

# **University of Strathclyde: Policy and Guidelines on Student Mental Health and Wellbeing**

**(Approved by the University Court, March 2005)**

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## **Section 1: Policy**

### **1.1 Introduction**

The University of Strathclyde is committed to the promotion of the positive mental wellbeing of its student community. This Policy and associated Guidelines build on the University's existing good practice and commitment to equal opportunities and equality of learning experience for all students.

The Policy and Guidelines make reference to the broad spectrum of experience, from mental wellbeing to mental health difficulties or illness. The ideal situation is one in which all students experience positive mental wellbeing. The reality is that many students do experience mental distress or mental health difficulties. The Policy and Guidelines therefore address

- ways of reducing the risk factors which may exacerbate or trigger mental health difficulties;
- ways of responding to students who may be experiencing mental health difficulties, or who are mentally unwell;
- ways of improving the general climate of mental well-being;
- consideration of staff and students affected by the circumstances surrounding students who are experiencing mental health difficulties or who are mentally unwell.

The Disability Discrimination Act, Part IV places a duty on Higher Education Institutions to make and to anticipate reasonable adjustments for disabled people, some of whom have mental illnesses. The Act also entitles disabled students to a degree of confidentiality about their disability. The scope of this Policy and Guidelines encompasses arrangements which both promote student mental well-being, and which also meet the University's obligations to students experiencing mental health difficulties and who are likely to have the protection of the Disability Discrimination Act, Part IV.

### **1.2 General Principles**

The responsibility for considering the mental health needs of the University's student community rests with all members of institutional staff, and should be reflected at all levels of institutional practice, from individual interaction with students, to departmental arrangements for students, and institutional policies, procedures and practices.

The University will endeavour to provide a supportive, non-stigmatising and well-informed environment which accords all individuals dignity and respect, and which promotes mental wellbeing. This will be demonstrated in a variety of ways:

- by the use of language which does not stigmatise or stereotype those who experience mental health difficulties;

- by involving in partnership students who experience mental health difficulties towards the achievement of arrangements which will best meet their needs;
- by ensuring that all reasonable steps are taken to maintain, as far as possible, students' expressed desire for confidentiality about any mental health difficulties and associated needs.

The University will offer assistance to staff towards the development of appropriate skills, knowledge and understanding in this area.

The University will ensure that all policies, procedures and practices are consistent with the mental health needs of the University's community. This includes policies and documents relating to equal opportunities, disability, mission statement, admissions, learning, teaching and assessment, harassment and bullying, discipline, accommodation, halls of residence, and strategic plans.

The University will review at regular intervals, and communicate its procedures and practices in relation to requests for medical information about students' mental health. Staff will ensure that they are not discriminating against the student by requiring such information, where this could amount to less favourable treatment of a disabled student within the meaning of the DDA Part IV.

In addition to working towards a supportive climate of student mental wellbeing, the University will ensure that Services which offer particular support to students experiencing mental health difficulties are available and accessible to all, and that they are adequately prepared to liaise and work with both internal and external agencies offering alternative support to students.

### **1.3 Roles and Responsibilities of Staff**

Staff are responsible for considering the possible impact of their work on student mental wellbeing.

Staff should be ready to offer support to students within the professional limitations of their role and are not expected to assume responsibility outwith the parameters of their professional role for resolving a student's mental health difficulties.

In acknowledgement of such limitations, staff will be well informed about appropriate University services for students experiencing mental health difficulties.

Staff will be sensitive to the use of the language of mental health. Negative stereotypical language promotes a climate in which people with mental health difficulties are stigmatised.

Staff will be prepared to work in partnership with students experiencing mental health difficulties, towards students' identification of their own needs, and towards empowering students to seek relevant help, and information. Each student will be treated as an individual with individual needs, and staff will avoid generalising about the problems and needs of students under headings which categorise mental health difficulties.

All staff will accord to students a degree of confidentiality about their mental health difficulties or the effects of these difficulties. This right is made explicit in the Disability Discrimination Act, Part IV, and is accorded within law to students whose mental health difficulties would be defined as disabilities within that legislation. Information about students' mental health difficulties is also sensitive data and subject to the duties of the Data Protection Act.

There may, however, be very exceptional circumstances in which the right to confidentiality may be over-ridden, for example, where the safety of the student or others would be compromised.

University staff will therefore, in accordance with the duties of the DDA Part IV, seek reasonable adjustments for students whose mental illnesses would be regarded as a disability within the meaning of the Act, in order to avoid discriminating in admissions, admissions arrangements or the terms of admissions, the provision of all services (e.g. teaching, placement provision, or examinations and assessments), or by excluding from the institution permanently or temporarily.

Staff will exercise caution before requiring medical evidence about a student's mental health difficulties. In some subject areas, the requirements of professional bodies may govern such requests. In all cases, staff will ensure that they are not discriminating against the student by requiring such information, where this could amount to less favourable treatment of a disabled student within the meaning of the DDA Part IV.

Departments will publicise with clarity the precise purpose of requiring medical or similar information, the likely efficacy of the information for that purpose, and the possible source of such information. Judgements about, for example, fitness to study and fitness to undertake placements may be complex, and require a consideration of possible adjustments to or support for study or placements, as well as any available objective facts about a student's mental health difficulties. Wherever possible, any essential information about students' mental health difficulties will be sought from students themselves.

Staff development sessions will be offered to staff to assist understanding of the Policy, and to provide opportunities for staff to develop confidence in promoting student mental well-being and in responding to students experiencing mental health difficulties.

#### **1.4 The legislative framework of the DDA Part IV.**

The Disability Discrimination Act Part IV offers protection against discrimination to disabled people who have physical or mental impairments. The impairment must have a substantial, long term and adverse effect on the individual's ability to carry out normal day to day activities, and these include memory and the ability to learn, concentrate or understand, and the perception of the risk of physical danger.

The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, but it does not cover any impairment unless it results

from or consists in a clinically well recognised illness, i.e. ‘one that is recognised by a respected body of medical opinion’ (Code of Practice, A1.4). Some conditions are specifically excluded from the Act, e.g. addiction to or dependency on alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed), the tendency to set fires, to steal, physical or sexual abuse of other persons, exhibitionism or voyeurism.

The Disability Discrimination Act Part IV places a responsibility on staff to make ‘reasonable adjustments’ which will help to avoid substantial disadvantage to disabled students. While the identification of adjustments for students experiencing mental ill health may be less obvious than, for example, adjustments to physical access, the overall aim is to prevent substantial disadvantage. Two examples from the Disability Rights Commission’s Code of Practice on the DDA Part IV are indicative of the extent of the new duties as they may affect students who are experiencing mental ill health:

***Example 4.17A, Code of Practice***

*A student has a mental health problem and, because of the medication she is on, finds it difficult to get to her first morning class. After several weeks during which she has missed all her morning classes, and without approaching the student to find out why she has not turned up, the college decides to remove her from the course. The institution has not taken reasonable action to find out whether the student’s failure to attend is due to a disability, and so is likely to be acting unlawfully.*

***Example 5.8J Code of Practice***

*A student with mental health problems has to attend a month’s work experience placement as part of his college course. The usual college procedure is for students to go independently to their work placement but this student is very anxious about how he will cope. A likely reasonable adjustment would be for his tutor to arrange to accompany him on the first day and then to telephone him at regular intervals.*

The second example above illustrates the general point that what is reasonable in any circumstance depends both on the individual student’s particular impairment, and on the aspect of the course which the student is attempting to access. It is clear from the second example that provision which is not usually made for other students will be required for some disabled students. The unjustifiable failure to make such additional provision for students with mental health difficulties (and others) will amount to discrimination.

## Section 2.

### Guidelines.

#### **2.1 Mental health difficulties and mental illness: basic guidance on identifying warning signs, symptoms and behaviour, with a view to informing or advising students of possible sources of appropriate help.**

This is a guide to help staff to understand some common mental health difficulties. **Staff are not expected to become diagnosticians, as this is a specialist task.** However it is hoped that these notes will assist in making decisions about referring a student for further help.

Knowing that a student carries this or that particular mental illness label is usually unhelpful, and conveys little or nothing about the person's difficulties or experiences. Information about the typical symptoms of illnesses is readily available from a range of sources. This section avoids a condition-by-condition approach, and concentrates instead on the behaviours which staff may encounter, and the responses which are likely to be helpful.

It is important to remember no two people experience mental health difficulties in exactly the same way. Mental health difficulties are likely to be temporary and are often treated effectively by counsellors and psychologists. They may be caused by the need to cope with sudden change, e.g. bereavement, or the break up of a relationship. They can be the result of chronic stress or can also stem from emotional difficulties which people have experienced in their childhood, adolescence or as adults.

Staff in a pastoral role such as academic advisers, academic counsellors, postgraduate supervisors and accommodation services staff can have an important role in the early detection of these disabling but eminently treatable conditions. People who are experiencing symptoms may not recognise what is happening and only seek help when prompted by friends, flatmates, family or university staff.

Behaviour which is out of character for an individual may be associated with being run down, very tired, overexcited or under stress. Alternatively it may result from the use of drugs (legal and illegal), medication etc. Mental illness is different. Mental illness can have a deeply incapacitating effect, and may require hospital admission. Its diagnosis is unlikely to depend on isolated symptoms and is usually associated with the observation of a persistent cluster of symptoms over a period of time. By contrast with mental health difficulties, which affect approximately one in four of the general population, mental illness is experienced by approximately one in fifty.

Feeling worried is a healthy response in many situations, and an important aspect of successful achievement. We all develop ways of coping with our anxieties when we feel under pressure. However, between 7- 10% of the population is likely to be worried about many aspects of living and when anxiety becomes too great and significantly impairs the ability to function, we need to encourage students to seek

help. Sessions with a counsellor or psychologist can be helpful ways of exploring the causes of stress and implementing ways forward.

In rare cases of severe anxiety and panic attacks, or severe mental illness, a GP referral, medication and the use of psychological or cognitive therapies may be beneficial.

Depression is one of the most common forms of mental health distress. We all go through difficult times in our lives, but for people who are depressed life is a real struggle. They may feel bad about their lives and themselves in many ways. At times they may feel despairing. Counselling can provide a powerful way of safely exploring how the depression began and of assisting the student to mobilise those centres of resilience that still remain. GP referral is recommended and the careful use of anti-depressant medication can prove helpful.

If you are aware of a student experiencing some of the symptoms listed below it may be appropriate to make them aware of resources which are available to them. For students who experience a cluster of symptoms over a period of time, it is important that they are encouraged to seek professional help.

### **Recognising warning signs, symptoms and behaviours.**

It should be reiterated that there is no expectation that University staff will become diagnosticians, and the following list of symptoms is in no way intended to be a diagnostic tool. It is, rather, guidance to staff in advising or informing a student about possible sources of help.

Examples of a range of symptoms:

#### **Behaviour**

- ❑ Change in study patterns e.g. doing considerably more or less work than usual
- ❑ Change in attendance patterns at university
- ❑ Falling grades
- ❑ Agitation
- ❑ Over-intense interaction/ withdrawal
- ❑ Uninhibited/ disruptive/ disturbing behaviour
- ❑ Disrupted eating pattern
- ❑ Disrupted sleeping pattern
- ❑ Reduced concentration
- ❑ Changes in motivation
- ❑ Self harm
- ❑ Suicidal thoughts and activity
- ❑ Avoidance of everyday activity

#### **Appearance**

- ❑ Lack of attention to appearance and poor personal hygiene
- ❑ Marked weight loss or increase
- ❑ Particularly drawn / tired looking
- ❑ Noticeable smell of alcohol, cannabis
- ❑ Bizarre, unusual and out of character dress

### **Mood**

- ❑ Loss of interest in most things/ exaggerated interest
- ❑ Significant mood swings
- ❑ Excitable/ restless/ fidgety
- ❑ Extremely angry
- ❑ Extremely sad
- ❑ Flat
- ❑ Isolated and withdrawn
- ❑ Feelings of disorientation
- ❑ Altered states of perception
- ❑ Persecutory ideas
- ❑ Feelings of acute loneliness

### **Other indicators**

- ❑ Something of what the student is saying or doing makes you feel very concerned or uneasy
- ❑ History of mental health difficulties
- ❑ Recent disruptive/ traumatic events
- ❑ Significant loss in their lives (past/ present)
- ❑ Debt/ financial worries
- ❑ Lack of other supports/ isolated
- ❑ Significant academic pressure
- ❑ Difficulties in the home environment (family / flatmates)

## **2.2 Responding to warning signs, symptoms and behaviours.**

### **Confidentiality**

Ensuring confidentiality is vital in encouraging students to come forward and seek help when they need to. Students need to know that any information they give will be treated with respect and that it is only passed on to those who need to know.

The Student and Occupational Health Service, chaplains and the student counsellors in the Student Advisory and Counselling Service are bound by their own professional standards of confidentiality. The University also has its own policy on confidentiality consistent with the duties of Data Protection and Disability Discrimination legislation. While liaison between the student and different people involved in supporting them can ensure consistency and continuity for the student it is of utmost importance that confidentiality is discussed and agreed with the student and those involved and that



the Data Protection Act (1998) is complied with. (See Data Protection legislation on the University's Secretariat web-site.)

It is important for staff to share information only for the purpose of care or for the protection of the students or others. The ultimate point of reference for deciding who should be allowed access to a piece of confidential information is the individual to whom it applies. Information passed on needs to highlight the support needs of the student rather than the diagnosis, which can encourage labelling and does not tell the person receiving the information how to support them. The student's informed consent should be sought before information is shared. Therefore it is necessary to inform the student why there is a need to disclose information, who will have access to it, and the likely consequences of giving or withholding consent (e.g. explaining why academic work might be delayed.) If consent has been obtained it is the responsibility of the person passing on the information to ensure that this is carried out only on the terms agreed with the student.

Information about students' mental health difficulties, or suspected mental health difficulties, should be obtained and held only for the purposes of providing care or for the protection of the student or others. Information needs to be clear, avoiding jargon or over reliance on diagnostic labels.

As a general principle, if the student refuses or does not give consent, then the information cannot be shared. There may be exceptional circumstances where there is a need to act without a student's permission, e.g. where the student's mental health has deteriorated to the extent of threatening their personal safety or that of others.

### **If you are concerned about a student**

Students do not always express problems directly or ask for help. Sometimes they feel embarrassed or are concerned about the consequences of telling someone in their department or they hope the problem will go away, or they are unaware that they have a problem.

If you are concerned about a student you may find it helpful to ask yourself some of the questions below and /or refer to the signs and symptoms in the previous section.

1. Has the student told you they have a problem?
2. Have there been any significant changes in the student's appearance? (weight loss or weight gain, decline in personal hygiene)
3. Has the mood of the student recently changed a lot from your previous experiences with them? (moods very up and down, miserable, tired a lot)
4. Have others (flatmates, friends, other colleagues) expressed concern about the student?
5. Have there been recent changes in the student's behaviour, college work and or

sociability? (doing too much work, not socialising as much as usual, withdrawn, not attending lectures or meeting deadlines)

6. How long has the student been feeling or behaving like this? (everyone can have bad days, but when days turn into weeks and months then there may be a problem).
7. Does the student smell any different? (can you smell alcohol or cannabis)
8. How does the student sound? (flat, agitated, very quiet, very loud)

If the answers to any of the above questions are yes, do not avoid the situation or pretend nothing is wrong, as the problem may persist for longer. Consider giving the student information about sources of help, and helping them take steps to access it.

### **Approaching the student**

Approach the student in an understanding way. Inform the student privately and tactfully about your concern, basing your comments on observable behaviour, and trying not to be alarmist in your language, as the student is probably worried already. Gently explore with the student sources of support within and outside the university. Clarity about your role and its boundaries will help you to avoid offering assistance beyond the parameters of your role. Everyone has something to offer, and it is vital that we are all aware of what we can do and are qualified to offer. With appropriate support and careful planning at departmental/ faculty level most students with mental health difficulties complete their degree successfully.

### **Students who inform staff about their mental health difficulties.**

If a student lets you know about a mental health difficulty they are coping with, there are measures you can take:

- Establish whether the student already has any practical or emotional support
- Try to listen and to encourage the student to seek appropriate help
- If appropriate refer them to one of the university support services
- Try to identify which aspects if any of the student's work are causing stress
- Check and negotiate around class attendance and deadlines to submit assignments

### **When a student does not want to talk**

If the student is not ready to accept help or talk about their problem, do not ask insensitive or intrusive questions. Always respect their right not to discuss things. Invite the student to come back at some future time to talk again. You can also inform them about the Student and Occupational Health Service, Student Advisory and Counselling Service, Ask4 (Students' Association) or the Disability Service.

However if you are very concerned about a student who has refused help, speak to your Head of Department or someone from one of the above services.

## **Handling crisis situations**

Crisis situations occur occasionally and these guidelines are intended to raise awareness and stimulate thoughts about managing such situations.

A crisis occurs when a student's feelings are beyond their control. These feelings may be expressed in a number of ways, e.g. self harm, talking about suicide or having persistent suicidal thoughts, exhibiting behaviour which is out of character, e.g. putting themselves at risk.

It is important to note that:

- Crisis situations are rare.
- People experiencing mental health problems are rarely violent to others
- Assuring your own, others' and the student's safety is paramount.

Try to remember:

- To remain calm and adopt a non-threatening approach.
- If there are other students around, calmly ask them to leave the area
- Some situations can be frightening and distressing. If you do not feel confident about approaching the student, then get help, or ask someone else to summon help, while you stay with the person.
- If you stay with the student, do not crowd them.
- Explain your actions before you act and continue to reassure the student without being patronising.
- Take threats of suicide seriously. Do not ignore them. It is a myth that those who 'talk about it don't do it'.
- Encourage the student to remain in a safe place within the university until support arrives
- Security Services (extension 2222, JA; extension 3333, JH), if required, will summon external assistance.

## **Managing aggressive behaviour**

Contrary to popular belief only a small minority of people who experience mental illness exhibit anti-social or violent behaviour. Behavioural difficulties and aggression can be encountered in any situation and the reasons for it are not always clear. These could be related to use of drugs, alcohol or medication or another type of medical condition.

It is important to note that although a small number of people with mental health difficulties present an increased risk to other people, the number of incidents is fortunately rare and it is more likely that the person is more of a risk to themselves than others.

Aggressive outbreaks rarely happen without warning, and one of the best precautions is to be aware of non-verbal signals that someone is becoming agitated. As with crisis situations the guidelines are similar. Try to:

- Keep your voice calm, do not stare, and avoid physical contact.
- If a difficult situation is developing, involve another member of staff.
- Move other people in the vicinity out of the way so there is no audience or suggest the person behaving aggressively leave and return when they are calmer and able to talk things through.
- If you are concerned about the immediate safety of the person, yourself and /or others, call for security, (extension 2222, JA; extension 3333, JH), who may in turn summon external assistance.

The person initiating such action should ensure that Registry is informed. The university will endeavour to postpone any decision about the student's academic study until he/she has recovered sufficiently to participate in discussions.

### **Disciplinary Issues**

A small percentage of students can cause disruption within a department or hall of residence. The behaviour of a student with mental health difficulties may contravene institutional disciplinary codes and may require formal action to be considered. However, careful consideration should be given in this situation before any formal disciplinary action would be taken.

It is appropriate to consider the support needs of the individual with the mental health problem alongside the impact of this behaviour on other students. The student concerned should be given the opportunity to discuss his/her worries and support needs. In this way, disruptive behaviour is not overlooked but dealt with in a manner that is sensitive to the specific needs of the student concerned, alongside university regulations.

Quite often a student experiencing mental health difficulties may not be receiving any help and offering appropriate support may be the way forward. It is not uncommon however that several staff may be involved in working with, and supporting a student. In this circumstance it can be helpful for the student to experience a concerted approach to support. A person trusted by the student can offer assurance that the appropriate staff will meet to decide how the student can best be supported and what needs to be negotiated by the student and the University with regard to support and behaviour.

The university should try to make reasonable provisions for the student concerned to continue with their studies. This may be done through arrangements for extensions on assignments, specific exam arrangements, and consideration of alternative forms of assessment. The student may decide after consultation to take time out from their studies through suspension. In these circumstances university procedures should be followed. Students in suspension are not normally able to remain in University accommodation during the suspension period.

Arrangements for students' return to study, and any adjustments needed, should be clearly communicated to the student and relevant staff.

### **2.3 Guidelines on the promotion of positive student mental well-being.**

It is important to note that universities do not simply receive students with pre-existing mental health difficulties, but that such difficulties may develop during a student's time at university. The structure and culture of many institutions has considerable impact on the mental health of its members, both staff and students, and may make a significant contribution to exacerbating or reducing existing difficulties. Student life in itself imposes extra pressures. The level of support for practical, emotional and academic concerns can make a huge difference to students. Stress is a crucial factor in the development of mental health difficulties. Evidence suggests that an environment that nurtures the individual as a whole, may spare many of those at risk from mental distress. Given the desire that Strathclyde students will be successful, it is helpful to consider student mental health when reviewing assessment procedures, distribution of workload, exam timetables and possible conflict with demands from parallel courses etc. These considerations will help alleviate stress for students and may avert the onset of difficulties for some. A sympathetic, non-judgmental attitude and willingness to consider flexible approaches to study are pivotal.

There are broad areas of student life in which difficulties can jeopardise mental well-being. These include the following overlapping areas:

- **Study**
- **Finance**
- **Relationships**
- **Physical health**
- **Accommodation.**

Below are some suggestions of ways in which positive mental well-being may be promoted within these areas. Individual members of staff are asked to consider the possibility that within their particular role in relation to students, there may be ways in which they can contribute to the development of positive student mental well-being.

#### **Study**

Mental well-being in study is arguably promoted where the intellectual tasks of study are manageable by, and achievable for, the student. Both administrative and academic staff have a significant role to play in the collaborative management of study, and through that, the promotion of student mental well-being. Elements of this promotion include

- Providing, and publicising the provision of, assistance with the skills of study. This will include the demystification of assessment methods.
- Ensuring that the essential materials of study, for example, reading lists, library books, computing labs, are readily available.
- Ensuring that students have access to the advice and support of academic and other members of staff, particularly at key stages in their academic progress and particularly on those occasions when they may be struggling with their study. This does not mean being available for all students at all times, but it does mean publicising information about who it is that students may contact for advice, and when and where those individuals are available.
- Managing the timetable of assessments and teaching so that students are not placed under undue or needless pressure.
- Ensuring that course regulations maximise scope for flexibility, e.g. in the rates at which courses of study may be completed, and in the pathways to the award.
- Ensuring that students are well informed about courses' academic demands and the scheduling of these demands.

### **Finance**

Financial worry or pressure may impact adversely on mental well-being. There is therefore scope here for the positive promotion of mental well-being through the provision of assistance with and guidance on financial matters.

The University provides the Student Finance Office, and academic and other staff can usefully direct students to that Service for advice, support and information about funds, such as the Hardship Fund. The Careers Service also plays an important role in assisting students to secure temporary, part-time employment, which, provided it is consistent with the demands of study, may have clear benefits to students in many ways, including financial.

There is a less obvious way in which academic departments and arrangements can play a role: part time study and other forms of curriculum flexibility can be useful where students are otherwise unable to achieve the difficult balance between the need to earn money and the need to study.

### **Relationships**

Some services such as the Student Advisory and Counselling Service and the Chaplaincy have a key role in relation to relationship issues and problems. The Student and Occupational Health Service provides advice and information about sexual health.

### **Physical health**

Many Services play a part in promoting physical health, which has well documented links with mental well-being. Physical health is promoted by

- The Centre for Sport and Recreation, with its emphasis on exercise and recreation

- The Counselling Service, with its provision of classes on relaxation
- The Catering Service, with its promotion of healthy eating
- The Student and Occupational Health Service and the Student Advisory and Counselling Service, which can both offer information on the consumption of alcohol, and use of drugs
- The many clubs and societies within the Students' Association.

All staff can promote students' use of these Services by making relevant information available and by reminding students of the information available on the University website.

### **University Accommodation or Halls of Residence**

It is likely that the following features of the University's accommodation will be conducive to student mental well-being:

- Quiet and comfortable accommodation
- Communal areas for student socialising
- Good student support systems, as organised by University Accommodation and Residences
- Rooming compatible students together
- Providing support staff whose role includes provision of advice on welfare issues specific to life in a hall of residence.

## **2.4 Staff Development**

Towards the implementation of this policy, staff will be offered mental health awareness training to:

- Promote a positive attitude towards mental well being in the workplace
- Raise the level of awareness of mental health issues
- Raise the level of awareness of support available for students with mental health difficulties
- Facilitate staff in their management of students with possible mental health difficulties

To improve the general climate of mental well being the university will further develop a culture which encourages students to come forward if they are experiencing difficulties. Publicising accessibility and the roles of individuals within departments will aid students to access support when they need it. This can be done through:

- Explicit information in student handbooks
- Induction for all students to the academic support and the university support services
- Training for academic staff in pastoral roles
- Availability of study skills assistance
- Regular and clear feedback to students
- Demystification of assessment procedures

- Attention to sensitive exam time-tabling
- Assignment extension arrangements
- Collaborative working between support services and academic departments
- Clear explanation of roles and responsibilities of students and staff within different departments and services

A balanced lifestyle promotes wellbeing, including physical, mental, social and spiritual wellbeing. All of these contribute to more effective functioning in daily lives. The university provides a range of support services which play a role in relation to these issues.

The University can provide students who experience mental health difficulties with a reassuring combination of challenge and structure. Universities UK Guidelines suggest that higher education can ‘make a positive contribution to mental well-being’ by providing ‘a structured and purposeful environment’, can provide opportunities for achievement that lead to ‘a fuller sense of identity and increased self esteem’, and ‘can reduce isolation and provide opportunities for improved interpersonal confidence’.

## **2.5 Support for members of staff and other students**

You may feel upset or concerned about the contact you have had with a student or worry that you did not do or say the right thing. If other students were present or are flatmates or friends of the person concerned, encourage them to seek support and to talk things over with either the Student Counselling Service or the Chaplaincy. For staff it may help to talk to a trusted colleague, and /or phone and ask to speak with one of the counsellors, or one of the doctors at Student Health. You can do this without mentioning the student by name to protect confidentiality. If you wish to talk to someone in confidence outside the institution you can contact the Employee Counselling Service scheme, or one of the agencies listed in the resources directory.



## 2.6 Directory of Resources

### Internal University of Strathclyde

Disability Service	Tel: 548 3402
Student Advisory and Counselling Service	Tel: 548 3510
Student and Occupational Health	Tel: 548 3916
International Office	Tel: 548 5757
Ask 4 (Students Association)	Tel: 567 5040/1/2/3
Nightline (Student telephone line)	Tel: 55 22 555
Security	Tel: 3333(JA) and (JH)
<b>Emergency</b>	<b>Tel: 2222</b>

<http://www.mis.strath.ac.uk/Secretariat/DataProtection.htm>

University website for Data Protection and Confidentiality

### External local services.

**Emergency services (ambulance, police, fire brigade) Tel: 999**  
(But note that Security Services staff have responsibility for summoning emergency services.)

**Woodside Health Centre Tel : 0141 531 9530**

**Townhead Health Centre. Tel : 0141 531 8900**

**Parkhead Health Centre Tel: 0141 531 9000**

**Royal Infirmary Tel: 0141 211 4000**

**Southern General Tel: 0141 201 1100**

### **GAMH – Glasgow association for Mental health**

Tel: 0141 204 2270 (Mon – Thurs 9am –5pm, Fri 9am –4.30pm)

An organisation which offers advice, information, befriending, home support,

Group support and a drop in service

Website: <http://www.gamh.org.uk>

### General

**At ease** is a website resource for young people who are stressed and worried about their thoughts and feelings

Website: <http://www.rethink.org/at-ease>

### **British Association for Counselling and Psychotherapy (BACP)**

**Tel: 0870 443 5252** One of the lead bodies in counselling and psychotherapy in Britain. Information about registered and accredited therapists throughout the country.

**CALM (Campaign Against Living Miserably)**

Tel: 0800 585 858 (everyday 5pm – 3am) A helpline for young men who are depressed or suicidal

**Depression Alliance**

Tel : 0131 467 7701

Website : <http://www.depressionalliance.org>

This website has very good ‘student stress survival pack’

**Eating Disorders Association**

Office Tel: 0870770 3256 Adult Helpline Tel: 0845 634 1414

Information, help and support for people affected by eating disorders (anorexia nervosa, bulimia nervosa, compulsive eating, binge eating and obsessional behaviour about food.)

Website: <http://www.edauk.com/>

**Health Education Board for Scotland**

<http://www.Hebs.scot.nhs.uk>

**The Manic Depression Fellowship**

Tel: Scotland advice Line 0141 400 1867

An organisation which offers support, advice, listening service, referral to Specialist counselling, talks and training.

**The Mental Health First Aid Manual**

A very useful resource prepared for the Australian National University.

[http://www.mhfa.com.au/course\\_manual.htm](http://www.mhfa.com.au/course_manual.htm)

**The Mental Health Foundation**

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

produces a range of information on mental health difficulties

**The Mental Health of Students in Higher Education**

A report of the Royal College of Psychiatrists, January 2003

<http://www.rcpsych.ac.uk>

**Mind**

Mindinfo line 08457 660 163 (Monday – Friday 9.15am - 5.15am)

Information on all aspects of mental health

Also useful website with interesting factsheets: <http://www.mind.org.uk>

**National Phobics society**

Tel: 0870 7700 456 (Mon- Fri 10.30 – 4.00pm). a helpline for people affected by anxiety, phobias, compulsive disorders, or panic attacks.

**National Programme for Improving the Mental Health and Well-being of the Scottish Population**

<http://www.show.scot.nhs.uk/sehd/mentalwellbeing>

### **Rethink**

Office: 0845 456 0455

Tel: National Advisory Service 020 8974 6814(Mon – Fri 10.00am – 3.00pm)

Alternatively you can email [advice@nsf.org.uk](mailto:advice@nsf.org.uk)

Website: <http://www.rethink.org>

Organisation concerned with support, information and advice for people with severe mental health difficulties, their friends and families.

### **Providing Learning Support for Students with Mental Health difficulties Undertaking Fieldwork and Related Activities.**

The Geography Discipline Network

Website: <http://www.chelt.ac.uk/gdn/disabil/mental>

### **Read the Signs**

Information for young people about spotting the onset of mental health difficulties.

Website: <http://www.readthesigns.org>

### **Reducing the Risk of Student Suicide: Issues and responses for higher education institutions**

Universities UK, 2002

Website: <http://www.le.ac.uk/edsc/publications.html>

### **Royal College of Psychiatrists**

Range of information on all mental health conditions.

Website: <http://www.rcpsych.ac.uk/info/index.htm>

### **Samaritans**

Tel: 0141 248 4488

United Kingdom: 08457 909090

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

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

Help for anyone experiencing a crisis

### **SAMH ( Scottish Association for Mental Health)**

Tel: 0141 568 7000

Fax: 0141 568 7001

Website: <http://samh.org.uk>

An organisation which offers a helpline, information, advice, supported accommodation, training centres and a homeless assessment programme

### **Saneline**

Tel : 08457 67 80 00 ( everyday 12.00noon – 2.00am) Helpline offering information and advice on all aspects of mental health for those experiencing mental illness or their families or friends

Website: <http://www.sane.org.uk>

### **Student Counselling in UK Universities**

<http://www.studentcounselling.org>

is a website produced by the Association of University and College Counsellors, a subsidiary of BACP. This website has a series of leaflets which can be downloaded covering various areas such as: depression, anxiety, self-harm, as well as a range of other useful titles.

**Student Mental Health: planning, guidance and training**

Lancaster University, 2002

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