

# Student Mental Health Task Force Report

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Amid the recent history of campus shootings, college and universities nationwide are pressed to deal with the mental health issues among students. This report will explore current literature and discuss practices of the University of North Texas mental health task force.

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# Executive Summary

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## **Student Mental Health Task Force Report**

This task force was appointed by Dr. Bonita Jacobs, Vice President for Student Development, in Summer 2008 to review national mental health service models and to provide direction as to how the University of North Texas might accommodate and serve student needs in the most efficient and effective manner. The Task Force is a collaborative effort between Student Development and Academic Affairs that includes faculty and staff from across campus.

### Task Force Members

Linda Holloway Ph.D., College of Public Affairs and Community Service  
Timothy Lane Ph.D., Counseling and Testing  
Maureen McGuinness Ed.D., Student Development  
Margaret Vestal, Academic Affairs  
Elizabeth With Ed.D., Student Development (Chairperson)

The Task Force concluded that the number of mental health issues on our campus continue to rise, as is the national trend. In addition, the mental needs of students have become more complex causing greater workloads for all campus personnel involved. Finally, since the resources committed in support of University services in this area have not grown proportionately, a gap has been created. This gap results in adverse effects to the educational environment including, extended numbers of students seeking counseling services and experiencing longer wait times; multiple staff and faculty members needed to resolve student crisis issues; and more community members have concerns about students with mental health issues and their potential negative impact on the campus community.

Based upon the above issues, the Task Force created three subcommittees to address the issues of campus mental health services; responding to students who are or potentially could be in crisis; and how best to educate the campus community regarding mental health issues and the services UNT offers.

### **Subcommittees**

#### Assessment of Mental Health Services/ Services Meeting Needs of Students

This subcommittee assessed the Student Counseling Center, the services offered, and the number of issues surrounding students who are seeking counseling services on campus. They also studied privacy issues, the SAMSHA Grant that UNT has received and other mental health services on campus available to students.

#### Creating a CARE Team

This subcommittee's charge was to formalize the creation of a University CARE Team (Assessment Team). Specifically, the subcommittee was charged to determine protocol for

team, membership, roadblocks and concerns, communication structure, and creation of database.

### Education Team

The Education team was responsible for identifying opportunities to educate faculty, staff and students about the services UNT offers and also how best to provide information regarding the CARE Team and its role.

While each subcommittee had specific recommendations (see subcommittee reports), overall, the Task Force recommends the following:

1. Hiring additional mental health staff (counselors and psychologists) to improve the ratio of providers to students in accordance with IACS standards.
2. Increasing communication among mental health entities on campus and in the community.
3. Formalizing the CARE Team.
4. Creating a campaign to market the CARE Team and how the university can help students in distress.

# Literature Review

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On April 16, 2007 Virginia Tech student, Seung-Hui Cho, killed two students in a Virginia Tech residence hall, the start of a fatal shooting spree that continued in an academic building and claimed thirty three lives, including Cho's. Authorities called the incident one of the deadliest shootings in American history. Following the Virginia Tech tragedy, troubling details emerged about Cho's mental health history. Throughout his college career, Virginia Tech professors, police officers and students reported Cho's disturbing behavior. At one point, Cho was committed to a psychiatric hospital and there was a court mandate demanding care, but documents revealed that Cho only attended one counseling session. Cho was not monitored for years after his release and his troubling behavior persisted and resulted in the loss of lives. This tragedy left investigators wondering if the killings could have been prevented if Seung-Hui Cho hadn't fallen through the cracks of the mental health system.

As seen with Cho, students with mental health issues affect everyone around them. Colleges and universities nationwide are pressed to focus on students' mental health and they face a myriad of challenges in doing so. The brunt of the responsibility in dealing with the severity of student mental health issues falls to student affairs and counseling centers' staff (Kitzrow, 2003). In a national survey conducted annually by the American College Health Association (ACHA), data has consistently shown that over the last six years, 44.7 percent of students felt depressed to the point that it was difficult to function during the semester and 9.2 percent seriously considered suicide. Research shows that if these students are treated for their mental health issues, they continue their education, their

grades and their outlook improves (Levin-Epstein, 2007). However, there are several challenges that arise when dealing with mental health issues:

- Issues of stigma and stereotypes about mental illness for those struggling with it
- Limited student resources
- Limited access to information and services
- Legal and administrative issues

In ACHA's 2006 National College Health Assessment, more than half of the students surveyed felt hopeless at least once in the academic year and 32 percent reported that stress had negatively impacted their academic performance (ACHA-NCHA, spring 2006). Also, more than one in three students had a self-harm history and reported no one knew about it. Almost ten percent of college students nationwide wished they were dead (Drum & Brownson, 2006). These mental health issues can affect a student's emotional, physical, cognitive and interpersonal functioning (Kitzrow, 2003). Symptoms that may indicate mental health issues are: a depressed and apathetic mood, consistently missing classes or assignments, odd behavior, intense stress and anxiety and threatening comments and behavior.

When a student's mental health may be at risk, the greatest challenge is getting the student to ask for help. Many students fear the stigma attached to receiving treatment for mental health issues. The misconceptions that surround mental illness cause shame and create fear in the individuals struggling with it. Disability laws prevent institutions from



obtaining medical information on students during the admission process. In effect, when at-risk students and their parents arrive on campus, they often keep the student's prior mental health history a secret from administrators due to the fear of being stereotyped (Kadison & DiGeronimo, 2004). Campuses are strongly encouraged to reduce the negative stigma of receiving treatment for mental health related issues. Educating all students about mental health and the resources that are available to them provides administrators one way to reduce these stigmas.

Many universities are heavily scrutinized regarding how they accommodate students who have mental health issues. Administrators and campus health services must have clear policies and procedures when handling students with mental health issues (Levin-Epstein, 2007). The procedures should be published in student handbooks, websites, posters, parent materials, etc.

Year after year, student enrollment on college campuses increases, but staff and resources remain limited. Counseling centers and mental health assessment teams cope with a higher percentage of serious cases, maintain heavier workloads and are generally spread thin, resulting in a higher level of stress and burnout (Rodolfa & Park, 1993; Stone & Archer, 1990).

According to the 2007 National Survey of Counseling Center Directors the ratio of counselors to students is 1 to 1,969 in larger institutions (Gallagher, 2007). Psychiatric services are offered by 63 percent of schools (an increase of 5 percent from 2006). On average, counseling centers provide over 20 hours of psychiatric consultation hours per

week. For every 1,000 students, the staffs provide 1.7 hours of consultation per week. The directors cited three important concerns; 62 percent are concerned with finding referrals for students that require long term help; 61 percent are concerned with administrative issues related to handling students with major mental health issues. Almost 92 percent of directors report that there are a growing number of students with serious psychological issues on their campus and many are concerned about keeping up the demand for services without benefit of increasing resources. Of the 272 institutions, directors reported that there were 105 suicides in the past year, some were current or past center clients (22 percent) and many of the suicides happened off-campus. The data on the clients shows that 63 percent were depressed. Other students reported relationship issues (24 percent), academic problems (12 percent), 32 percent were on psychiatric medication and 15 percent had previous psychiatric hospitalization (Gallagher, 2007). The survey found that directors didn't know the previous psychiatric history of 60 percent of those students.

Many students do not report or openly discuss mental health illnesses out of fear confidentiality will be breached. Most professionals agree that "mental health records" from on-campus services for students will be protected by either the Health Insurance Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA). Both of these federal laws govern counseling and health service records and prohibit the disclosure of educational records without the student's consent. However, schools can release a student's records under certain conditions. For example, student records can be disclosed to schools that a student is transferring to or appropriate officials in the case of a safety or health emergency (Levin-Epstein, 2007).

Three cases serve as instruction to properly handle mental health concerns and the legal issues that surround them:

- *Jain vs. State of Iowa* (2000)- In this case, a student attempted to commit suicide and the resident assistant intervened and suggested that the student seek counseling. The student agreed and the school counselor recommended that the student seek more professional help and that his parents be notified. The student did not follow through with the recommendations and committed suicide in his residence hall room by carbon monoxide. The university was sued on a claim of wrongful death. The claim cited that the university failed to notify the parents of the student's suicide ideation and attempts. The court concluded that FERPA doesn't require the institution to contact the student's parents, but did allow for the contact, which was sufficient.
- *Schieszler v. Ferrum College* (2002) - A student from Ferrum College wrote a letter communicating suicidal ideation and was found with self-inflicted injuries. The student met with the dean and signed a document agreeing to stop self-abuse. The student wrote two more notes and a few days after housing received his second note, the student had hanged himself in his residence hall room. The college was sued and the court determined that there was enough previous knowledge about the student's history for the university to take more action in the case.

- *Shin v. Massachusetts Institute of Technology (2005)*-In this case, the student entered MIT with mental health issues. During her first collegiate year, the student was hospitalized for a suicide attempt. She was discharged from the hospital, her parents were notified of the incident and she was granted permission to return to MIT. She continued treatment during her second year; however, continued to threaten to kill herself. A team of mental health professionals and an administrator were called to meet with the student. However, the night prior to the meeting, she ended her life. After MIT and the student's parents reached an agreement, the case against two student affairs professionals was dismissed. As seen in these cases, student mental health issues can lead to a myriad of legal challenges for colleges and universities. In October 2001, the Fund for the Improvement of Postsecondary Education of the U.S. Department of Education sponsored the Needs Assessment Project: Exploring Barriers and Opportunities for College Students with Psychiatric Disabilities. This project identified barriers facing students with mental health issues. Barriers included stereotypes and limited access to information and services (Levin-Epstein, 2007). Four strategies that the Needs Assessment Project identified to remove the barriers, are:

- Improve accessibility and classroom climate for all students which will benefit the student community as a whole.

- Create subcommittees around campus to connect students with mental health issues with others, focusing specifically social connections, which were cited in reducing barriers.
- Effective communication across the campus community, specifically stakeholders on campus.
- Provide and ensure access to resources for students, counseling staff and administration.

Mental health concerns and issues are a serious problem at colleges and universities nationwide. Concerns regarding stigma, confidentiality, treatment and legality are pronounced on many campuses. Although students with mental health concerns are unlikely to contact faculty or staff, it is important for campuses to educate the entire student body to reduce stigma and raise awareness. As counseling centers and administrators face legal and administrative issues, it is imperative for universities to review and update policies, services and resources. In essence, universities should first focus on education and prevention and improve communication across the campus community, but also insure that adequate mental health resources are available to those students whom might respond to a less stigmatized opportunity to receive help.

## References

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- Levin-Epstein, M. (2007). *Campus mental health: What college and university administrators need to know*. Little Falls, NJ:
- Rodolfa, E. & Park, S. (1993). *Managing demands for counseling services: Seeking direction during change*. Paper presented at the 101<sup>st</sup> American Psychological Convention, Toronto, Canada.
- Kadison, R. & DiGeronimo, T. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. San Francisco: Jossey-Bass.

Kitzrow, M. (2003). The mental health needs of today's college students: challenges and recommendations. *NASPA Journal*, 41(1)..

**University Reports on Student Mental Health:**

UC Berkeley

[http://www.ocf.berkeley.edu/~gmhealth/reports/gradmentalhealth\\_report2004.html](http://www.ocf.berkeley.edu/~gmhealth/reports/gradmentalhealth_report2004.html)

Stanford University

<http://www.stanford.edu/group/mhwb/report.pdf>

# Behavioral Assessment Team Subcommittee Report

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This subcommittee met during the summer and fall of 2008 to formalize the process for a behavioral assessment team.

Committee Members:

Randy Batiste, Office of Disability Accommodation  
Katari Buck, General Counsel's Office  
Dan Forrer M.D., Student Health and Wellness Center  
Julie Kirkland, College of Arts and Sciences  
Tim Lane Ph.D., Counseling and Testing  
Maureen McGuinness Ed.D., Housing  
Dee Ray, Ed.D. College of Education  
Ed Reynolds, UNT Police Department  
Dale Tampke Ed.D., Programs for Academic Readiness  
Margaret Vestal, Academic Affairs  
Elizabeth With, Ed.D., Student Development (Chair)

The subcommittee noted that the University has operated under an informal process for the last ten years whereby a group of administrators met on an as needed basis to discuss the needs of students in distress. These meetings were usually necessary at least once per semester and involved key stakeholders including the Center for Student Rights and Responsibilities, Counseling and Testing, UNT Police Department, and Housing.

The subcommittee reviewed the policies, websites and materials from several different institutions with existing behavioral assessment teams. The subcommittee felt that the programs at the University of Texas – Dallas and the University of Texas-Arlington best fit the needs of UNT. With the permission of these two institutions, the subcommittee utilized the work of these two institutions as a framework for creating the formal UNT process.

During the initial meetings, five areas were identified upon which to focus for subsequent meetings. Those areas were:

- Development of a protocol for the behavioral assessment team
- Identification of behavioral assessment team membership
- Identification of anticipated roadblocks and concerns
- Creation of a communication structure for the team
- Formation of a database to track students

In addition, the subcommittee agreed early in the process that the perspective of this team should operate from one of care for the student and the campus community at all times. With that premise, the subcommittee determined that the behavioral assessment team should be called the CARE Team.

### **Development of a Protocol for the CARE Team**

The CARE Team is established to:

- Monitor and/or provide a systematic response to situations involving students whose behavior or mental, emotional or psychological health condition may be disruptive or harmful to himself/herself or others in the university community or students who may pose a direct threat to themselves or to the health and safety of the members of the university community.
- Provide a multi-disciplinary panel of medical, law enforcement and administrative professionals to consider whether a student meets the standard to be involuntarily withdrawn from the university.
- Provide recommendations regarding reasonable accommodations that may be provided to students with mental health issues to enable the student to remain safely in their educational program.

When responding to referrals the CARE Team will conduct an individualized, informal, preliminary assessment of a referred student's present ability to safely participate in their education program which may include:

- Consultation with administrators, faculty, staff and other students who may have been witness to or impacted by specific behaviors of the student.
- Consultation with the student who is the subject of the referral, as well as the parent or guardian or other family member if appropriate, regarding their current medical condition including requesting recent medical information and health records.
- Consultation with mental health or other medical professionals as may be permitted by law.

If the CARE Team's informal, preliminary assessment indicates that the student does not present a direct threat to themselves or to the university community, the CARE Team may take any action as deemed appropriate including:

- Refer the student to the Center for Student Rights and Responsibilities to consider possible violation of the Student Code of Conduct based on specific conduct.
- Recommend that the student seek appropriate treatment.
- Continue to monitor the situation involving the student, and, if appropriate, developing a plan to support the student and protect the university community.
- Recommend changes to the student's educational program, including changes in housing assignments, that may reasonably accommodate the student's condition.

If the CARE Team's informal preliminary assessment indicates that the student may present a direct threat to themselves or to the university community, the Associate Vice President for Student Development or a designee will arrange for an informal conference with the student as soon as possible. At the informal conference the Associate Vice President for Student Development will:

- Discuss the results of the CARE Team preliminary assessment with the student.
- Review the CARE Team and Medical Withdrawal Policy with the student
- Direct the student to meet with a designated mental health professional within a specific period of time and confirm that the student's failure to meet as directed may result in action under the Code of Student Conduct for failure to comply with the directive of a university official.
- Inform the student that the results of the evaluation may be made available to the student and to the CARE Team, and that the results may be discussed at a meeting to consider the possible involuntary medical withdrawal of the student.
- The CARE Team will reconvene following evaluation by the designated mental health professional. Based on any information available as a result of that evaluation and all other relevant information that was collected as part of the informal process, the CARE Team may:
  1. Terminate the process if the evaluation and other relevant information indicate that the student does not pose a direct threat to themselves or to other members of the university community.

2. Encourage the student to consider taking a voluntary leave of absence, thereby eliminating the need to initiate the involuntary medical withdrawal process.
3. Provide formal notice to the student stating that:

Information available to the CARE Team indicates that the student may pose a direct threat to the health and safety of the student or other members of the university community and that the student may be involuntarily withdrawn from the university for medical reasons.

The student may request a formal conference with the CARE Team no more than two (2) days after the date of the CARE Team notice in order to review the basis for the involuntary withdrawal and to challenge the truth or accuracy of the underlying information.

A student who does not request a formal meeting with the CARE Team within two (2) business days of the formal CARE Team notice will be immediately withdrawn from the university without further procedures.

### **Procedure for Involuntary Medical Withdrawal**

A student who requests the opportunity to meet with the CARE Team regarding a possible involuntarily medical withdrawal will be provided the full opportunity to:

- Review any reports or written documentation that have been submitted to the CARE Team regarding the assessment of the student's condition and to submit additional information for consideration, including additional medical information.
- Present any relevant information or testimony. Students may be assisted by one advisor of their choosing, but only the student may speak to the CARE Team or ask questions. Attorneys will not be permitted to present evidence or argument before the CARE Team. Should the student be accompanied by an attorney, the university will also have a representative of the Office of General Counsel present.
- Discuss the circumstances or behaviors of concern and challenge the truth or accuracy of the basis for the CARE Team's assessment of the direct threat.
  - The meeting between the CARE Team and the student will be closed and formal rules of evidence will not apply.
  - The CARE Team will make a decision regarding a student's involuntary withdrawal based upon information gathered at the meeting with the student and all other information gathered as part of the informal review

process. In reaching a final determination regarding whether the student poses a direct threat to their own health or safety or to the health and safety of other members of the university community, the CARE Team will consider:

- The specific behaviors that are believed to pose a direct threat to the student or to the university community.
- The nature, duration and severity of the risk perceived to the student and/or to the university community.
- The probability that the perceived threat will occur.
- Whether any modifications can be made to the student's educational program to sufficiently mitigate the risks.

If the CARE Team determines that the student does not meet the standard for involuntary medical withdrawal, the Associate Vice President for Student Development will inform the student of the conclusion in writing and the procedure will terminate.

If the CARE Team determines that the student poses a direct threat to himself or to the university community that could be eliminated or reduced to an acceptable level through the provision of reasonable accommodations, the CARE Team will offer such a reasonable accommodation. If the student refuses to accept the proposed accommodations, the student will be issued a notice of involuntary withdrawal.

If the CARE Team determines that the student poses a direct threat to himself or to the university community that cannot be eliminated or reduced to an acceptable level through the provision of reasonable accommodations, the CARE Team will issue a written notice of involuntarily medical withdrawal to the student within one (1) day of the conclusions of the meeting with the CARE Team. A notice of involuntary medical withdrawal may include an order directing the student not to return to campus.

#### Appeal to the Vice President for Student Development

- A student may appeal a decision by the CARE Team regarding an involuntary medical withdrawal by filing a notice of appeal with the Vice-President for Student Development within two (2) days of the CARE Team decision. The student may submit any additional relevant materials for consideration by the Vice President for Student Development.
- Within one (1) day of receiving a notice of appeal of the CARE Team decision, the Vice President for Student Development, or a designee, will review all materials considered by the CARE Team and any additional information provided by the student and issue a decision on the requested appeal.

## Alternative Housing

A student who does not meet the standard for involuntary medical withdrawal but who the CARE Team determines cannot safely remain in university housing may be required to live in housing other than university housing while remaining enrolled at the university. Decisions regarding removal from university housing or transfer are final.

## Emergency Involuntary Medical Withdrawal

- The Associate Vice President for Student Development, or designee, may implement an emergency interim withdrawal of a student if the Associate Vice President for Student Development determines that a student may be suffering from a mental disorder and/or the student poses a significant danger of causing imminent physical harm to the student or to other members of the university community.
- A student who is withdrawn on an emergency basis will be given an opportunity to appear before the Associate Vice President for Student Development within one (1) day from the date of the notice of the emergency interim withdrawal in order to discuss the following:
  - The reliability of the information concerning a student's behavior.
  - Whether or not the student poses a significant danger of causing imminent physical harm to the student or to other members of the university community.
- At the conclusion of the meeting regarding an emergency interim withdraw, the Associate Vice President for Student Development may:
  - Cancel the emergency interim withdrawal but inform the student that the process to consider the possibility of involuntary medical withdrawal will continue; or
  - Extend the order for emergency interim withdrawal which shall remain in effect until the process to consider the possibility of involuntary medical withdrawal is concluded in an expedited fashion. A decision regarding emergency involuntary medical withdrawal cannot be appealed.

## Identification of CARE Team Membership

The team reports to the Vice President for Student Development. The team is chaired by the Associate Vice President for Student Development, unless another is designated by the Vice President for Student Development, and core members include representatives from:

- a. Associate Vice President for Student Development (chair)

- b. Provost's Office/Academic Affairs
- c. Center for Student Rights and Responsibilities
- d. Counseling & Testing Center
- e. UNT Police
- f. Housing and Residence Life

The team will consult with the UNT System Office of General Counsel as needed. A representative from General Counsel's office will serve on the team in situations where there are obvious legal issues and concerns.

Other UNT officials may be asked by the Associate Vice President for Student Development to serve on the team as needed. They include, but are not limited to, representatives of:

- a. Dean of Students
- b. Student Health & Wellness Center
- c. Office of Disability Accommodations
- d. International Studies & Programs
- e. Human Resources
- f. University Relations, Communications and Marketing
- g. Faculty or staff member(s)
- h. Registrar
- i. Dean or Department Chair
- j. Equity & Diversity
- k. Chief of Staff

### **Identification of anticipated roadblocks and concerns**

The anticipated roadblocks and concerns were related specifically to communication about the CARE Team. The subcommittee felt it very important to educate the campus community about the CARE Team and its purpose to eliminate any misconceptions. The concerns raised were aimed at preventing misperceptions of the intentions of the CARE Team and its purpose.

A few members felt strongly that the CARE Team should not unfairly "label" students and therefore create situations where students were treated differently due to their inclusion on the list. The subcommittee determined that it was vitally important to protect the confidentiality of the students and that students' names would not be released outside the team unless the student's behavior warranted it.

### **Creation of a communication structure for the team**

The subcommittee felt it very important to create a system whereby the CARE Team was able to communicate effectively and confidentially.

It was determined that the team would communicate in person or via phone as much as possible so that protected information need not be shared electronically.

### **Formation of a database to track students**

The subcommittee felt it was very important that a database be created to track students who were referred to the CARE Team. The intent is to clearly identify the student and the reason(s) for concern and any action items that have been identified by the team.

The database will include:

Student name

Student ID number

Referral Source

Situation/Behavior exhibited

Recommended Course of Action

Follow-up to Action

### **To refer a student to the CARE Team**

The committee felt it was very important to create a system that allowed for easy referral of students to the CARE Team. The email address [careteam@unt.edu](mailto:careteam@unt.edu) was established to provide all members of the campus community the ability to refer a student to the CARE Team without having to know who serves on the team.

The committee recommended that referrals should include the name of the student and a brief narrative of his/her behavior. If someone is concerned about a student but has not witnessed any distressing or disruptive behavior, the person making the referral will be encouraged to provide as much detail as possible for the CARE Team.



# Assessment of Mental Health Services Subcommittee Report

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## **Assessment of Mental Health Services on the University of North Texas Campus**

The University of North Texas has four different areas on campus that treat individuals for mental health issues. All four programs are open to students, but have very little communication between each other and the University if a student is in crisis.

### Committee Members:

Carolyn Kern Ph.D., Department of Counseling, Higher Education

Judy McConnell Ph.D., Counseling and Testing

Karin Rilley, General Counsel's Office

Jennifer King Ph.D., Counseling and Testing

Randy Cox Ph.D., Psychology Clinic

Herschel Voorhees M.D., Student Health and Wellness

Connie Fickenscher, Ed.D., Honors College

Maureen McGuinness Ed.D., (Chair)

## **Mental Health Services on the UNT Campus**

### ***Counseling and Testing- (Dr. Judy McConnell, Director)***

- Main dedicated mental health resource for UNT Students (only UNT Students can use)
- Works with students in crisis as well as those who are not in crisis. Will contact other areas (CSRR, Housing) if believed to be a threat to themselves or others, but not bad enough for MHMR to take them.
- Will contact MHMR by themselves but not necessarily anyone in the University unless a threat is there and the student may go back into the UNT community or there was a referral and a release signed by the student.
- Ph.D.'s and advanced doctoral students

### ***Health Center (Dr. Herschel Voorhees, Medical Director)***

- More medicating of students than usual
- Clinical staff 4 MD's; 3 Nurse Practitioners (1 Ph.D. in psychiatry)
- No full time psychiatrist on staff, but relationship with UT Southwest/Parkland to have third year residents see students a few hours a week.
- Usually work with 6 residents, have done 5 in past but this year only have 4 2008-2009.

- **DOES NOT contact** anyone in university if there is a student in crisis or MHMR called, though they work closely with Counseling and Testing Services.

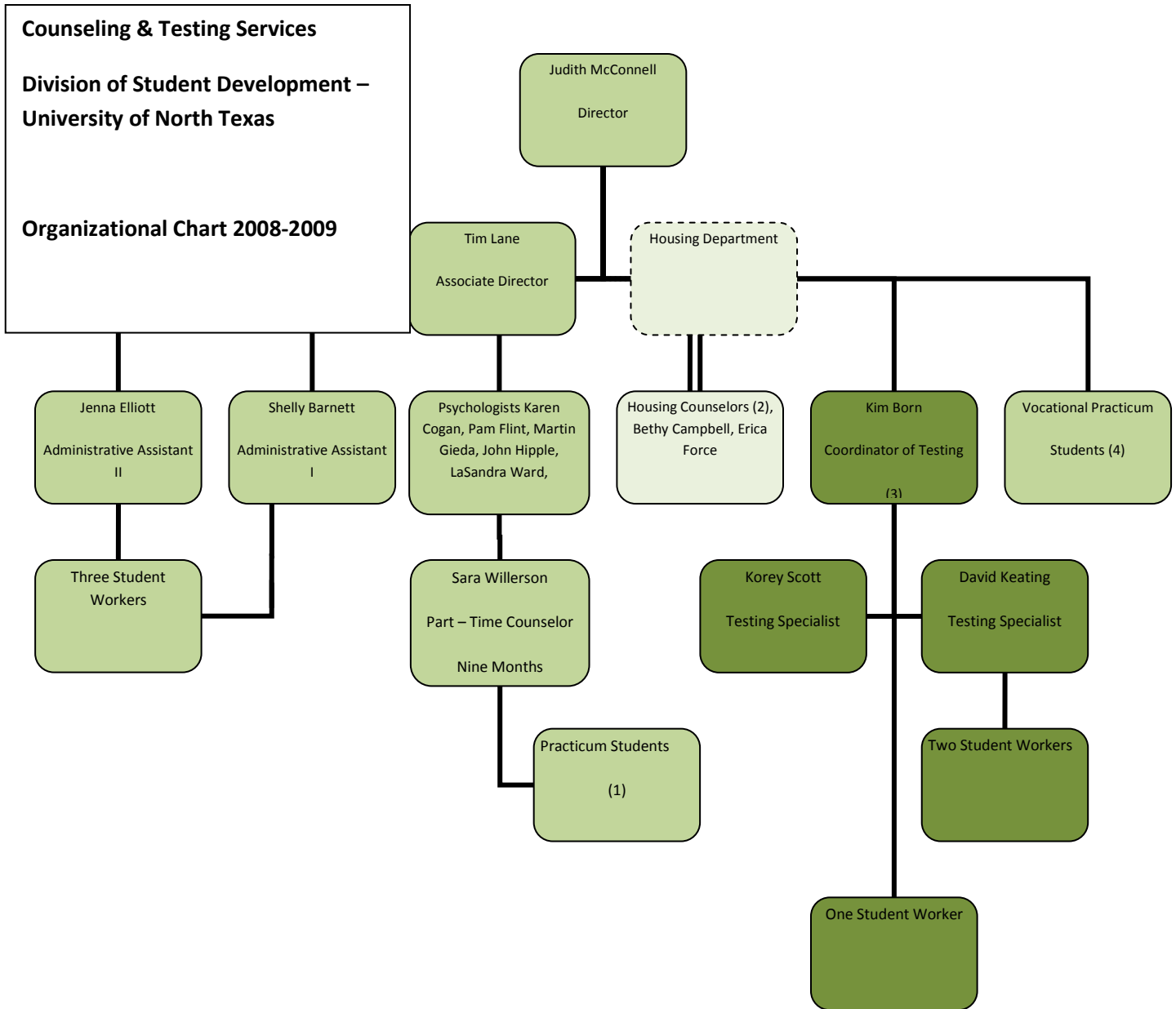
### **Counseling and Testing Services (Student Counseling Center)**

The University of North Texas *Counseling and Testing Services* reports administratively to the Executive Director of the Student Health and Wellness which is housed in the Division of Student Development. Through the provision of effective professional psychological and counseling services, assessments, consultation, referrals and training/education, Counseling and Testing Services supports the Division of Student Development and UNT's missions.

The professional staff (consisting of 6.75 FTE) in the Counseling & Testing Services evaluates and counsels students presenting with a wide variety of concerns from normal developmental problems (such as relationships, identity development, and career development) to severe chronic mental disorders (such as major depression, bipolar, and anxiety disorders) to students experiencing immediate crises including risk of suicide or acute psychosis. Students from minority populations are approximately 20% of all clients seen, and this percentage is increasing each year. Staff handles in excess of 500 consultations annually from administration, faculty, staff, parents and others in the UNT community. These calls often concern students in distress. Aside from the social and personal toll, frequently the student's mental health concerns affect their academic progress in serious and sometimes catastrophic ways. Some of these students also negatively affect other students and faculty/staff with whom they live or interact. Both the tangible and intangible costs of untreated mental health problems on campus, while incalculable, can be assumed to be very high. Ongoing campus wide efforts to educate faculty and staff on how to respond in more helpful ways to student's problems are promising but need to be expanded.

The number of "urgent care" or "crisis" clients seen as "unscheduled" (walk-in) crisis clients at Counseling and Testing Services was over 100 for the 2008-2009 academic year, and these clients received over 150 professional service hours to manage the crisis. This number does not include a near equal number of students in crisis who were fortunate enough to fit into an open appointment time immediately (i.e. into a time when a scheduled client canceled at the last minute, etc.). Some of these students come through self-referral but frequently they are referred by faculty and staff, the Health Center physicians, Housing Department, or parents and friends who indicate the student needs to be seen immediately. The overall number of students served is significantly under representative of the number

of students at UNT with significant emotional or mental health concerns, but who do not come for help. Approximately three to eight students are referred each semester for mental health hospitalization by the Counseling and Testing Services when they are judged to not be safe to either themselves or others.



**Notes:**

1. Doctoral students from UNT’s APA approved Counseling Psychology program complete a nine-month (12 hours/week) practicum at CTS.
2. Housing Counselors are part-time advanced doctoral psychology students hired for nine months by Housing to counsel residence hall students and take emergency after-hours calls. Employment as a Housing Counselor represents a paid practicum (externship) and the Counseling and Testing Services provide supervision, space, equipment, and backup of a licensed Ph.D. professional. They operate as part of CTS.

3. Testing Services include: Career and psychological tests assigned by the counselors, Computer-Based Testing (GRE, TOEFL), National Testing (ACT, SAT, CLEP, GED, THEA) and test proctoring.

4. Second year doctoral students from Counseling Psychology program complete a nine-month (2 hours per week) vocational counseling practicum at CTS. This is the class Dr. McConnell teaches for the psychology department.

Special Notes: Four of the professional staff hold nine-month faculty appointments (3 in Counseling Psychology, 1 in Counselor Education). For nine months they are employed three-quarter time for CTS and one-quarter for the academic department. Each teaches one course, attends faculty meetings, and serves on graduate student orals and dissertation committees. Karen Cogan gave up her academic appointment, so she works three-quarter time for CTS. All professional staff, housing counselors, and third year practicum students provide both personal and career counseling. Vocational practicum students provide career counseling only.

### **Counseling and Testing Center Numbers**

	<b># of clients</b>	<b># of sessions</b>
Fall 2007	818	2341
Spring 2008	746	2281
Summer 2008	259	746
Fall 2008	755	2371
Spring 2009	649	1985

The International Association of Counseling Services (IACS) which is the primary association which accredits university counseling centers has recommended a standard ratio of one full-time mental health professional for every 1500 students. The average ratio of mental health professionals to students as reported in the National Survey of Counseling Center Directors (2006) is 1 to 1,698. UNT's Counseling and Testing Services has 6.75 FTE professional staff for about 36,000 students creating a ratio of 1 to 5,333 students. Concerns arise because approximately half of all counseling/therapy sessions are provided by practicum students.

Because urgent care clients must take priority, other students who would benefit from counseling may not be able to receive services under current staff limits. This creates significant waitlists for needed services. Fall of 2009, the waitlist was established by the fourth week into the semester and has grown each week up until this November 2, 2009 point, the wait-list exceed 107 students with over 360 students given appointments off the waitlist so far this semester.

### **Psychiatric Services on UNT Campus**

Part-time psychiatrists provide psychiatric care, which includes assessments, medication evaluations, and pharmaceutical treatment when necessary, is available at the UNT Health Center.

### **The Health Center's Mental Health Numbers 09/01/2006 - 08/31/2007**

Total Number of Psychiatric Visits	1920
Total Number of Visits Seen by Psych. Residents	954
Total Number of Visits Seen by General Medical Staff	966

Approximately 50% of our mental health visits are seen by non-psychiatrists.

### **Visits by General Diagnostic Categories**

- Depressive Disorders 1438
- Bipolar Disorders 270
- Anxiety/Panic Disorders 207
- Schizoaffective Disorders 5

Depressive Disorders account for approximately 75% of our total mental health visits.

### **Psychiatric Prescriptions filled in Our Pharmacy 756**

### **Total Number of Medical Providers writing for these prescriptions \*69**

\*Mix of psychiatrists and non-psychiatrists

Eight Student Health medical providers wrote 475 of the total psychiatric prescriptions which represents 62.8% of the total number of psychiatric prescriptions filled at the UNT pharmacy.

Fall Enrollment (2006) 33,443

The total number of Student Health Center visits for the year was 21,003. This represents 9.14% of our total visits.

**Mental Health Numbers 09/01/07-06/13/08**

Total Number of Psychiatric Visits 2046

Total Number of Visits Seen by Psych. Residents 1019

Total Number of Visits Seen by General Medical Staff 1027

Approximately 50% of our mental health visits are seen by non-psychiatrists.

**Visits by General Diagnostic Categories**

- Depressive Disorders 1553
- Bipolar Disorders 318
- Anxiety/Panic Disorders 166
- Schizoaffective Disorders 9

Depressive Disorders account for approximately 76% of our total mental health visits.

**Psychiatric Prescriptions filled in Our Pharmacy 667**

**Total Number of Medical Providers writing for these prescriptions \*62**

\*Mix of psychiatrists and non-psychiatrists

Nine Student Health medical providers wrote 361 of the total psychiatric prescriptions which represents 54.1% of the total number of psychiatric prescriptions filled at the UNT pharmacy.

Fall Enrollment (2007) 34,153

There are currently 328 active patients that are seeing the psychiatric residents.

**UNT Counseling and Testing Center's needs assessment January 2009**

(N=819)



When student was asked “How much do the following problems affect you?”

Question:	Somewhat %	Significantly %	Very Much %
Problems with my Energy level	34	60.6	12
Irritability/anger	19.7	9	3.4
Eating problems (anorexia, bulimia, binge eating)	11.4	6.9	4.8
Sleep problem	26.7	16.6	10.6
Sadness/Depression	21.3	12.5	6.4
Anxiety/worry too much	30.9	20.3	12.8
Choosing a major or career	14.9	15	20.9
Lack of career plans	18.8	14.6	10.1

22.9% reported having been diagnosed with a mental health or adjustment problem either before coming to college or while in college.

37.4% of those diagnosed were prescribed medication for the condition.

13.5% reported they are currently taking medication for mental health related reasons.

39.8% reported that they have been concerned about a friend in college who they believed was experiencing a mental health crisis.

12.8% of the sample reported having used mental health services or counseling from off campus professionals while enrolled at UNT.

### **Fall 2009 Counseling and Testing Center’s Waitlist**

As has happened virtually every long semester at UNT, the Counseling and Testing Services reached a high demand for counseling services from the UNT student body. Many students are referred for evaluation, crisis management, referral or counseling by various departments, including Student Rights and Responsibilities, the CARE team, ODA, all of the Academic Advisors from various colleges, Financial Aid, The Registrar’s office, Career Center, Money Management Center, and many others such as Administration, Deans, Faculty, staff, and parent and friends of students. Each year the more requests we get from students and it is generally thought that the

severity of mental problems increases, as more and more students come to college with prior mental health histories and on medications for various disorders.

Here is the history thru week 9 of the C&T waiting list:

Week I

9/1 to 9/20 (through week 4) 6 persons who were put on the waitlist

9/21: 38

9/28: 67

10/5: 70 (over 175 Students given appointments off the waitlist)

10/13: 72 (over 207 students given appointments off the waitlist)

10/20 96 (over 277 students given appointments off the waitlist)

10/27 97 (over 326 students given appointments off the waitlist)

11/2 107 (over 339 students given appointments off the waitlist)

### **Primary referrals for mental health services in Denton Texas**

#### ***Psychology Clinic (Dr. Randy Cox, Director)***

- Primarily for the community but do see students on sliding scale or if their eight sessions may be up in a year.
- Students in crisis; the Psychology clinic will work with these students and call MHMR or make referrals as necessary.
- **DOES NOT contact** anyone in the university if a student is in crisis or admitted to UBH or any other facility.  
The intake system can be slow and it may take weeks for a student or client to be seen for an intake and often weeks more before being assigned to a counselor. The clinic is closed over university breaks, between semesters and possibly during the summer.
- Sometimes refers students to Counseling and Testing.
- Psychology Doctoral students see patients. Dr. Randy Cox, Director, is the only full time person currently on staff.

***Counseling and Human Development Clinic (Denton)- Through the College of Education  
(Dr. Casey Barrio, Director)***

- Primarily for community, students, etc who need one semester of help.
- Masters student to get practice counseling/ one semester
- Community Based
- UNT Students in program come in for mental health for extra credit
- Referral to Counseling & Testing for crisis evaluation sometimes for students.
- Not really equipped for crisis or more serious psychopathology.
- Triage students who present and refers to Counseling and Testing as needed.
- **DOES NOT contact** anyone in the university if a student is in crisis or admitted to another facility/ MHMR called.

**University Behavioral Health (UBH)** is located two miles from the University of North Texas campus. UBH offers psychiatric hospital screening for mental health and substance abuse as well as an inpatient and intensive outpatient program. Many UNT students who struggle with more severe mental health issues are referred to and admitted to UBH.

<http://ubhdenton.net/>

If a UNT student is referred to UBH by UNT Police, Department of Housing, or the Center for Students Rights and Responsibilities, the CARE team would likely know about the referral. If a student does a self-referral or is referred by UNT Health Center, Counseling and Testing Services, or another physician, the CARE team may not know about hospitalization and may not be able to monitor the student's return to the University.

**SAMSHA Grant On Campus**

In 2007 the University of North Texas became the recipient of the Substance Abuse & Mental Health Services Administration (SAMSHA) Garrett Lee Smith Suicide Prevention Grant. This grant has helped UNT build a foundation for creating awareness about suicide prevention, training individuals to be aware of the signs of student suicide and to make resources available to the university community in regards to suicide prevention.

The SAMSHA grant has provided funding for UNT to train hundreds of its community members in the area of suicide prevention through QPR (Question, Persuade and Refer someone at-risk for suicide) and through the ASIST Training (Applied Suicide Intervention Skills Training). Counseling and Testing is a participant in this grant.

The Grant's implementation strategy:

***Implementation Strategy***

The target audience will be provided educational opportunities utilizing the following two approaches in this initiative. An explanation of how each will be initiated the first year is described. The second year the effort will be focused on expanding trainers and presentations to students.

1. QPR Gatekeeper Training - a 90-minute training in suicide awareness and prevention to become a Gatekeeper. This training reviews suicide risk factors, warning signs, and, most importantly, how to respond should the participant observe these warning signs. Gatekeepers are expected to be assertive and forthright, to directly question a student about suicide should they observe any warning signs, and to make every effort to ensure that a student is seen by a mental health professional immediately.
2. ASIST 2 day training – Identify student groups to participate in the more in depth suicide intervention training including but not limited to Counseling program students, counseling services staff, and student development staff.
3. Crisis Response Plan enhancement - Outlines the specific roles and responsibilities of staff members in the event that a serious suicide attempt or completion occurs. By specifying staff responses to such an event in advance, confusion, panic and anxiety will be significantly reduced, and a calm environment will be promoted, an essential ingredient to controlling contagion and unnecessary litigation.
4. Development of a University wide public awareness campaign.
5. Development of a university wide suicide risk reduction program and a protocol to evaluate its effectiveness. Evaluation will be done at several levels of the program.
  - a) staff knowledge acquisition pre- and post- training,
  - b) number of attempts pre- and post- implementation,
  - c) suicide awareness across the campus,
  - d) General satisfaction.

Students who are identified as needing immediate services because of workshop content will be directed to Counseling & Testing Services and/or the Student Health Services accompanied by one of the trained staff.

#### *Measuring Impact on Educational Experience*

In order to gain the most information and measure the success of our programs we have developed three surveys that address effectiveness of the programs. These

evaluations are vital if we are to advance the state of knowledge about how to prevent suicide among college students at UNT.

(from the UNT SAMSHA Grant Executive Summary, 2006)

### **RECOMMENDATIONS OF THE SUBCOMMITTEE:**

The subcommittee responsible for collecting data and information about the mental health services for UNT students makes the following recommendations in conjunction with the establishment of a CARE team:

- UNT hires a full time psychiatrist to assist students with medications and mental health issues. There is not a level of consistent care from year to year using medical students and no one available full time for psychiatric incidents.
- UNT hires additional mental health staff (counselors and psychologists) to improve the ratio of providers to students in accordance with IACS standards and the benchmark set by other universities the size of UNT. This is needed to meet the increasing needs of a growing UNT student population. UNT has not hired any full time professionals since before the Virginia Tech and other nationally noted campus tragedies. The Counseling and Testing Services ratio of 1 full-time employee to 5,333 students is well below IACS recommended counselor to student ratios (1 to 1500) or that of campuses across the nation (1 to ~2000, See National Director's survey). With the heightened awareness and legitimate concerns about mental health problems across the university, implementation of the SAMSA grant suicide prevention training, and the creation of the CARE Team, demand for mental health services have and will continue to increase.
- UNT considers adopting a "Memorandum of Understanding" (MOU) with the Counseling & Testing Services, UNT Psychology Clinic, Counseling and Human Development Clinic and Health Center for any student who is referred by Counseling and Testing or may seek their care with mental health issues that may affect the safety and welfare of the individual student and the UNT Community.
- UNT considers adopting a Memorandum of Understanding with Denton Regional Hospital, Denton Presbyterian Hospital and University Behavioral Health to assist students in crisis when considering a return to the University of North Texas.
- UNT considers increasing and formalizing communication between the Counseling and Testing Services on campus with the Psychology Clinic, Counseling and Human Development Clinic and Student Health and Wellness Center when it comes to UNT

students in crisis in order to facilitate continuity of care as well as provide a critical access point (Counseling Center) to discuss these students in CARE team meetings, as necessary.

# Education Subcommittee Report

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Charge of the Committee: To make recommendations about how to educate our campus community regarding mental health issues, the services UNT provides, and how we can best assist students with mental health concerns.

The education subcommittee met seven times during this academic year - November 13, December 16, January 21, February 4, February 25, April 1, and April 15. After meeting several times, the subcommittee is concerned that providing such education may overload an already overtaxed counseling center. The committee feels that best way to respond to these challenges is to focus on helping students up front with advising, career counseling, financial counseling, etc., so that they do not get overwhelmed.

Committee Members:

Jim Coffey – University Police  
John Hipple Ph.D. – Counseling & Testing  
Julie Kirkland - Academic Advising  
Linda Holloway, Ph.D. (Chair)  
Carolyn Kern, Ph.D. Faculty  
David Mumaugh– Substance Abuse Resource Center  
Leon Minor – Center for Students Rights and Responsibilities  
Shaureece Parks – Human Resources  
Luis Tapia, Risk Management

Recommendations:

1. The committee feels very strongly that training must be mandatory for all faculty and staff. Strong upper-level administrative support is essential if we want campus wide participation. Advising offices, residence halls, and student services should be among the first to receive training as they are the likely point of contact for many students.
2. The CARE Team needs a clear identity. The university needs to create a logo and a mast head for consistency of communication and continuity of materials.
3. Education regarding mental health issues should focus primarily on what is likely, not what is possible. For this reason, the committee determined that materials aimed at students should be focused on helping distressed students. There should be information available on what is possible, such as suicide and homicide, but this should not be the primary focus of campus education.
4. There is a need for two different sets of material - one aimed at students and the other at faculty and staff. Student brochures should be developed first so that they



can be distributed over the summer. Posters should be ready by fall for distribution in dorms and around campus.

5. Consider having a campaign on campus – We care/you count.
6. Education should include issues ranging from prevention to treatment. By focusing on preventative measures, such as teaching students good self-care, we can hopefully avoid the need for treatment in many cases.
7. There must be a concerted effort to cross link CARE team materials with all other departments where one might look for resources – the police department, the emergency preparedness office, the counseling center, student services, etc.
8. Information about the CARE Team should be sent out each semester via the NT Daily, InHOUSE, and the UNT announcement page.
9. An evaluation system to measure the effectiveness of the training should be developed, so we can determine the impact.
10. Police officers should be involved in a pilot training which is more detailed than those provided to others. The Dallas Police Department recently received an award from the Dallas Mental Health Association for the mandatory training it is providing to all of its officers on responding to individuals in a mental health crisis. Linda will get information on the training and forward to Officer Coffey.
11. Encourage campus participation in the SAMHSA (Substance Abuse and Mental Health Services Administration) approved training, and QPR (Question, Persuade, Refer) that Dr. Carolyn Kern provides through a grant.
12. Alcohol and drug abuse issues should be included in the training and material.
13. Consider showing the video – “A Reason to Live” in all the dorms with a discussion group following hosted by counselors. Use this as an opportunity to educate students about the CARE Team.
14. Consider using facebook, twitter, or other technology to send out reminders periodically to students at stressful points such as the beginning of the semester, mid-term, and during finals week.
15. We should utilize opportunities such as Mental Health Awareness month to highlight the UNT CARE Team.
16. Advisors should hand out brochures to students when they come in for advising.

17. Consider purchasing some type of clever marketing materials to get the word out, such as stress balls, etc.
18. We need to have a campus climate of care. Stress and anxiety are common among students, and faculty and staff who take the time to listen and reassure may prevent the need for mental health counseling.

Sites reviewed by Committee members:

- Massachusetts Maritime Academy
- UTA
- Texas Tech
- MIT
- University of Wisconsin
- The Jed Foundation
- SAMSHA, Center for Mental Health
- Saint Xavier University
- Stanford University
- Messiah College
- Westminster College
- Virginia Tech
- University of Wisconsin Oshkosh
- Syracuse University

See Appendix E, F, and G for examples of brochure and magnet.

# Appendix A

## Care Team Policy - Draft

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Policies of the University of North Texas	Chapter Name
<i>CARE Assessment Team and Involuntary Student Medical Withdrawal</i>	

Policy Statement. The University of North Texas is committed to providing a learning environment that is conducive for students to develop to their fullest potential. On rare occasions the university may be required to activate a systematic response to students who may be in crisis or whose mental, emotional or psychological health condition may directly threaten the safety of the learning environment. Through the creation of a collaborative interdisciplinary team, the university will provide a caring, confidential program of identification, intervention and response in order to provide students with the greatest chance for success and the university community with the greatest level of protection.

This policy does not replace any academic based withdrawal or dismissal policies or any Code of Student Conduct procedures to address student disciplinary issues.

Application of Policy. All students.

Definitions.

1. CARE Assessment Team. The "CARE Assessment Team" ("CARE Team") is a collaborative interdisciplinary team of university officials who convene to provide individualized assessments, based on reasonable judgment that relies on current medical knowledge or the best available objective evidence, to ascertain whether a student may pose a direct threat to themselves or the university community.
2. Day. "Day" means Monday through Friday during regular university business hours (8 am to 5 pm).
3. Direct threat. "Direct threat" means a significant risk of causing substantial harm to the health or safety of a student or other members of the university community that cannot be eliminated or reduced to an acceptable level through the provision of reasonable accommodations.
4. Significant risk. "Significant risk" means a high probability of substantial harm that is not just a slightly increased, speculative or remote risk.

Procedures and Responsibilities.

The CARE Assessment Team

1. The CARE Assessment team ("CARE Team") is established by the University of North Texas to:

- a. Monitor and/or provide a systematic response to situations involving students whose behavior or mental, emotional or psychological health condition may be disruptive or harmful to themselves or others in the university community or students who may pose a direct threat to themselves or to the health and safety of the members of the university community.
  - b. Provide a multi-disciplinary panel of medical, law enforcement and administrative professionals to consider whether a student meets the standard to be involuntarily withdrawn from the university.
  - c. Provide recommendations regarding reasonable accommodations that may be provided to students with mental health issues to enable the student to remain safely in their educational program.
2. The CARE Team is composed of representatives from:
  - a. The Associate Vice President for Student Development will chair the team unless another is designated by the Vice President for Student Development.
  - b. The Office of Counseling and Testing Services.
  - c. The Center for Student Rights and Responsibilities.
  - d. The Office of the Provost / Vice President for Academic Affairs.
  - e. The University Police.
  - f. The Office of Housing and Residence Life
3. The composition of the CARE Team may be adjusted as needed based upon the situation.
4. Records created by the CARE Team relating to individual students are education records protected in accordance with the Family Education Rights and Privacy Act (FERPA). Records are maintained in the Office of the Associate Vice President for Student Development and requests for access and for release of information must be reviewed by the Associate Vice President for Student Development.
5. All activities of the CARE Team will be conducted in accordance with any protection that may be provided through the Family Education Rights and Privacy Act.

Referrals to the CARE Assessment Team:

1. Any member of the university community who has concern for the well-being or safety of a student or the university community, or who has reason to believe that a student may pose a direct threat to themselves or to the university community, may refer a student to the CARE Team for an individualized assessment.
2. The CARE Team will conduct an individualized, informal, preliminary assessment of a referred student's present ability to safely participate in their education program which may include:

- a. Consultation with administrators, faculty, staff and other students who may have been witness to or impacted by specific behaviors of the student.
  - b. Consultation with the student who is the subject of the referral, as well as the parent or guardian or other family member if appropriate, regarding their current medical condition including requesting recent medical information and health records.
  - c. Consultation with mental health or other medical professionals as may be permitted by law.
3. If the CARE Team's informal, preliminary assessment indicates that the student does not present a direct threat to themselves or to the university community, the CARE Team may take any action as deemed appropriate including:
  - a. Referring the student to the Center for Student Rights and Responsibilities to consider possible violation of the Student Code of Conduct based on specific conduct.
  - b. Recommending that the student seek appropriate treatment.
  - c. Continuing to monitor the situation involving the student, and, if appropriate, developing a plan to support the student and protect the university community.
  - d. Recommending changes to the student's educational program, including changes in housing assignments, that may reasonably accommodate the student's condition.
4. If the CARE Team's informal preliminary assessment indicates that the student may present a direct threat to themselves or to the university community, the Associate Vice President for Student Development or a designee will arrange for an informal conference with the student as soon as possible. At the informal conference the Associate Vice President for Student Development will:
  - a. Discuss the results of the CARE Team preliminary assessment with the student.
  - b. Review the CARE Team and Medical Withdrawal Policy with the student
  - c. Direct the student to meet with a designated mental health professional within a specific period of time and confirm that the student's failure to meet as directed may result in action under the Code of Student Conduct for failure to comply with the directive of a university official.
  - d. Inform the student that the results of the evaluation may be made available to the student and to the CARE Team, and that the results may be discussed at a meeting to consider the possible involuntary medical withdrawal of the student.
5. The CARE Team will reconvene following evaluation by the designated mental health professional. Based on any information available as a result of that evaluation and all other relevant information that was collected as part of the informal process, the CARE Team may:

- a. Terminate the process if the evaluation and other relevant information indicate that the student does not pose a direct threat to themselves or to other members of the university community.
  - b. Encourage the student to consider taking a voluntary leave of absence, thereby eliminating the need to initiate the involuntary medical withdrawal process.
  - c. Provide formal notice to the student stating that:
    - i. *Information available to the CARE Team indicates that the student may pose a direct threat to the health and safety of the student or other members of the university community and that the student may be involuntarily withdrawn from the university for medical reasons.*
    - ii. *The student may request a formal conference with the CARE Team no more than two (2) days after the date of the CARE Team notice in order to review the basis for the involuntary withdrawal and to challenge the truth or accuracy of the underlying information.*
6. A student who does not request a formal meeting with the CARE Team within two (2) business days of the formal CARE Team notice will be immediately withdrawn from the university without further procedures.

#### Procedure for Involuntary Medical Withdrawal

1. A student who requests the opportunity to meet with the CARE Team regarding a possible involuntarily medical withdrawal will be provided the full opportunity to:
  - a. Review any reports or written documentation that have been submitted to the CARE Team regarding the assessment of the student's condition and to submit additional information for consideration, including additional medical information.
  - b. Present any relevant information or testimony. Students may be assisted by one advisor of their choosing, but only the student may speak to the CARE Team or ask questions. Attorneys will not be permitted to present evidence or argument before the CARE Team. Should the student be accompanied by an attorney, the university will also have a representative of the Office of General Counsel present.
  - c. Discuss the circumstances or behaviors of concern and challenge the truth or accuracy of the basis for the CARE Team's assessment of the direct threat.
2. The meeting between the CARE Team and the student will be closed and formal rules of evidence will not apply.
3. The CARE Team will make a decision regarding a student's involuntary withdrawal based upon information gathered at the meeting with the student and all other information gathered as part of the informal review process. In reaching a final determination regarding whether the student poses a direct threat to their own health

or safety or to the health and safety of other members of the university community, the CARE Team will consider:

- a. The specific behaviors that are believed to pose a direct threat to the student or to the university community.
  - b. The nature, duration and severity of the risk perceived to the student and/or to the university community.
  - c. The probability that the perceived threat will occur.
  - d. Whether any modifications can be made to the student's educational program to sufficiently mitigate the risks.
4. If the CARE Team determines that the student does not meet the standard for involuntary medical withdrawal, the Associate Vice President for Student Development will inform the student of the conclusion in writing and the procedure will terminate.
  5. If the CARE Team determines that the student poses a direct threat to himself or to the university community that could be eliminated or reduced to an acceptable level through the provision of reasonable accommodations, the CARE Team will offer such a reasonable accommodation. If the student refuses to accept the proposed accommodations, the student will be issued a notice of involuntary withdrawal as set forth in paragraph six (6).
  6. If the CARE Team determines that the student poses a direct threat to himself or to the university community that cannot be eliminated or reduced to an acceptable level through the provision of reasonable accommodations, the CARE Team will issue a written notice of involuntarily medical withdrawal to the student within one (1) day of the conclusions of the meeting with the CARE Team. A notice of involuntary medical withdrawal may include an order directing the student not to return to campus.

#### Appeal to the Vice President for Student Development

1. A student may appeal a decision by the CARE Team regarding an involuntary medical withdrawal by filing a notice of appeal with the Vice-President for Student Development within two (2) days of the CARE Team decision. The student may submit any additional relevant materials for consideration by the Vice President for Student Development.
2. Within one (1) day of receiving a notice of appeal of the CARE Team decision, the Vice President for Student Development, or a designee, will review all materials considered by the CARE Team and any additional information provided by the student and issue a decision on the requested appeal.

#### Alternative Housing

A student who does not meet the standard for involuntary medical withdrawal but who the CARE Team determines cannot safely remain in university housing may be required to live in housing



other than university housing while remaining enrolled at the university. Decisions regarding removal from university housing or transfer are final.

#### Emergency Involuntary Medical Withdrawal

1. The Associate Vice President for Student Development, or designee, may implement an emergency interim withdrawal of a student if the Associate Vice President for Student Development determines that a student may be suffering from a mental disorder and the student poses a significant danger of causing imminent physical harm to the student or to other members of the university community.
2. A student who is withdrawn on an emergency basis will be given an opportunity to appear before the Associate Vice President for Student Development within one (1) day from the date of the notice of the emergency interim withdrawal in order to discuss the following:
  - a. The reliability of the information concerning a student's behavior.
  - b. Whether or not the student poses a significant danger of causing imminent physical harm to the student or to other members of the university community.
3. At the conclusion of the meeting regarding an emergency interim withdraw, the Associate Vice President for Student Development may:
  - a. Cancel the emergency interim withdrawal but inform the student that the process to consider the possibility of involuntary medical withdrawal will continue; or
  - b. Extend the order for emergency interim withdrawal which shall remain in effect until the process to consider the possibility of involuntary medical withdrawal is concluded in an expedited fashion. A decision regarding emergency involuntary medical withdrawal cannot be appealed.

#### Voluntary Medical Withdrawal

1. At any time, a student may submit a request for a voluntary medical withdrawal in accordance with university policy.
2. If a request for voluntary medical withdrawal is granted, any involuntary medical withdrawal process will terminate; however, any other pending disciplinary actions to consider violations of the Code of Student Conduct will continue.

#### Readmission

1. A student who is involuntarily withdrawn may not seek to reenroll or be readmitted to the University before the start of the next term.
2. A student may only be ~~reenroll~~ ed or readmitted to the university following an involuntary medical withdrawal upon confirmation by the CARE Team that the conditions that caused the involuntary medical withdrawal are no longer present. The CARE Team may require any documentation or evaluation that it deems necessary to

consider the possible readmission or re-enrollment. The student is not entitled to a hearing on the determination. The student must also meet all of the admission or enrollment requirements of the University to be re-enrolled.

#### Refunds and Academic Status

1. Refund policies as described in the Undergraduate and Graduate Bulletins will apply to all students who withdraw in accordance with this policy.
2. Policies regarding assignment of grades as described in the Undergraduate and Graduate Bulletins will apply to all students who withdrawal in accordance with this policy.

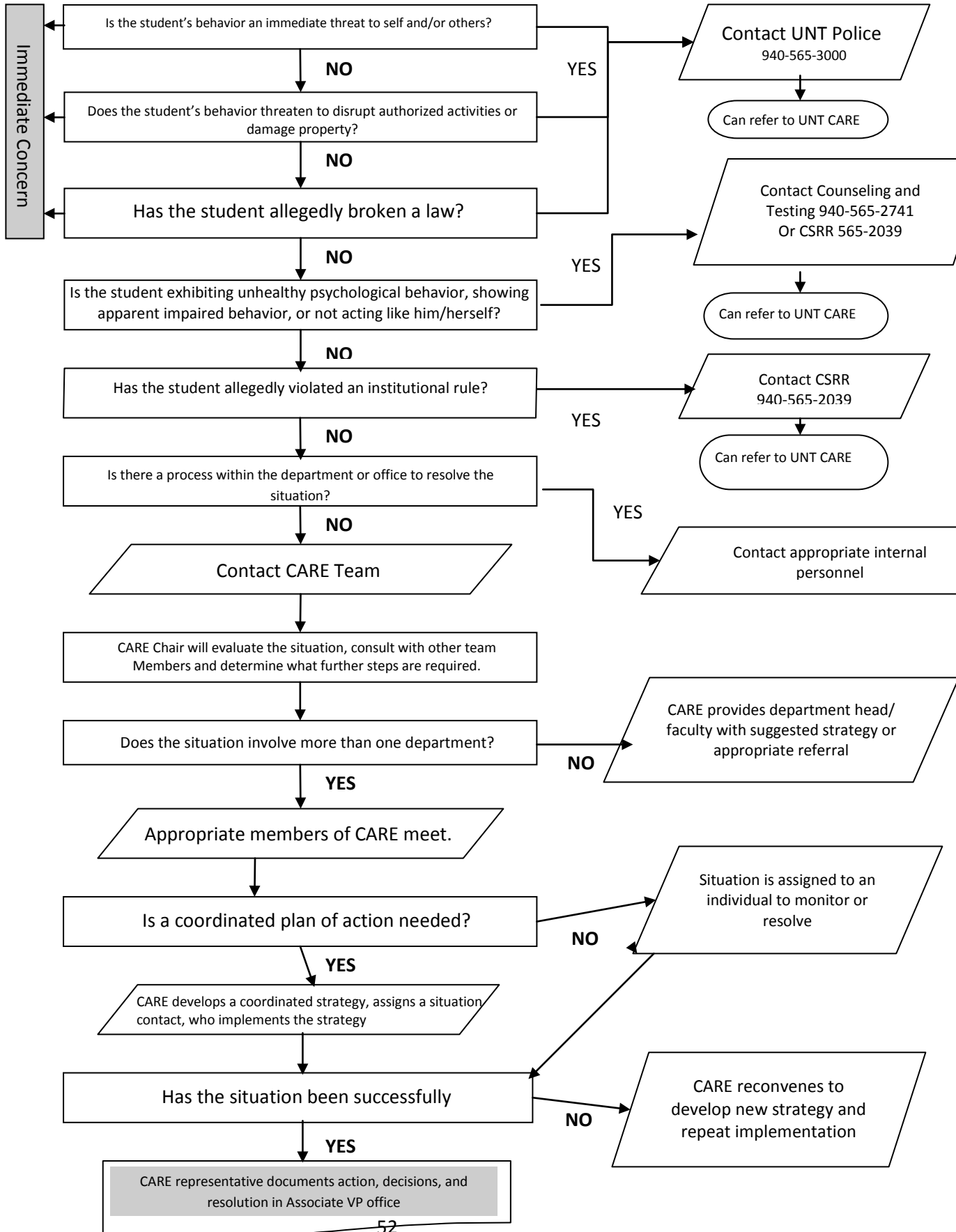
References and Cross-references. Voluntary Medical Withdrawal 18.1, Code of Student Conduct,

# Appendix B

## Care Team Flow Chart

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# University of North Texas CARE Team General Process Flowchart



# Appendix C

## Draft Information for CARE Team Website

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## **Description**

UNT believes it is important to foster an environment that encourages students to maintain a standard of responsibility for self-care which includes the ability to respond adequately to one's emotional, physical, and educational needs. Some students who are distressed engage in behaviors that impact their self-welfare and the welfare of the university community.

The presence of demonstrated distress, disruptive or dangerous student behavior can be a predictor of future harm to self, others, and the larger UNT community. While we acknowledge that no one can predict with any degree of confidence whether a student will eventually progress to acts that are harmful to themselves or others, there are behaviors indicative of higher risk. These behaviors may require further assessment by appropriate professionals to promote the safety of the student and UNT community.

## **Mission**

The mission of the CARE Team is to:

- Assist in protecting the health, safety, and welfare of the students and members of the UNT community.
- Support student success.
- Provide a comprehensive response to students whose behavior is disruptive to themselves or the environment.

The CARE Team is one of several resources available to the campus community to address these concerns. Other offices with similar purposes include Center for Student Rights and Responsibilities, Counseling and Testing Services, UNT Police Department, and the Office of Disability Accommodation.

## **Overview**

The University of North Texas cares about our students' success, not only academically, but emotionally and physically. Because of our commitment, we provide literally hundreds of departments and services across campus that respond to our students' unique needs. But sometimes, students do not ask for help when they need it. So in an effort to identify those students proactively, UNT has created a network of professionals from across campus that are committed to a caring, confidential program of identification, intervention and response in order to provide our students with the greatest chance of success and our community with the greatest level of protection.

We created this website to accomplish the following:

- Educate you about the CARE Team and how it works;
- Provide you with information and tips about how to deal with incidents you may encounter;
- Provide additional resources on our campus and in our community.

If you have any questions or concerns for the CARE Team about a student or an incident, contact a CARE Team Chair or another member.

## **Tips for Recognizing Students in Distress**

At one time or another everyone feels upset or distressed. However, there are three levels of student distress which, when present over a period of time, suggest that the problems are more than the "normal" ones.

### Level 1

- Changes in academic performance in the classroom
- Significant drop in examination scores
- Change in pattern of interaction
- Changes in physical appearance
- Problems concentrating & remembering things or making decisions

### Level 2

- Repeated request for special consideration
- New or regularly occurring behavior which pushes the limits and may interfere with class
- behavior that is disruptive to other students, faculty or staff
- Unusual or exaggerated emotional responses
- Persistent sadness or unexplained crying
- High levels of irritability or inappropriate excitement

### Level 3

- Highly disturbed behavior
- Outbursts of anger
- Inability to communicate clearly
- Irrational conversation or speech that seems disconnected
- Loss of contact with reality (seeing/hearing things that are not there, beliefs or actions at odds with reality)
- Suspiciousness, irrational feelings of persecution
- Statements related to death or dying or feelings of hopelessness
- Threats of harming self or harming others

# **What Can You Do To Help**

NOTE: If at any time you feel there is an imminent threat of harm to self or others, the UNT Police Department should be contacted at 940.565.3000.

## Responses to Level 1 and 2 Behavior

- Talk to the student in private when you both have time
- Express your concern in non-judgmental terms
- Listen to the student and repeat the gist of what the student is saying
- Identify options available to the student
- Clarify the costs and benefits of each option for handling the problem from the student's point of view
- Respect the student's value system
- Ask if the student is considering suicide
- Make appropriate referrals if necessary
- Make sure the student understands what action is necessary and make plans to follow-up with the student on this action

## Responses to Level 3 Behavior

- Stay calm
- Find someone to stay with the student if possible
- Call Campus Police at 940-565-3000 if there is an immediate risk of harm to self or others. Otherwise, contact appropriate office:
  - Counseling & Testing
  - CSRR
  - CARE Team
  - SHWC
  - Hall Director

# **Responding to Suicidal Concerns**

When a student makes any reference to suicide, threat of suicide, or attempt at suicide, a judgment should be made by a mental health professional about the seriousness of a possible suicidal thought or behavior. Suicide attempts are first and foremost a medical emergency. If danger or suicidal behavior appears imminent: 1) Stay calm and 2) Contact Campus Police at 940-565-3000 or dial 911.

**To Save a Life Remember QPR (Question, Persuade, and Refer)**



**Question** the person about suicide  
**Persuade** the person to get help  
**Refer** for help

When a student's behavior goes beyond the normal classroom disturbances and appears distressed, you can contact the CARE Team for assistance. We will evaluate the circumstances and determine the appropriate plan of action for the student.

**To refer a student to the CARE Team**

To refer a student to the CARE Team, you can contact any CARE Team representative with the name of the student and a brief narrative of their behavior. If you are concerned about a student, but have not witnessed any distressing or disruptive behavior, please explain your concern in detail.

The CARE Team meets regularly throughout the year, and will review your referral at the next meeting. If a situation requires immediate attention, an emergency CARE Team meeting can be called at the determination of a CARE Team chair. All the representatives will have the opportunity to investigate any other information available about the student through their appropriate discipline prior to the meeting. Be assured that the CARE Team exists to care for our students, and will handle your referral in a professional manner in an effort to best meet the needs of the UNT community and our students.

## University Resources

**In the event of an emergency or situation that requires immediate intervention,** please contact UNT Police. The CARE Team plays a secondary role to all urgent circumstances and should be contacted only after initial notifications are made. To contact the CARE Team directly you can also email any questions.

Department	Phone Number	CARE Representative (if applicable)
<a href="#"><u>Student Development – AVP Office (Chair)</u></a>	940-565-4373	
<a href="#"><u>Center for Student Rights and Responsibilities</u></a>	940-565-2039	
<a href="#"><u>Counseling and Testing</u></a>	940-565-2741	
<a href="#"><u>Dean of Students</u></a>	940-565-2648	
<a href="#"><u>Equity and Diversity</u></a>	940.565-2711	
<a href="#"><u>Graduate Studies</u></a>	940-565-2383	
<a href="#"><u>Housing &amp; Residence Life</u></a>	940-565-2610	

<a href="#"><u>Human Resources</u></a>	940-565-2281	
<a href="#"><u>International Education</u></a>	940-565-2197	
<a href="#"><u>Office of Disability Accommodations</u></a>	940-565-4323	
<a href="#"><u>Provost's Office</u></a>	940-565-2550	
<a href="#"><u>Student Health &amp; Wellness Center</u></a>	940-565-2333	
<a href="#"><u>Student Legal Services</u></a>	940-565-2614	
<a href="#"><u>UNT Police</u></a>	940-565-3000	

\*The CARE Team reports to the Vice President for Student Development.

## Frequently Asked Questions

### What is the CARE Team?

The CARE Team is a collaborative interdisciplinary committee of University officials that meets regularly to discuss students exhibiting behaviors indicative of high risk.

### How can I refer a student to the CARE Team?

To refer a student to the CARE Team, you can contact any CARE Team representative with the name of the student and a brief narrative of their behavior. If you are concerned about a student, but have not witnessed any distressing or disruptive behavior, please explain your concern in detail.

### What happens when a student is referred?

Once the CARE Team receives a referral, an email with the student's name and student's number is sent to all CARE Team representatives prior to our weekly meeting. During the meeting, the team will discuss the incident or concern that was reported, and each member is asked for additional information that may have been collected through their area of expertise. The CARE Team then creates a plan for the student and designates a contact person that will handle the situation. At each CARE Team meeting, updates are given regarding previously mentioned students. Counseling and Testing Services are available to the CARE Team for consultation, but are unable to share confidential information about student health and mental health in accordance with federal and state law. Information about a student that is already a client of Counseling Services cannot be shared at the CARE Team meetings without written authorization by the student or in an emergency situation where someone's health, welfare or safety are at risk.

Appendix D  
Care Team Education Communication  
Plan - Draft

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## DRAFT

### Care Team Education Communication Plan

- A. Goal 1: To develop a brochure and/or materials targeted toward students to help them identify symptoms within themselves and in other students that indicate they may need mental health services and to provide information on resources available to them by September 2009.
- Choose name of brochure – “helping distressed students” or “how to help a friend who is struggling”
  - Finalize content, including list of resources
  - Determine layout of brochure – recommend that a checklist be included
  - Funded annually

Audience: UNT students

Cost: \$1,000+

- B. Goal 2: To ensure that all students and students attending summer orientation receive information on the mental health care team and resources available to help distressed students by summer 2009.
- Determine if material be put into freshman/transfer orientation booklets
  - Provide slides to include in power point presentation
  - Provide information to orientation leaders and academic advisors

Audience: freshman and transfer students

Cost: Minimal

- C. Goal 3: To develop a brochure and/or materials targeted toward faculty and staff to help them identify symptoms in students (and staff?) that indicate they may need mental health services and to provide information on resources available to them by August 1, 2009.
- Develop content
  - Determine format/layout
  - Determine strategic locations for brochures – one in every mailbox

Audience: faculty and staff

Cost: \$1,000+

- D. Goal 4: To develop a website by September 1, 2009.

- a. Develop content
- b. Determine format: students – [click here](#); staff – [click here](#); parents – [click here](#)
- c. Determine links

Audience: Students, parents, faculty and staff

Cost: \$2,000+

E. Goal 5: To develop posters for campus campaign by September 1, 2009.

- a. Develop content
- b. Determine locations

Audience: Students, parents, faculty and staff

Cost: \$1,000+

F. Goal 6: To develop training curriculum aimed at educating all faculty and staff on the Mental Health Care Team and campus resources.

- a. Training should be available in different modalities – online and face-to-face.
- b. Pilot a plenary session for all TAs/TFs as well as all new faculty during orientation this fall.
- c. Provide information on the Mental Health Care Team at the fall staff and faculty convocations.
- d. Train all RAs, advisors, financial aid staff, and other offices with high student contact during the fall.

Audience: campus-wide

Cost: minimal except for time

G. Goal 7: To ensure that UNT police are trained on how to recognize signs of mental health issues.

- a. Seek training such as provided by Dallas Police Department
- b. Training should occur this fall if possible

Audience: UNT police officers

H. Goal 8: To develop instruments to measure effectiveness of the training and outreach.

- a. Involve HR and institutional research in developing instruments to determine effectiveness of efforts.
- b. Instruments developed this summer for implementation this fall.

## Faculty/staff/students

Vehicle	What	Audience	When	Qty.	Cost	Responsibility
<b>Web</b>	Provide a link in each footer	All		1	\$0	URCM
<b>ww.unt.edu</b>	Link to appropriate stories, closings, etc.	All	Ongoing as appropriate		\$0	URCM
<b>My.unt.edu</b>	Add line about care team area on site	Faculty, staff, students		1	\$0	Care Team
<b>InHouse</b>	Story about launching of website	Faculty/staff	May/June...as needed	4+	\$0	URCM
<b>NTDaily</b>	Story pitch	Students/faculty/staff	May/June as needed	4+	\$0	URCM
<b>NTTV</b>	Story pitch	Students (some f/s)	May/June...as needed	4+	\$0	URCM
<b>Brochures</b>	put in faculty/staff boxes	Faculty/staff	Aug. 2009...as needed	1,000 x 4	Need quote	? write; Printing Services design/print; care team distribute
<b>Brochures</b>	display in union, advising offices, residence halls	students	Aug. 2009...as needed	1,000 x 4	Need quote	? write; Printing Services design/print; care team distribute
<b>Posters</b>	RU or someone you know struggling?	Faculty/staff/students	September 2009...as needed	100 x 4	Need Quote	? write; Printing Services design/print; Care Team

						distribute
<b>Personal training</b>	Make personal presentations to groups (e.g. staff council, student orgs, chairs meetings, deans, etc.)	Faculty/staff/ students	Ongoing as needed	1+	\$0	Care Team/QPR staff

### Parents of students

Vehicle	What	Audience	When	Qty.	Cost	Responsibility
<b>Web</b>	Provide a link in each footer	All	March	1	\$0	URCM
<b>ww.unt.edu</b>	Link to appropriate stories, closings, etc.	All	Ongoing as appropriate		\$0	URCM
<b>Parent newsletter</b>	Provide materials for newsletter about site	Parents	Ongoing as appropriate		\$0	Care Team
<b>Parent e-mail</b>	Provide appropriate link and information depending on season	Parents	March-April/July/Aug-Nov/Dec. 2009...as needed	4x	\$0	Care Team
<b>Web</b>	Provide a link to careteam.unt.edu under Parents and Family web page	Parents	March	1	\$0	URCM

**Advisors/residence hall staff/student services/ODA**

<b>Vehicle</b>	<b>What</b>	<b>When</b>	<b>Qty.</b>	<b>Cost</b>	<b>Responsibility</b>
<b>Outlook</b>	Specific targeted messages to SECs that help them do their jobs better	Monthly; as needed	1	\$0	Care Team
<b>Electronic fliers</b>	Targeted fliers sent as pdfs to high contact staff about mental health issues	Each season	4	\$0	Care Team
<b>Training</b>	Specific targeted training aimed at high contact staff	One each long semester	2		Care Team

**I. Evaluation**

<b>Vehicle</b>	<b>What</b>	<b>Audience</b>	<b>When</b>	<b>Qty.</b>	<b>Cost</b>	<b>Responsibility</b>
<b>Web</b>	Metrics should be included to measure whether vehicles are driving audiences to web site.	All	March	1	\$0	Care Team
<b>Personal training</b>	Evaluations given out at time of presentations	Faculty/staff/students	Ongoing as needed	1+	\$0	Care Team



# Appendix E

## CARE Team Brochure

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**Abstract by Rosemarie**  
 In a recent article, Rosemarie (2011) stated that the CARE Team is a collaborative effort between the student support services and the faculty. The CARE Team is a collaborative effort between the student support services and the faculty. The CARE Team is a collaborative effort between the student support services and the faculty.

**UAF Police Department**  
 2700 Webb Hall  
 Highway 241, Suite 101  
 96035-5202 or 916-866-6667  
 Monday - Friday, 8:00 am - 5:00 pm  
 The UAF Police Department is a law enforcement agency that provides a wide range of services to the campus community. The UAF Police Department is a law enforcement agency that provides a wide range of services to the campus community.

**Student Development -**  
 & Association, 400 Fry and  
 University, UAF, Suite 110  
 96035-5202  
 Monday - Friday, 8:00 am - 5:00 pm  
 The Student Development Center is a resource for students who are seeking assistance with academic, personal, or social issues. The Student Development Center is a resource for students who are seeking assistance with academic, personal, or social issues.

**Center for Student Health and**  
 400 Fry and University, UAF, Suite 110  
 96035-5202  
 Monday - Friday, 8:00 am - 5:00 pm  
 The Center for Student Health and Wellness is a resource for students who are seeking assistance with physical, mental, or emotional health issues. The Center for Student Health and Wellness is a resource for students who are seeking assistance with physical, mental, or emotional health issues.

**Office of Disability Accommodations**  
 400 Fry and University, UAF, Suite 110  
 96035-5202  
 Monday - Friday, 8:00 am - 5:00 pm  
 The Office of Disability Accommodations is a resource for students who are seeking assistance with disabilities. The Office of Disability Accommodations is a resource for students who are seeking assistance with disabilities.

**Continuing and 1st Year**  
 400 Fry and University, UAF, Suite 110  
 96035-5202  
 Monday - Friday, 8:00 am - 5:00 pm  
 The Continuing and 1st Year Center is a resource for students who are seeking assistance with academic, personal, or social issues. The Continuing and 1st Year Center is a resource for students who are seeking assistance with academic, personal, or social issues.

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 Monday - Friday, 8:00 am - 5:00 pm  
 The Office of Disability Accommodations is a resource for students who are seeking assistance with disabilities. The Office of Disability Accommodations is a resource for students who are seeking assistance with disabilities.

# CARE Team

Dealing with Distressed Students



**UNT**  
 UNIVERSITY OF NORTH TEXAS  
 Discover the power of ideas.

The mission of the CARE Team is to provide a safe and supportive environment for students who are seeking assistance with academic, personal, or social issues. The CARE Team is a collaborative effort between the student support services and the faculty.

- Support student success.
- Provide a safe and supportive environment for students who are seeking assistance with academic, personal, or social issues.
- Collaborate with the student support services and the faculty.

**Disclaimer**  
 The University of North Texas does not discriminate on the basis of race, sex, or ethnicity. The University of North Texas is an equal opportunity institution. The University of North Texas is an equal opportunity institution.



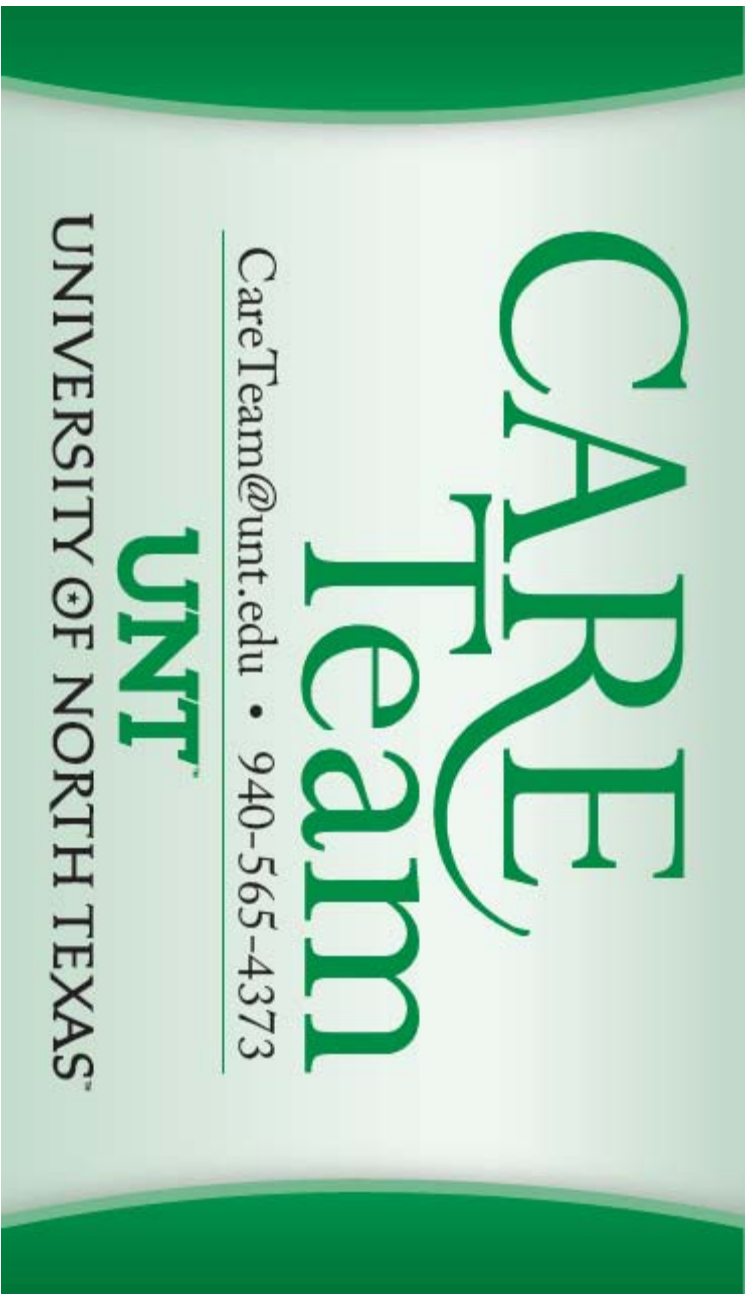
The CARE Team is a collaborative effort between the student support services and the faculty. The CARE Team is a collaborative effort between the student support services and the faculty.



# Appendix F

## CARE Team Magnet

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# Appendix G

## CARE Team Folder

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## University Resources

In the event of an emergency or situation that affects the ability of an individual to have contact with the CARE team, please contact the following resources for assistance. The CARE team does not provide an all-inclusive list of resources and should not be considered a comprehensive list of resources. For more information, please contact the CARE team directly.

<b>CARE Office</b>	940-565-3000 or 911 (transmission)
<b>Student Development - At-Risk and Vice President</b>	940-565-5437
<b>Center for Student Rights and Responsibilities (CSRR)</b>	940-565-3039
<b>Counseling and Testing</b>	940-565-2741
<b>Dean of Students</b>	940-565-2648
<b>Dean of Health and Wellness Center</b>	940-565-2333
<b>Office of Disability Accommodation</b>	940-565-4333
<b>Housing and Residence Life</b>	940-565-2610
<b>Student Abuse Resource Center</b>	940-565-2747
<b>Women Center</b>	940-565-3031
<b>Center on Campus Crime</b>	940-565-3131
<b>National Suicide Hotline</b>	1-800-273-8255

### Author and Advisors

Advisors and mentors are important to students. They must be approved by the department chair and advisor. In the event of an emergency, students should contact their advisor and department chair. The Dean of Student Development is also available to assist students with advisor and department chair. Please contact the Dean of Student Development or the Dean of Health and Wellness Center for more information.

### Displaced Student Notices

When a student is displaced from the University, a notice is sent by the Dean of Student Development and the Dean of Health and Wellness Center. Please contact the Dean of Student Development for more information.

careteam@unt.edu and 940-565-4373

## UNT UNIVERSITY OF NORTH TEXAS



### Mission

#### The mission of the CARE Team is to:

- Act as a resource for faculty, staff, and students in the event of an emergency
- Support student success
- Provide a safe and secure response to students whose behavior has become a concern for the educational environment

The CARE team is made up of several resources available to the campus community to address these concerns. Other offices which may be contacted include Center for Student Rights and Responsibilities, Counseling and Testing Services, J/NT Police Department, and the Office of Disability Accommodation.

### Overview

The University of North Texas cares about our students' success, not only in the classroom but in their overall well-being. We are committed to providing a safe and secure environment for our students and staff. The CARE team is a key resource in this effort. We provide a safe and secure response to students whose behavior has become a concern for the educational environment. We provide a safe and secure response to students whose behavior has become a concern for the educational environment. We provide a safe and secure response to students whose behavior has become a concern for the educational environment.

#### How can the information be accomplished the following:

- Educate you about the CARE team and how it works
- Provide you with information and tips about how to deal with incidents you may encounter
- Provide additional resources on our campus and how to contact us

If you have any questions or concerns for the CARE team, please contact a student or an instructor at the CARE team: CAREteam@unt.edu.

### Tips for Recognizing Students in Distress

As you observe or receive any one of the following signs, you should be alert for students who may be in distress. These signs are listed below. If you observe any of these signs, you should contact the CARE team for assistance.

#### Level 1

- Change in academic performance (low grades)
- Significant drop in exam/quiz scores
- Change in pattern of attendance
- Change in job/behavior
- Problems concentrating & remembering things or making decisions

careteam@unt.edu and 940-565-4373

## Tips for Recognizing Students in Distress on L

### Level 2

- Presence of request for special consideration
- Home or regularly occurring behavior which produces the behavioral adjustment with class
- Misbehavior or being of negative to other students, faculty or staff
- Unusual or exaggerated emotional responses
- Persistent sadness or concern of crying
- High level of hostility or inappropriate rudeness

### Level 3

- Highly disturbed behavior
- Chronic absenteeism
- Chronic tardiness or late class
- Frequent conversation or issues that seem disconnected
- Loss of contact with faculty/ staff or being thought that are not the behavior or actions a
- oddly with meeting
- Subpoenaed or formal (academic) presentation
- Absence from class and/or frequent feelings of hopelessness
- The student having self-harming actions

## What Can You Do To Help

### Responses to Level 1 and 2 behavior

- Talk to the student to please address the behavior
- Express your concern through judgment terms
- Identify the student and repeat the date of what the student is saying
- Identify options available to the student
- Clarify the consequences and each option for handling the problem from
- respect the student's own opinion
- Advise the student to consider suicide
- Make appropriate referrals if necessary
- Make sure the student understands what action is necessary

### Responses to level 3 behavior

- Stay calm
- Find someone to help with the student if possible
- Call 911 if there has been a risk of harm to
- yourself or others
- Center for Student Support and Response at 940-565-3339
- CME Train - 940-565-4373
- Student Health and Wellness Center 940-565-3707

center@unt.edu and 940-565-4373

## Responding to Suicidal Concerns

When a student makes a large reference to suicide, threat of suicide, or attempt at suicide, a judgment should be made by the instructor based on the nature of the concern. If you are concerned about a suicidal student, please contact the Center for Student Support and Response at 940-565-3339.

- **To Send a Text Message or QR Code (Scan, P, Email, and Help)**
- **Quantitative** responses should be
- **Permissive** responses get help
- **Refer** for help

When a student behaves or goes beyond the normal classroom disturbance and appropriate response, you can contact the CME Train for assistance. There are webinars that discuss these and describe the appropriate responses for the student.

### To Behave Students to the CME Train

Write a student to the CME Train, you can contact any CME Train representative with the name of the student and a brief narrative of their behavior. If you are concerned about a student, but have not written any disturbing or disruptive behavior, please explain your concern in detail.

The CME Train meets regularly throughout the year, and will answer your e-mail at the next meeting.

If a student requires immediate attention, an emergency CME Train meeting can be called at the discretion of the CME Train chair. There will be a group of faculty, staff, and students, and a decision will be made on whether to send a student to the CME Train. If you are concerned about a student, please contact the CME Train at 940-565-4373. The CME Train will help you understand the needs of the student and the CME community.

## Who is a Distressed Individual?

- ✓ An individual who makes frequent physical harm to you, others or themselves.
- ✓ An individual who behaves in a bizarre manner or exhibits unusual behavior patterns.
- ✓ An individual who appears to be intoxicated or under the influence of a controlled substance.
- ✓ An individual who exhibits a weakness.

## Communicating with Distressed Individuals

- ✓ Express your support (you're not a social case...be confident in your approach).
- ✓ Stay or stand next to them.
- ✓ Don't touch them without their permission.
- ✓ Don't touch them if they refuse to move.
- ✓ Speak clearly and do not talk to them.
- ✓ Utilize your active listening skills.

center@unt.edu and 940-565-4373