

Exploring the Capacity Building Needs of SDFO: A Baseline for Strengthening SDFO-OCCS Collaboration towards Mental Health-Responsive Services for Students with Discipline-Related Concerns

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ABSTRACT

This training needs assessment serves as a basis for the capacity building program for Discipline Officers of the SDFO unit as part of the consultation and collaboration function of the Anchor Counselor for students with discipline-related concerns. The identified components of the capacity building training includes mental health literacy, spotting and referring distressed and in crisis students, Psychological First Aid, awareness of mental illnesses and mental health first aid action plan. The ultimate goal of this initiative is to intensify and strengthen collaboration between SDFO and OCCS in addressing the mental health needs of students involved in disciplinary cases.

Keywords: Mental health, student discipline, mental health collaboration

INTRODUCTION

The increasing need for mental health support among students has been strongly recognized with universities and counseling centers intensifying programs and school-wide efforts for outreach and mental health campaign. Just as the demographics of the current generation of college students have changed considerably from the past, so have their needs, including their mental health needs. The need to provide counseling for such a broad range of students and issues—including multicultural and gender issues, career and developmental needs, life transitions, stress, violence, and serious psychological problems—is one of the major challenges facing college counseling centers (Kitzrow, 2009). True to the advocacy of the Office of Counseling and Career Services (OCCS), which is mental health for all, as supported by the University through acknowledging the community's need for mental health information and programs, extending the availability of OCCS services to the entire student population including those that belong to the special groups is imperative. Among these special populations are students under the Student Discipline and Formation Office who are classified as complainants, witnesses or respondents. These students go through the process of recounting and reporting stressful incidents apart from going through the whole disciplinary conferences or hearing process. Involvement in disciplinary grievances may produce emotional distress among students. In a study by Bilsen in 2018 on suicide risk factors among youth, it was identified that concrete stressful events such as bullying, cyber bullying, mental and physical/sexual abuse and disciplinary trouble are associated with suicide. In addition, the on-set of the online learning arrangement wherein all student activities are conducted virtually, poses a concern on both SDFO and OCCS as to the impact it may have on the mental health of the students attending virtual hearing proceedings. To date, there is scarce information on the impact of online virtual hearings among student respondents, complainants and witnesses but the remote set-up increases concern on the safety of students especially when intense emotion arise during virtual proceedings.

The collaboration between SDFO and OCCS has long been established with referral mechanisms in place and occasional request for consultative presence of counselors in case deliberation or as resource persons in reference to the disciplinary cases of students with mental health condition. SDFO relies considerably on the

recommendation of the counselor on the state of mental health of a student involved in a disciplinary case. The coordination between the two units has a substantial history of working together for the purpose of mentally and psychologically preparing student offenders in attending hearing proceedings, addressing mental health needs of students involved in disciplinary cases and coordinating information necessary to better understand internal motivation, drive and mental health conditions affecting students' behavior and misbehavior in order to identify appropriate accommodation should it be deemed necessary. Most recently, OCCS assigned an anchor counselor that will focus on promoting academic, personal-social, career and life adjustment of SDFO students through serving as point person for SDFO-OCCS collaboration. As a point person, the anchor counselor shall spearhead monitoring of SDFO referrals, giving feedback on counselor recommendations and program development and implementation specific to the needs of the said student special population. This initiative is congruent to the vital role of counseling centers and counselors in the formation of students with discipline-related cases. According to the American School Counselor Association (ASCA, 2019), school counselors promote positive student behaviors to create a safe, effective learning environment for all students. It is not the school counselor's role to mete out punishment but instead to help create effective behavior change focused on positive, healthy behaviors. Thus, school counselors provide staff development on classroom management, student behavior and discipline strategies such as trauma sensitive approaches (Reinbergs & Fefer, 2018), restorative practices (Smith, 2017) and emotional regulation of students (Bowers, Lemberger-Truelove, & Brigman, 2017). Recognizing that OCCS can take part in the capacity building of school personnel such as discipline officers, a needs assessment was conducted to specifically identify areas for collaboration that will enhance further the delivery of mental health and counseling services to encourage positive behavior change as well as advocate mental health support for students involved in grievances and disciplinary cases.

REVIEW OF RELATED LITERATURE

Counseling and student discipline

School counselors are not disciplinarians and do not possess the appropriate credentials for disciplining students. Their appropriate role is to provide counseling for students before and after discipline, to determine the causes of students' behavior leading to disciplinary action, to develop and deliver school-wide curriculum for the deterrence of behaviors leading to disciplinary action and to collaborate on school leadership teams to create policies promoting appropriate behavior on campus (ASCA, 2003). Counseling is meant to complement the school's efforts toward student discipline and formation. Close collaboration between discipline enforcement office and the counseling office is crucial in both the prevention and intervention stage relevant to student misconduct. It is also necessary to understand the elements underpinning the collaboration between both units.

Mental health collaboration in the school setting

Rappaport et al. in 2013 suggests that collaboration, when successfully implemented in schools, comprises more than its building blocks of cooperation and coordination. It involves altering the means by which mental health practitioners and schools traditionally do business. To ensure the effective collaboration in school settings, those involved need to engage in the following tasks: (1) Define mutually agreed upon goals that provide incentive for the investment of effort in the collaborative process. (2) Decide on an overall strategy that integrates services and accept shared responsibilities for designated activities. (3) Create working environment that fosters accountability for actions and outcomes. In the case of SDFO-OCCS collaboration, clear goal setting, appropriate identification of pathways for service integration; and delineation to set clarity for separate yet complementing roles and responsibilities of both units in talking care of the mental health of SDFO students must be ensured.

Apart from collaboration, consultation as indirect service for students, is a very important part of the school counselors' job. Consultation is pairing of all those involved in a student's life coming together to help and provide support and needed assistance to the student. The school counselor is the center of this communication.

They are in touch with the student, parents, teachers, administrators and other community members that may be essential to the student's success (Sink, 2005). This involves providing information, flyers, or other resources to stakeholders with the students as the ultimate recipient of the benefits of these collaborative and consultation efforts. Thus, mental health information and support can further reach the target student special population through consultation efforts extended to the SDFO unit particularly through capacity building.

Mental health of students involved in discipline-related cases

Another important factor to consider is the mental health needs of student offenders or students involved in disciplinary cases may it be as the complainant, witness or the respondent. Furthermore, the mental health needs vary between regular students with discipline cases and students with mental health conditions or neurodevelopmental disorders who are subjected to disciplinary procedures. Wolf stated in his 2017 study on school suspension and its adverse effects on adulthood that school discipline might also have a labeling effect on disciplined students. Labeling theory holds that once a person is publicly labeled as deviant, he or she often has difficulty shedding that label and may come to embrace that label as part of his or her self-identity, engaging "secondary deviance". The potential effects of school disengagement, alienation, labeling and diminished social worth as results of involvement in disciplinary cases and probable disciplinary punishments, may also threaten students' long term mental health (Wolf, 2017). Although limited empirical basis are written on the direct link of involvement on disciplinary cases to damaging mental health, such experience and the adverse effects it may have on their reputations are potentially stressful and distressing. In addition, being subjected to allegations may lead to psychological disturbances such as depression, anxiety and thought suppression leading to more complex mental health disorders (Aslan, 2008). Verhoef et. al (2015) suggests that individuals involved in disciplinary cases described their feelings of misery and insecurity both during the process as in its aftermath. Furthermore, disciplinary process can have a profound psychological impact that may hamper optimal rehabilitation afterwards. Therefore, organizing emotional support should be considered during the disciplinary process and in the period after the verdict. In the context of school discipline, the approach and stance of discipline officers and discipline board matter significantly. In a study on balancing students mental health needs and discipline for student offenders with disabilities, school staff perception of the relationship between misconduct and disability heavily influence the extent to which the student's disability will be considered when the student is disciplined (Palley, 2004). Informative sessions to increase awareness, knowledge and skills in understanding and attending to students with disabilities including to those with mental health conditions are helpful in providing appropriate accommodation for discipline and formative interventions with much consideration of their mental health needs.

Mental Health First Aid Training

Students facing disciplinary grievances are likely to experience high emotional and psychological distress. In an educational institution that strongly values restorative interventions that promote formation rather than punishment, students' welfare is the main anchor for just and fair disciplinary process. Part and parcel of placing importance on students' well-being is ensuring that their mental health needs are addressed across different level of distress. For this reason, SDFO staff and discipline officers are in a good position to provide initial assistance to students experiencing stress, distress or crisis. For non-mental health professionals, providing appropriate mental health initial assistance would require sufficient training. According to Jorm et. al (2010), mental health first aid training can increase non-mental health school staff's knowledge, change beliefs about treatment to be more like those of mental health professionals, reduce some aspects of stigma, and increase confidence in providing help to students and colleagues. Thus, Mental Health First Aid training has positive effects on school staff's mental health knowledge, attitudes, confidence and some aspects of their behavior. However, although education and awareness may play a role in improving mental health literacy, it is best that in order to achieve positive changes in psychological distress management and help for students, interventions would need to be more personalized and intensive (Reavley et al., 2014). This posits two components of the SDFO-OCCS collaboration to achieve successful mental health first aid training. First, the capacity building program must be responsive to the unique needs of SDFO as first provider of mental health support to students involved in discipline-related cases. Second, the capacity building must involve enhancing

referral skills to strengthen pathway for more intensive mental health interventions for SDFO students through the OCCS services.

Mental health first aid training is successful in meeting its objectives which are to increase knowledge of mental health, enhance sensitivity among participants and raise confidence to intervene and assist individuals experiencing a mental health issue (Massey, Brooks & Burrow, 2014). According to Kelly et al (2011), the standard mental health first aid course is designed to teach members of the public to support someone who might be developing a mental health problem or experiencing a mental health-related crisis, and to assist them to receive professional help and other supports. A standard mental health course provides an overview of mental health problems, the risk factors for specific mental illnesses and available evidence-based treatments. A mental health first aid training covers information on illnesses such as depressive, anxiety, psychotic and substance use disorders. The main focus is skill building and the end goal is to develop a Mental Health First Aid Action Plan. The Action Plan comprises five actions, forming the acronym “ALGEE”. These actions are not intended to be taken in a specific order.

- Assess the risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and information
- Encourage the person to get appropriate help
- Encourage self-help strategies

In a mental health first aid training, Participants are taught how to apply the Action Plan to help people with the mental health problems described above. In addition, a number of crisis situations are covered; suicide, acute psychosis, excessive use of alcohol, drug overdose, perceived aggressive behavior, panic attacks and traumatic events. In the context of providing a complete mental health first aid training dedicated to addressing the unique needs of SDFO for capacity building, following the framework of the mental health first aid action plan can be very helpful since based from evaluation trials, participation in the course increases knowledge, reduces stigma, increases confidence in offering appropriate help, and improves actions taken to help people with mental health problems (Kelly et al, 2011).

NEEDS ASSESSMENT RESULTS AND DISCUSSION

Table 1. Expressed collaboration needs and identified capacity building needs of SDFO

1. What are the realities, challenges and needs of SDFO that can be assisted by OCCS?	2. What is the current response of OCCS to these needs?	3. What are the capacity building needs of SDFO?
<p>1. Referral</p> <p>a. Respondents with alleged major offense are required to undergo intake interview with OCCS prior to them attending disciplinary proceedings. However, although required, some students attend their OCCS consultation/counseling session when their cases are closed already only to secure their clearance.</p> <p>b. Complainants also go through a lot of stress in the process. Although this is on a case to case basis, SDFO recognizes the similar need of complainants for mental health and psychosocial support.</p>	<p>OCCS accommodates students referred for intake interview and counseling. The student submit the OCCS referral slip from SDFO and is either scheduled or immediately attended for intake interview</p>	<p><i>Re-orientation of OCCS process flow in attending to SDFO-referred students Mental Health literacy to increase the capacity to provide basic information to students on the importance of attending to their mental health needs and encourage them to avail the mental health services of the University through counseling</i></p>

<p>c. Similarly, on a case to case basis, witnesses also go through a lot of stress during hearing proceedings and some may not have their needed social and emotional support as compared with respondents and complainants</p>		
<p>2. On-Board Counselor a. <i>Discipline Hearing Proceedings or Case Conferences.</i> Incidents in which students (complainants, witness or respondents) experience high level of distress before, during and after the hearing proceedings and would need immediate attention and response from a mental health professional. b. <i>Effective communication channels is expressed as a need to ensure availability and swift response from OCCS</i></p>	<p>OCCS Counselor of the day (COD) responds to emergency requests when students manifest emotional distress prior, during and after the hearings</p>	<p><i>Assessing the level of emotional distress or spotting students with high risk of mental health crisis throughout the course of the disciplinary process so that SDFO can effectively refer students to OCCS for crisis intervention.</i></p>
<p>3. Briefing and Debriefing a. <i>Briefing</i> SDFO DO has briefing procedures aimed at preparing students on the whole case filing and proceeding process. However, despite the informative briefing, there is no specific/standard step that focuses on emotional and mental preparation of the students (respondents/complainants/witnesses) b. <i>Debriefing. Post hearing processing or PFA for students</i> c. <i>Distress Assessment Checklist</i> A checklist of signs and indicators that can aid in identifying if students are experiencing high level of distress during the case proceedings.</p>	<p>OCCS Counselor of the day (COD) responds to emergency requests when students manifest emotional distress prior, during and after the hearings Crisis intervention or counseling referral is available; PFA can be scheduled on a per request or per referral basis</p>	<p><i>Mastering the skills of spotting and referring students with signs of psychological distress Psychological First Aid Training unique to the concerns of students handled by SDFO Mastering the skills of spotting and referring students with signs of psychological distress</i></p>
<p>4. Feedback SDFO needs: a. <i>Information if student is ready to attend hearings</i> b. <i>Information if students has clinical diagnosis</i> c. <i>Information on how to handle students with mental health condition; with recommended accommodations</i> d. <i>Centralized feedback system with point persons on both OCCS and SDFO.</i> e. <i>Mental health feedback not only during pre-hearing stage but also during intervention stage.</i></p>	<p>No centralized feedback system in place yet. OCCS responds to invitations to attend consultative meetings; The OCCS Director serves as resource person for consultation regarding handling students with Neurodevelopmental or Mental health disorders; A new centralized feedback mechanism shall be proposed.</p>	<p><i>Mental Health Literacy on the common mental health problems or illnesses of students handled by SDFO. Includes information on the signs, symptoms, risks and triggers of each mental health condition. Orientation on the new centralized feedback mechanism</i></p>

5. <i>Training Needs</i> <i>Discipline Officers need training on how to handle students with mental health condition pre, during and post their case conferences and hearings</i>	<i>No training provided for Discipline Officers yet</i>	<i>Mental Health First Aid Action Plan which will focus on building the skills of Discipline Officers on handling and dealing with students who have mental health condition.</i>
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Apart from literature review on the capacity building needs of school staff to increase mental health literacy and enhance skills on handling students with discipline-related cases, the anchor counselor also took liberty on directly inquiring and consulting with the SDFO unit on coordination and collaboration areas where they can be assisted by OCCS. As a result of the interview, the following needs were identified. In reference to the presented data in the needs assessment result table, on the question item 1, what are the realities, challenges and needs of SDFO that can be assisted by OCCS, the areas where collaboration and coordination is much needed are the Referral, On-Board counselor during disciplinary proceedings, Briefing and Debriefing service, Centralized feedback mechanism and Training needs. To identify the available collaboration and coordination OCCS system responsive to the expressed needs of SDFO, item 2 represents the current response of the counseling unit. These include a mechanism for referral on both in-person and Telemental health service arrangement, crisis response following the OCCS protocol in attending walk-in or referred cases, the intake and counseling services as aid in the briefing and debriefing needs of SDFO, the absence of a centralized feedback mechanism and the lack of needs-specific mental health first aid training for SDFO discipline enforcement unit. Item 3 reflects the capacity building needs of SDFO staff in order to increase efficacy of the collaboration between OCCS and SDFO most especially when it concerns the mental health of students involved in disciplinary grievances. The following capacity building needs were identified; (1) Mental health literacy to increase the capacity to communicate mental health information and encourage students to avail mental health support (2) Spotting and referring distressed or in crisis students, (3) Increase knowledge on the signs, symptoms, risks and triggers of mental health issues most importantly those that are common among student offenders, (4) Psychological First Aid to assist students in their stress and distress experience from disciplinary proceedings and (5) Skills for developing a mental health action plan to increase capacity to handle and deal effectively with SDFO students manifesting mental health issues.

CONCLUSION AND RECOMMENDATIONS

Conclusion

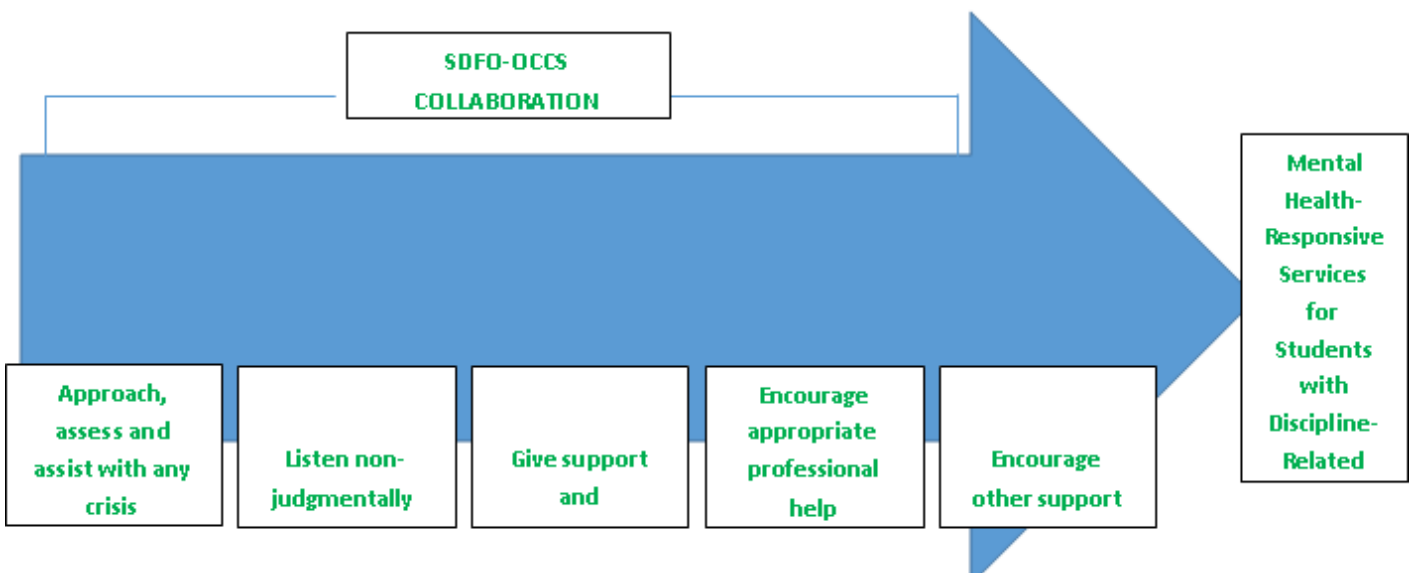
Unlike other special population student groups, the nature of the involvement of students when they are classified as SDFO-referred are mostly unpleasant as it entails involvement on grievances, behavioral problems or student violations. Although, SDFO has been extending formative and restorative approaches focusing on the character formation and not on the misconduct of the students, still the disciplinary process can pose a stressful and worrisome experience for them. The needs expressed by SDFO are proof that their focus is on the rehabilitation and that mental health is a priority as they maintain just and fair discipline for students. With OCCS spearheading mental health programs in the University, the collaboration and consultation as indirect service to students serve complementing purposes. That is capacity building as means to promote OCCS mental health interventions and mental health for all with the capacity building beneficial to the promotion of the well-being of SDFO student special population. Moreover, aside from the collaboration and process re-orientation, capacity building is much needed as it is encompassing all the assessed needs to complement the process of referral, briefing and debriefing and feed backing. Ultimately, the capacity building program will serve not only as best response to increasing discipline officers' skills and confidence in handling emotionally distressed students or those with special mental health needs but also towards strengthening collaboration towards more programs, both in the prevention and intervention phase, to advocate positive student behavior formation and optimal mental health.

Recommendations

With the needs assessment findings, the anchor counselor proposes the development and implementation of a Mental Health First Aid Training Program for Discipline Officers. The MHFA training program for SDFO is a series of workshop covering all domains of mental health first response. The capacity building training sessions shall comprise the following:

1. **Re-Orientation session.** This session shall serve as the introduction to the whole Mental Health First Aid Training. The focus is on reviewing and revisiting procedures and protocol for coordination to ensure smooth flow of referral, monitoring and feed backing.
2. **Mental Health Literacy session.** Mental health literacy is defined as knowledge and beliefs about mental disorders which aid their recognition, management and prevention (Jorm et al, 2006). The aim is to increase the Discipline Officers' knowledge and literacy about mental health conditions, its causes, evidence-based treatments and recovery ways towards achieving positive mental. The session shall reduce the stigma that serves as barrier in understanding an individual suffering from a mental health disorder. Alongside the increase in knowledge is the goal to improve the capacity to communicate, explain, encourage and enlighten students about their mental health needs.
3. **Session on Spotting and Referring Distressed and in Crisis Students.** The goal of this session is to increase the capacity and skill to assess and recognize red flags on students' behaviors and psychological well-being. It aims to increase readiness to take preventive and proactive action in assisting students with mental health concerns through mastery of referral skills.
4. **Session on Psychological First Aid.** Psychological First Aid is defined as first-line psychosocial support after a crisis event (WHO, 2016). This particular component of the MHFA training is geared towards increasing the capacity to provide immediate mental health support to students after an emotional case conference or disciplinary Skills on how to assess students needing further and more complex psychological intervention and referring them to OCCS shall be included.
5. **Session on Mental Illness: Signs and Symptoms.** The focus of this session is to deepen the understanding of the condition and experience of those suffering from mental illness. The session should include information about signs, symptoms, risks and triggers of mental health conditions common among SDFO student offenders and how discipline procedures may affect them.
6. **Session on Mental Health First Aid Action Plan.** This session is a culmination of the 6-session mental health first aid training. This session is focused on the application skills of attending and handling students with mental health issues.

The MHFA framework is patterned from the ALGEE Action Plan by Dr. Anthony Jorm which he developed in 1997. Below is an illustration of the ALGEE MHFA action plan framework:



The MHFA Action Plan aims to teach the following:

Action 1: Approach the person, assess and assist with any crisis. The first task is to approach the person, look out for any crises and assist the person in dealing with them.

Action 2: Listen non-judgmentally. Listening to the person is a very important action. When listening, it is important to set aside any judgments made about the person or their situation relevant to their disciplinary cases, and avoid expressing those judgments. Most people who are experiencing distressing emotions and thoughts want to be listened to empathetically before being offered options and resources that may help them.

Action 3: Give support and information. Once a person with a mental health problem has felt listened to, it can be easier for the first aider to offer support and information. The support to offer at the time includes emotional support, such as empathizing with how they feel and giving them the hope of recovery, and practical help with tasks that may seem overwhelming at the moment.

Action 4: Encourage the person to get appropriate professional help. The first aider can also tell a person about any options available to them for help and support. A person with mental health problems will generally have a better recovery with appropriate professional help.

Action 5: Encourage other supports. Encourage the person to use self-help strategies and to seek the support of family, friends and others. Other people who have experienced mental health problems can also provide valuable help in the person's recovery.

Timeline for Implementation

The implementation of the program and the use of the materials shall follow the proposed time schedule below:

Table 2. Proposed Time Frame of MHFA Workshop Implementation

MODULE TITLE	SESSION DESCRIPTION	OBJECTIVES	NEEDS ADDRESSED	TIME FRAME
Re-orientation of OCCS Policies and Protocols	Introduction to the whole Mental Health First Aid Training and revisiting OCCS processes.	To set the focus of the whole MHFA series as well as review, revisit and realign procedures and protocols on coordination to ensure smooth flow of referral, monitoring and feedback looping. Gaps and challenges in the referral process particularly in ensuring timely accommodation of SDFO-referred students	Gaps and challenges in the referral process particularly in ensuring timely accommodation of SDFO-referred students	Week 4 (2 hours)
Module 1: Mental Health Literacy	Activity 1: Mental Health Literacy; Activity 2: Spotting and Referring distressed or in crisis students	Reduce stigma about mental health disorder and increase knowledge to improve one's capacity to communicate, explain, encourage and enlighten students about their mental health needs. Increase the capacity to recognize red flags and take preventive and	Perceived capacity and confidence in communicating to students in distress most especially during case	Week 2 (2 hours)

		proactive action through mastery of referral skills.	conferences and online hearings	
Module 2: Psychological First Aid	PFA training using the RAPID Model. Combination of learning session and workshop	To increase the capacity to provide immediate mental health support to students after an emotional case conference or disciplinary proceeding	Capacity and skills in providing pre, during and post hearing processing for students as well as in the event of extreme cases and emergencies.	Week 3 (2 hours)
Module 3: Understanding Neurodevelopmental and Psychiatric Disorders	Activity 1: Neurodevelopmental Disorders; Activity 2: Psychiatric Disorders	1: To deepen the understanding of the condition and experience of those suffering from mental illness 2:	Capacity to handle students with mental health diagnosis	Week 4 (2 hours)
Module 4: Mental Health First Aid Action Plan	Learning Session and workshop on MHFA ALGEE Action Plan	This session is focused on the application skills of attending and handling students with mental health issues.	Capacity to handle students with mental health diagnosis	Week 5 (2 hours)

Addressing Potential Challenges in Program Implementation

- *Online Learning Arrangement and Virtual Proceedings.* The shift to online learning fundamentally changed the environment the program aimed to address. Delivering the proposed Mental Health First Aid (MHFA) training virtually could have limitations. Hands-on practice, group dynamics, and sensitive discussions integral to MHFA might have been less effective online compared to in-person sessions. Technical issues (internet connectivity, device access) for trainers and participants could disrupt sessions. As a recommendation, it is essential to incorporate in-person sessions in the program for critical practical application, sensitive discussions, and hands-on role-playing.
- *Impact on Disciplinary Processes:* With the shift of disciplinary hearing to virtual case conferences, the program needed to adapt its capacity-building to address the unique mental health implications of these virtual disciplinary processes. The recommendation is to develop specific guidelines for mental-health responsive virtual proceedings. These include virtual safe space protocols and post-hearing debriefing protocols.
- *Staff Burnout and Workload:* SDFO and OCCS staff were likely dealing with own stressors (personal health, family concerns, adjusting to remote work). This could have led to burnout, reduced availability, or decreased capacity to fully engage in capacity-building initiatives or deliver services at pre-pandemic levels. With this, it is important to prioritize SDFO staffs' well-being through proposing mandatory wellness breaks, flexible work arrangements, access to counseling support for staff and establishing a Check-in culture. Capacity-building in delivering mental health first aid service will only work if the SDFO staff themselves are mentally and psychologically healthy.
- *Budget.* Funding the program might require more support from the top management as budget allocation can be a challenge. It is important that the program should appeal to the university and clearly articulate the long-term benefits of investing in mental health capacity building – which lead to fewer crises, better student retention and more resilient workforce that contributes to reducing future costs. The program should also highlight its alignment to the university's mission of student welfare, holistic formation, and maintaining a positive learning environment, even amidst a crisis. Also, early intervention and

prevention (through MHFA training for SDFO) are more cost-effective than managing full-blown mental health crises.

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