate needs. The navigation path should be accessible to faculty, staff and students online and on campus.

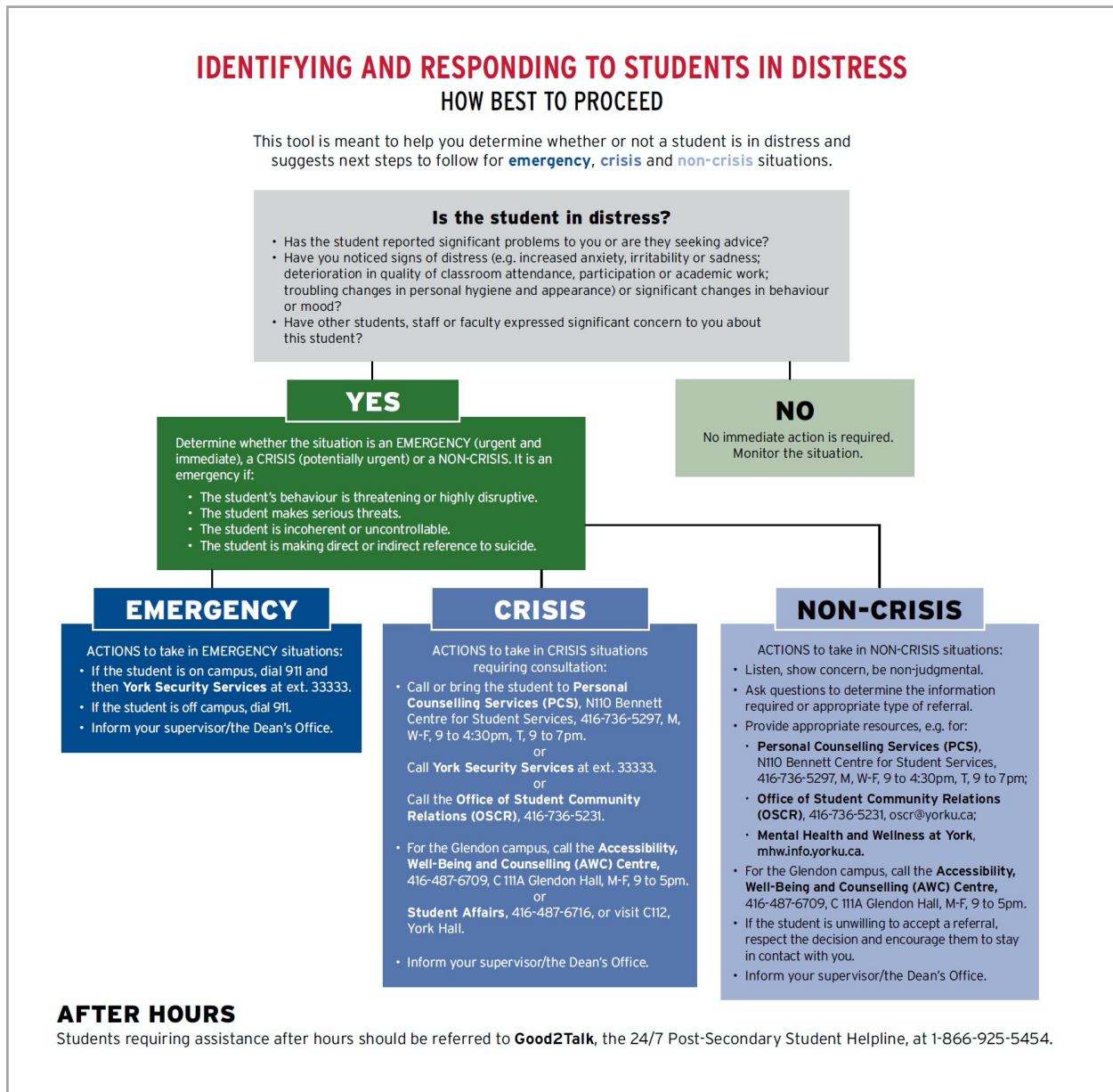
Policy changes can be made at all levels of the post-secondary institution in order to better support student mental health. These campus policies should provide supports for students and staff when it comes to dealing with mental health crises. Administrators, faculty and staff can all play a proactive role in encouraging students to access support and in reducing the stigma surrounding mental health concerns. Individual interactions aren't the only way we can support students. While administrators can work on higher-level policy pieces, there are other means through which faculty, staff, and students can also work to shift the culture on campus. Below are some examples of different ways of shifting campus culture, specifically through stigma reduction.



Ideas for Policy Change

Crisis Navigations Charts








Crisis navigation charts are a great way of visualizing your campus' mental health crisis response policy. These types of navigation charts should be clearly visible, identifiable, and prominently displayed all throughout your campus (e.g., plastered in thoroughfares, on the back of bathroom stall doors).



Credit: York University

Responding to Students in Distress

Finding help on campus

EMERGENCY	CRISIS	PERSONAL OR ACADEMIC DISTRESS			
<p>Imminent risk to self or others</p>	<p>Non-life threatening but urgent</p>	<p>Non-life threatening but concerning</p>			
<ul style="list-style-type: none"> • Threats of violence • Substance overdose • Serious injury • Seizure 	<ul style="list-style-type: none"> • Thoughts of suicide or death • Psychosis • Recent assault or accident 	<p>Behaviour changes:</p> <ul style="list-style-type: none"> • Noticeable decline in academics • Social withdrawal • Signs of agitation • Changes in appearance • Disjointed thoughts • Signs of self-injury 	<p>Concerning situation:</p> <ul style="list-style-type: none"> • Bullying • Harassment • Discrimination 	<p>Academic concern:</p> <ul style="list-style-type: none"> • At risk of failing • Considering withdrawal • Personal event impacting all courses 	<p>Accessibility-related concerns:</p> <ul style="list-style-type: none"> • Academic accommodation required • Other academic concerns related to disability (learning, physical, mental health or sensory)
					
<p>ACTION</p>	<p>ACTION</p>	<p>ACTION</p>	<p>ACTION</p>	<p>ACTION</p>	<p>ACTION</p>
<p>Phone 911 and Campus Security Emergency line 705-748-1011 ext. 1333</p>	<p>Office hours, phone:</p> <p>Counselling Services 705-748-1011 ext. 1386</p> <p>Or Campus Security 705-748-1011 ext. 1328</p> <p>Or Sexual Violence Prevention Coordinator 705-748-1011 ext. 7792</p> <p>After hours, phone:</p> <p>Campus Security Emergency line 705-748-1011 ext. 1333</p> <p>or 4County Crisis 1-866-995-9933</p>	<p>Provide student with campus or community resource information, such as:</p> <ul style="list-style-type: none"> • Counselling Services ext. 1386 • Student Health Services ext. 1481 • Cultural Counsellor, First Peoples House of Learning ext. 7072 • Good2Talk post-secondary student helpline (24/7) 1-866-925-5454 	<p>Provide student with campus resources, such as:</p> <ul style="list-style-type: none"> • Office of Student Affairs ext. 7754 • Campus Security ext. 1328 • Centre for Human Rights, Equity and Accessibility ext. 7725 	<p>Provide student with campus resources, such as:</p> <ul style="list-style-type: none"> • Academic Advising ext. 7333 • Academic Skills Instructor ext. 7098 • International Student Advisor ext. 1300 	<p>Contact Student Accessibility Services ext. 1281</p> <p>For non-academic accommodation concerns contact Centre for Human Rights, Equity and Accessibility ext. 6602</p>
					

Credit: Trent University

How To Report Concerning Student Behaviour and Activity

Sheridan appreciates your concern for the security and well-being of our campus community.



Reporting emergency student situations

- Imminent risk of suicide
- Immediate risk to the safety of others
- Medical emergencies
- Violent behaviour
- Weapons

If you are unsure, err on the side of caution and call Campus Security.

For emergencies

Call 911
and contact
Campus Security

Campus Security Emergency Line

905-815-4044

Campus Security will escort emergency responders to the incident site.



Reporting non-emergency student behaviours

- Disruptive conduct
- Inappropriate/unwanted communication
- Social media/online concerns
- Substance misuse on campus
- Willful disregard of COVID-19 guidelines
- Verbal aggression/swearing in virtual classes

Campus Security is available 24/7 to file a report

All Campuses: 905-815-4044

You can also file a report online by [clicking here](#)

Phone Locations: Yellow boxes in the corridors and blue poles outside on campus.

Refer all after-hours concerns to Campus Security. All reports will be forwarded to appropriate areas for review.



Worrisome student behaviour

- Disclosure of personal crisis
- Expression of hopelessness or despair
- Feeling overwhelmed or distressed
- Out of character changes in behaviour, mood, appearance or online activity

Regardless of the situation, do not delay in reporting any worrisome student behaviours.

Options available to connect students with support

- Be empathetic and connect with the student about what you've seen or heard that's causing you to worry about them.
- Refer the student to The Centre for Student Success by emailing askanadvisor@sheridancollege.ca
- Refer the student to COVID-19 [Resource page](#)

Report to Campus Security if the situation escalates.



Guidance or Advice

If you are unsure and need guidance or advice, please visit The Centre for Student Success at any campus. Student Success Officers are your first point of contact and will be happy to assist.

The Centre for Student Success

Your first point of contact for anything related to Sheridan. CALL 905-845-9430
Davis | Room B230 | x5400 HMC | A247 | x2528 Trafalgar | B104 | x2557

Credit: Sheridan College

Websites

A mental health crisis response website can be a one-stop shop for anyone on campus who is navigating how to support a student experiencing a crisis or looking for mental health crisis resources. These websites should be frequently advertised and shared with faculty, staff and students.

[How to Support Someone in Crisis | Nipissing University](#)

[Crisis Support | McMaster University](#)

[Crisis Support and Emergencies | Niagara College](#)

Mental Health Syllabi Statement

A statement in the syllabus can send a positive signal of support for students' learning and well-being by including recommendations and encouragement for students to take care of themselves and seek help when they need it. The statement might also be used to encourage classroom conversations about the stigma that keeps students from accessing supports.

Example Statement:

As a university student, you may sometimes experience mental health concerns or stressful events that interfere with your academic performance and negatively impact your daily activities.

All of us can benefit from support during times of struggle. If you or anyone you know experiences academic stress, difficult life events or feelings of anxiety or depression, Student Health and Wellness is here to help. Their services are free for Lakehead Students and appointments are available. You can learn more about confidential mental health services available on and off campus at lakeheadu.ca/shw.

Remember that getting help is a smart and courageous thing to do - for yourself, for those you care about, and for those who care about you. Asking for support sooner rather than later is almost always helpful.

You could also choose to include a [slide with the statement](#) in your lecture. Student Health and Wellness can also provide a short presentation about the wellness services on campus.

For more information on embedding mental health into the classroom take a look at CICMH's [Mental Health and the Learning Environment toolkit and Creating Student Focussed Syllabi: A Tool for Instructors \(from UBC Department of Psychology\)](#).

Email Signature

Email signatures are regularly used to communicate information. Using your email signature to communicate your working hours can help to support your own work-life balance and create realistic expectations of response time for students. Linking to a resource guide within your signature, if possible, can help to redirect students to other supports if you do not immediately respond. Students will still be aware of the support and resources available to them and will be encouraged to access them when needed.

Example signature line:

PLEASE NOTE MY WORK HOURS: I check and respond to emails during my working hours of Monday to Friday, 8:30 am to 4:30 pm. I will not regularly see or respond to emails outside of these hours.

Are you ok? Our [How to ask for Help at Lakehead](#) guide was made for you.

Need to talk to someone right now? [Good2Talk](#) is a free, confidential 24/7 post-secondary student helpline. Call 1-866-925-5454 or text GOOD2TALKON to 686868.

The Effects of Policing on Certain Student Populations

Campus security, campus police and local police are a part of the complement of services and programs that can help to support students in crisis. In many cases, they can be of assistance in situations where students may be at imminent risk of harm. However, not all student populations have positive relationships with police and police-related services. Many groups, and possibly the individual that you are supporting, have had historically antagonistic relationships with policing services that have led to negative outcomes. These histories need to be considered during a crisis situation, particularly when you are supporting students through the process of getting connected to appropriate resources. **Community crisis responses are beginning to shift from being police-centric towards models more focused on mobile crisis units. One such example is the [mobile crisis response pilot](#) taking place in Toronto, Ontario.**



The power differentials that exist in the relationship between students and campus security or policing authorities are also important to note. Given their enforcement role on campus, campus security and police hold powers that students do not. Consequently, this power dynamic can come into play when these two groups interact. Depending on the situation, campus security/campus police may be empowered to make decisions for the student, whether or not the student agrees with these decisions. Such decisions can include things like [apprehending a student using handcuffs](#) and [physically removing them from campus](#). These power differentials, along with prior experiences, can make students wary of seeking help from these sources.

Another element that can make students wary of seeing or accepting help from these resources is their perceived understanding of the power that campus security/police hold within post-secondary institutions. Students may incorrectly believe that campus security/police have the ability to single-handedly expel them from campus, or that they carry potentially lethal weapons when responding to calls. Conversations and consultations with students confirm these misunderstandings and indicate that they are a factor that make students wary of seeking supports from these resources (University of Toronto - The Review of the Role of Campus Safety Services in Student Mental Health Crises Review Panel, 2021)

It is not only interpersonal interactions between police and students that are important to acknowledge. There is a systemic aspect to this relationship as well. Laws created by the government, as well as stories in the media, have amplified the negative tropes about particular populations and their relationships to crime (Maynard, 2017). These laws have allowed for significant discretion at the hands of police services with regards to which groups of people they choose to surveil. The communities that are subject to increased surveillance have higher odds of interacting with the police, thereby increasing their odds of experiencing negative encounters. They also have increased likelihood of being charged and sentenced with crimes, as well as a higher risk of being incarcerated (Maynard, 2017). Examples of these laws include the Indian Acts prohibition of alcohol purchases and consumption by First Nations, Inuit, and Métis people (which was only repealed in 1985), the opium laws enacted in 1908 to target Chinese labourers working on the Canadian Pacific Railway, and the police practice of carding which disproportionately affects Black communities (Maynard, 2017).



The negative stereotypes that have shaped the creation of laws and their enforcement have been thoroughly disproven through research. Research has also highlighted the overrepresentation of particular groups in the justice system. Some examples include the following.

- Links have previously been drawn between immigrant and migrant populations and crime, particularly as it relates to youth. However, research from Public Safety Canada has shown that youth born outside of Canada have lower rates of “delinquent behaviour” than youth born in Canada (Public Safety Canada, 2012).
 - It is also important to note the growing number of international students on our campuses and their relationships with police. Many students may come from countries where police hold different powers than they do here. Therefore, they may have different interpretations of police officers and their roles.
- Although Indigenous people make up about 5% of the Canadian population, they are almost 25% of the population of incarcerated people in Canada (Sapers, 2015).

The intersection of identity, mental health and police encounters have also led to violence on occasion. Research has shown that minorities, particularly racialized ones, are overrepresented in incidents where police use deadly force. People living with mental health issues are also at an increased risk of experiencing deadly force during police encounters (Gillis, 2015; Chan and Chun, 2014). Several examples of these cases exist. Below are a few that you may want to read more about.

- [Regis Korchinski-Paquet](#) – Regis was a 29-year-old woman living with mental health issues. Her family called for help because of a physical altercation occurring in their home. During her interaction with police, Regis was killed.
- [Ejaz Chourdry](#) – Ejaz was a 62-year-old man who lived with schizophrenia. His daughter called the police for a wellness check as he had not taken his medication. During his encounter with police, he was killed.
- [Guy Ritchie](#) – Guy was a 30-year-old man who lived with mental health issues. He was on his way to a pharmacy when he had an interaction with the police. It was during this interaction that he was killed.

The effects of these negative interactions not only harm the people involved, but they reverberate back out into their communities as well. Research conducted by the American Psychological Association has shown that profiling by the police can cause PTSD and other disorders associated with stress (Ontario Human Rights Commission in Maynard, 2017).

Societies as a whole are moving away from police being central to the mental health crisis response model. Many have highlighted that trained mental health and crisis personnel are able to handle crisis situations in which there is no imminent threat of violence. This way of thinking has led to a movement towards using mobile crisis response teams to respond to mental health crises. Post-secondary institutions can learn from the valuable work being done in the community in order to adapt this new model of mental health crisis response to their campuses.



Reflection: It is important to consider a student's context and experiences when supporting them in connecting to resources during a crisis situation. Think about how taking a trauma-informed approach to the situation can help you to better support students and enable them to connect with the appropriate resource for them.

Trauma-informed care is both an intervention and organizational approach. It focuses on how trauma might affect a person and their response to support service from prevention through treatment. Key elements of this approach include understanding how prevalent trauma is, recognizing how trauma can affect people and using this knowledge to shape your interactions with a person. We can act on this knowledge by working collaboratively with students on their care through a strengths-based, skill-building approach.



Training for Mental Health Crisis Response

Training at all levels of the institution is another way to support crisis response on college and university campuses. One method of training found in the literature is gatekeeper training, which consists of training individuals in the community who come in contact with students often, such as course instructors and staff involved in residence. Research demonstrates that training these gatekeepers to identify individuals who are at-risk or expressing suicidality provides an effective method to reach more of the campus community. In order to be effective, the gatekeeper training must include two components. The first is increasing gatekeeper knowledge regarding suicide warning signs, risk and protective factors, and available resources. The second component is training the gatekeepers in specific skills such as active listening and persuading individuals to seek help (Wolitzky-Taylor et al., 2018). Furthermore, this specific type of training is most effective when students are included, especially when learning about available resources, how to recognize friends at risk, and screening tools (Schwartz, 2017). In addition to gatekeeper training, accessible and regular training regarding suicide prevention is also needed. The literature suggests that utilizing staff orientations and professional development to share suicide prevention information is a practical way of reaching the maximal amount of university staff members. **In addition to sharing information in these sessions, a brief online training should be created for students, staff, and faculty that provides information on how to support an individual in crisis (University of Alberta Suicide Prevention Framework, 2018).**



There are many other types of training that can also be considered as a compliment to gatekeeper training. These include de-escalation training, cultural humility/cultural competency training, training on the impacts of mental health on particular student populations, resilience training and trauma-informed care training. Many of these trainings can be sourced from community mental health organizations like CICMH ([More Feet on the Ground](#)) or a local Canadian Mental Health Association branch.

Mental Health Crisis Response Recommendations for Colleges and Universities

Based on the information above, CICMH has outlined recommendations that all schools should keep in mind when creating whole-campus mental health crisis response policies.

- Move away from a siloed, department-specific approach and towards a collaborative, whole-campus approach to mental health crisis response.
 - No one department should be responsible for mental health crisis response. Students in crisis show up at all sorts of places on campus, not just at health and wellness or the counselling department.
- Create comprehensive policies that address how mental health crises will be managed on campus
- Ensure these policies are easy to comprehend by representing them in different ways, such as a stepped approach or a flowchart.
- Identify internal and external stakeholders who contribute to supporting students experiencing a mental health crisis. Determine if other relationships or capacity-building needs to be enhanced
- Create partnerships and agreements between post-secondary institutions and community resources
- Be aware of the effects of policing on certain student populations
- All faculty and staff should receive appropriate training based upon their role on campus
- Consider creating behavioural intervention response teams
- Integrate health and counselling services for a holistic and comprehensive approach to student care
- Establish discharge protocols in partnership with local hospitals that include follow-up with campus services
- Improve ease of navigation and raise awareness of crisis counselling services that are accessible 24/7 worldwide
 - This is beneficial both in the moment of a crisis and as a preventative measure so that folks can get informed about service offerings before a need arises.
- Investigate the reasons for the underutilization of counselling services

Contributors

This toolkit would not have been possible without help from our valued stakeholders. In order to ensure that this toolkit utilized a whole-campus approach, we collaborated with stakeholders in various campus roles. Their time and dedication brought this toolkit to fruition.

Thank you to all who contributed!

- Erin Anderson
- Nathan Barnett
- Alexander Daros
- Kim English
- Dion Fawcett
- Melissa Fernandes
- Trevor Potts
- Irene Pugliese
- Swati Naidu



Appendix

The Okanagan Charter

[Okanagan Charter Webinar from CICMH](#)

[The Okanagan Charter](#)

Example of Coordination of Care

Referral Facilitation from KGH to Queen's University, St. Lawrence College, Royal Military College Updated January 17, 2020			
<p>To coordinate care for a patient who is also a student, please request their permission to send psychiatry reports and/or discharge summary. Please indicate student's expectation of follow-up if not specified in discharge summary. We will reach out to student to offer follow-up care if it requested. Please let student to know to expect to hear from us within a week. Please feel free to contact us to inquire about wait times for appointments.</p>			
	Queen's University	St. Lawrence College	Royal Military College
Main contact person (M-F, daytime)	Clinical Social Worker / Intake Triage Consultant 613-533-6000 x 78374	Student Wellness & Accessibility – Kingston 613-544-5400 ext 5504	Registered Nurse 613-541-5010 x 6694
Secondary contact person	Registered nurse / Integrated Care Manager 613-533-6000 x 79121	Confidential voice mail	Registered Nurse 613-541-5010 x 8733
Fax number to send over psychiatry report and/or discharge summary	613-533-6740	Secure fax 613-548-7793	613-541-6891. Please note the RMC student MUST be seen at the clinic the next business day at 07:00 for follow-up
After hours contact to coordinate discharge for students in residence (with student consent)	Psychologist 613-876-4080	Campus Security 613-544-5400 ext 5555 Residence Desk (Kingston) 613-544-5400 ext 4999	<u>Duty Health Services Officer</u> (24/7/365) 613-541-9042
Hours of Operation	Mon-Thurs 9 am to 7 Pm, Friday 9-5 (Sept to April) Summer hours 8:30 -4:30 *campus closed for December holiday break*	Mon – Fri 8 am to 5 pm *Campus closed for December Holiday Break	Mon – Fri 07:00 – 16:00 Anticipate summer hours 7:30 – 16:00 *Clinic closed Dec 21 – Jan 5*
Psychiatry	Yes, internal physician referral required	Not available	Yes (and psychology/ social worker)
Additional Resource for students	EMPOWER ME (student crisis & counselling assistance program 24/7) 1-844-741-6389 Sexual Violence Prevention & Response Coordinator 613-533-6330 (on campus 36330) Mon-Fri Security & Emergency Services emergency line: 613-533-6111	Students Rights & Responsibilities Officer – sexual assault support (613) 544-5400 ext. 1434 Campus Health Centre 613-544-5400 ext 1136	Key Contact Resources Card
Community Resources: AMHS Crisis Line for immediate support – 613-544-4229 OR direct them to present in person to the AMHS KFLA walk-in crisis service: Monday-Friday, 8:30am-4pm - 552 Princess Street, Kingston (between Alfred and Frontenac)			
<ul style="list-style-type: none"> • Good 2talk 1-866-925-5454 post secondary student helpline • Assaulted Women's Helpline: Toll-free: 1 866 863-0511 • Sexual Assault Centre of Kingston 613-544-6424 or 1-877-544-6424 			

Model – ThriveNYC

Thrive NYC is a systematic, public health approach to mental health currently being employed in New York City. This population-based mental health strategy attempts to be purposeful in its allotment of resources for mental health supports and services within the city in order to combat identified disparities and a lack of accountability. This strategy is attempting to improve the mental health of New Yorkers through six principles:

- Fighting stigma in order to change the culture surrounding mental health
- Investing in early intervention and prevention programs
- Dismantling barriers to access to close treatment gaps
- Partnering with communities to better understand them and amplify the work they do
- Strategically utilize data gained from evaluating programming/services
- Encouraging government to lead by pushing for policy-level changes with regards to mental health.

You can learn more about the program at <https://www1.nyc.gov/nyc-resources/thrivenyc.page> or by listening to [this episode](#) of the New York City Bar Association’s podcast (timestamp 0:00 - 20:00)

Model – CAHOOTS

CAHOOTS is a mobile crisis response model that originated in Eugene, Oregon and has been in place for over 30 years. This program is managed by a community mental health organization called the White Bird Clinic. Their mobile crisis model utilizes two person teams consisting of crisis workers partnered with a healthcare worker to respond to non-violent mental health-related crises. Through their partnership with local law enforcement, all non-violent calls placed to 911 or their local police non-emergency line are rerouted to the CAHOOTS program where they assess the call and then attend to the situation in order to provide treatment and or support to the person/person in crisis. This model has allowed Eugene to divert 17% of the police department’s calls to CAHOOTS (White Bird Clinic, 2020), lessening the number of unneeded interactions with law enforcement for those experiencing a mental health crisis. To learn more about the CAHOOTS model visit <https://whitebirdclinic.org/what-is-cahoots/> or listen to this episode of Vox’s “Today Explained” podcast.

CICMH Crisis Response Contact Sheet

<https://campusmentalhealth.ca/wp-content/uploads/2022/03/CICMH-Crisis-Response-Handout.pdf>

CMHA ONTARIO Police-Hospital Transition Framework and Toolkit

<https://hsjcc.on.ca/our-work/projects/police-hospital-transition-framework/>

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