

## 1. INTRODUCTION AND HOW TO USE THIS MANUAL

### 1.1 Whom is this manual for?

It is intended to be a resource for all members of the institution<sup>P</sup>, on the basis that everyone, both staff and students, is directly or indirectly involved in student mental health. The emphasis is that there are issues which affect all members of the institution and that student mental health is not just the concern of the support services. It is hoped that in being accessible to students as well as staff it might encourage a co-operative approach between the staff and student body.

### 1.2 What does the manual contain?

**Planning:** advice on planning institutional policy and procedures to improve provision for students with mental health difficulties and promote mental wellbeing in the student community.

**Guidance:** practical guidance on assessment of need, internal and external support mechanisms and positive measures to reduce mental health risk factors generally

**Training:** practical suggestions for the development of training in mental health awareness within the institution.

### 1.3 How to use this manual

It is intended that this manual may be a useful signposting tool for any member of the institution who wants to look at an overall institutional approach to student mental health. It is not there to reinvent material already produced but to act as a central point where links to other resources can be found. It may also be useful as a checklist to cover the many different aspects of developing policy, provision and training.

### 1.4 What is meant by the term 'mental health difficulties'?

- There is considerable controversy with regard to definition in the field of mental health and it is not the purpose of this manual to attempt to give 'clinical' definitions. It is, however, useful for institutions to agree appropriate generic terminology at the outset. Various terminology is used in this field. The term 'mental illness' can be particularly controversial in view of its strictly medical connotation. Preference is generally given to the term 'mental health difficulties' (or sometimes 'mental distress') to cover a wide range of experiences which may affect anyone at anytime. Certain terminology should be avoided, such as the use of labels referring to one aspect of a person e.g. 'a schizophrenic', as well as the casual use of words such as 'mad', 'crazy' etc, which are extremely damaging in the fight against stigma and prejudice. It is good practice to listen to, and

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<sup>P</sup> The term 'institution' is intended to cover both Universities and Colleges

respect, the terminology used by those experiencing mental health difficulties themselves.

- The focus is better placed on the behavioural, physical and mental effects of mental health difficulties and how these might have implications for someone to enjoy a full and successful student life.
- References: [1] A useful summary concerning definitions is contained in the UUK publication, '*Guidelines on student mental health policies and procedures for higher education*', 1.7 & 1.8, <http://www.universitiesuk.ac.uk/bookshop/default.asp#2> (management guides and codes of practice) [2] 'Language and Mental Health' in *The Open University Toolkit 'Supporting students with mental health difficulties*,' <http://www.ouw.co.uk/products/OTTK014.shtm>

Good resources for understanding terminology can also be obtained from many of the mental health agencies, support groups and other organisations listed in section 7 of this manual.

### **1.5 Why do institutions need to be concerned with student mental health?**

- As everyone has a state of mental health, mental health issues, in the widest sense, are relevant to all sectors of society. Moreover, there have been several recent government initiatives in this field (e.g. National Service Framework for Mental Health) which apply to the whole of society of which the student body is a part.
- With specific reference to students, there are a number of regulatory and legal reasons for mental health issues to be an important consideration for institutions. They include:

Legislation under the Disability Discrimination Act (1995) and Special Educational Needs and Disability Act (2001) references: *Disability Rights Commission*, <http://www.drc.org.uk> and *SKILL*, <http://www.skill.org.uk>

The concept of a 'Duty of Care', reference: *AMOS SHE Guide to Good Practice Duty of Care document*, <http://www.amosshe.org.uk/news.asp>

QAA Code of Practice on Students with Disabilities, reference: <http://www.qaa.ac.uk/public/COP/COPswd/contents.htm>

- There are critical issues relating to access and retention which make it a concern for institutions to widen the range of students with disabilities/special needs who can attend and succeed.

### **1.6 Student mental health difficulties: some statistics**

To support the argument for institutional concern with student mental health (see section 1.5) it may be useful to cite some relevant statistics relating to the incidence of serious mental ill-health in the student body. National studies have demonstrated that students are a vulnerable group in terms of mental health difficulties, for example:

- 63% of universities report an increase in psychological distress among students. (Association of University and College Counselling, 1996/97)
- Schizophrenia is the most common form of severe mental illness, with the first episode typically occurring between the ages of 18 - 30 years and usually induced by stress (IRISS Project, 1994)
- Manic depression commonly begins between the ages of 16 - 25 years, with 1 in every 100 people being diagnosed as suffering from this illness (Manic Depression Fellowship, 1990)
- The largest group of males who attempt suicide are aged between 20 and 24. Suicide, second to accidents, is the largest cause of death in 15 - 24 year old men. 56% of young men who attempt suicide have employment or study problems (The Samaritans, 1990)
- 1 in every 500 women between the ages of 15 and 25 will require extensive treatment for anorexia. Incidence of anorexia has been linked with high academic achievement (Eating Disorders Association, 1997)