

ANA G. MÉNDEZ UNIVERSITY

# AGMU Mental Health Crisis Management Protocol

*Students' mental  
well-being is  
essential for their  
academic and  
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## MENTAL HEALTH CRISIS MANAGEMENT PROTOCOL

### **Introduction/Purpose**

The mental well-being of students is essential to their academic and personal success. The Office of Quality of Life at Ana G. Méndez University recognizes that mental health crises can arise and is committed to ensuring that students receive appropriate assistance through early intervention and referrals to professionals and mental health care agencies.

This protocol establishes a structured procedure for identifying, providing initial intervention, referring, and following up on mental health crises within the university community, both at the physical campuses in Florida and for online students in the U.S. and Puerto Rico.

### **Definition of Mental Health Crisis**

A mental health crisis occurs when a student experiences significant emotional distress that impairs their ability to function safely or poses a risk to themselves or others.

Mental health crises may include the following:

- A. Suicidal thoughts or attempts
- B. Intentional self-harm
- C. Aggressive or violent behavior
- D. Psychotic episodes (delusions, hallucinations, extreme paranoia)
- E. Severe anxiety or uncontrollable panic attacks
- F. Verbal expressions of extreme hopelessness or intent to self-harm
- G. Severe disorientation or disconnection from reality

### **Key Principles of Crisis Management**

- A. Safety First: The priority is to protect the life and well-being of the student and those around them.
- B. Timely Intervention: Early detection can reduce the severity of the crisis.
- C. Proper Referral: University staff should refer students to the necessary professional help.
- D. Confidentiality and Respect: Student information should be handled in accordance with applicable legal regulations.

### **Crisis Intervention Process**

This process outlines the intervention steps for a mental health crisis.

#### **A. Initial Crisis Assessment**

Before intervening, the severity of the crisis must be determined to take the correct action.

##### **1. Identifying Crisis Signals**

A student may be in crisis if they display:

- i. Verbal or written expressions of suicidal thoughts or self-harm
- ii. Violent or aggressive behavior
- iii. Severe disorientation, confusion, or delusions



- iv. Extreme anxiety or prolonged panic attack
- v. Erratic behavior that jeopardizes their well-being

### B. Determining the Risk Level

Nivel de riesgo	Señales	Acción inmediata en modalidad presencial	Acción inmediata en modalidad en línea
High Risk (Emergency - Immediate Crisis)	<ul style="list-style-type: none"> <li>• Suicidal intent with a concrete plan.</li> <li>• Threats of violence or self-harm.</li> <li>• Severe disorientation or psychotic symptoms.</li> <li>• Complete loss of emotional control.</li> </ul>	<ol style="list-style-type: none"> <li>1. Call 9-1-1 immediately.</li> <li>2. Do not leave the student alone.</li> <li>3. Notify the Director of Center, Director of Quality of Life and Security Officer, or their authorized representative.</li> </ol>	<ol style="list-style-type: none"> <li>1. Try to obtain the student's location.</li> <li>2. Call 9-1-1 or the local crisis line.</li> <li>3. Notify the Director of Quality of Life and the Dean of Students, or their authorized representative.</li> <li>4. Notify the Director of the Online Division.</li> </ol>
Moderate Risk (Important Crisis, but not Immediate)	<ul style="list-style-type: none"> <li>• Severe anxiety, but no immediate risk of harm.</li> <li>• Extreme hopelessness without a suicidal plan.</li> <li>• Drastic behavior changes</li> </ul>	<ol style="list-style-type: none"> <li>1. Listen with empathy and calm.</li> <li>2. Avoid judgment or attempting to diagnose.</li> <li>3. Ask directly: "How can I help you?"</li> <li>4. Share wellness resources (helplines, support programs).</li> <li>5. Help contact a mental health professional.</li> <li>6. Notify the Director of Center, Director of Quality of Life and the Dean of Students, or their</li> </ol>	<ol style="list-style-type: none"> <li>1. Respond with empathy and validate emotions.</li> <li>2. If the student mentions serious issues, suggest speaking with a professional.</li> <li>3. Share wellness resources (helplines, support programs).</li> <li>4. Do not force the conversation but notify the Director of Quality of Life and the Dean of Students, or their authorized representative.</li> </ol>

		authorized representative	
Low Risk (Not an emergency, but needs support)	<ul style="list-style-type: none"> <li>• High emotional stress, moderate anxiety.</li> <li>• Deep sadness but functional.</li> </ul>	<ol style="list-style-type: none"> <li>1. Listen and show willingness to help.</li> <li>2. Recommend the student seek help. Can recommend contacting the Director of Quality of Life.</li> </ol>	<ol style="list-style-type: none"> <li>1. Respond with interest and support.</li> <li>2. Recommend the student seek help. Can recommend contacting the Director of Quality of Life.</li> </ol>

### Referral Procedure

The referral procedure is implemented when a student exhibits mental health crisis signs with moderate or low risk and requires professional assistance. It is important to ensure that the student is referred to the appropriate services.

#### A. Steps for Referral (In-Person Mode)

1. **Evaluate the situation**
  - i. Determine the risk level of the crisis using the assessment table.
  - ii. If there is high risk, call 9-1-1 immediately.
  - iii. If the risk is moderate or low, proceed with the appropriate referral.
2. **Inform the student about the need for referral**
  - i. Explain the importance of receiving services from a mental health professional, offering to help connect them with resources.
  - ii. Use phrases like: "I see you're going through a tough time. I'd like to help you connect with someone who can provide professional support."
3. **Provide information about available resources**
  - i. Share information about services from the Office of Quality of Life, crisis hotlines, and/or community mental health centers.
4. **Facilitate contact with a professional**
  - i. If the student is willing, assist in making a call or scheduling an appointment.
  - ii. If the student is unwilling to accept help, respect their decision. Suggest they consider it and provide accessible resources (card, email, message).
5. **Notify the Director of Quality of Life**
  - i. Document the situation and the referral made.

#### B. Steps for Referral (Asynchronous Online Mode)

1. **Evaluate the situation and determine the risk level**
  - i. Read the student's messages in emails, forums, or chats in the learning platform.
  - ii. Observe changes in participation, such as sudden activity drop, concerning messages, or task abandonment.
  - iii. Determine if the student is at high risk, using the risk level table.

2. **Initial communication with the student**
  - i. Respond quickly, empathetically, and non-judgmentally.
  - ii. Do not minimize the situation or ignore the student's concerns.
  - iii. Use a message like: "Thank you for sharing this. I'm concerned about what you mentioned, and I want to make sure you receive the appropriate help. There are resources available to support you, and I want to provide you with that information."
3. **Offer information and support resources**
  - i. Share information about services from the Office of Quality of Life, crisis hotlines, and/or community mental health centers.
4. **Facilitate contact with a professional**
  - i. If the student is willing, help coordinate an appointment.
  - ii. If the student is unwilling, respect their decision. Suggest they consider it and provide accessible resources.
5. **Notify the Director of Quality of Life**
  - i. Document the situation and the referral made.

### C. Steps for Referral (Synchronous Online Mode)

1. **Evaluate the situation**
  - i. Determine the risk level using the assessment table.
  - ii. If there is high risk, call 9-1-1 immediately. Keep the video or phone call going while managing the emergency. Attempt to obtain the student's location to assist emergency services.
  - iii. If the risk is moderate or low, proceed with the referral as necessary.
2. **Inform the student about the need for referral**
  - i. Explain the importance of receiving services from a mental health professional, offering to help connect them with resources.
  - ii. Use phrases like: "I see you're going through a tough time. I'd like to help you connect with someone who can provide professional support."
3. **Provide information about available resources**
  - i. Share information about services from the Office of Quality of Life, crisis hotlines, and/or community mental health centers.
4. **Facilitate contact with a professional**
  - i. If the student is willing, help them make the call or coordinate an appointment.
  - ii. If the student does not want help, respect their decision. Suggest they consider it and provide accessible resources (card, email, message).
5. **Notify the Director of Quality of Life**
  - i. Document the situation and the referral made.

### Referral Management

When staff identifies a student in crisis and makes a referral to the Office of Quality of Life, the Director will follow the procedure outlined below to ensure an appropriate and effective response:



## **A. Reception and Review of Referral**

1. Review the information received, ensuring it includes relevant details such as the observed behavior, perceived urgency, and any previous attempts to support the student.
2. If the referral is incomplete or requires clarification, contact the sender for further information.

## **B. Contacting the Student**

1. If immediate intervention is not required, attempt to contact the student within 24 hours to assess their condition and availability for support.
2. If the referral indicates moderate or high risk, prioritize immediate communication with the student.

## **C. Crisis Level Assessment**

1. Conduct a preliminary risk assessment through telehealth services or, if possible, in person.
2. Determine whether the situation can be handled with psychoeducational intervention and support, or if a referral to another professional is required.

## **D. Action Plan Determination**

1. **Low-risk cases:**
  - i. Provide guidance and emotional management strategies.
  - ii. Offer follow-up within the Quality of Life services.
2. **Moderate-risk cases:**
  - i. Initiate structured follow-up with the student.
  - ii. Explore support networks within and outside the university.
  - iii. Refer to external resources if necessary.
3. **High-risk cases:**
  - i. Immediately contact emergency services or specialized resources.
  - ii. If the student is in imminent danger, coordinate an immediate intervention with family.

## **E. Communication with the Referrer (If Applicable)**

1. Without violating the student's confidentiality, the referrer may be informed that the referral has been received and is being addressed.
2. If the student consents, strategies for supporting the student in the academic environment can be shared.

## **F. Coordination with External Resources**

1. If the student requires support not available within the university, coordinate the referral to specialized mental health services, crisis lines, or treatment centers.
2. Ensure the student receives clear information about available resources.

## G. Follow-up and Documentation

1. Record all relevant information in the student's Quality of Life file.
2. Establish a follow-up plan according to the initial assessment and monitor progress.
3. If necessary, hold internal meetings to evaluate additional support strategies.

## H. Case Closure or Transition to Ongoing Services

1. If the student has stabilized, close the case with a follow-up note.
2. In cases requiring continuous support, coordinate the transition to external mental health services.
3. Review the case internally to improve future crisis response strategies within the university community.

## Resources for Referring Students

The following is a list of resources to which you can refer students or contact for assistance.

Recurso de Ayuda Nacional National Suicide Prevention Line	
Línea Nacional de Prevención del Suicidio – National Suicide Prevention Line	9-8-8

Recursos de Ayuda en Florida	
Líneas de Crisis (24/7) Crisis Hotlines	
Florida's Hotline	2-1-1
Crisis Line The Centers Orlando	407-425-2624
CrimeLine	407-423-8477
Victim Service Center	407-500-4325
National Domestic Violence Hotline	800-799-7233
LGBT National Hotline	800-843-4564
Crisis Text Line	Text HOME to 741741
Miami Crisis Helpline	2-1-1
Florida Crime Victim Services	1-800-226-6667
Miami – Dade Victim Assistance Services	305-375-5020
Miami – Dade Mobile Response Team	800-435-7968
Miami Dade Domestic Violence Hotline	305-358-4357
Miami Dade Police Department Domestic Violence Unit	305-603-6300
LGBT National Hotline	800-843-4564
Crisis Text Line	Text Home to 741741
National Sexual Assault Hotline	1-800-656-4673
Florida Department of Children and Families Abuse Hotline	1-800-962-2873
Clínicas de Salud Mental Mental Health Services Center	
Florida Hospital Center for Behavioral Health (Orlando)	407-303-8533



University Behavioral Center (Orlando)	404-281-7000
ASPIRE Health Partners (Orlando)	407-875-3700
Central Florida Behavioral Hospital (Orlando)	407-370-0111
Park Place Behavioral Health Care (Kissimmee)	407-846-0023
Osceola Regional Medical Center (Kissimmee)	407-506-4116
Halifax Health- Adult Behavioral Services (Daytona Beach)	386-254-4080
St Joseph's Hospital Behavioral Health Center (Tampa Bay)	813-470-4300
Crisis Center of Tampa Bay	813- 964-1964
TGH Behavioral Health Hospital	813-893-6300
Jackson Behavioral Health Hospital (South Florida)	305 355-7900
South Florida State Hospital	954-467-2000
South County Mental Health Center	561- 637-2102
Memorial Regional Hospital Behavioral Health	954- 965-2000
Miami Behavioral Health Center	305-355-9000
ASPIRE	305-507-0096
The South Florida Behavioral Health Network	954-321-2300
NAMI Miami Dade (National Alliance on Mental Illness)	305-665-2540
Hialeah Hospital Behavioral Health	305-819-4600
Community Health of South Florida	305-252-4853
The Alliance for Healty Homes	305-441-4011

Recursos de Ayuda en Puerto Rico Mental Health Resources- Puerto Rico	
Líneas de Crisis (24/7)	
Línea PAS (Primera Ayuda Psicosocial)	1-800-981-0023
Centro de Ayuda a Víctimas de Violación (CAVV)	1-800-981-5721 787-708-6179
Línea gratuita de ayuda por envenenamiento	1-800-222-1222
Clínicas de Salud Mental	
Centro de Salud Conductual Menonita (CIMA)	1-800-981-1218
Clínicas Ambulatorias de APS	787-641-9133
Hospital Metro Pavía-Salud Conductual Cabo Rojo	787-851-2025
Hospital Panamericano	1-800-981-1218
Hospital San Juan Capestrano	787-760-0222
APS Clinics of Puerto Rico	888-323-1464
INSPIRA	787-704-0705

### **Information of the Director of Quality of Life**

To contact the Director of Quality of Life and the Dean of Students:

#### **Dr. Julio A. Cruz Rodríguez**

Director of Quality of Life (Interim)

jcruz@agmu.edu

(407) 563-6501, ext. 8367



**Dr. Mirely Buitrago-González**  
Dean of Student Affairs  
mbuitrago@agmu.edu  
(407) 563-6501, ext. 5568

Addendum



**Mental Health Crisis Referral Form**  
(Confidential – For the Director of Quality of Life Use Only)  
Online: <https://forms.office.com/r/5EcvZYDVen>

Instructions:

This form must be completed by any academic, administrative, or faculty staff member who has identified or received information about a potential mental health crisis involving a student.

The purpose is to inform the Director of Quality of Life, who is also a licensed professional counselor, so that appropriate follow-up can be provided.

Important:

- A diagnosis is not required. Simply describe what was observed, heard, or read.
- If there is an immediate risk (e.g., suicide, violence, psychosis), call 9-1-1 first and then complete this form.
- This form is confidential and must not be shared with unauthorized third parties.

Date of referral: \_\_\_\_\_

Time of referral: \_\_\_\_\_

I. Referrer's Information

Full name: \_\_\_\_\_

Position/Role: \_\_\_\_\_

Institutional email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Modality in which the crisis occurred:

In person

Online (asynchronous)

Online (synchronous: video call or phone call)

II. Student Information

Full name of the student: \_\_\_\_\_

Student ID number (if known): \_\_\_\_\_

Student email address: \_\_\_\_\_

Contact phone number (if available): \_\_\_\_\_

Academic program: \_\_\_\_\_

Campus or modality: \_\_\_\_\_

### III. Observation of Crisis Signs or Indicators

Check all signs observed or reported by the student, organized by risk level:

#### A. High-Risk Signs (Emergency – Immediate Intervention Needed)

- Expressed suicidal thoughts with a specific plan
- Mentioned access to means to self-harm (weapons, sharp objects, substances)
- Threatened to harm self or others
- Showed severe disorientation, delusions, or hallucinations
- Displayed erratic and uncontrollable behavior
- Used phrases such as: “I want to disappear,” “I can’t take it anymore,” “I want to die,” etc.

#### B. Moderate-Risk Signs (Requires Intervention and Referral – Not an Emergency)

- Expressed deep sadness or hopelessness without suicidal intent
- Anxiety or panic crisis that interferes with functioning
- Sudden behavioral changes (absences, irritability, frequent crying)
- Comments about feeling overwhelmed or unsupported
- Appeared emotionally affected but was able to maintain the conversation
- Confused or incoherent speech, but not dangerous

#### C. Low-Risk Signs (Requires Basic Support or Check-In)

- Mentioned feeling stressed due to academics or personal life
- Expressed feeling unmotivated or unable to concentrate
- Decreased participation but maintained contact
- Seemed more irritable or sensitive than usual
- Requested to talk but showed no urgent risk indicators

Brief description of the situation:

(Use descriptive, non-clinical language. Note what you heard, saw, or read.)

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### IV. Actions Taken Before This Referral

Was 9-1-1 or a crisis line contacted?

- Yes
- No



Was the student referred to an external resource?

Yes – Which one? \_\_\_\_\_

No

Did the student accept help?

Yes

No

Not discussed

Were resources such as helplines or professional contacts shared with the student?

Yes

No

What other steps were taken, if any?

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Additional Comments or Follow-up Recommendations (Optional)

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V. Referrer's Signature

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

This form must be sent to the Director of Quality of Life immediately after the incident:

- Dr. Julio Cruz Rodríguez, LMHC, LPC
- Email: [jcruz@agmu.edu](mailto:jcruz@agmu.edu)
- Direct phone: (407) 563-6501, ext. 8367

Confidentiality: This information will be handled in accordance with privacy laws and institutional policies. It will not be shared without authorization, except in situations involving imminent risk.