

PLEASE NOTE:

**THE NEW AFTER-HOURS EMERGENCY CONTACT
PHONE NUMBER FOR THE UNIVERSITY
COUNSELING CENTER IS**

601.818.6352

**This phone will be answered by a licensed counselor
during non-business hours.**

Faculty and Staff Role in Helping the Emotionally Distressed Student

**Recommended Protocol from
Student Counseling Services for the
University of Southern Mississippi**

**University Counseling Center
Kennard-Washington Building**

Room 214

601.266.4829

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Faculty and Staff Role in Helping the Emotionally Distressed Student

As a member of the Southern Miss community, you impact the lives of our students on a daily basis. Students often go to you when they need support or have questions. Therefore, students may see you as the first person to go to when they are upset or concerned about school.

You may be the first (or only) person who recognizes that a student is not functioning well, either academically or personally. What can you do when you suspect a student may need help, and you are willing to take the initiative and reach out to him or her? How involved should you be? What is your appropriate role?

This information is intended to help you reach out to the student and to link them to the help they need.

While you are not expected to assess and treat mental health problems, you are in a position to recognize distress and are responsible for inquiring further about the situation. Mental health issues can impact and sometimes jeopardize student college careers. Reaching out to students not only helps them personally, but enhances their academic success.

General Approaches to Distressed Students

Sometimes it can be difficult to discern whether a student's disruptive behavior is a discipline or mental health issue. Some disruptive behaviors can stem from emotional or psychological problems. Here is some general idea of disruptive behaviors caused by mental distress.

Some distress signals include

- Depression: poor concentration, loss of interest, withdrawal
- Agitation: anxious, can't sit still
- Disorientation: seems 'out of it,' may exhibit bizarre behavior
- Suicidal expression, thoughts or threats
- Alcohol or drug abuse: including coming to class intoxicated

You may also notice

- Increased irritability, undue aggressive or abrasive behavior
- Excessive procrastination, poor, infrequent class attendance, little or no work completed.
- Marked change in personal hygiene
- Dependency (e.g., the student who hangs around you or makes excessive appointments to see you)
- Bizarre, alarming or dangerous behaviors

What to do:

Reaching out to a student and “noticing” changes in their behavior will have a profound effect on the student. Acknowledge to the student that you notice they are distressed and you are concerned about them. Let them know you are willing to look at options that could help them.

1. Request to see the student in private if you feel it is appropriate to do so.
2. Briefly describe your observations and perceptions of their situation and express your concerns directly and honestly.
3. Listen carefully to what the student is troubled about and try to see the issue from the student’s point of view without necessarily agreeing or disagreeing.
4. Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate.
5. Your receptivity to an alienated student will allow the student to respond more effectively to your concerns.
6. **Involve yourself only as far as you are willing to go.** At times, in an attempt to reach or help a troubled student, you may become more involved than your time or training permits. Extending oneself to others always involves some risk, but it can be a gratifying experience when kept within realistic limits.
7. If you have concerns about a student’s emotional state, call the Counseling Center (601.266.4829 or **601.818.6352** after business hours) for consultation.
8. If you have concerns about a student’s disruptive behavior or discipline concerns, contact the Dean of Students Office (601.266.6028).
9. If you believe a student may need a coordinated response, or you don’t know how to proceed, please call **601.818.6352** or the University Police (911)

The Suicidal Student

Suicide is the second leading cause of death among college students. The suicidal person is intensely ambivalent about killing himself/herself and typically

responds to help; suicidal states are definitely time limited and most who commit suicide are neither crazy nor psychotic. Someone at risk for suicide may exhibit agitation, impulsive or life threatening behavior, loss of touch with reality, feelings of hopelessness and futility, a severe loss or threat of loss, a detailed suicide plan with a history of suicide attempt, history of alcohol or drug abuse or feelings of alienation and isolation.

Suicidal students usually want to communicate their feelings; any opportunity to do so should be encouraged.

Do:

- Take the student seriously – 60% of suicides give warning of their intent
- Acknowledge that a threat of or attempt at suicide is a plea for help
- Be available to listen, to talk, to be concerned, but refer the student to Counseling Center (601.266.4829) between the hours of 8a.m.-5p.m., or use our after-hours emergency phone contact at **601.818.6352**. Other appropriate resources are University Police (911) when you yourself are getting overwhelmed.
- Administer to yourself. Helping someone who is suicidal is hard, demanding and draining work.

Don't:

- Argue with or minimize the situation or depth of feeling, e.g., "Oh, it will be much better tomorrow."
- Be afraid to ask the person if they are so depressed or sad that they want to hurt themselves (e.g., "You seem so upset and discouraged that I'm wondering if you are considering suicide").
- Over commit yourself and, therefore, not be able to deliver on what you promise.
- Ignore your limitations.

Warning Signs of Potentially Suicidal Behavior

If you observe any of the following warning signs that might indicate suicidal risk, communicate them to a mental health professional as soon as possible. High risk indicators include

- Expression of desire to kill oneself or wishing to be dead.
- Presence of a plan to harm self (specific time, place, notes written).
- Means are available to carry out a plan to harm oneself (firearm, stockpiled pills).
- High stress due to grief, illness, loss of new job, academic difficulty, etc.
- Symptoms of depression are present, such as loss of appetite, sleep, severe hopelessness or agitation, feeling of exhaustion, guilt or shame, loss of interest in school, work or sexual activities, change or deterioration of hygiene.
- Intoxication or drug abuse (including alcohol).
- Previous suicide attempt by the individual, a friend or a family member.

- Isolation, loneliness or lack of support
- Withdrawal or agitation.
- Preparation to leave, giving away possessions or packing belongings.
- Secretive behavior.
- Major mood changes, e.g. elation of person who has been depressed, extroversion of previously quiet person.
- Indirect comments implying death is an option, e.g., person implies he/she may not be around in the future.

If you have any further questions or need assistance, please contact the University Counseling Center at 601.266.4829 during business hours or **601.818.6352** after-hours.

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