Assisting Students in Distress: An Open Discussion

Student Health & Counseling Services (SHCS)
Meeting with Graduate Division Faculty and Staff
January 13 & 14, 2014
Today’s Objectives:

- Learn about SHCS services
- Ask questions and engage in discussion with SHCS providers and administrators
- Learn to spot signs of distress
- Increase awareness of helping behaviors, and how to offer support
- Learn resources
Your Role In Assisting Students

• You are on the ‘front line’.

• You may be the first person to become aware that a student is in distress. Or, you may be the first person they are contacting to reach out.

• You are not expected to provide counseling, but it is helpful to understand what your role is, what you can do, and what resources are available.
- Comprehensive Primary Care
- Nutrition Services
- Counseling Services
- Psychiatric Services
- Referral to community providers
- Urgent & Crisis Services
- Consultation to Students, Faculty, & Staff
- Wellness and Outreach Programming
- SHIP Support
Two Locations

- **Parnassus Clinic**
  Millbury Union West
  Level P8, Room 005

- **Mission Bay Clinic**
  William J. Rutter Center
  3rd Floor, Rm 330

http://studenthealth.ucsf.edu/
Who We Are: The “C” in SHCS

Administration/Leadership:

- Susan Rosen, M.D., Executive Director
- Jeff Prince, Ph.D., Mental Health Director
- Adele Anfinson, MA, Director of Administration

Counselors:

- Lance Raynor, DMH, Liaison to Grad Div.
- Felicia De la Garza Mercer, Ph.D.
- James Lyda, Ph.D., CalMHSA/Prop. 63 SMHI Grant Coord.

Psychiatrist:

- Annette Albright, M.D.
Counseling Services

• All students eligible for up to 10 sessions of free, confidential counseling per academic year, regardless of insurance.
  – Brief, goal oriented
  – Insurance is not currently billed
  – Students do not have the option to pay for counseling at SHCS beyond 10 sessions
  – Session limit does not apply to medication management services with SHCS Psychiatrist.
  – Session limit exceptions are rare and made on a case by case basis.
Eligible for, but not entitled to

• Eligibility for counseling is contingent on:
  – Presenting concerns (severity, urgency, complexity)
  – Clinical assessment of appropriateness for SHCS brief counseling services by a licensed professional
  – Students’ ability to make appointments during available intake and/or ongoing counseling hours
Psychiatric services

- Medication Evaluation
- Medication Management
- Initial Consultation
- Brief Counseling (10 session limit)
- Dual Counseling and Medication Management
- Referral

Primary Care:
- Medication evaluation and management
- Medical consultation with mental health team
Wellness & Outreach Services

- **Wednesday Wellness Series**
  - Self-care, Perfectionism, Health, Relationships, Surviving qualifying exams, Travel
- **Unwind: Stress Management for Women**
- **Relationships 101**
- **Success Series**
  - Aimed at professional development & academic success
- **Cooking classes**
- **Nutritional workshops**
- **Collaborations with UCSF LGBT Resource Center, First Generation Support Services, Student Disability Services**
YOUR QUESTIONS & DISCUSSION
How does a student get connected?:
Several options

• Calls SHCS main line, and asks for a nurse consult.
• Referred from Primary Care.
• Meet with a counselor during an urgent care hour.
  – For students who are in crisis and/or require urgent support and assessment.
• Attends SHCS outreach event and seeks additional services
• Referred from the anonymous online stress and depression screening, (a.k.a.) the Interactive Screening Program (ISP).
• Student is referred to SHCS as part of discharge plan after psychiatric hospitalization.
What happens during an initial consultation?

- It’s a starting point for any concern.
- 45-50 minute clinical interview and assessment.
- Based on student’s presenting concerns, the provider recommends and facilitates next steps for support, which may include:
  - Proceeding w/ brief counseling at SHCS (up to 9 more sessions)
  - Referrals to community providers, who accept student’s insurance, for longer term psychotherapy
  - Referral for psychiatric medication evaluation at SHCS or in community, depending on availability
  - Combination of interim brief counseling for stabilization, with plan for referral within 9 sessions.
What happens when a student is referred?

• Given short list of providers in community who accept their health insurance.
• If they have SHIP, provider provides authorization.
• Student is responsible to follow up with the referrals, and to let their referring provider know if referrals work out.
• In situations where a student’s presenting concerns impair their functioning, providers will play a more active role.
• Referral for counseling and psychiatry is wrought with challenges for students.
  – Location
  – Schedules
  – Cost
  – Follow through
Referral Criteria Pyramid

- All Available Local Providers
- On Anthem Panel (SHIP)
- Has requisite expertise
- Accessible location
- Openings in practice
- Can work with student’s schedule

- In-network: $15 co-pay
- Out of network: reimbursed at 60%, must pay out of pocket up front.

- Meets students expectations
Pros & Cons of SHCS services

Pros:
• Expertise in working with graduate and professional students
• Multicultural competence
• Free
• Convenient
• Flexible

Cons
• Short-term counseling can be clinically contraindicated
• Due to demand, weekly appointments may not be possible
Steps we have taken to improve access and referral

- Eliminated waitlist
- Each provider has multiple slots available for initial consultations each week.
- During peak times, providers add additional initial consultation openings.
- Offer an urgent/crisis hour each day.
- Developed a referral database of Anthem therapists and psychiatrists in SF, and the East Bay, as well as a list of lower cost agencies
  - Survey list regularly to assess provider openings
- Expanded our wellness and outreach programming
Assisting students: Resources and how to help
Assisting Students in Distress

see something? say something. do something!

> academic indicators

- Sudden decline in quality of work and grades
- Repeated absences
- Bizarre content in writings or presentations

- Student seeking more personal rather than academic counseling during office hours

> physical indicators

- Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain
- Excessive fatigue/sleep disturbance
- Intoxication, hung over, or smelling of alcohol
- Disoriented or “out of it”

> psychological indicators

- Self-disclosure of personal distress: family problems, financial difficulties, contemplating suicide, grief
- Excessive tearfulness
- panic reactions, irritability, or unusual apathy
- Verbal abuse
- Expressions of concern about the student by his/her peers

> safety risk indicators

- Unprovoked anger or hostility
- Implying or making a direct threat to harm self or others
- Communicating threats via email, correspondence,
- texting, or phone calls
- Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness... a “cry for help”

see something?

- As faculty or staff, you may be the first person to see something distressing in a student.
- Graduate and professional students may feel alone, isolated, and even hopeless when faced with academic and life challenges. These feelings can disrupt academic performance and may lead to dysfunctional behaviors.

say something.

- Trust your instincts and say something if a student leaves you feeling worried, alarmed, or threatened.

do something!

- Sometimes students cannot or will not turn to family and friends. Doing something, like expressing concern and/or informing a student of services available to them, may be a critical factor in getting them to seek help.
- The Family Education Right and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety issue.
see something? say something. do something!

Is the student a danger to him/herself or others or for any reason does the student need immediate assistance?

- **YES.** The student's conduct is clearly and immediately reckless, disorderly, dangerous, or threatening including self-harm behavior.

- **I'M NOT SURE.** The student shows signs of distress but I'm unsure how serious it is. My interaction has left me feeling uneasy or concerned about the student.

- **NO.** I'm not concerned for the student's immediate safety, but he/she is having significant academic and/or personal issues and could use some support.

**Call Campus Police**
- 9-911 (from campus phone)
- 476-8015 (from mobile)

**During Business Hours:**
- Call Student Health for consultation: 476-1281, option #2
- Inform Students of Concern Committee: 476-4318

**After Hours & Holidays:**
- 476-1281, option #7

Refer student to an appropriate campus resource.
(see table, right)

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**UCSF Campus Resources**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>UCPD Emergency (from campus phone)</td>
<td>9-911</td>
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<tr>
<td>UCPD Emergency (from cell phone)</td>
<td>476-6911</td>
</tr>
<tr>
<td>UCPD Non-emergency</td>
<td>476-1414</td>
</tr>
<tr>
<td>Student Health &amp; Counseling Services</td>
<td>476-1281</td>
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<tr>
<td>Mental Health Crisis Line</td>
<td>476-1281x7</td>
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<tr>
<td>Medical Student Well-Being Program</td>
<td>476-0466</td>
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<tr>
<td>Student Disability Services</td>
<td>476-6695</td>
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<tr>
<td>Office of Career &amp; Professional Development</td>
<td>476-4986</td>
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<tr>
<td>Office of Student Life/Students of Concern Committee</td>
<td>476-4318</td>
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<tr>
<td>Student Financial Aid</td>
<td>476-4181</td>
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<tr>
<td>Affirmative Action, Equal Opportunity</td>
<td>476-7700</td>
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<tr>
<td>International Students &amp; Scholars Office</td>
<td>476-1773</td>
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<tr>
<td>Center for LGBT Health &amp; Equity</td>
<td>476-7700</td>
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<tr>
<td>Sexual Harassment Prevention &amp; Resolution</td>
<td>476-5196</td>
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<tr>
<td>Office of the Ombuds</td>
<td>502-9600</td>
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<tr>
<td>Learning Resource Services</td>
<td>502-0319</td>
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<tr>
<td>Multicultural Resource Center</td>
<td>502-1911</td>
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<tr>
<td>Student Services @ Mission Bay (Information &amp; services hub for Mission Bay)</td>
<td>476-9664</td>
</tr>
<tr>
<td>Student Activity Center (Community Building &amp; Leadership/Service Development)</td>
<td>502-1484</td>
</tr>
<tr>
<td>Faculty &amp; Staff Assistance Program</td>
<td>476-8279</td>
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Assisting Students in Distress

updated: 1/15/2013
• Campus Police has the capacity to take a student for an evaluation to an in-patient psychiatric hospital and hold that person against his/her will (5150) if the individual presents as:

1. A danger to self
2. A danger to others, or
3. Gravely disabled

Call 9-911 or 476-6911 (cell)
Threat Management Team

TMT is a cross organizational team established to ensure the safety of faculty, staff, and students, by reducing and containing to the extent possible, intimidating or threatening workplace behaviors. TMT members provide consultation and education on violence risk assessment, threat management, Zero Tolerance, and Violence in the Workplace training.

Comprised of:

- UCSF Police Department
- Faculty and Staff Assistance Program
- Medical Center/ Campus Labor and Employee Relations
- Medical Center/Campus Risk Management
- Office of Legal Counsel
- Medical Center Security Services
Students of Concern Committee:

- Interim Committee Chair: Wendy Winkler, Chief of Staff to UCSF Dean, Graduate Division & Vice Chancellor

- Multi-functional team that convenes to review information related to students in distress (mental health, social concerns, physical health, financial issues, etc.). The Committee will evaluate behavior and develop strategies to provide resources and support to distressed students and promote the health and safety of all members of the campus community.

- Establishes one central point of contact and facilitates communication.
# SHCS or FSAP: Who do I contact?

<table>
<thead>
<tr>
<th><strong>Inform a medical or mental health professional about a student of concern.</strong></th>
<th>SHCS</th>
<th>FSAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td><strong>Refer a student for counseling.</strong></td>
<td></td>
<td>✓</td>
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<tr>
<td><strong>Consultation about a student issue.</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Initiate/inquire about counseling for yourself or a colleague.</strong></td>
<td></td>
<td>✓</td>
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<tr>
<td><strong>Concern about a post-doc</strong></td>
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<td>✓</td>
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<tr>
<td><strong>Consultation about how to handle an organizational issue.</strong></td>
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How do I bring up counseling?

Bringing up counseling can feel awkward or intrusive. Here are some ways to bring it up:

- “Counseling is completely confidential”
- “Counseling is simply a resource where a trained professional can help support you and give you some tools and options”
- “There is no charge for counseling”
- “You’re already paying for it through your student fees, so you may as well take advantage of it”
- “They can work with your schedule”
- “There is no commitment”
Confidentiality

**SHCS**

- Cannot disclose protected health care information to University officials.
- Generally not able to share information with you unless there is written permission.

**You** (Faculty & Staff)

- Family Educational Rights and Privacy Act (FERPA) permits communication about a student in connection with a health or safety concern.
SHCS Liaison for Grad Division

Lance Raynor, DMH
415-476-8739
Lance.Raynor@ucsf.edu
Available Mon. – Wed., and Fri.
How do we create a stronger campus safety net?

• **A Caring Community**: Train all campus community members in basic assessment and referral skills

• **A Collaborative Community**: Increase collaborations between faculty and mental health staff in developing healthy academic policies

• **Accessible Services**: Increase access points to mental health services, particularly for underserved student communities

• **A Focus on Prevention & Early Intervention**: Address mental health concerns before they reach crisis level