RECOGNIZING AND ASSISTING STUDENTS IN DISTRESS

Guidance for Johns Hopkins University Faculty and Staff

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As a member of the faculty or as a staff member who interacts with students, you may become aware of students’ 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 lives of students, their friends and family, and the Johns Hopkins community.

The COVID-19 pandemic and other recent events give the focus on student distress and community mental health new significance. Students have faced isolation, personal challenges, and uncertainty about the future, all of which the short and longterm effects on physical, emotional, social, and financial well-being cannot be wholly predicted.

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 best to respond, and be aware of appropriate resources that are available to assist you and these students.

There also are situations where you must refer students to the appropriate office and follow up with that office to report the information shared with you. If students disclose to you that they have been subject to sexual misconduct, discrimination and/or harassment—whether by another student, a staff person, a faculty member, or a stranger—please remember that all faculty and many staff at the university are designated as Responsible Employees who are legally obligated to contact the appropriate university administrators about those disclosures.

This document will provide you information on recognizing, helping, and referring a student who:
• is in distress;
• may have been subject to sexual misconduct (which includes sexual harassment, sexual assault, relationship violence, and stalking) and/or protected status-based discrimination or harassment;
• may be suicidal, or may be dangerous.

Look for these icons as you navigate this document.

See the end of this message for information about student health and well-being resources and the wellbeing.jhu.edu website, a single destination for a range of university resources. Please save this document for future reference. These links provide access to the “How faculty and staff can help” section of the university’s student well-being website and emergency assistance webpage.
Recognizing a Student in Distress

Some of the more common signs and symptoms of psychological distress observed in undergraduate and graduate students include:

<table>
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<th>BEHAVIORAL</th>
<th>PHYSICAL</th>
<th>COGNITIVE</th>
<th>EMOTIONAL</th>
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<td>Notable change in</td>
<td>Sleep disturbances</td>
<td>Slowed thinking</td>
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<td>Change in appetite</td>
<td>Negative cognitions</td>
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<td>Withdrawal from</td>
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<td>Stomach aches</td>
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<td>Substance misuse</td>
<td>Headaches</td>
<td>Difficulty with</td>
<td>Guilt</td>
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<td>Decline in attendance</td>
<td>Tremors</td>
<td>concentration</td>
<td>Grief</td>
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<td>Decline in performance</td>
<td>Panic attacks</td>
<td>Memory problems</td>
<td>Depressed mood</td>
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<td>Acting out</td>
<td>Flashbacks</td>
<td>Confusion</td>
<td>Irritability</td>
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<td>Rapid breathing</td>
<td>Distressing dreams</td>
<td>Anger</td>
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<td>Disruptive/Antagonistic</td>
<td>Rapid heartbeat</td>
<td>Preoccupation with</td>
<td>Feeling isolated,</td>
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<td>death</td>
<td>abandoned or lost</td>
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<td>Suicidal statements</td>
<td>Increased blood</td>
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<td>Feeling worthless</td>
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<td>pressure</td>
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<td>Feeling numb</td>
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<td>Bizarre or peculiar</td>
<td>Chest pain</td>
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<td>Incoherent or</td>
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The more symptoms or the more severe the symptoms observed, the more likely it is that the individual is truly distressed. It is important to note that students may exhibit stress differently (for example, some students may be particularly likely to describe physiological rather than emotional concerns, such as headaches or stomach distress). Any of these signs of distress may be especially concerning in a student who you already know is struggling.
REMEMBER: It is not the responsibility of faculty or staff to clarify the cause of the symptom or request/consider any medical information in connection with the same. There may be many factors, including mental health concerns, physical concerns, substance use, etc., contributing to the presentation. Rather, faculty and staff should focus on assisting the student in connecting to the appropriate resources.

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Helping a Student in Distress

TALK TO THE STUDENT. Let the student know of your concerns, and ask whether that individual 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 the student’s feelings or judging the student for feeling distressed.

If a student approaches you to talk, reinforce that choice. Acknowledge your recognition that the person hurts and has sought your help. However, in cases where a student reports or appears about to report a sexual misconduct, discrimination or harassment matter to you, let that student know the limits of your ability to keep a report confidential and discuss any reporting obligations you may have in connection with your position.

KNOW YOUR LIMITS AS A HELPER AND AS A RESPONSIBLE EMPLOYEE. All faculty members and many staff members (especially staff who work with students) are Responsible Employees under the Sexual Misconduct Policy and Procedures as well as the Discrimination and Harassment Policy and Procedures. If you are a Responsible Employee, you cannot promise a student that you will keep confidential a matter that you are required to report, and you have an obligation to promptly report any information you learn regarding sexual misconduct or other protected status-based discrimination or harassment to the Office of Institutional Equity (OIE). Please email OIE at oie@jhu.edu or the Title IX coordinator directly at titleixcoordinator@jhu.edu if you have a report or a question as to whether you are a Responsible Employee.
While talking to a student on any issue, you may also find that you are unable to provide adequate assistance or do not feel comfortable trying to help individuals cope with their 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.

**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.

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**Referring a Student in Distress**

Suppose that a student comes into your office and begins to describe problems that are interfering with that person’s academic work. At a break in the discussion, you could 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 Health Services–Mental Health program, or whatever program is appropriate), as I know they are well-qualified to help and often work with students who have 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 Sexual Misconduct or Other Protected Status-Based Discrimination or Harassment

If a student comes to you and shares information about sexual misconduct or other protected status-based discrimination or harassment, it is important to be supportive and explain that you will connect the student with the appropriate offices that can help. It is also important to remember that if a student reports one of these issues and you are a Responsible Employee you are obligated by university policy to promptly report it (including known relevant information, e.g., names, dates, times, locations, etc.) to a university official in the Office of Institutional Equity.

OIE takes the lead in speaking with a student regarding options for pursuing a complaint, as well as investigating and adjudicating these matters for students. For all OIE matters, Shanon Shumpert, vice provost for institutional equity, and Linda Boyd, assistant vice provost/Title IX coordinator in the Office of Institutional Equity, can be reached at 410-516-8075 or via email: titlexcoordinator@jhu.edu. Reports or questions can also be submitted to the general OIE email account: oie@jhu.edu.

Please also be aware that if you are a Responsible Employee, you should tell the student that you have to contact OIE about what you have heard (and disclose the name of the student who reported concerns). A Responsible Employee report to OIE starts a direct conversation with the reporting student about their experience, university policy, support options and their preferences. Even if the student does not wish to proceed with an investigatory/adjudicatory process, there may still be safety measures or processes that OIE can initiate to ensure the safety of our students.

If the student discloses to a responsible employee, that employee must follow the guidelines referenced above. There are often times, however, that you may have intuition that a student is about to disclose something to you. In advance of that disclosure, you can gently interrupt to inform the student about the following confidential resources. Confidential services are an opportunity for the student to discuss the situation without a report to OIE.

- The Center for Health Education and Well-Being (410-516-5133) and ask for a confidential resource
- The Counseling Center (410-516-8278)
- Johns Hopkins Student Assistance Program (443-287-7000)
- the University Health Services–Mental Health program (410-955-1892) or all students and trainees can
If you are unsure which counseling service is appropriate, and for sexual misconduct matters, 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 the student 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 that 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.

Recognizing a student who may have thoughts of or plans for suicide

Students in serious distress may consider doing harm to themselves. 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 nonverbal 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 have thoughts of or plans for suicide

If you are worried that a student may be considering suicide, it is all right to ask directly whether that person is thinking about killing themselves. 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 the risk for a completed 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 of sleeping pills sometime”), the less likely a suicide attempt.

Referring a student who may have thoughts of or plans for suicide

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 that person simply walked out of your office. In such a case, you should indicate to the student that you need to 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) 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 best to 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 via phone, telemedicine or in person, as determined by 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 or to the emergency room, with the assistance of the counselor 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 Dangerous

Unfortunately, there are cases 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, other protected status-based harassment and stalking
- Possession of a weapon, particularly a firearm

Responding to a Student Who May Be 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 University Student Well-Being Website**
A single destination for student well-being resources, news, and events available across Johns Hopkins University.

**Resources for Faculty and Staff**
A list of useful resources on the student well-being website to help faculty and staff across the university play an active role in creating a culture of well-being.

Johns Hopkins Medicine [video on suicide and depression awareness](#).

**JHU Counseling Center, 410-516-8278**
Serves full-time undergraduates and graduate students at Krieger, Whiting, and Peabody. To review the workshops and trainings offered by the Counseling Center or to request QPR or other training for your department, go to the [Counseling Center website](#).

**Johns Hopkins Student Assistance Program (JHSAP), 443-287-7000**
Serves graduate, medical, and professional students in most other divisions. The JHSAP website contains important information about student eligibility as well as resources and workshops that JHSAP offers to faculty and staff on recognizing students in distress.

**University Health Services–Mental Health (UHS-MH), 410-955-1892**
Serves full-time SOM, BSPH, and SON students, and Johns Hopkins Hospital and Bayview house officers and postdoctoral fellows.

**Behavioral Health Crisis Support Team (BHCST), 410-516-7777**
Clinicians from the BHCST partner with crisis-response trained Johns Hopkins Public Safety officers to respond to JHU students, trainees, faculty, and staff and JHU’s neighbors in crisis. Currently in its pilot year, the BHCST responds on and around the Homewood campus, with plans to expand to other Baltimore campuses in the future. The BHCST is mobilized by a call to Johns Hopkins Public Safety. An access line directly to the BHCST will be launched later in 2022.

**mySupport, 443-997-7000**
Serves residents and postdocs at Johns Hopkins Hospital and Bayview and provides faculty and staff and their household family members with free 24/7 access to confidential counseling and referral services.

**Student Disability Services**
Coordinates academic adjustments or auxiliary aids and other reasonable accommodations for students with disabilities.
University Sexual Misconduct, Discrimination & Harassment Resources

**Sexual Assault Helpline, 410-516-7333 (confidential)**

The JHU Sexual Assault Helpline is a confidential service available 24/7 to all Johns Hopkins University students. The helpline is staffed by the professional counselors and provides confidential assistance to those affected by sexual misconduct. Callers may remain anonymous. All calls to the Helpline are confidential and do not constitute making an official report of sexual misconduct to the university.

**Office of Institutional Equity (OIE), 410-516-8075 (non-confidential)**

Shanon Shumpert, vice provost, and Linda Boyd, assistant vice provost/Title IX coordinator, are responsible for coordinating the investigation and adjudication of all matters related to sexual misconduct across all university campuses. They can be reached by email at titleixcoordinator@jhu.edu or oie@jhu.edu.

Additional confidential resources, non-confidential resources, medical resources, and security offices are listed in the appendices of the Johns Hopkins University Sexual Misconduct Policy and Procedures and the Discrimination and Harassment Policy and Procedures.

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