

# Mental Health Policy

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## 1. Introduction

1.1 Students arriving at university for the first time may have to learn 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, and, for international students, living in a new country and adjusting to a different culture. Students at Oxford also have to learn to adjust to a new style of teaching based on the tutorial system. 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.

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 a "mental health" problem what are in reality normal emotional reactions to new experiences. However, a small number of students may experience emotional or psychological difficulties which are more persistent and which inhibit their ability to participate fully in higher education without appropriate professional support. 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 can lead to confused or disturbed behaviour. Minor problems which interfere with a student's capacity to work result in distress, 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.

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## **2. Aims**

2.1 The collegiate University 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 The collegiate University seeks to implement these aims by:

- providing a range of support services, both medical and non-medical, at college and university levels, including the college network of pastoral care, college doctors, college nurses and the Student Counselling Service;
- encouraging students with mental health difficulties to seek help;
- supporting a culture in which mental health problems are recognised, not stigmatised;
- referring students with serious mental health problems, through college doctors, to NHS services and liaising with the NHS to ensure an appropriate division of responsibility;
- meeting the support and study needs of students with mental health disabilities;
- ensuring that the availability of support is accurately and widely publicised to both prospective and current students;
- establishing consistent procedures across the collegiate University for helping students with mental health difficulties;
- providing guidance and training to people involved in the support and care of students;
- respecting the confidentiality of personal information provided by students with mental health difficulties; and
- referring students with mental health problems to the University Occupational Health Service where it is considered that the problem might affect their health and safety in the workplace.

## **3. Providing support**

3.1 The collegiate University has an extensive and long established system of student support comprising the college network of pastoral care, college doctors, college nurses, student self-help and the Student Counselling Service. Responsibility for helping students with problems rests, in the first instance, with colleges, and, in particular, those charged with pastoral care. Staff in departments and faculties also have an interest and should liaise with the relevant college officer if they have concerns about a student, subject to the requirements of confidentiality (see paragraph 4 below). Good communication between colleges and departments/faculties 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 In colleges students may turn to a number of people for advice including tutors, personal tutors, chaplains, deans, graduate advisors, junior deans, JCR or MCR welfare officers as well as college doctors and nurses. If a student wishes to discuss a problem with someone outside their college they can approach the Student Counselling Service. OUSU provides a great deal of written information on student health and welfare and runs a student advice service.

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3.3 The college system of non-medical pastoral care enables minor problems to be addressed and is appropriate for resolving practical or academic problems which give rise to anxiety or stress. However, it is not equipped to deal with more serious emotional and psychological problems which require professional intervention. For these problems it normally acts as an early warning system that identifies students in need of professional help, whether that help is provided by a doctor, a nurse or the Student Counselling Service.

3.4 College doctors are general practitioners particularly experienced in the care of university students. They know the university system well and are integrated into university life. College doctors treat students with mental health problems and liaise with college officers over mental and physical health issues. They and other local general practitioners can refer students to other agencies, including the Community Mental Health Team and the University Academic Department of Psychiatry; 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.

3.5 Most colleges have a college nurse holding a surgery for one to three hours a day, seeing students on all aspects of healthcare. College nurses are often the first port of call for the student with mental health difficulties, concerned friends or staff. Nurses play a varied role in supporting students with mental health difficulties, including referring students to doctors, the Student Counselling Service or other agencies; liaising with doctors to monitor progress; and, where necessary, supervising medication or accompanying students to appointments or for hospital admission.

3.6 The Student Counselling Service provides mainly short-term counselling, averaging just over four sessions per student. Whilst this is appropriate for most students in the context of short university terms, longer term counselling may also be considered. Most students self-refer and are seen individually, although group therapy is also available. The Service has counsellors specialising in particular problems including eating disorders and stress relating to academic work and examinations. The Service employs a Medical Consultant to carry out psychiatric assessments and, where appropriate, to refer students to local NHS services. (The Medical Consultant does not provide treatment himself/herself.)

3.7 The Service aims to see students for an initial assessment within five working days of the student making contact and then to offer regular counselling immediately after the assessment. Waiting times for a first appointment can be longer than five working days at busy periods such as the beginning of the Michaelmas and Hilary terms but every effort is made to avoid a delay which includes two weekends.

3.8 The University Occupational Health Service provides an assessment and advisory service on the occupational health aspects of student mental health problems.

#### **4. Respecting confidentiality**

Students with mental health difficulties will probably not seek help unless they know that 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 University's 'Guidance on Confidentiality in Student Health and Welfare' provides advice for all staff on the issue of

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confidentiality in matters relating to student health and welfare. Whilst emphasising the responsibility of the collegiate University to respect privacy, it also advises on circumstances where 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 danger of a student harming themselves or others.

## **5. Helping students in crisis**

5.1 If a student is considered to be at serious risk of self-harm the matter should be reported to a senior member of staff with pastoral responsibilities. There are varying levels of risk, however, and inevitably personal judgement will be required as to the seriousness and urgency of the situation and the appropriate course of action. A student may be out of touch with reality and not functioning normally but not necessarily threatening any physical harm to themselves or others. That is why discussion with a professional, whether a doctor, nurse or counsellor, is important to assess what action is needed. The safety of the individual concerned and of those around them is paramount. Where there are clear indications that the student is in imminent and serious danger the college doctor or other GP should be consulted as quickly as possible and if necessary, the emergency services called. The college doctor has the expertise and knowledge of specialist help that is required in the management of any major crisis. The Student Counselling Service does not provide an emergency service.

5.2 When students have been admitted to the John Radcliffe Hospital following self-harm they will routinely receive a psychiatric assessment and the college doctor will be informed (apart from a small proportion of non-admitted emergency department attendees). College doctors and nurses will consider further care, including the implications for the college and other students. If, additionally, a student is referred to the Student Counselling Service after assessment at the John Radcliffe Hospital the Service receives the same discharge information as the college doctor.

## **6. Raising awareness**

6.1 Information about the support available to students with mental health difficulties is provided in university and college prospectuses and as part of the induction process, both electronically and in paper form. A number of colleges focus on this issue at some point in the induction process. 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 A document has been prepared to explain in detail the services provided by the Student Counselling Service and to provide practical advice on how to cope with problems such as anxiety, depression, bereavement, insomnia and exam stress. The document is available in paper form as well on this website (via the Counselling link on the menu bar). It is hoped that this information will help to improve awareness of the availability and potential benefits of counselling. The document is intended mainly for students and will be distributed to student welfare officers at the beginning of each academic year.

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## **7. Supporting those involved in student welfare**

To promote consistency in the way individual cases are handled, guidelines will be issued 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. 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. In addition, consideration is being given to offering more training in skills relevant to mental health.

## **8. Meeting commitments to students with disabilities**

8.1 The collegiate University 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) extends 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 which 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. Responsibility for providing support rests primarily with the relevant college and academic department, and, if necessary, the Student Counselling Service. The University's disability team, in consultation with the college and department concerned, is responsible for arranging any study needs support required for students who declare a mental illness prior to admission or who require support on re-admission. The disability team can also advise on grants available for students with disabilities. The Committee on Student Health and Welfare plays a co-ordinating role as the body with policy responsibility for the health and welfare of all students.

8.3 The collegiate University is currently exploring the implications of SENDA and will produce new guidelines specifically on how students with disabilities should be accommodated under the Act.

## **9. Taking time out**

9.1 Whilst every effort is made to help students in need, the duty of care owed by the collegiate University 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. Efforts will be made to resolve such problems through discussion with the individual concerned and in particular to point out the negative effect that their 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

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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 the collegiate University and local medical services.

9.2 However, if the student does not agree to withdraw voluntarily it will be necessary to consider suspension. Procedures exist at both college and university levels for the suspension of students on the grounds of ill health. The University's procedures are set out in the statute concerning "Junior Members and Medical Incapacity" (currently Title XIV although this will change to Part B of Statute XIII with the adoption of new statutes). Under these procedures the Proctors may refer a student to the University Doctor if they believe that he or she has a serious problem arising from ill-health, whether or not the problem has come to light during the course of disciplinary proceedings. If disciplinary proceedings have been initiated they will be adjourned, pending the conclusion of an investigation under the medical incapacity procedures. The University Doctor will seek medical evidence from the student's GP and may recommend an independent medical examination. Colleges have similar procedures. Where these result in suspension it must be made clear to the student concerned that action is being taken on medical grounds and not for disciplinary reasons.

9.3 Students withdrawing from the University for mental health reasons will be allowed to resume their studies once the collegiate University is satisfied that they are medically fit to do so, as certified by the college's medical advisor, and that there is appropriate educational and pastoral provision to support them.