

When to Refer for Counselling: Teacher and Leadership Tips

Teachers are often the first to refer for counselling or additional support. Teachers are consistent adults who see student's emotional and mental states over time.

Students with refugee backgrounds

- are at risk for mental health issues from past losses, multiple stressors and traumas, as well as current acculturation challenges and additional stressors
- are at risk for mental health issues that increases with time in Canada
- need to be understood on an individual basis. Even members of the same family may have different resilience to stressors or traumas.

There is no exhaustive list of when to refer for counselling. The following is a **sample checklist**.

Refer to counselling when:	
	you have a "gut sense" that something serious is happening. Often our own "gut response" give us information that is beyond our conscious awareness. Dr. Bruce Perry explains this "gut" sensation as a stress response that indicates that something, outside of our conscious awareness, is not right, is inconsistent, demands attention, etc.
	there is a marked change for the worse (e.g., crying, hitting, clinging)
	there is a clear indication of harm to self (e.g., threat to harm self, cutting, suicide, purposefully running into traffic, jumping from great heights) http://www.nasponline.org/resources/principals/nasp_cutting.aspx
	there is harm to others (e.g., violence, threat of violence and will to carry through)
	there are gang-related activities
	there is no progress, despite intense interventions and supports
	there has been a history of suicidal attempts and there is a sudden shift in mood, friendship groups, activities. Be aware of the warning signs of youth suicide. http://www.nasponline.org/resources/crisis_safety/suicidept1_general.aspx
	you observe an inability to concentrate, think rationally,
	the student evidences emotional swings to extremes that cannot be easily shifted (e.g., too giddy, too sad, numb / no feeling at all, etc.)
	there is evidence that the student is "self-soothing" in unhealthy ways (e.g., alcohol, drugs, sexual risk-taking behaviours, etc.)
	the student has pains in the body that are not based on medical issues (e.g., head aches, stomach aches, etc.)
	there is preoccupation with a traumatic event (e.g., drawing of murder). <ul style="list-style-type: none"> • Because expressive activities (e.g., drawing) will likely expose difficult material, it can be a challenge to distinguish between normal processing of difficult material or the need for referral for mental health services. • Consider consulting with your school psychologist or counsellor or Learning Support Team to "flag" the student for possible referral. • You can gain clarity on making an immediate referral, suggestions for in-class supports, for parent supports and communication, for monitoring over the short term, etc.