

## **Code of Practice on Supporting Students with Mental Health Problems**

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## **Introduction**

This Code of Practice was originally drawn up by a Working Party of the Senior Tutors' Committee in 2001-02 in response to UUK Guidelines on Student Mental Health Policies and Procedure for HE. It has subsequently been revised in line with changes in national equalities legislation.

### **1. Definitions of mental health problems**

The terminology associated with mental health and ill health can be confusing, as the terms are used by the general population and professionals in many different ways. For example, someone saying they are "depressed" might indicate anything from 'having a bad day' to a serious mental illness requiring extensive specialized treatment.

It is also fair to note that for many students, time at university is an important developmental stage in life where one can become clearer about one's identity and grow in self-confidence. Although this process is normal and healthy, it often includes its own stresses. Most people navigate this period successfully and emerge wiser and more mature human beings (as well as with a degree!), but some encounter significant hurdles.

So, while the majority of this section is about mental ill health, it should be noted that universities can provide a supportive environment for those with mental health problems.

Mental illness may be broadly divided into anxiety disorders, mood disorders and psychotic disorders. However, human predicaments are not easy to classify. There is often an overlap of conditions and it can be difficult to distinguish between them. They are frequently complicated by developmental and personality difficulties, life events, academic demands and a competitive environment.

### **Anxiety disorders**

Anxiety disorders, previously called anxiety neuroses, are relatively common. The term 'neuroses' was used historically in psychiatry to distinguish anxiety disorders from melancholia (severe depression with psychotic features) and the psychoses. They are less severe than the psychoses and the symptoms are often closer to normal experience. The person does not lose touch with external reality, however severe the condition, as might happen in psychoses or sometimes in mood disorders.

Anxiety disorders are frequently related to stress and can be disabling. They encompass a broad group of conditions such as generalised anxiety and panic disorders, phobic anxiety disorders that include social phobia and agoraphobia, obsessive-compulsive disorder, and adjustment disorder and post-traumatic stress disorder.

#### Generalised anxiety and panic disorders

The common symptoms of anxiety include restlessness, irritability, poor concentration, sleep disturbance, and a fear of breakdown, of going mad or dying. The person may also experience physical symptoms such as breathlessness, palpitations, dry mouth, nausea, vomiting, muscle stiffness and aches, dizziness, headache, tremors, tiredness, sweating and increased frequency of urination. Symptoms may fluctuate and patients may present with physical symptoms. Anxious patients also most frequently present with secondary symptoms of depression, and sometimes with alcohol or drug abuse.

Panic is a state of intense anxiety, which can be sudden and unpredictable, in which physical symptoms predominate. The anxiety builds up rapidly with a fear of collapse and catastrophe, and the response is acute. There may be an associated sense of unreality.

### Phobic anxiety disorders

Phobias are fears that are disproportionate to the circumstances. The phobic person recognises that the fear is exaggerated, but the fear is such that they anticipate the anxiety and avoid the circumstances that provoke it. Phobic anxiety disorder has the same core symptoms of anxiety, but these occur only in particular situations. The person may be free from anxiety outside of these situations. The fear may relate to examinations, illness, injury, hospital and dental care; to open spaces, crowds, public places and transport (agoraphobia); to people and social interactions with the anxiety of being watched and appearing ridiculous. There may be specific phobias related to insects, animals, blood, contamination and needles.

### Obsessive-compulsive disorders

The fundamental feature of obsessive-compulsive disorders is a feeling of subjective compulsion that must be resisted. They often involve a serious inner struggle that may leave the person anxious, depressed and distressed. They are felt to be alien to oneself, but nevertheless coming from within.

Obsessions are insistent intrusive thoughts, images, doubts and ruminations. They may involve sexual, violent and religious themes and are usually unpleasant, obscene or abhorrent; or events or episodes such as the ending of a relationship.

Compulsions are ritualistic activities that attempt to dispel the unwelcome thoughts and relieve the anxiety, for example, washing hands repeatedly to deal with feelings of contamination, counting, checking (for instance, doors and switches), striving for completeness and symmetry, doing things in a particular strict order to avoid accidents, or hiding things or avoiding certain situations to ward off internal feelings and threats.

### Adjustment disorder and Post-traumatic Stress Disorder

These are reactions to severe stress and may follow exposure to threatening events outside the normal range of experience, such as violent physical and sexual assaults (for example, torture and rape), major accidents and natural catastrophes.

Adjust disorder is an acute stress reaction that may result in a dazed, disoriented state with prominent physical symptoms of anxiety, loss of memory, and feelings of numbness and detachment.

Post-traumatic Stress Disorder is a delayed response – from a few weeks to several months – to threatening events as mentioned above. The person relives the painful trauma repeatedly with nightmares and intrusive memories and flashbacks. There are associated symptoms of anxiety and depression. There may be an attempt to defend against these with emotional numbness, marked detachment from personal involvement in relationships and activities, and avoidance of thoughts and situations that may remind them of the trauma.

## **Mood disorders**

The fundamental disturbance is a change of mood to depression (more usually) or to elation. The onset is often related to stressful events and situations, and reactions to feelings of loss. There may be varying degrees of severity with psychological and physiological symptoms.

## Depression

Depression is the most common mental health problem prompting students to approach the University Counselling Service for help. The person experiences low mood that is persistent and well beyond normal unhappiness. There may be tearfulness, loss of interest and motivation in work and everyday things, associated anxiety, agitation and irritability, impaired concentration; negative view of oneself, of the world and the future; feelings of helplessness, hopelessness and guilt; self-neglect and withdrawal; variations of mood during the day, disturbance of sleep, loss of appetite and weight; in more severe cases, suicidal thoughts and behaviour, and delusions, for example of guilt, and hallucinations.

## Mania

The core feature of mania is elated mood. The mood may be labile. The person may be irritable and hostile. There may be short, intense periods of depression. The person may be overly active and distracted. There may be pressure of speech and a decreased need for sleep. Normal social inhibitions may be lost. There may be a loss of judgement in social, sexual and financial contexts with reckless behaviour. There may be psychotic features such as grandiose delusions with a flight of ideas and self-referential themes, and paranoid delusions. Insight into one's condition is frequently lacking, especially so when severe.

## **Psychotic disorders**

Psychotic disorders involve a loss of a sense of reality, usually with delusions and hallucinations. The most serious is schizophrenia. The person may experience delusions that may be paranoid and grandiose, and sometimes may involve religion or the body. The hallucinations usually involve voices, but may also be visual or related to touch and other senses. There may be feelings that thoughts are put into the mind or taken out. There may be associated depression, particularly when the person has some insight into their predicament.

Psychosis may also result in response to alcohol and drugs, such as amphetamines, cocaine and ecstasy. It may also be triggered by acute psychological stress, but these are abrupt in onset and usually resolve more rapidly.

## **Eating disorders**

The eating disorders include a range of illnesses that are characterised by abnormal eating behaviour. They include bulimia nervosa (more common), anorexia nervosa, and over-eating with psychological disturbances. The sufferers are usually adolescents and young women. They entertain abnormal beliefs about body shape, weight and size. There is an intense fear of gaining weight or becoming fat. There may be associated self-harming and suicidal behaviour with low self-esteem, anxiety and depression. There is an abnormal preoccupation with food with secretiveness. Episodes are usually made worse by stress. There is a risk of physical complications.

The principal features of bulimia nervosa are an insistent urge to overeat, followed by self-induced vomiting to prevent weight gain, sometimes aided by laxative abuse.

The key features of anorexia nervosa are significant loss of weight with a serious pursuit of thinness. There are attempts to lose weight by induced vomiting and purging, and excessive exercise.

## **2. The application and admissions process concerning those with mental health problems<sup>1</sup>**

The University is committed to assessing all applications on the academic grounds and therefore accepts applications from people with mental health problems.

### **Before applying**

Undergraduate applicants with mental health problems are advised to contact their chosen College or the University's Disability Resource Centre for specialist advice well before the application deadline. Graduate applicants are asked to provide information regarding any special needs they may have on the Graduate application form. The reasons for asking applicants to do this are twofold:

- that the applicant's needs can be assessed in terms of the assistance which the resources of the University and the College can provide. The University seeks to provide care to all staff and students but cannot guarantee always to meet the support needs of every student;
- that the applicant must assess whether the University can provide the proper environment and level of support necessary for his/her particular needs and for the successful completion of the applicant's degree.

Please note that it is particularly important that applicants for Medicine, Veterinary Medicine and Teaching contact College Directors of Studies in advance for advice because of the additional requirements that these students must meet in order to be "fit to practise".

### **It is essential that all students at the University of Cambridge:**

- **are aware of the particular demands of intensive Cambridge courses and have practical and realistic strategies for meeting those demands;**
- **do not put themselves or other students and staff of the University at risk.**

### **At interview**

Undergraduate applicants with specific support needs at interview should make them known to the College Admissions Office of the University in good time. Individual Colleges will undertake to make every effort to provide the support requested, where possible. Graduate applicants asked to attend for interview by their Department should contact the graduate office of the Department regarding any special requirements they may have.

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<sup>1</sup>See also The University of Cambridge Guidance and Procedure for Applicants with Additional Support Requirements. (Chapter 2.7 of the Admissions Handbook [http://www.admin.cam.ac.uk/offices/admissions/handbook/section2/2\\_7.html](http://www.admin.cam.ac.uk/offices/admissions/handbook/section2/2_7.html))

Colleges undertake to provide an opportunity for candidates to discuss their support needs in detail, outside the admissions process.

## **Sources of information and assistance**

Applicants are invited to make use of the following sources of help and advice:

- The Disability Resource Centre has a team of specialist advisors to advise on issues such as the Disabled Students' Allowance and particular examination arrangements.
- The University Counselling Service can advise on support available to students with mental health difficulties.
- The University's Website contains a range of information for students with a disability including the Access Guide, current and past newsletters for students and staff, and Guidance Notes on a range of disabilities.
- The Admissions Offices of each College can advise on the particular facilities they have available.
- Graduate applicants should also consult the graduate office in the Department to which they are applying, or the Director of their course.

### **2.1 The Student Support Document**

1. All disabled students who disclose a disability to the Disability Resource Centre, including those with mental health problems, and who require support, are issued with a Student Support Document (SSD) which sets out adjustments recommended to support them in their study at Cambridge. SSDs are produced by the DRC Disability Advisers drawing on available evidence of the impairment through a 'diagnostic assessment' from a qualified professional such as a doctor or Educational Psychologist or Specialist Teacher and, in the majority of cases, supplemented by a 'Needs Assessment' from an independent assessor at an Access/Assessment Centre. Information from the diagnostic assessment is discussed with the individual student and, where appropriate, the College and Faculty/Department, and is then consolidated and contextualised by the DRC's Disability Advisers to produce the Student Support Document (SSD).
2. SSDs are agreed jointly with the disabled student, and then sent to the named contacts in the College and Department. It is the responsibility of the Department to ensure that reasonable adjustments to departmental teaching and library provision (including any necessary physical adaptations) are considered and put in place and of the College for adjustments to teaching in supervisions, College library provision and accommodation. The College, acting through the Tutor or Director of Studies, is also responsible for supporting the student by keeping a watching brief and monitoring that the reasonable adjustments to both departmental and College provision have been made.

### **3. Matriculation and induction of new students**

#### **3.1 Health information**

As soon as an offer is confirmed Colleges should send out health information to students, enclosing details about the healthcare system in the College and University (i. e. information about the College nurse and her role, that it is a requirement to register with a GP in Cambridge and that assistance to do this will be given on arrival or in advance as appropriate, plus brief details about disability and counselling support).<sup>2</sup> It is worth stating at this time to International Students that not all medications are available through the NHS, and if they rely on a specific medication this should be checked in advance of their arrival. A health questionnaire could be sent out at the same time, suggesting that this is completed and returned in advance to the College – preferably confidentially to the College nurse (an addressed envelope marked confidential could be enclosed to encourage this). It would be useful if the health questionnaire contained a tick-box which would give permission for information to be passed to the Senior Tutor, Tutor (or others as appropriate and specifically designated) so as to enable the College to provide the best possible care. A note could be added to the form stating that this information would be treated as strictly confidential by anyone receiving it and that it would not be disclosed to anyone else without the student's permission, except under very exceptional circumstances.

A note could be added to the form stating that to enable the College and health care systems to provide the best possible care it is in the student's interest to be full and frank when completing the health questionnaire. Highlighting the various types of support that can be offered within the College and the University may encourage a fuller response. The health questionnaire does not need to be lengthy but applicants should be encouraged to disclose both physical and psychological difficulties. A way of doing this might be to give examples of likely conditions, including, depression, eating disorders and other mental health problems.

If a long-term health need is declared, whether physical or psychological, then the College has a duty to make 'reasonable adjustments' to ensure that the disabled student is not placed at 'substantial disadvantage'. To help anticipate what sort of adjustment may be needed, it will be useful for the student to be contacted prior to arrival to discuss this. For this reason the completed health questionnaire should be returned well in advance of the student's arrival.

#### **3.2 The importance of induction programmes**

However able people are, arrival at university is a major life transition and a time when psychological stresses are likely to be high. At this time, more than at any other, it is important to find the appropriate balance between the College on the one hand giving support and leaving students (the great majority of whom are legally adults) to fend for themselves on the other. While the legal position may be clear for those 18 and older, the psychological position is much less cut and dried.

Offering a thorough and extended induction is not 'molly coddling', it is simply giving people the information and support they need to make the transition as smoothly as possible. It is likely to be of benefit (academically, psychologically and financially) for Colleges to offer an in-depth induction to freshers and new graduate students, and to consider in particular the

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<sup>2</sup> Part-time Students: if a part-time student is registered with a GP elsewhere but needs medical attention whilst in Cambridge, this may be obtained from any GP as a 'temporary resident'.

needs of international, mature and ‘non-traditional’ students. Good practice in many Colleges and Departments already exists. The College ‘parenting’ schemes are excellent in many Colleges, but thought may be given to how these may be strengthened further. Study skills training is not a prime aspect of the work of the University Counselling Service, but 30% of students approaching the Service (in 2011-12) talked about problems concerning their work. Workshops on subjects such as ‘Study skills for undergraduate / graduate study’ and ‘Handling supervisions and supervisors’ may go some way to addressing these needs. Lifestyle advice on subjects such as ‘Managing on a tight budget’, ‘Cooking for a healthy & balanced diet’ and ‘Staying sane & managing the pressures’ may help students find out the easy way. ‘Assertiveness’ and ‘Relaxation training’ could help with confidence. Practical advice sessions may help resolve many little problems before they grow. College libraries could stock literature on these subjects.

Some of these topics can be expertly handled by members of Colleges or Departments, while others could be offered by student groups (JCRs and MCRs, CUSU or GU) or by external speakers. The staff at the Counselling Service could also give advice in designing some such programmes if desired.

### Look after graduate students

It is just as important to give thought to the induction of graduate students, including those who arrive in January or other times in the year. Although these students are undoubtedly ‘grown up’, structure is a basic human need and many graduate students’ lives have very little provided structure.

The Counselling Service sees many PhD students who feel unsupported and out of contact with their supervisors. Clear guidelines which indicate what can be expected of supervisors and PhD students could help all parties know where they stand. Likewise, developing clear and accessible procedures for resolving difficulties when they arise are likely to help address issues before they become serious.

Similarly, the growing number of MPhil students have to ‘hit the ground running’ and have very little time to adjust to new learning styles, while many also have to make cultural adjustments. In these circumstances, careful and thorough induction arrangements are essential.

### Look after international students

International students are generally seen for more sessions in the Counselling Service than home students. While the many existing societies for international students do an excellent job, Colleges and JCRs/MCRs can give further thought to welcoming international students and helping them with the transition to Cambridge. ‘Culture shock’ is real and is likely to disorientate even the most capable, affecting those from western English-speaking areas as much as any others.

### Make non-drinkers more welcome and promote the responsible use of alcohol

Although relatively few people come to the Counselling Service specifically for help with a drink problem, the over-use of alcohol is often a theme in the background. Some Colleges are already considering ways of changing the culture in which the (ab)use of alcohol is so prominent. Whilst it is acknowledged that the majority of students do drink, it can be offensive to those who do not (whether for reasons of preference, faith or culture) where there appears to be an assumption that everyone drinks alcohol. Moreover, many drinkers who act responsibly will also be appalled by the anti-social behaviour of those who drink to excess.

Here are some practical suggestions:

- Ensure that all venues that serve alcoholic drinks also serve a range of interesting non-alcoholic drinks and that these are prominently placed. This may imply changes to current practice at formal hall and at informal gatherings, as well as in College bars.
- Encourage the College bar to become a social meeting place rather than a drinking place, and where it is just as acceptable to drink non-alcoholic drinks.
- Develop informal social meeting places in College which do not revolve around alcohol, such as coffee bars.
- Encourage the responsible use of alcohol amongst those who do drink, but make it clear that the excessive intake of alcohol or anti-social behaviour will not be tolerated.

### Promote academic excellence in healthy ways

Colleges and Departments are, of course, keen for their students to reach their full academic potential. Psychological research clearly shows that 'rewards' are more effective than 'punishments'; encouragement and belief in people are much more likely to reap excellence than threats or humiliation. The Counselling Service spends noticeable amounts of time restoring the confidence of students whose motivation has been shattered by unhelpful put-downs, even though these were probably intended to spur the student to greater studiousness.

In encouraging students (or, indeed, in giving them a verbal 'kick up the backside') it is important to separate a student's ability from their worth as a human being. We see many, many students who feel that their value as a person depends on the grade they get in an examination. This value system may be endemic, but it is psychologically (and academically) corrosive, leading to lowered self-confidence, insecurity and academic timidity.

### Use the expertise of the UCS team in different ways

While the prime work of the Counselling Service will always be working with students who seek counselling, members of the UCS team have relevant skills to undertake a wide range of preventative work, both in conjunction with Colleges and directly with students. We are already asked by some Colleges to meet with Tutorial teams to talk on such topics as 'recognising signs of emotional problems or mental ill-health', or 'dealing with students who demand considerable attention', or 'handling those who are suicidal', etc.

Members of the Counselling Service team could also consider with Colleges or Departments the psychological implications of induction programmes, in order to help you make students' transition into Cambridge as smooth as possible; or collaborate in the drafting of material for support sections of course or College publicity.

## **3.3 International Students and the need to be sensitive to Cultural Background**

### Cultural Background

Students come to Cambridge from all over the world, and the graduate community is especially diverse in its composition. While they draw upon resources from their own cultural backgrounds in approaching and managing the challenges which they encounter, there can be no denying that there can also be problems. Colleges should ensure that overseas students in particular receive briefing about Cambridge customs, expectations and terminology. The smaller numbers arriving at the start of the Lent and Easter terms must not be forgotten in that respect.

There are cultural differences in the willingness to present problems to someone outside the family, or immediate close circle of friends. Some will be very reluctant to talk about stress, anxiety, depression, and the like. Well-intentioned questions or suggestions about seeking help may be deflected, cause offence, and possibly aggravate difficulties.

Even more difficult is the fact that a cultural difference might distort perceptions and mask or influence the expression of mental health problems. Unfortunately it can also be the case that aspects of the behaviour of a student from a different cultural background is unwittingly misunderstood by someone in the University or College.

It is important to recognise the relevance of cultural background in interpreting the behaviour and circumstances of a student, and in seeking to offer help and guidance. Clearly information and advice can be sought from those with relevant knowledge and understanding, but care should be taken to preserve individual confidentiality. Judgement needs to be exercised carefully in thinking about mentoring or relying upon a peer group for "support". This might impose an inappropriate and unfair burden. However there will be circumstances where such natural networks can be invaluable.

Given the large numbers of overseas students in Cambridge there is a body of experience in the local health services and in the University Counselling Service which can be drawn upon. If in doubt advice should be sought. If there is any gap in knowledge or uncertainty as to the appropriate options to adopt, the health care professionals can draw upon their own networks.

## **4. The University Counselling Service**

### **4.1 General Information**

#### Who can be seen at the UCS?

All undergraduate and graduate students of Cambridge University may use the service, including students at the Theological Colleges.

#### What kinds of problems can the UCS help with?

Most personal, emotional and psychological problems can be helped through counselling - this includes anxiety, stress and depression, family and/or relationship difficulties, sexual problems or identity issues. It can also include adjusting to a new culture, or dealing with dilemmas or difficult decisions, as well as more specific problems such as addictions or eating problems.

We deal with all levels of severity: there is little difference between the work we undertake and that offered through out-patient psychotherapy and psychology services in the NHS. Some of those who come to the UCS have serious levels of disturbance; some feel suicidal. Most have problems that are causing difficulty or distress in some area of their life, although many are coping well in other areas. However, we always prefer to see people early in the development of any problem and before matters have become very serious, so no-one should be put off coming because they feel they would be 'wasting our time'!

## The staff of the UCS

All the staff employed in the UCS are qualified, experienced and accredited/registered counsellors, psychotherapists, or cognitive therapists. In addition to the general areas of relationships and self-esteem, our team have specialist expertise including such areas as work blocks, stress and anxiety, depression, eating disorders, obsessive-compulsive disorders, and abuse.

## Individual counselling

The bulk of our work comprises individual counselling. The majority is short-term, but longer-term therapy is also available, particularly where a student's academic or personal well-being is at stake. Because of the wealth of experience within our team, we are usually able to offer the most appropriate form of therapy, as well as taking into account preferences for working with a male or female counsellor, etc.

## Mental Health Advice

Since 2010 the Counselling Service has employed a specialist Mental Health Advisor (MHA). The MHA is available, often at short notice, to give advice to tutors and others about mental health issues and the support of students with mental health problems. Meetings with the MHA can be arranged at the Counselling Service, but can also take place within a College where this is advantageous and the student concerned agrees.

## Group counselling

In addition to individual work, we offer a number of groups and workshops. Each term we offer several short-term focused groups, usually running for 4 to 8 weeks, on topics such as anxiety and stress management, relaxation training, examination anxiety and eating disorders. We also offer several on-going groups, some specifically for undergraduates, others for graduate students which run throughout the calendar year.

## Can the UCS offer long-term support?

The majority of the support we offer is short-term. On average we see people for just five counselling sessions. However, we do also offer longer-term therapy for students where this is appropriate.

## Does the UCS provide an emergency service?

No. In an emergency, where a person needs help immediately contact a doctor, the emergency services or the A&E Department at Addenbrooke's. You may also like to consult our Mental Health Advisor, who can be contacted directly by telephone (7)68566 or by email [jb732@cam.ac.uk](mailto:jb732@cam.ac.uk)

## Is the UCS a route to a psychiatric assessment?

The UCS employs a psychiatrist who visits the service each week, but this is paid for by the service and is not part of the normal NHS psychiatric service. Normally routine referrals for psychiatric assessment should be arranged via a student's GP; urgent psychiatric assessments should certainly be arranged by their GP or through the A&E Department at Addenbrooke's. The UCS cannot provide an emergency route to psychiatric referral.

### Does confidentiality preclude liaison between Tutor and counsellor?

Yes and no! We know that counselling only works in the context of assured confidentiality; we are also bound by professional Codes of Ethics to maintain confidentiality except in the rare circumstances where there is imminent danger to the client or to someone else.

However, in our experience students often realise that it is helpful to liaise with their Tutor or Director of Studies over matters that they are talking about in counselling. We regularly suggest that students speak to the relevant people in their College or department, and also often ask whether it would be helpful to make such a contact ourselves. Many students agree, and consequently we are frequently in touch with academics and tutors.

When students are seen by our Mental Health Advisor they will be asked for their written consent to convey information on a 'need to know basis'. If a student chooses not to provide their consent then it may limit the level of support that the MHA can offer. Confidentiality may be breached when there are serious grounds for concern about a student's well-being, health or safety.

### Can I phone up for advice about a student?

Yes. In the first instance the person to contact is our Mental Health Advisor, via telephone (7)68566 or email [jb732@cam.ac.uk](mailto:jb732@cam.ac.uk)

### UCS Leaflets

We have written a series of leaflets for students on common problems, each containing a brief description of the problem area followed by some self-help strategies. They also give guidance about when it may make sense to seek further help, with some suggestions of where this might be found. These leaflets are available to Colleges or departments at a modest cost or via the UCS website ([www.counselling.cam.ac.uk/selfhelp/selfhelp](http://www.counselling.cam.ac.uk/selfhelp/selfhelp))

We also have several leaflets available specifically for tutors and others with welfare responsibility. See: [www.counselling.cam.ac.uk/staffcouns/leaflets](http://www.counselling.cam.ac.uk/staffcouns/leaflets)

### Further information about the UCS

The UCS website (<http://www.counselling.cam.ac.uk>) contains general information about the service, and also includes copies of all our leaflets for students, as well as links to other counselling-related sites in the Cambridge area.

## **4.2 Making referrals to the University Counselling Service**

It is appropriate that there are overlaps in the network of pastoral care, and this is almost certainly going to be the case between the roles of tutor and counsellor. The point where referrals are made will depend in part on a tutor's personal skills, interest and available time.

We recognise that those based in Colleges and departments are often the 'first port of call', and it may well be that the first sign of personal distress is that a student's work is suffering. Consequently, tutors and others are often in a very good position to notice when a student is in need of help and suggest that they come to the UCS, particularly if the issues are outside their own areas of expertise.

## Work within your level of expertise, time and interest

Everyone has limits. Though it can be tempting to go beyond them when we feel needed, it is almost always best to work within our limits. These may be practical limits, for example, limited time; but there will also be limits of expertise. When mental health problems are suspected then it will be appropriate to involve some professional person – a counsellor, GP or psychiatrist.

## How to refer to the University Counselling Service

Most of the time referrals are simply achieved by making the suggestion, giving the student the Service web address, and leaving the student to make the contact him or herself. This involves giving us some information on a secure part of our web-site. Students sometimes regard completing the web-form as if it were an academic exercise; it is not! But some basic information does help us to arrange for them to see an appropriate counsellor. It may help if you also describe what is likely to happen when they contact the Service (an email acknowledgement of receiving their request and an offer of ongoing counselling, perhaps after a wait).

If you want to make the recommendation somewhat more strongly, you could ask if it would help if you contact the UCS to give some background information, but still leave the student to arrange the appointment him or herself. If you are aware that a particular student needs a very quick response, it helps for you to let us know this - sometimes those who are most vulnerable do not always say so themselves.

Although you cannot force someone to see their GP or a counsellor (and counselling doesn't work under compulsion!), you can go a step further than in the previous step. Ask the student whether it would help if you phoned to arrange the appointment (but preferably make the call in their presence so they can hear what you say).

## What happens once you make a referral to the UCS?

We arrange ongoing counselling with an appropriate counsellor as soon as possible. During Term, when the Service is busiest, there is likely to be a wait, but in 2011-12 this averaged about a week and a half. However, we do take into account how urgent the matter is, the student's availability, so many about a quarter were seen within a couple of days.

## **5. Emergencies**

### **What is an emergency situation?**

It is not always easy to determine what constitutes an emergency, but situations where you may need to invoke emergency procedures include:

- the student's behaviour is posing an immediate risk, to themselves or to others
- there is a risk of the student committing suicide
- the student's behaviour is sufficiently out of the ordinary that the matter cannot wait until the next day.

## **When help is needed urgently**

If you are concerned about a student's mental health, but you do not feel that their behaviour constitutes an emergency, you can:

- Suggest that the student contacts their GP, who will be able to consider the appropriateness of medication and can access further medical or psychiatric support. If you feel the student is "at risk" you might consider speaking to her/his GP yourself - preferably with the student's permission (where this is possible).
- Refer the student to the University Counselling Service Mental Health Advisor, telephone (7)68566 or jb732@cam.ac.uk(see section on the *University Counselling service for more details*).

## **In an emergency ... call an ambulance**

If the student poses an *immediate* danger to themselves or to others, dial 999 to call an ambulance and also inform someone else in the College / department; it is particularly important to inform the College porters. Stay with the person until help arrives. Remove any potentially dangerous objects.

If the student has taken some action towards harming themselves, e.g. taken an overdose, give the emergency services information about the nature of the self-harm if possible, e.g. which drug(s) have been taken.

An alternative would be to take the person directly to Addenbrooke's Accident & Emergency Department in a taxi if this would be quicker and not place the student in greater danger, but ensure someone else knows what you are doing. (It is inadvisable to take a student in your own car.)

Alternatively, the student's GP (or any local GP) can be contacted at any time of day or night to provide assistance and referral for psychiatric treatment. All Colleges should have contact details for local GPs to hand. In office hours telephone the GP surgery in the usual way but out of hours calls are dealt with by Urgent Care Cambridge. To contact Urgent Care Cambridge telephone 0330 123 9131 (which can also be accessed by telephoning the patient's own GP and the call will be re-routed).

It does not make sense to call the Counselling Service at this point as they are not a medical or emergency service, but you may wish to inform them about what has happened later, so that counselling support can be offered to the student or others involved.

## **'Sectioning'**

There is a fairly widespread misunderstanding and popular confusion surrounding so-called "sectioning" under relevant Mental Health legislation, i. e. "compulsory" admission to an inpatient psychiatric facility.

A medical practitioner will be called to the College in a "psychiatric" emergency. He/she will follow the appropriate procedures. In general terms the ideal situation is of course one in which the student will voluntarily agree to go to a hospital for *assessment*, but in the final resort the patient can be subject to compulsion. Patients must not and will not be "detained" for the purposes of assessment unless it is essential. Where it is necessary the period

concerned will be as brief as possible. Detention for the purposes of *treatment* will be uncommon.

The essential basis for “sectioning” is that the individual concerned is suffering from a disorder which is severely impairing their thinking and judgement, such that there is a risk of harm to their own mental or physical health, or that of others. Additionally the person is refusing voluntary admission to a Psychiatric Unit. An Assessment Order can be made for a maximum of 28 days, and a Treatment Order for a maximum of 6 months. There is provision for regular reviews and for Appeals against such orders. Patients should not be discharged into the community without the relevant health professionals taking basic steps to ensure that all directly concerned with the individual are at least informed. Liaison with the patient's General Practitioner is a fundamental component of good practice. Where needed, a Community Psychiatric Nurse will be involved in the post-discharge arrangements (see section 6: *Discharge from acute care into the College Community*).

## **Following a student being hospitalised**

When a student is hospitalised:

- alert the designated person in the College or University who will be the point of contact and information, and make this known where appropriate (advance planning in Colleges / departments for responding to such situations is important!).
- If there is likely to be Press attention, alert the University Communications Office
- try to build up a picture of what happened - make written notes of the events, times and actions of all involved
- consider who should be kept informed of his or her progress
- do not discourage fellow students from talking with each other about their feelings at what has happened
- find support for yourself - ‘soldiering on’ is not usually a good policy in the long term.

Working through such emergencies is likely to be both distressing and personally draining. You are very welcome to contact the Counselling Service to discuss the situation and seek guidance for yourself. There may be others in the College who could also offer support (to the student or yourself), such as the College Nurse and/or Chaplain.

## **In the event of a death**

The Tutors' Guide (<http://www.admin.cam.ac.uk/committee/seniotutors/>) provides guidance on what to do in the event of a student death, including specific guidance on who should be informed.

*For more information on student suicide see the University Counselling Service leaflet, also available online, on ‘Responding to the Risk of Suicide’: [www.counselling.cam.ac.uk/suiciderisk.html](http://www.counselling.cam.ac.uk/suiciderisk.html) .*

## **6. Discharge from acute care into the College community**

### **When informed that the student is to be discharged from care**

When a student is being considered for discharge from a hospital, the medical practitioner officially responsible for the student (whether this is a GP, psychiatrist, or another) should make an assessment of their needs. If you are informed of the intention to discharge the student into the care of the College, you should make it clear what level of care your College can and cannot provide. If there is insufficient support available for the student (for instance, if access to a nurse is needed overnight, and this is not possible) then the student should not be discharged into your care. It is important in these discussions to consider whether College is the best place for the student.

## **Confidentiality and information**

If a student is discharged back into College, consideration should be given to which members should be informed, and in particular of their medical situation. These might include:

- The student's family
- Senior Tutor or Graduate Tutor
- College Nurse who might liaise with the UCS Mental Health Advisor
- Tutor
- Supervisor, Faculty or Department
- Director of Studies
- Porters
- Friends or neighbours of the student

Due regard should be paid to confidentiality when considering whom to inform and wherever possible the permission of the student should be sought beforehand.

*For more guidance see the section on Confidentiality and Disclosure.*

## **Consideration of the student's academic position**

Similar consideration should be given to the student's ability to continue with their studies. Together with the student and his/her Director of Study or supervisor, you should consider whether or not degrading / intermitting would be of more benefit to the student than continuing in his/her current year of study.

*For more guidance see the section on intermitting procedures for undergraduates and intermission for graduates.*

## **Helping the student to regain their position**

Disciplinary procedures including rustication may not be invoked simply because a student is mentally ill – this contravenes the Equalities Act; however it may be appropriate to discuss the options of intermitting with the student (see above).

There are positive steps you can take to help the student to regain their academic position and their place in College. These may include:

- Provide some structure for the student's day. If the student is not returning immediately to study, (s)he may have very little to do during the day. Scheduling some activities can provide support as well as removing some of the daily pressure from the student's peers.

- For example, arrange daily meetings for the student, alternating between the College Nurse and his/her Tutor, etc.
- Discuss study options with the student and his/her DoS or supervisor with the aim of creating a manageable reintroduction to academic study, perhaps using reading lists, setting up refresher supervisions if appropriate.

## **Considering the needs of the whole community**

It is important to be aware of the effect which the student's return to College may have on other students and members of the College community. A balance must be achieved between meeting the needs of the student who has been discharged and considering the interests of other students.

Take steps to minimise the potential negative effects, both on the student and on the rest of the community, of the student's return to College. These may include:

- Talk to any of the student's friends who have taken a significant share in the student's care before or after hospitalisation, particularly to emphasise that they should not spend unduly large amounts of time on looking after their friend. Taking care of themselves and their own studies is just as important. A natural desire to help as well as feelings of loyalty or guilt can lead people to offer more than they can reasonably sustain.
- Provide opportunities for individuals or groups amongst the student's friends and neighbours to talk about their feelings, to find out more about the issues involved (for example about the nature of mental illness), and to gain advice over handing and on-going situation. Some in College may feel confident in offering such openings, but counsellors could also be involved.
- Provide others affected with details of where they could access support for themselves (e.g. Linkline, College Nurse, Counselling Service).
- Recognise that it may be long after the initial demands have been met that others may feel the greatest impact; in a crisis we can often call upon deep reserves in order to handle the situation, but we may 'fall apart' afterwards.

## **7. When a student refuses help**

It can be very difficult to help a student who does not acknowledge when they need professional help. These guidelines also offer some steps that may be of use. Colleges may have their own Fitness to Study policy based on the template issued by the Senior Tutors' Committee and available in the Tutors' Guide.

### **Initial concern**

A member of staff who is concerned about a student's mental condition can seek guidance from a relevant professional – the College Nurse, a GP or the University Counselling Service Mental health Advisor. It is not necessary to break confidentiality to have such a discussion, as no names or identifying details need be disclosed. In some circumstances it may also be appropriate to inform or discuss the situation with the Senior Tutor or other College authority, again without disclosing the student's identity.

A student's condition may cause concern for some time before the situation has to be confronted. During this period the student's Tutor or peers can appropriately suggest that they seek professional help, for example by seeing their GP. Gentle encouragement and the

offer of support – perhaps by offering to help arrange an appointment, or to speak to the student's GP first – may help the person over that initial hurdle. However, if these offers of help are seen as unwanted interference, to pursue this approach may prove counter-productive.

If a student's work performance is being affected, it may be more acceptable to express concern with an academic focus and opening a discussion about any underlying problems, than to suggest 'head-on' that there may be a mental health problem.

### **Behaviour that is disruptive to others**

If a student's behaviour becomes more disruptive and is adversely affecting others in the community, then it becomes appropriate to address specific examples of significantly inappropriate behaviour directly, making clear that such behaviour cannot be tolerated. However, this does not necessarily mean direct recourse to disciplinary procedures. Where a mental health problem is suspected, then support and treatment is the goal, rather than any punitive action. However, such an incident could be used to provide a stronger lever to make a referral to a relevant professional.

If other students are expressing concern about a peer, this should normally be treated seriously, as students are unlikely to take such a step lightly. Care should be taken to protect any friends or peers who are being unduly burdened by the student whose mental health is in question.

### **When action must be taken**

There may come a point where the decisions concerning a person's care need to be taken out of their hands. Where the personal or academic well-being of others in the College community is being threatened, action is needed regardless of the student's personal wishes. Options to be considered may include:

- The involvement of mental health professionals – in these circumstances the appropriate involvement is with the student's GP (or any local GP practice if they are not registered with a practice in the area), you may also wish to consult with the UCS Mental Health Advisor, telephone (7)68566 or email [jb732@cam.ac.uk](mailto:jb732@cam.ac.uk)
- Moving the student to a different location in order to lessen the burden on other students, but this would need to be a place providing ongoing support or monitoring for the student with a suspected mental health problem
- Involvement of the student's family – with the student's agreement - and the possibility of referral to mental health support in the student's home area
- The possibility of voluntary or compulsory admission to a psychiatric in-patient unit; this is normally initiated and facilitated by the student's GP. (Compulsory admission is unlikely to prove possible unless there is imminent danger to the student concerned or to others. **See 'sectioning' under section 5 on Emergencies.**)

### **Where there is imminent danger**

In extreme circumstances where there is an imminent danger to the student concerned or to others, the most appropriate action is to call an ambulance. Accident and Emergency departments have duty psychiatrists who can make initial assessments of a person's mental condition, prescribe medication where relevant or arrange for in-patient treatment. They will also liaise with the student's GP.

## **Relevance of the Equalities Act**

Mental ill-health is covered by the Equalities Act where the (mental) disability is:

- substantial (that is, more than minor or trivial), and
- adverse, and
- long-term (that is, has lasted or is likely to last for at least 12 months or for the rest of the life of the person affected).

It is unlawful for educational institutions to treat disabled students less favourably in excluding them temporarily or permanently from the institution *for a reason relating to their (mental health) disability*. [DDA: s 28R(3); our italics] Consequently a College may not exclude a student whose mental disorder is the cause of their disruptive behaviour. The Code of Practice on interpreting the DDA issued by the Disability rights commission gives the following examples to illustrate the point:

*A student with a known history of bi-polar disorder is excluded from College because staff fear he may become disruptive in the future. They have no evidence to substantiate this fear and he has not broken any of the College regulations. This is likely to be unlawful. [Example 4.14A]*

*A wheelchair user is repeatedly rude to other students and staff and, on occasion, has wilfully damaged university property. This behaviour is not related to the persons' disability. Other students behaving in this way would be excluded. The university decides to exclude the student. This is likely to be lawful. [Example 4.14B]*

However, note that the College also has a duty of care to its other students. Where there is a potential conflict between these duties, the College should seek a way forward which offers the student with a mental health problem the professional care they need, whilst also protecting other students from undue stress.

## **8. Procedures for undergraduates to interrupt a course of study and for graduates to intermit**

In the event that a student experiencing mental health problems is not well enough to continue his/her course, recourse can be taken to the process of disregarding terms in the case of undergraduates and intermission in the case of graduates.

### Disregarding terms of study

Permission may be given by the University to have one or more academic terms spent in Cambridge disregarded for the purpose of calculating an undergraduate's standing to take university examinations. This permission allows the student to repeat all or part of an academic year, and then to take an examination in a subsequent year in which he or she would not otherwise have been eligible to take it. The College applies to the Applications Committee of the University Council (the Committee's Guidance Notes can be found at [www.admin.cam.ac.uk/student/studentregistry/staff/exams/college/index](http://www.admin.cam.ac.uk/student/studentregistry/staff/exams/college/index)) for this permission; such leave, if granted, is normally given for a complete academic year.

**The grounds for this permission are usually chronic or acute illness or similar grave cause**, which make it impossible for the student to continue with his/her studies. In these

circumstances, the Applications Committee requires medical evidence that the student is so seriously incapacitated as to be incapable of continuing with his/her course.

Such an 'allowance' is intended **only** to relieve a candidate from disadvantage. It may not be used to allow a student to gain an advantage not available to others.

Seeking to have future terms disregarded also normally being absent both from the College and the University.

### Consultation within College

The decision to apply to terms to be disregarded can be taken only after extensive consultation with the Tutor, Director of Studies and Senior Tutor, and when it is clear that all other possibilities have been exhausted. The Director of Studies may need to give specific advice about regulations for particular Triposes.

Tutors and the Senior Tutor may also want to discuss plans for a student's treatment and recovery during the period to be spent away from Cambridge.

The actual application to degrade is made through the student's Tutor, to the Applications Committee of the University Council.

### Financial implications

Interrupting a course of study has considerable financial implications. Three components of student financial support are relevant: the University Composition Fee, the College Fee (for non Home/EU students and some Home/EU students) and Student Loan Company. The LEA is also involved as assessor of eligibility for the Student Loan. Sometimes a LEA will be unwilling to use its discretionary funds to fund repeat term(s) for a student who has been ill. The position of the LEA has to be taken into account when deciding on whether or not to apply for an interruption of a course of study.

### Returning

The student will not be allowed to return into residence without medical evidence, usually in the form of a doctor's certificate, that he/she is fit to resume the course. Both the College and the Applications Committee must be absolutely satisfied that the student has fully recovered or is fully capable of managing his/her condition and is in a position to complete the course successfully. The evidence asked for may vary according to individual circumstances. The Applications Committee will need to see this evidence, and the leave to interrupt the course of study will not be made unconditional until they have done so. It is important that this evidence comes from the doctor who made the original diagnosis or, if that is not possible, is fully aware of the details of that diagnosis and of the demands of the Cambridge course.

Informal advice about these procedures can be sought from Mrs Lyn Davis, (Tel (3)32296, [lyn.davis@admin.cam.ac.uk](mailto:lyn.davis@admin.cam.ac.uk)).

### **Intermission**

A graduate student who is experiencing grave difficulties with his or her course on account of mental health problems should consult his or her Tutor as soon as possible. The Tutor

should liaise with the relevant Faculty/Department and the Board of Graduate Studies. The Memorandum to Graduate Students states that 'the Board of Graduate Studies may, on account of a student's illness or other sufficient cause and on the Degree Committee's recommendation agree to allow a student to intermit his or her course for one or more terms. Terms for which intermission is granted do not count towards the requirement of the degree or other qualification for which the student is registered. Where the grounds for the application are medical, the Board normally expect to receive a supporting statement from the student's doctor, and in such cases approval of the student's return to his or her course is generally conditional upon confirmation of the student's return to good health.

Students seeking a period of intermission are strongly advised to check the financial consequences with their sponsors. It is particularly important in the case of any students who are the recipients of Research Council, AHRB or Cambridge Trust funding that their sponsor be consulted at the earliest opportunity about how best to deal with time lost through ill health. This would normally be done by the student's supervisor who may consult the Board of Graduate Studies about how best to proceed; the funding bodies vary significantly in their policies and attitudes and the Board's officers are happy to advise on individual cases. Correspondence with the Cambridge Trusts and the Research Councils should be copied to the Board so that they are aware of any changes in the arrangements of studentship holders. Where ill health has occurred almost from the start of the course and all concerned judge that a fresh start is necessary and feasible, the Board of Graduate Studies will consider sympathetically an application from the student to pay fees for the normal duration of the course only and not for the 'false start' in addition to the normal fee for the course.

In cases of very severe or prolonged illness, the Board of Graduate Studies may, with the consent of the student and in consultation with the Degree Committee, Supervisor and College Tutor, agree to take the student off the Register for the time being. Supervisors and Tutors discussing this option with students may wish to be aware that the open time-frame afforded by coming off the Register may be more attractive to some students than the definite horizon provided by intermission of one or more terms. For others, however, it may be very unhelpful to remove the 'goal' of a definite return date and to set the student adrift. Coming off the Register means a temporary end to the candidate's student status and, as such, removes the privileges of using the University's resources, including libraries and computing services. In the case of overseas students, loss of student status may cause severe difficulties with respect to visas. Each case should therefore be considered carefully and the Board of Graduate Studies officers are always willing to discuss individual cases in confidence with Tutors and Supervisors.

## **9. Assessment**

The general principle is that exams (and other forms of assessment such as dissertations, theses, assessed practicals etc) should be a fair test of the candidate's knowledge and abilities and that in order to ensure this, special exam arrangements should be made for all students who require them. Students and staff should remember that in SKILL's words "Arrangements of this type are not concessions to make the exam easier for you. These are not advantages to give you a 'head start'." Students with mental health difficulties should not be disabled by the assessment format, but should rather be enabled to perform to the best of their natural ability.

Students experiencing mental health problems should apply in good time to their Tutor to arrange any necessary arrangements they need to take examinations under special conditions. Tutors need to apply on a standard form to the Secretary of the Board of Examinations stating the case. If the application is approved, it will normally be for the

College to arrange a room for the candidate to take the written papers, etc., and to supply an invigilator. Arrangements are made for the College to collect the papers etc from the Publication Section, the Old Schools and to return the scripts. If the candidate has been allowed to take papers at other than prescribed times, the College will in addition be responsible for keeping the candidate incommunicado for the necessary periods in a manner notified to, and approved by, the Secretary of the Board.

Dissertations: If candidates experience difficulties in meeting deadlines of dissertations due to mental health problems, their Tutor can apply to the Secretary of the Board of Examinations for an extension. The Council have power to permit a brief delay (normally no more than a few days, and an absolute maximum of two weeks).

Applications for extensions for essays or projects should be addressed to the relevant Faculty Board or Department.

If an undergraduate experiences mental health problems during examination, they should alert their Tutor who can put in an early examination warning, giving warning that a candidate has had his/her preparation seriously hindered or will take an examination under exceptional disability, and that there is risk of failure. (For further details see sections on examinations in Tutors' Guide.)

Graduates experiencing mental health problems while preparing MPhil / Diploma / Certificate examinations or dissertations should ask their Tutor to supply the necessary evidence to their course director or supervisor as soon as possible so that any special arrangements for examinations or extensions to deadlines can be arranged. Tutors should inform the Board of Examinations of any difficulties a candidate may have with taking examinations under normal conditions and should be prepared to make arrangements for examinations that require, for example, extra time, to be taken in College or in the Department or Faculty.

If a graduate fails to sit, or takes and fails, any part of an examination through ill health, their Tutor should make representations to the Board of Graduate Studies for him or her to be considered for an allowance under Regulation 12 of the General Regulations for the Admission of Graduate Students, either to be (re)-examined at a later date or to be allowed that part of the examination, providing the Degree Committee concerned is satisfied that he or she has performed with credit in a substantial part of the examination. Any such representations must be accompanied by a medical letter.

It is very important that students experiencing mental health problems should contact their Tutors as soon as possible about any special arrangements they need concerning assessments.

## **9.1 Examples of special exam arrangements for students experiencing mental health difficulties<sup>3</sup>**

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<sup>3</sup> Amended version of AMOSSHE, "Responding to student mental health issue: 'Duty of care' responsibilities for student services in higher education. Good Practice Guide", December 2001, section 6: examples of institutional practice and protocols, excerpt from mental health policy – University College Northampton (prepared by Joanna Lester, Mental Health Development Officer, as WARBL Project [Widening Access Removing Barriers to Learning] initiative, March 2000. In consultation and agreement with Exam Office staff, Deputy Registrar and Senior Student Guidance Officer).

Special exam arrangements are not concessions to make exams easier for a student, nor are they intended as advantages to give a student a 'head start'. They are intended to allow a student to demonstrate attainment without being disabled by the assessment system, and to allow the student to be treated equally and fairly with non special-needs students. Results will then be marked on a more level playing field.

Listed below are some of the arrangements that people experiencing mental health difficulties may need. They are only suggestions, and not all students with mental health difficulties will need all, if any, of the arrangements mentioned. In fact many students will not want arrangements because it separates them from their peers, and leads to fears of stigmatisation.

Students with the same mental health difficulty may be affected differently, and sometimes have totally different symptoms and requirements, so there will be students with the same recorded problem needing totally different conditions.

The words 'anxiety' and 'stress' are used on several occasions below. Although a degree of stress common for anyone during exam conditions, people with mental health difficulties are adding to a general everyday level of stress and anxiety that is higher than people who do not have such difficulties. Any of the arrangements suggested below could apply for this reason, whatever the specific mental health difficulty.

### Location of exam

- **Small room**

This is most frequently requested by students with mental health difficulties. This is often enough in itself to reduce anxiety. To know that there will be around 15 rather than 100+ other students in the same room as them is a great relief. Another factor that proves helpful is that the atmosphere is less formal, which also helps reduce anxiety.

- **Specific position**

E.g. Seated at back or sides of room and/or near a door or window.

Some people who experience anxiety and panic in an exam situation spend a lot of time and energy being concerned about where exits are and how easy it will be for them to leave the building. Being at the back of a room, or end of a row near a door would be most preferable as it is potentially easier to leave the room. Some students may request to be near a window, as when they feel panicky fresh cool air alleviates the feelings of breathlessness and sweating. Another common concern for anxious students is where the nearest toilet is and being allowed to use it when needed. A common sensation is a desperate need for the toilet.

- **Individual room or room with 5 or fewer occupants**

If a person suffers with social anxiety they are very aware and distracted by people around them, particularly people they do not know. Such students are often preoccupied that the people around them are thinking about them in a very negative way, and this causes anxiety and problems concentrating on the task at hand. Students who have a well-managed schizophrenic illness, may also feel this way when symptoms are exacerbated by an increased level of stress. A room with 5 or fewer occupants will always be offered first, given limited rooms available.

## Time allowance

- **Discounted breaks**

Getting away from the source of their anxiety for a few minutes can help some people manage their feelings of anxiety. Knowing that they can leave the room if they need to will often help reduce anxiety in itself, so although breaks may be requested they may not always be taken.

- **Extra time**

Extra time may be necessary to allow for the time some students spend trying to manage their anxiety in order to be able to start tackling their exam. The stress response can facilitate performance, but beyond a certain point functioning is impaired and can affect a student's ability to process information and construct answers. Students who suffer abnormally high levels of anxiety in exams often complain that they read a question several times but cannot understand or retain the information. They cannot formulate an answer as their mind 'goes blank'. This feeling can last for 20 minutes or more before the student manages to control their anxiety. Unfortunately what often happens is that worrying about the amount of time spent worrying only makes them feel worse.

Depression interferes with a person's concentration and memory. It can be difficult for someone with depression to get their mind to settle on anything, remember things well or recall information. Certain medications can cause tiredness and problems with maintaining concentration, which will also impede performance. Between 10 and 15 minutes per hour extra time for reading should compensate most students who are disadvantaged in these ways.

## Specific resources

- **Amanuensis (scribe) or Use of Word Processor**

Severe anxiety can cause a person's hands to shake so violently that they cannot write. It is not common for a person's hands to shake due to side effects from the medication they are taking, but certain individuals may experience this. If a student has good keyboard skills, they may be offered use of a word processor (if available). Otherwise they may require scribe to compensate for this problem.

## Supporting Evidence

It is suggested that evidence for the need for special exam arrangements is sought from a G.P. or other supportive professional, e.g. CPN (Community Psychiatric Nurse), Practice Nurse, Social Worker, Counsellor or Psychologist.

## **10. Confidentiality and disclosure**

Many of the practices recommended in this document involve informing others about the special requirements of students with mental health difficulties. Obviously, this does not mean that information should be circulated freely. Only those who need to know about a student's difficulties should be informed, and only then after consultation with the student concerned. Normally, the student's consent should be obtained to the passing on of specific information to particular individuals. Exceptionally, it may be necessary to pass on

information without the student's consent, though even then the student should at least be informed that this is happening. One possibility is that an emergency arises in which the student cannot be asked to consent and can only be told afterwards about what has happened. Another possibility is that the student refuses to consent to disclosure in circumstances in which his or her personal safety is at risk, the rights of others are being adversely affected, the professional integrity of College or University officers or staff is being compromised, or disclosure is required by law. Before confidence is breached in any of these circumstances the student should be told about what is going to happen and why. It is advisable in all these exceptional cases to seek advice from a senior colleague, if possible without disclosing the identity of the student. If this is not possible, the student should be told that the first breach of confidence will be to a particular colleague.

The handling of confidential information can be awkward, as can its anonymous discussion in relation to particular cases. It is recommended that general issues of confidentiality be discussed among Tutors and other relevant officers and staff from time to time.

Requests for information about a student's mental health may be received from his or her family or friends, or even from the press or other outsiders. It is not easy to imagine circumstances in which it would be appropriate to provide the information requested. A generalised statement to the effect that 'the College has no authority to provide information regarding the mental health of any student without his or her explicit consent' may be advisable. The statement ought really to be qualified in several ways, but since none is likely to be relevant to the enquiry it may serve well enough as a generalisation.

It ought to be remembered that information held in a student's file is covered by the provisions of the Data Protection Act 1998, and that information regarding the mental health of the student will amount to 'sensitive personal data' under the Act. Such data must not only be processed in accordance with the usual requirements of the Act, but must also be processed only under certain additional conditions (listed in Schedule 3). The most relevant of these are that the student has given his or her 'explicit consent' to the processing, that the processing is 'necessary' to protect the vital interests of the student in circumstances where his or her consent cannot be obtained or cannot reasonably be expected to be obtained, that the processing is 'necessary' to protect the vital interests of others in circumstances where it would be unreasonable for the student to withhold his or her consent, or where the processing is required in connection with legal proceedings, the exercise of a statutory power, or such like.

## **11. DRC: The University of Cambridge Disability Resource Centre**

### **About the DRC**

The DRC offers a service to individuals requiring advice and support as a result of a disability.

Our service is available to:

- disabled prospective applicants
- disabled offer holders
- disabled current students
- all staff working with disabled students and colleagues

The DRC supports students who have:

- specific learning difficulties

- physical impairments
- mental health issues
- chronic illnesses

## Students

The DRC provides:

- advice and guidance
- study skills tuition
- assessment for specific learning difficulties (e.g. dyslexia)
- advice on gaining special exam arrangements
- assistance with funding applications
- loan of equipment and software
- liaison and mediation with your College and Department
- human support, e.g. note takers

## Staff

The DRC provides:

- advice and guidance
- general support in dealing with disability issues
- assistance with funding applications
- loan of equipment and software
- disability equality training courses
- a free venue for meetings/events

Contact the DRC for a confidential chat or to arrange an appointment with an adviser.

**Phone:**

01223 332301

**Fax:**

01223 766863

**Email:**

ucam-disability@lists.cam.ac.uk

**Website:**

[www.admin.cam.ac.uk/univ/disability](http://www.admin.cam.ac.uk/univ/disability)

For information regarding support for students with mental health problems please follow this link to our webpages at:

[www.admin.cam.ac.uk/univ/disability/support/difficulties.html](http://www.admin.cam.ac.uk/univ/disability/support/difficulties.html)

## **12. Staff training**

For available courses offered by the University each academic year see in particular:

[www.admin.cam.ac.uk/offices/personnel/staffdev/disability](http://www.admin.cam.ac.uk/offices/personnel/staffdev/disability)

but also in general [www.admin.cam.ac.uk/offices/personnel/staffdev](http://www.admin.cam.ac.uk/offices/personnel/staffdev) where courses which are relevant for

Tutors are listed.

## **13. Where & how to get help in Cambridge**

Student's own GP

Urgent Care Cambridge; out of hours emergency medical service: 0330 123 9131

Accident & Emergency Department, Addenbrooke's Hospital (24 hours a day): 01223 217118

NHS Direct: 08454647 (confidential health advice and information, 24 hours a day)

Intake and Treatment Team, Union House, Union Lane Cambridge 533300 (Monday – Friday 9-5.30)

Social Services Mental Health Team, Elizabeth House, Fulbourn Hospital: 01223 218695

The University Counselling Service website has a comprehensive list of sources of help locally. [www.counselling.cam.ac.uk](http://www.counselling.cam.ac.uk)

Lifecraft: [www.lifecraft.connectfree.co.uk](http://www.lifecraft.connectfree.co.uk) (for information about local mental health services)

Addenbrooke's website: [www.addenbrookes.org.uk/serv/clin/mh/mh1.html](http://www.addenbrookes.org.uk/serv/clin/mh/mh1.html)

Cambridge Student Health: [www.camstudenthealth.nhs.uk](http://www.camstudenthealth.nhs.uk)

## **14. Relevant national organisations<sup>4</sup>**

### **Depression Alliance ([www.depressionalliance.org](http://www.depressionalliance.org))**

*Depression Alliance is a UK charity offering help to people with depression, run by sufferers themselves.*

- National Office: 35 Westminster Bridge Road, London SE1 7JB. T: 0207 633 0557 F: 0207 633 0559
- Scotland: Depression Alliance Scotland, 3 Grosvenor Gardens, Edinburgh EH12 5JU. T: 0131 467 3050
- Cymru (Wales): Depression Alliance Cymru, 11 Plas Melin, Westbourne Road, Whitchurch, Cardiff CF4 2BT. T: 01222 521774

### **Eating Disorders Association ([www.edauk.com](http://www.edauk.com))**

*Support and information on anorexia and bulimia for sufferers, family and friends.*  
National Office: Wensum House, 103 Prince of Wales Road, Norwich NR1 1DW,

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<sup>4</sup> Amended version of AMOSSHE, "Responding to student mental health issue: 'Duty of care' responsibilities for student services in higher education. Good Practice Guide", December 2001, appendix 3.

- email: [eda@netcom.co.uk](mailto:eda@netcom.co.uk)
- Helplines: 01603 621 414 (open 9:00 to 18:30 weekdays)
- Youthline: 01603 765 050 (open 16:00 to 18:00 weekdays)

### **Manic Depression Fellowship (MDF) ([www.mdf.org.uk](http://www.mdf.org.uk))**

*The Manic Depression Fellowship is a national user-led organisation and registered charity for people whose lives are affected by manic depression (bi-polar affective disorder).*

- MDF National Office: Castle Works, 21 St. George's Road, London SE1 6ES. T: 020 7793 2600 F: 0207793 2639
- MDF (Wales): 1 Palmyra Place, Newport, Gwent NP20 4EJ T: 01633 244244 F: 01633 244111
- MDF (Scotland): 7 Woodside Crescent, Glasgow G3 7UL. T: 0141 400 1867 F: 0141 331 0366

### **Mental Health Foundation ([www.mentalhealth.org.uk](http://www.mentalhealth.org.uk))**

*Mental Health Foundation aims to improve the lives of everyone with mental health problems or learning disability.*

- UK Office: 20/21 Cornwall Terrace, London NW1 4QL. T: 020 7535 7400 F: 020 7535 7474
- Scotland Office: 5th Floor, Merchants House, 30 George Square, Glasgow G2 1EG. T: 014 1572 0125 F: 014 1572 0246

### **Mind ([www.mind.org.uk](http://www.mind.org.uk))**

*Mind is a leading mental health charity in England and Wales, working for better life for everyone with experience of mental distress.*

- UK Office: 15-19 Broadway, London E15 4BQ T: 020 8519 2122 F: 020 8522 1725
- Mind Cymru: 3rd Floor; Quebec House, Castlebridge, Cowbridge Road East, Cardiff CF11 9AB. T: 02920 395123
- Local Association: Cambridge CAMBS MWA, 100 Chesterton Road, Cambridge' tel: 01223 – 311320.

### **National Schizophrenia Fellowship (NSF) ([www.nsf.org.uk](http://www.nsf.org.uk))**

*The National Schizophrenia Fellowship is the largest severe mental illness charity in the UK, dedicated to improving the lives of everyone affected by severe mental illness. The @ease web-site is designed for young people.*

- Head Office: 30 Tabernacle Street, London EC2A 4DD. T: 020 7330 9100/01 F: 020 7330 9102
- Eastern Regional Office: 19 Sturton Street, Cambridge, T: 01223 – 311911 F: 01223 300464

### **Papyrus (Prevention of Suicide) ([www.papyrus-uk.org](http://www.papyrus-uk.org))**

*Papyrus is a voluntary organisation committed to the prevention of young suicide and the promotion of mental health and well-being. It was founded by parents who had lost a son or daughter to suicide.*

- Registered Office: Rossendale General Hospital Union Road, Rawtenstall Lancashire. BB4 6NE. T: 01706 214449

### **The Samaritans ([www.samaritans.org.uk](http://www.samaritans.org.uk))**

*The Samaritans exists to provide confidential emotional support to any person who is suicidal or despairing, and to increase public awareness of issues around suicide and depression. It offers a 24-hour UK helpline for anyone experiencing emotional distress.*

- General Office: 10 The Grove, Slough, Berkshire SL1 1QP. T: 01753 216500 F: 01753 775787
- National helpline: T: 0845 909090
- The Cambridge Samaritans: 4 Emmanuel Road, Cambridge CB1 1JW. 24-hour help line: 01223-364455 or 0345 909090.

### **Skill: National Bureau for Students with Disabilities ([www.skill.org.uk](http://www.skill.org.uk))**

*Skill promotes opportunities for young people and adults with any kind of disability in post-16 education, training and employment across the UK.*

- Head Office: Chapter House, 18-20 Crucifix Lane, London SE1 3JW. Tel/Minicom: 020 7450 0620 Fax: 020 7450 0650
- Skill in Scotland: Norton Park, 57 Albion Road, Edinburgh EH7 5QY. Tel/Minicom: 0131 475 2348 Fax: 0131 475 2329
- Skill in Northern Ireland: Unit 2, Jennymount Court, North Derby Street, Belfast BT15 3HN. Tell Minicom: 01232 287000 Fax: 01232 287007

## **15. Further resources:<sup>5</sup>**

AMOSSHE, "Responding to student mental health issue: 'Duty of care' responsibilities for student services in higher education. Good Practice Guide", December 2001.

Castrey, A., "Legal aspects of guardianship and host families", UKCOSA 1999.

Reader, P. and Seacroft, K., "Weathering the storm: crisis management in Higher Education", AUA Good Practice Series, number 23, AUA 1999.

"Degrees of Disturbance: the new agenda", Association for University and College Counsellors (AUCC), March 1999.

"Development projects on student mental health in Higher Education", HEFCE publication (eQuip Team) 1998.

"Mental health matters – Guidelines for supporting students with mental health difficulties". Scottish Further Education Unit publication. SFEU 1994.

"Students with mental health difficulties – your questions answered". Skill: National Bureau for Students with Disabilities.

"Students and mental health resource pack". The Iriss project. National Schizophrenia Fellowship 1995.

"Supporting students with mental health difficulties". Open University Teaching Toolkit Series. OU 1994.

"National service framework for mental health: modern standards and service models". Department of Health 1999 ([www.doh.gov.uk/nsf/mentalhealth.htm](http://www.doh.gov.uk/nsf/mentalhealth.htm)).

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<sup>5</sup> Amended version of AMOSSHE, "Responding to student mental health issue: 'Duty of care' responsibilities for student services in higher education. Good Practice Guide", December 2001, appendix 4.

“Safety first: five year report of the national confidential inquiry into suicide and homicide by people with mental illness”. Department of Health 2001  
([www.doh.gov.uk/mentalhealth/safetyfirst](http://www.doh.gov.uk/mentalhealth/safetyfirst)).

“Saving lives: our healthier nation”. Government White Paper 1999 (can be accessed from:  
[www.doh.gov.uk/mentalhealth/safetyfirst/index.htm](http://www.doh.gov.uk/mentalhealth/safetyfirst/index.htm)).

“Physical and mental fitness to teach of teachers and of entrants to initial teacher training”. DfEE Circular 4/99 ([http://www.dfes.gov.uk/circulars/6\\_99/circa148.htm](http://www.dfes.gov.uk/circulars/6_99/circa148.htm)).