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## Checklist for Considerations Related to Reopening Campus Mental Health Service Operations

*Originally prepared June 30, 2020. Revised January 19, 2021.*

This checklist was originally developed as a companion document to the now out-of-print ACHA Guidelines: Considerations for Reopening Institutions of Higher Education in the COVID-19 Era and to the “[Checklist for Considerations Related to Reopening Campus Medical Service Operations](#).” The checklist has been revised to be used alongside the updated reopening guidelines [Considerations for Reopening Institutions of Higher Education for the Spring Semester 2021](#). The checklist is not intended to be prescriptive; rather, it is intended to be used as a resource to assist directors and staffs of college/university mental health services to assess their readiness and preparation for reopening as well as serve as a guidepost for reinstituting and modifying services in the changed world of COVID-19, in which nearly all mental health services will be delivered remotely. It can be tailored to meet the specific needs of each mental health service in addressing COVID-19.

### **Please note the following for use of this checklist:**

- ☐ This checklist is designed with a focus on mental health services; as such, it is not inclusive of student medical services, nor health promotion and wellness services.
- ☐ This resource is formulated to align with current CDC recommendations and ACHA guidelines. Knowing that science-based knowledge and best practice continue to evolve, ongoing monitoring of these sources is recommended.
- ☐ Additional focused information for audiences such as residence halls and housing, student-athletes, and international students from their affiliated national organizations and professionals is recommended.

It is assumed that mental health services will follow all physical health guidelines spelled out in the reopening campus medical service operations checklist including matters related to:

- Participation in campus COVID-19 planning and review committee
- Participation in appropriate COVID-19 work groups
- Use of physical distancing, face masks, PPE, etc.
- Environmental and facilities infection control measures
- Health information distribution systems and practices
- Isolation, quarantine, triage, referral, and transfer
- Collaboration with local public health officials and policies
- Compliance by all campus wellness facilities, programs, and services with all local, state and national laws, policies, and established professional guidelines

Mental health services will also work closely with the campus health center and community providers, hospitals, and referral centers with expertise in the diagnosis and treatment of COVID-19 patients.

## **Mental Health Services-Specific Checklist**

### **Mental Health Treatment Services**

All routine mental health services will likely continue to be delivered remotely, using a HIPAA-compliant platform; and according to best practice standards of care. Remote services include appointment scheduling, individual and group sessions, and staff and department meetings. In addition, the following items should be considered:

- ☐ Continue to revise and develop current policies and procedures (P/P), guidelines, and specific criteria for face-to-face contacts with students. This should include services such as triage, crisis management, clinical evaluation, or other treatment services. All staff must follow current environmental, physical distancing, PPE, and public health infection control measures.
- ☐ Collaborate closely with the IHE general counsel to ensure that the informed consent process is current, accounts for the remote platform used, and applicable for all students, which may include both in-person and telehealth visits.
- ☐ Update policies regarding clinical documentation, privacy and confidentiality, infection control, and risk management to account for the telehealth platform and practice. Ensure that policies and practices are compliant with all current ethical standards and federal and state regulations. Documentation should clearly outline referral and follow-up, collaboration with other campus entities such as SHS, and methods used to protect client confidentiality.
- ☐ Provide clear messaging to all enrolled students on the scope of practice and ability to provide services across state lines. Develop clear policies and protocols for staff regarding interjurisdictional laws based on geographic location. Follow professional ethical guidelines as well as current state and federal regulations in accordance with licensing boards.
- ☐ Continue to review and modify all P/P related to training, education, and supervision of staff and trainees and address processes related to the potential need for remote oversight and supervision.
- ☐ Encourage teletherapy certification for staff, particularly for those responsible for P/P development, implementation, and risk mitigation. Provide ongoing education to staff on best practices in telehealth, focusing on issues such as crisis management, resource coordination, and risk management practices.
- ☐ Continue to provide ongoing training and support for staff on trauma-informed care, self-care, burn-out, and maintenance of infection prevention and environmental safety measures.

### **Mental Health Education, Outreach, and Campus Community Support Services**

The COVID-19 pandemic has continued to cause enormous disruptions in daily functioning, emotional regulation, and social functioning. There has been a continual economic burden on students and their families. Many students are experiencing increased levels of stress, isolation, and loneliness, as well as grief and anxiety related to disruption of rituals and routines. It is expected that these factors will significantly contribute to a rise in prevalence and severity of mental health issues and significantly increase the demands for services in the future.

- ☐ Continue to educate faculty and staff on current clinical information regarding the signs, symptoms, and trends of COVID-19 infection, transmission, and recovery. Provide current information on vaccination options and processes.
- ☐ In partnership with SHS, continue to revise standard operating procedures (SOPs) addressing actions to be taken if a student, faculty, staff, or visitor is symptomatic for COVID-19, and/or tests positive for COVID-19, or is exposed to an individual positive of COVID-19. The SOPs should be widely distributed.
- ☐ In conjunction with SHS and the campus COVID-19 planning and review committee, design and implement a campus-wide immunization program that follows all current local, state, and federal public health policies.
- ☐ Continue to educate students, faculty, and staff about the signs and signals of emotional distress, depression, substance abuse, and suicidal despondency as well as about the availability of mental health services and resources on campus. Information on how to access services and how to appropriately refer students should consistently be provided.
- ☐ Continue to provide and update gatekeeper training for students, faculty, and staff to help them to identify students and co-workers in distress, develop competency skills to intervene, and effectively refer to mental health services.
- ☐ Continue to develop and implement a population-based virtual support system including virtual support groups/drop-in groups, blogs, chat rooms, and anonymous access to mobile and web-based mental health and behavioral self-screening applications based on best practices.
- ☐ Implement tools and systems to identify and reach out to students with atypical intervals of absence or lack of participation in academic and/or extracurricular events.
- ☐ In partnership with SHS, continue to develop policies and procedures in the event of the death of a campus community member (student, faculty, or staff).
- ☐ Continue to develop and communicate weekly health and wellness information, practices, and policies to the campus community via established social/campus media channels.

## **Health and Well-Being of Faculty and Staff**

Providing clinical care during the COVID-19 pandemic continues to create additional and specific stresses and challenges for clinicians. Emotional overload and burnout are common. Despite the upcoming availability of a COVID-19 vaccine, it is anticipated that these stresses will continue for some time. Specific discussions need to be continued and revised to address the evolving issues of applicable pandemic trends to support all faculty and staff.

- ☐ Continue and revise ongoing wellness and support activities for mental health services staff. These could include mindfulness and meditation activities, staff discussions and process groups, and in-service education programs.
- ☐ Provide ongoing and updated education and support regarding guidelines for environmental and infection control measures to all staff who conduct any face-to-face contacts with students.
- ☐ Work with human resources, EAPs, and staff and faculty departments to provide virtual support, strategies for self-care, updates on availability of mental health services, and educational resources.

## Resources

American College Health Association: [COVID-19 Resources](#)

American Counseling Association: [Counseling in a Time of COVID-19](#)

American Psychological Association: [Guidelines for the Practice of Telepsychology](#)

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

American Telemedicine Association. (2013). Practice guidelines for video-based online mental health services. Washington, DC, USA. Best Practices in Videoconferencing-based Telemental Health. American Psychiatric Association and the American Telemedicine Association, April 2018.

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

Center for Connected Health Policy: [Current State Laws and Reimbursement Policies](#)

CMS [General Provider Telehealth and Telemedicine Toolkit](#)

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

McCoy, Kathleen T. (01/01/2018). "Achieving Full Scope of Practice Readiness Using Evidence for Psychotherapy Teaching in Web and Hybrid Approaches in Psychiatric 103 Mental Health Advanced Practice Nursing Education". Perspectives in psychiatric care (0031-5990), 54 (1), p. 74.

Mental Health America: [Mental Health and COVID-19 Information And Resources](#)

Myers, K., Nelson, E. L., Rabinowitz, T., Hilty, D., Baker, D., Barnwell, S. S., & Comer, J. S. (2017). American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents. Telemedicine and e-Health.

Substance Abuse and Mental Health Services Association: [Coronavirus \(COVID-19\) Resources](#)

University of Nebraska Medical Center: [Higher Education Pandemic Mitigation & Response Guide](#)

U.S. Centers for Disease Control and Prevention:

- [When to Quarantine](#)
- [Cleaning and Disinfecting Your Facility](#)

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

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



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