

## **Guide for Academic Staff regarding the Student Mental Health Policy (abridged)**

### **1. INTRODUCTION**

The University aims to provide support to students experiencing mental health difficulties wherever practicable to do so. This Guide takes account of the requirements of the Disability Discrimination Act 1995 (as amended) which places a duty on institutions not to discriminate against disabled students (including those with mental health difficulties). Mental health difficulties covered by the Act may include anxiety, depression, self-harm, bipolar disorder, or eating disorders.

**1.2 The purpose** of the guide is to offer some practical assistance for academic colleagues who may encounter a mentally ill student. However, the content may prove useful to other colleagues who may unexpectedly find themselves supporting a student with mental health difficulties. It should be read in conjunction with the *University Policy on [Student Mental Health](#) and the accompanying Regulation on Suspension or Exclusion on the Grounds of Health, Safety or Welfare*, which provides the regulatory procedure that should be followed when dealing with students with mental health difficulties that are impacting on others, or their academic performance or progress. Extracts from the policy are included in this abridged Guide to provide context or additional information relating to certain procedures.

### **1.3 The Role of Student Support Services**

There are a number of student support services in the University that are all likely to have direct involvement with students with mental health difficulties. Some of these services have distinct codes of conduct relating to confidentiality and will approach mental health issues from differing angles. Specialist student support services, such as Student Health, Student Counselling or the Access Unit for Deaf and Disabled Students, are available for staff to consult. Staff in these areas can advise on good practice and referral while still respecting confidentiality and enabling the member of staff directly involved to maintain front-line contact, if this seems appropriate.

The preferred method of supporting students with mental health difficulties is to encourage self referral to specialist support services; more complex cases should be discussed through the case conference mechanism (see section 4).

## **2. LEGAL CONTEXT**

### **2.1 Making reasonable adjustments**

The Disability Discrimination Act requires consideration of reasonable adjustments that might be made to support disabled students throughout their course of study and this includes students with mental impairments. This duty is an anticipatory duty owed to disabled students at large. It does not only arise when an individual disabled student discloses a disability to the University.

*While students are encouraged to disclose any mental health difficulty to the University, preferably pre-admission, so that staff from Support Services and academic colleagues can work with the student to agree the types of adjustments that may reasonably be provided. There is no legal duty on the student so to do. The University is expected to take reasonable steps to find out if a student is disabled so that appropriate action can be taken – for example, by providing opportunities for disclosure throughout the programme, not only at initial application/registration. Not knowing about a student's disability is no defence if an*

adjustment could have reasonably been anticipated. However, if a student does not inform the University that s/he has a mental health difficulty, notwithstanding the provision of opportunities for disclosure, the University cannot be expected to make reasonable adjustments to support him/her.

### **Example**

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. She did not disclose her disability either on her UCAS application form or during registration. After several weeks, she has missed all her morning classes. The tutor approaches the student on several occasions and asks her in private if there is any reason preventing her from coming in to her first class. The student denies that there is any particular reason for her persistent non-attendance. The University subsequently decides to remove her from the course. This is likely to be lawful as the University could not have anticipated the need for reasonable adjustments in this particular case.

It is impossible to prescribe which adjustments should be considered for each specific mental health difficulty since individuals cope in different ways - what works for one student will not necessarily work for another. Each individual will have different needs and coping mechanisms and so may need different reasonable adjustments.

Ultimately, a court will decide what adjustments are deemed reasonable for an institution to make in any particular case. The case conference mechanism in the University policy on Student Mental Health provides the opportunity for academic and support staff to meet independently of the student to determine what adjustments can be made (see section 6 for more details).

The decision to refuse a reasonable adjustment should always be made in consultation with the Organisational Development Manager (Diversity) and the Director of Legal Services.

## **2.2 Reasonable adjustments and academic standards**

At times there can be tension between reasonable adjustments and a perceived lowering or compromising of competence standards, which are defined as:

*'an academic, medical or other standard applied by or on behalf of a responsible body for the purpose of determining whether or not a person has a particular level of competence or ability'.*

There is no legal duty to make adjustments to competence standards provided that those competence standards can be objectively justified. Although there is no duty to make reasonable adjustments in respect of the application of a competence standard (or a learning outcome), such a duty is likely to apply in respect of the processes by which the competence is assessed. It is, therefore, extremely important to identify at the outset whether a learning outcome or requirement is a justifiable competence standard. Disability-related discrimination that occurs as the result of the application of a genuine competence standard can be justified but only if it can be shown that the standard is (or would be) applied equally to people who do not have this particular disability and its application is a proportionate means of achieving a legitimate aim. Teachers should be clear on the intended learning outcomes of every stage of a programme so that students are aware of whether they are meeting the professional requirements of the qualification or the expected academic standards. See examples below

### **Example**

A student with a mental health problem is informed that an examination for his Language degree has been arranged for 8:30 am. The timing of the examination would substantially disadvantage the student, because a side effect of his medication is extreme drowsiness for several hours after taking his morning dose – which prevents him from concentrating well. The requirement to take the exam at 8.30am is not linked to any competence standard and University X agrees to his request to take the examination later in the day. This is likely to be a reasonable adjustment.

### **Example**

A student has depression, which could impact on her ability to meet attendance requirements. As a reasonable adjustment, the School agrees to consider this as a mitigating factor when determining issues connected to her academic progress, provided that the student maintains regular contact with her Personal Tutor to discuss issues connected to her well-being and to review the effectiveness of the reasonable adjustments that have been introduced. The School also agrees to accept coursework by email should the student be unable to deliver her work in person. Failure to progress academically in spite of the reasonable adjustments that have been implemented will result in the matter being referred to Progress Committee.

Reasonable adjustments should be determined within the context of the inherent or essential requirements of the programme. Depending on the circumstances of the individual case, it can sometimes help to be reasonably flexible about course requirements and deadlines, without jeopardising academic standards.

In cases where the student is clearly not fit to study, then a suspension should be considered as a reasonable adjustment to provide the student with a period of rest and recovery in accordance with the University policy on Student Mental Health.

On rare occasions when the student's behaviour is cause for concern on grounds of the health, safety or welfare of the student or others, you should refer to the [Regulation on Suspension or Exclusion on the Grounds of Health, Safety or Welfare](#).

## **3. SUPPORTING STUDENTS**

*Where a student's performance or behaviour is being adversely affected by a mental health difficulty, that student should be encouraged to make use of available support services, such as Student Counselling or Student Health. The student should also be referred to the Access Unit where an assessment of support needs and of any funding that may be available to the student can take place. Academic colleagues should also consider any reasonable adjustments to modes of study and/or assessment that would enable the student to continue with his/her programme.*

### **3.1 Recognising that there may be a mental health problem**

Students do not always ask for help. If you suspect that a student may be experiencing a mental health difficulty, it may be useful to consider some of the following:

- Has the student indicated that they have a difficulty?
- Is there any prior medical evidence on the student's file to indicate that the current pattern of behaviour may be a reoccurrence of a previous difficulty?
- Have there been any significant changes in the student's appearance? (such as weight loss/gain, decline in personal hygiene)
- Does the student sound different (e.g. flat, agitated, very quiet, very loud)?
- Has the mood of the student recently changed significantly?
- Have others (housemates, friends, other colleagues) expressed concern about the student?
- Have there been recent changes in the student's behaviour, academic performance and/or sociability (e.g. overworking, seeming withdrawn, not attending lectures or failing to meet deadlines)?
- How long has the student been feeling or behaving like this? Everyone can have bad days, but when days turn into weeks or months this could indicate that there may be a problem.

### 3.2.1 Approaching the student

If you are seriously concerned about the mental health of one of your students, you should contact **Student Services immediately**– in the first instance contact the [Director](#) or the [Project Manager](#) of Student Services (see annex 4 for contact details), who will be able to advise in confidence and direct your query to the correct team within the division. There is also a repository of frequently asked questions about many aspects of student life on the [Student Services Help website](#):

Until the student is able to secure support from a specialised service, the following guidance may be useful:

- Do not avoid the situation or pretend nothing is wrong, as this could make the problem worse.
- Approach the student in a sympathetic and understanding way. Avoid using unhelpful comments like 'pull yourself together'.
- Simply asking how the student is may provide them with an opportunity to discuss their concerns. The situation may only require empathetic listening so be prepared to listen. If there are constraints on your time, inform the student from the start that this is the case.

### 3.3 When a student does not want to talk to you

It is extremely difficult to help someone unless they admit they have a problem. The student may not always identify that they have a problem or may not want to acknowledge it. Try not to humour the student by pretending to agree that there isn't a problem if it is clear that there is one, but respect the right of the student if they do not wish to discuss things. Offer an open invitation to the student to return to talk to you, and inform the student of the specialist support services that are available. Continue to ask how they are and reiterate that they can talk to you, when you see them again. Keep file notes of each occasion that you have offered your help or referred the student to Student Services. However, if you remain very concerned about a student who has refused help you should discuss this with your Head of School or nominee and you should also seek advice the Secretary's Office and/or the Organisational Development Manager (Diversity) in terms of options that may be open to you under the University policy on Student Mental Health.

### 3.4 When a student does want to talk to you

If the student does want to talk about their problem with you, try not to give advice that is not within the boundaries of your role, but rather listen and encourage the student to seek the appropriate help. Try to recognise what you can realistically do and whether there is a more appropriate person to deal with this. Express your concern but remember you are not a therapist or a counsellor. It is not your responsibility to solve the problem and if you feel you are unable to suggest a way forward at the present time, do not view it as a sign of failure.

Being open and honest with the student in your initial contact will help to develop trust. Very often help is not sought because the student may be concerned about the consequences of telling someone. If you feel you need to tell someone else, try to obtain the student's consent. However, in situations where you are unable to obtain student consent, you can talk about the situation to another person (for example, a colleague or a member of specialist support services) and ask their advice, without revealing the identity of the student.

If you feel able to start an initial discussion with the student, you might:

- Ask the student how they have handled similar difficulties in the past, highlighting what has and has not worked for them.
- Explore with the student what adjustments might be considered to enable them to continue with their studies. This might include extensions to certain deadlines, making regular appointments with their Personal Tutor to check on academic progress, or permitting assignments to be submitted via email. The Organisational Development Manager (Diversity) can advise on what might constitute a reasonable adjustment and on the practicalities of implementation.
- Refer to staff in the Access Unit for more information on specific support for individual students.

It can be extremely stressful and time consuming helping a student, which is why it is important to remember to look after yourself and seek appropriate support and help from others, such as colleagues, a member of a specialised support service or via a case conference.

## 4. AGREED SUSPENSION OF STUDIES

*In some circumstances, where it might be beneficial to the successful completion of the programme or otherwise appropriate, it may be necessary to encourage the student to agree to a suspension of studies to provide him/her with time away from his/her studies to recover. After expiry of the agreed period of suspension, studies may be resumed only after satisfactory medical evidence has confirmed that the student is fit and able to cope with the academic demands that will be placed upon him/her. The University will seek to provide appropriate and reasonable support to the student upon his/her return to study.*

You should respond flexibly to any request to suspend studies on the grounds of mental health and, depending on the nature of the programme, determine what might constitute an appropriate period of rest and recovery for the student. Such requests should be dealt with in accordance with usual Faculty/School procedures on suspension of studies. Where it is

not possible for students to rejoin their studies mid-way through the academic year, students should repeat the year in which the suspension occurred.

In all cases, you should make it clear that return to study is contingent on the receipt of satisfactory medical evidence to confirm that the student is fit to resume studies and able to cope with the academic demands of the programme. Such evidence would be required in advance of a student's return to study and could be considered by a case conference should further advice be required.

## 5. SHORT-TERM EXCLUSION ORDERS

*Where the health, safety or welfare of the student or of others is at immediate risk, and where circumstances indicate that this may be due to mental ill health, the University will issue a short-term exclusion in accordance with the Regulation on Suspension or Exclusion on the Grounds of Health, Safety or Welfare.*

*Where the student does not agree to a suspension of studies as recommended by a case conference the University may take steps to suspend the student under the Regulation on Suspension or Exclusion on the Grounds of Health, Safety or Welfare. In such circumstances staff should refer to the appropriate Undergraduate or Graduate Dean, who may then seek advice and assistance from the Secretary's Office.*

In some cases, a student's refusal to accept a recommendation that they suspend their studies or refusal of offers of support may require the Regulation on Suspension or Exclusion on the Grounds of Health, Safety and Welfare to be invoked. Under this regulation, suspension or exclusion may be enforced, in exceptional circumstances, for the benefit of the individual or other members of the University community.

Where the health, safety or welfare of the student or of others is at **immediate** risk, and where circumstances indicate that this may be due to mental ill health, the University (Vice-Chancellor or nominee) will issue a short-term exclusion order in accordance with the Regulation on Suspension or Exclusion on the Grounds of Health, Safety or Welfare. This course of action will be taken in emergency situations or in exceptional circumstances only, and where such action is in the best interests of the student concerned or those of others. The exclusion will normally be subject to review after four weeks, during which time the student may be required to undergo a psychiatric evaluation.

## 6. CASE CONFERENCES

*Following the issuing of an emergency exclusion order or where a member of staff believes that a student's mental health is having an adverse impact on the student's performance or behaviour, or on other students or members of staff, a case conference should be convened. The Head of School (who may delegate this responsibility) is responsible for arranging the case conference, guided by the Student Services Project Manager.*

Where there is reason to believe that a student's mental health is having an adverse impact on the student's performance or on other students or members of staff, a case conference should be convened to arrive at a set of recommendations, based on support needs, which should then be communicated to the student. The case conference will provide an opportunity for staff (the student is not invited to attend the case conference) to develop a collective response to a student's personal and academic well-being and will identify a suitable course of action, including reasonable adjustments that might be made, within the parameters of current policy and procedure. Membership may include academic staff, staff

from student residences, support services, and health/counselling professionals. The case conference may make any recommendation as is necessary to the individual circumstances of each particular case, including:

- Advising on support that can be put into place, requesting more evidence from the student on the nature of his/her disability as appropriate. The student will be informed that failure to avail him/herself of this support could result in disciplinary/academic progress/other procedures being invoked.
- Recommending a short-term exclusion or suspension of studies in accordance with the Regulation for the Suspension of Studies or Exclusion on the Grounds of Health, Safety and Welfare. Conditions may be attached to the exclusion or suspension depending on the individual circumstances of each case.

The Organisational Development Manager (Diversity) should be informed when a case conference is taking place so that she can advise and support staff through the process.

## **7. DEALING WITH EMERGENCY SITUATIONS**

### **7.1 Assessing the situation**

If you are aware of a student who is very disturbed or distressed, or indicating suicidal or self-harming feelings, action should be taken. **In such situations where you believe you or the person concerned is likely to harm her/himself or another or is becoming violent, you are able to summon University Security Services on their 24-hour emergency line on 0117 33 11223 (internally 112233).**

Exactly what action you take will depend upon the following features:

- The seriousness and nature of the behaviour/distress
- Whether the student acknowledges s/he has a problem and agrees to seek help
- Whether there are any other staff around
- Whether you feel safe dealing with the student
- Whether the student is coherent and rational
- Whether you know the student

The problem is urgent if:

- The student is actively talking about suicide
- The student is clearly very disturbed
- You think that the student is at risk of harming themselves or others

### **7.2 Procedure if the situation is urgent**

During core working hours (Monday to Friday, 9.00am to 5.00pm) and if the student is willing to seek help consider any combination of the following:

- Encourage the student to contact their GP or the Counselling Service. Ask if they wish to do this themselves or would like assistance. Doctors at the Student Health Service will see students in an emergency if they are registered with the practice or have no GP in Bristol. The office hours are 8.45am-5pm. If registered with another GP in Bristol, they should refer to that surgery.
- If the situation is serious and the student requires immediate attention, call an ambulance. It is important to stay with them until they are seen by a doctor.

If the student is not willing to seek help you should:

- Seek guidance from the duty doctor at the Students Health Service and/or your Graduate or Undergraduate Dean.
- Alert University Security Services on their 24 hour emergency line (0117 33 11223 or internally on 112233)
- Call an ambulance and/or the police.

Outside of core working hours and over the weekend, you should call the student's GP's Out of Hours service. Alternatively, you should call an ambulance (and Security Services or the police if the student is violent).

If there is any suspicion that the student has taken an overdose, call an ambulance immediately. Security Services should be informed of such cases once the emergency services have been called.

### **7.3 Procedure if the situation is less urgent**

- Talk to the student and listen calmly to what s/he has to say. Prompt and clear indications to the student that they are a cause for concern are usually helpful.
- Suggest that they contact the Counselling Service, the Student Health Service or their GP (if not registered with the Student Health Service).
- As a member of staff, you can speak to the Student Counselling Service or the Student Health Service for advice without revealing the name of the student involved.
- Arrange to see the student again soon.
- Keep notes and inform your line manager of your concern.
- Where useful and necessary, inform other members of staff so that they may respond appropriately.
- If you have any doubts relating to data protection, contact the Information Rights Officer in the Secretary's Office.

### **7.4 General approach**

- Speak softly and remain calm.
- If other students are present, ask them to leave (although if the student's closest friends are present they may prove useful).
- Give the student 'room to breathe' and do not touch them unless you are absolutely sure that doing so might not be interpreted as threatening. Do not approach from behind without warning, or stare.
- Explain your actions and reassure the student, without being patronising, about what is happening.
- Take any threats of suicide seriously, it is a myth that 'those who talk about it don't do it'.
- If the student remains distressed, call the Student Health Service on 0117 330 2721; this number also activates the out-of-hours service.
- If the student calms down and shows some perception of the nature of their problem, encourage them to seek help of their own volition but, if they prefer it and give you permission, you telephone the relevant service on their behalf.

## **8. CONFIDENTIALITY**

### **8.1 Data Protection**

Under the 1998 Data Protection Act all data relating to a person's physical or mental health is regarded as sensitive personal data, which must be stored securely, kept in confidence and only passed on with the individual's informed consent. The law regards every person over the age of 18 as being capable of giving consent unless a medical opinion has stated otherwise. The University believes that even its students under 18, and all applicants to its courses should also be regarded as being capable of giving informed consent.

### **8.2 Sharing information**

Ideally, students should be encouraged to pass information about their mental health to other people. If you are going to discuss a student's mental health with anyone else you should get the student's permission first. As a minimum, tell the student to whom you are giving the information, the reason why, and what the third party will do with that information. If the student will not allow you to give their information to someone else, explain the potential consequences of this decision and make a record of the conversation. A refusal to disclose information often stems from a lack of understanding that can be solved by reassurance and the provision of further information. Make a note of the conversation and, if possible, get the student to countersign the note.

Occasionally, a student's parent/guardian/family member may contact you to discuss a student's mental health. You must obtain the student's consent before doing this; it is strongly recommended that you obtain this in writing. If a student does not consent, tell the parent/guardian/family member you will convey their concerns to the student and that you will ask the student to contact them. Make a record of the conversation.

The University will not normally accept information about students or applicants from parents, teachers or other third parties without the student's knowledge. Staff asked to retain such information should seek advice from the Admissions Office or the Secretary's Office.

### **8.3 Confidentiality requests**

Students may also declare a disability but request, as a reasonable adjustment, that knowledge of it remains confidential. This is most likely to be the case where traditionally there has been a stigma attached to their condition: for instance in the case of mental health problems. The confidentiality request allows a student to limit the scope of who can be informed about their disability and what they may be told. For instance the nature of the disability itself might remain confidential, but additional support needs might be communicated more widely.

### **8.4 Disclosure without consent**

If you believe that a student is a danger to themselves or to others you may feel obliged to disclose information without their consent. Advice should be sought from the Secretary's Office as soon as possible, ideally before taking action. If there is a genuine emergency, information should be disclosed only within the University, or to relevant health professionals or, if necessary, to the police. The student should be informed that the information has been disclosed, unless there is good reason to believe that this will worsen their state. Family members should not be contacted without the student's consent and not before receiving advice from the Secretary's Office. However, in extreme circumstances (for example, if the student has been admitted to hospital, sectioned or is missing) it may be possible to inform the student's preferred 'emergency contact' (who may not necessarily be a member of their family). **Before taking any action, you should consult the Information Rights Officer**

**based in the Secretary's Office.** If a medical professional or the police request next of kin details in these circumstances it is acceptable to provide them.

### **8.5 Keeping records**

Students have the right to see their records so ensure that your notes are professional in tone and use non-discriminatory language. If a student has disclosed a particular mental health diagnosis it is acceptable to refer to it in your notes, otherwise refrain from using diagnostic terms but instead highlight the student's support needs that you have discussed. Clearly distinguish between fact and opinion in any notes.

Records containing information relating to a student's mental illness should be held securely and only disclosed under the circumstances described above. It may be appropriate to store such notes in a separate file, or in a sealed envelope in the student file.

**You are strongly recommended not to discuss a student's mental health by email.**