

Identifying and Helping Students in Distress

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Your Role

- Recognize how to identify students in distress
- Establish and maintain appropriate learning environment that is both supportive and equitable
- Have knowledge of relevant campus resources for referral

Definition

Distressed students:

Students who are experiencing emotional and/or psychological conditions that are interfering with their ability to learn.

- Note that many students in distress have a mental health disorder such as depression or anxiety- though not all.

Student Mental Health Stats

- 1 in 4 young adults between the ages of 18 and 24 have a diagnosable mental illness.
- More than 25% of students have been diagnosed or treated by a professional for a mental health condition within the past year.
- More than 80% of students felt overwhelmed by all they had to do in the past year and 45% have felt things were hopeless.
- Almost 73% of students with a mental health condition experienced a mental health crisis on campus. Yet, 34.2% reported that their college did not know about their crisis.

* Stats from National Alliance on Mental Illness

Mental Health Disorders on Campus

By far, the most prevalent/common are:

- Anxiety
- Depression
- Eating Disorder
- ADHD

Question:

Based on your experience, what are signs that a student may be in distress?

Signs/Symptoms of Distress

- Marked changes in academic performance
- Tardiness and excessive absences inconsistent with their prior history
- Repeated requests for special consideration, e.g., deadline extensions, changes in requirements, grade changes
- Withdrawal and/or avoidance from participation, increased anxiety around exams or deadlines, difficulty working in teams
- Changes in emotional states, e.g., sadness, crying, lethargy, irritability, rapid speech, preoccupied, increased and more intense disagreement with peers and instructor, sense of confusion
- Changes in physical well-being, swollen eyes from crying, increased sicknesses, poor self-hygiene, rapid weight loss/gain, sleeping in class
- Disruptive behaviors, e.g., outbursts of anger/hostility or crying, domination of discussion, derailing the focus of discourse
- Communication in either oral or written formats that may suggest a threat to one's self or others (expressions of hopelessness or helplessness)
- Inability to communicate (garbled, slurred, disjointed, or incoherent speech)
- Loss of contact with reality (seeing/hearing things that do not exist)

Addressing Distressed Behavior

- Talk to student in private.
- Give the student your undivided attention.
- Express your concerns in behavioral, nonjudgmental terms.
 - “I've noticed you've been absent from class lately and I'm concerned.” *(more examples to follow)*
- Avoid judging, evaluating, or criticizing. Respect the student's value system, even if you disagree with it.
- Your most powerful communication tools are active listening and empathy

Addressing Behavior cont.

- Be frank about your own limits of time, energy, training, and objectivity
- Do not promise confidentiality
- Additional Training in suicide prevention:
asklistenrefer.org/washu

Communicating Concern- Examples

Present CONCERNS/OBSERVATIONS in a caring and straightforward way:

I've noticed that you.....

- seem really stressed lately. How are you?
- wrote something in your paper that seems really upsetting. How are you?
- have been missing class. How are you doing?

Add EMPATHY:

- That sounds so difficult. I'm so sorry to hear that.
- That must be so stressful.

Finish with RESOURCES:

- I'm wondering if you have anyone to talk to about that?
- Are you getting enough support?
- Have you thought about talking to a counselor who might be able to help?

More Examples

Sample Statements:

- “It sounds like things have been really hard lately. Have you thought about counseling?”
- “Many people find counseling helpful at times like these.”
- “I hear good things about the counselors at SHS, and (name) in particular. I think they would be a great resource for you.”

Accommodations for Students with Documented Psychiatric Disabilities

- Provide equal access to academics, programs, services
- Emphasis on access, not outcome
- “Reasonableness” of accommodation
- When in doubt, consult!

Common Classroom Accommodations

- Extended time on exams
- Reduced distraction testing environment
- Notetaker
- *Deadlines and class attendance may be an issue*

Maintaining supportive and equitable learning environment

Case Study

When to Refer to Counseling

- It's ALWAYS OK to refer a student to counseling if you think they could benefit from it.
- Particularly if you have recognized signs/symptoms of distress including:
 - withdrawal/avoidance
 - disturbing speech/communication
 - significant changes in mood, behavior or appearance.
 - the problem seems to be getting worse, and/or if it has been going on for more than a couple of weeks
- If you have immediate concerns about a student's safety or that they may cause harm to someone else, *call campus police*

How to Refer

- When referring to counseling, it can help to show students the [SHS website](#) where they can view therapists bios and pics, and can schedule their initial phone consultation.
- Gently encourage them to schedule a phone consultation to get started right away (~Wait time can be up to 3-4 weeks)
- Share that many student's needs are met in 1-3 sessions and that coming to MHS isn't a long-term commitment. Encourage student to "give it a try."
- Be prepared for a "No, thanks" response or a denial of the problem. This is ok- you are planting seeds!

What to Know when Referring

- MHS provides counseling for individuals, couples and groups.
- Up to 9 free counseling sessions per academic year.
 - Total counseling sessions per year is no more than 16- Students who need more are referred off-campus.
- Psychiatry visits are unlimited. Cost is \$20 with WU student insurance, or at cost determined by student's outside insurance.
- We also have an eating disorder treatment team.
- Emergency appointments available daily
 - Must call 314-935-6695 to request these (can walk student over)
- After hours, students can access counselor-on-call (staffed by MHS)

A Note about ADHD

- We not do ADHD assessments on campus.
- Our psychiatrists treat students for ADHD only when they provide proof of off-campus assessment.

Emergency Safety Plan

- Have emergency phone numbers programmed into your office phone and cell.
- Do not attempt to subdue/contain any students.
- Share any concerns you have about erratic or disturbing behavior with campus officials.
- When in doubt, consult/consult/consult!

Campus Resources

- ◉ **Dean of Student Life: 935-5050**
- ◉ **Director of Judicial Programs: 935-4174**
- ◉ **Washington University Police: 935-5555**
- ◉ **Student Mental Health Services: 935-6695**
- ◉ **Student Health Services: 935-6666**
- ◉ **Cornerstone: 935-5970**

Other Student Resources

Peer Resources:

- Sexual Assault and Rape Anonymous Helpline (SARAH) 314-935-8080 (24-hour anonymous student-run helpline)
- Uncle Joe's Peer Counseling and Resource Center 314-935-5099 (24-hour anonymous peer helpline)
- Connections (LGBT peer mentoring)- info on WU website

Online Resources

- shs.wustl.edu
- Ulifeline.org
- afsp.org (American Foundation for Suicide Prevention)
- Asklistenrefer.org/washu