Responding to student mental health issues:
'Duty of Care' responsibilities for student services
in higher education

Good Practice Guide

DECEMBER 2001
Scope and Audience of Document

Introduction

This document has been written in order to offer guidance to higher education institutions (HEIs), and in particular to managers of student services, in planning and developing policies, systems and structures that are mindful of the 'duty of care' that all HEIs owe to their students and prospective students, and in particular to those experiencing mental health difficulties. The document also provides an operational framework for meeting HEIs' responsibilities in the delivery of both academic and support services.

The document has been produced by a Working Group of the Association of Managers of Student Services in Higher Education comprising student services staff from 11 HEIs (see Appendix 1) supported by legal advice from Eversheds Solicitors. The Working Group also contributed to the publication 'Guidelines on Student Mental Health Policies and Procedures for Higher Education' published in May 2000 by Universities UK (formerly the Committee of Vice Chancellors and Principals). The current document is intended to build on the useful content of the UK publication and also takes account of feedback received from members of AMOSSHE during a one-day seminar held in March 2000 on the theme of 'Duty of Care for Student Support Services in Higher Education'.

The audience is thus intended to be broad, and includes managers and senior staff with responsibility for the strategic and operational management of:

• general welfare support services
• counselling and advisory services
• disability support provision
• careers and educational guidance services
• chaplains and multi-faith provision
• student health services
• equal opportunity units
• international student support programmes
• accommodation services, including wardens of students residences

The guidelines may equally be of use to academic and administrative staff with responsibility for the development and implementation of on-course student support and progression systems. It is also acknowledged that colleagues with responsibilities for the delivery of other 'front-line' services (such as security officers, library staff, porters etc.) have a valuable role to play in ensuring that an institution-wide approach is adopted when addressing the mental health support needs of students.

The document takes account of the current legal framework with respect to an institution's responsibilities and liabilities to its students. However, the legal aspect is not the only imperative underpinning this document: the document recognises a significant moral/ethical imperative in the provision of educational opportunities and a learning environment that are rooted in principles of fairness, honesty and openness, equality of opportunity and mutual respect. The document also recognises that responsibilities lie with both the higher education institution and the student.

The first part of the document outlines the context within which this document has been written, provides a working definition of mental illness, outlines the current legal framework in respect of duty of care and defines the principles and precepts of good practice. The second part of the document gives substance to these legal and ethical principles in applying them to each of the main stages of a student's interaction and involvement with an HEI, from pre-admission to graduation.

Context

The significant increase in the proportion of the UK's population participating in higher education over the last decade has changed both the nature and the expectations of the student body. Students who might previously have been effectively excluded from higher education by reason of their social and/or ethnic background, their prior educational experience, their age, their gender or their health or disability are now increasingly able to take advantage of the opportunities provided by HEIs. In addition, UKOSCA (Council for International Education) reports that international students currently make up 11% of the UK higher education population. At the same time, the abolition of maintenance grants, the introduction of fees and the development of a more clearly defined legal framework of rights and responsibilities have raised the expectations of many students in respect of the educational opportunities and pastoral support offered by HEIs.

Amongst those who are now studying at HEIs is a proportion who experience mental health problems; for some of these students, additional support arrangements may be required. In a minority of cases, these problems may be of a sufficiently serious nature to cause distress to the individuals concerned and/or their fellow students and academic and other staff. Views as to the proportion of the student body who are affected, either directly or indirectly, by such difficulties vary, but there is little doubt that the mental health of the student population has become an issue of increasing concern to academic and student support staff in HEIs in recent years.

Definition of 'Duty of Care' in a Higher Education Environment

There are a number of areas in which higher education institutions may potentially owe a duty of care to students. The following is a brief outline of these areas and an indication of the implications for HEIs, with particular reference to student mental health. The legal context outlined here refers principally to England and Wales. Some variations under Scottish jurisdiction are highlighted.

Breach of contract

It is generally considered that a contract exists between a student and their institution. Students therefore have potential claims if the institution breaches that contract. If an institution refers to certain conditions in its enrolment procedures and documents, it is likely that these, along with some other codes and regulations, would form part of the contract. In addition, there could be expressed or implied duties on an institution relating to the provision of the academic course and the provision of educational support to students.

It is therefore crucial that publicity and other material, for example the prospectus, the Disability Statement, the Student Charter and course handbooks, give an accurate picture of the academic and other support available, and accurately reflect provision at that institution. Students enrolling will normally receive a copy of relevant regulations and codes; students should be made aware that they are ‘signing up’ to these and are therefore expected to abide by the provisions contained in them. The institution should be aware that it is perhaps more likely to be challenged over the ‘implied terms’ inherent in the range of materials that could be considered to comprise the contract, rather than those contained within formal regulations: it should vet these other documents just as thoroughly.

Where a student has discussed support needs prior to entry, the precise level of available support should be agreed, if possible in writing. If the student then alleges breach of contract, the explicitness of the agreement will be crucial. If HEIs are unable to carry out this assessment pre-entry, either because the student has not made her/his needs known, or for other reasons, the contract will probably rest on the implied terms only. There is a term implied in all contracts for the provision of services that the supplier will supply the services with reasonable care and skill (Supply of Goods and Services Act 1982, Section 13). Where the institution decides to provide a service such as student support, residential and counselling services, then there is likely to be an implied duty that these should operate with reasonable care and skill.

Liability for negligence

Students may have potential claims for negligence against an institution if the institution breaches its duty of care. To establish negligence the claimant must establish that:

- the institution failed to comply with its duty of care;
- the failure to comply with the duty of care caused quantifiable loss.

Where students are injured on the institution’s premises, students can call on the Occupier’s Liability Act 1957 (in Scotland: the Occupier’s Liability (Scotland) Act 1960). The effect of this legislation is that occupiers of premises owe a duty of care to visitors to the premises to ensure that they are reasonably safe. Therefore the institution owes a duty to take care for the safety of students whilst they are on institution premises. Students could sue the institution if it breaches this duty and the breach causes injury or loss to the student.

The Health and Safety at Work Act (1974) defines the duties of employers, in so far as is reasonably practicable, to ensure the health, safety and welfare at work of their employees. HEIs will normally have a Health and Safety policy based on this Act and on the Management of Health and Safety at Work Regulations (1992). Institutional policies will normally require that all employees shall accept their delegated responsibilities under the Act to ensure a safe working environment. Staff shall have regard to issues of health, safety and general welfare of all people lawfully on the premises, but specifically with regard to each person’s area of work and their remit in that area. Students and employees alike may be disciplined for failure to comply with this duty of care, and action can be taken against contractors and visitors who breach the policy.

Standard of Care

In terms of the standard of care owed to students, the general principle is that the institution has a duty to take ‘reasonable care’. In relation to those in any profession or job, the standard expected is said to be the standard of an “ordinary man exercising and professing to have the special skill in question.” It is therefore important that institutions ensure that those members of staff, such as tutors, hall managers, warden, student support personnel, whose work involves ‘pastoral’ contact with students receive appropriate training to carry out their duties with reasonable care. It is necessary, too, to ensure that all categories of staff are clear as to when and how matters should be referred on to specialist services or agencies, whether or not these are within or outside the institution.

Ideally, this awareness of referral practice should be underpinned by the implementation of clear procedures which assign specific responsibilities for ensuring that students are appropriately supported and referred. These procedures should indicate clearly the limitations of institutional support and highlight where it may be necessary to seek support or intervention from outside agencies and bodies, and the action to be taken.

It should be noted that there may be an enhanced standard of care owed to particular groups of students who may be considered more vulnerable, for example those who are under the age of 18 years, students who have disabilities and other special needs and international students.
Breaching of statutory duty

Students could sue the institution for discrimination under the Sex Discrimination Act (1975) or the Race Relations Act (1976). The Human Rights Act (1998) may bring additional rights for students, which could be enforced against the institution. In particular, the Act gives all individuals rights of freedom of thought, conscience and religion, freedom of expression, freedom of assembly and association, the right to respect for private and family life and to some degree, prohibits most forms of discrimination. The full implications of this new Act are still to be clarified through case law.

A further aspect of statutory duty is in relation to the Disability Discrimination Act (1995) and the Special Educational Needs and Disability Act (2001), which comes into force in 2002. HEIs should take care not to discriminate against students with mental health conditions either in terms of admission to courses or in the provision of education and support services. Clear procedures are therefore required at the point of admission to ensure that appropriate and responsible decisions are made regarding the institution’s ability to meet the needs of individual students who identify mental health support requirements. In some cases, professional body entry requirements will impact on these duties.

The Data Protection Act (1998), which came into force on 1 March 2000, strengthens the rights of data subjects in respect of personal data held about them by others. Most HEIs have reviewed, or are reviewing, their student information handling and record keeping practice in light of the changes brought about by this Act. The Joint Informations Systems Committee (JISC) has prepared a Code of Practice on the Data Protection Act for the further and higher education communities (See Appendix 3 for reference). The Code covers key issues for the HE and FE sectors in complying with the Act and includes reference to several aspects relevant to the student support context.

Judicial review

A student may be able to seek judicial review or, in a chartered institution outside Scotland, appeal to the Visitor if the institution fails to follow proper procedures, acts outside its power or acts irrationally or arbitrarily. Examples of this would be if the institution failed to follow its disciplinary procedures in removing a student from the institution or if an examining board failed to follow a proper process in awarding degrees. A judicial review of a decision is not easily obtained, but if granted, may quash decisions taken and require the correct procedure to be followed.

The Quality Assurance Agency’s (2000) ‘Code of Practice for the Assurance of Academic Quality and Standards in Higher Education: Section 5: Academic Appeals and Student Complaints on Academic Matters’ identifies in its precepts the general features that it would expect an HEI’s internal complaints and appeals procedures to be able to demonstrate. It is likely that these precepts would be taken into account by a Court in considering applications for judicial review.

An institution’s procedures should not arbitrarily be invoked to take inappropriate action against students with mental health difficulties. There is a particular danger, for example, that some students whose mental state causes them to exhibit disturbing behaviour might be inappropriately subject to disciplinary action as a means of exclusion from the institution. HEIs should consider establishing specific protocols or regulatory procedures which encourage or, in extreme cases, require students to suspend their studies if it is clear that their state of physical or mental health is affecting their ability to take full advantage of educational opportunities, or is causing significant disruption or distress to others. In drawing up such protocols, due care should be exercised to ensure that entitlement to statutory sources of financial support is not undermined.

Table 1: Some symptoms of common mental health problems

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Low mood, lack of motivation, sense of emptiness, change of appetite, disturbed sleep patterns, withdrawal, self-neglect, self-harming, thoughts of hurting or killing oneself.</td>
</tr>
<tr>
<td>Mania</td>
<td>Elated mood, rapid speech, little sleep, restless high energy, reckless behaviour, delusions or hallucinations. Mania with depression may also be a feature of ‘bipolar disorder’ (also known as manic depression).</td>
</tr>
<tr>
<td>Psychosis</td>
<td>Disordered or paranoid thoughts, delusions, disorganised or strange speech, ‘hearing voices’, hallucinations, agitation or bizarre behaviour, extreme emotional states.</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Schizophrenia is the most common psychotic disorder. In addition to the symptoms of psychosis listed above, this disorder may be characterised by negative symptoms such as social withdrawal, poor personal hygiene and poor motivation.</td>
</tr>
<tr>
<td>Anorexia Nervosa</td>
<td>An eating disorder characterised by extreme fear of being fat, disturbed body image, extremely low dietary intake, excessive exercise.</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>An eating disorder characterised by binge eating, induced vomiting, induced diarrhoea.</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>Repetition of behaviours, rituals, checking, rumination, repetitive thoughts. Intense fear, usually with one focus such as open or confined spaces, heights, rats, spiders, social situations.</td>
</tr>
</tbody>
</table>

2 Based on an information sheet entitled ‘Common Mental Health Terms’, produced by the University of Leicester Student Psychological Health Project.
Many of us experience some of the symptoms described in Table 1 at some points in our lives and indeed some are typical reactions to a range of common life events. The degree of severity is reflected by the intensity of the symptoms and the impact on the individual's capacity to function. Depression, for example, may mean to one person feeling temporarily low in mood or to another feeling completely debilitated and unable to take care of basic physical needs.

In addition to the conditions listed above, certain behaviours may be indicators of mental health problems or may cause concern. These include deliberate self-harm, for example, repeated chronic self-mutilation or 'cutting', and attempted suicide, for example by overdosing, poisoning or hanging.

This document is concerned with the needs of and responsibilities to any student whose mental health difficulty, be it a long term mental illness, an emerging mental health problem, or a temporary, but debilitating, condition or reaction, may inhibit their ability to participate fully in higher education without appropriate support.

Principles of Good Practice in the Delivery of Student Support Services

The significant changes that have taken place in higher education over recent years have required a review of the concept of ‘student support’. Although personal tutoring systems continue to operate in several institutions, for many, the growth of a mass higher education system and wider diversity of the student population has required a refocusing of traditional pastoral support structures.

The demands on student support services can be considerable and it is therefore vital that appropriate boundaries are set to define clearly the scope and limitations of the support that can be provided. The following general principles and precepts of good practice are offered as guidelines for the operation of effective and focused student support functions. The operational implications of these themes and some examples of current institutional practice are developed in Section 5.

The role of the student

Student responsibility
Students should be encouraged to take an active part in, and take responsibility for, communicating their needs and seeking support within the University / College environment. Publications should encourage students to disclose support needs at the earliest opportunity, both pre- and post-entry. It should be made clear that the reason for requesting such information is to trigger a referral for appropriate support and that if the student chooses not to disclose their needs, support may not be provided.

Students as citizens
Students are citizens and as with other citizens, should access the support services provided by all relevant government and non-government agencies and organisations as appropriate. Students should, however, expect to receive some guidance in identifying appropriate organisations, such as national helplines.

The role of the institution

Effective provision and liaison
Institutions should seek to provide support services that meet the specific needs of their student population, but they should also seek to establish effective liaison with appropriate statutory services rather than looking to replicate services that exist within the local community. HEIs should not be regarded as therapeutic communities in their own right, but as partners with other agencies in the referral of students with significant support needs to appropriate services.

Transparency, honesty and designated responsibility
Information on the nature and parameters of the support that is offered to enhance students' educational experience should be made explicit in easily accessible documents, which state clearly who is responsible for providing the various aspects of this support.

Clear policies and procedures
It is important that clear policies and procedures exist to guide all those who may need to intervene in sensitive situations affecting students. Such policies should cover confidentiality, record keeping and emergency procedures. These policies and procedures should be widely agreed, consistently implemented and regularly monitored.
Responsibilities to staff
The roles and responsibilities of all staff engaged in contact work with students should be made clear in the context of the duty of care that is owed to the staff themselves and to students. It is particularly important that the boundaries of personal and professional involvement are made explicit, to avoid staff being put at risk through inappropriate referral or action.

Training, staff development and support
The necessary training, development and support should be available to all relevant staff to enable them to undertake their roles and responsibilities in providing support to students efficiently and effectively.

The role of student services staff
Acting in the best interests
Good practice means that student services staff should endeavour to act in the best interest of all parties. Inevitably, at times there will be conflicting interests. These must be resolved through adherence to published policies and procedures. Where the circumstances of particular situations do not fall clearly within existing procedures, it may be necessary to consult with senior colleagues within the organisation. Serious decisions affecting the future of an individual should not be taken without reference to appropriate other parties.

Legal frameworks
Practice in respect of provision offered to, and interaction with, students must concur with the relevant legal frameworks.

Record keeping
Staff must ensure that appropriate records are kept and that they are non-judgmental and accurate. Documentary and electronic evidence should be properly stored and managed in accordance with the 1998 Data Protection Act.

Confidentiality and information sharing
It is important that the exact nature and limits of confidentiality is made clear to students whenever there is personal interaction with them. In some instances, it will be necessary and appropriate to refer issues to other services and individuals within and outside the institution (including family and friends), preferably with the knowledge and agreement of the person concerned. In developing policies and codes concerning confidentiality and information sharing, due regard should be given to relevant legislation including the Data Protection Act 1998 and Human Rights Act 1998.

The impact of external requirements
Several external bodies also have an impact on the roles, responsibilities and focus of student support services within a higher education context.

QAA Subject Review and Institutional Audit
Quality Assurance Agency review and audit arrangements provide frameworks for HEIs’ strategies underpinning student support provision at subject and institutional level. Review and audit procedures require HEIs to be able to supply evidence that the support provided is relevant and effective and that systems are reviewed periodically to take account of changes in students’ needs.

Professional bodies and “fitness to practice”
Several external professional bodies, for example, the Teacher Training Agency, English National Board (Nursing and Midwifery) and the Central Council for Education and Training in Social Work, have specific expectations regarding the competence or “fitness to practice” of students and trainees. The demands of these specific criteria often serve to reinforce principles outlined above as institutions must incorporate the entry requirements of the professional bodies within their own admission and assessment policies. Duty of Care extends to the students’ placement providers and client groups during training, in schools, hospitals etc.
Operational Guidelines - a Checklist for Good Practice

This section sets out points of good practice in the form of a list of questions to guide student support services seeking to evaluate current activity and to respond appropriately to the needs of students with mental health difficulties. These points may be useful as a guide for the development of future policy and practice. It must be stressed that there is no ‘blueprint’ policy that will suit all institutional structures and resources; it is for each HEI to develop systems and services that are relevant to individual contexts.

There are a number of general principles of good practice that apply throughout this section. These include:

- the development of effective protocols;
- the provision of training for staff on these protocols and on general awareness of mental health issues;
- ‘critical incident’ debriefing where necessary and appropriate;
- feedback from staff and students;
- compliance with relevant legislative and quality assurance requirements;
- continual review and amendment of practice in the light of experience.

It is particularly important to consider how student input and feedback on developments might be encouraged. Above all, it is essential that protocols are grounded in reasonableness, common sense, natural justice and clarity.

Good practice examples (eg protocol/policy documents) for points marked with an asterisk are included in Section 6.

Pre-Admission

- How clearly does the institution's promotional material outline the support that is available for students with mental health problems? A reference to the existence of a student counselling service may not be sufficient as students with mental health support needs may require the intervention of a range of support services. It may be appropriate to outline the services available in the institution’s Disability Statement* and other relevant pre-entry publications directed to the needs of particular student groups.

- Does the marketing literature for professional courses specify the entry criteria relating to “fitness to practice”? Honest statements about the possible impact of an individual's mental health history on admission are essential. Where admissions standards and criteria are determined by external bodies, it is important that potential applicants are made aware of how these are applied*.

- Does the institution encourage students to make pre-application visits to discuss course requirements in detail? These could provide a valuable opportunity for applicants to be made aware of a range of options for progression, especially where direct entry to a professional body may be difficult, due to medical fitness criteria.

- Are efforts made to encourage applicants to make use of the disability declaration section on UCAS forms to identify support needs arising from a mental health condition? Are non-UCAS entrants given an equivalent opportunity to disclose mental health support needs on, for example, bespoke application forms for part-time or postgraduate courses? Given the stigma surrounding mental illness, it is essential that applicants are reassured that there are genuine benefits to be gained from making such a declaration.

- Is relevant information requested on application forms for residential accommodation? Is it made clear to applicants with mental health support needs how this information will be used? Is the information treated sensitively?

Admissions Process

- Where support needs are disclosed, do admissions systems provide an opportunity for needs assessments to be conducted prior to enrolment on the course? Ideally, such assessments should provide the applicant with a realistic overview of both the structure and demands of the chosen course of study and the environment in which they would be studying and living. Assessments should outline sources of support available and the systems for accessing support, including application systems for Disabled Student Allowances, procedures for referral to local GPs and sector mental health teams, availability of specialist human support (for example, support workers, notetakers) within the institution and any charges that might apply for this support. The limitations of any support available should also be made clear. This might include any limits on the duration of counselling support, or the extent to which course assessment methods might be adjusted. It may be appropriate to set out the provision agreed, and the respective responsibilities of the institution and the student, in an individual learning support agreement.* For some applicants it may be important to select a University close to home, to ensure continuity of support from external agencies. This may provide an opportunity for making practical arrangements to ease the transition to higher education.

- Are any risk assessments, that are required as an aspect of pre-entry admissions decisions, conducted by appropriate and knowledgeable staff? Risk assessment policy and practice should not focus exclusively on the individual student in terms, for example, of non-completion of course requirements, risk of self-harm or of causing harm to others. More positively, procedures should address the practical arrangements that might be established to create a supportive educational environment and thereby facilitate progression.

- If admission to particular vocational courses depends on medical clearance, has this been made explicit? Where does the responsibility lie for giving feedback to applicants? Is this handled in a sensitive manner? It may be appropriate to consider retaining an appropriately qualified external occupational health adviser for this function.

- Is there provision for applicants to appeal against rejection to vocational courses on medical grounds? Do rejected applicants have the right to produce other medical evidence in support of their application? Is an external medical consultant available to give independent advice?

Entry/Induction

- Do induction systems provide appropriate targeted support to students who may be ‘at risk’ during the first few crucial months following enrolment? Students who have identified mental health support needs prior to admission may require regular review meetings during the early weeks of the course, to ensure that the provisions agreed within the needs assessment interview are established as a formal support plan.

- Do induction systems allow arrangements to be agreed with ‘at risk’ students on liaison/advocacy with external services? If arrangements such as referral to local psychiatric provision are slow to be established, it may be appropriate for support service personnel to intervene on behalf of the student to facilitate this transition. It would be important to agree intervention and advocacy protocols with the student concerned and, wherever possible, with key local agencies.
• Is the availability of institutional support services - such as counselling and disability support services - for students with mental health support needs well publicised during induction programmes? Is it made clear to all students during student induction processes at both institutional and course level that assistance is available from specialist staff within the institution? Does the guidance outlined in student handbooks and other literature clarify the respective roles of counselling teams, disability services, health services and other professional staff in meeting the particular needs of students with mental health problems, and provide points of access for students who may need to make use of these services?

• Do induction programmes provide guidance for students on how to cope with the emotional impact of commencing University or College life? Do these help students to distinguish initial disorientation or homesickness from reactions that might require professional support? This will possibly be an issue for young students who have left home for the first time, but may equally affect mature students entering higher education from an access course, or international students who are faced with the additional challenge of adjusting to a new culture*. Liaison with student groups and students’ unions may provide an effective medium for delivering mental wellness campaigns and raising awareness of other related issues, for example, social isolation, misuse of drugs and alcohol, which may have an effect on mental health. Targeted on-arrival networking and orientation activities may help to address the support needs of particular groups. Some Student Unions offer schemes to facilitate the integration of new students.

Ongoing support

• Are student support services adequately resourced to provide the level of assistance required to meet identified need? Managers with responsibility for student support provision should consider developing strategies to provide ‘layers’ of outreach, front-line and specialist professional intervention to extend the reach of the support available. These strategies should ensure appropriate working practice for the various staff roles, with agreed boundaries of involvement and decision making. Where additional support provision is required to meet identified needs for individual students, it may be helpful to examine whether full use has been made of the funding available through Disabled Students Allowances to provide specialist human support (such as support assistants and personal helpers).

• Do the institution’s procedures provide guidance for those who may be called upon to intervene in situations where a student’s well-being is of concern? Crisis intervention protocols should set out the respective roles of the various student support personnel including personal tutors, hall managers, chaplains, medical practitioners, counsellors, and student services managers in responding to signs of student distress, such as suicidal or self-harming behaviour. These protocols should outline clear referral procedures and set out the boundaries of individual roles. They should also include adequate debriefing provision for those involved in stressful cases*.

• Are there confidentiality/ information sharing policies and codes of conduct for student support services? Confidentiality policies should outline clearly the circumstances under which support services practitioners would maintain confidentiality about students’ disclosures of personal issues and behaviour and those where the institution would deem it appropriate or necessary for information to be passed on to internal or external agencies, in order to facilitate appropriate intervention*.

• Is adequate attention given to ensuring effective record keeping? It is important to keep accurate records of any special provision agreed at admission, and running records should be kept of intervention by support services with detailed notes recorded of referrals to external agencies. Record-keeping guidelines may be necessary to ensure that practice across the institution provides an effective means of monitoring on-going situations, while at the same time meeting any legal obligations.

• Is the institution’s Emergency Contact Protocol known and adhered to? In most institutions, students are asked to provide next-of-kin or emergency contact information at the point of enrolment. It is important that access to, and use of, this information is carefully controlled. Clear policies are particularly important to guide decisions regarding contact with a student’s next of kin when there is concern about the individual’s psychological well-being, or following admission to hospital. The situation for some international students may require particular consideration. Decisions on contacting others should be made with full regard to the legal context of the institution’s relationship with the student*.

• Is sufficient attention given to the support needs of other students? It is important not to underestimate the effect that disturbing incidents (for example, students who have self-harmed in the presence of others) or continued disturbing behaviour might have on the well-being and achievement of flatmates, residence hall neighbours or course colleagues. The institution has a duty of care to all members of its community and students who raise concerns about the behaviour or well-being of others should be assured that an appropriate response will follow. It is important to ensure that any action taken is based on full knowledge of the facts of the incident or case, to ensure that fair and objective judgements are made. In the case of specific critical incidents, it may be appropriate to offer debriefing and counselling support.

• Is there effective communication with community mental health agencies? Wherever possible and appropriate, HEIs should work collaboratively with GPs and relevant external agencies on the drafting of referral protocols in order to improve awareness of the needs of students with mental health difficulties, studying within a higher education context and to enhance the effectiveness of intervention. It may be appropriate, for example, to participate in health authority plans for the implementation of service requirements under the National Service Framework for Mental Health (see Appendix 4).

• Is adequate attention given to staff training and support needs? Given the wide range of contexts within which staff may come into contact with students with mental health difficulties, a whole-institution approach to staff development is required to improve awareness of relevant issues and develop confidence in responding to student need. In addition, once protocols are established, it is essential that all relevant staff are trained and supported in their implementation*. The mental health support needs of staff should not be overlooked.

• Can course requirements be adapted to provide alternative teaching and assessment arrangements? Some students may find aspects of learning or assessment activities such as groupwork activities, presentations and sitting examinations in large venues particularly challenging. It may be appropriate to agree alternative assessment strategies to enable students to demonstrate competence in key areas.
Interuption of studies

- Are procedures for mitigation of poor performance in assessments sufficiently responsive to the needs of students with mental health difficulties? The sudden onset of mental illness, or a period of recurring mental ill-health, may affect performance in key course assessments, including assessed projects, final year examinations or dissertations, and have an impact on progression. It may be necessary to review procedures for mitigation and appeals to ensure that these are fair and appropriate judgments are made and to offer options for flexible or extended study arrangements to allow students to complete. These procedures may need to specify the professional evidence that would be accepted in support of claims for mitigation. In some cases, medical documentation may not be readily available or appropriate for this purpose; it may be relevant to accept supporting statements from other professional staff.

- Are there appropriate procedures to support students who need to intercalate? In cases where temporary withdrawal from a course is necessary, are there provisions to enable the student to resume studies at a later point without unnecessary disadvantage? Is appropriate guidance and support provided with regard to financial support and continuity of professional and educational support during the period of intercalation? It may be necessary to consider opportunities for enabling students to continue studying in the short term in a further or continuing education context, pending a return to higher education, or to transfer to a part-time mode of study. The regulations governing welfare benefits may prevent some students from receiving immediate financial assistance; in such cases, it may be crucial for the HEI to liaise with the awarding authority to secure the extension of student support payments. It may also be necessary to review Hardship Fund criteria to ensure that an appropriate level of financial assistance may be provided during the period of absence.

- Have 'return to study' protocols been established? In cases where students are admitted to in-patient psychiatric care for a short period of time and then return to the university/college environment, it is crucial that there is effective liaison between the student, statutory agencies and the institution. This liaison can facilitate continuity of support on return. It is especially important in the case of students who are living in a hall of residence environment, when admission into psychiatric care was made under the Mental Health Act or was preceded by incidents of behaviour that caused concern. ‘Return to study’ protocols may also be important in the case of prolonged periods of absence or intercalation.

Whenever possible, these protocols should be established with the full involvement of local and regional psychiatric services and other statutory agencies. They should enable appropriate information to be exchanged between the student, external agencies and appropriate staff within the institution and, where necessary, also include provision for an assessment to be conducted of the student’s fitness to return to study. Some GPs and other community agencies may not always be fully aware of the educational context into which the student may be returning and the particular pressures that this might present; it may therefore be beneficial to involve an occupational health consultant in assessing the student’s fitness to resume studies.

- Is appropriate academic guidance available? Where enrolment or progression on a particular course becomes untenable due to mental health reasons, it may be appropriate to advise the student on other viable programmes or modes of study. Well-informed, impartial educational guidance will be vital at this stage to enable the student to consider a range of options, which could possibly include transferring between institutions or sectors.

On exit

- Is appropriate guidance and support provided for students who leave mid-course? It is important to ensure that guidance is available to staff who may be called upon to provide a reference for the student. Disclosure about a student’s mental health difficulties in a reference to a future employer or another HEI should follow agreed policy and practice and have due regard to data protection issues.

- Do withdrawal systems enable accurate and timely information to be provided to LEAs and other funding bodies? In cases where mental health difficulties have been an issue, it may be necessary to ensure that internal student data systems record reasons for suspension of studies as ‘health related’, to assist the student in renewing entitlement to student financial support on return to study.

- Are Careers Service staff able to give appropriate advice and guidance in respect of transition to employment and further study? It is important that students who have experienced mental health difficulties, particularly when these have adversely affected their academic achievements or led to temporary withdrawal, are provided with appropriate and sensitive information and guidance in respect of disclosure on application forms and interviews, and in the likely demands of particular careers or courses. Training in mental health awareness should be provided for careers advisers and careers information staff.

Special issues and circumstances

International students

Some international students may experience severe symptoms of culture shock as they adapt to a new culture and a significant change in their academic and living environment*. Care should be taken to ensure that new international students are offered appropriate support structures to facilitate integration and that culturally-specific behaviour is not misinterpreted as a sign of mental illness. Protocols developed to respond to student distress, including emergency contact protocols, should take full account of differing cultural attitudes towards mental illness. An improved sensitivity to cultural issues might be facilitated through appropriate awareness training. It may also be necessary to address the particular challenges posed through by the geographical distance of the students’ family, for example, in situations where students are ready to be discharged from in-patient care, but are not yet fit enough to resume studies. It is noted that UKCOSA (Council for International Education) is intending to publish guidelines on responding to international students in crisis.

Inappropriate harassment or complaints procedure referrals

In rare cases, harassment claims or formal complaints may be lodged by individuals whose perception of reality is affected by their mental illness. It is essential that all claims are treated fairly and receive appropriate attention to enable a full investigation to be conducted in an objective manner. If the outcome of these processes rules that there is no case to be considered, it will be important to ensure that the reasons for the decision are fed back to the complainant as clearly as possible. It will also be important to ensure that any arising support needs, which may involve both the complainant and a subject of the complaint, are not overlooked.
**Students who will not accept there is anything wrong**

There may be instances where individuals are unable to acknowledge that their mental health is deteriorating, even though it may be clear to others that all is not well. It is advisable to establish clear protocols to guide the actions of staff in responding to such cases and in dealing with the distressing effects that the situation may have on those around the individual concerned. In instances where unacceptable behaviour is exhibited, it may still be both appropriate and necessary to challenge this behaviour and, in certain cases, to address issues through disciplinary codes or regulations.

**Student death**

In cases of student death where mental ill-health has been a concern, it is essential to ensure that appropriate institutional protocols are followed and that due sensitivity is exercised in the disclosure of information surrounding the death, or other personal details about the student.

---

**Examples of Institutional Practice and Protocols**

The following section illustrates aspects of current practice within student services in meeting the needs of students with mental health difficulties. These examples have been drawn from existing policy and operational documents and from the outcomes of recent development work in related areas. Further information may be obtained from the AMOSSHE member within each institution.

1. Excerpt from disability statement (Bradford University)
2. Crisis Intervention Procedure (Leeds Metropolitan University)
3. Guidelines on References/Use of Personal Data Relating to Disability/Counselling Services (JISC)*
4. Assessment of need report - admissions (Nottingham Trent University)
5. 'Culture shock' briefing literature (Nottingham Trent University)
6. Confidentiality/disclosure policy statements (University of Glamorgan)*
7. Guidelines for staff and students (Lancaster University)*
8. Guidelines for special examination arrangements (University College, Northampton)
9. Mental Health Training for Staff - Model programme/use of scenarios (Leicester University)*

* Documents included in this section are excerpts from more comprehensive resources
1 Students with Mental Health Difficulties

(excerpt from Bradford University Disability Statement 2000-2003)

The Disability Office regularly sees students with mental health difficulties and provides advice and support, often helping students seek ongoing counselling or help from the mental health services. We have strong links with the University’s Counselling Service - please see section above about the Counselling Service for more information.

Some students have a history of mental health difficulties before they come to university, but often do not declare it on the UCAS form. Consequently, it is often only when there is a crisis in the student's mental health that the Disability Office becomes aware of the student's support needs.

A small number of students develop mental health problems whilst they are at the University. We aim to identify such problems at an early stage and we have an annual Mental Health Awareness Week to inform students about sources of help, reduce the stigma of mental illness and encourage students to look out for each other. We also spend some time talking about mental health difficulties at staff inductions, so that staff can learn to recognise changes in students' behaviour and mood which might indicate that a student is experiencing problems with mental health.

2 Dealing with a Student in Crisis: Guidelines for Student Services staff

(Leeds Metropolitan University)

A) LIKELY STARTING POINTS

- Distressed student to Reception
- Student referral by tutor / other staff / friend
- Existing client’s behaviour becomes worrying

Request may be made 'to see a counsellor'. This may reflect the 'higher profile' of the Counselling Service, and not necessarily be the most appropriate way to help.

Whatever the starting point, in all cases - please always obtain the following essential information:

- Student's full name, ID number, age if possible (or age group - eg under / over 21, over 35 etc.)
- Name and status of person referring, phone / room number
- Location of present incident and phone number
- Description of behaviour / incident giving rise to concern

If possible in cases of telephone referral, always try to speak to the student yourself. Find out:

- How they describe their situation / problem
- Where they live, who they live with
- Who they would normally talk to when upset - friends / relatives / personal tutors etc.
- Whether they have had previous contact with any Student Services staff
- Local doctor, if registered.

B) DEGREES OF CRISIS - WHAT TO DO

1. Fairly Rare - Very Extreme Behaviour

Bizarre, threatening behaviour, suicidal threats, uncontrollable distress on or near Student Services premises.

Always get help - contact Head of Service / [names of Student Service staff] (whoever you can reach).

But ALSO - remember you can...

- Contact senior security staff for advice and support [names of Security staff]
- Try to get GP's name
- If you think the student shows signs of being a danger to themselves or others, or their behaviour indicates they may be mentally ill, ring [local authority Social Services] at [location]
- Out of hours, ring the Social Services Emergency Duty team on [phone number]
- Call an ambulance if it seems necessary (via Security/Switchboard NOT directly)
- If possible, try to explain to the student that you are going to contact these external people for help
- If the student is not with you but elsewhere on either site, advise the staff member reporting the situation to you that they should follow the above procedure. If they want to bring the student to [location] please don't encourage this unless they are very near. It's better for others to go to them. If they want you to, ring Security for them.
2. Not Infrequent Situation
Distress arising from some specific personally serious incident eg. death of a relative / friend or relationship breakdown. Reaction may be extreme but is not irrational.

- Staff who refer need encouragement to ‘stay with it’ and try to help student calm down by listening patiently. Point out that just ‘passing them on’ may increase the distress.
- Try to contact a Counselor (not an Associate) or [names of Student Services staff], a Chaplain
- If practically possible, suggest whoever you contact could go and talk to student where they are now.
- If there’s no one available from the above list then ask someone who is around to go and talk to the student eg. [names of Student Services staff]. If this can’t be done immediately then ask whoever is with the student to ring the Health Centre and see if a Nursing Officer can attend.
- Consult each other!
- If there’s no one able / appropriate to deal with this internally, referral externally could be to:
  - Student’s GP
  - Samaritans
  - Leeds Crisis Centre
  - CRUSE or other specialist group
  - If you can, try to ensure that the student can speak to the outside agency themselves and know how to get there and that they will be seen.

3. Most Common Situation
Student is upset about various specific incidents - failed exams, no money, homeless, personal problems (but not a devastating as 2). May be frightened / aggressive / tearful etc.

If student is with a member of staff somewhere, encourage that person to listen a bit longer and then, if possible, escort the student to Student Services, or make sure they know how to get there.
- Find someone to listen to them who will be able to look at the situation in the round - preferably [name] first but if she’s not in, then one of the other professional staff. See who’s in.
- Use [Head of Student Services] as back up mainly to resolve practical issues - eg. room in residence, an emergency payment etc. - but also to handle it if no one else can and / or student is not known to anyone.

C) SOME ADDITIONAL POINTS

Chaplaincy Support
- If a student is in hospital as a result of self-harm, please always tell [names of Student Support and Security staff].
- Some Chaplains will be willing to visit students in hospital. They can often be contacted at home and are usually prepared to be called on ‘out-of-hours’.

Contacting next of kin or responding to them making enquiries
- Only [names of designated staff] have this authority. [name and name] have access to additional information regarding the relationship of the ‘emergency contact’ and the age of the student which may influence this decision. All emergency contact queries must be referred to one of these three people and consultation between them will always take place before contact is made. In [designated person’s] absence, [Head of Student Services] may decide to discuss the matter with the Deputy VC.

RECORDING INCIDENTS/REQUESTS FOR HELP

Please always complete an ‘Emergency request for Counselling’ form at the earliest opportunity.

NB IF THE REPORT IS OF A STUDENT BEING SERIOUSLY INJURED, SERIOUSLY ILL, (EG. MENINGITIS) OR HAVING DIED, EMERGENCY PROCEDURES MUST BE FOLLOWED.

REMEMBER
- There will be times when we cannot help. Staff who try to refer students to us also have their own internal line management to fall back on and should refer to them.
- Staff involved in counselling sessions/interview should not be expected to abandon these except perhaps in the extreme emergency of a ‘B1’ situation.
- There are community resources available to all students - eg. GP, hospital, Crisis Centre, Samaritans, Rape Crisis etc. Keep copies of the local agency list/all phone numbers handy.
- Listening is the main tool for getting a real picture of the situation - and asking the student what they would want. Careful listening can help us not to overreact.
3 Guidelines on References/ Use of Personal Data Relating to Disability/ Counselling Services

(Excerpts from JISC Data Protection Code of Practice for UK FE and HE)

NB: Full document may be accessed at http://www.jisc.ac.uk/pub00/dp_code.html

11. Confidential References

11.1 References given by HE and FE institutions

Confidential references given by HE and FE institutions, including, references written by employees in their formal capacity, or as part of a standard procedure, (for example, as Head of Department, as part of a promotions exercise) are exempted from subject access requests where those references relate to:
• education, training or employment of the data subject
• appointment of the data subject to any office
• provision by the data subject of any service.

HE and FE institutions have the absolute discretion to refuse to release confidential references written on their behalf if requested to do so in, or as part of, a subject access request.

11.2 References received by HE and FE institutions

Confidential references received by HE and FE institutions are not exempt from the right of access, but consideration must be given to the data privacy rights of the referee.

Information contained in, or about, a confidential reference need not be provided in response to a subject access request if the release of this information would identify an individual referee unless:
• the identity of the referee can be protected by anonymising the information;
• this referee has given his/her consent, or;
• it is reasonable in all the circumstances to release the information without consent.

In cases where a confidential reference discloses the identity of an organisation, but not an identifiable individual, as referee, disclosure will not breach data privacy rights.

HE and FE institutions should provide:
• mechanisms to ensure that where disability data is provided for a stated purpose, such as to ensure adequate service provision, it is not misused for other purposes, such as to make a decision about whether or not to admit a student to a course of study;
• safeguards to protect disabled employees and students against discrimination, harassment, and victimisation that may arise from disclosure of their disability status;
• clear and readily accessible remedies for disabled employees and students in cases where they suffer distress or damage due to misuse of the information about their disability status.

Where an individual refuses to consent to disclosure of a disability in a reference, the referee must decide if they can write a reference under those circumstances, reflecting their duty of care to both the individual and the person or organisation requesting the reference. If a referee feels that they cannot meet their duty of care to either party under those circumstances, they should inform the individual that they will be unable to write an complete reference without referring to the disability, and that this would not be in the best interests of either the individual, the person or organisation requesting the reference, or the institution providing the reference. If consent is still unforthcoming, no reference should be written.

HE and FE institutions should provide:
• procedures that both protect an individual's privacy and permit necessary disclosure for the provision of effective support for disabled employees and students or to ensure health and safety.

HE and FE institutions, when faced with the question of subject access to a reference sent and received internally, should apply the same criteria to the reference upon receipt of a subject access request, as they would to a reference received from an external third party.

11.3 References internal to HE and FE institutions

There may be circumstances where a confidential reference is written on behalf of a data subject by an individual in one department of an HE or FE institution, to be used by an individual in the same institution or even the same department. There is no obvious justification for differentiating between confidential references received from external third parties and confidential references received from within the institution as regards any consideration of data subject access.

HE and FE institutions, when faced with the question of subject access to a reference sent and received internally, should apply the same criteria to the reference upon receipt of a subject access request, as they would to a reference received from an external third party.
This should outline the:
• parties to whom the institution is obliged to disclose disability information;
• parties who will be automatically told of the disability unless the student objects;
• parties who will only be told if specific consent is obtained.

15. Counselling Services

Most HE and FE institutions provide Counselling Services for employees and students. Such Counselling Services will, in the course of their ordinary operations, be legitimately collecting and processing personal data, including sensitive personal data (See The Data Protection (Processing of Sensitive Personal Data) Order 2000, s.4).

HE and FE Employee and Student Counselling Services should provide clients with:
• guidance to the service’s personal data policies on data collection and retention
• guidance on access to counsellors’ notes and other records that refer to them
• a timescale for destruction of the client’s personal data.

HE and FE Employee and Student Counselling Services should:
• make acceptance by the client, of the service’s record-keeping practices, part of the contract with the service.
• take all reasonable steps to ensure that counsellors, administrative staff and trainees respect the need for confidentiality regarding any information obtained.
• permit counsellors to discuss a client’s records with that client, whilst ensuring that, in such discussions, references to third parties are withheld.
• ensure all records are kept securely and remain confidential within the service.
• provide for the secure disposal of personal data that is no longer required

HE and FE Employee and Student Counselling Services should ensure total confidentiality of client personal data, subject only to the following exceptions:
• where the counsellor has the express consent of the client to disclose the data;
• where the counsellor believes that the client is a serious danger to themselves, that their GP should be informed of that fact so that appropriate steps can be taken to ensure their safety, and that to inform the client of the disclosure would increase the level of risk;
• where the counsellor believes that serious harm may befall a third party if the data were not disclosed;
• where the counsellor would be liable to civil or criminal court procedure if the data were not disclosed.

HE and FE Employee and Student Counselling Services may keep “risk registers” of various types, including:
• names of individuals who a counsellor believes may be at especial risk of self-harm, and who will require careful management if seen on a drop-in basis or if their counsellor has to cancel an appointment;
• names of individuals who may be violent, so that counsellors can check before they arrange one-to-one meetings.

Access by counsellors to such “risk registers” should be available only on a “need to know” basis. Inclusion on a “risk register” may not be disclosable to a data subject under subject access on the grounds that the health & safety of the data subject, or counsellors, may be at stake (s31(2)(e)).
4 Assessment of Need Report

(Nottingham Trent University)

RESTRICTED CIRCULATION

ADMISSIONS PROCEDURE FOR STUDENTS WITH DISABILITIES

Summary of Information Visit held on [date]

Applicant: [name] Course: [course]

Starting Date: [month/year]

Staff Involved: [name] (Admissions Tutor), [name] (Disability Coordinator)

NEEDS IDENTIFIED:

[name] has a history of mental illness for which he takes medication. He experiences auditory hallucinations that sometimes affect his concentration and ability to move around freely. [name] was previously enrolled on the [title] degree and successfully completed the first year.

SUPPORT WITHIN THE COURSE:

Lectures and Seminars:

[name] foresees no difficulty with attending lectures and seminars. However, his concentration is affected by his condition and he feels a notetaker in all lectures and possibly some seminars would be beneficial.

ACTION:
Disability Support Service will co-ordinate notetakers for all lectures and seminars. Disability Support Service will support [name] in applying for the Disabled Students Allowance (DSA) to pay for notetaking services.

The Department has a personal tutoring system, which should be adequate for [name]'s needs, providing regular sessions are offered. Enhanced support is likely to be needed in the first few weeks of term.

Technology:

[name] would benefit from using a PC at home to ensure he can stay 'on track' with coursework.

ACTION:
Disability Support Service will arrange an assessment for IT equipment suitable to [name]'s needs.

Exams/Assessments:

[name]'s concentration can be affected by auditory hallucinations. This can lead to apparent lack of planning in his writing and the resulting work can appear disjointed and confusing. A word processor and separate invigilation should ensure that these circumstances do not impede his work.

ACTION:

The Department will need to consider special arrangements for assessment. This may include additional time allowances of up to 50% and separate invigilation. [name] has been informed that he should approach the course leader within the first six weeks of the course to discuss these requests.

Placement:

[name] feels he may have difficulty remembering instructions at a new placement. He would feel more confident if he had a system for recording information.

ACTION:

[name] was assured that placement staff would ensure that he has a thorough induction. It was suggested that [name] uses a tape recorder to store information, this would be funded through his/her DSA. C&IT services will assist [name] with identification of suitable equipment.

Other:

[name] would like all staff involved in teaching him to be aware of his circumstances. [name] takes regular medication and is under regular review from the Psychiatric team of his health centre.

ACTION:

[name] will be referred to the University's Mental Health Development Officer for ongoing support and advice.

The Admissions Tutor requests that a review of [name]'s support is undertaken at the end of his first year.

ACTION:

The Department to inform all members of staff accordingly. Permission should be sought from the applicant for cross referral between course team, Disability Support and the Community Mental Health Team as appropriate.

Signed: Date:

Service Co-ordinator
Disability Support

Signed: Date:

Admissions Tutor
5 Culture Shock
(excerpt from International Students' Handbook 2000/01, Nottingham Trent University)

Culture shock is a term used to describe the emotions and sensations an individual experiences when they move from a very familiar environment to an unfamiliar environment. The range of emotions you can experience during the first few months living in a new country is very varied and you may not be able to explain or understand why you feel the way you do.

Culture shock is a very normal experience for students commencing their studies in an institution abroad. Even if you come from a country with a way of life very similar to that in the UK you may still find that there are small differences, which will have an impact on your day-to-day life. In addition to living and studying in a whole new environment, the fact that you are away from your family and friends who would normally support you through new and difficult situation can also be an added strain. You may feel unsure of where to go for advice and help when you are experiencing problems.

How to Deal with Culture Shock

There are a number of ways to deal with culture shock. Here are some suggestions:

• Ask yourself what are the situations that confuse or irritate you the most in Britain? Are you misunderstanding the British people's treatment of you? Where can you find more information about the things which confuse/irritate you? Behaviour that seems rude to you may not be intended as rude. Polite customs are different for each culture. When situations do not seem to make sense, remember that the host may be following social rules that you do not know about. Do not be afraid to ask questions about social customs.

• What do you miss most about your country? What things do you miss doing? Look for ways to meet those desires or replace them with something new. Make contact with people from your own country living in the UK. They will be able to understand your reactions to living in a different environment to the one you are used to. It is also nice to speak to someone about what's happening in your home country, as this will help you to feel less detached from your friends and family at home.

• Continue improving your language skills. Often, language is a big barrier to people understanding each other clearly, and continually improving your language always helps. It also helps to have a broad mix of friends, both British and international.

• Exercise and a healthy diet also help reduce stress. It is important that you eat properly as a student and achieve a healthy balance between work, leisure and rest.

• Sometimes it can be hard to understand the local sense of humour and references to local things. Although it can be difficult, try to keep your sense of humour. Allow yourself to see the humour in misunderstandings and embarrassments. Laughter heals.

• Talk with someone approachable in Student Support Services/International Students Society/Health Centre/Halls of Residence, or anyone who is friendly and understanding about the stress you're experiencing. The university wants you to have a successful stay here and to reach your goals.

• If you consider dropping classes or withdrawing from the university, please see someone immediately. Some students do become very discouraged. Staff at the university will try to help you find a solution.

• Remember that culture shock is a normal part of adjusting to a new country and affects many people who travel abroad. However, the more severe symptoms mean it is harder to adjust and you might need some help with adjusting.
6 Confidentiality/Disclosure Policy Documents

(excerpts from University of Glamorgan Mental Health Protocol)

CONFIDENTIALITY CODE
All information held within the Department is confidential except in the most extreme circumstances that are:

1) When you are putting yourself at risk.
2) When your behaviour is adversely affecting the rights of others.
3) When staff are being placed in a position in which their professional integrity is compromised.
4) When disclosure is required by law.

In such instances staff would seek to discuss the situation with you before breaching confidentiality. In all cases, a decision to breach confidentiality will be taken by a senior member of the Department after discussions which preserve your anonymity in the first instance.

Please share with any member of staff any worries/queries you may have about confidentiality.

ACCESS TO MEDICAL REPORTS ACT 1988
Under the provisions of the above Act you have the right to:

1) Withhold consent to the application for Medical Reports being made.
2) State your wish to have access to any Reports.
3) Have access to the report before its release or for up to 6 months after its release.
4) Withhold consent to the report being supplied.
5) Request amendments to the report.

Your doctor may deny you access to part of the report but must inform you in writing and may still supply the report until your consent has been granted. If you wish to have access, your Doctor will not supply the report to the University of Glamorgan's Student Health Service until 21 days have elapsed from the date of application.

(NB. The Access to Medical Reports Act has been superseded by the Data Protection Act 1998 - Ed)

DATA PROTECTION DECLARATION
Any information about your impairment that is communicated to Student Services is treated as confidential and kept on file for the purpose of co-ordinating support requirement. Your express permission will be sought prior to any other use of that data.

To comply with the Data Protection Act 1998, necessary information will be shared with appropriate academic, support, residential and catering staff ONLY WITH YOUR EXPLICIT CONSENT.

Without your consent, we will not share appropriate information with relevant members of these departments and the support the University will be able to offer may, therefore, be limited.

I hereby give explicit consent to the sharing of necessary information:

Name: (In Capitals)
Signature: Date:

APPLICATION FOR REPORTS - STUDENT CONSENT FORM

1) I have been informed of the Confidentiality Code of the Department of Student Services and of my statutory rights under the Access to Medical Reports Act 1988 and hereby give my consent for the University's Student Health Service to apply for reports from the following

GP: [Name] Consultant: [Name]
Address: [Address] Address: [Address]
Phone: [Phone] Phone: [Phone]
Social Worker: [Name] Other: [Name]
Address: [Address] Address: [Address]
Phone: [Phone] Phone: [Phone]

I understand that this consent form will be copied to the above and shall have the validity of the original.

2) I do/ I do not* wish to see the reports before despatch to the Student Health Service.

Signed Dated

* Please delete as appropriate.

(NB. The Access to Medical Reports Act has been superseded by the Data Protection Act 1998 - Ed)
7 Practical Guidelines for Staff and Students

(Excerpts from University of Lancaster Mental Health Policy and Guidelines)

PRACTICAL GUIDELINES FOR STAFF

Set out below are some guidelines which aim to provide support for staff who may be worried about a student’s mental health. It is recommended that you read these even if you have not met a student with mental health problems, so that you can discuss them with appropriate colleagues in advance of such an experience.

How do you know there is a problem?

Students do not always express problems directly or ask for help. Sometimes they feel embarrassed or are concerned about the consequences of telling someone in their department or they hope the problem will go away, or they are unaware that they have a problem. You may find it useful to ask yourself some of the following questions and/or refer to the signs and symptoms section.

• Has the student told you they have a problem?
• Have there been any significant changes in the student’s appearance? (e.g. weight loss/gain, decline in personal hygiene)
• Does the student smell any different (e.g. can you smell alcohol or cannabis)?
• How does the student sound? (e.g. flat, agitated, very quiet, very loud)
• Has the mood of the student recently changed a lot from your previous experiences with them? (e.g. moods very up and down, miserable, tired a lot)
• Have others (house mates, friends, other colleagues) expressed concern about the student?
• Have there been recent changes in the student's behaviour, college work and/or sociability? (e.g. doing too much work, not socialising as much as usual, withdrawn, not attending lectures or meeting deadlines)
• How long has the student been feeling or behaving like this (everyone can have bad days, but it is when days turn into weeks and months that there may be a problem).

If the answers to any of the above questions are yes, you may find the following guidance useful:

• Do not avoid the situation or pretend nothing is wrong, as this could make the problem worse and persist for longer.
• Approach the student in a sympathetic and understanding way. Remember to be sensitive to issues relating to sexuality, race, religion, culture and gender.
• If you simply ask the student how they are, this may provide them with an opportunity to discuss their concerns with you. The situation may only require empathetic listening.
• Be prepared to listen and give some time if you can. If there are constraints on your time, inform the student from the start that this is the case. Avoid using unhelpful comments like 'pull your yourself together'.
• Being open and honest with the student in your initial contact will help to develop trust. Very often help is not sought because the student may be concerned about the consequences of telling someone. If you feel you need to tell someone else, try to obtain the student’s consent. However, in some situations, you will be able to talk about the situation to another person and ask their advice, without revealing the identity of the student (see section on confidentiality).
• If you feel you can support the student, do consider whether you have enough time and/or the skills. Try not to offer help that is beyond your role. Be clear about your role and its responsibilities.

AMOSSHE Good Practice Guide
Responding to student mental health issues: ‘Duty of Care’ responsibilities for student services in higher education
DISCIPLINARY ISSUES

A small percentage of students with mental health problems can cause a lot of disruption within a department or college. Their behaviour may contravene institutional disciplinary codes and may require formal action to be considered. These situations can cause anxiety amongst both staff and students and need to be dealt with effectively. For example, the impact of one student’s behaviour on other students can adversely affect their studies.

Careful consideration should be given to the situation before any action is taken. Before taking formal action/ disciplinary action, it may be more appropriate to consider the support needs of the individual who has mental health problems. The student should be given the opportunity to discuss his/her worries and support needs. Quite often a student experiencing mental health problems may not be receiving any help. In this way disruptive behaviour is not overlooked, but dealt with in a manner that is sensitive to the specific needs of the student concerned.

It is very common in such cases that several staff are involved in dealing with the student. Usually staff are unaware of the other colleagues involved and can feel they are trying to cope with a student by themselves. If staff feel they are in this situation, liaise with other staff that also have contact with the student, (e.g. from Student Support Services, departments, and colleges) to avoid duplication and promote a consistent approach. This could be done via a meeting or over the phone. If a meeting is organised, staff attending should decide who would be the most appropriate member of staff to speak to the student after the meeting (it could be two members of staff). Inform the student that s/he can bring a friend with them to the meeting. The student should be made aware of how his/her particular behaviour is impacting on others and an agreement should be sought with the student re: his/her behaviour. For example, it could be agreed that the student seeks appropriate help or stops disrupting lectures or is not allowed to knock on other students’ doors after 11pm unless it is an emergency. It should be made clear to the student that if these conditions are not met, then disciplinary action may be taken which could jeopardise the student’s future at the university.

If the disruptive behaviour continues after this, then the disciplinary process should be taken forward. This action should only be taken when it is vital to stop serious disruption to staff and other students and/or if there is any threat to the safety of the student or others.

After approaching the student

- It may be extremely difficult to help someone with a problem unless they are ready to admit they have one. If the student is not ready to accept help or talk about their problem, do not ask insensitive or intrusive questions. Always respect the right of the student if they do not wish to discuss things. Offer an open invitation to the student to come back and talk to you in the future. Continue to ask how they are and reiterate that they can talk to you, when you see them again.

- However, if you are still very concerned about a student who has refused help, speak to your head of division or someone from a specialist support service for advice (see directory of services).

The student does want to talk about their problem

- If the student does talk about their problem with you, try not to give advice that is not within the boundaries of your role, but rather listen and encourage the student to seek the appropriate help (see directory of services). Try to recognise what you can realistically do and whether there is a more appropriate person to deal with this. It is not always possible to identify which source of help would be most appropriate. However, it is important in the first instance to refer the student to somewhere that is acceptable to them. A further referral can always be made later.

- Express your concern but remember you are not a therapist or a counsellor. It is not your responsibility to solve the problem and if you feel you are unable to suggest the way forward at the present time, do not view it as 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 make contact with an appropriate person who can formally assess and refer on e.g. Student Support Services, their GP, or the Counselling Service (see directory of services and section on confidentiality).

Alternatively

- Ask the student how they have handled similar difficulties in the past, highlighting what has and hasn’t worked.

- Explore with the student what changes they would like to make to enable them to continue with their studies.

- Break tasks down into shorter term and more manageable goals.

- Refer to the directory of services if further help is needed.

It can be extremely stressful and time consuming helping a student, which is why it is important to remember to look after yourself and seek appropriate support and help from others.
PRACTICAL GUIDELINES FOR STUDENTS
Are you worried about a friend or fellow student? Why are you concerned?
• Have they told you they have a problem?
• Have there been any dramatic changes in your friend's appearance? (e.g. weight loss/gain, decline in personal hygiene)
• Have you noticed that your friend is drinking more alcohol or using drugs?
• Do they smell any different? (e.g. can you smell alcohol or cannabis on them frequently)
• Has their mood recently changed a lot? (e.g. miserable, sad, hyperactive)
• Have other friends, relatives or tutors expressed concern about your friend?
• Have there been recent changes in their behaviour, college work and/or sociability? (e.g. doing too much work, not socialising as much as usual, withdrawn, not attending lectures or meeting deadlines)
• How long has your friend been feeling or behaving like this?

You're concerned, so what do you do?
• Try not to avoid the situation or pretend nothing is wrong. This could make the problem worse or persist for longer.
• Try to talk to your friend and tell them you are concerned about them. This may give your friend an opportunity to discuss their problems with you. However, try not to ask insensitive or intrusive questions and respect the privacy of your friend if they do not want to discuss their problems.
• Be prepared to listen. The situation may only require sympathetic listening. But do consider your time and other commitments. Avoid using unhelpful comments like 'pull yourself together'.
• Try not to take responsibility for your friend's problems, but rather listen to them. Try not to give advice but encourage them to seek help (see directory of services). Sometimes it is not always clear which service/person would be appropriate, it is important here to suggest a service or person which is acceptable to your friend. Help them to help themselves.
• Express concern but remember you are not a therapist. It is not your responsibility to solve the problem and, if you feel you are unable to suggest the way forward at present do not feel that you have let your friend down.
• If you feel you need to tell someone else, always try to gain your friend's consent beforehand. Explain to them why you feel you need to tell someone else and what the likely consequences of telling someone else would be. It is vital to gain your friend's trust and being open and honest with them can help cultivate trust.
• If your friend refuses help and you are still concerned, then speak to one of your college tutors, personal tutor, someone in a specialist support service or someone you can trust (see directory of services). If your friend has not given you consent to talk to anyone, you do not need to mention their name when asking for advice; in this way you are not breaking your friend's confidence.
• However, there may be EXCEPTIONAL circumstances where there is a need to act without your friend's consent, e.g. if their mental health has deteriorated to the extent of threatening their personal safety or that of others.

It can be extremely emotional and time consuming helping a friend and that is why it is important to remember to look after yourself and seek appropriate support and help from others.

8 Special Exam Arrangements For Students Experiencing Mental Health Difficulties

(Excerpt from Mental Health Policy - University College, Northampton)

Special exam arrangements are not concessions to make exams easier for a student, nor are they intended as advantages to give a student a 'head start'. They are intended to allow a student to demonstrate attainment without being disabled by the assessment system, and to allow the student to be treated equally and fairly with non-special-needs students. Results will then be marked on a more level playing field.

Listed below are some of the arrangements that people experiencing mental health difficulties may need. They are only suggestions, and not all students with mental health difficulties will need all, if any, of the arrangements mentioned. In fact many students will not want arrangements because it separates them from their peers, and leads to fears of stigmatisation.

Students with the same mental health difficulty may be affected differently, and sometimes have totally different symptoms and requirements, so there will be students with the same recorded problem needing totally different conditions.

The words 'anxiety' and 'stress' are used on several occasions below. Although a degree of stress common for anyone during exam conditions, people with mental health difficulties are adding to a general everyday level of stress and anxiety that is higher than people who do not have such difficulties. Any of the arrangements suggested below could apply for this reason, whatever the specific mental health difficulty.

2.1 Location of Exam

2.1.1 Small Room
This is most frequently requested by students with mental health difficulties. This is often enough in itself to reduce anxiety. Another factor that proves helpful is that the atmosphere is less formal, which also helps reduce anxiety.

2.1.2 Specific Position eg. Seated at back or sides of room and/or near a door or window.
Some people who experience anxiety and panic in an exam situation spend a lot of time and energy being concerned about where seats are and how easy it will be for them to leave the building. Being at the back of a room, or end of a row near a door would be more preferable as it is potentially easier to leave the room. Some students may request to be near a window, as when they feel panicky fresh cool air alleviates the feelings of breathlessness and sweating. Another common concern for anxious students is where the nearest toilet is and being allowed to use it when needed. A common sensation is a desperate need for the toilet.

2.1.3 Individual Room OR Room with 5 or Less Occupants
If a person suffers with social anxiety they are very aware and distracted by people around them, particularly people they do not know. Such students are often preoccupied that the people around them are thinking about them in a very negative way, and this causes anxiety and problems concentrating on the task at hand. Students who have a well managed schizophrenic illness, may also feel this way when symptoms are exacerbated by an increased level of stress. A room with 5 or less occupants will always be offered first, given limited rooms available.
2.2 Time Allowance

2.2.1 Discounted Breaks
Getting away from the source of their anxiety for a few minutes can help some people manage
their feelings of anxiety. Knowing that they can leave the room if they need to will often help
reduce anxiety in itself, so although breaks may be requested they may not always be taken.

N.B. Current Procedure does mean that a student suffering with panic during an exam can leave the room with time discounted at the end (see appendix i). This knowledge in itself is sometimes enough to ease a student's anxiety.

2.2.2 Extra Time
Extra time may be necessary to allow for the time some students spend trying to manage their anxiety in order to be able to start tackling their exam. The stress response can facilitate performance, but beyond a certain point functioning is impaired and can affect a student's ability to process information and construct answers. Students who suffer abnormally high levels of anxiety in exams often complain that they read a question several times but cannot understand or retain the information. They cannot formulate an answer as their mind 'goes blank'. This feeling can last for 20 minutes or more before the student manages to control their anxiety. Unfortunately what often happens is that worrying about the amount of time spent worrying only makes them feel worse.

Depression interferes with a person's concentration and memory. It can be difficult for someone with depression to get their mind to settle on anything, remember things well or recall information. Certain medications can cause tiredness and problems with maintaining concentration, which will also impede performance.
Between 10 and 15 minutes per hour extra time for reading should compensate most students who are disadvantaged in these ways.

2.3 Specific Resources

2.3.1 Amanuensis (scribe) or Use of Word Processor
Severe anxiety can cause a person's hands to shake so violently that they cannot write. It is not common for a person's hands to shake due to side effects from the medication they are taking, but certain individuals may experience this. If a student has good keyboard skills, they may be offered use of a word processor (if available). Otherwise they may require a scribe to compensate for this problem.

3 SUPPORTING EVIDENCE
It is suggested that evidence is sought from G.P. or other supportive professional. eg. CPN (Community Psychiatric Nurse), Practice Nurse, Social Worker, Counsellor or Psychologist.

Prepared by Joanna Lester, Mental Health Development Officer, as WARBL Project (Widening Access Removing Barriers to Learning) initiative, March 2000. In consultation and agreement with Exam Office staff, Deputy Registrar and Senior Student Guidance Officer.

CURRENT PROCEDURES FOR SPECIAL EXAMINATION ARRANGEMENTS:

A: Mental Health Difficulty identified that affects the student's ability to sit an exam successfully
1. Student should first discuss his/her needs with tutor and Senior Student Guidance Officer.
2. Supportive evidence (usually medical) required to back up nature of difficulty.
3. Student applies for special exam arrangements via Senior Student Guidance Officer.
4. SNO1 form, outlining arrangements agreed, filled in by student and signed by Senior Student Guidance Officer. Student is given the blue copy to be given to Personal Tutor for personal file. This form is only to be filled in the once during student's time at UCN unless requesting change of arrangements.
5. SNO2 form filled in by student and signed by student and Personal Tutor - a new SNO2 form is required for each set of exams where special arrangements are required.
6. All applications should be submitted according to the publicised deadlines:
   - by 31 January for May/June exams
   - at least eight weeks before other exams

Full details are published in Guidelines on Course Assessment and Examination Arrangements for Students with Additional Needs in the Student Code and on UCN website.

B: Problem occurs during exam, no prior arrangements made
1. Panic/ anxiety/ severe stress/ tearfulness during exam. Response as for students with illness ie. supervised breath of fresh air and sip of water, and allowed full time when exam re started.
2. If student unable to return to exam, student is expected to obtain medical evidence immediately which is to be sent to relevant exam board.
3. Answer book is endorsed with note from Senior Invigilator on circumstances, and matter reported to Examinations Officer.
9 Mental Health Awareness Training Programme/Guidance on the Use of Case Scenarios

(from Student Psychological Health Project, University of Leicester)

NB: Further training resources are available at: www.le.ac.uk/edsc/sphp

Mental Health Awareness Training Programme

9.30 - 9.45 Introduction
9.45 - 10.15 What is mental health?
10.15 - 10.30 Who deals with mental health?
10.30 - 10.45 Coffee
10.45 - 11.15 Case scenarios: group discussion
11.15 - 12.00 Feedback and discussion of case scenarios
12.00 - 12.15 Support for students with mental health problems
12.15 - 12.30 Summary and evaluation

CASE SCENARIOS

What is a case scenario?
A case scenario is an examination of a real or simulated problem so that learning can take place through the discussion of each facet.

When might case scenarios be useful?
Case scenarios can be used to analyse what went wrong in a given situation and to consider how the problems could be prevented. They tend to be used in situations where rules or laws cannot be applied or where there is some ambiguity. Trainees can draw from their previous experience and knowledge, applying this to new situations that are presented by the case scenarios. A range of issues can be drawn out through the facilitation of group discussion and peer learning. Case scenarios are also useful in helping put theory into practice.

Case scenarios are one of the most useful ways of enabling attitudinal objectives to be met as they allow peer discussion. Trainees have the opportunity to try a number of approaches and to use problem solving techniques. Scenarios may also enable the facilitator or trainer to gauge whether trainees have understood key issues.

For the University of Leicester training, case scenarios are used to help trainees achieve the following objectives:
- to begin to differentiate between students who may have mental health problems and those who may be distressed
- to demonstrate an understanding of their own limitations in terms of their skills
- to demonstrate an understanding of their own limitation in terms of their remit
- to demonstrate a better understanding of appropriate referral to sources of support.

Writing scenarios
The situations need to be as realistic and as accurate as possible. When writing scenarios give as much information as necessary but be aware of time constraints. Make sure the delegates have time to read them and if appropriate circulate them before the session. Be aware that the purpose of the scenarios will alter depending on your training objectives and context. It is usually helpful to guide the training and provide some structure especially if the concepts are new to the trainees.

Vary the case scenarios to make them interesting and to enable a range of issues to be covered. If possible (time is a key issue) trainees who have enrolled on a training course may provide some examples of situations/problems they have experienced where mental health may have been an issue. These can be used as a basis for training with the trainer drawing out key issues by the use of questions. Using situations that are real to trainees makes the training relevant to them and is likely to increase their participation. The questions used are dependent on the needs of the trainee group and the training objectives of the training.

The scenarios can be selected and adapted for the group attending the training. After each case scenario a box highlights some of the issues that may be raised by trainees. If the issues do not arise through discussion, the trainer should ensure the trainees are made aware of these. It may be useful to employ questioning techniques to draw out the omissions.

Scenario 3
You are walking through campus when you spot a female student sitting slightly hidden behind a pillar. She is crying and is clearly distressed. You note that she has a packet of painkillers and a bottle of water.

1. What concerns might you have about this student?
2. How would you deal with the situation?
3. Do you as a member of staff have a remit to deal with this student?
4. If you did not feel able to deal with this student yourself, what other options might there be?
5. Supposing you decide not to do anything and later find out that the student attempted to take her own life, how would you manage this?

Issues to be identified:
- self-harm
- role responsibility and boundaries
- recognising and dealing with own anxiety
- student's rights to say no to intervention

Scenario 4
A colleague approaches you and expresses concern about an agitated and abusive student. The student is unable to express his request. You offer to deal with him personally. He becomes even more agitated and shouts, "I can't do this." Other students begin to watch the situation. You suggest that the student sits down. You make sure he has his back to the onlookers. Although you have dealt with agitated students before, you are concerned that this student is somehow different. His eyes are red and he is constantly gesticulating in an aggressive manner. Although his breath smells of alcohol he does not appear to be drunk.

1. What could explain this student's behaviour?
2. How would you deal with the situation from here?
3. What might you do if you thought the student might become violent?
Scenario 5
You are having a one-to-one consultation with a student in your office to help with a study related issue. He starts to become agitated and abusive, is unable to understand you and cannot express himself clearly. As you continue to discuss the study issue with him, he becomes even more agitated and shouts, “I can't do this.” Although you have dealt with agitated students before, you are concerned that this student is somehow different. His eyes are red and he is constantly gesticulating in an aggressive manner. Although his breath smells of alcohol he does not appear to be drunk.

1. What could explain this student's behaviour?
2. How would you deal with the situation from here?
3. What would you do if you thought the student might become violent?

Issues to be identified:
dealing with aggressive behaviour
dealing with disruptive behaviour in a public area
recognising signs/symptoms
being aware of personal safety/assessing danger
Organisations involved in the consultation process

The final draft of this publication was informed by the valuable comments and feedback received from the following networks and organisations:

- Association of University Chief Security Officers
- Association of University and College Counsellors
- Chaplains in HE Group
- Heads of University Counselling Services
- HEFCE National Disability Team
- National Schizophrenia Fellowship
- National Union of Students
- PAPYRUS (Prevention of Suicide)
- Skill (National Bureau for Students with Disabilities)
- UKCOSA (Council for International Education)

Membership of working group

Liz Clarke - Co-ordinator for Disabled People, University of Bradford
Suzanne Fearnside - Head of Student Services, Aston University
Annie Grant - Director, Educational Development & Support Centre, University of Leicester
Alison Hayter - Head of Student Services, De Montfort University
Rob Imeson - Director of Student Services, The London Institute.
Sally Olohan - Head of Student Support Services, The Nottingham Trent University (Chair of Working Group)
Steve Page - Head of Student Support Services, University of Hull
David Powell - Head, Student Life Office, Kingston University
Claire Pownie - Director of Student Support, University of Essex
Tina Sharpe - Acting Head of Student Services, De Montfort University
Carol Smith - Head of Student Services, Leeds Metropolitan University
Clare Taylor - Senior Welfare Officer, University of Leicester
Chris Thornton - Head of Student Services, University of Brighton

The Working Group also wishes to acknowledge the contributions made by:

- Dennis Farrington - Deputy Secretary and Clerk to the Court, University of Stirling
- Katrina Weller - Solicitor, Eversheds, Nottingham
Relevant national organisations

Depression Alliance (www.depressionalliance.org)
Depression Alliance is a UK charity offering help to people with depression, run by sufferers themselves.
National Office: 35 Westminster Bridge Road, London SE1 7JB. T: 0207 633 0557  F: 0207 633 0559
Scotland: Depression Alliance Scotland, 3 Grosvenor Gardens, Edinburgh EH12 5JU. T: 0131 467 3050
Cyru (Wales): Depression Alliance Cyru, 11 Plas Melin, Westbourne Road, Whitchurch, Cardiff CF4 2BT. T: 01222 521774

Manic Depression Fellowship (MDF) (www.mdf.org.uk)
The Manic Depression Fellowship is a national user-led organisation and registered charity for people whose lives are affected by manic depression (bi-polar affective disorder).
MDF National Office: Castle Works, 21 St. George’s Road, London SE1 6ES. T: 020 7793 2600  F: 020 7793 2639
MDF (Wales): 1 Palmyra Place, Newport, Gwent NP20 4EJ. T: 01633 244244  F: 01633 244111
MDF (Scotland): 7 Woodside Crescent, Glasgow G3 7UL. T: 0141 400 1867  F: 0141 331 0366

Mental Health Foundation (www.mentalhealth.org.uk)
Mental Health Foundation aims to improve the lives of everyone with mental health problems or learning disability.
UK Office: 20/21 Cornwall Terrace, London NW1 4QL.  T: 020 7535 7400  F: 020 7535 7474
Scotland Office: 5th Floor, Merchants House, 30 George Square, Glasgow G2 1EG.  T: 014 1572 0125  F: 014 1572 0246

Mind (www.mind.org.uk)
Mind is a leading mental health charity in England and Wales, working for better life for everyone with experience of mental distress.
Mind Cymru: 3rd Floor, Quebec House, Caerleon, Cowbridge Road East, Cardiff CF11 9AB. T: 02920 395123

National Schizophrenia Fellowship (NSF) (www.nsf.org.uk)
The National Schizophrenia Fellowship is the largest severe mental illness charity in the UK, dedicated to improving the lives of everyone affected by severe mental illness. The @easeweb-site is designed for young people.
Head Office: 30 Tabernacle Street, London EC2A 4DD. T: 020 7330 9100/01  F: 020 7330 9102

Papyrus (Prevention of Suicide) (www.papyrus-uk.org)
Papyrus is a voluntary organisation committed to the prevention of young suicide and the promotion of mental health and well-being. It was founded by parents who had lost a son or daughter to suicide.
Registered Office: Rosendal General Hospital Union Road, Rawtenstall Lancashire. BB4 6NE. T: 01706 214449

The Samaritans (www.samaritans.org.uk)
The Samaritans exists to provide confidential emotional support to any person who is suicidal or despairing; and to increase public awareness of issues around suicide and depression. It offers a 24-hour UK helpline for anyone experiencing emotional distress.
General Office: 10 The Grove, Slough, Berkshire SL1 1QP. T: 01753 216500  F: 01753 775787
National helpline:  T: 0845 909090

Skill: National Bureau for Students with Disabilities (www.skill.org.uk)
Skill promotes opportunities for young people and adults with any kind of disability in post-16 education, training and employment across the UK.
Head Office: Chapter House, 18-20 Crucifix Lane, London SE1 3JW.
Tel/Minicom: 020 7450 0620  Fax: 020 7450 0650
Skill in Scotland: Norton Park, 57 Albion Road, Edinburgh EH7 5QY.
Tel/ Minicom: 0131 475 2348  Fax: 0131 475 2329
Skill in Northern Ireland: Unit 2, Jennymount Court, North Derby Street, Belfast BT15 3HN.
Tel/ Minicom: 01232 287 000  Fax: 01232 287 007

Appendix 3
Further resources:


*Degrees of Disturbance: The New Agenda* Association for University and College Counsellors (AUCC), March 1999.

*Development Projects on Student Mental Health in Higher Education* HEFCE publication (eQuip Team). 1998.

*Mental Health Matters - Guidelines for supporting students with mental health difficulties* Scottish Further Education Unit publication. SFEU 1994.

*Students with Mental Health Difficulties - Your Questions Answered* Skill: National Bureau for Students with Disabilities


*Supporting Students with Mental Health Difficulties* Open University Teaching Toolkit Series. OU 1994

*JISC Data Protection Code of Practice for the HE and FE Sectors* The University of Hull Information Law & Technology Unit. (http://www.jisc.ac.uk/pub00/dp_code.html)


*Safety First: Five year report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness* Department of Health 2001 (www.doh.gov.uk/mentalhealth/safetyfirst)
