**GUIDE FOR RECOGNIZING STUDENTS IN DISTRESS**

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**Introduction**

The increasing demands of our society seem to be reflected in the changing needs of our students in physical therapy educational programs. Each year, we see more students struggling with concerns such as depression, anxiety, panic disorder, and other mental health issues. Whether they were previously diagnosed and treated or it is a new concern, the demands of a rigorous physical therapy educational program often exacerbate the student’s mental health concerns.

This guide is meant to provide a first step to recognizing when a student may not be managing a problem well and how to you might intervene. It is not meant to provide all the answers, only to help you to consider possible signs and symptoms and direct the student appropriately. In case of an emergency or a situation where the student’s health, safety, or the welfare of others is threatened, call 911 for police and medical help.

**Possible signs of a mental health issue**

1. Student’s clinical performance/ quality of work changes drastically in a short period of time without an explanation.
2. Student is often tardy or misses clinic days frequently.
3. Student shows excessive procrastination.
4. Student demonstrates signs of anxiety.
5. Student appears to have a flat affect, has slow speech, is always tired, or shows difficulty concentrating.
6. Student is agitated or irritable or shows other marked changes in behavior.
7. Student has frequent mood swings or cries easily.
8. Student expresses feeling of hopelessness or worthlessness.
9. Student makes a reference to or shares thoughts of suicide (verbal or written).
10. YOU feel depressed or hopeless when you are speaking with the student.
11. Student appears to have a dramatic weight change.
12. Student presents with marked changes in personal hygiene.
13. Patients or other clinicians express concern related to the student.
14. Student reports complaints of chest tightness, palpitations, dizziness, heart racing, or other symptoms that may indicate an anxiety or panic attack.

**What to do if you recognize any symptoms**

If you see any of the behavior changes or symptoms listed above, have a conversation with the student. Express to the what you have observed and first ask for a possible explanation. If the student does not have a reasonable explanation, ask the student directly if he/she is feeling depressed or anxious. If the answer to this question is yes, then suggest that the student calls the University Counseling Center for an evaluation (or other healthcare provider if they prefer). In addition, call the DCE/ACCE at the student’s university and notify this person of your concerns. The DCE/ACCE will follow up with the student to put a plan of action in place. The plan could include, but is not limited to, any of the following scenarios: (1) student continues the clinical experience while managing the mental health issue; (2) student continues the clinical experience with accommodations agreed upon by all parties; or (3) student takes a leave of absence from the clinical experience while he/she receives treatment. The clinical instructor should also notify the SCCE and/or facility director anytime a change in student performance or behavior is noticed and request assistance in addressing the concern.

The clinical instructor, SCCE, or facility director should always feel free to call the DCE/ACCE or any other academic faculty member to discuss possible concerns about a student’s behavior.

Here are a few resources available for helping to address student’s concerning behaviors.

 **Resources to call for student in crisis**

Resolve Crisis Network: 1-888-796-8226

Western Psych Institute: (412) 624-2000