



Student mental health policy and guidelines

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STUDENT MENTAL HEALTH POLICY

1. Introduction

This policy provides guidance for staff and students in helping students with mental health difficulties. It is updated annually and inline with relevant institutional and national guidance.

2. Context

The University has undertaken to make this policy and the guidelines accessible to all its members. The policy is for the use of the staff and students of the University of Huddersfield and has been written in response to a number of factors.

- There is growing awareness of mental health issues within the population generally and also within the student population. There is a reported rise in the numbers of students experiencing psychological difficulties¹, although still a reluctance to disclose or to seek diagnosis. This increase may be due to a number of factors, including the shift to a mass higher education system, widening access, financial and academic pressures and societal changes.
- The Disability Discrimination Act (1995 which became part of the Equality Act 2010) development of Equal Opportunity Policies have prompted many Higher Education Institutions to consider their response to the needs of students with mental health problems. Mental illness can, in some cases, be defined as disability and will thus be partly addressed through the University's approach and strategy for students with disabilities.
- The National Health Service Framework for Mental Health (1999) sets national standards and defines service models for promoting mental health and treating mental illness. It specifies responsibilities for a range of disciplines/organisations including Higher Education.
- The 'Guidelines on student mental health policies and procedures for higher education' CVCP(now UUK) and SCOP (now GuildHE) 2000.Followed by the MWBHE (Mental Wellbeing in Higher education group) in conjunction with UUK/GuildHE- 'Student mental wellbeing in Higher education- good practice' guide update 2015.

¹ Degrees of disturbance - the new agenda: Heads of University Counselling Services, March 1999

3. General principles

The University is committed to:

- Creating a non-stigmatising, well-informed community within the University.
- Raising mental health awareness throughout the University, by improving the quality and accessibility of information available on mental health issues.
- Working in partnership with students who are experiencing mental health problems. This will enable the student to define their own needs and work in partnership with staff, recognising and building on the student's strengths, skills and potential.
- Ensuring confidentiality and respect for all members of its community.
- Providing opportunities for all staff to develop appropriate skills and knowledge in this area.
- Liaising and working with external agencies who can offer alternative support to students and staff (details in Appendix).
- Ensuring services provided on campus, especially the relevant welfare support services, are readily available and accessible to all students.
- Exploring new initiatives which could promote the mental wellbeing of students and prevent mental health problems.
- Promoting a culture within the institution which enhances mental health by fostering a caring, friendly, inclusive atmosphere, in which individuals feel safe, valued and supported.

4. Definitions of mental health and mental health difficulties

Clinical definitions of a mental health issues are too varied and detailed for the purposes of this document, however, it is useful to consider distinctions which may exist between mental illness, mental health difficulties and mental wellbeing.

- Mental illness is often an ongoing disability issue and affects a small fraction of students who require special consideration and resources.
- Mental health difficulties/distress may beset anyone at any time; A person may have disturbing and upsetting emotions which will affect their ordinary daily life. It may disorientate their view of the world, producing various symptoms and behaviours that may display or cause distress.
- Mental wellbeing affects everyone all of the time; good mental health and wellbeing is the ability for students to cope with life events and function effectively in their environment.

4.1 Promoting mental health and wellbeing

The University has a duty of care to create systems and structures which enhance the mental well-being of its members. The aim is to create a climate in which members of the community, staff and students, feel well cared for and therefore able to care for each other. This may include:

- Equal opportunities procedures.
- Harassment and disciplinary procedures.

- Accessible help.
- Courses and training programmes.
- Information available in different formats.
- A holistic approach to the welfare of University members with good provision of health and sports facilities, personal and academic support.

4.2 Supporting mental health difficulties

Mental health can be affected by a number of elements, including social, personal, economic and environmental factors. Individuals with no previous history of mental health problems may find themselves experiencing difficulties for these reasons.

Individuals with a past history, or whose mental illness is controlled, can experience a recurrence of their symptoms in stressful situations. It is estimated that one in four adults will experience some kind of mental health difficulty during the course of their lifetime.

The vast majority of mental health difficulties can be treated to reduce the impact on their lives.

APPENDIX 1: GENERAL GUIDELINES

Roles and responsibilities

These guidelines are intended to support students and staff in responding to students experiencing mental health difficulties although it is acknowledged that every situation is unique, and every instance will be different.

The University community is encouraged to consider mental health issues when developing and reviewing policies and procedures. As follows:

1. Confidentiality

(This section specifically refers to confidentiality around mental health issues.)

Students are more likely to seek appropriate help if they can be sure that they will receive respect and confidentiality. It is, however, also wise not to give a commitment to confidentiality that could be injurious to either the student or to the well-being of others. Regard should be paid to conflicting responsibilities: to the student, to those living and studying alongside the student, to staff and relations dealing with the student. Matters to consider are:

- Information about students with mental health problems, or suspected mental health problems, should be obtained and shared only for the purposes of providing care or for the protection of the student or others on a need-to-know basis.
- The student should usually be asked for their consent before information is shared. It is important that where consent is given by the student, it is **informed** consent. This means explaining to the student concerned exactly what will be disclosed, the potential benefits of disclosure (support, extenuating circumstances) and the disadvantages of non-disclosure, and who will need to know. *(Where the student does not permit disclosure, the University is still bound to make an assessment of the needs of the student and make reasonable adjustments insofar as this is possible. However, it is important that the student understands that their reticence will inevitably reduce the level of support which the University can give.)*
- If information is requested by outside agencies (via phone, letter etc), e.g. by social workers, psychiatrists, GP's, etc., the rights of the student should be protected. The consent of the student should normally be sought for disclosures to any third party.
- Concerned parents or fellow students may request information about the well-being of a student exhibiting suspected mental health problems. While it may be useful to provide a sympathetic ear, the University's position is that personal information cannot be disclosed to others, however closely involved, without the consent of the student.
- In exceptional circumstances there may be a need to make disclosures without a student's permission e.g. if their mental health has deteriorated to the extent of threatening their personal safety or that of others, or they appear unable to take responsibility for themselves, or there is a legal requirement to disclose information (i.e. a crime has been committed). If in doubt, contact the Mental Health and Well-being Co-ordinator, a member of the Disability Support Service or Counselling Service to consider how to proceed.

Please be aware that disclosure of information can take place not only verbally, or in writing, but also as a result of papers left on a desk, or through a computer screen left on in a public area. Appropriate measures to keep information secure are a requirement of this policy on confidentiality.

2. University admissions

Admission of students with mental health difficulties to some courses (e.g. teacher training and healthcare professions) is considered carefully. Students applying to these courses are asked to complete a health questionnaire and issues raised therein are dealt with through the Occupational Health Department.

3. Recognising mental health distress

Any of the symptoms listed below can affect anyone at any time in their life, but if a student is experiencing several of these over a period of time, or if there has been a significant or rapid increase in their severity, it may be appropriate to seek help.

Physical symptoms:-

- Shortness of breath.
- Hyperventilation.
- Panic attacks.
- Palpitations, rapid heart beat.
- Dizziness.
- Sweating.
- Trembling and shaking.
- Tingling sensation.
- Dry mouth.
- Feeling of choking.
- Numbness.
- Restlessness.
- Headaches, stomach pains and other physical or unexplained aches and pains.
- Marked weight loss or gain.
- Loss of appetite or overeating.
- Irregular menstrual cycle.
- Loss of sexual desire.
- Stomach or bowel problems.
- Nausea, vomiting, diarrhoea.
- Feelings of tiredness.
- Sleeping too much or too little.
- Exhaustion and Chronic Fatigue.
- Lack of energy.
- Chest pain.

Cross cultural variations:-

- Persons of different cultures may express a mental health issue in different ways: pain, isolation, shame, guilt or in physical actions or expressions.
- In some societies experiences are understood as spiritual, an awareness of a person's culture and worldview may be needed.

Emotional effects:-

- Sadness.
- Anxiety.
- Guilt.
- Anger.
- Mood swings.
- Flat, blunt or inappropriate emotions.
- Lack of emotional responsiveness.
- Alteration of self or others.
- Odd ideas.
- Easily moved to tears.
- Altered perceptual experience (increase or decrease in sense of smell, sound or colour).
- Feeling helpless.
- Feeling hopeless.

Effects on thoughts:-

- Concentration problems.
- Worry.
- Increased or decreased emotion.
- Inability to complete simple tasks.
- Memory difficulties.
- Slow in thought, movement or speech
- Hallucinations.
- Confusion.
- Hearing voices.
- Apathy.
- Difficulties in decision making.
- Suspiciousness/paranoia.
- Unwanted repetitive thoughts.
- Irritability or impatience.
- Frustration.
- Loss of confidence.
- Mood swings.
- Thoughts of suicide and death.
- Self blame or criticism.

Behavioural symptoms:-

- Lateness/absenteeism.
- Acting out of character.
- Alcohol/drug misuse/gambling etc.
- Withdrawal or isolation.
- Noticeable change in eating habits.
- Inappropriate responses to normal situations.
- Self neglect.
- Loss of interest in personal appearance.
- Crying spells.
- Lack of motivation.
- Avoidance of others or situations.
- Distress in social settings or being with others.
- Hyperactivity/behaviour

There are many treatments for mental health problems. Talking therapies, medication and complementary therapies can all be very effective.

What can help?

This will depend on the student's situation as to what is appropriate.

- A listening ear.
- Talking to the student.
- Referral to Student Services, the Mental Health and Well-being Co-ordinator or the University Counselling Service.
- Group work.
- Peer support.
- Family support.
- Hobbies.
- Referral to the GP, Accident and Emergency or Crisis Team.
- Medication.

APPENDIX 2: GUIDELINES FOR STAFF

1. Roles and responsibilities of staff

Virtually any member of staff may find themselves in the position of first point of contact for a student who is experiencing difficulties.

Staff should:

- Recognise their personal and professional limitations when offering support to students, and know when to refer on to appropriate services (see Appendix 3). Listening to someone and informing them where they can obtain help is a valuable and valid response.
- Respect the confidentiality of a student with mental health problems (see Appendix 1).
- Following referral of the student to appropriate services, seek information or training to enable you to support them further.
- Recognise that there may be a need for extenuating circumstances arrangements and/or time out from studies in serious situations.
- Avoid taking responsibility for resolving a student's mental health problems. There are support agencies available to help the student (see Appendix 5).
- Work together with others in the University to provide a supportive, well-informed environment which promotes dignity and respect for all.
- **Any student experiencing suicidal thoughts is at risk. These students must be taken seriously, and must be referred for help.**

2. How do you know there is a problem?

Students do not always ask for help when they have a problem. They may feel embarrassed, they may be concerned about the consequences that will follow, they may hope that the problem will go away if they ignore it, or they may not realise that they have a problem.

Refer to the signs and symptoms listed in Appendix 1, section 3 and ask yourself the following questions:

- Has the student told you that they have a problem?
- Have there been any significant changes in the student's appearance? (e.g. weight loss/gain, decline in personal hygiene etc.)
- Does the student smell of alcohol or cannabis?
- Does the student sound different? (e.g. flat, agitated, excessively loud or quiet)
- Has the student's mood changed a lot from previous meetings? (e.g. mood swings, excessively unhappy, tired).
- Have others expressed concern about the student? (e.g. flat-mates, friends, other colleagues).
- Have there been changes in the student's behaviour? (e.g. not attending lectures, not meeting deadlines, not socialising as normal, withdrawal).
- How long has the student been feeling/behaving like this? (a few days may give no cause for concern, weeks or months may indicate a problem).

If the answers to the above questions are 'yes' you may find the following useful:

- Don't avoid the situation, or pretend that nothing is wrong as this could only make matters worse.
- Approach the student in a sensitive manner, taking account of issues relating to race, religion, culture, gender and sexuality.
- Simply asking the student how they are may give them the opening they need to discuss their concerns. They may need no more than a sympathetic ear.
- Be prepared to spend time listening. If you only have a few minutes then inform the student of this at the start and offer another appointment.
- Be open and transparent with the student to help develop trust. You may need to talk to someone else (refer to appropriate section to see who this should be). If you decide to do so, inform the student, unless you feel that this would be counter productive.
- Consider whether you have the time and/or the skills to support the student. Be clear about your role and your boundaries and try not to offer help that spreads beyond them. Consider also any potential conflict of interest and whether you have appropriate support available for your own needs.
- If it is clear that there is a problem but the student is finding it difficult to acknowledge it, do not collude with them by pretending to agree. You have a right to feel worried about them and may need to seek help.

3. If the student does not want to talk about their problem

It can be extremely difficult to help someone who refuses to admit that they have a problem. Always respect the rights of the student if they do not wish to discuss the matter. Do not ask insensitive or intrusive questions but offer an open invitation to talk in the future and follow this up by asking how they are and repeating the offer next time you speak.

If you are still concerned about a student who has refused help, speak to your line manager or to someone from a specialist support service (see Appendix 5) for advice on how to proceed.

4. If the student does want to talk about their problem

If the student does talk about their problem, listen and encourage them to seek the appropriate help (see Appendix 5). Try to recognise what you can realistically do and do not to give advice that is beyond the boundaries of your role or skill. It is important to only refer a student to somewhere that is acceptable to them. A further referral can always be made later.

Remember that it is not your responsibility to solve the problem and that you are neither a therapist nor a counsellor. If you are unable to suggest a way forward that is not a sign of failure. Consult with a member of staff from a support service for advice on what to do or encourage the student to contact Student Services, the Mental Health and Well-being Co-ordinator, the Counselling Service or their GP.

Alternative options:

- Ask the student how they've successfully handled similar problems in the past.
- Explore with the student what changes they might make to enable them to continue with their studies.
- Break tasks down into short term and manageable goals.

It can be extremely stressful and time consuming to help a student, so it is important that you look after yourself and seek appropriate support from others.

APPENDIX 3: GUIDELINES FOR STUDENTS

1. Roles and responsibilities of students

We would encourage students to:

- Avoid being led into accepting responsibility for resolving a fellow student's mental health problems.
- Ensure that they find appropriate support where they are able to discuss their concerns.
- Recognise that listening to someone or informing them where they can get help is very valuable.
- Work together with other students to provide a supportive, well-informed environment which promotes dignity and respect for all.
- Assist the University in its aim to provide the services and facilities that students need by bringing any constructive suggestions that they may have to the attention of the relevant members of staff.
- **Any student experiencing suicidal thoughts is at risk. These students must be taken seriously, and must be referred for help.**

2. Why do you believe there is a problem?

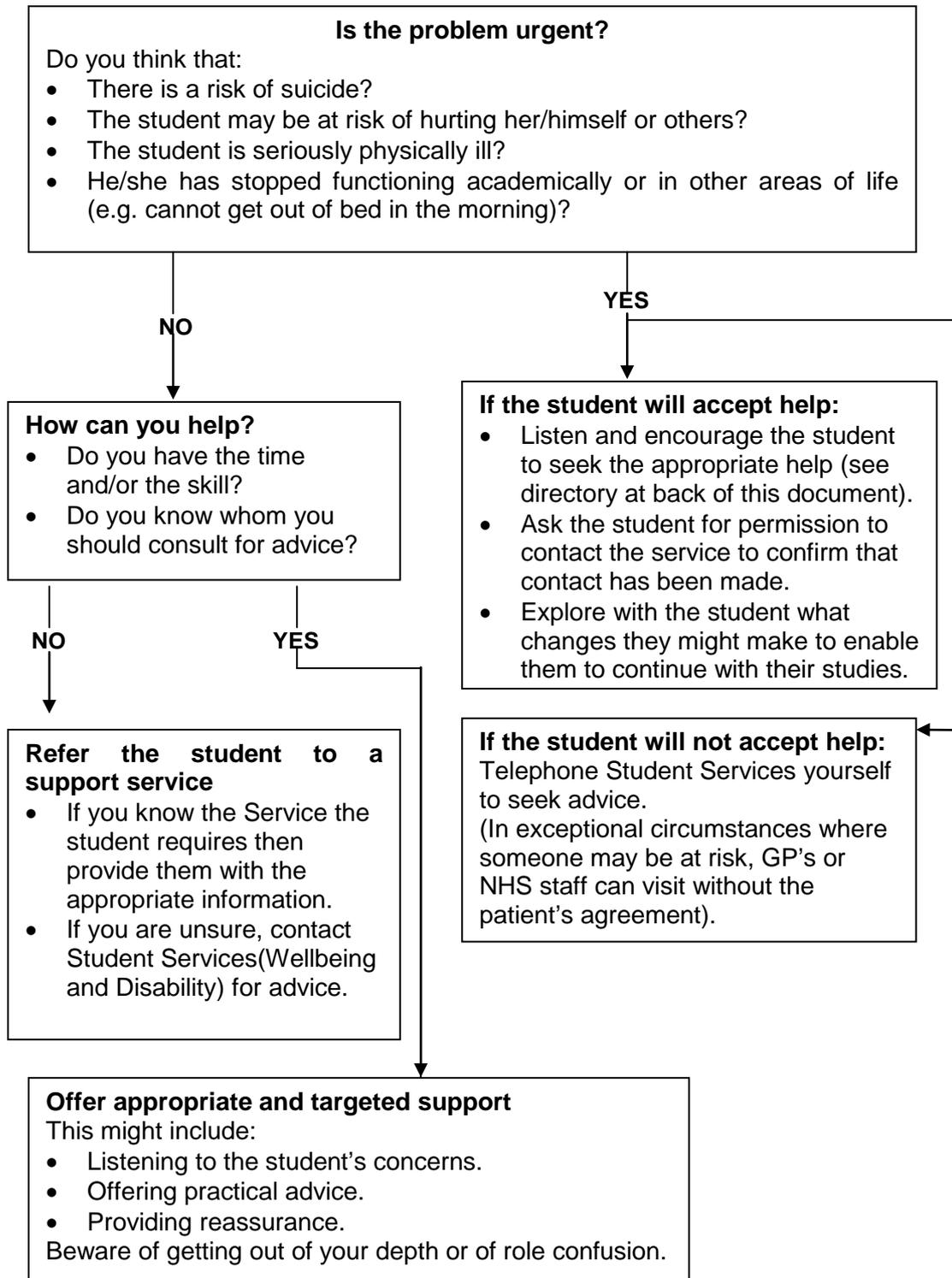
- Have they told you they have a problem?
- Have you noticed dramatic changes in your friend's appearance? (e.g. weight gain/loss, decline in personal hygiene)
- Have you noticed your friend is drinking more alcohol or using drugs?
- Is your friend using drugs or alcohol in a detrimental way?
- Has your friend's mood changed dramatically? (e.g. miserable, hyperactive)
- Have other friends or tutors expressed concern about your friend?
- Has your friend's behaviour changed? (e.g. doing too much or too little work, not attending lectures, missing deadlines, not socialising)
- How long has your friend been feeling or behaving like this?

3. What to do if you're concerned?

- Try not to avoid the situation or pretend that nothing is wrong.
- Try to talk to your friend and explain your concerns, and respect their privacy. Don't ask insensitive or intrusive questions if they don't want to discuss it.
- Be prepared to listen, but protect your time and other commitments.
- Try not to take responsibility for your friend's problems. Help them to help themselves by suggesting a service or person they might speak to (see Appendix 5).
- Express concern but remember that you are not your friend's counsellor. If you are unable to help, that is not a sign of failure.
- If you feel that you need to tell someone, always try to get your friend's consent beforehand. Explain why you feel that you need to tell someone else. Gaining and maintaining their trust is important and being open and honest will help that process.

- If your friend refuses help and you are still concerned, speak to one of your tutors, or, to maintain confidence, someone in Student Services (Wellbeing and Disability) or a Counsellor. If your friend has not given their consent to you speaking to someone you do not need to mention their name when you ask for advice. You are not then breaking your friend's confidence.
- There may be **exceptional** circumstances where you need to act without your friend's consent e.g. if you feel their behaviour poses a threat to their personal safety or to that of others.
- Helping a friend can be extremely stressful and time consuming so it is important that you look after yourself and seek appropriate support.

Response to students with mental health difficulties: Flowchart



APPENDIX 4: ADVICE ON HANDLING CRISIS SITUATIONS

A crisis situation is when a student's emotions have reached a point outside of their control. These emotions might be expressed in a number of ways, e.g. self-harm, talking or persistently thinking about suicide, or exhibiting behaviour which is out of character.

Many crisis situations occur in private, rather than in public, and in most cases, the steps outlined in the guidelines will be sufficient. It must be emphasised that people experiencing mental health problems are rarely violent towards others and crisis situations are both rare and preventable.

In all crisis situations ensuring the safety of yourself and of others, including the student themselves, is of overriding importance. The following guidance may be helpful:

- Stay calm and adopt a non-threatening approach. Calm behaviour by others will help to calm the agitated student.
- If there are other students in the vicinity, consider calmly asking them to leave.
- Some situations can (rarely) be very frightening and distressing. If you do not feel confident in approaching the student go and get help (see Appendix 5).
- If you stay with the student, give them space, and do not touch them. Show concern and reassurance in your voice and demeanour.
- Explain what you are going to do before you act and continue to reassure the student about what is happening.
- **Any student experiencing suicidal thoughts is at risk. These students must be taken seriously, and referred for help.**
- If someone is hurt, if there is evidence of an overdose having been taken or if someone appears to pose a significant threat of violence:
 - Emergency assistance should be called (On campus, ring a First Aider if required, or ask Security to contact emergency services).
 - Gather basic information from the student if possible:
 - Name, address, course of study (to locate details on student record system).
 - Name of their GP (if they are able and willing to give it).
 - Details of any medication taken: what, how much, how recently.
 - Whether they have had similar difficulties before and if so what or who they found helpful on those occasions.

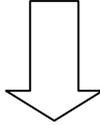
Obtain support for yourself afterwards to give you the opportunity to talk through what happened and how you responded. You could obtain help from the following:

- Student Services.
- Your tutor or course leader.
- Peers.
- Family.

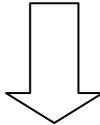
What to do in a crisis situation

SUMMARY

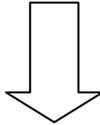
Stay calm



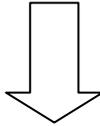
**Try to ensure your safety, and that of others,
including the student involved**



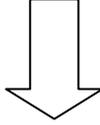
**Assess whether you need immediate support
in dealing with the situation**



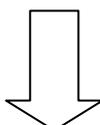
**Engage with the student
(if appropriate)**



Be clear and direct in a non-threatening way



**Ensure the appropriate people are contacted
(Security, Student Services (Wellbeing and Disability Services etc.)**



**Ensure that you have someone to talk to
and support you after the event**

APPENDIX 5: RESOURCES

University telephone numbers:

| | |
|-----------------------------------|-----------------|
| Student Services | (01484 47) 2227 |
| iPoint | (01484 47) 1001 |
| Wellbeing and Disability Services | (01484 47) 2227 |
| Counselling Service | (01484 47) 2227 |
| Security | (01484 47) 2220 |

List of websites and other resources

National resources you may find helpful:-

- The student mental health planning, guidance and training manual:

<http://www.studentmentalhealth.org.uk>

- The NHS link:

<http://www.nhs.uk/Livewell/MentalHealth/Pages/Mentalhealthhome.aspx>

- The Samaritans

<http://www.samaritans.org/>

Other useful websites can be found through the Self help page on the Wellbeing and Disability website www.hud.ac.uk/wellbeing-disability-services