



**University of Brighton**

# **Student Mental Health Policy**

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# STUDENT MENTAL HEALTH POLICY STATEMENT

The University of Brighton is committed to promoting the mental health wellbeing of its community.

In order to do so, it will:

- encourage and support the whole university community to be positive in its approach to mental health wellbeing
- promote a culture which encourages and supports self-disclosure
- provide a framework for responding appropriately to mental health wellbeing
- take very seriously its legal responsibilities in connection with the wellbeing of its students, staff and visitors, including those relating to equality and non-discrimination
- work with students and staff continually to update knowledge, skills and experience of students and their mental health
- further develop and inform both staff and students about mental health wellbeing, and promote relevant strategies
- promote understanding and awareness of both internal and external support services
- recognise that staff with roles involving teaching and the support and welfare of students and those who manage others have additional responsibilities to be alert to indicators of mental health causing concern, and to take appropriate action when necessary
- provide guidance and information to staff and students to help them to develop confidence in their approach to mental health wellbeing

# STUDENT MENTAL HEALTH POLICY

## Introduction

This policy is part of a university approach to promoting the positive mental health wellbeing of its community. The overarching principles are open-mindedness, support and education.

Alongside the policy, procedures, guidance and information have been produced to support approaches to the mental health wellbeing of the university community.

Research has identified concern about the general mental wellbeing of students<sup>1</sup>. These studies recommend that institutional policies address the continuum from promoting positive mental wellbeing to working with students with severe mental health difficulties. Increased student numbers and changes to legislation are part of the reason Higher Education Institutions (HEIs) have reported notable increases in the numbers of students with significant mental health difficulties.

There is interest within the National Health Service (NHS) for greater collaboration and partnership with Higher Education (HE) and with that in mind this policy is set within the context of national strategies. The National Service Framework for mental health (1999) has impacted on the NHS in terms of setting standards for health promotion, early interventions for serious mental health problems and reductions in national suicide rates. The Royal College of Psychiatrists review (2003) makes recommendations that local networks should be developed to ensure shared policies and co-operation between HE, primary care, mental health services and other relevant agencies.

The Care Programme Approach (CPA) in mental health services ensures effective collaboration between all the key players. The role of a Care Co-ordinator (whether a GP, Consultant Psychiatrist, Community Psychiatric Nurse or Social Worker for example) is to take responsibility for liaising with all agencies involved in providing a level of care or support to a patient.

The university has a legal responsibility for its 'duty of care' to students and staff. The Equality Act 2010 also protects students with disabilities (including mental health difficulties) from discrimination and places a duty upon higher education institutions to make reasonable adjustments for disabled students in relation to: provisions, criteria or practices; physical features; and auxiliary aids (for further information on page 7).

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<sup>1</sup> (Rana, Smith & Walkling (1999), Degrees of Disturbance: the New Agenda. Heads of University Counselling Services/AUCC; Guidelines on Mental Health Policies and Procedures for HE (CVCP,2000); Reducing the Risk of Student Suicide (UUK/SCOP2002); Duty of Care guidance (e.g. Health and Safety at Work Act [1974])

## **Aims of the Policy**

The purpose of this policy is to:

- promote positive mental health wellbeing by providing information, advice and support
- provide advice and information on the support options available
- enable those with mental health related issues to self-disclose and seek help
- offer guidelines to students and staff regarding their responsibilities
- offer guidelines for developing strategies to support positive mental health
- explain the legal context and responsibilities

## **Defining Mental Health**

“Mental Health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own and others’ dignity and self-worth.” (HEA1998)

Mental health difficulties exist across a spectrum (see Guidance and Supporting Documentation, Appendix C) of states of mind and behaviours, from temporary responses to painful events through to more debilitating and persistent conditions.

The following three broad categories represent the spectrum:

- 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

As a general guide, clinical definitions of recognised mental health problems are considered unhelpful in terms of an institutional response, as it is important to avoid tendencies to label students and, rather, to concentrate on the issues of response and support.

## **Who is covered by this Policy?**

The policy applies to all students who are enrolled on a programme of study at the university. It applies whether students are on university premises or elsewhere on university business or study activities, including on premises managed on behalf of the university by a third party (such as halls of residence). It applies where there may be a health and wellbeing issue to the individual or to others (such as students on university-organised work placement).

In certain circumstances the university may have to balance its ‘duty of care’ and the confidentiality owed to an individual against the safety of others, who may be at risk.

Under review, Student Services October 2016

Many students with mental health difficulties or illness can be supported in various ways in the course of their studies, and only a few may need to withdraw temporarily or permanently.

## **The Legal Framework**

### ***Breach of Contract***

It is generally considered that a contract exists between a student and their institution and this may include pastoral care as well as teaching. The contract that exists between a student and their institution may be breached if s/he feels insufficiently supported in terms of statements or claims made by the university that form part of the contract (for example, the prospectus) or if agreements made at admission regarding support are not carried through.

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

Higher Education Institutions (HEIs) owe a 'duty of care' to students and staff. The following outlines what is covered by 'duty of care':

- The general principle is that the standard is 'reasonable care'
- Applicable to teaching staff and other 'educational professionals'
- Duty to take positive steps regarding students' 'wellbeing'
- Duty to exercise the reasonable skill and care of their calling in providing education and in identifying and/or meeting students' educational needs
- Duty to act reasonably to protect the health, safety and welfare of students and staff
- Provision for support
- Higher duty to those aged under 18
- There is a need to balance the duty of care for one student with the duty owed to other students and staff

The Association of Managers of Student Services in Higher Education (AMOSSHE) Good Practice Guide (2001) provides further guidelines on an institution's 'duty of care' responsibilities within the context of mental health (visit [www.amosshe.org.uk](http://www.amosshe.org.uk)).

### ***Health and Safety Legislation***

The Health and Safety at Work Act 1974 (HSWA) places a duty on an institution to do everything reasonably practicable to ensure the health and safety of those affected by its undertaking, including its students. In the context of student mental health, this includes having in place appropriate systems and practices to manage and support students with mental health difficulties. For further information please see the Health and Safety Policy on the [Health and Safety Staff Central pages](#)

## **Equality Legislation Equality Act 2010**

In October 2010 the Equality Act (2010) replaced all previous anti-discrimination legislation in Britain (including the Disability Discrimination Act [1995] and the Special Educational Needs Discrimination Act [2001]). The Act prohibits discrimination against people with protected characteristics. Disability is one of the specified protected characteristics.

### **Definitions**

Under the Equality Act 2010, a person has a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

'Substantial' is defined by the Act as 'more than minor or trivial'.

An impairment is considered to have a long-term effect if:

- it has lasted for at least 12 months
- it is likely to last for at least 12 months, or
- it is likely to last for the rest of the life of the person

Whether a person is disabled is generally determined by the effect the physical or mental impairment has on their ability to carry out normal day-to-day activities. Normal day-to-day activities are not defined in the Act, but in general they are things people do on a regular or daily basis, for example eating, washing, walking, reading, writing or having a conversation.

People who have had a disability in the past are also protected against discrimination, harassment and victimisation. This may be particularly relevant for people with fluctuating and/or reoccurring impairments.

### **Reasonable Adjustments**

The Equality Act 2010 places a duty upon higher education institutions to make reasonable adjustments for disabled students in relation to:

- provisions, criteria or practices
- physical features
- auxiliary aids

These adjustments apply where a disabled person is placed at a substantial disadvantage in comparison to non-disabled people. It is important to note that an institution can treat a disabled person favourably compared to a non-disabled person, and this would not amount to direct discrimination of a non-disabled person.

### **Discrimination, Harassment and Victimisation**

Disabled students are protected from direct discrimination, discrimination arising from disability, indirect discrimination, harassment and victimisation.

**Direct discrimination** occurs where, because of disability, a person receives worse treatment than someone who does not have a disability.

**Discrimination arising from disability** occurs when a disabled person is treated unfavourably because of something connected with their disability and the unfavourable treatment cannot be justified.

Discrimination arising from disability is different from direct discrimination. Direct discrimination occurs when a service provider treats someone less favourably because of the disability itself. In the case of discrimination arising from disability, the question is whether the disabled person has in practice been treated unfavourably because of something connected with their disability.

**Indirect disability discrimination** happens when there is a rule, a policy or a practice that applies to everyone but which particularly disadvantages people with a particular disability compared with people who do not have that disability, and it cannot be shown to be justified as being intended to meet a legitimate objective in a fair, balanced and reasonable way.

**Disability harassment** is unwanted behaviour related to disability that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

It is unlawful **victimisation** for a HE institution to treat someone badly because they have made a complaint about discrimination or harassment under the Act, or helped someone else to make a complaint, or because the service provider thinks that they are doing or may do these things. This applies whether or not the person being victimised is disabled.

**Protection based on perception** means that an individual is protected from being discriminated against or harassed because they are perceived to have a protected characteristic (such as a disability), even if they do not in fact have that characteristic.

**Protection based on association** means that an individual is protected from being discriminated against or harassed because they are associated with someone who has a protected characteristic e.g. carers of disabled people.

### **Public Sector Equality Duty (PSED)**

The Equality Act 2010 introduces a public sector equality duty in England, Scotland and Wales. The Public Sector Equality Duty (PSED) places a general duty on HEIs and colleges to:

- eliminate discrimination, harassment, victimisation
- advance equality of opportunity
- foster good relations

Further information about the Equality Act 2010 can be found on the university's [Equality and Diversity website](#).

### ***Disclosure and Confidentiality***

If a student discloses to a member of staff that they have a disability such as a mental health difficulty, then the whole institution is "deemed to know" about the disability and is under a legal duty to provide reasonable support. Consequently it is crucial that all staff

know about this duty and take appropriate action when any such disclosure is made. Further guidance can be found on Staff Central on the [Disability Disclosure](#) page.

If the student requests that the information is not passed on and is held confidentially, this must be respected. It is important in these circumstances that the student is made aware that this may limit the amount of support or level of adjustment that can be made available.

The general principles are:

- All students owed duty of confidentiality at common law
- Information should be disclosed only with consent or where disclosure can be justified in the overriding public interest (e.g. prevention of serious harm)
- Data Protection Act 1988 (DPA) applies to all recorded information. The DPA requires institutions to process (including sharing) applicants' and students' personal data fairly and lawfully. Under the DPA, information about physical or mental health or disability will constitute sensitive personal data. The DPA places additional obligations on institutions in relation to the processing of sensitive personal data. Further information can be found in the university's [Data Protection Policy](#).
- All information must be recorded "fairly and lawfully" and only shared with explicit consent unless one of the very few areas where an exemption applies
- Data subjects have a right to see all recorded information held

## **Roles and responsibilities**

### ***Staff***

All staff should:

- Contribute towards building a non-stigmatising community, including treating students with dignity and encouraging them to seek help if they have mental health issues
- Be aware of the policy, procedures, services available and referral processes for dealing with mental health issues
- Be aware of the boundaries of their own roles
- Be aware of the principles of confidentiality and disclosure

### ***Students***

All students should:

- Contribute towards building a non-stigmatising community, including treating fellow students with dignity

- Seek help if they have a mental health issue within the university and/or externally
- Inform relevant staff if unable to fulfil academic commitments as soon as possible, so as to enable support processes to be put in place
- Encourage other students to seek help if they have a mental health difficulty
- Be aware of the policy and supporting documents
- Be aware of their own limitations if supporting a fellow student experiencing a mental health issue, and use the referral processes available, both internally and externally

# APPENDIX A – GENERAL GUIDELINES

## Pre-admission and admission

Institutional promotional material, such as the prospectus and open-day literature, should outline the support that is available for students with mental health problems and should contain positive statements declaring a commitment to fostering a non-stigmatising learning community.

Where admissions standards and criteria relate to external bodies and/or 'fitness to practise', how this will be applied should be made clear.

Prospective students should be encouraged to disclose on application their support needs, and applicants should be reassured that there are genuine benefits to be gained from making such a declaration.

The declaration should be passed to the Disability and Dyslexia Team who in turn will liaise directly with the student, offering them the opportunity to discuss their individual needs.

See <https://www.brighton.ac.uk/studying-here/applying-to-brighton/advice-for-students/index.aspx>

## Fitness to practise

Courses that lead to professional qualifications will be defined to some extent by the requirements of the relevant professional body. Some of these bodies have criteria for registering on a course which involve an assessment of physical and mental health. These bodies and the requirements they have of students are also covered by the Equality Act 2010 (and therefore any publicity should not discriminate unjustifiably against disabled people). It is expected that professional bodies will have reviewed their competency standards to ensure they do not unjustifiably discriminate. These will then form part of the health assessment which all applicants to these courses are required to complete.

Schools that require applicants to undergo health assessments will have their own policy and procedures outlining this process.

## Accommodation

Applicants who declare a mental health difficulty when they request accommodation should be asked for further information about their specific needs, and it should be made clear how this information will be used. They may be given the option of remaining in halls of residence throughout their course.

The university policy is to prioritise applicants who fall within the Equality Act 2010 definition of disability: 'a physical or mental impairment that has an effect on the individual's ability to carry out normal day-to-day activities'. The effect must be: substantial, adverse and long-term.

Demand for university accommodation currently exceeds supply so the information provided will need to clearly demonstrate that living in a university residence is essential for successful study. [www.brighton.ac.uk/living-here/helping-you-find-your-home/allocation-policy/index.aspx](http://www.brighton.ac.uk/living-here/helping-you-find-your-home/allocation-policy/index.aspx)

## Support for students

There is a range of services and support for students with mental health difficulties, from specialist support and advice to services which promote the general health and wellbeing of the student community. They include:

- **Disability and Dyslexia Team** - provide support to students with a mental health difficulty that has lasted or is expected to last 12 months or more and has a significant impact on study, as well as support with other disabilities. The team comprises Learning Support Coordinators at every university site who see students with a range of disabilities, and can advise on situations where students present with more complex support needs. Support offered by the team includes:
  - Advice and guidance to students relating to how to get the most from their studies and the best way to overcome any particular barriers that they may experience as a result of their disability.
  - Assistance for students in applying for Disabled Students Allowances (or equivalent funding) to pay for specialist equipment and support such as mentoring or learning support tuition where a need arises from their disability. Coordination of this support.
  - Referral of students to specialists and other agencies where appropriate (e.g. dyslexia screening and assessment services, NHS services, local mental health charities and networks)
  - Advice to academic staff and other colleagues regarding how students can be supported within teaching and assessment (e.g. through Learning Support Plans as well as through individual discussions where particular issues are presented.)
  - Group training sessions for staff on request, as well as a number of open-access sessions throughout the year.
- **Counsellors** – offer a free and confidential service at each of the five sites at the university. A counselling assessment is available to any student who is experiencing emotional crisis or confusion, a decision can then be made about the most appropriate route of support. The counselling team have also make available some online self help resources – this include e books and apps, as well as external and out of hours support, see [www.brighton.ac.uk/current-students/advice-and-support/dealing-with-difficult-situations/index.aspx](http://www.brighton.ac.uk/current-students/advice-and-support/dealing-with-difficult-situations/index.aspx).
- **Student Experience and Equalities Manager** – provides information and guidance for students and staff on various equality issues affecting students, including discrimination, bullying and harassment in relation to mental health difficulties. (See [Student Bullying and Harassment Procedure](#))

- The Student Experience and Equalities Manager also works with colleagues in Student Services to raise awareness of disability and mental health equality. For further information about the support they can provide, see [https://staff.brighton.ac.uk/ss/Pages/student\\_equalities.aspx](https://staff.brighton.ac.uk/ss/Pages/student_equalities.aspx)
- **Personal tutors**– normally at the beginning of a course of study a personal tutor will be designated to individual students. This person is an academic member of staff and usually will be involved in teaching on the course in which the student is engaged. The role embraces both academic and personal welfare.
- **Student Support and Guidance Tutors (SSGT)** – are members of Student Services staff located within each academic school. SSGTs are available for all students, including those who are undertaking postgraduate study and can help with a range of issues that might be impacting on studies. [www.brighton.ac.uk/current-students/my-student-life/student-support-and-guidance-tutors/index.aspx](http://www.brighton.ac.uk/current-students/my-student-life/student-support-and-guidance-tutors/index.aspx)
- **Halls of residence staff** – there is a 24 hour staff presence at all our halls of residence. During normal office hours, halls managers are available and can help with student queries relating to accommodation or living in halls. Overnight, there is a team of residential and non-residential staff to offer support to students in halls. Students can contact the overnight staff about any personal issues or concerns they may have.
- **Student Union** – as well as student representation and social activities, the Student Union also provides the Support Service (SUSS) - [www.brightonsu.com/goodadvice/support/](http://www.brightonsu.com/goodadvice/support/). This is run independently of the university and can offer impartial and confidential support to students at the university.
- **Chaplaincy** – offers pastoral care and support to all members of the university, whether of any faith or none. The Chaplaincy organises a variety of events including lectures, social events and activities, opportunities for worship, discussion, retreats, pilgrimages and weekends away. In addition the SVP (St Vincent de Paul) Society offers support to all students who might be finding it hard to settle in to life at university.

## Assessment

The Equality Act 2010 places a duty upon higher education institutions to make reasonable adjustments for disabled students in relation to teaching, learning and assessment. This is enshrined in the General Exam and Assessment Regulations (GEAR) Section G: Learning Support Plans <https://staff.brighton.ac.uk/reg/acs/Pages/Assessment-and-regulations.aspx>.

The legislation also obliges the university to be proactive in anticipating the needs of disabled students, and therefore requires a continual process of review of teaching and assessment practices to remove unnecessary barriers for disabled students.

In addition to these requirements, the ‘duty of care’ owed to students obliges the university not to exacerbate a student’s mental health difficulties unreasonably by their choice of assessment methods. Some of these responses may relate to general practice, while others may be designed around the needs of individual students.

Where a student has declared a mental health difficulty and receives support from the Disability & Dyslexia Team, a Learning Support Plan (LSP) may be sent to the school which aims to remove disabling barriers for the student in the learning environment. This LSP may include recommendations relating to both the teaching environment and to the methods used to assess a student's learning, and should be made accessible to all relevant course staff. These recommendations (unless otherwise stated) stand for the duration of a student's course. Changes may be necessary, however, if there are changes in the student's condition or circumstances.

Where a student has a temporary mental health issue, relating perhaps to a bereavement or other significant personal issue, it will be more appropriate for the circumstances to be brought to the attention of the exam board (e.g. via the mitigating circumstances procedure) so that such issues can be taken into account.

## **The referral process and confidentiality**

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

General Practitioners, chaplains and counsellors are bound by their own professional standards of confidentiality. It is important for other staff to share information only for the purpose of providing care or for the protection of the student 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.

The student should always be asked to give consent before information is shared. It is important that where consent is given by the student, it is informed consent. Therefore it is necessary to tell the student concerned why there is a need to disclose information, who will have access to that information and the likely consequences of giving or withholding consent (e.g. explaining why academic work might be delayed). Once 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.

## **Records and Confidentiality**

Information about students with mental health difficulties, or suspected mental health difficulties, should be obtained and held only for the purposes of providing care (or 'support') or for the protection of the students or others. Information which needs to be written should be written in a non-discriminatory manner. No attempt should be made to offer a diagnosis or to refer to assumptions about what may or may not be perceived about the individual's condition. Jargon, wherever possible, should be avoided.

If information is required by outside agencies (via phone, letter etc.) – for example by psychiatrists, GPs – the rights of the student should be protected. Information cannot be disclosed to any third party unless the student has given consent for the information to be passed to outside agencies. It is essential to clarify why the agency requires this information before imparting it, and whether it is pertinent and relevant to that student's

support and treatment, or their safety or the safety of others.

As a general principle, if the student refuses or does not give consent, then information cannot be shared, however, there may be exceptional circumstances (see flow chart page 22) where there is a need to act without a student's permission. For example, if their mental health has deteriorated to the extent of threatening their personal safety or that of others (refer to Appendix B: University Procedure for Crisis Intervention Procedure relating to Student Mental Health Issues) or there is a legal requirement to disclose information (e.g. a crime has been committed).

It is not uncommon for some staff to be contacted by concerned parents. While it may be useful to provide a sympathetic ear, the university's position is that personal information cannot be disclosed to parents without the consent of the student, unless under 18.

## **Procedure on crisis intervention**

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

A procedure for dealing with such incidents is included (Appendix B). In summary, where there are immediate concerns about harm to the student or to others, the emergency services should be called. Where concerns are less immediate and there is time to consider the most appropriate intervention, Student Services can be contacted for consultation and assistance.

# **APPENDIX B – UNIVERSITY PROCEDURE FOR CRISIS INTERVENTION RELATING TO STUDENT MENTAL HEALTH ISSUES**

## **Introduction**

The information below is intended as a guide about the appropriate care to be taken if concern is felt about a student who has a mental health difficulty. The procedure is intended to be used whenever a 'crisis' situation has arisen and also to help to decide if this is, in fact, the case. Also included are good practice guidelines relating to how best a student can be reintegrated into the educational process.

All members of the university community have a duty to individual students to ensure, wherever possible, that they are cared for and dealt with sensitively and appropriately. Advice on how to achieve this is set out in the following sections:

## **Emergencies**

In a situation where it is believed that a student's behaviour presents an immediate risk to themselves or others, the emergency services should be contacted by dialling 999. If this is a genuine emergency, then to delay this process will be unhelpful to all concerned. Clearly the measurement of 'emergency' is difficult, but we each have a responsibility to keep our student community safe. If in doubt, it is better to act. A possible guide is to ask yourself, 'Would I call 999 if this was happening outside of the University?'

Thereafter, the appropriate contact within the University should be informed of the situation, and action taken. Usually this will include informing the Head of School and for that person to advise relevant members of staff. This may include the Director of Student Services/Head of Counselling and Wellbeing. For further details please refer to the Emergency Calls procedure in the University Telephone Directory.

## **On-going Concern**

In situations where a student's behaviour or wellbeing is causing concern, but does not present an immediate crisis, initial support is best handled 'locally' i.e. via the support systems that operate in the place where the behaviour occurs (personal tutoring system within academic departments; accommodation service if within university owned or managed accommodation). The student is more likely to respond to such an approach from a member of staff who is familiar with their academic or residential situation, and to take practical advice from someone who is already known to them and who appears to be supportive and non-judgmental.

Guidance on how best to make such an approach is available from specialist staff within Student Services – Counselling and Wellbeing team. The student should also be informed about the support offered by Brighton Students' Union and wherever possible the student themselves should be included within this process.

Where it is suspected that a student's behaviour may be related to an on-going or

emerging mental health problem, it is important that consideration is given at an early stage to consulting Student Services Tel: 01273 642895, who will be able to offer advice on the support that can be offered by the University, or whether referral to an outside agency (such as a GP) is necessary. Also, Learning Support Coordinators in the Disability and Dyslexia Team can provide advice about reasonable adjustments which might be appropriate to support the student in terms of the Equality Act 2010. However, it is extremely important that in cases of emergency, the procedure outlined in section 1 is followed in order to avoid unnecessary delay.

Wherever possible, the student should be encouraged to think about a referral to the support services. In the first instance this is likely to include a referral for a counselling assessment (ext. 2895) or to the Learning Support Coordinators (ext. 3799). If in doubt, it is always advisable to contact the Counselling team rather than simply not refer. With the student's permission, counselling, disability, GP, academic and accommodation staff may usefully liaise about the student's welfare.

Staff in Student Services are also available to offer advice on an anonymous basis. Confidentiality is not breached if the student's name is not given.

It may also be relevant for consideration to be given to the type of 'support package' that the individual should receive. This could be put in place by the Learning Support Coordinators through the development of a co-ordinated response in liaison with Community Services.

## **Intervention**

If you observe behaviour which causes you concern (for example, bizarre or irrational behaviour), it is important wherever possible to encourage the student to access appropriate help. This may include you helping the individual concerned to feel able to do this for themselves. It is important that you feel safe and confident doing this. If you do not, then you should seek guidance. In the first instance this could be from immediate colleagues, alternatively it could be from colleagues in Student Services by contacting Tel: 01273 642895. You will then be guided to the most appropriate team members.

Ultimately it is the individual student's responsibility to access appropriate help. The only time when that responsibility can be fully removed is when a response is made at an emergency or crisis level, or the 'duty of care' principle can be applied.

Where necessary and appropriate, support will also be offered by Student Services to those students who may be affected by the situation. Advice will also be available as to how staff members may access appropriate support. A record will be kept by Learning Support Coordinators in Student Services of all referrals, action and development in the case, and relevant colleagues will be updated on a 'need to know' basis.

In cases where it becomes apparent that an individual student's support needs are beyond the responsibilities of the University, the Head of Counselling and Wellbeing will alert the Head of School to the situation. Where appropriate, there will be contact with Accommodation Services, particularly if the student or others living close to the student may need to be moved temporarily into alternative accommodation.

A decision will be made by the Head of School, with advice from the Head of Counselling

and Wellbeing, on whether the student's nominated emergency contact should be informed. The University may need to be guided by statutory provisions (e.g. the Data Protection Act and Mental Health Act) in reaching this decision.

## **Suspension or Exclusion of a Student**

In some cases, the student will need to defer their studies to get appropriate help. A decision will need to be made by the Registrar and Secretary, with advice from the Director of Student Services/Head of Counselling and Wellbeing, on whether the student should be advised to (or required to) take leave of absence from their studies at the University whilst appropriate means of addressing the situation are being considered. In cases of suspension, the university should take this decision when there is sufficient evidence that the student is not functioning effectively and their behaviour is seriously disturbing or threatening others around them and/or themselves. If the student's behaviour has caused disruption in University managed accommodation, it may also be necessary for the accommodation team to make a decision on whether temporary exclusion from the residence is required. In reaching these decisions, due care and consideration will be exercised, through consultation with the relevant staff (e.g. Academic Services, Residential and Catering Services, Schools, Student Services) to avoid, as far as possible, the student being placed in a more vulnerable situation.

At this stage, it may be important, with the student's permission, to include involvement from the Learning Support Coordinators (ext 3799). The student should also be encouraged to access the support of an advocate from one of the mental health charities (such as MIND or Rethink) or from Brighton Students' Union (see Appendix D, Contacts and Resources). As well as offering support to the student, local mental health charities could also facilitate a link with the services outside the university who could offer on-going care.

It is important that the student is informed that the above procedure in the first instance is quite separate from the university's disciplinary procedures. It should also be made clear that the university is recommending this course of action because the student's behaviour is disturbing others around him/her, or is of such a level that they are unable to successfully continue with their learning experience. The student should be reminded that either support in dealing with this has been offered and declined, or that support has been put in place and the behaviour is still resulting in an unmanageable situation for the individual and/or the university.

In cases where the student's behaviour is such that under normal circumstances they would have been subject to disciplinary procedures, exclusion may remain the most appropriate course of action, even if there is evidence that the student has an identified mental health difficulty 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 and staff. The duty of care to students with mental health problems should be balanced against the duty of care to other students. In all cases the process should, as far as possible, work towards empowering the student concerned.

Where the student's next-of-kin/emergency contact is not able to be involved in the practical arrangements (for example, assisting the student in making arrangements to return home), the student's academic department, in conjunction with Student Services staff who are involved, will endeavour to provide a reasonable level of support in

carrying out these tasks. In some cases it may be necessary to involve external agencies (including embassies).

Students affected by the above circumstances should be offered support from the Counselling service in the university. Staff members should approach the Human Resources Department in relation to their own support needs, and may also consult Student Services.

## **Return to Study**

Following a period of absence from the university for recuperation, it may be appropriate for the student to return to resume studies. If this is the case, it will be necessary to ensure that the student is assisted in their return to the university. If a student has been formally suspended by the Vice-Chancellor, this suspension must formally be lifted before return to study.

The student's school will require the student to produce appropriate confirmation of their health and ability to resume studying. This will ideally be provided by the student's Psychiatrist, but a GP's report can also be accepted. For some courses, where there are 'fitness to practice' issues, an Occupational Health Assessment may also be required.

The Disability and Dyslexia Team within Student Services will be available to provide assistance with drawing up a 'Return to Study' plan in consultation with the student and the Head of School (and/or Course Leader) and any other relevant staff in Student Services. This will address the specific study-related support needs of the student in returning to education; the support which is likely to be 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 incorporate a risk management plan which takes account of the experiences which led to the student initially leaving their course and any other information which is known to be relevant. Returning to study will be subject to co-operation with this process and adherence to any agreements made.

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 Equality Act 2010. This will be arranged by the Disability and Dyslexia Team.

## **Data Protection Issues**

The university's policy on Data Protection contains guidance on the use of sensitive information (for example details about a student's mental health) and should be consulted by staff. The student should be clearly informed about the limits of confidentiality in terms of information sharing. If 'Fitness to Practise' is an issue, relevant professional procedures should be followed, and the student kept fully informed, including about how information will be retained by the university should the student defer and then return to their studies.

# CHECK LIST FOR STAFF WORKING WITH STUDENTS WITH MENTAL HEALTH DIFFICULTIES

When working with somebody who has a potential mental health difficulty, there may be certain indicators present. In order to safeguard yourself and the individual, the following guidance notes might be usefully referred to.

## ***Responsibility Check List***

- Do you feel real concern about this individual?
- Are you worried about whether or not they may do something to harm themselves?
- Do you simply feel 'out of your depth'?
- Are you left feeling quite inadequate in relation to what you have been able to offer them?
- Are you left thinking that you don't know what to say?
- Is this the first time that the student has asked you for help?
- Are they asking for help that you feel unable to offer?

Your response to any, or all, of these may indicate that it is relevant for you to seek outside help or guidance. When the issue seems to be at a crisis level, you should respond accordingly (see Emergencies section, Appendix B, page 20). But try in all cases to actually speak with the individual concerned, they may well have their own thoughts about what their need might be.

A way of working towards a satisfactory result is to recognise the different agencies and people available to help and to whom you can refer a student. Together with working alongside other staff within the University to provide supportive, non-stigmatising and well informed environment which promotes dignity and respect for one another. (See internal contacts and relevant agencies, pages 37-44)

Another important factor is that you are able to maintain some understanding of your own role within a certain situation.

## ***Things to Consider in Relation to your Role***

- The relationship doesn't feel to be in balance
- Do you feel compromised?
- Do you have too much information about this individual?
- You find that you are more involved with this individual than feels comfortable (e.g. you might have given out your mobile telephone number because of some of the concern you feel)

- You feel a need to ask them to contact you out of normal hours

### ***Behaviour Checklist***

- Mood swings – withdrawal or uncharacteristic outbursts
- Changes in relation to an individual's attendance i.e. lectures, seminar groups
- Noted increase in use of, or growing dependency on, drugs or alcohol
- Increase in emotional responses
- Changes in physical appearance

Health and safety should always be a consideration whenever working within an environment where people are concerned. In relation to mental health difficulties, in extremely rare cases someone may become angry, aggressive or even violent. If you are concerned about your own safety or the safety of someone else, it is important that you refer to Appendix B: University Procedure for Crisis Intervention relating to Student Mental Health Issues.

### ***How do you know there is a problem?***

There are practical guidelines for both staff and students to follow if concern is felt about a student's mental health. It is recommended that you read these, even if you have not met a student with mental health difficulties, so that you can discuss them with appropriate colleagues in advance of such an experience.

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.

You may find it useful to ask yourself some of the following questions.

- Has the student told you they have a problem?
- Have there been any significant changes in the student's appearance (e.g. weight loss/gain, decline in personal hygiene)?
- Does the student smell any different (e.g. can you smell alcohol or cannabis)?
- How does the student sound (e.g. flat, agitated, very quiet, very loud)?
- Has the mood of the student recently changed a lot from your previous experience of them (e.g. moods very up or very down, miserable, frequently tired)?
- Have others (housemates, friends, other colleagues) expressed concern about the student?
- Have there been recent changes in the student's behaviour, college work and/or sociability (e.g. doing too much work, not socialising as much as usual, withdrawn, not

attending lectures or meeting deadlines)?

- How long has the student been feeling or behaving like this? Everyone can have bad days, but it is when days turn into weeks and months that there may be a problem.

If the answers to any of the above questions are 'yes', you may find the following guidance useful:

- Do not avoid the situation or pretend nothing is wrong, as this could make the problem worse and persist for longer.
- Approach the student in a sympathetic and understanding way. Remember to be sensitive to issues relating to sexuality, race, religion, culture and gender.
- If you simply ask the student how they are, this may provide them with an opportunity to discuss their concerns with you. The situation may only require empathetic listening.
- Be prepared to listen and give some time if you can. If there are constraints on your time, inform the student at the start that this is the case. Avoid using unhelpful comments like 'pull yourself together'.
- 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 some situations, you will be able to talk about the situation to another person and ask their advice, without revealing the identity of the student.
- If you feel you can support the student, do consider whether you have enough time and/or the skills. Try not to offer help that is beyond your role. Be clear about your role and its boundaries. Everyone has something to offer, but it is vital that we are all aware of what we can realistically do and are qualified to offer. Consider also, any potential conflict over your role and whether you have someone to consult or give you support.
- 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 there is one.

### ***After approaching the student***

It is extremely difficult to help someone with a problem unless they are ready to admit they have one. If the student is not ready to accept help or talk about their problem, do not ask insensitive or intrusive questions. Always respect the right of the student, if they do not wish to discuss things. Offer an open invitation to the student to come back and talk to you, when you see them again.

In acknowledging that the student doesn't want university help at this time, you might find it useful to talk to them about outside agencies. You could offer to refer them, and certainly you could give them the "useful contacts" from pages 36-37.

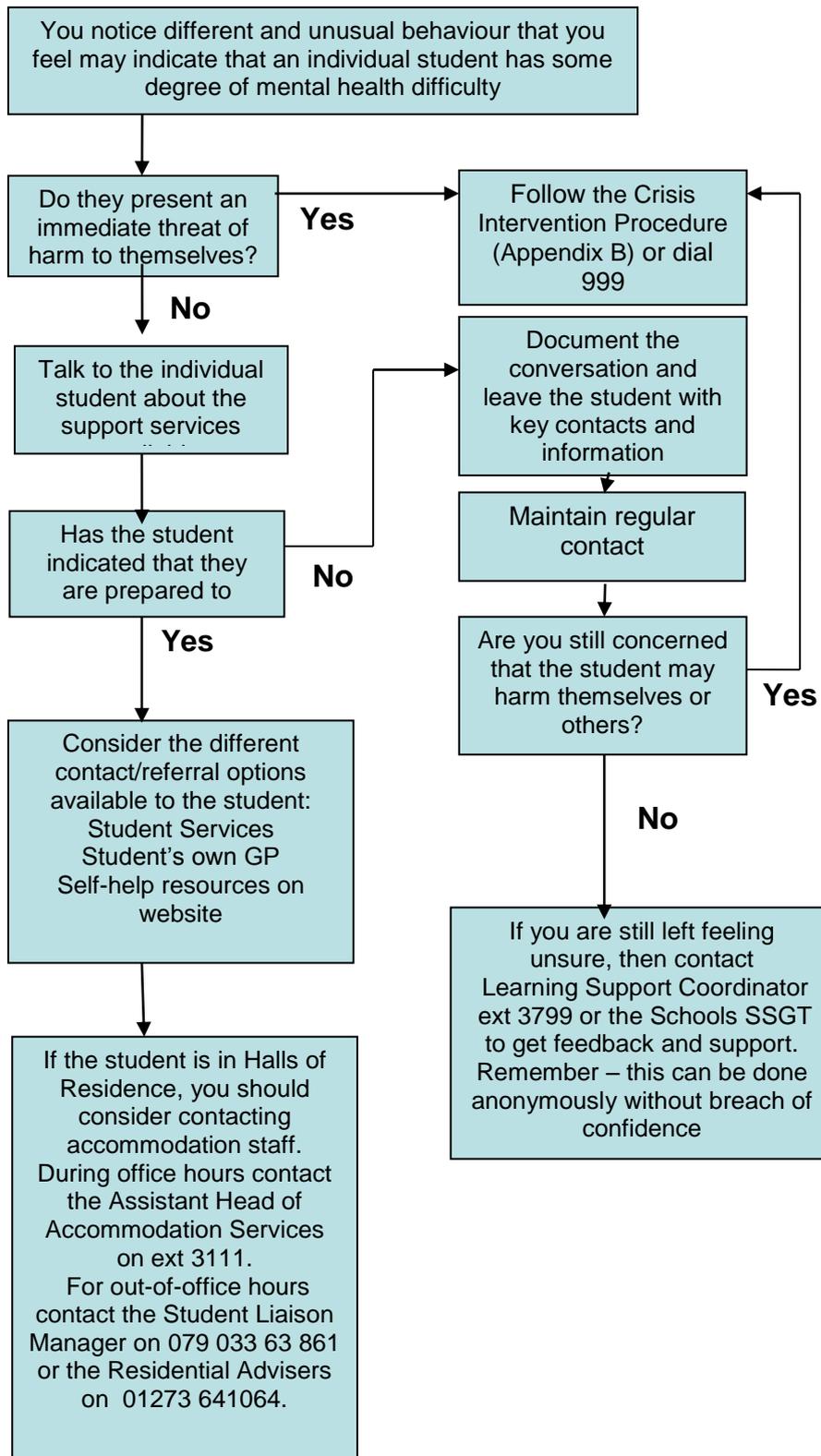
However, if you are still very concerned about a student who has refused help, speak to your Head of Department/School or someone from Student Services for advice.

***The student does want to talk about their problem***

If the student does 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 (see contacts, pages 36-37). Try to recognise what you can realistically do and whether there is a more appropriate person who can deal with this. It is not always possible to identify which source of help would be most appropriate. However, it is important in the first instance to refer the student to somewhere that is acceptable to them. A further referral can always be made later.

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 the way forward at the present time, do not view it as a sign of failure. Consult with a member of staff from Student Services for advice on what to do, or encourage the student to make contact with the service or their G.P.

## Response to Behaviour Causing Concern (flowchart)



# APPENDIX C - GUIDANCE AND SUPPORTING DOCUMENTATION FOR STUDENT MENTAL HEALTH POLICY

## Mental Health Awareness Training for Staff

The following information is issued as part of the training programme for staff.

Aims of the Training Programme:

- To heighten awareness amongst staff groups on matters relating to mental health issues and difficulties
- To introduce the Student Mental Health Policy and explain how it will be rolled out
- To offer relevant information on the Equality Act and on how it relates to mental health issues

For further information, please contact either Jo Tomlinson (ext 2461) or Annie Beckett (ext 2885)

## Mental Health Awareness – guidance notes

### *What is this?*

These guidance notes complement the Mental Health Awareness training programme which is offered as part of staff development at the University of Brighton. Details of this are available by contacting Jo Tomlinson, Head of Counselling and Wellbeing Tel: 01273 642895.

### *Purpose*

To offer staff at the University of Brighton helpful and practical solutions for working with students who present with mental health difficulties.

### *Rationale*

Widening participation, increased student numbers and changes to disability legislation have led to a notable increase in the numbers of students with significant mental health difficulties entering Higher Education Institutions (HEIs). There has been an accompanying concern about the general wellbeing of students. Combined with this is the need for HEIs to have a policy which provides a structure for support, information and advice.

### *Definition*

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. 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.

### ***What is Included***

- Factual information relating to key aspects of the Equality Act 2010
- Action Points for dealing with an emergency or crisis situation relating to Mental Health Difficulties
- Case studies
- Key staff contacts within the university
- Useful contacts

### ***The Facts***

The Equality Act (2010) replaces all previous anti-discrimination legislation in Britain (including the Disability Discrimination Act [1995] and the Special Educational Needs Discrimination Act [2001]). The new Act prohibits discrimination against people with protected characteristics. Disability is one of the specified protected characteristics.

Under the Equality Act 2010, a person has a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

The Equality Act places a duty upon higher education institutions to make reasonable adjustments for disabled students in relation to: provisions, criteria or practices; physical features; and auxiliary aids.

These adjustments apply where a disabled person is placed at a substantial disadvantage in comparison to non-disabled people. It is important to note that an institution can treat a disabled person favourably compared to a non-disabled person, and this would not amount to direct discrimination of a non-disabled person.

A 'reasonable adjustment' in relation to a student who has a mental health disability might include changing the type of assessment they have for a specific module.

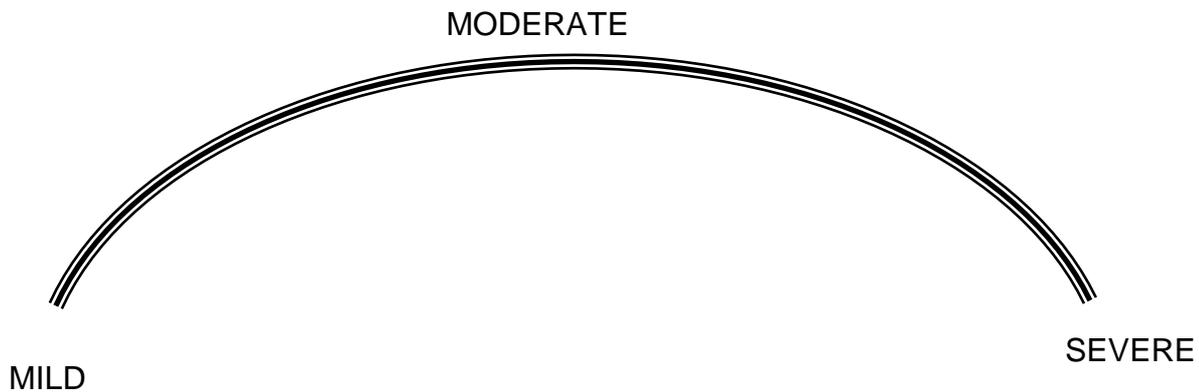
Students are not obliged to declare a disability under the Act, but institutions are obliged to create a 'culture of disclosure' to encourage and enable students to declare.

If a student chooses not to declare, it may be that the support they can expect is limited. If a student does declare, it is vital that they are offered appropriate support by referral to the relevant services.

Under the Equality Act, disabled students are protected from direct discrimination, discrimination arising from disability, indirect discrimination, harassment and victimisation.

The Equality Act 2010 also introduced a public sector equality duty in England, Scotland and Wales. The Public Sector Equality Duty (PSED) places a general duty on HEIs and

colleges to: eliminate discrimination, harassment, victimisation; advance equality of opportunity; and foster good relations.



The Spectrum is a useful way of thinking about where you perceive yourself or another individual to be in relation to a mental health difficulty. Consider mental health as a continuum, which can range from mild stress through to more clinically diagnosed conditions such as schizophrenia. The length of time the issue or difficulty has been ongoing might also be a factor in considering the moderation or severity. This might also be helpfully used with the 'stress scale'.

### ***Action Points for Dealing with an Emergency or Crisis Situation***

The options below are intended to be guidelines only. What you do may depend a lot on your relationship with the student and what assistance is available. However, you should not put yourself or the other students 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 Residential Adviser to advise him/her of your concern.

We all have a Duty of Care to our student community and, whilst it is important wherever possible to work with the student that is at risk and to let them decide about accessing support, confidentiality at times may need to be broken in order to gain the most appropriate help.

The University of Brighton Student Mental Health Policy has a full section on Crisis Intervention or you can contact Student Services (Tel: 01273 642895) and discuss issues relating to Mental Health.

Emergency/Crisis	Possible response
You notice a deterioration in the student's health or personal care.	Express your concern to the other person and encourage them to contact their GP (doctor). Discuss your concerns with a relevant member of Student Services
The student is behaving out of character, perhaps becoming withdrawn or 'going over the top'.	Discuss your concerns with Student Service - a University Counsellor, SSGT or Learning Support Coordinator - who may be able to help you clarify the issues. Alternatively, encourage the student to make contact with these services. If you are concerned about confidentiality any enquiry can be discussed with anonymity being used. Ring Tel: 01273 642895 if you are unsure who to approach
The student has made a suicide attempt or has seriously injured themselves through self-harm.	Phone 999 and ask for an ambulance. In cases of an overdose, if possible note or take hold of what has been taken and give to ambulance crew or doctor.
The student is behaving in an aggressive and/or dangerous manner.	Take no risks. Call 999 and ask for police.
The student appears to have lost contact with 'reality' but does not pose a risk to others.	Attempt to persuade the student to phone his/her GP (doctor); or you could phone the GP on the student's behalf. Seek the student's permission to contact next of kin, or speak to student services.
You have concern about the level of Alcohol or Drug use being demonstrated by the student.	Contact Student Services. Also refer to the University Drug and Alcohol policy
The student appears to be in serious panic.	Help the student gain control over breathing, using a paper bag or cupped hands and using counting (4 in, 8 out). Discuss support available through Student Services i.e. Counsellor or Learning Support Coordinator.
The student is speaking about the possibility of suicide.	You may have to treat this as an emergency. Alternatively you could attempt to persuade the student to phone his/her GP (doctor) or you could phone the GP on the student's behalf; or refer to Student Services i.e. Counsellor or Learning Support Coordinator. It might also be relevant to consider such organisations as the Samaritans 118 123 (free phone – they will speak to the individual concerned if that is helpful – 24/7).

## CASE STUDIES

There are three case studies to work through. At the end of each Case Study, some possible approaches to take in dealing with each scenario are suggested.

It is very difficult to forecast all of the possible ways in which a mental health difficulty might present itself, and there is certainly no one way of dealing with any of them. The case studies are intended to suggest general ways in which similar situations might be approached; they are not intended to provide the answer.

### **Case Study 1**

You find yourself in a situation where a student is talking to you in some depth about their current situation. They explain that they are having a lot of difficulties and that they feel overwhelmed with their own problems. These include a recent bereavement, break-up of a relationship, divorce of their parents and financial difficulties. They say they that they feel quite desperate and don't know what to do. You do have some concern about them.

- How might you respond?
- What do you do?
- If a referral is appropriate, who might you contact?

Some possible responses to the scenario are raised:

- Firstly measure how comfortable you feel in this situation?
- If you feel able to offer some space and time to this student, just listen to some of the content of their distress which may be both helpful to you and them.
- Measure how safe you feel the individual is. Do they have a support network?
- Don't try to resolve any of the issues for them. Maybe try to break them down and help the individual to decide what their own needs might be.
- Certainly it would seem that they could be referred to several different services. Be careful not to overwhelm them with information.
- In the first instance a referral to the Counselling Service might be appropriate but ensure that they are comfortable with this. Don't 'send' them for counselling.
- If they don't want Counselling, but they do indicate that they might like to have some support, you could show them some of the self help resources and external 'useful contacts' list.
- If you are left feeling concerned about them but don't feel they are at immediate risk, a follow-up appointment with you might be a good way of just ensuring that they are managing things ok.
- If you're not their Personal Tutor, it might be appropriate for you to suggest that they talk to this person or their SSGT -

- If you feel they are at immediate risk and have a very clear intention to act in a way that indicates self harm, follow the Crisis Intervention Procedure, or dial 999.

## **Case Study 2**

While you are in a lecture, you notice that a student seems quite agitated. They are scribbling down a lot of notes, but do not seem to understand the lecture, since they make some bizarre remarks and odd responses to questions. At other times the student seems very distracted.

Some possible responses to the scenario are raised:

- It is necessary that you do something about this. It isn't appropriate for it just to be left.
- Make time to 'check in' with this individual outside of the lesson. Share with them your concerns.
- Try to gain a better understanding of what was going on for them. There are a number of reasons why this might have happened, one of which could be related to an educational support need. If this is the case, talk to them about the Disability and Dyslexia Team, see how they'd feel about going along and seeing someone.
- If you are left feeling that the behaviour was based on a mental health difficulty, it might be appropriate for them to be referred to the school based SSGT, Counselling Service or to a Learning Support Coordinator.
- They may be open to accessing support from a GP. If this is the case it might be helpful to make an appointment for them. They might want someone to go with them; check this too.
- If the individual does disclose that they have an ongoing mental health difficulty they might be able to tell you of the person they currently have involvement with i.e. Learning Support Coordinator, SSGT, Counsellor, Social Worker, Community Mental Health Nurse. Do they want you to contact them/do you feel ok with this or, would it now be a good time to refer?
- If the individual doesn't want to do anything and you are left with some concern, it might be worth sharing this with other members of staff.
- Monitor the student; check to see if things improve.
- If you still have concerns and don't know what to do, ring and ask for advice from Student Services. Either refer to Counselling or the Disability and Dyslexia team.

## **Case Study 3**

You are currently involved in working with a first year student. You have met her on several occasions and are aware that she has previously had issues around substance misuse. Today she is looking physically ill. She is pale and looks tired and seems quite withdrawn. When you talk to her she seems distracted and is writing things down that don't necessarily relate to what you are discussing.

Some possible responses to the scenario are raised:

- Don't jump to conclusions or make assumptions about this individual. They may simply be unwell.
- Share your concern; give them time to let you know how they are.
- If you are left with real concern about them and it does seem that there is an issue of substance misuse, see if they are open to offers of support.
- Familiarise yourself with the Drug and Alcohol Policy
- The Counselling service can be contacted for advice and information around issues related to substance misuse.
- If the student is in Halls of Residence, would they be open to you contacting the Residential Adviser? If you'd like advice on this, Tel: 01273 643111.
- **Do they require immediate medical intervention? Is it appropriate for a GP to deal with, or is it more urgent? If they are in need of immediate medical attention, dial 999.**

## Stress

Stress is the body's physical and emotional response to the demands placed upon it. Stress can be both negative and positive. Even positive life events that should enhance self-esteem can put a strain on individual students. Stress can make us more alert at times when we need it, for example when we go to a job interview or meet somebody new. It can also make us lose sleep or become anxious, particularly around life events such as exam times or meeting deadlines. The one clear fact about stress is that it doesn't discriminate; it affects us all in some way.

We all have different stresses that we face as we go through life, just as we all have a different tolerance, or vulnerability, to stress. While stressful life events such as bereavement or loss of employment are well recognised, students are vulnerable to the stress of their own developmental life events, such as leaving home and forming new significant relationships for the first time. Coming to university will bring with it different and often more complex issues for us to deal with. For example, a student who is coming into university straight from school may find the transition difficult to cope with. However, for a more mature student, their stress might come from trying to cope with work and a family life. International students may find adapting to a new culture and language to be additional stress factors. A student with dyslexia might experience stress while coping with the impact of their specific learning difficulty.

While stress can be positioned at the milder end of the mental health spectrum, accumulative stress can lead to a range of common mental health difficulties such as depression, anxiety, agitation, anger, irritability, sleep disturbance, low motivation, poor concentration and difficulties in decision making. There has been a growing understanding of the effect that various traumatic episodes or stressful life events can have on health, and it is likely that around one in four people will have such stressful life events, seriously affecting their mental and physical health.

Too much stress will make you sick and unwell. Carrying too heavy a stress load is like running your car engine past the red line; or leaving your toaster stuck in the "on" position; or running a nuclear reactor past maximum permissible power. Sooner or later, something will break, burn out

or melt down.

What 'breaks' can depend on where the weak links are in your physical body, but common symptoms of physical ill health can include ulcers, cramps and diarrhoea, colitis, irritable bowel syndrome, thyroid gland malfunction, skin rashes, high blood pressure and abnormal heart beat. In general, the body's immune system will respond to stress by having a decreased resistance to opportunistic infections.

Certainly, for students with serious mental health difficulties, their vulnerability to the effects of stress could be quite significant and severe. Therefore consideration of the guidelines set out to complement this section (see Mental Health Awareness – Guidance Notes, page 28) could be helpful both to those concerned about a student's mental health and to an individual themselves.

Further information on 'stress tips' can be found in the Self Help-Information, provided by the Counselling and Wellbeing team [www.brighton.ac.uk/current-students/advice-and-support/dealing-with-difficult-situations/index.aspx](http://www.brighton.ac.uk/current-students/advice-and-support/dealing-with-difficult-situations/index.aspx)

## APPENDIX D – CONTACTS AND RESOURCES

### Key Contacts in the University

#### *Student Services*

Site	Telephone	Email - staff	Email - students
Eastbourne	01273 643845	studentservicesadminEB @brighton.ac.uk	studentservices@brighton.ac.uk
Falmer	01273 643584	studentservicesadminFA @brighton.ac.uk	studentservices@brighton.ac.uk
Grand Parade	01273 643187	studentservicesadminGP @brighton.ac.uk	studentservices@brighton.ac.uk
Hastings	01273 643845	studentservicesadminHA @brighton.ac.uk	studentservices@brighton.ac.uk
Moulsecoomb	01273 642895	studentservicesadminMC B@brighton.ac.uk	studentservices@brighton.ac.uk

#### ***Counselling Team***

The university has counsellors on the main sites of the university, to make contact please contact the site direct or students can email [counselling@brighton.ac.uk](mailto:counselling@brighton.ac.uk).

It is preferable that individual students refer themselves for counselling either by phone or by email. However, if you are someone who has concerns and want to discuss these or seek advice from a counsellor about the best way to deal with different situations, all of the counsellors are familiar with enquiries of this kind and will respond quickly to them.

It is important to remember that questions about different individuals can be asked, in the first instance, in confidence.

#### ***SSGT'S***

All schools at the university have their own Student Support and Guidance Tutor (SSGT). SSGTs are valuable source of information and advice, and work to provide relevant and timely assistance on a range of issues. <https://www.brighton.ac.uk/current-students/my-student-life/student-support-and-guidance-tutors/index.aspx>

#### ***Disability and Dyslexia Team:***

Learning Support Coordinators are available on all of the main sites of the university. Help and information regarding concern relating to a student with a mental health difficulty can be directed to the team, particularly if it relates to educational support:

Email: [disabilityadmin@brighton.ac.uk](mailto:disabilityadmin@brighton.ac.uk) Tel: 01273 643799

## **University of Brighton Student Union Support Service**

A confidential service, independent of the University. [www.brightonsu.com/support](http://www.brightonsu.com/support)

Contact via email [bsuacademic@brighton.ac.uk](mailto:bsuacademic@brighton.ac.uk) or phone 01273 642 876.

The main office is: Ground Floor (beside the Union Café), Cockcroft Building, Lewes Road, Brighton, BN2 5GJ

## **Accommodation Services**

### **Office Hours**

- Brighton 01273 644100 or email [accommodation@brighton.ac.uk](mailto:accommodation@brighton.ac.uk)
- Eastbourne 01273 643810 or email [accomeastbourne@brighton.ac.uk](mailto:accomeastbourne@brighton.ac.uk)
- Hastings 01273 644631 or email [accomhastings@brighton.ac.uk](mailto:accomhastings@brighton.ac.uk)

### **Out-of-Office Hours**

Student Liaison Manager

Monday to Friday, 4pm to midnight

07903363861

### **Residential Advisors**

Monday to Sunday including public holidays

7:30pm to 7:30am

01273 641064

## **Useful Contacts and Resources**

Please see the Student Services list of external contacts for further sources of support:

[https://staff.brighton.ac.uk/ss/Documents/SS\\_useful\\_contacts.pdf](https://staff.brighton.ac.uk/ss/Documents/SS_useful_contacts.pdf)

Self Help-Information, including e books and apps to help improve mental health and wellbeing is provided by the Counselling and Wellbeing team, see [www.brighton.ac.uk/current-students/advice-and-support/dealing-with-difficult-situations/index.aspx](http://www.brighton.ac.uk/current-students/advice-and-support/dealing-with-difficult-situations/index.aspx).

### **Anxiety UK**

Working to relieve and support those living with anxiety disorders T: 08444 775774

E: [support@anxietyuk.org.uk](mailto:support@anxietyuk.org.uk) W: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

Under review, Student Services October 2016

### **Beat (beating eating disorders, formerly Eating Disorders Association)**

Providing support and information for all individuals affected by eating disorders.

T: Helpline: 034 5634 1414 and Youthline: 034 5634 7650. W: [www.b-eat.co.uk](http://www.b-eat.co.uk)

### **BiPolar UK**

User-led charity working to enable people affected by bipolar disorder (manic depression) to take control of their lives. T: 033 3323 3880. E: [info@bipolaruk.org](mailto:info@bipolaruk.org). W:

<http://www.bipolaruk.org>

### **Cruse (Bereavement Counselling)**

Helpline 0808 808 1677. T Brighton 01273 234007 E: [eastsussex@cruse.org.uk](mailto:eastsussex@cruse.org.uk)

### **Doctors Support Network / BMA**

Stress counselling service for doctors, T: 0330 123 1245. W: [www.dsn.org.uk](http://www.dsn.org.uk)

### **Harmless**

A national user led organisation that provides support, information, training and consultancy to people who self-harm, their friends, families and professionals.

E: [info@harmless.org.uk](mailto:info@harmless.org.uk). W: [www.harmless.org.uk](http://www.harmless.org.uk)

### **HOPElineUK**

Advice and support for those concerned about a young person who may be at risk of suicide). Text 07786209697, T: 0800 068 4141 E: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org), W:

<https://www.papyrus-uk.org/help-advice/about-hopelineuk>

### **Manic Depression Fellowship (Also known as Bipolar Organisation)**

Self-help organisation with many local branches offering support and advice, T: 020 7793 2600. W: [www.mdf.org.uk](http://www.mdf.org.uk)

### **MIND**

Works to promote good mental health. Infoline: 0300 123 3393 or text: 86463. E:

[info@mind.org.uk](mailto:info@mind.org.uk). W: [www.mind.org.uk](http://www.mind.org.uk)

MIND in Brighton and Hove, [www.mindcharity.co.uk](http://www.mindcharity.co.uk) 01273 666950 and email: [info@mindcharity.co.uk](mailto:info@mindcharity.co.uk)

### **No Panic**

Support for people (and their carers) suffering from anxiety, phobias, panic attacks, obsessive compulsive disorder and other related anxiety disorders.

T: 0844 967 4848 (charged) and Youthline (for 13 – 20 year olds): 01753 84 0393

E: [admin@nopanic.org.uk](mailto:admin@nopanic.org.uk). W: [www.nopanic.org.uk/](http://www.nopanic.org.uk/)

### **OCD Brighton Support Group**

A support group for anybody effected by OCD. T: 0845 390 6232. E:

[support@ocdaction.org.uk](mailto:support@ocdaction.org.uk). W: [www.ocdaction.org.uk](http://www.ocdaction.org.uk)

### **OverEaters Anonymous, National**

Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating. Tel: 07000 784985, E:

[general@oagb.org.uk](mailto:general@oagb.org.uk), W: [www.oagb.org.uk](http://www.oagb.org.uk)

### **Rethink**

National mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life. T: 0300 5000 927. W: [www.rethink.org](http://www.rethink.org)

### **Sane**

Established to improve the quality of life for people affected by mental illness. SANELINE is a national, 7 days a week, out-of-hours telephone helpline for anyone coping with mental illness, including concerned relatives or friends. T: 0300 3047000 W: [www.sane.org.uk/](http://www.sane.org.uk/)

### **Samaritans, (provides 24-hour confidential support for anyone in a crisis)**

Freephone Telephone: 116 123, E: [jo@samaritans.org](mailto:jo@samaritans.org), W: [www.samaritans.org](http://www.samaritans.org)

### **Self injury Support**

Supports women in emotional distress, in particular those who harm themselves (often called self-injury). T: 0808 800 8088 (Helpline open Tuesdays & Wednesdays 7-9pm and Thursdays 3-5pm). Text: 07800 472908 for TESS (support for girls and young women up to 24 who self-injure. Open Mon, Tues, Wed, Thurs and Fri 7pm-9pm). W: [www.selfinjurysupport.org.uk/](http://www.selfinjurysupport.org.uk/)

### **Southdown Recovery Services**

Free personalised support for people with mental health needs, working to maximise hope, independence and resilience to enable better management of mental health. T: (Preston Park): 01273 565049, (Frederick Place): 01273 749500. E: [recoveryservices@southdownhousing.org](mailto:recoveryservices@southdownhousing.org)

### **Students Against Depression**

Comprehensive self-help resource for suicidal thinking and depression, as well as sources of help) W: <http://studentsagainstd Depression.org/>

### **Survivors Network**

Brighton (supporting survivors of sexual violence and abuse). Office: 01273 203380 Helpline: 01273 720110. Text: 07717999989 Email: [help@survivorsnetwork.org.uk](mailto:help@survivorsnetwork.org.uk)

### **Sussex Mental Healthline**

Support and information available Mon – Fri 5 pm – 9 am and 24 hours at weekends and bank holidays. T: 0300 5000 101. W: <http://www.sussexpartnership.nhs.uk/sussex-mental-healthline>

### **Teen GOSH - by Great Ormond Street Hospital**

A Website providing mental health advice for teenagers. W: [www.gosh.nhs.uk/teenagers/staying-healthy/mental-health](http://www.gosh.nhs.uk/teenagers/staying-healthy/mental-health)

### **Threshold Women's Mental Health**

Provides information on a range of mental health issues and referrals to appropriate services T: 01273 929471, W: [www.bht.org.uk/services/mental-health-and-wellbeing/](http://www.bht.org.uk/services/mental-health-and-wellbeing/)

### **Top UK (Triumph over phobia, OCD and Phobia Charity)**

Office: 01225 57 1740 and Mobile: 07763826618. W: [www.topuk.org](http://www.topuk.org)

## Further reading:

### Depression

- 'Depression: the way out of your prison' by Dorothy Rowe
- 'Overcoming depression' – a practical self-help guide by R. Gillet
- 'The Dance of Anger' by Harriet Lerner
- 'The Bipolar Disorder Survival Guide: what you and your family need to know' by David J. Miklowitz

### Anxiety and Phobias

- 'Peace from nervous suffering' by Dr. Claire Weekes
- 'Don't Panic: a guide to overcoming panic attacks' by Sue Breton
- 'Living with Fear' by Isaac Marks
- 'More help for your nerves' by Dr. Claire Weekes
- 'Overcoming anxiety' by Helen Kennerley

### Eating Disorders

- 'Anorexia Nervosa – A Survival Guide for Families and Sufferers' by Janet Treasure (1997)
- 'Anorexics on Anorexia' R Shelley (Ed) (1997)
- 'Getting Better Bit(e) by Bit(e)' by Schmidt + Treasure (1993)
- 'Coping with Bulimia' by French (1994)
- 'Breaking free from Compulsive Eating' by Roth (1986)
- 'Overcoming Binge Eating' by Fairburn (1995)

Ebooks are available via the online library or this [reading list](#), in the following categories:

1. Addiction - Drugs, Alcohol and Gambling
2. CBT - Cognitive Behavioural Therapy
3. Eating Disorders
4. Stress and Anxiety