

 AMERICAN INTERNATIONAL UNIVERSITY الجامعة الأمريكية الدولية	Policy Main Title	Student Mental Health and Wellness Policy	Effective Date	14/06/2026
	Category	Student Affairs	Last Review date	
	Policy Number	STU-006	Next Review date	14/06/2029
	Responsible Entity	VP Student Affairs	Approved By	President

Overview

Student mental health has become one of the defining challenges of contemporary higher education. Research consistently shows that a significant proportion of university students experience clinically meaningful levels of anxiety, depression, or other mental health difficulties at some point during their studies -- and that these difficulties are often the primary reason students fail to complete their degrees or achieve their academic potential.

AIU's approach to student mental health is shaped by three commitments. The first is a commitment to reducing the institutional and cultural barriers that prevent students from seeking help, through awareness, destigmatisation, and the practical accessibility of services. The second is a commitment to genuine clinical quality, not wellness programming that substitutes for clinical support, but properly staffed, properly supervised counselling delivered by qualified professionals. The third is a commitment to proportionate response, distinguishing the broad population of students who benefit from prevention and psychoeducation, the smaller group who need short-term individual counselling, and the smaller still group who need crisis response and specialist referral, and providing each level of support without either over-medicalizing normal stress or under-responding to genuine clinical need.

Kuwait ratified the CRPD in 2013 and Law No. 8 of 2010 extends to mental health conditions. Kuwait's predominantly family-centered social structure means that family support is often the first and strongest wellbeing resource for Kuwaiti students, and AIU's approach recognizes and respects this, while ensuring that students who need privacy, confidentiality, and professional support have access to it without family involvement being a prerequisite or a default.

This policy establishes AIU's student mental health and wellness framework across a three-tier model: prevention and wellbeing promotion (Tier 1); early intervention and short-term counselling (Tier 2); and crisis intervention and referral (Tier 3).

Scope

This policy applies to all enrolled students at AIU. It governs the services, staffing standards, confidentiality framework, crisis response protocols, and assessment requirements of AIU's student mental health and wellness provision. It applies to the Licensed Counsellor(s), the VP Student Affairs, and all faculty and staff who interact with students in distress. It does not apply to employees' mental health and wellbeing.

Purpose

The purposes of this policy are to:

- Affirm AIU's institutional commitment to student mental health and wellbeing as a dimension of its educational mission, not a peripheral welfare function
- Define the three-tier service model: Tier 1 prevention and psychoeducation; Tier 2 short-term individual and group counselling; Tier 3 crisis intervention and specialist referral
- Establish the staffing, qualification, and clinical supervision standards for AIU's Counselling Section
- Define the confidentiality framework governing counselling, including the specific and limited exceptions to confidentiality where safety is at risk

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- Establish the Crisis Response Protocol for situations involving immediate risk to student life, as a four-level framework calibrated from distress through community crisis
- Define the responsibilities of faculty and staff in identifying and referring students in distress
- Establish the culturally sensitive framework through which services are delivered, recognizing Kuwait's social and cultural context while ensuring that students who seek help receive it without stigma or discrimination
- Define the assessment and annual reporting obligations that demonstrate to Accrediting agency that student mental health services are effective and used for improvement
- Demonstrate compliance with sufficient student support services for personal and professional development and assessment and improvement of those services

Definitions and abbreviations

Counselling Section: The AIU unit within Student Affairs responsible for delivering mental health and wellness services. Staffed by the Licensed Counsellor(s) and administrative support, the Counselling Section operates during defined hours and provides crisis contact information for out-of-hours situations.

Licensed Counsellor: A qualified mental health professional holding a recognized degree in counselling, clinical psychology, psychotherapy, or a related discipline from an accredited institution, licensed or registered with a recognized professional body, and with specific training and supervised experience in providing counselling to young adults in higher education settings. The Licensed Counsellor practices within the scope of their professional competence and maintains required continuing professional development.

Clinical Supervision: Regular, structured, professionally mandated oversight of a counsellor's clinical practice by a suitably qualified and experienced clinical supervisor. Clinical supervision is a professional requirement for the Licensed Counsellor's practice, not optional management oversight. AIU ensures that the Licensed Counsellor has access to appropriate clinical supervision.

Self-Referral: The process by which a student contacts the Counselling Section on their own initiative to request an appointment. Self-referral is the primary access route. No student requires a referral from a faculty member, academic advisor, or anyone else to access counselling services.

Supported Referral: A referral to the Counselling Section made by a faculty member, staff member, or a student on behalf of a peer who they are concerned about. Supported referrals are encouraged but the student concerned is not compelled to attend.

Crisis Response Protocol: AIU's structured response framework for situations involving a student in acute mental health crisis, specifically, situations involving risk to life. Defined in Article 8 and Procedure 3 of this policy.

Duty of Care: AIU's institutional obligation to take reasonable steps to protect the safety and wellbeing of its students within the boundaries of its role as an educational institution. The duty of care informs the Crisis Response Protocol and the Faculty Referral Framework but does not require AIU to substitute for specialist mental health services or for family support.

Psychoeducation: Educational content about mental health that helps students understand psychological concepts, recognize signs of difficulty, develop coping strategies, and reduce stigma. Psychoeducation is not therapy but is an important component of Tier 1 prevention.

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Safety Plan: A collaboratively developed, written document agreed between a student and the Licensed Counsellor in situations where there is a risk of self-harm or suicide. The Safety Plan identifies warning signs, coping strategies, support contacts, and emergency procedures specific to the student's situation.

Peer Wellbeing Ambassador: A trained student volunteer who promotes mental health awareness and helps connect peers to formal support. Peer Wellbeing Ambassadors receive structured training, operate under qualified supervision, and do not provide counselling.

External Referral: A referral from the AIU Counselling Section to an external provider, a psychiatrist, specialist mental health service, private therapist, or hospital service, for a student whose needs exceed the scope of the Counselling Section's services.

Cultural Sensitivity: The active effort to ensure that mental health services and communications are adapted to the cultural context of AIU's student population, recognizing Kuwait's family-centered social norms, the cultural dimensions of help-seeking behavior, and the importance of confidentiality in a social context where mental health stigma remains present.

Policy

Article 1: Governing Principles

- Wellbeing as an educational priority: A student who is struggling significantly with their mental health cannot fully engage with their academic program. Supporting student mental health is not separate from AIU's educational mission, it is part of delivering that mission. AIU treats student wellbeing as an institutional responsibility alongside academic quality.
- A three-tier continuum of care: Not every student who experiences stress needs counselling. Not every student who needs counselling is in crisis. AIU's services are organized in three tiers so that the right level of support is available to every student: prevention for all; short-term counselling for those who need it; crisis response for those whose safety is at risk.
- Professional standards, not peer support: The Counselling Section is staffed by a qualified, supervised Licensed Counsellor. This is not a peer support Program, a staff welfare conversation, or an administrative function. Clinical quality, professional supervision, and evidence-based practice are non-negotiable.
- Voluntary, not compelled: Students are actively encouraged to seek support, through awareness campaigns, faculty referrals, Peer Wellbeing Ambassadors, and normalized help-seeking culture. They are not compelled to attend counselling, and attending or not attending counselling has no bearing on their academic standing. Compulsory counselling, as a disciplinary response, for example -- is not appropriate and is not used.
- Confidentiality as the basis of trust: Students will not use a counselling service they believe will report their personal struggles to faculty, parents, or administrators. Confidentiality is the foundation of trust in counselling, and AIU maintains it absolutely except in the specific, disclosed, and clinically warranted circumstances described in Article 6.
- Cultural respect: AIU's student population is predominantly Kuwaiti. Family relationships, Islamic values, community reputation, and cultural attitudes toward mental health all shape how students experience and respond to distress. The Counselling Section adapts its approach to these

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realities, not by avoiding clinical standards but by working within the cultural framework of each individual student.

- g. Reducing stigma: The single greatest barrier to student mental health help-seeking in GCC universities is stigma. AIU actively works to reduce stigma through awareness campaigns, faculty engagement, Peer Wellbeing Ambassadors, and the normalization of seeking support as a sign of self-awareness and strength, not weakness.

Article 2: The AIU Counselling Section -- Services

The AIU Counselling Section provides the following services, organized across three tiers. The three-tier structure is drawn from the AIU's stepped-care counselling model and the SCU CAPS framework, both of which organize mental health support across prevention, intervention, and crisis response:

Service	Description	Availability
Tier 1: Prevention and Wellbeing Promotion		
Psychoeducational workshops and seminars	Structured Programs on mental health topics relevant to university students: stress and academic pressure, exam anxiety management, sleep health, healthy relationships, social adjustment, financial stress, grief and loss, and managing transitions. Minimum four workshops per semester, promoted through all student communication channels	Each semester; scheduled and publicized before the start of the semester
Wellness resources and self-help tools	Curated library of evidence-based self-help resources available to all students: digital wellbeing tools, mindfulness and stress reduction apps, sleep hygiene guides, and culturally adapted psychoeducational materials in Arabic and English	Permanent; updated annually
Peer Wellbeing Program	A trained cohort of student Peer Wellbeing Ambassadors who promote mental health awareness among peers, reduce stigma, and connect students to formal support.	Academic year; Ambassadors trained at the start of each year

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	Ambassadors receive structured training from the Counselling Section and operate under staff supervision	
Mental Health First Aid training for faculty and staff	An evidence-based, internationally recognized training Program equipping faculty and staff to identify, understand, and respond to signs of mental health distress in students and to make appropriate referrals. Mandatory for Student Affairs staff; strongly recommended for all faculty	At least twice per academic year; offered through the Centre for Teaching and Learning
Tier 2: Early Intervention and Short-Term Counselling		
Initial wellbeing consultations	A brief, informal first appointment with a Counsellor to discuss a student's concerns, determine the most appropriate level of support, and agree next steps. Available within five working days for non-urgent concerns	Scheduled during regular Counselling Section hours
Individual short-term counselling	Evidence-based short-term counselling using a problem-focused, solution-oriented therapeutic model, typically 6 to 10 sessions. Modalities may include Cognitive Behavioral Therapy (CBT), Solution-Focused Brief Therapy, mindfulness-based approaches, and supportive counselling. The Counsellor and student agree an individualized therapeutic focus and review progress at each session	Scheduled sessions during Counselling Section hours; waitlist managed within defined targets
Group counselling and support groups	Therapist-facilitated group sessions addressing common student concerns including: managing academic pressure and perfectionism; adjustment and belonging; grief and bereavement; and cultural	Each semester; groups convened when minimum membership confirmed

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	transition. Groups run per semester based on identified need and sufficient membership	
Consultations for faculty and staff	Advisory consultations for faculty or staff who have concern about a student's mental health and wish to discuss how to approach the situation and what referral options are available. Faculty and staff do not receive individual counselling through this service	As needed; scheduled within three working days
Tier 3: Crisis Intervention		
Same-day urgent appointments	Urgent appointments for students presenting with acute distress that does not constitute an immediate danger but requires same-day attention. Available during Counselling Section operating hours	Every working day; students access by presenting or calling the Counselling Section directly
Crisis response coordination	For situations involving immediate risk to life - suicidal ideation with plan and intent, severe self-harm, or acute psychotic episode, the Counsellor activates the Crisis Response Protocol (Procedure 3), which involves the VPSA, Campus Safety, and external emergency services as required	24 hours; out-of-hours crisis is directed to Kuwait emergency services (112) and the VPSA on-call contact
External referral and case management	For students whose needs exceed the scope of short-term counselling, those requiring specialist psychiatric care, medication, longer-term therapy, or intensive mental health support, the Counsellor facilitates referral to appropriate external providers in Kuwait and provides case management support to ensure continuity of care	As needed; referral initiated within the current or following session

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The Counselling Section operates under a short-term, problem-focused, solution-oriented therapeutic model, typically 6 to 10 individual sessions. Students who require more extensive support are referred to external providers. The session limit is not a budgetary constraint but a clinical framework, time-limited counselling is evidence-based for common student presentations. Where clinical judgment indicates that a student's needs cannot adequately be met within this model, external referral is initiated proactively, not as a default at session 10.

Article 3: Staffing and Professional Standards

The quality of student mental health services depends entirely on the qualifications and professional standards of the Counsellor. AIU commits to the following staffing standards:

- h. The Counselling Section is staffed by at least one Licensed Counsellor holding: a recognized master's or doctoral degree in counselling, clinical psychology, psychotherapy, social work with a clinical specialization, or a comparable field; registration or licensure with a recognized professional body (examples include the British Association for Counselling and Psychotherapy (BACP), the British Psychological Society (BPS), or an equivalent body recognized in Kuwait or the GCC); and specific training and supervised experience in working with young adults in educational settings.
- i. The Licensed Counsellor must be available at minimum during core operating hours on at least two days per week, at least four hours per day during which students can access appointments. The Counselling Section's hours are published at the start of each semester.
- j. The Licensed Counsellor maintains required clinical supervision at least twice per month from a qualified external clinical supervisor. AIU funds clinical supervision as a professional requirement of the counselling role. The absence of clinical supervision is a clinical governance failure, not an administrative matter. The VP Student Affairs confirms that clinical supervision arrangements are in place as part of the Counsellor's employment conditions.
- k. The Licensed Counsellor practices within the defined scope of competence. The Counselling Section does not provide psychiatric assessment, prescribe or manage medication, or provide specialized treatment for severe mental health conditions, eating disorders, substance use disorders, or personality disorders. Students presenting with these needs are referred to appropriate external specialist services.
- l. During periods of counsellor vacancy or absence, the VP Student Affairs ensures that crisis response capacity is maintained through an identified on-call arrangement with an external clinical provider. A counsellor vacancy is not a reason for the Counselling Section to be operationally closed.
- m. The Counsellor's caseload is managed to reflect clinical safety standards. An excessive caseload that prevents the Counsellor from providing safe and effective care is escalated by the Counsellor to the VP Student Affairs as a patient safety concern requiring immediate institutional response.

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Article 4: Access and Referral

4.1 Self-Referral

Any enrolled AIU student may self-refer to the Counselling Section at any time, by walking in, calling, or emailing. No referral from a faculty member, academic advisor, or other institutional officer is required. The student's decision to seek support is private. The Counselling Section's administrative staff acknowledge students who arrive without making an implicit or explicit inquiry into the reason for their visit.

4.2 Faculty and Staff Referral

Faculty and staff who are concerned about a student's mental health are encouraged to make a supported referral. A supported referral means: speaking with the student directly and compassionately about their concern; providing the student with the Counselling Section's contact details; and, where the faculty member wishes and the student consents, contacting the VPSA to flag the welfare concern. Faculty and staff do not diagnose, assess, or provide clinical support themselves. They act as a compassionate bridge between the student and professional support. Faculty members who are unsure how to approach a concerned student can request a consultation with the Licensed Counsellor through the faculty consultation service (Tier 2).

4.3 Cultural Considerations in Access

AIU recognizes that for some students, particularly those from backgrounds where mental health help-seeking is associated with family shame, social stigma, or religious concerns, accessing the Counselling Section may feel difficult. The following access features are designed to reduce these barriers:

- n. The Counselling Section is located in a part of the campus where attendance is not easily observed and does not carry implicit signals about the student's reason for visiting.
- o. Initial contact can be made by email or telephone without attending in person, allowing students to make an initial enquiry privately.
- p. The Licensed Counsellor is trained in culturally sensitive practice and is aware of the specific cultural, religious, and family dynamics that may affect how Kuwaiti and international students experience distress and help-seeking.
- q. Where a student expresses concern that attending counselling could become known to their family or community, the Counsellor explains the confidentiality framework clearly, including the specific and limited circumstances in which confidentiality is overridden.
- r. The Counselling Section does not maintain a visible attendance list or register that can be seen by other students or staff. Appointment scheduling is managed with the same discretion applied to any medical appointment.

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Article 5: Wellbeing Promotion and Stigma Reduction

Tier 1 prevention activities are the widest part of the three-tier model. They reach students before they are in crisis, build the psychological skills and awareness that reduce the likelihood of crisis, and create a campus culture in which mental health is a normal topic and seeking support is a normalized behavior:

- The Counselling Section conducts a minimum of four psychoeducational workshops per semester, covering topics drawn from the identified needs of the student population and the patterns presented by students who attend counselling. Workshop topics include but are not limited to: managing academic stress and perfectionism; exam anxiety; healthy relationships and communication; cultural adjustment and identity; grief and loss; sleep and health; and digital wellbeing and social media use.
- The Peer Wellbeing Ambassador Program trains a cohort of student volunteers each academic year in mental health awareness, active listening, and appropriate referral. Ambassadors are visible across the campus, at orientation, at student events, and in student common areas, normalizing conversations about mental health and providing a peer-to-peer bridge to formal support. Ambassadors do not provide counselling; they create social permission for help-seeking.
- Awareness campaigns are conducted around key periods of student stress, start of semester, mid-semester assessment weeks, and the examination period -- with targeted communications about available support and self-care strategies.
- World Mental Health Day (10 October) and any relevant Kuwait mental health awareness initiatives are observed with specific campus activities.
- Mental Health First Aid training for faculty and staff is offered at least twice per academic year. Faculty who complete this training are better able to identify students in distress and to make appropriate, compassionate, and effective referrals. The goal is to build a campus community in which every student has at least one adult contact who is trained to recognize and respond to mental health concerns.

Article 6: Confidentiality

Confidentiality is the cornerstone of the trust that makes counselling effective. A student who does not trust that what they share with the Counsellor stays with the Counsellor will not engage honestly in counselling, and counselling that is not honest is not effective. The following provisions govern confidentiality at AIU's Counselling Section:

Provision	Detail
General confidentiality rule	All information shared by a student in counselling, including the fact that the student has attended counselling, is confidential. The Counsellor does not share information with faculty, family, or any other party without the student's explicit written consent

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Limits of confidentiality -- duty to protect life	Confidentiality is overridden where the Counsellor believes on reasonable clinical grounds that the student is at immediate risk of serious harm to themselves or to another identifiable person. The Counsellor uses their professional judgment to determine whether the risk is sufficiently serious and imminent to override confidentiality. This limit is disclosed to students at the outset of the first counselling session
Clinical supervision exception	The Counsellor shares de-identified or appropriately anonymized case information with their clinical supervisor as required by professional standards. Clinical supervisors are bound by equivalent confidentiality obligations
Mandatory reporting exception -- Kuwait law	Where information shared in counselling indicates that a child (a person under 18) is at risk of harm, the Counsellor is required to take steps consistent with Kuwait law to protect the child. The Counsellor consults with the VPSA and, where appropriate, Legal Counsel before acting. The student is informed that this disclosure is being made
Records -- no disclosure to academic functions	Counselling records are not part of the student's academic file. Faculty do not have access to counselling records. Academic accommodations arising from a student's mental health situation are communicated through the STU-003 Accommodation Plan process, which does not require the nature of the mental health condition to be disclosed
Student consent to information sharing	Where a student wishes the Counsellor to communicate with a faculty member, family member, or other party on their behalf, the student provides written consent specifying what information may be shared and with whom. The student may withdraw this consent at any time
Data protection	All counselling records are processed in accordance with ADM-002 (Privacy and Personal Data Protection Policy). Counselling records are maintained in a secure system separate from the

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	student information system and accessible only to the Counsellor and the VP Student Affairs. Records are retained for seven years following the student's graduation or last date of enrolment
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The confidentiality framework is explained to every student at the start of their first counselling session. The student is given the opportunity to ask questions. The explanation is documented in the clinical record. A student who decides not to proceed with counselling after hearing the confidentiality framework is thanked for attending and given contact information for the Counselling Section if they wish to return in the future.

Article 7: Crisis Intervention

AIU's Crisis Response Protocol provides a structured, proportionate, and clearly communicated response to student mental health emergencies:

Level	Indicators	Immediate Response
Level 1: Distress (non-urgent)	Student presenting with emotional distress, tearfulness, or significant anxiety that does not suggest immediate safety risk; student reports stress, academic pressure, relationship difficulty, or personal loss without indicating self-harm ideation	Same-day appointment offered; student connected with the Counselling Section; VPSA notified only if the student consents or if clinical judgment indicates escalation is required
Level 2: Acute distress (urgent but not immediately life-threatening)	Student expressing hopelessness, passive suicidal ideation without plan or intent, or significant psychological distress impairing immediate functioning; student has recently self-harmed without current immediate risk	Same-day urgent appointment; Counsellor conducts safety assessment; safety plan developed with student; VPSA notified; family contact discussed with student and implemented where clinical judgment indicates and student does not actively refuse
Level 3: Crisis (immediate safety risk)	Active suicidal ideation with plan, intent, or means; active self-harm requiring medical attention; severe	Counsellor does not leave the student alone; VPSA contacted immediately; Campus Security involved; Kuwait

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	dissociation or psychotic episode; student posing risk to others	emergency services (112) called where immediate medical risk or if the student is in immediate danger; family or emergency contact notified regardless of student preference; Counsellor documents the incident as a Clinical Crisis Record within 24 hours
Level 4: Community crisis (death of a student or campus trauma)	Death of a student by any cause; serious injury to a student on campus; traumatic event affecting the student community (accident, violence, natural disaster)	VPSA activates Community Crisis Response Protocol; Counsellor leads critical incident debriefing and outreach; President informed; additional counselling capacity mobilized through external referral network; communication to the student community managed by the President's office

The Crisis Response Protocol is documented, rehearsed by all relevant staff at the start of each academic year, and reviewed after every Level 3 or Level 4 activation. The VPSA maintains an up-to-date out-of-hours contact list for: the Licensed Counsellor; Campus Security; the nearest emergency hospital (as published by Kuwait Ministry of Health); and the Kuwait crisis line where operational. This contact information is published on AIU's internal student portal and in the Student Handbook.

7.1 After a Crisis

Following a Level 3 or Level 4 event, AIU provides structured follow-up support. For individual crises: the Licensed Counsellor follows up with the student within one working day of the acute episode (where the student is available and consents); the VPSA monitors the student's return to academic participation; academic accommodations under STU-003 are considered where the mental health situation constitutes a disability or ongoing impairment. For community crises (Level 4): the Counsellor leads debriefing and outreach within 24 hours; additional temporary counselling resource is mobilized; the President's office issues a welfare communication to the student community.

7.2 Student Death by Suicide -- Postvention Protocol

In the event of a student death by suspected or confirmed suicide, AIU implements a postvention protocol designed to support the affected student community, honor the deceased student's dignity and family's

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grief, and reduce the risk of contagion. The protocol is coordinated by the VPSA in consultation with the Licensed Counsellor. Key provisions: the VPSA contacts the student's family within 24 hours of confirmed notification; a message to the student community is issued by the President's office, confirming support availability without disclosing the manner of death unless this is already public; counselling support is made immediately available to all students on an urgent-appointment basis; regular classes continue unless disruption is unavoidable; a post-event review is conducted by the Counsellor, and the VP Student Affairs within 10 working days to identify any institutional response that could be improved.

Article 8: Faculty Responsibilities -- Identifying and Supporting Students in Distress

Faculty members are often the first to notice when a student is struggling, through attendance patterns, declining academic performance, distressed behavior in class, or direct disclosures. The following framework guides faculty response:

- Express concern directly: A faculty member who is concerned about a student speaks with the student privately after class, during office hours, or through a personal meeting. The conversation begins from a position of care, not accusation or diagnosis. A simple statement of what the faculty member has noticed, without clinical interpretation, is appropriate: 'I've noticed you seem to be finding things difficult recently, how are you doing?'
- Provide information, not pressure: The faculty member provides the student with the Counselling Section's contact details and encourages them to make contact. The faculty member does not pressure the student to attend, does not follow up repeatedly, and does not make counselling a condition of academic support.
- Consult the VPSA where concerned: Where a faculty member believes a student's welfare is seriously at risk but the student has declined to seek help, the faculty member contacts the VPSA to share their concern. The VPSA coordinates the institutional welfare response. Faculty do not take unilateral action to contact the student's family, the police, or external services without first consulting the VPSA.
- Do not provide counselling: Faculty members are not expected or equipped to provide clinical support. A faculty member who finds themselves in extended emotional support conversations with a student about serious mental health concerns has moved beyond the appropriate scope of the faculty role and should redirect the student to the Counselling Section.
- Complete Mental Health First Aid training: Faculty members are strongly encouraged to complete AIU's Mental Health First Aid training. This training does not make faculty members counsellors; it makes them more effective and confident in recognizing distress and making referrals.

Article 9: Assessment and Annual Reporting

Accrediting agency requires that AIU assesses the effectiveness of its student support services and uses the results for improvement. The following assessment framework applies to the Counselling Section:

- Service utilization data: The Counsellor records, in de-identified aggregate form, the number of students seen at each tier, the presenting concerns by category (academic stress, anxiety,

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depression, relationship concerns, adjustment, grief, crisis, other), the number of sessions per student, and the outcome of each completed episode of care (resolved within service; referred externally; discontinued). This data is included in the Annual Wellbeing Report.

- b. Student satisfaction survey: All students who complete a counselling episode (or who attend at least two sessions) are invited to complete an anonymous satisfaction survey covering: whether they felt the Counsellor understood their concern; whether the service was accessible; whether they would recommend it to another student; and whether they felt better equipped to manage their concern following counselling. A target satisfaction rate of 80% or above is established.
- c. Service access KPIs: Key performance indicators include: percentage of enrolled students who accessed at least one Tier 1 service during the academic year (target: 30%); average waiting time for an initial counselling appointment (target: within five working days); and number of crisis (Level 3 and 4) incidents per academic year.
- d. Annual Wellbeing Report: The Licensed Counsellor prepares the Annual Wellbeing Report by 31 October each year, covering the preceding academic year. The Report includes de-identified service utilization data, KPI performance, satisfaction survey results, the counsellor's clinical assessment of the most pressing student wellbeing concerns, and proposed improvements for the following year. The Report is submitted to the VP Student Affairs, who presents a summary to the President and the Board Academic Affairs Committee. The IE Director incorporates key wellbeing indicators in the Annual Institutional Effectiveness Report (IE-002).
- e. Continuous improvement: Findings from the Annual Wellbeing Report are used to: adjust the Tier 1 workshop Program (topics, timing, frequency); revise the referral pathway for external specialist services; review the Clinical Crisis Response Protocol against any incidents during the year; and inform Faculty and Staff Mental Health First Aid training priorities. Proposed changes to this policy arising from the Annual Report are submitted through the ACA-001 policy development process.

Article 10: Relationship to Other AIU Policies

The following cross-policy relationships are material to this policy's operation:

- a. STU-003 (Disability Services and Accessibility): A mental health condition that substantially limits a student's academic functioning may qualify for an academic accommodation under STU-003. The Counselling Section and the Disability Services Coordinator work together where a student's mental health situation gives rise to both a therapeutic need and an accommodation need. The Counselling Section does not issue academic accommodation letters; this is exclusively the domain of the STU-003 Accommodation Plan process.
- b. STU-001 (Student Conduct): Where a student's conduct violation appears to be driven or substantially influenced by a mental health condition, the VPSA considers this context in the conduct process under STU-001. Mental health circumstances do not excuse conduct violations but are relevant to sanction determination and to ensuring that the student receives appropriate support alongside the disciplinary process.
- c. ADM-003 (Equal Opportunity): Students have the right to access mental health services without discrimination on the basis of any protected characteristic. The Counselling Section is committed to culturally sensitive, non-discriminatory service to all students.

 AMERICAN INTERNATIONAL UNIVERSITY الجامعة الأمريكية الدولية	Policy Main Title	Student Mental Health and Wellness Policy	Effective Date	14/06/2026
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	Responsible Entity	VP Student Affairs	Approved By	President

- d. ADM-001 (Health, Safety, and Environment): The Crisis Response Protocol in Article 7 of this policy is read alongside the emergency response provisions of ADM-001. Campus Security responsibilities for mental health emergencies are defined in ADM-001 and reinforced here.
- e. GOV-003 (Whistleblower Protection): A faculty or staff member who raises a welfare concern about a student's mental health, including a concern about inadequate institutional response to a welfare situation -- is protected under GOV-003 from retaliation for raising that concern in good faith.

Procedures

Student Accessing Counselling Services

1. Student contacts the Counselling Section by email, phone, or in person to request an appointment. No referral form or permission from a faculty member is required. The student may describe their concern briefly or simply request an appointment; the Counselling Section does not require a student to justify their request.
2. The Counselling Section schedules an initial wellbeing consultation within five working days (or same-day where urgency is indicated by the student or the administrative staff member receiving the contact).
3. At the initial consultation, the Counsellor: welcomes the student; explains the confidentiality framework and its limits; invites the student to describe what has brought them in; conducts an appropriate initial assessment; and agrees next steps with the student (further individual sessions; group referral; signposting to Tier 1 resources; or external referral).
4. Where individual short-term counselling is agreed, sessions are scheduled at mutually agreed times during the Counselling Section's operating hours. The student and Counsellor agree a therapeutic focus and a review point, typically after three sessions.
5. At the conclusion of a counselling episode (whether following the agreed number of sessions, at the student's request to conclude, or following external referral), the Counsellor completes a brief closing summary in the clinical record and invites the student to complete the anonymous satisfaction survey.

Faculty Supported Referral

1. A faculty member who is concerned about a student speaks with the student privately, expresses their concern with care, and provides the Counselling Section's contact details. The faculty member encourages the student to make contact but does not pressure or require attendance.
2. Where the faculty member wishes to flag the welfare concern to the institution, because the student's situation seems serious and the student has not indicated they will seek support, the faculty member contacts the VPSA by email or phone. The communication describes the observed behavior or circumstances of concern without speculation about diagnosis. The faculty member does not contact the student's family or emergency contacts directly.

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3. The VPSA assesses the concern and, where appropriate, makes a welfare check on the student, a brief, supportive contact that offers information about available support without pressure. The VPSA documents the welfare check and consults with the Counsellor as appropriate.
4. Where the welfare check raises clinical concerns, the VPSA and Counsellor agree on the appropriate next step, which may include a supported referral to the Counselling Section, a Level 2 or 3 response under the Crisis Response Protocol, or another welfare measure.

Crisis Response Protocol Activation

1. Any person who identifies a student in Level 2, 3, or 4 distress, the student themselves, a faculty member, a Peer Wellbeing Ambassador, a fellow student, or any other person -- contacts the Counselling Section immediately during operating hours, or the VPSA directly out of hours.
2. The Counsellor assesses the level of the crisis and activates the appropriate response from the crisis table in Article 7. The Counsellor does not leave a student who is at immediate risk of harm (Level 3) alone until either the student has been stabilized and a safety plan is in place, or the VPSA and/or emergency services have arrived.
3. For Level 3 situations: The Counsellor contacts the VPSA immediately. The VPSA contacts Campus Security if the situation requires physical safety management or assistance. Where there is immediate medical risk, Kuwait emergency services (112) are contacted. The Counsellor documents the incident in a Clinical Crisis Record within 24 hours.
4. For Level 4 (community crisis): The VP Student Affairs informs the President within one hour of confirmation. The VPSA activates the Community Crisis Response Protocol, coordinates with the Counsellor on debriefing and outreach, and coordinates with the President's office on community communication.
5. Following every Level 3 or 4 event, the VPSA, the Licensed Counsellor, and the VP Student Affairs conduct a post-event review within 10 working days. The review documents: what happened; how the protocol was activated; what worked well; what could be improved; and any changes to the protocol or the service required. The post-event review is filed with the Annual Wellbeing Report.

President Signature

Signature: _____ Date: _____