

THE JED FOUNDATION CAMPUS PROGRAM

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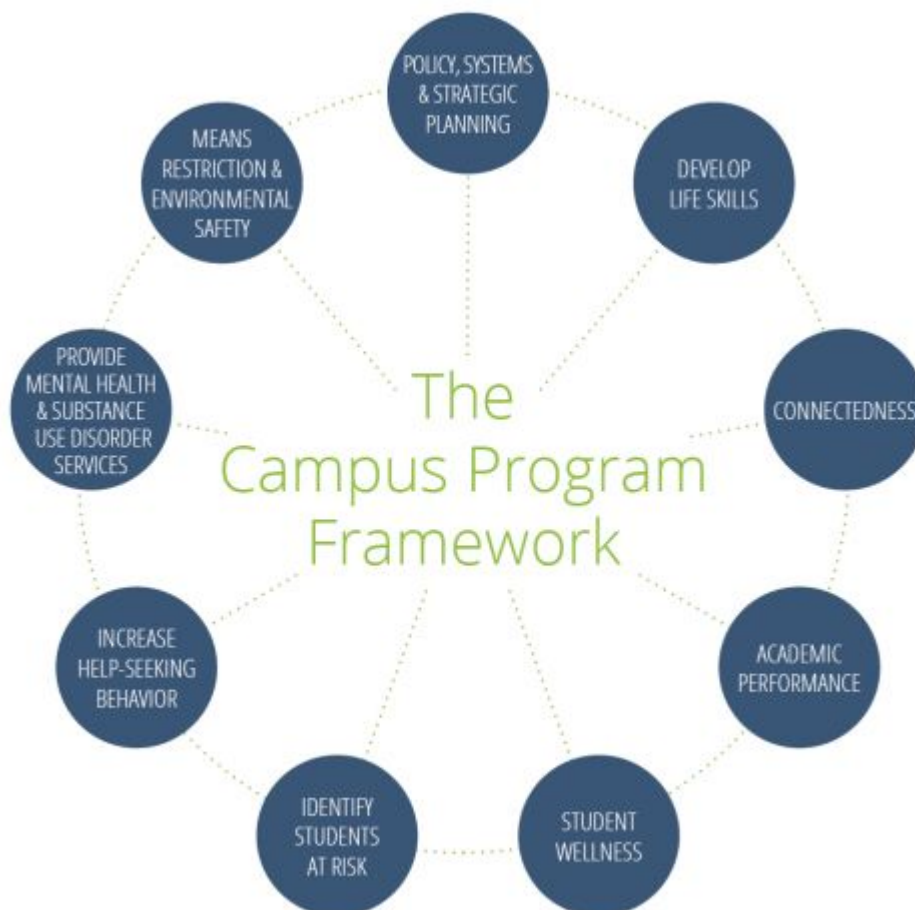
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Thank you for participating in the JED Campus Program (Campus Program). The purpose of this report is to provide you with **confidential and personalized** feedback on your campus mental health promotion and suicide prevention programming.

In order to facilitate your review of this feedback, we are providing an overview of the Framework and its content.

The Campus Program Framework



The JED Campus Program Framework

1. Policy, Systems & Strategic Planning

Engaging in an active and dynamic strategic planning process is one of the most important things a school can do to ensure the future success of their mental health and substance abuse prevention programming. Strategic planning allows schools to anticipate and evaluate clinical and programming needs, examine how they deploy both personnel and financial resources to address challenges, coordinate efforts across campus, and evaluate programming effectiveness.

Campus policies are necessary in order to establish norms, build awareness, improve the quality of health services, protect students and discourage harmful behaviors across campus. Having comprehensive and clear policies around health, mental health and substance misuse are important ingredients in prevention. Policies, systems and strategic planning demonstrate that the school takes these issues seriously and addresses them in a thoughtful, pragmatic, and formal way.

Strategic Planning

- Emotional health should be seen as a campus-wide issue that requires the involvement of multiple campus departments/stakeholders (e.g., upper administration, student affairs, security, student groups).
- Schools should have an interdisciplinary task force or committee that works on campus wide strategy and planning related to emotional health and substance abuse prevention on campus.
- The school should initiate strategic planning activities that have identified national and campus-specific problems and trends, prioritized the problems to be addressed, used campus specific data to inform planning and programming, defined strategies and actions for addressing problems, developed a plan for assessing the interventions, and collected and analyzed campus-specific data to assess impact of actions.
- There should be a system in place to assess budgetary needs for programs or plans that emerge from the strategic planning process.

Policy

(Policies related to clinical services are addressed separately)

- All full time students should have health insurance.
- For those students not covered by family or other plans, the school should offer a student health insurance plan that includes comprehensive coverage for mental health and substance use disorder services.
- The school should have written and easily accessible medical leave of absence policies.

- The school should have protocols for managing mandatory leaves of absence.
- The campus should have an emergency/disaster plan which is shared with relevant campus offices and stakeholders.
- The campus should have a postvention protocol to deal with the aftermath of student death, suicide or other campus disaster, and this plan should be shared with relevant campus offices.
- The school should have formally written policies on alcohol or substance abuse, and these policies should include both illicit/illegal prescription drug abuse.
- Campus alcohol and drug policies should be explicit, clear and well publicized.
- Campus administrators should work with local/community authorities, shopkeepers and bars to promote enforcement of under-age drinking and other substance abuse prevention policies.
- The campus should have a well-publicized “medical amnesty” policy such that students who request emergency care or report a friend who is intoxicated and/or potentially overdosed will not be subject to disciplinary sanctions (or at least have limited sanctions).
- The school should have clear protocols for responding and transporting intoxicated, overdosed and/or distressed students for emergency care.
- The university should have a policy in place requiring students who have had an alcohol or drug infraction to have an evaluation for substance misuse.
- The university should have a policy in place requiring students who have had an overdose to have an appropriate clinical follow-up.

2. Develop Life Skills

The higher education experience is not just about academics. It is a time of enormous personal growth and adaptation. With this growth can come challenges like relationship difficulties and financial problems - all of which are risk factors for emotional health issues like depression and suicidal behavior. Supporting life-skills education is valuable in teaching healthy ways to cope with the stress of college life. Some of the life skills that are important to a student's well-being include managing friendships and relationships, problem solving, decision making, identify and manage emotions, healthy living, and finding life purpose, meaning and identity.

Life-skills education can be implemented across campus through clinical and non-clinical staff such as health educators and student affairs staff. An increased focus on life skills development may also ease the burden on counseling centers, because it might limit or prevent some problems from emerging in ways that require clinical care.

- There should be programs/groups that address interpersonal/emotional awareness areas such as communication skills, identifying and regulating emotions/promoting resilience, conflict resolution (including bystander training programs), relationship skills (with emphasis on managing relationship breakups), Dialectical Behavior Therapy (DBT) groups,

sexual harassment/relationship violence, stalking (your program should be compliant with the SAVE act:<http://clerycenter.org/campus-sexual-violence-elimination-save-act>), and bullying/hazing.

- There should be programs in place to help students manage financial aid and learn to manage finances in general.

3. Connectedness

Research has shown that loneliness and isolation are significant risk factors for mental health problems and/or suicidal behavior. Therefore, supportive social relationships and feeling connected to campus, family and friends are protective factors that can help lower risk. Efforts to facilitate social connectedness should go beyond simply encouraging students to get involved on campus. For example, some campuses have developed smaller “living and learning communities” where students have the option to live with other students who share their major or interests. Some campuses also have dedicated space in their student unions for student to meet and socialize together.

- Fraternities and sororities should be subject to careful and consistent oversight by the student affairs division.
- Peer mentoring programs, or programs to connect students to small peer groups, should be available to students.
- The school should have programs/activities that promote continuing communication between students and their families and connections to community-based, cultural, religious or national groups, where appropriate and accessible.
- RAs should provide group-building programming on their floors.
- There should be programs/activities provided to promote tolerance and inclusiveness on campus.
- There should be systems or strategies in place on campus to help identify and support disconnected and/or isolated students.
- There should be programs in place to support connectedness among high(er) risk student groups.

4. Academic Performance

Mental health is critical to student academic performance, and academic performance can impact stress levels and emotional health. Healthy living and academics can be thought of as two complementary ingredients that contribute to a healthy campus community and successful student body. Therefore, it is essential to take necessary measures to encourage and teach both academic and life skills. These measures can range from academic advisors and student services staff co-facilitating seminars focusing on study skills, healthy and effective sleep patterns and time management training for their advisees, to implementing a regular course evaluation system that students can access and contribute to anonymously. It is useful to develop early warning systems to

help advisors and faculty to identify students who are floundering academically and examine causes and possible remedial steps. The implementation of these measures will yield compounded benefits both in and outside the classroom.

- There should be programs/groups offered to address study skills and test anxiety.
- Students should have access to academic support services, including free or inexpensive on-campus tutoring.
- There should be opportunities for students to do course evaluations which include information about workload and course stress level.
- There should be programs and campaigns to educate students about links between good physical and emotional health and academic success.

5. Student Wellness

Studies suggest that students who participate in regular exercise and other healthy behaviors enjoy improved mental health, better academic performance, stronger relationships and lower rates of drug abuse. Therefore it is important to encourage a healthy, balanced campus environment by employing health promotion and skills development tactics across campus. Some of these health promotion tactics include free health/fitness programs available to the entire student population and designated “stress-free” zones on campus.

- There should be programs/groups offered to address stress and time management.
- The school should offer programs that provide information about general physical health and wellness related to sleep, nutrition and exercise.
- There should be student-run campaigns to provide education to peers about mental health, substance abuse, general health, and relationship health and safety.
- Residential campuses should have a collegiate recovery community or substance-free housing for students in recovery on campus.
- Students should have free access to a gym with adequate time availability for non-athlete students.
- There should be programs at orientation to educate new student about school policies regarding substance use and the dangers of misuse.
- There should be strategically timed messaging campaigns to remind students about the risks and consequences of substance use/misuse.
- There should be messaging campaigns designed to educate students about the risks and dangers of opiate misuse—especially when used in non-pill form and/or when combined with other substances or alcohol.
- Schools should collect metrics on the reach of messaging campaigns (for example, the number or percentage of students impacted, the number of retweets, etc.).

- The school should establish defined spaces in student unions and/or other public areas for student groups to meet.
- There should be regular, alcohol free events and activities (music, food, etc.) that are available in the evenings and late night in well located campus areas.
- The school should have an active club and intramural program available to all students.
- There should be programs/campaigns to educate students about the links between substance use, poor academic performance, accidents and relationship violence.

6. Identify Students at Risk

Research shows that many college students who need help do not seek it out on their own. Therefore, it is important to take action to identify students at risk for mental health problems and/or suicidal behavior. Campus administrators should work together to make sure information about mental/physical health and student support are both accessible and available to those in a position to identify and intervene with students who may be struggling. It is also important to promote emotional health awareness among those who interact with students the most – “gatekeepers” such as residence hall staff, academic advisors, faculty and even fellow students – as it is vital for these people to be able to recognize and refer a student who might be in distress.

- Especially on residential campuses, incoming first year and transfer students should be asked to complete questions related to mental health and substance use history on medical history forms. Parents of incoming students should be encouraged to talk to their children about sharing this information with the school's counseling center or other relevant offices.
- There should be protocols in place for connecting students identified with mental health or substance use histories on admission to campus support services (Disabilities, Health Services, Counseling, Case Management and/or Health Education).
- There should be well advertised/promoted screening/wellness days regularly focused on issues such as substance use, depression, anxiety, eating disorders, and sexual/relationship violence.
- The school's health service clinicians should routinely screen patients for substance use/misuse and common mental health problems.
- The campus should have a gatekeeper program to train relevant campus faculty and staff in identifying and referring at-risk students.
- Online resources should be available for faculty and staff to convey/reinforce/refresh their knowledge/information about identifying and referring at-risk students.
- Student leaders, such as resident advisors, peer advisors, student council leaders, fraternity and sorority leadership, student athletes, and grad student association leaders, should be trained in identifying and referring their friends who may be struggling with mental health or substance issues.
- There should be trainings available either in person or online for students in general to learn about mental health/substance use and to find out how to identify and refer at-risk students.

- Information should be easily available to parents/families about identifying substance or mental health problems and educating them about campus support resources.
- The campus should have a well-publicized/promoted and functioning “At Risk” or “Behavioral Intervention” Team (see: http://jedfoundation.org/professionals/programs-and-research/campus_teams) to collect and respond to reports of students of concern.
- There should be a system in place (either as part of “At Risk” Team or independently) to offer support to students who are on academic probation (and/or struggling academically) and to have academic advisors meet with them to explore for potential emotional or substance issues.

7. Increase Help-Seeking Behavior

Many students who need help may be reluctant or unsure of how to seek it out. Some of the obstacles to help-seeking include lack of awareness of mental health services, skepticism about the effectiveness of treatment, prejudices associated with mental illness and uncertainty about costs or insurance coverage. Campuses should engage in a variety of activities designed to increase the likelihood that a student in need will seek help.

- The counseling center and health education websites should be easily accessible from the university homepage.
- The school should have well publicized/easily accessible screening tools for depression, anxiety, and substance use disorders available on the counseling and/or health education websites.
- There should be easily accessible online information about substance misuse and mental health that is cross referenced/linked in the school’s counseling center, health services and health education websites, and the school should use other online information/programs or programs from other organizations or websites.
- The school should have a peer mental health education (or peer counseling—with appropriate training and supervision) program on campus to take advantage of students’ willingness to talk to their peers.
- The school should run campaigns that de-stigmatize mental health problems and encourage help-seeking.
- The school should run campaigns through varied conduits and media that inform students about campus resources for emotional support and substance education/treatment.

8. Provide Mental Health & Substance Use Disorder Services

Preserving student’s mental health is critical in preventing substance abuse and strengthening their academic success. Therefore, it is essential to offer accessible, consistent and high-quality mental health services to students. To make mental health and substance abuse care more comprehensive, it should include strong and flexible services, adequate staffing levels, flexibility in treatment

approaches, and clinic hours that are reflective of student schedules. Since most college clinics are free, the length of treatment is often limited. Therefore, it is important that campus mental health services can assist students in finding off-campus resources that can provide long-term care if needed. Additionally, it is important to have adequate coordination between the campus medical services, mental health services and other campus and local clinical services. Substance abuse is a significant and common problem on campuses, so students should have access to a comprehensive array of assessment and treatment services on campus or in the local community. Since prescription opiates are a leading cause of student death, campuses should increase the availability of Naloxone, a drug that rapidly and safely reverses opiate overdose. Campus first responders and those at high risk should have access to Naloxone and be taught how to administer it (as permitted by local law).

- Broad-ranging mental health services should be available to students.
- The staff to student ratio for the services offered should be adequate to address clinical need:
- There should be access to psychiatric medication management when indicated.
- Student should have access to substance abuse clinical services.
- Campus mental health clinicians should be trained to identify and manage a full range of clinical conditions using appropriate modalities of care. This could include referrals to off-campus services when appropriate.
- Primary health care providers on campus should be formally trained to assess and refer for basic mental health, substance abuse and behavioral related concerns.
- Schools should offer clinical services outside of typical “business hours” (to allow for students who work or participate in varsity athletics to have access to treatment) when this is appropriate to their setting.
- Counseling services should be provided outside of the counseling center office in dorms, athletic areas, and student centers, among others where appropriate.
- The counseling center should have a triage system for quick assessment, thereby reducing wait times for those in serious/urgent need of care.
- The service should employ strategies (in addition to triage) to accommodate new students coming in for care during busy periods so as to limit wait lists/wait times.
- There should be services or protocols to assess and manage after-hours care/emergency situations.
- There should be linkages with local community services to provide ongoing care for those who need longer term mental health care than provided on campus and for those who need substance use disorder care not available on campus.
- Relationships should exist with local emergency services to provide and coordinate care in medical, mental health and substance related emergencies.
- There should be coordination of activities and programming between the counseling service and offices responsible for substance abuse education and treatment and health education,

as well as between campus behavioral intervention team (BIT), counseling, substance abuse services and discipline office (as clinically and legally appropriate).

- Coordination and opportunities for training between campus clinical and services offices (counseling, health, health education and substance abuse services and disabilities offices) and relevant campus academic departments and programs (social work school, psychology department, psychiatry department, health education training program, etc.) should be present when appropriate.
- The counseling center and health center should have clear information on their website homepage(s) about how to respond to a health, mental health or substance related emergency for both daytime and after-hours.
- The campus should have access to a (well publicized) 24/7 crisis phone and/or chat line either through campus resources or local/national services.
- There should be a process in place to share information (as legally appropriate) between local ERs and school health and/or counseling services.
- The health service and counseling services should have clearly defined and implemented policies around prescription of opiates, tranquilizers (benzodiazepines and sleep medicines) and stimulants.
- Student health and mental health services should assure that clinicians follow state requirements for prescription drug monitoring.
- When students receive prescriptions for stimulants, tranquilizers/sleep medications, or opiates at the health or counseling services, they should routinely receive information about the dangers, risks and consequences of drug misuse and diversion.
- Students should be given the smallest quantity of pills that is clinically necessary when prescribed controlled or potentially dangerous/abused medications.
- Emergency Naloxone doses should be provided to those at risk for overdose (as permitted by local law). For further explanation, see page 28-29 of the report, "Prescription Drug Abuse: Strategies to Stop the Epidemic" located at:
<http://healthyamericans.org/reports/drugabuse2013/>

9. Means Restriction & Environmental Safety

It has been well established that if the means to self-harm are removed or limited in an environment, it can prevent suicide and even limit accidental deaths. This is called "means restriction." Limiting students' access to weapons, poisonous chemicals and roof-tops, windows or other high places are all means restriction activities. Each campus should do an environmental scan for potential access to lethal or dangerous means. Further information on conducting environmental scans and about means restriction can be found on the Means Matter Campaign's website (<http://www.hsph.harvard.edu/means-matter/>).

- Schools should complete a campus "environmental scan" for potential access to lethal means on a regular basis.

- There should be appropriately restricted access on campus to rooftops, windows, balconies, atriums, bridges, toxic substances, and medication storage.
- Campus residence halls and apartments should have break-away closet rods (to limit risk of hanging).
- There should be a policy limiting or containing firearms on campus.
- Toxic substances found in laboratories should be tracked, monitored and controlled.
- Campuses should have prescription drug collection/drug return programs that are well publicized and regularly run.
- The school should have a policy regarding the use or sale of energy drinks.
- The school security department (or student group) should offer a late night transport or escort system to decrease risk of accidents and assaults, as appropriate.

Glossary Terms and References

1. Bystander training programs: Programs that seek to increase campus community members' awareness and proactive behavior related to reduction of violence on campus.

An example: The Green Dot Strategy at the University of Kentucky:

http://www.uky.edu/StudentAffairs/VIPCenter/learn_greendot.php

2. Comprehensive insurance coverage: Institutions of higher education should offer students a health insurance package that includes mental health and substance abuse treatment benefits.

For more information refer to "Good Practices for Offering Insurance with Mental Health Coverage" in The Jed Foundation's *Student Mental Health and the Law*:

http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

3. Dialectical Behavior Therapy (DBT): Dialectical Behavior Therapy is a treatment approach intended to help individuals better manage emotional dysregulation and develop skills to help deal with intense emotions.

For more information:

http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&Template=/ContentManagement/ContentDisplay.cfm&ContentID=150441

4. Emergency/disaster plan: Plan for managing and relieving immediate effects of emergencies and disasters so that individuals can resume their lives as quickly as possible.

For more information: "Recovering after a Disaster or Emergency"

<http://www.redcross.org/find-help/disaster-recovery>

5. Environmental scan: A process of locating any places, weapons and/or agents on a campus that may facilitate an individual's ability to harm themselves or others.

For more information about environmental scans and means restriction on campuses, refer to the following resources:

<http://www.hsph.harvard.edu/means-matter/recommendations/colleges/>

<http://www.sprc.org/collegesanduniversities/developing-campus-program/comprehensive-approach/let-hal-means>

6. Evaluation for substance misuse/Targeted assessment for substance misuse:

Assessments aimed to identify, prevent and educate individuals about substance misuse.

Examples of targeted assessments for substance misuse:

Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare:

<http://www.integration.samhsa.gov/clinical-practice/SBIRT>

Brief Alcohol Screening and Intervention for College Students (BASICS):

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=124>

7. Gatekeepers: Gatekeepers are those individuals who are in regular contact with students in order to identify and refer students in distress or crisis to mental health resources. Campus gatekeepers may include university faculty/staff and student leaders.

Gatekeeper program example:

http://counselingcenter.syr.edu/campus_connect/connect_overview.html

Comparison Table of Suicide Prevention Gatekeeper Training Programs:

http://www.sprc.org/sites/sprc.org/files/library/SPRC_Gatekeeper_matrix_Jul2013update.pdf

8. Mandatory and Medical leave of absence; Academic probation: Students may be asked to leave campus or elect to take a leave of absence from school for a variety of reasons (e.g., medical, mental health, academic or disciplinary concerns). Schools should have policies in place to manage these events before they occur.

For more information refer to The Jed Foundation's *Student Mental Health and the Law*:

http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

9. Memoranda of Understanding (MOU): An MOU is an affiliation agreement or similar document that a college or university may develop with a local hospital that may receive a student for assessment or hospitalization.

For more information refer to The Jed Foundation's *Student Mental Health and the Law*:

http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

10. Motivational interviewing: Motivational interviewing is a client-centered therapeutic approach that focuses on enhancing an individual's motivation and commitment to change their behavior.

More information: http://gainscenter.samhsa.gov/pdfs/ebp/Motivational_Interviewing2011.pdf

11. Postvention: College and university postvention involves a series of planned interventions with those affected by a crisis and/or death (including suicide) with the intention to facilitate the grieving or adjustment process, stabilize the environment and reduce the risk of negative behaviors.

12. Prescription drug collection/drug return programs: Programs that aim to provide a responsible and safe way to dispose of prescription drugs while simultaneously educating the community about the risks associated with medication abuse.

Community example of drug take-back program:

<http://middlesexpartnershipsfor youth.com/news/pressRelease.php?release=80>

13. Programs: Programs refer to both nationally organized and local, campus-specific groups that raise awareness or promote a particular desired outcome.

Examples of programs:

LGBTQ Programs and Resources at Ithaca College -<http://www.ithaca.edu/sacl/lgbt/resources/>

Program for Student Veterans -<http://paveoncampus.org/about-pave/what-is-pave>

14. Screening tools: Screening tools may be administered in primary care, mental health, other healthcare settings, or online to enable early detection of mental health and substance abuse disorders.

List and description of mental health screening tools:

<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

15. Triage system: A triage system may be utilized when the mental health system is unable to quickly meet the clinical needs of all those in need of care or to help determine urgency of need for care. Triage may involve a plan for communicating, in person or over the phone, with all individuals seeking mental health services. Critical questions are asked of all students to determine what level of care is needed (e.g., emergency or routine).

A description of the processes and procedures involved with developing and implementing a clinical triage system:http://campussuicidepreventionva.org/Eells&Rockland_Miller_Triage.pdf

Campus Specific Feedback:

Thanks for participating in the Campus Program. You will find detailed comments on each section of the survey below. This survey and the feedback comments should be viewed as the first step in an ongoing engagement and the beginning of the technical assistance process that is part of the Campus Program.

You have done a tremendous amount of work on your campus promoting emotional well-being and prevention of suicide and substance abuse. Throughout the feedback report we have noted both areas where much excellent and innovative work has been done as well as areas that you might consider addressing more thoroughly.

We hope the survey process in and of itself has been useful and the feedback report offers helpful suggestions. We will be in touch shortly to schedule a time to come to campus to review the feedback report and discuss next steps with you and your team. Please contact Dr. Nance Roy (nroy@jedfoundation.org) if you have any questions about the survey or feedback report and Jillian Niesley (jniesley@jedfoundation.org) should you have any questions about the Program. We look forward to working with you on the Campus Program over the coming years.

Review Your Answers

Policy, Systems and Strategic Planning

The Campus Program Comments: *Engaging in an active and continuing strategic planning process allows schools to evaluate clinical and programming needs and to examine how they deploy both personal and financial resources to address student mental health challenges. It also gives schools a platform from which to evaluate effectiveness and impact of programs. Setting up a task force with wide campus representation to engage in strategic planning is the first action step in participation in the Campus Program.*

It is good that the counseling center takes responsibility for protecting and promoting emotional health on campus and that there is some involvement from multiple campus stakeholders as well. We are interested to hear which departments/offices (other than counseling) take responsibility for this role. While health and counseling centers certainly have an important role to play in supporting the emotional well-being of students, we know that in order to effect long-term, systemic change, these issues can no longer fall to health and counseling alone. Planning and programming are more likely to succeed when there is broad ownership and a shared commitment to meet common goals. It is important to convey the message that emotional health is a campus-wide responsibility.

One of the first steps toward emotional wellness strategic planning will be to explore ways the school can accomplish forming task force to include campus-wide, multi-disciplinary representation, including senior administration, legal affairs, health and counseling services, student groups/students, faculty, and health education services. Broad representation on a task force demonstrates widespread support for mental health promotion and can draw on diverse points of view. Participation by top administrative offices shows a commitment to mental health and substance abuse prevention on campus from the top down. It is also important for the task force to focus on mental health issues as well as substance abuse issues.

The first steps of a task force would be to initiate strategic planning activities that will identify national and campus-specific problems and trends; prioritize the problems to be addressed; use campus specific data to inform planning and programming; define strategies and actions for addressing problems; develop a plan for assessing the interventions; and collect and analyze campus-specific data to assess impact of actions. A full strategic plan will include a process for determining budgetary needs for programs that emerge from strategic planning and programming. When we visit campus, we will work to develop the beginning of your JED Campus strategic plan for implementation moving forward.

It would be very good for the school to require all full-time students to be covered by health insurance and to provide information on how to access affordable health insurance. Insurance coverage can favorably impact a student's ability to remain in school and would be to allow students to seek and obtain the best possible care for prevention and treatment of mental health issues and alleviate financial concerns while making treatment choices. It's excellent that the school offers an insurance plan that includes comprehensive mental health and substance abuse coverage and that

the school's insurance plan covers addiction counseling and Medication Assisted Treatment (buprenorphine, methadone, suboxone) for students with opioid use disorders since the incidence of opioid use and abuse is increasing.

It is very good that the school has protocols for managing mandatory leaves - it would be beneficial and essential to provide clear policy and protocol for managing medical leaves and return from leave. Clear and well publicized policies for leaves of absence and return from leave can help reduce stress and anxiety when a student might be in the midst of a medical or mental health crisis and may need to consider a leave of absence. Transparent return from leave policy communicates the school's expectations for a returning students and allows the student/family to prepare for a successful transition back to school. We look forward to hearing the details of your mandatory leave policy and working with you to develop medical leave and return from leave policies when we visit campus.

It is very helpful that the school has policies in place to consider/discuss communicating and coordinating with families in the event of a health, mental health or substance misuse related emergency. It would be likewise beneficial for the school to consider/discuss communicating with family when a student is considering a leave of absence, on academic probation, and not attending classes.. Even for students who refuse, it is worth making a discussion about engaging family part of the protocol with students who are struggling and general discussions might bring to light issues that will help inform decision making and might help illuminate the dynamics of the student's problems. To this end, it is critical to provide information to parents/families about identifying substance or mental health problems and educating them about campus support resources as families can be a resource for connecting students who are struggling with the services and resources that could be helpful to them and are provided on campus.

It is good to hear that a disaster/emergency plan is in place. Given the unexpected and abrupt nature of many of these types of situations, having protocols accessible to all staff and faculty members can increase the likelihood that they will be adequately prepared to deal with these types of events.

It is also very good that a postvention plan is in place. A good postvention plan should provide the framework for campus wide communication and coordination aimed at maintaining community stability and assuring effective outreach after a suicide tragedy. During our campus visit, we hope you will be able to share your experience in coping with four active student deaths by suicide in the past year and to discuss the ways your school's postvention plan helped your community in the aftermath of these tragedies.

It is very good that the school has formally written, explicit, clear and well publicized policies on alcohol and substance abuse, and that these policies cover illicit and illegal prescription drug abuse as well.

It is critical for the school to put a medical amnesty policy in place - during our visit, we will look forward to working with you to accomplish this. Medical amnesty removes perceived barriers to calling for and seeking help for a student in distress. An amnesty initiative that eliminates the fear of college disciplinary action or academically punitive consequences for reporting emergency situations provides an incentive for students to respond quickly and appropriately in a substance-induced medical emergency and can be a first line of defense and a protective factor against delayed medical assistance for students in crisis as a result of drug or alcohol intoxication.

It would be very beneficial for the school to implement a policy that requires students who have an alcohol or drug infraction to have an evaluation for substance misuse. In addition, we recommend that the school consider policy that mandates a motivational interview and targeted assessment for substance misuse for students who have had an overdose. A targeted assessment is critical for identifying long term mental health, social or substance use issues and can inform the need for follow-up and/or treatment.

1. Which office(s) is (are) responsible for promoting and protecting the emotional health (including substance abuse and suicide prevention) of the school's students?

- Emotional health is seen as a campus-wide issue with the involvement of multiple campus departments/stakeholders (e.g., upper administration, student affairs, security, student groups)
- ✓ While there is some involvement from other stakeholders, the responsibility primarily lies with the counseling service
- All or almost all of the responsibility lies within the counseling service
- None of the above

2. Does the school have a task force or committee that works on campus wide strategy and planning related to emotional health and substance abuse prevention on campus (please do not include campus Behavioral Intervention/At Risk teams in this response)?

- Yes

If yes, is this a: (check response that applies)

- Single committee that works on both mental health and substance issues
- Single committee focused on mental health
- Single committee focused on substance issues
- Separate committees for mental health and substances
- Single committee focused on other

- ✓ No

3. Which offices are represented on the committee(s)? Check all that apply:

4. Has (have) the existing committee(s) gone through a formal strategic planning process for emotional health and substance abuse programming (as described in the CampusMHAP guide)?

- Yes

Which strategic planning activities have been completed?

- Identified national and campus specific problems and trends
- Prioritized the problems to be addressed
- Used campus specific data to inform planning and programming
- Defined strategies and actions for addressing problems
- Developed a plan for assessing the interventions
- Collected and analyzed campus-specific data to assess impact of actions
- None of the above

- ✓ No

5. Does the school now have a written and easily updated strategic plan?

- Yes

Is the written plan easily accessible?

- Yes
- No

✓ No

6. Are the strategic planning activities (intended programs) measured and evaluated?

- Yes

How are these activities/programs aimed at promoting mental health and preventing substance misuse and self-harm measured and evaluated for effectiveness? (Check all that apply)

- Data collected as to the number of students that engage in activities
- Surveys or market research conducted with students after events or programs
- Student advisory panel provides feedback or invited feedback from students
- Other

✓ No

7. Is there a system in place to assess budgetary needs for programs or plans that emerge from the strategic planning process?

✓ Yes

- No

8. Are full time students required by the school to have health insurance?

- Yes

✓ No

9. Does the school offer a student health insurance plan that includes comprehensive coverage for mental health and substance use disorder services?

✓ Yes

- No

10. Do the covered services in the school offered plan include (check all that apply):

✓ Medication Assisted Treatment (buprenorphine, methadone, suboxone) for student with opioid use disorders?

✓ Addiction counseling

- None of the above
- Other

Please describe:

11. Does the school have written and easily accessible medical leave of absence policies?

- Yes

✓ No

12. Do school policies allow for making decisions about medical leaves on a case by case basis?

✓ Yes

- No

- N/A (no policy currently exists)

13. Does the school have protocols for managing mandatory leaves?

✓ Yes

- No

14. Is there a policy to consider/discuss communicating and coordinating with families when a student is considering a leave of absence (or is mandated to take a leave)?

- Yes

✓ No

15. Is there a policy to consider/discuss communicating and coordinating with families when a student is on academic probation or not attending classes?

- Yes

✓ No

- N/A (grad school only respondent)

16. Does the campus have an emergency/disaster plan which is shared with relevant campus offices and stakeholders?

✓ Yes

- No

17. Does the campus have a postvention protocol to deal with the aftermath of student death, suicide or other campus disaster?

✓ Yes

If yes, is this plan shared with relevant campus offices?

- Yes

✓ No

- No

18. Does the school have formally written policies on alcohol or substance abuse?

✓ Yes

If yes, does it include both illicit/illegal and prescription drug abuse?

✓ Yes

- No

- No

19. Are campus alcohol and drug policies explicit, clear and well publicized?

✓ Yes

Please check all that apply:

✓ Policies explicitly discuss alcohol at campus parties and events

✓ Efforts are made to communicate and coordinate campus substance use programming/strategies with student leaders

✓ Efforts are made to communicate and coordinate campus substance use programming/strategies with leaders of campus Greek Life

✓ Efforts are made to communicate and coordinate substance use programming/strategies with student athlete groups and athletics program

✓ The school honor code addresses the misuse of prescription stimulants for academic performance

✓ Alcohol advertising is prohibited in relation to school events

- No

- No policies exist

20. Regarding campus substance policies and activities. Please check all that apply:

✓ Campus administrators have worked with local/community authorities, shopkeepers and bars to promote enforcement of under-age drinking and public drunkenness laws off campus

- Campus administrators have worked with local shops and bars to attempt to limit sale prices and “come-ons” which are intended to induce students to drink high quantities in short times

✓ Local police and campus security and student services are in regular communication to attempt to monitor and respond to trends in dangerous alcohol or drug use

21. Does the campus have a well-publicized “medical amnesty” policy such that students who request emergency care or report a friend who is intoxicated and/or potentially over-dosed will not be subject to disciplinary sanctions (or at least have limited sanctions)?

- Yes

✓ No

22. Is there a policy or plan to consider communication with family members when a student has had a drug or alcohol infraction on campus?

- Yes

✓ No

23. Is there a policy or plan to consider communication with family in the event of a health, mental health or substance related emergency?

✓ Yes

- No

24. Does the university have clear protocols for responding and transporting intoxicated, overdosed and/or distressed students for emergency care and are these shared with the relevant offices (university security, housing, student services, health and counseling)?

- Yes
- ✓ No

25. Does the university have a policy in place requiring students who have an alcohol or drug infraction to have an evaluation for substance misuse?

- Yes
- ✓ No

26. Does the university have a policy in place requiring students who have an overdose to have a mandated motivational interview and targeted assessment for substance misuse?

- Yes
- ✓ No

27. Are there other strategic planning or policy activities not mentioned above?

- Yes

Please describe briefly

- ✓ No

Developing and Supporting Life Skills

The Campus Program Comments: *These areas are not always considered in a plan for mental health promotion and suicide prevention. Nevertheless, we know that promoting life skills can be an important element in suicide and substance abuse prevention, mental health promotion and in promoting student academic success.*

It is very good to hear that the school has programs/groups that address a wide range of interpersonal/emotional awareness topics - though question #29 was not answered, it appears that there are resources (text, on-line) that address students' financial fitness/wellness and financial aid. It would be very good to consider expanding programming with groups that are organized around DBT principles; the core DBT modules have been found to be effective in reducing a variety of negative behaviors in adolescents and emerging adults. It is important to remember that life-skills education can be implemented across campus through clinical and non-clinical staff. Having workshops offered by offices across campus also helps to reinforce that these issues are campus-wide concerns.

It is very good that bullying, hazing and stalking are addressed in the LoboRespect Advocacy Office thought text resources - these are also topics that can be presented by non-clinical educators, including students/peers.

28. Does the school have programs/groups that address the following interpersonal/emotional awareness areas: (Check all that apply)

- ✓ Communication skills
- ✓ Identifying and regulating emotions/promoting resilience
- ✓ Conflict resolution (including bystander training programs)
- ✓ Relationship skills (with emphasis on managing relationship breakups)

- Dialectical Behavior Therapy (DBT) groups
- ✓ Sexual harassment/relationship violence, stalking (your program should be compliant with the SAVE act)
- Bullying and hazing

29. Are there programs in place to help students: (Check all that apply)

30. Please briefly describe programming in the areas listed in this section and share any additional programming related to life skills not mentioned above:

Text resources are available to students that address financial wellness and financial aid. Financial Aid Office also has a resource rich online presence with lots of information about financial fitness. There are also text resources in our LoboRespect Advocacy Office (Title IX) that address bullying, hazing and stalking.

Connectedness, Community and Family Support

The Campus Program Comments: *We know that experiencing a strong sense of connection to others is a strong promoter of physical and emotional health and significantly lowers risk of suicide and substance abuse. And conversely, feeling disconnected to others can increase risk for all these problems.*

Since the school has a formal Greek system on campus it is very good that fraternities and sororities are subject to careful and consistent oversight by student affairs. Fraternities and sororities should be carefully and consistently monitored for adherence to campus policies related to alcohol use, rushing, pledging and hazing. Greek organizations can also be a valuable resource and serve as ambassadors for health promotion among students.

It would be very helpful to engage families with programs/activities to help promote continuing connection and communication with their student. Families can foster a sense of connectedness; also, since they are often the first ones to witness the beginning signs of struggle or disconnectedness they can collaborate with the school to identify and reach out to potentially disconnected and/or isolated students.

It is excellent that RAs provide group building programming and that they are trained to provide programing focused on connecting to isolated students. It is also beneficial that there are programs on campus that promote tolerance and inclusiveness.

When we visit campus we can talk about ways to include academic advisors and peer educators in training that identifies, reaches out to and supports disconnected/isolated students. Support from a faculty member or academic advisor as surrogate for family or friends goes a long way toward establishing a social connection and possibly alleviating the need for formal referral for counseling. In addition, it is well known that students are more likely to turn to their peers when they are struggling so it is very valuable to provide peer education campaigns about reaching out to isolated peers/friends.

It is excellent that there are programs in place to support connectedness among a diverse representation of high(er) risk student groups - it would be very good to expand programming to include student survivors of violence.

31. Does the campus have a formal (chartered) Greek system?

☒ Yes

Are fraternities and sororities subject to careful and consistent oversight by the student affairs division?

☒ Yes

☐ No

☐ No

Is there an active off-campus, informal Greek system?

☐ Yes

☐ No

32. Are there peer mentoring programs, or programs to connect students to small peer groups available?

☒ Yes

☐ No

33. Does the school have any programs/activities to help promote continuing connection and communication between students and their families?

☐ Yes

☒ No

34. Are there programs/activities in place which help students connect to community based cultural, religious or national groups?

☒ Yes

☐ No

☐ N/A

35. Do RA's provide group building programming on their floors?

☒ Yes

☐ No

☐ N/A (your campus has no residence halls)

36. Are there programs/activities provided to promote tolerance and inclusiveness on campus?

☒ Yes

☐ No

37. Are there systems or strategies in place on campus to help in identifying and supporting disconnected and/or isolated students?

☒ Yes

How is this done? (check all that apply)

☐ Academic advisers trained to ask about loneliness/isolation and refer/consult when concerned

- ✓ RA training and dorm programming focused on connecting to isolated students
- Peer educational campaigns focused on reaching out to isolated students
- ✓ Communications with families about alerting campus services in case of concern about isolated student
- Other
- No

38. Are there programs in place to support connectedness among the following high(er) risk student groups: (Check all that apply)

- ✓ Student vets
- ✓ LGBTQ students
- ✓ Minority or traditionally disadvantaged groups
- ✓ International students
- ✓ Commuter students (for residential campuses)
- ✓ Older or returning students
- Physically challenged students
- ✓ Students with learning disabilities
- Survivors of sexual assault
- Survivors of violence
- ✓ Students in recovery from substance abuse disorders
- None of the above

39. Please describe briefly any activities in Enhancing Connectedness for which you would like to provide more detail or not covered in the items above:

Academic Performance

The Campus Program Comments: *Again, while often not considered part of a mental health promotion and substance abuse prevention program, these activities can certainly help promote emotional health and limit substance misuse.*

It is very good that there are programs/groups that address study skills and test anxiety and that the school educates students about the link between good physical and emotional health and academic success. This messaging is equally important for faculty and staff and can be presented as a campus wide concern.

It would be very helpful for the school to provide an opportunity for students to evaluate workload-related stress on course evaluations. These interventions are useful in promoting mental health via academic support. Understanding the level of academic pressure and the impact this may have on emotional well-being and academic performance are important factors for identification of students who are struggling.

40. Are there programs/groups offered to address the following: (Check all that apply):

- ✓ Study skills
- ✓ Test anxiety

41. Do students have access to academic support services?

- ✓ Yes

Is there free or inexpensive tutoring available on campus?

- ✓ Yes

- No

- No

42. Are there opportunities for students to do course evaluations which include information about workload and course stress level?

- Yes

- ✓ No

43. Are there programs and campaigns to educate students about links between good physical and emotional health and academic success?

- ✓ Yes

- No

44. Please briefly describe any item in “Academic Performance” for which you would like to provide more detail:

Student Wellness

The Campus Program Comments: *We know that general health and wellness is correlated with emotional health and substance misuse. Therefore, programs in place that promote general wellness will help to diminish rates of these other problems.*

It's very good that stress and time management groups and programs that provide education and information about sleep, nutrition and exercise are offered on campus - this reinforces the message that there is a positive correlation between good physical health and emotional wellness. Student run campaigns are a very effective way to educate students as they are usually more receptive to messaging from peers - for that reason, your peer education campaigns covering substance abuse, mental/general health and relationship health and safety are very positive.

Live programming is a great way to deliver these programs but attendance is often an issue on many campuses so it would be beneficial to offer outreach by sharing messaging on-line and on social media. Poster campaigns can be similarly expanded by messaging on-line. In addition, things such as streaming PSA's on monitors across campus and contests/competitions can be an effective way to deliver health promotion information. It would be helpful to collect metrics on the reach of messaging campaigns - when we visit campus, we look forward to discussing ways this can be accomplished.

It is excellent to hear that there is programming in place at orientation that educates new students about school drug and alcohol policies and the consequences of substance use/abuse. It would reinforce this programming/education to provide strategically timed messaging campaigns to remind students about the risks and consequences of substance use/misuse and party drugs during holiday breaks and major school events. Since we know that most misuse of prescription stimulants occurs during exam times, it is valuable to offer strategically-timed messaging that specifically addresses the dangers of misuse of stimulants (ADD/ADHD medications) and stimulant medication diversion during exams, reading periods, etc. These messages might also include guidance about getting enough sleep and eating properly during exam periods.

Also, it would be beneficial to consider adding messaging designed to educate students about the risks and dangers of opiate misuse-especially when used in non-pill form and/or when combined with other substances or alcohol. Rates of opioid misuse are growing rapidly and represent a particularly dangerous behavior. It would be very helpful to consider adding information about the links between substance use, poor academic performance, accidents and relationship violence in all programming about substance misuse and abuse.

It is very helpful that your school offers so many opportunities and healthy options for students to fill their spare time (activities, clubs, open gym) and substance free activities/events. This is very helpful to students in recovery who are particularly vulnerable when managing the stressors of academics, social pressures and abstinence.

45. Are there programs/groups offered to address the following challenges (check all that apply)?

- ✓ Stress management
- ✓ Time management

46. Does the school offer programs that provide information about general physical health and wellness related to sleep, nutrition and exercise?

- ✓ Yes
- No

47. Are there student run campaigns to provide education to peers about: (Check all that apply)

- ✓ Mental health
- ✓ Substance abuse
- ✓ General health
- ✓ Relationship health and safety

48. How are these programs made available? Check all that apply:

- ✓ Live programs
- Online
- Social media

49. Does the school have a collegiate recovery community or substance free housing for students in recovery on campus?

- Yes

☒ No

50. Do students have free access to a gym with adequate time availability for non-athlete students?

☒ Yes

☐ No

51. Are there programs at orientation to educate new student about school policies regarding substance use and the dangers of misuse?

☒ Yes

☐ No

52. Are there strategically timed messaging campaigns to remind students about the risks and consequences of substance use/misuse?

☐ Yes

Please check all that apply:

☐ Messages about alcohol and 'party drugs' timed to coincide with school holidays, breaks and major athletic events

☐ Messages about stimulant abuse are timed to coincide with exam periods

☒ No

53. Are there messaging campaigns designed to educate students about the risks and dangers of opiate misuse-especially when used in non-pill form and/or when combined with other substances or alcohol?

☐ Yes

☒ No

54. Does the school collect metrics on the reach of messaging campaigns (For example, the number or percentage of students impacted, the number of retweets, etc.)?

☐ Yes

☒ No

55. Have you established defined spaces in student unions and/or other public areas for student groups to meet?

☒ Yes

☐ No

56. Are there regular alcohol free events and activities (music, food, etc.) that are available in the evenings and late night in well located campus areas?

☒ Yes

☐ No

57. Does the school have an active club and intramural program available to all students?

☒ Yes

☐ No

58. Are there programs/campaigns to educate students about the links between substance use, poor academic performance, accidents and relationship violence?

- ✓ Yes
- No

59. Please describe briefly any activities in Student Wellness for which you would like to provide more detail or not covered in the items above:

Students at Risk

The Campus Program Comments: *Identifying students at risk is an important component of early intervention. Ideally, a robust program should take steps to intervene before problems become crises to the greatest degree possible. Asking students to self identify through various screening activities is one element of this process. The other is gatekeeper training programs. Behavioral Intervention Teams have become an important element of this type of program and also enhance inter-department communication. You can find more information about campus teams at: https://www.jedfoundation.org/professionals/programs-and-research/campus_teams*

During our visit, we will look forward to discussing the possibility of adding inquiries about AOD and MH histories on incoming first year and transfer student health forms. There is protective value in gathering this information because it can be used proactively to connect students with available support resources on campus - this reinforces the school's holistic approach to wellness and can provide targeted services early on, ease the transition into college life, and help avoid letting at-risk students slip through the cracks. It is especially helpful for parents to encourage their children to be open about sharing their AOD and MH history.

It is very good that UNM offers a screening day one time each semester and the screening day is organized by a diverse, cross campus representation of staff/offices, both clinical and non-clinical staff - this highlights the message that emotional wellness is a campus-wide commitment. Screening days can help students recognize when it might be time to reach out for help.

It is best practice and excellent to hear that health services clinicians who treat your students routinely screen for substance use/abuse, depression and suicidal ideation. This type of screening has the potential to identify students who present with physical complaints associated with mental health and substance use disorders and to provide the opportunity for a discussion about emotional difficulties for students who are not initially comfortable seeking help at the counseling center. During our visit we will be eager to learn whether Health Service staff also treat students who screen positive for mild to moderate mental health or AOD concerns.

It is very good that there is gatekeeper training on your campus. This is an excellent strategy to broaden the reach of the school's mental health safety net on a day to day basis covering all aspects of student life. Likewise, it is excellent that a wide range of student groups are trained in identifying and referring their friends who may be struggling with mental health or substance issues. The key to any training is to educate folks on how to identify students who may be struggling, how to reach out to engage the student, and know where to refer for services on campus if/when needed.

We encourage UNM to consider providing information to parents/families about identifying substance or mental health problems and educating them about campus support resources. Families

can be a very powerful partner in recognizing mental health and substance use disorders and can help facilitate early intervention when they are able to identify behaviors that are of concern. This information can be shared at orientation, on-line or by mail/email.

It is excellent that you have a well publicized and functioning behavioral intervention team. Since students who are struggling emotionally often struggle with academics, it would be good to have academic advisors meet with students on academic probation to explore for potential emotional or substance issues.

60. Are incoming first year and transfer students asked to complete questions related to mental health and substance use history on medical history forms (to help identify at risk students)?

- Yes

Are parents of incoming students encouraged to talk to their children about sharing this information with the school's counseling center or other relevant offices?

- Yes
- No

✓ No

61. Are there protocols in place for connecting students identified with mental health or substance use histories on admission to campus support services (Disabilities, Health Services, Counseling, Case Management and/or Health Education)?

- Yes

✓ No

62. Are well advertised/promoted screening/wellness days focused on issues such as: substance use, depression, anxiety, eating disorders, sexual/relationship violence held on campus?

- More than 3 times/semester
- 2-3 times a semester
- ✓ 1 time each semester
- 1 time each academic year
- None of the above

63. Which staff members organize/run/staff these events? (Check all that apply)

- ✓ Staff from counseling center
- Staff from health services
- ✓ Staff from health/substance abuse education
- ✓ Staff from student affairs
- ✓ Staff from housing/residential life
- ✓ Student groups
- ✓ Others (please specify)

Others (please specify)

Recreation Services, HR Employee Health Promotion

64. Do the school's health service clinicians routinely screen patients for: (Check all that apply)

- ✓ Substance use/misuse
- ✓ Depression and anxiety
- ✓ Suicidal ideation-If positive screen for depression
- None of the above

65. Does the campus have a gatekeeper program to train relevant campus faculty and staff in identifying and referring at risk students?

- ✓ Yes

Which (faculty and staff) groups are currently receiving training: (Check all that apply)

- ✓ Faculty
- ✓ Academic advisors
- ✓ Administrators (including bursar and financial aid offices)
- ✓ Health services staff
- ✓ Athletic department staff
- ✓ Residence Hall staff
- ✓ Other Student Affairs staff
- ✓ Campus safety/security
- ✓ Religious leaders/chaplains
- Dining and custodial staff
- ✓ Administrative support and clerical staff
- ✓ Transportation staff
- Others (please specify):
- None of the above
- No

66. Are online resources available for faculty and staff to reinforce/refresh their knowledge/information about identifying and referring at risk students?

- ✓ Yes
- No

67. Which student groups are trained in identifying and referring their friends who may be struggling with mental health or substance issues? Check all that apply:

- ✓ Resident advisors
- Peer advisors
- ✓ Student council leaders
- ✓ Fraternity and sorority leadership
- ✓ Student athletes
- ✓ Grad student association leaders

- None of the above

68. Are trainings available either in person or online for students in general to learn about mental health/substance use and to find out how to identify and refer at risk students?

- ✓ Yes
- No

69. Is information available to parents/families about identifying substance or mental health problems and educating them about campus support resources?

- Yes

Check all that apply:

- Information is presented at orientation
- Information is available online
- Mailings or emails sent to parents intermittently

- ✓ No

70. Does the campus have a well-publicized/promoted and functioning “At Risk” or “Behavioral Intervention” Team to collect and respond to reports of students of concern?

- ✓ Yes
- No

71. Is there a system in place (either as part of “at risk” team or independently) to offer support to students who are on academic probation (and/or struggling academically) and to have academic advisors meet with them to explore for potential emotional or substance issues?

- ✓ Yes
- No

72. Please briefly share any more information about programs above or other programming related to “Identifying Students At Risk” that you feel would be helpful:

Help Seeking Behavior

The Campus Program Comments: *Increasing help seeking is the other important element of early intervention. Ideally, we should strive to have those students in need comfortable with and knowledgeable about asking for help.*

You state that the counseling and health education websites are easily accessible from the university homepage and that it takes 3-4 clicks to reach the counseling website from the UNM homepage and we agree (actually, it took fewer than three). The general health and counseling websites were well organized, easily accessible and widely cross referenced. Screening tools were easy to find and a wide range of resources/information is found on all sites covering a broad range of mental health and health topics. Emergency information was easy to find - it would be good to add emergency text information as a resource since it is easy for students to use this form of communication.

It's very good that UMN provides peer mental health education on campus - this takes advantage of students' willingness to talk to their peers and can provide valuable information and support for students who are reluctant to seek help from a mental health professional.

It is excellent that the university offers campaigns run through varied conduits and media that aim to inform students about campus resources for emotional health, inform students about campus resources for substance education/treatment and to encourage help seeking. It is very good that these campaigns are timed to coincide with high stress times on campus. It would be very good to add messaging that aims to remove the burden of stigma around mental health problems as stigma can often present barriers to help seeking.

73. Are your counseling center and health education websites easily accessible from the university homepage?

- ✓ Yes
- No

74. How many clicks does it take to reach counseling website from the university homepage? (Check option that applies)

- 1-2
- ✓ 3-4
- More than 4
- Cannot be accessed from homepage

75. Does the school have well publicized/easily accessible screening tools for depression, anxiety, substance use disorders available on your counseling and/or health education websites?

- ✓ Yes

Do you use: (Check all that apply)

- Ulifeline Self-Evaluator
 - ✓ Screening for Mental Health
 - Publicly available screening tools (such as PHQ, GAD7 or CAGE)
 - American Foundation for Suicide Prevention's Interactive Screening Program
 - Developed your own
 - ✓ Others
- eChug, After Deployment Assessments
- No

76. Is there easily accessible online information about substance misuse and mental health that is cross referenced/linked in the school's counseling center, health services and health education websites?

- ✓ Yes
- No

77. Does the school use other online information/programs or programs from other organizations or websites (eg., National Institute of Mental Health, National Institute on

Drug Abuse, Screening for Mental Health, Ulifeline.org, HalfofUs.com) for any of these activities (screening or information sharing)?

- ✓ Yes
- No

78. Does the school have a peer mental health education (or peer counseling-with appropriate training and supervision) program on campus to take advantage of students' willingness to talk to their peers?

- ✓ Yes
- No

79. Does the school run campaigns that aim to: (Check all that apply)

- De-stigmatize mental health problems
- ✓ Encourage help seeking

80. Does the school have campaigns run through varied conduits and media that aim to (check all that apply)?

- ✓ Inform students about campus resources for emotional support
- Check all materials or formats used to increase awareness that apply:
- ✓ Brochures/posters
 - ✓ Campus newspaper, radio and TV stations
 - Theater or other performances
 - ✓ Online and social media
 - ✓ Inform students about campus resources for substance education/treatment?

Check all materials or formats used to increase awareness that apply:

- ✓ Brochures/posters
- ✓ Campus newspaper, radio and TV stations
- Theater or other performances
- ✓ Online and social media
- Other

Please describe:

81. Are these programs timed to coordinate with high stress times on campus (ex., messages are disseminated in relation to exam times)?

- ✓ Yes
- No
- N/A

82. Please briefly share any more information about programs above or other programming related to "Increasing Help Seeking Behavior" that you feel would be helpful:

Mental Health and Substance Use Disorder Services

The Campus Program Comments: *Providing adequate on site and access to ongoing mental health and substance abuse prevention support services is obviously the backbone of any college mental health system. This should include both providing basic primary care mental health services and crisis support services. Depending on the particular campus setting, the structure of these services may vary, but decisions about how these programs are organized should be based on a thoughtful assessment of needs, resources and off campus options for care.*

It is excellent that mental health services are available on campus and that several treatment modalities, including group, academic counseling, psychotherapy and psycho-education are offered to your students. Given your low clinical staff to student ratio and the unavailability of the percentage of students seen in counseling, we are interested to hear how staffing for clinical services meets the needs of the student body that receives direct clinical services at the counseling center.

It is good to hear that psychiatric medications are prescribed at so many locations on campus - we look forward to hearing more about how coordination and communication about psychiatric medication management is accomplished between the health, medical and counseling services/professionals.

Although most of question #87 is not endorsed with a check, it appears that UNM offers assessment and treatment services for substance use disorders and that substance use disorders specialists, mental health and primary health care clinicians are prepared to provide this care. During our campus visit we look forward to hearing more about how students are assessed and treated for substance use disorders on campus.

It is excellent that mental health clinicians have been trained to follow a wide range of assessment and treatment protocols and that primary health care providers are formally trained assess and refer for suicide risk, emotional disorders and substance use. This training serves the student who is reluctant to ask for help in through counseling and who may be more likely to seek help for physical complaints associated with emotional struggles.

It is very good that counseling services are provided at more than one site on campus and offered after "business hours" - this gives the message that the school is committed to providing easy access to mental health care. Easy access to mental health care at UNM is also facilitated by the school's strategies that offer triage for urgent care, limit wait times for care for new students and after hours mental health services.

It is very good to hear that linkages exist with local community services for providing ongoing care for those who need longer term mental health and substance use disorder care. It would be good to establish MOUs with community facilities/services that provide ongoing care for longer term mental health issues. MOUs streamline the referral process, establish consent for communication, monitor high-risk students who are seen off campus, and coordinate discharge planning when a student has been hospitalized. MUOs can provide a process to share information (as legally appropriate) between local ER's and school health and/or counseling services.

It is very helpful that there is coordination between the campus behavioral intervention team (BIT) team, counseling, substance abuse services and discipline office.

It is very good that the counseling center and health center have clear information on their website

homepage(s) about how to respond to a health, mental health or substance related emergency for both daytime and after-hours and that students have access to (well publicized) 24/7 crisis phone and/or chat lines either through campus resources or local/national services. It is particularly helpful to include emergency text information as students often prefer texting to a phone call.

Since the school provides prescriptions for stimulants, tranquilizers/sleep medications, or opiates it is excellent that you provide clearly defined and implemented policies around prescription of opiates, tranquilizers (benzodiazepines and sleep medicines) and stimulants. Opiates are the fastest growing abused substance on campuses, so it is important to provide messaging on the dangers of opiate misuse, diversion and the danger of combining opiates with other drugs and/or alcohol.

It is excellent that UNM clinicians follow best practice state requirements for prescription drug monitoring and that student patients are given the smallest quantity of pills that is clinically necessary when they are prescribed controlled or potentially dangerous/abused medications.

There is good evidence to support the value of a protocol allowing first responders to have access to naloxone which, if administered in time, will avert fatal consequences from suspected or real overdose. We look forward to discussing the possibility of providing this type of emergency preparation when we visit campus.

During our visit, we hope to be able to offer support and assistance as your school copes with and responds to the aftermath of 4 student deaths by suicide and 16 suicide attempts in the past year. We hope to work with you to brainstorm ways to bolster your programming and resources that may help reinforce the school's current strategies to promote emotional well being and prevent suicide. Also, we will be eager to work with you to discuss ways that data collection and analysis about incidents and utilization can be coordinated and used to inform programming and strategic planning.

83. Are mental health services available on campus?

✓ Yes

Which services are available on campus: (Check all that apply)

- ✓ Counseling/psychotherapy
- ✓ Academic/career counseling
- ✓ Group therapy
- ✓ Psycho-educational groups
- ✓ Online, email or chat services
- Other:
- No

84. Is the counseling service accredited?

✓ Yes

Please indicate which body accredits the service:

- International Association of Counseling Services (IACS)
- Joint Commission Accreditation (JCAHO)
- ✓ Other: (please list)
- No

- No counseling service

85. Please indicate the staff to student ratio (include all clinical staff) for the services offered

- 1 full time equivalent (FTE) : 1000 students or better
- Between 1 FTE: 1000 students and 1FTE: 1500 students
- Between 1 FTE : 1500 students and 1 FTE to 2000 students
- ✓ Less than 1 FTE : 2000 students
- N/A

86. Is there access to psychiatric medication management on campus?

- ✓ Yes

Where is this provided? (Check all that apply)

- ✓ At the counseling service
- ✓ At the health service
- ✓ At the university medical center
- ✓ Through referral to outside consultants
- Other
- No

87. Does the school have the following available for substance use disorders on campus? (Check all that apply)

- Assessment services

Please check all that are offered:

- Motivational interviewing
- Group therapy
- Self-help/support groups (12 step and others)
- Clinicians who are substance abuse specialized therapists
- Medication management of substance abuse (when indicated)
- Peer support and recovery groups
- Others: please describe briefly:

- ✓ Treatment

Please check all that are offered:

- Motivational interviewing
- Group therapy
- Self-help/support groups (12 step and others)
- ✓ Clinicians who are substance abuse specialized therapists
- Medication management of substance abuse (when indicated)
- Peer support and recovery groups
- Others: please describe briefly:

- Both

Please check all that are offered:

- Motivational interviewing
- Group therapy
- Self-help/support groups (12 step and others)
- Clinicians who are substance abuse specialized therapists
- Medication management of substance abuse (when indicated)
- Peer support and recovery groups
- Others: please describe briefly:
- Neither option

88. Are the services consistent with SBIRT (Screening, Brief Intervention and Referral to Treatment) approach (see: beta.samhsa.gov/sbirt)?

- ✓ Yes
- No

89. Which protocols have campus mental health clinicians been trained to follow (check all that apply)?

- ✓ Identify and treat depression and other emotional disorders
- ✓ Assess and provide basic treatment for substance use disorders
- ✓ Provide referrals for substance use treatment when needed
- ✓ Assess and manage suicide risk
- ✓ Use goal oriented, short term treatment modalities
- ✓ Follow legal and professional guidelines that govern student privacy, confidentiality and notification
- None of the above

90. Which of the following have primary health care providers on campus been formally trained (e.g. Mental Health First Aid, CE/CME trainings, etc) to do? (Check all that apply)

- ✓ Assess (and refer) for suicide risk
- ✓ Identify (and refer for) depression and other emotional disorders
- ✓ Manage and educate around basic health concerns including nutrition, sleep, sexual health, stress management
- ✓ Assess and refer for treatment of substance abuse
- None of the above

91. Are there clinical services offered outside of typical “business hours” (to allow for students who work or participate in varsity athletics to have access to treatment)?

- ✓ Yes
- No

92. Are counseling services provided outside of the counseling center office?

✓ Yes

Please check all that apply:

- Dorms

✓ Athletic areas

- Student center

✓ Other: (please specify)

Various Resource Centers, Law School, Psych Dept Clinic, Manzanita

- No

93. Does the counseling center have a triage system for quick assessment thereby reducing wait times for those in serious/urgent need of care?

✓ Yes

- No

94. Does the service employ any strategies (other than triage) to accommodate new students coming in for care during busy periods so as to limit wait lists/wait times?

✓ Yes

Check all that apply:

✓ Daily walk in hours for students with urgent problems/concerns

✓ Extending time between appointments for established patients/clients to open up spaces for new student appointments

✓ Increasing referrals during busy periods to community or other university based providers (university hospital based clinics, psychology training clinics) for students who need longer term therapy

✓ Expecting counseling clinicians to do a set number of weekly intakes to maintain space for new students

- Others: please list

- No

95. Are there mental health services in place for after-hours care/emergency situations?

✓ Yes, the school has on-campus services to serve after hour needs

- The school does not have on campus services but promotes a community resource or hotline for after-hours needs

- The school does not have on campus services but promotes a national 24 hour crisis or suicide prevention hotline for after-hours needs

- No, care/services for after-hours needs is not provided or promoted

96. Do linkages exist with local community services for providing ongoing care for those who need longer term mental health care than provided on campus?

✓ Yes

Please check all that apply:

✓ An updated list of community mental health resources is maintained and available at the

counseling service and other relevant offices

- ✓ Information is maintained about typical wait times and insurance plans accepted
- ✓ There are sliding scale/low fee options available
- Memoranda of Understanding (MOU's) are maintained with larger services and clinics with whom there are relationships
- No
- N/A (all services are provided on campus)

97. Do linkages exist with local community services for providing substance use disorder care not available on campus?

- ✓ Yes

Please check all that apply:

- ✓ An updated list of community substance treatment resources is maintained and available at the counseling and health service and other relevant offices
- ✓ Information is maintained about typical wait times and insurance plans accepted
- ✓ There are sliding scale/low fee options available
- Memoranda of Understanding (MOU's) are maintained with larger services and clinics with whom there are relationships
- No
- N/A (all services can be provided on campus)

98. Do relationships exist with local emergency services to provide and coordinate care in medical, mental health and substance related emergencies?

- ✓ Yes
- No

99. Is there coordination of activities and programming between the counseling service and offices responsible for substance abuse education and treatment and health education? (answer "yes" if all activities are in a single office)

- ✓ Yes
- No

100. Is there coordination between campus behavioral intervention team (BIT) team, counseling, substance abuse services and discipline office?

- ✓ Yes
- No
- N/A (no BIT team exists)

101. Is there coordination and opportunities for training between campus clinical and services offices (counseling, health, health education and substance abuse services and disabilities offices) and relevant campus academic departments and programs (social work school, psychology department, psychiatry department, health education training program, etc.)?

- ✓ Yes

- No
- N/A (there are no graduate or training programs at your school)

102. Does the counseling center and health center have clear information on their website homepage(s) about how to respond to a health, mental health or substance related emergency for both daytime and after-hours?

- ✓ Yes
- No

103. Does the campus have access to (well publicized) 24/7 crisis phone and/or chat lines either through campus resources or local/national services?

- ✓ Yes
- No

104. Is there a process in place to share information (as legally appropriate) between local ER's and school health and/or counseling services?

- Yes
- ✓ No

105. Do the health service and counseling services have clearly defined and implemented policies around prescription of opiates, tranquilizers (benzodiazepines and sleep medicines) and stimulants?

- ✓ Yes
- No

106. Are student health and mental health services assuring that clinicians are following state requirements for prescription drug monitoring?

- ✓ Yes
- No

107. When students receive prescriptions for stimulants, tranquilizers/sleep medications, or opiates at the health or counseling services do they routinely receive information about the dangers, risks and consequences of drug misuse and diversion?

- ✓ Yes
- No

108. Are students given a consent document to sign attesting that they understand policies, risks and consequences of drug diversion?

- ✓ Yes
- No

109. Are they given the smallest quantity of pills that is clinically necessary when prescribed controlled or potentially dangerous/abused medications?

- ✓ Yes
- No

110. Does the university health service have a policy whereby students who are deemed at high risk for opiate overdose (this would include any student on campus known to have had prior OD or near-OD on opiates) are provided with emergency naloxone doses to keep with them and given training on usage (similar to an Epi-pen carried by person with severe allergies)?

- Yes
- ✓ No
- N/A (in states in which this is not legal)

See page 28-29 of the report, Prescription Drug Abuse: Strategies to Stop the Epidemic” located at: healthyamericans.org

111. Are there “Clinical Services” that you are providing that you feel it would be helpful for us to know more about? Please describe briefly:

112. Additional Information

(Note: Please be aware that the following information is being requested to aid in our research activities and will be kept in the strictest confidence and will not impact your score on the survey.) Please indicate, in the past year:

How many suicides have occurred among your active students? **4**

How many suicide attempts have resulted in ER visits or hospitalizations? **16**

How many alcohol overdose deaths have occurred on campus? **0**

How many other drug overdose deaths have occurred on campus? **1**

How many psychiatric hospitalizations have occurred? **12**

What percentage of the student body receives direct clinical services at the counseling service?

How does the school collect and maintain information about these events? Please describe briefly:
The school does not collect these events in one location. Some of this (confidential) information is maintained within the EHR at SHAC.

Means Restriction and Environmental Safety

The Campus Program Comments: *There is excellent empirical data supporting the importance of this area in suicide prevention. The challenge of managing means restriction is that it requires coordination among several areas and offices in the university: buildings and facilities, security, counseling, student services, among others.*

This area of concern should be included in inter-department strategic planning. Reviews of campus facilities ideally occur on a fairly regular basis, and especially when the school is actively engaged in building projects. It is well documented that lethal means restriction reduces one major risk factor for a fatal outcome from attempted suicide. It is important for college mental health and suicide prevention programs to be supplemented by changes in the campus environment that reinforce the safety net for students at risk for impulsive, potentially lethal behavior.

There is tremendous value in doing regular campus scans. This means restriction exercise helps identify places on campus that might present a source of harm for at risk students. It is critical to evaluate rooftops, windows, balconies, atriums, and bridges to see if any of these structures present an opportunity for self harm. It is very good that access to toxic substances is restricted and that they are tracked, monitored and controlled. It would be likewise helpful to restrict access to medications that are stored on campus.

For students who die by suicide on campus, firearms and overdose are the most common means. Removal of highly lethal means on campus will diminish the likelihood that a fatal outcome will result from an impulsive suicide attempt. It is noted that the answer to #116 indicates that firearms are not prohibited on campus, however when this writer reviewed the UNM website, it appears that firearms ARE prohibited on campus, "a weapons-free campus."

<https://housing.unm.edu/zz-documents/comlivingguide.pdf>

If firearms are allowed, it is good that the school requires storage with UNM police department. When we visit campus, we look forward to clarifying the school's policies/procedures with regard to concealed firearms.

It would be very helpful to institute drug collection/drug return programs that are well publicized and offered regularly. This can be done in partnership with local pharmacies and/or police departments. It is also good to provide medication disposal pouches to deactivate medications and render them safe to dispose of.

113. Has the school completed a campus “environmental scan” for potential access to lethal means in the last 12 months?

- Yes, the school has done a campus “environmental scan” in the past 12 months
- No, the school has not done an environmental scan in the past 12 months but has previously completed this
- ✓ No, the school has never done a campus scan

114. To which of the following has access restricted on campus (Check all that apply)?

- Rooftops
- Windows
- Balconies
- Atriums
- Bridges
- ✓ Toxic substances
- Medication storage
- Others:

Please specify:

- None of the above

115. Do campus residence halls and apartments have break-away closet rods (to limit risk of hanging)?

- Yes
- ✓ No
- N/A (no residence halls)

116. Is there a policy addressing firearms on campus?

✓ Yes

Please explain further

- Firearms are completely prohibited on campus
- Firearms are not prohibited but the school has carry and storage policies and provides lockers for safe storage of firearms
- ✓ Firearms are not prohibited on campus
- No

117. Are toxic substances found in laboratories tracked, monitored and controlled?

✓ Yes

- No
- N/A (no labs)

118. Does the campus have prescription drug collection/drug return programs that are well publicized and regularly run?

- Yes
- ✓ No

119. Does the school have a policy regarding the use or sale of energy drinks?

- Yes

Does that include:

- School based food outlets limit sale of “energy” drinks
- Energy drinks are completely banned
- ✓ No

120. Does the school security department (or student group) offer a late night transport or escort system to decrease risk of accidents and assaults?

- ✓ Yes
- No
- N/A (non-residential campus)

121. Are there Means Restriction/Environmental Safety activities which you would like to tell us more about? Please describe briefly:

Additional Comments and Feedback (responses in this section will have no impact on your score)

The Campus Program Comments: *Thank you for your comments - UNM has done a good amount of work toward promoting emotional wellness and suicide prevention on your campus. When we visit, one of our first goals will be to work with you to take the first steps toward forming a mental health and substance use task force that will write a strategic plan that can serve to be a template for future planning and programming.*

Also, we look forward to brainstorming with you to accomplish writing medical and return from leave policies and medical amnesty policy. We hope to discuss ways to collect metrics on your programming and to bring about initiatives that will reinforce your current mental health and substance use/suicide prevention programming.

122. Does the school have any other programs or policies in relation to mental health and/or suicide prevention which that may stand out as good practice and would be valuable to share with other schools?

- Yes

Please describe:

✓ No

123. Does the school have any other programs or policies in relation to substance use prevention, treatment or recovery that may stand out as good practice and would be valuable to share with other schools?

- Yes

Please describe:

✓ No

124. Are there specific challenges or limitations the school faces in supporting student emotional health?

✓ Yes

Please describe:

This is a large, urban, commuter campus. It is a public, state school subject to state and federal law limiting the school's ability to infringe on personal rights including 2nd Amendment Rights, right not to seek medical or mental health care, right to privacy, and adult status

- No

125. Are there specific challenges or limitations the school faces in addressing substance use problems on campus?

✓ Yes

Please describe:

This is an open, public campus which presents access and trafficking.

- No

126. How is data collected on student incidents like suicide, overdose and accidental deaths?

127. How is this data accessible to campus staff who use it to formulate policy and programs?

It is not currently available.

128. Please share any comments you have about this survey, the process of completing it, or any other issues related to this program you feel it would be helpful for us to have.

Comments:
