

# Support a Student

Many UNC students are struggling with stress, anxiety and mental illness. Mental health consistently tops the charts in impacting students' ability to succeed.

This information includes communication strategies and resources on campus to support students who are struggling.

For more detailed information and opportunities to practice these skills, consider taking [Mental Health First Aid](#) <sup>[1]</sup>, a free, in-depth training offered on campus.

Together we can create a culture of care at UNC. Thank you for seeking information on supporting the mental health needs of UNC students.

## Signs of distress

### Mood Changes

- Expressing helplessness or distress
- Lack of energy
- Increasingly sad or depressed mood
- Very flat; apathetic
- Increased irritability, anger, or restlessness
- Increased anxiousness, panic, or persistent worrying

### Behavioral Changes

- Classes:
  - Extreme procrastination
  - Diminishing quality of work
  - Missing class or meetings
  - Inability to concentrate
  - Falling asleep in class
  - Disturbing material in academic assignments

- Impaired speech or disjointed thoughts
- Hyperactivity or very rapid speech
- Strange or bizarre behavior

## **Interpersonal Changes**

- Social withdrawal, isolation
- Unable to enjoy activities that are normally enjoyable
- Having trouble leaving one's residence hall, house, or apartment
- Threatens, talks about, or hints at doing harm to self or others

## **Physical Changes**

- Sleeping too much or too little, erratic sleep pattern
- Always tired or very restless
- Changes in eating habits and weight
- Apathy about appearance, health, or personal hygiene

## **Certain events can trigger a crisis**

What may seem of minor importance to one person can be extremely distressing to another. Be alert to how someone who has experienced one of the following events is reacting to them:

- Breakup or rejection in an important relationship
- An abusive or controlling relationship or incident of sexual assault
- Loss of an important opportunity, goal, or status
- Academic failure
- Facing legal or administrative sanctions and consequences
- Death of a loved one

See [Acute Warning Signs of Suicidality](#) <sup>[2]</sup> for learning more about what might signal a more emergent problem.

## **What constitutes an emergency?**

- A [suicidal attempt, gesture, threat, or stated intention](#) <sup>[3]</sup>; behavior posing a threat to self
- A homicidal attempt, gesture, threat, or stated intention; behavior posing a threat to others
- Loss of contact with reality
- Inability to care for oneself

## Basic guidelines

- Stay calm, as this will help you respond more effectively, and also help to reduce the student's anxiety or agitation.
- If the student appears to be dangerous to self or others, do not leave the student unattended.
- Make arrangements for appropriate intervention or aid.
  - Call 911
  - Call Campus police
  - Go directly to the emergency room
  - Call CAPS at 966-3658 and speak with the Urgent Consultation Team. If this is after usual office hours, Campus Health (919-966-2281) is open until 6:00 pm Monday ? Friday and from 8:00 am ? 5:00 pm Saturday and Sunday. You can call 919-966-2281 after 6:00 pm on weekdays and after 5:00 pm on weekends for assistance.
  - Consult with the Dean of Students Office at 919-966-4042 which can be helpful in locating a student or encouraging them to seek evaluation.

## Suicide: Acute warning signs

### Verbal

- Preoccupation with themes of death or suicide
- Expressions of unworthiness or failure
- Lack of interest or hope for the future
- Statements of suicidal plan or intent to carry it out

### Behavioral

- Giving away cherished possessions or making a will
- Canceling future plans as if there will be no future for the person
- Stockpiling pills or acquiring a weapon
- Sending cryptic emails that suggest wish to harm self, feelings of hopelessness

Sometimes out of a cry for help or ambivalence about acting on suicidal thoughts, **indirect statements** will be made:

- **Hopelessness**
  - ?I?m not sure any of this is worth it anymore.?
- **Wishes for Escape**
  - ?I?d like this all to go away.?
- **Death Allusions**
  - ?I wish I could sleep and never wake up.?
- **Burdening Others**
  - ?It would be better for everyone if I were gone.?
- **Not Belonging**
  - ?No one would miss me anyway.?

### **Acute Risk Factors**

Risk for self harm increases when the above warning signs and risk factors below are both present.

- Expression of specific plans with active intent to harm self
- Prior suicide attempts
- Recent discharge from a psychiatric hospitalization
- Chronic feelings of hopelessness and suicidal thinking

### **Protective Factors**

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

## **I'm a friend. What can I do?**

Friends are usually the first to notice when a peer is in distress because you witness any of the above signs of distress in your friend. Expressing your concern to them and encouraging your friend to seek help may be the first step in their healing. Helping a

friend can often be challenging, though. They may dismiss your concern or they may be depending on you more than you feel comfortable with.

See [How to Approach and Be Responsive](#) below for more detailed advice.

## **I'm a faculty or staff at UNC. What can I do?**

Because of your close and frequent contact with students you are often the first to observe the signs of distress in students. As a trusted authority figure, you can be influential in encouraging a student to take steps towards better self care and resolution of crises. Simply showing concern and being responsive can make a difference.

You also have multiple roles with students: instructor, mentor, limit-setter, friend, etc. It is important to know the limits of your roles and responsibilities so that you bring other resources to bear, especially at times of crisis.

See [How to Approach and Be Responsive](#) below for more detailed advice and the [Mental Health Ambassadors Faculty Memos](#) <sup>[4]</sup>.

## **I'm a family member. What can I do?**

As a family member, you have a special role. You have known your student longer than anyone on campus, and likely have a very influential capacity for encouraging or discouraging help-seeking behavior. Your knowledge of your student and your support is a vital resource.

A good first step in being a supportive family member is to help your family understand mental health. For some families it is relatively easy to acknowledge if a family member is struggling. Perhaps someone else in the family has been depressed and responded well to treatment. In some families, being depressed may be viewed as a weakness, self pity, or something of which to be ashamed. If the latter is the case in your family, the struggling student may similarly dismiss or deny their mental health needs. It is important for family members to educate themselves about mental health.

Understanding and accepting our student's mental health needs can open the door to effective treatment. It can be a great relief to the student to know they are not letting down their family.

See [How to Approach and Be Responsive](#) below for more detailed advice.

## **I'm concerned about myself. What should I do?**

It's a sign of health and maturity to acknowledge personal distress and vulnerable feelings and to reach out for help. One of the surest ways to aggravate any problem or concern is to become isolated with it and buy into shame and self blame for feeling distressed. Be aware of the sources of stress in your life and how you are reacting to them. Sometimes just noticing and acknowledging how you feel and being kind to yourself about it can be a good start in being able to feel better.

Perhaps there has been some disappointment or loss in a relationship. Maybe you are feeling the pressure of making good grades. You may notice that you have been feeling excessively sad, worried, irritable, withdrawn, or just "not yourself". Or perhaps you are concerned about a pattern of unhealthy behaviors (e.g., drug or alcohol abuse, disordered eating, self-injury) or you have stopped going to class and are sleeping much of the day.

Any problem that is causing concern is an appropriate reason to talk to someone about it.

## **Who Can I Call or Speak To?**

- A trusted friend
- Someone in your family
- A residence hall advisor
- A professor or instructor you respect and trust
- A spiritual counselor or minister or rabbi
- Counseling and Psychological Services

## **Levels of Concern ? What Should I Keep in Mind?**

If you're feeling down, upset, overwhelmed, lonely, anxious, or isolated?but haven't entertained thoughts about not living.

- Realize you are not alone
- Others do care and can help
- Be careful not to isolate yourself or maintain unhealthy habits to cope
- Reach out to others for support and help in problem solving
- It's a sign of maturity and strength to acknowledge distress and vulnerable feelings

**If you've had thoughts about not living?but wouldn't want to harm yourself.**

- Remember that just having such thoughts does not mean you are crazy or are the

only person to ever think this way

- Realize that people can have such thoughts from time to time without ever wanting to act on them.
- Realize that such thoughts are a real distress signal indicating
  - You are feeling overwhelmed or helpless in some way and that
  - It is important you talk to a trusted person for support and help resolving how you feel

### **If you have thought seriously about ending your life? or worry that you might harm yourself.**

- It's very important that you talk with some trusted person about these thoughts and feelings as soon as possible.
- Know that someone does or will care.
- Your life is worth living.
- Believe that the helplessness or crisis you feel is temporary.
- Seemingly unbearable emotional pain can be survived.
- Call CAPS (919-966-3658) and ask to be seen as soon as possible.
- Know that help is available now, 24/7 ? don't put off seeking help

### **If you have recently started to harm yourself or attempted to end your life.**

- Don't keep this a secret. Tell someone you trust and/or a CAPS counselor.
- Know that others care and want to help.
- Don't isolate yourself or fall back on unhealthy habits to cope.
- Commit to a continuing plan to provide you support and help with problem solving.
- Call CAPS (966-3658) and ask to be seen as soon as possible.
- Know that help is available now, 24/7 - don't put off seeking help

Be informed about clinical problems and what interventions help. Refer to our health topics page for information about specific issues.

## **How to approach and be responsive**

### **Find an appropriate time and place to speak with the distressed student**

Ask them to speak to you privately, at a time and place where you can both focus on the conversation without distraction.

## **Describe what you observe**

Be objective by stating what you observe that is concerning to you. Avoid making assumptions about why the student is distressed. You could say something like, "I noticed you seem pretty upset lately."

Indicate that you are concerned about their well being and that you want to help.

## **Inquire**

Ask about what seems to be wrong.

## **Listen**

Just listen, carefully, sensitively, without judgment. Give them your undivided attention.

## **Accept**

Accept the person "as is," without agreeing or disagreeing with his/her behavior or point of view.

## **Empathize**

Sincerely communicate your understanding of the issue as they describe it, in both content and feeling.

## **Offer Hope**

Help the person understand that the situation can improve, and that things will not always seem so bad. Do not try to fix, criticize, moralize, correct, or make decisions for the person. Give reassurance and information - people can and do recover from mental illness.

## **Encourage**

Encourage the person to continue to talk about their issues, and remind them that it is normal to talk with someone he/she can trust when in need of help. Talking is a natural way to relieve stressful emotions. Ask about and encourage self-care techniques the student has used in the past.

## **Offer Options**



The student may find it helpful to talk with other supportive people. Options include:

- An R.A. or Community Director if they live on campus
- A trusted faculty member, administrator or staff member
- A family member
- A medical provider
- A spiritual leader
- A therapist at Counseling and Psychological Services (CAPS). It's free and confidential.

### **Be Willing to visit CAPS with the Student**

If the student appears distressed enough and open to your help, you may want to seize the moment by offering to visit CAPS with them.

### **Be Available and Follow-Up**

Remain open to further discussions, let them know that you are available if they need you. Check back with the person, because you care about how they are feeling.

### **Remember Your Role and Your Own Limits**

Your role is to provide support and to suggest other options when support is not enough. Remember your own limits, do not become more involved than your time and skill permits. If the issues are beyond your ability to help, you may want to call and talk with a therapist at CAPS about how you can best help.

### **Consult with CAPS staff**

Pick up the phone and call the CAPS Urgent Care and Consultation Team for advice - 919-966-3658. There are CAPS therapists on-call daily to take referrals from students or faculty and staff, or just to offer some consultation to a faculty member with concerns for a student.

Invite the student to accompany you to CAPS and visit the office with them. CAPS therapists on the Urgent Care and Consultation Team are available daily to meet with students for same day assistance.

If appropriate, have the student call and speak with the CAPS Urgent Care and Consultation Team. The CAPS therapist may invite the student to come over to CAPS the same day.

### **If the student is reluctant to reach out for help (and this is not an emergency)**

- Remember that seeking therapy is a personal choice.
- No one can make a person's choice for them.
- Don't force the issue, simply restate your concerns and the available options.
- Suggest that confronting a problem is a positive sign of health and maturity.
- Acknowledge, validate, and discuss the person's concerns about visiting CAPS.
- Remind them that the therapists at CAPS have years of expertise in helping college-age people.
- Remind them that CAPS is free and confidential.
- Be friendly, remain open and available to help in the future.
- Suggest they take some time to think it over.

### **SIREN Model: Helping a suicidal student**

#### **S: See/observe warning signs**

- Isolation from others
- Expressing hopelessness

#### **I: Inquire/ask for more information**

- "What do you mean when you say..."
- "Are you having thoughts about suicide?"

#### **R: Reflect/show you understand**

- "It sounds like you have been going through a really difficult time."
- "It must be hard to feel lonely."

#### **E: Encourage/instill hope and help**

- "You are not alone in this... people care about you."

- "There are people who can help you."

## **N: Network/connect with resources**

- "Counselors at CAPS can give you more support."
- How about you and I walk to CAPS right now"

### **For faculty: Suicidal student scenario**

Renee, a graduate student, has just failed two sections of her qualifying exams. She has been depressed for the past several years and this was exacerbated when she came to graduate school as she has felt quite different from her peers coming from a small town and a family where she is the first to seek an advanced degree. Her advisor Dr. Johnson is concerned that she has missed some classes and is not applying herself to improve her standing in the program. Yesterday though Dr. Johnson received an email from Renee stating "everything feels so hopeless; I have no future; no one has any confidence in me; I certainly don't have any in myself".

**Dr. Johnson:** I'm glad we could meet during office hours because I wanted to ask you privately about the email you sent me and find out more about how you are feeling. You have missed class four times in the past two weeks and you appear distressed to me when I've seen you in class. I imagine you are concerned about not passing two sections of your qualifying exams and I would like to figure out a way I can provide some support. How are you doing?

**Renee:** Okay, but I'm kind of tired and stressed out.

**Dr. Johnson:** How do you mean? Can you tell me more about that?

**Renee:** I don't know. I don't feel like getting out of bed in the morning and I can't concentrate or get going on my work. I feel like a failure. I also feel embarrassed to be telling you this.

**Dr. Johnson:** I appreciate your willingness to tell me about how you are feeling. I know a lot of students might be uncomfortable doing that but I see it as a healthy thing to do. Do you think you might be depressed?

**Renee:** Maybe, but I should be able to get my work done anyway. I don't want to make any excuses. I should be able to handle this on my own.

**Dr. Johnson:** If you are depressed you wouldn't have the same energy and attention

you would normally have to get your work done. Despite your best efforts you might not still be able to perform as well as you would if you weren't depressed. Also there might be reasons for feeling depressed that could be addressed. Things could get better with the right help and support.

**Renee:** Well, I need to do better but I don't see how.

**Dr. Johnson:** You seem to be feeling kind of helpless. I was concerned about what you said in your email when you referred to having no future. What do you mean by that?

**Renee:** If I am not able to finish this program I'll be a total failure. My life is pretty meaningless anyway. It's always a huge struggle. I'm about ready to give up.

**Dr. Johnson:** It's hard to have any optimism right now about getting through this. Has it ever gotten to where you think about not wanting to live, about ending your life?

**Renee:** I don't really see the point. It's so hard to keep going. I keep letting everyone down and I don't know if anyone really cares about me. Everyone has their own stuff going on and why would they care about me? If I can't be successful with my academic goals what is there for me?

**Dr. Johnson:** Have you actually thought about ways to harm yourself? How worried are you that you might do something like that?

**Renee:** I've thought about it. Eventually, maybe before long, I'm going to have to give up. I haven't yet but I do worry about it.

**Dr. Johnson:** I appreciate again that you are willing to tell me about how badly you have been feeling and I want to help. Perhaps we can figure out some ways to treat your depression and the reasons for feeling depressed. In the meantime we can look at some options for how to support you with your academic goals so that you will have the opportunity to still be successful. This might mean making some adjustments in your curriculum or maybe taking some time off. We can figure out what is in your best interests and what would work best all around. I think it would be very important though for you to talk with a therapist at CAPS to assess if you are depressed and find out how that can be treated. Would you be willing to go over to CAPS and meet with a therapist there?

**Renee:** Would that really help? I've been feeling this way for a long time.

**Dr. Johnson:** I personally know of some other students who have been helped quite a bit at CAPS. I would be willing to visit with you if you thought that would help. They

might also have some ideas about how we can best support you if you were willing to have them communicate with us about that. Of course what you discuss with them is confidential and there is no cost to you.

**Renee:** I guess that would be okay. How soon would you want me to be seen at CAPS?

**Dr. Johnson:** You can be seen today if you visit them between 9:00 am -12:00 pm or 1:00 pm - 4:00 pm. Also I would like to know that you have followed up at CAPS and are getting the right kind of help and are safe. I would like to follow up with you and check in with how you are doing. I think things can get better for you.

**Renee:** That's fine. Thank you for being concerned.

*Dr. Johnson, with Renee's permission calls over to CAPS to give some background information about Renee's current difficulties and particularly about her suicidal ideation. CAPS at this point begins working with Renee and develops a treatment and safety plan.*

### For friends: Suicidal friend scenario

Brian has just returned to his dorm room after his girlfriend Jennifer has broken up with him. His roommate Jack, who has noticed that Brian has seemed depressed for the past several weeks, recognizes Brian's withdrawn and sullen demeanor yet again. Jack decides to ask him how he is doing.

**Jack:** What's up, Brian? You look kind of down.

**Brian:** Yeah ?

**Jack:** So ? what's up? What's going on?

**Brian:** It's Jennifer.

**Jack:** What happened?

**Brian:** She dumped me.

**Jack:** Oh, dude, I'm sorry. That sucks.

**Brian:** Yeah it does.

**Jack:** You must be bummed out. Sorry about that.

**Brian:** Yeah ?

*Brian goes silent.*

**Jack:** You okay?

**Brian:** I can't deal with this.

**Jack:** What do you mean?

**Brian:** Everything was perfect. She just ? life was awesome with her. And now it sucks. And nothing I can say will change her mind. She doesn't want to be with me. What the hell can I do? I ?

**Jack:** What?

**Brian:** I don't know what to do?

**Jack:** You're okay. It'll just take some time.

**Brian:** I don't know ?

**Jack:** Brian, this has been going on for weeks now.

**Brian:** And now it's over. No matter what I do; no matter what I say ?

*Brian does not know what to say. The two sit in silence. Finally ?*

**Jack:** How's school? Have you been able to catch up yet? I remember you told me that you got behind having to deal with all this?

**Brian:** No, I have not caught up.

**Jack:** Can I help?

**Brian:** There's nothing that you can do. I just have to do my work ? I'm just letting everyone down ?

**Jack:** No you're not. You're not letting me down.

**Brian:** You have to sit and listen to this garbage.

**Jack:** You're fine. Listen ? Jack ? I am concerned about you.

**Brian:** Don't worry. I'll figure it out. Just take care of whatever you need to take care of. Go do your thing

**Jack:** I will take care of whatever I want to take care of. And right now, I am worried about you. I didn't want to say anything, but now I have to. First of all, you have been drinking like a fish. Even Moose doesn't drink as much as you've been drinking ? (*Jack doesn't respond*) ? And what's up with the cuts on your arm?

**Brian:** Jennifer was freaking out about those, too.

**Jack:** Of course she was!

**Brian:** Well they're nothing for you to worry about. It's my thing, and I'm fine.

*They sit in silence*

**Jack:** What do you mean think that you are letting everyone down?

**Brian:** Everyone has to constantly worry about me, and tip toe around me. And I'm always a bum. I am just a burden to everyone.

**Jack:** No you're not. You are just going through a tough time. We all do at some point.

**Brian:** Yeah, but not this. I just ?

**Jack:** What?

**Brian:** It's too messed up at this point. I can't fix it. And I can't deal with it. Sometimes?

**Jack:** What? (*no answer*) Sometimes what?

**Brian:** Sometimes it's not worth going on.

**Jack:** Don't say that!

**Brian:** I wonder if she'd miss me?

**Jack:** Brian ? (*Brian does not respond*) ? Brian, does it ever get so bad that you think about, you know ?

**Brian:** What?

**Jack:** You know ? harming yourself

**Brian:** The cutting is no big deal.

**Jack:** I'm not talking about the cutting. I mean ? have you ever thought about ??

**Brian:** What? Knocking myself off?

**Jack:** Okay, sure.

**Brian:** Maybe? Life sucks. And no one would care anyway. So, yeah, sometimes I think ? why not?

**Jack:** Brian, I would care.

**Brian:** You're a pal.

**Jack:** Brian, seriously. ? You've thought about ? killing yourself?

**Brian:** Well...yeah.

**Jack:** Okay, but ?

*(pause)*

**Brian:** My parents made me go talk to a therapist last year when things were bad like this. I never did anything ? except maybe cut my arms; but I don't usually feel like dying when I do that. Things really suck though. Dude, could you talk to Jennifer, help her understand how I feel about her? Tell her she should give me another chance?

**Jack:** Brian, I am sorry that things haven't been working out for you two, but I don't think it's my place to try to get Jennifer to change her mind. And besides, Jennifer is my friend too. It's just not my place ? *(Brian doesn't respond)* Man, I am really concerned about you right now. Have you thought about going back and talking to a therapist? You could call CAPS and someone could see you there. I could even visit with you if you wanted.

**Brian:** No, I don't want to talk to anyone else. There's no point talking to a therapist. It won't help. I'd rather deal with this myself ? or maybe talk to you when I need to.

**Jack:** I am happy to listen to you whenever you need me to. And am happy to be a good friend like you've been for me. But at this point I am at the limits of my abilities. I'm not an expert on psychology. I can't help you fix what is going on. But a therapist can. That's what they're trained to do.

**Brian:** Dude, you're not going to go telling anybody, are you?



**Jack:** Brian, I've been worried about you for while now. I feel like I have to do something more. I mean, look at yourself. It's not good.

**Brian:** Whatever

**Jack:** You know, CAPS is not only free, but only confidential. No one will know. Not even your parents if you don't want them to. But I'm sure that they'll love to hear that you are back in therapy. Besides, even if people *did* know, nobody is going to look down on you. I know of several friends who have been in therapy, and it's really helped them. Dude, no one cares!

*Brian doesn't answer*

**Jack:** Brian, you know if I decide that I am really worried that you are going to harm yourself, then there's no way I could keep that a secret. I would have to tell someone.

**Brian:** Jack, don't tell anyone

**Jack:** Brian, I'm your friend. And I really care about you. And I am absolutely positive that if you go get the help and support you need, then things will get better for you. It's not the end of the world. People break up with people all the time. You have been through some tough times; but you are smart and talented, and a good person and there are a lot of people who care about you. I know you can get through this. Just get yourself some help! (Pause) At least tell me that you are not going to do anything rash.

**Brian:** Okay, I'm not going to do anything rash. Just don't tell anybody.

**Jack:** Okay.

*Over the next couple of days, Jack notices that Brian continues to be depressed and withdrawn, and it looks like he has a couple of fresh cuts on his arm. Brian has continued to make some vague references about things being pointless. Jack decides to call CAPS to consult about what to do now.*

**Jack:** Hi. I've been worried about my roommate. I am thinking there is a possibility that he may want to take his own life. But then again, he might not. What do I do?

**CAPS:** What is making you think that he wants to take his own life?

**Jack:** Basically, for like the last couple months, he has been really depressed. And a few weeks ago his girlfriend broke up with him. He's been drinking a ton -- which hasn't helped any because he just withdraws afterward and he makes vague statements like "It's not worth it. There's no point," and "Nobody would care. I'm just a burden to everyone." Plus, he told me he thought about it seriously sometime last

year.

**CAPS:** Do you know if he has ever tried to harm himself or said that he wanted to in any specific way?

**Jack:** I know he has been cutting on his arm some. But I don't know what that means. And he says that that's somehow different. So, besides that, as far as I know he hasn't. But I know he has thought about it. Also, he seems more despondent and impulsive after he's been drinking. Like this one time, he was walking in the middle of the street late at night and not even caring that cars might hit him and kill him.

**CAPS:** Have you encouraged him to come over to CAPS?

**Jack:** I tried to get him to go to y'all, but he won't call and make an appointment.

**CAPS:** Okay, first of all, it appears you have good reason to be concerned about him. It's good that you are noticing all these things and calling us. You are a very good friend. You might try speaking to him again and telling him that how he has been acting in the past few days really concerns you. Ask him again if he would be willing to come over to CAPS? If you're comfortable with it, tell him that you will visit with him to make the appointment.

**Jack:** But what if it doesn't work? It didn't work the last time.

**CAPS:** I understand. If he doesn't respond to this, you will need to get him some other support. You might start by speaking with your RA or community director and seeing if they can speak with him. You could also ask the Dean of Students Office to get involved; they could check on your roommate to make sure he is safe and getting the help he needs. But, if at any point you have reason to believe he is about to harm himself, please call us either us or campus police right away.

**Jack:** Okay ? But he told me he didn't want me to tell anyone else about this. I don't want to betray his trust.

**CAPS:** I understand how you are feeling. But there is enough concern here about his safety that the most important thing right now is for someone to assess what is going on with him and provide him with the resources that he needs. He might feel upset with you for telling folks, but, most often, students in that much distress will understand that you mean well and they actually appreciate that you have taken them seriously.

**Jack:** Uh huh ?

**CAPS:** Listen: Don't take on the responsibility of dealing with this by yourself. You have been an amazing friend. Your friend is lucky to have you looking out for him. But, he clearly needs help that you can't give him. And I want to suggest that you don't

make any assumptions about whether he will be safe when you have significant reason to worry about him.

**Jack:** You know this whole thing has been freaking me out.

**CAPS:** Of course. You are taking on a lot. I imagine it's been a difficult time for you. Please: feel free to come in and see us yourself if you want to talk to someone about how this affecting you. We would happy to help in any way that we can.

*At this point in this situation CAPS would follow up by making sure that someone had checked in with Brian to provide support and make sure he would be safe*

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**Source URL:** <https://caps.unc.edu/support-student>

**Links**

[1] <http://ssw.unc.edu/sswevents/?q=mhfa-training>

[2] <https://caps.unc.edu/helping-suicidal-student-siren-model>

[3] <https://caps.unc.edu/suicide-acute-warning-signs>

[4] <https://drive.google.com/drive/folders/1bduEGsTcndETiv3DRaN4ucqJ24Tv3nla>