TELEMENTAL HEALTH SERVICES:
CRISIS AND EMERGENCY RESPONSE

California Community Colleges
HEALTH & WELLNESS

The "Telemental Health Services" series explores the telemental health model, student privacy and consent concerns, technology and set-up, telemental health training options, telemental health in rural communities, and crisis response. Each guide includes practical tips, best practices, and information that is specific to the California Community Colleges setting.

This brief was developed as a series to help California community colleges implement telemental health (TMH) services within the context of COVID-19.

APPROACHES TO SUPPORT A MENTAL HEALTH EMERGENCY CRISIS

DURING A TELEMENTAL HEALTH SESSION

This section is designed to provide you with tools and tactics to ensure that you are prepared to support your student if you think that they are entering into a mental health emergency during a telemental health session. It draws on recommendations and approaches from a range of studies and scholarship, and these references are included throughout in footnotes and linked whenever possible so that you can continue to learn about the approaches shared here. Additionally, this section includes helpful resources for developing a safety plan, information and wellness apps, and other resources that you can share with your student to support them.

What safety measures should be established in the first session?

Consider Establishing a Collaborator

If you're not currently using a collaborator—also known as a safety person or safety partner—as part of your telemental health practices, consider using one, especially if you think your student is at-risk for experiencing a mental health emergency. In fact, some telemental health guides, such as the HEMHA guide, _College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services_, recommend having a collaborator for **all** home-based treatments.[1] A collaborator can play an important role in moments of crisis and help resolve uncertainty in the event that your patient leaves the session abruptly (see crisis protocol below).[2] If you and your student decide to use a collaborator, you'll want to make sure to have a brief conversation with the collaborator—either at the beginning of a session or before your next session—to make sure that they understand their role. In addition to providing you with information in moments of uncertainty, the collaborator should also be prepared to contact emergency services. **Note: you will need to obtain permission from your patient before releasing information with a collaborator. A sample information-release form is offerred by Massachusetts Mental Health Counselors Association, but your department might already have a form that has been approved by your campus' legal team. As always, all forms should be reviewed by a legal professional before being used.**

> _"Collaborators are an agreed upon person (by the client and practitioner) who is in the locale of the client and available to contact the local authorities in an emergency situation (e.g. medical or clinical crisis)."_
>
> **- College Counseling from a Distance**

Services should be tailored based on the particular identity and cultural needs of your student, and there are a number of factors

[1] The Higher Education Mental Health Alliance. College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services. http://hemha.org/wp-content/uploads/2019/01/HEMHA-Distance-Counseling_FINAL2019.pdf (accessed December 20, 2020). See also Kramer, G. M. and Luxton, D. D. (2016). Telemental Health for Children and Adolescents: An Overview of Legal, Regulatory, and Risk Management Issues. Journal of Child and Adolescent Psychopharmacology. 26(3). https://www.liebertpub.com/doi/full/10.1089/cap.2015.0018?casa_token=V4i3MWH09KYAAAAA%3AwOF1sQRJVJA8Dmj1ZANQk93g4JYexPS2Oc1dqsiwad4nX5y40PEIqOX46YGyW2J4-ZDK4LUBVKCd (accessed December 20, 2020).

[2] See Luxton, D. D. et al (2012). Home-Based Telemental Healthcare Safety Planning: What You Need to Know. TELEMEDICINE and e-HEALTH. 18(10). https://www.liebertpub.com/doi/pdf/10.1089/tmj.2012.0004 (accessed December 20, 2020).

and important caveats when discussing the possibility of a collaborator with clients.[3] Although collaborators are intended to make a client feel safe, there are some situations in which they could be potentially detrimental. Some of these situations are exacerbated by the COVID-19 pandemic, when students are more likely to be sheltering at home. Students are more likely to be living with other family members, and for some students, their housing situation is a part of their mental health challenge. For example, if a student feels that their sexuality or gender identity is not supported by other members of their household, having a collaborator might be harmful or even feel prohibitive for the student. When discussing the possibility of a collaborator with a student, it's always important to gauge your client's comfort and, when necessary, to consider alternatives.

Develop a crisis protocol

Many experts recommend having a plan for what you will do if a student ends a session abruptly or without warning. It may be prudent to develop a plan for what you will do if a student suddenly leaves the session, and make sure to share that plan with them. In these situations, your number one priority is to obtain confirmation of their safety. If they have an established safety partner or collaborator that you know is located nearby, you can reach out to them.[4] Otherwise, it is important to attempt to contact the patient directly. If you do not make contact after a predetermined number of attempts (e.g., 2), you can escalate the situation by reaching out to emergency services and have them perform a wellness check. **Remember, it is important that you share this plan with your patient.**

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ADDITIONAL RESOURCE SPOTLIGHT:

For more information about developing potential crisis and crisis protocols for telemental health services, watch **Culturally Responsive and Socially Distanced Suicide Prevention: Safety Planning and Other Resources in Pandemic Times.**

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Share your crisis protocol

Inform your student that, if they enter into a state of imminent risk, you will need to contact local emergency services, and that you will need to share their address with emergency services.[5] Strategies for contacting emergency services are discussed at length below. It is important to practice your crisis protocol with a colleague, and to have a plan for how you will continue to support your client while also coordinating with emergency services.[6] You might want to have your colleague role play being in crisis, and practice talking them through the situation as you simulate the steps involved with contacting emergency services.

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Learn about Lethal Means on the Premise

It is important to find out if your patient has any guns, medication, or other potential lethal means, and encourage them to restrict these.[7] Both guns (with a gun safe) and pills (with a medication lock box) can be locked away. If your student is experiencing suicidal ideation and is at-risk for a mental health emergency, encourage them to lock away any lethal means, and to give the key to a friend, or for combination locks, to have a friend set the combination. Because many suicide attempts and deaths take place during short-term crises, means restriction can be an effective suicide prevention tactic (Suicide Prevention Resource Center). For more on means restriction, Suicide Prevention Resource Center has outlined a comprehensive approach.

What should be established at the start of each subsequent session?

Confirm your client's location

Confirm that your client's contact information, including the location from which they are currently speaking to you and their phone number, has not changed.[8] If their address or phone number has changed, you can make sure to update your records and to write down their new address on a piece of paper that is accessible throughout the session. A significant number of community college students experience levels of housing insecurity, and students might be in a different location from one session to the next.

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[3]For a discussion of the potential risks associated with using a safety person or collaborator, see *ibid*.

[4]Ramirez, Heliana (2020). "Culturally Responsive and Socially Distanced Suicide Prevention." Mental Health Technology Transfer Center Network. https://events-na6.adobeconnect.com/content/connect/c1/1417634307/en/events/event/shared/1804416089/event_registration.html?sco-id=2263607716&_charset_=utf-8 (accessed December 20, 2020).

[5]*Ibid*

[6]"Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic" https://zerosuicide.edc.org/sites/default/files/Telehealth Tips with Suicidal Clients - FINAL.pdf (accessed December 20, 2020).

[7]"Reduce Access to Means of Suicide." Suicide Prevention Resource Center. https://www.sprc.org/comprehensive-approach/reduce-means (accessed December 20, 2020). See also "Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic."

[8]Luxton, D. D. et al (2012). Home-Based Telemental Healthcare Safety Planning: What You Need to Know. TELEMEDICINE and e-HEALTH. 18(10). https://www.liebertpub.com/doi/pdf/10.1089/tmj.2012.0004 (accessed December 20, 2020).

Perform a screening

It is important to perform an assessment before your first session with a student—as well as before each subsequent session—**regardless of the reason that you are meeting with that student.** In the age of the COVID-19 pandemic, situations can change suddenly and without warning.[9] If a loved one falls ill or if a student loses their employment between sessions, their emotional and mental wellbeing might be significantly different from your last meeting.

> Short assessments such as the C-SSRS can be completed in under two minutes and provide life-saving insight.

How do I develop a safety plan?

If the assessment reveals that your client is experiencing suicidal ideations, you can work with them to develop a safety plan. These plans are most effective when the student is the one who records the plan, and when the plan is written in the first person. These plans can be an invaluable tool that your student can consult if they are entering into crisis. The patient safety plan by Stanley and Brown is commonly used, and there is also a version tailored to support Veterans. You can work with them to develop a safety plan. These plans are most effective when the student is the one who records the plan, and when the plan is written in the first person. These plans can be an invaluable tool that your student can consult if they are entering into crisis. The safety plan by Stanley and Brown is commonly used, and there is also a version tailored to support Veterans.

How do I contact emergency services for a remote session?

If you're providing services to a student who is currently located in another county or state, calling 911 from your phone will connect you with your own local services, which may or may not be able to reroute you. **The best option for contacting law enforcement in another area is to dial the 10-digit phone number for law enforcement in the area where your client is currently located.**[10] These numbers can often be found on that local agency's website, and the number should be written down (for both ease of access and in case you lose power) and accessible throughout the session.

Some counties have alternative emergency psychiatric services that can be used as an alternative to 911. Due to outcome disparities based on factors such as race or gender identity, consider whether your client's wellbeing might benefit   from a non-law enforcement-based emergency service. You can search for county-specific alternative options, including mobile crisis units, on the Mental Health Services Oversight & Accountability Commission Transparency Suite.

If you do need to call 911, the tip sheet Contacting Emergency Services for Persons in Mental Health Crisis outlines a number of steps that you can take to help support a good outcome.[11]
- You can ask for an officer who has experience supporting individuals with mental health crises.
- If the student has any weapons on the premise, you can share this with the dispatcher.
- If this is not the student's first crisis, consider sharing what strategies have helped while navigating crises in the past.
- If there are other individuals at your student's current location, sharing these may be helpful, too.
- For additional strategies and tips for contacting emergency services, read the Contacting Emergency Services for Persons in Mental Health Crisis tip sheet.

What resources can be shared to support students between sessions?

Call and Text Lines

It's important to make sure that students understand when it is appropriate to schedule an appointment to address their mental health needs and when they should call 911 or a resource like the National Suicide Prevention Lifeline. You can explain to students that if they are in or entering into a mental health emergency or crisis, that they need to take steps for their own safety, and that they should call 911 if they are in immediate danger.

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[9]"Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic" https://zerosuicide.edc.org/sites/default/files/Telehealth Tips with Suicidal Clients - FINAL.pdf (accessed December 20, 2020).

[10]For a discussion of recording emergency information, see Gros, D. F. et al (2011). "Managing Suicidality in Home-Based Telehealth." Journal of Telemedicine and Telecare, 17(6). https://doi.org/10.1258/jtt.2011.101207 (accessed December 20, 2020).

[11]Lozada, R. and S. E. Howard. "Tip Sheet: Contacting Emergency Services for Persons in Mental Health Crisis." Now is the Time-Technical Assistance Center. http://files.constantcontact.com/bde05f96001/bc79fb43-9889-4fe4-bcaa-7ff8b842b224.pdf (accessed December 20, 2020).

The [National Suicide Prevention Lifeline](#) (1-800-273-8255) provides 24/7, free, and confidential support for people in distress, as well as resources and best practices for friends and family members of people in distress.

The National Suicide Prevention Lifeline has services dedicated specifically to Veterans and their family members. These services connect Veterans with qualified responders with the Department of Veterans Affairs (many of whom are Veterans). By phone, this service can be accessed by dialing the National Suicide Prevention Lifeline number (1-800-273-8255) and then pressing the number 1. By text, this service can be accessed by texting 838255. It can also be accessed through a web-based chat from the service's [homepage](#).

The [Trans Lifeline](#) (877-565-8860) is a trans-led organization that is staffed exclusively by transgender operators. The Trans Lifeline recognizes the disparate treatment that transgender people receive from police and health care professionals, and believes that transgender people in crisis can enter into a less safe situation when law enforcement is called in. For these reasons, the organization has a policy against non-consensual active rescues.

For younger students (19 and under), the [TEEN LINE](#)(**1-800-852-8336**) is answered exclusively by teenagers (who are supervised by an adult mental health professional). TEEN LINE listeners are trained to provide emotional support and offer information about additional resources. The phone line is available from 6-10 pm PST, but automatically forwards calls during other hours to a branch of the National Suicide Prevention Lifeline. The service also has a text line that can be accessed from 6-9 pm PST by texting the word "TEEN" to 839863.

Crisis Text Line enables students to text with a live, trained Crisis Counselor by texting "COURAGE" to 741741. Crisis Text Line is available 24/7.

What mental health apps are available for students?

There are a number of apps that you can share with your students. These apps can be helpful tools for students who you think are more likely to enter into a mental health emergency. These resources can be helpful tools that students can use to monitor and manage their mental health challenges between sessions.

Note: the following list of apps is not meant to be inclusive or limiting. The mental health app market has grown significantly in recent years, and **many apps that are marketed as suicide prevention tools are lacking important resources and/or include incorrect emergency phone numbers**.[12] If you do recommend an app, it is important to validate that the information it provides is correct. Similarly, if your patient is using an app with which you are not familiar, consider validating that it includes correct emergency phone numbers. Another key feature will be whether the app is free or fee-based. The apps below are available at no cost.

[MY3](#) is a suicide-prevention app that interfaces directly with the contacts on your phone. When you set up your profile, it will ask you to customize your safety network by selecting three contacts. These three contacts are your "MY3," and they can be easily contacted through the app if you do find yourself in need of support. In addition to your three contacts, the homepage of the app features a large button that makes it easy to contact the National Suicide Prevention Lifeline. MY3 also helps students customize and set up their own safety plan, which lists specific activities or strategies that can be used during a crisis.

[Virtual Hope Box](#) is a highly customizable mental health app with a variety of relaxation, inspiration, distraction, and coping tools— many of which are personalized with the media (photos, videos, and songs) that the students would like to place into their own hope box. Students can upload media that they can easily access if they find themselves entering into a state of increased stress or anxiety. They can also use this media to customize the distraction tools, which includes puzzles made up of pictures they've placed into their box. Additionally, like COVID Coach, Virtual Hope Box provides a variety of guided meditations and breathing exercises.

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[12] You can read a detailed analysis of suicide apps from Martinengo et al. [here](#).

The Safe Place is a mental health app designed specifically for the Black community. Recognizing that African Americans are 20% more likely to have a serious mental health problem than the general population (NAMI), the app features an array of culturally informed resources. The app includes everything from self-care tips to inspirational videos and podcasts to self-assessment tools.

COVID Coach is a mental health app designed to help students build strength and resilience while reducing stress during the ongoing COVID-19 pandemic. This easy-to-use app is divided into four panels organized around stress management, self-assessment, education, and finding resources, with each section containing a variety of tools. The stress management section includes guided breathing and meditation exercises that help promote mindfulness, as well as a host of other relaxing activities.