Managing Students in Crisis: Implementation of a Crisis Intervention Project in a School of Nursing

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Purpose:

The purpose of the project is to develop policy; create and train a designated team of faculty and staff how to recognize and respond to students experiencing symptoms of behavioral health problems and/or who may be in crisis; and provide services to students who might be experiencing distress in the classroom or clinical setting. Project goals include: (a) developing a policy and action plan for effectively dealing with students in crisis, (b) enhancing student, faculty, and staff awareness of the impact of behavioral health problems on student success, and available resources for students in distress, and (c) providing immediate services (counseling, referral) for students in distress.

Methods:

An in depth needs assessment will be conducted in order to further substantiate the need for the RISC project. A team of faculty and staff will be specially selected based on their desire, availability, and commitment to participate in the project. The team will consist of six members including representation from administration, full and part time faculty, and staff. A major portion of the project will involve training and preparation for project development. The training itself is through Mental Health First Aid (MHFA), an evidence-based training program designed to improve mental health literacy. The concept is based on the model of medical first aid.

A subject matter expert will be recruited to train the team and work on a consultant basis with the program coordinator and members of the team for a period of 4-6 months. The consultant will work with the program coordinator on policy and procedure development, collaboration with community services, and coordinating with other entities for training. The consultant will also provide the program coordinator training on a 5-day Instructor certification course that builds on the 8 hour MHFA course and provides an in-depth instruction on facilitating the course. The addition of the instructor course will allow the coordinator to provide the MHFA course to other schools of nursing in the community, and maintain certification of PSOn team members; which in turn, will allow for sustainability of the program.

Both quantitative and qualitative methods will be used for data collection. An internal assessment will be conducted to evaluate the effectiveness for the proposed program. Two pre- and post-test surveys will be developed, one designed for the faculty/administration and the other for students. The relationship between the development and implementation of RISC at the school and the attrition and completion rate will be measured by using Pearson correlation. Evaluation of the program effectiveness and outcomes will be ongoing and used for program improvement.

Results:

The proposed program will develop and implement a crisis intervention and management program; create and train a designated team of faculty and staff on how to recognize and respond to students experiencing symptoms of behavioral health problems and/or who may be in crisis; and provide services to students who may be experiencing distress in the classroom of clinical setting. The results of this one-year pilot program will be disseminated to other colleges regionally and nationally through presentations, for example, at the American Association of Colleges of Nursing, the National League for Nursing, and the New York State Council of Hospital-based School of Nursing. The Co-principle investigators will also
prepare a manuscript for submission to peer-reviewed journals for possible publication. Finally, the Co-PIs also have expressed interest in holding webinars for other nursing schools to share experiential advice with others interested in developing such a program.

**Conclusion:**

The literature revealed that crisis intervention models would promote help-seeking behaviors in college students and minimize the stigmatization and negative attitudes these students face when dealing with mental health issues. The proposed program supports PSoN’s mission to improve student learning in higher education by piloting a crisis management program that will promote academic success and emotional well-being for nursing students. Lack of appropriate treatment for students with behavioral and/or alcohol and drug use disorders pose significant challenges for nursing students. In spite of these challenges, schools of nursing present great opportunities for improving prevention, identification and treatment of behavioral disorders in nursing students.

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**Title:**
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**Keywords:**
Crisis intervention in nursing schools, Crisis management in nursing programs and Nursing students in crisis

**References:**


**Abstract Summary:**
The authors describe the development and implementation of a crisis intervention program in a school of nursing. The project is intended to create and train a team of faculty and staff to recognize and respond to students experiencing symptoms of behavioral health problems and/or who may be in crisis.

**Content Outline:**

1. **Introduction**
   1. Nursing classrooms have become more and more diverse over recent years (Bednarz, Schim, & Doorenbos, 2010). This increase in ethnic, cultural and racial diversity is also associated with socio-economic status and the particular issues that plague certain groups (Hunt & Eisenberg, 2010). Studies have also found that nursing students report increase in stress levels due to assignments and clinical environments (Shaban, Khater, & Aku-Zaheya, 2012).
   2. Hence, nurse educators must be able to recognize and identify student problems in the clinical and classroom setting so that appropriate interventions can be taken (Cleary, Horsfall, & Happell, 2011). Furthermore, Hunt and Eisenberg (2010) asserted that behavioral disorders among college students are increasing in prevalence and severity. When untreated, behavioral disorders have the potential to negatively impact academic success, productivity, substance use, and social relationships (Hunt & Eisenberg, 2010). In addition to the high prevalence (Hunt & Eisenberg, 2010) of behavioral disorders widespread alcohol use on campuses has been documented (Cleary, Horsfall, & Happell, 2011).
   3. This project is intended to develop and implement a crisis intervention and management program; create and train a designated team of faculty and staff how to recognize and respond to students experiencing symptoms of behavioral health problems and/or who may be in crisis; and provide services to students who might be experiencing distress in the classroom or clinical setting.

2. **Background/Scope of the Problem**
   1. The need for such a program was, unfortunately, demonstrated by the recent suicide of one of our own students. During a student and faculty debriefing that was held shortly afterwards, students reported “finding themselves being pulled in too many directions.” Students spoke about the difficulties of trying to balance their academic life with their personal and social lives and work responsibilities. Others voiced concerns over the additional financial demands placed on them because of tuition. In fact, it was later learned that the young man who took his own life was experiencing financial difficulties and could no longer afford nursing school.
   2. The demands of nursing study involve specific stressors that may contribute to an increased risk for mental health problems. Nursing students experience stress related to academic, clinical, and personal issues (Del Parto et al, 2011). It should be noted that undergraduate nursing students are traditionally held to higher standards than many other majors (Harrison, 2009). At PSON (similar to many other nursing programs), students are required to earn a minimum passing grade of C+ in all nursing courses in order to progress to the next semester of courses. At PSON, the failure of two courses during the program (nursing and/or liberal arts/sciences) will result in academic dismissal. Additionally, stigma is a barrier to seeking help for mental health problems, especially among nursing (as well as medical) students.
   3. Additionally, increased incidents such as student distress including financial concerns, poor academic performance, and incivility, has created a significant challenge for students, faculty, staff, and administration. As a result, the leadership has requested that
faculty investigate the prospect of developing and implementing an innovative approach to managing students in crisis both in the classroom and clinical setting.

4. At PSOn, a small school with a maximum of 300 students, the full-time faculty serves as student advisors; however, many of them have reported that they do not feel comfortable dealing with sensitive, psychosocial issues. Currently, students receive psychosocial counseling services from an offsite counselor. The counselor, a New York State licensed psychiatric nurse practitioner is available by appointment only and, depending upon availability, the typical wait time is between one and three days.

5. During a crisis, wait-time often will result in students deferring from making an appointment at all. Students are entitled to three free sessions and then given referrals.

3. **Purpose of the Project**

1. This project is intended to develop and implement a crisis intervention and management program. The proposed program will
   1. create and train a designated team of faculty and staff on how to recognize and respond to students experiencing symptoms of behavioral health problems and/or who may be in crisis; and
   2. refer students who may be experiencing distress in the classroom or clinical setting to appropriate psychosocial support.

2. Project goals include:
   1. developing a policy and action plan for effectively dealing with students in crisis,
   2. enhancing student, faculty, and staff awareness of the impact of behavioral health problems on student success, and available resources for students in distress, and
   3. providing immediate services (counseling, referral) for students in distress.

4. **Literature Review**

1. The literature regarding nursing students' mental health distress identified that in addition to academic and personal sources of stress and coping efforts, there is the added stress and anxiety of the clinical environments (Shaban, Khater, & Aku-Zaheya, 2012). About one-third of U.S. college students had difficulty functioning in the last twelve months due to depression, and almost half said they felt overwhelming anxiety in the last year (2013 National College Health Assessment). For example, the clinical setting may expose students to stressful situations beyond their control, such as a patient dying, traumatic injuries, etc.

2. Lack of appropriate treatment for students with behavioral and/or alcohol and drug use disorders is another challenge colleges face (Hunt & Eisenberg, 2010). Barriers to seeking treatment include (Hunt & Eisenberg, 2010):
   1. lack of time;
   2. concern for privacy;
   3. financial concerns;
   4. lack of awareness of services; and
   5. lack of insight.

3. In spite of the increases in prevalence and severity of mental illness, risk factors, and barriers to treatment; college campuses present an abundance of opportunities for improving prevention, identification and treatment of behavioral disorders (Hunt & Eisenberg, 2010).

4. The necessity for comprehensive psychosocial support services and crisis management on college campuses is supported by the literature. Crisis intervention models would promote help-seeking behaviors in college students and minimize the stigmatization and negative attitudes these students face when dealing with mental health issues (Hunt & Eisenberg, 2010). Managing students in distress and making appropriate referrals also aligns with the Healthy People 2020 goal of improving mental health through prevention and ensuring access to appropriate, quality mental health services (2015).
5. Innovative approaches to developing action plans for managing students in crises include courses such as Mental Health First Aid (MHFA). MHFA is an evidence-based approach, similar to CPR that trains people about mental illnesses, addictions, risk factors, and warning signs (National Council, 2014). Participants are also trained in developing action plans geared at helping people with mental health issues or in crisis (Jorm, Kitchener, O’Kearney, & Dear, 2004; Kitchener, & Jorm, 2006).

6. Individuals trained in MHFA develop confidence in intervening with those in crisis; are more apt to refer people for services; collaborate with mental health providers; and are more accepting of those with mental health problems (Jorm, Kitchener, O’Kearney, & Dear, 2004; Kitchener, & Jorm, 2006). MHFA has also been found to be useful in helping members in the public to assist individuals who practice self-injurious behaviors to seeking professional help (Kelly, Jorm, Kitchener, & Langlands, 2008).

7. MHFA training has potential for positive impact on current and future success in students with mental health problems (Bond et al., 2015).

1. Methodology:
   1. An in depth needs assessment will be conducted in order to further substantiate the need for the RISC project. Factors to be addressed in order to complete the assessment included: philosophy, mission, goals of the School of Nursing, organizational culture and history, current program policies and practices, demographics and culture of student body, psychosocial needs of the students, accessibility of program to the students, building faculty capacity, and availability of resources.

   2. A team of faculty and staff will be specially selected based on their desire, availability, and commitment to participate in the project. The team will consist of six members including representation from administration, full and part time faculty, and staff. A major portion of the project will involve training and preparation for project development. The training itself is through Mental Health First Aid (MHFA), an evidence-based training program designed to improve mental health literacy. The concept is based on the model of medical first aid.

   3. MHFA offers a track record of reducing stigma associated with mental illnesses and increasing the assistance offered to those experiencing a mental health crisis or developing a mental health problem. The program was developed in 2001 at the Center for Mental Health Research at the Australian National University in Canberra (National Council, 2014).

   4. Mental Health First Aid-USA adapts the Australian Mental Health First Aid program for the United States. The creators granted permission to the Maryland Department of Health and Mental Hygiene, the Missouri Department of Mental Health, and the National Council for Community Behavioral Healthcare to reproduce, adapt, update, and copyright the original materials for the purpose of improving knowledge and skills to respond to mental health issues in the United States (National Council, 2014).

   5. A subject matter expert will be recruited to train the team and work on a consultant basis with the program coordinator and members of the team for a period of 4-6 months. The consultant will work with the program coordinator on policy and procedure development, collaboration with community services, and coordinating with other entities for training. The consultant will also provide the program coordinator training on a 5-day Instructor certification course that builds on the 8 hour MHFA course and provides an in-depth instruction on facilitating the course. The addition of the instructor course will allow the coordinator to provide the MHFA course to other schools of nursing in the community, and maintain certification of PSoS team members; which in turn, will allow for sustainability of the program.

   6. Both quantitative and qualitative methods will be used for data collection. An internal assessment will be conducted to evaluate the effectiveness for the proposed program. Two pre- and post-test surveys will be developed, one designed for the faculty/administration and the other for students. The relationship between the development and implementation of RISC at the school and the attrition and completion
rate will be measured by using Pearson correlation. Evaluation of the program effectiveness and outcomes will be ongoing and used for program improvement.

7. The results of this one-year pilot program will be disseminated to other colleges regionally and nationally through presentations, for example, at the American Association of Colleges of Nursing, the National League for Nursing, and the New York State Council of Hospital-based School of Nursing. The Co-principle investigators will also prepare a manuscript for submission to peer-reviewed journals for possible publication. Finally, the Co-PIs also have expressed interest in holding webinars for other nursing schools to share experiential advice with others interested in developing such a program.

2. Anticipated Benefits
   1. The proposed project has several anticipated benefits to the program and the nursing profession. In addition to addressing current state of mental health among college students, this program will allow the school of nursing to utilize best practices in crisis management.
   2. Secondly, a crisis intervention program will improve communication between students and the school.
   3. Thirdly, a crisis intervention program will provide a sense of safety and security for the students.
   4. Fourthly, a crisis intervention program will minimize the risk of potential injury to self or others. Additionally, a crisis intervention model will promote help-seeking behaviors in our nursing students (Hunt & Eisenberg, 2010). RISC will also help faculty to identify the current state of mental health among nursing students, which has not been well studied.
   5. Finally, the program will help to minimize the stigmatization and negative attitudes students face in dealing with mental health issues.

3. Expected Outcomes and Implications
   1. The crisis management program will enable the school of nursing to introduce its students to a crisis intervention program designed specifically to recognize, identify, and intervene during crisis situations.
   2. The program will provide students access to mental health care and the psychosocial support needed in order to enhance their potential for success.
   3. Students will take responsibility and accountability for seeking assistance during distress and utilizing available resources.
   4. The program’s overarching goal is to promote academic success and emotional well-being for our nursing students through the identification and prevention of crises.

2. Evaluation Plan
   1. Success of the program will be determined by evaluation of student and staff feedback. Specific information on how often the services were utilized, how satisfied students were with the services, and student overall success in the nursing program.
   2. Depending on periodic evaluation results, policy will be amended; and if the program is successful, the school will continue the services.

3. Results
   1. A needs assessment was performed on the nursing school. The goal of the program needs assessment was to substantiate a viable need for the school of nursing to develop and implement a crisis intervention program. This needs assessment was intended to identify the psychosocial needs of current and future nursing students, program responsibilities for meeting those needs, and faculty knowledge gaps.
   2. Gaps identified in the assessment included: (a) the need for implementing policies on addressing crisis intervention on the campus and clinical setting; (b) addressing the needs of a widely diverse student body; (c) addressing student interest in onsite counseling, crisis intervention, and accessibility of program services; (d) faculty training in recognizing, identifying, and intervening with individuals in distress; and (e) consideration for the financial impact on the institution.
10. Conclusion

1. The literature revealed that crisis intervention models would promote help-seeking behaviors in college students and minimize the stigmatization and negative attitudes these students face when dealing with mental health issues.

2. The proposed program supports PSoN’s mission to improve student learning in higher education by piloting a crisis management program that will promote academic success and emotional well-being for nursing students. Lack of appropriate treatment for students with behavioral and/or alcohol and drug use disorders pose significant challenges for nursing students. In spite of these challenges, schools of nursing present great opportunities for improving prevention, identification and treatment of behavioral disorders in nursing students.

3. The proposed program responds to challenges in the teaching and learning environment that are inherent in today's society. Behavioral disorders among college students are increasing in prevalence and severity, and when left untreated, these disorders have the potential to negatively impact students’ academic success, productivity, substance use, and social relationships. In addition to the prevalence of behavioral disorders, widespread alcohol use on campuses has been documented. (Hung & Eisenberg, 2010).

4. While our research identified numerous articles about how nursing students can help provide psychosocial support to patients, there was little to be found about providing psychosocial crisis support to nursing students. The proposed program will enable faculty to develop a policy and action plan of interventions that effectively deal with students in crisis in the classroom and the clinical setting. The benefits include: keeping students safe during crisis situations; ensuring a strictly confidential atmosphere; offering students with appropriate and immediate services, such as counseling or a referral; and helping faculty to identify and respond confidently to those students at risk.

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