

What Can I Do?

How to recognize students in distress ... and how to help

If you have immediate concerns about a student's safety and believe he/she is at risk to harm him/herself or the community, 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 to the appropriate Health Services clinic on your campus. If that is not feasible, telephone the University Police Department 617-495-1212 to request a medical transport. Remain with the student until the police arrive.

Being prepared

The process of recognizing warning signs, engaging a student in distress, and making referrals may be unfamiliar to you. 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 for students and faculty members to provide 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.

Identifying warning signs of a student in distress

Any one of the following indicators alone does not necessarily suggest that a 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- Acting withdrawn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

Engaging a student in distress

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 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

Help the student understand that referring him or her to the HUHS Mental Health Service does not contradict your expression of concern or willingness to provide support but reflects 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 a referral does 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 would like further information about attending to a student in distress, contact the HUHS Mental Health Service at 617-495-2042. You may also contact your local student services office for specific information on services and resources available at your school.



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