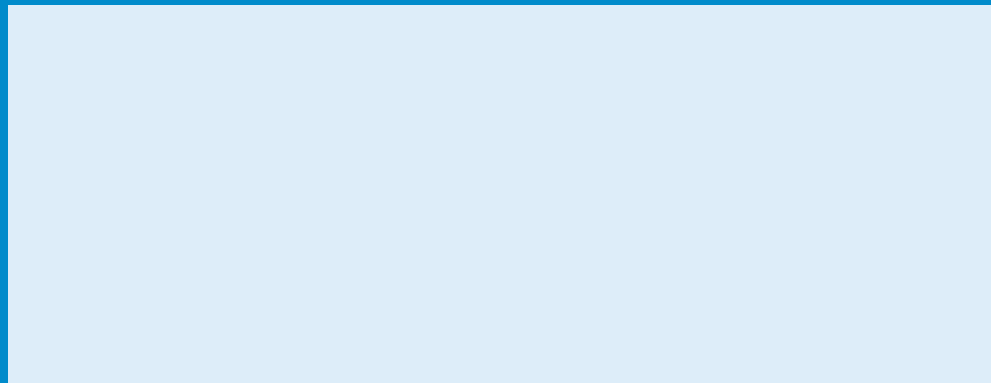
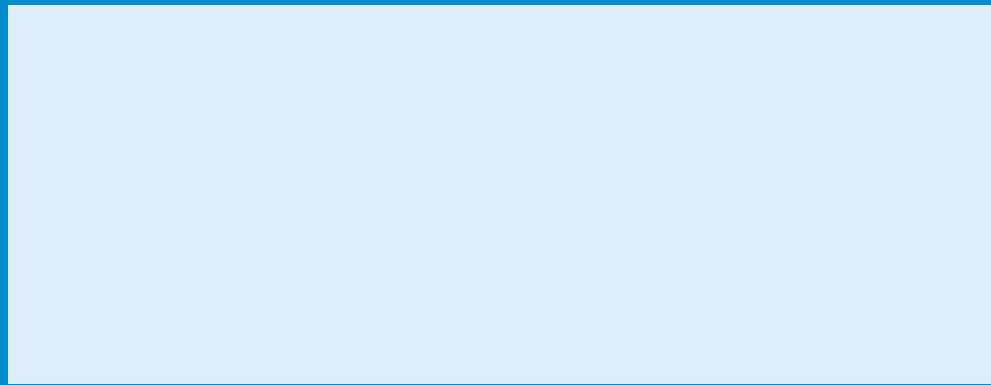


Understanding adjustments: supporting staff and students who are experiencing mental health difficulties



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Foreword

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Today nearly 50 per cent of young people enter higher education (HE) and higher education institutions (HEIs) employ 380,000 members of staff. While it is estimated that 29 per cent of students experience clinical levels of psychological distress, the issue is underreported within the sector.

In UK HE, around only one in 125 students (0.8 per cent) and around one in 500 staff (0.2 per cent) have disclosed a mental health condition to their university. This is a staggeringly unrepresentative number, causing real challenges for university provision and support. Although a wide range of support and adjustments are available, we know that lots of students and staff are not currently accessing this help.

This research from Equality Challenge Unit (ECU) tackles the issues around the disclosure of mental health difficulties in HE. Throughout this report staff and students have recommended a number of solutions to help to increase disclosure rates and raise awareness of the support and adjustments available. Furthermore, HEIs have provided examples of initiatives they have undertaken to increase awareness and deliver support effectively.

For universities, adopting these initiatives will require appropriate levels of resourcing. This should consider the high numbers of people within the UK population who experience mental health difficulties and not be based on current statistical returns. HEIs can also consider how these initiatives should be tailored to the needs of their own institution. This will involve making decisions around how a HEI can best meet its legal obligations under the Equality Act 2010, and how it can support staff and students by developing an inclusive working and learning environment.

Finally, for the students and staff experiencing difficulties who read this research, I hope you will be reassured by the vast majority of positive experiences reported. I hope that you too will feel encouraged to seek support to help you flourish in your education and work.

Understanding adjustments: supporting staff and students who are experiencing mental health difficulties

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Disclosure of mental health difficulties in HE

National figures from the Higher Education Statistical Agency (HESA) indicate that few people in the HE sector have disclosed a 'mental health condition' to their university.

In UK higher education around 1 in 125 students (0.8%) and around 1 in 500 staff (0.2%) have disclosed a 'mental health condition' to their university.

Equality in higher education: statistical report 2013, ECU

However, figures from the Department for Health indicate that a far higher number of adults in the UK population as a whole experience 'mental health illness'.

One in four adults experience mental illness at some point during their lifetime and one in six experience symptoms at any one time.

www.dh.gov.uk/health/category/policy-areas/social-care/mental-health

This difference suggests mental health difficulties within the HE sector are currently underreported, with a large number of staff and students who are experiencing mental health difficulties **not disclosing** a 'mental health condition' to their HEI.

Low and inaccurate disclosure rates raise a number of issues for HEIs:

- = people may not be getting support

If the number of people disclosing a mental health difficulty is an indication of how many people are accessing support and/or adjustments, then there may be people not receiving support they might require. Such support can have an impact on staff and student retention and achievement, and form part of an HEI's 'duty of care'.

- = universities may not be able to meet their legal obligations under the Equality Act 2010

It will be difficult for universities to improve any processes that may be disadvantaging staff and students experiencing mental health difficulties if they do not hold accurate information.

- = services may be under resourced

If figures used by universities to allocate budget and resources for support and adjustments are based on inaccurate figures from the staff and student records, then getting the correct level of funding will be a challenge.

- = the HEI may be failing to provide an inclusive environment

An inclusive environment supports people to disclose mental health difficulties. Low levels of disclosure suggest that staff and students do not feel comfortable letting their institution know.

'An inclusive environment is one that can be used by everyone, regardless of age, gender, ethnicity or disability. It has many elements such as societal and individual attitudes, the design of products and communications and the design of the building itself. It recognises and allows for differences in the way that people use the built environment and gives all of us the chance to join in mainstream activities equally and independently, with choice and dignity.'

Disability Rights Commission, 2005

Gathering evidence

ECU conducted a survey of 2063 staff and 1442 students in HE who have experienced mental health difficulties.

The survey investigated:

- = if staff and students are choosing not to disclose their mental health difficulty to their HEI
- = why people choose to disclose or not to disclose
- = their experiences of talking to fellow students or colleagues about mental health difficulties
- = how many staff and students sought and received support and adjustments from their HEI
- = recommendations from respondents to HEIs on ensuring the promotion of an inclusive environment

The survey was developed in conjunction with an advisory group. In seeking the views of staff and students who have experienced mental health difficulties, it is hoped that the proposed recommendations in this report are responsive to the requirements of staff and students themselves.

Key findings and illustrative quotes from the survey are included in this report, alongside recommendations and examples of current practice in HEIs. Although these examples are not necessarily representative, they are provided to give HEIs an idea of what sort of work can be done.

Terminology

Mental health difficulties

There is a range of opinions and debate around terminology in the area of mental health. Different phrases used include mental health conditions, mental health difficulties, mental health disorder, mental health issues, mental health problems, mental illness and mental wellbeing.

The definitions provided are not universally accepted or adhered to throughout society. This is reflected in the direct quotes from respondents presented in this report.

In general, the phrase 'mental health difficulty' will be used throughout this report which was given the following definition in the survey:

'For the purposes of this survey, mental health difficulties include, but are not limited to, depression, anxiety difficulties (including panic attacks), schizophrenia, bipolar disorder (manic depression), obsessive compulsive disorder (OCD), eating disorders and self harm.'

Although this definition implies a medical model definition, the survey did not ask for any medical detail and instead explored societal barriers and issues. This language should therefore be considered in the context of the **social model of disability**, which conceptualises how physical, procedural and social barriers can prevent people with impairments from accessing opportunities.

For further discussion on the social model of disability, including its relevance to practitioners in the HE sector, see Martin, N (2012) 'Disability identity – disability pride'. *Perspectives: policy and practice in higher education*, 16(1): 14–18.

Disclosure

The survey used the phrase '**disclosed a mental health difficulty**' to refer to when staff or students have let someone know that they are experiencing or have experienced a mental health difficulty.

Talking to fellow students or colleagues about mental health difficulties

Talking to people about mental health difficulties has been recommended by a number of anti-stigma campaigns and is an important part of creating an inclusive environment.

Key finding: many respondents to the survey had spoken to fellow students or work colleagues about experiencing mental health difficulties:

- = three in four (75 per cent) student respondents who had experienced mental health difficulties while studying their course had disclosed a mental health difficulty to a fellow student
- = around three in five (62 per cent) staff respondents who had experienced mental health difficulties while working at their current university had disclosed to a colleague

Reasons for disclosure

Respondents gave a range of reasons as to why they talked to students and colleagues about experiencing mental health difficulties:

- = mental health difficulties are a part of their life

Many people said that mental health difficulties were a part of their life, and so it is necessary to talk about it. Not to do so would be difficult.

'It is who I am and can mean my mood fluctuates so it's just part of getting to know me.'

'It is such a large part of my life that I would find it difficult to conceal it. I also feel strongly about preventing discrimination against people with mental health difficulties, and, if people with mental health difficulties continue to conceal it, then we are leading the way in depicting it as something to be ashamed of. I would rather lead the way in depicting it as the opposite.'

- = to show they are open about their mental health difficulties and happy to talk about it

'I often bring mental health into conversations to let others know I'm open and receptive. Many times students have disclosed their mental health to me in return, or mentioned a family member etc as having had difficulties.'

= to get practical support from staff or students

'Friends have had similar problems and it's supportive to have friends who understand. Being on medication, I know it's important to tell someone you live with/are close to so that they are aware if there are any problems.'

= to challenge misconceptions

'To show how stupid the arguments about "mental people" by a guy in my class were.'

'When different experiences (such as eating disorders) arise in conversation, I have mentioned a couple of times that I have experienced them in order to back up any points that I might make (for example, to oppose stigma).'

Reasons for not disclosing

Respondents gave clear answers on why they did not talk to fellow students or colleagues about experiencing mental health difficulties. Answers from students and staff differed:

- = of those students that hadn't spoken to a fellow student, the main reason given was **'not wanting students to think less of them'**
- = for staff the main reasons for not talking to work colleagues were **'not wanting to be treated differently,' 'not wanting to be thought less of'** and **'not wanting them to tell anyone else'**

'Mental difficulties remain a taboo in British employment. Many are happy to discuss long-term illness but shy away from mental health discussions. This is not necessarily the fault of the individual, but rather the general context generated by the working environment.'

Key finding: students and colleagues were supportive.

Where respondents had spoken to a fellow student or colleague, the vast majority found that they were either supportive, or very supportive:

- = around four in five (78 per cent) of student respondents said their fellow students were supportive or very supportive since they disclosed
- = seven per cent said they were unsupportive or very unsupportive

- = 84 per cent of staff respondents who disclosed to their colleagues said they were supportive or very supportive
- = three per cent said they were unsupportive or very unsupportive

This suggests that the fears of staff and students who have not spoken to a student or work colleague because of 'being thought less of' may be unfounded.

'[other students were] extremely supportive, helped put me in touch with counselling, advised me to speak to my academic tutor in case I fell behind with academic work as a result, looked out for me and most importantly always kept my information confidential.'

'Colleagues are very supportive in every way.'

'People have always been quite accepting. The most I ever get is "Oh, you don't seem like the type", which is an odd thing to hear, as if there is a "type" for people suffering mental health problems.'

Unfortunately, a minority of respondents indicated that students and colleagues had been unsupportive or very unsupportive.

'The problem is that there is always someone who is completely insensitive, judgemental and ignorant of mental health issues in any group of people and such a person is always going to discourage openness. Staff should do their best to educate such people and make it known that their attitudes are unacceptable.'

Take-up of support and adjustments

HEIs should provide support and adjustments to all disabled students, which includes students experiencing mental health difficulties.

Support and adjustments that are available are promoted through a range of mechanisms according to survey respondents. To access support and adjustments, staff and students often have to disclose a mental health difficulty to their university.

Key finding: a high proportion of respondents had not received support or adjustments:

- = around one in two (54 per cent) student respondents who had experienced mental health difficulties when studying their course had not received support or adjustments
- = only two in five (40 per cent) staff respondents who had experienced mental health difficulties while working at their current university had received support or adjustments

Key finding: few staff or students were aware of the support on offer before coming to the university:

- = before applying, just over one in four (28 per cent) respondents who had experienced mental health difficulties before they decided to apply to university were aware of the support and adjustments that universities provided that may be beneficial to them
- = less than one in ten (8 per cent) of staff who experienced mental health difficulties before they began working at their current university knew of the support and adjustments their university offered before they started work
- = almost one in three (32 per cent) of student respondents who knew about support and adjustments available said that the support available at their university affected their decision to study there
- = around one in five (21 per cent) of staff respondents who knew about the support and adjustments available before they joined said it affected their decision to work there

Ensuring that prospective staff and students know about the support available before they apply allows them to make a decision on where to work and study, and allows universities to ensure that timely support is in place.

'Before starting my course, I met with the university's mental health support worker to talk about my needs relating to the course and living away from home. I also got to meet a tutor from my course. I was shown around the lecture halls and had my questions answered. I was given an outline of what the first day would be like. This was extremely helpful to me as new situations and not knowing what to do are big causes of anxiety.'

'I was aware of potential stressors, and knew that I needed to make sure I was entering a supportive environment. The necessary information was forwarded to me immediately and I was able to go into the accessibility office to meet with my mentor, prior to starting the course. This made all the difference in the world to me and resulted in my feeling "equal" to other students.'

'When I started the support was set up before I started. Before I moved to university I had had meetings with the students' health service psychiatrist, a student counsellor and an adviser from the student disability service. During my first week at university I had a meeting with each of them and I was supported through the registration process. This support continued until I felt that I didn't need it anymore.'

'Within my current university, an assessment of needs is offered prior to beginning studies. This I would recommend, if students are reached in time and in the right way. I would suggest greater emphasis on support in the first week as this is a vital time. Much of the offered support takes time to come through, holding assessments as early as possible and getting things in place as early as possible is only going to be beneficial. I also suggest universities provide information about local health services early, including GP surgeries and psychological services.'

Key finding: few respondents had spoken to anyone about getting support:

- = less than three in five (58 per cent) respondents who had experienced mental health difficulties while studying their course had disclosed to receive support and adjustments
- = around one in two (49 per cent) respondents who had experienced mental health difficulties while working at their current university had disclosed a mental health difficulty to receive support or adjustments

A high number of respondents had not spoken to anyone about getting support. The main reasons given for this were:

- = not thinking they would receive any support or adjustments
- = fear that they would receive unfair treatment

Working towards developing an environment where staff and students are comfortable in disclosing a mental health difficulty and accessing support is important. Universities have undertaken a number of initiatives in this area, such as holding awareness-raising events, and staff training. Examples of the work universities are currently undertaking can be found in the recommendations section of this report.

Asking for support

Receiving individual targeted support requires staff and students to let their university know about a mental health difficulty they are experiencing.

Survey respondents spoke to a range of people about receiving support and adjustments.

Key finding: student respondents spoke predominantly to academics, followed by staff in the counselling service and disability services, about getting support.

Students mainly spoke to personal tutors, staff in counselling services, and disability services in order to get support or adjustments.

At **Buckinghamshire New University**, all students who declare a disability are invited to register with the disability service. The service then contacts relevant faculties with recommendations for reasonable adjustments.

'I found that my tutor was very understanding when I explained my circumstances to her. Perhaps universities could make more use of a personal tutor system and ensure that students feel comfortable with their tutor and feel that they can speak out if they need to.'

Key finding: staff respondents spoke predominantly to line managers, followed by occupational health, about getting support.

Fewer staff than students had spoken to anyone about receiving support. Of those respondents who had disclosed to their university, the main people spoken to were their line manager (76 per cent) or occupational health (58 per cent). Although around only one in four (27 per cent) spoke to human resources (HR) directly, 64 per cent said HR had been informed.

It is important that all members of staff, but particularly the ones mentioned here, are appropriately trained, aware of support and adjustments available and how their practices can be adjusted to be inclusive.

Responses to requests for support

Responding in the right way to requests for support from students and staff who have disclosed mental health difficulties is essential when creating an inclusive environment.

Sometimes responses from line managers and HR to requests for support or adjustments made by staff and students were not always easy for those who were making the requests. For some, it made them feel as though they were being picked out as different and would have preferred to be anonymous:

- = of those who had disclosed to occupational health, 65 per cent were satisfied or very satisfied with how they responded
- = 17 per cent were unsatisfied or very unsatisfied with how occupational health responded

'We are a small institution, and the occupational health nurse has become known by reputation for his supportive, non-judgemental approach and his absolute respect for confidentiality.'

- = 59 per cent of respondents were satisfied or very satisfied with how their line manager responded
- = 22 per cent were unsatisfied or very unsatisfied with how their line managers responded
- = 37 per cent of respondents who disclosed to HR were very unsatisfied or unsatisfied with how they responded
- = 30 per cent were satisfied or very satisfied with HR's response

'Sometimes HR or line manager insistence that someone needs help can exacerbate anxieties.'

'If I told my HR department it would feel like someone was just ticking a box on a file somewhere marking me out as different. If your line manager knows, they are far more likely to be able to provide sensitive assistance if and when required and know more about the individual concerned and their unique problems.'

'Perhaps the emphasis needs to be more about providing anonymous help so that staff are supported and it does not have to go on to their records. Most people are fine about such things going on their medical record but not on their work record.'

Receiving support

Providing support not only helps the person who is experiencing a mental health difficulty, but also encourages others who may need support to come forward.

Key finding: the majority of respondents who had received support and adjustments said they had a positive or very positive effect:

- = around four in five (78 per cent) of student respondents who received support or adjustments said that it had a positive or very positive effect on their studies and other experiences at university
- = only five per cent said overall the support was negative, no respondents considered it very negative
- = 74 per cent of staff responded that overall the support or adjustments had a positive or very positive effect on their work and the workplace
- = six per cent responded that it had a negative or very negative effect

'...felt a weight lifted off shoulders to know there was a supportive system who accepted the problems and were willing to help whenever possible.'

'I don't think the university could possibly have done more – I have been extremely pleased with the types of support available, the efficiency in providing it and the complete confidentiality that surrounds the support provided.'

'If staff feel that the organisation recognises and has support mechanisms in place to offer assistance to those experiencing mental health difficulties then any intervention (reactive or proactive) by trained staff will be sure to be of benefit and not detrimental to the individual concerned.'

Positive effects of receiving individual support and adjustments mentioned by respondents included:

- = giving staff and students a feeling of empowerment
- = allowing staff to manage their workload effectively
- = allowing staff to continue in work without taking leave of absence
- = allowing students to demonstrate their ability to meet course requirements

'It enabled me to negotiate a significant and positive career change.'

'I originally failed my final year law exam as I wasn't eligible for extra time the first time I sat it. Since taking it with extra time I passed with a B grade, I think this demonstrated how the correct support can enable somebody to reach their potential.'

'The support I've had has been outstanding, way above and beyond the minimum. By having this support, I have been able to succeed in submitting coursework to the best of my ability, doing my best in exams and many times, the support of the university has enabled me to stay on my course, when it seemed my only options were to leave.'

'I have felt comfortable returning to my job and have been able to implement some useful new organisational processes which I think have contributed to my recent promotion.'

Some respondents did outline some negative aspects to receiving support:

- = receiving targeted support implies that the individual is a 'problem' that needs 'fixing'**

'Allowing me more flexibility didn't deal with some of the real factors at work that were causing/exacerbating stress, puts more onus on the individual rather than the institution to change the culture/workload etc.'

'Made me feel like I had "problems" and needed "help". That I was not normal.'

- = receiving support can lead to staff and students feeling guilty**

'The only negative effects are the ones that I feel always, the guilt of feeling like I am a burden, which does not come from anyone else apart from myself, but it makes me feel like I need to prove myself more and overcompensate for my condition.'

- = the process of receiving support can be an extra burden for staff and students receiving it**

'Sometimes attending counselling and mental health tutor appointment feels like another piece of work that I have to do, not that they are difficult or negative experiences, but because they are a commitment which I must keep, like going to a lecture.'

= **some students or work colleagues can be resentful of people receiving support or adjustments**

'Some of my peers seem envious that I get good grades and seem to think that I shouldn't have the extra time, and don't understand that I need the adjustments in order to fulfil my potential.'

'It sometimes provokes anger in non-disabled students when they become aware of it. Other students have expressed the view that I and other disabled students on my course might just be lazy. I would say that it is quite possible for students to be both disabled and lazy, and therefore it is possible that sometimes laziness is also a factor in not completing work on time and thus requiring an extension. However, if we try to determine when a student "deserves" an extension and when they do not, then we may end up with a situation where the student is penalised for having a disability, particularly since some mental health disabilities may cause a student to believe negative things about themselves, and thus quite readily accept the student-given diagnosis of "lazy".'

Key finding: Universities provide a wide range of adjustments and support.

The following examples of support or adjustments were mentioned by respondents to the survey:

= **study support for students, for example peer-assisted learning schemes, individual learning plans, mental health support workers and mentors**

'We have a peer-assisted learning scheme which is particularly helpful as first years are taught and supported by second years. I know that other universities have "parenting" schemes to a similar effect. There will always be variation between students who would rather speak to staff about experiencing difficulties, and those that find second-year students more approachable, but this gives more options and covers a wider area.'

'...help talk through academic issues and organising workload.'

- = specific equipment, for example dictaphones or audio recorder to record lectures, laptops, speech recognition software, desktop lightbox
- = adjustment to course assessment, for example alternative assessment types, alternative exam arrangements, and extensions and adjustments to deadlines
- = individual therapeutic support, for example mindfulness training, counselling sessions, resilience training and cognitive behaviour therapy
- = work management support for staff, for example provision of work action plans including clear guidance and notice when changes to tasks are likely to occur

'Planning work in advance and in more detail than normal so I could feel more confident I was doing the correct experiments. This helped the most, particularly when I was going through a period of very low self-esteem associated with severe depression.'

- = adjustment to work hours and role, for example, variable working hours, amendments to contracted work hours (temporary, phased return, permanent) and adjustments to roles

'Flexible hours where necessary to allow me to attend medical appointments and also to allow me to avoid the worst of the peak rush hour bus journeys (these left me very stressed and lead to panic attacks at times) by coming into work slightly later and leaving slightly later (ten to six instead of nine to five).'

'Slight alteration of my role to include more initial supervision of students passing through our lab – particularly teaching them how to do various techniques. These techniques were ones I knew and understood well so felt confident teaching and supervising the resulting work. It also gave me a sense of achievement and motivation (as someone else was relying on me for a short time) at a time when both were scarce.'

- = changes to work location

'I am not required to travel at all for work (I am an agoraphobic) but I am encouraged to use video conferencing where possible to be included in meetings off-campus. I am also given every support if I feel that an off-campus meeting is possible (others will drive me etc).'

Staff can get some support through the **Access to Work** scheme. This is a grant that can pay for practical support for people to start and/or stay in work.

- = England, Scotland, Wales: www.gov.uk/access-to-work
- = Northern Ireland: www.nidirect.gov.uk/access-to-work-practical-help-at-work

The disability link-up scheme at **Brunel University** matches existing disabled students, following a training programme, with new disabled students to support and befriend them. Many students experiencing mental health difficulties have taken part in this scheme.

Buckinghamshire New University provides mentoring support funded by the disabled students' allowance (DSA). This scheme aims to provide students with:

- = one-to-one time with a supportive individual
- = guidance, advice and information
- = freedom to explore problems and ideas
- = coaching to develop problem-solving skills
- = help with motivation
- = opportunity to develop organisational skills

The **University of Salford** employ two wellbeing advisers and counsellors. Students come to them when experiencing mental health difficulties where they discuss the appropriate support or adjustments to ensure students stay on their course, or if appropriate, take time out. The advisers and counsellors work in collaboration with the disability and learning support team, providing students with reasonable adjustments under an individual student support plan. The team is also available for students in a time of crisis.

Abertay University provides services including occupational health, counselling and recourse which are promoted to staff and students through e-media, rolling news, health fairs and printed materials. They also promote activity and exercise to staff and students through walking groups, staff leisure groups and various exercise, for example curling, archery and rock climbing. The university also promotes a healthy diet through cookery demonstrations and collaborative work with catering to provide healthy menu options.

The **University of Wolverhampton** and the **University of Cambridge** offered a series of eight-week mindfulness programmes. You can find out more about mindfulness from the Mental Health Foundation: www.mentalhealth.org.uk

The enhanced active Brunel scheme at **Brunel University** was set up collaboratively between the disability and dyslexia service and the sports centre to provide free gym membership, with one-to-one support and guidance as well as advice on health and fitness to students with mental health conditions.

Recommendations

This section presents recommendations made by staff and students in the survey.

These recommendations, made by staff and students, at an organisational and individual level aim to support the development of an inclusive environment which empowers staff and students experiencing mental health difficulties.

Talking about mental health difficulties: empowering and educating individuals

Organisational recommendations

- = provide all staff and students with information around disclosure, outlining the positives and negatives of disclosing, providing clarity on what happens when someone has disclosed, and including case studies and examples of the support provided

'Explain clearly what happens following disclosure, it's terrifying disclosing for fear of consequences, but knowing exactly what would happen helps, especially if there are variations in procedures for different mental health issues.'

Recommendations for staff involved in disclosure mechanisms

When staff and students disclose a mental health difficulty, it is recommended that staff:

- = make clear how information will be handled
- = provide advice on how to contact support systems
- = demonstrate skills and knowledge, including understanding of equalities legislation
- = provide reassurances around discrimination, for example clarifying that disclosing will not impact on future promotion and work prospects
- = ensure they do not use offensive language

Recommendations for individuals

Some people may be unsure how to respond if somebody lets them know that they are experiencing or have experienced a mental health difficulty. Different people are comfortable adopting different approaches in different situations.

Here are some key considerations that respondents identified:

- = staff and students should listen to someone and respond appropriately

'Be empathetic, not sympathetic.'

'Don't judge, treat how you would like to be treated.'

'Treat normally but don't dismiss as trivial.'

= staff and students should be supportive

'Discuss with the individual how they would wish to be supported.'

'Offer support but do not take over.'

'Be there to listen and provide moral support.'

= staff and students should ensure they are aware of university policies and available support

'Familiarise self with universities policy.'

'Help find possible support services.'

'Offer practical help if appropriate (for example assisting in finding out information, supporting colleagues by being present for moral support at any meetings related to mental health difficulties, helping with workload management – if possible – by taking on additional tasks temporarily).'

= staff and students should consider their own language and any prejudices they may have

'Be aware of their own responses and prejudices to mental health difficulties and keep abreast of current thinking about it.'

'Do not use words such as "crazy" or "mental" to describe things as this leads to a general negative view of genuine mental health concerns – challenge inappropriate attitudes.'

= staff and students should take measures to develop their own understanding of mental health difficulties, for example through participating in mental health first aid and mental health awareness training

'Accept and respect the other people's reality even if they (you) don't understand.'

'It's all very well to google the issue but you can't know what someone is going through as an individual.'

'Every case is different and there are no wrong answers or stupid questions.'

'Be inquisitive, try and understand, look up mental health first aid, be aware of different medications.'

'Ask as many questions as possible, if you are not sure what is involved in a mental health issue the best thing to do is to talk to the person suffering.'

= **staff and students should give positive messages**

'Help boost confidence and self-esteem, make clear not a burden.'

'Recognise changes for the better and comment on them.'

The **University of Oxford** student-led organisation, *Mind your head*, aims to raise awareness and reduce the stigma of mental health issues: <http://mindyourheadoxford.org>

Mind your head is designed to:

- = get people thinking and talking about mental health and wellbeing
- = create a more welcoming culture for people who have experienced mental health problems
- = spread the word about what mental illness really means
- = encourage every student to look after their mental wellbeing

The university also runs a **Student Minds** eating disorder group who meet weekly throughout term to support students. The group is run by a team of trained student volunteers, making the meetings friendly and relaxed.

Student Minds aims to bring students together to share strategies for managing mental health, to talk honestly in a safe and pro-recovery environment: www.ox.ac.uk/students/welfare/peer

Further resources

The *Look after your mate* campaign by **Student Minds** provides universities with a range of resources including an activities toolkit and an online guide for friends:

www.studentminds.org.uk/look-after-your-mate

The **Time to Change** campaign includes tips on listening and talking about mental health difficulties:

www.time-to-change.org.uk/talk-about-mental-health

Students against depression offers information and resources validated by health professionals alongside tips and advice from students. The website offers comprehensive, award-winning information and resources to help individuals identify low mood or depression and then find a way forward:

<http://studentsagainstd Depression.org>

Northumberland, Tyne and Wear NHS Foundation Trust provides a series of self help guides, which are referred to by a number of organisations: www.ntw.nhs.uk/pic/selfhelp

Delivering support and adjustments**Providing support and adjustments****Organisational recommendations**

- = continue to provide a range of support and adjustments to staff and students, including, but not limited to, the legal duty to make reasonable adjustments
- = consider that adjustments and support require time to implement and work closely with staff and students so that processes are as efficient as possible

Inclusive work practices**Organisational recommendations**

- = improve communication within and between departments regarding workload and reasonable adjustments
- = where possible, support autonomy of work with flexibility which allows staff to manage ups and downs
- = involve staff who have experienced mental health difficulties and mental health charities in design and communication of policies and practices

- = when collecting information relating to mental health difficulties, include information on why the institution is collecting the information
- = include FAQs with advice on HR intranet pages
- = provide an information sheet around mental health difficulties to distribute with pay slips
- = make references to mental health difficulties in work/life balance procedures

Recommendations for line managers

'Management need to be sure that the working environment and culture are supportive and encompassing of difference and of those with mental health difficulties.'

- = **promote a supportive work culture within your team to encourage disclosure and reduce the fear of unfair treatment**

'A large part of my anxiety stems from the fact that people will find out that I have mental health issues and will think that I am incapable of doing my job properly. The fact that my manager was so supportive and reassured me that the work I was doing was good helped me to feel more relaxed. Her openness about mental health issues made me feel much more comfortable telling her when I did have a problem. Also offering me practical solutions like being able to go outside for five minutes when feeling stressed has helped me to take control of the situation.'

- = **provide reassurance and make self available for discussions around mental health difficulties**

'My line manager reassured me when I felt like I wasn't capable of doing my job. She also told me that when I felt anxious or panicky whilst at work I could take time out of the office to clear my head. She also made that I could talk to her if I ever had any problems that I needed to discuss and was open about her own experiences with mental health problems.'

- = **routinely check on the wellbeing of your staff, for example, through one-to-one meetings**
- = **challenge inappropriate comments by other members of staff**

- = ensure understanding of the role of reasonable adjustments in the workplace (including adequate breaks and rest periods), and how this may have implications for other members of staff

'I as a manager have encouraged staff to disclose so that I can make adjustments in the tasks that they are asked to do. I have explained to them that they are a valued and valuable member of the team and that I do not wish to put them under any additional strain that can be avoided simply by making some adjustments. I would prefer to adjust the work and thereby ensure that the staff member can carry on working to their abilities rather than insist on sticking to exact job descriptions and thereby making the person ill leading to absence. When other staff members can see that adjustments are easy to make and can make a big difference to people in the workplace, then other staff members are more likely to disclose. From this point of view mental health difficulties are no different to caring responsibilities, mobility issues etc.'

Course delivery and assessment

Organisational recommendations

- = where possible, provide alternatives to the way courses are assessed to ensure candidates can demonstrate their ability (this could be considered a reasonable adjustment)
- = consider timing of examinations and other assessments (this could be considered a reasonable adjustment)
- = ensure clearly promoted procedures on how students can discuss and request adjustments to examinations and assessments
- = improve communication between support and academic staff so staff have some awareness of individual's condition (with the individual's permission)

'Provide independent coordinators that can arrange adaptation of deadlines and attendance guidelines in case of health difficulties, if necessary, rather than having the students arrange these themselves and risk stigma for trying to "get out" of working.'

'Design a flexi-coursework system whereby the student already has an optional extension or a grace period from the start. This can be kept up to date with the student's doctor/counsellor if required.'

- = involve staff and students who have experienced mental health difficulties and mental health charities in design and communication of policies and practices

Recommendations for academics

- = provide notes and slides before lectures, with all materials online so students can access them from home (this could be considered a reasonable adjustment)
- = record lectures and make available to all (this could be considered a reasonable adjustment)
- = develop chatrooms for each subject module
- = provide students with study methods training, including how to manage deadlines

Improving the built environment

Organisational recommendations

'...they [X university] have now located their main mental health advice team in full view in student service for call-in sessions. When I heard I did not think it a good idea as it is better to be private, however after reflection I do feel it a good idea as it may go some way towards breaking down the barriers.'

- = ensure there is adequate signage on campus, including clearly marked exit routes
- = provide areas with soft comfortable seating in a relaxed atmosphere
- = where possible have available a bed on each floor, which can support people experiencing panic attacks
- = consider alternatives to open-plan environments

'Libraries and study areas could also benefit from a greater variety of study environments; large open atriums filled with desks and students can be difficult for students with anxiety. Booths can be particularly useful, especially for those students whose mental health difficulty makes them easily distracted by movement around them.'

- = look to reduce the extent of busy areas of campus, for example staggering meal times in the canteen

'Some students feel anxiety about going into places and doing things. Spreading out services may help to counter this. For example, if library books could be returned outside of opening hours, by way of an external drop box, students may feel more comfortable, if they are having a particularly extreme period of anxiety.'

- = provide 24-hour computer suites and libraries
- = ensure natural light, sunshine and windows
- = provide quiet spaces so that people can relax
- = involve staff and students who have experienced mental health difficulties and mental health charities when designing buildings and spaces

Abertay University has a series of policies, including policies on mental health and wellbeing, harassment and sickness absence, alcohol and substance misuse, and flexible working.

The **University of Portsmouth** has been working with **Mindful Employer**. Mindful Employer was developed by employers in Exeter and launched in 2004. Initially intended as a local initiative, it has since developed throughout the UK and launched independently abroad. Mindful Employer has been recommended as good practice by the UK government and other national organisations: www.mindfulemployer.net

The **University of Salford** works with a number of services in the community, including mental health teams and charities such as Mind in Salford, Self Help in Greater Manchester, and early intervention teams. They are part of an NHS group and get free training for staff. They are also part of the Mental Health Forum with **Manchester Metropolitan University** and the **University of Manchester** which meet every three to six months.

At the **University of Sheffield** a support coordination group (SCG) has been set up including representatives from the university health service, the university counselling service, the disability and dyslexia support service and student support and guidance, together with the head of student support and wellbeing, a consultant psychiatrist and the mental health support coordinator (MHSC). A student may be referred to the SCG by student support and wellbeing staff, who obtain written consent from the student for information sharing between services.

The group meets fortnightly to discuss individual cases and to clarify issues, roles, boundaries and responsibilities. It may consider risk factors, and come to a shared understanding of any possible diagnosis and how this might be expected to impact on the student's presentation and behaviour and ensure reasonable adjustments are made.

The SCG determines whether a coordinated support plan should be offered. Any recommendations are discussed with the student and with staff supporting them. One, or a series of meetings may be arranged between the student, actively involved staff, and the MHSC to formulate a support plan informed by any decisions or advice from the SCG. This agreed plan is shared by the student and staff supporting them with the MHSC remaining as a central point of contact. These plans can be reviewed periodically with all parties involved and the SCG.

Further resources

The **Healthy Universities** website 'aims to encourage a whole university approach to health and wellbeing.' It is managed by the **University of Central Lancashire** and **Manchester Metropolitan University**: www.healthyuniversities.ac.uk

The **University mental health advisers network (UMHAN)** is a national UK charity working for people in HEIs who experience mental health difficulties. They are a network of people dedicated to providing practical support to students experiencing mental health difficulties. UMHAN has recently produced a guidance document *Considering the needs of students with a mental health condition: resource for DSA needs assessors*. This resource identifies key principles when undertaking assessments, and assists in decision-making about different forms of support: www.umhan.com/resources-for-dsa-needs-assessors.html

Communicating support

Organisational recommendations

- = engage **all** staff and students in communications around available support and adjustments to increase awareness

'Information needs to be widely accessible for all students, not just those with previous or current experience of mental health issues. If it is known to everyone, friends of people experiencing issues, or people experiencing new mental health symptoms will be better equipped to access support immediately.'

Consider the messaging around mental health support and adjustments. Contents could be improved through:

- = making clear what is available and the process for getting support and adjustments
- = outlining how support and adjustments can help
- = outlining how information will be treated confidentiality
- = including testimonies and case studies
- = including details of equality legislation and rights

'Step by step guides detailing HOW students should access support and WHAT that support actually is would be very useful.'

'Give personal accounts from both students on how they have been helped, and to mentors/other support staff on how they help people.'

The **Open University** has produced a handbook *Studying and staying mentally healthy* which contains advice and tips to help study become an enjoyable and worthwhile experience, and to help students to stay mentally healthy. This is available via their website to enquirers and students:

www2.open.ac.uk/study/support/disability/publications/studying-and-staying-mentally-healthy

Use a range of channels and mechanisms to promote the support and adjustments available. These could include:

- = literature

For example, prospectus, materials used in the admissions and recruitment process eg UCAS correspondence, job adverts and

application forms, welcome packs (staff and students), terms and conditions of employment, pay slip notes, leaflets and booklets, staff magazine, vice-chancellor newsletter and daily bulletins.

'Have a page about it in the prospectus – this serves two purposes really, it lets prospective students know what support is available as well as reassuring them that having mental health difficulties is not something that will hinder their application.'

'Mention support for disabled staff and the Access to Work scheme on job adverts and application forms, giving examples of what might constitute a disability and explicitly including mental health difficulties. Include information about university-based support and Access to Work on human resources' websites.'

'Although it is not cost effective, a leaflet posted to staff's home addresses, people rely on email so much now that some emails are just missed or deleted without reading through them properly, staff don't always have time to look on intranet sites.'

'Be creative, particularly, the students' union used postcards with pictures of monsters stating "Sometimes it feels easier to fight a dragon than it is to admit that you need support, but here is some information..." which were a big hit.'

The University of Sheffield has developed postcards called *Worried about another student?* about supporting mental health and wellbeing which are distributed through their residences, timed for when students return in January and the start of first semester exams:

www.sheffield.ac.uk/ssid/worried

- = induction programmes
- = events

For example, open days, fresher's fair, lectures, equality and diversity events, anti-stigma and awareness-raising campaigns, lunchtime seminars with guest speakers who are expert in fields of support for various mental health conditions.

Imperial College Union launched its **Stress less** campaign in May 2013, designed to encourage students to take the time to relax during the examination period. The campaign features a series of events spread across a number of weeks and across a number of different campuses. Activities such as a petting zoo, laughter yoga, and arts and crafts are included to provide stress relief, while educational sessions encourage participants to develop long-term coping and prevention strategies.

The campaign publicises existing activities run within the university, for example regular meditation classes run by the chaplaincy and fitness classes run by the university's gym. This allows for a greater number and wider range of events in the program, but encouraged students to access year-round sources of support and relaxation.

The campaign also promotes the welfare services available within the students' union and externally. The light-hearted nature of the campaign and accompanying marketing materials was designed to reduce barriers to accessing help and support available.

At mental health awareness week, **Teeside University** held a number of events.

Tea and talk sessions for staff and students were hosted by local branches of the charity Mind. These allowed students to:

- = find out more about common mental health problems such as stress, anxiety, low mood and depression
- = pick up some useful tips and learn about coping strategies in an informal setting
- = get information on how and where to get support
- = take the opportunity to think about their own emotional wellbeing and ways to improve it

Drop-in sessions, where any student or member of staff with a question or concern about mental health issues can drop in to talk to their student mental health adviser.

Staff training and/or development events

Brunel University run monthly open-to-all lunchtime awareness-raising sessions for staff and students. Sessions have focused on a number of specific mental health issues, like bipolar, anxiety, self-harm and suicide.

Organisational recommendations

- = mental health first aid training

What is mental health first aid training?

Like the concept for physical first aid, mental health first aid training does the same for someone experiencing mental ill health. However, in teaching people how to give initial care, the course also dispels the fears people often have when they come across someone they suspect is experiencing mental ill health or is in distress. The aim is not to diagnose or treat people, but to encourage and support them to access professional help, as well as signpost them to the right place.

Imperial College London provides accredited mental health first aid training via one of the equality and diversity managers, who is an approved trainer. The college has 30 mental health first aiders. In certain situations and cases it may be that immediate medical intervention is required. In these cases the St Charles NHS Urgent Care Centre in Notting Hill can be accessed. This is a walk-in service for members of the public.

The **Open University** has developed an online training package for tutors which is delivered at key stages in the academic year. Tutors join the sessions online. The sessions are recorded so that they can be accessed at a later date by any staff that missed the live sessions.

The mental health adviser at the university delivers a presentation on mental health to curriculum accessibility specialists, focusing on curriculum access issues in relation to mental health difficulties. The mental health adviser is available to offer advice and guidance to this group of staff at the stage of module production. For example, the mental health adviser offered advice about using appropriate language when writing a philosophy module which touched on irrationality and the connection to mental illness.

The **University of Wolverhampton** counselling service runs *Dealing with students in distress* workshops as part of the university's annual staff development programme, available to all staff and particularly used by frontline staff. Bespoke versions of these are integrated in some school staff training days.

The **University of Sheffield** has developed *Helping students with mental health difficulties*, a booklet which is distributed to staff in departments through disability liaison officers: www.sheffield.ac.uk/ssd/publications/mental-health

They have also produced an information leaflet for the university counselling service: www.sheffield.ac.uk/ssid/counselling

As part of the supporting the supporters staff development programme, the mental health advisers from the disability and dyslexia support service at the University of Sheffield offer the course *Supporting students experiencing mental health difficulties*, which is aimed at all staff and is normally offered at least twice a year: www.shef.ac.uk/ssd/support/training/mhdifficulties

The students' health service at Bristol NHS participates in the training of senior residents at the **University of Bristol**, in the halls of residence. They have also run a joint training day for the health service clinicians and counsellors of the student counselling service, on dealing with mental health issues, sharing good practice and using scenarios, and planning how best to coordinate care. The students' health service at Bristol NHS liaise closely with the medical school, and have supported eight-week courses on mindfulness for medical students, which have now become a core part of the curriculum.

The **University of Nottingham** has developed, in both hard and electronic formats, a guide for staff entitled *Identifying and responding to students in difficulty* which outlines how to respond, where to get help and lines of communication: www.nottingham.ac.uk/counselling/documents/ssc-staffguide-a5-brochure-2013.pdf

Brunel University has set up a mental health wellbeing group consisting of staff from various student services, schools and students' union to address issues around mental health. Training is also provided to student mentors in halls of residences to heighten awareness around mental health and ensure they are aware of relevant resources and facilities.

Abertay University provides *Mentally healthy workplace* training for line managers, *Stress management* training for senior managers and *Living life to the full* course for individuals. The university also offers mental health first aid, online cognitive behavioural therapy and offers ASIST suicide prevention training.

Harper Adams University provides training for managers including a note from the vice-chancellor. Sessions for managers include information on work, the Equality Act 2010, what it feels like to experience mental health difficulties and details on how to support someone who is experiencing mental health difficulties. Often people have mentioned that they personally, or a friend, or relative has experienced mental health difficulties.

= open discussions with university or students' union members

For example, with students welfare officers, staff in student services, mental health champions, resources staff and mental health advisers.

Harper Adams University has recently appointed a student mental health adviser. The student mental health adviser communicates about the university services through a variety of channels, including emails to students with details of availability and contact details, promotional displays in main areas of the campus, including details of the university mentoring scheme. The adviser has also utilised large electronic displays around the university which display rolling adverts.

‘...possibly organise a group Skype session or Google+ Hangout between prospective students, current students, university staff and teaching staff at various schools.’

= **regular surveys which can be used to develop inclusive support**

Abertay University conduct staff stress surveys, supported by stress focus groups. Individual stress risk assessments are then conducted resulting in detailed individual action plans, and local action plans for departments.

= **disability networks or forums**

= **peer mentoring schemes**

= **university websites**

‘Advertising support and adjustments available at the university on their websites, especially in the sections which detail about student life and services/societies/clubs at the university. Most prospective students tend to look up information on what extra-curricular activities and social life that is on offer at university, and this could be a prime spot where information on additional support to students can be highlighted, whether it be specifically mental health issues, or other matters such as learning difficulties, dyslexia, having a disability or handicap, those with sight or hearing problems.’

= **posters**

‘...in the university accommodation there should be a poster with the main support numbers and emails on, this poster being a necessary thing to have up in the room on inspections etc just like the fire safety posters are.’

= **emails**

‘I think emailing all students on a regular basis, perhaps twice each term, to remind students of what is available... I think email is the best way as people can read and digest in private and will be able to take up the support available as and when their circumstances change across the course of study.’

- = outreach work and work with external agencies such as local councils and GPs

'My previous university... has an amazingly efficient, well-thought out and effective link between the health centre and the counselling team. A nurse referred me to the counselling team, who I immediately went to... and I was rung by the doctor for a meeting a week later to ask how I was (and)... if there was anything else they could do etc. They were fantastic, and as a pathway it really worked – I felt cared for and as though they would not let me get lost or forgotten. ALL UNIS SHOULD HAVE THIS SORT OF SYSTEM. I felt like I had a team.'

The **students' health service at Bristol NHS** were finalists in GP practice of the year and innovators of the year. Examples of their work included a blog including some student experiences, letting students know about conditions and what help is available: <http://studenthealth.blogs.illrt.org/2014>

They also have a twitter account and a facebook page for communicating campaigns. They have developed an in-house eating disorder service, *First step*. Students are seen by a psychologist within four weeks of referral for assessment and treatment:

www.bristol.ac.uk/student-services/news/2013/66.html

- = social networking sites
- = videos

Videos have been developed by several university counselling services to disseminate information, including:

- = **University of Wolverhampton:** www.wlv.ac.uk/study-here/student-support/counselling/watch-our-videos

- = **University of Warwick:** www2.warwick.ac.uk/services/tutors/counselling/welcomedvd

Specific recommendations for occupational health

- = advertise occupational health support on the university website, including their role, expertise and types of mental health difficulties they have addressed in last five years

'There is a perception that occupational health departments (are) used as a tool by HR departments to provide evidence against employees, and indicate that they are not fit to do their role. In reality, our occupational health department is pro-employee, and there to assist as much as possible. Clearly, a cultural shift is required in order to dispel this perception. The locus of the cultural assumption will be different in each institution, so different methods of dissemination and proof of this message will be needed accordingly.'

- = promote to all staff how to actively access occupational health

'Sell their involvement as a positive rather than a negative. So often staff only reach occupational health after there have been problems and they basically have to prove they are well enough to do their jobs. It should be about seeing them before problems arise to anticipate what support might be needed, but only if the employee wants to do this, they shouldn't be forced to just because they have disclosed a mental health difficulty.'

Equality Challenge Unit

ECU works to further and support equality and diversity for staff and students in higher education across all four nations of the UK, and in colleges in Scotland.

ECU works closely with colleges and universities to seek to ensure that staff and students are not unfairly excluded, marginalised or disadvantaged because of age, disability, gender identity, marital or civil partnership status, pregnancy or maternity status, race, religion or belief, sex, sexual orientation or through any combination of these characteristics or other unfair treatment.

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