

Language Teachers Dealing with Student Mental Health Issues: Starting the Discussion

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Student depression, social withdrawal, and other mental health issues are problems that many university educators may have to face in their classes, and perhaps no more so than in language classes where students are expected to participate actively. In a study on common roles non-Japanese teachers of English feel they play or are called to play (Amundrud, 2008), I found that six of eight tertiary language teachers interviewed reported dealing with student mental health issues, such as being sought for help over tragic personal events, or students revealing personal trauma in writing activities. In addition, interviewees also revealed that students sometimes sought their help for issues beyond their scope of professional competence as language faculty. However, there is no existing research addressing how language faculty may be able to help or notice students with mental health issues, and the only article I found dealing with student mental health issues and language teaching was Cowie (2005), which looked at experiences with a student who disclosed in her class journal that she was in counseling for trauma from parental abuse.

This article therefore attempts to start a discussion on what procedures are recommended for tertiary language faculty in Japan to follow when either a student approaches them for advice beyond the teachers' linguistic or academic expertise, or when they suspect

through behavior related to class that a student might benefit from a referral to professional mental health counseling. I leave the term “student mental health issues” necessarily vague to allay informant concerns over confidentiality. Furthermore, the overall aim of this paper is not to explore specific problems, but how to deal with the whole range of issues that might affect a student’s mental well-being. The advice below is compiled from the Ritsumeikan University 2008 Student Support Room faculty handbook (Ritsumeikan University Student Support Room, 2007), along with input from four university-related counseling professionals.

After first consulting with Dr. Leonard Kirklen, the Director of Clinical Services at the University of South Florida Student Counseling Center, to get context on overall issues and possible interventions by faculty members, I conducted a series of email and in-person interviews with two mental health professionals in Japan. One is a clinical member of International Mental Health Professionals Japan, with over 30 years experience working in the country. The other is a professor of English and former program coordinator, with clinical counseling experience. These two professional informants requested anonymity due to professional ethical obligations regarding public disclosure that might reveal current or former clients. I also consulted with Dr. Kuniko Muramoto, a professor of Psychology at Ritsumeikan University and practicing clinical psychologist.

I hope that readers will consider the advice given in this article as an invitation to reflect on their own practices and experience, and to find out what policies are in place at their own institutions. I also hope that it will encourage program administrators to review their own institutional policies, and to ensure all their employees are duly informed.

First, all professional informants strongly advised language faculty not to attempt counseling students themselves. Language faculty lack professional counseling training, and need to avoid a “dual role,”

whereby the instructor, whose job entails teaching, evaluating and assessing students, takes on another role as advisor and confidante to one particular student. This student may then think he or she is entitled to unfair advantage on assignments, or a higher final score. Furthermore, other students in the class who do not have a similar, “privileged” relationship with the teacher may see the relationship as somehow inappropriate, even if such suppositions have no factual basis. Furthermore, counselors have considerable support to deal with the feelings that come up in conducting therapy, whereas language faculty have no such help, and consequently might have difficulty with resulting emotions. Finally, language faculty were advised not to take student mental health counseling upon themselves because the student might become dependent on their teacher, which could result in them never seeing a mental health professional.

Then, what actions should language teachers take? I refer to the Ritsumeikan Student Support Room faculty handbook as an example to show what policies are currently in place at a major private university, and as a basis for comparison. Please bear in mind that all professional informants advised instructors to find out their institution’s policies and follow them.

The Ritsumeikan Student Support Room faculty handbook advises faculty to take the following steps, presented below with added professional informant comments italicized:

1. Listen attentively. Accept the student’s view on their situation, and agree when you genuinely agree with what the student is saying, but do not support any misperceptions.
2. Avoid personal or developmental history details. *These may “open doors” that are best left for professional counseling, and which may be difficult to close. When sensitive issues arise, simply state your lack of expertise and suggest more appropriate resources.*

3. Do not rush to offer advice or solutions, though brainstorming possible future steps is acceptable.
4. Teachers can decide if the student may benefit from counseling and refer them to the Student Support Room, but no explanation is given about how to do this. *One informant suggests presenting counseling as one possible option and saying to the student that seeking professional help is not so uncommon. Dr. Muramoto also suggests telling students who may appear reluctant to seek professional help to simply confide in someone they know.*
5. Keep the interview under 30 minutes to avoid fatigue on both sides.

All professional informants advised language faculty to inform their supervisors if they refer a student to counseling. They also insisted that most referrals are rejected. However, simply having a sympathetic ear may suffice. A language program coordinator at my own institution mentioned a student who had sought advice from a teacher following a tragedy involving a friend, and had been told to see the Student Support Room by the program coordinator. However, that student ultimately refused, saying that simply having a chance to speak his mind and be heard was enough.

Of course, the above advice is dependent on students coming forward themselves, but what about if a student appears troubled but doesn't actively seek help? While there was some disagreement over the likelihood of students seeking help from faculty, informants agreed that, in non-emergency cases, teachers should not approach students who don't come to them for help with mental health issues. This was not explicitly stated in the Ritsumeikan Student Support Room faculty handbook, which only mentioned students who were not explicitly seeking help when talking about emergency situations.

One informant's advice to teachers is to not approach the student, but to simply tell their supervisor who will then decide what to do

next based on extant policies at their university. While this may result in nothing being done at all, the sensitive nature of the problem for the student, the teacher, the language program and the institution itself make silence the only ethical action. However, teachers may tell students that if they have any problems or questions about language learning or anything else, they could feel free to ask the teacher after class. This might encourage students to seek help, and so guidelines such as those in the above section would apply. Another informant added that while it is impossible to help students who do not seek help, affective education methods may create a “warm, caring” atmosphere that could help students unable to speak to their teacher or anyone else.

The Student Support Room faculty handbook did not explicitly state what to do when a student reveals details on personal trauma in homework or journals. One professional informant urged that only earnest threats of drastic acts or other urgent comments should be revealed to program coordinators. Otherwise, simple comments on the assignment by the instructor are the only option. Any other action may violate perceived homework privacy.

In closing, I would like to point out that while I am not a trained mental health professional, given the importance of this issue and the lack of discussion so far, I believe this attempt at starting a professional conversation on what language faculty should do regarding student mental health issues is justified. Also, I hope that this brief article will inspire more qualified researchers with more complete access to program coordinators, language program procedures, and the needs of Japanese university students, to conduct more thorough investigations into the issues of language teaching and student psychological well-being.

Ultimately, individual teachers who are not told how to deal with student mental health issues are ethically responsible to educate themselves about campus resources and procedures. It is my hope,

however, that program coordinators will strive to distribute information on these resources to all faculty so that teachers do not struggle with these problems alone.

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