

# Students with Mental Health Conditions

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## INTRODUCTION

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"If someone has severe mental health problems they would not be able to engage in higher education".

This statement was made by an Art & Design part-time tutor during a recent workshop on mental health issues. In fact mental health is becoming more commonly disclosed as a disability, and many students with mental health conditions study very successfully.

However, it is an issue that many tutors may not have experienced at first hand and there may be many assumptions, fears and misunderstandings. This can lead to not feeling confident in dealing with issues when they arise. You may find yourself working with a student with mental health issues and some of these may be severe, confusing and unfamiliar to you.

There is a wide spectrum of mental health problems, and the line between acceptable and disturbed behaviour shifts with different cultures, ages and circumstances. No two students are the same, and the level and type of support they may need will vary accordingly. However, an awareness of some of the issues you may need to address and of some basic guidelines for dealing with these, can help you to feel better prepared.

The more extreme mental health problems you may come across are psychosis, schizophrenia and manic depression, which can result in disturbance of self-perception and distorted thinking towards others.

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Eating and addiction disorders can be mild to severe and affect students in a number of ways such as lack of interest in their work and withdrawal from others. On the milder end of the scale depression, anxiety, stress-related and emotional and family difficulties, or problems with relationships, identity and sexual difficulties can also seriously affect students' ability to concentrate on their work. Most of these should be referred to a G.P. Life events such as loss, divorce, and death can of course have a powerful impact on students' learning abilities.

Here is one part-time lecturer's experience of dealing with a student's changing behaviour:

## Case Study

Having considered myself quite an experienced Visiting Lecturer, I was somewhat taken aback by the behaviour of one of my students. Originally the student had been fully engaged with the rest of the group, producing excellent work. This all changed, not with one specific episode where you could have noticed a definite sea change, but more of a gradual process of remembering what the student was like previously and using that as a benchmark in deciding that the student's behaviour was "odd" or altered. From this I realised that this student was in distress.

He came in on the day of a presentation and sat at the back of the group. This in itself was not odd, but what was unusual was the fact that he didn't communicate with any other members of the group. He usually asked questions and was an active participant with the discussions. The session went well but the student sat at the back looking at the floor and not engaging at all. After everyone had left I went and asked him if he was okay. He didn't look at me and didn't respond, only carried on staring blankly at the floor. This was a bit uncomfortable as I was not used to students not responding to me at all. Eventually he just left. I was completely flummoxed as what to do as I hadn't come across this before.

I decided to make a note of what had happened, so that I had some form of "documentary evidence" if anything else transpired. I also decide to leave it a while and see if I could get any further information from the other students in the group, as I would not see this particular group again until the following week. I didn't intentionally ignore the problem and hope that it would go away, but just the pressure of work and the large group made it difficult to follow up this specific student in the meantime. I later found out that this is a common occurrence across the sector in that staff, particularly Visiting Lecturers, get next to no training in recognising students with mental health issues and therefore find it very difficult to identify those students who need help. I was concerned, but other issues took priority until I was due in the next week.

The following week the student didn't attend at all and none of the other students had seen him. I checked with the office and he hadn't rung in. The students were to hand in a piece of work for assessment on that day, so it was doubly difficult to understand why the student had not appeared or phoned in sick. When the session had finished I decided to investigate further and did all the usual things of checking with the administrative staff to see if the student had left a message for me. When that didn't work, I checked my e-mail and decided to ring him up. No answer at home or on his mobile.

I approached the Programme Tutor, who had not heard anything untoward but suggested that I try and get the student to come in for a personal tutorial and get him to explain what was going on. He also suggested that I contact the Faculty Disability Coordinator who was a point of contact for students with disabilities. I found out who the Faculty Disability Coordinator was and arranged to have a word with him. He was very helpful; however unless the student wanted to "disclose" to the university that he had mental health problems, there was very little that we could do as there was an issue of confidentiality to be considered. The Faculty Disability Coordinator did tell me about the university's counselling service, which I had not known about before. The Disability Coordinator also told me that I should keep a record of what was going on, and inform other staff that something was amiss. He also said something which I didn't take much notice of at the time, but in retrospect proved vital and that was to make sure I didn't get too involved and to try and pass the student on to someone which greater experience in this area than I did, such as the counselling service, as soon as possible.

Later I decided to e-mail the student and also write him an official letter to ask him to come in for a tutorial as I had not seen him for some time and wanted to hear from him why he had not been attending. I placed one copy of the letter on the student's file, which I also read. Most institutions keep these as a record of the student's progress and correspondence from admission to graduation. This thin file gave no reason why the student was behaving out of character. I sent the e-mail, posted the letter and headed off home, hoping that the student would be in contact with the institution to arrange a tutorial so that I could see him the next week.

However when I arrived for my next session there had been some developments. Immediately I arrived at the staff office a member of the administrative team warned me about an "odd" letter that I may receive. It transpired that the student had sent letters to the Chair of the Board of Examiners, the Admissions Tutor and me. The letter was not addressed to me and was hand written on pages of lined paper, complete with doodles in the corners. Nothing in it referred to my e-mail or letter, but kept on calling me "professor doctor and "abjectly apologising" for any hurt or embarrassment they had caused in a restaurant. The letter rambled on and on, not making a lot of sense and referring to things that had nothing to do

with the student's coursework, progression or my role. I decided that I could not handle the situation on my own and we arranged a meeting with the Chair of the Board of Examiners and the Admissions Tutor, as well as the student's Programme Tutor.

At the meeting we compared the letters and they were all similar. In the end we decided that there was very little that we could do, in the light of the disclosure arrangements noted above. In the end it was up to me, as I was the tutor who had most contact with the student. I was still hopeful that I could persuade the student to come in and have a chat with me and be able to resolve the situation face to face. However the Faculty Disability Coordinator suggested that I contact the university counselling service about what to do as they have a lot more experience in dealing with this type of situation than I did. The Faculty Disability Coordinator re-emphasised the fact that I shouldn't be "drawn in" and keep my distance.

I rang the duty counsellor to voice my concerns; they underlined what I had already gleaned from talking to different members of staff. As the student had not disclosed there was little that I could do. The counsellor explained that usually things resolved themselves within about six weeks: either the situation got so bad and the student's behaviour so extreme that someone else got involved - usually a friend or family member, or in serious cases the police or social services - or whatever was causing the problem was sorted out anyway.

As it wasn't clear when to provide support and when not to I decided to do some further research and draw up some guidelines. I was also referred to a helpful leaflet "Helping Distressed Students" published by the university's counselling service. The counselling website also has tips and leaflets which can be downloaded, as well as guidance on when to refer students. I wish in retrospect that I had seen it earlier.

The key thing I believe is knowing where to go for help as well as making sure you tell more experienced staff or full-time staff your concerns. It's important to remember that any mental health problem will become worse during periods of stress for the students; in our context this is of course exams or assessments. In a worst case scenario the university security staff should be called in, particularly if you are worried about the risk to the student themselves, other students or staff, or yourself.

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**WHAT'S MY ROLE?**

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Sympathy may be useful for many students in distress. Being empathetic to their problems without becoming over involved can offer them initial support and relief. However, if the problem appears to be beyond your remit seek advice from colleagues and/or refer them to the counselling service or G.P. Be realistic about what you can do without seeming disinterested.

If you think a student has mental health difficulties which are affecting their learning, but which they appear to be unaware of, it may be useful to see them individually. Also seek an opinion from another tutor who may confirm your view.

If you feel a sense of being inadequate or unhelpful remember that you are not solely responsible for a student's happiness. Despite the severity of some mental health problems, if students receive the right level of support and treatment they can continue with their studies fruitfully.

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**REFLECTION/ CONTEXTUALISING**

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Having read this personal account, how does it relate to your own experience – or your expectations if you are about to start teaching a student with mental health conditions? What are the key things that need to be considered?

Mental Health Conditions	Learning/Teaching			Assessment	Social Interaction/ group work
	Preparation	During session	Follow-up		
Issues					
Strategies					
Benefits					
What other support or information might you need?					
Where or who can you get this from?					

# Points and Strategies

## **STRATEGIES THAT STUDENTS CAN USE TO MANAGE THEIR MENTAL HEALTH CONDITION**

- Recording lectures to help overcome concentration/memory difficulties
- Using electronic organisers and specialist study skills to help them manage their time more effectively and therefore reduce stress levels
- Using computers/managed learning environments in the security of their own home to reduce the need for using busy and noisy computer suites or learning resource centres
- Being allocated a mentor who can help them through more stressful times such as the start of the course and in the run-up to assessments

## **PRACTICAL WAYS THAT YOU CAN HELP**

- Back up verbal instructions and information in writing to help with concentration and memory difficulties
- Allow communication via email for students who might find the university a stressful environment
- Make sure you understand the system your college or university has in place to support students, so that you know what the procedures are and have contact details for relevant people

## **OFFERING SUPPORT**

- Simply establishing a good, supportive relationship can be a help to a student who has experienced rejection in the past
- Be alert to changes in your students' behaviour which may indicate the onset of problems – mental health difficulties can develop at any time
- Know your own personal and professional limits. Be supportive but not over involved
- Listen openly and without prejudice. Be empathetic and non judgemental

## Points and Strategies

- If you are comfortable to do so, then offer the student another time to come back to talk giving them space away from peers (but see point below)
- Keep the student and tutor relationship safe; be alert to situations in which you could become compromised with students who are distressed such as a male tutor and female student (or vice versa) talking alone together about personal issues. Try to find a place where you can talk without being overheard, but within sight of others, such as a quiet corner of the staffroom or studio
- Avoid giving the student personal information such as your home email, telephone number or address
- It is not advisable to tell a student that everything they tell you will be confidential
- It is advisable to keep a record of actions taken and advice given; if appropriate this can be added to the student's file or copied to the Programme Tutor. Be aware that, if a dispute should arise, you may be personally liable if guidelines have not been followed
- Share your concerns with a colleague if you are worried
- Advise a student that it may be in their best interests to talk to a more senior or full time member of staff
- If you feel you are out of your depth step back and suggest the student sees their GP or a counsellor
- Even if you are aware that a student is suffering from mental health issues or stress you will need to balance this with the standards when marking work

### STATISTICS AND OTHER RELEVANT INFORMATION

- 63% of universities report an increase in psychological distress among students. (Association of University and College Counselling, 1996/97)
- Schizophrenia is the most common form of severe mental illness, with the first episode typically occurring between the ages of 18 - 30 years and usually induced by stress (IRISS Project, 1994)
- Manic depression commonly begins between the ages of 16 - 25 years, with one in every 100 people being diagnosed as suffering from this illness (Manic Depression Fellowship, 1990)

## Points and Strategies

- The largest group of males who attempt suicide are aged between 20 and 24. Suicide, second to accidents, is the largest cause of death in 15 - 24 year old men. 56% of young men who attempt suicide have employment or study problems (The Samaritans, 1990)

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## USEFUL REFERENCE LINKS

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## Students with Mental Health Conditions

With specific reference to students, there are a number of regulatory and legal reasons for mental health issues to be an important consideration for institutions. They include:

Legislation under the Disability Discrimination Act (1995) and Special Educational Needs and Disability Act (2001): - Disability Rights Commission, [www.drc.org.uk](http://www.drc.org.uk)  
- SKILL, [www.skill.org.uk](http://www.skill.org.uk)

The concept of 'Duty of Care': AMOSSHE Guide to Good Practice Duty of Care document, [www.amosshe.org.uk/news.asp](http://www.amosshe.org.uk/news.asp)

QAA Code of Practice on Students with Disabilities:  
[www.qaa.ac.uk/public/COP/COPswd/contents.htm](http://www.qaa.ac.uk/public/COP/COPswd/contents.htm)

For practical advice: MIND – [www.mind.org.uk](http://www.mind.org.uk)

Student Mental Health: [www.studentmentalhealth.org.uk](http://www.studentmentalhealth.org.uk)