

UNIVERSITY MENTAL HEALTH RESOURCES AND RESPONSE PROTOCOLS, Version 1

University Mental Health Resources and Response Protocols

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Applies to: AUB and AUBMC

Implementation Office(s):

Office of Student Affairs

Counseling Center

Protection Office

University Health Services – Student Health

Department of Psychiatry

Office of International Programs

Benefits Coordinator's Office

Emergency Medical Care

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Relevant Legislation:

[FERPA](#)

Document Category:

Governance and Administration

AUB's policies and procedures are not a contract and may be changed at AUB's discretion

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For any comments, feedback, or query, please contact: policies@aub.edu.lb.

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PREFACE

This document is the product of the work carried out by the University Mental Health Committee (the “UMHC”) that was established in October 2007. It is important to recognize the valuable contribution of Dr. Hassan Al-Amine, Psychiatry Department, who was one of the original members of the committee.

University Mental Health Committee 2012-2014

Mr. Maroun Ghazal, Director of Benefits

Dr. Ghassan Hamadeh, Associate Dean for CME, Professor & Chair, Family Medicine

Dr. Antoine Khabbaz, Director of the Counseling Center

Dr. Ziad Nahas – Professor and Chair, Department of Psychiatry

Dr. Talal Nizameddin, Dean of Student Affairs (Chair)

Captain Saadallah Shalak, Chief of Protection Office

PURPOSE OF UNIVERSITY MENTAL HEALTH COMMITTEE

The University Mental Health Committee (UMHC) serves to provide institutional support and coordinated action in relation to mental health issues on campus. This includes:

- Recommending and initiating University policies and practices that support individuals with mental health difficulties.
- Promoting appropriate mental health approaches--better prepared and more informed members of the community, particularly front line faculty and staff--in responding to individuals with mental health difficulties.
- Providing an adequate and coordinated rapid response to sudden or emergency cases within AUB main campus and other AUB-owned grounds.

FUNCTIONS OF UNIVERSITY MENTAL HEALTH COMMITTEE

- a. The UMHC shall recommend policies and procedures to be adopted by the University pertaining to mental health issues impacting all students and employees including faculty and staff at AUB.
- b. The UMHC shall aim to form a comprehensive approach to mental health issues at AUB, including but not limited to:
 - i. Overseeing the training of key faculty, staff and students;
 - ii. Establishing a rapid response procedure for emergency situations;
 - iii. Enhancing coordination between appropriate units;
 - iv. Raising general awareness among the AUB community;
 - v. Supporting positive action for students with mental health issues or learning difficulties throughout their educational process; and
 - vi. Establishing a parity in Health Insurance Plan (the “HIP”) mental health coverage policies with that of medical and surgical conditions.
- c. The chair of the UHMC (Chair) shall quickly convene emergency cabinet (the “Emergency Cabinet”) when required, in order to:
 - i. Advise the President and/or Provost and/or Dean of Student Affairs during life-threatening situations or mental health cases that involve the police authorities and/or could have serious legal consequences, and,
 - ii. Enable efficient coordination between the UHMC and all other involved units and authorities during urgent life-threatening situations. The Chair may call members of the UMHC to attend the Emergency Cabinet meetings when it is deemed relevant to the case.
- d. The UMHC may review the actions of the Emergency Cabinet and the University administration in dealing with emergencies on a case-by-case basis and recommend improvements for future cases, when considered appropriate.

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PURPOSE OF THE UNIVERSITY MENTAL HEALTH RESOURCES DOCUMENT

This document provides AUB faculties, staff and community at large with policy guidelines in the spirit of a progressive and rational approach to mental health issues. A well-informed community offers solid foundations for a safe and appropriate response to mental health situations.

Definition of Mental Health

The World Health Organization (WHO) does not recognize any official definition of mental health. However, for the purpose of this document, mental health can best be defined as an absence of a major mental health condition.

Any approach to mental health should emphasize on the emotional well-being and the capacity to cope, at the least psychological cost, with life's ordinary challenges. It is a state of well-being where every individual is able to live productively in his or her community.

MENTAL HEALTH SERVICES AT AUB

Counseling Center

The Counseling Center of the Office of Student Affairs provides free and confidential psychological services to AUB students. No referral process is required and students can refer themselves or be referred by others such as faculty members, Deans and the Dean of Student Affairs, doctors at AUBMC, psychiatrists, or supervisors.

There are no limitations to the number of sessions a patient can have with the Counseling Center and there are no restrictions as to what can be discussed in counseling. These are determined by an agreement between the student and his or her therapist. From the outset the student is informed of his/her right to confidentiality and of the limits to that right.

University Health Services - Gulbenkian Student Health Clinic

AUB's University Health Services (UHS) offers mental health services to AUB students, faculty and staff as part of its primary health care activities. All physician providers at UHS are qualified through their training to offer primary mental health care including identifying mental problems, prescribing appropriate medications and providing follow up. Some physicians may also offer brief counseling interventions. UHS providers coordinate mental health care with other university counselors, social workers, psychologists and psychiatric care providers.

Department of Psychiatry

Students, faculty and staff seeking psychological counseling are sometimes referred to the Psychiatry Department if a serious mental illness is suspected, after referral from UHS. These services include Emergency Department (the "ED") care if necessary, inpatient stay, and outpatient visitations.

As per the HIP referral policy index number ACC-FAM-007 titled "Referrals to AUBMC Specialists", the patient must undergo an evaluation by a UHS physician, and if the physician judges that the condition needs the consultation of a specialist, he/she will issue a referral. For fast-tracking the referral process, the patient can arrange for the referral by contacting his/her physician at UHS or by going to the counseling center.

Coordination of Units

The units listed above share information in cases where an individual is considered as posing a risk to self and/or others. Regular and ongoing cooperation among UHS, the Department of Psychiatry and the Counseling Center, in parallel with the UMHC, is normal procedure and in extreme cases may require the sharing of information with the Dean of Student Affairs, the Chief of Protection and other senior University officials if necessary.

Confidentiality Statement

University officials involved in mental health cases and members of the UMHC will be guided to the highest extent possible by principles and practices that uphold confidentiality—in line with generally recognized ethical standards and to the extent allowed by law—with the aim of establishing and gaining the trust of its community,

Confidentiality vs. Disclosure

- a. Maintaining privacy and confidentiality for students, faculty or staff presenting for psychological, psychiatric, or medical treatment is a serious concern: privacy and confidentiality should always be respected unless the patient's life is in danger, or they are at risk of harming themselves or others.
- b. Disclosure of confidential information may be justifiable, ethically and legally, if the patient is in an emergency situation or if the patient poses a risk to himself/herself or others as assessed by the mental health professional. In such cases, patients should be referred to the Department of Emergency Medicine at AUBMC for proper management by the medical and psychiatric services. Information may be disclosed to appropriate persons or officials such as parents, legal guardians, other academic or university officials, or third parties such as emergency responders.
- c. AUB students' "education records" are protected under the Family Educational Rights and Privacy Act (FERPA), a U.S. federal law that protects the privacy of student records and applies to all educational institutions that receive funds under any program administered by the Secretary of the Department of Education. Under FERPA, a medical record (including counseling records) is considered an education record unless it meets the three criteria of a "treatment record".¹ A student's treatment record may be disclosed for purposes other than the student's treatment provided the records are disclosed with the student's prior and written consent under 34 CFR § 99.30, or based on an exception to prior written consent per 34 CFR § 99.31(a)².

Informing the Family

- a. In cases where patients are at risk of harming themselves or others it is essential that parents, legal guardians, or an emergency contact be informed by the treatment team and/or university officials, with or without the patients' prior permission.

¹ A treatment record must be: 1) Directly related to a student who is eighteen years of age or older, or is attending an institution of postsecondary education; 2) Made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his professional capacity, or assisting in a paraprofessional capacity; and 3) Made, maintained, or used only in connection with the provision of treatment to the student, and not available to anyone (including the student) other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice . 20 U.S.C. § 1232g(a)(4)(B)(iv)

² The disclosure is in connection with a health or safety emergency, under the conditions described in §99.36. 34 CFR § 99.31(a)(10).

- b. In cases where patients are not at risk of harming themselves or others and the treatment team and/or university officials believe that it is in the interest of the patient to involve family members, then family members should be involved after obtaining the written permission of the patient.

Criminal Acts

Criminal acts are handled by the legal authorities in accordance with Lebanese law, and Lebanese authorities will in these cases decide on the need for psychological or psychiatric assessment or intervention. Police authorities are notified if a student or staff member commits or attempts to commit a criminal act regardless of his or her mental health status.

Psychiatrists and psychologists will follow the Lebanese Code of Ethics regarding disclosure. The principle of confidentiality is waived when there is an impending risk to the life or safety of the patient or that of others. The treatment team and/or university officials must take all possible measures, within the constraints of the law, to safeguard the interests and well-being of students, faculty and staff, particularly when they are ill and vulnerable.

HELPING DISTRESSED STUDENTS, FACULTY AND STAFF

Warning Signs

Personalities differ and individuals may enjoy healthy unique qualities that make them stand out. However, certain displayed behaviors can actually be warning signs of an underlying mental dysfunction that requires professional attention. Examples of such warning signs include personality changes such as:

- Inability or reduced ability to cope with daily activities
- Strange or bizarre ideas
- Excessive anxieties or fears
- Apathy or depression
- Changes in eating and/or sleeping patterns
- Weight changes
- Extreme highs and lows in mood
- Abuse of alcohol or drugs
- Excessive anger, hostility, violence or aggressive behavior
- Mental confusion
- Denial of obvious problems
- Numerous unexplained physical ailments
- Social withdrawal
- Agitation
- Fantasies or intent to harm self or others
- Talk of revenge, feeling trapped
- Acting in a reckless way
- Hearing voices or seeing things
- Trouble focusing or concentrating
- Sleeping excessively or very little
- Unexplained frequent injuries (cuts, burns)
- Loss of interest in previously pleasurable activities

Mental Health crisis – What to do and where to refer

While understanding that each situation may be unique, the guidelines below serve as a framework for action in responding to mental health crisis circumstances:

1. Students, faculty and staff who are recognized as being distressed for any reason (whether related to medical, psychological, financial, family, academic, or psychiatric issues) should be encouraged by their teachers, advisers, or supervisors to seek the help of the Counseling Center at AUB (Students) or the UHS.
2. If a student, faculty or staff is recognized as being acutely ill or in a situation that places their life and/or that of others at risk (having psychotic features or having suicidal or homicidal intent), the Office of Protection must be informed by calling extension 7777, and a qualified professional on call in the ED at AUBMC must be contacted to assess the situation. The distressed individual, upon his/her consent and based on medical assessment by the medical doctor on call, may be accompanied to the ED immediately for evaluation by the medical and/or psychiatric teams.
3. If the distressed individual (as described in paragraph two above) declines medical assistance or is evaluated by medical team as posing a risk of potential violence or aggression, then the Office of Protection must be notified immediately. The Office of Protection will provide trained Protection Officers to escort the distressed individual to the ED after consultation with a qualified medical physician on duty in ED, to ensure his/her safety and that of others.
4. Physical restraint must always be a last resort and only utilized when it is deemed that an individual poses imminent danger to his/her own safety or to others.

Flow Chart

No Risk Perceived

-- Distressed student/faculty/staff

→ should be approached by colleague, teacher, advisor, or supervisor to seek help of Counseling Center or University Health Services (UHS).

-- Student already visiting the Counseling Center or Department of Psychiatry but not acutely ill will be referred to a primary mental health professional by a UHS personal physician or nurse.

Risk Perceived

-- Distressed student/faculty/staff, acutely ill and posing a risk of harm to self or others

→ passerby or colleague to notify the Protection Office → Trained Officer to approach the distressed individual and coordinates with mental health professional to assess the situation → Trained officer escorts the distressed individual to ED at AUBMC if deemed necessary upon consultation with Counseling Center and/or physician on duty in ED.

Risk Perceived with No Cooperation

-- Distressed Student/Faculty/Staff, acutely ill and posing with life risk of harm to self or others

→ Notify Protection Office to help escort distressed student/faculty/staff → Protection Office gets clearance from ED physician on duty and qualified mental health professional may be required on

site for further assessment → In extreme cases student/faculty/staff may be restrained and taken to ED for attention.

Office of Protection: +961 (01) 350000 Extension 2400 (24 hour daily hotline)

Visit the link below for further information and emergency contact numbers regarding Student Emergency Protocol:

<http://www.aub.edu.lb/pnp/generaluniversitypolicies/Documents/StudentEmergencySafetyProtocol/StudentEmergencySafety.pdf>

Special note on Escort from AUB campus to AUBMC Emergency Department (ED)

The escorting of the distressed individual by a Protection Officer is a sensitive issue due to the social stigma or embarrassment it may pose to the individual. In many instances an attempt at forceful escort, sudden approaches or undesired contact can lead to an aggressive response and make the situation worse. For such reasons restraint must be avoided if possible and only used as a last resort. In cases of acute illness or life threatening risk, the emergency should be handled with the same level of gravity as a medical emergency would be: an AUBMC ambulance may be requested to transfer the individual from campus to the ED. In extreme cases where an individual in distress is resistant to voluntarily going to the ED, the Protection Office, to the furthest extent possible, must consult with a medical professional in ED before escorting the individual. Therefore, it is necessary that the escorting Protection Officer be trained to handle such cases.

All university officials and persons involved must respect the privacy of the patient except in cases that pose a risk of harm to self and/or others, in which cases parents/guardians or others may be notified as detailed above.

INTERNATIONAL STUDENT SUPPORT

The mental health and well-being of our international students is one of our utmost priorities. In crises where the health or safety of the student may be in jeopardy, the Office of International Programs (OIP) Director will work with an emergency response team of professionals from different departments on campus with the collective expertise needed to resolve a difficult situation.

It is very important that prospective study abroad students experiencing physical difficulties, mental health issues or emotional problems seek advice from the Counseling Center prior to their departure on coping strategies while abroad.

NEW STUDENTS

It is widely recognized that adjustment to another culture often triggers stress which may manifest itself in social isolation and the emotionally fragile state known as “culture shock.” Culture shock is a normal developmental phase of adjustment to a new cultural environment. It is not a psychological disorder.

Reactions to culture shock can, however, mimic -- or mask-- more severe psychological problems such as clinical depression. Typical reactions to culture shock include feeling helpless, out of control, vulnerable, fearful, anxious, and confused. Sadness may set in with periods of crying or sleeplessness. These reactions are usually transitory—lasting a couple of weeks—and do not imply mental illness. It is also important to note that culture shock often does not manifest itself in the first week or so of exposure to a new culture,

particularly among seasoned travelers; thus it may unexpectedly emerge well into the student's first semester of adaptation to the new environment.

Teachers, supervisors and older students all can play a role in making the transition for new students easier. In cases when there is genuine concern, those encountering such cases are encouraged to contact either the Office of the Dean of the Student Affairs or the Counseling Center directly. Common sense is the rule of thumb when encountering new students with adjustment problems.

MEETING COMMITMENTS TO STUDENTS WITH SPECIAL NEEDS

Knowing that disability is not limited to physical disability, the Counseling Center at AUB provides students who are suffering from learning difficulties or psychological problems with free help and support.

A procedure outlining the steps to dealing with drug and alcohol abuse among students, faculty and employees was instated on 06/06/2012 through policy index number GLD-FAM-008 titled "Drug and Alcohol Prevention".

AUB provides reasonable accommodations, modifications, or auxiliary aids to enable students with recognized special needs to have full access to the educational programs and activities on campus. No changes or modifications are to be made to the curriculum, however, that would affect essential components of a program.

[Visit the following link \(special needs support form link\) to access the Special Needs Support Request Form.](#)

APPENDIX A

HIP Policy on Mental Health

PSYCHIATRIC COVERAGE

Effective October 10, 2012

A. IN-HOSPITAL COVERAGE

1. A maximum of three days hospitalization for diagnostic purposes only of suspected mental illness, alcoholism, substance abuse/addiction.
2. In addition, inpatient coverage will be limited to 15 days per year per HIP member. The first three days, for diagnostic purposes, will be charged to HIP while the remaining 12 days will be shared 90% by HIP and 10% by the member. After the first year the allowed 15 days in-hospital will be shared 90% by HIP and 10% by the member.

B. OUT-PATIENT COVERAGE

1. Coverage of mental illness or substance abuse/addiction is granted for only two clinical visits for diagnostic purposes.
2. In addition those HIP members who need psychiatric care shall be entitled to 12 outpatient visits per year. The first two visits, for diagnostic purposes, are to be charged to HIP program while the remaining ten, if needed, shall be shared 80% by HIP and 20% by the member. After the first year the 12 visits and the cost of all related care will be shared 80% by HIP and 20% by the member.
3. Note that out of the twelve outpatient visits four are allowed to be extended visits being equivalent to eight regular visits: One extended visit is equal to 2 regular visits. This makes the total annual regular visits 16 instead of 12.

INCLUSION UNDER HIP COVERAGE (SAME CONDITIONS AS ABOVE)

1. Suicide, self-destruction, or intentional self-inflicted injury, or any attempt thereat while sane or insane.
2. Psychiatric or child psychology services.

:

Being Prepared – Training for Staff and Frontline Students and Faculty

In order to strengthen the support network for mental health systems at AUB training is provided for key personnel and departments who are likely to be in the frontline. These are:

*Protection Office.....*Special training is provided for Protection Officers to learn how to handle difficult and sensitive cases. The training workshops will be prepared by the Counseling Center in coordination with UHS and the Department of Psychiatry at AUBMC. A selected pool of Protection Officers will be required to attend trainings to be held on a semi-annual basis. In addition, the Protection Office has employed female staff for cases involving female students. Protection Officers require complex training related to the identification of unusual behavior, the handling of violent or aggressive individuals, and proper communication with distressed individuals.

In addition, employees in the following units have been identified as requiring training and a good background in recognizing mentally distressed individuals as well as the ability to identify, report, and manage such situations.

- *Student Housing:* Resident Assistants, Receptionists and Night Monitors.
- *Health Insurance Plan (HIP) Office:* Front Desk Staff who may be confronted by distressed individuals regarding health insurance issues.
- *Office of International Programs (OIP):* International Students are more at risk of feeling isolated in a foreign environment.
- *Faculty:* Faculty and academic advisors deal extensively with students and are well placed to identify those who appear to be emotionally distressed, particularly as this may impact their academic performance.

American University of Beirut

Campus Emergency Response Procedure

In case of an emergency on campus that necessitates a transfer to the Emergency Department (ED), the following procedure should be followed:

1. Emergency on Campus or in Classroom

Call the campus emergency extension 7777 from any campus phone or by activating a blue light emergency phone to be connected to the Protection Office.

2. Office of Protection Procedure

The Protection officer answering the call shall:

- a. Be fully aware of this procedure.
- b. Answer the call immediately.
- c. Receive the information about the emergency location and patient condition.
- d. Mobilize the medical emergency transport vehicle to the patient location. The vehicle shall be staffed by two officers, at least one of whom has received the “Lebanese Red Cross Brevet Certificate in first aid” training.
- e. Communicate to open any barriers on campus hindering the vehicle’s access to the emergency site.
- f. Communicate with the Attending Physician or senior house staff (a moonlighting fellow or chief resident from Internal Medicine) on-duty at the Emergency Department at AUB-MC if needed.
- g. Connect the ED physician with the protection officers at the emergency site if necessary.
- h. Call the Lebanese Red Cross (140) upon the discretion of the ED physician in the event of a medical emergency that overwhelms the present capabilities and requires additional manpower, equipment, or vehicles, and arrange for facilitating their access to campus.

3. Protection Officers at the Emergency Site

The Protection officers directed to the site shall:

- a. Provide the patient with any emergency first aid or basic life support, as need be, and as per the training received.
- b. Safely transport the patient to the ED at AUBMC, if needed, within few minutes.
- c. Report back to the Office of Protection with his/ her assessment of the emergency situation and the need for any further support.
- d. Request to be connected to the ED Physician on duty if the medical situation is perceived to be complicated or critical and patient transport requires advanced medical instructions.

4. Emergency Room Procedure

The Attending on-duty in the Emergency Department:

- a. Phone triage the medical emergency situation.
- b. Provide any essential basic life support or patient transport instructions.
- c. Document the call and the given instructions.

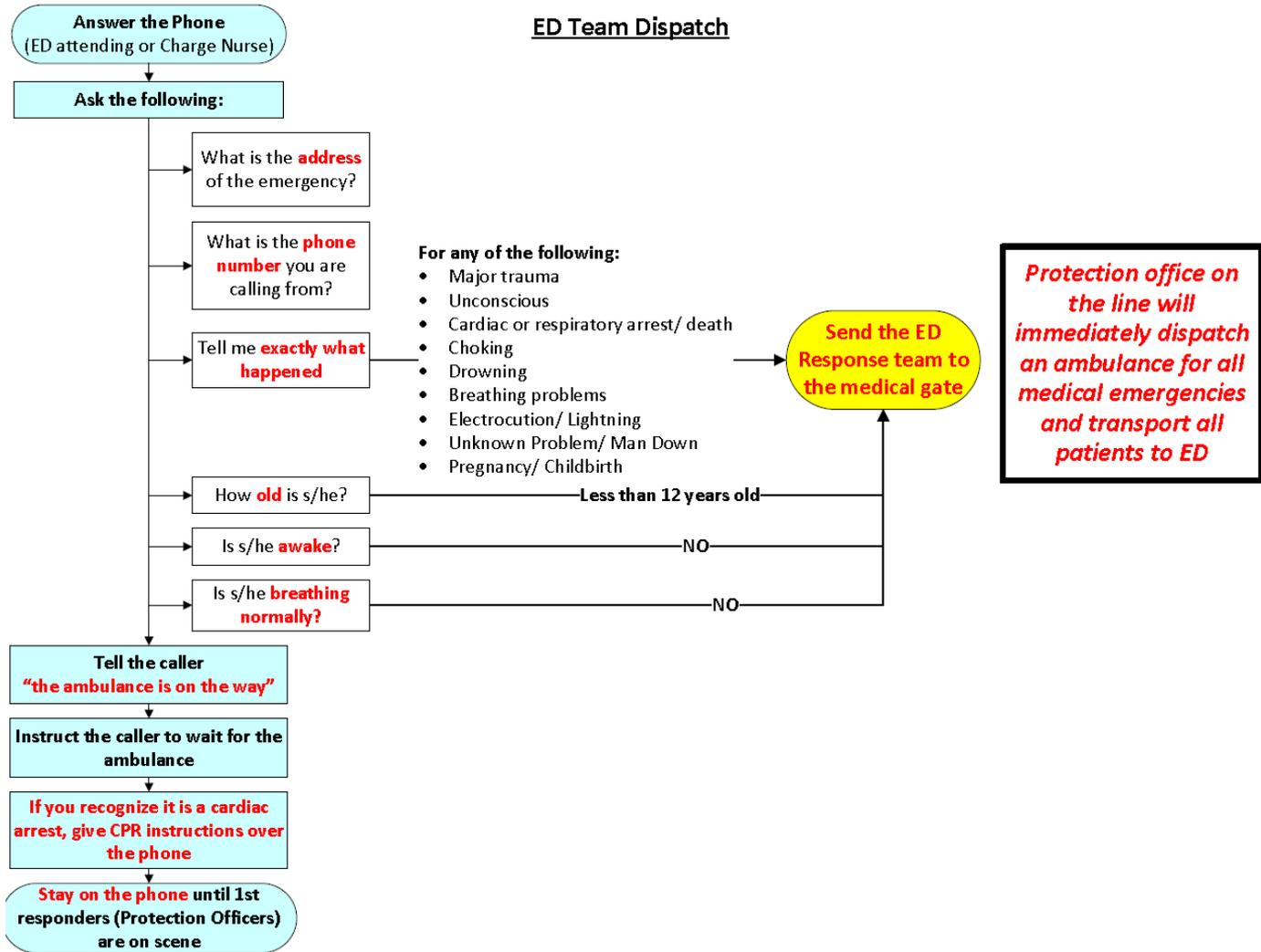
- d. Prepare for receiving the patient at the ED if need be.
- e. In case the patient was transferred to the ED:
 - a. *Student:* Inform the dean of student affairs who will inform the parents or sponsor pursuant to the confidentiality disclosures above and arrange transportation accompanied by a person assigned by the Dean.
 - b. *Staff Member:* Inform the supervisor who will in turn contact the emergency number on file or the patient's family or significant other.
 - c. *Campus Visitor:* Contact the patient's family or significant other if such information was available or report back to the Office of Protection for further procedures.

4. Notes

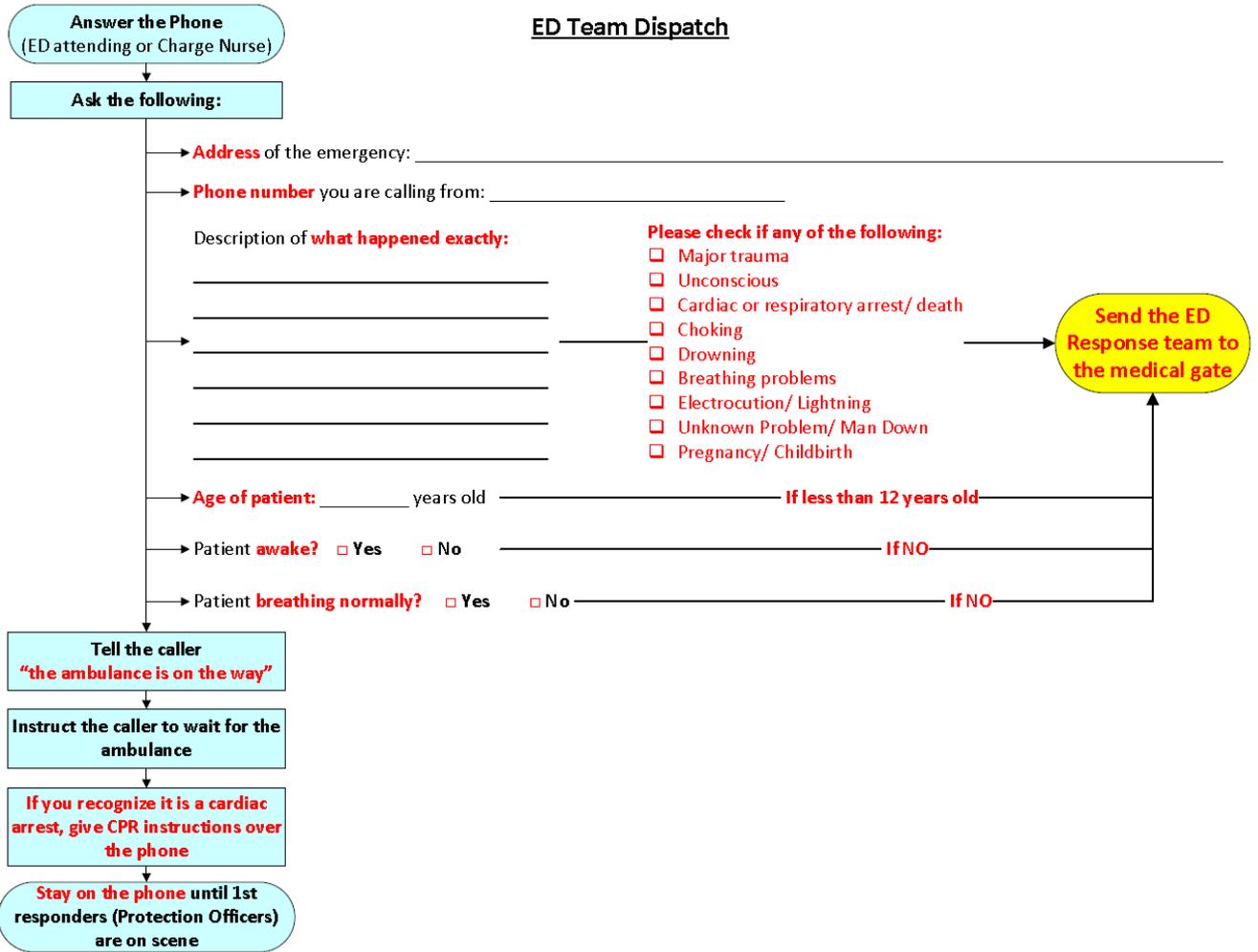
The same procedure applies to the transport of psychiatric patients to the mental hospital outside AUBMC.

CAMPUS EMERGENCY RESPONSE PROGRAM (CERP)

ED Team Dispatch



Checklist - CAMPUS EMERGENCY RESPONSE PROGRAM (CERP)



HISTORY

Next Review Date:

**March 2021*

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