Checklist for Considerations Related to Reopening Campus Mental Health Service Operations

Prepared June 30, 2020

This checklist has been developed as a companion document to the ACHA Guidelines: Considerations for Reopening Institutions of Higher Education in the COVID-19 Era and to the "Checklist for Considerations Related to Reopening Campus Medical Service Operations". The checklist is not intended to be prescriptive; rather, it is intended to be used as a resource to assist directors and staffs of college/university mental health services to assess their readiness and preparation for reopening as well as serve as a guidepost for reinstituting and modifying services in the changed world of COVID-19, in which nearly all mental health services will be delivered remotely. It can be tailored to meet the specific needs of each mental health service in addressing COVID-19.

Please note the following for use of this checklist:

☐ This checklist is designed with a focus on mental health services; as such, it is not inclusive of student medical services, nor health promotion and wellness services.

☐ This resource is formulated to align with CDC recommendations and ACHA guidelines as of its publication date. Knowing that science-based knowledge and best practice continue to evolve, ongoing monitoring of these sources is recommended.

☐ Additional focused information for audiences such as residence halls and housing, student-athletes, and international students from their affiliated national organizations and professionals is recommended.

It is assumed that mental health services will follow all physical health guidelines spelled out in the reopening campus medical service operations checklist including matters related to:

- Participation in campus COVID-19 planning and review committee
- Participation in appropriate COVID-19 work groups
- Use of physical distancing, face masks, PPE, etc.
- Environmental and facilities infection control measures
- Health information distribution systems and practices
- Isolation, quarantine, triage, referral, and transfer
- Collaboration with local public health officials and policies
- Compliance by all campus wellness facilities, programs, and services with all local, state and national laws, policies, and established professional guidelines

Mental health services will also work closely with the campus health center and community providers, hospitals, and referral centers with expertise in the diagnosis and treatment of COVID-19 patients.

Mental Health Services-Specific Checklist

Mental Health Treatment Services

All routine mental health services should be delivered remotely during the initial phases of reopening of IHEs, using a platform that is compliant with all current professional privacy and HIPAA standards and guidelines and according to current and best practices. This includes appointment scheduling, individual and group sessions and staff and department meetings. In addition, the following items should be accomplished:

☐ Create clear policies and procedures (P/P), guidelines, and criteria for face-to-face contacts with students under the auspices of mental health services, including triage, crisis management, specific evaluation, or other treatment services. All staff must follow current environmental, physical distancing, PPE, and public health infection control measures. During the early phases of reopening, it could be useful to consider having designated mental health services staff perform mental health face-to-face contacts in designated spaces within SHS, where all P/P for physical contact with students are well established and practiced and where post-contact surveillance and testing can occur, when deemed necessary.

☐ Collaborate closely with the IHE general counsel to create an updated informed consent process, to be reviewed with each student receiving in person as well as telemental services, including clarification of the scope, boundaries, and local and state regulations addressing remote care and the risks of in-person sessions.

☐ Review and adjust policies and practice of the current EHR to ensure that documentation of telemental health care is compliant with all current ethical standards and federal and state regulations. Ideally this documentation promotes collaboration with SHS and participation in health-related quality improvement projects and risk management monitoring.

☐ Advocate and represent the need to provide telemental health services for all enrolled students, even those not physically on campus. Uniform standards and credentialing to practice across state lines need to be established and followed. Consult legal counsel regarding malpractice insurance coverage across state lines.

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☐ Review and modify existing P/P related to clinical mental health services to reflect the changes in practice that are created by the shift to telemental health modalities, ensuring compliance with all existing local, state, and federal regulations; licensure laws; and professional ethics and guidelines within mental health professionals.

☐ Review and modify all P/P related to training, education, and supervision to document how training guidelines via telemental health are conducted and describes the process of remote supervision, licensure issues for trainees and supervising staff and parameters of trainees providing telemental health services to registered students located in other states.

☐ Encourage teletherapy certification for staff, particularly for those responsible for P/P development, implementation, and quality improvement.

☐ Provide ongoing training and support for staff on telemental health services, trauma-informed care, and maintenance of infection prevention and environmental safety measures.

Mental Health Education, Outreach, and Campus Community Support Services

The COVID-19 pandemic has caused enormous disruptions in emotional life, social functioning, and the economic stability of students and their families. Many students may be experiencing increased levels of stress, isolation, and loneliness, as well as grief and anxiety related to disruption of rituals and routines. It is expected that these factors will significantly contribute to a rise in prevalence and severity of mental health issues and will likely significantly increase the demands for services after IHEs reopen.

☐ Educate all staff on current clinical information of the signs, symptoms and trends of COVID-19 infection and transmission This should include awareness of best practices and specific resources in the event of the development of signs and symptoms or a high-risk exposure to a person under investigation (PUI).

☐ In partnership with SHS, develop standard operating procedures (SOPs) addressing actions to be taken if a student, faculty, staff, or visitor is symptomatic for COVID-19, and/or tests positive for COVID-19, or is exposed to an individual positive of COVID-19. The SOPs should be widely distributed.

☐ Educate students, faculty, and staff about the signs and signals of emotional distress, depression, substance abuse, and suicidal despondency as well as about the availability and accessing of mental health services and resources on campus.

☐ Provide Gatekeeper Training to students, faculty, and staff to help them to identify students and co-workers in distress, to develop competency skills to intervene and effectively refer to mental health services.

☐ Develop and implement a population-based virtual support system including virtual support groups/drop in group, blogs, chat rooms, and anonymous access to mobile and web-based mental health and behavioral self-screening applications based on best practices.

☐ Implement tools and systems to identify and reach out to students with atypical intervals of absence or lack of participation in academic and/or extracurricular events.

☐ In partnership with SHS, develop policies and procedures in the event of the death of a campus community member (student, faculty, or staff).

☐ Develop and communicate weekly health and wellness practices and policies to the campus community via established social/campus media channels.

Health and Well-Being of Faculty and Staff

Providing clinical care during the COVID-19 pandemic creates additional stresses and challenges for clinicians. Emotional overload and burnout are common. Specific discussions need to be designed and implemented to address and support all staff, anticipating the possibility of development of positive cases, the procedures of isolation and quarantine, the possibility of a campus epidemic, campus closing, etc.

☐ Establish ongoing wellness and support activities for mental health services staff. These could include mindfulness and meditation activities, staff discussions and process groups, and in-service education programs.

☐ Provide ongoing education and support regarding guidelines for environmental and infection control measures to all staff who conduct any face-to-face contacts with students.

☐ Work with human resources, EAPs, and staff and faculty departments to provide virtual support, strategies for self-care, updates on availability of mental health services and educational resources.

Resources

American College Health Association: https://www.acha.org/COVID-19

American Counseling Association: Counseling in a Time of COVID-19: https://www.counseling.org/knowledge- center/mental-health-resources/trauma-disaster/mental- health-professional-counseling-and-emergency- preparedness

American Psychological Association: Guidelines for the Practice of Telepsychology: https://www.apa.org/practice/guidelines/telepsychology

U.S. Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Association for University and College Counseling Center Directors: Statement on Re-opening Campuses (May 2020) and Statement on Telemental Health (March 2020)

CMS General Provider Telehealth and Telemedicine Toolkit: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Higher Education Mental Health Alliance (HEMHA) College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services: http://hemha.org/wp-content/uploads/2019/01/HEMHA- Distance-Counseling_FINAL2019.pdf

Mental Health America: https://mhanational.org/covid19#ForMentalHealthProviders

University of Nebraska Medical Center. Higher Education Pandemic Mitigation & Response Guide. https://www.unmc.edu/healthsecurity/_documents/Higher-Education-Pandemic-Recovery-Guide-Step-I-III-5-12-2020-v1.35.pdf

Substance Abuse and Mental Health Services Association: https://www.samhsa.gov/coronavirus

American Telemedicine Association. (2013). Practice guidelines for video-based online mental health services. Washington, DC, USA.

Best Practices in Videoconferencing-based Telemental Health. American Psychiatric Association and the American Telemedicine Association, April 2018.

McCoy, Kathleen T. (01/01/2018). "Achieving Full Scope of Practice Readiness Using Evidence for Psychotherapy Teaching in Web and Hybrid Approaches in Psychiatric 103 Mental Health Advanced Practice Nursing Education". Perspectives in psychiatric care (0031-5990), 54 (1), p. 74.

Myers, K., Nelson, E. L., Rabinowitz, T., Hilty, D., Baker, D., Barnwell, S. S., & Comer, J. S. (2017). American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents. Telemedicine and e-Health.

Yellowlees P, Shore JH, Shore P. Delivering Online Video Based Mental Health Services. American Telemedicine Association Learning Center, 2014.

ACHA COVID-19 Resources: https://www.acha.org/COVID-19