

DECISION MAKING GUIDELINES FOR MENTAL HEALTH SITUATIONS

- Normal changes in mood or behavior in response to a change in person's life
- Appears sad, worried, agitated or anxious, but recovers quickly
- Expresses frustration but can problem solve effectively
- Substance use is under control; substances are used in a safe way with the least amount of harm
- Expressing emotions properly when faced with a difficult situation or challenge
- Is late with turning in assignments but seeks alternate arrangements
- Is late and/or misses class 1-2 times
- Expresses feelings of being overwhelmed with work/studies/life but can problem solve effectively and/or seeks supports
- Minimal risk-taking behavior or risks are controlled and do not impact functioning
- Has a history of trauma but has found ways to function successfully day to day
- Expresses that they have a history of suicide thoughts and/or attempts, but indicates they have developed coping skills and created connections to resources

- Significant changes in mood, behavior, or appearance that are negatively affecting their functioning
- Agitation, worries or sadness disrupts their ability to function
- Expresses hopelessness, self-harm, or thoughts of suicide but has no plan or intent
- Alcohol or drug use interfering with social life, academics and/or leading to financial distress
- Unable to self-regulate their emotions
- Is late with turning in assignments, grades are declining and is not seeking alternate arrangements to hand in work
- Is late and/or misses class frequently
- Experiences multiple panic attacks
- Risk-taking behavior has increased, including high risk physical or sexual behavior
- Has a history of victimization or trauma that is currently affecting their ability to succeed
- Expresses that they sometimes think about suicide, but are not in this present moment

- Medical emergency
- Violent or destructive behavior towards others and/or towards property
- IN THIS MOMENT:
 - Active and present thoughts of suicide
 - Actively attempting suicide
 - Actively engaging in self harm behaviour
- Unconscious or intoxicated on campus
- Making verbal threats towards safety of campus, others or self
- Appears to be unaware of reality, is not aware of their words, actions or behavior
- In the process of taking a risk that threatens their safety or the safety of someone else
- Has recently experienced an assault of any form, either on or off campus



MILD

These distress responses are in the normal range of emotion and behaviour

WHAT TO DO:

- refer the student to a helpful friend or family member
- refer student to campus Mental Health Programmer
- provide additional campus resource information (Student Association, Chaplain)
- encourage accessing self-help resources available on the counselling website
- access counselling walk-in services

MODERATE

Possible indicators of distress where counselling or professional help may be warranted

WHAT TO DO:

- refer to CARE Team via referral on the counselling website OR make a counselling intake appointment through Clockwork
- access counselling walk-in services
- provide 24/7 crisis number (988 or other)
- refer the student to self-help resources available on the counselling website

SEVERE

Immediate intervention is required to keep someone from harm

WHAT DO DO:

- call Campus Security Medicine Hat: 403-529-3911
- call Emergency Services: 911
- in case of a wellness check needed, call Medicine Hat Police Service non-emergency number: 403-529-8481
- support student to access crisis line as appropriate at 988

How To Start a Conversation

Approach and Ask

- It's ok to tell them what you've observed and ask open questions
- State Your Evidence: Be specific about your observations, concerns and your desire to help

Example:

"I've noticed you've been crying often in class and I'm concerned about you. What's been going on?"

Listen

- Set aside your own need to talk and let them tell you what is going on
- Keep an open and non-judgmental attitude

Example:

*"Tell me more about that."
"Is there anything I can do to help you?"*

Support

- Acknowledge the persons feelings, even if you don't understand the situation
- Reassure that you want to help and ask if they'd like a referral

Example:

"It sounds like all this has been exhausting for you. I'd like to help you."

Refer

- Provide them with resource and referral information
- If you don't know, reach out to someone who might know

Example:

"Here is a number of someone who might be able to help more. If you would like, we can call together?"

*If a student says "No" to a referral, respect the decision of the student (except in emergency situations)

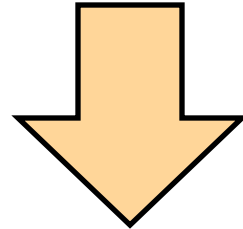
Follow-Up & Self-Care

- Offer to follow up with the student but do not insist in knowing the outcome
- Practice self-care and seek personal support as needed



Things You May Be Asked When Calling for a Wellness Check

Who is concerned? Get their contact information and use them as a first party information source.

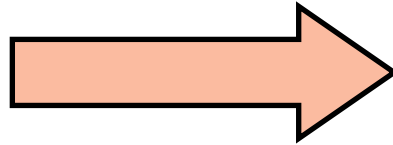


- 1, When was the last time you saw the student in-person?
 - 2, When was the latest date of communication (face-to-face, zoom, email, etc.) with the student?
 - 3, What is the student's baseline? What is their 'norm'? And how are the current behaviors or lack of behaviors concerning or different to their baseline?
 - 4, How methods of communication have been attempted? And how many times?
 - 5, Does the student have an emergency contact? If yes, have they been contacted?
 - 6, If the emergency contact is also concerned and has not seen or heard from the student, is there anyone else who may get in contact with the student?
 - 7, Has the concerned individual(s) called the Medicine Hat Regional Hospital and verified they are not at the Hospital?
- (Please note: If there is informed consent to share that information from the client or if their emergency contact has that permission, then to check with the hospital. With the client's consent, I will give the emergency department a heads-up that they are on their way to the ER. Or contact the Crisis Team. I have found that often even with this, they won't disclose, and then a wellness check gets called anyway, and the MPHS will contact the individual.
- 8, Does the student live on or off campus?



Process for Calling for a Wellness Check

Students who live in Residence



Contact Security to update them about a call for a MHPS Wellness Check on a Student. MHC Security at 403-529-3911

MHPS: 403-529-8400

MHPS Non-Emergency Line: 403-529-8481



First party information is important, they want to hear from the concerned individual(s) directly on the concerns.

Having the name, birthday, address, phone number, and other descriptions or contact information for the individual is important.

Brief description of concerns. This doesn't mean leave out the important information. Have all the necessary information and details ready in a concise way. Communicate clear concerns and any history that is relevant. Only include what is relevant. If they need more information, they will ask.

They will ask if the individual has access to firearms or weapons; be honest, even when you do not know if they have access to firearms and weapons.

They will ask if you have a key or the door has remote access. This is crucial for the first party information and emergency contact. If on residence, please connect with Residence Coordinator, Residence Admin Assistance, Head Residence Assistant, or other Resident Assistant's for initial concerns and discuss with Security.

Be prepared for a call from an MHPS Officer either with an update or asking more questions.

They may or may not phone you back for an update. I know it can be scary not knowing what occurred, and if something was not good, they would be checking in. Remember: No news is good news (most of the time when hearing from the police).