

Assess Mental Health Services

Before starting any suicide prevention program, it is critical to assess your campus' capacity to meet an increased need for mental health support. Take a comprehensive inventory of all available counseling and mental health support on campus, even if you don't have a campus counseling center.

You can use the form below to make sure your inventory is comprehensive.

1. Describe the following features of your counseling services.

(If you don't have a counseling center on your campus, please skip to question #3.)

- a. What is your clinician-to-student ratio?
For every full-time clinician on my campus, there are _____ students.
The ratio is 1:_____ (# of students)
- b. How many visits to campus mental health services are students allowed to have per semester?
 Students are allowed _____ visits per semester.
 Students have no limit on the number of visits to campus mental health services.
- c. Are services free or are they covered by student insurance?
 Free Covered by insurance
- d. How are existing services evaluated?

- e. What is the average wait time to see a therapist?
The average wait time is _____ day(s).
- f. Is there a psychiatrist available on campus to prescribe medication?
 Yes No There is an off-campus psychiatrist we refer students to.
- g. Do you have a triage system in place so that you can address acutely distressed clients more quickly?
 Yes No

2. What services are offered by your campus mental health/counseling center? Select all that apply. *(If you don't have a counseling center on your campus, please skip to question #3.)*

- | | |
|---|--|
| <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Substance and alcohol abuse support and treatment |
| <input type="checkbox"/> Peer counseling | <input type="checkbox"/> Ministry Counseling |
| <input type="checkbox"/> Group counseling | <input type="checkbox"/> Counseling by text |
| <input type="checkbox"/> Support groups for specific student populations (e.g., veterans) | <input type="checkbox"/> Online crisis chat |
| <input type="checkbox"/> Brief drop-in counseling | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Short-term therapy | <input type="checkbox"/> Cognitive behavioral therapy |
| <input type="checkbox"/> Long-term therapy | <input type="checkbox"/> Dialectical behavioral therapy |
| | <input type="checkbox"/> Other (specify): _____ |

3. Where can students get some type of counseling or mental health services on your campus?
Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Counseling center/mental health services | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Wellness/health promotion services | <input type="checkbox"/> International student office |
| <input type="checkbox"/> Academic advising/tutoring services | <input type="checkbox"/> Campus ministries |
| <input type="checkbox"/> Alcohol and other drug office | <input type="checkbox"/> Psychiatry department |
| <input type="checkbox"/> Athletic department | <input type="checkbox"/> Psychology department |
| <input type="checkbox"/> Career services | <input type="checkbox"/> Residence halls |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Sexual assault office |
| <input type="checkbox"/> Graduate student office | <input type="checkbox"/> Student-run hotline |
| <input type="checkbox"/> Greek life office | <input type="checkbox"/> Veterans center |
| | <input type="checkbox"/> Other (specify): _____ |

4. How many health and mental health professionals work at your institution?

	# of Licensed Staff <i>(Indicate if full or part time)</i>	# of Non-licensed Staff <i>(Indicate if full or part time)</i>	Based in what office <i>(e.g., counseling center, sexual assault office, campus ministry)</i>	Trained to manage suicidal students <i>(i.e., completed specific training in managing suicidal clients)</i>
Counselors				<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologists				<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrists				<input type="checkbox"/> Yes <input type="checkbox"/> No
Social workers				<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians				<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse practitioners				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other nurses				<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician assistants				<input type="checkbox"/> Yes <input type="checkbox"/> No
Social work/psychology graduate intern				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. What days/hours is your campus counseling center/mental health services open? *In each category, select the option that applies.*

Days

- 6–7 days/week
- 5 days/week
- 2–4 days/week
- 1 day/week
- None of the above

Hours of operation

Select all that apply.

- Between 9 a.m. and 5 p.m.
- Between 5 p.m. and 9 p.m.
- Between 9 p.m. and 12 a.m.
- None of the above

Number of hours open daily

- 1–3 hours/day, on average
- 4–5 hours/day, on average
- 6–8 hours/day, on average
- More than 8 hours/day, on average

Summer schedule

- Open in summer w/regular schedule
- Open in summer w/ modified schedule
- Not open in the summer

6. Do you offer any type of emergency mental health services after regular business hours and/or on weekends at your institution?

- Yes No

7. What hotline services are offered/promoted? *Select all that apply.*

- On-campus, staffed by clinicians
- On-campus, staffed by students
- Community-based
- National Suicide Prevention Lifeline (1-800-273-TALK)
- Other (*specify*): _____

8. What does your institution’s student health insurance cover?

	% of Students Covered	Covers On-Campus Mental Health Services	Covers Off-Campus Mental Health Services	Covers Inpatient psychiatric hospital stay	# of Sessions Covered per Year	Types of Mental Health Services Covered
Student health insurance plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student supplemental health insurance plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		