

# Supporting Students with Mental Health Difficulties

## Policy and Summary Guidelines for Staff



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### **Introduction**

Most students make good progress during their time at University, despite the strains and stresses of academic life. However, an increasing number of students are finding that there are difficulties which impact on their lives and prevent effective learning and academic progress. For these students supporting action could be beneficial. The purpose of this document is to provide information to those members of the University who are likely to be offering relevant support to students with these difficulties.

Some students may directly approach a member of staff for support while others may be reluctant to seek help and try to struggle on, however, symptoms of their difficulties may become apparent. This document helps look at what some of those difficulties are, how they might be identified and how you might help the student start to address them. It also aims to provide some strategies for dealing with more complex situations.

This document, an updated and abridged version of the policy and guidance available to staff and students, approved by the University's Academic Board in 2004, seeks to help staff help students in difficulty. The full version of this document, which you are encouraged to look at, can be found at [www.wlv.ac.uk/mentalhealth](http://www.wlv.ac.uk/mentalhealth)

## **Policy Statement – from the University of Wolverhampton Mental Health Policy**

### **The University is committed to:**

- Raising mental health awareness throughout the University.
- Working in partnership with students who are experiencing mental health problems.
- Ensuring respect and confidentiality for all members of its community.
- Providing all staff with opportunities to develop appropriate skills and knowledge in this area.
- Acknowledging and responding to mental health issues when reviewing policies and procedures.
- Working in liaison with external, local and national support agencies.
- Ensuring that on campus student support services are readily available and accessible to all students.
- Exploring new initiatives which could promote the mental well-being of students and prevent mental health problems.

### **Student Mental Health – Definitions**

- The term 'mental health' properly describes a sense of well-being: the capacity to live in a resourceful and fulfilling manner, having a sense of resilience to deal with the challenges and obstacles which life presents.
- *Mental health problems/difficulties* are terms which can be used to describe temporary reactions to a painful event, stress or external pressures, or symptoms of alcohol or drug use, lack of sleep or physical illness; this terminology also describes long term conditions which may have a significant effect on an individual's ability to function, sometimes referred to as *mental illness*.
- It is good practice to listen to, and respect, the terminology used by those experiencing mental health difficulties themselves.
- There may be particular groups of students who may at any time be considered more vulnerable. This could include international students or those under 18 years of age. There are also particular times when student life is more stressful.

### **Student Mental Health Issues - Key Points**

- The University has a duty of care to its staff, students and visitors. Like health and safety matters this duty is the responsibility of all staff and not solely the specialist support services.
- Taking proactive measures prior to any issues arising should assist you to deal with the situation confidently and as effectively as possible.
  - Take time to consider this document and the full version available at [www.wlv.ac.uk/mentalhealth](http://www.wlv.ac.uk/mentalhealth)
  - Take part in training opportunities within your School or service when available.
  - Talk to colleagues, or as a department about how you could handle different situations arising from students' mental health difficulties.

- Students with documented mental health conditions are likely to be protected by the recently amended Part 4 of the Disability Discrimination Act (DDA), which make it unlawful for the University to discriminate against disabled people in any of the following ways: direct discrimination; failure to make reasonable adjustments; disability-related discrimination; victimisation<sup>1</sup>.
- Under the DDA 2006 the University also has a proactive duty to promote equality of opportunity between disabled persons and non-disabled persons<sup>2</sup>.
- The University supports successfully a number of students with declared mental health needs. Students who declare a mental health condition can approach the SEC for non medical support which can be tailored to their requirements.
- It should not be assumed that all students with mental health difficulties will be disruptive or cause major difficulties. Most students who approach staff will have a mental health difficulty of a temporary nature, rather than a 'mental illness', which is quite rare.
- Students need to know that any information they give will be treated with respect. It is important for staff to share information only for the purposes of providing care, or for the protection of the student or others. A student's request for confidentiality must be respected except in the rare instances where his or her life is in danger, or there is a danger to others, or there is a legal requirement to do so (eg a crime has been committed).
- Parents or other family members may approach staff to express concern about the welfare of a student. It is University policy not to give out information about a student without their permission. If the person expressing the concern is willing you could approach the student on his or her behalf, relay his or her concerns and ask the student to make contact with him or her. For more information on disability-related confidentiality please go to the main document which can be found at [www.wlv.ac.uk/mentalhealth](http://www.wlv.ac.uk/mentalhealth)
- Some students can cause much anxiety to staff and fellow students, who may want someone to do something to make the problem go away. There is usually no 'magic wand' available from any internal support service or external source which can provide instant solutions to what are often difficult, challenging and complex issues, particularly if a student is unwilling to seek help and the conditions do not exist to require interventions without his/her consent.
- Whilst acknowledging many staff have much to offer students, it is important to recognise personal and professional limitations when offering support and to know when to seek specialist help and assistance. Not everyone will be confident to offer support in this area, but listening to someone or informing him or her about where help can be obtained is often invaluable.
- It is important to leave responsibility (with exceptions noted later) for resolving a student's mental health problems in the hands of that student.
- Crises or other difficult events can impact on others, apart from the student immediately involved. The welfare of everyone should also be acknowledged and addressed.
- The summary advice in this document is based on a variety of sources of guidance and examples of good practice from other institutions.

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<sup>1</sup> More details on the DDA are available from [www.drc.gov.uk](http://www.drc.gov.uk) or from Cindy Williams-Findlay

<sup>2</sup> See [www.wlv.ac.uk/disabilityequality](http://www.wlv.ac.uk/disabilityequality) for more information on this aspect of the DDA.

### **Important information on support**

- Members of staff should feel free to consult in confidence with the Counselling Service, one of the other specialist services, or other suitable members of staff, to talk matters over or gain support. It is acknowledged that supporting someone experiencing mental health problems is often difficult and challenging, and that staff and students should not feel alone in such situations. The Student Enabling Centre (SEC) and Counselling Services can provide guidance and training to staff on how to support students with mental health difficulties and recommend additional sources of guidance as appropriate. In the first instance contact Cindy Williams-Findlay or Charlotte Joseph.
- It is acknowledged that there can sometimes be specific issues when working with groups which include students with mental health difficulties<sup>3</sup>.

### **Student Mental Health Difficulties – Recognising the Signs and Taking Action**

The following behaviours do not of themselves indicate a mental health problem. They should be used only as a trigger to enquire and explore with the student what they consider may be the problem and encourage him/her to find help, if appropriate.

Any of the following symptoms can affect anyone at some time in his or hers life, but if a student is experiencing several of these symptoms over a period of time or there is a rapid increase in their severity, it may be appropriate to offer help. Students, like the rest of us, often do not ask for help when faced with a problem.

#### **Physical symptoms**

Panic attacks  
Palpitations, sweating,  
stomach pains,  
Headaches  
  
Marked weight loss or gain  
  
Stomach or bowel problems  
Feelings of tiredness and  
exhaustion  
Lack of energy  
General aches and pains  
Sleep disturbance

#### **Mental Symptoms**

Lack of concentration  
Noticeable increased or  
decreased emotion  
Inability to complete simple  
tasks  
Hallucinations  
  
Hearing voices  
Apathy  
  
Irritability  
Loss of confidence  
Mood swings

#### **Behavioural symptoms**

Lateness/absenteeism  
Acting out of character  
  
Alcohol/drug  
misuse/gambling etc  
Inappropriate responses to  
normal situations  
Withdrawal  
Self neglect

### **Consider the following questions:**

- Has the student told you there is a problem?
- Have there been significant changes in the student's appearance, (e.g. weight loss/gain, student is looking unkempt etc.)
- Does the student exhibit drug or alcohol use?
- Is the student drawing attention to himself by being loud and excessive, flat or agitated?

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<sup>3</sup> Further information can be found in the 'useful contacts' section of this document, in response to queries from colleagues.

- Has the student's mood changed – mood swings, excessive unhappiness or the opposite, excessive ebullience, or lack of energy?
- Has there been a change in the student's behaviour, such as not handing in work, not attending, doing too much work, withdrawing?
- Have others expressed concern about the student? (e.g. flatmates, friends, colleagues).

**If 'yes' you may find some of the following useful:**

- Don't avoid the situation or pretend nothing is wrong as this could only make matters worse
- Approach the student in a sensitive manner
- If it is clear that there is a problem do not collude with a student who finds it difficult to acknowledge the problem by minimising it. You have a right to feel worried about the situation.

**If the student DOES want to talk about their problem**

- Try to recognise what you can realistically do.
- Explore options but try not to give advice that is beyond the boundaries of your role or skills.
- Try to arrange a follow up appointment to see that the student has arranged the support needed, or followed through what s/he said s/he was going to do.
- It is not usually your job to solve the problem, instead it is important to try to empower the student to work out what can be done.
- Remember that the university and the students' union offer a variety of ways to support students.

**If the student does NOT want to talk about their problem**

- It can be extremely difficult and frustrating when someone refuses to admit that they have a problem.
- If it is not an emergency and the student does not wish to talk about his or her problem then that is his or her right, and his or her wishes should be respected.
- You could make it clear that you are available should the student want your help in the future.
- Express your concerns, however, it is not your responsibility to solve the difficulty and if you are unable to suggest a way forward, do not view this as a sign of failure.
- Consider whether it would be helpful for you to consult with a professional, for example, someone from within your School or Department, the Counselling Service or the Student Enabling Centre. The consultation could be in the form of a debriefing, or to share what action you have taken and can be done whilst safeguarding the student's anonymity.
- Is there someone else who could help?

**How to refer the reluctant student to the Counselling Service**

**Second opinion**

Suggest to the student that a referral would help both you and him or her. Explain that the student's problem is outside your area of expertise and that there are appropriately trained professionals to help.

**No analyst's couch involved!**

Dispel any myths which surround counselling. Encourage the student to believe that help-seeking is a sign of strength not a weakness and that seeing a counsellor is not for the crazy or desperate. (If you are unsure refer to the Counselling Services web-site to get a better understanding of what counselling is about).

**Suggest options**

Counselling is not the only alternative, in fact, for some it may not be appropriate. Check out what the student needs and wants, and help him or her to find it. It is often useful and enlightening to present a range of options when discussing support services. There is a list of useful contacts at the end of this document. Or visit the Counselling Services website for further help, [www.wlv.ac.uk/counsellingservices](http://www.wlv.ac.uk/counsellingservices)

**Explore the student's reluctance**

If you explore the student's reluctance to seek help you may be able to address his or her reservations.

**Information**

If the student is unsure about seeking help point them in the right direction as to where to find help in the future. (See 'suggest options' above).

**Confidentiality**

The student can be reassured that even if he or she is referred to the Counselling Service by a member of staff, no information will be passed on by the Counselling Service, even to the referrer.

**Making an appointment**

If you feel it necessary you could try to help the student make the appointment. Whilst it is better for students to take the initiative, for some, particularly those who are depressed or feel unable to negotiate any details, a helping hand would not go amiss.

There is always a drop-in session available during term time between 12.30-1.30 at city campus – no appointment necessary. Students can then find out whether this is a suitable place for them to get help.

**Honesty about involving others**

It is important for staff to share information only for the purposes of providing care, or for the protection of the student or others. A student's request for confidentiality must be respected except in the rare instances where his or her life is in danger, or there is a danger to others, or there is a legal requirement to do so (eg a crime has been committed).

If you feel the situation is an emergency (you believe there is the possibility of harm to the student or others) and the student will not see a professional, you may need to speak to someone on his or her behalf. If possible before doing so discuss this with the student and give the student the choice about whom you will contact.

### **Case Study – Student A**

*Residential Services staff met with Student A, following complaints and concerns raised by caretakers and fellow students. At the meeting the student revealed that he had recently begun to drink again and that his feelings of self loathing lead to other acts of self harm. The student was therefore given information and encouraged to access support from the University Counselling Services and external alcohol groups.*

*The student's self harming resulted in an overnight stay in hospital a month later. Upon his return to Halls he was taken to his GP surgery, where he consented to undergo assessment at Penn Hospital. He then discharged himself the next day and returned to his Halls of Residence, where he continued to show signs of being unwell. Residential Services staff therefore contacted Penn Hospital, who sent a Community Psychiatric Nurse (CPN) to undertake an assessment on site and agree a care plan. This involved a daily visit from the Mental Health Team, reducing to 3 visits per week after 2 months.*

*The student has since been able to re-commence his studies. He continues to receive visits from the outreach team on an ad-hoc basis and attends the Alcoholics Anonymous (AA) meetings at the Chaplaincy. The student has built up trust and a good rapport with Residential Services staff and feels able to ask for help when necessary.*

*Although Residential Services do not have staff with specific expertise in mental health issues, they were able to access support from a variety of contacts, which were provided to them at the time of the CPN's visit.*

### **Case Study – Student B**

*Student B had not been attending classes and concerns had been raised amongst staff. B's tutor invited her to a meeting to check her progress. B came in looking dishevelled and exhausted. She appeared introverted, and at the same time agitated to be in the room with the tutor, keeping her eyes fixed on the floor. Eventually the tutor elicited some information from B – she found herself virtually unable to leave her room, let alone get her work done.*

*The tutor felt concerned by B's narrative and asked what help she was getting. B said she wouldn't see a doctor – she had had previous bad experiences with a GP, nor did she think counselling would help. The tutor, however, remained concerned and remembered that there was a drop-in service between 12.30 to 1.30 everyday in the University Counselling Service. He suggested that the student could talk to someone for 20 minutes just to see what counselling was like – no strings attached.*

*B was reluctant, but the tutor helped B see that he was not trained to help with the problems she was describing, however, he would be there for her about her academic work and they could book another appointment to talk about that. B agreed to go to a drop-in on condition that the tutor came with her. After delivering B to the Gateway B saw a counsellor for 25 minutes, during which time trust was built. B arranged to have a full-length appointment.*

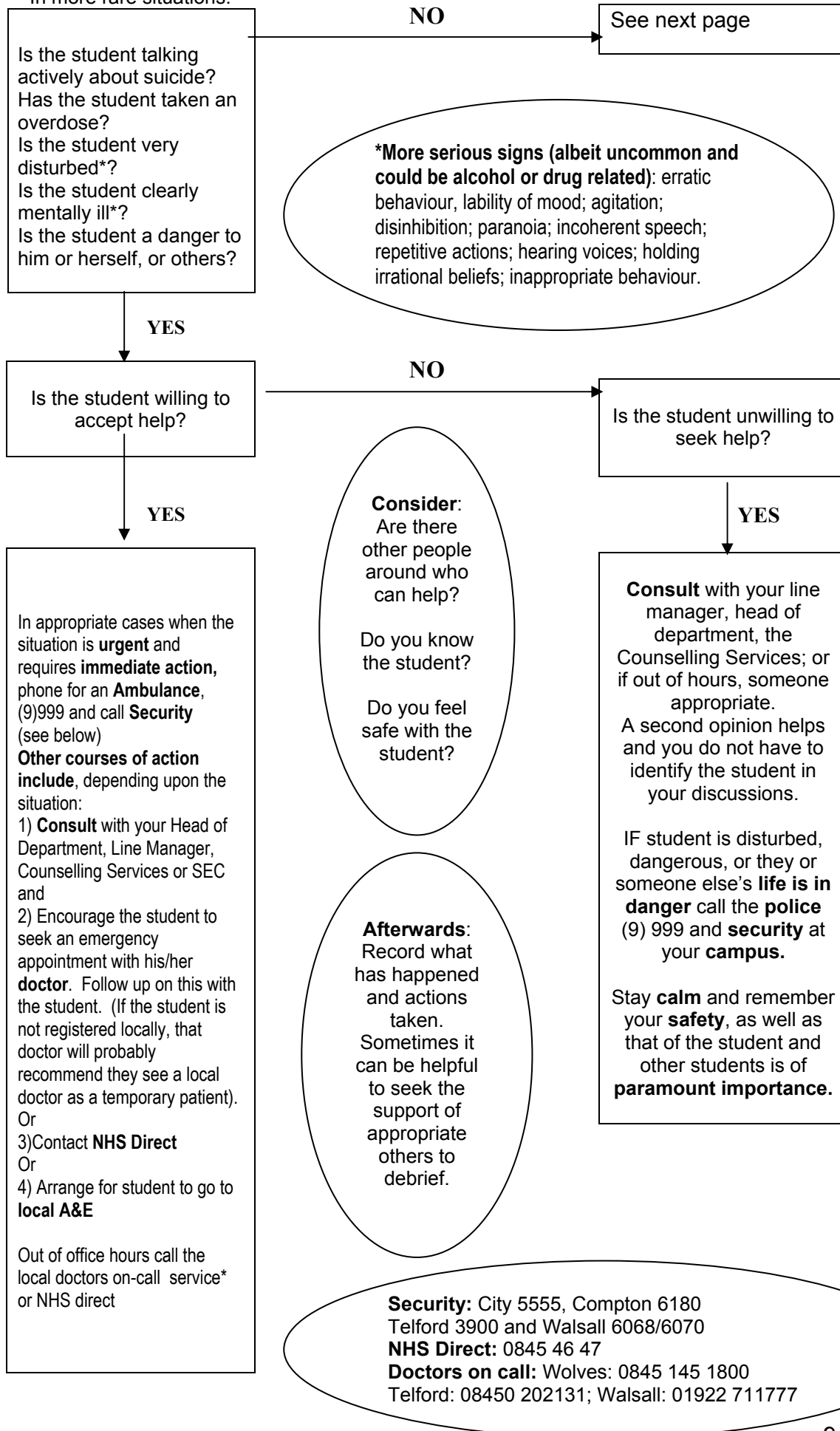
*At that appointment B explored both her feelings and also her concerns about her mental health. The counsellor helped B recognise that it would be in her best interests if her GP was involved to help with her well-being. The counsellor was careful to empower B and not force her into any course of action.*

*B was offered antidepressant medication for anxiety and depression, and received clarification from her GP about symptoms B was concerned about. B went back to her personal tutor to help her arrange a leave of absence from the University for one semester to give her time and space to get back on her feet, during which she continued to receive weekly counselling sessions in the University Counselling Service, as well as continued medication.*

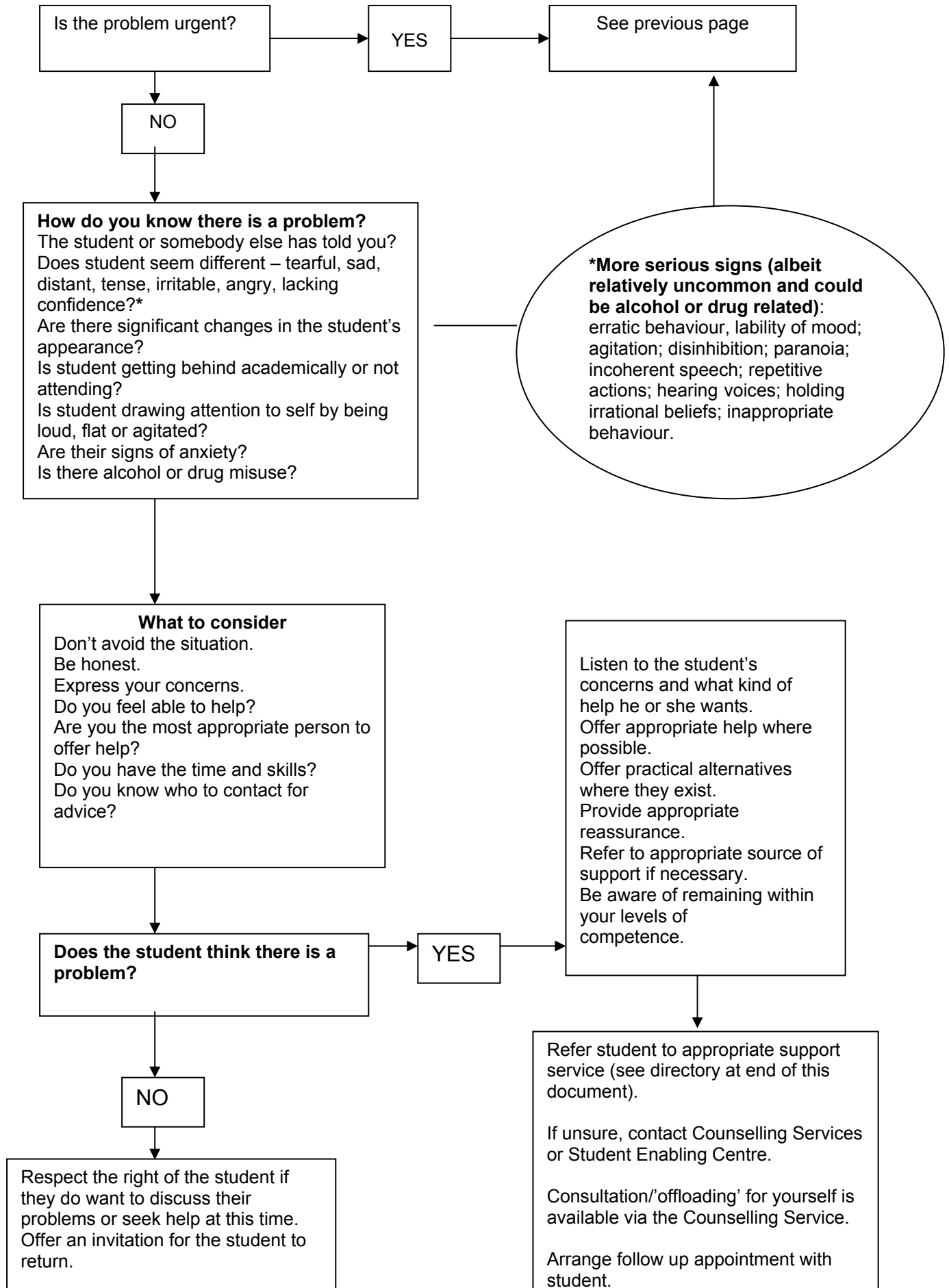


## Mental Health Difficulties – Urgent / Emergency Situations

In more rare situations:



## Mental Health Difficulties – NON urgent problems



## Student Mental Health – Key Contacts

### INTERNAL:

#### Security (24hrs)

#### Campus emergency contact numbers:

City	5555
Compton	6180
Telford	3900
Walsall	6068/6070

#### Office hours:

Counselling Services	2572
Student Enabling Centre	1074
Faiths Centre	2904
Head of Conduct and Appeals Unit (Sharon Hasluck)	3614
Students' Union Advice and Support Centre (SUASC)	2038
Student Financial Support Unit	1070
Residential Services	1269 /1040
International Office	2267
Equal Opportunities Co-ordinator	2457

### EXTERNAL:

Please note:

- The numbers given are correct at the time of publication, (June 2007).
- No Minicom numbers have been made available unless they are listed.  
Please use TypeTalk.

#### 24hrs:

Emergency Services	999
NHS Direct	0845 46 47
<u>Local Accident and Emergency</u>	
Wolverhampton (New Cross Hospital)	01902 307 999
Telford (Princess Royal Hospital)	01952 641 222
	01952 222901 Minicom
Walsall (The Manor Hospital)	01922 721 172
Burton	01283 566 333

#### Out of hours:

Wolverhampton Doctors on Call	0845 145 1800
Shropshire Doctors on Call	08450 202131
Walsall Doctors on Call	01922 711777
Burton Doctors on Call	01283 511387

24 hrs: Samaritans 08457 90 90 90

#### Evenings until midnight:

Mental Health Line	0845 766 0163
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# Student Mental Health - Useful Contacts

## Aids

National Aids Helpline 0800 567 123

## Alcohol related information and advice

Aquarius 01902 420041

## Asian women – family and welfare services for Asian women

Awaaz 01902 571260

Bharosa 0121 303 0368

## Bereavement Care

Cruse Bereavement Care National 0844 477 9400

Wolverhampton 01902 745336

Dudley – 01902 662105

Shropshire Branch – 0845 606 6812

Young persons' helpline 0808 8081677

## Citizens Advice Bureau

CAB Wolverhampton 01902 572200

26 Snow Hill, WV2 4AD

## Contraception & Sexual Advice

Family Planning and Sexual Health Clinic

Snow Hill Centre, 26a Snow Hill, Wolverhampton

01902 444444

## Domestic Violence

Helpline - National 0808 2000247

Wolverhampton 01902 572345

## Drugs Information and Advice

[talktofrank](http://talktofrank.org) 0800 776600

Horizon House (Community Drug Team) 01902 444030

YMCA Bridge Community Rehabilitation

Programme 01902 371582

## Eating Disorders

beat Helpline 0845 634 1414

## Mental Health

[www.mind.org.uk](http://www.mind.org.uk)

[www.depressionalliance.org](http://www.depressionalliance.org)

[www.sane.org.uk](http://www.sane.org.uk) 0845 767 8000

The Mental Health Line – 0845 766 0163

[www.rethink.org](http://www.rethink.org)

## NHS

NHS Direct 0845 46 47

Wolverhampton Doctors on Call 0845 145 1800

Shropshire Doctors on Call 08450 202131

Walsall Doctors on Call 01922 711777

## Pregnancy

British Pregnancy Advisory Service 08457 304030

(abortion and emergency contraception services)

Family Planning and Sexual Health Clinic

Snow Hill Centre, 26a Snow Hill, Wolverhampton

01902 444444

## Rape

Rape and sexual support (Wolverhampton) 01902 572505

[www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

## Samaritans

[www.samaritans.org](http://www.samaritans.org) 08457 909090

24hr telephone service

[www.befrienders.org](http://www.befrienders.org)

International worldwide emotional support

## Self Harm

Bristol Crisis Service for Women

[www.users.zetnet.co.uk/bcsw](http://www.users.zetnet.co.uk/bcsw)

0117 925 1119

## Sexual Health

Sexual health helpline 0800 567123

[www.tht.org.uk](http://www.tht.org.uk) 0845 1221200

## Student Specific

[www.student.counselling.co.uk](http://www.student.counselling.co.uk)

## Young People

Base 25 (Wolverhampton) 0800 073 0233

Campaign Against Living Miserably (mainly for men)

[www.thecalmzone.net](http://www.thecalmzone.net)

## Victims of Crime

Victim Support 01902 572500

Victim Supportline 0845 3030 900

## Other useful web sites

[www.rcpsych.ac.uk/mentalhealthinformation.aspx](http://www.rcpsych.ac.uk/mentalhealthinformation.aspx)

A series of downloadable leaflets from the Royal College of Psychiatrists on frequently occurring mental health problems

[www.mind.org.uk](http://www.mind.org.uk)

The national mental health charity MIND has a series of downloadable publications on mental health

[www.b-eat.co.uk](http://www.b-eat.co.uk)

Information and help on all aspects of eating disorders, including Anorexia Nervosa, Bulimia Nervosa, binge eating disorder and related eating disorders.

[www.student.counselling.co.uk](http://www.student.counselling.co.uk)

Provides information on student related issues under its 'Guide to problems and solutions' link

[www.recovery.org.uk](http://www.recovery.org.uk)

For information and advice about alcohol abuse, drug abuse and eating disorders.

[www.addaction.org.uk/Presspublications.html](http://www.addaction.org.uk/Presspublications.html).

A drug and alcohol treatment charity with useful publications

[www.wlv.ac.uk/counsellingservices](http://www.wlv.ac.uk/counsellingservices)

University of Wolverhampton Counselling Services website

## Group work; supporting disabled students, including those with mental health difficulties:

The Cowork project - Widening access for disabled students – creating a staff development programme, includes an electronic resource on group work and disabled students at

[http://server1.techdis.ac.uk/archive/cowork/development/materials/groups/group\\_work.htm](http://server1.techdis.ac.uk/archive/cowork/development/materials/groups/group_work.htm)

The Geography Discipline Network Inclusive Learning Project has produced an online resource on 'Developing an inclusive curriculum for a) students with mental health needs and b) students with Asperger Syndrome'.

See <http://www2.glos.ac.uk/gdn/icp/imental.pdf> and in particular the section on group work from page 15.

Doyle, C and Robson, K, *Accessible Curricula: A Good Practice Guide*, University of Wales, Cardiff

[http://www.surrey.ac.uk/dsg/documents/Accessible\\_Curricula.pdf](http://www.surrey.ac.uk/dsg/documents/Accessible_Curricula.pdf). See page 30 onwards for guidance on group work.