



Recognizing and Assisting Students in Distress

Guidance for Johns Hopkins University Faculty and Staff Fall 2017

As a member of the faculty or as a staff member who interacts with students, you may become aware of or be exposed to students' thoughts, behaviors, or experiences that concern you. It is important to "trust your gut" in these situations and take action. Your kind words, expression of concern, and referral to a competent professional or appropriate authority can make a significant difference in the lives of students, their friends and family, and the Johns Hopkins community.

We want all distressed, suicidal, or potentially dangerous students to receive assistance before concerning behaviors escalate. While you are not responsible for assessing or treating mental or behavioral health issues, you should be able to identify students experiencing distress, know how best to respond, and be aware of appropriate resources that are available to assist you and these students.

There also are situations where you must refer students to the appropriate office and follow up with that office to report the information shared with you. If students disclose to you that they have been subject to sexual misconduct—whether by another student, a staff person, a faculty member, or a stranger—please remember that all faculty and many staff at the university are designated as Responsible Employees who are legally obligated to contact the appropriate university administrators about those disclosures.

See the end of this message for a list of resources and please save it for future reference. You can also find this information on the Homewood Student Affairs [emergency assistance page](#) and archived on [the Hub](#).

Continue reading for information on recognizing, helping, and referring a student:

- Who is in distress
- Who may have been subject to sexual misconduct, which includes sexual harassment, sexual assault, relationship violence, and stalking
- Who may be suicidal
- Who may be dangerous

RECOGNIZING A STUDENT IN DISTRESS

Some of the more common forms of psychological distress observed in undergraduate and graduate students include:

Depression. While just about everyone gets depressed from time to time, individuals suffering from significant levels of depression exhibit an array of symptoms:

- Insomnia or change in sleep patterns
- Inability to concentrate
- Change in appetite
- Loss of ability to experience happiness or pleasure
- Apathy
- Sloppiness
- Crying
- Poor personal hygiene
- Feelings of worthlessness
- No desire to socialize
- Loss of self-esteem
- Preoccupation with death

Having only one symptom is usually not enough to describe someone as severely depressed. When several of these symptoms occur for an extended period of time, however, a person may be experiencing a depressive episode.

Anxiety. Students suffering from anxiety problems can experience panic attacks or extreme fear about specific situations (e.g., being in public places). Exposure to a traumatic experience can also cause a student to develop anxiety problems, symptoms of which include flashbacks, avoiding things associated with the traumatic event, and being easily startled.

Unusual acting out. A student in distress may exhibit behavior that differs significantly from normal socially appropriate behavior, including being repeatedly and excessively disruptive or overly antagonistic, and acting in a bizarre or peculiar manner.

Other signs of distress. It is important to observe changes in a student's behavior that may signal distress. These signs of distress include a drop in class attendance or a drop in the quality of classwork; a more generally tense, sad, or disheveled appearance; abrupt change in mood (often with irritability/agitation) in times of acute distress (such as exams or assignment deadlines); and the development of inappropriate or bizarre responses, such as talking off the subject and rambling or laughing inappropriately.

It is also important to note that cultural differences may influence the manifestations of distress (for example, some international students may be particularly likely to describe physiological rather than emotional concerns, such as headaches or stomach distress). Any of

these signs of distress may be especially concerning in a student who you know has a history of mental illness. The more symptoms observed, the more likely it is that the individual is truly distressed.

HELPING A STUDENT IN DISTRESS

Talk to the student. Let the student know of your concerns, and ask whether that individual feels distressed. Please remember, however, that if you are not comfortable expressing your concerns to the student, your first step can be to consult with the university's mental health professionals, as explained below.

Be accepting and nonjudgmental. Help the student determine what the problem might be, without minimizing the student's feelings or judging the student for feeling distressed.

If a student approaches you to talk, reinforce that choice. Acknowledge your recognition that the person hurts and has sought your help. However, in cases where a student reports or appears about to report a sexual misconduct matter to you, let that student know the limits of your ability to keep a report confidential and discuss any reporting obligations you may have in connection with your position.

Know your limits as a helper and as a Responsible Employee. All faculty members and many staff members (especially staff who work with students) are Responsible Employees under the [Sexual Misconduct Policy & Procedures](#). If you are a Responsible Employee, you cannot promise a student that you will keep a matter confidential, and you have an obligation to promptly report any information you learn regarding sexual misconduct to the assistant vice provost/Title IX coordinator, using the contact information below. Please email her at titleixcoordinator@jhu.edu if you have a question as to whether you are a Responsible Employee.

While talking to a student on any issue, you may also find that you are unable to provide adequate assistance or do not feel comfortable trying to help individuals cope with their problems. If this is the case, it is important that you indicate in a gentle but direct manner that professional assistance is free and available, and that you will assist the student in finding competent professionals.

Use the resources available to you. Know the resources that are available to you. Don't hesitate to contact these resources for consultation if you are not sure how to proceed. All the university resources listed at the end of this document have someone on duty with whom you can consult.

REFERRING A STUDENT IN DISTRESS

Suppose that a student comes into your office and begins to describe problems that are interfering with that person's academic work. At a break in the discussion, you could say: "It

sounds as though you have been under a lot of stress lately, are not doing very well, and would like to talk to someone about this. I suggest that you see someone at the (Counseling Center, Johns Hopkins Student Assistance Program, University Health Services- Mental Health program, or whatever program is appropriate), as I know they are well-qualified to help and often work with students who have similar concerns. I would be very happy to call and make arrangements for you to talk to someone. Would you be agreeable to my calling and making arrangements for you right now?"

You would then immediately contact the campus mental health unit that serves your student population (e.g., the Counseling Center for full-time Homewood students and Peabody students or the Johns Hopkins Student Assistance Program—see list at the end of this document).

HELPING A STUDENT WHO REPORTS SEXUAL MISCONDUCT

If a student comes to you and shares information about sexual misconduct, it is important to be supportive and explain that you will connect the student with the appropriate offices that can help. It is also important to remember that if a student reports sexual misconduct, you, as a designated Responsible Employee faculty or staff member, are legally obligated to promptly report it (including known relevant information, e.g., names, dates, times, locations, etc.) to a university official in the Office of Institutional Equity. OIE takes the lead in speaking with a student regarding options for pursuing a complaint, as well as investigating and adjudicating these matters for students. Joy Gaslevic, assistant vice provost/Title IX coordinator in the Office of Institutional Equity, can be reached at 410-516-8075 or via email: titleixcoordinator@jhu.edu.

Please also be aware that if you are a Responsible Employee, you should tell the student that you have to contact the assistant vice provost/Title IX coordinator about what you have heard (and disclose the name of the student who reported concerns). Even if the student does not wish to proceed with an investigatory/adjudicatory process, there may still be safety measures or processes that OIE can initiate to ensure the safety of our students.

If you perceive that the student's interests would also be served by discussing the situation confidentially to ensure there is an opportunity to sort out the student's feelings and consider next steps, you should refer the student to the appropriate counseling service: the Counseling Center (410-516-8278), Johns Hopkins Student Assistance Program (443-287-7000), or the University Health Services-Mental Health program (410-955-1892).

If you are unsure which counseling service is appropriate, you may direct the student to call the 24/7 Sexual Assault Help Line at 410-516-7333, which is available to all Johns Hopkins University students. The Sexual Assault Help Line will be answered by trained professional counselors who are available to offer support, answer questions, and triage the student to the appropriate resource. If you would like to consult with a trained professional on how best to proceed in assisting the student, you are also welcome to call the Sexual Assault Help Line.

Please know that if a student is in physical danger the first priority is to advise the student to get to a safe place immediately and call either 911 or the appropriate campus security office for assistance.

RECOGNIZING A STUDENT WHO MAY BE SUICIDAL

Students in serious distress may consider doing harm to themselves. Many suicide attempts are preceded by messages that the person is considering suicide. Verbal messages can range from “I wish I weren’t here” to a very direct “I’m going to kill myself.” Some nonverbal signals include giving away valued possessions; putting legal, financial, and university affairs in order; a preoccupation with death; withdrawal or boredom; a history of depression; and poor grooming habits. Each type of message about suicide should be taken seriously and may require immediate intervention.

HELPING A STUDENT WHO MAY BE SUICIDAL

If you are worried that a student may be considering suicide, it is all right to ask directly whether that person is thinking about killing him- or herself. Mental health professionals assess suicide potential, in part, by asking:

- What is your plan for suicide; exactly how will you do it?
- Do you have access to a means, such as pills or a weapon?
- When and where do you intend to carry out the plan?
- Have you ever attempted suicide before? If so, how and when?

The more specific and lethal the plan, the more recent a previous attempt, and the greater the ability to carry out the plan, the higher stands the risk for a successful suicide. You need not be afraid to ask these questions. For people who are considering suicide, these questions will not furnish them with new ideas. Most people who are actively suicidal are very willing to discuss their plan. Note: Many people consider suicide from time to time in passing. The less specific and lethal the plan (e.g., “I guess I’d take a couple of sleeping pills sometime”), the less likely a suicide attempt.

REFERRING A STUDENT WHO MAY BE SUICIDAL

Suppose that you have been talking with a student and are so concerned that the student is at risk for suicide that you would feel uncomfortable if that person simply walked out of your office. In such a case, you should indicate to the student that you need to immediately contact the campus mental health unit that serves your student population (e.g., the Counseling Center for full-time Homewood students and Peabody students or the Johns Hopkins Student Assistance Program—see list at the end of this document) for advice on how to be of assistance. You should then call that unit and ask to speak with the emergency or on-call counselor immediately to determine how best to proceed.

Often, once you have contacted the on-call counselor, you can arrange for the student to speak to the counselor directly on the phone and to make follow-up arrangements to meet with the counselor. It may be determined in consultation with the on-call counselor that it is best for you to escort the student to the unit to allow for an assessment. On some occasions, it may be best for the mental health professional to make arrangements to come to your office to meet with you and the student.

RECOGNIZING A STUDENT WHO MAY BE DANGEROUS

Unfortunately, there are cases in which a student may decide to cause injury or even death to others. You should take action to protect the student and others if you become aware of any of the following:

- Physically violent behavior
- Verbally threatening or overly aggressive behavior
- Threatening email messages or letters
- Threatening or violent material in academic papers or exams
- Harassment, including sexual harassment and stalking
- Possession of a weapon, particularly a firearm

RESPONDING TO A STUDENT WHO MAY BE DANGEROUS

If you perceive the threat as imminent, contact Campus Security immediately. If the threat is not imminent, you should contact the appropriate dean of students, appropriate mental health unit for your student population, or Campus Security.

UNIVERSITY MENTAL HEALTH RESOURCES

Johns Hopkins Medicine [video on suicide and depression awareness](#).

[JHU Counseling Center](#), 410-516-8278

Serves full-time undergraduates and graduates on the Homewood campus and Peabody students.

[Johns Hopkins Student Assistance Program](#) (JHSAP), 443-287-7000

Serves graduate, medical, and professional students in most other divisions.

See <http://jhsap.org/services> for eligibility.

[University Health Services-Mental Health](#) (UHS-MH), 410-955-1892

Serves full-time SOM, SPH, and SON students, and Johns Hopkins Hospital and Bayview house officers and postdoctoral fellows.

[The Faculty and Staff Assistance Program](#) (FASAP), 443-997-7000

Serves residents and postdocs at Johns Hopkins Hospital and Bayview along with faculty and staff.

UNIVERSITY SEXUAL MISCONDUCT RESOURCES

[Sexual Assault Helpline](#), 410-516-7333 (confidential)

The JHU Sexual Assault Helpline is a confidential service **available 24/7 to ALL Johns Hopkins University students**. The Helpline is staffed by the professional counselors and provides confidential assistance to those affected by sexual misconduct. Callers may remain anonymous. All calls to the Helpline are confidential and do not constitute making an official report of sexual misconduct to the university.

[Office of Institutional Equity](#) (OIE), 410-516-8075 (non-confidential)

Joy K. Gaslevic, assistant vice provost/Title IX coordinator, is responsible for coordinating the investigation and adjudication of all matters related to sexual misconduct across all university campuses. Her email is joy.gaslevic@jhu.edu.

[Additional confidential resources and security offices](#) are listed in the appendixes of the Johns Hopkins University Sexual Misconduct Policy and Procedures.