CONSULTATION IS AVAILABLE

If you have concerns about a student, counselors at the counseling center are available for consultation, (678) 547-6060. Some of the ways we might help include:
- Assessing the seriousness of the situation
- Suggesting potential resources
- Finding the best way to make a referral
- Clarifying your own feelings about the student and the situation.

IN AN EMERGENCY

Stay calm. Find someone to stay with the student while calls are made.

For students expressing a direct threat to themselves or others, or who act in a disruptive, bizarre, or highly irrational way, call:

**Monday-Friday, Weekday Office Hours**
- Mercer Police, (678) 547-6911
- Counseling Services, (678) 547-6060
- Student Health Services, (678) 547-6130
- Associate Dean of Students, (678) 547-6823

**After-Hours, Weekends, Holidays, 24/7**
- Mercer Police, (678) 547-6911
- Georgia Crisis & Access Line, (800) 715-4225
- National Suicide Prevention Lifeline, (800) 273-8255, www.suicidepreventionlifeline.org
- Day League (sexual assault care & prevention), (404) 377-1428, www.dayleague.org

WHEN TO MAKE A REFERRAL

Even though a student asks you for help with a problem and you are willing to help, there are circumstances when you should suggest other resources.
- You are not comfortable in handling the situation.
- The help necessary is not your expertise.
- Personality differences may interfere with your ability to help.
- You know the student personally (friend, neighbor, friend of a friend) and think you may not be objective enough to help.
- The student is reluctant to discuss the situation with you.
- You see little progress in the student.
- You feel overwhelmed or pressed for time.

HOW TO MAKE A STUDENT REFERRAL

- Be frank with the student about the limits of your time, ability, expertise, and/or objectivity.
- Let the student know that you think she/he should get assistance from another source.
- Assure them that many students seek help over the course of their academic career.
- Assist the student in choosing the best resource.
- Try to help the student know what to expect if she/he follows through on the referral.

BEFORE MAKING A REFERRAL CONSIDER

- What are the appropriate and available resources for the student?
- With whom would the student feel most comfortable?
- Who will make the initial contact, you or the student?
SUICIDE IS THE 2ND LEADING CAUSE OF DEATH IN STUDENTS

Given the statistic, it is especially important that we be aware of what we can do to prevent such a tragedy.

This brochure provides details on how to recognize a distressed student, ways to help, signs of suicidal ideation, and when and how to make effective referrals.

FOUR WARNING SIGNS OF SUICIDE

1. **Situational** - due to stressful or traumatic experiences
2. **Depressive** - changes in usual behavior, inability to concentrate, socially withdrawn, easily agitated, apathy, crying, sense of worthlessness, appears sad, abusing substances
3. **Verbal** - direct or indirect, spoken or written (e.g. assignments, papers, etc.)
4. **Behavioral** - giving away possessions, writing a suicide note, acquiring means to commit suicide, organizing business and personal matters, suddenly resigning from organizations or clubs.

Look for a cluster of clues. A suicidal person who gives warning signs will most often present more than one clue.

When the situation is not clear:
- Share concerns with the student directly to find out the cause of their distress.
- Consult with your health care professional in Counseling Services or Student Health.

TIPS FOR RECOGNIZING TROUBLED STUDENTS

At one time or another, everyone feels depressed or upset. However, there are three levels of student distress which, when present over a period of time, suggest that the problems are more than the “normal” ones.

**Level 1:** Although not disruptive to others in your class, these behaviors may indicate that something is wrong and that help may be needed.
- Serious grade problems
- Unaccountable change from good to poor performance
- Change in pattern of interaction
- Marked change in appearance
- Marked change in mood, motor ability, or speech

**Level 2:** These behaviors may indicate significant emotional distress, reluctance or an inability to acknowledge a need for personal help.
- Repeated requests for special consideration
- New or regularly occurring behavior which pushes the limits and may interfere with class management
- Unusual or exaggerated emotional response

**Level 3:** The following behaviors usually show that the student is in crisis and needs emergency care.
- Highly disruptive behavior (hostility, aggression, etc.)
- Inability to communicate clearly (garbled, slurred speech, disjointed thoughts)
- Loss of contact with reality (seeing/hearing things that are not there, beliefs or actions at odds with reality)
- Overt suicidal thoughts (suicide is a current option)
- Homicidal threats

WHAT YOU CAN DO TO HELP

**Responses to Level 1 or Level 2 Behavior**
- Talk to the student in private when you both have time.
- Express your concern in nonjudgmental terms.
- Listen to the student and repeat the gist of what the student is saying.
- Clarify the costs and benefits of each option for handling the problem from the student’s point of view.
- Respect the student’s value system.
- Ask if the student is considering suicide.
- Make appropriate referrals if necessary.
- Make sure the student understands what action is necessary.

**Responses to Level 3 Behavior**
- Stay calm.
- Call emergency referral on the back of this pamphlet.

**Dos and Don’ts in Responding to Suicidality**
- **DO** show that you take the student’s feelings seriously.
- **DO** let the student know that you want to help.
- **DO** listen attentively and empathize.
- **DO** reassure that with help he/she will recover.
- **DO** stay close until help is available or risk has passed.
- **DON’T** try to shock or challenge the student.
- **DON’T** analyze the student’s motives.
- **DON’T** become argumentative.
- **DON’T** react with shock or disdain at the student’s thoughts and feelings.
- **DON’T** minimize the student’s distress.