

# Recognising and Assisting Distressed Students: Guidelines for Faculty and Staff



Student Counselling and Wellbeing

## Assessing levels of distress

- **Level 1:**  
Distressed but not of serious nature.  
Transient.  
**Need a listening ear.**
- **Level 2:**  
More protracted symptoms.  
Greater degree of disruption.  
**Need to refer to counselling.**
- **Level 3:**  
Pose threat to self or others.  
Highly disruptive behaviour or aggressiveness.  
**Need urgent attention and high level of support.**



## Guidelines for Responding to Non-Urgent and Emergency Situations

Staff member is concerned about student's mental health

### Non urgent/ non emergency (Level 1 green response)

- If the student is or appears:
- Withdrawn
  - Low in mood
  - Tearful/unduly anxious
  - Sudden academic deterioration
- AND**
- Does not display features considered urgent/emergency

- Explain your concern to student
- Assure discretion
- Advise student to contact student counselling service/health service/GP/Shannon Doc/Samantans/Text UL 50808 (see list), OGA
- Arrange a follow up check-in
- If student does not wish to follow your advice, respect their wishes. No further action is appropriate unless their condition deteriorates.

### Life threatening emergency (Level 3: Red response)

**Overdose/ self-harm possible or definite**

- Request ambulance 999 or 112
- Inform UL security 3333/ 061-213333
- Inform student health 2534

**Student violent or armed**

- Contact Gardai 999 or 112
- Inform UL security 3333/ 061-213333

### Urgent / Emergency (Level 3: Red Response)

If the student is or appears...

- Very aggressive/ threatening (call Gardai 999 and Security 3333)
- Suicidal/ wishing they were dead
- Threatening self-harm
- Expressing bizarre thoughts/behaviours/ideas
- Unduly agitated – Need to attend A&E for psych assessment (A&E Crisis Mental Health Team 061-3011111). Inform Next of Kin.

- **Level 2: Amber response:** If possible consult colleague, try not to act alone
- Explain concern to student (unless you believe this will inflame the situation)
- Seek consent to contact student counselling (2327) or student health (2534), or student's GP (during normal working hours)
- If consent is withheld, consider contacting anyway
- Consider accompanying student to appointment at student counselling
- Consider **A&E Crisis Mental Health Team (061-3011111)/ Shannondoc (1850-212999) if other services are closed or unavailable**
- If off-campus, contact local health services for advice/action
- Inform **Next of Kin** if details are available

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## **Introduction: Purpose of this booklet**

Recent statistical trends suggest there is a growing incidence of more severe emotional and psychiatric distress amongst college students. The implications of this can be far reaching for students, staff and university institutions alike. This booklet aims to provide guidelines for staff around how they might best identify and manage emotional distress in college students, with particular reference to the more severely distressed or disturbing students.

### **1. Why is this relevant to me?**

The emotional and academic pressure of university life, while manageable and even exhilarating for most students, can be simply overwhelming for others. Due to your position, status and visibility on campus, students experiencing emotional distress may turn to you for help. In addition, because of your role, you may find yourself confronted by a distressed or disturbing student who needs assistance. How you respond in these situations can impact significantly on the student's ability to deal constructively with his/her emotional conflicts.

### **2. How would I recognise emotionally troubled students?**

Most of us experience difficulties of a personal or psychological nature at some point of our lives and it is not unusual to experience accompanying feelings of stress, depression or anxiety. Given the demands of university life it is inevitable that some students will experience emotional distress during their studies. For the majority, the distress is temporary and runs a normal course. However, a small number of students experience emotional or psychological difficulties, which are more persistent or overwhelming and require appropriate professional support. Mental health problems, particularly in more severe cases, can seriously impede academic progress, are disruptive, and have the potential to negatively impact fellow students, tutors, and college staff. Therefore, it is important to know what causes distress, how to recognize the signs of distress and how best to deal with it.

#### **2.1 Common sources of student distress:**

- Academic performance issues
- Difficulty dealing with transition
- Coping with sadness, depression, or mood changes
- Identity confusion
- Low self-esteem and confidence
- Loss, including death
- Developing peer and intimate relationships
- Family issues
- Sexual or physical abuse
- Crisis pregnancy
- General and social anxieties
- Body-image concerns
- Financial or welfare concerns

## 2.2 How to recognise signs of distress

### Academic

- Excessive procrastination
- Noticeable or significant change in standard of work
- Repeated requests for special attention, consideration or extensions
- Absences, tardiness or disruptive behaviour in class

### Interpersonal

- Inability to get along with others
- Social withdrawal
- Concerns or complaints from other students

### Behavioural

- Change in appearance such as weight loss or gain, deterioration of personal hygiene, red or swollen eyes or signs of sleeplessness
- A noticeable change of smell, which may result from use of alcohol or non-prescription drugs
- A change in the way they sound (impaired speech, flat tone, very quiet, very loud)
- A change of mood from your previous experience of them (very up and down, miserable, tired)
- Inappropriate or exaggerated emotional responses
- Difficulty concentrating, sleeping or changes in appetite
- Talk or evidence of self-harming behaviour

The above, while not exhaustive, outline some of the reasons why a student may be experiencing distress and how you might recognise it. Observation of signs and symptoms will give clues about the relative seriousness or extent of distress.

## 2.3 Assessing level of distress

It is important to be able to identify the **level of distress** a student is experiencing as a result of their difficulty, as this will inform how you proceed. For example, you may be able to address the problem yourself, you may wish to refer, or it may be necessary on occasion to seek crisis intervention. When deciding on a course of action for a particular student or situation, it is useful to think of distress on three levels:

**Level 1:** While the student is distressed, the signs and symptoms are not of a serious or prolonged nature. Their behaviour is not disruptive to others. In these cases the distress is most likely of a transient nature and can often be resolved with a listening ear from staff or tutor.

**Level 2:** In this instance the signs and symptoms of distress may indicate the presence of a more significant level of emotional distress. Some students can be reluctant to acknowledge the need for help. There is normally a greater degree of disruption to daily functioning and symptoms are more protracted. In this case, professional assistance from appropriate student services such as counselling is recommended.

**Level 3:** While less frequent, these behaviours are easiest to identify, and highlight students who need immediate assistance. Behaviours might include hostility, verbal or physical aggression, departure from reality, inappropriate or highly

disruptive behaviour or overt suicidal threats. They may pose a threat to themselves or others. Depending on their specific behaviour, these students require careful management and high support from appropriate professionals. There are specific guidelines which should be followed in these cases, which will be dealt with in this booklet.

### **3. How should I respond if I suspect a student is a cause for concern?**

The following are useful general tips, which can be used in dealing with the majority of students (level 1&2). Students in crisis (level 3) will follow a more direct procedure.

#### **3.1 General advice**

**Reach Out:** Sometimes a student may let you know there is a problem, but many are reluctant. If you suspect a student is a cause for concern you may need to approach them yourself. Tell them you are concerned and give the student an opportunity to tell you how they are. While difficult, the student may appreciate you making the effort.

**Empathy and positive regard:** Express your concern in a non-judgemental manner, focusing on your observations and perceptions. Try to see the problem from the student's point of view and acknowledge their feelings of distress.

**Listening and observation:** Encourage the student to respond to your concerns and try to listen actively to their responses (e.g., check your understanding of the problem). Focus on cues and not just what is said but how it is said. (e.g., tone of voice, body language). Careful listening and observation will help you to assess the nature and level of the problem and what course of action to take. Indeed, just offering a listening ear is sometimes enough to address a particular concern.

**Offer support and assistance:** Your care, interest, and listening will prove pivotal in encouraging a distressed student to ask for help. The student needs to know that it is okay to display the vulnerability that accompanies distress. It is important to let them know that there are resources available to help them to cope.

**Consult:** A student may present with situations that leave you feeling 'out of your depth'. If in any doubt utilize an appropriate consultation service such as student counselling for initial advice.

Initial consultation with the student may result in you being faced with one of a number of different scenarios.

#### **3.2 Scenario one: Your concerns are unfounded**

After meeting with the student, you may be convinced that your concerns are unfounded.

**Action:** In this case no further action is necessary

### **3.3 Scenario two: There is a mental health difficulty, and the student would like help.**

Through your discussion with the student, they confirm the existence of a problem and are willing to accept help.

**Action:** Encourage the student to seek assistance from either the Medical or Student Counselling service and provide relevant information. If they are not able to make the appointment, gain their explicit permission and make it for them. If they are going to seek help themselves it is good practice to ask them to let you know how they get on and to follow this up with them in order to satisfy yourself that they are receiving assistance.

### **3.4 Scenario three: The student denies they have a difficulty or recognises they have a mental health difficulty but do not want assistance.**

It may become apparent from your meeting that the student is resistant to seeking help or they may be denying they have a problem, yet you remain concerned.

**Action:** In either case you are advised to discuss your concern with a member of either the medical or counselling services. Discussion can initially be anonymous, but you need to recognise that you may have to identify the student and it is therefore important not to give any undertakings of absolute confidentiality to the student. If you feel there is a risk of suicide or serious harm to self or others (level 3 distress) you **must** disclose the student's details to either emergency services or medical/counselling staff. (See advice for dealing with a crisis below)

## **4. How should I respond when a student is in crisis?**

### **4.1 General advice**

Though infrequent, from time to time a student may go into what appears to be a state of crisis where they may display agitated, volatile, bizarre, disruptive or threatening behaviour, or they may indicate intentions of suicide or self-harming behaviour (level 3 distress). There may be evidence of a departure from reality, delusions or fantasy. In these instances, students can be difficult to engage in discussion and may be irrational and overwhelmed. Seeking professional help is always indicated in crisis situations.

### **4.2 Scenario one: Student in crisis who is co-operating**

A student has presented who is in crisis and is co-operating

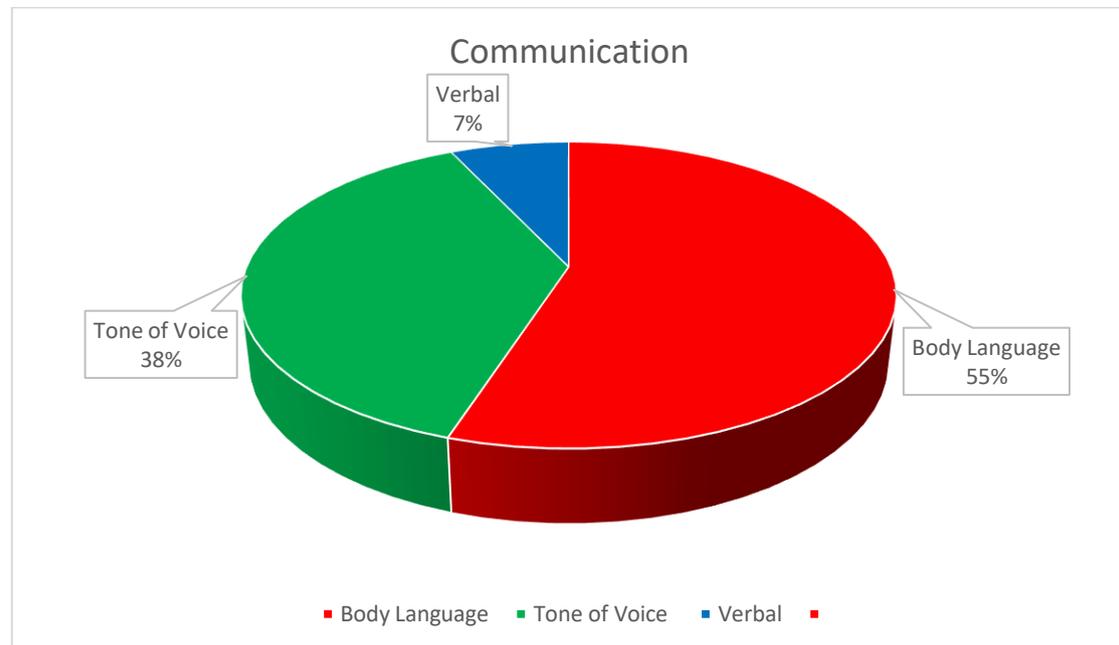
**Action:** Refer to Health /Student Counselling service with as much information as you have gleaned. They will make appropriate referral as necessary.

### **4.3 Scenario two: Student in crisis who is not co-operating**

A student is deemed to be in crisis and does not want to co-operate

**Action:** If referral to the professional services is refused and you believe that there is an imminent threat of harm to self or others, emergency assistance from college security and or outside agencies (Gardai) should be called.

#### 4.4 Key listening skills



**Summarising:** Pulls together the main themes of what a person is saying and demonstrates that you have heard what was said.

**Empathy:** The ability to hear and understand another person's experience, to grasp their point of view, whether you agree with it or not. Empathy is **sometimes wrongly confused as the ability to identify with another person**. While people can experience similar feelings or can understand how somebody can feel the way they do, only the person themselves really knows how they feel.

**Reflecting:** Identifying the emotional component of what is being communicated.

**Probing:** Drawing out specifics, clarifying, getting a more complete picture.

**Open ended questions:** Encourages a full meaningful answer, drawing on the person's own perspective, experience and feelings.

**Closed questions:** Encourages a single short (yes/no) directed answer.

#### 4.5 Communicating effectively

- Suspend outside concerns
- Concentrate on what is being said
- Notice what is not said
- Specify what led to your concern
- Give feedback
- Maintain boundaries
- Maintain confidentiality

## 4.6 Barriers to communication

- Interruptions and interrupting
- Assumptions
- Personal values and Attitudes
- Emotional Blocking
- Imposing Solutions
- False Reassurance
- Inappropriate probing
- Inappropriate Self-disclosure

### Dos & Don'ts

- **Do** remain calm and try to create a safe environment for your interaction with the student. Without interrogating the student some information is pertinent
- **Do** express empathy, concern and your willingness to help
- **Do** take precautions for your personal safety (ensure someone else is within earshot, the door is partially open, there is a clear exit from the room, that excess stimulation is kept to a minimum)
- **Do** try to ascertain basic information if possible (e.g., name, address, I.D., academic programme, G.P)
- **Do** try to establish whether the person has had a similar difficulty before and if so who, what was helpful (friends, family, medication)
- **Do** call emergency services such as security if you feel there is an imminent threat of violence, or harm to self or others
  
- **Don't** threaten the student as this may escalate their behaviour
- **Don't** take unnecessary risks (e.g., stop them if they try to leave)
- **Don't** try to 'counsel' the student yourself without advice
- **Don't** try to minimise the feelings (e.g., you'll be better tomorrow)

## 5. What do I need to know about students who may be talking about or threatening suicide?

### 5.1 General information

A student who makes any reference to thoughts or intentions of taking their own life should **always** be taken seriously. A lot will depend on the level of 'risk' associated with their thoughts/threats and this should normally be carried out by a trained professional. However, general staff need to be informed. Such students are normally treated as being in level 2 or 3 distress, and you should always seek professional advice. The student may not be seriously contemplating the act of suicide but may be feeling distressed and need someone to talk to, in which case counselling can be useful. If you suspect there is any immediate or serious threat (physical harm, overdose) you should treat it as a student in crisis and call emergency assistance. (See point 4.3 above)

## 5.2 High risk indicators which may precede suicide:

- Past attempts at suicide or self-harm
- History or presence of mental illness (depression, schizophrenia, personality disorder etc.)
- Family history of suicide
- Feelings of hopelessness, despair
- A recent death, loss or threat of loss
- Social isolation or withdrawal
- Low social support
- Alcohol, drug abuse or gambling difficulties
- Unemployment, debt
- Physical illness

## 5.3 Assessing risk

A trained professional normally carries this out but it is a good idea for all staff to know what to look out for. An algorithm for estimating suicidal lethality associated with intent is termed **SLAP**.

**S**pecificity of the plan (more details are associated with higher risk)

**L**ethality of anticipated method (guns, hanging, jumping are among the most lethal methods)

**A**vailability of method (how easy realistic is the threat)

**P**roximity of social support (low social support increases risk)

## 5.4 Suggested course of action

If a student comes to you and tells you they are very depressed or having suicidal thoughts and feelings the following is recommended:

### 1. Be kind and empathetic, prioritise them and ask who else may know about their feelings

- Most suicidal students want to communicate their feelings safely
- Try not to minimize their feelings (e.g. 'you'll be better tomorrow', or 'you have everything to live for')
- Don't try to 'counsel' if you feel out of your depth
- Acknowledge that you may not be able to maintain confidentiality

### 2. If you feel the risk is immediate or they are in crisis:

- Let them know that you are bound to contact an emergency service such as Health/Counselling/Security/Gardai and share your concerns immediately.

### 3. If he/she tells you they are attending a G.P. or Counsellor

- Ask if the G.P./Counsellor are aware of the extent of the student's feelings?
- Can they make an earlier appointment to see them?
- Ask if they would like help to make the appointment (depressed people may find this difficult)
- If they are seeing someone outside of the college, they may prefer to see college personnel? Give them the choice

#### **4. If he/she tells you that they are not seeing a G.P. or counsellor and nobody else is aware of their feelings**

- Ask if the student would like to see a member of the college health/counselling service? They may need help to do this.
- If the student *agrees* you should inform the health/counselling centre of your specific concerns regarding the student
- If the student *does not wish* to speak to a professional and you remain concerned for their safety, tell the student that you are bound to speak to someone on their behalf (Health /Counselling service or family member)

**Remember:** If you have any concerns about your course of action consult with the Health/counselling service. You should never agree to complete confidentiality with students who may be at risk of suicide.

## **6. What about a student who is causing significant disruption on campus and who may have a mental health difficulty?**

### **6.1 General advice**

Sometimes you may experience a student who while not in imminent crisis can be displaying level 3 behaviours and typically can be disruptive, challenging, intimidating, acting in inappropriate ways, displaying bizarre behaviour or loss of contact from reality. Such students show little regard for personal or professional rules, regulations or boundaries. They may have an ongoing mental health difficulty, or personality disorder, which may or may not have been present prior to college. Typically, they may have difficulty with their interpretation of everyday events and consequently may behave in inappropriate ways. Often students like this can be intimidating in a non-overt or more subtle way, yet can cause significant disruption within a department, faculty or campus.

#### **Some indicators might be:**

- Elevated need for attention from staff & colleagues
- Persistent e-mails, telephone calls, messages
- Unrealistic demands/commands on staff
- Threatening behaviour towards staff and fellow students (verbal/physical)
- Inability to accept feedback
- Low understanding of personal/professional boundaries
- Inability to form healthy interpersonal relationships
- Heightened view of their own importance

It is important to understand that at all times in considering a course of action to take, it is the student's **behaviour**, which should be at issue. If required, disciplinary action must **only** be instigated on the basis of inappropriate behaviour and not on the basis of a mental illness. It is advisable in these cases where a mental health difficulty (level 2/3) is suspected, to consult with the Health/counselling service for guidance.

## 6.2 Suggested action:

1. Meet initially with the student to express concern about their behaviour. This should normally be done by someone who is familiar to the student, with the head of faculty
2. Try to listen actively to the student and maintain a positive approach
3. Be direct in letting them know that their **behaviour** is not acceptable
4. Suggest the assistance of the health/counselling service where relevant. They may or may not agree to seek help.
5. Formulate **an agreed** change of behaviour action plan

## 6.3 Possible outcomes:

1. The student complies with the change of behaviour plan and level of disruption is reduced

**OR**

2. The student does not comply and continues to prove disruptive in which case more action is needed.

## 6.4 Further action:

1. If the agreed plan of action fails, the faculty should inform the student that their **behaviour** may lead to them being referred to the college disciplinary body.
2. If the student is referred the following must be made clear:
  - The criteria for the hearing
  - Fair procedure:
    - (a) Student is entitled to representation
    - (b) Student has the right to be heard

On the basis of the evidence presented the disciplinary body will decide on a course of action in line with university policy.

# 7. What is involved in the referral process?

## 7.1 General information

Once you decide that a student requires professional assistance in dealing with their emotional distress, you should select the most appropriate student service for their particular concern. Health and Counselling services operate a regular drop-in system or are contactable by phone or e-mail. Students should be encouraged to make their own appointments where possible, although as stated throughout this booklet there are times when you may need to intervene with a referral on their behalf, either with or without their consent. Below are some useful tips when referring:

## 7.2 Useful tips:

- When a student is referred, they may feel rejected, deficient or labelled as 'mentally ill'. Try to minimise misconceptions the student may have about counselling.
- Timing is crucial. If a student is receptive you may wish to offer them the use of your telephone to make an appointment or make it for them in their presence.
- Extra effort is required for seriously disturbed students as they may not be able to initiate the help they need

- You may wish to consider personally escorting the student if they would like this or if you fear for their safety in a crisis. However, your own safety should always be prioritised
- A follow-up with both the service and student is usually a good idea to satisfy yourself that they are receiving help and your duty has been fulfilled. For confidentiality purposes you may not be entitled to know explicit details, but you will know that they are receiving support.
- Due to the busy nature of services, a waiting list may apply but emergency cases will always be seen.
- Staff in services dealing with student distress are happy to share their expertise, so don't be afraid to consult. Keep contact details in an obvious place, which you can access easily in an emergency.

### 7.3 Referral services for distressed or disturbed students

#### College Services

- Student Health Service
- Student Counselling Service
- College Chaplains
- College Security (Emergency)

**Additional out of hours or outside services** are also available to students (i.e. Samaritans, Text 50808, Pieta House, A.W.A.R.E. etc. A list of useful services is included in the back of this booklet.

## 8. What is the protocol with confidentiality when dealing with distressed students?

### 8.1 General advice

Students with mental health difficulties are less likely to seek help unless they feel their information will be treated as confidential and not harm their academic standing. Therefore, it is expected and desirable that general staff treat personal information about a student with discretion. However, general staff *do not* have a duty to maintain confidentiality in respect of a student, particularly as discussed above, where there is concern for the safety of the student themselves, or others. It is important to clarify with the student that you may need to share information with a third party if you are concerned and cannot guarantee confidentiality.

Occasionally, parents or friends requesting information about their son or daughter may contact staff. It is the university's position that personal information about a student is not disclosed without express permission from the student.

G.P.'s, clergy, and counsellors are bound by a professional code of ethics to maintain confidentiality in most circumstances.

## 9. What should I do if I need to contact somebody outside of normal hours?

### 9.1 General advice

If you experience a situation outside of normal working hours you should contact Campus security, or the **Crisis Mental Health Team in A&E UHL (061 301111)**, **ShannonDoc and/or the Gardai**. The level of perceived distress will guide your decision. There are also crisis helplines available to students outside of normal hours. See list of supports.

## **10. What about my own personal feelings and needs when dealing with difficult or distressed students?**

### **10.1 General advice**

Sometimes dealing with difficult or traumatic situations and behaviours may impact on you personally. It is not unusual for people to experience any of a range of emotions during or after dealing with a distressed student. Common reactions might include sadness, helplessness, shock or, discomfort among others. It is very important to look after yourself in this regard and to know that you can contact a member of the Health/Counselling team at any time to address your own personal needs or seek advice.

## **11. Tips for referring reluctant students**

When you believe that a student might benefit from professional help; it is best to be honest about your reasons and express your concern about his or her well-being. Sometimes students may be reluctant or shy in accepting a referral, so here are some suggestions.

### **Second opinion-needed**

Present the referral as a help to you. Explain that the student's problem is outside of your area of expertise and that you require a second opinion.

### **No analysis couch involved**

Dispel myths that surround seeking help, especially as this age group dislikes being anything but self-reliant. Explain that seeing a counsellor does not mean that s/he is crazy or that s/he will spend years on an analysis couch. Encourage the student to schedule 'just one' appointment with a professional. Suggest that to get help is a positive sign of personal strength.

### **Suggest all options**

Some students may not feel comfortable about seeing a counsellor, but will agree to visit a G.P. Others may choose to talk with a chaplain or contact a local support group. Therefore, it is very helpful and often enlightening to present all of the student's options when discussing support services.

### **Explore the student's reluctance**

If the student is reluctant to seek help, ask why s/he is not keen on seeing a professional. Possibly it relates to a previous negative experience. Or maybe there is a misconception that, if s/he sees a doctor or counsellor in College, the information will be passed on to his or her lecturers and family. If you explore the reluctance, you may be able to resolve the concerns.

### **Get out the telephone book**

If s/he is unsure about seeking help, it may be useful to provide the student with names and contact numbers that can be used at a later date.

### **Help the student make an appointment**

Ask if the student would like you to arrange an appointment for him or her with a professional. This is especially helpful if s/he is depressed and lacks the energy to negotiate details. If you arrange the appointment, inform the professional of your specific concerns regarding the student.

### **Honest about involving others**

If you feel the situation is an emergency (you believe there is the possibility of harm to the student or others) and the student will not see a professional, you may need to speak to someone on his or her behalf. If possible, before doing so, gently explain that you will need to speak with a professional and/or the student's family. Give the student the choice about who you will contact.

### **What is a crisis & what do you do?**

A crisis is when you are concerned about a student's immediate well-being. If time allows, you should consult with your Head of Department to share the responsibility. In a crisis, you should seek urgent professional attention for the student from any of the sources listed below. If appropriate, you may want to accompany the student to a professional. A crisis is not when a student cries or if s/he is suffering from an ongoing problem (unless it has become an immediate crisis and his or her well-being is endangered). However, the student still may benefit from seeking help from a professional.

### **What if the student refuses?**

Unless it is an emergency situation, a student has the right to refuse support. Or s/he may just need time to think about a referral. Make a follow-up appointment with the student or offer an open invitation to come back to you. When you see the student again, ask how s/he is and reiterate that support is available if s/he wants it. However, refusal to seek professional help does not mean that you must provide help that is outside your area of expertise.

### **What if YOU need support?**

If you have any concerns about what is best to do, please consult with one of the college student services (phone numbers at the back). We will support you and help you to clarify the best course of action. Please remember that if you have serious anxieties about a student, it is important that you yourself have adequate support. You need to feel confident that you have done all that you can do to make sure that the distressed student is safe.

## **12. Myths of suicide**

### **Those who talk about suicide are the least likely to attempt it**

Those who talk about their suicidal thoughts do attempt suicide. Our experiences shows that many people who take their own lives will have told others about it in the weeks prior to their death.

### **If someone is going to kill themselves, there is nothing you can do about it**

If you can offer appropriate help and emotional support to people who have suicidal thoughts, then you can reduce their risk of suicide.

### **Suicidal people are fully intent on dying**

Many suicidal people are undecided about living or dying. Many callers to the Samaritans do not want to die but they talk of not wanting to go on living as things are.

### **If someone has a history of making 'cries for help' then they won't really do it for real**

Those who have attempted suicide once are 100 times more likely than the general population to die by suicide eventually. On average, four out of ten people who die by suicide will have attempted suicide earlier.

### **Talking about suicide encourages it**

Some people worry that talking about suicide could lead society to think suicide is 'okay' and a reasonable thing to do. We believe that allowing a person to talk through their worst fears and feelings may provide them with a lifeline that makes all the difference between choosing life and choosing to die. Responsible discussion in the media will also educate society about suicide without giving extra encouragement to susceptible people to attempt suicide.

### **Only mentally ill/clinically depressed people make serious attempts at suicide**

Although the majority of suicides are judged to have had some sort of psychiatric illness (whether diagnosed or not), a proportion of people who take their own lives do not suffer from any mental illness.

### **Suicide is painless**

Many methods of suicide are extremely painful. Very often people are seriously and permanently disabled by suicide attempt.

### **Once a person is suicidal, they are suicidal forever**

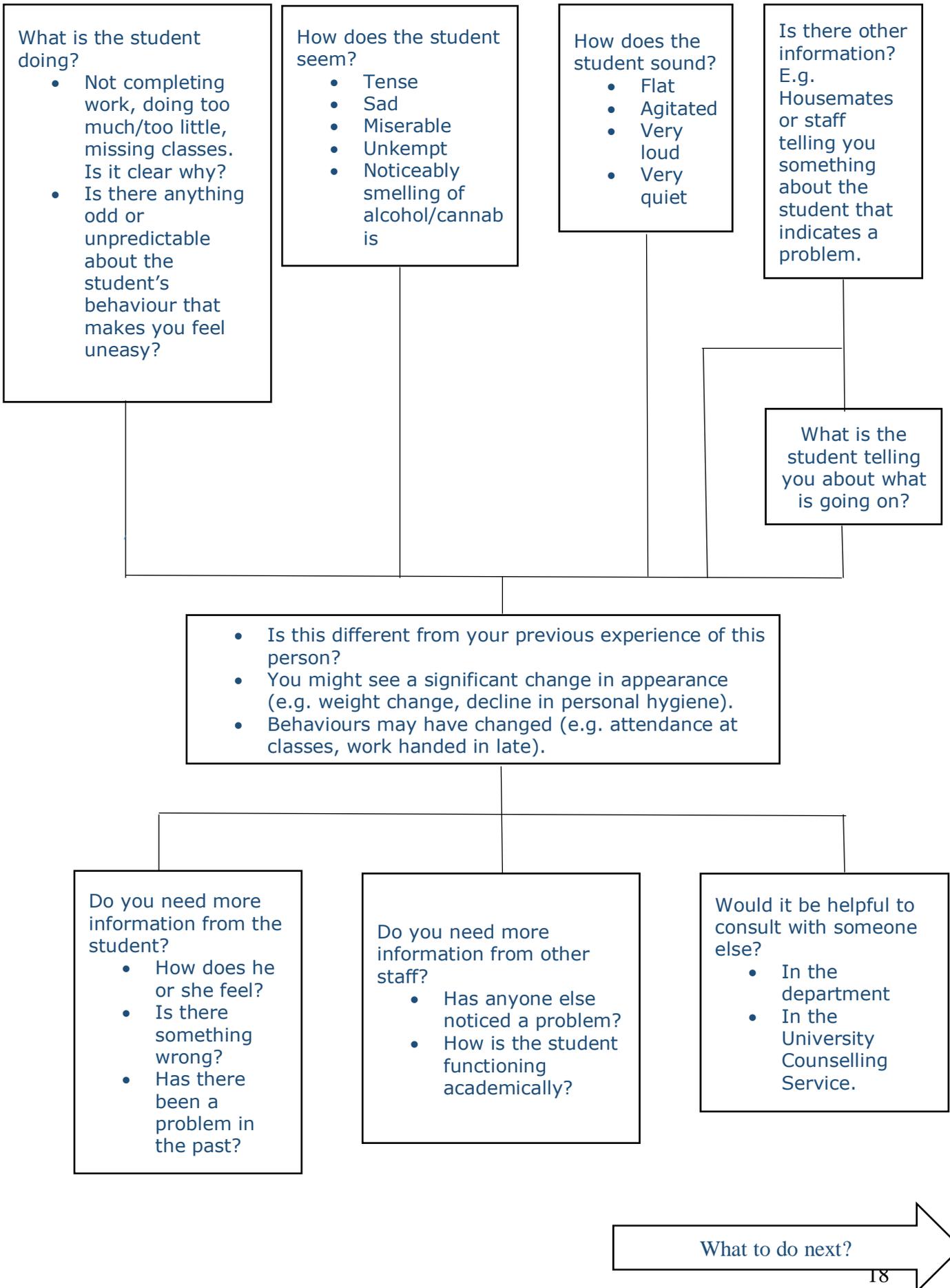
Individuals who wish to kill themselves may feel this way for only a limited period of time. In our experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to end pain in dying.

### **Suicide can be a blessed relief, not just for the individual, but for those that surround him or her**

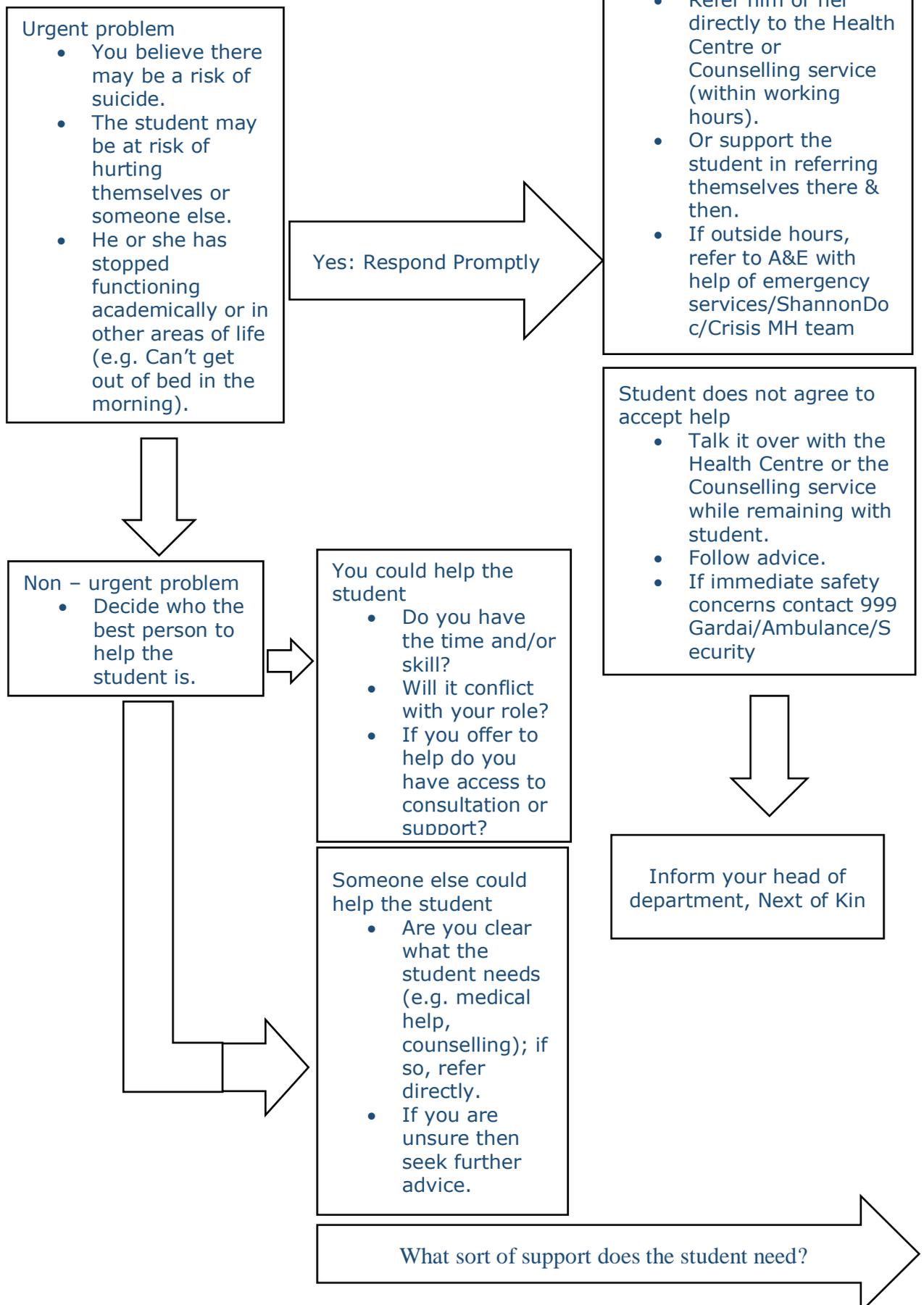
The effects of suicide are not honourable or courageous. To present it like this is dangerous, and trivialises the person who has died, as well as the whole issue of suicide. For those left behind, the loss of a loved one – particularly circumstances – is the start of a nightmare, not the end. It leaves profound feelings of loss, grief and guilt in its wake.

Service/Title	Title	Name	Room	Ext	Email
<b>Accommodation Office/Campus Life Services</b>	Accommodation Officer	Evie Kearney	Unit 6 Student Centre	2331	<a href="mailto:Evie.kearney@ul.ie">Evie.kearney@ul.ie</a>
<b>Access Officer</b>	Access Officer	Deirdre O'Connor		4121	<a href="mailto:Deirdre.m.oconnor@ul.ie">Deirdre.m.oconnor@ul.ie</a>
<b>Chaplaincy</b>		Fr. John Campion Sr. Sarah O'Rourke	CM071 Teach Failte	2180 3635	<a href="mailto:John.campion@ul.ie">John.campion@ul.ie</a> <a href="mailto:Sarah.oro@ul.ie">Sarah.oro@ul.ie</a>
<b>Disability Office</b>	Head of Disability Support Services	Brenda Shinnery-Kennedy	EM020	2346	<a href="mailto:Brenda.shinnery-kennedy@ul.ie">Brenda.shinnery-kennedy@ul.ie</a>
<b>Student Health Centre</b>	Medical Director General Doctor Chartered Physiotherapist Practice Nurse Manager Senior Administrator	Dr Ronan Ryder Dr Negin Reyhani Ann Marie Sexton  Claire Kearns  Ria Toland	CM061	2534	<a href="mailto:Ria.toland@ul.ie">Ria.toland@ul.ie</a>
<b>Creche</b>	Creche Manager	Oliver Moloney	Silver Apples Creche	3468	<a href="mailto:silverapplescreche@ul.ie">silverapplescreche@ul.ie</a>
<b>Student Counselling</b>	Head of Counselling Deputy Head of Counselling Senior Administrator	Dr. Lucy Smith  Órfhlaith McLoughlin  Marion Kinsella	CM072  CM070  CM073	2332  2327	<a href="mailto:Lucy.smith@ul.ie">Lucy.smith@ul.ie</a> <a href="mailto:Orfhlaith.mcloughlin@ul.ie">Orfhlaith.mcloughlin@ul.ie</a> <a href="mailto:Marion.kinsella@ul.ie">Marion.kinsella@ul.ie</a>
<b>Student Affairs Officer</b>	Student Information and Support Coordinator	Jenny Blake	Student Life	4268	<a href="mailto:studentsupport@ul.ie">studentsupport@ul.ie</a>
<b>Student Academic</b>	Student Academic Officer	Allison Fitzgerald	Student Life	2324	<a href="mailto:studentacademic@ul.ie">studentacademic@ul.ie</a>
<b>Student Union</b>	Student Life President	Cian O' Caoinleain	Student Life	2324	<a href="mailto:studentpresident@ul.ie">studentpresident@ul.ie</a>
<b>Co-op/Careers</b>	Coop Education Manager	Noreen Dowd	EO 007	2044	<a href="mailto:Coop.info@ul.ie">Coop.info@ul.ie</a>

### 13. Identifying and responding to students in difficulty



## What do you do next?



## 14. External referral agencies

- Emergency services (Gardai, Ambulance, Fire Service) 999 or 112
- ShannonDoc (Out of hours GP service) 1850 212 999
- Crisis Intervention Service (4.30 pm – 3 am)**
- **Limerick** **061 - 301111**
  - **Clare** **065 - 6863208**
  - **North Tipperary** **086 - 8306663**
- ADAPT Domestic Abuse Services
- 1800 200 504 Email: [Info@adaptservices.ie](mailto:Info@adaptservices.ie) Website: [www.adaptservices.ie](http://www.adaptservices.ie)
- AL – Anon, strength and hope for families and friends of problem drinkers
- 01 – 8732699 (10 am to 10 pm daily) Email: [info@alanon.ie](mailto:info@alanon.ie) Website: [www.alanon.ie](http://www.alanon.ie)
- Alcoholics Anonymous Ireland
- 01 – 8420700 Email: [gso@alcoholicsanonymous.ie](mailto:gso@alcoholicsanonymous.ie) Website: [www.alcoholicsanonymous.ie](http://www.alcoholicsanonymous.ie)
- AMEN, support and practical assistance for male victims of domestic abuse
- 046 – 9023718 (9 am to 5 pm, Mon – Fri) Email: [crisissupport@amen.ie](mailto:crisissupport@amen.ie) Website: [www.amen.ie](http://www.amen.ie)
- AWARE, a national support helpline for issues relating to mood disorders
- 1800 80 48 48 (10 am to 10 pm daily) Email: [supportmail@aware.ie](mailto:supportmail@aware.ie) Website: [www.aware.ie](http://www.aware.ie)
- Bodywhys, The Eating Disorders Association of Ireland
- 1890 20 04 44 (24 hours daily) Email: [alex@bodywhys.ie](mailto:alex@bodywhys.ie) Website: [www.bodywhys.ie](http://www.bodywhys.ie)
- GOSHH (Gender, Orientation, Sexual health, HIV)
- 061 – 314354 ( Mon 2.15 – 5pm, Tues – Fri 9.30 – 5 pm) Email: [info@goshh.ie](mailto:info@goshh.ie) Website: [www.goshh.ie](http://www.goshh.ie)
- GROW, Community Mental Health
- 1890 474474 Email: [midwesternregion@grow.ie](mailto:midwesternregion@grow.ie) Website: [www.grow.ie](http://www.grow.ie)
- HSE Drugs and Alcohol Helpline
- 1800 459 459 (9.30am – 5.30 pm Mon – Fri) Email: [helpline@hse.ie](mailto:helpline@hse.ie)
- Pieta House, for suicidality and self harm (24/7)
- 1800 247 247 Email: [mary@pieta.ie](mailto:mary@pieta.ie) Website: [www.pieta.ie](http://www.pieta.ie)
- Rape Crisis Midwest
- 1800 311 511 Email: [info@rapecrisis.ie](mailto:info@rapecrisis.ie) Website: [www.rapecrisis.ie](http://www.rapecrisis.ie)
- Samaritans, confidential listening service (24/7)
- 116 123 Email: [jo@samaritans.org](mailto:jo@samaritans.org) Website: [www.samaritans.org](http://www.samaritans.org)
  - For 24 hour confidential text support text 087 2609090
- Text 50808, confidential text service (24/7) and crisis service
- UL Students can text 'UL' to 50808 to access text support