

**Application for the Mental Health Ally Program
Miami University, Student Counseling Service**

The Mental Health Ally Program (MHAP) is an initiative run by Student Counseling Service that offers training for faculty, staff, and students on how to engage students experiencing emotional or mental health concerns and refer to mental health or other support services. Individuals who complete program requirements will receive ongoing support regarding this topic and access to resources to share with students. They will also receive a button and/or sign which they can display to indicate their support for students struggling with emotional or mental health concerns.

Faculty and staff (who are not in ORL):

Must complete the Mental Health First Aid training, or the full QPR Gatekeeper Training plus the on-line at-Risk gatekeeper training module for faculty/staff.

Office of Residence Life Staff, including Student RA's:

Must complete the full range of Fall trainings required of professional or student staff, respectively, of the Office of Residence Life, including suicide prevention training and the Behind Closed Doors role playing experience.

Students (other than RA's):

Must complete the Mental Health First Aid Gatekeeper Training.

All Faculty, Staff, and Student volunteers:

Must attend at least one Mental Health Ally consultation session or complete the on-line AtRisk gatekeeper training program each successive year as a refresher to maintain their designation.

Please complete the following application to become a Mental Health Ally and **mail to Student Counseling Service, ATTN Tonia Farthing; email it to Tonia Farthing at farthitl@miamioh.edu; or fax to 513-529-2975.**

Name

Department and/or College Major

___ Faculty ___ Staff ___ Graduate Student ___ Undergraduate Student
If more than one, designate primary status (e.g., 1 for Graduate Student, 2 for Staff)

Email address

Phone number

Gender

Campus mailing address

Campus affiliation: ☐ Oxford ☐ Hamilton ☐ Middletown

Unique ID: _____ (to add you to Niihka's Mental Health Ally site)

(Continue unto next page)

All Mental Health Allies agree that: (please initial each line)

_____ The purpose of the MHAP is to help the community at Miami University become more aware of and attuned to engaging students experiencing emotional or mental health concerns. The goal of a Mental Health Ally is to speak with the distressed student and then to refer the student to appropriate mental health or other support services.

_____ The MHAP provides a bridge to professional helping services. Therefore, the Mental Health Ally understands that (s)he does not establish an ongoing supportive relationship with the student that might replace such services. The Mental Health Ally does not provide diagnosis, counseling, or psychotherapy for mental health concerns. Ongoing support should include encouraging the student to remain in treatment and communicate as needed with family, other support services and mental health professionals.

_____ The Mental Health Ally will report and discuss all students of concern whose issues are deemed urgent with the Student Counseling Service at the earliest opportunity. **All Mental Health Allies will receive training in how to access local emergency help as needed if the urgent concern escalates to require immediate medical intervention.**

_____ Urgent concerns include suicidal thoughts, plans, or actions (intended or attempted); thoughts of harming others (intended or attempted); and self-injury that requires medical treatment.

_____ The Mental Health Ally agrees to complete on-line annual refresher trainings or attend in-person consultation sessions provided by SCS staff on the responsibilities and expectations of the program.

_____ The Mental Health Ally understands that they are under no obligation to continue to be a Mental Health Ally but if they choose to no longer serve in this role, they will no longer identify as such (and remove button/sign from offices or other visible locations, such as backpacks or doorways). They will also inform the Student Counseling Service, in writing.

Which training(s) above did you complete and give approximate date of these trainings?

Signature

Today's date