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COVID-19 and Safely Delivering Mental Health Services As Campuses Re-open

Steps to mitigate and slow the spread of COVID-19 have been in effect since March of this year. As states start to slowly re-open businesses and workplaces including colleges and universities, the Association for University and College Counseling Center Directors (AUCCCD) strongly advocates for a public health-informed approach to re-commencing in-person mental health services.

Re-opening college and university campuses is happening at a time when widespread testing, contact tracing, treatment, and vaccines are not yet available. Therefore, any plans to re-open should be guided by the importance of protecting the health and safety of both students and staff who work in campus counseling centers. Higher education should employ a phased timeline as students are allowed to return to campus. Face-to-face counseling should not resume until and unless campuses have addressed circumstances that are unique to the counseling center setting, and may make physical distancing and cleaning office spaces critical.

Reduce student and staff density

Reducing the density, or number of individuals gathered together is a top priority for campus counseling centers. Telemental health services are the best way to eliminate the inherent concerns associated with in-person visits to the counseling center. This includes remote individual and group counseling sessions, educational outreach, and meetings. In-person visits should be limited to students who are in acute crisis or otherwise clinically inappropriate for telemental health services, who do not have access to the technology needed for telemental health services, or who have accessibility needs that make remote services impractical. Several other density-reducing measures can be taken, including embedding counselors in locations around campus, staggered staff work schedules, staggered appointment scheduling, and reduced seating in waiting rooms and other meeting spaces within the counseling center.

Provide alternate work location or assignments for those at higher health risk

The risks to the health of both students and staff should be considered when making decisions as whether it is appropriate to provide in-person versus remote services. Staff or students with health risk factors, or who are caring for people with risk factors should be permitted to engage in remote services.

Assess the ability to maintain physical distance during face-to-face service delivery

Prior to re-opening the office for in-person appointments, each clinical office should be measured to assess for capacity to maintain a minimum six-foot buffer. Even if physical distancing is possible, the pros and cons of the impact of wearing masks or erecting barriers such as clear Plexiglas may have on the therapeutic relationship (e.g., inability to assess nonverbal facial expressions, inability to lip read for those who are hard of hearing, lack of warmth in the setting) should be considered.

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Comprehensive cleaning protocols

If students will be sitting in waiting rooms, counselor offices, and other meeting spaces, a comprehensive surface cleaning protocol should be in place. The emotional nature of therapy often involves frequent use of facial tissues or speaking loudly which increases the release of respiratory particles in the air. Check-in procedures or sharing office spaces will have to be altered or managed to minimize potential contagion associated with using the same tablets, computers, or writing implements. Cleaning supplies and procedures should be in place and developed in advance of a re-opening, including who will be responsible for cleaning private and shared spaces.

A commitment to public health

Colleges and universities should hold a firm public health-informed plan in place as well as a rationale for insisting that face-to-face clinical services resume sooner rather than later. Institutional leadership, in close partnership with counseling center administrators, must work closely to identify and secure the necessary measures and resources to ensure the on-going health and safety of students and staff. Once solutions to community transmission of COVID-19 are in place counseling centers will be able to transition to less restrictive service delivery processes.

Sincerely,

Sharon L. Mitchell, Ph.D.

President, AUCCCD