Never Worry Alone:
A Multidisciplinary Acuity Team Model for Managing High-Risk Students and Promoting Leadership Sustainability

Attendance Check In Code

47249

“Never Worry Alone”

A Multidisciplinary Acuity Team Model for Managing High-Risk Students and Promoting Leadership Sustainability

Who are we?

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Brandeis University

4,696 (3,342 undergraduate, 1,354 graduate)

“Private research university with a liberal arts focus”

Waltham, MA (9 miles west of Boston)

BCC Utilization: 17%

Acuity Trends in College Mental Health

From the Center for Collegiate Mental Health 2025 Annual Report (CCMH, 2026):

- Increase in students coming to college with significant mental health and mental health treatment histories.
- Prevalence of student's reporting histories of non-suicidal self-injury (29.2%) and suicide attempt(s) (11.3%) reached highest levels
- Slight declines in self reported areas of distress over past few years (since COVID), though still remains higher than historically

Current stressors contributing to case complexity and acuity:

- Financial insecurity
- Geopolitical stressors

Brandeis:

- Increase in mental health transports and hospitalizations this year

Poll

Acuity Management

Definition

Decision making, care planning, and consultation around the most complex and high-risk students on campus with a focus on student safety and risk management.

- Often role of Clinical Director or CC Leadership

Key Aspects of Acuity Management

1. Coordinates with hospitals and off campus treatment teams.
2. Provides consultation to campus partners (Community Living, Dean of Students Office, Care Team, Athletics, etc.).
3. Supports staff decision-making – provides consultation and supervision around complex or high-risk cases.
4. Oversees department’s risk and safety protocols

Hidden Labors of Acuity Management

- Isolation in decision making for high-risk but ambiguous cases
  - Navigating differing opinions between stakeholders
  - Second guessing decisions
- Constant weighing of clinical, ethical and liability factors
  - Balancing tension between student autonomy and institutional liability
- Supporting staff clinician's anxiety around high-risk cases (while simultaneously managing one's own stress response)
  - With limited to no clinical supervision of their own
- Repeated exposure to traumatic student incidents

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Workplace Burnout in Mental Health Professionals

Risk Factors

- Isolation
- Unmanageable workload
- Inadequate supervision
- Lack of organizational support
- Secondary trauma
- Cumulative stress

(Maslach, 2017; O'Connor et al., 2018)

Negative Associated Outcomes:

- Poorer wellbeing
- Job Dissatisfaction
- Leadership turnover
- Impaired clinical decision-making and quality of care

(Johnson et al., 2017)

Acuity Team Model

Overview of Model

- Multidisciplinary group of BCC providers that meets 1-2 times per week to review high acuity cases
  - Psychiatrists, Clinical Director(s), On-call Clinicians, Therapists
  - Other clinicians can join or refer cases to Acuity Team
- Consultation on care planning and coordination that considers:
  - Clinical
  - Ethical
  - Risk/Liability
  - Administrative (what is CC role within university?)
- Has evolved each academic year in response to rising acuity/complexity, leadership and clinician bandwidth, as well as legal/liability considerations
- Different from Care Team/BIT
  - Meets Monday mornings, before Campus Partners and Care Team meetings

Overview of Model, continued

- Types of cases reviewed:
  - Recent hospital transports/admission
  - Students referred from campus partners for suicidality or heightened concerns/behavior (even if not a CC client)
  - Students not meeting criteria for transport/hospitalization but exhibiting significant risk factors (“orange” students)
- Consult on each case to determine treatment plan and distribute responsibilities, including:
  - Care coordination for students during and post-hospitalization
  - Intervention(s) and risk management planning
  - Clinician consultation
  - Coordination with campus partners and off-campus treaters

	A	B	C	D	E	F	G	H	I	J	K
1	Medicat	Name (pronouns)	Date of Incident	BCC Point	Concern(s)	Hospital?	Discharge?	BCC Clinician	BCC Psych	Next Step	Notes
2	xxxxx	Dana Evans	8/22/2025	Alyssa	MH/SI	H1 transport	n/a	-	-	PHP and find off campus providers	details of incident, clinical hx
3			9/5/2025	Alyssa	SI	H1 transport	9/16/2025	-	-	re-entry mtg	details of incident, clinical hx
4	xxxxx	Heather Collins	8/22/2025	Alyssa	overdose	H1 transport	n/a	-	-	-	details of incident, clinical hx
5			8/23/2025	Addie	SI	H1 transport	n/a	-	-	-	details of incident, clinical hx
6			8/26/2025	Alyssa	SA/overdose	H2	11/7/2025	-	-	HLOA	details of incident, clinical hx
7	xxxxx	Cassie McKay	8/23/2025	Alyssa	SA	H3	8/27/2025	-	-	re-entry mtg, off campus treaters	details of incident, clinical hx
8	xxxxx	Michael Robinovich	8/25/2025	Addie	MH/OEO	-	n/a	AA	No	intake at BCC	details of incident, clinical hx
9			11/6/2025	Alyssa	MH	H1 transport	n/a	AA	No	return to campus UC	details of incident, clinical hx
10	xxxxx	Baran Al-Hashimi	8/26/2025	Alyssa	SI	H1	8/28/2025	-	-	re-entry mtg, off campus treaters	details of incident, clinical hx
11	xxxxx	Yolanda Garcia	8/29/2025	Alyssa	SI	H1 transport	n/a	-	-	return to campus UC	details of incident, clinical hx
12	xxxxx	Mel King	9/16/2025	Julia C	ED	H1 transport	n/a	JH	No	return to campus UC and CM off campus	details of incident, clinical hx
13	xxxxx	Jack Abbot	8/29/2025	Julia	SA	H2	9/4/2025	-	-	re-entry mtg, off campus treaters	details of incident, clinical hx
14	xxxxx	Frank Langdon	9/4/2025	Addie/Alyssa	SI/HI	H2	9/22/2025	-	-	HLOA	details of incident, clinical hx
15	xxxxx	Samira Mohan	9/7/2025	Julia	MH/SI	H1 transport	n/a	-	-	return to campus UC	details of incident, clinical hx
16			9/14/2025	Julia	MH	H1	9/19/2025	-	-	re-entry mtg, off campus treaters	details of incident, clinical hx
17			10/9/2025	Alyssa	MH	H1 transport	n/a	-	-	coordination with off campus treaters	details of incident, clinical hx
18	xxxxx	Joy Kwon	9/7/2025	Julia	SIB/SI	H1 transport	n/a	RM	-	return to campus UC and CM off campus	details of incident, clinical hx
19	xxxxx	Mateo Diaz	9/11/2025	Alyssa	MH	H4	9/16/2025	-	-	HLOA	details of incident, clinical hx
20	xxxxx	Perlah Alawi	9/16/2025	Julia H	SI	H1	9/24/2025	AM	No	re-entry mtg and cont BCC	details of incident, clinical hx
21			11/30/2025	Alyssa	SA	H2	12/22/2025	AM	No	re-entry mtg, off campus treaters	details of incident, clinical hx
22			1/28/2026		SI	H2	2/3/2026	n/a		re-entry mtg, off campus treaters	details of incident, clinical hx
23	xxxxx	Dennis Whitaker	9/20/2025	Addie	SUD/SI	H1 transport	n/a	TN	-	return to campus UC and CM off campus	details of incident, clinical hx
24	xxxxx	Princess Cruz	9/22/2025	Reilly	MH	-	-	SR	Yes	Acuity team consultation	details of incident, clinical hx
25	xxxxx	Trinity Santos	9/29/2025	Alyssa	MH	-	-	PLB	No	IOP referral	details of incident, clinical hx
26	xxxxx	James Ogilvie	9/19/2025	Alyssa	MH	unknown	unknown	-	-	HLOA	details of incident, clinical hx
27	xxxxx	John Shen	N/A	Nancy	MH	--	--	NK	-	coordination with off campus treaters	details of incident, clinical hx
28	xxxxx	Victoria Javadi	10/25/2025		MH	H4 eval	n/a	-	-	return to campus UC	details of incident, clinical hx
29			10/27/2025	Alyssa	MH	H4	10/30/2025	-	-	coordination with off campus treaters	details of incident, clinical hx
30	xxxxx	Donnie Donahue	10/27/2025	Alyssa	MH/SI	H1	10/31/2025	-	-	re-entry mtg, off campus treaters	details of incident, clinical hx
31			3/30/2026	Wenhui	MH/SI	n/a	n/a	WY	n/a	Acuity team consultation	details of incident, clinical hx

Benefits of Model

- Never worry alone!
  - Shared decision-making
  - Multidisciplinary clinical case conceptualization, ethical and liability considerations
  - Promotes manageable workloads, fosters sense of community, teamwork, and appreciation
- Consistent, dedicated time for risk-management, consultation and supervision, and clear action steps and workflows
  - Prevents students from falling through the cracks, ensures thorough follow up planning following heightened incidents
  - Reduces redundancy in case management
  - Monitoring trends in the moment and retrospectively
  - Aligns with evidence-based recommendations for mitigating burnout and vicarious trauma (Sutton et al., 2021)
- Lessens burden on individual supervisors and reduces siloing
- Opportunity to debrief high-risk situations and response (“lessons learned”)

Case Example

- *20 y.o., female, Chinese-American*
- *Suicide attempt by overdose*
- *No prior treatment history*
- *Discharged from psychiatric hospitalization without care*
- *Student with limited insight around mental health and low motivation to engage in tx*

How did Acuity Team support?

- *Shared Decision Making*
- *Followed case over time*
- *Consultation space*
- *Appreciation*
- *Lessons learned*

Limitations/Challenges

- Balancing staffing/clinical capacity with protecting time for acuity team meetings
- Legal and liability considerations
- Conflicting clinical decision making - within team, with hospital treaters
- Cases that have challenged our scope
- Has and will continue to evolve…

Breakout Questions

1. How does this model compare to the current structure at your CC?
2. What elements of an Acuity Team could be beneficial at your CC and what would that look like?
3. What barriers exist to implementing this model or something similar?
4. What are some other things you do (individually or systematically) to help mitigate the stressors of the acuity management aspect of your role?

References

Center for Collegiate Mental Health (2026). *2025 Annual Report.* Penn State University.

Johnson, J., Hall, L.H., Berzins, K., Baker, J., Melling, K. and Thompson, C. (2018), Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *Int J Mental Health Nurs*, *27*(1), 20-32. https://doi.org/10.1111/inm.12416

Maslach, C. (2017). Finding solutions to the problem of burnout. *Consulting Psychology Journal: Practice and Research, 69*(2), 143–152. https://doi.org/10.1037/cpb0000090

O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, *53*, 74–99. doi:10.1016/j.eurpsy.2018.06.003

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organisational factors to vicarious trauma in mental health professionals: a systematic review and narrative synthesis. *European Journal of Psychotraumatology*, *13*(1). https://doi.org/10.1080/20008198.2021.2022278

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