

# "Is This Normal?" Parent Decision Guide

Use this guide when you notice a behavior shift in your student but aren't sure whether to wait and watch, reach out, or escalate. Each behavior has two paths: **Watch** (monitor and stay present) or **Act Now** (take a concrete step today).



**How to use this guide:** Pick the behavior you're noticing. Read the Watch indicators first. If any Act Now signal is present, go directly to that step. When in doubt, Act Now. It is always easier to walk back a call to campus counseling than to wish you had made it sooner.

- **Watch:** Monitor and stay present. Mention what you're noticing, keep communication open.
- **Act Now:** Take a concrete step today. Don't wait for your student to ask.



## SLEEP PATTERNS

### ● WATCH

Sleeping later than at home; irregular schedule first few weeks; mentions being tired but still attending class and meeting friends

→ **Normalize the schedule shift. Ask: "How are you sleeping? Finals do that to everyone."**

### ● ACT NOW

Not sleeping at all or sleeping 14+ hours for 3+ consecutive days; exhaustion affecting class attendance; mentions sleep as the only thing they do

→ **Call and ask directly: "I want you to contact the campus counseling center or student health today. Will you do that?" Offer to call with them.**



## APPETITE CHANGES

### ● WATCH

Eating more or less than usual; stress eating during exams; skipping one meal occasionally; mentions the dining hall isn't great

→ **Send a care package. Check in on whether they're using the meal plan consistently. Keep tone curious, not alarmed.**

### ● ACT NOW

Skipping most meals for multiple days; noticeable weight change mentioned by your student or by someone on campus; rigid, restrictive language about food ("I can't eat that"); or talk of guilt after eating

→ **Contact campus counseling and ask whether the school has an eating disorder specialist. Do not frame it as "just eating better." This warrants a professional conversation.**



## SOCIAL ENGAGEMENT

### ● WATCH

Spending more time studying alone; pulling back from clubs temporarily during midterms; saying they haven't found their people yet; introvert recharging

→ Ask about one specific person or group. *"Is there anyone in your classes you like?"*  
Plant seeds without pushing.

### ● ACT NOW

Not leaving their room for multiple days; has stopped responding to friends on campus; says things like *"I don't belong here"* or *"nobody would notice if I left"*; mentions feeling like a burden to others

→ *"Nobody would notice"* and *"I'm a burden"* are crisis signals, not loneliness. Contact the campus Dean of Students office today and let them know. You can do this without your student's permission.



## SCREEN USE

### ● WATCH

More scrolling or gaming than at home; using phone to decompress after hard days; bingeing a show during a rough week; mentions screens as their main entertainment

→ Ask what they're playing or watching. Stay curious. This is often a healthy coping tool, not a warning sign on its own.

### ● ACT NOW

Gaming or scrolling 10+ hours/day to the exclusion of meals, class, sleep, or hygiene; mentions using screens specifically to avoid people or feelings; says they feel like they can't stop

→ Name it plainly: *"It sounds like you're using this to get through something hard. I'm not judging that, but I want you to talk to someone. Can we find a counselor together?"*



## FUTURE TALK

### ● WATCH

Questioning their major; *"What's the point of this class"* in reference to specific coursework; career anxiety in junior/senior year; reconsidering a plan

→ Affirm their right to question. *"That's worth thinking about. What do you actually like doing?"* Connect them with the career center if relevant.

### ● ACT NOW

*"What's the point of anything"* (not tied to a class); giving away possessions; saying they won't need something *"later"*; any statement suggesting they don't see themselves in the future

→ Ask directly: *"Are you thinking about hurting yourself?"* Asking does not plant the idea. It opens a door. Then contact the Dean of Students or campus crisis line the same day.



## EMOTIONAL TONE

### ● WATCH

Flatter affect than usual; more irritable during finals or after a hard week; crying after a relationship or friendship conflict; mood swings tied to a specific stressor

→ Stay present without fixing. *"That sounds really hard. I'm here."* Check in more frequently for the next few weeks.

### ● ACT NOW

Emotional numbness lasting 2+ weeks (*"I just feel nothing"*); says they feel hopeless or trapped with no specific cause; can't identify anything that feels good or worth looking forward to

→ Persistent flat affect and hopelessness are clinical signs, not a rough patch. Ask them to schedule an appointment with counseling this week. Offer to help them find the number and stay on the phone while they call.



## PHYSICAL COMPLAINTS

### ● WATCH

Headaches, stomachaches, or fatigue during stressful weeks; getting a cold or flu (immune dips under stress); mentions tension headaches during exams

→ **Make sure they have their medicine kit stocked. Remind them where student health is. Stress-related physical symptoms usually resolve when the stressor passes.**

### ● ACT NOW

Physical complaints with no clear medical cause that prevent them from attending class or leaving their room; mentions panic attacks; unexplained pain they've mentioned multiple weeks in a row

→ **Encourage a visit to student health to rule out medical causes. Ask them to mention anxiety specifically. Physical and mental health intersect here, and a provider can triage which way to refer.**



## SELF-DISCLOSURE

### ● WATCH

Venting frustration about roommates, workload, or a professor; saying "I'm so stressed"; sharing a hard week in normal terms; crying to you on the phone but able to describe what's wrong

→ **Listen more than you respond. Resist the urge to solve. "That sounds really hard. What would help most right now?"**

### ● ACT NOW

Tells you they think they need help; mentions self-harm or cutting; discloses something serious happened (assault, stalking, a traumatic event); discloses they stopped going to class entirely

→ **Thank them for telling you. Do not minimize or problem-solve immediately. For self-harm or trauma: contact the Dean of Students office that day. For mental health disclosure: help them make the counseling appointment while you're on the phone.**

## When to call for immediate help

### GO TO THIS FIRST

#### 988 Suicide & Crisis Lifeline

Call or text

#### 988

from anywhere in the US. Available 24/7 for your student or for you as a parent.

### FOR IMMINENT DANGER

#### Call 911

and give the campus address. You can also call the campus police directly; they can do a welfare check.

### ALSO AVAILABLE

#### Campus Crisis Line

Look up your student's school + "crisis line" or call the main campus number and ask for emergency mental health services.

### WHEN YOU'RE NOT SURE

#### Dean of Students office

The DOS can coordinate wellness checks, connect your student to counseling, and act as your ally when you don't know what to do. You can contact them without your student's permission.

## Conversation starters that don't close the door

*"I've noticed you seem a little off lately. I'm not worried, just checking in. How are you, really?"*

*"You don't have to be in crisis to talk to someone at counseling. A lot of students go just to have somewhere to process things."*

*"I'm not going to freak out. You can tell me what's actually going on."*

*"What would help most right now, even just for today?"*

*"Are you having any thoughts of hurting yourself?"*  
Asking directly is always safe and often a relief for your student to hear.

*"I love you and I'm not going anywhere. We'll figure this out together."*

---

UniversityParent A02 Mental Health Toolkit • [universityparent.com](https://universityparent.com) • This guide is for informational purposes only and does not constitute clinical advice. If your student is in immediate danger, call 911 or 988.