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1. Introduction

This policy is to help ensure that the University provides a coherent institutional approach when responding to students with mental health difficulties. It is strongly informed by the CVCP “Guidelines on Mental health Policies and Procedures for Higher Education” (2000) and policies from several other higher education (HE) institutions.

The University has specific legal responsibilities towards students whose mental health difficulty falls within the definition of disability within the law. These students may need reasonable adjustments to enable their equal participation and access to the curriculum.

The University also has a duty of care to all students and seeks to promote positive mental health and well-being by:

- Providing a range of support services including Student Wellbeing Advisors for mental health, a Counsellor, Disability and Specialist Learning Advisors, Chaplains and services provided through the Students’ Union.
- Having in place numerous different ways of safely disclosing a disability at any point in the students’ time at University.
- Promotion of the understanding and recognition of mental health difficulties
- Supporting a culture in which mental health difficulties are recognised and not stigmatised.
- Referring students to external agencies where appropriate e.g. NHS services, voluntary services such as Relate or drug and alcohol services.
- Meeting the support and study needs of students with mental health disabilities, through the use of reasonable adjustments when appropriate.
- Providing consultation, guidance and training to people involved in the support and care of students.
- Providing clear guidance on the confidentiality of personal information provided by students.

However, whilst the University is committed to providing a supportive environment, it is important to recognise that it is not a mental health facility nor is it a therapeutic community. There are limits to the extent of the support which can be provided and it is not the responsibility of the University to replicate services that already exist in the community. It is also not a crisis service in that it is not available ‘out of hours’. The University also has its own procedures for safeguarding academic standards which will apply to all students irrespective of their medical condition or specific needs.

2. Definition of mental health difficulties

Throughout this document, the primary focus is upon the needs of those students with some form of mental health difficulty, although some consideration will be given to ways in which mental wellbeing can be promoted and improved.

Terminology within the area of mental health can sometimes be quite confusing because it is not always used in a consistent manner. Mental health properly used describes a sense of wellbeing; the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents. Mental health difficulties is a term that can be used to describe temporary reactions to a painful event, stress or external pressures, or symptoms of drug or alcohol
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use, lack of sleep or physical illness. This terminology has also been used to describe long term psychiatric conditions which may have significant effects on an individual’s functioning.

It is important to note that many of us experience some of the symptoms of mental health difficulties at some points in our lives (e.g. disturbed sleep patterns, lack of motivation, anxiety etc) and indeed some are typical reactions to a range of common life events. The degree of severity is reflected by the intensity of the symptoms, their duration and the impact on the individual’s capacity to function. In addition to mental health conditions such as anxiety, depression, schizophrenia, eating disorders, Obsessive Compulsive Disorder etc, certain behaviours may be indicators of mental health difficulties or may cause concern. These include deliberate self-harm and attempting suicide.

This document is concerned with the needs of and responsibilities to any student whose mental health difficulty, be it long term mental illness or a temporary, but debilitating condition or reaction, may inhibit a student’s ability to participate fully in higher education without appropriate support.

3. Crisis incidents

It is important to be clear that not everyone who experiences mental health difficulties presents a risk to themselves or others. However, there may be occasions when a student requires immediate attention due to threats of harm towards themselves or others.

Whilst rare, there will be incidents where a student’s behaviour gives cause for concern. Such instances may include a student threatening to kill or harm themselves in some way, when a student is extremely agitated and cannot be calmed or when a student is incoherent or rambling in their speech. Occasionally, you may believe the student is a danger to others, either because they are verbally threatening others or actions and emotions such as extreme anger, threatening non verbal behaviours suggest they may be a threat to others. In summary, where there are immediate concerns about harm to the student or others, or if in any doubt, the emergency services should be called via Security. Where concerns are less immediate and there is time to consider the most appropriate intervention the Student Wellbeing Service can be called for consultation and assistance. Crisis incidents out of hours should be referred to emergency services, GP etc as with the general population (see appendix 1).

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 (e.g severe agitation, disorientation, incoherence).

In an emergency

In extreme circumstances where there is an imminent danger to the student concerned or to others, the most appropriate action is to contact Security who will then contact the appropriate emergency
services. Accident and Emergency departments have duty psychiatrists and Crisis Assessment Teams who can make initial assessments of a person’s mental state, prescribe medication where relevant or arrange for in-patient treatment. They will also liaise with the student’s GP. If in doubt get in contact with security who will contact emergency services.

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. Alternatively, the student’s GP can be contacted to provide assistance and referral for psychiatric treatment.

If it is an emergency it is advisable to contact emergency services as soon as possible. Student Wellbeing Services should also be informed (though not urgently) so that appropriate follow up can be offered.

**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:

- Recommend that the student contacts their GP, who will be able to consider the appropriateness of medication and can access further medical or psychiatric support.
- Recommend that the student contacts the Student Wellbeing Service.
- Ring the Student Wellbeing Service for advice

4. **Services for students with mental health difficulties**

**Student Wellbeing Advisers – Mental Health**

The Student Wellbeing Advisers – Mental Health, are part of the Student Wellbeing Service. They include professionals from a variety of backgrounds including Counselling, Psychotherapy, Occupational Therapy, Community Psychiatric Nursing and Clinical Psychology. They provide a free and confidential service to all registered students of the University. All students wanting to access the service are offered an initial half hour assessment where their current difficulties and some history to them is discussed. They are then allocated to either one to one time limited (normally 6 sessions) therapy or group therapy. The one to one therapy with one of the Student Wellbeing Advisors or the Counsellor might utilise a number of different approaches including Cognitive Behavioural Therapy, Solution Focussed Therapy, Counselling etc.

There are a number of groups that they may alternatively be allocated to e.g. want to work but can’t work, managing anxiety and stress and a longer term psychotherapy group. They can also be recommended ‘Beating the Blues’, a computerised package that utilises a Cognitive Behavioural Therapy approach.

The Student Wellbeing Service is not able to offer formal risk assessment, out of hours crisis intervention or open ended therapy. They also offer no facilities for in-patient admission and cannot provide medication monitoring, a prescription service or psychiatric support including key working or home visits. All of these services are provided by the NHS and the University cannot replicate these services. If a student presents to the service requiring this level of input, a recommendation that they
access the appropriate service would be made. It is very unusual for the service to make direct referrals to secondary or tertiary care and the service cannot be responsible for whether or not students take the advice given or whether they receive the appropriate care if they access external services.

We are able to attend NHS led case conferences under certain circumstances. We do not routinely liaise with families but would do so under certain circumstances with specific consent from the student concerned.

Student Wellbeing Advisers – Mental Health also contact all students who disclose a mental health difficulty on their UCAS form and all current students referred to them following a disclosure of a mental health disability (classified as a mental health problem that has been ongoing for over a year). All students are offered an assessment interview so that a decision can be made regarding appropriate adjustments and allowances and the School and Exam Office are notified of any recommendations. If appropriate, students are also advised to apply for the Disabled Students Allowance (DSA). If they meet the criteria for DSA and are in receipt of DSA they will then have a needs assessment (see below). If a student is not eligible for DSA (because they do not meet the criteria or are International/EU students who are not eligible for DSA) we can still arrange for some reasonable adjustments to be put into place. These may include a memo to the school outlining the individual’s difficulties, adjustments to exam arrangements, access to a study room in the library and the quiet room in Windsor Terrace, extended loans for books and hardware loans for equipment. Consideration of what reasonable adjustments may be possible will be determined on a case by case basis according to each individual set of circumstances.

University Centre for Assessments at Newcastle (UCAN)

The University Centre for Assessments at Newcastle (UCAN) is accredited by the Disabled Students Allowance Quality Assurance Group (DSA-QAG). The Centre assesses the needs of students who have been referred by the relevant funding authority for Disabled Students Allowance. It assesses students’ study strategies and needs and makes recommendations for how they can be supported. This may consist of provision of equipment and assistive technology, specialist tuition or non medical help e.g. mentors, note takers etc.

The University Chaplaincy

The Chaplaincy Team is currently made up of several faith representatives. Students use the Chaplaincy for a wide variety of wellbeing issues. There are a number of services provided including drop in sessions and one to one supportive meetings. The service is available 24 hours a day, 7 days a week.

Specialist Learning Advisers

The Specialist Learning Advisers provide a friendly and accessible service to assist students with Dyslexia and other Specific Learning Difficulties in achieving their potential. They also assist students who have an Autistic Spectrum Disorder.

Students’ Union and the Student Advice Centre

Whilst not provided by the University, students at Newcastle University can also access the Student Advice Centre (SAC). This is a professional service provided by the Students’ Union. It is staffed by
trained, experienced advisers and standards of strict confidentiality are adhered to. The SAC offer a sympathetic listening ear, information, advice, assistance and representation on a wide range of issues, including academic, disciplinary, finance (student loans/dept), accommodation, legal, personal/family, consumer and employment.

**Accommodation**

The Accommodation Team ensure Mental Health Awareness training is provided (by the Student Wellbeing Team) to all accommodation staff in residential halls. This training is also provided to Senior Wardens on request. Training includes information about the services available and how to access them. Publicity information is given to them and consultation about any student mental health situation is available during working hours.

**Student hospitalisation**

In cases of a student being admitted to hospital where mental ill health has been a concern, it is essential to ensure that the Student Wellbeing Service’s ‘Procedures to follow in the event of a student being seriously injured or ill and/or admitted to hospital’ is adhered to by all staff. The Student Wellbeing Service will also offer follow up e.g. liaison with the hospital and attendance at multidisciplinary meetings if appropriate.

**Student death**

In cases of student death, it is essential to ensure that the Student Wellbeing Service’s ‘Student Death Procedure – procedures to follow in the event of the death of a student’ is adhered to by all staff.

5. **When a student refuses help**

It can be very difficult to help a student who does not acknowledge when they need professional help. A member of staff who is concerned about a student’s mental state can seek guidance from the Student Wellbeing Service. It is not necessary to break confidentiality to have such a discussion, as no names or identifying details need be disclosed.

A student’s mental health may cause concern for some time before the situation has to be confronted. During this period, others can appropriately suggest that they seek professional help, for example by seeing their GP or the Student Wellbeing Service.

If a student’s work performance is being affected, it may be appropriate to discuss what support can be put in place e.g. through the use of the PEC system. If there are concerns relating to fitness to practice these should be addressed through the fitness to practice policy.

6. **Behaviour that is disruptive to others**

If a student’s behaviour becomes disruptive and is adversely affecting others, then it becomes appropriate to address specific examples of significantly inappropriate behaviour directly, making clear that such behaviour cannot be tolerated. This may require recourse to disciplinary procedures but where a mental health problem is suspected, then support and treatment is the goal initially rather
than any disciplinary action. We would advice staff who find themselves in this situation to make contact with Student Wellbeing Service staff for advice.

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. Again, we would encourage you to contact the Student Wellbeing Service for advice.

**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 University is being threatened, action is needed regardless of the student’s personal wishes. Recommended options include:

- **Contact with the Student Wellbeing Service and the Student Progress Service.** A case conference would be set up with all relevant staff and the student concerned, if deemed appropriate, in order to discuss the available courses of action. This may result in the involvement of mental health professionals – in these circumstances the student’s GP would be contacted.

- **Moving the student to a different location in order to lessen the burden on other students, but this would not to be in the place of providing ongoing support or monitoring for the student with a suspected mental health problem.**

- **Involvement of the student’s family – but only 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 unless there is imminent danger to the student concerned or to others).** If there are concerns relating to fitness to practice these should be addressed through the fitness to practice policy.

**7. Pre-admission, entry and induction**

At application, or as soon as possible thereafter, prospective students with specific needs, including mental health difficulties are encouraged to disclose this information. Admission staff can then make the relevant tutors and Student Wellbeing Team staff aware of the situation, helping to provide initial support if necessary. The University also hosts various open and visit days throughout the year. This is a good opportunity for prospective students to enquire as to what support Newcastle University can offer its students.

Once registered, all students are invited to attend a school based induction. Specific issues such as mental health and disability may be covered in the University Induction and may detail what support is available. There is also a Student Wellbeing DVD and website which gives information regarding what services are available.

If a student discloses a long term mental health difficulty an initial assessment can be offered where qualified staff will be able to offer advice regarding applying for appropriate funding such as the Disabled Students Allowance (DSA), explain the need for obtaining medical evidence, outline the
availability of specialist provision and how to obtain a needs assessment. Further advice for both staff and students can also be obtained regarding risk assessments, fitness to practice and accessing relevant training.

8. Disclosure of information and respecting confidentiality

Students who disclose a mental health disability upon application will be invited to an initial meeting with one of the Student Wellbeing Advisers – Mental Health. The Student Wellbeing Service has strict ethical guidelines on confidentiality and complies with the Data Protection Act, Freedom of Information legislation, Equal Opportunities Policy, Equality Act (particularly in this context relating to the protected characteristic of disability) and the Single Equality Scheme. No information given by the student to the Student Wellbeing Service will be disclosed to any person outside the University unless permission has been granted by the student.

9. Roles and responsibilities of staff

Responsibility for the wellbeing of students is defined in general by a 'duty of care' of the institution for the safety of students. Newcastle University exercises its duty of care in respect of all students, including those with mental health difficulties and to the staff involved in supporting students.

The University offers training to all relevant staff across the University to enable them to undertake their roles and responsibilities. This includes mental health awareness training, Personal tutoring training and the availability of consultancy with the staff from student wellbeing between 9 to 5 pm Monday to Friday. Training is through the Staff Development Unit. All staff and students who have been affected by students' distress are able to access support, either through the line-management structure, or by referral to appropriate professional services.

All University staff should respond to students with mental health difficulties in a non-discriminatory, non-stigmatising and positive manner. If any member of staff is in any doubt about the implications of this information for their own practice, it is strongly advised that they seek advice from the Student Wellbeing Service.

All staff should be aware of their own personal and professional limitations. If they are concerned that a student has mental health difficulties and requires additional support, they are urged to refer the student to the Student Wellbeing Service.

We recommend that staff do not accompany a student manifesting symptoms of serious disturbance off campus e.g. to the A & E department. This potentially puts a member of staff in a position of risk. We would encourage you to ask the student if there is anyone they would like you to contact on their behalf e.g. a friend that could meet them at the hospital.

10. International ventures

If a student in our Singapore campuses has mental health difficulties the Dean of Newcastle University in Singapore will lead the coordination of the response in line with the Operational framework and the local context, and in consultation if necessary with the Student Wellbeing Service.
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If a student at our Malaysia campus has mental health difficulties the Academic Dean will lead the response using this document as a basis for that response but amending according to local circumstances. Consultation will take place with the Student Wellbeing Service if necessary.

11. Complaints and disciplinary procedures

There may be instances where individuals are unable to acknowledge that their mental health is deteriorating, even though it may be clear to others that all is not well. In instances where unacceptable behaviour is exhibited, it may still be both appropriate and necessary to challenge this behaviour and in certain cases, to address issues through the student disciplinary procedure.

In rare cases, harassment claims or formal complaints may be lodged by individuals whose perception of reality is affected by their mental illness. It is essential that all claims are treated fairly and receive appropriate attention to enable a full investigation to be conducted in an objective manner. If the outcome of these processes rules that there is no case to be considered, it is important to ensure that the reasons for the decision are fed back to the complainant as clearly as possible. It is also be important to ensure that any arising support needs which may involve both the complainant and a subject of the complaint are not overlooked.

12. Contacts

<table>
<thead>
<tr>
<th>Service</th>
<th>Main contact</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>Mrs Vivienne Robinson, Accommodation Manager</td>
<td>0191 208 6270</td>
<td><a href="mailto:Vivienne.Robinson@ncl.ac.uk">Vivienne.Robinson@ncl.ac.uk</a></td>
</tr>
<tr>
<td>Chaplaincy</td>
<td>Reverend Catherine Lack, University Chaplain</td>
<td>07582 033 125</td>
<td><a href="mailto:Chaplaincy@ncl.ac.uk">Chaplaincy@ncl.ac.uk</a></td>
</tr>
<tr>
<td>Student Advice Centre</td>
<td>Mrs Jill Lincoln, Senior Student Adviser</td>
<td>0191 239 3979</td>
<td><a href="mailto:sac.reception@ncl.ac.uk">sac.reception@ncl.ac.uk</a></td>
</tr>
<tr>
<td>Students Union</td>
<td>Welfare &amp; Equality Officer, Students Union</td>
<td>01912393917</td>
<td><a href="mailto:welfare.union@ncl.ac.uk">welfare.union@ncl.ac.uk</a></td>
</tr>
<tr>
<td>Student Wellbeing Service</td>
<td>Sally-ann Ingram Head, Student Wellbeing</td>
<td>0191 208 5870</td>
<td><a href="mailto:Sally-ann.Ingram@ncl.ac.uk">Sally-ann.Ingram@ncl.ac.uk</a></td>
</tr>
<tr>
<td>UCAN</td>
<td>Sally-ann Ingram Head, Student Wellbeing</td>
<td>0191 208 5870</td>
<td><a href="mailto:Sally-ann.Ingram@ncl.ac.uk">Sally-ann.Ingram@ncl.ac.uk</a></td>
</tr>
<tr>
<td>Security</td>
<td>Duty Officer, Security Control Centre</td>
<td>0191 222 6817</td>
<td><a href="mailto:security.control@ncl.ac.uk">security.control@ncl.ac.uk</a></td>
</tr>
</tbody>
</table>

Authors:
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Events and Data Co-ordinator, Student Wellbeing Service
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Approved by ULTSEC: June 2012
13. Appendix 1:

Emergency Situations Out of Hours:

Is the student a risk to themselves or others?

Yes

Do they agree they need to go to hospital?

Yes

Get them an ambulance - 999

No

Call the police - 999

No

Mental health
SANELINE 0845 767 8000 (6pm-11pm)
Mental Health Matters: 0845 601 2457 (6pm-6am)
Nightline - listening service for students run by students. 8pm - 8am on 0191 261 2905

Suicidal thinking
Samaritans: National. 08457 90 90 90,
Local: + 44 (0) 191 232 72 72 (24hour)
HOPElineUK: 08000 68 41 41. Mon-Fri 10am – 5pm and 7pm – 10pm Weekends 2-5pm
Nightline - listening service for students run by students. 8pm - 8am on 0191 261 2905

Email to student wellbeing service
Sally Ingram
Sally-ann.ingram@ncl.ac.uk
Ann Musk
Ann.Musk@ncl.ac.uk
Include student details and incident information so that they can decide if follow up is required.

Do they want to talk to someone?

Yes

Advise them to call out of hours help

No

If it is not clear from the above what action should be taken ring security on 6817
REFERRAL FOR STUDENT SUPPORT (Emergency)

**Distressed Students**

Step 1

- Bring to a private and quiet room.
- Calm student down (Offer a drink if required)
- Listen and offer support (Show concerns with good eye contact and active listening)

Step 2

*Immediately call student support service*

Student support service available

- Attends to Student

Student support service not available

- Call a senior officer
  - Phil - 3971 01112311274
  - Steve - 3835 01112311276
  - Dominic - 3824 0127701995
  - Reg - 3883 0127031401
  - Liz - 3886 0127863504

(Senior Officers)

If emergency psychiatric help is needed then either ensure student is taken to Outpatients at HSI or HSA where they will be seen by the on-call psychiatrist or contact the Hospital Permai Hotline 07 - 2343030