

Referral Guide for Faculty & Staff to Help Students in Distress

Developed by: Counselling Services and Wellness Office

Table of Contents

| Who is this guide for? | 2 |
|--|---|
| Why does mental health of students get affected? | 2 |
| How is my role relevant? | 2 |
| What are some signs of distress? | 2 |
| ACADEMIC INDICATORS | 3 |
| BEHAVIORAL AND EMOTIONAL INDICATORS | 3 |
| PHYSICAL INDICATORS | 3 |
| SAFETY RISK INDICATORS | 3 |
| How do I choose appropriate intervention? | 4 |
| How do I approach the distressed student? | 5 |
| BUILDING RAPPORT AND UNDERSTANDING THE PROBLEM | 5 |
| OFFERING HELP AND FURTHER SUPPORT | 5 |
| Why do some students resist taking help? | 6 |
| Wrapping it up | 6 |

Who is this guide for?

If you in any way teach, train, advise, supervise or mentor AKU students, this guide is for you. We believe that having opportunities for direct interaction puts you in a unique position to notice and assist students who may be undergoing difficult situations or experiencing emotional or mental health problems.

Why does mental health of students get affected?

University is a time of major change that isn't always easily handled. Students face adjustment issues and increased levels of stress due to the cumulative effect of academic workload, altered support structures, financial burden, pressure to succeed, greater personal responsibility and concern for the future. When the capacity to cope effectively gets challenged, mental wellbeing suffers. They become distressed and face a greater risk of experiencing psychological problems such as anxiety, depression, substance abuse, or in some extreme cases losing the desire to continue living.

While most of these problems, even the more serious ones, can be dealt with effectively through appropriate and timely help, the 'stigma' attached to mental health may hold the students back. Other factors that may act as barriers include lack of knowledge about warning signs, denial, poor help-seeking behaviour, and lack of information about campus resources for mental wellness.

How is my role relevant?

Due to their frequent interaction with students, faculty and staff are usually among the first to notice a student experiencing distress. Your ability to identify early indicators of distress and knowing appropriate ways of responding would ensure timely intervention that could prevent minor issues from turning into major ones and contribute to a healthy learning environment. While it is not your responsibility to assume the role of a counsellor, you have an extremely important part to play in providing the first level of support and referring students for help.

We, at the Counselling Services and Wellness Office offer direct mental health services to students including counselling, psychotherapy and psychiatric care. We are also available to consult with you to help you make the best possible decision when you have concerns about the wellbeing of a student.

What are some signs of distress?

Students encountering emotional difficulties or mental health issues can be identified through various indicators that manifest in their academic performance, interpersonal behaviours, and physical and emotional conditions. The presence of one indicator alone may not necessarily mean

that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs help. These indicators have been grouped into the following categories:

ACADEMIC INDICATORS

- Repeated absences from class, clinic, group work, or lab.
- Deterioration in quality or quantity of work expressed as a decline in class/exam performance, missed or delayed assignments, inattention or lack of interest, etc.
- Continual seeking of special provisions, e.g. extension in deadlines, make-up exams, etc.
- Extreme and disproportionate response to grades or other evaluations.

BEHAVIORAL AND EMOTIONAL INDICATORS

- Direct statements indicating distress, loss, or inability to cope with life hardships.
- Angry or hostile outbursts, yelling, or aggressive comments.
- Unusual withdrawal or diminished vigour; unusual slowness to respond.
- Expressions of hopelessness or worthlessness; crying or tearfulness.
- Expressions of severe anxiety or irritability; shakiness, tremors, fidgeting or pacing.
- Excessively demanding or dependent behavior.
- Disorganized speech, rapid or slurred speech, confusion.
- Unusual inability to make eye contact or to respond appropriately.

PHYSICAL INDICATORS

- Deterioration in physical appearance or personal hygiene.
- Excessive fatigue, exhaustion; falling asleep in class repeatedly.
- Visible changes in weight or general health; frequent allergies or illnesses.
- Noticeable cuts, bruises or burns.
- Coming to class bleary-eyed or smelling of alcohol or other substances.

SAFETY RISK INDICATORS

- Written or verbal statements that mention hopelessness, despair, violence, suicide or death.
- Interpersonal isolation, withdrawal extending over a week or more with intensely depressed mood and/or apathy sometimes forced joviality.
- Statements to the effect that the student is "going away for a long time.
- Physical or verbal aggression that is directed at self, others, animals or property.
- Appears unresponsive to the external environment is incoherent or has passed out.
- Seems disconnected from reality/exhibiting psychosis.
- Displays unmitigated disruptive behaviour.
- The situation feels threatening or dangerous to you.

ALERT: A student exhibiting any of these safety risk signs may pose an immediate danger to themselves or others and requires immediate intervention.

How do I choose appropriate intervention?

Any one sign indicating a safety risk or a cluster of less serious distress signs establishes a clear need to intervene. The procedure of intervention would depend upon the risk level that the situation presents.

- If the student is in imminent danger or if you feel unsafe, immediately call campus security at 1900 and ask for Emergency Response Team. Please escort the student to the ER and make sure that the on-call psychiatry resident or student psychiatrist is informed by calling 021-34863090-91
- If the situation seems disturbing, but the risk of harm is not acute, tell the student that you need to inform the Counselling Services and Wellness Office by sending an email to student.counsellor@aku.edu or student.psychiatrist@aku.edu and keeping the student copied, or by calling 021-34864456 for immediate consultation.
- In non-urgent situations that do not have a risk of harm, the ultimate decision to access resources is the student's. When you offer referral information, if the student appears unconvinced, it is okay. However, you need to follow up with the student in a few days to see how they are doing. If the situation does not resolve and becomes a cause of concern, seek consultation from the Counselling and Wellness office by calling or emailing us. Also, report your concern to someone in a place of authority who looks after the interest of students, e.g. registrar, dean, etc., and document your actions.

For further information on identifying the risk level in different situations and following appropriate intervention procedures, please refer to **Mental Health Crisis Algorithms**.

The best way to get clarity about an apparently distressed student's situation would be a simple check-in with them. It's quite possible that the student is having a difficult day. Use your professional experience, good judgment and instincts. If you are genuinely concerned about a student, take action! There is no harm in offering support to a student who is not in need; but there can be serious consequences for failing to follow through with your observations.

How do I approach the distressed student?

Except crisis situations that require immediate action, speaking directly to the distressed student is generally the best option. However, if you do not really know the student, you may prefer to report the concern to your immediate supervisor or discuss it with the Counselling Services & Wellness Office. If you choose to speak directly with the student, be reminded that you will NOT be taking on the role of counsellor. You need to only listen, care and offer resource referral information. Follow these recommendations:

BUILDING RAPPORT AND UNDERSTANDING THE PROBLEM

- Meet privately with the student (choose a time and place where you will not be interrupted).
- Set a positive tone. Express your concern and caring.
- Point out specific signs you've observed. "I've noticed lately that you ..." Do not use diagnostic labels.
- Ask, "How are things going for you?" Listen attentively to the student's response and encourage him or her to talk.
- Allow the student time to tell their story. Facilitate opening up by saying "Tell me more about that". Allow silences in the conversation. Don't give up if the student is slow to talk.
- Ask open-ended questions that deal directly with the issues without judging. "What problems has that situation caused you?"
- If there are signs of safety risk, ask if the student is considering suicide. A student who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not "put ideas in their head."
- Restate what you have heard as well as your concern and caring. Ask the student what they think would help. "What do you need to do to get hold of your situation?"

OFFERING HELP AND FURTHER SUPPORT

- Suggest resources and their potential benefits, and encourage them to seek professional help. You may say "I know many students who sought help and were able to work through these kinds of situations."
- While making a referral, provide the name, phone number, email address and office location of the Counselling office, or, if comfortable, offer to walk with the student to the location.
- Avoid making unconditional promises of confidentiality, particularly if the student presents a safety risk. Students who are suicidal need immediate professional

- intervention; assurances of absolute confidentiality would be unwarranted and may get in the way.
- Convey to the student that you are interested to know how they are doing in a day or two. End the conversation in a way that will allow you, or the student, to come back to the subject at another time. Keep the lines of communication open.

Why do some students resist taking help?

Although you may be approaching the student with care and sensitivity, there are times when students are not willing to take your advice for seeking help. Their reservations come from many sources, some of which are listed below:

- Many people believe that taking professional help for emotional or mental health problems implies that they are "weak" or "mentally ill" and that they should be able to overcome challenges on their own.
- Sometimes their hesitation stems from their family members' perception of mental health problems and their treatment, which in our culture is considered to be specific to only the mentally deranged.
- Some students may come from backgrounds where sharing information about family problems and struggles with a stranger is considered a betrayal to the family.
- Members of some cultural groups relate physical symptoms as a way to explain emotional distress. Even when they acknowledge being under a lot of stress, they will not identify with having anxiety, feeling depressed or agreeing to any other clinical mental health condition.

Wrapping it up

While offering help, it is best to ask the student what they think of the issues they are facing and about their willingness to seek help. Let them voice their concerns and try to clear any misconceptions that may be acting as barriers. Trust your instincts, and use your knowledge and experience to make a recommendation.

If you need any further clarity or support, we, at the Counselling Services and Wellness Office, would be happy to have a discussion with you. Call us at 021-34864456, or send an email to student.counsellor@aku or student.psychiatrist@aku.edu. In case you want to share your concern in person, our offices are located in the block below male hostel in rooms # 77 and # 74.