



Counseling Services

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Westmont College Off-Campus Programs Mental Health Resource Guide

Across the nation, more students are manifesting signs of emotional and psychological distress, reflecting a confluence of a multitude of factors affecting the current generation of students. On off-campus programs, some students may experience a level of heightened distress that may overwhelm existing coping strategies, putting them at risk of mental health issues while off-campus, whether or not they have a previous mental health history. This guide is designed to support faculty and staff leading Westmont off-campus programs in assessing and addressing student mental health issues.

Indicators of Possible Significant Distress

The first step is to notice when significant distress is evident. As leaders of off-campus programs, you will likely be the first to notice a student who is experiencing difficulty. At times, it may be clearly evident a student is having difficulty coping. Other times, distress may be less obvious. Some indicators of significant distress are:

Problems with academic performance

- Poor performance, particularly if represents a change from prior functioning
- Missed assignments, exams or appointments
- Chronic indecisiveness or procrastination
- Written or artistic expression of unusual violence, morbidity, social isolation, despair or confusion; essays or papers that focus on suicide or death
- Repeated requests for special considerations
- Increased concern about grades despite good performance
- Increased dependence (e.g., excessive appointments with you)

Unusual behavior

- Disruptive classroom behavior
- Impaired speech or disjointed, confused thoughts
- Aggressive or threatening behavior
- Extreme mood changes or excessive, inappropriate display of emotions
- Hyperactivity, irritability, or heightened anxiety
- Prolonged or extreme emotionality

- Bizarre or strange behavior indicating a loss of contact with reality

Physical Indicators

- Deterioration in physical appearance or personal hygiene
- Listlessness, lack of energy, or falling asleep in class
- Dramatic weight loss or weight gain with no apparent physical illness/reason
- Noticeable cuts, bruises or burns
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol or other substances

Traumatic change in relationships

- Death of family member or close friend
- Difficulties in close relationships
- Problems at home with family

References to suicide or homicide

- Overt (or veiled) references to suicide – spoken or in writing
- Statements of helplessness or hopelessness
- Physical or verbal aggression that is directed at self, others, animals or property
- Indications of persistent or prolonged unhappiness
- Isolated self from friends, family, and peers in the program
- The situation feels threatening or dangerous to you

Know When and How to Take Action

In an emergency situation, it is clear that action is needed. You would call the local police.

However, when there is no immediate risk of harm, it may seem less clear when and how to act. You may notice one indicator and decide that something is clearly wrong. A simple check-in with the student may help you get a better sense of the situation. Use your professional experience, good judgment and instincts. There is no harm in offering resources to a student who is not in need; but there can be serious consequences for failing to follow through with your observations.

Step 1: Consult

Once you have identified a student in distress, the first step is to consult. Speak privately with a colleague on your program or reach out to Patti Hunter in the Provost's Office or Eric Nelson in the Counseling Center.



Step 2: Refer and/or Report

REFER: Speak directly with the student to offer support and referrals if needed. For assistance, you can consult the list of resources you compiled in your emergency plan, as well as the AIG information for details about finding and accessing relevant resources.

REPORT: Create a Care Report if you feel additional support may be warranted before or after speaking with the student. When you submit a Care Report, Patti Hunter and Stu Cleek will be automatically notified. Additional people will be given access to this report as needed, and as we all exchange information in order to serve the students, that information will be added to the case that is opened in the Care system. For these reasons, a Care Report is preferred over an email, but if your Internet access makes submitting a Care Report difficult, please simply **email Patti and Stu**. We will submit the Care Report on your behalf, which will allow us to make use of the resources connected with the Care system.

Strategies for speaking with the student. If you choose to speak directly with the student, be reminded you will not be taking on the role of a counselor. You only need to listen, care, and offer resource referral information. Follow these recommendations:

Meet privately with the student (choose a time and place where you will not be interrupted)

Avoid outnumbering the student in the meeting, preferably having only one faculty/staff member present, unless there is concern for regarding physical safety.

Set a positive tone. Express your concern and care.

Point out **specific signs** you have observed. *“I’ve noticed lately that you…”*

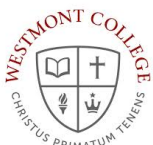
Ask *“How are things going for you?”* **Listen attentively** to the student’s response and encourage him or her to talk. *“Tell me more about that.”*

Allow the student time to tell the story. **Allow silences in the conversation.** Don’t give up if the student is slow to talk.

Ask open-ended questions that deal directly with the issues without judging. *“What problems has that situation caused for you?”*

If there are signs of safety risk, **ask if the student is considering suicide.** A student who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not *“put ideas in his/her head.”*

Restate what you have heard to ensure mutual understanding. **Voice your care** for the student’s specific situation.



Ask the student what they think would help. *“What do you need to do to get back on a healthy path?”*

Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and the potential benefit to the student.

Avoid making sweeping promises of confidentiality, particularly if the student presents a safety risk.

Unless the student is suicidal or may be a danger to others, **the ultimate decision to access resources is the student’s.** If the student says, *“I’ll think about it,”* it is okay. Continue to monitor the student.

Let the student know that you are interested in hearing how they are doing in a day or two. End the conversation in a way that will allow you, or the student, to come back to the subject at another time. **Keep the lines of communication open.**

Talk with someone at the college about the conversation and document your actions. This is best done by filing a Care Report. If your Internet access makes this difficult, send an email to Patti and Stu and they will file a report on your behalf.

