SPOT DISTRESS/RISK FACTORS:	
Stress & Difficulty	Distress & Inability
•	I stress and difficulty vs distress and a student feeling duration, intensity, and frequency of what a student is
← —	> Depression
If sadness lasts 2+ weeks and/or affect depression.	cts the physical ability to do things, it could be a sign of
← —	> Anxiety
This is identified by physical manifesta treatable condition.	ations of stress, like panic attacks. This is the most
←—Eating, Diet, and Drinking	Eating Disorders and Substance Abuse

Take note of when people are consuming something, the frequency in which it is done, and their relationship to the food/drink.

WARNING SIGNS

- Academic Indicators
- Emotional Indicators
- Physical Indicators

Academic

- Missing class
- Obsessive over grade
- Decreased participation
- Unresponsive to communication

Emotional

- Shutting down
- Fear of engagement
- Lashing out/anger
- Apathy/Numbness/ Lack of energy

Physical

- Quick loss or gain in weight
- Looking tired
- Signs or self-harm or hiding self-harm with clothing (ex: wearing long sleeves in the summer)
- Changes in posture
- Lack of hygiene

1 of these might just be a bad day, but if you notice a constellation of signs, it might be good to check in with your student.

HOW DO YOU RESPOND?

Choosing a pathway: Should you approach directly or alert someone?

Direct: You would extend an offer for help.

Alert: You would let someone better prepared or important in this person's life know what is happening so they can step in.

Either choice is okay to make, just understand that if you intervene, you need to be prepared to have a conversation.

It is best practice to consult first to know what the next steps should be.

When you do speak with the person you're concerned with, be direct and speak to them in private. The goal is to have someone feel affirmed and heard. Repeat back their feelings to show that you're trying to understand what they're saying.

Try not to rush into giving advice, as this can be off-putting, or can prematurely end a conversation. It can also be a point of irritation if the person has already attempted what you're telling them to do, and nothing has changed in spite of it.

It is important to **tolerate pauses**, **silence**, **and lulls in conversation**. A conversation like this isn't easy to have and it can take time for them to open up.

If you see urgent signs, ask about suicide. It is a myth that asking about it will plant an idea in someone's head. Most of the time, people are actually waiting for someone to notice or ask so they can open up how they're feeling. People might also hint to how they're feeling via jokes or statements they make.

If someone does say they're suicidal:

Connect them to a professional on campus or 988. There are also more specific hotlines depending on the type of situation they're going through.

If they are under 18, mention this to their parent/guardian. Parents usually have to give consent for a minor to receive treatment

REFER: BRING UP RESOURCES

Expect resistance: Roll with it, but try to still give at least information about who they can reach out to.

For Princeton students: (609) 646-1526 is the 24/7 Counseling and Psychological Services number for a crisis call. No one will know you contacted CPS unless consent is given. McCosh has an urgent care center and Friday drop-in hours as well.

UWill is also a free telehealth therapy for Princeton Students. (833) 646-1526. These are 30min appointments, but no medication can be given.

Seniors can be helped through the summer after graduation, but CPS can help in advance with the resource cut-off. Sliding scales are an example of what can be done.

COMMIT TO BEING A PROACTIVE RESPONDER

If someone is struggling and you notice, reach out! Even if you don't know someone well.

Remember to follow up so your conversation doesn't feel like a one-off.

In TigerSafe, there is also a mental health navigator with information you can give out as needed.