

2. DEVELOPING A STUDENT MENTAL HEALTH POLICY

2.1 Rationale for having a policy

- The discussion involved in forming a policy helps to focus the institution on the issues, especially through involvement at management level.
- A policy is a statutory part of institutional government and hence should become part of the infrastructure and undergo regular formal review.
- It is a means of establishing protocols with an obligation that they are upheld.

2.2 Writing a policy

- Most institutions will recognise the advantages of forming a working group to consider what the policy should contain and to draft and discuss content. It is essential that such a group has cross institutional representation to ensure all relevant areas are covered and to achieve maximum credibility on implementation. Such representation will include members of the student body, support services and teaching staff. It is also critical that there is involvement at senior management level throughout the process.
- As part of the institutional structure the policy must advise and be advised by other institutional policy e.g. policy on disability, admissions, emergency procedures, discipline, confidentiality etc.
- The consultation process will also need to ensure the input of relevant professional expertise. This may require representation by, or reference to, mental health personnel from the local community health team, for example. Working with such local external agencies at the early stage of policy development may be extremely helpful in building effective liaison in the future.
- Advice will also need to be available on the legal context e.g. in terms of 'Duty of Care' (see [section 2.5.2](#)).

2.3 Launching the policy

A high profile launch will raise awareness of mental health issues generally in the institution. The profile needs to be maintained by wide circulation of the policy document and regular events or bulletins (via institution newsletter/website) to remind staff and students of its existence.

2.4 Monitoring the policy

Once the policy has been formally accepted by the institution that acceptance gives a base line for training, updating and monitoring. The monitoring process will include regular review of the policy through statutory institutional procedures e.g. appropriate committees. Regular evaluation is essential to

determine how widespread is awareness of the policy and to what extent it is being put into practice.

2.5 Content of the policy

Some institutions may opt for an extensive document, maybe also covering staff mental health issues. Alternatively, a briefer policy could contain general statements concerning roles, responsibilities and procedures with reference to less formal guidelines for practical advice.

It is likely that the basic issues which would need to be covered include (for practical guidelines on these issues see [section 3](#) of this manual):

2.5.1 Confidentiality

- Statement of policy relating to confidentiality with specific reference to mental health issues. It will acknowledge the institutional policy on confidentiality and also specific professional codes of confidentiality for certain services e.g. GP's, chaplains, counsellors
- The rationale for confidentiality: to encourage students to have the confidence and trust to seek appropriate help and to identify needs
- Basic principles on sharing information:

Where information is recorded or shared, the terminology used must be agreed with the student and reflect needs as opposed to diagnosis

The only exceptions to sharing information *without* consent are when there is a threat to personal or other's safety or under legal requirements

2.5.2 Duty of Care

Reference to the legal context whereby the institution may potentially owe a duty of care to students with mental health difficulties. This covers such areas as breach of contract, liability for negligence, standard of care and breach of statutory duty under such acts as the Human Rights Act, Data Protection Act, Disability Discrimination Act and Special Educational Needs and Disability Act. Reference: *AMOSSHE 'Duty of Care' document* (see [section 2.6](#))

2.5.3 Roles and responsibilities of staff

- Upholding confidentiality
- Recognition of boundaries: knowing where professional boundaries lie and where and when to refer on
- Treating each student as an individual
- Empowering students with mental health difficulties to enable them to participate fully and successfully
- Working towards a non-stigmatising community

2.5.4 Roles and responsibilities of students

- For students with mental health difficulties:
Using relevant support services
Informing relevant staff when unable to fulfil academic commitments
- For students supporting students with mental health difficulties:
Knowing personal limits and where and when to refer on
- For all students:
Working towards a non-stigmatising community
Making suggestions on institutional procedures and using complaints procedures where appropriate

2.5.5 Disciplinary issues

- Protocol which addresses the possible dilemma where disciplinary procedures are operated when a student has mental health difficulties e.g. where the student's behaviour has had an adverse impact on others.
- A statement would be needed to emphasise that all students are subject to rules and disciplinary procedures and hence this includes students with mental health difficulties. However, this would need to acknowledge that there is a danger that disciplinary procedures may be used inappropriately to deal with students whose behaviour may not fit the 'norm', or where constant re-offending is due to obvious mental ill-health. In such circumstances consideration of support needs may first be needed before further action and an alternative to the normal disciplinary route may be necessary.
- Policy concerning such instances, where an alternative route may be appropriate, could include the use of case conferences, with membership which *might* include academic staff, staff from student residences, support service staff, health/counselling professionals etc. The intention would be to ensure a consistent approach among the different people involved and to arrive at a recommendation, based on support needs, to be agreed with the student.
- Where an alternative route had been used in accordance with the above, a statement may be needed as to when disciplinary action would consequently be taken e.g. where it is vital to stop serious disruption to others or if there is a threat to the safety of students or staff.
- Link to a statement written in to general institutional policy on discipline, for instance, relating to alternative action where there are mental health difficulties e.g. temporary suspension of studies.

2.5.6 Statement of institution's commitment to:

- Adequate and accessible support services, reference: *AMOSSHE 'Duty of Care' document* (see [section 2.6](#))
- Non-discriminatory environment, reference: DDA and SENDA (see [section 1.5](#))
- Training and awareness raising (see [section 5](#))
- Liaison with external agencies (see [section 3.5](#))
- Continuing development of policy and provision
- Liaison with Students' Union/Working with students (see [section 3.4](#))
- Recognised procedures pre-entry, on course, on exit and when problems arise, reference: *AMOSSHE operational guidelines in 'Duty of Care' document* (see [section 2.6](#))

2.6 Further references

- Extensive coverage of issues which need to be looked at in terms of policy at senior management level can be found in the UUK publication: *'Guidelines on student mental health policies and procedures for higher education'*, <http://www.universitiesuk.ac.uk/bookshop/default.asp#2>
- Responsibilities which need to be covered by policy in terms of 'duty of care' (with special reference to student support services) are covered in detail in the AMOSSHE document *'Responding to student mental health issues: 'Duty of Care' responsibilities for student services in higher education'*, <http://www.amosshe.org.uk/news.asp>