MSME BUSINESS SCHOOL
ASSUMPTION UNIVERSITY

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**AU COUNSELING CENTER/MSME PSYCHOLOGICAL COUNSELING CENTER**

# CRIES FOR HELP SHOULDN'T GO UNHEARD

**The role of Faculty and Staff to help Emotionally Distressed Students**:

Financial worries, leaving home and being on our own for the first time, and trying to do well academically contribute to stressful transitions to college life. ABAC students also face these problems. In the college community, about 10 percent of the students may be distressed by depression, acute anxiety, drug or alcohol abuse, or more serious conditions. In the university community, about 10 percent of the students may be distressed by depression, acute anxiety, drug or alcohol abuse, or more serious conditions. Suicide is the second leading cause of stress in university and colleges. If we are able to provide a supporting environment for our students, cries for help won't go unheard.

As faculty members and staff who come in contact with many students, we are in an excellent position to observe students, identify those who are in distress, and offer assistance. Our care, concern, and assistance will often be enough to help the student. Incase if you feel that you don't have the expertise to assist the students, you can direct them to seek assistance. Given below are some signs that you might notice

**Problems with Academic Performance**

- Poor academic performance and preparation, particularly if there is a change from the past.
- Excessive absences or tardiness or procrastination
- Repeated requests for special considerations/ not doing home works/ Not ready for presentations
- Probation

**Unusual Behavior**

- Listlessness, lack of energy, or falling asleep in class
- Disruptive classroom behavior
- Marked changes in personal hygiene
- Impaired speech or disjointed, confused thought
- Aggressive or threatening behavior
- Extreme mood changes or excessive, inappropriate display of emotions
- Hyperactivity, irritability, or heightened anxiety
- Prolonged or extreme emotionality
- Dramatic weight loss or weight gain with no apparent physical illness/reason

• Bizarre or strange behavior indicating a loss of contact with reality
• Use of mood altering chemicals (e.g. alcohol or drugs)

**Trauma &Relationship Issues**
• Death of a family member or close friend
• Difficulties in close relationships/ divorce or separation in family
• Problems with family or roommates
• Serious Illness
• Family members being diagnosed with terminal Illness

**References to Suicide or Homicide**
• Overt (or veiled) references to suicide-verbally or in writing
• Statements of helplessness or hopelessness
• Indications of persistent or prolonged unhappiness
• Isolated self from friends and family
• Pessimistic feelings about the future
• Homicidal threats

**Guidelines For Interaction**

As a faculty member or staff of AU family, openly acknowledge to the students that you are aware of their distress, that you are sincerely concerned about their welfare, and that you are willing to help them explore their alternatives can have a profound effect. We encourage you whenever possible to speak directly to a student when you sense that he/she is in academic and/or personal distress.

1. Request to see the student in private.
2. Briefly acknowledge your observations and perceptions of their situation and express your concerns directly and honestly.
3. Listen carefully to what the student is troubled about and try to see the issue from his/her point of view without necessarily agreeing or disagreeing.
4. Strange and inappropriate behavior should not be ignored. The student can be informed that such behavior is distracting and inappropriate.
5. Your receptivity to an alienated student will allow him/her to respond more effectively to your concerns.

## SUICIDAL IDEATION

Suicide is the second leading cause of death among college students. The suicidal person is intensely ambivalent about killing himself/herself and typically responds to help; suicidal states are definitely time limited and most who commit suicide are neither crazy nor psychotic. High risk indicators include: feelings of hopelessness and futility; a severe loss or threat of loss; a detailed suicide plan; history of a previous attempt; history of alcohol or drug abuse; and feelings of alienation and isolation. Suicidal students usually want to communicate their feelings; any opportunity to do so should be encouraged.

### Warning Signs of Potentially Suicidal Behavior

If you observe any of the following warning signs that might indicate suicidal risk, communicate to the AU counseling Center/ MSME Psychological Counseling Center

- Expression of desire to kill him/herself or wishing to be dead
- Presence of a plan to harm self
- Means are available to carry out a plan to harm him/herself
- Suicide plan is specific as to time, place, notes already written
- High stress due to grief, illness, loss of new job, academic difficulty, etc.
- Symptoms of depression are present, such as loss of appetite, sleep, severe hopelessness or agitation, feeling of exhaustion, guilt/shame, loss of interest in school, work or sexual activities, change or deterioration of hygiene
- Intoxication or drug abuse (including alcohol)
- Previous suicide attempt by the individual, a friend or a family member
- Isolation, loneliness or lack of support
- Withdrawal or agitation
- Preparation to leave, giving away possessions, packing belongings
- Secretive behavior
- Major mood change

TIPS

- take the student seriously - 80 percent of suicides give warning of their intent
- acknowledge that a threat of or attempt at suicide is a plea for help
- be available to listen, to talk, to be concerned, but refer the student to Counseling Center,

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Contact MSME Psychological Counseling Center/ AU counseling Center

counseling@msme.au.edu

counseling@au.edu