Mental Health in University Students: Recognising the problems, asking the right questions

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Today’s workshop

• The scale of the problem
• Exploring and defining the challenges
• Recognising a mentee in difficulty
• What to say
• What to do
The scale of the problem
"I thought everything was my fault and I was just defective and bad and that this was what I deserved from life. I missed out on social life and extra-curricular activities because I struggled with acute feelings of social anxiety, self-hatred and fear....

....Now I have access to support, I can support others, too, and that's the best feeling I could ask for.“

Anon.
“A university crisis”

Mental health: a university crisis
Mental health issues have become a growing problem among students and academics. This series will uncover a hidden side to university life.

10 November 2014

Blogging students / Is your degree course getting you down?

16 October 2014

Student mental health: the situation is more nuanced than it seems

6 October 2014

How Cambridge University almost killed me
Mental health in HEIs

- 80% universities report significant rise in mental health needs over five years
- Struggling to meet demand: higher education cuts mean "the gulf between need and supply may widen further"
- Currently, universities not obliged to spend a fixed amount on mental health provision, or even to develop a mental health policy.
"Higher education institutions need to ensure not just that services are in place to support mental wellbeing, but that they proactively create a culture of openness where students feel able to talk about their mental health and are aware of the support that’s available”

Paul Farmer, CEO “Mind”
Mental health in HEIs: Statistics

- Royal College of Psychiatrists
  - One in four people will experience mental health difficulties
  - 50% of mental health difficulties are diagnosable aged 14
  - 80% of mental health difficulties are diagnosable by 25 years old

- National Union of Students
  - 1,200 higher education students surveyed
  - 92% of respondents identified as having had feeling of mental distress, which often includes feeling down, stressed and demotivated.
  - 20% consider themselves to have an ongoing mental health problem
  - 13% have suicidal thoughts
Take home message: Its everyone’s business

The scale of the problem
Case Studies
Student case 1: Andrew

• You are the vice-warden on duty. Late in the evening a group of students in your hall contact you to say that they have found a suicidal note on Andrew’s computer. They confronted Andrew who said that he wrote the note some time ago but now had no plans of taking his own life. However, his friends are concerned about him and are visibly shaken. They don’t know what to do and have come to ask for your advice.

• What should you do next?
• Is this a crisis situation?
Student case 2: Beatrice

- Beatrice came to UCL in 2015 and interrupted not long after enrolment due to mental health difficulties and feeling unable to settle in. She has restarted her course this year. You are aware of Beatrice’s mental health difficulties, she talks about these openly and you know that she is receiving professional support. One evening, Beatrice calls the duty phone, she is distressed and wishes to report that she has been sexually assaulted.

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Student case 3: Chen

- Chen is originally from China and has come to UCL to complete an MFA in Fine Arts. When you initially met Chen she seemed shy and rather quiet but an able student. Chen initially comes along to critiques but doesn’t seem to be enjoying herself and eventually stops attending. One day some other students who share halls with Chen tell you that they are worried about her: Chen spends a lot of time in her room and is not attending much of her course or extracurricular activities.

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• Esme is one of the students in your hall, her sister contacts you on the duty number at about 8pm. She is unable to get in touch with Esme and is concerned because the family have not heard from her for the last four days. This is unusual as Esme normally speaks with her mother and sister daily. Esme’s sister also tells you she fears she may be depressed. You don’t know Esme very well but she is always friendly and courteous when you speak with her and you never thought that she may be experiencing any difficulties.

• What should you do next?
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Exploring and defining the challenges
Using our own experiences

• We have all had contact with students
• The vast majority of these experiences have not been difficult
• But we may have also had difficulties
• Would anyone like to share their experiences?
University: Potential
University: Potential stressor

• What differences might a new student at UCL face when they first join university?
University: Potential stressor

• What differences might a new student at UCL face when they first join university?
  • New city and new environment
  • New standards of work: less structured time, sudden grade changes
  • Fun: booze, drugs, sex, freedom, mistakes...
  • Expectations vs reality
  • (Social aspect taken for granted?)
  • Reinvention and identity questioning
  • Personal issues students bring with them from home
    • Including pre-existing mental health problems and medication

“Student Life is not always the party people might think it is”
Stephen Fry
University: Adolescence
University: Self-Selecting Predisposition

- Most UCL students are used to being towards the top academically so it can be a shock arriving at university where the playfield is much more level
  - Competition is high!
- University Students:
  - High Achieving
  - Perfectionistic
  - Anankastic (obsessional) traits
  - Pressure from parents
- Some subjects have particular focus on aesthetics...
  - ... others tend to have lower EQ within faculty
University: A time of change

• Change may not just occur in the student
• Parents may feel as if they are no longer needed as much
  • 1 in 3 marriages end in divorce – extremely common for parents to wait until child leaves home as they assume child won't be so greatly affected
  • Separation and divorce can have far-reaching implications for every member of a family, whenever it happens.
  • May completely alter family dynamics, self-perception etc
• There is a geographical separation of care and support
University: A stage of development

• All of these are OK if they are managed appropriately
• What problems might come up and why specific to a UCL students?
Take home message: University is stressful and that’s completely normal

Exploring and defining the challenges
Recognising a mentee in difficulty
Physical health in students

• Poor sleep
• Poor nutrition
• Lack of exercise
• Weight Changes
• Lack of personal hygiene
• Drugs & Alcohol (including caffeine!)
• Sexually transmitted infections
Mental health in students

• 26% reporting mental health problems do not get treatment

• Difficulties cited:
  • coursework deadlines (65%) and exams (54%)
  • financial difficulties (47%),
  • pressures about "fitting in" (27%)

• Symptoms Reported:
  • “Stress” (80%), “Lack of energy or motivation” (70%), “Anxiety” (55%), “Insomnia” (50%)
  • “Sadness or depression” (33%)
  • NB. 14% consider self-harm & 13% report suicidal thoughts
Why do we avoid exploring students’ mental health?

• Consciously:
  • “It’s not relevant to their course”
  • “I don’t have enough time”
  • “It is not my concern”

• Unconsciously:
  • “What if I don’t know what to ask, or how to ask it?”
  • “What if they don’t want to talk about their feelings?”
  • “What if they say something that scares or upsets me?”
  • “What if they ask me a personal question in response?”
  • “What if I don’t know the right answer?”
“Students often come to us expecting to be given a prescription of some kind, but a lot of difficulties are not caused not medical problems, but by normal life problems, such as family or relationship issues, or anxiety about their work”

Alan Percy, head of counselling at Oxford University
“Stress”
“Stress”

You are **not** expected to do this
Red flags

• You are expected to do this: Talk to your mentees

• Think about any “red flag” symptoms:
  • Isolation
  • Unexplained absences
  • Poor personal hygiene
  • Erratic or impulsive behaviour
  • Bizarre speech, grandiosity, paranoia
  • Smelling of alcohol, bloodshot eyes, pinpoint pupils
  • Weight loss, Hair Loss, ‘Lanugo’ hair
  • Evidence of self harm
Mentee in difficulty: Recognition

• Students can encounter “difficulties” during their studies for a variety of reasons.
  • For the majority, these are temporary blips which are usually resolved through supervision and support.

• Is there something which makes you worried?
  • A “bad” student: missing deadlines, lectures or tutorials?
  • Are they lazy? disinterested? or social anxiety? insomnia/exhaustion?
  • A “good” student: staying late in studio or emailing at 3am
  • Are they too keen? enthusiastic? or perfectionist? anxious?
# Mental Health Continuum

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Mental Health Continuum

- Our current mental health is located along a continuum of “wellbeing”
- Difficulties occur where there is an impairment to that person’s daily life and an inability to move along the continuum
  - Impairment in itself is not illness
- Most of us, most of the time, are in good emotional health and can negotiate life events that, while stressful, do not feel unmanageable
- In this state there is no impairment; we resolve stresses ourselves, without seeking professional help
- Problems develop if daily functioning becomes permanently impaired
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### Actions to Take at Each Phase of the Continuum

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<td>Focus on task at hand</td>
<td>Recognize limits</td>
<td>Identify and understand own signs of distress</td>
<td>Seek consultation as needed</td>
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<td>Break problems into manageable chunks</td>
<td>Get adequate rest, food, and exercise</td>
<td>Talk with someone</td>
<td>Follow health care provider recommendations</td>
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<td>Identify and nurture support systems</td>
<td>Engage in healthy coping strategies</td>
<td>Seek help</td>
<td>Regain physical and mental health</td>
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<td>Maintain healthy lifestyle</td>
<td>Identify and minimize stressors</td>
<td>Seek social support instead of withdrawing</td>
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Take home message:
Recognition is more important than diagnosis
Recognising a mentee in difficulty
What to say
Good communication: Environment

• Think about different cultural aspects
  ▪ e.g. international students, mature students

• Think about how the appointment will actually run
  ▪ **Where** to talk?
  ▪ **When** to meet?
  ▪ **What** topics to cover in that appointment?
Good communication: Confidentiality

• If a student ask you beforehand not to tell anyone about something then there is guidance available
  ▪ Set ground rules at start
  ▪ Be explicit about your role and boundaries
• If you are in doubt, handout provided or refer to:
  ▪ https://www.ucl.ac.uk/srs/staff-support/welfare/dealing_with_confidential_info/
Good communication: Suggestions

- Validate their distress
- Give assurance that they will be supported
- Emphasise that their physical and mental health must take precedence
  - “...you will not do yourself justice in your studies if you don’t first look after your health”
Good communication: Suggestions

- Use open questions
- Ask the “difficult” questions
- Use silence where appropriate
- Don’t avoid the “elephant in the room”
- Do avoid jokes
- Listen to emotions: sit with emotions; name the emotion in the room
- Know your limits; set boundaries
Good communication: Disclosures

• What should you do if someone discloses something to you?
  • Be calm and do not show shock or disbelief
  • Listen carefully to what is being said
  • Do not ask detailed or probing questions (investigator will do this)
  • Ensure that any emergency action needed has been taken to ensure the person’s safety
  • Do not attempt to confront the alleged perpetrator
  • Confirm that the information will be treated seriously
  • Give them information about the steps that will be taken
  • Ensure that an appropriate person within UCL has been notified
Normalising symptoms

• Both to elucidate symptoms:
  • “When I have spoken to students with a similar condition/problem to yours, some have told me that this can be a frightening process”

• Or to reassure them:
  • “What you are describing is a very common experience”

• NB. Symptoms are more likely to indicate mental disorder if they are intense and persistent
How might you ask about Mood

- “Have you been feeling sad or tearful?”
- “Could you tell me more about that?”
- “Have there been things you have been able to enjoy over the last couple of weeks?”
- “Have you found ways of keeping your spirits up?” [visits/phone calls from relatives, watching TV, reading etc]
How might you ask about Anxieties

• “Have you been feeling anxious?”

• “Could you tell me more about those worries?”

• “How long have you worried about X...”

• “How has this affected you?”

• “What coping techniques do you have for when you feel under stress, or upset?”
How might you ask about Self-Harm

- Extremely emotive subject!
- Most people affected, or know someone who has been affected
- Even if not directly relevant to the patient, it may be upsetting for them to talk about
- You will find your own way of asking about this
  - “Sometimes if people are feeling particularly stressed, worried or low, they can have thoughts about harming themselves, or ending their lives. Have this ever happened to you?”
  - “If it did, who would you be able to talk to this about?”
Final ten top tips

1. Take your time
2. Listen attentively
3. Have patience
4. Be curious, but not invasive – respect boundaries
5. Do not make assumptions
6. Clarify and expand what is being said
7. Be flexible in your approach
8. Do not be afraid to be honest
9. Avoid jargon and euphemisms
10. Be human!
Take home message:
Do it! The only way to get it definitely wrong is not to try at all

What to say
What to do
Crisis: What is a “crisis”? 

- Something just doesn’t feel “OK”

- A student appears to be unwell:
  - Suicidal feelings come up
  - Disorientated
  - “Tired and emotional”
  - Sick
  - “Psychotic”
Crisis: Time frame

- Think about the student’s time frame
- What supports are available within that?
  - GP, A&E, psychological services
- The cause for concern might not be acted on immediately
  - Referrals to another service may take time.
UCL Guides

https://www.ucl.ac.uk/iss/orientation/uclatoz

https://www.ucl.ac.uk/iss/orientation/pdfs/international-students-guide
Vice Warden expectation

• The role of vice warden is to:
  • Recognise a student in difficulty
  • Decide they need to act
  • Highlight this to appropriate service

• How do you know when you have done “enough”? 
Student of concern

- If you are very concerned about the behaviour of a student and you believe that this may be due to health and wellbeing issues, contact us:
  - Online UCL Student Cause for Concern Form: [www.ucl.ac.uk/srs/enquiry](http://www.ucl.ac.uk/srs/enquiry)
  - Email: studentofconcern@ucl.ac.uk
- Monitored 9am to 5pm from Monday to Friday.
- Where possible, we would encourage you to speak to the student in the first instance to let them know that you are concerned about them and that you are informing SSW
Student of concern

• We can:
  • Contact the student and offer support. The person who submitted the form will be notified of this action
  • Contact the person who submitted the form to discuss their concerns and offer advice on how they can support the student
  • Liaise with other support services within or outside of UCL who may already be supporting the student

• Where a student appears to be missing, work with Security Services and the Police to try to ensure the student is safe

• Further details:
  ucl.ac.uk/current-students/support/wellbeing/student_of_concern
What support is provided by SSW?

- Support for students with disabilities, mental health difficulties, long-term medical conditions, specific learning difficulties e.g. dyslexia, dyspraxia and those who may be experiencing emotional and/or psychological problems
- International students, Study Abroad students, graduating students, Student Centre
What support is provided by SSW?

• Further specialist support: sexual and/or domestic violence, gender transitioning
• Liaison with external organisations
• Interruption of study due to health and wellbeing reasons
• Student of Concern referrals
• SSW Blog – promotes wellbeing and a balanced student life
How is support provided?

- Drop-in sessions
- Face-to-face appointments
- Telephone appointments
- Self-help books and resources
- Information and resources online
How is support provided?

- Mentoring sessions
- Appointments with or referrals to specialist services, e.g. Rape Crisis
- Psychological support is available online, over the phone, in face-to-face appointments and group workshops
Support within UCL

• Before needing to utilise external resources, there are number of supportive provisions within UCL to consider

• These include
  • SSW UCL Blog: [www.ucl.ac.uk/current-students/support/ssw-blog](http://www.ucl.ac.uk/current-students/support/ssw-blog)
  • Personal Development Workshops: [www.ucl.ac.uk/personal-development-workshops/workshops](http://www.ucl.ac.uk/personal-development-workshops/workshops)
    • E.g. Compassion for Confidence: Five week exploration of the benefits of self-compassion through yoga, breath work, meditation, neuroscience and discussion.
  • Role-modelling good coping and managing anxiety-provoking situations is helpful to support wellbeing
Support within UCL: Out of Hours

• SSW services are available between 9:00 – 17:00, Monday to Friday

• Care first
  - Counselling and information via telephone
  - BACP accredited counsellors and information advisers trained by Citizens Advice
  - Free to for UCL students
  - Monday to Friday from 5pm to 9am, at weekends and during Bank Holidays and College closure periods.
  - 0800 197 4510
  - ucl.ac.uk/current-students/support/wellbeing/care-first

• Peer support is also available
  - For example: www.studentminds.org.uk
  - “Students are more likely to tell their friends and family about feelings of anxiety, than they are to approach a doctor, academic or university counsellor”

• A&E is always available as an option
Support outside of UCL: Out of Hours

• Nightline:
  • a safe, non-judgmental environment
  • Aim that fewer students have their education compromised by emotional difficulties
  • Work toward fewer students dying by suicide
  • **Phone:** 0207 631 0101
  • **Email:** listening@nightline.org.uk
  • **Text (new):** 07717 989 900

• Samaritans
  • Open: 24/7
  • [www.samaritans.org](http://www.samaritans.org)
  • Phone: 08475 90 90 90
Mental Health First Aid training

• Mental Health First Aid (MHFA)
  • [www.mfaengland.org](http://www.mfaengland.org)

• MHFA helps people gain the skills and confidence to spot the signs of mental health issues, offer first aid and guide someone towards the support they need.

• In doing so, you can speed up recovery and stop a mental health issue from getting worse.

• It won’t teach you to be a therapist – but like physical first aid, it will teach you to listen, reassure and respond, even in a crisis.

• MHFA Offer different types of training from two full days to three hour ‘lite’ introduction.
Take home message: Refer appropriately and early; if you are worried then talk to someone about it

What to do
Case Studies
Student case 1: Andrew

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Our details

Dr Gil Myers

Email: g.myers@ucl.ac.uk

Twitter: @DrGilMyers

Student support and Wellbeing

Email: student.wellbeing@ucl.ac.uk

Telephone: +44 (0)20 3108 7664 (internal x57664)

Web: www.ucl.ac.uk/current-students/support

Twitter: @UCLCares