FAQ about the Mandated Assessment Process

Why me? I know lots of students who do what I’ve done.
It’s true, you may know of other students who need help more than you do, or who have engaged in riskier behaviors. If there are friends you are worried about we hope you will encourage them to take advantage of counseling, too. Since someone reported concerns about your behaviors, we want to do all we can to insure your well-being.

I’ve been in counseling before, and I didn’t like it, or it wasn’t helpful. Why are you still requiring that I go?
Developing trust in your relationship with a clinician is key to this process being helpful. It may be that your prior experience really was a poor fit between you and your therapist, or that you (rightly) did not trust what you said to remain confidential. If the fit with the first clinician you meet isn’t right, you are welcome to request a shift to someone else on- or off-campus.

What happens if I go to CHWS, and after one or more sessions, my clinician determines that I’ve not complied with the required assessment?
Not only may you choose to engage in your assessment with a provider off-campus, the University may decide that such a plan is desirable. For example, sometimes a student needs more focused attention than we can provide in an outpatient, campus clinic. They may need to be seen more than once a week, or may be in immediate need of stabilization in a hospital or treatment center before weekly therapy is appropriate. A student may also have come to CHWS in the past and not have been a good fit for the treatment available there. Ultimately, failure to complete the assessment could result in further action by the University, but the hope is that if CHWS is not the ideal place for you to get your assessment, that you will complete the recommended evaluation or treatment in the setting that is right for you.

What happens if I’m participating in the assessment like I’m supposed to, and a new report is written about me?
In these cases the review team considers the individual circumstances. Requiring additional sessions of assessment and/or informing parents of our concerns are options that could be considered.

I am harming myself, but I have no intention of dying. Am I still required to participate in this process if I’m honestly not suicidal?
Yes. Your behavior was noticed and caused others concern. Only you will know whether you were intending to really do yourself harm, and
whether you might ever plan to do so. The review team is paying attention to your behavior, not trying to read your intention. We cannot expect your peers or faculty to interpret your behaviors or diagnose your level of distress, either. You may speak with the clinician you work with about what you were actually thinking, and how you feel about how things have turned out (including about getting this FAQ). Your reported behavior a high priority for us. We need the community to feel safe to all, whether or not you are actually at high risk for attempting to take your own life. Equally important to us is that non-suicidal self-injury is not a harmless coping strategy. It is itself cause for concern and this protocol is intended to address both concerns for student suicide risk and those who are engaging in deliberate self-harm.

**I was suicidal for a bit there, but I’m fine now. Do I still have to get an assessment?**
Yes. Many students mention suicidal thoughts or feelings in the course of participating in psychotherapy, and we know that this is not the same as planning to kill one’s self. We can some self-destructive ways of coping at times, when things aren’t going well. This is a chance to talk about what patterns you’ve developed and what more effective coping strategies you might add to your repertoire.

**So what if I am suicidal? It’s my right to take my life if I choose to do so.**
We know that only you have ultimate control over how you interact with your body. But you do not have the right to engage in behaviors that harm you (and therefore those around you) **while a member of our campus community** without the campus community intervening.
Why does Puget Sound have this policy?
When we implemented this policy in 2004 it was based on research indicating this process has potential to save lives, even if it can be uncomfortable for some students for a time. Our own experience and ongoing research about outcomes support those conclusions. Most students involved in this Mandated Assessment of Suicidality and Self-Harm (MARSSH) come to appreciate that our practice of requiring psychological assessment for students with suicidal ideation or behaviors, and those who engage in non-suicidal self-injury is intended to help connect students with support to enhance effective coping skills and help them succeed as students and beyond.

Why are faculty, staff and students keeping such a close eye on my welfare? Does this campus have a history of suicides?
Based upon the expected number of college suicides by size of student body, the Puget Sound community has experienced fewer suicides than would be expected. But we care about our students and hope for that number to be zero. We believe that getting students support when they need it is important and that’s why we ask faculty, staff and fellow students to pay close attention. Our goal is for students to enjoy and benefit from their Puget Sound experience, not just to survive it; health – both physical and emotional -- is a huge part of that equation.

How can you say the assessment is “confidential” if I have to give you permission to inform a campus representative whether I’ve completed the required assessment?
We require students in the MARSSH process to provide authorization to share information limited to whether they are participating in and have completed the required sessions. Nothing is shared about what you disclose or about assessments or diagnoses, nor anything about treatment recommendations that might be made in the course of those required sessions. Without your authorization the mental health provider cannot legally acknowledge seeing you at all.

a. You should be aware that there are legal limitations to provider/client confidentiality. A mental health provider is required to report to appropriate authorities:
   If you are assessed to be at imminent risk of harming yourself or others,
   b. if you report ongoing abuse of children or dependent adults, or
   c. if there is a court order of your record.

I want the review team to reconsider this requirement. How may I go about that?
As noted in the letter you received from the member of the review team...
you met with, we hope you will see this requirement as an opportunity to discuss relevant issues about your life, including (but not limited to) any suicidal thoughts, feelings, and risks. Many students who have participated in this process have reported that although initially irritated by the requirement, in the end they found the engagement helpful. However, you may choose to request the review team to reconsider. To do so you must notify the Dean of Students Office of your intent to request a review within 24 hours of receipt of the letter. Requests are to be in writing and should include any relevant information you believe the review team did not have access to at the time of the initial decision. Decisions of the review team under these circumstances are final.