

# Engaging the student.

Talk to the student in person. Relate your concerns and their basis. Listen patiently, withholding judgment, and allow for silences if the student is initially slow to respond. The student may exhibit resistance to the idea of needing assistance, suggesting, for example, that that would just waste someone's time, or intimating concern over what that need might say about his or her mental state. In this situation it is best not to attempt to reassure the student with unsolicited advice or solace, but rather to point out that there are individuals available who have been trained to work with students in distress. Similarly, if the student is in academic difficulty, it is unwise to sidestep the matter at hand by proposing elaborate arrangements to remedy the academic facet of the problem.

Throughout your conversation avoid making promises of confidentiality. Should you become convinced that the student needs help, prior assurances of confidentiality can make it more difficult for you to take appropriate action. Promises of confidentiality should definitely be avoided with students who represent a risk to themselves. Students who are suicidal need swift professional intervention, and assurances of absolute confidentiality may complicate that process.

# Making referrals.

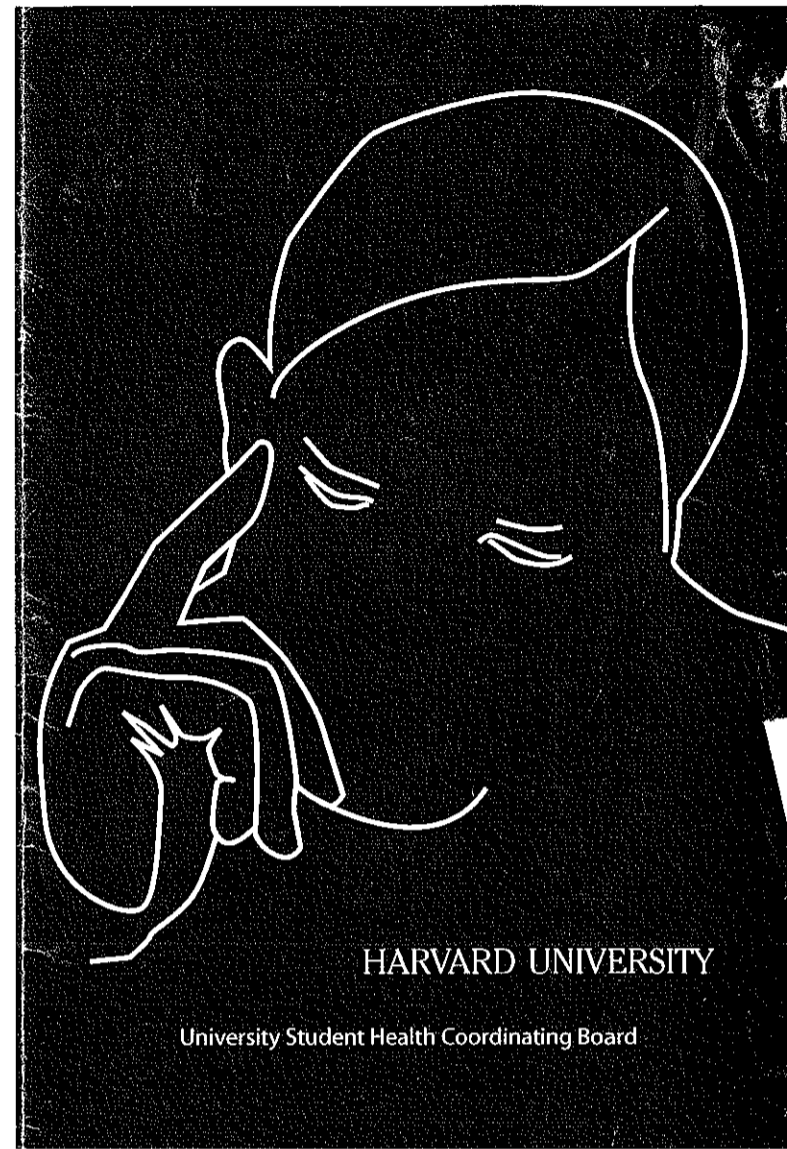
Explain the limits of your knowledge and experience. Help the student understand that your referrals do not contradict your expression of concern or willingness to provide support as a teacher but reflect your desire to assist the student in contacting appropriate University resources. In this regard, should the student's problem seem acute, you may offer to make an appointment, with the student's permission, while the student is present. Whether the appointment is made by you or the student, a call to the HUHS Mental Health Service should inform the receptionist of the level and nature of the problem. This information will be of use in matching the student's need to an appropriate therapist and appointment time. Also let the student know that you would be interested in learning whether the referral was helpful. Such a request will underscore your concern and wish to remain in contact. In situations where the referral did not prove successful, encourage the student to see a different therapist.

Realize that your offer of referral may be rejected. Should that happen, try to end the conversation in a way that will allow you or the student to take up the subject again. It is possible that with time and reflection the student may become more receptive to your suggestions.

If you have immediate concerns about the student's safety, stay with the student and notify the HUHS Mental Health Service 617-495-5711 that you wish to report an urgent mental health issue. After you have alerted HUHS, it is advisable to accompany the student to Holyoke Center or the appropriate satellite office of the Health Services at your school. If that is not feasible, telephone the University Police Department 617-495-1212 and explain that you need to request a medical transport. Remain with the student until the police arrive.

# What can I do?

HOW TO RECOGNIZE STUDENTS IN DISTRESS... AND HOW TO HELP.



HARVARD UNIVERSITY

University Student Health Coordinating Board

# Being prepared.

While in college or graduate school, some students experience personal difficulties that can be exacerbated by the challenges of maturation, an unfamiliar environment, and academic pressure or competition. Others arrive at Harvard with pre-existing disorders that resurface or have their first episode in the face of the same challenges. Although these difficulties often resolve themselves over time in the course of personal development, many students may prefer or need the benefit of professional support to address their problems. As a faculty member, you may have observed signs of distress in some of your students, trusting, however, that others within the University were evaluating those signs and responding to them. In truth, the nature of the student-teacher relationship means that you are among the very best-placed individuals at Harvard to detect the early signs of distress, and all members of the University community bear responsibility for identifying students in need of assistance and ensuring that they are referred to appropriate sources of help.

The process of recognizing warning signs, engaging a student in distress, and making referrals may be unfamiliar to many faculty members. Moreover, you may feel inadequately informed about the precise role expected of you or about the mental health resources available to Harvard students. This brochure has been prepared to give you information that is relevant not only to those exceptional cases where the distress appears serious enough to warrant immediate intervention, but also to the more common situations where behavior suggests that a student would benefit from consulting one or more of the resources listed below. You may never have to use this

information, but if you do, it is essential that you be prepared. Have at hand the phone numbers, locations, and hours of operation of the services open to your students.

If, after having studied this brochure, you would like further information about the situation in question or about procedures, the resource material for your particular Faculty provided with this brochure will indicate whom you should call to receive that information. In addition, should you wish to discuss your concerns with a member of the Harvard University Health Services in advance of speaking with the student, Dr. Richard Kadison, Chief of the Mental Health Service at HUHS, 617-495-2042, is available to assist you. Identifying yourself as a faculty member who is concerned about the welfare of one of your students will indicate to the staff at HUHS the urgency of your call. Above all, as you prepare to engage the student, remind yourself that your function is to listen, express concern, and make referrals, not to take on the role of a trained counselor.

# Identifying warning signs.

Any one of the following indicators alone does not necessarily suggest that the student is experiencing severe distress. However, several of the signs taken together may well indicate that the student needs or may be asking for help.

## Academic Indicators

Deterioration in quality of work  
Missed assignments or appointments  
Repeated absence from class or laboratory  
Continual seeking of unusual accommodations (extensions, postponed examinations)  
Essays or papers that have themes of hopelessness, social isolation, rage, or despair  
Acting withdrawn  
Inappropriate disruption or monopolization of classroom

## Physical or Psychological Indicators

Deterioration in physical appearance or personal hygiene  
Excessive fatigue or sleep difficulties  
Unusual weight gain or loss  
Exaggerated personality traits or behaviors (e.g. agitation, withdrawal, lack of apparent emotion)  
Unprovoked anger or hostility  
Irritability, constant anxiety or tearfulness  
Marked changes in concentration and motivation

## Other Factors to Consider

Direct statements indicating family problems, personal losses such as a death of a family member, or the break-up of a relationship  
Expressions of concern about a student by peers  
Written statements or verbalizations of hopelessness, futility or lack of energy  
Your own sense, however vague, that something is seriously amiss with the student