

USAO Mental Health Resources Policy



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MENTAL HEALTH RESOURCES

USAO offers free mental health resources to support all students, faculty, and staff. These resources include counseling, psychoeducational resources, and assessments aimed towards enhancing personal, social, emotional, and overall well-being and success. Access to these services can include virtual and in-person sessions as applicable. The Student Life team—including Housing staff, USAO campus counselors, and the Dean of Students—in conjunction with Security acts as the first line of response to on campus mental health crises and is professionally equipped to support students facing a suicide threat or attempt.

COUNSELING

Counseling services involve evidence-based techniques and interventions meant to help clients manage stress, improve relationships, cope with mental health disorders, and achieve their personal goals in a supportive and confidential environment. Clinical services and mediation are available as needed for the USAO community.

Clinical Services

Clinical services include developmental, preventive, and educational interventions limited and designed to support students while they strive to meet their academic goals. Individual therapy is available by appointment and group therapy is determined per semester. These confidential services are offered to address challenges such as anxiety, depression, relationship issues, substance abuse, and other mental health-related issues.

Mediation

Mediation is a structured and facilitated process in which a neutral third party, or a licensed professional counselor in this case, assists students, faculty, or staff in resolving conflicts or disputes in a collaborative and respectful manner. This process emphasizes open communication, mutual understanding, and the exploration of solutions that address the needs and interests of all parties involved, promoting a healthy and supportive campus environment. Mediation is confidential, voluntary, and focused on fostering personal growth, relationship repair, and the development of constructive conflict-resolution skills.

Telemental Health Services

USAO provides remote mental health support to students, faculty, and staff through secure digital platforms, such as video conferencing, phone calls, or online messaging. These services aim to increase accessibility to counseling, therapy, and mental health resources, allowing individuals to receive support conveniently and confidentially, regardless of their location.

PSYCHOLOGICAL EDUCATION

Psychological education is the structured provision of knowledge, resources, and skills to students, faculty, and staff to promote mental health awareness, emotional well-being, and psychological resilience. This education is often delivered through workshops, courses, seminars, or outreach programs and is designed to enhance understanding of psychological principles, stress management, self-care, and healthy interpersonal relationships. Its goal is to foster a campus culture that supports personal growth, academic success, and a deeper appreciation of mental health and its impact on overall well-being.

Workshops

Workshops are educational and interactive sessions designed to enhance understanding of mental health issues, promote emotional well-being, and build skills for supporting themselves and others within the academic community. Workshops for faculty and staff may focus on increasing awareness of mental health challenges, reducing stigma, identifying early signs of distress, and equipping participants with tools to foster a supportive and inclusive environment, while workshops for students may focus on providing practical strategies, tools, and resources to manage stress, build resilience, enhance self-awareness, and improve interpersonal relationships. Facilitated by trained professionals, these workshops aim to create a supportive environment for growth and learning, empower faculty and staff to address mental health concerns effectively, and contribute to a culture of wellness and resilience on campus.

Consultations

Consultation refers to a specialized, professional service aimed at addressing the mental health and well-being of students who exhibit behaviors or challenges that may impact their academic, social, or emotional functioning. This process involves a licensed counselor or mental health professional working collaboratively with the student, faculty, staff, or campus support teams to assess the situation, provide guidance, and recommend appropriate interventions or resources. The goal is to support the student in overcoming obstacles while promoting a safe, inclusive, and healthy campus environment. Counseling staff may include other departments on campus as appropriate.

ASSESSMENTS

Assessments are structured evaluations conducted by licensed mental health professionals to measure and understand a student's cognitive, emotional, behavioral, and psychological functioning. These assessments may include standardized tests, interviews, screenings, and questionnaires designed to identify mental health concerns, learning differences, personality traits, or psychological conditions. The purpose of psychological assessments is to provide insights that inform personalized support plans,

accommodations, or treatment options, helping students to succeed academically and personally while fostering their overall well-being.

Screenings

Screenings are brief, targeted assessments designed to identify signs and symptoms of mental health concerns among students, faculty, or staff. These screenings are typically non-invasive and involve self-report questionnaires or structured interviews that focus on common mental health issues such as depression, anxiety, stress, and emotional well-being. The goal of mental health screenings is to provide early detection, raise awareness, reduce stigma, and connect individuals with appropriate resources or services to support their mental health needs within the campus community.

Aptitude Tests

Aptitude tests are assessments designed to measure an individual's natural abilities, skills, and potential in specific areas such as cognitive processing, problem-solving, learning capacity, and academic performance. Administered by licensed mental health professionals or counselors, these tests help to identify strengths and areas for development, guiding career planning, and personalized support strategies. These assessments are often used to better understand a student's capabilities, inform accommodations, and support their academic and personal growth within the university.

MENTAL HEALTH CRISES

Mental health crises can significantly impact a student's ability to thrive academically and personally. Such crises may include severe emotional distress, suicidal ideation, self-harm, or other behaviors that pose a risk to the individual or others.

- **Occurring during Business Hours (8:00 a.m. to 5:00 p.m., Monday through Friday)** – Members of the university community may call Student Life at 405-574-1349 and request emergency assistance. Please note that callers may be referred to 988 or 911 as applicable.
- **Occurring after Hours (5:00 p.m. to 8:00 a.m., Monday through Friday, or Any Time on Weekends or Holidays)** – The USAO Crisis Helpline is available 24/7 to USAO students, faculty, and staff. Call or text 405-320-8184 to speak to a Licensed Therapist.

ELIGIBILITY FOR SERVICES

- **Full- and Part-Time Students:** All enrolled USAO students are eligible for assessment and ongoing services as deemed appropriate.
- **Spouses and Children of Eligible Students:** Spouses and children of faculty and staff are not eligible for mental health resources at USAO.
- **Students Withdrawing from the University:** Students who are withdrawing or have withdrawn from the university may receive one or two sessions of exit counseling as deemed appropriate.

- **Faculty and Staff:** Faculty and staff are eligible for mental health resources at USAO.
- **Spouses and Children of Faculty and Staff:** Spouses and children of faculty and staff are not eligible for mental health resources at USAO.
- **Persons Not Associated with the University:** Persons not associated with USAO are not eligible for mental health resources at USAO.

INFORMED CONSENT

The informed consent process is designed to provide students with comprehensive information about mental health resources available on campus and the surrounding area. This includes an explanation of the nature, purpose, risks, benefits, and limitations of the resources being offered, ensuring that students can make well-informed decisions about their participation.

This process involves several key elements: clear disclosure of details about the therapy, including its goals, methods, and potential outcomes; ensuring that participation is voluntary and free from coercion; confirming the student's competence to understand the information and make an informed decision; and documenting the student's consent before initiating therapy. These steps are essential for respecting students' autonomy, fostering trust, and upholding ethical standards in the provision of therapeutic services within higher education institutions.

Services Not Requiring Informed Consent

Mental Health Resources provides a variety of services to the USAO community. Although the spirit of the informed consent process is integral to any professional service that counseling centers offer, the following services do not require use of the Informed Consent form:

1. Provision of information about psychological services to campus audiences
2. Provision of information about alternative off-campus mental health and social services
3. Consultation with individuals who are not clients
4. Incident debriefing or other follow-up services provided for campus groups
5. Consultation with faculty and staff
6. Outreach or educational programming
7. Professional presentations

Authorization of Release of Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains strict standards regarding the release of an individual's health information without authorization. A health care provider or other entity subject to the rule must obtain a patient's written authorization for any use or disclosure of protected health information. If

an authorization is obtained, only the minimum necessary amount of protected health information to accomplish the purpose may be disclosed. Once a release is obtained it will be kept in the students' confidential file.

CONFIDENTIALITY

All information given to the campus counseling staff is kept confidential and may not be released without written permission except under the following conditions and circumstances or where otherwise provided by law:

- If the student states during treatment that they intend to seriously harm another person, the counselor is legally required to warn all applicable parties.
- If the student tells the counselor during treatment that they intend to inflict serious self-harm, the counselor is legally required to keep that person safe. This usually involves sharing information with family members or legal authorities.
- If the counselor is told by a student, during treatment, that there is evidence and/or suspicion of child abuse or elder abuse, the counselor is legally required to report the abuse to the Oklahoma Department of Human Services.

Informed Consent for Initial Needs Assessment

Purpose of Needs Assessment: The initial needs assessment aims to evaluate your current concerns and needs to provide appropriate support and resources. This may include academic challenges, personal issues, and other relevant factors.

Confidentiality: Information shared during the assessment is confidential unless:

- There is a risk of harm to self/others.
- There is suspected abuse/neglect.
- Required by law.

Voluntariness and Right to Withdraw: Participation is voluntary. You can discontinue at any time without penalty. Assistance will be provided for alternative resources if needed.

Session Details: The assessment session typically lasts 50 minutes. Further steps will be based on the assessment outcomes.

Student Responsibilities

- Attend the session on time.
- Provide accurate information.
- Engage openly in the assessment process.

Assessor Responsibilities

- Provide a safe, supportive environment.
- Conduct a thorough assessment.
- Maintain confidentiality and ethical standards.

Consent to Assessment

This form is to document that I, _____, give my permission, consent, and cooperation to _____, the Licensed Professional Counselor/Licensed Professional Counselor- Candidate at the University of Science and Arts of Oklahoma, to conduct and assessment of my needs. Only if the provider and I agree to therapeutic services being provided will I become a client. At the end of the assessment period, staff will offer me recommendations and appropriate resources and referrals.

Student Signature

Date

Refusal for Assessment and/or Counseling Treatment

Student Name: _____

Student ID number: _____

I am being provided with this information and refusal form so I may fully understand the assessment and/or treatment recommended for me and the consequences of my refusal. I understand that I may ask any question I wish regarding the recommended assessment and/or treatment.

Nature Of the Recommended Assessment/Treatment (completed by staff)

It has been recommended that I received the following assessment and/or treatment:

_____ made this recommendation based on the following:

The purpose of this assessment and/or treatment is:

I acknowledge that by signing this form I have read, understood, and am refusing the recommended assessment and/or treatment. I understand that this refusal may involve communication with the Dean of Students and further action to be taken based on her discretion in consultation with the mental health provider as deemed necessary to protect my overall health and well-being.

Even though I am refusing assessment at this time, I may later decide that I wish to receive the recommended assessment and/or treatment. If this is the case, I may schedule this by contacting Mental Health Resources and asking to speak to the therapist during business hours (Monday – Friday, 8am – 5pm). I may also access emergency services after hours (5pm – 8:00am, Monday – Friday or any time on weekends or holidays) by calling the USAO Helpline at 405-320-8184.

Student Signature

Date

Witness

Date

USAO COUNSELING INTAKE FORM

Date: ____/____/____ Date of Birth: ____/____/____ Age: _____

Full Legal Name: _____

Preferred First Name: _____ Gender/Pronouns: _____

Phone: _____ Student Email: _____

Living Information

Residence: ____ Sparks ____ Lawson ____ Robertson ____ Off campus

Living Arrangements: ____ Alone ____ Roommate(s) ____ Significant Other
____ Parents ____ Children ____ Other

Relationship Status: ____ Single ____ Married ____ Partnered
____ Divorced ____ Separated ____ Other

Academic Information

Academic Status: ____ Freshman ____ Sophomore ____ Junior ____ Senior

Major: _____ Credits enrolled in this semester: _____ GPA: _____

Did you transfer from another college: ____ Yes ____ No

If so, why?

Have you ever been on academic probation or suspension? ____ Yes ____ No

Counseling/Mental Health

Have you had previous counseling and/or mental health treatment? ____ Yes ____ No

If so, when?

Have you ever been given a mental health diagnosis? ____ Yes ____ No

If yes, what was your diagnosis?

Have you taken prescribed medication for mental health concerns? ____ Yes ____ No

If you are currently prescribed or are taking such medications, please list them:

Have you ever been hospitalized for mental health issues? ____ Yes ____ No

If so, when and where?

Have you been diagnosed with any medical issues? ____ Yes ____ No

If yes, please indicate what they are:

Please indicate any medications your take regularly for such conditions:

What is your main reason for coming to counseling?

Religious/Spiritual Preference

☐ Agnostic ☐ Atheist ☐ Buddhist ☐ Catholic ☐ Christian ☐ Hindu
☐ Jewish ☐ Muslim ☐ No preference ☐ Other

To what extent does your religious or spiritual preference play a role in your life?

☐ Very important ☐ Important ☐ Neutral ☐ Unimportant ☐ Very unimportant

Accessibility Services

Are you registered with the Office for Accessible Education (OAE) as having a documented and diagnosed disability? ☐ Yes ☐ No

Have you ever been diagnosed with a disability but have not registered with the Office for Accessible Education (OAE) at USAO? ☐ Yes ☐ No

Please indicate what your disability is:

Alcohol and Drug Use

Have you received treatment for alcohol or drug use? ☐ Yes ☐ No

How often do you drink alcohol a week?

How much do you generally drink?

Please list any other drug use and whether it is current or if you have tried it in the past:

☐ None ☐ Cocaine/Crack ☐ Ecstasy ☐ LSD ☐ PCP ☐ Heroin
☐ Methamphetamine ☐ Inhalants ☐ Prescription drugs (for non-medical use)
☐ Marijuana (medical or non) ☐ Other (please specify) _____

Do you feel that your alcohol or drug use is a problem? ☐ Yes ☐ No

If so, please explain:

Military

Are you a veteran? ____ Yes ____ No

Are you currently serving in a branch of the US military? ____ Yes ____ No

Did your military experiences include any traumatic or highly stressful experiences that continue to bother you? ____ Yes ____ No

General Information

Please estimate the number of hours per week you are actively involved in organized extra-curricular activities:

What clubs or organizations, if any, are you involved with on campus?

Do you participate in an athletic team? ____ Yes ____ No

If so, what?

Are you the first generation in your family to attend college? ____ Yes ____ No

What is the average number of hours you work per week during the school year?

Where do you work?

How stressful would you say your financial status is right now?

____ Always stressful ____ Often ____ Sometimes ____ Rarely ____ Never

Have you personally experienced any legal problems? ____ Yes ____ No

If yes, please explain:

What is your mother and father's relationship status?

Do you have a relationship with your mother? ☐ Yes ☐ No

How would you describe your relationship with her?

What is your mother's level of education?

What does your mother do for a living?

Do you have a relationship with your father? ☐ Yes ☐ No

How would you describe your relationship with your father?

What is your father's level of education?

What does your father do for a living?

Do you have siblings? ☐ Yes ☐ No

How would you describe your relationship with your siblings?

Indicate how much you agree with this statement: "I get the emotional help and support I need from my family."

☐ Strongly agree ☐ Somewhat agree ☐ Neutral

☐ Somewhat disagree ☐ Strongly disagree

Do you feel like you have many friends? ☐ Yes ☐ No

How much time do you spend with friends each week?

What do you generally do with your friends?

What are some of your hobbies/interests?

Do you find as much joy in these activities and spend as much time doing them as you used to? ☐ Yes ☐ No

If no, why?

Indicate how much you agree with this statement: "I get the emotional help and support I need from my social network."

☐ Strongly agree ☐ Somewhat agree ☐ Neutral

☐ Somewhat disagree ☐ Strongly disagree

Do you have thoughts, or have you had in the past, about hurting yourself or someone else? Have you ever attempted to harm yourself or someone else? Please explain:

Do you get angry easily or have trouble controlling your temper? ____ Yes ____ No

If yes, please explain:

Health and Social Issues

How many times per week do you exercise? _____ For how long? _____

Are you having any problems with your sleep habits?

____ None ____ Sleeping too much ____ Sleeping too little

____ Poor quality of sleep ____ Disturbing dreams ____ Other

On average, how many hours of sleep do you get each night? _____

Are you having difficulty with appetite or eating habits?

____ No difficulty ____ Eating less ____ Eating more ____ Binging

____ Restricting ____ Significant weight change ____ Other

Please describe the nature of your eating habits or weight change. (e.g. frequency of eating patterns, how much weight loss and time frame, etc.)

Please list anything else you feel would be helpful for me to know:

USAO SUICIDE THREAT RESPONSE AND ASSESSMENT PROTOCOL

Every suicidal threat should be taken seriously. Once detected, suicidal threats can be responded to, and lives can be saved. Immediate action is taken to assess the degree of danger to the student and the level of response required. Student Life staff members are prepared to professionally respond and support students in a suicide threat or attempt. This involves working with the suicidal student, their close community of friends and, as appropriate, their family.

Guiding Principles

Points to remember when dealing with Suicidal persons:

- Take the person seriously.
- Know the warning signs of suicide.
- Talk openly with the person and ask if they have a plan.
- Show care and concern – never underestimate the power of understanding and support.
- Seek professional help. In an emergency, call 988 for a mobile crisis unit or 911 for transport to a hospital.

Confidentiality of student Information – In accordance with the law and professional codes of ethics for counselors, maintaining safety takes precedence over student/client confidentiality. However, in the event of a necessary disclosure of confidential information, only information vital to maintaining safety may be disclosed, and only to persons in a position to make appropriate use of the information. Careful and prompt documentation should be made of consultations and steps taken to minimize risk to a student.

Protocol

Professional assessment clarifies the needs of the student involved and facilitates the student's connection to support services when appropriate to regain adaptive levels of functioning. Protocol utilizes incident forms and existing campus resources. Student Life is the primary office responsible for providing training and consultation to the university community regarding suicidal behavior and related policies and procedures.

The specific purposes served by the Suicide Response and Assessment Plan Protocol are as follows:

1. It describes suicidal risk that is clear and imminent/unclear and/or not imminent.
2. It identifies when and how to report concerns about student suicidal behavior.
3. It describes the roles of various offices on campus in addressing suicidal behavior (e.g. Counselor, the Dean of Students, University Housing, Security, etc.).
4. It establishes a University Emergency Contact Process for notifying student Emergency Contacts about suicidal behavior.

REPORTING PROCEDURES

I. When to Report Suicidal Behavior

All potential cases of suicidal behavior should be reported whether they involve clear and imminent suicidal risk or unclear and non-imminent suicidal risk.

A. Clear and Imminent Suicidal Risk

A clear and imminent suicidal risk involves situations where a student is actively attempting to harm themselves or making unambiguous threats to do so.

Examples include:

- A student wielding a knife and stating their intent to kill themselves.
- A student locking themselves in a bathroom after threatening to commit suicide.
- A student making a suicide threat and fleeing from those attempting to intervene.
- A student found with empty medication bottles, with reason to believe they ingested the medication (e.g., the student is unconscious or admits to overdosing).
- A student sending a goodbye message to friends or family, explicitly stating their intent to end their life.

B. Unclear and Non-Imminent Suicidal Risk

Unclear and non-imminent suicidal risk involves ambiguous situations where the severity of harm is uncertain or not immediately urgent. In such cases, the guiding principle is “**better safe than sorry.**” It is always advisable to report potential risks to the appropriate professionals for assessment and intervention rather than assume the risk is not genuine.

Ambiguous threats may at times reflect attention-seeking or support-seeking behaviors, but they can also indicate the initial stages of life-threatening actions.

Examples of unclear or non-immediate risks include:

- A student emailing a professor to express that life isn’t worth living.
- A student telling a former partner during a romantic breakup that they are thinking of killing themselves.
- A student confiding to a friend that they have fantasies of suicide and worry they may act on them someday.
- A student posting cryptic or despairing messages on social media, such as, “What’s the point anymore?” without additional context.
- A student mentioning they’ve been researching methods of self-harm but insisting they’re “just curious.”

II. How to Report Concern Over Student Suicide Threat Behaviors

A. Imminent Risk

Examples may include:

- The student has threatened or stated an intention to kill or seriously harm themselves.
- The student has a plan or access to the means to harm themselves.
- The student has already harmed themselves or taken action toward harming themselves.
- The student is severely distressed, disoriented, or behaving in a way that makes you believe they are not safe.

What You Should Do:

1. Call 911, 988, and/or use TimelyCare TalkNow as appropriate.
 - Call 911 if the student is in immediate danger, has already harmed themselves, or requires emergency medical assistance.
 - Call 988 for immediate crisis support and assistance determining appropriate next steps.
 - TimelyCare TalkNow is available through the TimelyCare app for immediate mental health support.
 - Stay with the student if it is safe for you to do so.
 - Do not leave the student alone while waiting for assistance unless your own safety is at risk.
2. Contact Campus Security, if possible.
 - Campus Security: 405-222-8066
 - Provide the student's name, location and a brief description of the situation.
3. Notify the appropriate campus contacts.

During regular business hours (Monday–Friday, 8:00 a.m.–5:00 p.m.):

- Dean of Students: 405-574-1349
- Mental Health Resources: 405-574-1326

After hours (5:00 p.m.–8:00 a.m., Monday–Friday, or weekends/holidays):

-Contact Campus Security or the Housing Coordinator/Director.

-Security or Housing will contact Mental Health Resources and the Dean of Students.

4. Submit a Suicide Risk Report.

-Document what you observed, what the student said or did, and the actions you took.

-The report will be reviewed by the Dean of Students and appropriate campus personnel.

-Campus personnel may coordinate a professional risk assessment, support services, communication with instructors, emergency contacts, or other safety measures as appropriate.

B. Non-Imminent Concern

A concern may be non-imminent when a student is struggling or making concerning statements but does not appear to be in immediate danger.

Examples may include:

- A student expresses hopelessness or significant emotional distress.
- A student makes concerning comments about death or suicide without an immediate plan or intent.
- You are concerned about a significant change in a student's behavior or well-being.

What You Should Do:

1. Connect the student with support.
 - Encourage the student to use TalkNow through the TimelyCare app for immediate mental health support.
 - The student may also call 988 for crisis support.
 - If at any point you believe the situation has become an immediate danger, call 9112.
2. Notify the appropriate campus contact.

During regular business hours (Monday–Friday, 8:00 a.m.–5:00 p.m.):

 - Dean of Students: 405-574-1349
 - Mental Health Resources: 405-574-1326 (Rachel Drechsler)

After hours (5:00 p.m.–8:00 a.m., Monday–Friday, or weekends/holidays):

 - Contact Campus Security or the Housing Coordinator/Director.
 - Security or Housing will contact Mental Health Resources and the Dean of Students.
3. Submit a report.
 - Document your concerns and provide as much specific information as possible.
 - Include what the student said or did, when it occurred, and any actions you took.

C. Follow-Up

The Dean of Students, campus counselor, and/or Housing Director (or their designees) consult to determine appropriate follow-up. The counselor may offer additional intervention if others have been affected by a student's suicidal behaviors.

D. Roles of University Employees Responsible for Responding to Suicidal Students

1. **All University Employees** – All University employees are mandatory reporters by statute and must report all known or suspected suicidal behavior per the procedures outlined above. Faculty and staff are also encouraged to report their concern regarding suicidal risk/behavior to the campus counselor or the Dean of Students.
2. **Campus Counselor** – Based on the information provided by the informant, the location of the student, and consultations with the Dean of Students and other stakeholders, the campus counselor may take one or more of the following actions:
 - Assess the student on the phone and/or ask the student to come into the Mental Health Resources office for an assessment,
 - Ask the caller to bring the student to the Mental Health Resources office for an assessment,
 - Go to the caller's location and assess the student, or
 - Call the campus security or Chickasha police and ask them either for an intervention (e.g., a welfare check at student's location) or to

transport the student to Grady Memorial Hospital (or another hospital) for a psychiatric assessment.

3. **Dean of Students** – The campus counselor will consult with the Dean of Students whenever a report of suicidal behavior (whether by Suicide Risk Report or otherwise) is received from a faculty or staff to determine follow-up steps. The campus counselor and Dean of Students will also consult with other parties (e.g., the caller, the university's legal team, etc.) as appropriate to determine whether to require the student to meet with an appropriate mental health professional to have an assessment. To determine the level of a student's current suicidality and appropriate response, several contextual factors will be considered such as prior exhibition of suicidal ideation or attempts, substance abuse, and/or family history. Depending upon the information reported (via Suicide Risk Report or otherwise), the campus counselor and the Dean of Students will collaborate to determine the appropriate next steps, which may include:

- Requiring the student to undergo a psychological or psychiatric assessment (and any necessary follow-up) conducted either by a USAO campus counselor or a qualified community mental health professional. This may be a condition for the student's return to campus or reinstatement of residency in University Housing. In such cases, the student will also be required to sign a release of information to allow the community professional to communicate with the Dean regarding the student's well-being and safety.
- Encouraging the student to have a psychological or psychiatric assessment.
- Developing a self-care plan with the student.
- Developing a collaborative plan with the student's parents, family, or significant other.

4. **Student Housing**

- Housing Directors will report to the campus counselor and Dean of Students whenever they receive reports of suicidal behavior. In instances where staff perceives that the student is in imminent danger, the housing staff will contact the campus counselor and/or request assistance from local police for involuntary transport to Grady Memorial Hospital for a psychiatric assessment.
- Housing staff will provide the campus counselor and Dean of Students with copies of any incident reports related to the student. This will assist in assessing the situation and determining whether continued residence in University Housing is in the best interest of both the student and the broader residential community.

5. Campus Security

- Upon request by the Dean of Students, the campus counselor, or housing staff, campus security may assist in facilitating transportation by police to Grady Memorial Hospital.
- Security will report to the campus counselor and Dean of Students whenever they receive reports of suicidal behavior. In instances where staff perceive that the student is in imminent danger, Security will request assistance from local police for involuntary transport to Grady Memorial Hospital for a psychiatric assessment.
- Security will provide the campus counselor and Dean of Students with copies of any applicable incident reports via the appropriate reporting platform(s). This will assist in assessing the situation and determining whether continued residence in University Housing is in the best interest of both the student and the broader residential community.

E. Emergency Contact Notification Policy

In the event of a mental health crisis, the following University protocol governs the notification of a student's emergency contacts. Emergency contacts are individuals identified by the student to be notified in case of an emergency. Students will be asked to update their emergency contact information annually during move-in.

The University of Science and Arts of Oklahoma is committed to handling mental health crises with the highest professional standards while respecting students' privacy rights as outlined by the Family Educational Rights and Privacy Act (FERPA) and University policy. Under certain extreme circumstances, it may become necessary to contact a student's parents, family members, or designated emergency contact to provide support. Such contact is permissible under FERPA (34 CFR Section 99.36) if the information is essential to protect the health and safety of the student or others.

Whenever possible, emergency contact notifications will align with professional practices, legal standards, and university policy. Legal counsel will be consulted prior to making contact, if feasible.

Balancing a student's right to privacy with the benefits of social support in crisis situations can be challenging. Professional judgment is essential in determining the appropriateness of contacting family or emergency contacts to safeguard the student's welfare. When deemed necessary and appropriate, this responsibility falls to the Dean of Students (or designee) in consultation with the campus counselor, university legal counsel, and/or the Director of Housing for students residing on campus.

Circumstances for Emergency Contact Notification

In accordance with federal and state laws, as well as professional ethical standards of confidentiality, emergency contact notification may occur under the following circumstances:

- The student has engaged in self-inflicted, life-threatening behavior.
- The student poses a danger to themselves or others and has not responded to professional medical or mental health advice.
- The student has injured themselves and requires medical attention.
- It is determined that existing university resources are insufficient to assist the student, and that emergency contact notification may provide necessary support to mitigate risks to the student.

Suicide Risk Behavior Report

When Campus Security, USAO faculty or staff, or other individuals contact the Dean regarding concern over the suicidal behavior of a student (including thoughts, statements or threats, attempts or other concerning behavior), the Dean of Students and/or campus counselor will consult with the person making the report to complete this form.

Information About Student Engaged in Clear or Unclear Suicidal Behavior:

Date: ____/____/____ Age: _____ Student housing: On campus / Off campus

Name/Pronouns _____ Address: _____

Phone: _____ Student Email: _____

Student's Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Information About Person Making the Report:

Name _____ Title: _____ Department: _____

Office Phone: _____ Personal Contact #: _____

I have regular contact with student: Yes / No

Relationship to the Student (describe): _____

Information About the Incident:

Date of Incident: ____/____/____ Time: _____ Location: _____

Briefly describe the incident: _____

How Did This Information Come to Your Attention? (Check/fill out all that apply)

____ Student verbally disclosed ____ Personally witnessed the incident

____ Received e-mail from _____ and (attached / forwarded to _____)

____ Received word from _____, who is (faculty / staff / another student)

____ Other (please describe): _____

What Actions Were Taken in Response to This Incident? (Check all that apply)

_____ called the Campus Security _____ called the Dean of Students
_____ called Mental Health Resources _____ called USAO Helpline
_____ Other (please describe) _____

Please provide any additional information you have regarding the student's current or past suicidal behavior. Check all applicable statements below and write additional information about checked statements in the space provided.

To your knowledge, has the student... (Check all that apply)

_____ Demonstrated a sudden withdrawal from social connections, friends, or activities they previously enjoyed.	_____ Had difficulty managing mental health conditions, such as depression, anxiety, or substance abuse.
_____ Exhibited significant changes in behavior, mood, or personality (e.g., increased irritability, extreme sadness, or uncharacteristic recklessness).	_____ Displayed a lack of interest in future-oriented plans or goals
_____ Given away personal belongings or made comments suggesting they are "tying up loose ends."	_____ Communicated a plan for suicide, including the intended method, availability of resources, written suicide notes, etc.
_____ Made comments such as "I would be better off dead," "I wish I were dead," or "I wish I could just disappear."	_____ Participated in self-harm (cutting, self-mutilation, etc.) or other high-risk behaviors.
_____ Experienced recent life stressors or losses, such as the end of a relationship, academic failure, or financial difficulties.	_____ Engaged in past or recent suicidal behavior (thoughts, attempts, plan).
_____ Told you or others that they had sought out or researched means of self-harm or suicide.	_____ Had a family member or close friend die by suicide.
	_____ Written or created works (e.g., essays, art, or social media posts) that indicate thoughts of death, dying, or self-harm.

If you checked any statements, please write specific comments here:

Authorization for the Release of Information

Name: _____ Date of Birth: ____/____/____ SSN: _____

This form, when completed and signed by you, authorizes the following parties to release protected information from your clinical and/or medical records to the persons you designate.

I authorize USAO's licensed clinician and the following agencies to communicate with each other verbally and in writing regarding my on-going assessment and treatment issues to assure my safety, the safety of others, and my academic success.

_____ **USAO's Dean of Students Office**

_____ **USAO's Mental Health Resources Office**

_____ **Other mental health professional(s)** (name, address, & phone below)

_____ **University Housing**

_____ **Parents** (name & phone) _____

_____ **My listed emergency contact** (name & phone below)

_____ **Others:** _____

The checked authorizations are valid for ninety (90) days after the date of my signature as it appears below.

I further understand that I am authorizing the release of information from records whose confidentiality and privileged status is protected (under Title 42 of the Federal code) and that redisclosure of this information by the receiving agency is prohibited. I also understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Science & Arts clinician noted above at the Counseling Center address or by FAX. However, any revocation will not be effective to the extent that parties named above have already taken action in reliance on the authorization.

I agree that a photographic copy of this authorization will be as valid as the original.

Signature of Patient

Date

Signature of Witness

Date