

Student Mental Health Policy

(2006 – Updates: 2016/2019)

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This policy was originally written and approved in 2006 by the Mental Health Policy Task Group. It has subsequently been updated (2016). Task Group members: Hugh Clarke (Counselling Service); Tony Conibear (EFIB); Andy Mitchell (Students' Union: Welfare Officer); Anne Morris (CAPD); Jennifer Newton (DASS); Anna Packham (Disabilities & Dyslexia Service); Karen Taylor Burge (DOED); Julie Walkling (Head of Student Services): Chair; Digby Warren (CAPD). Amendments and update: 2016 - James Lewis (Counselling Service) and 2019 – Yannis Andreadakis; Bjorg Hermannsdottir; Effy Westenra (Counselling Service); Sarah Richardson (DDS).

Latest amendment: January 2019

1. Purpose

This policy sets out a framework of principles, procedures and guidance for working with students with mental health issuesⁱ. It is strongly informed by the UUK “Student mental wellbeing in higher education: Good practice guide” (2015), the London Met Counselling Service Healthy Campus Initiative manifesto (2018) 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 a range of other factors 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 recommendationsⁱⁱ. 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. The university 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 four 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 be entitled to reasonable adjustments made to ensure that the curriculum is fully accessible. 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”ⁱⁱⁱ. *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.

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
- offer students a range of support that is individually tailored and includes reasonable adjustments if required
- raise awareness among students and staff of mental health issues, services & procedures
- create a non-stigmatising and respectful culture
- 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. Roles and Responsibilities

5.1 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

5.2 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 can 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 B](#))

6. Pre-admission and Admission

- 6.1 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 certain cases linked to some professional programmes made clear in the relevant literature.
- 6.2 At application, or as soon as possible thereafter, prospective students with disability related support-needs, including mental health difficulties, are encouraged to disclose this information to the University's Disabilities and Dyslexia Service (DDS). DDS 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.
- 6.3 An assessment will be carried out by the DDS and can also take place at any stage in the application cycle, including prior to an offer. This confidential discussion with a Counsellor or Disabilities Adviser will help determine what support the University is able to provide, to meet specific needs. It is also used to clarify what recommendations will be communicated to tutors and other University staff. Prospective students can decide whether this constitutes adequate support before accepting a place.

- 6.4 All personal information on a student held within the University is confidential. Explicit permission must be obtained for this information 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.
- 6.5 Students should be given advice relating to any additional support for which they may be eligible (e.g. the Disabled Students Allowance), in order to pursue their chosen course of study.

7. Entry and Induction

- 7.1. Staff in the University (Hubs, Student Services, Admissions, Student Liaison Team) are available to guide new students through the process of enrolment and induction at the beginning of each semester, helping to reduce stress factors.
- 7.2 Student induction documentation and presentations should acknowledge heightened levels of stress experienced by most students during this settling-in period. Such information should also be clear about 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.

8. Accommodation

The University does not provide accommodation to students, but staff are available to help signpost, advice, and guide students with regard to external accommodation. To help alleviate stress associated with accommodation, the University (via Student Services) will provide information about available accommodation, transport links and financial options, including guidance to students on inspecting local housing.

9. Support and Services for Students

- 9.1 Mental health issues can 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:
- Heads of Student Experience
 - Course Leaders
 - Academic Subject Tutors
 - The Counselling Service
 - Disabilities and Dyslexia Service
 - Student Money and Accommodation Advice
 - The Students' Union
 - Admissions
 - Student Hubs
 - Student Liaison Team
 - International Office
 - Libraries and IT services
- 9.2 Students with disabilities, including mental health difficulties, have access to specialist support via the Disabilities and Dyslexia Service and the Counselling Service. This support may be combined with the services of the Careers and Employability Team, 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).

- 9.3 Provision for meeting the needs of diverse students is also monitored by the Heads of Departments and Heads of Student Experience for whom one is located in each of the 6 Schools.
- 9.4 Students will be provided with information and guidelines about internal services and external agencies (see [section XXX below](#)), and ways of recognising, responding to and helping peers who might be experiencing mental health difficulties (see [Appendix B](#))
- 9.5 All students and staff will be provided with similar information, which can be found on the University's website (see also [Appendix B](#)).

10 Teaching, Learning & Assessment

- 10.1 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.
- 10.2 Toward the same goals, the University will provide students with study guides and information regarding awareness of mental health issues and services (see [Appendix B](#) and [section 13](#)).
- 10.3 Of relevance to this policy; aimed at enhancing inclusivity and equal opportunities; the University also is committed to the provision of an inclusive teaching and learning delivery. This will ensure that the diverse learning styles of all of our students are addressed. An inclusive teaching and learning provision also encourages the use of a **range of appropriate assessment methods** to enable students to excel in their areas of ability, without overburdening them.
- 10.4 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**^{iv} for students with mental health difficulties. Some of these may relate to general practice, while others may relate to the needs of individual students^v. Support will be offered to help students cope with exam and assessment pressures.
- 10.5 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.
- 10.6 With regard to **work and practice placements**, the placement provider has a duty of care whilst students are on placement. University staff from participating Schools 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^{vi}.

11 Crisis Incidents, Complaints & Disciplinary Procedures

11.1 Crisis incidents - Whilst rare, there will be instances where a student's behaviour gives cause for concern. Such instances will range from self-harm or suicidal intentions, to incidents of extreme or worrying behaviour, where there is reason 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 A](#)). 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 alternative interventions, the Counselling Service and the Disabilities and Dyslexia Service (DDS) can be contacted for consultation and assistance.

11.2 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 Zone should be followed.

11.3 Disciplinary Procedures – The University's expectations regarding student behaviour are set out in Student Conduct regulations (available here: [Rules and Regulations](#)). Mental health difficulties do not excuse students from the requirement to comply with the collegiate University's Student Conduct Regulations.

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. Under the Discipline and Student Conduct Regulations, student misconduct that might be the consequence of a mental health difficulty can, with the agreement of the University Secretary, be managed under the [Fitness to Study Regulations](#) instead. In cases of behavioural misconduct that would qualify as a 'crisis incident', the Crisis Incident Policy and Protocol should also be followed. See section '12.1' (above), and [Appendix A](#).

12 Interruption To & Completion of Studies

12.1 The University has in place procedures that enable students temporarily to take a break from their studies (or parts of their studies) if the student's ability to perform is being adversely affected by a mental health issue. Before taking a break, or withdrawing, the student should be given the opportunity to explore the implications of the decision. More specifically, Academic Schools, Student Hubs, Student Liaison Advisors and Student Services may be able to guide and 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, (e) the emotional dimensions of their experience. In some instances, it may be helpful for the student to consider a change of programme.

12.2 While the University will make every possible effort to support such students, their return to study will be conditional on the student being able to meet the [General Student Regulations](#). The decision regarding their possible re-admission rests with the Deputy Vice Chancellor (Academic) in consultation with the relevant academic Head of School and Director of Student Journey. Students are advised to make contact with their Academic School and with appropriate support services at least three months before returning.

12.3 If during in the process of taking a break from studies, a student discloses information, or behaves in a way, that would be sufficient to generate a response under the Fitness to Study Regulations (irrespective of whether these regulations have been applied previously), then procedures for returning to study under the Fitness to Study Regulations, could apply. See [Fitness to Study Regulations](#), section 7, 'Return to Studies'.

13 . Training, Support & Guidance

In terms of the goals of this Policy (see sections [4](#) and [6](#)), it is important to acknowledge that students and staff have a shared responsibility to keep themselves informed and actively aware of mental health issues, support systems, relevant procedures and training of the University. Support provision to students is partly disseminated by the Heads of Student Experience in each School and complemented by other PSDs, e.g. Student Services, Libraries, Student Liaison Team etc. (for more information please see [Appendix A](#)). With regard to staff development and support, this is provided by the Centre for Professional & Educational Development ([CPED](#)), Student Services, e.g. Counselling Service, DDS, University-wide Learning and Teaching workshops and events etc. For more information, please see [Appendix B](#).

14 . Monitoring and Review

This policy will be monitored and updated by the Counselling Service, in conjunction with the Disabilities and Dyslexia Service and University Secretary's Office, with the aim of making recommendations to teaching staff, PSDs and other committees and relevant structures (e.g. Steering Groups and Staff Development).

Appendix A: Crisis Intervention Policy and Protocol for Staff and Students

This section is intended to guide staff and students when they are interacting with a person who is very unwell or in crisis. A summary of how to act when there is immediate risk of serious harm is provided in the box below for immediate guidance in an emergency. If there is no immediate risk and you have more time to consider your response, it is recommended that you read the

Intervening where there is an immediate risk of serious harm:

- If you believe that a student's behaviour poses an immediate risk to themselves or others the emergency services should be contacted by dialling 999.
- Site security staff should also be informed so they can assist if required and to ensure that reception staff know where to direct the emergency services.

After the emergency:

- Submit a safeguarding report about what happened and what steps you took. This will allow for follow up where appropriate.
- See [section 3](#) - "**Following up after contacting emergency services about a situation of immediate risk**" - for further information about who to get in touch with after an incident, including any support you may need afterwards.

policy and protocol more fully, including the sections that are relevant to you in your role as either staff or student.

How to use this document to get the information you need

- Within each section, you will find general guidance that applies to everyone, followed by information specific to **staff** or **students** where relevant.
- The text box above provides information about what to do when there is an immediate risk of serious harm to anyone involved.
- A table of contents is provided below

What is in this policy?

1. [What can this policy help you with?](#)
 - 1.1. Why was this policy created?
2. [Emergency situations](#) (see text box above for the brief summary if you need guidance right now)
 - 1.1. What is an emergency?
 - 1.2. Example situations and suggested responses
3. [Non-emergency situations](#)
 - 3.1. Guidelines for Students
 - 3.1.1. Support and training for students
 - 3.2. Guidelines for Staff
 - 3.2.1. Following up after contacting emergency services in relation to a situation of immediate risk
 - 3.2.2. On-going concerns
 - 3.2.3. Disruptive behaviour or behaviour otherwise giving cause for serious concern
4. [Suspension \[or exclusion\] of student](#)
5. [Return to study](#)
6. [Data protection issues](#)

1. Purpose of this policy

- (i) To help you work out whether you are dealing with an emergency requiring urgent action, a crisis that requires action soon, or a situation that calls for another course of action.
- (ii) To help you identify the limits of the support you can provide and know when to refer the student on to other internal or external services.
- (iii) To allow you to make use of the resources the university has available to help you in situations where a student's mental health is affecting their ability to engage productively with teaching and learning, or where their difficulties are affecting others' wellbeing or ability to engage academically.

And if you are a **staff member**:

- (iv) to help you respond where it is not considered appropriate to apply disciplinary procedures
- (v) To help you discharge your duty of care and act within the law and university guidelines

1.1. Why was this policy created?

Most students with mental health difficulties are unlikely to affect others. Often, the University will not become aware of a student's mental health difficulties unless they are disclosed. However, there are a few incidents each year where action is required in relation to a student in crisis or distress related to mental health. Sometimes this will be beyond the resources of the University.

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

2. Emergency situations

2.1. What is an emergency?

An **emergency** is when a student is behaving in a way that makes you concerned about their safety or the safety of others and you believe it requires an urgent response to keep everyone safe. Some examples might include suicidal intent or risk of serious self-harm, risk of harm to other people or very bizarre behaviour/loss of control.

If the risk seems immediate, call 999 to contact emergency services and ask for an ambulance, explaining that someone is unwell and that you believe there is an immediate risk to the person or someone else.

A **crisis** and an emergency may be difficult to tell apart, but a crisis is generally a *serious situation that does not require urgent action*. If you believe there is an immediate risk of harm to anyone, follow the emergency protocol. Seek help and support from others if you are unsure. If support is not available and you are in doubt, follow the emergency protocol and do not work through dangerous or threatening situations alone.

2.2. Example situations and suggested responses

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 student at risk** by assuming that the best response is to work through dangerous or threatening situations on your own.

If the student is in a Hall of Residence, you should contact the Supervisor to advise him/her of your concern in addition to any appropriate steps outlined in the table below.

Situation	Possible Response
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 GP (doctor) or you could phone the GP on the student's behalf or (b) refer to the university Counselling Service (2093) .
The student has taken an overdose	Phone 999 and ask for an ambulance . Inform university security or reception staff (6666) . If possible note or take hold of what has been taken and give to ambulance crew or doctor. Afterwards, please inform the Counselling Service, so that support can be offered to the student.
The student has made a suicide attempt by some other means or self-harmed in a way that requires immediate medical attention	Phone 999 and ask for an ambulance . Inform university security or reception staff (6666) . Afterwards, please inform the Counselling Service, so that support can be offered to the student.
The student has self-harmed but is not in need of urgent medical attention	Call first aid if required e.g. security staff are trained first aiders. Express your concern to the other person and encourage him/her to contact his/her GP (doctor) . If necessary, accompany him/her to the GP surgery. Discuss your concerns with a University Counsellor (2093) or Disability Adviser (2188) who may be able to help you clarify the issues (Note 1).
The student is behaving in an aggressive and/or dangerous manner (Note 2)	Take no risks. Call university security (6666) or phone 999 and ask for emergency services .
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 GP (doctor) . If necessary, accompany him/her to the GP surgery. Discuss your concerns with a University Counsellor (2093) or Disability Adviser (2188) 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 University Counsellor (2093) or Disability Adviser (2188) who may be able to help you clarify the issues. Alternatively, encourage the other student to make contact with these services.
The student is behaving in an aggressive and/or dangerous manner (Note 2)	Take no risks. Call university security (6666) or phone 999 and ask for the police .
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 GP (doctor) or you could phone the GP on the student's behalf, (b) seek the student's permission to contact next of kin or (c) consult the University Counselling Service (2093) .
The student appears to be experiencing problems related to alcohol and/or drugs.	Call the university Counselling Service (2093) for an informal conversation with a counsellor.
The student appears to be in	Help the student gain control over breathing using a paper

serious panic.	bag or cupped hands and using counting (6 in, 5 out). Refer student to Counselling Service (2093) .
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 University support services: (a) Dyslexia and Disability Advisor, (b) Student Liaison Advisor, (c) International Student Advisor .
The student is talking about possible terrorist acts.	Inform a senior member of university staff, e.g. the University Secretary's Office, Head of School or Director of Student Journey. You can also inform the University Counselling Service (2093).
The incident / episode takes place out of normal University opening hours.	It may be appropriate to contact Samaritans (116 123) who provide a 24 hour emergency service for dealing with people who are feeling suicidal and / or depressed. On the following day, you should submit a safeguarding report 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.

3. Non-emergency situations

3.1. Guidelines for Students

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

- (i) 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.
- (ii) 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.
- (iii) The expectations of your role - there is a clear distinction between helping a friend with academic matters and helping him/her with personal matters.
- (iv) The resources available within the University, to which the student may be referred (see below).
- (v) Finding out whether the person has been getting help from anyone else and/or whether there is anyone you could call (for him/her).

3.1.1. Support and training for students

In terms of the goals of this Policy (see sections [4](#) and [6](#)), it is important to acknowledge that students and staff have a shared responsibility to keep themselves informed and actively aware of mental health issues, support systems, relevant procedures and training of the University. Support provision to students is partly disseminated by the Heads of Student

Experience in each School and complemented by other PSDs, e.g. Student Services, Libraries, Student Liaison Team etc. For more information on the support systems offered by the University please see ['Wellbeing at London Met'](#).

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

- Awareness campaigns (posters, leaflets, exhibitions, cultural events, Mental Health Days). These are usually facilitated by the [Counselling Service](#) and the [Disabilities and Dyslexia Service](#).
- Practical campaigns (e.g. exercise programmes, stress-reduction and health enhancement therapies)
- Induction Packs
- Student Study Guides (e.g. Exam Stress, Stress Management for Presentations and Interviews)
- University and Students' Union websites

In addition to existing provision other vehicles for personal support regarding mental health difficulties 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

3.2. Guidelines for Staff

3.2.1. Following up after contacting emergency services in relation to a situation of immediate risk

- (i) The incident should be followed up afterwards by making a safeguarding report regarding 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.
- (ii) 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.
- (iii) The Lead Safeguarding Officer or nominee will ensure that contact is made with the student, the student's Head of Academic School and relevant Student Hub in order that appropriate arrangements are made with regard to academic matters. It is possible that the student will need to temporarily take a break from their studies for recuperation, (See Sections 6 and 7), or that actions under the [Fitness to Study or Disciplinary Regulations](#) might need to be pursued.
- (iv) In the event of an incident occurring at a private Hall of Residence, hall of residence will follow their own procedures and notify the University as appropriate.
- (v)

3.2.2 On-going concerns

- (i) 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 Schools, Student Hubs, Halls, or via the

member of academic staff who has identified the difficulty. The student is more likely to respond to 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.

- (ii) 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.
- (iii) Where it is suspected that a student's behaviour may be related to an ongoing or emerging mental health difficulty, 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 Equality Act, 2010. However, it is essential that in cases of emergency, the procedure outlined in section 2 is followed and referrals are not filtered through any Student Services area as this may lead to unnecessary delay.
- (iv) 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.

3.2.3. Disruptive behaviour or behaviour otherwise giving cause for serious concern

- (i) 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), a safeguarding report must be submitted. The Lead Safeguarding Officer (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 and other specialist staff such as a Student Money and Accommodation Adviser.
- (ii) An appropriate member of staff from Student Services will contact or meet the student to offer support and make a decision regarding referral to 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.
- (iii) 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.
- (iv) In cases when there is *sufficient* evidence to suggest a student may be mentally unwell to the extent that they seem unable to engage safely with their studies or pose a risk to others, the Fitness to Study Regulations should be used, and co-ordinated in the first instance by School Proctors. See [Fitness to Study](#) for more information. See also [section 2, Emergencies](#).

- (v) In cases where it becomes apparent that an individual student's support needs are beyond the remit of the University, the Lead Safeguarding Officer will alert the head of the relevant Academic School to the situation. Where appropriate, there will be contact with relevant accommodation services to ensure that the student's safety and the safety of others is maintained.
- (vi) A decision will be made by the relevant head of Academic School, with advice from the Lead Safeguarding Officer (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.

4. Suspension [or exclusion] of a student

The [Fitness to Study Regulations or Disciplinary Regulations](#) should be used in cases where there is sufficient reliable evidence to warrant suspending or excluding a student.

A decision will also be made by the Head of School, with advice from the Lead Safeguarding Officer (or nominee), on whether the student should be advised to, or required to, suspend their studies at the University whilst appropriate means of addressing the situation are being considered. In reaching this decision, due care and consideration will be exercised, through consultation with the Lead Safeguarding Officer (or nominee), to avoid, as far as possible, the student being placed in a more vulnerable situation.

- 4.1. 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.
- 4.2. If the student's behaviour is such that under normal circumstances they would have been subject to disciplinary procedures, it may be appropriate to apply them even if 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.
- 4.3. Where it is not possible to involve the student's next-of-kin/emergency contact 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).
- 4.4. Guidance will also be sought from the Student Money and Accommodation Service with regard to any impact on the student's funding situation.

5. Return to Study

The Fitness to Study Regulations provide a regulatory framework for managing the return to study of students who have been absent because of mental ill-health (they apply irrespective of

whether the regulations have been used previously); see [Fitness to Study Regulations](#), Section 7, 'Return to Studies'.

- 5.1. 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.
- 5.2. 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 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 apply to provision. The 'Return to Study Plan' should include a risk management plan that takes account of the issues which led to the student initially leaving their course and any other relevant information. Any return to study will be subject to co-operation with this process and adherence to any agreements made.
- 5.3. 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.

6. 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 and students.

Appendix B: Guidelines for Staff - Students & Mental Health

This section provides further information for staff members supporting students who disclose or show signs of mental health problems. It contains suggestions and guidance. *If you are experiencing an emergency, turn to [Appendix A](#) on Crisis Intervention section and follow the steps in the summary text box on the first page.*

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1. What is expected of you as a staff member

As stated in [section 6.1](#) of the Policy, 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 role, knowing where, when and how to refer on
- Uphold confidentiality and exercise responsibility regarding disclosure
- Work to eliminate stigma around these issues in the university community

2. What is a mental health problem?

A person may be said to be experiencing a mental health problem where their psychological health causes them problems in living. These problems can be temporary or long-term and enduring. They may fluctuate.

Some examples include:

- Anxiety, fear and/or phobias
- Disordered eating, intrusive thoughts and/or compulsive behaviours
- Excessively high or low moods
- Difficulty telling what is real (experiencing bizarre/unusual beliefs or having sensory experiences where there is no external source)

Human psychology is varied and highly individual, and what is usual for one person might be highly-distressing and disruptive to another. As a result, precise definitions are rarely helpful. It is often more useful to consider a person's **level of functioning** and their **level of distress**. Although some mental health problems (especially those where people may experience a loss of touch with reality) are commonly more stigmatised and regarded as more 'severe', this is not always a given. For example, some people regularly hear voices but without loss of function or distress. Another person may 'only' have anxiety, but could experience debilitating symptoms across numerous contexts.

Depending on the situation, some students may be able to continue their studies with appropriate support, while others may need to interrupt their studies and recuperate for a period of time. Many mental health problems can be improved or managed with rest, counselling and/or medication. Very few people with mental health problems exhibit violent or anti-social behaviour. People with mental health problems are more likely to be victims of violence than perpetrators.

3.1. What does a mental health problem look like?

Many people with mental health problems are indistinguishable from people without mental health problems. A student disclosing a problem to you may not 'appear' to have a mental health difficulty, but the reality is that when people are mentally unwell it is perfectly possible for some areas of their life to be maintained while other aspects of functioning are suffering.

The majority of the time you will only become aware that someone has a mental problem because they disclose it to you. In other cases, a person's distress or difficulties in functioning may become apparent in their behaviour, personal presentation or failure to meet academic goals or expectations in line with their abilities, especially where this is not usual for the student in question. A decline in functioning could be progressive or sudden.

You may be uncertain about whether a student's behaviour represents a mental health problem. It is sensible to keep in mind that norms vary across families, countries, and cultures. Being different culturally, sexually or socially does not constitute mental illness, especially if there is no distress or loss of functioning. If you are unsure and the situation is not an emergency, seek advice from the Counselling Service or Student Services.

4. What should I do if I'm concerned about a student or they disclose a problem to me?

In an **emergency** when the student's safety and/or the safety of others is at risk, *call the emergency services* – phone University security (x6666) or dial 999 to ask for an ambulance or the Police

If you are worried about how (far) to help someone, speak with a trusted colleague or line manager or ask advice from the Counselling Service (x2093) or Disabilities and Dyslexia Service (x2188).

4.1. When a student discloses something to you:

- Consider that tutors and frontline staff are often the first point of contact for a student experiencing difficulties, so it is essential that you think in advance about how you'll handle these situations.
- This means being familiar with the university's procedures, and knowing where to signpost students to if a situation is beyond what you can help with.

- If the student needs more than an empathic ear or you aren't presently able to offer them support, then other sources of support, internal and/or external, should be suggested (see ['Wellbeing at London Met'](#))
- If the student agrees to accept more appropriate help, consider advising and perhaps assisting him/her to contact the appropriate service (see [paragraph 6](#) below).

4.2. When you feel concerned about a student

- If you notice changes in a student's demeanour, performance or presentation that worry you, 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 issues.
- It is important to be willing to broach the subject with them. Do not avoid the situation or pretend that nothing is wrong when you are in fact worried about them. "Own" your concerns by saying, "I am concerned", rather than "we" or "they".
- Approach the student in an empathetic and understanding way. Remember to be mindful of issues relating to sexuality, race, religion, culture, disability and gender.
- 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.
- Be open to the possibility that you have misunderstood the situation, but remain alert to the fact that students dealing with mental health problems might minimise their difficulties due to stigma and embarrassment. Let the student know you are open to discussing the topic again if they do want any support.
- Simply asking students how they are doing may provide an opportunity for them to open up and 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 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.
- Respect the autonomy 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.
- Be reflective when asking for more information about the situation. Mental health is stigmatised, and insensitive or intrusive questions are a common experience for people disclosing their difficulties. If you are unsure whether a question is appropriate but feel it's important to ask, phrase it tentatively and be open to feedback from the student about how your question has landed.
- If the student indicates that they are experiencing mental health difficulties it is often useful to check whether they are already medical professionals involved and get a sense of their support networks. This should be phrased sensitively, e.g. "Is there anyone else supporting you with the issues you've told me about?" or "Is this something you feel you could talk to your friend/family member/GP about?"
- Encouraging students to take stock of and access personal and professional support networks is a practical first step that can help to lessen any isolation the student is experiencing and serve to remind you both about the limits of your role as a staff member.
- 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.
- 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 can contact a member of the [Counselling](#) (x2093) or [Disabilities](#) (x2188) services to ask their advice in confidence, without revealing the identity of the student.

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.

4.3. Difficult and challenging situations

This section contains suggestions and strategies about handling unexpectedly stressful or difficult incidences where someone's mental health leads to a serious situation. **If you are experiencing an emergency (i.e. you are concerned for the immediate health and safety of a student or anyone else, including yourself), contact security and emergency services. The information in this section is intended to help you be better-prepared if a difficult situation arises, but is likely too detailed to be useful if you are currently in the middle of an urgent situation.**

In brief:

- If you have *immediate concerns* about actual harm to the student or to others, the **emergency services** should be called (see [Appendix A](#))
- Where concerns are *less immediate* and there is time to consider the most appropriate intervention, the **Counselling Service or Disabilities and Dyslexia Service (DDS)** may be contacted for consultation and assistance, you can consider the information given in the previous section regarding disclosures and concerns, and the information below about dealing with stressful situations.

The vast majority of situations where you deal with a mental health concern will fall into the categories outlined above, wherein a student will either disclose something to you or give you cause for concern because you notice, say, a decline in their attendance. Very rarely, something more serious arises that gives you cause for grave concern. This could include:

- sudden unexpected violence or threatening behaviour
- abusive behaviour
- disturbed or very irrational behaviour
- harassment — for example sexual/racial or homophobic
- uncontrollable arguments

It is very rare for individuals with mental illness to become violent or dangerous.

It is good to be prepared in advance. You will likely be able to handle a challenging situation more calmly if you know the procedures, including who to report an incident to and who to call for immediate assistance. If you are unsure about how to manage the situation, always call in additional support.

Helpful actions in a difficult situation might include:

- Listening and acknowledging the student's feelings
- Inviting the student to have a seat and sitting with them if you feel safe to do so
- Waiting to respond until they have had a chance to vent their negative feelings. You could say: "I want to give you a chance to tell me what's going on."
- Keeping an open mind
- Remembering that the student probably has a different perspective to you

- Helping the student feel more comfortable by offering to take them to a place where they can express negative feelings without being observed by others (if you feel safe to do so). Keep in mind that a very distressed student may not feel safe moving to somewhere they don't know or being alone with someone.
- Speaking in a calm voice at low pitch
- Keeping judgments about what should or should not upset people to yourself

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 unnecessarily
- Remaining standing while the student is sitting
- Raising your voice
- Jumping to conclusions

Some general strategies that you may find helpful:

- Find a way to give yourself time to think. You could offer the individual a cup of tea or coffee. Don't feel that you have to come up with an instant answer or solution but affirm that you are taking things seriously.
- Try not to join in by retaliating. It's better to recognise what is happening for the person than to shout back (e.g. "You are obviously very angry"). Try to de-escalate firmly but gently.
- 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. Ask them to help you understand what has happened to upset them.
- Don't be afraid to state the obvious. Most people fear being direct, but a straightforward attitude can be a relief to people in an agitated 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. Staff in the [Counselling Service](#) or [DDS](#) will also be happy to speak with you.
- Try not to blame yourself or others after the event. It can be very difficult to maintain a calm attitude when faced with a very stressful or confusing situation.

There is no right way to deal with this kind of situation. What helps is holding onto your capacity to think and knowing what support systems you have to help you cope as well as possible.

4.4. Teaching and Learning

Teaching and Learning must promote inclusivity and mental well-being and should create a supportive environment for students with mental health difficulties.

Rethink disability

Many of the points below reflect the fact that the design and delivery of Teaching and Learning should take into account the *social model of disability*. The impact of a disability on a student's academic life will largely be shaped by how inclusive the teaching and learning environment is. An inclusive environment removes as many barriers as possible and anticipates students with different needs from the outset. Not every situation can be planned for and so reasonable adjustments remain important - but they are required less frequently if we start out by designing physical environments, curriculums and assessments with different kinds of people in mind.

4.4.1. In class:

- Create a learning context with clear ground rules and an emphasis on removing barriers to participation.
- Build regular short breaks into your teaching. Many mental health problems are very draining and accompanied by fatigue and problems with concentration.
- Normalise the idea that not everyone has the same abilities and where possible offer an alternative. For example, offering students different ways to participate in a class task establishes a classroom culture that acknowledges these differences.
- Ask whether assistance is required and don't make assumptions about a student's needs - what feels helpful to you may be patronising to a disabled student and they may feel stereotyped. Every student's needs will be different- two students with the same difficulty (e.g. anxiety) may have very different support needs.
- Collaborate with students to discover alternative ways to participate and fulfil requirements. Learning outcomes and competency requirements can potentially be satisfied in many different ways.
- Be encouraging and help students to strengthen their self-esteem and confidence.
- 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 and feelings of helplessness.
- Avoid and discourage the use of language, terminology or anecdotes that may stigmatise and cause offence to others. Think empathetically about how it could feel to have words related to your disability or health problem used as synonyms for 'bad' or 'wrong' or to have your difficulties minimised or stereotyped.
- 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. Refer to the Counselling Service.
- 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.

4.4.2. Regarding assessment:

- Consider the challenges posed by assessment tasks and deadlines. Some students with mental health issues find the learning situation very stressful, especially when undergoing formal assessment and giving oral or group presentations.
- Assessments should ideally be designed with consideration given to common disabilities, including mental health problems.

- Read the Individual Needs Assessment Reports ([INARs](#)) carefully.

5. Confidentiality & Disclosure

All staff must respect the confidentiality of protected personal information about students, such as information about mental health problems or disabilities. Students need to feel assured that their information will be treated with respect and conveyed on a need-to-know basis. This means that the information is shared only when genuinely necessary for the provision of support. Informed consent from the student concerned is needed, except in exceptional cases where breaking confidentiality is justified in the public interest or duty of care owed to other students and staff.

Students might disclose a confidential problem in a teaching situation. If a student discloses to 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 in line with the law. Hence it is vital that staff involved encourage such students to get in touch with the Disabilities and Dyslexia Service and complete a **Disclosure Authorisation Form**. For further details about dealing with disclosure, see the Disabilities and Dyslexia Service [website](#).

6. Referring students to other services

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. If a student is reluctant, it may be worth asking if there's something in particular they're anxious about. You may be able to reassure them or dispel unrealistic fears or concerns.

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 Disabilities and Dyslexia Service in Student Services, on the second floor of the Learning Centre. Student should check in with the Reception staff when they go in as staff 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, then Student Services may know the answer. 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 you have in mind. Consider if 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 careful and sensitive 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 only need a few minutes of a sympathetic ear (and they will often prefer that to be an *academic's* ear) and will be able to cope from then on. Others will need to see a counsellor or

perhaps, in some extreme and unusual cases, will need an ambulance and to access more specialist help. The Counselling Service (x2093) or the Disabilities and Dyslexia Service (x2188) will be very happy to advise you in situations like this.

7. Training and Support

In terms of the goals of this Policy (see sections [4](#) and [6](#)), it is important to acknowledge that students and staff have a shared responsibility to keep themselves informed and actively aware of mental health issues, support systems, relevant procedures and training of the University.

a) A pack containing guidelines (see Appendix B) plus staff development materials.

b) Ongoing information and support will be provided via:

- Advice, guidance and mental health awareness training from the Counselling Service and the Disabilities and Dyslexia Service
- 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)

8. [The University Counselling Service](#)

The University Counselling Service is not an emergency service but it does keep limited space each 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 'pre-counselling meeting'. If someone needs to be seen urgently, he/she can be given an 'emergency' appointment dependent on staff availability. Please see [Appendix A](#) on how to deal with emergencies or non-emergencies when a counsellor is not available on the day.

General enquiries: 020 7133 2093

Email: counselling.studentservices@londonmet.ac.uk

9. [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 difficulties can register with the Service and receive support and advice. If a student wishes to inform his or her academic School that he or she has a mental health difficulty, a Disabilities Adviser will carry out a needs assessment and liaise with the appropriate academic staff. Students with long-term mental health difficulties may be eligible to receive mentoring support, facilitated by the Disabilities and Dyslexia Service. The service is based in the Department of Student Services. Disabilities Advisers are available to give advice by phone, email or in person.

Telephone: Holloway Road: 0207 133 2188

Email: dds.studentservices@londonmet.ac.uk

Appendix C: Legal Framework for Mental Health Policy (for staff and students)

Our Contract with the Student

Contracts form the legal basis of our relationships with students. Legal opinion^{vii} 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 reasonable skill and care as indicated by relevant professional bodies
- 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
- 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^{viii} for counsellors and other similar specialist services

Confidentiality & the General Data Protection Regulations (GDPR)

Whilst you are a student at London Metropolitan University (London Met) and after you leave and become an alumnus/a, the University needs to collect, store, use and disclose certain data about you. We require this information for our normal business purposes, including providing you with teaching and administrative support.

- 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)
- The General Data Protection Regulations (GDPR) applies to all recorded information
- All information must be processed ‘fairly, lawfully and in a transparent manner’. Information collected is for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- Data subjects have a right to see all recorded information held

Statutory Duties

The primary legislation is the Equality Act, 2010, which outlines Public Sector Equality Duty for people with ‘protected characteristics’, including those with ‘disabilities’. Mental health difficulties could constitute a disability, or ‘mental impairment’, under the Act, if the impairment meets the criteria of: (a) substantial and long term (over, or likely to last more than, 12 months – please note there are some exceptions for episodic conditions) and (b) has an adverse effect on the person’s ability to carry out day-to-day activities in the context of Higher Education study. This includes impairment of “memory or ability to learn, concentrate or understand”.

Institutions are obliged to make “reasonable and anticipatory 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.

The Public Sector Equality Duty requires all Higher Education Institutions and public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities

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”.

Endnotes

ⁱ This policy should be read in conjunction with: (a) Equality and Diversity policies, (b) the Fitness to Study Regulations (2013) and the Safeguarding Policy (2016) and Healthy Campus Initiative Manifesto (2018).

ⁱⁱ Healthy Campus Initiative (2018), Andreadakis, Y. (ed.). London Metropolitan University; Thorley, C (2017). Not By Degrees: Improving student mental health in the UK's universities. IPPR. Retrieved from <https://www.ippr.org/publications/not-by-degrees>; Suicide-Safer Universities (2018). Universities UK & Papyrus. Retrieved from <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides>.

ⁱⁱⁱ From Leeds University (2006) website on mental health for students: <http://www.leeds.ac.uk/ahead4health/whatis.htm>

^{iv} The Disabilities and Dyslexia Service offers guidance and information to University staff to assist them in making appropriate adjustments.

^v In the case of professional courses the Course Leader should consult with the relevant qualification body, local policy (for example, Fitness to Practice Policy) as well as the Disabilities and Dyslexia Service.

^{vi} 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.

^{vii} 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).

^{viii} 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.