Journal of Education and Educational Research
ISSN: 2957-9465 | Vol. 17, No. 1, 2026

Exploration of a Psychological Crisis Prevention and Intervention Mechanism in Universities: An Integrated Approach Based on the "Collaborative Assessment and Management of Suicidality" (CAMS) Framework

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Abstract: The prevention and intervention of psychological crises among university students constitute a core challenge for mental health education in higher education institutions. Traditional intervention models often suffer from limitations such as delayed identification, passive intervention, and fragmented management. To systematically enhance intervention efficacy, this study introduces the empirically supported "Collaborative Assessment and Management of Suicidality" (CAMS) framework from clinical psychology, aiming to systematically construct an integrated psychological crisis prevention and intervention mechanism applicable to the higher education context. This mechanism is student-centered, emphasizes collaboration, and covers the entire intervention process. This paper first analyzes the core concepts of the CAMS framework (e.g., collaborative therapeutic alliance, focus on "suicide drivers") and its inherent compatibility with the university psychological work system. Subsequently, it systematically elaborates, from a theoretical perspective, the four core components of implementing this mechanism in higher education settings: preventive screening, dynamic assessment, collaborative intervention, and long-term management. The core of this mechanism lies in establishing a solid collaborative alliance with students in crisis to jointly define and manage their fundamental "suicide drivers," thereby promoting a paradigm shift from passive crisis response to proactive risk management. This provides a theoretical framework and implementation pathway with clear operability for establishing a scientific and efficient psychological crisis work system in higher education institutions.

Keywords: Psychological Crisis Intervention; Suicide Prevention; Collaborative Assessment and Management of Suicidality (CAMS).

1. Introduction

University students are in a critical period of psychosocial development, facing multiple developmental pressures such as academics, interpersonal relationships, and career planning, making them a high-risk group for psychological crisis incidents [1]. Research indicates that the detection rate of suicidal ideation among Chinese university students cannot be ignored [2], and suicide has become one of the significant causes of non-accidental death among university students [3]. Although mental health education and crisis intervention systems have been widely established in Chinese universities, practice shows that there remains significant room for improvement in terms of management standardization, assessment scientificity, and the effectiveness of multi-departmental collaboration [4]. Specific challenges include: First, static and stigmatizing tendencies in risk assessment. Crisis identification often relies on one-time psychological screenings or scale assessments [5], which may simply categorize students as "high-risk" or "low-risk." This approach lacks an understanding of the dynamic nature of suicidal risk evolution [6]and may lead educators to avoid in-depth assessment due to concerns about "inducing risk" [7]. Second, the unidirectional and authoritarian nature of the intervention process. Intervention measures are often unilaterally led by professionals, with students positioned as passive recipients of education or supervision. Their subjective experiences and intrinsic motivation for change are not fully activated [8]. Third, the fragmentation and inefficient coordination of support systems. Within universities, there often exist information barriers, ambiguous responsibilities, and disjointed actions between the "university-college-class-dormitory" four-level early warning network and the external "family-university-medical-community" support system, rendering the collaborative mechanism ineffective [9]

The root of these dilemmas partly lies in the "predict-react" paradigm followed by traditional models, which aim to predict risk through assessment tools and then intervene with "high-risk individuals" [10]. However, suicidal risk is inherently dynamic and individualized [11] and is deeply influenced by the interaction of multiple factors such as individual psychological pain, coping resources, and environmental support [12]. Therefore, there is an urgent need for a new theoretical framework capable of dynamically understanding risk, adequately empowering students, and effectively integrating systemic resources.

The "Collaborative Assessment and Management of Suicidality" (CAMS) is an evidence-based, structured clinical intervention framework focused on suicidal risk developed by David A. Jobes [13]. Its core philosophy is "collaboration," treating the clinician and the client as partners in jointly addressing the suicidal crisis. Research shows that CAMS can effectively reduce suicidal ideation, depressive symptoms, and improve the therapeutic relationship [14]. Although CAMS originated in clinical settings, its core concepts have strong applicability and inspiration for university psychological crisis intervention work, which increasingly demands systematization and professionalism. Currently,

some domestic scholars have attempted to apply CAMS in university cases [15], but there is a lack of research systematically exploring how to integrate the CAMS framework holistically and theoretically into existing university psychological crisis prevention and intervention mechanisms.

Given this, this paper aims to conduct a theoretical exploration: How can the CAMS framework serve as a blueprint for constructing a psychological crisis prevention and intervention mechanism that aligns with the organizational characteristics of higher education institutions, is operationally feasible, and can effectively address existing challenges? This paper will first analyze the core elements of CAMS, then detail the theoretical pathway for integrating this framework with the university work system from conceptual, operational, and systemic levels, and finally discuss the paradigm shift significance and challenges it presents.

2. Analysis of Core Elements of the CAMS Framework: Theoretical Adaptability Basis from Clinic to Campus

CAMS is not a rigid set of techniques but a clinical framework constructed around the core concept of "Suicide Drivers," with collaboration permeating the entire assessment and intervention process [13]. Its core elements provide key theoretical foundations for constructing a corresponding intervention mechanism in the university context.

2.1. Core Philosophy: Building a Collaborative Therapeutic Alliance

The fundamental innovation of CAMS lies in the restructuring of the therapeutic relationship, establishing a "collaborative therapeutic alliance." In this alliance, the clinician transforms into a "collaborative partner" standing alongside the client to face the crisis. Together, they understand, define, and work to resolve the core issues triggering the individual's suicidal crisis—the "suicide drivers." This philosophy directly addresses the issue where students are often placed in a "passive object" position in current university interventions. In the university setting, this means that psychological teachers or counselors need to establish an equal, trusting collaborative relationship with students in crisis, jointly exploring the psychological, social, and situational triggers behind the crisis (e.g., overwhelming academic setbacks, traumatic relationship breakdowns, existential meaninglessness), rather than conducting unidirectional diagnosis, lecturing, or monitoring.

2.2. Core Tools: Carriers of Structured Collaboration—Suicide Status Form (SSF) and Collaborative Stabilization Plan (CSP)

CAMS operationalizes and structures the collaborative process through two core tools. The first is the Suicide Status Form (SSF). This tool guides both parties to systematically assess suicide risk (ideation, plan, history of behavior), psychological pain (pain, agitation, hopelessness, self-loathing), and stressors, and collaboratively identify typically 2-5 most critical "suicide drivers." The use of SSF transforms assessment from a static label into a dynamic, shared conceptualization process. The second is the Collaborative Stabilization Plan (CSP). CSP is a personalized safety and coping plan jointly developed by both parties based on the identified drivers. Its core lies not only in ensuring environmental safety (e.g., reducing access to lethal means) but also in formulating specific coping strategies, resource linkages, and action steps for each driver.

2.3. Operational Process: Focused, Dynamic, and Evidence-Based Cycle

Standard CAMS operation follows a clear process: starting with the first session to establish the collaborative alliance and complete the initial SSF; subsequent sessions revolve around "updating the SSF" and "reviewing CSP implementation," continuously tracking changes in drivers and intervention progress; until suicidal risk is significantly and stably reduced. This process is highly focused on the suicidal issue, maintains strategic flexibility, and bases decisions on continuous assessment data. This "assess-intervene-reassess" closed-loop model is particularly suited to the characteristics of long-term attention, dynamic evaluation, and systematic management required for university psychological crisis cases.

Therefore, introducing the CAMS framework into universities is by no means a mechanical transplantation of its clinical process, but a creative contextual adaptation of its core philosophy, collaborative ethos, and structured tools to deeply integrate with the unique ecosystem of universities (including counselors, class advisors, peers, parents, university clinics, and mental health institutions). The following section will elaborate on the theoretical construction of this integrated mechanism.

3. Theoretical Construction of a University Psychological Crisis Prevention and Intervention Mechanism Based on the CAMS Framework

Constructing a university psychological crisis intervention mechanism based on CAMS is a comprehensive theoretical integration project involving three levels: values, practical operations, and organizational systems (its theoretical model is shown in Figure 1). This model aims to depict a three-dimensional work system driven by a collaborative therapeutic alliance at its core, powered by standardized processes as its operational engine, and supported by a multi-support system as its environmental foundation.

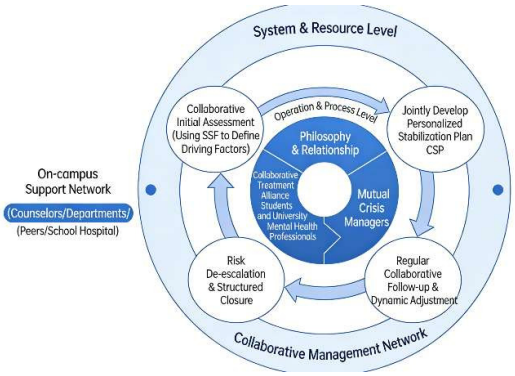


Figure 1. Theoretical Model of University Psychological Crisis Prevention and Intervention Mechanism Based on the CAMS Framework

3.1. Core Conceptual Level: Establishing a Collaborative Culture of "Student as Primary Agent of Their Own Safety"

The primary task in constructing the mechanism is to promote a fundamental shift in work culture. This requires establishing the collaborative philosophy advocated by CAMS—"the student as the primary agent of their own safety"—among university mental health professionals and relevant staff. Specifically, this demands a paradigmatic shift in professional roles: psychological teachers need to transform from traditional "risk assessors" and "plan implementers" into "facilitators helping students explore internal pain and external resources" and "co-constructors of safety plans." Simultaneously, students must be deeply empowered by clearly conveying the core message: "You are the expert on your own experience and safety; our role is to assist you in using this expertise to manage the crisis," effectively activating students' will to live and subjective initiative. Ultimately, consensus should be cultivated within the entire school support system that the most effective crisis intervention stems from a process where the student, as an active participant, forms an alliance with the professional system to jointly manage their own risk. This forms the trust foundation upon which all specific operations can proceed.

3.2. Standardized Operational Level: Constructing Standardized, Dynamic Collaborative Assessment and Management Processes

At the operational level, the key is translating CAMS core tools into executable, standardized "assessment-planning-follow-up-closure" processes within the university context. This process begins with Collaborative Initial Assessment and Therapeutic Alliance Formation. When a student enters the crisis intervention process, a trained counselor uses adapted assessment tools and structured collaborative interviews to jointly identify and clearly define 1-3 most pressing "suicide drivers in the campus context" (e.g., catastrophic fear of academic failure, loss of belonging). This is followed by Co-creating the Personalized Campus Stabilization Plan (CSP). This plan is a written, individualized action blueprint jointly developed by both parties. Its content must be concrete and feasible, covering personalized coping strategies for each driver (e.g., using "grounding techniques" to alleviate panic), a clear, tiered support resource list (e.g., designated counselor, 24-hour hotline), environmental safety management measures, and pre-agreed home-school communication plans based on informed consent. The third component is Regular Collaborative Follow-up and Dynamic Plan Optimization. Through regular sessions, with the core agenda of "reviewing and updating the SSF" and "evaluating CSP implementation effectiveness," continuous dynamic monitoring of risk is achieved. The CSP is collaboratively revised based on actual circumstances, continually strengthening the student's self-efficacy. Finally, when drivers are effectively addressed and risk remains consistently low, the process moves to Risk De-escalation and Structured Case Closure. Both parties jointly decide to end high-frequency specialized follow-up and transition to a routine monitoring phase, thereby helping the student shed the "high-risk" label and promoting psychological recovery.

3.3. System Support Level: Building a "University-Family-Medical-Community" Collaborative Co-management Network

The effective operation of this mechanism ultimately relies on seamlessly embedding its operational processes into the existing university work system and constructing a collaborative support network of "internal integration and external linkage." Internally, the support network needs functional restructuring: The Psychological Counseling Center assumes the core role of professional leadership and supervision, responsible for the standard implementation of CAMS processes and complex case management; The counselor team, after training, becomes the key pivot and bridge, serving as the designated "primary campus support contact" within the CSP framework, providing immediate emotional support, practical assistance, and regulated information communication within confidentiality boundaries; Academic departments and peer groups act as cultivators of a supportive environment, forming a basic protective layer by providing academic flexibility, daily companionship, and early identification. Externally, standardized linkage of support resources needs to be achieved: CAMS provides process guidance for challenging home-school collaboration. Communication framed as "inviting the family to jointly support the student in implementing their safety plan" is more likely to establish a cooperative alliance; For students requiring medical-university collaboration, the CAMS framework and its outputs (SSF, CSP) can serve as "standardized communication documents" to facilitate the integration of medical and psychological management; Simultaneously, community professional resources (e.g., psychological counseling agencies, support hotlines) should be systematically incorporated into the support list to expand the student's support network.

4. Discussion: Paradigm Shift, Advantages, and Challenges

Constructing a university psychological crisis mechanism based on the CAMS framework represents more than a methodological supplement; it signifies a paradigm shift: from a probability-based "risk prediction-passive supervision" paradigm towards an empathy-and-collaboration-based "risk understanding-active co-management" paradigm [14]. This shift offers multiple theoretical advantages:

4.1. Enhancing the Humanistic Quality and Efficacy of Intervention

The collaborative alliance significantly enhances students' engagement, sense of autonomy, and hope, which are themselves powerful protective factors [16]. Research confirms that a strong therapeutic alliance is a key predictor of intervention effectiveness [14].

4.2. Achieving Dynamic and Precise Risk Management

The regular use of SSF transforms risk assessment from isolated "snapshots" into a continuous "film," allowing for a more sensitive capture of fluctuations in the student's state and enabling timely adjustment of intervention measures.

4.3. Optimizing System Coordination Efficiency

The CSP, as a clear, individualized "action map," provides explicit, concrete collaborative task lists for various parties like counselors, families, and doctors, reducing communication ambiguity and responsibility shirking, thereby enabling the practical implementation of "home-school-community collaboration".

4.4. Promoting Professional Growth and Occupational Protection for Staff

The structured process reduces the anxiety and uncertainty staff face when dealing with suicidal cases. The shared decision-making model also distributes responsibility pressure and provides a clear work pathway.

However, the successful implementation of this mechanism also faces challenges: First, it requires systematic CAMS training for psychological professionals to shift their working mindset. Second, relevant concept and skill training is needed for student affairs staff like counselors. Third, existing campus crisis intervention protocols and work systems need revision and improvement to institutionalize the CAMS collaborative process. Finally, achieving a balance between protecting student privacy (Huang Anlin, n.d.) and necessary information sharing is an ethical issue that must be handled with care during implementation.

5. Conclusion

Facing the increasingly complex landscape of student psychological crises in higher education, innovating intervention paradigms is imperative. This paper theoretically argues for the feasible pathway and core mechanism of systematically integrating the evidence-based clinical framework of "Collaborative Assessment and Management of Suicidality" (CAMS) into university psychological crisis prevention and intervention work. This mechanism is grounded in establishing a "collaborative therapeutic alliance," focuses on "suicide drivers," and achieves dynamic, co-managed suicidal risk through standardized collaborative assessment (SSF) and the development and follow-up of personalized stabilization plans (CSP). Simultaneously, it integrates internal and external support forces (counselors, family, medical institutions) into a co-management network with clear goals and coordinated actions.

The CAMS-based mechanism essentially advocates a crisis intervention culture that respects student agency, emphasizes professional collaboration, and focuses on system integration. It represents not merely the introduction of technical tools but a profound shift in work philosophy from "managing risk" to "empowering the individual to manage their own risk." Future research can build upon this foundation to conduct localized action research or quasi-experimental studies to examine the specific effects of this mechanism in reducing suicidal risk among university students, improving mental health service experiences, and enhancing multi-system collaboration efficacy. Furthermore, exploring its adaptation and optimization in different types of higher education institutions is needed to provide solid theoretical support and practical guidance for constructing a more scientific, humane, and efficient psychological safety net in universities.

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