

Faculty Guide to Managing Mental Illness and Disruptions in the Classroom



In the following pages, we will answer some of the frequently asked questions we receive from faculty regarding managing mental illness concerns related to suicide, trauma, as well as addressing difficult and dangerous behavior in the classroom. We asked an expert panel for their advice and have provided their answers here.

What should I do when a student approaches me and says they are upset?

What if the student isn't only depressed, but mentions suicide?

How do I respond to a student who says, "I was in the hospital last week and I'm falling behind on my assignments?"

What about the student who says, "I'm panicked. Now that I've missed class, I'm another week behind?"

How do I deal with a student who tells me they've stopped taking their medications?

One of my students told me they found out a friend was sexually assaulted. How do I respond?

A student treats me with lack of respect, cursing and ignoring my request for them to stop. What can I do?



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What should I do when a student approaches me and says they are upset?

[BVB]: First, it's good to have the conversation free of distraction, in private and not rushing to another class or task. These are ideals, but worth mentioning. Next, I would stress the importance of their willingness to share the concern with you. The goal here is listening to what they have to say and either trying to connect them directly to counseling or buying yourself some time to talk to counseling yourself for some advice to give to the student. Listen to what they have to say, offer support, and seek consult as needed.

[AM]: When we hear a student say they are upset, it can be a common initial reaction to become immediately concerned, anxious, and tense up. I want to encourage you instead to see this as positive thing, an opportunity, and a sign that the student feels comfortable talking with you about concerns. Remember, you are not just finding a quick solution to a problem. Focus on creating a space to listen and hear what is occurring with the student. Use good active listening skills such as reflecting, paraphrasing, and summarizing to make sure you understand what the student's concern is and then move toward identifying actions and resources. Make sure to follow up with the student at a later point to see how they are doing since you talked.

[TH]: This student is giving you an olive branch which you can grab and ask those important questions that can help you assess what the student may need from the university and/or you. You have some credibility with the student or else they wouldn't have shared their feelings with you. Don't downplay that advantage—they would not come to you if they didn't feel comfortable. When you speak with them do so in an isolated area so they can be transparent. Find out what is upsetting them and ways you can assist them either via the counseling center or other department within the university—say they are having issues with financial aid, maybe you have a contact there and can guide them in the right direction.

[DD]: Giving time in the present can help connect the student to you, even if it is just a few minutes. We all know how rushed we get, so if you take that minute to connect, the student's voice is heard, and the person is validated. This doesn't mean you have to take a lot of time at the point of contact (and if you read the upset as an emergency, that changes the response). In the few minutes you do take to validate, you might suggest an office hours visit, which give you some time to check on resources you might find helpful.



What if the student isn't only depressed, but mentions suicide?

[BVB]: Addressing suicide is about stopping the progression from idea to action. What I mean by that is suicidal students have an idea about killing themselves and then begin to move toward the action of trying to kill themselves. When they share with you the idea of suicide, you need to assess if they have an active plan, location, or method and how lethal the attempt may be. You should ask if they have done something already or if they have a time and place where they will try in the future. If you aren't sure how to ask these questions, call the counseling center and seek some emergency help. Ideally, the conversation should end with you walking them over to the counseling office for a more detailed conversation.



[AM]: Tell the student how glad you are that they felt comfortable telling you how they are feeling. It can be helpful to let them know that they are not alone and that others struggle with these thoughts sometimes too. Let them know that there are staff available to help them. Listen to what they share with you and take note of the details they share related to any plan or actions they have taken to try to hurt themselves. This information is very helpful when you refer to counseling staff. If the student is willing, try to immediately connect them with the counseling center by walking over or calling together. You

should plan to submit a referral to your institution CARE team even if you get the student to counseling or if the student refuses or indicates they are already receiving care. This allows the CARE team to provide other follow up and consider if there are other resources appropriate for the student.

[TH]: I would be empathic with them as I direct them to the counseling center. I would physically walk the student to the center and if possible, and sit with them until they are seen. It is imperative that you have a good relationship with the gatekeeper (executive assistant) and counselors in the center. While walking with the student ask them questions to gauge if they have a plan already, have begun to give away things, and why they might be feeling like this.

[DD]: This is real. Take all concerns and comments about suicide as serious, particularly since we have seen the data on attempts and completions ticking upward. The best way to prepare for this is to have some basic training about suicide. It's a question many avoid because we are often not prepared and often not comfortable to talk about suicide. Ask for training, typically provided by counseling centers or student affairs personnel. In all my trainings about suicide prevention, I ask people to consider what would they do if this were a family member, friend, or colleague posing the suicide question. Of course, you would want help for them. And a "warm handoff" – walking with them to someone that can help, is often received in a welcomed way.

How do I respond to a student who says, “I was in the hospital last week and I’m falling behind on my assignments”?

[BVB]: There can be several reasons for a hospital visit. It could be physical or mental illness related; it could be for them or a friend. The important part here is they are willing to share with you and they have something big that has happened in their life. The college has an accommodation ADA/504 process, that may extend a break to the student related to the stress or seriousness of the event. They may benefit from talking to someone in counseling about what is going on. Your task here is to listen to what they have going on and look for ways to help connect them to resources. In terms of the course learning outcomes, assignments, and grades, these can be addressed in due time.

[AM]: The pandemic taught us all that we have a variety of ways to be flexible as faculty when student illness or hospitalization occurs. Ultimately, as the faculty member you have the ability to shift course assignments and activities as long as the student still meets the course learning outcomes. Help the student understand what has been missed, offer suggestions for how to catch up, and let them how you can help them with lecture notes, recordings, or other options. For example, sometimes it can help a student if you suggest that they first catch up on the missed assignments or if it works better for them to continue with the current course assignments and return later in the course during a more flexible time to complete the missed work. Follow your institutional process related to the need for documentation. Many institutions will indicate you should not ask for documentation and instead refer the student to the Office of Disability Services or related office to gather official documentation of what occurred if this is needed.

[TH]: I would recommend the student contact all their professors and let them know that they have been hospitalized. Ask them if they were able to get any paperwork from the hospital, which can help the other professors verify that they indeed were hospitalized and ideally this will allow them to make up their work. If the student is known to have medical issues, they may already have accommodations through the Office of Disability Services. I would ask if they have spoken with their point of contact there and see how they could assist with the other professors providing a grace period for the student to make the work up. Assure the student that emergencies happen to everyone and that there are resources at the university to help them get back up to speed.



[DD]: Another scenario where time is needed. A simple acknowledgment of “I’m sorry to hear of this” goes a long way. It’s a good time to recommend office hours visit so the student has an opportunity to inform you of their circumstances. This doesn’t mean they have to provide extreme detail; let the student disclose what they are comfortable with. If they are struggling in your class, chances are they are struggling in all of them, and making a connection to any services on campus that might be helpful.

What about the student who says, “I’m panicked. Now that I’ve missed class, I’m another week behind?”

[BVB]: The student is sharing with you a scenario where they are feeling overwhelmed, and they are struggling to be able to see the light at the end of tunnel. One technique that is helpful is to think of a time where you felt overwhelmed and couldn’t think of a path forward. I say it this way because I don’t want you to imagine yourself in the same situation as the student. That isn’t as helpful. Because in that scenario, you might not react in the same way as them facing the same challenge. You would make different choices, have different strengths and weaknesses. When a student is overwhelmed, connect with that idea and stay there for a bit before trying to offer a solution. Most people who are overwhelmed want, more than anything else, a chance to feel understood.

[AM]: Sharing an empathetic reflection statement can be a good place to start showing a willingness to listen. Sometimes students think faculty are not interested or concerned about non-academic issues they may be facing. Try saying, “It sounds like you are feeling really overwhelmed. I’m so glad you reached out to me so we can explore some options for you. Do you want to tell me a little about what has been going on?” I think faculty can sometimes worry that students take advantage of our flexibility in due dates and course assignments, but more often than not, that is not the case. Students are often embarrassed about what has occurred and the impact on their course work. Be careful about just saying that you can still accept missed assignments and moving on. Instead, try to gauge if the student is able to reengage with the class and if the circumstances that resulted in missing class are resolved or if other resources and referrals are needed.



[TH]: I recommend the student talk with someone in the counseling center. If they don’t have a counselor they see regularly, maybe now is the time to begin some counseling, which can help them with anxiety and many other issues they could potentially be dealing with. Explain to them that many people/students struggle with time management and it’s a process of learning. If you have ever struggled with time management, share your experience with the student as this can create some social capital that may be useful later.

[DD]: Yikes, this is so very common for all of us! Falling behind in any circumstance, paying bills, exercise, class assignments, car repairs, etc, etc... Time management is something we all could benefit from, including our students. So, listen to the concern and if possible, offer some suggestions that might help. That includes any campus services that help with time management, mindfulness, and academic support services.

How do I deal with a student who tells me they've stopped taking their medications?

[BVB]: This one is a little tricky. First, ensure you are in a private place to have this discussion and that have the time to talk with the student and not have to rush to another class or appointment. The second concern is not giving medical advice when you don't have that role for the student and/or have the experience to give good advice. There are many medications taken for psychiatric reasons, and some should not be quickly discontinued. Your main goal in the conversation is to listen to the student and facilitate a referral to the counseling center so they can better sort out the next steps.



[AM]: This type of disclosure may be shared alongside other information such as this is the reason they have missed class, performed poorly on an assignment, or are struggling to focus during class. Consider statements such as, "I'm glad you told me what has been going on. I know it can be difficult finding the right medications to help us feel better and not worse. It sounds like you have noticed some impact that not taking your medications is having on how you are feeling and how you are doing in class though. I would be glad to work with you on what is going on in class, but I also would really like you to talk with health services about what is going on with your medications. Let a doctor help you know what the impact of stopping your medications may be and they can explore other options for you too." If you feel after your conversation that there may be more serious concerns if the student is not taking their medications, a referral to the CARE team is a way to ensure additional follow up.

[TH]: I would question why the student stopped taking their medication. Ask them if they did so under the supervision of their doctor? If not, why didn't the discuss their medication with their doctor before they decided to stop taking it? I would highly recommend they reconnect with their doctor and the counseling center to address any issues that may result from the sudden stoppage of medication. You have to focus on getting them some assistance and ensuring there are no negative consequences for them coming off their medicine without assistance or direction.

[DD]: If a student discloses something as personal as this, it's important. However, it is not your responsibility to drill down and get the facts. Again, an acknowledgment of hearing them (sorry to hear this) and then a recommendation that a conversation with health services (and counseling services as well, if they reveal that they were on medication for mental health reasons). Often the reason can be financial one or lack of insurance, and that may be helped by a visit to the college health center to look at options.

One of my students told me they found out a friend was sexually assaulted. How do I respond?

[BVB]: Start with thanking the student for sharing this with you. As another party is involved, having this conversation in a private location free of distraction is important. Understand that you may have some institutional responsibility to share information about the sexual assault back to the college, so be cautious offering any promise that you can keep the conversation between you and the student. It often surprises those outside the psychology field, but there is a common truth shared by those who have worked in the counseling, social work, and psychology fields – there is a power in the listening to someone share a trauma, story or other person disclosure. While you might not have all the answers, understand there is a reason they felt safe coming to you to share what happened. Honor that idea and the kind of person the student can share with and receive support from.

[AM]: There are a variety of reasons a student may share this information about their friend with you. They may be feeling overwhelmed or sad about what happened to their friend, or they may be seeking information on how to help their friend. Sharing with the student, “It can be hard knowing this happened to your friend and knowing how to help. I’m glad your friend felt comfortable telling you about what happened. You should know that there are staff here at the institution who can help you with how to support your friend with what they are going through.” Connecting the student to the Title IX Office or counseling center are good steps. Know your institutional requirements related to disclosures of sexual assault and your responsibility to report information to the Title IX coordinator. Depending on how this scenario plays out, it may or may not be that you now have information about a student who was sexually assaulted. I think it is always best practice to let your Title IX coordinator know what was disclosed to you so that they can provide resources and options as appropriate.

[TH]: Ask them if their friend has reported the incident to campus police, student affairs, or the Title IX office. Let them know that because their friend shared with them, they must feel a high level of trust. If their friend hasn’t reported it, they may want to discuss options with the friend, so they know they are not alone, and the university has resources. You do have an obligation because the student has disclosed an assault to you—explain that to them. Ideally, in your syllabus you already have the language about Title IX and faculty requirements.



[DD]: This is always a difficult conversation, but a critical one. Anytime someone reveals such personal information, thank them for sharing. It is also important, after listening to the student’s concern, is to let them know of specific services on campus that can help with what they are reporting – support for them, and support for the friend that was assaulted. If possible, provide a warm handoff and an offer to call another office to make that referral might help.

A student treats me with lack of respect, cursing and ignoring my request for them to stop. What can I do?

[BVB]: This isn't an easy problem to fix. I'd start with an acknowledgement in your mind that despite what they are saying and doing, they are likely overwhelmed and not doing well. When students curse and disrespect you, there are usually two major reasons they are doing this. 1) they have learned in their life this is how to address their problems or 2) have been around others where this kind of language is acceptable. In either case, the approach here that works is addressing the initial problem they are having and then engaging them in the way they have expressed themselves to you. It is near impossible to calm someone down at the same time you are trying to re-direct their language and behavior. In other words, we must take down the temperature first and then address the language and disrespect they are giving.

[AM]: This is hard but try to first take a deep breath. Staying calm and not overreacting is half your battle. Use their name. Keep an even tone and use clear and simple statements. "Amy, you are upset and frustrated, but cursing at me and treating me this way is not appropriate. If you want to talk with me about what is going on, we can talk after class. If you are going to continue cursing, interrupting, and not following my directions related to the class activity, then I will have to ask you to leave for the remainder of class." As you begin to address this individually with the student, keep in mind there is an underlying issue or concern that probably has not even been stated clearly by the student and try to figure out what this may be. Are they struggling academically? Is something going on outside of class that is impacting how they are behaving? Is something about the class climate or content setting the student off? Since this is repeated behavior, a referral to the campus conduct office is appropriate, and they can help provide additional support for you related to the situation. Be clear in your referral about what behaviors the student displayed. The conduct office can also share this with the campus CARE team as appropriate.



[TH]: When I have calmed down, I would have a conversation with the student after class and let them know that this behavior will not be tolerated in my classroom. It is imperative that they understand you are in control of the classroom and their behavior is not acceptable. Let them know that if this behavior continues, you will be forced (by them) to refer them to student affairs or the conduct officer. I would also share with the student that this type of behavior will not be accepted in the workforce, and it must be addressed now if they hope to be successful in the workplace.

[DD]: We have all probably been on the receiving end of this, both on campus and in our personal lives. It's almost easier in your personal life to have "the conversation" or to let go of the relationship, as there is likely a stronger connection to the person. On campus, it's not as easy. Is it a change in behavior the student is experiencing? Often changes in their personal circumstances may have preceded their behavior. If not, and it is routine behavior in class, it needs to be addressed. Calmly. More than once if necessary. I believe we are all student-centered advocates. However, there are times we need to seek guidance from our chair, dean, or student conduct office in order to find a solution.