Assisting Peers in Distress: An Open Discussion

A Student Health & Counseling Services (SHCS)

January 29, 2018 (Parnassus)
A Note on Sensitivity

• You, or someone close to you may be coping with mental illness, loss, or the aftermath of a suicide.

• Be gentle and respectful with comments and humor.

• Be discrete about examples; refrain from using other students’ names.
Today’s Objectives:

See something? Say Something. Do Something!

- Learn to spot signs of distress
- Increase awareness of helping behaviors, and how to offer support
- Know Your Resources
- Ensure the safety and well-being of self and others
- Understand limits and boundary setting
SHCS SERVICES

STUDENTHEALTH.UCSF.EDU
• Comprehensive Primary Care
• Counseling and Crisis Intervention Services
• Psychiatric Services
• Nutrition Services
• Referral
• Consultation to Students, Faculty, & Staff
• Wellness and Outreach Programming
• Student Health Insurance Plan (SHIP) Support
Two Locations

- **Parnassus Clinic**
  Millberry Union West
  Level P8, Room 005

- **Mission Bay Clinic**
  William J. Rutter Center
  3rd Floor, Rm 330

http://studenthealth.ucsf.edu/
Counseling Services

- Brief Counseling and Psychotherapy for Individuals, Couples, and Groups
- Let’s Talk Office Hours/informal consultation
- After Hours Call Line, 24/7, Crisis Counseling
- Campus Emergency Mental Health Response
Psychiatric services

- Medication Evaluation & Management
- Counseling and Medication Management

Primary Care:

- Medication evaluation and management
- Medical consultation with mental health team
Wellness & Outreach Services

• **SHCS Workshops and Lectures:**
  - Stress Management
  - Perfectionism
  - Health
  - Relationships
  - Surviving qualifying exams
  - Mindfulness
  - Academic Success
  - Nutrition

• **Collaborations with other student services**
National trends in the past decade

• Increase in mental health symptom severity AND demand for mental health services among students
• Recent 25-year low in student emotional health
• Increase in economic concerns
• Increase in hidden disabilities (e.g. mental health & learning)
• 200-400% increase in students presenting with:
  – Sexual Assault
  – Suicidality
  – Personality disorders
  – Anxiety
  – Depression
  – Being on medication
Your Role In Assisting Students

• You are on the ‘front line’.

• You may be the first person to become aware that a student is in distress. Or, you may be the first person they are contacting to reach out.

• You are not expected to provide counseling, but it is helpful to understand what your role is, what you can do, and what resources are available.
Graduate Students and Suicide

- The second leading cause of death in graduate students

- Males 4 times more likely to die by suicide; females more likely to attempt suicide

- A 2011 survey of over 105,000 college students (including over 17,000 grad students) found that in the past year:
  - 31.1% felt so depressed it was difficult to function
  - 6.4% had seriously contemplated suicide
  - 1.1% had made a suicide attempt

(American College Health Association)
INDICATORS OF DISTRESS:

- Decreased Productivity/Functioning
- Poor Personal Interactions
- Impaired Cognition
- Amplified Emotion
- Diminished Self-care

*Look for clusters, frequency, duration, and severity— not just isolated symptoms*
How does a student or postdoc get connected?: Several options

Student

• Call SHCS main line, and asks for a nurse consult.
• Meet with a counselor during an urgent care hour.
  – For students who are in crisis and/or require urgent support and assessment.
• Attends SHCS outreach event and seeks additional services
• Student is referred to SHCS as part of discharge plan after psychiatric hospitalization.

Postdoc

• Call FSAP to set up an appointment.
What happens during an initial SHCS consultation?

- It’s a starting point for any concern.
- 45-50 minute clinical interview and assessment.
- Based on student’s presenting concerns, the provider recommends and facilitates next steps for support, which may include:
  - Proceeding w/ brief counseling at SHCS
  - Referrals to community providers, who accept student’s insurance, for longer term psychotherapy
  - Referral for psychiatric medication evaluation at SHCS or in community, depending on availability
  - Combination of interim brief counseling for stabilization, with plan for referral within 9 sessions.
What happens when a student is referred by SHCS?

- Given short list of providers in community who accept their health insurance.
- If they have SHIP, provider completes authorization.
- Student is responsible to follow up with the referrals, and to let their referring provider know if referrals work out.
- In situations where a student’s presenting concerns impair their functioning, providers will play a more active role.
- Referral for counseling and psychiatry can involve challenges for students (next slide).
All Available Local Providers

On Anthem Panel (SHIP)

Has requisite expertise

Accessible location

Openings in practice

Can work with student’s schedule

• Student follows up, is willing/able to afford cost, and the clinician meets their expectations

• In-network: $15 co-pay
• Out of network: reimbursed at 70%, must pay out of pocket up front.
Strengths & Limitations of SHCS services

Strengths:
• Expertise in working with graduate and professional students
• Multicultural competence
• “Free”
• Convenient
• Flexible

Limitations
• Short-term counseling can be clinically contraindicated
• Due to demand, weekly appointments may not be possible
Assisting students: Resources and how to help
Juan is a fellow first-year student with you. You’ve been in a study group with him since fall quarter. You’ve also hung out together socially on weekends.

You notice this quarter that he has started to change -- missing classes, not showing up to study group, and seeming aloof when he does come. You notice he looked pretty disheveled last time you saw him and he seemed to be wearing the same clothes you’d seen him in earlier in the week. Another friend told you she noticed Juan had posted some odd things on Facebook and saying something like “I wish I could escape the stress of school.” What do you do?
Alex is a 3\textsuperscript{rd} year Pharm student in research seminar. You’ve enjoyed working with her and collaborating on ideas. You’ve noticed that at times she seems very nervous, especially during meetings. She tends to get quiet, appear flushed, and has a hard time sharing her ideas.

At one meeting when your instructor asked Alex directly about her progress in seminar, she started to cry, and ran out of the room. Your seminar instructor ignores what’s happening and never brings it up. Several days later you noticed Alex hasn’t been around the lab much. What might be going on with Alex? What do you do?
Assisting Students in Distress

see something? say something. do something!

> academic indicators
- Sudden decline in quality of work and grades
- Repeated absences
- Bizarre content in writings or presentations
- Student seeking more personal rather than academic counseling during office hours

> physical indicators
- Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain
- Excessive fatigue/sleep disturbance
- Intoxication, hung over, or smelling of alcohol
- Disoriented or “out of it”

> psychological indicators
- Self-disclosure of personal distress: family problems, financial difficulties, contemplating suicide, grief
- Excessive tearfulness
- panic reactions, irritability, or unusual apathy
- Verbal abuse
- Expressions of concern about the student by his/her peers

> safety risk indicators
- Unprovoked anger or hostility
- Implying or making a direct threat to harm self or others
- Communicating threats via email, correspondence,
- texting, or phone calls
- Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness... a “cry for help”

As faculty or staff, you may be the first person to see something distressing in a student.

Graduate and professional students may feel alone, isolated, and even hopeless when faced with academic and life challenges. These feelings can disrupt academic performance and may lead to dysfunctional behaviors.

Trust your instincts and say something if a student leaves you feeling worried, alarmed, or threatened.

Sometimes students cannot or will not turn to family and friends. Do something, like expressing concern and/or informing a student of services available to them, may be a critical factor in getting them to seek help.

The Family Education Right and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety issue.

With support from:
Assisting Students in Distress

see something? say something. do something!

Is the student a danger to him/herself or others or for any reason does the student need immediate assistance?

YES. The student’s conduct is clearly and immediately reckless, disorderly, dangerous, or threatening including self-harm behavior.

I’M NOT SURE. The student shows signs of distress but I’m unsure how serious it is. My interaction has left me feeling uneasy or concerned about the student.

NO. I’m not concerned for the student’s immediate safety, but he/she is having significant academic and/or personal issues and could use some support.

Call Campus Police
9-911 (from campus phone)
476-6911 (from mobile)

After speaking with police, consult with: UCSF Threat Management Team 502-8057

During Business Hours:
- Call Student Health for consultation: 476-1281, option #2
- Inform Students of Concern Committee: 502-3302

After Hours & Holidays:
- 476-1281, option #7

Refer student to an appropriate campus resource. (see table, right)

UCSF Campus Resources

<table>
<thead>
<tr>
<th>Department</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>UCPD Emergency (from campus phone)</td>
<td>9-911</td>
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<tr>
<td>UCPD Emergency (from cell phone)</td>
<td>(415) 476-6911</td>
</tr>
<tr>
<td>UCPD Non-emergency</td>
<td>(415) 476-1414</td>
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<tr>
<td>Mental Health Crisis Line</td>
<td>(415) 476-1281</td>
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<tr>
<td>Medical Student Well-Being Program</td>
<td>(415) 476-0414</td>
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<tr>
<td>Student Disability Services</td>
<td>(415) 502-2727</td>
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<tr>
<td>Office of Career &amp; Professional Development</td>
<td>(415) 476-4949</td>
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<tr>
<td>Students of Concern Committee</td>
<td>(415) 502-3302</td>
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<td>Student Financial Aid</td>
<td>(415) 476-4141</td>
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<tr>
<td>Affirmative Action, Equal Opportunity</td>
<td>(415) 476-7701</td>
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<tr>
<td>International Students &amp; Scholars Office</td>
<td>(415) 476-1418</td>
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<td>Center for LGBT Health &amp; Equity</td>
<td>(415) 476-7701</td>
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<td>Sexual Harassment Prevention &amp; Resolution</td>
<td>(415) 476-5101</td>
</tr>
<tr>
<td>Office of the Ombuds</td>
<td>(415) 502-9605</td>
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<td>Learning Resource Services</td>
<td>(415) 502-0380</td>
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<td>Multicultural Resource Center</td>
<td>(415) 502-1901</td>
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<tr>
<td>Faculty &amp; Staff Assistance Program</td>
<td>(415) 476-8254</td>
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<tr>
<td>First Generation Support Services</td>
<td>(415) 514-0830</td>
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CAMPUS POLICE

- Campus Police has the capacity to take a student for an evaluation to an in-patient psychiatric hospital and hold that person against his/her will (5150) if the individual presents as:
  1. A danger to self
  2. A danger to others, or
  3. Gravely disabled

Call 9-911 or 476-6911 (cell)
# SHCS or the Faculty Staff Assistance Program (FSAP)?

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<thead>
<tr>
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<th>SHCS</th>
<th>FSAP</th>
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<tbody>
<tr>
<td>Inform a medical or mental health professional about a <strong>student</strong> of concern.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Refer a <strong>student</strong> for counseling.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Consultation about a <strong>student</strong> issue.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Initiate/inquire about counseling for yourself or a colleague.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Concern about a <strong>postdoc</strong></td>
<td></td>
<td>✓</td>
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<tr>
<td>Consultation about how to handle an organizational issue.</td>
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<td>✓</td>
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How do we create a stronger campus safety net?

- **A Caring Community**: Train all campus community members in basic assessment and referral skills
- **A Collaborative Community**: Increase collaborations between faculty and mental health staff in developing healthy academic policies
- **Accessible Services**: Increase access points to mental health services, particularly for underrepresented student communities
- **A Focus on Prevention & Early Intervention**: Address mental health concerns before they reach crisis level
QUESTIONS & DISCUSSION

How can we help you?

Difficult situations you have encountered?

Common problems you see?
QPR Training @ Mission Bay

• March 14th: Worried About a Friend? QPR Suicide Prevention Gatekeeper Training

• Everyone plays an important role in creating a healthy and caring campus community at UCSF. This workshop offers training and practice in suicide prevention and intervention skills, utilizing the nationally recognized QPR ("Question, Persuade and Refer") Suicide Prevention Gatekeeper Approach. Participants will receive a certificate designating them as an official QPR Gatekeeper. Sign-up is limited to 40 students.

• FREE LUNCH while supplies last for students who attend workshop with RSVP! For more information or to RSVP, visit qprwinter2018.eventbrite.com