Checklist for Considerations Related to Full Reopening of Campus Mental Health Service Operations

July 15, 2021

This checklist is a companion document to the July 2021 edition of the "Checklist for Considerations Related to Reopening Campus Medical Service Operations."

Since the first revision of this checklist six months ago, safe, and effective COVID-19 vaccines have created the possibility for gradual reduction of the mitigation strategies that have been used throughout the COVID-19 pandemic. However, due to differences in state, local, tribal, and territorial laws regarding COVID-19 vaccination requirements and documentation, campus vaccine coverage may be unknown. Within this context, this checklist provides a framework for decision-making and is not intended to be prescriptive. It should be used as a resource for campus mental health leadership and staff to assess readiness and preparation for providing mental health services in fall 2021.

Please note the following for use of this checklist:

☐ This checklist focuses on mental health services; as such, it is not inclusive of student medical services or health promotion and wellness services.

☐ This resource aligns with current CDC recommendations and ACHA guidelines. As science-based knowledge and best practice continue to evolve, users should continue to monitor of these sources.

☐ Additional information for specific areas of campus, such as residence halls and housing, athletics, and international students, can be obtained from their affiliated national organizations.

Even though campus-wide vaccination allows for many mental health services to resume face-to-face contact, a hybrid model combining virtual telemental health and in-person services should be considered. In-person services can be provided when that modality is determined to be most effective and efficient. Telemental health applications continue to be useful for functions such as clinical visits, administrative services, psycho-education modules, and outreach/self-management programs.

Most experts anticipate that the complex and traumatic stresses of COVID-19 will continue to affect this generation and potentially future generations of college students. Institutions of higher education (IHEs) may see an increase in students with mental health difficulties (such as anxiety, depression, substance abuse, and suicidal ideation and behavior). There may also be an adverse effect on the developmental trajectories toward resilient identity formation, a major developmental task for this age group.

There may be an immediate need for increased availability of direct service visits and also for increased staff.

For these reasons, we recommend that every IHE participate in short- and long-term strategic planning. Planning teams, comprised of the appropriate leaders of critical offices including mental health student

health, and health promotion services, should be charged with developing comprehensive services and initiatives including public education and communication outreach, utilizing a public health and trauma-informed approach. Additionally, strategic planning should include the development and implementation of initiatives and programs intended to promote health, wellness, and resilience and create a safety net for the campus community. Education about a trauma-informed approach, prevention, and recovery should be provided through each department on campus.

Mental health services should follow all relevant and current public health guidance on matters related to:

- Physical distancing and face mask use.
- Person protective equipment.
- Environmental and facilities infection control measures.
- Health information distribution systems and practices.
- Isolation, quarantine, triage, referral, and transfer policies.

Campus wellness facilities, programs, and services should comply with local, state, and national laws, policies, and established professional guidelines. While these guidelines are outlined in the reopening campus health services operations checklist, implementation may vary by campus based on the percent of the population vaccinated; disease prevalence; variants; outbreak occurrence; and state, local, tribal, and territorial rules and regulations.

Mental Health Treatment Services

Given the uncertainty of achieving campus-wide immunity, it is recommended that mental health treatment services work in a hybrid model that includes appropriate remote clinical services, utilizing a platform that meets security and privacy requirements and is approved by your campus privacy officer/legal counsel. Even when providing services remotely, consider having staff present on campus for some period of the work schedule to facilitate the resumption of staff development and team building and restoration of morale. In addition, the following items should be considered:

☐ Continue to revise and develop current policies and procedures (P/P), guidelines, and specific criteria for both face-to-face and remote contacts with students. This should include services such as triage, crisis management, assessment and evaluation, or other treatment services.

☐ Update policies regarding clinical documentation, privacy, confidentiality, infection control/prevention, risk management, and the provision of hybrid services. Ensure that policies and practices are compliant with all current ethical standards and federal and state regulations. Documentation should clearly outline referral, follow-up, and collaboration with other campus entities such as student health services, along with methods used to protect client confidentiality. In conjunction with student health services, provide ongoing and updated education and support to staff regarding guidelines for environmental and infection control measures for any face-to-face contacts with students.

☐ Collaborate closely with the campus' general counsel to ensure that the informed consent process is specific to both the remote and in-person platforms. Also confirm that the malpractice insurance will continue to cover telehealth sessions without a state of emergency in place.

☐ Provide clear messaging to all enrolled students on the scope of practice and eligibility criteria as it pertains to in-person and virtual sessions.

☐ For telehealth services, develop clear policies and protocols for staff regarding interjurisdictional laws based on geographic location. Follow professional ethical guidelines and current state and federal regulations in accordance with licensing boards.

("Mental Health Treatment Services" continued)

☐ Continue to review and modify all P/P related to training, education, and supervision of staff and trainees and address processes related to the need for oversight and supervision within the hybrid model.

☐ Continue to provide ongoing training and support for staff on trauma-informed care, self-care, burn-out, and maintenance of infection prevention and environmental safety measures.

☐ Work on providing a "menu" of in-person and virtual mental health services for students, including walk-in/drop-in and same day appointments and after-hours and 24/7 emergency care options.

☐ Consider "stepped care" models that provide the correct type and level of service based on the student's presenting needs and functioning. Consider augmenting current services with resources that provide mental health support for students who do not need individual counseling. This may involve a continuum of services using a variety of modalities.

☐ Consider referral options off-campus for mental health care-taking services that align with the locations convenient to where the students live and learn. Establish relationships with community mental health providers, updating referral listings with insurance and eligibility criteria.

☐ Capitalize on peer-based wellness support options, providing both virtual and in-person peer support and advocacy.

☐ Promote collaboration between mental health services and student health services, developing strategies for the exchange of pertinent information on shared clients/patients.

☐ Develop mechanisms for seamless, timely referral processes between mental health services and student health services. Consider embedding mental health providers in student health services and establishing processes for warm hand-offs.

☐ Incorporate quality improvement studies to determine the ease of referral and level of student engagement with services.

☐ Establish mechanisms for ongoing outcome evaluation in addition to patient satisfaction survey data for both remote and in-person clinical services.

Mental Health Education, Outreach, Prevention, and Campus Community Support Services

The COVID-19 pandemic has caused enormous disruptions in daily and social functioning and emotional regulation. Many students and their families have faced a sustained economic burden and are experiencing increased levels of stress, isolation, and loneliness, as well as grief and anxiety, related to disruption of rituals, routines, and future plans.

It is expected that these factors will significantly contribute to a rise in prevalence and severity of mental health issues and significantly increase the demands for services in the future. It is also likely that there will be an impact on the psychosocial development of this generation of students.

☐ Develop a campus-wide mental health work group to assess the pervasiveness of student mental health needs, evaluate campus and department systems using a trauma-informed approach, and advocate for education and resource allocation.

☐ Continue to educate students, faculty, and staff about the signs and signals of emotional distress, depression, substance abuse, and suicidal despondency. Provide information about the availability of mental health services and resources on campus, how to access services, and appropriately refer students.

☐ Continue to provide opportunities to engage and improve access to international students and marginalized students including BIPOC, LGBTQ+, AAPI, and students with disabilities.

☐ Continue to provide and update training for students, faculty, and staff to help them to identify students and co-workers in distress, develop competency skills to intervene, and effectively refer to mental health services.

☐ Continue to develop and implement a campus-wide, population-based virtual support system that includes support groups/drop-in groups, blogs, and chat rooms and anonymous access to mobile and web-based mental health and behavioral self-screening applications based on best practices.

☐ Continue to develop and employ a variety of initiatives to promote resilience and wellness within the campus community.

☐ Establish a collaborative team comprised of members from counseling, health services and health promotion to provide a consistent, coordinated approach to mental health issues for students, faculty, and staff.

☐ In partnership with health education and promotion services and on-campus marketing and media departments, develop engaging marketing messages and campaigns that normalize mental health help-seeking and access to care.

☐ Work with faculty to develop and 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 student health services, continue to develop policies and procedures in the event of the death of a campus community member (student, faculty, or staff).

☐ Continue to develop and communicate weekly mental health and wellness information, practices, and policies to the campus community via established social media and campus media channels.

☐ Continue collaborating with all campus departments, including student health services, athletics, student life, academic departments, financial aid/registration, student groups, and leadership, to provide education on trauma-informed care.

☐ Encourage select campus departments to utilize brief wellness assessments including a trauma-informed approach to assist with the identification of students in distress and in need of mental health intervention.

☐ Continually provide information to the campus community on urgent and routine mental health treatment options on campus and in the community, including instructions on referrals.

Health and Well-Being of Faculty and Staff

Faculty, staff, and clinicians are not immune from the ongoing stresses posed by the COVID-19 pandemic. Providing clinical care during the COVID-19 pandemic continues to create challenges for clinicians. Emotional overload and burnout are common. Despite the immunity provided by currently available vaccines, these stresses will likely continue for some time. Campuses should support all faculty and staff by addressing the evolving issues of applicable pandemic trends.

("Health and Well-Being of Faculty and Staff" continued)

☐ Continue and enhance ongoing wellness and support activities for mental health services staff, as well as for all faculty and staff. These could include mindfulness and meditation activities, staff discussions, process groups, and in-service education programs.

☐ Continue to encourage telemental health certification and/or training for mental health staff, particularly in the areas of privacy, clinical documentation, crisis management, and risk management.

☐ Encourage self-care and create venues for open discussions on shared experiences and the emotional impact of providing services through these rapidly changing times.

☐ Allow for schedule flexibility as appropriate, focusing on work-life balance and employee retention.

☐ Find reasons to celebrate successes and recognize staff effort and accomplishments on a regular basis.

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

Resources

ACEs Aware: Trauma-Informed Care

American College Health Association: COVID-19 Resources

American Counseling Association: Counseling in a Time of COVID-19

American Psychological Association: Guidelines for the Practice of Telepsychology

American Psychiatric Association. (2018). Best practices in videoconferencing-based telemental health (April 2018). American Psychiatric Association and the American Telemedicine Association. Retrieved from Barnett, J. E., & Kolmes, K. (2016). The practice of tele-mental health: Ethical, legal, and clinical issues for practitioners. Practice Innovations, 1(1), 53-66. http://dx.doi.org/10.1037/pri0000014

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.

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

Center for Collegiate Mental Health: COVID-19 Blog

Center for Connected Health Policy: State Telehealth Laws and Reimbursement Policies Report, Spring 2021

Chegg.org. Published online September 10, 2020. Full report.

CMS General Provider Telehealth and Telemedicine Toolkit

Higher Education Mental Health Alliance (HEMHA): College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services

Jed Foundation: Survey of College Student Mental Health in 2020

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.

Mental Health America: Mental Health and COVID-19 Information and Resources

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.

National Council for Behavioral Health: Trauma-Informed, Resilience-Oriented Care

Relias:

- Creating a Trauma-Informed System of Care: Addressing Individuals, Professionals, and Organizations
- Trauma Informed Care and Clinical Practice: Top Questions Asked by Professionals
- Trauma Informed Care and Compassion Fatigue: Top Questions Asked by Professionals

Substance Abuse and Mental Health Services Association: Coronavirus (COVID-19) Resources

University of Nebraska Medical Center: Higher Education Pandemic Mitigation & Response Guide

U.S. Centers for Disease Control and Prevention:

- When to Quarantine
- Cleaning and Disinfecting Your Facility

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

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

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