Recognizing Distressed, Suicidal, or Potentially Dangerous Students and Assisting Students Who Report Sexual Assault or Harassment

Guidance for Faculty and Staff
The Johns Hopkins University – Fall 2015

As a member of the faculty or as a staff member who interacts with students, you may become aware of or be exposed to student thoughts, behaviors, or experiences that concern you. It is important to “trust your gut” in these situations and take action. Your kind words, expression of concern, and referral to a competent professional or appropriate authority 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.

There also are situations where you must refer a student to the appropriate office and follow up with that office to report the information shared with you by the student. When a student discloses to you that she or he has been sexually harassed or assaulted—whether by another student, a staff person, a faculty member, or a stranger—faculty and staff are legally obligated to contact the appropriate university administrators about those disclosures.

See the end of this message for a list of resources. Please save this message for future reference.

Continue reading for information on recognizing, helping, and referring a student:

- Who is in distress
- Who may have been sexually harassed or assaulted
- 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
- Slopiness
- Crying
- Poor personal hygiene
- Feelings of worthlessness
- No desire to socialize
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 classwork; a more generally tense, sad, or disheveled appearance; abrupt change in mood (often with irritability/agitation) in times of acute distress (such as exams or assignment deadlines); and the development of inappropriate or bizarre responses, such as talking off the subject and rambling or laughing inappropriately. It is also important to note that cultural differences may influence the manifestations of distress (for example, some international students may be particularly likely to describe physiological rather than emotional concerns, such as headaches or stomach distress). Any of these signs of distress might be especially concerning in a student whom you know has a history of mental illness. 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. Please remember, however, that if you are not comfortable expressing your concerns to the student, your first step can be to consult with the university’s mental health professionals as explained below.

**Be accepting and nonjudgmental.** Help the student determine what the problem might be, without minimizing his or her feelings or judging him or her for feeling distressed.

**If the student confides in you, reinforce that choice.** 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 that 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 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 program, 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).

HELPING A STUDENT WHO REPORTS HAVING BEEN SEXUALLY HARASSED OR ASSAULTED

If a student comes to you and shares information about sexual assault or harassment, it is important to be supportive and let the student know that you will connect him or her with the appropriate offices that can help. It is also important to remember if a student reports sexual assault or harassment that, you, as a member of the staff or faculty, are legally obligated to promptly report sexual harassment or sexual assault (including known relevant information, e.g. names, dates, times, locations, etc.) to a university official in the Office of Institutional Equity (OIE). OIE takes the lead in investigating and adjudicating these matters for students. Allison Boyle, in the Office of Institutional Equity, is the university’s Title IX coordinator and can be reached at 410-516-8075 or aboyle7@jhu.edu.

If the student has not revealed or does not wish to disclose the names of alleged perpetrators, you can say that she or he can file a report with the university’s Title IX coordinator, Allison Boyle, and leave out details that would result in an investigation (i.e., perpetrator’s name, location of incident). This would allow the student to learn about the “road map” for a potential investigation without obligating the student to proceed with an investigation. Please also be aware that you will need to tell the student that you will need to contact Ms. Boyle about what you have heard even if the student does not wish to proceed with an investigatory/adjudicatory process as there may still be safety measures or processes that OIE can initiate to ensure the safety of our students.

If you perceive that the student’s interests would also be served by discussing the situation confidentially to ensure they have an opportunity to sort out their feelings and consider next steps, you should refer them to the appropriate counseling service: the Counseling Center (410-516-8278), Johns Hopkins Student Assistance Program (443-287-7000), or the University Mental Health program (410-955-1892). If you are unsure which counseling service is appropriate, you may direct the student to call the 24/7 Sexual Assault Help Line at 410-516-7333, which is available to all Johns Hopkins University students. The Sexual Assault Help Line will be answered by trained professional counselors who are available to offer support, answer questions, and triage them to the appropriate resource. If you would like to consult with a trained professional on how best to proceed in assisting the student, you are also welcome to call the Sexual Assault Help Line.

Please know if a student is in physical danger the first priority is to advise the student to get to a safe place immediately and call either 911 or the appropriate campus security office for assistance. (See phone numbers at the end of this letter.)

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 himself 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 or the Johns Hopkins Student Assistance Program—see list at the end of this document) for advice on how to best proceed. 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 messages 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 MENTAL HEALTH RESOURCES

Johns Hopkins Medicine video on suicide and depression awareness.

Counseling Center (410-516-8278)
Serves full-time undergraduates and graduates on the Homewood campus and Peabody students.

Johns Hopkins Student Assistance Program (JHSAP) (443-287-7000)
Serves graduate, medical, and professional students in most other divisions. See http://jhsap.org/services for eligibility.

University Mental Health (410-955-1892)
Serves full-time SOM, SPH, and SON students, and Johns Hopkins Hospital and Bayview house officers and postdoctoral fellows

UNIVERSITY SEXUAL ASSAULT RESOURCES

Sexual Assault Help Line (410-516-7333)
Serves all JHU students.

Sexual Assault Prevention, Education, and Response Coordinator (410-516-5133)
Alyse Campbell is the confidential sexual assault prevention, education, and response coordinator. She serves undergraduate and graduate students on the Homewood and Peabody campuses, and is available to discuss the reporting process, on-campus and off-campus resources, and resources for those who do not wish to report, and can
serve as a victim advocate.

Office of Institutional Equity (OIE) (410-516-8075)
Allison Boyle (aboyle7@jhu.edu) is the university’s Title IX coordinator. She takes the lead on investigating and adjudicating matters relating to sexual assault for students across all campuses.

UNIVERSITY CAMPUS SECURITY RESOURCES

- Baltimore Harbor East: 410-234-9200
- Bayview Medical Center: 410-550-0333
- Columbia Center: 410-516-9700
- Dorsey Center (Engineering for Professionals): 410-516-2277
- East Baltimore (Schools of Medicine, Public Health, and 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 County Campus: 301-294-7000
- Peabody: 410-234-4600
- Washington Center (Carey Business School, Advanced Academic Programs of the Krieger School of Arts & Sciences and SAIS): 202-452-1283