

The background of the cover features a blurred photograph of a diverse group of students in an outdoor setting. A young woman with dark hair, wearing a grey sweater and a backpack, is in the foreground, looking down at her smartphone. Other students are visible in the background, some wearing backpacks. The image is overlaid with large, diagonal, semi-transparent geometric shapes in shades of teal, blue, and yellow. The University of California logo is positioned in the top right corner.

UNIVERSITY
OF
CALIFORNIA

Promoting Student Mental Health

A guide for UC faculty and staff

Promoting Student Mental Health

A GUIDE FOR UC FACULTY AND STAFF

UC Office of the President
Student Affairs



Greetings

Across the nation and in the University of California system, more students are manifesting signs of emotional and psychological distress, reflecting a confluence of a multitude of factors affecting the current generation of students. The UC Student Mental Health Oversight Committee (SMHOC) serves as the system-wide leadership body which guides our coordinated efforts to addressing these issues. Together, we seek to:

- 1 Restore critical mental health services to fully respond to students in distress and at risk
- 2 Implement and augment targeted interventions through education, support and prevention programs, while restoring staffing levels in campus units best poised to assist high-risk students
- 3 Take a comprehensive institutional approach to creating healthier learning environments by enhancing the full spectrum of student life services, and revising administrative policies as well as academic practices that influence communication and collaboration around these issues.

We present this guide as a gift to all faculty and staff. As members of a caring community, all of us play important roles in nurturing the development of our students. This guide outlines important information about mental health and will help you examine the role you play in providing a supportive academic environment which includes assisting students who may be in distress. We encourage you to review this valuable resource and refer back to it when you find yourself in challenging situations.

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Acknowledgments

This manual is a compilation of writings and best practices from our colleagues at university Counseling Centers across the country and from our own UC Counseling Centers. We thank the many teams of clinical professionals whose combined efforts are reflected in this guide. We would also like to formally acknowledge the contributions of **Cornell University**. With permission, this text is an expansion on their works and best practices. Furthermore, it is our hope that this text, as a contribution to the accessible information found online, is used for future works in educational settings nationwide.

This manual was made possible through a collaboration between the 10 University of California Counseling Center Directors and the UC Office of the President.

Special thanks to the following UC faculty and staff members who lent their time and expertise to provide content review and unique contributions.

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Dedication

This guide is dedicated to the University of California students who have or who will struggle with emotional pain. May you find compassion and healing along your journey.

Sponsorship

This guide was funded as a project of the UC Student Mental Health Initiative through the **California Mental Health Services Authority (CalMHSA)**. CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

Visit <http://calmhsa.org> to read more about CalMHSA.



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01

Recognizing Students in Distress



I'm so stressed over work all the time! Ahhhhhhhhhh! Please make it stop! Sometimes I consider suicide. It seems weird to actually say that word. Hah! But no, really, every time I cross a bridge here, I wonder what it would be like to jump. Maybe I'm just looking for attention? I haven't told anyone. I doubt that anyone who is depressed and considering the 's' word would go to counseling anyway. Does anyone notice that I'm suffering?"

—Anonymous Student

Open Letter to UC Community

Dear Faculty, Staff and Graduate Teaching/Research Assistants,

Has this ever happened to you?

A student comes to your office or class and is obviously intoxicated and disruptive?

A student reveals to you that they are having thoughts of suicide?

A student, who is usually well-prepared begins to miss class or meetings, fails to complete assignments and misses deadlines, and becomes inattentive to hygiene and personal appearance?

A student reveals that they were sexually assaulted, or is being stalked, or bullied?

You learn a student is suffering discrimination and/or hostile treatment because of his/her sexual identity/gender identity?

As a leader in the University of California community, you are in a unique position of being able to observe behavior that indicates a student may be experiencing distress. This manual is intended to provide education and guidelines to help you recognize and respond to these situations. Together, we can ensure that all our students have an opportunity to receive the appropriate support in their pursuit of academic excellence. Thank you in advance for taking the time to read through this guide in preparation for your important role in the lives of our students.

Warmly,
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Mental Health Trends

NATIONAL SPOTLIGHT ON MENTAL HEALTH

In June of 2013, President Obama and Vice President Biden hosted the National Conference on Mental Health at the White House as part of the Administration's effort to launch a national conversation to increase understanding and awareness about mental health.

www.whitehouse.gov/blog/2013/06/03/national-conference-mental-health

The conference brought together people from across the country, including mental health advocates, educators, health care providers, faith leaders, members of Congress, representatives from local governments and individuals who have struggled with mental health problems to discuss how we can all work together to reduce stigma and help the millions of Americans struggling in silence to recognize the benefits of reaching out for assistance.

Related to student mental health, President Obama's fiscal year 2014 budget included a new initiative to help teachers and other adults recognize signs of mental illness in students, to support innovative state-based programs to improve mental health outcomes for young people and to help train 5,000 additional mental health professionals with a focus on serving students and young adults.

The trend towards increasing resources for mental health services continued into 2016 as reflected in President Obama's budget which included a \$56 million increase for the National Institute of Mental Health (NIMH) and a \$44.6 increase for the Substance Abuse and Mental Health Services Administration (SAMHSA).

Furthermore, in April of 2016, President Obama signed a proclamation designating May as National Mental Health Awareness Month and called upon citizens, government agencies, organizations, health care providers, and research institutions to raise mental health awareness and continue helping Americans live longer, healthier lives.

CALIFORNIA SPOTLIGHT ON MENTAL HEALTH

The Mental Health Services Act (Proposition 63)

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). Funds raised by Proposition 63 are to be used to transform the state's public mental health system, expand it and revolutionize the existing system with a focus on promoting recovery-oriented programs. Specific strategies for the following prevention and early intervention programs were outlined by the California Mental Health Services Authority (CalMHSA) and included:

- Suicide Prevention
- Stigma and Discrimination Reduction
- Student Mental Health

In 2011, the UC Student Mental Health Oversight Committee spearheaded collaboration between campus Counseling & Psychological Services and the UC Office of the President - Student Affairs to apply for funding under the student mental health strategy. This collaboration resulted in a proposal and subsequent award of a 7.8 million-dollar grant funded through Prop 63. Funding was awarded for a four-year term (beginning in 2011). Learn more about this award by visiting the UC Student Mental Health website: www.ucop.edu/student-mental-health-resources.

NATIONAL STUDENT MENTAL HEALTH TRENDS

While historically college students' most common mental health concerns stem from homesickness and transition issues, in recent years, more and more students of all ages and backgrounds are experiencing mental health challenges that are qualitatively different and significantly more complex.

According to the 2015 National College Health Assessment report published by the American College Health Association, over a 12-month period:

- **47.7%** of students felt things were hopeless
- **34.5%** of students felt so depressed it was difficult to function
- **8.9%** of students seriously considered suicide

The above percentages reflect overlapping reports; most, if not all, of the students described in the latter two statistics are encompassed by the students described in the first statistic.

According to a 2015 Center for Collegiate Mental Health (CCMH) report, published by Penn State University:

Data from 93 institutions showed, on average, an increase in the number of students seeking services at counseling centers (+29.6 percent) which was more than 5x the rate of institutional enrollment (+5.6 percent). Further, the increase in counseling center appointments (+38.4) was more than 7x the rate of institutional enrollment.

- 21% of students presented with severe mental health disorders, while another 40% presented with mild mental health concerns
- Anxiety was the most predominant presenting concern among college students (56.9%), followed by stress (46.6%), depression (45.9%) and family problems (31.6%). Other common concerns were relationship

problems (29.1%), academic performance (28%), adjustment to new environment (14%), grief and loss (12%), and suicidal ideation (9.6%)

- On average, 33.4% of students have already taken psychotropic medication by the time they enter the university

Furthermore, a report from the National Alliance on Mental Illness (NAMI) in 2015 noted that approximately 64 percent of students no longer in college cited they were not attending due to mental health related reasons.

UNIVERSITY OF CALIFORNIA STUDENT MENTAL HEALTH TRENDS

The University of California has not been immune to these changing times. As documented in the 2006 Student Mental Health Committee Report to the Regents and a follow-up analysis in 2015:

- Following national trends, an increasing number of UC students are utilizing counseling services. There has been a documented 54 percent increase in utilization of counseling services over the past 8 years.
 - » This increase is significantly higher than the enrollment growth at UC over the same period (15.5%).
 - » This growth in demand may actually be an underestimate of needs because students may choose not to seek counseling at our centers because of limited staffing and increasingly lengthy non-crisis wait lists.
- An increasing number of UC Students are taking psychotropic medications.
 - » Roughly one in four students seeking counseling services within UC are already receiving psychotropic medication at the time they seek counseling.

-
- » Data from our insurance claims by the students with UC Student Health Insurance Plans (UCSHIP) show that medications for mental health account for the greatest number of prescriptions.
 - » These students arrive on campus with different needs, different expectations for services and with different risk factors.
 - Budget trends within the UC system limit the capacity of campuses to respond to mental health issues and are manifested in longer student wait-times, difficulty retaining staff, and decreased prevention services and programs.
 - This increasing demand and declining capacity pose a threat to the learning environment because of their significant adverse impacts on faculty, staff, and students.
 - » Until the beginning of 2016, student fees devoted to relevant services had remained relatively flat while the demand for, and cost of, providing those services has increased. This applies to direct mental health services and to the indirect mental health services provided by allied programs in campus safety, disability services, student life, residential life, learning support and academic units.
 - » To help offset the growing need, several campuses have engaged in student initiated referendums specific to mental health
 - » In 2016, the Regents approved a 5% student fee increase and President Napalitano earmarked 50% of that fee for student mental health direct services. The addition of these fees will lead to the hiring of 85+ clinicians throughout the system.

In 2006, the Student Mental Health Committee urged the university to take action to ensure that its campuses were able to create healthier learning environments. Since that time, the Committee outlined a 3-Tier Model and has served as an advocate providing leadership to the UC system towards fulfilling this plan.

Student Mental Health Committee 3-Tier Model

This model was presented to the Regents in 2006 as a targeted strategy to address the mental health crisis. The model is actualized when the majority of resources are utilized in tier 3, followed by tier 2, thus minimizing the need for tier 1 services.

Progress and ongoing efforts towards actualizing the model are documented on the UC Student Mental Health Resources and Promising Practice website.
www.ucop.edu/student-mental-health-resources

Tier 1: Direct Service and Crisis Intervention

Tier 2: Targeted Interventions for Vulnerable Groups

Tier 3: Comprehensive Approach to Prevention

Tier 1: Restoration of Critical Mental Health and Crisis Response Services

Tier 1 represents the critical mental health services that need to be restored in order for UC campuses to fully respond to basic student mental health needs on our campuses. Resources targeted at this tier directly reduce wait times and support the provision of crisis services.

Tier 2: Targeted Interventions for Vulnerable Groups

Tier 2 outlines targeted interventions for vulnerable groups through education, support and prevention programs, restores key services to help students manage stress and increases staffing levels in those campus life areas most impacted by student mental health issues, such as disability services, student judicial affairs and student life.

Tier 3: Comprehensive Approach to Prevention

Tier 3 requires enhancing the full spectrum of student life services towards a comprehensive approach to creating healthier learning environments through actively engaging faculty and academic staff, and facilitating proactive communication and collaboration among mental health stakeholders.

Resources:

- ▶ Student Mental Health Committee 2006 Report to Regents www.ucop.edu/student-affairs/_files/student-mental-health-cmte-report2006.pdf
- ▶ Student Mental Health Resources & Promising Practices website www.ucop.edu/student-mental-health-resources

Is This Guide For Me?

If you in any way teach, train, advise, supervise or mentor UC students, this guide is for you. We believe that you are in a unique position to notice and assist in the early stages of emotional distress of the students you have contact with. Throughout this guide we specifically make reference to faculty, staff and graduate teaching/research assistants. Please understand that these terms are not in reference to your official job title, but rather used in the broadest sense to represent the service you provide to the UC community.

I'M NOT A CLINICIAN, WHY DO I NEED TO LEARN ABOUT STUDENT MENTAL HEALTH?

Student mental health issues affect all aspects of our academic communities.

Stress is a fact of life for students at the University of California. UC students are not just juggling rigorous academic demands; they are also coping with developmental challenges such as new friendships and relationships, new personal responsibilities, and distance from home and family. While many students thrive when faced with these challenges, some will feel overwhelmed, anxious, isolated or even hopeless. Additionally, many of our students will attempt to cope with grief and loss, trauma and abuse, major injuries, illnesses and psychological disorders while attending UC. The combination of all of these stressors can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

Did you know that most psychological problems — even the more serious concerns — have high rates of recovery if appropriate help is received in time? Unfortunately, many students fail to get the help they need for any number of reasons, including lack of knowledge about the early warning signs of psychological distress, denial, stigma and lack of information about campus resources that can provide help.

Knowing the warning signs of trouble, the early indicators of distress, how to respond in these situations and how to contribute to a healthy learning environment will greatly increase your ability to act appropriately in such situations, help improve another's quality of life, and may even help save a life. This book is intended to provide a little education to prepare you for this very important role.



02

Indicators of Distress



Last semester, my younger sister decided to share her secret with me; she had cancer. She refused to let our parents living overseas know about it. I discussed my situation with my professor, confiding the stressful circumstance and my depressed mood. He told me that when he moved to California, he became depressed and started taking medicine. What helped him overcome his depression was exercise, especially running. I'm very thankful that he told me his story. Without it, I wouldn't have realized that 'anyone' is subject to depression and that there is always help and support around you even though you may not be aware of it."

—Anonymous Student

The Many Signs of Distress

As leaders in the UC community, you may be the first to notice a student who is experiencing difficulty. In these situations, you do not have to take on the role of a counselor or attempt to diagnose a student. You need only to notice the signs of distress and communicate these to the appropriate resource. In some instances you may also choose to have a direct conversation with the student to express your concern and offer resource referral information. We will discuss these options in more detail in chapter three. For now, let's just focus on some key indicators.

Often, there are indicators that a student is experiencing distress long before a situation escalates to a crisis. To assist our students in maintaining their mental health and maximizing their intellectual growth, it is important to identify difficulties as early as possible. The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs help. For the purposes of this text, the indicators have been grouped into the following categories:

Academic Indicators

Physical Indicators

Behavioral & Emotional
Indicators

Other Factors

Safety Risk Indicators



ACADEMIC INDICATORS

Repeated absences from class, section, lab or employment

Missed assignments, exams or appointments

Deterioration in quality or quantity of work

Extreme disorganization or erratic performance

Written or artistic expression of unusual violence, morbidity, social isolation, despair or confusion; essays or papers that focus on suicide or death

Continual seeking of special provisions (extensions on papers or deadlines, make-up exams)

Patterns of perfectionism: e.g., can't accept themselves if they don't get an A+

Overblown or disproportionate response to grades or other evaluations

“Often, there are indicators that a student is experiencing distress long before a situation escalates to a crisis.”

BEHAVIORAL AND EMOTIONAL INDICATORS

Direct statements indicating:

- General distress
- Family conflict
- Grief & loss
- Economic hardships

Angry or hostile outbursts, yelling, or aggressive comments

Unusual withdrawal or animated behavior

Expressions of hopelessness or worthlessness; crying or tearfulness

Expressions of severe anxiety or irritability

Excessively demanding or dependent behavior

Lack of response to outreach from course staff

Shakiness, tremors, fidgeting or pacing

“UC students are not just juggling rigorous academic demands ... many of our students will attempt to cope with grief and loss, trauma and abuse, major injuries, illnesses, and psychological disorders...”

PHYSICAL INDICATORS

Deterioration in physical appearance or personal hygiene

Excessive fatigue, exhaustion; falling asleep in class repeatedly

Visible changes in weight; statements about change in appetite or sleep

Noticeable cuts, bruises or burns

Frequent or chronic illness

Disorganized speech, rapid or slurred speech, confusion

Unusual inability to make eye contact

Coming to class bleary-eyed or smelling of alcohol or other substances

OTHER FACTORS

Concern about a student by his/her peers, roommates, or teaching assistant

A hunch or gut-level reaction that something is wrong

**“...the more indicators you notice,
the more likely it is that the
student needs help.”**

SAFETY RISK INDICATORS

Written or verbal statements that mention despair, suicide or death

Severe hopelessness, depression, isolation and withdrawal

Statements to the effect that the student is “going away for a long time”

Physical or verbal aggression that is directed at self, others, animals or property

The student is unresponsive to the external environment; he or she is incoherent or passed out

The student is disconnected from reality/exhibiting psychosis

The student is displaying unmitigated disruptive behavior

The situation feels threatening or dangerous to you

ALERT:

If a student is exhibiting any of these signs, they may pose an immediate danger to her/himself. In these cases, you should do the following:

- ▶ If the student is in imminent danger or if you feel unsafe, immediately call the campus police or 911.
- ▶ Contact your campus Counseling Center for immediate consultation. Use the after-hours option for evening or weekend concerns.



03

Knowing When and How to Take Action



I've been having trouble sleeping lately and I've been having flashbacks/nightmares in my dreams every night, and I always seem to be on the verge of tears. I don't know what to do with myself anymore — I can't sleep, can't focus, can't seem to be truly happy anymore. I want to seek help, but I don't feel like I know where to turn. Are flashbacks, trouble sleeping, depression, being distant with my friends, etc., normal or could there be something seriously wrong with me?"

—Anonymous Student

Knowing When and How to Take Action

Now that you are aware of the indicators of distress, let's discuss when and how you should respond.

In an emergency situation, it is clear that action is needed. You would call campus police (or 911) and/or or your Campus Counseling Center for immediate consultation.

However, when there is no immediate risk of harm, it may seem less clear when and how to act. You may notice one indicator and decide that something is clearly wrong. Or you may have a “gut-level feeling” that something is amiss. A simple check-in with the student may help you get a better sense of their situation.

It's possible that any one indicator, by itself, may simply mean that a student is having an “off” day. However, any one serious sign (e.g., a student writes a paper expressing hopelessness and thoughts of suicide) or a cluster of smaller signs (e.g., emotional outbursts, repeated absences and noticeable cuts on the arm) indicates a need to take action on behalf of the student.

Use your professional experience, good judgment and instincts. If you are genuinely concerned about a student, take action! There is no harm in offering resources to a student who is not in need; but there can be serious consequences for failing to follow through with your observations.

Choosing a Pathway

STEP 1: CONSULT

Once you have identified a student in distress the first step is to **CONSULT**. From there you will decide between one of two pathways:

STEP 2: REFER AND/OR REPORT

REFER: Speak directly with the student to offer support and referrals.

REPORT: Contact your Counseling Center to report the concern. (You may be advised to notify the student's academic advisor, residence director or other resource).

Your decision about which path to choose may be influenced by your level of experience, the nature or severity of the problem, your ability to give time to the situation and a variety of other personal factors. Either option can be an acceptable approach.

“If you have a relationship or rapport with the student, speaking directly to the student may be the best option ... however, if you do not really know the student, you may prefer to report the concern.”

STEP 1: CONSULT

CONSULT WITH ONE OR MORE OF THESE RESOURCES

Immediate Supervisor

Department Chair or Dean

Faculty Advisor (for graduate teaching/research assistants)

Co-worker

Academic Advising or Student Services

The Undergraduate/Graduate School or College (for the student's field)

Student of Concern/ Behavioral Intervention/ Risk Assessment/ CARE Team

Counseling Center

It is possible that you might learn through consultation that a student's concerns are already being addressed by another entity. However, if more follow-through is needed, use your consultation to help you determine what to do next.

Move on to STEP 2.

STEP 2: REFER AND/OR REPORT

REFER: Speak directly with the student to offer support and referrals.

If you choose to speak directly with the student, be reminded that you will NOT be taking on the role of counselor. You need only listen, care and offer resource referral information. Follow these recommendations:

Meet privately with the student (choose a time and place where you will not be interrupted).

Set a positive tone. Express your concern and caring.

Point out **specific signs** you've observed. *"I've noticed lately that you ..."*

Ask, "How are things going for you?" **Listen attentively** to the student's response and encourage him or her to talk. *"Tell me more about that."*

Allow the student time to tell the story. **Allow silences in the conversation.** Don't give up if the student is slow to talk.

Ask open-ended questions that deal directly with the issues without judging. *"What problems has that situation caused you?"*

If there are signs of safety risk, **ask if the student is considering suicide.** A student who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not *"put ideas in their head."*

Restate what you have heard as well as your concern and caring. Ask the student what they think would help. *"What do you need to do to get back on a healthy path?"*

Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and the potential benefit to the student. *“I know the folks in that office and they are really good at helping students work through these kinds of situations.”*

- Provide name, phone number and office location of the referral resource or, if comfortable, offer to walk with the student to the location.

Avoid making sweeping promises of confidentiality, particularly if the student presents a safety risk. Students who are suicidal need swift professional intervention; assurances of absolute confidentiality may get in the way.

Unless the student is suicidal or may be a danger to others (see more on suicide, page 74), **the ultimate decision to access resources is the student’s**. If the student says, *“I’ll think about it,”* when you offer referral information, it is okay. People in varying levels of distress sometimes deny their problems because it is difficult to admit they need help or they think things will get better on their own.

Let the student know that you are interested in hearing how they are doing in a day or two. End the conversation in a way that will allow you, or the student, to come back to the subject at another time. **Keep the lines of communication open.**

Talk with someone in your college — academic advising office, dean, etc., about the conversation and document your actions.

REPORT: Contact your Counseling Center to report the concern.

If you do not really know the student, you may prefer to report the concern. Contacting the Counseling Center for consultation is never a bad idea. One of the counselors can help you determine who else may need to be notified of the situation and/or coach you through making a referral to a student with whom you have never interacted. When selecting this option, please be aware of the following:

Information shared with a counselor is confidential. The counselor will accept all information you provide but may not be able to share the results of follow-up. While this can feel unsettling at times, it is necessary to protect the students' privacy.

It is very common that the counselor will need to phone you back to provide recommendations. The counselor may need to consult with internal staff, discuss with management, research campus policies, etc. If the student is an active client at the Counseling Center, the counselor may need to confer with the student's treating therapist. **Rest assured that reporting the concern will activate a collaborative approach to finding the right resources.**

Often, the best approach is not for the counselor themselves to reach out to the student. Your consultation may result in a request that you take further action such as speaking to the student directly, giving the student a referral to a campus resource, or involving another department on campus. Be willing to follow through with the counselor's recommendations.

In the event that a counselor determines a mental health professional will make a cold contact with the student, consider giving permission to use your name as the referral source. It is challenging for a counselor to cold call a student and explain the reason for the call without providing context.

At the conclusion of the consultation, make sure to document your actions and any follow-up.

HELP FOR YOURSELF, COLLEAGUE OR FAMILY MEMBER

Dealing with a student in distress may be physically, mentally and/or emotionally draining. Each campus, medical center and national laboratory within the University of California administers its own Faculty and Staff Assistance Program, sometimes called Employee Assistance Program (EAP). EAP is available to “debrief” with campus community members to restore a sense of equilibrium.

EAP counselors provide assessment, referral and brief counseling services that are free and confidential.

Go online for more information on programs available on your UC campus:

- ▶ <http://ucnet.universityofcalifornia.edu/contacts/faculty-staff-assistance-programs.html>

A Collaborative System of Support

Student of Concern / Behavioral Intervention / Risk Assessment / CARE Teams

Did you know that each UC campus has a collaborative support system to address students of concern? While the exact names of teams vary by campus, each campus has a team comprised of representatives from various departments that work together to address students of concern. The goals of these teams are to work collectively to foster a safe, healthy and responsive campus climate.

While there are some variations based on campus needs and resources, at any given time, these teams may consist of the following members:*

- Assistant Vice Chancellor
- Counseling Center Director
- Dean of Students
- Student Conduct Officer
- Campus Psychiatrist
- Medical Director
- Campus Police Chief
- Campus Legal Counsel
- Campus Social Worker
- Residence Director

* Ad hoc members are added as warranted on a case-by-case basis.

This team is called together regularly to discuss students of concern. This collaborative approach helps coordinate the best possible care for any particular student. While students must be treated fairly and responsibly, **the campus is not powerless or reluctant to act decisively when threats arise.**

Refer to your Campus Resource insert to learn your individual campus protocol for initiating discussion about a student of concern.

Privacy Laws

FREQUENTLY ASKED QUESTIONS: THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Naturally, you may have some concerns about disclosing student information. Please review the following frequently asked questions regarding privacy laws. Appropriate consideration for student privacy should be given before information is shared with people other than those suggested in this document.

WHAT DOES FERPA COVER?

FERPA limits the disclosure of information from student “education records.” Education records include virtually all records maintained by an educational institution, in any format, that identify a student on its face or from which a student’s identity could be deduced from descriptive or other information contained in the record, either alone or in combination with other publicly available information.

MAY I DISCLOSE PERSONAL KNOWLEDGE AND IMPRESSIONS ABOUT A STUDENT, BASED ON MY PERSONAL INTERACTIONS WITH THE STUDENT?

Yes. FERPA applies only to information derived from student education records, and not to personal knowledge derived from direct, personal experience with a student. For example, a faculty or staff member who personally observes a student engaging in erratic and threatening behavior is not prohibited by FERPA from disclosing that observation, although any such disclosures should be for the purpose of seeking assistance for the student.

MAY I DISCLOSE INFORMATION ABOUT A STUDENT TO OTHER UNIVERSITY EMPLOYEES?

Yes. FERPA permits disclosure of information about a student to other “school officials” who have “legitimate educational interests” in the information. A “legitimate educational interest” is not limited to employees directly involved in academic or educational functions, but rather includes any university employee for whom the information is relevant and necessary to perform their university duties. This can include the Dean of Students, campus legal counsel, the student conduct office, the campus police department, the campus student health or counseling center, etc.

CAN INFORMATION FROM A STUDENT'S EDUCATION RECORDS BE DISCLOSED TO PROTECT HEALTH OR SAFETY?

Yes. FERPA permits the disclosure of information from student education records to appropriate parties either inside or outside of the University of California in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. For example, if a student sends an email to his resident advisor saying that he has just been diagnosed with a highly contagious disease such as measles, the university could alert the student's roommates, and perhaps others with whom the student has come in close contact, to urge them to seek appropriate testing and medical care. Safety concerns warranting disclosure could include a student's suicidal statements or ideations, unusually erratic and angry behaviors, or similar conduct that others would reasonably see as posing a risk of serious harm to the student or others.

“FERPA permits the disclosure of information from student education records ... in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.”

WHAT CAN I SAY IF A PARENT CALLS ME?

FERPA does not give parents a blanket right to access information about students, even where the student is financially dependent on the parent. However, as discussed above, FERPA and other student privacy regulations generally allow the university to release information to parents, police or others whose knowledge of the information is necessary to protect the health and safety of the student or other individuals. In addition, as discussed above, FERPA does not prohibit disclosure of personal knowledge or impressions about the student that are not contained in student records.

If you are unsure if disclosure is necessary to protect the health and safety of the student, seek consultation from your direct supervisor, the Counseling Center, or your campus counsel. You can always listen to a parent's concerns and let them know you will get back to them after you get clarity on what information you can release. FERPA does not prohibit you from gathering information from outside sources.

For more information about FERPA:

- ▶ <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>



04

Cultural Diversity



I am an international student; that means I grew up in a different culture. One thing [here in U.S.] that confuses me is ‘handshakes.’ My culture demands that the younger of the two should wait until the older one offers his/her hand. But recently, I noticed that such is not always the case in the U.S. Whenever I am meeting with a professor, I am left in an awkward situation! I wait for the profs to offer me their hand and for some reason, it seems like they are waiting for me to offer my hand and introduce myself!!!”

—Anonymous Student

Our Diverse University

The University of California is comprised of a highly diverse student population. As a faculty or staff member, you will undoubtedly have frequent interactions with students that are different from you. These differences may be in the form of race, ethnicity, cultural background, physical abilities, gender, sexual orientation, religion/spirituality, social class, etc. These are all important components to be mindful of when dealing with students in distress.

Traditionally, counseling has been viewed with some hesitation and mistrust by certain ethnic or cultural groups. Therefore, for some students, there may be hesitation and/or reluctance to seek out counseling or any form of mental health treatment on their own. Although the stigma regarding mental health appears to be decreasing as more and more students of varied backgrounds are presenting to Counseling Centers, it still exists. As faculty and staff, you are in an influential position of being able to suggest counseling as an option for students who may not otherwise seek this out on their own.

This chapter will help you:

Become aware of the potential barriers to students seeking help

Consider varying communication styles in your interactions with students

Understand the intersection of multiple identities

Explore considerations for working with:

- Students with disabilities
- LGBTQ-identified students
- Military veteran students

Barriers to Help-Seeking

You are being asked to approach students from different backgrounds with **sensitivity, an open mind and flexibility**. It is vital to have an understanding of some of the potential reservations and concerns students may have about counseling. Consider the following:

- Some students may consider attending counseling as a **personal weakness**, and an indication that **they cannot solve their own problems**. Other hesitations about attending counseling may have to do with a student's **family members not supporting** treatment, as they may not believe in depression, anxiety, etc., and feel that the student should be able to overcome challenges on their own. In addition, some students may come from certain backgrounds in which it is considered a **betrayal to the family** to share information about family problems and struggles with a stranger.
- The ways in which distress is expressed can vary between cultures. For example, members of some cultural groups more easily disclose physical symptoms as a way to explain emotional distress. Other cultures will acknowledge being under a lot of stress but will not identify with having anxiety, feeling depressed or any other clinical mental health term.

The best thing you can do is ask the student what they think of counseling. Never assume what barriers a student is facing. Question if they know anyone who attends counseling and if they think it could help them. Use your own knowledge and experience to make a recommendation.

Various Communication Styles

When interacting with a student, be aware of how your communication style might be viewed by someone from another culture. This is important, as communication styles can differ between groups. These differences may center on personal space, volume, tone, eye contact, direct vs. indirect communication, assertiveness, expectations of authority figures, etc. Avoid getting frustrated and instead try to understand your differences.

Even if you believe you are familiar with a student's cultural background, it is important to listen for their cultural perspective, and inquire about this if necessary. **There is great variation within cultures so do not assume two students from the same background will think or act alike.** It is important not to make assumptions and rely on stereotypes based on a student's membership in a certain group.

It's OK not to know everything! As members of a highly diverse university community, we are all continually learning from each other about experiences that are different from our own, and this serves to expand and enrich our lives.

Intersectionality

Intersectionality is the study of the relationships among multiple identities which exist within the same person. More specifically, the theory of intersectionality suggests that — and seeks to examine how — various biological, social and cultural categories such as gender, race, class, ability, sexual orientation and other dimensions of identity interact on multiple and often simultaneous levels, contributing to systematic injustice and social inequality (Crenshaw, 1989; Collins, 2000).

Consider your own identities. Are you solely your race, gender, sexual identity or religious affiliation? Or are these and various other identities constantly at play with each other forming the basis for your interactions with and understanding of the world?

Students with mental health challenges will not experience those challenges in a vacuum or in a one-dimensional way (example: Filipino student with depression). More often than not, they will experience mental health challenges along with the intersection of their multiple identities which may include multiple forms of discrimination and oppression all working together (example: Filipino, gay, male, able-bodied, Catholic student with depression).

Again, it's OK not to know everything! The rich and diverse identities of our students are what make it such a privilege to get to know them on a personal level. Try to avoid making assumptions based on one particular identity and listen carefully to how the student describes their concerns.

Resources:

- ▶ University of California Center for New Racial Studies –
A Multi-Campus Research Program
<http://www.uccnrs.ucsb.edu/intersectionality>
- ▶ The Steve Fund
<http://www.stevelfund.org/>

Students with Disabilities

Facts about disability:

Students with documentation of a disability are eligible to access accommodations through your campus Disability Resource/Services Center (department title varies by campus). Common disabilities at the college level include physical, learning, psychiatric, autism spectrum, AD/HD and chronic health disabilities. Disabling conditions may occur at any point in time due to accidents, illness, stressful life events, trauma or injury.

Students with **physical disabilities** may present special classroom and lab access needs associated with limitations in mobility, speaking, hearing and/or vision.

Students with **chronic health disorders** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol. Flexibility of non-essential attendance requirements may be appropriate, depending on the courses curriculum.

Students with **learning disabilities** have neurological impairments that interfere with information processing, memory and retrieval, and output. These disabilities can have an impact on reading, writing, math, attention, concentration and/or overall organization. Students may need to use technology or other strategies to compensate.

Students with **psychiatric disabilities** may have a chronic and debilitating psychological condition that may at times affect their ability to participate fully in a routine educational program. Many side effects of medication may cause delays in processing. Examples of conditions that fall under

this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post-Traumatic Stress Disorder (PTSD).

Students with **Attention Deficit/Hyperactivity Disorder (AD/HD)** may experience inattentive, hyperactive and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may make longer class periods and time management difficult at times.

Students with **Autism Spectrum disorders** may have difficulty negotiating social situations, group work or making eye contact, or may exhibit impulsive behaviors. Typically, students with Autism Spectrum disorders, including Asperger's, are concrete thinkers and may have difficulty with vague assignments and taking another perspective.

Students with **physical, psychiatric or other disabilities** may require the use of a service animal (dog).

Students with disabilities may not realize that they have a particular challenge and that treatment/accommodations are available. If you have concerns about a student, please contact your Disability Resource Center for advice and support. Refer to your Campus Resource insert for contact information.

Things to know

The Disability Resource Center is authorized to determine appropriate accommodations for students with disabilities, which are reflected in a Letter of Accommodation (LOA). Faculty members are responsible for providing the accommodations indicated in the LOA.

Be open to follow-up consultation with the Disability Resource Center regarding accommodations for the student.

Recognize that all students must be held to the same Student Code of Conduct and use the Disability Resource Center as a resource if you have questions or concerns about a student's behavior.

Remember students requesting accommodations must present an accommodations letter from the Disability Resource Center with approved accommodations listed. Students affiliated with the Disability Resource Center will have valid documentation on file. Professors may not ask to see the documentation, but may request to see the accommodations letter.

Remember that all students, regardless of disability, were admitted to UC under the same admissions requirements as their peers, and therefore need to be held to the same academic standards. Professors are not required to make accommodations that would fundamentally alter their classes. However, accommodations are a part of providing equal access.

Take steps to develop course curriculum that meets universal design and access standards. This includes utilizing multiple teaching styles. Visit your campuses *Center for Teaching Excellence* website for more information (refer to your Campus Resource Insert).

Direct concerns about the use or presence of a service animal to your Disability Resource Center (refer to your Campus Resource Insert).

What to avoid

Assuming that these students will be distressed or distressing

Asking questions about the disability or how the student became disabled

Prejudging a student's potential based on a disability

Making reference to the student's disability in class or in front of others

Using patronizing language with the student

Underestimating or questioning the validity of the stated disability

Assuming that the limitations/accommodations for one student with a particular disability will be the same as another student with the same or similar disability

Assuming the student understands the academic limitations potentially imposed by the disability

Assuming the student qualifies for accommodations without the Disability Resource Center verification

Resources:

- ▶ Your Campus Disability Services Resource (refer to your Campus Resource Insert)
- ▶ Disability Rights California – Higher Education Publications <http://www.disabilityrightsca.org/pubs/PublicationsHigherEducation.htm>
- ▶ The Jed Foundation, Student Mental Health and the Law: A Resource for Institutions of Higher Education http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

Student Veterans/Active ROTC/Reserves

Each year, students enroll or are readmitted to UC after serving in the armed forces. Some of these students have completed their military obligations, and others are still involved with the military in some way, whether they continue on active duty or are involved with the Reserves or National Guard. Some students are very forthcoming about their veteran status and experiences, while others choose not to reveal their veteran status to faculty, staff or other students because they believe they may be treated differently or stigmatized by political issues associated with their military service.

Things to know

Students with veteran status often have complex issues related to their academic and financial relationships with the university due to federal policies.

The university works with veteran students to make their transitions as seamless as possible, but federal policies often make this quite difficult.

Students who are still involved with the military may be redeployed at any time (in as little as 72 hours), so they may have difficulty fulfilling their course requirements. The university's policy is to do whatever is in the student's best interest so as to allow them to complete their courses.

Like any student, veteran students may encounter obstacles to their academic success. These may include:

- The distraction of potential redeployment
- Money and family demands
- Emotional and psychological traumas that result from combat experiences
- Physical injury, some visible and some invisible, such as a traumatic brain injury
- Interactions with students, faculty and staff who are perceived as being insensitive to the experiences student veterans have had
- Navigating both academic and military cultures

Veteran students may be in need of emotional or other health-related support, but some may not be comfortable seeking this support on campus. It is also not unusual for student veterans to be reluctant to seek any help due to the perception that they need to be strongly self-reliant.

Resources:

- ▶ Your campus Veterans Resource
(refer to your Campus Resource insert for contact information)
- ▶ University of California Veteran Resource Website
<http://veterans.universityofcalifornia.edu>
- ▶ VA Campus Toolkit
www.mentalhealth.va.gov/StudentVeteran/#sthash.6O0TyrkM.dpbs
- ▶ The Jed Foundation – Helping Our Student Veterans succeed
www.jedfoundation.org/professionals/programs-and-research/helping-our-student-veterans-succeed

LGBTQ-Identified Students

According to the American College Health Association (ACHA) nationwide survey of over 90,000 students, the number of college students who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) has steadily increased since early 2000.

PERCENTAGE OF COLLEGE STUDENTS WHO IDENTIFY AS LGBTQ
2000-2015

	2000	2012	2015
Gay/Lesbian	1.4%	2.6%	3.0%
Bisexual	1.5%	3.8%	5.5%
Unsure	1.5%	2.0%	3.0%
Transgender	0.1%	0.2%	0.5%

Identifying as a sexual or gender minority may carry associated stressors. In another recent survey of 10,000 youth, LGBTQ youth were nearly twice as likely as non-LGBTQ youth to report having been excluded by peers at school, twice as likely to have been verbally harassed at school, three times as likely to feel that they do not fit in, and one-third less likely to report having an adult they can turn to for help (Human Rights Campaign, 2012). Such stigmatization can lead to psychological distress and school failure.

Risk Factors

The two factors known to be most detrimental to LGBTQ student mental health are hostile school climate and family rejection. Both are associated with increases in rates of homelessness, substance abuse, suicide and unsafe sexual behavior among LGBTQ youth (Toomey et al, 2010).

Being bullied at school doubles the risk of suicide and is associated with increased depression, decreased self-esteem, increased substance use and increased school dropout (Fedewa & Ahn, 2011; Russell et al, 2010; Toomey et al, 2011).

Being rejected at home increases the risk of depression more than six times and increases the risk of suicide more than eight times (Ryan et al, 2009).

Protective Factors

Other factors at school and home are known to be protective against adverse outcomes in mental health and academic success. Protective factors at school include:

At least one supportive adult

LGBTQ-inclusive policies and social groups

Anti-bullying education

Safe Zone programs to educate peers, faculty and staff

Resources:

Contact your campuses' LGBTQ Resource Center for campus-specific resources and training. (refer to your Campus Resource Insert for contact information).

- ▶ The Safe Zone Project
<http://thesafezoneproject.com/>
- ▶ American College Health Association. (2012).
American College Health Association – National College Health Assessment II: Reference Group Executive Summary Fall 2012. Hanover, MD: American College Health Association.
- ▶ Fedewa, A.L. & Ahn, S. (2011).
The effects of bullying and peer victimization on sexual minority and heterosexual youth: A quantitative meta-analysis of the literature. *Journal of GLBT Family Studies*, 7(4), 398-418.
- ▶ Human Rights Campaign. (2012).
Growing up LGBT in America: HRC Youth Survey Report Key Findings. http://www.hrc.org/files/assets/resources/Growing-Up-LGBT-in-America_Report.pdf on 4/15/13.
- ▶ Toomey, R.B., Ryan, C., Diaz, R., Card, N.A., & Russell, S.T. (2010).
Gender nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46, 1580–1589.





05

Responding to Distressed & Distressing Students





I'm a sophomore here at UC ... and I've been dealing with eating disorders for about six years now — two years with anorexia, four years with bulimia. Freshman year was full of new experiences and I was determined not to let my eating disorder get in the way of my social life/academics, but this year has been challenging. My GPA fell to a 2.8, and for two quarters now, I have barely left my room. Since most of my classes are large lectures, I can get away with not going to class and just reading the text at home, but I haven't been to class for six days now. I know that I need help really badly, but at the same time, if I've managed to survive for years this way, then I'm sure I can keep doing it. I wish one of my professors would notice and send me for help.”

—Anonymous Student

Synopsis of Student Concerns and How to Respond

This section goes into more detail about common issues that arise when dealing with distressed and distressing students (both graduate and undergraduate). As you review each section, you will become aware of common signs and symptoms associated with the various types of distress, you will learn how to respond and you will be directed to available resources. In the pages that follow, we will cover the following clusters of concerns:

Emotional Distress

- Anxiety
- Depression
- Suicide
- Grief & Loss
- Disordered Eating
- Poor Contact with Reality

Distress caused by Trauma/Abuse

- Sexual Assault
- Stalking/Harassment
- Hate Crimes & Incidents
- Hazing
- Abusive Relationships

General Health & Wellness Distress

- Academic Failure/Dismissal
- Adjustment/Transitions
- Substance Abuse
- Self-Injury

Distressing & Disruptive Students

- Excessively Demanding/Dependent
- Aggressive/Potentially Violent

This is not meant to be an exhaustive list. If you are concerned about a situation not depicted in the above list, please do not hesitate to call your campus Counseling Center for consultation (refer to your Campus Resource Insert for contact information).

Emotionally Distressed Students

Students experiencing emotional distress may struggle with any of the following concerns. In this section, we will review the signs and symptoms for each type of concern and list educational resources for anyone interested in learning more. At the end of this section, you will find general tips for responding to students in emotional distress including suggestions for how to intervene.

Anxiety

Depression

Suicide

Grief & Loss

Disordered Eating

Poor Contact with Reality

ANXIETY

Stress, worry and anxiety are normal, expected and inevitable parts of college life. A 2013 Associated Press MTVu poll that surveyed students at 40 U.S. colleges revealed that 85 percent of students reported feeling stressed in their daily lives. The areas that engendered the most stress included grades, school work, money and relationships.

When worry and stress become overwhelming or unmanageable, this may be indicative of an anxiety disorder. Anxiety disorders are distinguished from normal, everyday stress when the anxiety is more intense, lasts longer (anxiety that may persist for months instead of going away after a stressful situation has passed) and lead to avoidance behaviors that interfere with one's life.

Anxiety can be generalized across many different situations, or situation-specific, such as test anxiety, social anxiety, specific phobia or public speaking anxiety. For some students, the cause of the anxiety is clear, and for others, it is less apparent. It can be exhibited in different ways and in varying levels of intensity. Anxiety not only affects the way one thinks and feels, but can also manifest through physical symptoms.

Signs and symptoms

Students with high levels of anxiety may talk about being under a lot of pressure, feeling tense, stressed, burned out or overwhelmed.

Anxiety can arise in the form of a panic attack in which symptoms include intense fear accompanied by subsequent physical symptoms such as a pounding heartbeat, sweating, shaking, shortness of breath, chest pain, dizziness and fear of dying or losing control.

Additional symptoms of anxiety may include feeling on edge, difficulty concentrating, trouble falling or staying asleep, headaches, restlessness, muscle tension or soreness, trembling, twitching and fatigue.

Learn more:

- ▶ Anxiety and Depression Association of America
<http://www.adaa.org/>
- ▶ Online Self-Assessment
<http://www.mentalhealthscreening.org/screening/collegex>
- ▶ National Institute of Mental Health
<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- ▶ American Psychological Association
<https://www.apa.org/helpcenter/anxiety-treatment.aspx>

DEPRESSION

Clinical depression is one of the most common mental health issues seen on college campuses. While almost everyone has had periods in their lives when they have felt sad or down, these feelings tend to become less intense with the passage of time. However, clinical depression occurs when feelings of extreme sadness or despair last for at least two weeks or longer and interfere with the ability to function in different areas, such as school, work and/or relationships.

Depression can affect one's ability to do simple day-to-day activities. A depressed person often has difficulty making decisions or doing things they may usually do with ease. For example, the day-to-day-tasks of paying bills, attending classes, reading assignments and returning phone calls may seem overwhelming. At these times, professional help may be needed. Depression has been shown to be highly treatable with appropriate intervention.

Signs and symptoms

Feelings of emptiness, hopelessness, helplessness and worthlessness

.....

A deep sense of sadness

.....

Lack of energy, fatigue

.....

Social withdrawal

.....

Loss of interest in activities you used to enjoy

.....

An inability to experience pleasure

.....

Loss of appetite or eating too much

.....

Problems falling sleep, staying asleep or sleeping too much

Difficulties with concentration, memory and decision-making

Aches, pains, headaches, cramps or digestive problems that do not go away

Thoughts of suicide or suicide attempts

Sometimes depression includes irritation, anxiety and anger

In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain. **If you are concerned about immediate threats to safety, call 911 or contact the campus police.**

Learn more:

- ▶ Online Self-Assessment
<http://helpyourselfhelpothers.org/>
- ▶ National Institute of Mental Health
<http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- ▶ Anxiety and Depression Association of America
<http://www.adaa.org/understanding-anxiety/depression>
- ▶ ULifeline
<http://www.ulifeline.org/topics/128-depression>
- ▶ NAMI
<http://www.nami.org/template.cfm?section=Depression>

SUICIDE

Suicide is the second leading cause of death among college students, killing more young people between the ages of 18 and 24 than all physical illnesses combined. Suicide is often viewed as a way out of a problem or crisis that is causing intense emotional pain and suffering. It is associated with feelings of helplessness, hopelessness and a need for escape. The person who is suicidal often sees very limited options for themselves, and views suicide as a problem-solving strategy to end the emotional struggle.

People who contemplate suicide are often ambivalent about ending their lives and are often willing to get help through counseling when a caring person facilitates the process for them. Cryptic or indirect messages left by students should not be ignored. Some students who are severely depressed do not have the emotional energy to seek help and use cryptic messages to reach out, i.e., *“I won’t be bothering you much longer,” “It’ll all be over soon”* or *“Time is running out.”*

It is important to note that suicidal crises are time-limited, making timely interventions highly effective. The heightened emotional state during a crisis, although signified by emotional turmoil, also can lead to the information, insight and motivation necessary to resolve the conflict. As faculty and staff, it is essential that you view all suicidal comments seriously and take appropriate action, which may often involve contacting the Counseling Center or even campus police, if necessary.

Students who are feeling suicidal are often relieved when someone finally asks them, *“Are you thinking of killing yourself?”* They no longer have to struggle with their feelings alone. **Asking them if they are suicidal will not “put the thought into their head.”**

Students who are suicidal can be helped by counseling and sometimes medication. Some may be hospitalized for a short time to enable medications to take effect, to ensure their safety in the short run, and to help them connect with resources to deal with the issues they face.

Warning signs

Statements (verbal or written) implying the person does not intend to be around in the future

Statements expressing hopelessness and a wish to die

Viewing death as a means of escape from distress

Preoccupation with death and dying

Giving away valued personal possessions

Prolonged depressed mood

Increased drug and alcohol use

Deterioration in hygiene

Loss of interest in pleasurable activities

Sudden drop in grades or failure to turn in assignments/keep appointments

Sudden improvement in mood after prolonged period of depression

Social isolation

Specific suicide intent, plan or access to lethal means to carry out plan

Significant impulsivity

Pessimistic view of the future

How to ask about suicide

Take the student's comments as a serious cry for help. It is important that all statements about suicide are taken seriously, and not minimized.

Project a calm demeanor, although this is not how you may be feeling on the inside. The modeling of calm behavior is very important for the student, as they are looking to you for assistance.

Be very straightforward and know that your question is not going to cause them to act on their suicidal thoughts. In fact, suicidal students usually want to communicate their feelings. Possible ways to phrase the question include,

- "I can see that this is a difficult time for you and you are feeling very distressed right now. Are you having thoughts of hurting yourself?"
 - "I am concerned for you. Have you been thinking *of ending your life?*"
 - "Are you considering suicide?"
-

Refer student to the Counseling Center. It may be beneficial to walk the student over to the center. With a suicidal student, it is important to make sure that they actually get help, and not to assume they will follow through on their own. If it is after business hours and the student is in imminent danger, call 911 or contact the campus police for assistance.

What if the student refuses help?

If the student refuses help and you are still concerned, call the Counseling Center for consultation and refer the student to the National Suicide Prevention Lifeline (write the number down for them). This is a 24-hour number any student or faculty/staff person can call to speak with someone about suicide (800) 273-TALK (8255).

Know your limitations and consult with your colleges — do not take on the responsibility of a suicidal student by yourself. It can be very emotionally draining and stressful to encounter a student who is suicidal.

If you are concerned about immediate threats to safety, call 911 or the campus police.

Remember! Employee Assistance Program (EAP) counselors are available to debrief with staff and faculty after an emotionally charged interaction. EAP counselors provide assessment, referral, and brief counseling services that are free and confidential.

Go online for more information on programs available on your UC campus:
<http://ucnet.universityofcalifornia.edu/contacts/faculty-staff-assistance-programs.html>

Learn more:

- ▶ National Suicide Prevention Lifeline 24-hour crisis line, 1-800-273-TALK (8255), <http://www.suicidepreventionlifeline.org/>
- ▶ Suicide Prevention Resource Center, www.sprc.org
 - Promoting Mental Health and Preventing Suicide in College and University Settings, http://www.sprc.org/sites/sprc.org/files/library/college_sp_whitepaper.pdf
- ▶ The Jed Foundation, <https://www.jedfoundation.org/professionals/programs-and-research>
- ▶ Active Minds, www.activeminds.org
- ▶ Means Matter, www.hsph.harvard.edu/means-matter/index.html
- ▶ Higher Education Mental Health Alliance, www.hemha.org

GRIEF & LOSS

Grief is a normal response to the sorrow, emotion and confusion that come from losing someone or something important to you. It is a natural part of life. Grief is a typical reaction to death, divorce, job loss, a move away from family and friends, or loss of good health due to illness. Grief is difficult at any time in one's life, but it can be devastating during college.

Between 35 and 48 percent of college students have lost a family member or close friend within the last two years (Balk, 1997; Wrenn, 1999; Balk, Walker & Baker, 2010). Furthermore, 8.6 percent of college students' academic performances have been affected by the death of a family member or close friend within the last year (Servaty-Seib & Hamilton, 2006). Research shows that a student's GPA significantly decreases during the semester of loss, providing empirical support for the assertion that bereaved students are at risk for declined academic performance (Servaty-Seib, 2006).

Signs and symptoms

Just after a death or loss, students may feel empty and numb, as if they are in shock. They may experience physical changes such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating. Some students become angry — at a situation, a particular person or just angry in general. Often times, Grief is accompanied by guilt. Guilt is often expressed as “I could have, I should have and I wish I would have” statements. Students in grief may have strange dreams or nightmares, be absent-minded, withdraw socially or lack the desire to return to class or work. All of these feelings and behaviors are normal during grief, and should pass with time.

Grief lasts as long as it takes for the student to accept and learn to live with their loss. For some people, grief lasts a few months. For others, grief may take years to pass. The length of time spent grieving is different for each person. There are many reasons for the differences, including personality, health, coping style, culture, family background and life experiences. The time spent grieving also depends on your relationship with the person lost and how prepared you were for the loss. If a student expresses trouble making progress on their grief, a referral to the Counseling Center may be warranted.

Learn more:

- ▶ The National Students of AMF Support Network
<http://www.studentsofamf.org/grief-support-resources/college-grief-statistics/>

DISORDERED EATING

Eating disorders and disordered eating are important concerns on college campuses. It is estimated that more than 5 million Americans suffer from an eating disorder and even more from disordered eating patterns and body image concerns. While the majority of people with eating disorders are female, eating disorders can also affect men. Eating disorders and disordered eating are complicated, multi-dimensional problems that typically develop from a combination of psychological, familial, interpersonal and socio-cultural factors. Adolescent and college-age students are particularly vulnerable to these problems.

The reported suicide mortality rate among people with eating disorders is said to be 23 times higher than that of the general population, placing the rate of suicide among ED patients among the highest of all psychiatric disorders (Holm-Denoma et al, 2008; Kaye, 2008; Keel et al., 2003). These statistics highlight the seriousness of recognizing the early warning signs and encouraging students to seek support.

We know that some of our students come to UC with eating disorders or disordered eating and that others will develop them during their college years. In terms of weight, there can be a wide range of variation from significantly underweight to significantly overweight.

Signs and symptoms

Significant decrease or increase in weight

Dressing in layers or wearing bulky clothing to hide weight loss

Distorted body image

Preoccupation with food and weight loss

Regimented/unusual eating habits or secretive eating

Food restriction, bingeing or purging behaviors

Excessive exercise

Social withdrawal (e.g., friends, family)

Low self-esteem

Perfectionism

Difficulty concentrating

Fatigue

Moodiness and/or irritability

Anxiety and/or compulsive behavior

Learn More:

- ▶ National Eating Disorders Association
<http://www.nationaleatingdisorders.org/>
- ▶ National Association of Anorexia Nervosa and Associated Disorders (ANAD)
<http://www.anad.org/>

POOR CONTACT WITH REALITY

It can be especially challenging and difficult when dealing with a student who seems to have poor contact with reality. A key characteristic of these students is that they exhibit thoughts or behaviors that are bizarre and seem to be out of touch with reality.

Signs and symptoms

Odd or peculiar beliefs that involve a misinterpretation of reality.

Hearing voices, belief that these voices are talking to them.

Seeing things that are not there.

Talking to themselves.

Laughing to self.

Disorganized speech or behavior (e.g., speech patterns that jump from one topic to another with no apparent connection). This may also include bizarre or incoherent language or writings. This may be especially noticeable when the student speaks in class or in their written assignments.

Failure to exhibit any emotion or displaying inappropriate emotion (e.g., laughing out loud in class when talking about serious topic).

The above symptoms may be indicative of a serious psychological or medical disorder. Therefore, it is essential when encountering a student who displays these symptoms to call and consult with your campus Counseling Center. Often these students may not see anything problematic with their thoughts or actions, and they may not feel a referral to the Counseling Center is necessary. A therapist can provide you with advice on how to suggest counseling to the student.

A student who exhibits these symptoms may elicit concern and possible fear from those who have interactions with them. However, it is important to remain calm and to understand that, in most instances, these students are not dangerous. Rather, it is very likely that they are feeling frightened, lost and overwhelmed.

Learn More:

PsychCentral

- ▶ National Eating Disorders Association
<http://www.nationaleatingdisorders.org/>
- ▶ National Association of Anorexia Nervosa and Associated Disorders (ANAD)
<http://www.anad.org/>

Responding to Emotionally Distressed Students

Now that you have learned about the signs and symptoms of various types of emotional distress, you may be wondering how you can best be of service? Faculty and staff often ask, “*What should I say? What should I do?*” If you become aware of a student in emotional distress, consider the following strategies:

What you can do

Speak to the student privately.

Project a calm demeanor, although this is not how you may be feeling on the inside. The modeling of calm behavior is very important for the student, in particular as they are looking to you for assistance.

Focus on specific behaviors and/or changes you’ve observed.

Listen carefully and validate the student’s feelings and experiences. (“*It must be very difficult, tiring, and distressing to feel this ___ so often.*”)

Recommend that the student consult with a counselor about their symptoms.

Be prepared for the student to deny any problem and to reject your help.

Follow up with the student. If the student was not receptive to the referral initially, they may be upon further reflection and/or follow-up.

If the student is willing, walk them over to the Counseling Center or allow them to call and schedule an appointment while they are in your office. However, if the student is highly impaired it may be best to contact campus police and have them escort student.

Make appropriate referrals to educational resources such as The Jed Foundation so the student can learn more about their symptoms and options for help www.jedfoundation.org/students

Be willing to consider flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.

If you have even the slightest inkling that the student might be thinking about suicide, ASK! Ask the student if they have thoughts of suicide. (*“Have you been thinking about suicide?; Have you considered harming yourself?; Are you thinking of ending your life?”*) If the student responds affirmatively, do not leave the student alone. If possible, walk the student over to the Counseling Center. If it is after business hours or on the weekend, access emergency services by contacting the Campus police.

What to avoid

Minimizing the student's concerns (*“But you normally seem so happy.” “Your grades are so good. Are you sure you're really depressed?”*) Their distress may seem irrational or excessive, however, it is important not to argue and be supportive. You may not be privy to the full extent of their concerns.

Overwhelming the student with suggestions of how to deal with their concern, or providing too much information for the student to process.

Making the assumption that the student's symptoms will remit without treatment.

Assuming the family knows about the student's symptoms, or that the student has a family or a network of supporters.

Taking responsibility for the student's emotional condition. Know your limitations and utilize your support system. It can be very taxing to deal with an emotionally distressed student.

Referrals:

- ▶ Campus Counseling Center
(refer to Campus Resource Insert for contact information)
- ▶ Crisis Text Line
Text 741741 anywhere, anytime
www.crisistextline.org/
- ▶ The Jed Foundation
www.jedfoundation.org/students
- ▶ Half of Us Campaign
www.halfofus.com
- ▶ ULifeline
www.ulifeline.org/
- ▶ NAMI Student Mental Health
www.NAMI.org
- ▶ National Suicide Prevention Lifeline 24-hour crisis line
1-800-273-TALK (8255)
<http://www.suicidepreventionlifeline.org/>
- ▶ Online Self-Assessment
<http://www.mentalhealthscreening.org/screening/collegex>

Distress Caused by Trauma/Abuse

Some students may experience distress after abuse or trauma. Without proper support, survivors can develop post-traumatic stress disorder (PTSD), Acute Stress Disorder, Adjustment Disorder, or other anxiety related conditions. In this section, we will provide information about the various types of trauma/abuse listed below and list educational resources for anyone interested in learning more. At the end of this section, you will find general tips for responding if you become aware that a student has suffered a traumatic experience.

Sexual Assault/Sexual Violence

Abusive Relationships

Stalking/Harassment

Hate Crimes & Incidents

Hazing

SEXUAL ASSAULT/SEXUAL VIOLENCE

The statistics for the sexual assault¹ of college women is staggering: one in four or five college women will be survivors of a sexual assault during their college career. While approximately 90 percent of sexual assault survivors are female, it is estimated that 10 percent of survivors are male. While most sexual assaults are committed by men against women, men are also assaulted by women, and same-sex assaults also occur. The transgender population is also at risk. The majority of sexual assaults are committed by someone known to the survivor (e.g., an acquaintance, date, partner or former partner, or family member) and most of these assaults go unreported.

Sexual assault is generally defined as any sexual contact or activity that is forced or non-consensual. It can include non-consensual touching; threat of sexual assault; forced oral, anal or vaginal penetration; and penetration with a foreign object. Forced and non-consensual includes a person's inability to give consent because of threat of harm, coercion and/or physical violence; due to being under the influence of alcohol or drugs, unconscious, or asleep; or due to mental, developmental or physical disability.

Sexual assault is a painful, traumatic event. There are many factors that affect and/or influence a survivor's reaction to sexual assault including: the type of assault, whether the perpetrator was known or not, previous history of trauma and the reactions of others. There is no "normal" reaction to a sexual assault. There can be a wide range of individual reactions to such a trauma; however, many survivors exhibit some universal common responses.

The University of California is committed to offering a safe environment for all members of its community. All forms of sexual harassment and sexual

1 Sexual assault and rape are terms that are often used interchangeably to describe non-consensual sexual contact. For purposes of this section of the manual, the term sexual assault is used.

violence, including sexual assault, dating and domestic violence, and stalking violate University policy and may violate California law.

CARE, the Advocate Office for Sexual and Gender-Based Violence and Sexual Misconduct, was created at every UC campus to provide dedicated, full-time support to survivors of sexual violence, both immediately and over the long term. These dedicated offices ensure that survivors can reach an advocate whose sole responsibility is to support their needs. The advocate offices were launched systemwide in January 2015.

Common responses

Shock, confusion, disbelief or denial

Disruptions in routines of daily life (e.g., sleeping, eating, working)

Recurring thoughts (e.g., unwanted memories, flashbacks, nightmares)

Concerns for personal safety (e.g., fear, sense of powerlessness, loss of control)

Self-blame, guilt and/or shame (e.g., I shouldn't have ... , It wouldn't have happened if ... , What will people think?)

Intense feelings and emotions (e.g., anger, sadness, irritability, feelings of hopelessness or despair)

Reduced ability to express emotions (e.g., numbing, detachment, apathy)

Relationship difficulties (e.g., social withdrawal, difficulty with trust, avoidance of intimacy, loss of interest in sex)

Academic or work problems (e.g., difficulty concentrating, impaired memory, lack of motivation, missing class, not completing assignments)

Increased alcohol/substance use

Psychological disorders (e.g., Major Depressive Disorder, Post-traumatic Stress Disorder)

Learn more:

- ▶ An Abuse, Rape & Domestic Violence Aid & Resource Collection, <http://www.aardvarc.org>
- ▶ U.S. Department of Justice Office on Violence Against Women, <http://www.ovw.usdoj.gov/index.html>
- ▶ California Coalition Against Sexual Assault, <http://www.calcasa.org/>
- ▶ Men Can Stop Rape, <http://www.mencanstoprape.org/>
- ▶ Campus CARE Advocate office <http://sexualviolence.universityofcalifornia.edu/index.html>
- ▶ The National Alliance to End Sexual Violence <http://endsexualviolence.org/>
- ▶ NO MORE Campaign <http://nomore.org/>
- ▶ A Call to Men <http://www.acalltomen.org/>

ABUSIVE RELATIONSHIPS

Abusive relationships are marked by strategies used by one person to maintain power and control over the other. Because of the cycle of abuse, power and control, victims may feel trapped and fearful of their partner's anger, violence and/or abandonment, and thus may be reticent to disclose information about their relationship, even when abuse is suspected. Abuse can be physical, emotional or verbal.

Indicators of abuse

Intimidation: Use of looks, actions or gestures, such as smashing things, destroying property, abusing pets or displaying weapons so as to cause fear.

Emotional Abuse: Use of put-downs, name-calling, "mind-games," humiliation or guilt in an effort to erode self-esteem of partner.

Isolation: Controlling social interaction, movement and involvement with friends and activities. Abuser may use jealousy to justify actions.

Minimizing, Denying and Blaming: Making light of the abuse or not taking it seriously. Shifting blame for the abuse onto the victim; saying the victim "caused the abuse."

Violation of Privacy: Abusive partners may read notes, emails or text messages from others. Abuser may go through personal belongings.

Using Privilege (For women who are abused by men): Partners may use male privilege to make decisions on behalf of the other person. This may include attempts to control aspects of academic life, requiring permission for important decisions, etc.

Coercion and Threats: Making or carrying out threats to do something to hurt the partner, including leaving, threatening suicide, reporting partner to authorities regarding some behavioral or academic violation, or making partner engage in illegal activity.

Learn more:

- ▶ An Abuse, Rape & Domestic Violence Aid & Resource Collection
www.aardvarc.org
- ▶ U.S. Department of Justice Office on Violence Against Women
<https://www.justice.gov/ovw>
- ▶ Campus CARE Advocate office
<http://sexualviolence.universityofcalifornia.edu/index.html>

STALKING/HARASSMENT

Stalking is defined as the repeated following or harassment of an individual in the attempt to instill a sense of fear or danger. Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation. Stalking behavior includes tailing the victim as well as harassment via phone, email, social media, letters, unwanted gifts and unwanted attentiveness. Stalkers can be male or female and targets can be of the same or opposite sex.

Behaviors may include following the person (with or without the person knowing), secretly waiting for the person to arrive home, making inappropriate phone calls, obsessively communicating either directly or through friends of the victim, and communicating with increasing frequency and intensity. In some cases, the behaviors can include threats and intimidation. In many cases, the behavior is just annoying (multiple phone calls during the day), but other times it can be frightening (a person suddenly appears in a window of the victim's home).

Many states have enacted anti-stalking laws to stop this type of harassment. It is not possible to determine which cases will end quickly and which cases of intrusive contact will continue for a long time. Regardless, the victim of this intrusive attention can often become distracted, anxious, tense, sensitive and jumpy. The uncertainty of when or where the perpetrator may strike next can lead to tremendous fear. Interestingly, some young people tend to have enormous tolerance for this kind of harassment and do nothing, hoping it will go away.

Indicators of stalking

Indicators of someone being subjected to stalking can be emotional and/or behavioral in nature. How a survivor presents will depend upon her/his own unique situation, strengths and resources. The following are only a handful of potential indicators reported by some survivors:

Fear of a partner, acquaintance or strangers

Sadness and/or symptoms of depression

Emotional numbness

Low self-esteem, low self-worth


Helplessness

Poor eye contact

Hyper-vigilance

Appearing isolated from family or friends

Expressing homicidal feelings towards another person



Appearing anxious about something that would not normally create anxiety, such as getting home late, going somewhere alone

A consistent pattern of making and missing appointments that is poorly explained

Restrictions placed on travel, phone use, friendships, money

Unexplained increase in absence from work or class

Learn more:

- ▶ Campus CARE Advocate office
<http://sexualviolence.universityofcalifornia.edu/index.html>
- ▶ The Stalking Resource Center, A Program of the National Center for Victims of Crime
<http://www.victimsofcrime.org/our-programs/stalking-resource-center>

HATE CRIMES & INCIDENTS

A hate crime is a criminal act against a person or her/his property because of that person's actual or perceived race, perceived ethnicity, color, religion, nationality, disability, gender, gender identity, gender expression or sexual orientation.

A hate incident is an act that, while not meeting the legal definition of a crime, involves the same behaviors and targeting of underrepresented groups. Hate incidents are more common on college campuses than hate crimes.

Examples

Using force or threatening to use force to injure, intimidate or interfere with another person who is exercising his or her constitutional rights

Defacing or damaging another person's property to intimidate or interfere with that person's free exercise of his or her constitutional rights

Desecrating a religious symbol or displaying a swastika on another person's property with the intent to terrorize another person

Vandalizing, burning or bombing a church, synagogue, mosque or other house of worship to terrorize other persons

Effects on the victim

Victims of hate crimes may suffer from more psychological distress (e.g., depression, stress, anxiety, anger) than victims of other comparable violent crimes (Herek, Gillis, & Cogan, 1999; McDevitt, Balboni, Garcia, & Gu, 2001). Survivors of violent crimes, including hate crimes, are also at risk for developing a variety of mental health problems including depression, anxiety and post-traumatic stress disorder (PTSD). PTSD emerges in response to an event that involves death, injury or a threat of harm to a person. Symptoms of PTSD may include intrusive thoughts or recurring dreams, refusal or inability to discuss the event, pulling away emotionally from others, irritability, difficulty concentrating and disturbed sleep. Depression, anxiety and PTSD may interfere with an individual's ability to work/go to school or to maintain healthy relationships. It can lead to other problems such as substance abuse or violent behavior, and may be associated with other health problems such as severe headaches, gastrointestinal problems and insomnia. Similar to other victims of traumatic stress, hate crime victims may enjoy better outcomes when appropriate support and resources are made available soon after the trauma.

Effects on Communities

Hate crimes are different from other crimes in that the offender — whether purposefully or not — is sending a message to members of a given group that they are unwelcome and unsafe in a particular neighborhood, community, school, workplace or other environment. Thus, the crime simultaneously victimizes a specific individual and members of the group at large. Hate crimes are often intended to threaten entire communities. For example, a hate crime that targeted children in a religious day care center and an ethnic minority postal worker was intended to instill fear in members of these minority communities (Sullaway, 2004). Being part of a community that is targeted because of immutable characteristics can decrease feelings of safety and security (Boeckmann & Turpin-Petrosino, 2002). Being a member of a victimized group may also lead to mental health problems. Research suggests that witnessing discrimination against one's group can lead to depressed emotion and lower self-esteem (McCoy & Major, 2003). More research is necessary to document the impact of hate crimes on those who share the victim's identity.

Learn more:

- ▶ Human rights Campaign
<http://www.hrc.org/resources/category/hate-crimes>
- ▶ Anti-Defamation League
<http://www.adl.org/combating-hate/hate-crimes-law/>

HAZING

Students attending the University of California have the opportunity to join a wide range of groups, including athletic teams, fraternities and sororities, performing arts ensembles, religious groups, public service organizations and others. These groups, by and large, provide positive out-of-the classroom learning experiences and, in many cases, are important platforms for social, cultural and interpersonal support. Entry into some of these groups may involve formal or informal initiation practices, which, in and of themselves, are not harmful to a student's academic experience. There are, however, times when these practices become hazing, and are detrimental to the student.

Hazing is defined as any action taken or situation created on or off campus that recklessly or intentionally produces mental or physical discomfort, embarrassment, harassment or ridicule.

You may notice when one of your students begins to be involved with a student group they are wearing clothes or other identifying articles, such as a fraternity or sorority pin, or clothes identified with a team moniker or other student group logo. While those alone are no reason for concern, if they are linked with the above signs, they should draw your attention.

Facts about hazing

Hazing in any form is prohibited at the University of California.

Hazing is illegal in the state of California.

Hazing is sometimes used as a rite of passage or initiation into a campus organization.

A student may or may not know that hazing will be a part of an initiation process.

A student may or may not know how extreme hazing might become during an initiation process.

Hazing can be psychologically damaging and present serious physical risks (including death) to students.

Some of the signs of a student experiencing hazing are fatigue; having a tough time staying awake; an unkempt appearance; wearing conspicuously strange or silly clothing; falling behind in his/her work or performance; change of attitude or personality in class.

Learn more:

- ▶ Stop Hazing
www.stophazing.org

Responding to Reports of Trauma or Abuse

If you become aware of a student who is in distress caused by a trauma or abuse, consider the following strategies:

What you can do

Listen carefully and validate the student's feelings and experiences.

Recognize that the student may be feeling vulnerable and experiencing a range of emotions.

Remember that abusive relationships involve complex dynamics, including high levels of controlling behavior on the part of the perpetrator and/or denial or fear on the part of the survivor. Therefore, the situation may be difficult to change.

Encourage the student who is being stalked/harassed to trust her/his instincts.

Advise the student to document unwanted contacts and maintain evidence of harassment/stalking/abuse.

Advise the student to take precautions to increase safety, including a change in routine travel routes and schedules.

Let the student know that there are services available on campus that are free and confidential to assist and support him/her, including counseling and medical attention.

After providing referral information, allow the student to make his/her own decision about what to do next.

If the student wants to file a complaint, refer him/her to the campus police.

Follow up with the student. If the student was not receptive to the referral initially, he/she may be more open to help upon further reflection and/or follow-up.

Be willing to consider or offer flexible arrangements (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.

What to avoid

Downplaying the situation.

Not believing the student or assuming the incident was not traumatic if the student does not appear distressed.

Lecturing the student about poor judgment. Avoid conveying criticism, judgment or implying the student was somehow responsible, even if the student engaged in high-risk behavior (e.g., was intoxicated or high, left a party alone with someone he/she just met).

Pressuring students to follow any particular course of action. Provide options, but avoid telling the student what to do or trying to coerce him/her into seeking assistance (e.g., counseling, medical services).

Expecting the student to make quick decisions or changes.

Telling the student to forget about it and move on. Saying things like, “*You will get over this,*” or “*You will forget all about this someday.*” It is better to say that you are sorry that this happened to her/him, and that there are support services available to help.

Questioning the student for details about the incident. It is better to ask what the student may need to help her/him and to discuss the support services that are available.

Pressuring the student to file a police report.

Taking responsibility for the student’s emotional condition. Know your limitations and utilize your support system. It can be very upsetting to hear stories of trauma and abuse.

Referrals:

Campus CARE Advocate Office – this resource was created at every UC campus to provide dedicated, full-time support to survivors of sexual violence, both immediately and over the long term. **Find your campus CARE contact information here <http://sexualviolence.universityofcalifornia.edu/get-help/index.html>**

- ▶ Campus Counseling Center
(refer to Campus Resources insert)
- ▶ Campus Student Health Center
(refer to campus insert for contact info)
- ▶ An Abuse, Rape & Domestic Violence Aid & Resource Collection
<http://www.aardvarc.org>
- ▶ U.S. Department of Justice Office on Violence Against Women
<http://www.ovw.usdoj.gov/index.html>
- ▶ National Center for Victims of Crime/Stalking Resource Center
<http://www.victimsofcrime.org/>
- ▶ National Domestic Violence Hotline
<http://www.thehotline.org/>
- ▶ National Coalition Against Domestic Violence
<http://www.ncadv.org/>
- ▶ California Coalition Against Sexual Assault
<http://www.calcasa.org/>
- ▶ Men Can Stop Rape
<http://www.mencanstoprape.org/>
- ▶ Stop Hazing
<http://www.stophazing.org/>
- ▶ Human rights Campaign
<http://www.hrc.org/resources/category/hate-crimes>

General Health & Wellness Distress

Students may become distressed due to trouble with transitions, academic difficulties, or health and wellness concerns. In this section, we will provide information on the following health and wellness concerns and list educational resources for anyone interested in learning more. At the end of this section, you will find general tips for responding if you become aware that a student is struggling with any of these concerns.

Academic Difficulties

Adjustment/Transitions

Substance Abuse

Self-Injury

ACADEMIC DIFFICULTIES

University of California students are among the most academically gifted students in the world. They have succeeded throughout their lives; nonetheless, some of them will struggle at UC.

When students do not succeed at UC, the reason is virtually never that they are intellectually incapable of doing the work; something outside school gets in their way: lack of motivation or discipline, mismatch with program, immaturity, alcohol, illness, emotional problems, learning disabilities, attention deficit disorder, family issues or financial difficulties.

Many UC students who struggle academically are doing so for the first time in their lives. They are used to succeeding, and their reactions to not doing well in a course vary widely. Some students will withdraw into silence. Some will complain loudly that a poor grade will ruin their lives, derailing their plans for medical, law or business school. Some will doggedly persevere. No matter their response, it is vital that you give students the grades they earn. If you announce on your syllabus an attendance policy, you should abide by it. If your syllabus states that you will not accept late work, do not accept it. Maintaining academic standards is critical for your sake, for the sake of the students and for the sake of the university.

Each undergraduate college and graduate department has an academic advising office that is equipped to support students through their struggles. When a student is performing poorly, you should inform the appropriate academic advising office of the situation. If a student continues to insist that a D will ruin his or her life, refer the student to the academic advising office (and phone or email the office to alert the staff, in case the student does not follow through). Once the advising staff have been informed about a particular student's difficulties, they will be able to check whether the student has broader problems or whether the difficulty is isolated (not all students, after all, will succeed in every subject).

Learn more:

- ▶ College Confidential
www.collegeconfidential.com/
- ▶ ULifeline
www.ulifeline.org/
- ▶ Transition Year
<http://transitionyear.org/>

ADJUSTMENT/TRANSITIONS

Transitions are times of change that usually involve both loss and opportunity. Entering college is one of life's most demanding transitions — arguably the most significant transition since the start of kindergarten.

Both undergraduate and graduate students face many challenging transitions, including degree completion and entering the work force. The changes inherent in a transition can produce stress and challenge a student's coping resources. It is common for students to experience a decline in functioning (academic, social, emotional) during transitions. The stress can be compounded by counterproductive coping mechanisms such as avoidance of stress-producing situations and people, excessive partying, denial of academic workload and substance abuse.

Transitions can pose greater problems to students who have existing psychological problems or difficult life circumstances. Students going through a transition may benefit from counseling to enhance their coping efforts and prevent the onset of serious problems.

Learn more:

- ▶ Transition Year
<http://transitionyear.org/>
- ▶ PsychCentral Article
<http://psychcentral.com/lib/what-i-wish-i-knew-in-grad-school-current-and-former-students-share-16-tips/0007541>

SUBSTANCE ABUSE

Students who abuse alcohol or other drugs cause significant problems for themselves and those around them. Alcohol is the most commonly used substance among UC students and accounts for the majority of substance-related problems on campus. The level of alcohol and other drug use at UC is similar to the national average. Recent research shows that approximately 4 out of 5 students drink alcohol and that there has been an increase in the number of college students engaging in binge drinking. Patterns of student alcohol use may be affected by many factors including gender, race, ethnicity, socio-economic status, family education, family history of alcoholism, religious orientation, as well as by fads, peer pressure and stress.

Prescription stimulants (such as Adderall or Ritalin) are also frequently abused by college students. Students who do abuse prescription stimulants are significantly more likely to also abuse alcohol and other drugs. Research finds that 31 percent of undergraduates can be defined as meeting the criteria for substance abuse and 6 percent meet the criteria for dependency. While the level of abuse drops among graduate students, the rate of dependency does not.

College students may utilize alcohol and other substances in an attempt to deal with the many stresses of college life as well as a way to try to cope and manage symptoms of anxiety and depression. Alcohol and other substances may initially seem to provide an outlet or relief for students, a way to “have fun” or “relax”, but can lead to further problems. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the consequences of alcohol use for college students are wider and more destructive than commonly realized. Alcohol use by college students may lead to and/or contribute to interference in academic performance, relationship loss/changes, accidents, assault, drunk driving, alcohol abuse or dependence, vandalism, unsafe sex, sexual assault or date rape, alcohol poisoning and even death.

Faculty and staff may become aware of student alcohol/substance problems when it affects the student's classroom behavior or academic performance, or if they encounter a student coming to class intoxicated or high.

Signs and symptoms

Decline in class attendance (e.g., tardiness, disappearance from class for long periods of time, sick more frequently)

Decline in academic performance (e.g., missed deadlines, not performing at usual level of competence)

Physical signs (e.g., bloodshot eyes, slurred speech, poor hygiene, sudden weight loss or gain)

Behavioral signs (e.g., avoiding eye contact, fatigue, hyperactive)

Changes in mood (e.g., depression, emotional instability, angry, irritable, aggressive behavior)

Learn more:

- ▶ National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/college-drinking
- ▶ The Association of Recovery in Higher Education (ARHE)
<http://collegiaterecovery.org/>
- ▶ Transforming Youth Recovery
www.transformingyouthrecovery.org/
- ▶ Half of Us
www.halfofus.com/

SELF-INJURY

Self-injury is sometimes called “deliberate self-harm,” “self-mutilation,” “cutting” or “non suicidal self-injury.” Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent. Self-injury can include a variety of behaviors but is most commonly associated with intentional carving or cutting of the skin, subdermal tissue scratching, burning, ripping or pulling skin or hair, swallowing toxic substances, self- bruising and breaking bones.

Detecting and intervening in self-injurious behavior can be difficult since the practice is often secretive and involves body parts that are relatively easy to hide. Unexplained burns, cuts, scars or other clusters of similar markings on the skin can be signs of self-injurious behavior. Other signs include: inappropriate dress for season (consistently wearing long sleeves or pants in summer), constant use of wrist bands/coverings, unwillingness to participate in activities that require less body coverage (such as swimming or gym class), frequent bandages, odd or unexplainable paraphernalia (e.g., razor blades or other implements that could be used to cut or pound), and heightened signs of depression or anxiety.

Creating a safe environment is critical for self-injurious young adults. Avoid displaying shock or showing great pity. The intensely private and shameful feelings associated with self-injury prevent many from seeking treatment. It is important that questions about the marks be non-threatening and emotionally neutral. Evasive responses from those engaging in self-injury are common. However, concern for their well-being is often what many who self-injure most need; persistent but neutral probing may eventually elicit honest responses.

Signs and symptoms

Scars from burns or cuts

Fresh cuts, scratches, bruises or other wounds

Broken bones

Keeping sharp objects on hand

Wearing long sleeves or long pants, even in hot weather

Claiming to have frequent accidents or mishaps

Spending a great deal of time alone

Pervasive difficulties in interpersonal relationships

Statements of helplessness, hopelessness or worthlessness

Learn more:

- ▶ The Cornell Research Program on Self-Injury and Recovery
www.selfinjury.bctr.cornell.edu/index.html
- ▶ Half of Us
www.halfofus.com
- ▶ ULifeline
www.ulifeline.org

RESPONDING TO GENERAL HEALTH & WELLNESS DISTRESS

If you become aware of a student who is in distress caused by general health and wellness concerns consider the following tips and referrals:

What you can do

Listen carefully and validate the student's feelings and experiences.

Express your genuine concern for the student, focusing on specific behavior and/or changes you've observed (e.g., irregular class attendance, deteriorating academic performance, marks on their arms).

Allow the student to respond to your concerns and observations.

Be prepared for the student to deny any problem and to reject your help.

Set appropriate and firm limits with students (e.g., it's not acceptable to come to class intoxicated or high).

If the student comes to class intoxicated or high, is disruptive and refuses to leave, contact the campus Police for assistance.

Encourage the student to use positive coping strategies to manage transition stress, including regular exercise, use of social support, a reasonable eating and sleeping regimen, and scheduling pleasurable activities. ("Tell me what you have done in the past that worked when things have been tough.")

Refer a student to the Counseling Center. He or she may be feeling high levels of emotional pain, and may also be experiencing anxiety and/or depression. One goal of therapy is to help the student express their feelings and to develop more adaptive coping mechanisms to deal with their distress.

Follow up with the student after making the referral. If the student was not receptive to the referral initially, he/she may be more open to help upon further reflection and/or follow-up.

Be aware of your own feelings and reactions. It is natural to feel frightened, overwhelmed and helpless.

What to avoid

Punishing the student for maladaptive behaviors.

Assuming that the student understands the impact of their behaviors and is aware of the source of stress.

Discounting or overlooking factors that put the student at risk for more serious problems. (“Everyone goes through this and I am sure it is nothing to worry about.”)

Denying or ignoring your observations of the student’s academic or behavioral changes.

Attributing common signs of alcohol/substance use or abuse to “experimentation.”

Ignoring or tolerating the student’s disruptive behavior.

Communicating your concern in a critical and/or judgmental manner.

Arguing with the student if he/she expresses denial of a problem.

Trying to force a disruptive or intoxicated student to leave the class. In these cases, call campus police.

Making comments that are judgmental of their self-injury or tell the person to stop the self-harming behavior. This may more likely exacerbate the behavior.

Overreacting, as it is important to remain calm. It can be very anxiety provoking when you see marks indicative of self-injury or a student tells you they are engaging in this behavior. Remember that engaging in self-harm does not necessarily mean someone is trying to kill themselves.

Referrals:

- ▶ Campus Student Health Center
(refer to campus insert for contact info)
- ▶ Campus Counseling Center
(refer to campus insert for contact info)
- ▶ Campus Alcohol and Drug Program
(refer to campus insert for contact info)
- ▶ Campus Collegiate Recovery Program
(refer to campus insert for contact info)
- ▶ Campus Disability Services Center
(refer to campus insert for contact info)
- ▶ ULifeline
www.ulifeline.org
- ▶ Half of Us
www.halfofus.com
- ▶ The Association of Recovery in Higher Education (ARHE)
<http://collegiaterecovery.org>

Distressing & Disruptive Students

On occasion, you may find a student whose behavior is causing distress for you or others. These types of concerns vary greatly but can be broadly categorized by those who are excessively demanding or dependent, and those who are aggressive or perceived to be potentially violent.

In this section, we will review common signs and symptoms for each type of concern and list educational resources for anyone interested in learning more. At the end of this section, you will find general tips for responding to students who are distressing.

Excessively Demanding/Dependent

Aggressive/Potentially Violent

EXCESSIVELY DEMANDING/DEPENDENT

Over the course of interacting with students, there are invariably some students whose personal styles create interpersonal difficulties for those around them. These students often present with a sense of entitlement, are unwilling to listen, cannot take “no” for an answer, exhibit disrespect or verbal abuse toward others, or act in a persistently demanding way.

Some students arrive on college campuses with interpersonal skills honed in a less stressful environment where less is expected of them and more support is available, or where they have not been allowed to act independently. Students may be used to operating in a smaller academic community, where it is easier to access needed information, parental figures are available to help and much more of their life is structured for them. When faced with greater challenges in a larger community, students may find that they are overwhelmed and lack necessary skills to adroitly negotiate college situations.

Students who are demanding can be intrusive and persistent and may require more time and attention. Demanding traits can be associated with anxiety, panic, depression, personality problems and/or thought disorders, mania, drug use/abuse.

It is important to be aware of your own tolerance level and what you can offer the student on any particular day and time. If you are relatively free from other responsibilities at the moment, you may feel more able to respond. On the other hand, if the same student has returned for help day after day, or, for whatever reason your own stress level is high, it might be advantageous to ask a colleague for help. With the help of a colleague it can sometimes be easier to set boundaries, to check lists of resources, to get another opinion on the level of the student’s distress and to not carry the burden of a student whose needs are expressed in demanding or time-consuming ways. Developing a plan that will help the student acquire necessary skills may involve a variety of helpers, from academic, counseling and other student services.

Signs and symptoms

A sense of entitlement

An inability to empathize

A need for control

Difficulty in dealing with ambiguity

Often intrusive and persistent

A strong drive for perfectionism

Difficulty respecting structure, limits and rules

Dependency on others to take care of them

Fears about handling life

Elevated mood

Drug use or abuse

Inability to accept any limits

Learn more:

- ▶ National Behavioral Intervention Team Association (NaBITA)
<https://nabita.org>

AGGRESSIVE/POTENTIALLY VIOLENT

It is very difficult to predict aggression. When a student is faced with a frustrating situation that is perceived to be insurmountable, the student may become angry and direct that anger toward others. Yet, in spite of recent high-profile tragedies, a student acting out violently is a fairly rare event.

Developmentally, stressors may increase for a student who has coped marginally before leaving home. Additionally, the access to drugs or alcohol for some may increase the propensity for more aggressive behavior. Certain social situations also may elicit aggressive responses. In some cases, the aggression may be indicative of the onset of a mental health disorder.

Violence cannot be predicted, but there are some indicators that suggest a person may have the potential for violence. These include having a prior history of family violence or abuse, volatility or inability to control aggressive impulses due to organic or learned behavior.

Unfortunately, in dealing with individuals, you do not always know the historical or immediate background of a particular student. Therefore, it is important to be able to understand your own sense of safety and to ask for assistance if you feel threatened.

Signs and symptoms

Frequently, assault is predicted on the basis of observing hostile, suspicious and agitated behavior. In the absence of the above symptoms the presence of hyper-vigilance (i.e., looking around a lot), extreme dependency, or delusions and hallucinations may be risk factors. Other signs and symptoms that may indicate a potential loss of control are fearfulness, anger or predatory behavior. Verbal communication may be loud and pressured.

If there is an imminent threat of harm, call the campus police immediately.

Learn more:

- ▶ National Behavioral Intervention Team Association (NaBITA)
<https://nabita.org>

Responding to Distressing Students

If you find yourself working with a distressing student, consider the following responses:

What you can do

Talk to the student in a place that is safe and comfortable.

Remain calm and take the lead. (“Tell me what is bothering you and then let’s decide what solutions there might be.”)

Set clear limits up front and hold the student to the allotted time for the discussion. (“I have 10 minutes today, and so within that time, what can I try and help you with?”)

Emphasize behaviors that are and aren’t acceptable. (“If you want me to continue with this, I will need you to be as respectful of me when you are talking as you would want me to be respectful of you.”)

Respond quickly and with clear limits to behavior that disrupts class, study sessions or consultations.

Be prepared for manipulative requests and behaviors. (“You came asking for my help and I have offered you several ideas, but they do not seem okay with you. What ideas do you have?”)

Maintain a posture that is poised, ready to move quickly, but not fearful.

Maintain a voice quality that is matter-of-fact, monotone.

Use clear, assertive statements of consequences; repeat as necessary.

Use eye contact sparingly — only to emphasize a point.

If you feel it is appropriate to continue meeting with a distressing/aggressive student, remain in an open area with a visible means of escape (keep yourself at a safe distance, sit closest to the door and have a phone available to call for help).

Use a time-out strategy (ask the student to reschedule a meeting with you after he/she has more time to think).

Enlist the help of a co-worker (avoid meeting alone or in a private office with the student).

Assess your level of safety and be cognizant of your intuition. Call the campus police if you feel the student may harm him/herself, someone else or you.

Additionally, there may be protocols for dealing with urgent or emergency situations within your college or school that you will want to familiarize yourself with, so that you are prepared when the need for this information arises.

What to avoid

Arguing with the student. (“No, you are not correct and I do not agree.”)

Giving in to inappropriate requests.

Adjusting your schedule or policies to accommodate the student.

Ignoring inappropriate behavior that has a negative impact on you or other students.

Feeling obligated to take care of the student or feeling guilty for not doing more.

Allowing the student to intimidate or manipulate you to not deal with the problematic behavior.

Staying in a situation in which you feel unsafe.

Ignoring signs that the student’s anger is escalating (body language, clenched fists).

Becoming hostile or punitive toward the student.

Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.

Making threats or dares.

Touching the student or crowding his or her sense of personal space.

Ignoring a gut reaction that you are in danger.

Referrals:

- ▶ Campus Police or 911
(refer to Campus Resource Insert)
- ▶ Dean of Students
(refer to Campus Resource Insert)
- ▶ Campus Counseling Center
(refer to Campus Resource Insert)



06

Supporting Graduate/ Professional Students and Postdoctoral Scholars



The pressure I am experiencing in graduate school is starting to consume me. I think I have a problem. It seems that whenever I get stressed or whenever I am tired ... which is almost everyday, I get symptoms of obsessive-compulsive disorder. For example, before I sleep I have to squirm around in my bed and do rituals before I can fall asleep. Before and during tests, I perform repeated rituals with my legs or pencil before I start on the exam, even though the solutions are in my head. It is getting worse as the weeks pass and I don't know what to do.”

—Anonymous Student

Graduate/Professional Students: A Vulnerable Population

The information in this text can be applied to all students, including graduate and professional students, who are entitled to the same mental health services as undergraduate students. However, there are complexities in fostering healthy learning environments for graduate and professional students that vary from working with undergraduates.

Very few studies have explored the prevalence of mental health problems among psychology graduate students.

- A 2009 survey conducted by the American Psychological Association found that 87% of psychology graduate students reported experiencing anxiety, and 68% reported symptoms of depression. Even suicidal thoughts — with a prevalence of 19% — were relatively common.
- The Spring 2015 American College Health Association - National College Health Assessment II (ACHA-NCHA II) suggests while we have made some improvements, mental health is still a major concern among graduate students. Within the last 12 months:
 - » 39.5% of students felt things were hopeless
 - » 30.9% of students felt so depressed it was difficult to function
 - » 53.4% of students felt overwhelmed with anxiety
 - » 5% of students seriously considered suicide

UC trends are slightly higher than National statistics.

- In April 2004, the Mental Health Task Force at UC Berkeley conducted a survey to collect data on graduate students' mental health needs, their knowledge of health resources available on campus, and their satisfaction with department climate. Findings included the following:
 - » In the last 12 months, 45.3% of respondents had experienced an emotional or stress-related problem that significantly affected their wellbeing and/or academic performance.
 - » 9.9 % of respondents seriously considered suicide in the past 12 months

- A follow-up study seeking to identify predictors in life satisfaction and depression in graduate students was released in 2014 as the Graduate Student Happiness and Well-Being Report, published by the Graduate Assembly in partnership with Graduate Division. The report noted the following 10 predictors:
 1. Career Prospects
 2. Overall Health
 3. Living Conditions
 4. Academic Engagement
 5. Social Support
 6. Financial Confidence
 7. Academic Progress & Preparation
 8. Sleep
 9. Feeling Valued & Included
 10. Advisor Relationship

- Finally, a review 2016 of usage rates for all graduate students across the UC system revealed the following:
 - » The top reported concerns for graduate students are anxiety, depression, and relationship issues
 - » 21% of all graduate students are utilizing campus counseling services

-
- » 19% of those student are reporting some level of suicidal ideation
 - » 20% have engaged in some form of self-harm behavior (without the intent of suicide)
 - » 14% are taking psychotropic medication

Supporting Graduate and Professional Students

Graduate study at the University of California is varied and complex. There are a multitude of major and minor fields of study, and a range of degrees awarded. Such academic freedom comes with the responsibility to think independently, act responsibly and pursue one's research with self-directed passion.

Graduate/professional students are far more likely to be international and more diverse in age, background and experience than undergraduates. They are at various life stages, with a greater variety of accompanying family members and responsibilities. All graduate/professional students will need support by faculty members, either as chair or member of a special committee, instructor in graduate-level courses or primary investigator in funded research. An individual faculty member may not need to be responsive in all of these roles, but the faculty member who interacts most with the student should strive to offer the full gamut of support. The nine points on the following pages have been identified as essential criteria for supporting graduate students:

1

Clear communication of your expectations and policies

It is the responsibility of faculty members to lay out expectations and policies and explain in detail how things operate in their lab or class. Written expectations are most helpful. Being rigid is not advised, but rather laying the groundwork for building a mutually beneficial relationship based on clear expectations. You might consider these questions in writing your expectations:

How frequently do you prefer to meet?

How much time do you have available to work with the student?

What do you consider a normal workload?

Do you prefer final drafts for review or do you accept works in progress?

How much turn-around time do you need for letters of recommendation?

What are your policies on co-authorship?

Are your relationships with students strictly academic, or are some personal as well?

2 Approachability, availability and regular check-ins with students

It is important for graduate/professional students to have someone they feel comfortable coming to for assistance — someone who is invested in them and who cares about their well-being academically, professionally and personally. Although students are responsible for keeping in touch with you, it helps to keep them accountable if you also stay in touch with them regularly. If students are struggling and know they don't have to see you for months, they may not make timely progress toward completing their degree. Here are some ideas to help you maintain good contact with your graduate students:

Give mentees your undivided attention in meetings with them.

Check in with mentees at least once a semester.

Be friendly in the hallways and at field events.

Invite students to stop by during office hours.

3 Familiarity with resources within, and external to, the department

You will be expected to provide students with, or help them find, the resources they need, whether those involve funding, equipment, psychological support or any other resource that will benefit them as students. You should be able to point your students in the right direction when a need arises.

4 Supporting expanding student networks and providing professional development opportunities

One of the most effective ways to support students' academic and professional interests is to give them exposure to professional activities and important people in your field. For example, introduce them and promote their work to colleagues at conferences and other professional gatherings. Encourage your students to attend and present at conferences, and help them obtain the financial resources they'll need to do so. You can give ongoing support to your students' professional development by reviewing their grant writing, research projects, TA duties, guest lectures in your classes or job market preparation.

5 Valuing students' decisions, priorities and need for balance

When you set expectations and timelines or assign tasks, keep in mind that students have other priorities to juggle. It's important that students have time to keep their lives balanced and healthy. Faculty should familiarize themselves with university policies on assistantships and the university's academic calendar, so that if questions arise about the structure or duration of students' work assignments, you can provide information.

6 Familiarizing students with graduate school and academia

Another way to assist students is to familiarize them with the practices of the field and discipline and help them integrate into the program's communities. Such integration is an important predictor of degree progress and completion. For most of your students, graduate school is their first exposure to professional scholarship. Therefore, even if the bureaucratic procedures are so familiar to you that they seem simple, they can be daunting for graduate students who feel that they hear conflicting messages about everything from paperwork deadlines to field requirements. Make sure you have the most recent copies of your program's and the Graduate School's guidelines. Introduce students to "unwritten" or vague rules of graduate education, including expectations about funding, publishing, coursework and program timelines.

7 Providing honest, supportive, timely and detailed feedback

It is important that graduate students are treated as professionals by the faculty. Students who are treated as "junior colleagues" are more likely to complete their degrees than those who feel they are treated as "adolescents" (Herzig, 2004). Treating students with respect, fairness and objectivity — especially when their work may not be meeting expectations — is critical to their success. Respectful academicians will read a student's work and return it to him or her expeditiously with comments that show they have engaged with the student's ideas. They are either supportive of the direction the student is taking or they are constructive with their feedback on why they are not.

8

Being responsive to the needs of a diverse student body

Retention of minority students — those who belong to a group that experiences prejudice, stigma or discrimination — presents the greatest challenge to increasing overall graduate/professional student retention rates, because these students are the least likely to complete their graduate degrees. Graduate school is difficult for all students, but it is often more so for students who face obstacles that arise due to differences in race, sexual orientation, gender, disability, age and socio-economic background. The following suggestions can make you more aware and sensitive to this issue:

Learn students' backgrounds, values and motivations.

Recognize your own biases.

Read information, attend programs and participate in discussions that focus on issues faced by people from backgrounds different from your own.

Confront discrimination among colleagues and students.

Refine syllabi, assignments and reading material with an eye toward inclusion.

9 Providing ongoing encouragement and support

Most students experience bouts of insecurity and anxiety at some time. It is important to help them recognize that this is normal. Since you most likely experienced similar low points in graduate school yourself and clearly made it through successfully, you can provide ongoing encouragement. Faculty can instill confidence by telling students when they are doing a good job and helping them build the knowledge and skills they need to do their work well. Encourage your students to follow their interests and support them through the fleshing-out of incipient ideas that may or may not end up at the center of future research projects. Students should have the freedom to choose their research interests and receive the support they need regardless of how those interests relate to those of their mentors.

Refer to your Campus Resource Insert for additional information on services for graduate students).

Supporting Postdoctoral Scholars

By definition, a postdoctoral scholar has received a doctoral degree and is pursuing additional research, training or teaching to pursue a career in academia, research or a practice field. Postdocs work closely with a faculty/staff mentor and play a crucial role at the university; they supplement the research expertise of faculty by sharing new techniques, collaborating with other institutions and helping to manage the daily operations of a laboratory, research or practice setting. They also may contribute by teaching and advising in support of undergraduate and graduate students, making them an integral part of the university.

Postdocs consistently report these concerns

Lack of communication

Poorly established goals/lack of understanding of goals

Not knowing whom the research belongs to

Challenges applying for grants

Trouble networking at conferences and beyond

Language barriers/cultural issues

Family issues

Isolation in the lab

Dual couple issues

Lack of jobs

Faculty/staff mentors are such an important part of the postdocs' professional lives and can help the postdocs work on most of those issues by adhering to the recommendations for supporting graduate/professional students (noted in the previous section).

Mental Health Resources for Postdoctoral Scholars

Postdoctoral scholars are NOT eligible for the same mental health resources as our undergraduate and graduate/professional students.

Postdocs have a unique set of benefits which are managed through your campus' postdoc/visiting scholar office.

Refer to Campus Resources Insert for contact information.



07

What Faculty & Staff Can Do to Reduce Stress

“

Last year, I had a professor who took it upon himself to learn the names of many of the students in his class, which is amazing because the class was over 150 students. Every day I would walk in and he would say, ‘Hey Jayson, how are you?’ Although such a gesture is small, it really did make a difference. Sometimes it turned a bad day into a hopeful one.”

—Anonymous Student

Am I Causing Undue Stress?

Despite good intentions, in your pursuit to push our students towards academic excellence, have you ever considered you may be the cause of undue stress? High achieving students are often already highly critical of themselves. Combine that with a predisposition towards mental illness, and perceived hostile treatment from a professor (who they may idolize), the effects can be crippling. While one approach is to build resilience in our students (which we are actively working towards), we also ask that our faculty and staff reflect on their own interactions with students. Consider the following:

Do you often encourage competition between your students?

When you have to turn down a student's request, do you offer alternatives or leave them to figure out next steps on their own?

Are you quick to hand out criticism, or are you extremely thoughtful about giving negative feedback?

Has a student ever left your office crying after communicating about their work?

Has a student ever told you they were afraid to come to your office hours or that you seem unapproachable?

Do you find yourself feeling impatient or even annoyed when communicating with students?

Do you require students to provide a medical note for an absence?

Have you ever been dismissive of a student when you felt his/her complaint/concern was unfounded?

If you examined your interactions, would you notice a difference in how you treat your higher vs. lower achieving students? What about other categories of students?

Given how demanding your job can be, do you find yourself feeling stressed and overwhelmed by your own responsibilities?

After reflecting on the questions above, if you find yourself answering yes to any of these items, it is possible you are unintentionally contributing to student distress. We truly believe that each of you do the best you can every day. As we become more aware of how our actions impact others, we have an opportunity to do better. The rest of this chapter is dedicated to providing education and resources to help you provide an environment where our students are free from undue stress by staff and faculty.

FOUNDATIONS FOR SUPPORTING STUDENTS

The college years are a time when a student's focus of life changes from family and home to the college community. Relationships between parents and children change and evolve into relationships between parents and young adults. This evolution varies by culture as well as by individual family. Students are forming a new identities that integrate the many contexts in which they live.

Today's students face intense pressure to succeed. Guidance, support and help from faculty and staff can ensure the creation of a living-learning environment where students can productively face many issues for the first time.

As faculty and staff, we can better prepare ourselves when we understand the developmental tasks facing students:

- **Becoming Autonomous:** managing time, money and other resources, taking care of oneself emotionally and physically, working independently and interdependently, and asking for help.
- **Establishing Identity:** developing a realistic self-image, including an ability to handle feedback and criticism, defining limitations and exploring abilities, and understanding oneself in culture.
- **Achieving Competence:** managing emotions appropriately, developing and pursuing academic interests, identifying and solving problems, becoming confident and competent, and preparing for careers and life-long learning.
- **Understanding and Supporting Diversity:** meeting people from diverse backgrounds, encountering differences and learning to honor the gifts of others.
- **Establishing Connection and Community:** learning to live respectfully with and among others, and developing skills in group decision-making and teamwork.

Helping Students Understand & Manage Stress

The college years can be a time of discovery and excitement. Those of us who work with students strive to incorporate those qualities into our teaching and our work. At the same time, the developmental tasks that are particular to the college years can be taxing and difficult. Stress responses can be triggered by positive experiences, such as falling in love or acing an exam, or by negative experiences, such as an unexpected loss, some form of

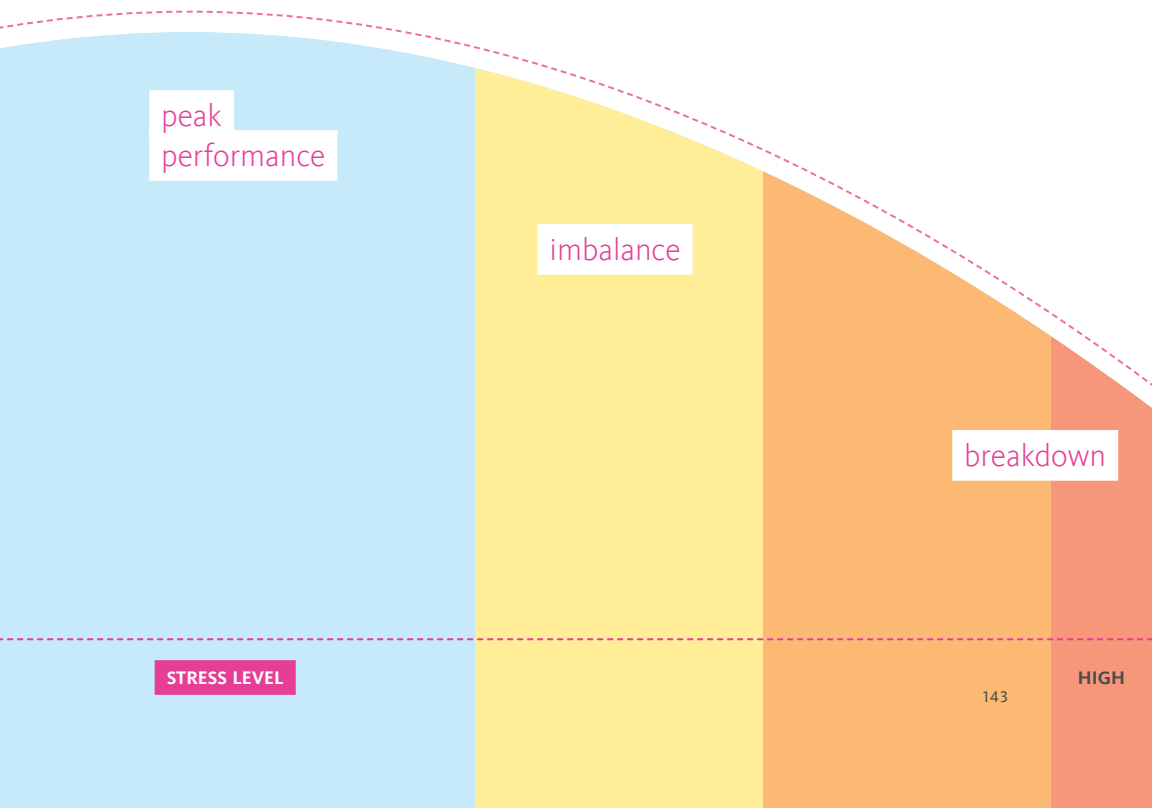
THE STRESS CONTINUUM

PERFORMANCE (PHYSICAL AND MENTAL)

healthy tension

some form of disappointment or a traumatic event. As a positive influence, stress can compel us to action, move us into our “peak performance zone” and bring a sense of excitement or exhilaration to our lives. As a negative influence, it can result in fatigue, anxiety and feelings of helplessness. In other words, stress is what our bodies and minds experience as we adapt to a continually changing environment.

Stress occurs on a continuum. To maintain **healthy tension**, a person must balance the right amount of stimulating challenges with a healthy diet, a consistent sleep schedule, regular exercise and stress management techniques.



While most students would like to be in the **peak performance** zone every day, this is not humanly possible. However, by maintaining healthy tension, an individual can access the extra burst of energy and focus needed to achieve peak performance when needed most (e.g., on the day of an exam).

When students perceive that a situation, event or problem exceeds their resources or abilities, their body reacts automatically with the “fight or flight” response. If this response persists over time, or results from a sudden significant change, it can lead to imbalance and health problems such as heart palpitations, insomnia, eating disorders, fatigue, panic disorders and feelings of hopelessness or depression.

Excessive and/or prolonged levels of stress lead to imbalance and physical, emotional and social breakdown. This experience of **imbalance** may present as a difficulty concentrating, disorganization, forgetfulness, deterioration in quality or quantity of work, irritability and exaggerated personality traits. To re-establish balance, the person needs to strengthen his or her stress-management practices, learn new coping strategies or seek support from others.

If stress is left unchecked, symptoms will worsen, causing severe physical complaints, illness, feelings of anxiety, hopelessness and/or depression. The student may be so despondent that he/she skips class or a job, socially withdraws or takes unnecessary risks with personal safety. At this **breakdown** point, it is essential for the student to seek professional medical or counseling assistance.

When stress impedes functioning, many people benefit from a combination of lifestyle changes, affirmative interpersonal relationships, counseling, and/or medication. Faculty, staff and graduate teaching/research assistants can support students by reinforcing healthy lifestyle behaviors, addressing classroom behavior or other concerns when first noted and communicating that seeking assistance when needed is a sign of strength.

The suggestions that follow outline general best practices that can be applied to the classroom setting. Consider adopting these practices as your contribution to fostering a healthy learning environment for our students.

Get to Know Your Students

Foster Cooperation vs. Competition

Be Clear in Expectations and Communication

Evaluate Students without Causing Undue Stress

Open Possibilities vs. Closing Doors

Prepare Teaching Assistants to Be Most Effective

Get to Know Your Students

Create a welcoming environment for all students. Social support and a sense of a larger community promote well-being and are the best insurance against stress and self-harm. UC students overwhelmingly state that they want to be part of a supportive community. They want to get to know and work with their professors and bond with the staff.

Suggestions

Learn your student's names. You may not be able to learn them all, but don't let this stop you from learning as many as you can.

Throughout orientation week, some departments sponsor social events such as meals in the dining halls, club outings, picnics or barbecues, and sporting events. Please attend! These are another way for departments and faculty members to create a dynamic that ensures a comfortable atmosphere for students.

Consider making a student-professor meeting a course requirement.

Foster Cooperation vs. Competition

Extreme competition and stress can lead to increased depression, antisocial behavior and substance abuse. Isolation is a factor in suicide as well as in violent behavior. Social connectedness is a predictor of well-being, even more so than income or educational attainment.

Most faculty agree that some level of student stress is a motivating force but wonder what can be done both inside and outside of the classroom to help minimize unnecessary stress. Group work decreases stress, fosters team building and combats the isolation.

Suggestions

A public space or lounge area draws students to your department and provides opportunities for informal interactions between students and faculty. It also provides a place to post information and a meeting space for student organizations.

Cooperative Groups in Class — Pose a question to be worked on in each cooperative group and then circulate around the room answering questions, asking further questions, keeping the groups on task and so forth. After an appropriate time for group discussion, students are asked to share their discussion points with the rest of the class.

Active Review Sessions — In the traditional class review session, the students ask questions and the instructor answers them. Students spend their time copying down answers rather than thinking about the material. In an active review session, the instructor poses questions and the students work on them in groups. Then students are asked to show their solutions to the whole group and discuss any differences among solutions proposed.

Be Clear in Expectations and Communication

Students feel more at ease when they know what will be expected of them from the start. This information is helpful for decision making and time management. Clear and consistent communication enables students to get the most out of their undergraduate education. Without accurate information, students feel that everyone else is doing well and that they are the only ones struggling.

Provide clear expectations orally and in writing from the first day of class. Include information about what the students can expect from you as the professor and what you expect from the student. Provide multiple ways to gain knowledge. Provide regular feedback.

“My prof said this course is going to be totally easy — that makes me feel stupid if I don’t get it. This class was sooo hard.”
—Anonymous First-Year Student

Suggestions

When writing your course syllabus, consider including the following items:

Overall course objectives; consider the personal tone that you set as an important aspect of the syllabus

Course format, so students know how you will be using class time

Your expectations of student responsibilities (such as participation and the level of work)

What assessment techniques you will use to evaluate students, including information on grading policies

A schedule of class dates and topics, along with week-by-week reading assignments

Due dates for papers, exams, and projects, including policies about late assignments

Any pertinent information about academic policies and procedures (such as class attendance, making up assignments and universitywide policies)

Consider adding the following statement to your course syllabus:

Mental Health & Wellness

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, depression, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. UC offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, consider utilizing the confidential mental health services available on campus. I encourage you to reach out to the Counseling Center for support (insert website link and phone number). An on campus counselor or after-hours clinician is available 24/7.

Evaluate Students without Causing Undue Stress

Have a clear purpose for each assignment. Prepare your students by giving exams that simulate the real world. Let students know where they stand academically.

Test in the same manner in which you teach. Be sure that a test measures what students have learned. Provide specific feedback and corrective opportunities. Grade inflation is a problem — 95 percent of students think that they are failing if they don't get all As. On the other hand, a mean of 30 can be psychologically devastating. Negotiating flexibility can be difficult while also striving for academic excellence.

“I’m in a few classes where I have a lot of assignments worth 10 percent of my grade. I take them seriously, but it’s not as stressful.”

—Anonymous Arts & Science Student

Suggestions

Test exams on a colleague before handing them out to your class. Students get stressed when there are mistakes in an exam.

Consider untimed exams. While this is vital for students with some learning disabilities, it can also reduce tension for mainstream students.

Consider providing practice exams or old exams or review sessions for an exam.

Establish a formalized mechanism through which students can appeal project/paper deadlines or ask for an exam make-up. For example, rather than setting a make-up exam date and time at the beginning of the semester, provide the make-up exam based on the group of students who have communicated (through the formalized mechanism) that a different date is needed (e.g., for religious reasons or significant health concerns).

Consider allowing students illness/personal absence days without requiring documentation from a medical provider. This not only causes students to "medicalize" their needs, but uses up valuable staff resources for truly ill students.

“Anything that counts for a large percentage of my grade, even if it’s only something like 25 percent, is very stressful. It makes me nervous that if I don’t do well, it will be difficult making up the grade.”
—Anonymous Humanities Student



Opening Possibilities vs. Closing Doors

Challenge the thinking that students must get into the one and only top graduate school or field. Emphasize that there are lots of graduate schools, opportunities and careers and that they will find something that will work for them.

Suggestions

Many departments have instituted web pages, weekly emails, bulletin boards or newsletters for majors to communicate departmental information.

Students, particularly freshmen, find these sources of information helpful in visualizing future jobs and finding undergraduate research opportunities, teaching assistant opportunities internships, and summer jobs. Students who are informed about activities will remain connected to the department.

Students in departments with undeclared majors should have the opportunity to sign up for newsletters to make the transition into a major as smooth and as informed as possible.

“There is so much stress and competition, especially for pre-meds. If I don’t make it to medical school, what will I do with my life?”
—Anonymous Arts & Science Student

Prepare Teaching Assistants to Be Most Effective

Teaching Assistants often know more about students than faculty and are often the first ones to notice when something is wrong. Ensure that your TA's receive proper training and are equipped with the knowledge to recognize and respond to signs of distress. Consult your Counseling Center for TA mental health training options.

Suggestions

When given the option, hire TAs not because they received high grades in your course but for their ability to teach and relate well to students.

Make holding office hours a top priority for TAs; require them to post their office hours and be there for those hours. Question if TAs prefer to be available in the evenings, perhaps up to 11 p.m. in a library, and encourage them to offer email hours for students to contact them in the evenings. You might be surprised that some TA's would prefer evening hours.

Have TAs work in pairs.

Have TAs take attendance and report students who are regularly missing sessions or seem to be struggling, so resources can be offered.

Ask the TA to phone or email any students who miss class.

Encourage your TAs to participate in mental health gatekeeper training offered by your Counseling Center.

Focus on Strengths

College students will need to draw upon their own strengths, resilience and sense of social connectedness to help them maintain mental health and wellness.

Often, students who begin to struggle are consumed by an intense focus on avoiding failure. Research on achievement motivation suggests that students whose motivation to avoid failure is greater than their motivation to succeed are more likely to expect negative outcomes when faced with challenges, have increased cognitive anxiety, ruminate on failure, exhibit avoidance behaviors and generally underperform. On the contrary, students whose motivation to succeed is higher than their motivation to avoid failure are often more future-oriented, more willing to be involved in innovative activities, more apt to see challenges as motivating and often push limits to solve complex problems.

Suggestions

Working “with” students who are struggling (as opposed to working “on” students) will help them to feel more motivated, in control and more invested in the outcome. Some questions you can ask a struggling student include:

How did you deal with this before?

Who is on your team?

What are your greatest strengths and how can you use them now?

What do you think is going to happen?

How do you stay well?

What are your goals?

What should you be worried about?

What would your hero/parent/mentor advise?

Faculty & Staff Testimonials

We asked faculty and staff throughout the system how the mental health of students impacts their jobs and why learning about mental health is important. We hope their stories inspire you.

“As I was working in the residence halls, I noticed that a student was acting different than before in my previous interactions. She was angrier and showing more hostility to other students. Other students were being impacted by her behavior in a negative way. I pulled the student aside and asked if she was ok. She got irate with me and started yelling and saying statements that life does not matter and no one cares. I told her that I did care about her and I wanted her to succeed and reach her goals. I ended up calling Berkeley Mental Health to get her evaluated. I feel it is important to recognize and respond to students in distress because we are all a part of the [UC] community and need to exhibit an ethic of care for one another. We need to be active bystanders and look out for one another and reach out to help folks that are needing it. Every student deserves care and concern on our campus.”

Nicole Lowy

RESIDENT DIRECTOR, UC BERKELEY

“I am proud to be part of a campus community, and particularly Student Affairs at UC Santa Barbara, that is devoted to ensuring the success of our students. Being involved with helping to sustain a healthy campus through the provision of mental health services makes us stronger. We are all truly inter-connected. Support, team work and compassion go a long way as we care for our students, particularly those who are facing stressful situations. It takes courage and true interest to speak up when you notice a student in distress, whether you are a staff member, a professor, or a friend. As director of a counseling center, I am so pleased that we have individuals who take the time to let students know that they care and help guide them to appropriate resources. Thank you!”

Jeanne Stanford, Ph.D.

DIRECTOR, COUNSELING & PSYCHOLOGICAL SERVICES, UC SANTA BARBARA

“I think that UC Merced is in a unique position with our student population being so small. We have the ability to create these awesome connections with students that a lot of other UCs are not able to do because of their size. While a large amount of students are able to cope with stress and the demands of college life, some are not. We have a due diligence as an educational institution to ensure that each student is allotted the ability succeed in their educational journey, however, each journey looks different. When dealing with students in distress, some small changes in behavior could be something much bigger under the surface. These small stresses in life, if not dealt with correctly can lead to alcohol and/or substance abuse, harmful behaviors and possibly suicide. I think it is also about creating an environment of trust so that the students know that they have an ally within you and helping to normalize help-seeking behaviors. Sometimes just reaching out to a student and having a brief conversation with them can help them to understand their importance.”

Jennifer Quiralte

COORDINATOR, GRADUATE STUDENT SERVICES, UC MERCED

“It is so important we all look out for each other in our communities. We all experience difficult times whether a result of a loss, personal hardship, or a more enduring problem. But, in the end, the strength of our community is measured by how well we care for and look out for each other.”

Patty Mahaffey

DEAN OF STUDENTS, MUIR COLLEGE, UC SAN DIEGO

“All of us who work in a university need help from time to time. When students come to me with problems, I let them know about all of the resources available to them. I also make sure that they know that I reach out for help at times, too.”

Lynn Mally

PROFESSOR OF HISTORY, UC IRVINE

“After 23 years as Vice Chancellor for Student Affairs at UCSB, I am more certain than ever of the importance of placing student mental health and wellness at the very top of my list of priorities. The well being of each and every student is a basic building block to a healthy and safe campus environment as well as to student academic and personal success. By educating the campus community about the warning signs of distress, and caring enough and knowing how to intervene ourselves when necessary, we are embracing the citizenship aspect of our Student Affairs motto — Scholarship, Leadership, Citizenship. Our hope is that our students will embrace both their own well being and the well being of their community so that they can go out in the world and share the talents they have cultivated on our campus as accomplished scholars, competent leaders, and active citizens.”

Michael D. Young, Ph.D.

RETIRED VICE CHANCELLOR FOR STUDENT AFFAIRS, UC SANTA BARBARA

“Probably because of our background in psychology, my faculty colleagues and I are acutely aware of symptoms of psychological distress and issues that our students might exhibit. Personally, there were several instances when I have noticed psychological distress in a student. One of my earlier experiences (2011 or 2012) came when an undergraduate student came to my office hours to get help since he had not been coming to lecture. He said he felt so “low” that he couldn’t get out of bed and that he “hearing things.” He admitted that he occasionally thought about killing himself. I convinced him to walk with me to our counseling center and we sat in the lobby for a few minutes until someone could see him. More recently, our group suffered a professional and personal loss in the death of a founding faculty member of our university and group. His death affected all of us, but especially a few students in particular. After discussing the situation with her, the Counseling Center Director came to a graduate course to discuss grief and inform students of the support they could get on campus. I have not doubts that this was a significant source of comfort to our students.”

Anna V. Song, PhD

ASSOCIATE PROFESSOR OF HEALTH PSYCHOLOGY
CHAIR, PSYCHOLOGICAL SCIENCES GRADATE GROUP, UC MERCED

“I first took an interest [in mental health] when I saw an increasing number of students with conduct issues also presenting other things like depression and stress. I think there is a close connection between student conduct and mental health and it kind of got to a point where I realized I needed to educate myself more about the mental health side.”

Courtney O’Connor

ASSISTANT DIRECTOR, STUDENT HOUSING, UC DAVIS

“I recently met with a student for a standard 60-minute academic skills consultation that ended promisingly. One week later, I was surprised to find him slumped in front of my office with his head in his hands, the look on his face one of distress. A project with a partner had turned out so poorly that he had a reasonable expectation of receiving a low grade in the crucial pre-requisite course, meaning he wouldn't make it into even his second-choice major. He kept calling himself a failure mumbling ways in which he could punish himself appropriately and/or exact retribution on his partner. Feeling that I likely represented the student's last chance to develop a healthier view of this situation, I had a helpful conversation with the student about the big-picture context of that particular group project and his major as a whole. Recognizing and responding to distressed students is perhaps the most important part of my job.... As that situation unfolded and the protocols for such circumstances flashed through my head, I realized that all the unused hours of training I'd received in this area were paying off at that moment. I was able to help the student find new ways of looking at what otherwise could have been a catastrophic incident. It was my most difficult test to date, and years of doing my homework on distressed students was what made it possible for me to pass.”

Paul Rivas, M.A.

ACADEMIC SKILLS COORDINATOR, CAMPUS LEARNING ASSISTANCE SERVICES, UC SANTA BARBARA

“When we admit students to graduate school we have high hopes for their success. Counseling and Psychological Services is a key resource for me as I work with students to achieve that success.”

April Bjornsen

ASSISTANT DEAN OFFICE OF GRADUATE STUDIES, UC SAN DIEGO

“One night I was walking out to my car and heard someone crying. While the student was clearly trying to conceal themselves from public view, I stopped, introduced myself and asked if I could sit with her for a while. I spent about an hour listening to the student, as she confided in me that she was overwhelmed with schoolwork, thoughts that she was not smart enough to be at UC Merced, additionally she was struggling with family expectations and making friends on campus. I asked and received confirmation that the student wasn’t having any thoughts of suicide, but was struggling with anxiety in regards to coursework and social environments. I established a time for her and I to meet the next morning, where we walked from her residence hall to the [counseling center] to schedule her an appointment to meet with a counselor. The student continued to use [counseling] throughout the year and checked in with me periodically.”

Jenni Plueard

RESIDENCE LIFE COORDINATOR, UC MERCED

“I have used [the Red Folder] and think it really breaks it down in such a way that it’s very clear how quickly we can connect someone to the right resources. It really makes it clear that we don’t need the professors or staff members to be the experts, there are [mental health] experts who get paid and have tons of expertise in these things. I think whenever we see distressing behavior, when someone is acting out in any way, whenever we see behavior that is alarming to us, I think there is a tendency to withdraw and perhaps try to avoid it and refocus on others. I think that is a disservice and we need to take the time to take a look at resources like the Red Folder, which is a great resource.”

Kirk White

CONDUCT COORDINATOR & ASSISTANT DIRECTOR
STUDENT CONDUCT AND COMMUNITY STANDARDS, UCLA

“Having spent the past ten years in the student conduct arena on campus, my daily tasks focused on dealing with behaviors with students that violated policy and landed them in our conduct process. On many occasions, the students being addressed had underlying mental health concerns that were at the root of their disruptive and/or distressing behaviors. As a certified drug and alcohol counselor, I was particularly in tune with of the struggles that many of our students had with the misuse of substances and with addictive disorders.”

“I recall one situation in which a student was facing very serious criminal charges due to credit card fraud, having stolen from their roommate to feed their addiction to prescription medication. In a conduct hearing with this student, it became evident to me that the student’s behaviors had become unmanageable due to their addictive disorder and we immediately began work to address the root of the behavior. Following intensive inpatient treatment and the implementation of university sanctions tailored to assist the student with their ongoing sobriety, I was thrilled to see this student thrive, go on to graduate and enter into a Masters level as a young person in long-term recovery.”

“If we had not been able to assist this student with identifying and addressing her disease, their path most probably would have been very different.”

Audrey L. Pusey, M.Ed., CADC, ICADC

INTERIM DIRECTOR OF CASE MANAGEMENT, UC RIVERSIDE

“Too many students feel that they need to solve all their problems on their own. We need to help them realize that seeking help is an act of strength, not of weakness.”

Susan Smith, Ph.D.

CHAIR, PROVOST, JOHN MUIR COLLEGE, UC SAN DIEGO

“Once, I met with the department chair of a graduate program, and one of the Graduate Advisors in Grad Division, to discuss a student of concern. The student appeared to be struggling with personal issues that were impacting their ability to successfully complete their TA responsibilities. The three of us were able to propose a resolution where the student could take a leave from their TA duties but still stay in school, plus an additional loan for temporary assistance. I was the liaison between the Chair & Grad Division in presenting the proposal to the student, who gratefully accepted the resolution.”

“The student’s distress was noted and the staff member reached out to the student and actively engaged supportive resources. It is important that we let the students know that we care and that they are not just a name on a roster. Also by reaching out to resources with them, we model problem solving techniques so that they are empowered to advocate for themselves in the future.”

Penny Key, LMFT

STUDENT AFFAIRS LEAD CASE MANAGER, UC RIVERSIDE

“A number of students have shared – verbally and in written reflections – that they feel alone in addressing their personal and academic problems. Their inability to ask for help (because of cultural stigma, family or personal pride or just ignorance of the resources available) plus the perceived lack of faculty caring can accelerate a student’s physical/mental dysfunction as well as academic failure; then we all lose.”

Eleanor M. Vogt RPh, Ph.D.

HS CLINICAL PROFESSOR, UC SAN FRANCISCO, SCHOOL OF PHARMACY

“I am a psychologist at Counseling and Psychological Services and my husband is the Chief of Police at UCSB. We have noticed that sometimes when students who are having mental health problems do not get professional help, their behavior can become disruptive and problematic to the campus community. Occasionally, these students of concern actually engage in behavior that gets them into legal trouble by committing acts of aggression or other criminal activities. However, when those students are willing to talk with a mental health professional and allow us to provide them with better coping skills, resources, and referrals, they are able to feel better, perform well academically, and have satisfying relationships. So, we would like to encourage faculty and staff who see students (or colleagues) who seem overwhelmed by stressful life situations to urge them to 'get help before they get in trouble!'”

Kirsten Olson, Ph.D.

PSYCHOLOGIST (UCSB) & DUSTIN OLSON, M.S.; CHIEF OF POLICE, UC SANTA BARBARA

“During a meeting with a student, I noticed that she was incredibly polite but would not give me eye contact, had delayed speech, exhibited odd behaviors and rambled incoherently. The student’s grades were suffering and she was not connected to any resources on campus. The student expressed that culturally counseling is unacceptable but after conversation she would be willing to try it once. I walked her to the counseling center on campus. I entered into higher education to provide a safe and engaging learning environment while simultaneously help students be their best self. Therefore, when a student is in distress it is crucial for me to acknowledge it and respond in the most appropriate way for the situation.”

Akirah J. Bradley

ASSISTANT DEAN OF STUDEXNTS, UC BERKELEY

“It’s important to be aware and recognize students who are in distress so we can respond to their current emotional state with empathy and understanding while helping them problem solve their issues. Students need to have someone to share their intense feelings with and help guide them to calmer and more rational solutions. A lot of students keep their problems and feelings inward and as stress of the quarter builds, family pressures escalate, relationships end or they fail their first midterm. Their problem tends to escalate and the feelings become unbearable which can lead to intense and negative feelings. Without someone to step in or notice their distressed feelings a student could find themselves in the unfamiliar territory of a deep depression and possibly feeling suicidal.”

“In my brief few months here at UC Riverside as a Case Manager I have received several thank you letters from students and parents for helping their student navigate this difficult time. It’s so rewarding to help the students find their way and to be a part of their life at this most important time.”

Laurie Lee, LMFT

STUDENT AFFAIRS CASE MANAGER, UC RIVERSIDE

“Our primary mission is to support students on their educational journey, and part of that journey involves learning to cope with stress and formulating a balanced approach to life. The stressors and challenges that students encounter can be profound. It is part of our charge as educators to guide students to the most effective resources when studying or writing a paper; by the same token, we should be responsive to students in distress and provide them with the tools they need to succeed emotionally as well as academically.”

Steven Adler, Ph.D.

PROFESSOR OF THEATRE AND PROVOST, EARL WARREN COLLEGE, UC SAN DIEGO

“One of my students was having trouble concentrating and completing her work, and as we talked, she shared with me that a recent traumatic experience seemed to be the cause. It was clear that she was in real need, and that the problem wasn't going to go away on its own. I was so grateful to be able to refer her to someone I knew at Counseling and Psychological Services. The student let me know later that seeing a therapist there had made a huge difference to her moving forward in her life.”

Dana Nelkin, Ph.D.

PROFESSOR AND DIRECTOR OF UNDERGRADUATE STUDIES, PHILOSOPHY,
UC SAN DIEGO

“When a student is experiencing a time of distress, it can feel consuming, unending, and alienating. If things spiral out of control, it can lead to consequences that change that student's life trajectory. Providing support can make a key difference. You can really change someone's future by reaching out and making a connection.”

Maryam Kia-Keating, Ph.D.

ASSISTANT PROFESSOR - DEPARTMENT OF COUNSELING, CLINICAL, AND
SCHOOL PSYCHOLOGY, UC SANTA BARBARA

“It is vital that faculty, staff, and other members of the campus environment recognize student distress. Although distress does pass, it can have lasting effects. On one level, distress can impair student's physical health and cognitive abilities. On an extreme level, the outcome distress can be irreparable harm to the student and those around them in the form of suicide or violence. If we can catch students in distress, we can prevent all of those potential outcomes.”

Anna V. Song, PhD

ASSOCIATE PROFESSOR OF HEALTH PSYCHOLOGY
CHAIR, PSYCHOLOGICAL SCIENCES GRADUATE GROUP, UC MERCED

“Expectations are high and the pace is fast and furious in a health science educational environment. For a variety of complex reasons high achieving students are often reluctant to say or show they are having difficulty. Countless times students have said to me they are "having difficulty concentrating", which is frequently another way of saying "I have a problem and don't know what to do". When this happens, I stop and listen for as long as the student wants to talk, without judgment and without rushing ahead to offering solutions. Sometimes that's all that is necessary, and sometimes the best thing I can do is to successfully refer the student to someone who is better equipped to help him or her resolve their problem.”

Eric Koenig

DIRECTOR, OFFICE OF STUDENT LIFE, UC SAN FRANCISCO

“If a student reacts badly or inappropriately to receiving low grades, or after being caught violating the academic integrity policy, it may be a sign that he or she is under significant emotional distress. Students who act out or seem to have bad boundaries might be isolated, and have no outlet for frustrations or difficulties stemming from other situations in their lives. As a younger teacher, I worry about “reaching out” on a personal level to students who seem to have authority issues or poor professional boundaries. However, if a student’s behavior is problematic enough that I have those kinds of concerns, it’s a sign that someone needs to assess what’s going on with that student and make sure he or she is doing okay.

Sarah Cavill, Ph.D.

CANDIDATE, ENVIRONMENTAL STUDIES DEPARTMENT, UC SANTA CRUZ

“A student disclosed to me that he was abusing multiple drugs, putting himself at great risk. During a thorough assessment, I discover the presence of a severe depressive disorder. The student’s lack of understanding of the etiology of his emotions led him to substance abuse as a way to cope with his distress. I educated the student on his symptoms and offer treatment. He gained understanding and engaged in medication treatment and therapy. He is now clean and sober and performing well academically.”

Edwin Feliciano, M.D.

PSYCHIATRIST, BEHAVIORAL HEALTH SERVICES DIRECTOR, UC SANTA BARBARA

“It is a privilege to help students through their struggles and witness growth and sometimes, transformation.”

Jerry Phelps, Ph.D.

PSYCHOLOGIST, UCSD COUNSELING AND PSYCHOLOGICAL SERVICES, UC SAN DIEGO

“At our university, faculty and staff provide academically excellent programs that have a creative slant and expressive freedom to them. I strongly believe that in order for our students to thrive intellectually and achieve their unique potentials, we need to provide a healthy and balanced environment. I hope that we can be attuned to students' struggles and support them during their moments of greatest vulnerability. If we can reach out to students in a timely manner, oftentimes we can assist in either preventing or remediating a crisis situation.”

Doylene Chan, Ph.D.

COUNSELING AND PSYCHOLOGICAL SERVICES, UC SANTA CRUZ

“I was speaking with a student who had just been financially cut off from her parents because she “came out” as queer to them. She was dealing with a lot of stress, emotional issues, and very practical issues, such as not having a place to live since having no money for rent. The student had obvious behavioral and mood changes, and during a conversation she said, “I just wish I could die right now. I don’t think I can take this anymore.” I was alarmed by this comment and given her current situation knew she was under much stress. I asked more questions about how she was feeling, if she had any thoughts of harming herself, and what I could do to help. I gave the student my phone number the 24-hour counseling number, and then notified the student mental health coordinator of the situation. I followed up with the student and she was able to cope with the situation successfully.”

Joshua Moon Johnson, Ed.D.

DIRECTOR, LGBT RESOURCES/RESOURCE CENTER FOR SEXUAL AND GENDER DIVERSITY, AND NON-TRADITIONAL STUDENT RESOURCE CENTER, UC SANTA BARBARA

“I was so glad that I was already very familiar with our campus resources and procedures before a student reached out to me. As a staff member I had been in multiple meetings with this student, but had recently noticed a change in their appearance and behavior. The student asked to meet with me on a separate matter and during our conversation I asked some open-ended questions about how things had been going for them. We ended our meeting with my walking them down to our counseling offices for a crisis appointment.”

De Acker

DIRECTOR, CAMPUS CLIMATE, UC MERCED

“It is so important to pay attention and look for the signs that something may be troubling someone you know and care about. So often, I will see a student in Counseling and Psychological Services (CPS) who was referred by a friend, an adviser, or a professor. The students are often overwhelmed with emotion that someone took the time to reach out to them to check in and offer support. The students will usually tell me that they never would have come to the counseling center otherwise and are relieved to finally be getting the help they wanted and needed for some time now.”

Stephanie T. Ho

COUNSELING PSYCHOLOGIST III, UC BERKELEY

“The most important role of an academic advisor is to listen and respond especially in times of distress with concrete suggestions of where help and support can be found on campus or in the community. Early intervention is a crucial step that could prevent a more serious outcome. The overall mission of the campus to educate the community (students, staff and faculty) about the signs, symptoms and support should be one of the highest priorities.”

Mary Rae Staton

STAFF GRADUATE ADVISER – ENGLISH DEPARTMENT, UC SANTA BARBARA

“While striving to achieve our educational mission, we must always remain sensitive and committed to students who appear to be in distress. A "culture of caring" is essential for a healthy university community. Staff and faculty are in a unique position to personally reach out to students and help them to access campus resources designed to support their success. A simple gesture of genuine concern can make a huge difference in the life of a student who is having difficulty.”

Eric Koenig

DIRECTOR, OFFICE OF STUDENT LIFE, UC SAN FRANCISCO

“I truly value the collaboration that comes from working with Student Affairs staff, RA’s and RD’s, concerned faculty, and other personnel in identifying and responding to students in distress. Students in distress often suffer in silence. Showing concern gives voice to such students. Your concern also aids in identifying problems early. Sometimes your concern is evident through the referrals you make to CAPS. For these many reasons, we at CAPS are very appreciative of all the university community who are on the “front lines” in responding to distressed students. Please know that you play a vital role in contributing to the mental health and wellness of [UC] students!”

Darren Del Castillo, Ph.D.

PSYCHOLOGIST, UC SANTA BARBARA

“As a mental health professional, my work with students in distress repeatedly demonstrates for me the importance of a community network of support. No individual mental health provider can be as successful working in isolation with a student in distress as they can be when they have the support of the network of campus community members who also significantly impact the student’s life. The students who I have seen come out on the other side of their crisis the most successful have always had the involvement of administrative staff, faculty, their families, and social support networks. It is our job to activate such a network for every student in distress to the best of our ability.”

Negar Shekarabi, Psy.D.

SR. STAFF PSYCHOLOGIST, UC IRVINE

“As a lecturer who teaches writing-intensive classes, I have a great privilege. Students write about everything and, especially in these times of social media, they don't seem to hold back much on what they write about. Because of supportive counseling colleagues at UCSB, I have "called for backup" when one of my students is in distress. The support I get on my campus keeps my own stress levels down and allows me to focus on my work.”

Don Lubach, Ph.D.

ASSISTANT DEAN OF STUDENTS, DIRECTOR OF 1ST YEAR & GRADUATE INITIATIVES,
UC SANTA BARBARA

“Every student at [UC] is a valuable person with tremendous potential. In order to realize that potential, faculty and staff must work together with the student to insure a feeling of security and wellbeing. If this is not achieved, our educational pursuits will be thwarted, and collectively, we will have failed to allow full development of the student's potential.”

Milton Saier, Ph.D.

PROFESSOR OF MOLECULAR BIOLOGY, UC SAN DIEGO

“In my clinical work, I have found over and over again that social nurturance is one of the most powerful factors preventing possible crises from developing among distressed students. Don't underestimate a simple act of support or encouragement you can easily deliver. Your care does make a difference in the lives of those who are in need.”

Isabella Lin-Roark, Ph.D.

PSYCHOLOGIST, UC SANTA BARBARA

“If a student whose arm has shot up in class one day appears the next in my office hours with that arm in a cast, I know how to be empathetic and understanding. If a student comes to me in mental distress, how do I recognize the signals? What can I do to express my concern about her or his well-being? How can I help? I am a professor of history, not psychiatry or psychology, but as a trained professional, I know that when I have questions I can’t answer, I should turn for help to other trained professionals — mental health care providers — on my campus. By taking advantage of the training and education they offer, I can more readily recognize a student in distress and know how best to respond and offer assistance”

Robert Moeller

PROFESSOR OF HISTORY, UC IRVINE

“I believe that our most valuable assets on campus are our faculty, staff and clinicians who take the time to truly know their students, to recognize when concerns may be brewing and who outreach to make caring referrals to experts trained to assess and assist with those concerns. Our actions in responding to a student who is struggling makes all the difference in the outcome for that student. We should always be striving to assist students in eliminating the shame they may associate with their mental health disorders. We must create environments in which students know that we are committed to helping them be well and where judgment is removed. I believe that having caring community of campus professionals and a strong peer support system is key in breaking down stigma related to mental health and addictive disorders.”

Audrey L. Pusey, M.Ed., CADC, ICADC

INTERIM DIRECTOR OF CASE MANAGEMENT, UC RIVERSIDE

“Over my time within Graduate Student Services and serving the graduate community at UC Merced, I have developed strong ties and bonds with some students. We have connected over the years and because this is such small campus, our interactions are frequent. One particular instance has to do with a female graduate student that was an active participant in academic and non-academic events and programs. She was outgoing, energetic, excited about her research and engaged with faculty, students and staff. I started to notice a decline in her attendance at events and programs, as well as a shift in her behavior. Over the period of a couple of months she became less active, agitated, avoided conversations and would frequently cry when asked how she was. I was able to schedule a one-on-one with her and she let me know that she was having major issues with her advisor. She was to the point where she felt like her only option was to just leave grad school at UC Merced and move back home. We met over a couple of different sessions and discussed her options because her ultimate goal was to continue and finish grad school. Over the course of our meetings we scheduled a session with the Campus Ombuds as well as a session with the [counseling center]. She has sought out professional help on a regular basis (I’m not sure if it is on-campus) and is graduating this semester.”

Jennifer Quiralte

COORDINATOR, GRADUATE STUDENT SERVICES, UC MERCED



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Training, Education and Resources

Training

UCSF offers several opportunities for Faculty and Staff training related to mental health and wellness.

Introduction to UCSF Student Health & Counseling Services (SHCS)

Student Health & Counseling Services (SHCS) will provide an overview of our medical, counseling, psychiatric, nutritional and outreach services. Presentation covers topics such as: services provided, how to refer students to SHCS for assistance, information about student health insurance and how to support students of concern or in distress.

Assisting Students of Concern: What every faculty/staff needs to know

This Town Hall-style workshop offers the opportunity for faculty and staff to generate dialogue about the mental health needs of UCSF students, and discuss how SHCS can work with you to support students of concern. The workshop includes an opportunity to interact directly with SHCS providers and administrators, and to ask questions of them. The workshop also includes a tutorial of the See? Say. Do! Quick Reference Guide for assisting students in distress.

See? Say. Do! Guide Training: How to use this quick reference for assisting students in distress

This is a tutorial for the See Something? Say Something. Do Something! Quick Reference Guide for assisting students in distress. The presentation covers the sections of the guide, including detecting signs of distress, decision making about appropriate intervention, overview of student support resources on campus, how to communicate concern to students and how to refer them.

Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training

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. QPR is listed in the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Registry of Evidence-based Practices and Policies, and skills learned in the workshop carry the life-saving potential of CPR. This program is relevant for all faculty and staff, and is not exclusively for clinicians. Participants will receive a certificate designating them as an official QPR Gatekeeper, which can be a valuable addition to a CV or resume.

Wellness Programs By Request

SHCS will facilitate Wellness Programs by request for your program, event, or student group.

For more information, contact the Student Health & Counseling Services Outreach Coordinator at shs@ucsf.edu.

Resources

**UC Police Emergency
(from campus phone)**
9-911

UC Police Emergency (from cell phone)
(415) 476-6911

UC Police Non-emergency
(415) 476-1414

**Student Health and Counseling Services
(SHCS)**
(415) 476-1281
<http://studenthealth.ucsf.edu>

Student Life
(415) 502-3302
<http://studentlife.ucsf.edu>

**SHCS Mental Health After Hours
Crisis Line**
(415) 476-1281 x7

Medical Student Well-Being Program
(415) 476-0468
<http://meded.ucsf.edu/wellbeing>

Student Disability Services
(415) 476-6595
<http://sds.ucsf.edu>

Student Financial Aid

(415) 476-4181

<http://finaid.ucsf.edu>

Affirmative Action, Equal Opportunity

(415) 476-7700

<http://diversity.ucsf.edu/aaeo>

**International Students and
Scholars Office**

(415) 476-1773

<http://isso.ucsf.edu>

**Lesbian, Gay, Bisexual & Transgender
Resource Center**

(415) 476-7700

<http://lgbt.ucsf.edu>

**Sexual Harassment Prevention
Resolution**

(415) 476-5186

<https://sexualviolence.ucsf.edu/>

Office of the Ombuds

(415) 502-9600

<http://ombuds.ucsf.edu>

Learning Resource Services

(415) 502-0319

<http://learn.ucsf.edu>

Multicultural Resource Center

(415) 502-1911

<http://diversity.ucsf.edu/mrc>

**CARE Advocate (Sexual Assault/
Domestic Violence)**

(415) 502-8802

<http://shpr.ucsf.edu/confidential-care-advocate>

**Office for the Prevention of Harassment
and Discrimination**

(415) 502-3400

<http://ophd.ucsf.edu>

**Office of Career & Professional
Development**

(415) 476-4986

<http://career.ucsf.edu>

FOR POSTDOCS, FACULTY & STAFF

Faculty and Staff Assistance Program

(415) 476-8279

<http://ucsfhr.ucsf.edu/index.php/assist>

