

## Student Mental Health Policy

(Final policy as approved by Academic Board – July 2006)

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### **Acknowledgements**

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# London Metropolitan University

## Student Mental Health Policy

### 1. Purpose

This policy sets out a framework of principles, procedures and guidance for working with students with mental health issues<sup>1</sup>. It is strongly informed by the CVCP “Guidelines on Mental Health Policies and Procedures for Higher Education” (2000) and policies from several other higher education [HE] institutions. Sections of the policy are set out using the “student lifecycle” as a scheme.

### 2. Rationale

Widening participation, increased student numbers and changes to disability legislation have been associated with a notable increase in the numbers of students with significant mental health difficulties entering HE. There has been an accompanying concern about the general mental well-being of students, reflected in recent studies and policy recommendations<sup>2</sup>. These point to the need for institutional policies that address the continuum from promoting positive mental well-being to working with students with severe mental health difficulties.

London Metropolitan is a very large institution, with a student body that is comparatively less resourced in terms of social and cultural capital and which is located in a densely urban setting, with the alienation and fragmentation that this brings in terms of emotional and mental well-being. Staff increasingly report mental health related issues arising in their contact with students.

In general, such students will fall into three main categories:

- Students who seem depressed and unhappy;
- Students who appear to have significant mental health difficulties but who do not acknowledge this;
- Students who have declared or acknowledged their mental health difficulties.

Students in this latter group are likely to fall within the legal definition of ‘disabled’ and may need reasonable adjustments made to enable their equal participation and access to the curriculum. At the same time, the University has a duty of care towards all students and seeks to promote the mental well-being of all.

### 3. Definition of mental health

*Mental health* refers to “the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents”<sup>3</sup>. *Mental health difficulties* exist across a spectrum of states of mind and behaviours, from temporary responses to painful events through to more debilitating and persistent conditions.

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<sup>1</sup> This policy should be read in conjunction with related Equality and Diversity policies.

<sup>2</sup> Rana, Smith & Walkling (1999), *Degrees of Disturbance: the New Agenda*. Heads of University Counselling Services/AUCC; *Guidelines on Mental Health Policies and Procedures for HE* (CVCP, 2000); *Reducing the Risk of Student Suicide* (UUK/SCOP, 2002); Duty of Care guidance (e.g. Health and Safety at Work Act [1974])

<sup>3</sup> From Leeds University website on mental health for students <http://www.leeds.ac.uk/ahead4health/whatis.htm>

Clinical definitions of recognised mental health problems are generally considered unhelpful for documents such as this. It is important to avoid any tendencies to pathologise students and, rather, to concentrate on the issues of response and support. Many people with mental health issues can and do lead fulfilling lives.

For institutional purposes it is sufficient to distinguish between students with mental health difficulties or illness who can usually be supported in various ways in the course of their studies, and those who may need to withdraw temporarily or permanently. More specific definitions are helpful only to clinicians when considering treatment.

#### **4. Principles**

London Metropolitan University is committed to offering good support for all its students. In relation to mental health, we shall endeavour to:

- promote student mental well-being
- support students experiencing difficulties or needing adjustments
- raise awareness among students and staff of mental health issues, services and procedures
- create a non-stigmatising ethos in which confidentiality and the dignity of all are respected
- develop policy informed by liaison with students, staff and relevant external agencies
- ensure monitoring and review of policy and practice

It should be noted that as the University is an educational community there will be limits to the support that can be offered, given our resources and the necessity to balance the needs of individuals against the needs of the wider student and staff bodies.

#### **5. Legal framework**

Several different pieces of legislation pertain to student mental health policy (for details see Appendix A).

In summary, the University is required to:

- exercise duty of care in providing education and meeting students' educational needs, including pastoral care as well as teaching
- take positive steps to promote students' well-being
- ensure the health, safety and welfare at work of all those "lawfully on the premises"
- protect against discrimination on the basis of race, gender, sexual orientation, religion or belief
- make reasonable adjustments to support students with disabilities, including "mental impairment"
- ensure confidentiality; disclosure may occur only with the student's consent or where it can be justified in the public interest or duty of care owed to other students and staff.

This policy also takes cognisance of relevant parts of the QAA *Code of practice for the assurance of academic quality and standards in higher education*.

## **6. Roles and responsibilities**

### **6.1 Staff**

All staff are expected to:

- exercise duty of care in their dealings with students; if a person shows signs of mental health difficulty, staff should offer or seek appropriate assistance (see guidelines in Appendix B)
- treat each student with dignity
- recognise the boundaries of their roles, knowing where, when and how to refer on
- uphold confidentiality and exercise responsibility regarding disclosure (see 7.4)
- contribute towards building a non-stigmatising community

### **6.2 Students**

- All students should help towards creating a non-stigmatising community
- Students with mental health difficulties are encouraged to avail themselves of the range of internal and/or external support services, and to inform relevant staff if unable to fulfil academic commitments so that the University provide them with appropriate personal and academic support
- Students who are supporting friends and peers experiencing mental health issues should take cognisance of their personal limits and know where, when and how to refer on (see guidelines in Appendix C)

## **7. Pre-admission and admission**

- 7.1 Any prospectus, open-day literature or other promotional material should contain positive statements declaring the University's commitment to fostering a non-stigmatising learning community and to working with students with mental health difficulties to identify and address their individual needs. The right to study is fully acknowledged by the University, except in special cases linked to some professional programmes made clear in the relevant literature.
- 7.2 At application, or as soon as possible thereafter, prospective students with special needs, including mental health problems, are encouraged to disclose this information. Admissions staff can then make relevant tutors and service staff aware of the situation, helping to provide initial support if necessary. The University's Disabilities and Dyslexia Service and the Counselling Service should be promoted to facilitate an early referral if required.
- 7.3 An internal needs assessment consultation can be offered once an applicant has been offered a place at the University, or in some cases when they attend for interview. This confidential discussion with a Disabilities Officer determines what support the University is able to provide to meet specific needs and agrees if and what recommendations will be communicated to tutors and other University staff. Prospective students can decide whether or not this constitutes adequate support before accepting a place.
- 7.4 All personal information on a student held within the University is confidential and express permission has to be obtained for it to be disseminated, except in extreme

circumstances. As per existing procedures regarding the Internal Needs Assessment Report [INAR], with the consent of the individual student (who has disclosed mental health difficulties) a copy of the report is sent to the person's tutors and other relevant service staff (see <http://www.londonmet.ac.uk/student-services/dyslexia-disabilities/disabilities/nar.cfm>).

- 7.5 Students should be given advice relating to any additional funding for which they may be eligible (e.g. the Disabled Students Allowance), in order to pursue their chosen course of study.

## **8. Entry and induction**

- 8.1 Current students and staff from Student Services are available to guide new students through the process of enrolment and induction at the beginning of each semester, helping to reduce stress factors.
- 8.2 Student induction documentation and presentations should acknowledge heightened levels of mental stress experienced by most students during this settling-in period and be clear on how to access sources of advice to deal with problems that may be encountered. This should also apply to Module Handbooks, lectures, seminars etc. for modules encountered by students new to the University.

## **9. Accommodation**

- 9.1 To help alleviate stress associated with accommodation, the University (via the Accommodation section of the Estates Department) will continue to provide information about available accommodation, transport links and financial options, including guidance to students on inspecting local housing advertised through its offices.
- 9.2 Student residential accommodation endeavours to ensure general safety and to promote living conditions conducive to students' mental well-being; students are provided with information on room allocation procedures and on facilities for social interaction.
- 9.3 While the principle of non-discrimination in admission to accommodation is observed, where students have disclosed mental health difficulties their needs assessment would consider whether any adjustments are required.
- 9.4 To assist students in residential accommodation who might experience mental health issues, information about and referral to internal and external professional services is provided. Where necessary, arrangements would be made for transitional accommodation (e.g. following a period of hospitalisation).
- 9.5 Procedures to respond to crises and to address incidences of harassment or victimisation of students with mental health problems are in place (also see section 12).

## 10. Support and Services for Students

10.1 Mental health issues impinge on both academic and personal aspects of study, and the University is committed to providing support in both areas. Students have access to individual advice and support from a range of staff and specialised services, including:

- Academic subject tutors
- Learning Development tutors
- the Students' Union
- peer support schemes
- Personal Academic Advisers (Undergraduate scheme)
- Admissions
- Undergraduate and Postgraduate Centres and Registries
- International Office
- Libraries and IT services
- Halls of residence staff
- Student Services (see 10.2)
- Chaplaincy

10.2 Students with disabilities, including mental health difficulties, have access to specialist support via the Disabilities and Dyslexia Service and Counselling Service, including assistance of the Disability Officer (Mental Health). This support may be combined with the services of the Chaplaincy, to offer confidential support, and/or the Career Development and Employment Service, to help students gain a clearer sense of 'life purpose', career skills and options while also attending to personal issues related to career matters (e.g. confidence, study difficulties affecting course performance).

10.3 Provision for meeting the needs of diverse students is also monitored by Heads of Department assisted by Diversity Coordinators<sup>4</sup> appointed in each Academic and Professional Service Department, and each of the Undergraduate and Postgraduate Centres.

10.4 Students will be provided with information and guidelines about internal services and external agencies (see section 14 below), and ways of recognising, responding to and helping peers who might be experiencing mental health difficulties (see Appendix C).

10.5 Academic and professional service staff will be provided with similar information (see section 14 below and Appendix B).

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<sup>4</sup> According to the draft role description for **Department Diversity Coordinators** (memorandum from the Director of Human Resources, 21 April 2004), staff in this role act as point of contact on diversity issues, distribute information within their departments (including needs assessments for students with disabilities), identify and provide feedback to HoDs on diversity issues and priorities contained in Departmental Diversity Action Plans.

## 11. Teaching, Learning and Assessment

- 11.1 The University seeks to foster a non-discriminatory, non-stigmatising ethos in teaching and learning activities by providing **teaching staff** with good practice guidelines (see Appendix B) on supporting students with mental health issues and promoting mental well-being.
- 11.2 Towards the same goals, the University will provide **students** with study guides and other information regarding awareness of mental health issues and services (see Appendix C and section 14).
- 11.3 Of relevance to this policy that is aimed at enhancing inclusivity and equal opportunities, the University also encourages the use of a **range of appropriate assessment methods** to enable students to excel in their areas of ability, without overburdening them. Flexibility of approach will be combined with rigour of assessment standards.
- 11.4 The University has an obligation to ensure that its assessment methods do not exacerbate a student's mental health difficulties. The University will give due consideration to making **reasonable adjustments to assessment methods**<sup>5</sup> for students with mental health difficulties. Some of these responses may relate to general practice, while others may be designed around the needs of individual students<sup>6</sup>. Among the most stressful periods for all students, particularly those with a mental health issue, are those around examinations and assessment deadlines. Support will be offered to help students cope with these pressures.
- 11.5 If a student fails to submit coursework on time or to sit an examination due to an episode associated with mental health difficulties, s/he would usually qualify for **mitigating circumstances**. However, assessment regulations state that if a condition or situation is known and has continued for some time, this would not be accepted as a valid reason for mitigating circumstances, because the student is expected to manage the situation. In the case of students who are managing difficulties associated with long-term mental illness (such as schizophrenia), *reasonable adjustments to assessment tasks* should be made, in consultation with the Disabilities and Dyslexia Service, to allow the students more time to complete and submit the work.
- 11.6 With regard to **work and practice placements**, the placement provider has a duty of care whilst students are there. University staff from participating departments will provide advice and support to students with mental health issues and liaise with the providers about the students' needs, bearing in mind confidentiality and disclosure policies<sup>7</sup>.

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<sup>5</sup> The Disabilities and Dyslexia Service offers guidance and information to University staff to assist them in making appropriate adjustments. Guidelines are also available in the University Assessment Framework (section C7): see [http://www.londonmet.ac.uk/Demo\\_Shado/library/c71911\\_3.pdf](http://www.londonmet.ac.uk/Demo_Shado/library/c71911_3.pdf)

<sup>6</sup> In the case of professional courses the Course Leader should consult with the relevant qualification body as well as the Disabilities and Dyslexia Service.

<sup>7</sup> Disclosure requires prior discussion with and the consent of the student, even though placement providers are often subject to the same legislation and confidentiality requirements.



## **12. Crisis incidents, complaints and disciplinary procedures**

### **12.1 Crisis incidents**

Whilst very rare, there will be instances where a students' behaviour gives cause for grave concern. Such instances will vary from concern about self-harm or suicidal intentions by a student, to incidents of extreme or bizarre behaviour where there is cause to believe that the students themselves or others may be harmed and in immediate danger.

A policy and protocol for dealing with such incidents is attached (see Appendix D). In summary, where there are immediate concerns about harm to the student or to others, the emergency services should be called. Where concerns are less immediate and there is time to consider the most appropriate intervention, the Counselling Service can be contacted for consultation and assistance.

### **12.2 Complaints**

The University has a comprehensive complaints procedure under which any student may voice her/his concerns. Students may feel that an actual or perceived mental health difficulty may have given rise to unfair treatment, in which case the Student Complaints Procedure set out in the Student Handbook should be followed (see <http://www.londonmet.ac.uk/student-handbook/regulationsandpolicies/studentcomplaints.cfm>).

Complaints should ideally be resolved informally, if at all possible, in which case raising the issue with the individual concerned would be the most straightforward approach. Where this may not be possible, a complaint should then be made in writing. Each University department – academic and professional service – has a specific procedure which will set out the line of responsibility in that department as well as stating how quickly complaints will be addressed. Should students still feel that their complaint has not been satisfactorily resolved, they may then write directly to the University Secretary and Clerk to the Board of Governors.

In the event that a student exhausts the University processes, s/he may then complain to the Office of the Independent Adjudicator [OIA] to Higher Education. This is an external body established under the recent Higher Education Act to provide a fair and transparent student complaints scheme. The OIA is supported by the National Union of Students (NUS) and the majority of HE institutions now subscribe to the scheme.

### **12.3 Disciplinary Procedures**

The student Code of Discipline is set out in the Student Handbook (see <http://www.londonmet.ac.uk/student-handbook/regulationsandpolicies/studentmisconduct.cfm>). Breaches of this code may require that disciplinary action be taken by the University in order both to make it clear to the individual concerned that her/his behaviour is unacceptable and to ensure that other students and staff are protected. On the other hand, certain behaviours may be more appropriately addressed in terms the procedures for crisis incidents.

This can often be a difficult area with regard to breaches of conduct thought likely to be a consequence of mental health difficulties. The University is committed to treating all such instances sympathetically, whilst balancing the respective needs to operate a fair and consistent code of conduct for all students, observe our duty of care and ensure the health and safety of all. The disciplinary procedure is also set out in the Student Handbook.

Again it is hoped that all concerns regarding a student's conduct can be raised informally in the first instance. There is also provision for Heads of Department to give a written warning to students. These steps might also provide an opportunity to express concern for a student's mental health and to provide an appropriate referral for help.

If this is unsuccessful and breaches of conduct are repeated, or where the conduct is serious enough to warrant a formal hearing directly, the Panel hearing the case will make every effort to determine whether there are any mitigating circumstances giving rise to the conduct. In particular, the Panel will offer the student and her/his representative every opportunity to state whether the student has, or believes s/he may have, any cause to feel that mental health difficulties or concerns may have caused or contributed to the breach of conduct. In the event that mental health issues are cited, any penalty will take this in to account, and appropriate referrals will be sought and offered to the student.

However, it must be noted that there may be incidents that are so serious that a student may be required to remain off campus until the University can be assured that her/his conduct will be within acceptable limits.

### **13. Interruption and completion of studies**

- 13.1 Where, on the grounds of mental health issues, a student decides to suspend his/her studies, the University will attempt to provide advice and support in relation to the suspension and possible return to study. This advice and support will be offered through the appropriate academic department and Student Services (Student Advice, Information and Funding; Disability and Dyslexia Service or Counselling Service).
- 13.2 The University has in place procedures that enable students temporarily to suspend their studies (or parts of their studies) if the student's ability to perform is being affected by a mental health issue. Before suspending or withdrawing the student should be given the opportunity to explore the implications of his/her decision. For example, Academic Departments, the Undergraduate/Postgraduate Registries and Academic Administration may be able to advise the student about such issues as: (a) the implications for assessment, (b) the accumulation of credits towards a degree or other qualifications, (c) financial implications and fee payment options, (d) module availability. In some instances it may be helpful for the student to consider a change of programme.
- 13.3 While the University will make every possible effort to support such students, their return to study will be conditional on the students' being able to meet the University regulations described in the Student Handbook. The decision regarding their possible re-admission rests with the Deputy Vice Chancellor (Academic) in consultation with the relevant academic Head of Department and the Head of Student Services. Students are advised to make contact with their academic department and with appropriate support services well in advance of returning.
- 13.4 In some instances **exit guidance** may be essential to prepare students with mental health issues for the next step, or to direct a student towards a more suitable programme.

## **14. Training, support and guidance**

In terms of the goals of this policy (see sections 4 and 6) it is important for all students and staff to be actively aware of mental health issues, services and procedures.

### **14.1 Students**

Information and awareness among students about mental health issues and services will be promoted in various ways, including

- awareness campaigns (posters, leaflets, exhibitions, cultural events, Mental Health Days)
- practical campaigns (e.g. exercise programmes, stress-reduction and health enhancement therapies)
- Induction Pack
- Student Study Guides (e.g. Exam Stress, Stress Management for Presentations and Interviews)
- University and Students' Union websites

In addition to existing provision (see section 10), other vehicles for personal support regarding mental health issues will be explored, for example:

- self-help groups assisted by staff with relevant expertise
- welfare mentoring programmes or buddy schemes
- student-focused mental health organisations

### **14.2 Staff**

Staff development will occur in two main phases:

(a) To begin with, a pack containing guidelines (see Appendix B) plus staff development materials, will be rolled out via workshops at departmental level, for academic, professional service and frontline staff.

(b) Ongoing information and support will be provided via:

- advice and assistance from the Counselling Service, Disabilities and Dyslexia Service and the Chaplaincy
- staff induction programmes
- discussion of mental health issues incorporated into the University's professional courses on Learning and Teaching in HE and other staff development programmes
- university-wide Learning and Teaching workshops and events

## **15. Monitoring and review**

This policy will be monitored and updated by the Diversity and Equality Group, making recommendations to University Learning & Teaching Group (with which it currently has a formal line of reporting) and other committees and relevant structures (e.g. Steering Groups on Diversity and Equality, and on Staff Development). Monitoring the policy will entail the assistance of

- Heads of Department, aided by Diversity Coordinators and Departmental Learning & Teaching Facilitators
- the Students' Union
- Student Services (in consultation with the student body)
- Key staff in Library, IT and other frontline services
- Hall Wardens.

## APPENDIX A

### Legal Framework for Mental Health Policy<sup>1</sup>

#### ***Our contract with the student***

Contracts form the legal basis of our relationships with students. Legal opinion (see footnote below) states that this could include pastoral care as well as teaching. Potentially a student could claim breach of contract if s/he felt insufficiently supported in terms of statements or claims made by the University that form part of the contract (e.g. the prospectus), or if agreements made at admission regarding support were not carried through.

#### ***The Duty of Care and Negligence***

- Institutions owe a duty of care to students and staff
- General principle is that the standard is “reasonable care”
- Applies to teaching staff and other ‘educational professionals’\*
- Duty to take positive steps regarding students’ well being\*
- Duty to exercise the reasonable skill and care of their calling in providing education and identifying and/or meeting students’ educational needs\*
- Duty to act reasonably to protect the health, safety and welfare of students and staff\*
- Provision of support\*
- Higher duty to those aged under 18
- Need to balance the duty of care for one student with the duty owed to other students and staff\*
- The law of negligence applies where we could be deemed to have failed to identify students at risk and to have responded appropriately to their needs (e.g. refer them for support or to carry out risk assessments etc).
- Bolam test<sup>2</sup> for counsellors and other similar specialist services

#### ***Confidentiality and the Data Protection Act 1998***

- All students owed duty of confidentiality at common law\*
- Information should be disclosed only with consent or where disclosure can be justified in the overriding public interest (e.g. prevention of serious harm)\*
- Data Protection Act applies to all recorded information\*
- All information must be recorded ‘fairly and lawfully’ and only shared with explicit consent unless one of very few areas where an exemption applies\*
- Data subjects have a right to see all recorded information held

#### ***Disability legislation***

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<sup>1</sup> Quoted text (indicated with asterisks) comes from slides from Eversheds Legal Briefing on Student Mental Health, November 2004. Other information is taken from Harris (2003).

<sup>2</sup> The Bolam test (which originates from a legal case in 1957 pertaining to medical care) entails peer judgment as to whether treatment accords with good professional practice

- Primary legislation is the Disability Discrimination Act (1995), and in particular part IV of the DDA, the Special Educational Needs and Disability Act (2001)
- “Mental impairment” constitutes a disability under the terms of the Act if it meets the criteria of (a) substantial and long term (over 12 months) and (b) has an adverse effect on the person’s ability to carry out day to day activities
- Specifically includes “memory or ability to learn, concentrate or understand”
- Institution obliged to make “reasonable adjustments” for the individual and to ensure that “reasonable steps” are taken to ensure that the student is not placed at a “substantial disadvantage” in comparison to other students

### ***Health and Safety legislation***

Employers have a responsibility, as far as reasonably practical, to ensure the health, safety and welfare at work of employees and of all those “lawfully on the premises”.

### ***Other statutory duties***

The *Human Rights Act (1998)* gives individuals a wide range of rights, still being tested through case law. There is a view that parts of this Act, along with the European Convention on Human Rights, could be used by students claiming unfair or unequal treatment, or in cases where action was not taken to refer students for appropriate help where there were apparent risks to their well being.

The *Race Relations Amendment Act (2000)* has no specific reference to mental health. However, statistics show<sup>3</sup> that people from ethnic minorities are more likely to be recorded as experiencing mental health difficulties and to be detained under the Mental Health Act. There is a great deal of debate in this area as to how much racism directly or indirectly accounts for these figures. Given the University’s duty to promote race equality and our own equal opportunities policies, we should be mindful of this factor in our practices.

Other legislation that has implications for this policy, because it addresses other forms of discrimination or attitudes that can affect people’s mental health, includes the *Sex Discrimination Act (1975)*, that prohibits sex discrimination in employment, education and the provision of housing, goods and services (in the employment field discrimination on the grounds of “gender reassignment” is also outlawed), and the *Employment Equality Regulations (2003)* that ban discrimination at work and in “vocational training” on the grounds of sexual orientation, religion or belief.

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<sup>3</sup> See, for example, the 2002 report on “Ethnic minority psychiatric illness rates in the community (EMPIRIC)”, available at: <http://www.official-documents.co.uk/document/deps/doh/empiric/empiric.htm>

## APPENDIX B

### GUIDELINES FOR STAFF: STUDENTS & MENTAL HEALTH

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#### 1. INTRODUCTION

These guidelines have been compiled to assist staff to meet their responsibilities in terms of the University's **Policy on Student Mental Health**, which rests on the following *principles* (see section 4):

"London Metropolitan University is committed to offering good support for all its students. In relation to mental health, we shall endeavour to:

- promote student mental well-being
- support students experiencing difficulties or needing adjustments
- raise awareness among students and staff of mental health issues, services and procedures
- create a non-stigmatising ethos in which confidentiality and the dignity of all are respected
- develop policy informed by liaison with students, staff and relevant external agencies
- ensure monitoring and review of policy and practice.

It should be noted that as the University is an educational community there will be limits to the support that can be offered, given our resources and the necessity to balance the needs of individuals against the needs of the wider student and staff bodies."

Regarding *legal obligations* (see appendix A of the Policy), the University is required to:

- exercise duty of care in providing education and meeting students' educational needs, including pastoral care as well as teaching
- take positive steps to promote students' well-being
- ensure the health, safety and welfare at work of all those "lawfully on the premises"
- protect against discrimination on the basis of race, gender, sexual orientation, religion or belief
- make reasonable adjustments to support students with disabilities, including "mental impairment"
- ensure confidentiality; disclosure may occur only with the student's consent or where it can be justified in the public interest or duty of care owed to other students and staff.

#### 2. STAFF RESPONSIBILITIES

As stated in section 6.1 of the Policy, all staff are expected to:

- exercise duty of care in their dealings with students; if a person shows signs of mental health difficulty, staff should offer or seek appropriate assistance
- treat each student with dignity
- recognise the boundaries of their roles, knowing where, when and how to refer on
- uphold confidentiality and exercise responsibility regarding disclosure

- contribute towards building a non-stigmatising community.

### 3. DEFINITIONS

From section 3 of the Policy:

“*Mental health* refers to “the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents”<sup>8</sup>. *Mental health difficulties* exist across a spectrum of states of mind and behaviours, from temporary responses to painful events through to more debilitating and persistent conditions.

Clinical definitions of recognised mental health problems are generally considered unhelpful for documents such as this. It is important to avoid any tendencies to pathologise students and, rather, to concentrate on the issues of response and support. Many people with mental health issues can and do lead fulfilling lives.

For institutional purposes it is sufficient to distinguish between students with mental health difficulties or illness who can usually be supported in various ways in the course of their studies, and those who may need to withdraw temporarily or permanently. More specific definitions are helpful only to clinicians when considering treatment.”

In addition:

Mental health problems take varied forms, including anxiety, obsessions, phobias, depression, eating disorders and more serious conditions such as schizophrenia. There are usually complex causes involving a combination of biological, psychological and social factors. Many mental health difficulties are temporary and may respond to rest, counselling and/or medication. With longer-term problems, the person may experience intermittent periods of good and poor health. Contrary to popular perceptions, only a small minority of people with mental health problems exhibit violent or anti-social behaviour<sup>9</sup>.

### 4. GOOD PRACTICE GUIDELINES

#### (a) general

- Tutors and frontline staff are often the first point of contact for a student experiencing problems, so it is essential for you to be aware of support networks and procedures.
- Be alert to changes in your students’ behaviour, appearance and performance. These could be warning signs of more serious problems (see 5 below). Discuss these changes with the student – you may be the first person who has noticed the student’s difficulties or with whom the student has spoken about these problems.
- If the student needs more than an empathetic ear, then other sources of support, internal and/or external, should be suggested (see directory below)
- If the student agrees to accept more specialist help, then advise and perhaps assist him/her to contact the appropriate service (see 9 below)

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<sup>8</sup> From Leeds University website on mental health for students <http://www.leeds.ac.uk/ahead4health/whatis.htm>

<sup>9</sup> From University College Northampton staff guidelines on supporting students with mental health difficulties.

- If you are concerned and the student declines to seek further help, consult a member of the Counselling Service or the Disabilities Officer (Mental Health)
- In an **emergency** when the student's safety and/or the safety of others is at risk, *call the emergency services* – phone University security (666) or dial 999 to ask for police or an ambulance
- If you are worried about how (far) to help someone, speak with a trusted colleague or line manager or ask advice from the Counselling or Disabilities services staff.

### **(b) teaching and learning**

The following strategies may help to promote inclusivity and mental well-being and to create a supportive environment for students with mental health difficulties:

- Treat students as individuals according to their needs.
- Be encouraging and help students to strengthen their self-esteem and confidence.
- Ask whether assistance is required, don't make assumptions about a student's needs - which can be perceived as patronising, notably by students with disabilities.
- Encourage and/or offer opportunities for peer learning and peer support – activities which can provide a secure base for learning and for overcoming self-doubt, loss of focus and feelings of helplessness.
- Create a learning context with clear groundrules based on the principles of equitable participation, non-discrimination and respect for the dignity of all.
- Avoid and discourage the use of language, terminology or anecdotes that may stigmatise and cause offence to others.
- Be alert to the possible impact on students of sensitive or emotive topics and subject matter. Be ready to mediate class discussion and be available to see individuals who may need to talk afterwards.
- Be clear about the boundaries of your role as a teacher, i.e. to provide academic and personal support but not therapy.
- Take cognisance of the challenges posed by assessment tasks and deadlines. Many students with mental health issues find the learning situation very stressful, especially when undergoing formal assessment and giving oral or group presentations. The University policy is to make reasonable adjustments where necessary (see guidelines on Student Services website: <http://www.londonmet.ac.uk/student-services/dyslexia-disabilities/londonmet-disabledstudents/examination-assessment.cfm>)
- Discuss exam arrangements with the class sufficiently in advance for any student concerns to be discussed and any required adjustments to be put into place.
- Be sensitive and patient about the effects of mental health difficulties. Students with depression may seem uninterested or exhibit poor concentration, irritability or fatigue. Severe anxiety can also impair concentration and cause distorted perceptions.
- Monitor student attendance, behaviour and performance (see 6 below)
- Be sympathetic about absence (due to genuine personal difficulties) and assist students to catch up on missed work. For some students with mental health problems, simply being able to engage in studies is a measure of personal success, helping them to cope with their own challenges.

## **4. CONFIDENTIALITY & DISCLOSURE**



All staff must respect the confidentiality of protected personal information about students, such as information about mental health problems or certain disabilities. Ensuring confidentiality is vital in encouraging students to seek help when appropriate. They need to be assured that information given will be treated with respect and passed on to only with those who need to know.

Information should be shared with other people only for the purpose of providing care, support or protection – and this requires informed consent. As noted above (paragraph 3), “disclosure may occur only with the student’s consent or where it can be justified in the public interest or duty of care owed to other students and staff”.

Students might disclose a confidential problem when in a teaching situation. If a student tells a member of staff — and only that one member of staff — about a disability, the University may still be "deemed to know" and be expected to make "reasonable adjustments". Hence it is vital for the student to complete a **Disclosure Authorisation Form**. For further details about dealing with disclosure, see the Student Services website:

<http://www.londonmet.ac.uk/student-services/dyslexia-disabilities/staffinfo/disclosure.cfm>

## 5. COMMON SIGNS

Possible signs that might indicate potential mental health problems include<sup>10</sup>:

- progressive or sudden deterioration in attendance, attention, quality of work
- progressive deterioration in appearance (sad, ill, unkempt, dramatic weight increase or decrease) and/or social behaviour or a sudden/rapid deterioration in any/all of these
- dramatic swings in expression of feeling or social engagement
- concerns expressed by peers
- seemingly outrageous claims or personal statements
- inappropriate or untimely responses (e.g. in lectures)
- changes in the way the student smells (e.g. the smell of alcohol or cannabis) or the way the student sounds (e.g. flat, agitated, very quiet, very loud)
- something odd or unpredictable about their manner which makes you feel concerned or uneasy.

Whilst you may be concerned about an individual's behaviour it is important to balance this by trying not to stereotype or label people. What is considered acceptable by one family, country, culture or period of history may be considered bizarre or extreme in another. Being different culturally, sexually or socially or doing something different from the norm does not constitute mental illness. The key message at all times is "if in doubt, seek advice".

## 6. WHAT TO DO IF YOU ARE CONCERNED

- If you have concerns about a student's well-being it is important to be willing to broach the subject with them. Do not avoid the situation or pretend that nothing is wrong. "Own" your concerns by saying, "I am concerned", rather than "we" or "they".

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<sup>10</sup> This section and the following two (sections 6, 7 and 8) are drawn and adapted from University of Surrey guidelines – see [http://www.surrey.ac.uk/dsg/mental\\_health\\_3.html](http://www.surrey.ac.uk/dsg/mental_health_3.html)

- Approach the student in an empathetic and understanding way. Remember to be sensitive to issues relating to sexuality, race, religion, culture, disability and gender.
- Simply asking the student how they are may provide them with an opportunity to discuss their concerns with you — they may only want an understanding ear.
- 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, and consider arranging a more suitable time.
- Be open and honest with the student in your initial contact — this will help to develop trust between you. Remember that a student might often avoid seeking help because of concerns about the consequences of telling someone. You could advise the student that seeking support is viewed as a positive step in many professions as it indicates a willingness to face problems.
- If the student indicates that they are experiencing mental health difficulties it is often useful to check whether they are already seeing a GP, Counsellor, Psychiatrist, etc..
- Whilst you should normally try to obtain the student's consent before you share confidential information with someone else, if you are uncertain about how to help a student you should contact a member of the Counselling or Disabilities services to ask their advice in confidence, without revealing the identity of the student.
- Don't offer help beyond your role. Remember that it is not your responsibility to solve the student's problem. Also consider any potential conflict of your role and whether you have someone to consult and give you support.
- The student may not identify or acknowledge that they have a problem. Try not to humour them by pretending to agree that there isn't a problem if it's clear to you that there is.
- Do not ask insensitive or intrusive questions — respect the right of the student if they do not wish to discuss things. Consider offering them an open invitation to come back and talk to you in the future.
- How you respond to your concerns about a student will depend to a large extent on your assessment of their situation. The prime consideration is the safety and wellbeing of the individual concerned and those around them.

## 7. DEALING WITH DIFFICULT AND CRISIS SITUATIONS

Potentially difficult situations could include (i) discipline problems; (ii) sudden unexpected violence; (iii) disturbed/irrational behaviour; (iv) sudden illness/collapse; (v) harassment — sexual/racial/homophobic; (vi) uncontrollable arguments; or (vii) threatening/abusive behaviour.

You need to make sure that you **know your procedures**, including **whom to report an incident to** and **whom you can call on for immediate assistance**. Don't be ashamed of feeling unable to cope — call in additional support.

Strategies that you may find helpful include:

- Giving yourself time to think by offering the individual a cup of tea or coffee. *Don't feel that you have to come up with an instant answer.*

- *Try not to join in* by retaliating. It's better to comment on a person's behaviour than to shout back (e.g. "You are obviously very angry"). Keep your emotional distance.
- *Remain firm* and don't be afraid to say "no" if you mean "no".
- *Try to listen* to what the person is saying — irrational behaviour usually has some meaning.
- *Don't be afraid to state the obvious*. Most people fear being direct, but a straightforward attitude can be a relief to people in this state.

Difficult or disruptive situations nearly always leave people feeling stressed afterwards, so it's important to find some time to *talk things over with a colleague* in a supportive, non-accusatory way. Try not to blame yourself or others after the event.

There is *no right way* to deal with these kinds of situations. What helps is holding onto your capacity to think and knowing what support systems you have to help you cope as well as possible. *Your judgement is as good as anyone else's*.

#### **Helpful actions include:**

- Listening and acknowledging the student's feelings
- Waiting to respond until they have had a chance to vent their negative feelings
- Keeping an open mind
- Remembering that the student probably has a different perspective to you
- Helping the student save face by moving them to an area where they can express negative feelings without being observed by others (if you feel safe to do so)
- Speaking in a calm voice at low pitch
- Keeping judgments to yourself about what should or should not upset people

#### **Unhelpful actions include:**

- Denying the student's feelings
- Telling them to calm down
- Telling them that you refuse to listen because of the negative feelings they are expressing
- Telling them that you do not want to hear the reason for their negative feelings
- Reacting defensively to any attacks on you, your programme or the University
- Engaging in a heated debate in a public area
- Remaining standing while the student is sitting
- Raising your voice
- Jumping to conclusions

## **CRISIS INCIDENTS**

Whilst very rare, there will be instances where a student's behaviour gives cause for grave concern. Such instances will vary from concern about self-harm or suicidal intentions by a student, to incidents of extreme or bizarre behaviour where there is cause to believe that the student themselves or others may be harmed and in immediate danger.

A policy and protocol for dealing with such incidents is included in the Mental Health Policy document (see Appendix D). In summary:

- where there are *immediate concerns* about harm to the student or to others, the **emergency services** should be called
- where concerns are *less immediate* and there is time to consider the most appropriate intervention, the **Counselling Service** can be contacted for consultation and assistance.

## 8. REFERRING STUDENTS TO SPECIALISED SERVICES<sup>11</sup>

**How** this is done can be crucial. Many students complain about being passed from one agency to another within the University, so being as precise as possible when referring students is important. Some students may be emotionally fragile and they may need particular support when being referred, e.g. to know the name of the person they are being referred to, or to have had an appointment made for them in advance.

Some points to bear in mind when referring:

- It helps to be specific about **where** you are sending students. Many students get lost, literally and figuratively! Rather than sending students to Student Services give a more precise location, e.g. the Disability and Dyslexia Service in the Student Services Centre, just off the Piazza in the Tower Building. Student should check in with the Reception staff when they go in as they can direct students to the relevant service.
- Be specific about **when** to go. If you're seeing a student in the evening, most student enquiry points will be closed. If you don't have information about opening hours to hand, you could call to check. If you can't get an answer from a specific office, during the day Student Services may know the answer, or in the evening, the reception staff at main entrances are a mine of information!
- Be specific about **why** you are sending the student to a particular office. Many students arrive at the intended destination but are unclear as to why they have been sent there. This is especially so when the student is upset. Staff then have to try to go through the student's situation to work out what it is the tutor may have had in mind. Consider whether it would be best to write the information down for the student and to suggest that they may wish to show this to staff at the other end.
- Be mindful when dealing with **students who are distressed**. It can be very difficult and upsetting to be faced with a student who is crying, angry or who appears to have significant mental health problems. It may be important not to immediately send the student away to someone else before you have had the opportunity to assess the situation. Some upset students need only 5 minutes of a sympathetic ear (and they would often prefer that to belong to an academic) and they will be fine. Others will need to see a counsellor or perhaps, in some extreme and unusual cases, will need an ambulance - the Counselling Service will be very happy to advise you in any situations like this - just call them on x 2370 (City) or x 2093 (North).

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<sup>11</sup> This section draws from guidelines provided in PAA Handbook (2005) compiled by the Student Services Department at London Metropolitan University.

## APPENDIX C:



### Guidelines for Students: Helping Another Student

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There may be times in your University career when you have concerns about the mental health of another student, your friend or someone else. In these circumstances, you may be very concerned about doing 'the right thing' though, in truth, it is difficult to know what is the 'right thing'. At the same time, it is important to recognise and stay within your limitations.

Often the unusual or bizarre behaviour of others has a tendency to alarm us, so it might be important to distinguish between what is an emergency and a non-emergency situation. Very often a person in distress may just need to talk to and be listened to by someone. However, if you think there is danger to anyone you should call the **emergency services** – phone University security (666) or dial 999 to ask for police or an ambulance.

#### ***Non-Emergency Situations***

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In most cases, a request to you for help from another student does not constitute an emergency. You should consider:

- (a) the level of distress in others which you can bear - it will not be helpful to the other person if you become overwhelmed or feel panic.
- (b) the extent of your knowledge and skills - you are not expected to be an amateur counsellor or therapist and it is not a sign of failure to discuss what to do with someone else.
- (c) the requirements of your role - there is a clear distinction between helping a friend with academic matters and helping him/her with personal matters.
- (d) what resources are available within the University, to which the student may be referred (**see below**).

Find out whether the person has been getting help from anyone else and/or whether there is anyone you could call (for him/her).

#### ***Emergency Situations***

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An emergency situation is one where the student is behaving in a way that gives you concern about his/her safety or the safety of others and it requires an immediate response. The student may:

- (a) present evidence of suicidal tendencies, e.g. has told you of an intention to commit suicide or has spoken to you about feelings of despair or hopelessness.
- (b) be at risk of harming him / her self (including cutting, eating disorders) or others (such as threats of violence or threats to kill).
- (c) have become unstable or lost control. This may be the result of a mental health episode or panic attack, which may include hyperventilation or fainting.

## Crisis Situations

A crisis situation is equally difficult to define and differs from an emergency in that the situation may not necessarily require an urgent and immediate response. You may be aware that a student is:

- (a) developing a problem in his/her use of alcohol and / or other drugs.
- (b) experiencing visual or auditory hallucinations, holding fixed irrational beliefs, is difficult to communicate with or losing a sense of shared reality.
- (c) unusually unable to manage his/her academic responsibilities.
- (d) behaving in ways which are out of character.

## Responding In Emergency or Crisis

1. The options below are intended to be guidelines only. What you do may depend a lot on your relationship with the student and what assistance is available. However, ***you should not put yourself or the other student at risk*** by assuming that the best response is to work through dangerous or threatening situations on your own.
2. If the student is in a Hall of Residence, you should contact the Warden to advise him/her of your concern

Emergency / Crisis	<i>Possible Response</i>
You notice a deterioration in the other student's health or personal care.	Express your concern to the other person and encourage him/her to contact his/her <b>GP (doctor)</b> . If necessary, accompany him/her to the GP surgery. Discuss your concerns with a <b>University Counsellor or Disability Officer</b> who may be able to help you clarify the issues (Note 1).
The other student is behaving out of character, perhaps becoming withdrawn or going over the top.	Discuss your concerns with a <b>University Counsellor or Disability Officer</b> who may be able to help you clarify the issues. Alternatively, encourage the other student to make contact with these services.
The student has taken an overdose or has harmed self in some physical way.	<b>Phone 999</b> and ask for an <b>ambulance</b> . Inform <b>university security</b> . In cases of overdoses, if possible note or take hold of what has been taken and give to ambulance crew or doctor. In cases of self-harm, call first aid.
The student is behaving in an aggressive and/or dangerous manner (Note 2).	Take no risks. <b>Call university security (666) or phone 999</b> and ask for <b>police</b> .
The student appears to have lost contact with 'reality' but does not pose a risk to others.	Attempt to persuade the student to either: (a) phone his/her <b>GP (doctor)</b> or you could phone the GP on the student's behalf, (b) seek the student's permission to contact next of kin or (c) go to the university <b>Counselling Service</b> .
The student appears to be	Call the university <b>Counselling Service</b> for an informal

using alcohol and / or drugs.	conversation with a counsellor.
The student appears to be in serious panic.	Help the student gain control over breathing using a paper bag or cupped hands and using counting (4 in, 8 out). Refer student to <b>Counselling Service</b> .
The student is speaking about the possibility of committing suicide.	You may have to treat as an emergency or attempt to persuade the student to either: (a) phone his/her <b>GP (doctor)</b> or you could phone the GP on the student's behalf or (b) refer to the university <b>Counselling Service</b> .
The student is distressed about an upcoming examination.	Attempt to persuade the student to attend any of the following drop-in sessions (where appropriate) in Student Services: (a) <b>Counselling Service</b> (b) Mental Health, (c) <b>International Student Advisor</b> .
The incident / episode takes place out of normal office hours.	It may be appropriate to contact <b>Samaritans</b> who provide a 24 hour emergency service for dealing with people who are feeling suicidal and / or depressed. On the following day, you should inform the Head of Student Services about the incident / episode.

Note 1: In most situations where you are not sure what to do and there is no need to act instantly, it may be helpful to discuss your concerns with a Counsellor or Disabilities Officer.

Note 2: Most students experiencing mental health difficulties do not behave in an aggressive and/or dangerous manner.

### ***The University Counselling Service***

The University Counselling Service is not an emergency service but it does keep one appointment per day for dealing with urgent referrals. Staff are also experienced in dealing with people at risk. Students wishing to see a counsellor would normally arrange this independently by first coming to a Counselling drop-in session. If someone needs to be seen urgently, he/she can be given an 'emergency' appointment which means he/she can usually be seen on the same or the following day.

**Telephone:** North Campus: 0207 133 2094 (Student Services Reception)  
City campus: 0207 320 2370 (Student Services Reception)

**Email:** North campus students: [counselling.north@londonmet.ac.uk](mailto:counselling.north@londonmet.ac.uk)  
City campus students: [counselling.city@londonmet.ac.uk](mailto:counselling.city@londonmet.ac.uk)

### ***The University Disabilities and Dyslexia Service***

The University Disabilities and Dyslexia Service can give advice to students who are concerned about a fellow student's mental health. Students with mental health problems can register with the Service and receive support and advice. If a student wishes to inform his or her academic department that he or she has a mental health problem, a Disabilities Officer will carry out a needs assessment and liaise with the appropriate academic staff. Students with long-term mental health problems can receive mentoring support, which is facilitated by



the Disabilities Officer (Mental Health). The service is based in the Department of Student Services. Disabilities Officers are available to give advice by phone, email or in person.

**Telephone:** North Campus: 0207 133 2188 (Disabilities and Dyslexia Service Administrative assistant)

City campus: 0207 320 2370 (Student Services Reception)

**Email:** North campus students: [disabilities.north@londonmet.ac.uk](mailto:disabilities.north@londonmet.ac.uk)

City campus students: [disabilities.city@londonmet.ac.uk](mailto:disabilities.city@londonmet.ac.uk)

In person: Call the number above to arrange to see a Disabilities Officer.

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## APPENDIX D:



### **Crisis Intervention Policy and Protocol**

*The University would like to thank the Department of Student Support Services at the Nottingham Trent University for permission to adapt their policy for crisis intervention for our use.*

#### **Introduction**

There is a growing awareness among professional bodies and groups working in the field of student support, of the need for higher education institutions to respond appropriately to situations where visible signs of mental health difficulties, psychological, personality or emotional disorders may have a profoundly disturbing impact on the functioning of individual students and on the well-being of others around them.

It is important to recognise that the majority of students with mental health difficulties are unlikely to present disruption to others. Indeed, in many cases, the University will not become aware of students who have mental health difficulties. However, there are a few incidents in the University each year, where students' disruptive behaviour is related to causes outlined above and is beyond the containment of the University.

This policy is not intended to give guidance on wider matters relating to students with mental health problems, (other systems and procedures will address these matters) but is intended to ensure a consistent and sensitive approach to managing situations which become problematic.

#### **1. Purpose of the policy**

1.1 The purpose of this policy is:

- (i) to identify the appropriate response by staff in the circumstances, set out in the introduction, where it is not considered appropriate to apply the disciplinary procedures
- (ii) to provide a co-ordinated and appropriate use of the professional competence of University staff for dealing with such situations and to provide guidance on the course of action to be taken in a crisis situation where it is apparent that a student's mental state may prevent him/her from gaining benefit from the educational provision at a particular time or is adversely affecting the interests of students/staff around them and
- (iii) to enable staff to identify the limits to the support which they can provide and the appropriateness of referring the student on to other agencies either internal or external;

## 2. **Emergencies**

In a situation where it is believed that a student's behaviour presents an immediate risk to themselves or others the emergency services should be contacted by dialling 999. Site security staff should also be informed if immediate help is required and to ensure that Reception staff know where to direct the emergency services.

- 2.1 The incident should be followed up later by notifying the Head of Student Services of the details of the incident and action taken. This will allow for further response as required as well as central monitoring in order to review policies and practices.
- 2.2 Security staff should keep a record of the action taken by the emergency services and, where appropriate, pass this on to the Head of Support Services.
- 2.3 The Head of Student Services or nominee will ensure that contact is made with the student, the student's Head of Academic Department and relevant FE/undergraduate/postgraduate centre in order that appropriate arrangements made with regard to academic matters. It is possible that the student will need to temporarily suspend their studies for recuperation. (See Sections 6 and 7).
- 2.4 In the event of an incident occurring at a Hall of Residence, the Hall Manager or nominee will notify the emergency services and keep a record of the action taken. A report form will be completed and a copy sent to the Head of Student Services.

## 3. **On-going concerns**

- 3.1 In situations where a student's behaviour or well-being causes concern but does not present an immediate crisis, initial support is best handled 'locally', i.e. through the tutorial and support systems that exist within the FE/undergraduate/postgraduate centres, Halls, or via the member of academic staff who has identified the difficulty. The student is more likely to respond to such an approach from a member of staff who is familiar with their academic or residential context and to take practical advice from someone who is already known to them.
- 3.2 Guidance on how best to make such approach will be available from specialist staff within Student Services. The relevant 'local' member of staff (as above) should meet with or make contact with the student to explain what the concerns are and try to get an understanding of the student's perception of the situation. The student should be encouraged to access Student Services or to get help through their GP. The concern may also be reported to Student Services for information and possible future support.
- 3.3 Where it is suspected that a student's behaviour may be related to an ongoing or emerging mental health problem, it is important that consideration is given at an early stage to consulting the Counselling Service who will provide advice on the support that can be offered by the University, or whether referral to an outside agency is necessary. Guidance will also be provided on considerations that may be necessary to meet obligations under the Disability Discrimination Act Part 4. However, it is extremely important that in cases of emergency, the procedure outlined in section

2.1 is followed and referrals are not filtered through any Student Services area as this may lead to unnecessary delay.

3.4 With the students' permission, a referral to the University Counselling Service or Disabilities and Dyslexia Service may be appropriate in certain cases where the student has sufficient insight to work through their problems or where their mental health issue could constitute a disability.

#### 4. **Disruptive behaviour or behaviour otherwise giving cause for serious concern**

4.1 If the student refuses to access support and/or continues to exhibit behaviour which is disruptive or causes concern (for example, displaying bizarre/irrational behaviour, threatening to self-harm), the Head of Student Services should be informed. The Head of Student Services (or nominee) will then co-ordinate and monitor a response to the situation through the active intervention of specialist Student Services staff. Typically, this would involve the Counselling Service and the Disabilities and Dyslexia Service, but could often include the Chaplaincy and other specialist staff such as the International Student Advisor, as appropriate.

4.2 An appropriate member of staff from Student Services will contact or meet the student to offer support and make a decision regarding referral to appropriate local statutory agencies. If it is necessary to seek the intervention of the student's GP and the local Mental Health Team, this will be done through Student Services.

4.3 Where necessary and appropriate, support will also be offered by Student Services to those students and colleagues who may be affected by the situation. Staff can also obtain personal support through the University's Employee Assistance Programme. A central file record will be kept in Student Services of all referrals, action and developments in the case and relevant colleagues will be updated on a 'need to know' basis, ensuring respect for issues of confidentiality.

4.4 In cases where it becomes apparent that an individual student's support needs are beyond the responsibilities of the University, the Head of Student Services will alert the head of the relevant academic department to the situation. Where appropriate, there will be contact with the Student Accommodation Service.

4.5 A decision will be made by the relevant head of academic department, with advice from the Head of Student Services (or nominee), on whether the student's nominated emergency contact should be informed. The University may need to be guided by statutory provisions (for example, of the Data Protection and Mental Health Acts) in reaching this decision.

#### 5. **Suspension [or exclusion] of a student**

A decision will also be made by the head of academic department, with advice from the Head of Student Services (or nominee), on whether the student should be advised to, or required to, take leave of absence from their studies at the University

whilst appropriate means of addressing the situation are being considered. If the student's behaviour has caused disruption in University managed accommodation, it may also be necessary for the Hall Manager to make a decision on whether temporary exclusion from the residence is required. In reaching these decisions, due care and consideration will be exercised, through consultation with the Head of Student Services, to avoid as far as possible the student being placed in a more vulnerable situation.

- 5.1 It will be made clear to the student that this procedure is quite separate from the University's Disciplinary Procedures. It will also be made clear that the University is recommending this course of action because the student's behaviour is disturbing others around them and that either support in dealing with this has been offered and declined or that support has been put in place but behaviour which is unacceptable has continued and/or that it is beyond the professional competence of the University to manage.
- 5.2 If the student's behaviour is such that under normal circumstances they would have been subject to disciplinary procedures, this may remain the most appropriate course of action even if there is evidence that the student has an identified mental health problem or other diagnosed condition. The fact that a student has mental health difficulties in no way lessens the duty of care that the University owes to other students. The duty of care to students with mental health problems should be balanced against the duty of care to other students.
- 5.3 Where the student's next-of-kin/ emergency contact is not able to be involved in the practical arrangements (e.g. to assist the student in making arrangements to return home), the student's academic department, in conjunction with University support services, will endeavour to provide a reasonable level of support in carrying out these tasks. In some cases, it may be necessary to involve other external agencies (including embassies).
- 5.4 Guidance will also be sought from the Student Advice, Information and Funding Service with regard to any impact on the student's funding situation.

## **6. Return to Study**

Following a period of absence from the University for recuperation, it may be appropriate for the student to return to resume studies. If this is the case, it will be necessary to ensure that the student is assisted in their return to the University.

- 6.1 The student's academic department will require the student to produce appropriate confirmation of their health and ability to resume studying. This is consistent with requirements that currently apply to staff through Occupational Health procedures. The Disabilities and Dyslexia Service can provide guidance on the content of reports.
- 6.2 A member of Student Services staff will be available to provide assistance with drawing up a "Return to Study Plan" in consultation with the student and the head of the academic department. This will address the specific study-related support needs of the student in returning to education; the support which is reasonably required in the short term; involvement of and liaison with external agencies; any longer term

support or adjustments that are reasonably required and any conditions that might will apply to provision. The Return to Study Plan should incorporate a risk management plan which takes account of the experiences which led to the student initially leaving their course and any other information which is known to be relevant. Any return to study will be subject to co-operation with this process and adherence to any agreements made.

- 6.3 Other members of staff within Student Services will be available to provide advice and support to facilitate the student's transition back onto the course, particularly in relation to any action that might be required under the Disability Discrimination Act Part 4 and with regard to funding issues.

## **7. Data Protection Issues**

The University's policy on Data Protection contains guidance on the use of sensitive information e.g. details about a student's mental health or condition and should be consulted by staff.

Mental Health Task Group Approved by the Academic Board July 2005
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