Responding to Students in Distress:
We all have a role

Sponsored by the Provost’s Committee on Student Mental Health
Presenters

Barb Blacklock, M.A., LISW (Disability Resource Center)

Alisa Eland, Ph.D. (International Student and Scholar Services)

Emily O’Hara, LICSW (Office for Student Affairs)

Matthew Hanson, PhD, L.P. (Boynton Mental Health Clinic)
JED Foundation: Emotional Preparedness

60% of students wish they had gotten more help with emotional preparation for college. The following groups of students were more likely than their counterparts to agree with this statement:

- **Have** a lower GPA
- **Regularly** consume drugs or alcohol
- **Take** a leave of absence after the first term.
- **Rate** their overall college experience as “terrible/poor”
JED Foundation: Stress and Support

45% felt that “it seems like everyone has college figured out but me.”

Challenges to Getting Support

- 51% found it difficult at times to get emotional support at college when they needed it.
- 11% said they turned to no one for support when they needed it during their first term.
- 65% said they tended to keep their feelings about the difficulty of college to themselves.

- 50% of students feel stressed ‘most’ or ‘all of the time.’
- 36% do not feel in control of managing the stress of day-to-day college life.
CHOOSING THE U

75% chose the U because of top ranked programs
67% chose the U because of campus life opportunities
65% chose the U because it is a big school
59% chose the U because of the wide variety of majors

DECIDING TO GO TO COLLEGE

76% indicated that getting a better job was very important
76% want to learn more about things that interest them
64% want training for a specific career

MAJOR

23% know exactly what they want to major in and do not plan to change their mind

77% are at various levels of major exploration with 5% having no idea and needing help assessing interests

TRANSITION TO COLLEGE

TOPICS OF CONCERN

56% are concerned with academic coursework (doing well in class, workload)
49% have financial concerns (paying tuition, financial aid, managing money)

OTHER TOPICS

77% expressed varying degrees of likelihood that they will seek personal counseling
58% are likely/very likely to get tutoring or other academic support for specific courses
University of Minnesota Mental Health Condition Diagnoses Over Time
Crisis Information

Crisis / Urgent Consultation is available on campus Monday-Friday, 8:00-4:30. No appointment is needed to speak with a counselor for an urgent need.

If you are in a life-threatening emergency, call 911. Or for 24-hour phone counseling, call Crisis Connection 1-HOPE: (612) 301-4673.

Essential Numbers

Boynton Health Service Mental Health Clinic
(612) 624-1444

Student Counseling Services
(612) 624-3023

Disability Resource Center
(612) 626-1033

International Student and Scholar Services (ISSS)
(612) 626-7100

Aurora Center
(612) 626-4911

Behavioral Consultation Team
(612) 626-3030

Events

Attending mental health events is one of many ways to get involved and raise awareness about mental health and stress management resources on campus.

Healthy Campus Award
The U of MN Twin Cities received the 2015 Active Minds Healthy Campus Award

Online Therapy
Online therapy — a new U of MN mental health resource — may help you manage symptoms of anxiety, depression and stress.

President Kaler
University of Minnesota President Eric Kaler discusses available mental health and stress management resources on campus.
Disability Resource Center
Suite 180 McNamara Alumni Center
Common Barriers

• Working within narrow time constraints
  • Due dates
  • Attendance
• Taking exams with large groups of people
• Accessing facilities or seating arrangements
• Participating in class
• Working in small groups
• Processing information quickly
Common Accommodations

• Test Accommodations
• Classroom Accommodations
• Coursework Accommodations
• Policy Accommodations
DRC FAQs from Faculty and Staff

• What if my student presents an accommodation letter too late?

• What if the accommodations are not reasonable?

• What can I do as an instructor to encourage my students to seek support from the DRC early?

• Does the DRC provide accommodations for temporary disabilities?
Assisting a Student in Distress
Purpose of the Folder:

The University of Minnesota is deeply committed to the physical and emotional well-being of our students. We can all play a part by noticing worrisome behavior and responding with compassion. By sharing your concerns and intervening early you can help maintain a healthy and safe campus. This folder is designed to help you recognize indicators of student distress and how to respond and refer the student appropriately.

... worry less about saying the "right thing" than saying something ...

The 4R Model

**Suggestions for Practice and Application**

**RECOGNIZE**

Key questions to guide your conversation
- Which areas of the student’s life are most impacted?
- Are the indicators of distress in multiple areas?
- What seems to be the biggest area of concern?

**ROLE**

Clear about personal boundaries and professional limitations; focus on behaviors and actions that can be of most use
- Attend/Connect/Listen to the student or your colleague
- Consult about the situation generate options for follow up
- Liaise with professional staff as needed.

**RESPOND**

The content of what you say will vary depending on the situation. However, there are some general guidelines you can follow to frame your response:

**Affirm and validate**
- Reinforce help seeking behavior and requests for assistance

**Empathize**
- Refrained from judgments about what “should” happen or what the student “should” do
- Recognize that students are often scared and intimidated to talk about their concerns
- Be willing to talk about the emotions that you’re hearing and observing

**Clarify**
- To ensure accurate understanding
- To build on past successes as you assist in identifying next steps

**RESOURCES**

- Clarify locations and hours prior to meeting with student if possible
- Does this warrant urgent consultation?

**Indicators of Distress**

<table>
<thead>
<tr>
<th>Academic:</th>
<th>Physical:</th>
<th>Personal/Interpersonal:</th>
<th>Indicators of Risk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated absences</td>
<td>Marked changes in physical appearance including deterioration in grooming, hygiene or weight loss/gain, changes in typical clothing,</td>
<td>Tearfulness</td>
<td>Implied or direct threats of harm to self or others</td>
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<tr>
<td>Decline in quality of work or classroom performance</td>
<td>Excessive fatigue, nodding off</td>
<td>Expressions of hopelessness, worthlessness or shame</td>
<td>Self-injurious or destructive (out of control) behavior</td>
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<tr>
<td>Essays or creative work that indicate disturbing content including, extreme hopelessness, social isolation, rage or despair</td>
<td>Intoxication, hung over, or smelling of alcohol</td>
<td>Exaggerated personality traits (e.g., more withdrawn, animated, or irritated than usual)</td>
<td>Written work that is dominated by themes of despair, hopelessness, suicide, violence, death, or aggression</td>
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<tr>
<td>Classroom disruptions</td>
<td>Appearing sick or ill, repeated reports of headache or digestive problems</td>
<td>Direct comments about distress, family problems, or other difficulties</td>
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4R Model

Recognize common academic, personal, and physical indicators of student distress.

Determine their role in responding to students in distress.

Respond effectively to students in distress.

Utilize critical campus resources that support faculty and staff in responding to students in distress.
A Few Initial Pointers:

• You don’t need to be a “mental health” expert

• You are not being asked to be a therapist
  • (…worry less about saying the “right thing” than saying something…)

• Don’t get too involved but don’t ignore

• Remember how much power you carry
  • A little compassion can go a long way…

• A public health approach (…early intervention)
Scenario
It’s the seventh week of the semester. One of your students—who you haven’t seen since last term—stops by “to talk.”
Use the 4Rs

• What are you recognizing?

• What is your role?

• How do you respond?

• What resources do you recommend or refer the student to?
Use the 4Rs

What indicators of distress are you recognizing?

• Are they academic?
• Are they personal?
• Are they physical?
• Does the student seem at risk?
Use the 4Rs

What is your role?

• Attend
• Connect
• Listen
• Mindful of the limits of your role (not a therapist, not a parent, not a friend).
• Consult as appropriate
• Follow up with student as appropriate
Use the 4Rs

What is your **response**?

- **Affirm and validate**
  - “I’m really glad you reached out/came in and are willing to talk.”

- **Empathize**
  - “I notice you seem upset.” / “I hear how upset you are.”
  - “This sounds really hard.”

- **Clarify**
  - “What would be most helpful for you right now?”
Use the 4Rs

What resources do you recommend or refer the student to?

• Student Counseling Services
• Boynton Mental Health Clinic
• Student Academic Success Services
• Others?
Scenario
You haven’t heard from your student since early in the semester, but she stops by during office hours.
Use the 4Rs

• What are you recognizing?

• What is your role?

• How do you respond?

• What resources do you recommend or refer the student to?
Use the 4Rs

What indicators of distress are you recognizing?

• Are they academic?
• Are they personal?
• Are they physical?
• Does the student seem at risk?
Use the 4Rs

What is your role?

• Attend
• Connect
• Listen
• Mindful of the limits of your role (not a therapist)
  Consult as appropriate
• Follow up with student as appropriate
Use the 4Rs

What is your response?
- Affirm and validate
  - “I’m really glad you were open to talking with me.”
- Empathize
  - “It’s clear to me how upset you’re feeling.”
- Clarify
  - “What did you mean when you said ‘nobody would care’ if you’re gone?”
  - “Are you having thoughts about harming yourself?”
  - “Have you ever seen a counselor before?”
Use the 4Rs

• What **resources** do you recommend or refer the student to?

  • Student Counseling Services
  • Boynton Mental Health Clinic
  • Crisis Connection (612-301-4673)
  • OSA Care manage/BCT (Emily O’Hara)
Questions?
Extra slides
Student
MENTAL HEALTH
Advocate

Provost’s Committee on
Student Mental Health

UNIVERSITY OF MINNESOTA
Driven to Discover™

www.mentalhealth.umn.edu
Role of the Mental Health Advocate

• Serve as a departmental point of contact for students, staff and faculty
• Connect students to the appropriate campus resources
• Consult with campus professionals as needed
• Review and disseminate monthly emails that provide updates on campus mental health resources and services
• Share departmental feedback and themes with co-chairs of Provost’s Committee
Role of faculty and other instructors: some questions for discussion

1. I can maintain academic rigor for my students, yet provide flexibility in assessments. T/F?
2. International, LGBTQ, and other underrepresented students have the same mental health stresses as all students. T/F?
3. My teaching/mentoring responsibilities are solely to disseminate information about my academic discipline. T/F?
4. I must provide makeup opportunities for students who miss a graded class activity due to mental health concerns. T/F?
5. I am responsible for figuring out suitable accommodations for students with a diagnosed mental health disability. T/F?
6. I have a responsibility to learn how to counsel students experiencing mental health struggles. T/F?
Working with International Students

• What affects mental health?

• How ISSS helps them and you

• 6400 international students

• Face same issues as U.S. students plus …
Culture

Academic

Insurance
International Students: Summary

• ISSS serves international students and you

• Services: appointments, groups, programs, consultations

• Definitely contact us for:
  1) immigration issues or
  2) a missing student

• If concerned, reach out. Your support matters!