

# Recognizing Distressed, Suicidal or Potentially Dangerous Students

## **Guidance for Johns Hopkins University Faculty and Staff**

This guidance is the result of a joint project by the Johns Hopkins Counseling Center, Johns Hopkins Student Assistance Program, and the Johns Hopkins University Student Crisis Committee.

## **Guidance for Johns Hopkins University Faculty and Staff**

As a member of the faculty or staff who interacts with students, you may become aware of or be exposed to a student's thoughts or behaviors that concern you. It is important to "trust your gut" in these situations and to take action. Your kind words, expression of concern and referral to a competent professional can make a significant difference in the life of the student, his or her 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 to best respond and be aware of appropriate resources that are available to assist you and these students. (See the end of this message for a list of resources.) Continue reading for information on recognizing, helping, and referring a student:

- In distress
- 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 from a student's previous behavior that may signal distress. These signs of distress include a drop in class attendance or a drop in the quality of class work; a more generally tense, sad or disheveled appearance; and the development of inappropriate or bizarre responses, such as talking off the subject and rambling or laughing inappropriately. 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 if he or she feels distressed. Be accepting and non-judgmental. Help the student determine what the problem might be, without minimizing his or her feelings or judging him or her for feeling distressed.

Reinforce the student's choice to confide in you. Acknowledge your recognition that he or she hurts and has sought your help.

Know your limits as a helper. While talking to the student, you may find you are unable to provide adequate assistance or do not feel comfortable trying to help someone cope with his or her 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 of 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 his or her academic work. At a break in the discussion, you might 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 Mental Health Services, or whatever program is appropriate), as I know they are well-qualified to help and often work with students with 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).

## **RECOGNIZING A STUDENT WHO MAY BE SUICIDAL**

A student in serious distress may consider doing harm to him or herself. 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 non-verbal 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 if he or she 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 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 he or she simply walked out of your office. In such a case, you should indicate to the student that you need to immediately contact the appropriate campus mental health unit that serves your student population (e.g., the Counseling Center for full-time Homewood students and Peabody students and 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 to best 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 POTENTIALLY DANGEROUS** Unfortunately, we live in a time 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 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 IS POTENTIALLY 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 Resources**

### **Counseling Center:**

<http://web.jhu.edu/counselingcenter>

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

410-516-8278

### **Johns Hopkins Student Assistance Program (JHSAP)**

<http://jhsap.org>

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

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

443-997-7000

### **University Mental Health Services:**

[http://www.hopkinsmedicine.org/uhs/UMH/University\\_Mental\\_Health.html](http://www.hopkinsmedicine.org/uhs/UMH/University_Mental_Health.html)>

Serves full-time SOM, SPH and SON students and Johns Hopkins Hospital and JH Bayview Medical Center, house officers or post-doctoral fellows.

410-955-1892

**Campus Security:**

Baltimore Harbor East  
410-234-9200

Bayview Medical Center  
410-550-0333

Columbia Center  
410-516-9700

East Baltimore (School of Medicine, School of Public Health, School of Nursing)  
410-955-5585

East Baltimore Medical Center (Johns Hopkins Community Physicians)  
410-522-9800

Eastern Campus  
443-997-7777

Homewood  
410-516-7777

Montgomery Campus  
301-294-7000

Peabody Campus  
410-234-4600

Washington Center, Carey Business School, Krieger School of Arts & Sciences (AAP), SAIS  
202-452-1283