A Staff Guide to Support Students with Mental Health Difficulties

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Objectives

This "Staff Guide to Supporting Students with Mental Health Difficulties" is one of a number of initiatives intended to promote a campus environment conducive to mental well-being. Staff who have been in the front line of student care for many years will already be familiar with most of what follows, but large numbers of staff encounter such issues infrequently, and this Guide is primarily for them.

The aim is to:

- Raise awareness amongst staff about the range of experiences, behaviour, and characteristics which may indicate that a student is suffering from mental health difficulties.
- Provide a step by step guide for staff on how to make a response to such situations, especially in a crisis.
- Outline resources for further advice, information and support for staff and students.

Introduction

The co-ordination and overseeing of student welfare within the University is the responsibility of the Advisory Committee on Student Welfare, Support, and Guidance. The committee currently meets under the chairmanship of a Pro-Vice-Chancellor with a membership drawn from the heads of welfare departments and others in pivotal roles such as The Disability Officers, Senior Tutors, and Wardens, together with various Student representatives.

We already have in place 'care plans' for students with a history of mental illness who have been offered (and accepted) a place at the University. We are also aware that routine demand on the University medical and counselling facilities highlights a significant level of distress. In a typical recent year, the University Counselling Service has seen about 650 students. Screening questionnaires trigger about 250 more detailed risk assessments, with about 95 of those students being of serious concern to the Counsellors: typically 70 of the 95 will have active and persistent suicidal ideation. A number of students have had to be detained in psychiatric hospital following disturbing behaviour on campus. Although 2002/3 saw two deaths in Hall from suicide and each year brings numerous overdoses our suicide figures have been and remain lower than for the comparable non-student population, and generally lower than the British university norm.

Tutors are often the first to become aware of student distress, for they see academic work deteriorate. Since October 2002 additional training for staff on mental health issues (especially on depression and risk) has been provided through the Centre for Staff Development and Training, and we are adding new training units each year.

The University has sought to enhance its longstanding support for Nightline, the student run peer support facility, with a very different complementary peer-to-peer support service in Halls through an additional part-time appointment to the University Counselling Service focused on student skill training. Key targets are social isolation and excessive alcohol consumption when depressed, which are major factors in increasing risk. As of October 2004 six Halls have Peer Support Teams operating and the training and supervision build-up continues, with each member of the team having a basic 30 hours of training prior to ongoing supervision.
In short, we have been aware of considerable distress and disturbance, albeit amongst a minority of students. Widening participation, particularly through admitting many with a history of psychological and psychiatric problems, may increase this. It therefore seems appropriate to draw together the procedures we have in place, from entry to graduation, which address these issues. In particular we attempt to make explicit what a staff member might consider doing should a student appear to have mental health difficulties – whether low-key, or acute and high profile. It is tempting to devise detailed protocols for every eventuality: mental health issues seldom lend themselves to such an approach. However, we hope the following will assist staff, and we welcome feedback as we evolve the advice over time.

Possible Indicators of Mental Illness

Front-line staff are in a good position to detect early signs of trouble. Very few mental illnesses of a serious nature occur without a great deal of warning, though some may be of only a few days duration. The following are pointers:

- Deterioration in quality of work.
- Late/absent from classes or other academic appointments.
- Regular late submission of work.
- Changes in social interaction - especially avoidance/withdrawal.
- Increasingly unsightly appearance.
- Noticeable reduction in personal hygiene.
- Concerns raised by other students and staff.

Often staff will only know that a student is experiencing mental health difficulties if the student tells them. Some students will conceal their difficulties and the nature of their problems will not easily be detected. It may be appropriate in some cases to ask the student’s friends if they too have concerns about his or her well-being.

Usually, if concerned, the first step will be to talk to the student to find out more about their situation. Sometimes staff will find that the student is already in contact with a counsellor, doctor, or psychiatrist. Talking to the student and showing concern may reassure the student and allay one’s own worries.

If staff are still worried following contact with the student, or are unable to get the student to talk, the most appropriate course of action is likely to consist of informing the student about the sources of help that are available with the request that the student inform the staff member when, and with whom, the student has made an appointment. If the student fails to do this, the staff member can offer to refer the student.

Please refer to the following Flow Diagram and the separate sections on “Support Services and Referral,” and “When a Student will not accept Help” for procedural guidance.
How to Respond to a Student Experiencing Mental Health Difficulties

**Is this problem urgent?**
Do you think any of the following apply?
- There is an immediate risk of suicide?
- The student may be at serious risk of hurting themselves or others?
- The student is seriously physically ill?
- They have stopped functioning academically and/or in the other areas of their life (e.g. cannot get out of bed in the morning – see 5. Emergency Procedures)

**Yes**

**No**

**How can you help?**
- Do you have the time and/or the skill?
- Do you know who you should consult for advice?

**Yes**

**No**

**Refer the student to a Support Service**
- If you are unsure which service the student requires then try Counselling and Wellbeing/Mental Health Adviser
- If appropriate, let the student make an appointment by using the phone in your room
- Arrange a follow-up meeting with the student to check the situation and monitor academic progress

**Offer appropriate and targeted support**
This might include:
- Listening to the student’s concerns
- Offering practical advice
- Providing reassurance
- Arranging a contract of support through referral to Counselling and Wellbeing, Health Centre, or Mental Health Adviser and/or offering academic support at agreed times

**Beware of getting out of your depth or of role confusion**

**If the student does now want any help make a note of your concerns in the appropriate departmental files**

(a) If the student will accept help:
- Contact the Health Centre (987 4551), and consult Counselling and Wellbeing/Mental Health Adviser in case the student is already known (student permission is required for disclosure)
- Or, alternatively, if the risk is not acute, support the student in referring themselves to one of the above. Ask the student for permission to contact the relevant Service to confirm that contact has been made
- In appropriate cases, contact the Emergency Services and inform Security

(b) If the student will not accept help:
- Telephone the Health Centre (or Counselling and Wellbeing/Mental Health Adviser) yourself to seek advice. In exceptional circumstances, where someone may be at risk, GPs can visit without the patient’s agreement. The Mental Health Adviser will also visit during term time.
Emergency Procedures

Brief Guide to Coping with Mental Health Emergencies

<table>
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<tr>
<th>Situation</th>
<th>Management</th>
</tr>
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<tbody>
<tr>
<td><strong>Panic</strong></td>
<td>• Incapacity to act&lt;br&gt;• Intense apprehension/fear&lt;br&gt;• Oral breathing, gasping&lt;br&gt;• Feeling spaced out/dizzy</td>
</tr>
<tr>
<td><strong>Confusion</strong></td>
<td>• Muddled, restless, irritable&lt;br&gt;• Speech may suggest dissociation from reality&lt;br&gt;• May not co-operate&lt;br&gt;• May be disorientated and fearful</td>
</tr>
<tr>
<td><strong>Drowsiness</strong></td>
<td>• Complete slowing down of mental/physical function&lt;br&gt;• No spontaneity&lt;br&gt;• Not able to interact</td>
</tr>
<tr>
<td><strong>Memory Loss</strong></td>
<td>• May be due to illness&lt;br&gt;• If sudden, likely to be shock</td>
</tr>
<tr>
<td><strong>Self Harm (eg cutting)</strong></td>
<td>• Acute distress&lt;br&gt;• Cry for help&lt;br&gt;• Possibly suicidal</td>
</tr>
<tr>
<td><strong>Suicide Attempt (eg overdose)</strong></td>
<td>• May have a previous history</td>
</tr>
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</table>

Health Centre 987 4551, Counselling and Wellbeing/Mental Health Adviser 378 4216
Admissions Process for Applicants with Mental Health Problems

The University is committed to assessing all applicants on academic grounds and therefore accepts applications from people with mental health problems. Students are being encouraged to declare any “disability” to the University in order that appropriate support systems can be put in place. Currently the Disability Office writes to all students who have declared any disability and encourages them to visit. The Mental Health Adviser writes to all students who have specifically declared a mental health disability. The Counselling Service writes to all new undergraduate students to offer an assessment of support need, to those who anticipate transition difficulties on arrival at University; this is followed up by an Open Day during Freshers’ Week.

Pre Admissions

Undergraduate applicants with mental health problems are advised to contact their chosen School or the University’s Disability Office for advice well before the application deadline. Postgraduate applicants are required to provide any special needs support they may have on their application form. This important information is required in order so that the University can:

- Assess the student’s needs in terms of different types of support and the exact provision the University is able to resource. The University has a duty of care to other students and staff.
- The student can assess the University as to whether the appropriate provision can be made to fulfil their particular needs in order for them to complete their course successfully.

Students for vocational programmes such as Teaching, Speech & Language Therapy or Social Work must contact the admissions tutor because of the additional requirements certain vocational programmes may have. It is essential that all potential students are made aware of the demands of their particular University programme and have practical and realistic strategies for meeting those demands. Consideration should also be given to the requirements of professional bodies where appropriate.

Procedure for Undergraduate and Postgraduate Applications

On receipt of an application form by the relevant Admissions Office, the forms of all those declaring a disability will be copied to the Disability Office at the same time as the individual academic department.

- It will be imperative to make sure that the UK disabled student has had an assessment of needs at a Designated Access Centre or similar eg in the event of mental health difficulties an up to date and satisfactory psychological/psychiatric report will be required before coming to University. This information is also needed if the student wishes to apply for the Disabled Students Allowance (DSA). An assessment of needs will highlight the appropriate equipment and possible human support eg a mentor (normally a postgraduate student) which may be essential to the student’s learning.
- Following an assessment of needs at a Designated Access Centre or similar, the equipment and any extra support will normally be funded by the Disabled Students’ Allowance (for UK students) through the student’s Local Education Authority; the
Department of Works & Pensions – Disability Centre, should be approached in the event that a student should need help with Disability Living Allowance.

- In the case of International Students the student is not normally eligible for the Disabled Students Allowance. In the event of a student requiring human and/or technical support the Disability Office should be approached as soon as possible to discuss what support might be available.

- Information will be circulated to relevant members of staff e.g. Academic Staff and appropriate Hall Staff following the student’s disclosure.

- Wardens will also offer a further occasion for students to declare any mental health difficulty and if requested this information will be confidential for Hall arrangements.

Applicants are invited to make use of the following sources of help and advice:

- The Disability Office has Disability Officers to assist with issues such as the Disabled Students Allowance and examination arrangements.

- The Mental Health Adviser can advise on support available to students with mental health difficulties.

- The University Websites contain a range of information for students who require support for a disability.

- The Admissions tutors in each School can advise on the demand and requirements of particular programmes.

- There are Disability Representatives in every School who liaise with the Academic Staff and the Disability Office regarding individual students.

**Support Services and Referral**

There is a wide range of support services available at The University of Reading. Details of these are given in the Tutor’s Handbook which is available to everyone. An electronic version of the Handbook is also available on the University website at www.reading.ac.uk/personaltutor

When faced with a student who may have mental health difficulties, it is normally sensible to advise the student to contact their GP (University Medical Practice/other local GP), the Duty Counsellor, or the University Mental Health Adviser as appropriate (see Flow Diagram above and Contact Details below). Wherever possible, the student should be encouraged to make the referral themselves as this helps the student to become committed to the process.

There may be times when the student finds it hard to make the first move, particularly when they are very depressed. In such circumstances, with the student’s permission, it may be helpful to contact the appropriate agency yourself to ask for an appointment. The University Medical Practice and the Mental Health Adviser share receptionists whilst the University Counselling Service has receptionists, plus a duty service. A duty doctor is available from 8 a.m. until 6.30 p.m. Monday to Friday, whilst outside these hours General Practice cover is provided by WestCall (see contact details below).
**The University Mental Health Adviser**

The Adviser works full time and is based in the Health Centre premises in Northcourt Avenue. He serves as a link between the students, their tutors, the Health Centre and relevant psychiatric services including, where appropriate, services from the student’s home town. He carries out assessments and provides follow-up support.

If a tutor is uncertain how to proceed, he or she can contact the Adviser for advice. The Adviser works closely with the Disability Officers and other members of the Student Services Directorate.

**The Disability Office**

The Disability Office provides a central in formation and advice service for current and prospective students with disabilities, disabling conditions (such as mental health difficulties, ME or diabetes) and/or specific learning difficulties such as dyslexia. The Disability Office acts as a link to other support service providers and expert advisers. Some of the ways that the Disability Office may be able to help include:-

- Advising students on the Disabled Students Allowances.
- Liaising with staff in Schools and helping to provide appropriate information.
- Assisting with the provision of support (e.g. a mentor.) There is a charge for this but the Disability Office can sometimes secure funding from the student’s LEA for students from the UK.
- Special Examination arrangements.

**The University Counselling Service**

General information about the University Counselling Service and how to make referrals may be found in leaflets provided by the service in hard copy and on the web [www.reading.ac.uk/counselling](http://www.reading.ac.uk/counselling) for downloading by individuals. Each September, updated hard copy samples are sent to selected staff identified as important gateways to student welfare, including School secretaries. See in particular:

- Student Counselling
- Staff Counselling
- Service levels and professional standards
- Confidentiality and data protection

The University Counselling Service makes a series of ‘at risk’ leaflets available in hard copy and on the web at [www.reading.ac.uk/internal/counselling/advice/counsonlineadviceandleaflets.aspx](http://www.reading.ac.uk/internal/counselling/advice/counsonlineadviceandleaflets.aspx). Each can be downloaded by or for students as a support and the first of those listed below has a full range of crisis support telephone numbers:

- Crisis Resources
- Despair and suicidal thinking
- Supporting the suicidal
- Self Injury
- Panic Attacks
Berkshire Healthcare (NHS) Trust – Overnight Crisis Service

The Trust provides a service to anyone in crisis and with a mental health problem outside “normal” working hours i.e. between 21.00 hours and 09.00 hours seven nights a week including bank holidays. Staff or students can phone for advice and/or the student can be seen in the R.B.H Accident & Emergency Department by O.C.S. personnel. Tel: 0800 7839505

After Making the Referral

Sometimes it is very helpful for the School and Support Services to work together to create a support ‘package’ for the student, where help is offered from a number of sources. A student who is unwell may receive support from a combination of their GP, a counsellor or the Mental Health Adviser and a member of academic staff.

A Personal Tutor or supervisor will usually be a very important part of the package in supporting the academic progress of the student.

When a Student Will not Accept Help

There will be occasions when a member of staff has concerns about a student, but that student is unwilling to accept help. In such cases there is often little that can be done; students are not obliged to accept help. It is, however, advisable to note concerns in the student’s file (bear in mind that the Data Protection Act may allow the student to see those notes) and also ensure that senior staff in the school are made aware that there may be a problem.

The University Regulations for Conduct allow for a Head of School to refer a student case to the Vice-Chancellor where it is felt that a student is incapable of continuing effectively with his or her programme on medical grounds (whether physical or mental health). The Vice-Chancellor has the power to require a student to attend for medical examination on the recommendation of the Director of University Health Services, or to refer the case to the Senior Management Board which has the power to suspend the student’s programme or remove the student from membership of the University. It is sometimes more appropriate to make use of sanctions for Breaches of Discipline where a student’s behaviour is causing disruption but where that student is not considered incapable of continuing and has otherwise refused to accept help.

Emergencies

The Police, Ambulance, Fire Service, etc, should be contacted if necessary via University Security (6300 24-hr).

Sometimes students exhibit behaviour that gives rise to immediate concern. There may be evidence of:

- Suicidal tendencies.
- Risk of self-harm or harm to others.
- Acute alcohol or substance abuse.
- Irrational beliefs and behaviour.
• A serious lack of functioning.
• Major disturbance to others.

A mentally disturbed student can be an especially disruptive influence in Hall and it is in the interests of everyone that the student engages with help as soon as possible.

Deliberate Self-Harm
Deliberate self-harm is always concerning and ranges from apparently superficial cutting to serious over dose. Cutting is never actually ‘superficial’ – regular cutters sometimes cut ‘too deep’ and precipitate a crisis, and cutting is positively correlated with the long term risk of suicide. Students involved in apparently superficial cutting should be advised to seek the help of the University Counselling Service or the Mental Health Adviser, while patients who have cut deeply or taken an overdose (more than the prescribed/recommended dosage) should be sent urgently to the RBH Accident & Emergency department (particularly if paracetamol or a paracetamol based drug is involved).

Non Deliberate Self-Harm
Students who are depressed but who drink large amounts of alcohol are likely to make themselves even more depressed without being aware that this is happening.

Students who use any non-prescribed drugs are also at risk of self-harm; some drugs induce feelings of elation followed by a sudden descent in mood, typified with both fatigue and depression which can last several days. In both situations, increased impulsivity and sense of despair can enhance the risk of self-harm so everything possible should be done to monitor such students.

Students who are coping with some symptoms of mental ill-health such as delusions or hallucinations are at risk of harming themselves without being clearly aware of why they are doing so.

Alcohol Intoxication
Drunkenness is regarded as a social rather than a medical problem. Drunken students will not be admitted to the University Health Centre (see below) because of the potential risk to nursing staff. Students suffering from acute alcohol poisoning to the extent that they are unconscious and at risk from inhaling vomit should be taken by ambulance to the Royal Berkshire Hospital A&E department as a matter of urgency.

People Acting Strangely or Irrationally
A mentally unwell person may appear frightening but often the person concerned is suffering from irrational thoughts or hallucinations which they themselves find very disturbing. It is important to remain calm and act sympathetically - he or she may well be quite frightened and therefore appear aggressive. It is very unusual for actual violence to occur.

The person should be encouraged to seek medical advice. If he or she is reluctant to do this, then advice can be obtained from the student’s GP (either the University Health Centre or other local GP) or the Mental Health Adviser. It is helpful to the doctor attempting to deal with the situation if it is accepted that information given by friends or colleagues can be passed back to the patient.

If the person appears to be at risk of jeopardising his or her own health or safety, or it seems that other persons are in need of protection, the patient may need to be compulsorily
admitted to hospital (see below). If there is no risk to the patient or others, then he or she is entitled to refuse help, no matter how bizarre their behaviour appears to be. If threats of violence are made, the Police should be contacted and asked to become involved.

Admission to the University Health Centre – Monday to Friday

If after consultation with the Duty GP at the Medical Practice, it is considered beneficial and practical, the student may be offered admission to the Health Centre during normal daytime hours of opening.

Admission to Hospital

A mentally unwell student can be voluntarily admitted to a psychiatric unit through arrangements made by the student’s GP and a Consultant Psychiatrist. The local NHS hospital is Prospect Park Hospital in Tilehurst, Reading.

When a student refuses the offer of admission, he or she can only be admitted on a compulsory basis if it is considered by the assessing professionals that there is a sufficient nature or degree of mental disorder present and that it is necessary for the health or safety of the student or for the protection of others, to justify admission for assessment and/or treatment.

An order for compulsory admission is normally made under Section 2 of the 1983 Mental Health Act which is for a period of 28 days for assessment or assessment followed by treatment. Application for admission is made by an Approved Social Worker (ASW) founded on the recommendations of two doctors, one of whom must be approved as having special experience in the diagnosis or treatment of mental disorder and one of whom should have prior acquaintance with the patient. In practice this usually means a psychiatrist and the GP.

Section 4 allows a patient to be compulsorily admitted in an emergency for 72 hours for assessment following the recommendation of the GP and an ASW. It is rarely used, as better practice is to carry out the more thorough assessment required under Section 2.

Emergency Procedure

In such instances the need for intervention on behalf of the student will be urgent. If the student will accept help then refer them to their GP, either by making the appointment on the student’s behalf with the duty doctor and if necessary going with them to the Practice, or supporting him or her in referring themselves (perhaps by allowing them to phone from your office). If the student will not accept help, then you should get the advice of a doctor or counsellor.

At night, the advice of the Trust’s Overnight Crisis Service can be sought as well as the “on-call” duty GP. In the very rare situation when you believe there is imminent danger of harm to self or others call University Security immediately.

Where it is thought that urgent psychiatric intervention will probably be required, this can only be initiated via a GP (usually the duty doctor) and not via a counsellor or the Mental Health Adviser (although they may be a source of helpful advice and backup). The duty doctor will usually wish to make an independent initial assessment by visiting the patient, before asking a psychiatrist to make an assessment.

If the doctor considers that compulsory admission is necessary he or she will arrange a Mental Health Act assessment, which, as the psychiatrist and social worker will already be
occupied, may take some time. It is highly desirable that during this time the student be persuaded to remain where he or she is unless such persuasion is likely to increase the possibility of harm to either the student or to other people.

Following the signing of the Order transfer to hospital will be arranged (providing there is a bed available). If the patient leaves and cannot be found, the Police, who have powers to detain the patient, will be informed.

Confidentiality

Although not all staff are strictly bound by the same codes of confidentiality as a GP or counsellor, if you wish to share information about a student with other members of the University as part of your efforts to help that student you should, nevertheless, first seek the student’s consent. Detailed information about confidentiality may be found in the Tutor’s Handbook, as it applies to normal circumstances.

With regard to emergencies the student’s agreement with the University provides for their personal data to be released to certain specified third parties for specified purposes. These include emergency situations such as illness or serious injury, or circumstances affecting personal safety. University staff have a duty of care to disclose necessary information where failure to do so (in the eyes of ‘the reasonable man’) would probably expose others to risk of death or serious harm. A member of staff may protect the student’s interest by disclosing the least information necessary in the circumstances to as few people as possible. Disclosing to doctors or counsellors (themselves restricted as to what they may disclose by a Code of Ethics) certainly protects the student’s interest in this way.

Otherwise, the University does not release information to parents, relatives, friends, or any other third party unless the student has given their consent. The fact that someone might be severely depressed, for example, does not of itself constitute an emergency situation and there would be no right to contact the family without obtaining the student’s permission. Personal tutors and other staff may be able to help concerned parents by listening to them and offering to act as an intermediary. There is a guide for students on how their personal data is held and for staff ‘Guidelines on the handling of Student Personal Data’ (see www.reading.ac.uk/data_protection). The University Counselling Service issues a detailed leaflet ‘Confidentiality and Data Protection’ which contains lots of real situations and how they have been handled (see www.reading.ac.uk/counselling).
## Contact Details

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td><strong>University Medical Practice</strong></td>
<td>Director: Dr Elizabeth Johnston</td>
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<tr>
<td>9 Northcourt Avenue RG2 7HE</td>
<td></td>
</tr>
<tr>
<td><strong>Counselling and Wellbeing</strong></td>
<td>Head of Service: Alicia Pena</td>
</tr>
<tr>
<td>Student Services Centre Carrington Building</td>
<td><a href="mailto:m.a.penabizama@reading.ac.uk">m.a.penabizama@reading.ac.uk</a></td>
</tr>
<tr>
<td><strong>University Mental Health Adviser</strong></td>
<td>Charles Kenderdine</td>
</tr>
<tr>
<td>9 Northcourt Avenue RG2 7HE</td>
<td><a href="mailto:c.e.kenderdine@reading.ac.uk">c.e.kenderdine@reading.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>Can also be contacted via the Counselling and Wellbeing Service</td>
</tr>
<tr>
<td><strong>Disability Advisory Service</strong></td>
<td>Team Leaders:</td>
</tr>
<tr>
<td>Student Services Centre Carrington Building</td>
<td>Kate French (Mon-Wed)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:k.a.french@reading.ac.uk">k.a.french@reading.ac.uk</a></td>
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<td></td>
<td>Annabel Avery (Wed-Fri)</td>
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<tr>
<td></td>
<td><a href="mailto:a.avery@reading.ac.uk">a.avery@reading.ac.uk</a></td>
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<tr>
<td><strong>Security Office</strong></td>
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<tr>
<td>Control Room</td>
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<td>Whiteknights House</td>
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### Other Helplines

- **Overnight Crisis Service**
  - Freephone 0800 7839505
  - 21:00-09:00 A&E Department
  - Royal Berkshire Hospital
  - Royal Berkshire Hospital A&E Department
  - 3228329/8981
  - 0845 8505505 (Thames Valley Police Switchboard)

- **NHS Direct (24hr advice)** 0845 4647
- **The Samaritans (24hr support)** 08457 909090
- **SaneLine (18:00-23:00)** 08457 678000
- **Crisis and mental health support**
Appendix

Background to the Development of Mental Health Policy in Higher Education

There have been a number of reports which suggest that there have been significant changes in the mental health profile of students over the last decade. In March 1999, the Heads of University Counselling Services published a report ‘Degrees of Disturbance - the New Agenda’ which underlined the increase in psychological disturbance amongst students. It also drew attention to a number of possible reasons for this. These included a shift to a mass higher education system, widening access, modularity, financial anxieties and changes in society, particularly the breakdown of family life and authority structures. The report commented on the ‘escalating demands’ faced by staff in higher education, noting that academic staff now had less time for pastoral activities.

In April 2000, the CVCP (now Universities UK) published ‘Guidelines on Student Mental Health Policies and Procedures in Higher Education’ designed to assist institutions in their planning, to ensure that account is taken of the needs of students experiencing mental health difficulties and of those working and studying alongside such students. Both publications emphasise that, whilst there are many positive mental health benefits to be gained from higher education, there are those who are vulnerable to its stresses and need support.

The last major survey of student health at Reading University¹, was on a ten percent random sample of full time students, with a 56% return carried out in 1997. The authors wrote “The results we present suggest that, contrary to what might be expected of this high achieving group of young people, the health of students is poor relative to their peers………but students emotional health was more of a problem than their physical health.” The detailed results of this study and comparative figures are available from the head of the Counselling Service.

Over the last few years, HE FCE has funded a number of research projects at various Universities, which explored the mental health needs of students. The Leicester and Hull reports, (see website addresses later), are of particular interest as they reflect figures which experience suggests are not far from our own.

At Leicester University in 1999 a study ‘Supporting Students with Mental Health Difficulties: A Whole Institutional Approach’ revealed that 40% of respondents were concerned about depression and 23% were worried about managing anxiety, phobias or panic attacks. Just under 50% had concerns about self-esteem and confidence. At Hull University, a 1999 study ‘Responding Effectively to the Mental Health Needs of Students’ stated that 35% of academic supervisors surveyed, reported recent experience of students whom they considered to have mental health problems, of which almost a third were described as severe or life threatening. The project also noted that ‘patterns of communications and procedures concerning students with mental health problems were frequently experienced as ill-defined and haphazard by staff.’

The Association of Managers of Student Services (AMOSSHE), published in 2001 a helpful document on 'duty of care,' with checklists regarding mental health issues (copies available from the Academic Registrar). This has been especially important as the Disability Discrimination Act (1995) now applies to Universities, and results in (a) some long-term mental health problems being formally recognised as a 'disability' (with all the financial and legal implications of that), and (b) an obligation not to exclude those suffering chronic mental illness who are nevertheless currently stable very much in line with this University's long tradition of encouraging applications from physically disabled people.

In late 2001 the Royal College of Psychiatrists began hearings on student mental health with the active participation of the Heads of University Counselling Services (HUCS). That report was published in November 2003. During the summer of 2002 The Department of Health put out a consultation document on targets for the reduction of suicides. The final report, ‘National Suicide Prevention Strategy for England’, was published in October 2002. In December 2002 Universities UK issued a report ‘Reducing the risk of student suicide: issues and responses for higher education institutions’. We have also had the benefit of consulting a January 2003 report ‘Dropping Out: a study of early leavers from higher education’ commissioned by The Department for education and skills as well as a November 2002 report ‘Student Services: effective approaches to retaining students in higher education’ from Universities UK. All of these reports are relevant to concerns for student mental health.

On the International level there is huge concern for mental health in general and student mental health in particular. The University Counselling Service issues a leaflet in hard copy and on the web ‘Websites and Leaflets’ which gives access to these resources and in particular, resource s designed to be helpful to institutions, rather than individual students. The sites www.studentmentalhealth.org.uk and www.le.ac.uk/edsc/sphp and www.brooks.ac.uk/student/services/osmhn are especially helpful in that regard.

There is, therefore, considerable interest at national and international level on mental health issues, and we gratefully acknowledge these reports and sites as informing our attempts locally to address those issues.

Acknowledgements: We are grateful to the Universities of Cambridge, Dundee, Leeds, Leicester, Loughborough and Nottingham (and especially their Counselling Services) for allowing us to draw upon similar material at those institutions. The University of Dublin (Trinity College) has kindly allowed us to use their material on the prevention of suicide, for staff training.
Mental Illness: General Information

When discussing mental illness it is important to keep 'common sense' to the fore. The writers of this document are very aware that they sometimes exhibit erratic behaviour, are sometimes agitated, and occasionally incoherent! Everyone is prone to odd behaviour from time to time, often when we are run down, very tired, overexcited, or under prolonged stress. Unusual behaviour can also result from the use of drugs (legal and illegal), medication, etc. Tolerance of occasional oddness is a mark of a mature society and, we hope, of Universities in particular. Mental illness is, however, different. Its diagnosis is unlikely to depend on isolated symptoms. On the contrary it is usually concerned with a persistent cluster of key symptoms over a period of time. It is often associated with severe depression or anxiety.

Quite often the patient is very aware of the symptoms, disturbed by them, indeed worried and even frightened by them. The very frightened can sometimes appear threatening, but seldom intend to be. Very, very few are violent.

Mental illness can be a low key gradually developing issue, or a sudden and acute episode. It is not unusual for mental illness to first make an appearance in the late teens and early twenties.

The transition from adolescence to early adulthood is likely to prove a particularly testing time for those with mental illness. The symptoms may be evident at school, but may also lie dormant only to emerge at University under the stress of a major transition, e.g. losing the shelter of home or the familiar structure of school. As the illness declares itself, the student may become increasingly aware that something is amiss, a realisation that is often triggered by the concern of others. The wish to be ‘normal’ is strong in all of us, and never more so than in late adolescence. Surrounded by peers who seem to be at ease with life, the student with mental illness feels alone. Self-esteem is often low, the development of social skills often adversely affected, and academic performance often compromised.

It is worth remembering that the University can provide students who suffer mental illness with a reassuring combination of challenge and structure. Although the rigours of academic life may sometimes prove difficult, academic and campus activities include many supportive learning experiences. The CVCP guidelines suggest that higher education can ‘make a positive contribution to mental well-being’ by providing a structured and purposeful environment, ‘opportunities for achievement that lead to ‘a fuller sense of identity and increased self-esteem’ and ‘can reduce isolation and provide opportunities for improved interpersonal confidence.’

Minor mental illness is common. About one third of all GP consultations involve mental health difficulties. The prevalence of mental illness in the general population is about 20-25%. Severe mental illness is not common. Within a University population one would expect high achievers to have a fair share of perfectionists among them. That is so, with the rates for obsessive-compulsive type disorders being higher than the general population and for depressive disorders being higher too. In other words the myth that because one is bright one will not be subject to mental illness is just that in fact the bright are just as, if not more, susceptible.

People who are found wandering around in a confused or very disturbed state should not be assumed to be mentally ill. Drunkenness may be the cause. Those who are diabetic (blood sugar levels may suddenly go low) may be in such a state. When blood sugar levels are even lower epileptic-like fits are common before coma sets in. As it is difficult to make accurate distinctions and correctly attribute abnormal behaviour, it is best to ask Security to call an
ambulance / paramedics who can make an initial assessment of need. Do not dismiss such cases as “just drunk” - even if that is true it is important intoxicated students are not allowed to choke on their own vomit.

Mental Illness: Common Presentations

Anxiety
The anxiety disorders are characterised by the presence of excessive anxiety, worry, fear or dread with tension and arousal causing distress and impaired functioning, especially academic and social functioning. Common symptoms include:

- Agitation.
- Sleep disturbance.
- Difficulty in concentrating.
- Loss of appetite/excessive appetite.
- Physical symptoms such as headaches, stomach disorders, palpitations.
- Panic attacks.
- Phobias (for example agoraphobia, claustrophobia, and social phobia). Social phobias have a profound impact upon a student's social life and can greatly affect performance of presentations, oral examinations, etc.

Depression
This is one of the most common forms of mental health distress. For people who are depressed life is a real struggle. They may feel bad about themselves and their lives in most ways. At times they feel complete despair. Common symptoms include:

- Low, depressive mood with negative thoughts about self and others.
- Numbness, emptiness and despondency.
- Lack of interest in life and motivation to do things.
- Difficulty in concentrating.
- Social withdrawal.
- Lack of appetite/comfort eating.
- Sleep disturbance.
- Increased use of alcohol, tobacco and other drugs.
- Feelings of guilt.
- Self-neglect.
- Anxiety.
- Suicidal thoughts and/or thoughts of self-harm.

Depression is the most frequent reason for days lost away from work and for taking time out of university studies. Many cultures express it as ‘weakness, imbalance’ etc. Sleep disturbance and loss of concentration is a frequent precursor to depression amongst
students. Many students never develop all the symptoms most clinicians would recognise as a depression, yet they feel depressed.

**Bipolar Disorder**

Bipolar disorder is also known as, Manic depressive illness and typified by mood swings. The lows may involve incapacitating inertia, literally days in bed, while the highs can lead to loud, disruptive and hyperactive behaviour, where grandiose plans on several fronts are initiated but rarely followed through. To the person involved, a surfeit of energy is often perceived as a welcome and liberating release, but it is no more than a mask over the ever-present depression. However, such patients are often puzzled that others perceive the ‘good’ symptoms as a problem, symptoms such as:

- Elated mood with no obvious cause.
- Rapid speech and disordered thoughts.
- Little or no sleep, waking early.
- Boundless energy, restlessness.
- Reckless decision making, disinhibition.
- Inappropriate generosity with, or use of, money.
- In extreme cases delusions or hallucinations.

**Eating Disorders**

These are relatively common in the student population, with young women most likely to be affected. It is not always easy to know if there is a problem since the eating behaviour is often surrounded by secrecy.

- **Anorexia nervosa**: involves an intense fear of fatness and various degrees of self-starvation. Those affected will severely limit their calorie intake and may also have a rigorous exercise regime. Layers of clothing may disguise extreme thinness.
- **Bulimia Nervosa**: involves periods of uncontrolled and excessive eating (binge eating) often followed by the misuse of laxatives or self-induced vomiting to control weight gain. Often appear to be of normal body weight.
- **Atypical Eating Disorder**: characterised by a feeling of lack of control and distress about this. Less likely to present as a problem in a public sphere since it does not necessarily affect social functioning or relationships, though may well be associated with lowered self-esteem.

Of all the psychiatric disorders, anorexia has the highest morbidity rate.

**Obsessional Disorders**

Obsessive-compulsive disorders involve a variety of symptoms (anxiety, depression, etc.) but the outstanding marker is a feeling of subjective compulsion to carry out some action, or dwell on an idea or recall a past event. Obsessional behaviour may include ritualistic performances such as repeated hand-washing or repeated checking of switches, taps, etc. A combination of medication and behaviour therapy often results in substantial improvement.
Personality Disorder

One form of this problem is known as psychopathic personality disorder, where the symptoms may include deviant, aggressive, manipulative or disruptive behaviour. Although the person is often capable of great charm, there is a basic absence of morality and warmth. Other forms include “inadequate” and “borderline.”

Personality changes can follow traumatic stress, a head injury, mental illness, or a neurological disorder. When a person's behaviour exhibits sudden, dramatic and unexpected changes a careful assessment is required.

Emotional Adjustment Disorder is typified by erratic, impulsive and potentially harmful (to themselves or others) behaviour, following an unanticipated life-event crisis.

Psychotic Episodes

Adolescence and early adulthood are characterised by intense feelings and fixed ideas, as the individual struggles with identity and self-acceptance. This intensity when combined with prolonged stress, or the influence of narcotics, or an overwhelming event, may lead a person to exhibit temporarily some of the symptoms of psychosis. These could include altered states of perception, a loss of emotional boundaries, a distorted sense of reality, etc. Delusions can be persecutory (others are tormenting) paranoid (others look at or talk about) somatic (others have put their body organs in the patient) religious (the patient has supernatural power) guilt (responsible for the illness of others) etc. Hallucinations are generally aural but can be visual.

Social symptoms can include flattening of emotions, poor eye contact, reduced expression, disjointed speech and general passivity. With prompt psychiatric referral and careful management, the symptoms can usually be brought under control. Unfortunately, some of the drugs induce movement disorders so distressing that students have to take time away from university.

Schizophrenia

Recognising schizophrenia is not easy and is the cause of much professional dispute. It is not about split personalities. Many people will have a psychotic episode and then recover. For others they may go on to suffer from chronic mental illness. Someone experiencing symptoms may be reluctant to talk and feel confused or frightened by what they are experiencing.

Common symptoms include:

- Holding fixed beliefs that do not appear grounded in reality and are not culturally contextual.
- Hearing voices.
- Paranoia.
- Seeing, tasting, smelling or feeling things that are not there.
- Believing that people, events or objects control thoughts and actions in a way that cannot be logically explained.
- Confused or muddled thinking or speech.
- Loss of feelings.
- Depersonalisation – a sense that one isn’t real or that one is outside oneself.
It is worth remembering that in students the most common form of psychosis is drug induced. Also, initial symptoms tend to be experienced by men in their twenties and women in their thirties.

The seriousness of any form of mental illness depends on the severity of any of the symptoms described and the affect this has on the student.

Further Information on Mental Health Issues

The University Counselling Service issues leaflets intended as a guide to the support available beyond the confines of the University, both locally and nationally. There is extensive and wide ranging information within these leaflets and they are available as hard copy and for downloading by individuals from the web as follows:

- Telephone Helplines
- Websites and Leaflets
- Books and Tapes
- Counselling Providers

The University Counselling Service provides detailed leaflets on specific and very common clinical and developmental topics, also available on the web, as follows:

- Anxiety
- Eating Disorders (with bulletin board serviced by the Eating Disorder Service)
- Study Problems
- Homesickness
- Depression
- Insomnia
- Bereavement

International Students are provided with a culturally sensitive and tailored gateway leaflet addressing the mix of mental, physical, emotional and academic problems they can present with. This is also on the web.

Leaflet-type information from other UK and USA University Counselling Services can readily be accessed by consulting the ‘Websites and Leaflets’ publication mentioned above. The University Medical Practice website has some information on mental health as well as physical health plus very useful links.

If this does not suffice, a phone call to the University Counselling Service, University Health Centre Medical Practice or University Mental Health Adviser can harness the collective expertise of all the staff.

Asperger Syndrome

Each year a few students with Asperger Syndrome enter the University. They are academically able but most need support from a wide range of staff to enable them to successfully complete their programme of study.

Asperger Syndrome is generally thought to be a variant of autism occurring at the milder end of the spectrum of autistic disorders. Individuals with Asperger Syndrome are characterised by a failure in social awareness and in social communication and a lack of
social imagination and flexible thinking. These can result in the individual appearing to be extremely egocentric and having difficulty with forming meaningful interpersonal relationships despite high motivation to do so. They may be unable to recognise and communicate feelings intuitively and quickly and their body language is non standard. They have difficulty adapting to change. Most individuals also have difficulty with motor co-ordination and organisational skills. Managing these difficulties and coping with the usual pressures of university life, frequently results in students with Asperger Syndrome suffering periodically with depression, anxiety or frustration. Like other developmental difficulties, each person with Asperger Syndrome has their own individual pattern of impairments and some will be more affected than others. Although the condition is lifelong, an individual may learn to compensate.

**Difficulties at university affecting academic work**

The individual with Asperger Syndrome may:

- Lack conventional motivation to complete coursework or prepare for exams.
- Lack organisational skills, have difficulties with attending lectures, planning work and meeting deadlines.
- Become stressed by change to timetables, rooms, modules etc.
- Focus on small areas of detail without generalising to greater perspective.
- Have problems participating in group work.
- Be unable to ask for help from staff or from other students

**Structured support**

The Disability Office and a Study Adviser will discuss support needs with the student and, with permission, pass relevant information to academic department or school, hall, careers service, etc. Personal Tutors have a key support and liaison role. Most students benefit from the support of an academic mentor, usually a postgraduate student in their school/department, who assists with the challenges listed above. The Disability Office can often help with the provision of a social mentor to support day-to-day living and socialising, particularly when adapting to university life. Some students learn to become independent. However most need ongoing support and monitoring throughout their University careers to ensure that:

- Academic progress is being maintained.
- Other staff and, as far as possible, other students are treating him or her with due respect and understanding
- The student’s emotional state is reasonable / stable – and if not that the appropriate medical care is being received.
- The student is having some relaxation time.

For further information contact the Disability Office.

**Staff training**

There are opportunities for staff to find out more about supporting students with mental health difficulties through the CSTD programme of workshops. Sessions have included Students at Risk, Depression, Social Anxiety, Critical Incident & Disasters and Bereavement.
There are one day Staff Stress workshops plus three Staff Stress lunchtime seminars each term. A drugs policy and information session is also held regularly.

Sessions for Managers on monitoring and managing stress in their department are currently being prepared. Plans for the future are evolving in response to the requests of staff as resources allow.