

OMG! Is My Student Depressed?

Tools for Supporting Students who seem At-Risk

What does it mean to be “At-Risk?” Distinguishing Disruptive vs. Disturbed Behavior:

1. *Disruptive*= Acting out, aggressive/violent behavior, physical/verbal attacks
 2. *Disturbed*= Exhibiting signs of depression, suicidality, trauma/crisis, mental illness
- *Sometimes both can exist together: disruptive and disturbed

Current statistics of at-risk college students:

- 18% of undergraduates and 15% of graduate students had seriously considered attempting suicide
- Among those who had seriously considered attempting suicide, 47% of undergraduates and 43% of graduate students had three or more periods of this serious ideation
- This means that by the time students undergo suicidal crises in college, they are likely to have significant previous experience with suicidality (Drum et al, 2009).

When identifying if a student needs help...look for:

Changes in Mood or Behavior: Actions inconsistent with normal behavior; withdrawal from usual social interaction; unexplained crying or outbursts of anger; unusually anxious, depressed, or irritable; acting very bizarre (i.e. disjointed thoughts/impaired speech/strange behaviors)

Traumatic Changes in Personal Relationships: Death of a family member/close friend; difficulties in relationships.

References to Suicide: Student talks about details of how, when, or where he or she may be...

Contemplating suicide: ***Immediate referral is necessary!*** → ***Counseling Center for consultation;***

Actual suicide attempt: ***Immediately call 911! THEN*** → ***Public Safety*** → ***Counseling Center for consultation***

Drug and Alcohol Abuse: Excessive drinking, drug abuse, or drug dependence (student or close relationship)

Physical Concern: Report of headaches, nausea, insomnia or excessive sleeping, loss of appetite; physical complaints with no apparent medical cause; dramatic weight gain or loss

Adjustment Difficulties: Trouble living away from family, in a residence hall, or with a roommate; feeling anxious, sad, or homesick; difficulty adjusting from life overseas (i.e. international students and returning Vets); fear/anxiety anticipating graduation

Lack of Self-Care: Self-Injury/Eating Disorders/Major Change in Hygiene

When to seek immediate assistance:

1. Suicidal or homicidal behavior
2. Severe loss of emotional control
3. Gross impairment in thinking ability
4. Severely impaired by drugs or alcohol
5. Self-injury needing immediate medical attention
6. Bizarre behavior

In Non-Emergency Situations, if a student approaches you directly or if you decide to reach out to help:

1. Give your **undivided attention**
2. Discuss the matter **privately**
3. Express your concern in **behavioral, nonjudgmental terms**
4. Let the student talk: repeating back or **paraphrasing** what was said
5. Use **empathic words** and phrases
6. Use **"I" messages**.
7. Help the student clarify **advantages and disadvantages** of various courses of action
8. **Avoid judgments, evaluations and criticisms**
9. Suggest that the student consider **talking to a professional**

How to make a direct referral to the Counseling Center:

- **Dial x2212**, state your name and tell the front desk staff that you are a faculty member working with a student in crisis.
- Ask if a counselor is currently on call for drop-in.
- If so, the front desk will transfer you to that counselor or put you and the student directly into his/her schedule.
- If there is no counselor on call, the front desk will find the first available counselor.
*Remember: When it comes to referral, the student has a right to accept or decline counseling help UNLESS you are aware of immediate/imminent danger, in which case, as administrators of the college, it is your duty to take action.

Counselors on call for Crisis Drop-In: M-F 1-3pm

When handling distress in the classroom, remember “SOAR-UP”:

1. **Stop** the activity and count to “10” before speaking or reacting.
2. **Think of Outcomes.**
3. **Assess the situation.**
4. **React** to the student(s) comments.
5. **Use** active listening techniques and attend to body language.
6. **Prepare** for the next time you teach this course.

...and remember...

1. Remain calm
2. Consider your physical safety and visibility
3. Review the Student Rights and Responsibilities
4. Not to stereotype
5. Call campus security

Useful Phone Numbers

Counseling Faculty:

FRONT DESK x 2212

Beth Luzzi x2153

Katherine Nordell x2144

**Harlan Lee (*Department Chair*)
x4042**

Steven Martel x2405

Ron Taplin x2905

Belle Nishioka x2152

Gaelyn Henkel (PT) x2523

Campus Security/Public Safety x 2400

VP of Student Services: Tom Pritchard x2206

Bellevue Police Department (Non-emergency) (425) 452-6917

Sound Mental Health (206) 302-2200

NAMI (National Alliance on Mental Illness) (425) 885-NAMI (6264)

Crisis Clinic (206) 461-3222

County Designated Mental Health Professional (CDMHP) (206) 296-5296

If you ever have questions about student issues pertaining to counseling services, feel free to email us!
askacounselor@bellevuecollege.edu or visit our website www.bellevuecollege.edu/counseling and click on “Ask A Counselor”