



VERSION NO. 1	MANUAL TITLE PRINCIPLES, POLICIES AND GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR UP STUDENTS	DOCUMENT NO. MHPSS2
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Some policy and procedural guidelines when students, faculty, staff come to you for help:

1. Listen to the person in distress.
2. Assess risk / seriousness of the problem. Identify whether:
 - 2.1 Emergency – if there is serious threat to life and/or need for immediate medical assistance (e.g. physical reactions such as dizziness, weakness, hyperventilation, etc.; mental health crises such as high risk for imminent suicide and/or psychotic reactions); or
 - 2.2 Not an emergency.
3. If this is an emergency case:
 - 3.1 Immediately bring the individual to the Emergency Room of the University Health Service.
 - 3.2 Make sure to not leave the person alone.
 - 3.3 Once the situation has calmed and/or the individual has been turned over to another health professional:
 - a. Inform your Immediate Head of Unit (IHU). It is the IHU who then coordinates, if needed, with the home unit of the person helped.
 - b. Write a critical incident report and furnish a copy to UHS where you brought the person.
4. If not an emergency situation:
 - 4.1 After listening to the person, see what you can do to help the person at your level.
 - 4.2 If the person is not currently under professional care, refer the person to UPD PsycServ, Office of Counseling and Guidance, and/or the University Health Service resident psychiatrist.
 - 4.3 Offer to accompany the person in case they are reluctant or intimidated to go alone. If possible, follow up with the person to find out how they are doing.
5. Additional guidelines for risk assessment:
 - 5.1 High risk – the individual has concrete suicide plan and/or evidences impulsivity. They may exhibit agitation, physical or verbal aggression, self-injurious behaviors or psychotic symptoms. This level of risk constitutes an emergency case that initiates Step # 3 of this guide.
 - 5.2 Moderate risk – the individual expresses persistent suicidal ideations but has no suicide plan and does not exhibit impulsivity. This level of risk is not an emergency but is urgent enough to merit a response, in which case Step #4 is undertaken.
 - 5.3 Low risk – the individual expresses passive suicidal ideations and has no intent, plans or impulsivity. Referral to a mental health professional is advised. This level of risk is not an emergency but needs a response to prevent worsening, in which case Step #4 is undertaken.

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These guidelines on what to do when confronted with a person who seriously needs psychosocial support are summarized below.

