

A GUIDE FOR FACULTY AND STAFF

Mental Health/Alcohol/Drug Services for Students

Student Health and Counseling Services of
Saint Louis University
Marchetti Towers East
Telephone: 314-977-2323
Fax: 314-977-7165

Counseling Services

Purpose: The Student Health and Counseling Center supports the mission of the University by helping students achieve their educational goals through holistic health services.

Services: Students can utilize the following services: individual, couple, or group psychotherapy; assessment; resource/referral; topical workshops; consultation. Counseling services are provided by a licensed psychologist, and licensed clinical social workers. The Center is open throughout the year. There is a mental health professional on call 24 hours daily seven days a week for emergencies. An added resource is www.ulifeline.org that provides Saint Louis University students with information on depression and suicide prevention.

Location: The Center is located on the first floor of Marchetti Towers East on Laclede Ave. The phone number is 977-2323.

Appointments: The Center's hours of operation during fall and spring semesters are Monday through Friday 8:00 a.m. to 5:00 p.m. Services may be scheduled by calling 977-2323 or in person. For the first visit, allow 15 minutes to register.

Faculty/Staff Consultation: The counseling staff is available in person or by telephone to assist the faculty or staff with concerns about students: problems in the classroom, change in academic performance, or personal issues to name a few.

Warning Signs of Student Stress

Below is a partial list of behaviors indicating emotional stress. Signs that a student is experiencing difficulties may be overt or hidden. While an isolated behavior may cause no alarm, a pattern of behavior may be cause for concern.

Academic Performance:

- Dramatic drop in grades
- Moderate to severe test anxiety
- Inconsistent class attendance or periods of absences

Social Interaction:

- Isolation and unwillingness to communicate
- Persistent lying, or stealing
- Underdeveloped social skills
- Sleep disturbances
- Eating related problems
- Unexplained crying jags, or anger outbursts
- Marked difference in behavior: increased activity (ex. Incessant talking)
- Nonsensical conversation
- Frequent expressions of fear or moderate to severe anxiety
- Flat responses to normally upsetting events

Personal Relationships:

- Death of family member or close friend
- Marital or intimate relationship discord
- Problems with family members or roommates

Physical Complaints

- Physical distress or complaints which seem to have no apparent cause
- Complaints such as: loss of appetite, or excessive eating, insomnia, or excessive sleeping, or gastrointestinal distress

Substance Abuse:

- Excessive consumption of substances
- Pattern of reliance on substances
- Loss of time from school due to substance use
- Depression due to substance use.
- Drinking/drugging to cope with personal problems.
- Drinking/drugging to overcome shyness.
- Loss of interest in family, friends, and activities that were once of interest.
- Mood fluctuations
- Experiencing memory blackouts during or after drinking.
- Usually drink to point of intoxication.
- Feeling guilty about drinking/drugging.
- Not fulfilling promises or obligations because of drinking or drugging.
- Drinking or drugging outside of a social setting.
- Drinking to boost self-confidence.

Suicide

- Feelings of hopelessness/helplessness

How to Make a Referral

Help the student by:

- Providing essential support
- Expressing a willingness to help
- Assisting the student in locating resources

If counseling services are the best resource for the student:

- Except for an emergency, go slowly.
- Inform the student in a matter of fact manner basing recommendation on their behaviors.
- Avoid judging the student's personality or character.
- Except for emergencies, leave open the option for the student to accept or refuse the referral.
- Encourage a time to "think it over." Remember to follow-up.
- If a refusal is made, leave the issue open for possible reconsideration.
- If recommendation is accepted, assist in creating a plan to schedule an appointment, and follow up with student in a timely manner.
- Call the Counseling Center stating a referral had been made.

Confidentiality: As required by law and the code of ethics of professional practice, all communication between a mental health professional and a client is confidential. If information is needed about a student, the student will need to sign a release of information form allowing information to be shared.

Student Concerns About Counseling

Students often have a number of concerns about counseling, if not directly discussed, can deter them from acting upon a referral. It is useful to anticipate these issues, and subsequently make responses that are factual, encouraging, and appropriate.

Concern: Only crazy people go to counseling (and I'm not crazy).

Response: I don't think you are crazy. People go to counseling for all kinds of problems. The Student Health and Counseling Center sees over 300 students a year for individual counseling.

Concern: Going to counseling is a sign of weakness. It shows I can't handle my own problems.

Response: You are capable of handling most of your problems. There are some, however, that are difficult to handle alone. Recognizing when you need assistance, and then getting it, is a sign of good problem-solving ability.

Concern: Counseling won't work for me. It's not effective.

Response: There are no guaranteed results, that is true. Counseling, though, may be helpful. It has worked for a large number of students, and it could work for you. Give it a try.

Responding to Student Emergencies

Some guidelines:

- If possible, offer a quiet and secure place to talk.
- Listen to the student; maintain a consistent, straightforward, and helpful attitude.
- If the student seems volatile, or disruptive, alert a co-worker for assistance. Do not leave the student alone.
- Make arrangements for appropriate university intervention and aid.
- Call for a mental health professional for backup, if necessary. (977-2323)
- If medical care seems appropriate, contact the Student Health and Counseling Center for backup and DPS (xt. 3000) or 911.
- If the student is aggressive, or unmanageable, contact DPS or call 911.

Be prepared to provide the chosen campus resource with as much information as possible, including:

- Name of student, yourself, and your department
- Description of the situation and assistance needed
- Exact location of the student
- If the student is deemed unmanageable or is a possible risk to themselves or others, provide an accurate description of the student. If the student leaves the area, refusing assistance, note the direction by which the student leaves.

Campus Resources for Medical and Mental Health Services

STUDENT HEALTH AND COUNSELING SERVICES – 977-2323

Hours: 8:00 a.m. to 5:00 p.m. Monday through Friday. Staff include licensed and board certified internist, gynecologist, registered nurses, licensed psychologist, and licensed clinical social workers. Emergency on-call staff is available after hours seven days a week.

EMPLOYEE ASSISTANCE PROGRAM – 977-1066

Referrals and educational programs for employees of Saint Louis University.

DEPARTMENT OF PUBLIC SAFETY – xt. 3000

Staffed 24 hours a day year round.

EMERGENCY NUMBER – 911

DEPRESSION

What it is NOT

Clinical depression is not the occasional down or blue feelings that everyone has from time to time. It is not temporarily feeling bad about a breakup or another loss, although those feelings can lead to depression.

What it IS

Depression is a whole body illness, involving body, mood and thought affecting:

- The way you eat and sleep, your energy level
- The way you feel about yourself
- The way you think about things, the way you perceive the world

Symptoms of Depression:

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness and helplessness
- Loss of interest or pleasure in hobbies and activities that you once enjoyed
- Insomnia, early morning awakening, or oversleeping (i.e. a noticeable change in sleep patterns)
- Appetite and/or weight loss, or overeating and weight gain (i.e., a noticeable change in appetite or eating behaviors)
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death, suicide, suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering and/or making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain

Depression is NOT a sign of personal weakness or a condition that can be wished or willed away. People with depressive illness cannot merely “pull themselves together” and get better. Without treatment symptoms can last for weeks, months, or years! Because depression often lowers academic and interpersonal functioning, problems tend to be compounded and depression worsens. Timely treatment can shorten the duration of symptoms and cut off the “downward spiral” of depression.

How to Spot Depression in the Residence Halls

Many of the symptoms from the “Warning Signs of Student Stress” handout can signal depression. Some general red flags:

- Impaired or nonexistent relationships
- Impaired functioning (academic, hygiene, daily habits)
- A marked change in behaviors.

FACTS ABOUT SUICIDE

- Suicide ranks 9th or 10th as the leading cause of death across all age groups
- Suicide is the 2nd or 3rd leading cause of death among 15-34 year olds
- Over the last 25 years, suicide among young adults has increased 150-200%
- Women attempt suicide 3 times more often than men; men succeed in committing suicide 3 times more often than women
- Suicide most frequently occurs in the spring, on Mondays, and in the Western states; in academic settings it occurs more frequently in the first 6 weeks and near the end of the semester
- Of people who attempt suicide, about 1/3 want to die, 1/3 are ambivalent, and 1/3 do not want to die
- Contrary to popular belief, people tend not to attempt suicide during the holidays.

MYTHS ABOUT SUICIDE

- People who talk about suicide do not commit suicide.
- Mentioning the word “suicide” may give a person the idea.
- All suicidal persons are mentally ill.
- A suicide threat is just a bid for attention and should not be taken seriously.
- Suicide happens without warning.
- If a person attempts suicide and survives, they will never attempt again.
- Once a person is suicidal, they are suicidal forever.

WARNING SIGNS OF A SUICIDAL PERSON

- Extreme depression, withdrawal
- Sleeplessness, lowered grades, poor work performance
- Giving away personal possessions
- Putting affairs in order (good-bye letters, wills)
- Suicide threats (verbal, written, nonverbal)
- Previous suicide attempts
- Acquiring the means to commit suicide (pills, rope, guns, knives, etc.)
- A sudden lift in spirits after extreme depression (this can mean a person is relieved that problems will “soon be ended”)
- Having a plan

SIX CRISIS INTERVENTION TASKS

1. Calming the person
2. Gathering information
3. Looking at options
4. Providing support
5. Making referrals
6. Not becoming enmeshed

