STUDENT MENTAL HEALTH POLICY

1 INTRODUCTION

1.1 Students arriving at university for the first time need to adapt to significant changes, such as moving to a new area, separation from family and friends, establishing a new social network, managing a tight budget, combining academic study with family commitments, coping with a disability in a new environment and, for international students, living in a new country and adjusting to a different culture. For many, these changes are exciting and challenging and an intrinsic part of the attraction of going to university. However, they can also give rise to anxiety and stress.

1.2 Most personal problems experienced at university can be resolved quickly by talking to a family member or a friend or by seeking help from tutors or other advisors. It is important not to label as "mental health" problems what are in reality normal emotional reactions to new experiences. However, a small number of students may experience emotional or psychological difficulties that without appropriate professional support are more persistent and inhibit their ability to participate fully in higher education. These difficulties may take the form of a long-term mental illness or a temporary, but debilitating, condition or reaction. In addition, some students may arrive at university with a pre-existing problem, either declared or undeclared.

1.3 Mental health problems can seriously impair academic performance and may lead to confused or disturbed behaviour. Minor difficulties that interfere with a student's capacity to work may also result in distress and wasted effort and undermine academic progress. A more seriously disturbed student, as well as needing appropriate professional support, may cause anxiety and concern to fellow students, tutors and college staff. The suicide or attempted suicide of a student is an extreme, but fortunately very rare, response to mental distress and a very disturbing event for all, especially for those close to the individual concerned. *(The UCL policy on suicide can be found at Appendix 1)*

1.4 It is important that students who are aware that they have, or have had mental health problems share this information with an appropriate member of UCL staff. The reason for this is that certain people at UCL need to know of the circumstances in order to ensure the appropriate delivery of a high quality programme of study that meets the student’s needs. Normally, the student should share the relevant health information with their departmental tutor with an understanding that confidentiality will be maintained: only those who need to know being informed. The student should always be made aware of to whom the information is passed and why. Some students may be reluctant to share such information with members of staff in their department, in which case, they should be encouraged to talk to an appropriate member of staff outside their department: the Disability Coordinator, a Student Counsellor or the Dean of Students.

2 AIMS

2.1 UCL aims to provide a supportive environment that will help students with mental health difficulties to realise their academic potential and more specifically, to meet course requirements. By providing the opportunity to pursue social, cultural and sporting fulfilment, in addition to academic excellence, it also aims to facilitate and promote positive mental health and well-being.

2.2 UCL seeks to implement these aims by:

Supporting a range of services, both medical and non-medical. These include the college network of pastoral care, (tutors) The Gower Place Practice, the Disability Centre, the Union Rights and Advice Centre, the Dean of Students and the Student Counselling Service;

Encouraging students with mental health difficulties to seek help;

Supporting a culture in which mental health problems are accepted, not stigmatised;

Liasing with appropriate services to ensure that students with serious mental health problems receive appropriate treatment;

Meeting the support and study needs of students with mental health disabilities;

Making reasonable adjustments to policies and procedures which might otherwise unlawfully discriminate against students with mental health difficulties;

Ensuring that the availability of support is accurately and widely publicised to both prospective and current students;

Establishing consistent procedures across the University for helping students with mental health difficulties;

Providing guidance and awareness training to those UCL academic staff involved in the support and care of students; and

Respecting the confidentiality of personal information provided by students with mental health difficulties.

PROVIDING SUPPORT

3.1 UCL has an extensive and long established network for student support comprising pastoral care by tutors, The Gower Place Practice, The Disability Centre, the UCL Union Rights and Advice Centre, UCL Union Sabbatical Officers, Advisor to Women Students, International Office, the Dean of Students, student self-help and the Student Counselling Service. Responsibility for helping students with problems rests, in the first instance, with the departmental tutor, the Programme Tutor or Graduate Tutor, or, in the case of research graduates post-graduates, the main supervisor. Tutors should make reasonable adjustments to coursework and examinations for students with mental health difficulties. Any member of staff should therefore liase with the relevant individual if they have concerns about a student, subject to the requirements

of confidentiality (see paragraph 4 below). Good communication between staff is particularly important for graduates, as their contact with academic staff may be less frequent than that of undergraduates and any problems less easily identified.

3.2 Both the formal and informal systems of non-medical pastoral care are usually sufficient to address those academic problems that give rise to anxiety or stress. However, more serious emotional and psychological problems require professional intervention by the Gower Place Practice or the Student Counselling Service.

3.3 The general practitioners in the Gower Place Practice are particularly experienced in the care of university students. They know the university system well and are integrated into university life. They treat students with mental health problems and liase with college officers over mental and physical health issues. They and other local general practitioners can refer students to other agencies within the local Mental Health Services; provide medical certificates at the time of examinations for those who are ill; negotiate "time out", should this be necessary; and provide medical certificates for local education authorities if time out is taken.

3.4 The Gower Place Practice on the College campus employs nurses experienced in dealing with students' problems, including mental health problems. Students may make appointments to discuss these with the nurses or with GPs in the Practice. The nurses are sometimes responsible for long-term drug treatment for students with psychiatric disorders. The nurses are willing to act as the first port of call for students with mental health problems before referring them on for counselling or medical help.

3.5 The Student Counselling Service provides mainly short-term counselling, averaging 6 sessions per student. This is appropriate for most students, particularly in the context of short university terms. However, for the small number of students who require longer term counselling there is a limited number of vacancies in the service for either individual or group therapy as well as the possibility of referral to external agencies for help.

3.6 Students are encouraged to refer themselves. The Service aims to see a student as soon as possible. Waiting times vary according to demand and information about the likely delay is regularly updated on the website.

3.7 Students with mental health difficulties of a more than temporary nature may benefit from the non-therapeutic support that can be arranged by the Disability Centre. Staff at the Disability Centre can also advise on, and liaise with other staff in the implementation of, appropriate reasonable adjustments to teaching and learning in individual cases.

UK home students with mental health difficulties may be entitled to the Disabled Students Allowances (DSAs). These allowances can enable a student to purchase (for example) computing equipment and to have study-related mentoring. The Disability Centre plays an important role in the application process for DSAs and in the implementation of the recommended support. UCL also endeavours to provide similar support for disabled international students.

Students with mental health difficulties may also be entitled to special arrangements for examinations.

4 RESPECTING CONFIDENTIALITY

4.1 A student with mental health difficulties is extremely unlikely to seek help unless he or she knows the information they provide will be treated as confidential and that it will not harm their academic standing. Doctors, nurses, counsellors and chaplains are all required to observe confidentiality in accordance with strict ethical codes. *(The UCL policy on Confidentiality can be found at Appendix 2)*

4.2 On the issue of confidentiality in matters relating to student health and welfare. Whilst emphasising the responsibility to respect privacy, it also advises on those extremely rare circumstances when it would be appropriate to share information with third parties who have a clear need to know that there are specific concerns about a student e.g. where there is a significant danger of a student harming themselves.

5 HELPING STUDENTS IN CRISIS

5.1 The best way to manage a crisis is to avoid it developing. This means recognising the early manifestations of mental illness and encouraging the student to seek help. However, even the most experienced professionals can be caught unawares, and it would be both wrong and impractical to treat every example of unusual behaviour as if it might be a manifestation of mental illness.

5.2 Either the student will be known to have a mental illness or there will be a history of gradually changing behaviour that has caused concern. The most common manifestations are increased self-neglect, deteriorating coursework, disruptive behaviour and isolation. *(The UCL policy on Socially Isolated Students can be found at Appendix 3)*

5.3 Occasionally, however, abnormal behaviour can develop suddenly.

Although rare, the most serious risk associated with a developing mental illness is that the student might seriously harm him/herself or others. This constitutes a medical emergency and requires immediate attention. The main objective will be to obtain a medical assessment, preferably in what is technically called ‘a place of safety, which is the local NHS Accident & Emergency department or Psychiatric Unit. This will require the presence of the duty general practitioner and sometimes the support of a Security Officer or even the Police, although often the individual will cooperate and allow themselves to be escorted to the designated place of safety where a formal assessment of their mental state can be undertaken. An independent account of the student’s behaviour will help the examining psychiatrist form a view of the diagnosis and the most appropriate management, which may include medication and admission to hospital.

5.4 Another example of an emergency is when a student suffers a severe panic attack just before, or during, an examination. This can be extremely frightening for those who observe it as well as for the student, who will behave completely irrationally and be obviously terrified. When it is sufficiently severe the only way to manage the immediate situation is to allow the student to leave and to arrange for them to receive specialist help in order to prevent a recurrence.

5.5 Much more common than either of the above examples is the gradual onset of abnormal behaviour that is, particularly in the early stages, very easy to ignore. Descriptions of these and the possible ways of helping are outlined in "The Recognition and Management of Emotional Problems in Students." *(See Appendix 4)*

5.6 LOCAL MENTAL HEALTH SERVICES

Mental health problems are increasingly managed in the local community. Mental health services are provided by a combined psychiatric and social service Trusts predominantly organised around local, community mental health teams (CMHT). The local trust for UCL is Camden & Islington Mental Health & Social Care Trust (CANDI). Although this structure benefits a local population it is less effective for a peripatetic population, such as UCL students, since many of them live outside the local catchment areas. It is therefore important to know how these services can be accessed should they be required.

Students who live in the local catchment area will be treated like all other patients. Their general practitioners, who work closely with CMHTs, will make most routine referrals. Some students will also be referred via the Student Counselling Service. Such referrals will only take place with the student's agreement. CANDI offers a wide range of specialist services that can be identified through their website http://www.cimhscaretrust.nhs.uk/.

In an emergency a student will be seen in the A&E department at UCLH, the Whittington Hospital or the Royal Free Hospital by the Liaison team and their Psychiatrist for an assessment. There is also a crisis team that supports individuals at home who might otherwise have needed to be admitted.

The psychiatrist who has assessed the student will provide a report to their general practitioner. This will include their opinion regarding diagnosis and further management, including who will be responsible for supervising this. If UCL staff has concerns regarding the student's fitness to return to college, or whether the student requires special support, this should be provided by the psychiatrist.

6 RAISING AWARENESS

6.1 Information about the support available to students with mental health difficulties is provided inUCL's prospectuses and as part of the induction process, both electronically and in paper form. Publicity material emphasises the importance of seeking help at the earliest possible opportunity and of the confidentiality of personal information. Information is regularly reviewed to ensure that it remains accurate and appropriate.

6.2 The Student Counselling Service provides detailed information on-line and in print about the services it offers students. (See http://www.ucl.ac.uk/student-counselling.) On this website there is also a link to the student self-help web-site which provides practical advice on how to cope with problems such as anxiety, depression, bereavement, insomnia and exam stress. A document for students is in the process of being prepared and will be distributed to student welfare officers at the beginning of each academic year.

7 SUPPORTING THOSE INVOLVED IN STUDENT WELFARE

7.1 To promote consistency in the way individual cases are handled, guidelines are available for use by staff on how to identify and respond to students with mental health difficulties, including procedures for dealing with those at risk of harming themselves or others. *(See Appendix 5.)* The objective is to ensure that tutors and others are better able to recognise the warning signs of a mental health problem and to know when it is sufficiently serious to require referral to a professional. It is important that those involved in student welfare do not try to deal with problems that require expert assessment and management, although they may still have an important role to play in supporting the student in their studies or living arrangements. Early recognition and intervention will help to prevent problems escalating. Training in skills relevant to mental health is also on offer twice a year.

8 MEETING COMMITMENTS TO STUDENTS WITH DISABILITIES

8.1 UCL has specific legal responsibilities towards students whose mental condition falls within the definition of 'disability' under the Disability Discrimination Act. The Special Educational Needs and Disability Act (SENDA) extended the provisions of the Disability Discrimination Act to education with effect from September 2002. Institutions are required to treat people with disabilities no less favourably than others, and, where necessary, to make reasonable adjustments to policies, practices, and procedures in order to achieve this.

8.2 "Disability" is defined as a physical or mental impairment that has a "substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". Thus, it is likely to include students with a long-term mental illness such as schizophrenia. Other mental conditions may also be covered, although each case will need to be examined individually.

9 TAKING TIME OUT AND DISCIPLINE

9.1 The management of potential disciplinary matters in a student with mental health problems always requires balancing two underpinning principles. The need to understand the relevance of all the factors involved, including those directly related to illness, and respect for an individual’s autonomy. Each case will therefore depend on individual circumstances.

9.2 Whilst every effort is made to help students in need, the duty of care owed by UCL to the wider student body and to staff takes priority where the behaviour of a student with mental health difficulties causes significant disturbance or distress to others. The Dean of Students will make efforts to resolve such problems through discussion with the individual concerned and in particular to point out the effect that his or her behaviour is having on others. However, if these efforts are unsuccessful, alternative strategies will be considered, including, if necessary, requesting the student to withdraw from the University for a suitable period. If a student is suffering from a serious mental health problem, withdrawing from the University may offer them the best chance of making a full recovery, particularly if they receive support from their family, and because of this some students may decide to withdraw on their initiative.

Withdrawal will also be necessary if the student's mental condition is such that they are unable to meet course requirements, notwithstanding the support of UCL and local medical services.

9.3 However, if the student does not agree to withdraw voluntarily it will be necessary to consider other measures. Procedures exist for the suspension of students on the grounds of academic insufficiency, whatever the cause. Suspensions for academic insufficiency are recommended to a Faculty by the student's Department. Upon the recommendation of the Faculty, the Senior Tutor makes the suspension under the UCL Regulations for Management. Where a student with mental health problems is suspended for academic insufficiency they will be advised to seek appropriate treatment of their problems in order that they may return to UCL being fit to study. In the case of behaviour that is causing significant disturbance or distress to others and where the Dean of Students has been unable informally to resolve the matter with the student concerned, the matter will be referred to the Discipline Committee. In referring a case to the Discipline Committee, where the Dean of Students believes that mental ill-health is a contributing factor, the Dean will make the Discipline Committee aware if this.

9.4 Students withdrawing from, or excluded from the UCL for mental health reasons will be allowed to resume their studies once UCL is satisfied that they are medically fit to do so, as certified by an appropriate, qualified medical practitioner, and that there is appropriate educational and pastoral provision to support them. (Academic Manual: section F25)

APPENDIX 1

STUDENT WELFARE CO-ORDINATING COMMITTEE

SUICIDES

SWCC has produced the following guidance in response to the UUK [formerly CVCP] papers [CVCP/SCOP Guidelines on Student Mental Health Polices and Procedures for Higher Education, 2000; CVCP/SCOP Student Suicide Project, 15 November 2000; UUK/SCOP Reducing the risk of student suicide, 10 December 2002]

Until now, there has been no formal mechanism at UCL for recording suicides in the student population. The information that is available for the last five years suggests that the suicide rate at UCL is consistent with the figures for age and occupation - related norms in England.
There are difficulties in collecting and interpreting such statistics for the following reasons:

1. Death by suicide is a formal verdict reached by one of H.M. Coroners. Coroners will only reach such a verdict by applying the test of evidence: 'beyond reasonable doubt'. This means that in addition to the evidence of the circumstances relating to the cause of death, the Coroner will seek evidence of the mental intent of the deceased person; for example in the form of a 'suicide note'. In practice, this means that some deaths that are in reality suicides will be recorded as misadventure, or an open verdict will be delivered. Strictly, statistics should only be collected from Coroners' verdicts but in practice those cases not attracting the formal verdict, but for which the circumstances indicate suicide, will be included.
2. Unless a death occurs on UCL premises, UCL may not have access to the cause of death, making it difficult to obtain complete statistics.
3. The death rate from suicide is low and it would take a long time to generate statistics that might be used as 'management information'.

All student deaths are reported to the Registrar of UCL. The Dean of Students and the Registrar will examine student deaths in each academic year and report annually on the number known or suspected to be suicides. SWCC will receive the figures each session.

The question also arises as to whether attempts at self-harm should also be recorded. SWCC considers that the collection of statistics for this is impracticable.

The suicide rate among full-time students from 1994 to 1998 was at or below the rate for the general population excluding students. The average rate was 7.88 per 100,000. Projection of this figure onto the UCL student population gives an estimated annual number of suicides at UCL of 1.41.

Risk factors

1. Gender: much more common in males, whereas parasuicide [attempted suicide or self-harm] is more common in females.

2. Age: Main peak in incidence is in males 15-24.
3. Previous history of substance abuse.
4. Feelings of deprivation relative to the community in which the person at risk is located.
5. Homelessness.
6. Financial problems
7. Family problems: divorce, sexual abuse
8. Previous history of mental ill-health, including parasuicide
9. Social isolation arising from: ethnicity; sexuality; low self-esteem [academic, social skills, sporting prowess]; dislocation [home-sickness or feelings of being in the 'wrong place'].

Risk assessments based on the co-incidence of a number of these factors may be useful but issues of confidentiality and inability to elicit a full history may impair full risk assessment.

Protective factors

1. Increasing 'coping skills'.
2. Developing problem-solving skills.
3. Social support by encouraging integration and reducing social isolation and reducing other risk factors.
4. Getting individuals to reflect on and value their social 'capital'.
5. Encouraging those with care responsibility to work effectively in partnership.
6. Raising awareness of mental health issues and de-stigmatising suicidal thoughts.
7. Providing information on sources of support.
8. Encouraging those with responsibility for care to engage with potential suicide victims and eliminating any blame culture if things go wrong.

Dealing with a suicide threat

If a student makes a statement that they intend to take their own life, the primary aim is to get them to see a counsellor or doctor. They should be settled in a comfortable and private environment and given opportunity and encouragement to talk. The idea of their seeking help from a counsellor or doctor should be introduced gently and without haste. If they agree to seek professional assistance try to arrange an immediate appointment at student counselling or the student health centre at the Gower Place Practice, or, out of hours, suggest that they go to UCH Accident and Emergency Department where the duty psychiatrist can be called. Stay with the student, ask if they would like a friend or family called, but do not insist. Discretely try to summon support and assistance from a colleague. Accompany them to the source of professional advice and stay with them until they are seen. If the student refuses professional help after patient attempts to encourage this, then there is little more that can be done. Ask again if they would like friend or family alerted. If they refuse, provide them with the telephone number for 'Samaritans' and 'Nightline'. Remember that you can discuss the matter, even without revealing identities or asking for intervention, by talking to a counsellor by telephone

For students actually engaged in an attempt on their lives, the following steps may be helpful.

1. Speak to them calmly, quietly and without a sense of urgency. Encourage them to talk. Starts with introducing yourself and ask their name. Address them by their first name.
2. Encourage them to go with you to a comfortable and private environment to talk things over.
3. Try discretely to alert a colleague whom you can call upon if assistance is needed.
4. Suggest that the student should seek advice from a doctor and explain why you think this is important. Try to obtain their agreement to seek professional help. .
5. In office hours, call the student health service at the Gower Place Practice on 020 7679 7200.
6. Out of hours, or if the condition of the student gives cause for serious concern, get the student to UCH Accident and Emergency department, calling an ambulance [999] if necessary.
7. Accompany the student to either the Gower Place Practice or to the hospital until they are seen by a doctor.
8. In the case of a student who appears unmanageable or if their life appears to be at risk summon an ambulance and the police on 999. The police have powers to remove people who are a danger to themselves to a place of safety.

Dealing with an actual suicide

1. Upon discovering or being called to a student who is, or may be dead, an ambulance and the police should be summoned on a 999 call. If there is doubt about whether or not a person is alive, appropriate first aid should be given by a trained person.
2. The person discovering the event or being called to the scene, should, as soon as is practicable, record the events in writing after the ambulance and police have completed their work. The record must include the names and addresses of any witnesses.
3. The record of the events should be transmitted immediately to the Dean of Students or his deputy. [Hereafter reference to the Dean of Students includes the deputy]
4. The Dean of Students will inform the Registrar, the Provost and the UCL Press Office. The Registrar will, in the event of a death, follow the UCL Procedure with respect to the death of a student.
5. The Dean of Students will advise any witnesses of a death of the availability of the student and staff counselling services and will alert those services. The same advice will be given to friends of the deceased.
6. Where there is suspicion that the death may have been a suicide, the Dean of Students will ask for reports from: the Department; the Registry [student file]; student residences staff [if appropriate]; the Student Counselling Service; the Student Health Physician; any other relevant sources.

7. The Dean of Students will liaise with the Coroner's Officer, and with the Registrar in the case that UCL may wish to be represented by its solicitors at the inquest. The Coroner may, of course, make requests directly to UCL staff and students for evidence relating to a death.
8. Following the inquest, the Dean of Students will convene a panel comprising the Dean of Students, the Education and Welfare Officer of UCL Union, a student counsellor and the Student Health Physician to consider the information relating to the death and to prepare a report which will be sent to the Provost. That report will be confidential but the Dean of Students will provide a summary of relevant issues to the next meeting of the Student Welfare Co-ordinating Committee.

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Help in UCL

Student Counselling Service.....21487

Student Health, Gower Place Practice: 020 7679 7057
020 7679 7200

Dean of Students.....24545

Help outside UCL

Samaritans.....Telephone: 0845 9090 90
e-mail: jo@samaritans.org

Nightline .....Telephone: 020 7631 0101

Survivors of Bereavement by Suicide [SOBS]....Telephone: 0870 241 3337

GUIDELINES ON CONFIDENTIALITY

INTRODUCTION

These guidelines have been drawn up by the Student Welfare Co-ordinating Committee in order to clarify the issue of confidentiality. They are intended for all staff at UCL who come into contact with students.

Recent changes in the law have reflected an increased sensitivity in society at large about sharing information, particularly of a personal nature. For example, The Human Rights Act, 1988, addresses issues of privacy and areas where an individual's right to privacy may be in conflict with a responsibility to a wider public. The Disability Discrimination Act, 1995, sets out the responsibilities for addressing the needs of individuals with a disability, some of which can conflict with an individual's wish for privacy.

The Data Protection Act, 1998, regulates the management and confidentiality of written information. These guidelines therefore refer to verbal communication. Their objective is to offer a framework of agreed standards, in order to establish transparency about sharing information that will lead to improved trust and openness. They should benefit students and staff, by informing them of the importance given to confidentiality and how verbal information should be treated.

A number of professionals, such as doctors, psychotherapists and clergy follow a strict code of practice on confidentiality. This assumes that any information they receive in their professional role (and often outside it) is confidential, unless they have been given permission to divulge it. Such permission may be implicit, for example when a patient's solicitor requests a medical report on a patient's behalf. Such codes are extremely strict and it is assumed that they will in most cases over-ride what is set out below. However, the underpinning principles are similar.

These guidelines are intended to be practical, realistic and sensitive. They are not intended as a set of rules, since staff need to be able to formulate decisions on when to share information, what information to share and with whom dependant on individual circumstances. However, it is also important for everyone to be aware of the implications of breaking confidentiality, which may only be implicit.

FRAMEWORK FOR DEALING WITH CONFIDENTIALITY

The following questions should always be considered:

- Is the information intended to be confidential?
- Is it appropriate to treat it as confidential?
- Who else should it be discussed with?

IS THE INFORMATION INTENDED TO BE CONFIDENTIAL?

This is apparent if a student makes it explicit. It is assumed that most people will recognise whether a student wishes confidentiality to be protected or to have information shared. Often, this will apply to only part of the information. However, raising awareness of this issue should lead to individuals erring on the side of caution and, if there is any doubt, this should be clarified with the student. Circumstances that should alert someone to this include hearing about personal or family details, medical information and criminal behaviour.

IS IT APPROPRIATE TO TREAT IT AS CONFIDENTIAL?

It is usually correct to simply respect a student's autonomy and accept the need for confidentiality. However, there are occasions when this will feel extremely uncomfortable. This may be because of concern about the student's physical or mental health or because the student is sharing information about criminal activity. It can sometimes be very difficult to balance a respect for an individual's autonomy against one's responsibilities to society or other people. If the breaking of confidentiality is being considered, a member of staff **must** talk over the issue with a senior colleague who has experience in these matters, such as the head or manager of the student counselling service, the Dean of Students, or the Head of Department. This can be done without necessarily revealing the identity of who the discussion is about. If it is decided that breaking confidentiality is justified, every effort must be made to inform the student concerned of this decision and why it has been reached. The student should also be encouraged to inform the appropriate person themselves, or at least to agree to this course of action.

There are two situations that require special consideration:

INFORMATION PROVIDED BY A THIRD PARTY

The member of staff should ascertain whether the student concerned is aware of the information being provided by the third party, whether they know that the member of staff is to be informed and whether they gave permission for this to happen. What the informant wants the member of staff to do with the information should be clarified. It would often be appropriate to discuss the possibility of the informant communicating directly with the student concerned, if they have not already done so. Failing this, if the information has been given in confidence, for example a medical or legal report, permission to share this with the student should be sought. Such decisions can be extremely complex and it is generally best to discuss them with a senior colleague, as described above.

DEALING WITH A CRISIS

It is usually possible to defer making a decision, however much pressure may be felt. This will allow an opportunity to consult, as described above. In those exceedingly rare situations which have to be treated as an emergency an individual will always be supported if they have considered the implications of breaking confidence, if they have attempted to discuss this with the student and if they are too worried to carry the responsibility of secrecy.

APPENDIX 3

SOCIALLY ISOLATED STUDENTS

Most tutors will recognise the concept of the socially isolated student: a student who appears not to interact very much with the peer group or have many friends. Such a pattern of social behaviour is not necessarily a problem. Some individuals are content not to have an active social life and to have only one or two friends. For others, the inability to interact socially can be a source of anxiety and is something they would like to change. For those who seek greater social interaction, but do not seem to be able to achieve it, coming to university can be traumatic. They leave behind the friends they had and the environment with which they had been comfortable. Additionally, they see, at university, others having a rich and active social life for which they yearn.

The purpose of this paper is to raise awareness of the socially isolated student and to propose ways that might assist such students to improve their social integration. It is, of course, important to remember that some individuals are perfectly content with minimal social interaction and so there must be no hint of coercion.

Set out below are various mechanisms that may help the socially isolated student. There may be other suggestions which may improve this effort, and the Student Welfare Co-ordinating Committee would be pleased to hear of them.

1. Induction. During induction it is important that students are given the time to visit Fresher's Fayre. Social gatherings between staff and students and between students from different years of the course will help Freshers feel more at ease. 'Buddy Schemes' in which a second or third year student arranges to meet up with a fresher and ease their induction into UCL has been very successful.

2. Student Counselling Service.

3. Nightline - a telephone counselling service run by students.

4. Volunteering. UCL has a voluntary service scheme operated from within the Union. Voluntary work may act as a focus for the socially isolated to make friends.

5. Mentoring schemes. Students go into local schools to help school pupils with their academic work. Similar to voluntary work.

6. Those students in UCL residences should be encouraged to take a full part in social activities within the residences rather than going home at weekends.

7. Encourage active participation in clubs and societies.

8. London offers many organisations outside the student oriented ones: drama, sport, music, and political parties. Some students may be more comfortable with these organisations than with student clubs and societies.

9. Excessive alcohol consumption and drug abuse may be mechanisms to which socially isolated students resort.

THE RECOGNITION AND MANAGEMENT OF EMOTIONAL PROBLEMS IN STUDENTS

INTRODUCTION

Emotional experiences are a normal part of everyone's life. The way an individual reacts to life's stresses will vary according to their personality, their life experiences and to the situation itself. University is a period of considerable change for students. Before they start university they are usually dependent on a family and friends they have known since childhood; school will have offered a consistent, structured environment, where expectations were reasonably straightforward and clearly set out. After they leave university they will enter a world where there is likely to be far less security, where they will be expected to demonstrate initiative and where others will be dependent on them. The maturation that takes place during their time at University requires both intellectual and emotional development, each of which reinforces the other. Not surprisingly, therefore, students will experience a considerable range of emotional reactions during their University life, most of which will be normal.

A number of students, however, will experience emotions that are excessive and that are likely to impede their capacity to mature. As a consequence they may be unable to study effectively, or to engage in an enjoyable social life, or both. This may happen for a number of reasons, which usually reinforce each other. Broadly, these reasons reside either within the individual or are external; this balance between an individual's vulnerability and the nature and severity of the stressful experience underpins all emotional disorders.

TYPES OF EMOTIONAL DISORDER IN STUDENTS

ADJUSTMENT DISORDERS AND STRESS INDUCED DISORDERS

Emotional reactions in students are particularly likely to reflect the intensity of new relationships, loneliness, and study and examination pressures. They usually manifest as depression and/or anxiety and are generally self limiting, although they may continue for up to 6 months. These used to be called *reactive depression* or *anxiety* and are now termed *adjustment disorders*. Sometimes these reactions can be particularly severe or long lasting and call for active treatment. Increasingly, these diagnoses are characterised by the nature of the stress that has induced them. For example, *post-traumatic stress disorder* is applied when the stress is unusually severe and/or extended and *bereavement disorder* is applied to a major loss.

DEPENDENCY DISORDERS

The recreational use of drugs and alcohol is increasing, not least because they are both easily available and cheap. University offers students an opportunity to experiment; about ideas, about relationships and, not surprisingly about drugs and alcohol. In many cases this will cause little harm, and even if it does, this will often be temporary. However, excessive use can result in personality change, poor concentration and deteriorating social functioning.

SERIOUS MENTAL ILLNESS - MOOD DISORDERS AND SCHIZOPHRENIA

Although serious mental illness is much less common, it can present for the first time in this age group. The two categories are *mood disorders (depression* and *mania)* and

schizophrenia. About 10% of the population will experience a mood disorder at some time in their life, and for schizophrenia the figure is 1%. However, schizophrenia is particularly likely to develop in the young.

DEVELOPMENTAL AND PERSONALITY DISORDERS

When someone exhibits lifelong, pervasive, specific, dysfunctional attitudes or patterns of behaviour that fall outside the pattern found within their cultural and social norms they are said to have a *personality disorder*. This diagnosis always requires serious thought, because it has considerable implications regarding treatment and prognosis. It should rarely be made in a student population, whose personalities are still in the process of developing. Consequently, the majority of students who present with this sort of problem will have a *developmental disorder.*

WHO IS VULNERABLE?

Most students manage university life effectively and learn to manage complex situations and their emotional reactions to them. This is an essential part of their maturation and development. Nevertheless, the pressure of university life may be particularly great for individuals within certain groups, who may be more likely to experience severe emotional reactions or mental health problems. Examples of such groups include mature students, overseas students, students with a previous history of emotional problems, and students with a disability. The induction process for these groups could militate against this if it takes account of their specific needs. For example, students from overseas are particularly likely to feel isolated and lonely and therefore to benefit from active social support and advice. There may also be factors in an individual's upbringing that may make them particularly vulnerable, but these are likely to be hidden.

HOW TO RECOGNISE EMOTIONAL DISORDER

When it is obvious it is easy. However, it is often extremely difficult to distinguish between a brief, understandable emotional reaction from something more serious. The most obvious manifestation is usually a change in behaviour and or appearance that may not always be easy to recognize. Often it is recognized by other students who bring it to a tutor's attention. Examples of such changes include deterioration in academic performance, increasing requests for help, change in appearance, or obvious mood changes such as distress or aggression.

HOW TO RESPOND TO SOMEONE WHO IS DISTRESSED

All students should be treated with dignity and respect, in order to ensure they feel listened to and understood. Such meetings should take place in private setting with adequate time made available. Even if initial contact takes place at the end of a lecture, for example, an appointment should be arranged to fulfill the above criteria. We would strongly recommend that a colleague knows about the meeting and is easily available, because there are potential risks associated with these situations, to both the member of staff and the student.

Perhaps the most helpful response is to listen. A student may give a clear picture of their difficulties if left to talk about them without interruption or to show they are upset. However, it is important that the listener takes some control of the overall situation and it may therefore be necessary to interrupt. For example, they may want to clarify something, or to draw the meeting to a close, or to suggest specialist help is indicated. There are no cast iron rules for how to do this, but it is probably better to be honest and explain why you are interrupting. To suggest meeting a counselor does not preclude arranging to see the student again, which would enable you to talk it over with a colleague.

Finally, you may be seriously concerned about a student's mental health, for example because their behaviour is unpredictable or you begin to wonder whether they might be a danger to themselves or to others. Under these circumstances you may be recognizing a psychiatric emergency. This is a serious situation that may require immediate attention from a specialist. The objective of any intervention will be to get the student either assessed by the emergency doctor or taken to the A&E department at UCLH with as little fuss as possible. Certain situations require constraint and firmness. When this is necessary you will probably need to contact security.

WHOM SHOULD I CONSULT, AND WHY?

If the problem seems reasonably straightforward, but you still feel the need to discuss it with someone, it is probably better to do so with a colleague whose opinion you value. With increasing seriousness it will become necessary to seek advice from someone more senior or to contact the counselling service directly.

KEEP RECORDS

It is always advisable to keep a brief record of any meeting with a student who is distressed.

APPENDIX 5

MENTAL ILL HEALTH IN STUDENTS

The Student Welfare Co-ordinating Committee has discussed the matter of students interrupting their course of study for reasons of mental ill health.

The problems associated with some students who have mental ill-health sufficiently severe to lead to interruption are:

- They fail to make satisfactory progress
- Their behaviour both in the classroom and outside it can put pressure on their peers and on staff
- Their behaviour can become overtly disruptive and cause distress to staff and other students
- They may attempt to take their own life and this is extremely disturbing to staff and other students
- They may be potentially violent towards staff and other students

The College has a duty to ensure the continued education of *all* students enrolled for a programme of study and to monitor and advise about progress. It also has a duty to ensure a safe and appropriate working environment for staff and students, and to make reasonable and appropriate adjustments to facilitate the progress of students with mental ill-health problems.

When students exhibit the types of behaviour described above, staff should be alert to the fact that there may be an underlying mental ill-health problem. Early intervention may avert the need for interruption of the course of study. Students should be encouraged to discuss the problem with a Student Counsellor or a doctor. Members of staff who are concerned about a student's behaviour, but are uncertain how to proceed, are encouraged consult a Student Counsellor for advice.

For any student who interrupts their course of study for reasons of ill-health, UCL has a policy of requiring a letter from the student's doctor specifically saying that they are fit to return to study. This is to ensure not only that students are ready to derive full benefit from their programme of study but also to reduce risk to other members of the UCL community. This policy is implemented by Faculty Tutors.