



UNIVERSITY
of
GLASGOW

**STAFF GUIDELINES FOR HANDLING
STUDENT MENTAL HEALTH
DIFFICULTIES**

MARCH 2007

1. INTRODUCTION

This document seeks to give basic advice to staff who may encounter students with mental health difficulties and it outlines some of the key issues relevant to ensuring that a clear and coherent approach to student mental health is adopted throughout the University. The content reflects wide consultation with a broad range of stakeholders. It is important to note that in rapidly developing situations where a serious risk or threat may be posed:

- **YOU SHOULD SEEK FURTHER INDEPENDENT ADVICE OR ASSISTANCE.**
- **YOU SHOULD NEVER ALLOW A SITUATION TO DEVELOP WHERE AN INDIVIDUAL CASE PLACES PERSONAL DEMANDS UPON YOU OR COMPROMISES YOUR PRIVACY, SAFETY OR IMPARTIALITY. IN ALL CASES, PERSONAL SAFETY OVERRIDES CONFIDENTIALITY.**

In seeking to ensure that students are suitably equipped to realise their full potential in the University context, the University of Glasgow together with the SRC is committed to providing, promoting and developing a comprehensive range of support and guidance mechanisms in respect of mental health.

These guidelines do not give detailed medical advice or act as a diagnostic tool and does not provide an exhaustive list of support sources. Whilst many students may develop strategies to manage relatively minor or short term difficulties without the need for further direct support, some will emerge who do require varying levels of support and in certain cases a significant response from the University.

Responsibility for taking positive action should pervade the whole University. Training is a key factor in raising awareness to ensure reasonable responses and adjustments are effected – both in the interests of individuals and the wider University community. Help is available from a variety of sources and a list of some key contacts appears at the end of this document.

Critically, students with mental health difficulties, whether established or emergent, should be encouraged to accept some responsibility in both the recognition and management of their condition. Whilst challenging behaviours may sometimes be displayed, a student should realise that he or she remains personally responsible for the consequences of associated actions.

2. MENTAL HEALTH IN CONTEXT

As the student body has grown, there is clearly a tendency for the incidence of mental health difficulties to increase, reflecting wider society. Far from being a rare event, encountering a student with a mental health difficulty is likely to be fairly common. The institutional approach must seek:

- to embed appropriate attitudes and responses;
- to diminish associated stigma;
- to engage and support wherever possible;
- to preserve dignity;
- to eliminate discrimination.

Understanding, use of appropriate language and discretion are amongst the essential factors in responding to an individual's needs.

It is important to note that whilst it is a legal requirement under disability legislation to make reasonable adjustments for those with mental or physical disability, this does not mean that an infinite range of concessions is made available. The judgement of an academic department in consultation with those providing medical input/support is the most effective means of achieving a workable balance.

3. THE LEGAL ISSUES

To accord with the University's obligations and responsibilities under Data Protection legislation, all staff must operate in accordance with strict standards of confidentiality.

A clear statement of this commitment is an essential reinforcement to a student's confidence and willingness to seek support and relate to staff.

It is therefore important that staff are aware of the following:

- Information about a particular student should not be shared with colleagues, relatives or other students unless with the agreement or specific consent of the student experiencing difficulties.
- The student must also be made aware precisely whom the information will be shared with and for what purpose.

However, there are certain, clearly defined conditions in which strict observation of confidentiality may be waived –

- By compulsion of law -
This would apply if information was required by the Police or courts in the course of investigations or enquiries involving a particular student. For avoidance of doubt, it would be advisable to consult with the University's legal advisers via the Court Office or Data Protection Officer in such instances.

- In the event of an actual or imminent danger, threat or significant disruption being posed by or to the student, or others, as a result of the student's actions -
This may include, for example, threatening behaviour or actions as a precursor to self-harm or attempted suicide, and significant breaches of disciplinary regulations where institutional action is necessitated.
- Fitness to Practise -
Depending on course of study – there may be a need to consider fitness to practice issues. Further guidance should be sought from the Clerk of Senate in the first instance (this will tend to be when a student is on a particular course which may ultimately involve interaction with the general public in a professional capacity, e.g. patients, vulnerable persons or children.)

Staff should also accord with the requirements of discrimination legislation including Disability Discrimination.

4. THE INSTITUTION'S RESPONSE TO STUDENT DISCLOSURE.

The University may be advised of a student's mental health difficulties at any time from the point of application through to graduation. Whenever disclosure occurs - the University has a responsibility to brief the student on the scope of its confidentiality obligations. Wherever possible, the widest degree of consent to disclosure is agreed with the student, best serving their specific needs. As with the broader range of student disability, the primary objective is to identify needs and associated adjustments, whilst minimising the dissemination of information relating to the particular mental health difficulty.

Consistent with the Student Disability Service practice, students should be clear that they are entitled to confidential consultations to identify suitable support.

Failure to disclose may significantly disadvantage the student since the University would not necessarily be aware of the mental health difficulties otherwise and, therefore, reasonable adjustments, securing of funding, or targeting of support may not be enacted. Every possible opportunity should be given to encourage disclosure with associated assurances of confidentiality.

Depending on the manner and timing of presentation, students experiencing mental health difficulties may require support or intervention in a number of different ways. They may be broadly categorised as follows:

- a) Self-Declaration at the point of application or enrolment
Consistent with the University's commitment to non-discrimination, inclusion and obligations to enact reasonable adjustments, the Student Disability Service would normally be required to assess student need, liaising as necessary with the University Health Service and student's GP or specialist to establish the most appropriate support measures. This would normally involve including the relevant Departmental Disability Coordinator to ensure monitoring and adjustment within the departmental context.

b) Self-Identification of emerging or developing difficulties

It is important that assessment and advice is provided by appropriately qualified staff at the earliest opportunity, e.g. UHS or University Student Counselling and Advisory Service. Thereafter, depending on the nature of the difficulty, appropriate referral should be made with a view to treatment and additional support being provided. Revisions to internal support plans can then mirror any additional measures put in place externally.

c) Identification by others (e.g. fellow students or staff)

You may have become aware by observation, or by a student seeking direct help or by a fellow student seeking help on behalf of another that mental health difficulties are present.

EACH CASE WILL BE UNIQUE AND WILL VARY IN COMPLEXITY, AND THERE IS NEVER LIKELY TO BE A DEFINITIVE ROUTE TO SUPPORT/ASSISTANCE.

d) Sudden episode or crisis

In the event of an unexpected, acute event which may or may not include disruptive or violent behaviour, it is essential that appropriate referral to GP or emergency hospital service is undertaken. Out of hours (for example in Residences) such contact with medical support may arise via Police attendance if an episode has required their intervention.

If the student concerned is unwilling or unable to participate in this process voluntarily, urgent medical advice should be sought, preferably from the University Health Service in the first instance. Out of hours GP services would also participate as necessary.

5. GENERAL GUIDELINES FOR STAFF TO ASSIST IN IDENTIFYING AND RESPONDING TO POSSIBLE MENTAL HEALTH DIFFICULTIES

It is not appropriate for staff who are not medically qualified to attempt a medical diagnosis. It is also not obligatory, nor indeed desirable for a person who interacts with a student in an academic context to make a formal diagnosis. However, a number of possible indicators may be identified:

- Have you been advised either directly by the student (or an associated third party, eg. fellow student, roommate, friend, etc) that difficulties are being experienced?
- Are there indicators signalling the possibility of mental health difficulties? eg. noticeable sustained changes in physical appearance, attitude to others, appetite, mood, personal hygiene, sleeping habits.
- Are there any indicators of possible drug or alcohol abuse?
- Has the student appeared to become more withdrawn, agitated, aggressive or lethargic?

- Has attendance declined or changed significantly over a short period of time?
- In the case of Residence Wardening Staff, observations may also be elicited from other team members or site staff to build a more comprehensive picture.

In the event of general concern:

- Try to engage the student discreetly and sensitively. Do not overwhelm with overtures of acute concern and ensure any interaction is conducted in appropriate conditions of privacy without compromising yourself.
- If arranging to meet the student, suggest that they might like to be accompanied by a friend.
- If you form an opinion that there may be significant issues which may require further support or intervention, encourage the student to seek further assistance and highlight appropriate services (eg. UHS/Counselling and Advisory Service). You may also consider offering to make contact if this helps overcome any natural reluctance or reservation.
- If the student is unwilling or unable to recognise that they may be experiencing difficulties, do not persist. Seek further advice from UHS or Senior Residence support staff.

In circumstances where there is a sudden unexpected event, or a significant rapid deterioration is apparent:

- It is important that advice is sought from qualified medical practitioners without delay. Threats of unwelcome actions (e.g. self harm or suicide) or serious breaches of discipline must be taken seriously at all times.

In the rare event that there is a clear and current threat to the student's wellbeing or safety, or that of others, Staff should:

- Try to ensure there is additional support from a colleague.
- Keep calm, avoid prolonged eye contact and do not attempt physical interaction.
- Summon appropriate emergency services and take every reasonable precaution to avoid putting themselves or others in a dangerous situation.

ALWAYS SEEK FURTHER PROFESSIONAL ADVICE/ASSISTANCE. STAFF SHOULD NEVER ALLOW A SITUATION TO DEVELOP WHERE A PARTICULAR CASE PLACES PERSONAL DEMANDS UPON THEM OR COMPROMISES THEIR PRIVACY, SAFETY OR IMPARTIALITY. IN ALL CASES, PERSONAL SAFETY OVERRIDES CONFIDENTIALITY.

6. TRAINING

Extensive and comprehensive training is not necessarily required throughout the whole institution. However, it is important that there is a widespread recognition of the most frequently encountered mental health difficulties and the obligations incumbent on everyone to make reasonable adjustments and foster a culture of inclusiveness in respect of those experiencing mental health difficulties.

In order to promote awareness and appropriate responses, it is desirable to conduct training. A range of options for training is currently being collated for circulation.

Key participants include Chief Advisers, Heads of Departments, Departmental Disability Coordinators, Wardens and Senior Advisers in Halls, Advisers of Studies and Heads of Support Services. Recognising that many mental health problems are identified whilst a student is in Residence, the Accommodation Office participates in devising programmes with particular emphasis on Wardening issues. An experienced manager is available to give further advice in this area (k.morton@admin.gla.ac.uk).

7. GUIDANCE FOR STUDENTS

Brief, simple guidance on key issues is preferable, since lengthy, complex and all-embracing procedures tend to discourage engagement. The likely format would reflect the needs of both those with difficulties, and those observing or directly involved with someone with difficulties. It is also worth noting the recent "See Me" initiative supported by the Scottish Executive which provides clear and concise information and advice aimed at fostering wider understanding (www.seemescotland.org).

8. CASE CONFERENCES

In the past, support staff have been involved in small ad hoc groups convened to address the needs and monitor the progress of particularly complex or higher profile cases. The benefits are clear and such an approach has often been instrumental in containing volatile situations, calibrating support and protecting the interests of both the individual concerned, and equally importantly, those in the surrounding environment who may be seriously affected by disruption.

Confidentiality requirements remain central to the process but the "need to know" dimension is often critical in forming a comprehensive picture, factoring in academic issues as well as social and pastoral matters. More often than not there will also be a role for close family and relatives - particularly when there is a possibility of withdrawal.

9. INDUCTION AND ORIENTATION

This process represents the most effective gateway to delivery of guidance and reassurance through highlighting the University's commitment to confidentiality, support provision, and informing students of routes to such provision.

10. ROLE OF THE SRC

Help and support is available from a variety of 'in-house' and external sources (see Section 11). The SRC has an important role in promoting wider student well-being with a particular emphasis on Mental Health including advising or avoiding stress and anxiety, and providing representation for students who need support in articulating their difficulties or concerns. (Contact details are given in Section 11 below.)

11. SOURCES OF HELP AND ADVICE

Organisation	Phone Numbers	Opening Times
Student Network (Helpline)	0141 357 6868	Open 24 hours
University Nightline	0141 353 1050	19.00 – 07.00
University Counselling and Advisory Service	0141 330 4528	09.00 – 17.00
Student Disability Service	0141 330 5497	09.00 – 17.00
University Health Service	0141 330 4538	By appointment
Accommodation Office	0141 330 4743	09.00 – 17.00
University Wardening staff	See site for details	
SRC Advice Centre	0141 339 8541	Mon-Thu 10.00 – 16.00 Fri 10.00 – 15.00
NHS 24	08454 24 24 24	Open 24 hours
Main Gatehouse	0141 330 5252	Open 24 hours
Breathing Space	0800 838 8587	18.00 – 02.00
Samaritans	0845 79090	Open 24 hours
Partick Police Office	0141 532 3500	Open 24 hours
Maryhill Police Office	0141 532 3700	Open 24 hours
Cranstonhill Police Office	0141 532 3200	Open 24 hours

Heads of Departments and Advisers may also wish to discuss individual cases with the Clerk of Senate in the first instance where there is likelihood that there may be a higher degree of complexity or involvement.

*Neil Campbell
Director of Campus Services
(March 2006)*