

# See. Say. Do!

## Assisting Students In Distress

Presented by

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# Goals for Today:

— [ Increase awareness of signs of distress.

— [ Learn skills to help intervene with distressed students.

— [ Empower you to set boundaries, ask for assistance, and utilize resources available to you.

# Listen to yourself

— [ You, or someone you know, may be dealing with mental health issues or a loss.

— [ Step outside or signal the presenter if you experience something that is triggering in the discussion.

— [ Be gentle and respectful with comments and questions.

# “Break The Silence” Film

— [ <https://www.youtube.com/watch?v=54sDdNa9vek>  
<https://www.youtube.com/watch?v=JvSryN0buIE>

# Snapshot of Merritt Mental Health Counseling: Fall 2015

— [ Fall 2015: 1 part time therapist (14-15 slots per week)

— [ Over 75 unique students reached out for mental health services in Fall 2015. (45% self-referred, 35% ref. by DSPS or academic counseling, 20% by faculty, staff, or administrator.)

— [ 57% seen directly (163 appointments); all were initially screened and given community resources as appropriate.

# Snapshot of Merritt Mental Health Counseling: Fall 2015

— [ **No hospitalizations for Fall 2015**

— [ **15% of appointments were classified as “crisis drop-ins”**

— [ **90% attendance rate**

# Snapshot of Merritt Mental Health Counseling: Fall 2015

— [ 3 most common mental health issues: Depression, Anxiety, Trauma (PTSD)

— [ 3 most common stressors: Relationships Conflict, Financial Stressors, Academic Stressors

— [ Other common issues: Discrimination, Grief/Loss, Family/Parenting, Substance Abuse, Housing, Physical Health, Disability, Isolation, Sleep Problems

# Demographics: Fall 2015

Demographic	Percentage
Gender*	74% Female, 26 Male *Gender non-conforming and transgender student data has been combined in the categories of male/female as breaking this number apart may compromise confidentiality.
Race/Ethnicity	49% Black/African American 21% Latino/a 9% Asian/Pacific Islander 7% White/Caucasian 7% Middle Eastern 5% Mixed Race 2% Did Not Identify
Sexual Orientation	8% Lesbian, Gay, Bisexual, or Queer 84% Heterosexual or Straight 6% Did Not Identify
Age	51% Age 20-29 26% Age 30-39 15% Age 40-49 8% Age 50+



# Barriers to reaching out...

— [ Mental Health Stigma = shame.

— [ Cultural Issues

— [ “Not enough time”

# Depression

— [ Depression affects 1 out of every 7-9 Americans totaling nearly 19 million adults.

— [ More Americans suffer from depression than coronary heart disease, cancer, and HIV/AIDS.

— [ Over 60% of people who die by suicide were suffering from major depressive disorder, often unrecognized or untreated

— AFSP, 2011

# Signs of Depression

— [ Sad or depressed mood the majority of the time.

— [ Loss of interest in previously enjoyed activities.

— [ Feelings of worthlessness or hopelessness.

— [ Difficulty concentrating and loss of energy.

— [ Changes in sleep patterns, appetite, and weight.

— [ Thoughts of suicide or death.

# Hopelessness and Suicide

— [ Hopelessness, as a psychological state, is more directly related to a suicidal intent than depression alone.

— [ In studies of depressed individuals, those who endorsed high degrees of hopelessness were significantly more likely to take their own lives.

— Beck, et al, 2006

# Overview of Suicide

— [ 2nd leading cause of death in college students. (AFSP, 2012)

— [ Among adults, 18-24 year olds attempt suicide more often than any other age group. (halfofus.com)

— [ Every 15 minutes, someone dies by suicide in the U.S., the equivalent of 94 suicides a day. (AFSP, 2011)

# Risk Factors for Suicide

[ Situational: While suicide is not a normal response to stress, it can be exacerbated by major life stress, such as a loss or impending loss.

[ Sociocultural: Barriers to access health care, especially mental health & substance abuse, exposure to violence, isolation, lack of support, stigma around seeking help.

[ Biospsychosocial: 90% of people who kill themselves have a diagnosable & treatable mental health condition, or family history of mental health issues.

# Suicide Warning Signs

— [ Talking about suicide or homicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born".

— [ Getting the means to take your own life, such as buying a gun or stockpiling pills

— [ Withdrawing from social contact and wanting to be left alone

— [ Having mood swings, such as being emotionally high one day and deeply discouraged the next

— [ Being preoccupied with death, dying or violence

— [ Doing risky or self-destructive things, such as increasing use of drugs/alcohol or driving recklessly

— [ Giving away belongings or getting affairs in order when there's no other logical explanation for doing this

— [ Saying goodbye to people as if they won't be seen again

# Homicidal Warning Signs

— [ Unprovoked anger, loss of temper, impulsivity, making threats. Communicating threats via email, texting, correspondence, or phone calls.

— [ Loner; Isolated and socially withdrawn, misfit, prefers own company to the company of others.

— [ Suicidal Ideation and depression/hopelessness.

— [ Paranoia

— [ Stalking. Follows, harasses, surveils, attempts to contact regardless of the victim's expressed annoyance and demands to stop.

— [ Expresses contempt for other(s).

— [ Fascination with Weapons and Accoutrements, especially those designed and most often used to kill people (such as machine guns, semiautomatic pistols, snub nose revolvers, stilettos, bayonets, daggers, brass knuckles, special ammunition and explosives)



# Anxiety

— [ Affects about 40 million American adults age 18 years and older (18%) in a given year.

— [ 75% experience their first episode by age 22

— [ Many forms of anxiety.

— [ Kessler, et. al, 2006

# Signs of Anxiety

Excessive worry that is difficult to control.

Difficulty concentrating or mind going blank.

Restlessness and feeling on edge.

Irritability and panic attacks.

Sleep Disturbance and physical symptoms.

Obsessive thoughts and compulsive behaviors.

# Adjustment to Merritt College

- New social environment.
- Separation from family and friends.
- Structure (too much/too little)
- Academic Stress
- Outside school vs. Inside school

# More stressors

— [ Financial Stressors

— [ Housing Stressors

— [ Overcrowding

— [ Family pressures, expectations, challenges

— [ Feeling isolated because of diversity and discrimination

# Substance Abuse

- 19% of college students met criteria for alcohol abuse or dependence (Presley & Pimental 2006)
- Alcoholism is a factor in about 30% of all suicide deaths. (AFSP, 2012)
- 50% of students who attempted suicide did so by drug overdose. (APA Annual Convention, 2008)

# Mental Health and Identity

— [ There are 4 male suicides for every female suicide. Males use more lethal methods. (The Jet Foundation, 2011)

— [ LGBTQ+ Students, Veterans, International Students, and First Generation to College Students at higher risk of not receiving help for mental health issues. (UC Mental Health Report, 2006)

— [ Minority Stress (work harder in light of racism, homophobia, sexism, etc.)

# Protective Factors

— [ Family support and cohesion

— [ Religion/Spirituality

— [ Resiliency

— [ Strong support system in school or at work.

— [ School as “safe place”

— [ Desire to reach academic, professional, life goals.



# What Can I Do? - SEE SAY DO!



**See Something? Say Something.  
Do Something!**

## Assisting Students in Distress

**See Something? Say Something. Do Something!**

Adopted from the University of California, San Francisco & the University of California Red Folder Initiative, & Merritt College Student Behavioral Procedures Manual.

### SEE Something?

As faculty, staff, and administrators, you may be the first person to witness a student in distress. When faced with personal or academic challenges, students may feel alone, isolated, or hopeless. These feelings can disrupt academic performance which may lead to dysfunctional behaviors (ie: missing class, acting out with others, etc.)

### SAY Something.

Trust your instincts and SAY something if a student leaves you feeling worried, alarmed, or threatened. (ie: "I feel really concerned about you and want to make sure you get the support you need at this time to be successful.")

### DO Something?

As students may not be able to turn to family or friends, DOing something, like expressing concern and/or providing information/resources that are available to them is a critical step in getting them to seek help.

Worried about the student's privacy? The Family Education Right and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety issue. If you do consult with a campus resource, it is always a good practice to ask the student's permission or tell them why you are seeking a consult.

### Academic Indicators

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

### Physical Indicators

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

### Psychological Indicators

- Self-disclosure of personal distress: family problems, financial difficulties, contemplating suicide, grief
- Excessive tearfulness, panic reactions, irritability, or unusual apathy
- Expressions of concern about the student by peers

### Safety Risk Indicators

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





# The Threat Assessment

— [ 1. Identify Risk Factors. (if imminent, follow appropriate protocol) -SEE

— [ 2. Identify Protective Factors. - SEE

— [ 3. Ask question straightforwardly. "I am worried about you. Do you have any thoughts of hurting yourself or someone else?" Does the student have a PLAN, MEANS, or INTENT? If homicide, is there an IDENTIFIABLE VICTIM? - SAY

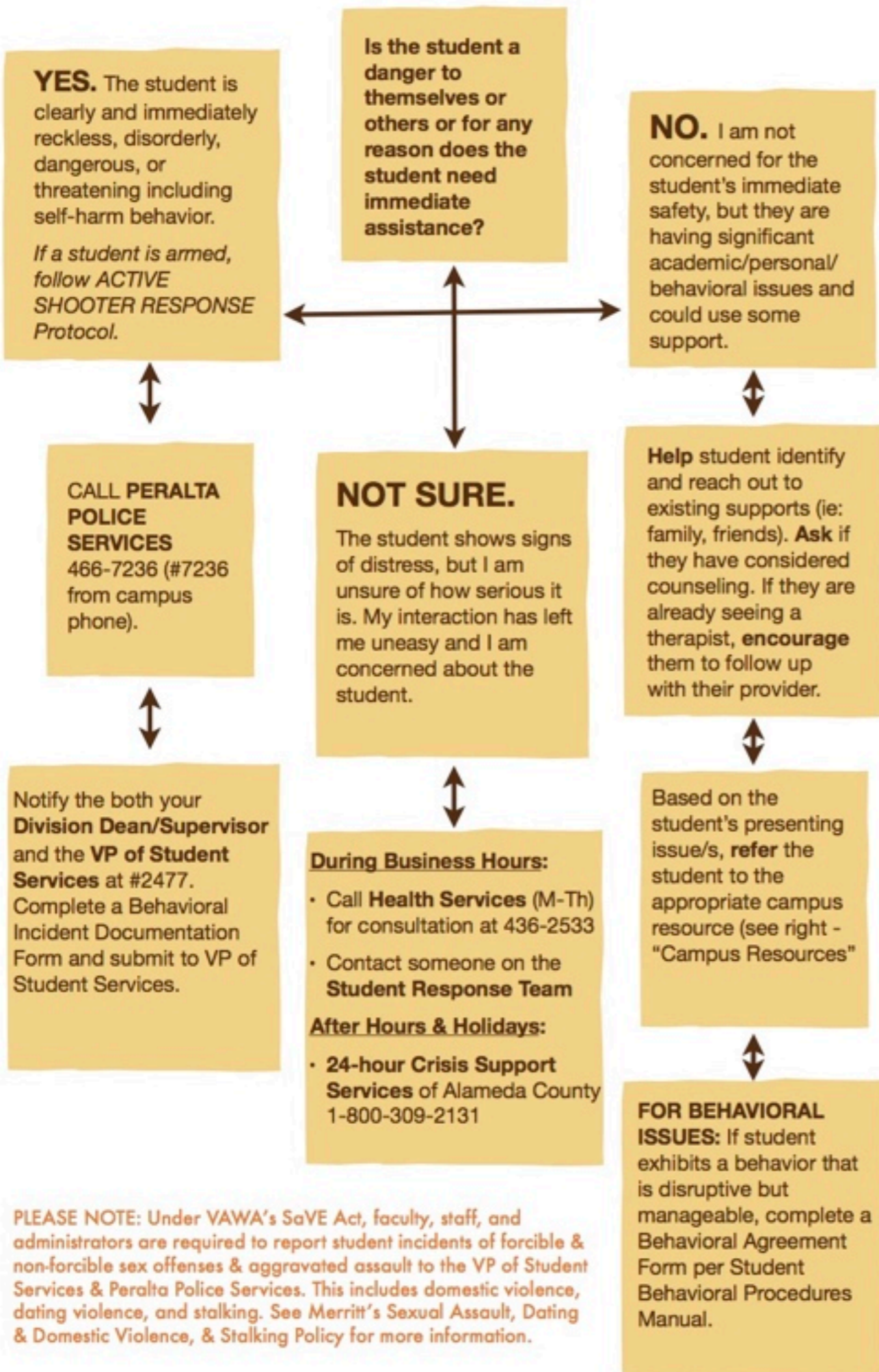
— [ 4. Determine Risk Level (see page 2 of SEE SAY DO) - DO

— [ 5. Document - DO

— Adopted from SAFE-T, [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)



# Merritt College Campus Resources



**PLEASE NOTE:** Under VAWA's SaVE Act, faculty, staff, and administrators are required to report student incidents of forcible & non-forcible sex offenses & aggravated assault to the VP of Student Services & Peralta Police Services. This includes domestic violence, dating violence, and stalking. See Merritt's Sexual Assault, Dating & Domestic Violence, & Stalking Policy for more information.

Peralta Police Services	<a href="http://web.peralta.edu/police-services/">http://web.peralta.edu/police-services/</a>	466-7236 (#7236)
Campus Safety Aides	<a href="http://www.merritt.edu/wp/adjus/campus-safety-aides/">http://www.merritt.edu/wp/adjus/campus-safety-aides/</a>	436-2546 (#2546)
VP of Student Services	<a href="http://www.merritt.edu/wp/vicepresidentofstudentservices/">http://www.merritt.edu/wp/vicepresidentofstudentservices/</a>	436-2478 (#2478)
Health Services	<a href="http://www.merritt.edu/wp/health/">http://www.merritt.edu/wp/health/</a>	436-2533 (#2533)
Disability Services Program (DSP)	<a href="http://www.merritt.edu/wp/dsp/">http://www.merritt.edu/wp/dsp/</a>	436-2519 (#2519) 434-3974 (#3974)
Student Support & Success Program (SSSP)	<a href="http://www.merritt.edu/wp/counseling/">http://www.merritt.edu/wp/counseling/</a>	436-2475 (#2475)
Associated Students	<a href="http://www.merritt.edu/wp/asmc/">http://www.merritt.edu/wp/asmc/</a>	434-3982 (#3982)
Learning Center/Tutoring	<a href="http://www.merritt.edu/wp/learningcenter/">http://www.merritt.edu/wp/learningcenter/</a>	436-2442 (#2442)
Equal Opportunity Programs & Services	<a href="http://www.merritt.edu/wp/eopscare/">http://www.merritt.edu/wp/eopscare/</a>	436-2470 (#2470)
Financial Aid	<a href="http://www.merritt.edu/wp/financial-aid/">http://www.merritt.edu/wp/financial-aid/</a>	436-2465 (#2465)
CalWorks	<a href="http://www.merritt.edu/wp/merrittworks/">http://www.merritt.edu/wp/merrittworks/</a>	436-2449 (#2449)
Veteran Affairs	<a href="http://www.merritt.edu/wp/veteran/">http://www.merritt.edu/wp/veteran/</a>	436-2445 (#2445)
Puente Program	<a href="http://www.merritt.edu/wp/puente/">http://www.merritt.edu/wp/puente/</a>	436-2648 (#2648)
Sankofa Program	<a href="http://www.merritt.edu/wp/sankofa/">http://www.merritt.edu/wp/sankofa/</a>	464-3958 (#3958)
First Year Experience	<a href="http://www.merritt.edu/wp/fye/">http://www.merritt.edu/wp/fye/</a>	434-3972 (#3972)
LGBTQ Safe Zone Alliance		<a href="mailto:mer-lgbtq@peralta.edu">mer-lgbtq@peralta.edu</a>
Centro Latino	<a href="http://www.merritt.edu/wp/centrolatino/">http://www.merritt.edu/wp/centrolatino/</a>	536-1830 (#1830)





# Student Response Team (SRT)

## ADDITIONAL COMMUNITY RESOURCES

SRT members, made up of Merritt faculty, staff, and administrators, are available to consult with Merritt community members when dealing with disruptive or stress related student behaviors. They are available to provide direct intervention and mediation, as well as crisis counseling and referrals.

NAME	POSITION	TELEPHONE/ LOCATION/ETC.
Deputy Assigned OR Officer of the Day	Peralta Police Services	466-7236
Dr. Arnulfo Cedillo	Vice President of Student Services	436-2477/Direct: 2478/R133E
Larry Lariosa	Mental Health Counselor, Health Services	436-2533 (#2533)/ R106 - Monday AM, Tuesday, Thursday
Jon Murphy	Nurse, Health Services	436-2533/R106/M-Th
Frances Moy	DSP Coordinator/Counselor	434-3974/R109B
Peggy DeCoursey	DSP Counselor	436-2517/R109H
Romeo Garcia	Dean of Special Programs and Grants	466-2585
<b>Updated 12/15/15</b>		

**Online Training to Identify & Help High Risk Students:** <http://ccc.kognito.com>

**Crisis Support Services of Alameda County**

- 24 hour Crisis Line: 1-800-309-2131
- Grief Counseling/Support: 1-800-260-0094
- 24 hour Stress Support Hotline: 1-888-866-7561

**Suicide Hotline:** 1-800-784-2433 (1-800-SUICIDE)

**National Domestic Violence Hotline:** 1-800-799-7233

**24-hour Sexual Assault Crisis Hotline:** 510-845-7273

**Highland Hospital** (Public Hospital)

- Healthcare Line: 510-437-4800
- Domestic Violence Line: 510-534-9290
- Psychiatric Outpatient 510-535-7476

**Alameda County Victims of Crime Services**

- Alameda County District Attorney's Office 510-272-6222
- Victim Witness Services 510-272-6180

**Oakland Police Department:** 510-777-3333 or 911 for emergency

**Emergency Shelter Program:** 510-786-1284

**Eden Information & Referral (Housing & Homelessness):** 510-537-2552

**CalFresh Food Assistance/MediCal (Peralta Rep):** 510-444-9655

**Alameda County Community Food Bank**

- Main Line: 510-635-3663 (FOOD)
- Emergency Food Hotline: 1-800-870-3663 (FOOD)

**Access Mental Health Referral Line (MediCal/Low Fee):** 1-800-491-9099

**Sausal Creek Outpatient Stabilization Clinic (Mental Health):** 510-437-2363

**East Bay Community Recovery Project:** 510-446-7100

**Alcoholics Anonymous of the East Bay:** 510-839-8900

**Bay Area Legal Aid (Legal Advice Line):** 510-250-5270 or 1-800-551-5554

# Additional Documents

— [ Merritt College Student Behavioral Procedures Manual

— [ Merritt College Active Shooter Response Training

— [ Merritt College Sexual Assault, Dating, Stalking & Domestic Violence Policy

— [ Merritt College SEE SAY DO



# Questions/Scenarios



Facilitated by Frances Moy

# Mental Health Counselor

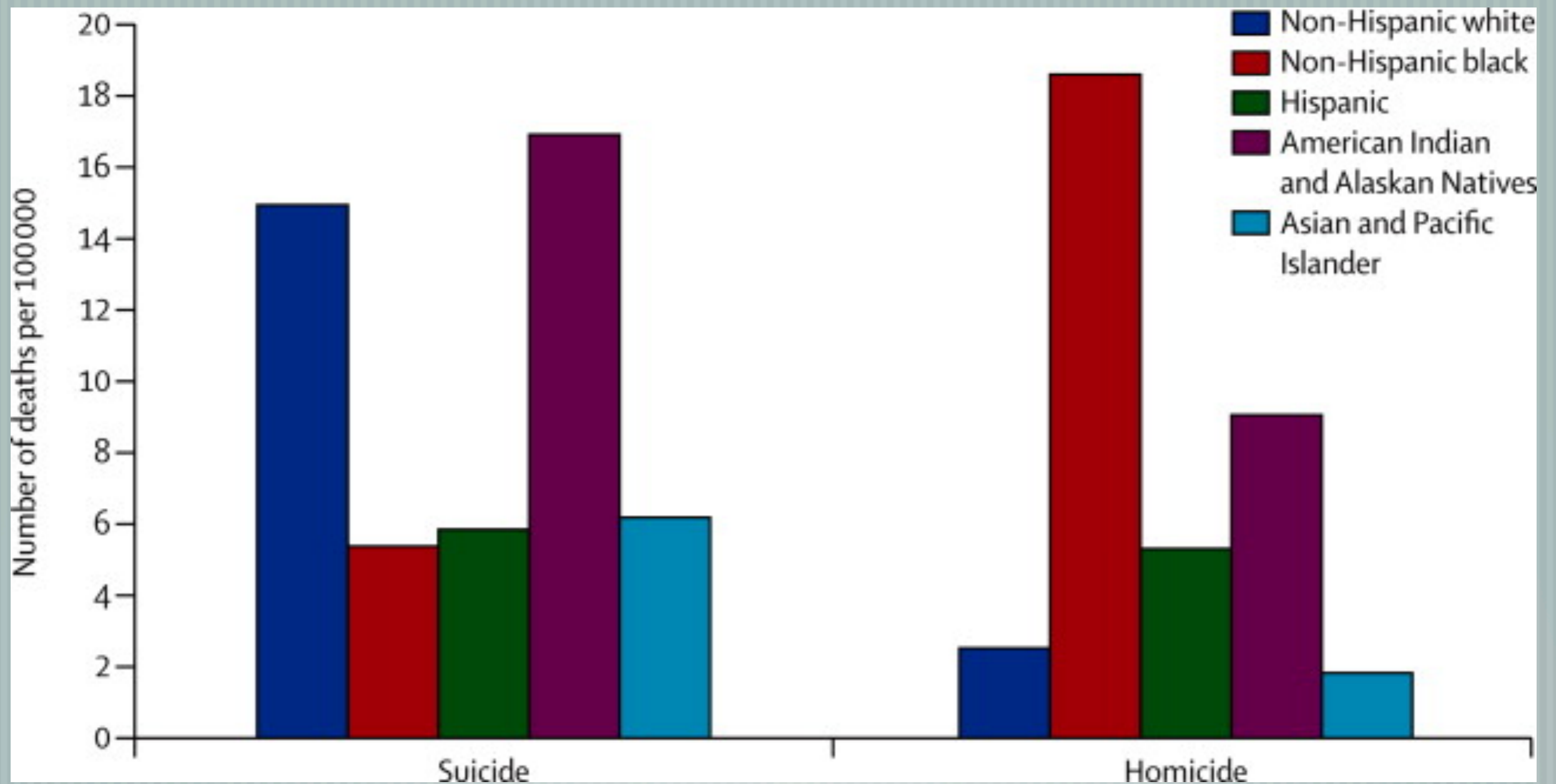
— [ Larry D. Lariosa, LMFT at Health Services

— [ Monday 8:30-12, Tuesday 9-4, Thursday 9-4

— [ 415-436-2533

— [ Backups: Student Response Team, Peralta Police, Alameda  
County Crisis Line

# Suicide and Homicide



CDC, 2013