



Psychological Crisis Response Manual

Korea University Student Counseling Center



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Life Crises and Suicide Risk

There may be times when life feels overwhelming. When emotional pain does not seem likely to improve, or when it feels as though things may only get worse, we may find ourselves thinking, “I wish I could disappear” or “I don’t want to wake up tomorrow.” The loss of a loved one, failure, serious illness, humiliation, or repeated experiences that leave us feeling hurt, powerless, or treated unfairly can sometimes make it seem as though there is no way out. In these moments, some people begin to think about death as a way to escape their pain.

When a student is experiencing suicidal thoughts, timely support and intervention are important. Without appropriate help, a suicide attempt may occur. Such events can also have a traumatic impact on classmates, friends, and others in the campus community. Suicide prevention begins with understanding suicide risk, recognizing the warning signs of suicide risk, and knowing how to respond when a student may be in crisis.





Q1. Can I help a student who may be at risk of suicide? One of my students has told me that they want to die. I'm worried that talking about suicide might make those thoughts worse.

A1 Talking about suicide does not increase the likelihood that someone will develop stronger suicidal thoughts or attempt suicide. In fact, asking direct questions about suicidal thoughts and offering support can be helpful. Many people who think about suicide also want to keep living. It is common for them to have mixed and conflicting feelings. Showing genuine concern about a student's emotional struggles and letting them know that you want to help can make a meaningful difference. Feeling understood and supported may help the student move away from suicidal thoughts and toward seeking help.

Q2. Isn't suicide something that mainly affects people with severe depression or people who lack the will to live? Isn't it rare for students in general to think about or attempt suicide?

A2 Many people experience suicidal thoughts at some point in their lives. Although estimates vary, studies generally suggest that about 15 percent of people think about suicide at least once during their lifetime. Severe depression can increase suicide risk. However, suicidal thoughts are not limited to people with a diagnosed mental health condition. Even otherwise healthy individuals may experience depression and suicidal thoughts during periods of severe stress or intense emotional distress. Some people may even attempt suicide without showing obvious warning signs.

Q3. A student says they want to die, but they refuse my help. What can I do?

A3 Continue to express your genuine concern and your desire to help. Whenever possible, stay with the student in a natural and supportive way. It can also be helpful to let the student know that you are available to listen whenever they want to talk. You can encourage the student to seek help from a parent or guardian and from mental health professionals or other appropriate support services. In situations involving significant suicide risk, it may be necessary to inform the student's parents or guardians of the risk, even if the student does not agree.

Q4. During a conversation, a student asked me: "When life becomes unbearably painful and a person feels that there is no hope or meaning left in life, don't they have the right to choose death for themselves? I don't understand why people say suicide is wrong." I wasn't sure how to respond.

A4 You do not need to have a definitive answer to that question. When students raise this topic, people often respond by telling them that they should not die because they are worried about them. However, when someone is experiencing intense emotional pain, simply telling them not to die may not feel helpful or convincing. Instead, you can respond with empathy: "It sounds like you're in tremendous pain." "It sounds as though life feels so empty and hopeless right now that you don't see a reason to keep going." Students who are experiencing suicidal thoughts often feel conflicted. Part of them may want to escape their pain, while another part still wants help and support. Rather than allowing them to make an impulsive decision on their own, encourage them to postpone any action for the time being and seek professional help.



**Case 1**

Professor Kim received an email from a student on a weekend evening. “Hello, Professor. This is [student name]. About an hour ago, one of my friends posted the following message on social media: “I planned to kill myself and even started to go through with it, but I stopped halfway. If I die, will anyone finally understand how much I’ve been suffering?” I was worried about my friend, so I called, but they’re not answering. The more I thought about it, the more I felt I should let you know, so I decided to send this email. Professor Kim had never encountered a situation like this before. He felt overwhelmed and was unsure how to respond.

**Case 2**

During a meeting with a student, Professor Choi learned that the student had been thinking about suicide for a long time. The student also shared that they had made a suicide plan a week earlier and had already gathered the means they intended to use. Professor Choi reassured the student and allowed them to leave. Afterwards, however, he found himself unsure of whom he should inform and what steps he should take next.





3.1 High-Risk Warning Signs (These situations indicate an elevated level of risk.)

1. The student has previously attempted suicide.
2. The student has access to lethal means.
3. The student has written a suicide note.
4. The student has recently experienced a difficult life event, such as the death or serious illness of a family member.
5. The student has an alcohol use disorder. (The risk may be higher in these situations.)
6. The student refuses help from family members, friends, or mental health professionals.

3.2 Things the Student May Say

1. The student frequently talks about wanting to die.
2. The student may make direct statements such as, "I want to die."
3. The student may make indirect statements that suggest suicidal thoughts, such as:
 - "I'm tired of living."
 - "It would be easier if I were dead."
 - "I think I finally understand why people die by suicide."
 - "I don't know why I should keep living."
 - "I wish I could go to sleep and never wake up."
4. The student posts messages related to suicide on social media. (In some cases, the posts are deleted shortly afterward.)
5. The student talks about wanting to see a deceased family member or friend again.
6. The student talks about people who have died by suicide or frequently brings up death.

3.3 Changes in Behavior

1. The student has recently been absent from class more often or has been frequently late.
2. The student's grades suddenly decline.
3. The student behaves differently than usual. (For example, giving away cherished belongings to friends or writing letters to acquaintances.)
4. The student appears to be trying to repair strained relationships or getting their affairs in order.
5. The student shows significant changes in basic biological needs, such as eating or sleeping much more or much less than usual.
6. The student shows little concern for their appearance. (For example, wearing clothing inappropriate for the season, wearing the same clothes every day, or neglecting personal hygiene.)
7. The student looks gloomy and has a vacant gaze.

3.4 Emotional Warning Signs

1. Pay attention when a student:
 - Appears extremely depressed, anxious, and emotionally exhausted.
2. Has been highly agitated and anxious, but suddenly appears calm and at peace.
3. Appears deeply discouraged and expresses strong feelings of guilt.





4.1 If a Student Appears to Be in Psychological Distress, Ask the Following Questions

Ask About Current Difficulties

- “How have you been doing lately? Is anything troubling you?”
- “You seem to be having a hard time. Is something going on?”
- “Is there anything you’d like to talk about? If you’re struggling with something or have concerns, I’d like you to know that you can talk to me.”

※ Even if the student says nothing is wrong, consider referring them to the Student Counseling Center if they appear distressed.

4.2 If the Student Reports Feeling Depressed or Overwhelmed for an Extended Period of Time

Assessing Suicidal Thoughts

- A “Sometimes when life feels extremely difficult, people may think about death or suicide. Have you ever had thoughts like that?”
- B “Actually, I’ve been having those thoughts a lot lately...”
- A “How often?”
- B “Almost every day.”
- A “What kinds of thoughts?”
- B “I think about how I could die without suffering or losing my dignity.”

Assessing Suicide Plans

- A “Have you made any specific plans to take your own life?”
- B “Not exactly. I’ve thought about different methods.”
- A “It worries me to hear that you’ve been thinking about how to die! Have you gathered anything you might use to harm yourself?”
- B “Not really. But I have been saving up medication.”



Suicidal Thoughts

○ Specific Plan ○
Attempt ×

Suicidal Thoughts

○ Specific Plan ○
Attempt ○

Suicidal Thoughts

○ Specific Plan ×
Attempt ×

Student Counseling Center
(02-3290-1540 / 4581)
Contact the parent or guardian
(with the student’s consent), and
ensure the student remains with
the parent or guardian. Refer to
the Department of Psychiatry,
Korea University Anam Hospital
(02-920-5505), and Emergency
Department (02-920-5373).
Notify the student’s academic
advisor.

Student Counseling Center
(02-3290-1540 / 4581)
Refer to appropriate on-campus or
community resources.

※ If a student’s suicidal thoughts are specific, if they have developed or prepared a plan or method, or if there has been a recent suicide attempt, the situation should be considered high risk.

With the student’s consent, contact the parent or guardian. Do not leave the student alone until the parent or guardian arrives. Refer the student to the Student Counseling Center (3290-1540(Humanities and Social Science campus), 3290-4581(Science Campus)) or the Department of Psychiatry at Korea University Anam Hospital (920-5505) so the student can receive counseling, psychiatric evaluation, and treatment. Also notify the student’s academic advisor of the crisis situation. If the student’s suicidal thoughts are not specific and there is no plan or attempt, refer the student to the Student Counseling Center (3290- 1540 / 4581).

- A “You’ve been carrying a lot on your own. We have a counseling center on campus, and I think it could help to talk with someone there. I can contact the center for you if you’d like.”
- B “I’ll contact them myself.”



5.1 Precautions

1. Avoid a Judgmental Attitude

Telling a student that suicide is wrong is generally not helpful.

- “Suicide won’t solve anything.”
- “Suicide is just a form of escape.”
- “Suicide is a foolish choice.”

2. Avoid Lecturing or Giving Unsolicited Advice

Offering advice before fully understanding the student’s situation and emotional pain is unlikely to be helpful.

- “People say that hardship helps us grow. What you’re going through will make you stronger.”
- “Your problems won’t disappear if you die. There are people facing much worse situations who keep going.”

3. Avoid Offering Reassurance Too Quickly or Acting as Though You Fully Understand

Telling students that you completely understand how they feel, or assuring them that everything will soon be fine, can make it more difficult to build trust.

- “I know exactly how you feel, so try to calm down.”
- “You’ll feel better tomorrow morning.”
- “Once you get through this rough patch, everything will work out. You can do it, right?”

4. Avoid Dismissing or Minimizing Suicidal Thoughts

It is natural to feel shocked or uncomfortable when a student talks about wanting to die. However, dismissing or minimizing those thoughts is not helpful.

- “You don’t really want to die, do you?”
- “Would you really think about suicide over something like that?”
- “You’re only thinking that way because you’re having a hard time, right?”

5.2 Contacting a Parent or Guardian

1. Information to Share

- Inform the parent or guardian about:
 - The student’s suicidal thoughts, plans, behaviors, or attempts.
 - The student’s level of suicide risk.
- If a suicide attempt has occurred, provide information about what happened and what actions the university has taken in response.

2. Guidance for Ensuring the Student’s Safety

① What Parents or Guardians Should Do

- Do not leave the student alone, even if the student says they are fine.
- Remove any items that could be used for self-harm.
- If suicidal urges are severe or the situation is urgent, take the student to a hospital immediately.
- If the guardian is unable to persuade the student to go to the hospital, contact 119 for emergency medical transport assistance.

② What Parents or Guardians Should Avoid

Avoid Statements That May Increase Distress

- “Why are you doing this to your mother? I’m struggling too.”
- “Why would you want to die? If you do this, how am I supposed to go on living?”
- “What will your father say when he finds out? Do you know how hard he’s worked for you?”
- “Is this how you’re going to repay everything your parents have done for you? How could you do this to us?”

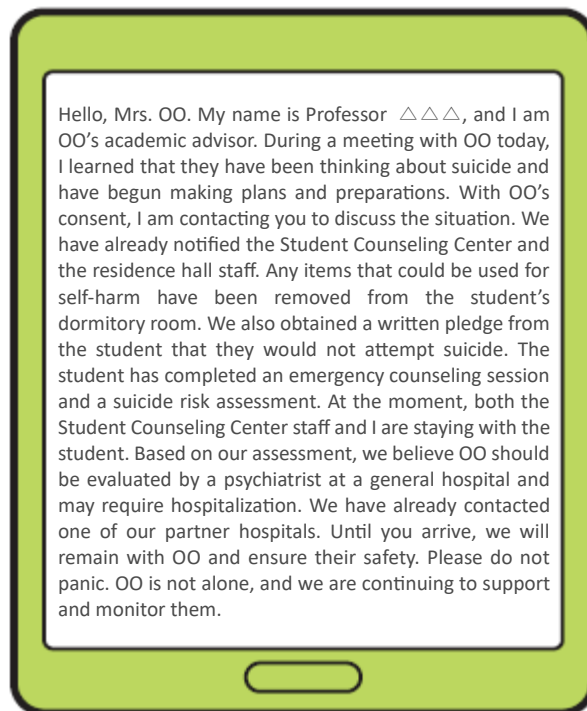
- **Avoid Creating an Unstable or Conflict-Filled Environment**

Parents sometimes argue with one another while trying to support a student in crisis. This should be avoided.

- “How could you raise a child who behaves like this? This is all your fault.”
- “If you paid more attention to this family, this wouldn’t be happening.”

- **Avoid Criticizing or Excessively Pitying the Student**

- “Only weak people think about suicide.”
- “If you have the courage to die, you should have the courage to keep living.”
- “You must have suffered so much. How pathetic.”
- “Don’t do anything difficult anymore. Just rest and take it easy from now on.”



Contacting a Parent or Guardian

- Obtain the student's consent before contacting a parent or guardian whenever possible.
- “To help keep you safe, I'd like to let your parents know what's happening and ask for their support. Would that be okay with you?”
- Even if the student does not agree, a parent or guardian should be notified in an emergency situation. The student should be informed before contact is made. An emergency situation includes cases in which the student has developed a specific suicide plan, obtained the means to carry it out, or is considered to be at high risk of acting on suicidal thoughts.

3. When a Parent or Guardian Is Uncooperative

In some emergency situations, a parent or guardian may be contacted but may be unwilling or unable to cooperate.

- A “Professor, I was planning to stay with OO, but they keep telling me to leave. I also have things I need to take care of at home and responsibilities of my own. I have another child to look after as well. Couldn't you stay with OO for me?”
- B “Ma'am, I understand that you have many responsibilities and demands on your time. However, given the current situation, your child's safety must be the top priority. As the parent or guardian, you are responsible for ensuring the student's safety and responding appropriately in an emergency. My role, as a university staff member and helping professional, is to provide support and intervention for the student. I can also explain what steps you can take to help and what support the university can provide.”

※ In emergency situations, it is important to maintain ongoing communication with the parent or guardian and keep contact channels open.

Responding to a Crisis Situation



6.1 Responding to a Suicide Attempt

1. Emergency Reporting (If the incident occurs on campus, contact Campus Police. If it occurs off campus, contact one of the emergency services listed below.)

1 Report to 119	2 1919 Korea University Campus Police	3 Report to Seongbuk- gu Suicide Prevention Center Dispatch Team	4 Report to 112
• Contact 119 if the student has been injured or is at immediate risk of injury. • Emergency responders will transport the student to a hospital. Remain with the student until care is transferred to medical staff. • Emergency transport is provided free of charge.	• If the incident occurs on campus, contact Campus Police (02-3290-1919). • In some cases, a 119 dispatch will also notify Campus Police so that appropriate support measures can be taken on campus.	• If the student's location is on campus or within Seongbuk-gu, contact the Seongbuk-gu Suicide Prevention Center (02-9169-119) during the daytime (9:00 AM–6:00 PM). • Two staff members from the Seongbuk-gu Suicide Prevention Center (Mental Health Welfare Center) will respond and transport the student to a hospital. • After 6:00 PM, contact 1577-0199.	• If the student appears to be in a critical situation but their location is unknown, report to 112. • 112 can trace the student's location using their mobile phone number.

2. Contact the Parent or Guardian

In addition to making an emergency report, contact the student's parent or guardian.

Inform them of the student's condition, and ask them to come to the student's location as soon as possible.

3. University Crisis Response Procedures

- Campus Police notify the Student Counseling Center (3290-1540 / 4581) and the General Affairs Office when a suicide attempt occurs. The General Affairs Office then contacts the appropriate college administrative office. The college administrative office informs the student's parent or guardian and academic advisor.
- The Student Counseling Center staff member reports the incident to the Director of the Student Counseling Center. The Director then reports it to the Dean of Student Affairs and the Vice President for Academic Affairs. The Vice President for Academic Affairs convenes the University's Psychological Crisis Response Committee. If a student reports suicidal thoughts but does not have a specific plan and states that they do not intend to act on those thoughts, refer the student to the Student Counseling Center (02-3290-1540 / 4581).

6.2 Supporting a Student after a Suicide Attempt

- When a student survives a suicide attempt and later returns to school, they may experience a range of complex emotions and challenges. During this time, excessive attention from faculty members may feel burdensome to the student. At the same time, a lack of concern or support may leave the student feeling overlooked or isolated. The following approaches are recommended:
- Ask the student about their experience and listen empathetically to their concerns and difficulties.
- Ask about the challenges that contributed to the suicide attempt, and listen if the student wishes to talk about them.
- It is appropriate to express both relief that the student survived and concern about the possibility of future suicide attempts.

- Encourage the student to seek support through the Student Counseling Center (02-3290-1540/4581) or psychiatric services, such as the Department of Psychiatry at Korea University Anam Hospital (Outpatient Clinic: 02-920-5505).
- Let the student know that both the university and their family care about them and want to support them.
- Ask about any concerns they may have regarding returning to school after treatment, and explain what assistance and accommodations the university may be able to provide.

6.3 Responding to a Suicide Death

The following procedures apply when a student dies by suicide.

1. Reporting the Incident

- If a suicide death is discovered on campus, immediately contact Campus Police (3290-1919).
- Campus Police will:
 - Notify the 119 Emergency Response Team and the General Affairs Office.
 - Contact the student's parent or guardian.
- Notify the Student Counseling Center of the incident.

2. The General Affairs Office will notify the appropriate college administrative office.

3. The student affairs administrator within the student's college will report the incident, and the Vice President for Academic Affairs convenes the Psychological Crisis Response Committee to address the incident.

4. Matters for Discussion by the Psychological Crisis Response Committee

- Incident Review: Date, time, location, and information regarding the student
- Departmental Communication and Postvention Planning
- Control of the Incident Site and Media Access
- Media Response Strategy
- Funeral Arrangements and Departmental Notifications
(The wishes of the student's family should be respected, and university representatives should attend the funeral or memorial service to express their condolences.)

5. Interventions to Promote Campus Recovery

① Psychological Support for High-Risk Individuals

- Students who witnessed the suicide or were close to the deceased student may experience significant psychological distress.
- They may experience:
 - Cognitive confusion
 - Emotional distress, including grief, anger, irritability, guilt, or unresolved feelings toward the deceased
 - Physical symptoms such as heart palpitations, insomnia, or loss of appetite
 - Difficulties carrying out daily responsibilities
 - Symptoms of post-traumatic stress disorder
- Some individuals may initially appear unaffected but begin showing signs of distress after some time has passed.
- The Student Counseling Center provides consultation, assessment, and psychological support for individuals at elevated risk, including the deceased student's family members and fellow students.

② Responsible Communication

- Acknowledge that a suicide has occurred, but avoid sharing detailed information about the method of suicide or the reasons behind it.



Suicide Attempt



1 + 2

Or 2 Reporting the Incident

1 119 / 112

2 Campus Police
02-3290-1919

- Emergency dispatch
- Transport to a hospital
- Contact the parent or guardian

- Notify the Student Counseling Center
- Notify the General Affairs Office
- On-campus response
- Report to 119 or 112 as needed
- Transport to a hospital
- Contact the parent or guardian

Suicide Crisis Emergency

(High Risk)
Specific Suicide
Plan Present



Indicators of High Risk:

- Means acquired or prepared
- History of suicide attempts
- Suicide attempt within the past 24 hours
- Current suicide threats



- Student Counseling Center
- Humanities and Social Science Campus 02-3290-1540/1543
- Science Campus 02-3290-4581/4582
- Korea University Anam Hospital Emergency Department 02-920-5373
- Department of Psychiatry (Outpatient Clinic) 02-920-5505
- Contact the Parent or Guardian
- Notify the student's academic advisor.

Suicide Crisis

No Specific
Suicide Plan



- Encourage the student to visit the Student Counseling Center.
- Provide consultation as needed.
- Refer the student to appropriate on-campus or community resources.



If Emergency Counseling Is Needed



24-Hour
Crisis Counseling
Hotline
1577-0199



Health and Welfare
Call Center
129



Seongbuk-gu
Suicide Prevention
Center
02-9169-119

An Often Misunderstood Condition: Psychosis

Psychosis is a mental health condition characterized by difficulties in perception and thinking, including symptoms such as hallucinations and delusions. Psychosis has appeared quite frequently in television dramas and films in recent years. Even so, psychosis remains unfamiliar to many people, and it can be difficult to understand what the experience is actually like for someone living with it. As a result, people experiencing psychosis are sometimes viewed as frightening or as individuals to be avoided. In reality, however, a person experiencing a psychotic crisis is someone who needs timely support and care. When a student experiences a psychotic crisis, early recognition and appropriate support from those around them can play an important role in recovery.



Understanding Acute Psychosis: Questions and Answers



Q1. I learned that a student in my class is receiving treatment for acute psychosis. Should I be concerned that the student might pose a risk to other students? I'm worried that if I keep this information to myself, the student might cause problems later on.

A1 The fact that a student is experiencing acute psychosis does not mean that they will harm other students. It is very uncommon for people with psychosis to behave aggressively toward others or engage in harmful behavior. People with psychosis are not more likely than the general population to act violently. In most cases, students experiencing acute psychosis are themselves struggling with confusion, anxiety, and emotional distress, and need appropriate treatment and support. If a student has chosen to tell you about their treatment, it is helpful to acknowledge their efforts and encourage them to continue receiving care. Psychosis is influenced by biological, psychological, and social factors. Medication and counseling can contribute to recovery. Support and encouragement from faculty members and fellow students, free from stigma and prejudice, can also play an important role.

Q2. One of my students has not been participating in class and has recently mentioned having unusual thoughts. The student also says they feel depressed and appears to be struggling. I think it might be helpful for the student to receive counseling or a psychological assessment. How should I approach the conversation?

A2 Let the student know that counseling can be helpful when dealing with academic, personal, or emotional difficulties, and that seeking support is often more helpful than trying to manage everything alone. Counseling provides an opportunity to discuss symptoms, emotional distress, anxiety, depression, and other psychological experiences that may be difficult for others to understand. If the student is hesitant about visiting the Student Counseling Center, listen carefully to their concerns. You can explain that many of the misconceptions surrounding counseling have diminished over time and that anything discussed during counseling is kept strictly confidential. Encourage the student to view counseling or a psychological assessment as an opportunity to improve their well-being and quality of life, rather than worrying about whether they will be judged by others or whether it will become part of a permanent record.

Q3. I recently learned that one of my advisees is receiving treatment for acute psychosis. Doesn't acute psychosis make it difficult for a student to continue their studies or live a normal life in the future?

A3 When symptoms of acute psychosis, depression, or other serious mental health conditions are severe, students may have difficulty maintaining academic performance and participating fully in university life. However, early identification and appropriate treatment can improve quality of life and help students continue to pursue their academic goals. During treatment, the student may require academic flexibility and support from their academic advisor and instructors. It is also important that faculty members and fellow students interact with the student without stigma or prejudice and provide encouragement and support.



**Case 1**

Student A had always been known as a model student. Recently, however, the student began talking excessively and claimed during class that they had made a groundbreaking invention that would save the world, expressing grandiose and unrealistic confidence. The student also sent an email to a professor that was extremely difficult to understand and appeared highly disorganized and confused. More recently, other students reported receiving messages filled with profanity for reasons they could not understand. They also observed the student appearing unusually restless and anxious, and at times talking to themselves.

**Case 2**

Professor Park had noticed that Student B had been missing class frequently and appeared unusually depressed and anxious whenever they happened to meet. According to other students, Student B had recently been unable to concentrate during a group project and often spoke in ways that were difficult to understand. Afterward, the student began making disorganized and confusing statements, such as claiming that someone was following them and trying to harm them. The student also appeared increasingly anxious and had stopped coming to school regularly. Professor Park felt uncertain about how to respond and was concerned about what steps to take.





3.1 Signs and Symptoms of Acute Psychosis

Psychosis is characterized by difficulties with perception and thinking. Individuals experiencing psychosis may have trouble distinguishing reality from what is not real and may experience hallucinations, delusions, or speech that is disorganized and difficult to understand. Psychosis may occur in connection with conditions such as bipolar disorder, depressive disorders, or schizophrenia. It may also occur acutely and last for a day or several days. Because psychosis can have many causes, an accurate diagnosis requires a comprehensive evaluation by a mental health professional. If psychosis is recognized early and appropriate treatment and intervention are provided, it may be possible to prevent the condition from progressing. Even after symptoms emerge, early treatment can improve long-term outcomes and reduce the risk of recurrence. Although biological factors may contribute to the development of psychosis, symptoms are more likely to emerge during periods of significant stress. Support from the student's academic advisor and peers can play an important role in helping students maintain their daily lives and engage successfully in treatment and recovery. Students experiencing acute psychosis are often confused and distressed. In some cases, they may also be at risk of suicide. If suicide risk is present, follow the procedures outlined in the Suicide Crisis Response Guide.

3.2 High-Risk Warning Signs (These situations may indicate a mental health crisis)

1. The student:
 - Talks about wanting to die or engages in suicidal behavior.
2. Makes threats to harm or attack others.
3. does not appear fully alert (e.g., has an unfocused gaze).

3.3 Changes in Behavior

1. Says things that are difficult or impossible to understand.
2. Reports hallucinations, such as hearing voices or seeing things that others do not see.
 - Examples: talking to themselves, appearing to converse with someone who is not present, reporting that an unidentified voice is calling their name.
3. Shows severe distortions in their interpretation of reality.
 - Examples: believing that government agencies are monitoring them, believing that everyone is criticizing them, or believing that someone is intentionally trying to harm them.
4. Exhibits extreme or unusual changes in behavior.
 - Examples: going several days without sleep, refusing to eat, or showing severe neglect of personal hygiene.
5. Displays emotions that are clearly inconsistent with the situation, shows little or no emotional expression, or has difficulty regulating emotions and impulses.
6. Frequently misses classes and avoids social interactions.

3.4 Changes the Student May Experience

1. The student may experience:
 - Depression
 - Anxiety
 - Agitation
 - Suspiciousness
 - Tension
 - Irritability
 - Anger
2. The student may experience:
 - More difficulty concentrating and remembering things than usual.
 - A sense that familiar people, places, or experiences feel different or unfamiliar.
 - A feeling that something strange is happening or that something is wrong.
 - Thoughts that other people are trying to harm or kill them.
 - Seeing things that others do not see or hearing things that others do not hear.
3. The student may experience:
 - Difficulty sleeping.
 - Loss of appetite or episodes of overeating.
 - A desire to be alone and avoidance of social interactions.
 - Difficulty studying, working, or carrying out daily responsibilities.

04

Helping a Student Experiencing Acute Psychosis



4.1 Pay Attention When the Student Expresses These Emotions

1. Extreme depression
2. Severe restlessness, agitation, or anxiety
3. Significant mood swings

4.2 If Acute Psychosis May Be Present, Respond as Follows

1. Remain warm, kind, and reassuring in your interactions with the student.
2. Reduce sources of stimulation in the environment, such as television noise or other distractions.
3. Even if the situation does not appear to be an immediate crisis, consult with a mental health professional through the Student Counseling Center (02-3290-1540 / 4581).
4. If during business hours, accompany the student to the Student Counseling Center. Outside business hours, contact the 24-Hour Crisis Counseling Hotline (1577-0199) for assistance.

4.3 If the Student Appears to Be in Psychological Crisis

1. Students experiencing acute psychosis may sometimes have suicidal thoughts or urges. If suicide risk is present, follow the Suicide Risk Response Guide. In an emergency, call:
 - 119 (or Campus Police: 02-3290-1919)
 - Seongbuk-gu Suicide Prevention Center: 02-9169-119 (daytime)
 - 1577-0199 (evenings and overnight)
2. If you believe there is a risk to anyone's safety, seek immediate assistance.
3. Contact the student's parent or guardian so that the student can be supervised and receive appropriate treatment. (Contact the department chair or the student's academic advisor so that the parent or guardian can be notified.)

05

Supporting a Student in Crisis



5.1 Supporting a Student in Crisis

Clearly and gently communicate that you are concerned about the student and would like them to receive support.

- "You seem somewhat confused right now. That's okay. I'd like to talk with you about what's going on and see how we can help you feel more comfortable and supported."
- "It seems to me that you could use some additional support right now. I understand that the Student Counseling Center helps students who are dealing with concerns like these. Would you be willing to go there with me?"

If the student declines a meeting or refuses to visit the Student Counseling Center, provide contact information for crisis resources that the student or their parent or guardian can use.

- 24-Hour Crisis Counseling Hotline: 1577-0199
- Student Counseling Center: 02-3290-1540 / 4581
- Seongbuk-gu Mental Health Welfare Center: 02-2241-6313 / 6314)

5.2 Precautions

1. Arguing With or Correcting the Student's Thinking

It is not helpful to lecture the student or argue that their thoughts are wrong or irrational.

- "Don't think that way."
- "That's just your imagination."

2. Making Light of Delusions or Hallucinations

Mocking the student or treating them as strange without understanding their difficulties and distress is not helpful.

- “I don’t hear anything. Are you sure it’s not just in your head?”
- “That’s ridiculous. Do you really think you’re someone special?”

3. Stigmatizing the Student

Labeling the student as mentally ill or excluding them because of unusual behavior is not helpful and may negatively affect their future well-being.

- “I heard OO has a mental illness. I’d better stay away from them.”
- “I guess OO won’t be able to keep up with school anymore.”

5.3 Contacting a Parent or Guardian

Contact the student’s parent or guardian after obtaining the student’s consent.

- “It seems to me that you need some additional support right now.

I think it would be helpful to let your parents know about the situation and ask for their support. Would that be okay with you?”

✳ Even if the student does not consent, the parent or guardian should be notified in emergency situations involving a risk of self-harm or harm to others. The student should be informed that this notification will be made.

- “Hello, Mr. OOO. My name is Professor OOO, and I am OOO’s academic advisor. During a meeting with OOO, I became concerned that they are experiencing significant psychological confusion and may need professional support. After discussing this with OOO, I wanted to contact you directly. I would recommend that they visit either the university’s Student Counseling Center or a nearby Department of Psychiatry as soon as possible for professional evaluation and treatment.”

5.4 Guidance for Parents and Guardians

1. Information to Share

- Inform the parent or guardian about the student’s current condition, the need for intervention, and any recommended next steps. Provide information about available resources and emergency contact numbers. (Crisis hotlines, the Student Counseling Center, Department of Psychiatry services, etc.)

2. Guidance for Supporting the Student

① What Parents or Guardians Should Do

- Help the student receive appropriate treatment based on the seriousness of the situation and any safety concerns.
- Arrange an appointment with a nearby Department of Psychiatry.
- If the student is experiencing severe suicidal urges or is in immediate danger, take them to a hospital.
- In an emergency, call 119 for ambulance services.

② What Parents or Guardians Should Avoid

- Criticizing the Student
 - “Why can’t you just get yourself together?”
 - “What will people think if they find out?”
- ✳ Please avoid comments like these. Students experiencing acute psychosis need the warmth, support, and encouragement of their families.
- Denying the Student’s Symptoms
(Some parents find it difficult to accept that their child may be experiencing acute psychosis and may deny that there is a problem.)
 - “My child is fine. That couldn’t possibly be happening. They’re just stressed. They’ll get better on their own without treatment.”
- ✳ Early treatment is strongly recommended. Without appropriate intervention, symptoms may worsen over time.
- Stigmatizing Mental Health Conditions
 - “Only weak people develop mental health problems.”
 - “You shouldn’t go to a psychiatric hospital. Once it’s on your record, it will follow you forever.”

· “I can’t believe my child has a mental illness.”

- ※ **Mental health treatment records do not create employment disadvantages. They cannot be accessed by others without authorization, and confidentiality is protected. Seeking help from a psychiatric or counseling professional does not mean that someone is weak or fundamentally flawed. When needed, professional treatment and counseling can play an important role in a student’s recovery and well-being.**

3. When a Parent or Guardian Is Uncooperative

There may be situations in which a parent or guardian is contacted but is unwilling to cooperate.

- A “Professor, there’s no way my child is experiencing something like that. I’m sure they’ll be fine if they just rest for a few days.”
- B “I understand that it may be difficult to accept what your child is going through right now. However, this appears to be a situation in which it is important for the student to receive appropriate evaluation and treatment as soon as possible. As the student’s parent, you are responsible for ensuring that they receive the care and support they need. As a university staff member, I can explain what steps may be helpful for you to take and what support the university can provide for OO.”

- ※ **In emergency situations, it is important to maintain ongoing communication with the parent or guardian and keep contact channels open.**

06

Mental Health Resources and Referrals



6.1 Local Mental Health Resources for Acute Psychosis

General Hospitals	Facilities Providing 24-Hour Psychiatric Emergency Services	Counseling Services	Community Mental Health Welfare Centers
① Korea University Anam Hospital • www.anam.kumc.or.kr • 73 Incheon-ro, Seongbuk-gu, Seoul • 1577-0083 • Emergency Department 02-920-5373/4 ② The Catholic University of Korea St. Paul’s Hospital • www.cmcbaoro.or.kr • 180 Wangsan-ro, Dongdaemun-gu, Seoul • 02-958-2114 • Emergency Department 02-958-2340/1 ③ Kyung Hee University Hospital • www.khuh.or.kr • 23 Kyungheedaero, Dongdaemun-gu, Seoul • 02-958-8114 • Emergency Department 02-958-8282	① National Center for Mental Health • www.ncmh.go.kr • 127 Yongmasan-ro, Gwangjin-gu, Seoul • 02-2204-0114 • 24-Hour Psychiatric Emergency Services Available(On-site emergency response not provided) 02-2204-0119	① KU Mind Health Institute • kumh.korea.ac.kr • Room 501, Korea University International Studies Hall • 02-6956-1676 • Professional counseling services (fee-based) (Available to students and the general public)	① Seongbuk-gu Mental Health Welfare Center • www.sbcmhc1.or.kr • 63 Hwarang-ro, Seongbuk-gu, Seoul • 02-2241-6314

6.2 Responding When Hospitalization Is Needed

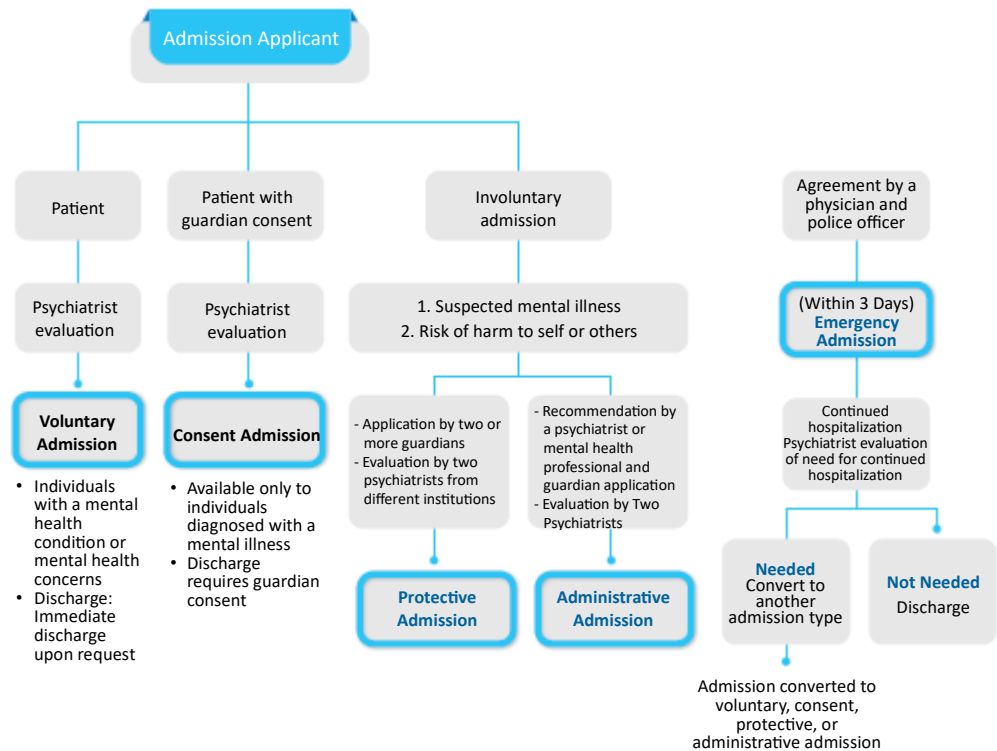
When an individual is at risk of harming themselves or others, or is experiencing severe psychological confusion, hospitalization may be necessary for evaluation, treatment, and protection. Whenever possible, the individual should be encouraged to consent voluntarily to admission, and a parent or guardian should accompany them.

· “You seem to be going through a very difficult and confusing time right now, and there may be a risk of harm to yourself. It may be best for you to stay somewhere safe where you can stabilize. At the hospital, medical professionals can provide the support and treatment you need.”

If there is a significant risk of harm to self or others, or if the individual is experiencing acute psychological disorganization, emergency hospitalization (up to 72 hours) may be possible through 119 or 112 when a parent or guardian cannot be reached or is unable to arrive promptly. (See the psychiatric admission procedures below.)

6.3 Admission Procedures for Psychiatric Facilities

Psychiatric hospitalization procedures were revised under the amended law in 2017. The five admission pathways are summarized below. For additional information, please contact a relevant mental health organization (such as a Department of Psychiatry at a general hospital, a Mental Health Welfare Center, the Ministry of Health and Welfare, or the Student Counseling Center).



6.4 Early Psychosis Comprehensive Assessment Service

What Is the Early Psychosis Comprehensive Assessment Service?

This service is designed to identify subtle changes in thinking, perception, and related experiences before clear psychotic symptoms emerge. Its goal is to address distress and difficulties experienced during this early stage and help prevent progression to psychotic disorders. The service is available to individuals between the ages of 14 and 35.

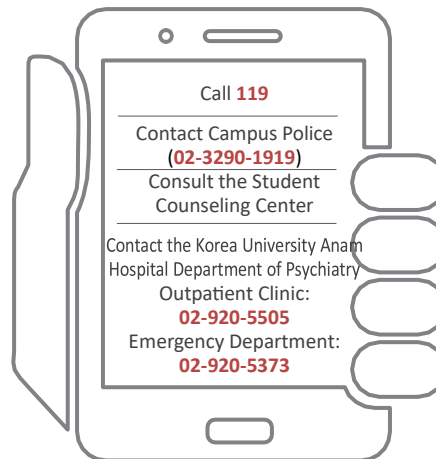
Currently, residents of the following five districts may access the service: Gangseo-gu, Seocho-gu, Yangcheon-gu, Jongno-gu, and Jung-gu. Students who meet these criteria may be referred for services.

Mental Health Welfare Centers

- 1 Gangseo Mental Health Welfare Center • www.kscmhmc.or.kr • 02-2600-5926 / 9
- 2 Seocho Mental Health Welfare Center • www.scgmhc.or.kr • 02-2155-8215
- 3 Yangcheon Mental Health Welfare Center • www.yctouch.or.kr • 02-2061-8881
- 4 Jongno Mental Health Welfare Center • www.jongnomind.org • 02-745-0199
- 5 Jung-gu Mental Health Welfare Center • www.junggumind.or.kr • 02-2236-6606

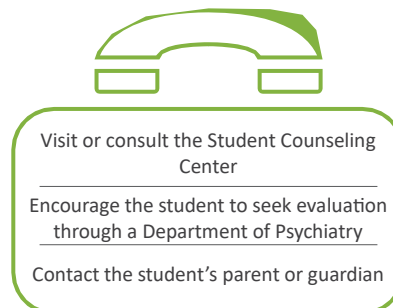
Acute Psychosis Emergency Warning Signs

- Suicide threats
- Threats of harm toward others
- Severe confusion or impaired reality testing



Acute Psychosis Emergency Warning Signs

- Hallucinations, including auditory or visual hallucinations
- Strongly held beliefs based on serious misinterpretations of reality
- Extreme changes in behavior
- Extreme changes in emotional state



Acute Psychosis Emergency Cautions

- Recent unexplained changes in behavior, thinking and perception, and/or emotions



Student Counseling Center Consultation
Humanities and Social Science Campus
02-3290-1540/1543
Science Campus
02-3290-4581/4582
Contact Your Local Mental Health Welfare Center



If Emergency Counseling Is Needed



24-Hour Crisis Counseling Hotline
1577-0199



Health and Welfare Call Center
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Seongbuk-gu Mental Health Welfare Center
02-2241-6314



Student Counseling Center
02-3290-1540 4581

When Someone Poses an Aggressive or Violent Threat to Others

At times, you may encounter someone who speaks or behaves in a highly aggressive or threatening manner. Situations like these can be upsetting, frightening, or difficult to handle. Whether you are directly confronted by an aggressive or violent individual, or you observe a student or staff member being threatened, it is important to know how to respond appropriately and safely.



Responding to Aggressive or Violent Threats: Questions and Answers



Q1. A student has been threatening me. I am hesitant to seek help from the university or the police. If I report the situation to the university, won't people criticize me for having failed to properly advise or supervise the student? If I report it to the police, could it increase the risk that the student will act on their threats? I'm afraid of retaliation.

A1 When someone is making threats, trying to handle the situation alone without seeking official assistance can make the situation worse and potentially more dangerous. If you are being threatened by a student or another member of the university community, inform others about the situation and seek appropriate institutional support.

Q2. After receiving a threatening email, I followed the recommended procedures and sought assistance. The individual was ultimately connected with treatment and support. However, since the incident, I have been experiencing significant depression and anxiety. I have difficulty sleeping and find it hard to concentrate on my research. The situation has already been resolved, so why do I still feel this way?

A2 Even after a situation has been officially resolved and your safety is no longer at risk, psychological distress and lingering emotional effects may remain. It is recommended that you seek support from a mental health professional.



Aggressive or Violent Behavior: Case Scenarios



Case Example

Student C came to the department office and became very angry, claiming that staff members had not listened to their concerns. As staff attempted to de-escalate the situation, the argument escalated into a heated verbal confrontation. The student became highly agitated and made threatening statements such as, "I'm calling the police" and "I won't let this go."



03

Recognizing Aggressive or Violent Behavior



3.1 Why People Make Threats

When someone uses abusive language, makes threats, subjects others to severe verbal harassment, or engages in physical intimidation or violence, it is natural to feel frightened, overwhelmed, or angry in response.

1. Some individuals react aggressively because they do not know how to cope effectively with frustrating situations or express their emotions appropriately. In some cases, explosive or persistent anger may be an attempt to gain a sense of control over a situation.
2. Occasionally, a person behaving aggressively or violently may be experiencing acute psychosis. Pay attention to whether the person is displaying behavior or making statements that are difficult to understand logically, and seek guidance from a mental health professional, such as the Student Counseling Center. However, it is important to remember that having psychosis does not automatically mean someone poses a risk of violence.

3.2 High-Risk Warning Signs (These situations indicate an elevated level of risk.)

1. The student has a specific plan to harm another person.
2. There is an immediate sense that violence may occur.
3. The student possesses an object or tool that could be used as a weapon.
4. The student:
 - Talks about wanting to die or engages in suicidal behavior.

3.3 Changes in Behavior

1. Uses severe profanity, verbal abuse, or personal attacks.
2. Sends threatening messages by email, telephone, or other means.
3. Makes statements about wanting to harm someone.
4. Attempts to engage in physically threatening or intimidating behavior.
5. Threatens self-harm or retaliation against others if their demands are not met.

04

Responding to Aggressive or Violent Behavior



4.1 When a Threat Is Made by Email, Phone, or in Person

1. Report the incident to the Police (112). If the identity of the person sending threatening emails is unknown, the police may be able to conduct a cyber investigation.
2. Seek consultation from the Student Counseling Center (02-3290-1540 / 4581).
3. If the matter involves sexual misconduct or gender-based misconduct, report it to or seek consultation from the Human Rights & Gender Equity Center (02-3290-1700).

4.2 If someone displays aggressive or violent behavior, respond as follows.

Step 1: De-escalate the Situation

1. Remain as calm as possible.
2. Acknowledge that the person is angry and encourage them to talk about what is upsetting them in an empathetic manner.
 - "It sounds like you're feeling angry and frustrated."
3. Clearly communicate the limits of acceptable behavior.
 - "I'd like to understand why you're upset and talk through the situation with you. However, we need to be able to have this conversation without either of us raising our voices."
 - "I can't listen effectively when you're shouting."
4. If the person remains agitated and continues to express anger, suggest continuing the conversation at another time.
 - "Let's stop the conversation here for today and talk again another time. It would be better to continue once we've both had a chance to calm down."

Step 2: Seek Assistance

1. Tell the person that you will seek additional support.
 - "I'm going to see whether there is someone else who can help with this situation."
2. Consult with a supervisor or colleague about the situation.
3. Develop a safety plan for future interactions.
(Consult with your department chair, dean, or other appropriate administrators.)

Step 3: Ensure Safety

1. Remain in an open and accessible location.
2. If there is an immediate safety concern, call 112 or Campus Police (02-3290-1919).
3. Request assistance. (Ask someone to contact the department chair, Campus Police, or other appropriate personnel.)
4. Move to a safe location if necessary.

4.3 Responding to Stalking

1. What Is Stalking?

- Stalking refers to repeated behaviors that cause fear, anxiety, or distress to another person against their wishes.
- Examples include unwanted phone calls, emails, text messages, social media comments, mail, unwanted gifts or visits, surveillance, and following someone. Stalking conducted through information and communication technologies, such as mobile phones, email, chat platforms, or online forums, is referred to as cyberstalking.
- Anyone can become a target of stalking, regardless of gender.
- Stalking is not only an invasion of privacy in itself but also a serious concern because, if not addressed promptly and appropriately in its early stages, it may escalate into more serious criminal behavior.

2. Supporting a Student Experiencing Stalking

- The type of stalking most commonly experienced by university students often involves someone persistently pursuing a romantic relationship and continuing unwanted contact or harassment despite the other person's wishes. In these situations, students should be encouraged to report the matter to or seek consultation from the Human Rights & Gender Equity Center.
- A clear refusal communicated once is sufficient. Students should also keep evidence showing that they clearly communicated their refusal. After expressing their refusal, students should be advised not to meet with the stalker under any circumstances, regardless of demands, threats, persuasion, or attempts at reconciliation.
- Evidence of the stalker's continued unwanted contact or attempts to initiate contact after the refusal, such as text messages, social media comments, missed-call logs, and emails, should not be deleted. Instead, students should save screenshots and keep detailed records of incidents, including who was involved, what happened, when and where it occurred, and how it happened.

-
- Students should avoid responding to the stalker's repeated attempts at contact. However, they should not try to handle the situation alone. Encourage them to inform trusted people about the stalking and identify family members or friends who can be contacted immediately in an emergency.
 - In addition to seeking assistance from the Human Rights & Gender Equity Center, students may also report stalking to the police.

3. Precautions

- Do not minimize or dismiss the situation.
- In many cases, attempting to deal with stalking alone is not sufficient.
- Do not attempt to reason with, negotiate with, or persuade the stalker. Doing so may unintentionally encourage further contact, create misunderstandings, or provide opportunities for continued harassment.
- Do not dismiss the concerns of someone reporting stalking or offer advice such as "If the other person likes you, maybe you should give them another chance" or "Why don't you try seeing them a little longer?"
- Instead, acknowledge the distress caused by stalking and share information about available resources and ways to obtain support and protection.



Precautions



5.1 Precautions When Interacting with an Aggressive Individual

1. Prioritize Safety

Avoid meeting the individual alone whenever possible. If a one-on-one meeting is unavoidable, meet in an open and accessible location.

(For example, keep the door open and sit near the exit.) Make sure the other person is not positioned between you and the exit.

2. Threatening, Cornering, or Arguing with the Person

Do not argue, shout back, or engage in a confrontation. Doing so may escalate anxiety and aggression. Making threats in return is also not helpful.

- “What you’re asking for violates university policy! No one has ever been granted a request like that!”
- “Do you know where you are? How dare you raise your voice here?”

3. Judgmental Responses

Responding by judging or assigning blame to the other person is not helpful.

- “You shouldn’t speak to me like that!”
- “This is your fault!”

4. Ignoring Signs of Escalating Anger

If the person’s anger appears to be escalating, do not ignore the warning signs. Consider seeking assistance or moving to a safe location.

5. Physical Contact

Do not touch the person or invade what they may perceive as their personal space.

5.2 When You Hear That Someone Is Being Threatened

1. Help the person respond to the threat appropriately.
Encourage the individual to seek consultation from appropriate resources, such as the Student Counseling Center or the Human Rights & Gender Equity Center, or to report the matter to the police if necessary.
2. If the situation is dangerous, take immediate safety measures.
Contact emergency services by calling 112, 119, or Campus Police (02-3290-1919).

5.3 When Someone Around You Has Become the Target of Violence

1. If there is a physical injury, call 119 immediately.
2. Contact Campus Police (02-3290-1919) or the police.
3. Help the person connect with supportive friends or family members.
4. Encourage them to rest and focus on both physical and emotional recovery.
5. Refer them to or encourage them to visit the Student Counseling Center (02-3290-1540 / 4581).

5.4 When You Are Experiencing Psychological Distress

1. Experiencing psychological symptoms after being threatened or exposed to violence is common. You may feel anxious, have difficulty sleeping, or find it hard to concentrate. If you experience these reactions, contact the Student Counseling Center.
2. Trust your own reactions. You may wonder whether you are being overly sensitive or overreacting to the threat. However, your safety should be your primary concern, and you are often the person best positioned to assess the seriousness of the situation. Do not dismiss your own feelings. Inform people you trust about what has happened, and seek assistance from appropriate university offices and public authorities.

Aggressive or Violent Threats

Emergency

- Imminent Risk of Harm to Others or Suicide
- Violent behavior/destruction of public property or facilities
- Possession of a weapon

Aggressive or Violent Threats

Crisis

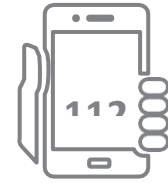
- Clearly threatening or destructive behavior toward others, or a specific plan to cause harm
- Bizarre behavior or suspected substance abuse

Aggressive or Violent Threats

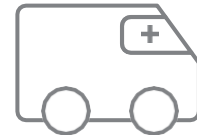
Caution

- Ambiguous verbal threats of violence

Recommended Response



Report to **112**



Report to **119**
(if there is an injured person)



Contact Campus Police
(On-Campus Emergency Response)
02-3290-1919



Consult the Student Counseling Center
Humanities & Social Sciences Campus
02-3290-1540/1543
Science Campus **02-3290-4581/4582**



If Emergency Counseling Is Needed



24-Hour Crisis
Counseling Hotline
1577-0199



Health and Welfare
Call Center
129

If Human Rights Violations, Sexual Misconduct, or a Psychosis-Related Crisis Is Suspected

- For cases involving human rights violations or sexual misconduct, seek consultation from or report to the Human Rights & Gender Equity Center. **02-3290-1700**

- If a psychosis-related crisis is suspected, consult the Student Counseling Center. **02-3290-1540/4581**

Psychological Crisis Response Manual

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Student Counseling Center