WESTERN CARES
Assisting a Student in Distress

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LEARNING OUTCOMES

1. Understand the importance of connection
2. Learn to recognize common warning signs of distress
3. Respond effectively to a student in distress
4. Identify when and how to share resources
Before we get started....
• What are some experiences you’ve had with students in distress?
  • Perhaps give an example from your own work… Did you know what to do or how to help?
• Have you noticed changes in our students over the duration of your career?
Western Michigan students have been diagnosed with a mental illness during their lifetime
WITHIN THE LAST 12 MONTHS, students reported the following factors affecting their individual academic performance:

- Stress: 31%
- Anxiety: 25%
- Sleep Difficulty: 21%
- Depression: 17%
- Work: 17%
- Internet/Gaming Concern: 10%
- Relationship Difficulties: 9%

SHC Counseling Services Usage 2012-2018

- **2012**: 4817 visits
- **2013**: 5714 visits
- **2014**: 5909 visits
- **2015**: 6161 visits
- **2016**: 6957 visits
- **2017**: 7066 visits
- **2018**: 8191 visits

Total visits (Linear Trend): 4817, 5714, 5909, 6161, 6957, 7066, 8191
INITIAL POINTERS

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

You are not being asked to be a therapist.

Don’t get too involved, but don’t ignore.

Remember how much power you carry.

Early intervention is key.

Adapted from U of MN Assisting a student in distress, 2018
What it is...

- Mental strain and stress
- Sometimes a result of a stressful circumstance (or multiple)
- Temporary or permanent
- Deserving of help and care

What it isn’t...

- Always caused by a clinical mental illness
Western CARES
CONNECT
AWARENESS
RESPOND with
EMPATHY
SHARE RESOURCES
Mrs. H & Mr. W

Connectedness & sense of belonging play a key role in preventing suicidal behavior. Without rapport, the helper can be viewed as a distant and authoritative person, which decreases the likelihood that the student will seek help.

Make a *connection* with the student

- Positive and supportive interactions
- Establish rapport
  - Warmth
  - Respect
  - Openness to helping
- Ex: Safe space, greeting students by name, inquiring about classes & activities

AWARENESS
### Awareness of your students and the indicators of distress

<table>
<thead>
<tr>
<th>Physical</th>
<th>Personal</th>
<th>Academic</th>
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<tbody>
<tr>
<td>Appearance</td>
<td>Mood or disposition</td>
<td>Grades</td>
</tr>
<tr>
<td>Behavior</td>
<td>Unusual/exaggerated emotional responses</td>
<td>Level of interest</td>
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<tr>
<td>Speech</td>
<td>Relationships</td>
<td>Perfectionism, excessive worry, or carelessness</td>
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<td></td>
<td>Sleep patterns</td>
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<td>Eating patterns</td>
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Suicide Prevention Resource Center (2019); National Institute of Mental Health (2019)
John had some problems a few weeks ago and missed class. He asks to talk with you and tells you he feels like he’s a failure in his chosen major because he’s failing 4 of his classes. Not to mention one of his best friends recently died in a car accident and his family “doesn’t know how to deal with him.” You can see that John is visibly upset and is fidgety.
RESPOND with EMPATHY
What is your response?

• Stay calm. Take a deep breath
• Talk to student in private
• State observations & reason for concern
  – “I’ve noticed ___, and I’m worried about you.”
  – “Hey, you seem ___ today. Is everything okay?”
• Listen
• Silence

What is your response?

• Validate
  – “What you’re going through sounds really hard.”

• Clarify by asking questions
  – “What do you mean by ___?”
  – “What would be most helpful for you right now?”

• Don’t try to fix the problem or pass judgement

• Brainstorm ideas together

Use empathy.

- “Feeling with people” – Brene Brown
- Active listening
- Seeking understanding
- Nonjudgmental
- Summarize/reflect what you hear
  - This clarifies understanding
  - Shows the student you’re listening

CONSIDERATIONS

- Minority populations
  - May experience bias and distress in the form of microaggressions, macroaggressions, prejudice, and discrimination

- Religious or cultural beliefs
  - Frowned upon to ask for help

- Military and Veteran personnel
  - Higher risk for PTSD (15x) and depression (5x)

- LGBTQ
  - Increased likelihood of suicidal ideation (3x) and attempts (5x)

Suicide Prevention Resource Center (2019); National Institute of Mental Health (2019); The Trevor Project (2019); CDC (2016)
“Hey, Professor T, can I talk to you? I know I’m not doing well in your class. I’m feeling pretty overwhelmed. I was diagnosed with depression a year ago and I thought I was doing better, but I’m so tired and just want to stay in my room all the time. I don’t want to miss your class or get incompletes, it has just been a really hard semester.”
SHARE RESOURCES
SHARE RESOURCES

Refer or share resources to help.

• “Have you thought about...”
• “Let’s walk/call together.”
• Tell them your next steps
• “I’m not sure, let me find out for you.”
In Person:
Sindecuse Counseling Services
Center for Counseling & Psychological Services

Call:
National Suicide Prevention Lifeline
1-800-273-TALK

Text/Type:
Crisis Text Line (Text “START” to 741-741)

Student Concern Form

In an emergency, always call 911
RESOURCES FOR HIGH RISK GROUPS

LGBTQ:
Trevor Project Lifeline 866-488-7386 or text START to 678-678
WMU LBGT Student Services (1321 Trimpe)

Military & Veterans:
Military Crisis Line 1-800-273-8255 or send a text to 838-255
www.VetSelfCheck.org
WMU Military and Veterans Affairs (1255 Ellsworth)

American Indian/Alaska Native:
National Suicide Prevention Lifeline 1-800-273-TALK

In an emergency, always call 911
Max is a student in your class who emails you:

“I’m sorry I haven’t been paying much attention in class. Lately I’ve been thinking about giving up on life. I had a terrible night and almost made some decisions that would change a lot of things. I might be done early this semester. Let me know what I need to do.”
WARNING SIGNS OF CRISIS

• Implied or direct threats of harm to self or others
• Self-injurious or destructive behavior
• Interactions that are dominated by themes of despair, hopelessness, suicide, violence, death, or aggression
• Loss of contact with reality
• Withdrawing from everyday life
• Talking about wanting to end it all
• Giving away possessions

*Take it seriously: 50-75% of people who attempt suicide talk about it first*

*SPRC (2019); NIMH (2019); NAMI (20019)*
THE QUESTION

What is your response?

• Stay calm
• Use examples & observations, then state your concern.
• Ask directly: “Have you thought about killing yourself?”
• If yes... Is there a plan & do they have the means
• Know your limits
• If you feel concerned for their safety, refer immediately or dial 911.

JED Foundation (2019)
MAKING INSTITUTIONAL CHANGE

• Include mental health resources in syllabus
• Have assignments due at 5 or 6 PM instead of midnight to encourage sleep
• Infuse teaching of self-understanding and well-being throughout curriculum
• Before beginning class, ask them how they are doing
• Keep mental health information handy – bookmark!
SELF CARE

- HelpNet EAP
- Confiding in someone
- Take time for you

YOU CAN'T POUR FROM AN EMPTY CUP. TAKE CARE OF YOURSELF FIRST.
Thank you for everything you do.