

Faculty/Staff Helping Students

Suicide is the 2nd leading cause of death in college age students. It is especially important that faculty and staff are aware of what can be done to prevent such a tragedy. This brochure will help you become aware of signs of a distressed student, things that you might do to help the student, signs of suicidal ideation, and when and how to make effective referrals for additional help.

Warning Signs of Suicide

There are basically four types of warning signs:

Situational: stressful or traumatic experience.

Depressive: changes in usual behavior, inability to concentrate, socially withdrawn, easily agitated, apathy, crying, sense of worthlessness, appears sad, abusing substances.

Verbal signs: direct or indirect; verbally or in written material (e.g., assignments, papers, etc.).

Behavioral: giving away possessions, writing a suicide note, acquiring means to commit suicide, organizing business and personal matters, suddenly resigning from organizations or clubs.

Look for a cluster of signs. A suicidal person who gives warning signs will most often present more than one clue.

Tips for Recognizing Troubled Students

At one time or another, everyone feels depressed or upset. However, there are two levels of student distress which, when present over a period of time, suggest that the problems are more than the 'normal' ones.

Ambiguous Dangers / Problems

Although not disruptive to others in your class, these behaviors may indicate that something is wrong and that help may be needed:

Serious grade problems

Unaccountable change from good to poor performance

Change from frequent attendance to excessive absences

Change in pattern of interaction

Marked change in mood, motor activity, or speech

Marked change in physical appearance. Repeated request for special consideration

New or regularly occurring behavior which pushes the limits and may interfere with class management

Unusual or exaggerated emotional response

Imminent Dangers / Critical Problems

These behaviors usually show that the student is in crisis and needs emergency care:

Highly disruptive behavior (hostility, aggression, etc.)

Inability to communicate clearly (garbled, slurred speech, disjointed thoughts)

Loss of contact with reality (seeing/hearing things that are not there, beliefs or actions at odds with reality)

Overt suicidal thoughts and gestures (suicide is a current option)

Homicidal threats

What You Can Do to Help: Responses to Ambiguous Dangerous Behavior

Talk to the student in private when you both have time. Express your concern in non-judgmental terms. Listen to the student and repeat the main point of what the student is saying. Clarify the costs and the benefits of each option for handling the problem from the student's point of view. Respect the student's value system. Ask if the student is considering suicide. Make appropriate referrals if necessary. Inform your manager. Make sure the student understands what action is necessary. Consult with a mental health professional at Counseling Services or Health Services.

Responses to Imminently Dangerous Behavior:

Stay calm. Call 911, or Call Public Safety, Housing Staff or Dr. Raymond Jones.

General Do's and Don'ts in Responding to Suicidality:

DO...

Show that you take the student's feelings seriously. Let the student know that you want to help. Listen attentively and empathize. Reassure that with help he/she will recover. Stay close until help is available or risk has passed.

DON'T...

Try to shock or challenge the student. Analyze the student's motives. Become argumentative. React with shock or disdain at the student's thoughts and feelings. Minimize the student's distress.

When to Make a Referral

Even though a student asks you for help with a problem and you are willing to help, there are circumstances when you should suggest other resources:

You are not comfortable in handling the situation. The help necessary is not your expertise. Personality differences may interfere with your ability to help. You know the student personally (friend, neighbor, friend of a friend) and think you may not be objective enough to help. The student is reluctant to discuss the situation with you. You see little progress in the student. You feel overwhelmed or pressed for time.

How to Make a Referral

To the student:

Be frank with the student about the limits of your time, ability, expertise, and/or objectivity. Let the student know that you think she/he should get assistance from another source. Assure them that many students seek help over the course of their college career. Assist the student in choosing the best resource. Try to help the student know what to expect if she/he follows through on the referral.

Consider these questions before making the referral:

What are the appropriate and available resources for the student? With whom would the student feel most comfortable? Who will make the initial contact, you or the student?

Consultation is Available

If you have concerns about a student, contact Counseling Services staff for consultation. Some of the ways CS might help include:

Assessing the seriousness of the situation;

Suggesting potential resources;

Finding the best way to make a referral;

Clarifying your own feelings about the student and the situation.

Students are encouraged to make their own appointments if possible (Telephone: 508-3578).

Because many students use our services, there may be a wait before seeing a counselor. In urgent situations, however, we will assist any student immediately. During the student's first visit to the CS, information and consent forms will be filled out prior to the initial session. During the first appointment, the psychologist will begin to assess the student's needs and determine the most effective way to help. Options may include counseling with CS providers or a referral to a community provider on or off campus.