

**Practical Guidance  
for the  
Development and Day-to-Day Provision  
of a  
Higher Education Institution Mental Health Service**

**Prepared for and on behalf of  
The University Mental Health Advisers Network (UMHAN) by**

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## Introduction

The 1995 Disability Discrimination Act (DDA) aimed to end discrimination faced by disabled people. The 2001 Special Educational Needs and Disability Act (SENDA) then placed more emphasis on educational and training providers, including Higher Education Institutions (HEIs), to act proactively on disability equality issues. In 2005, the DDA was amended and mental health conditions no longer needed to be clinically well recognised. A person was covered under this legislation if their mental health had a substantial and adverse affect on their ability to carry out normal day-to-day activities. HEIs were therefore required to be proactive in taking into account the needs and circumstances of students who experience mental health difficulties, thus ensuring reasonable adjustments were in place.

At the same time, HEI counselling services and disability services acknowledged that they were not in a position to provide the specialist support required to meet the complex needs of students experiencing mental health issues. It had also been widely accepted that the statutory and voluntary sectors were not in a position to provide the specialist interventions needed to meet the requirements of the DDA and HEIs duty of care.

In response to these issues, the mental health advisor role was developed as part of a Higher Education Funding Council for England (HEFCE) funded project (1997-2000), at the University of Northampton. Since then, many HEIs have committed themselves to employing a mental health advisor(s), therefore providing a mental health service for its student population. It is currently estimated that 50% of the student population have access to a HEI mental health advisor.

In 2001, the Universities Mental Health Advisors Network (UMHAN) was formed to provide a forum of support and develop good practice guidance for its members and their HEIs. In 2009 Dan Doran, Mental health Co-ordinator from the University of Loughborough, wrote the document *Institutional Support for Students with Mental Health Difficulties*, which outlined the national and institutional influences that impact on the support for students with mental health difficulties within HEIs.

This document follows on from Dan Doran's paper and aims to:

- describe practical guidance, requirements and rationale for the development and day-to-day provision of an HEI mental health service;
- provide an overview of good practice, and recommend areas that need further development and guidance from UMHAN;
- outline the key work of mental health advisors/team, describing what support students with mental health difficulties can expect from accessing a HEI mental health service;
- act as a resource for the mental health advisor/team and the wider HEI.

This document has been written for all HEIs in the UK. It is acknowledged that many HEI mental health services have developed in different ways, with some HEIs having mental health advisors and others having mental health teams. Therefore, for the purpose of this document, the terms advisors, teams and service have been used interchangeably.

This document has been written by Mental Health Advisors at the University of Exeter for and in conjunction with members of UMHAN.

## Service Funding

There is a variety of different ways in which HEIs can fund their mental health services, which will be discussed in more detail within this section. The funding of HEI mental health services is complex as it is dependent on the financial position of the HEI and the priority given to these services.

Under the DDA, HEIs have a duty to fund the assessment and provision of reasonable adjustments for students experiencing mental health difficulties, whether they are anticipatory or reactive in nature.

The HEFCE allocate funding to widen access and improve provision for disabled students, based on the number of students at each institution in receipt of the Disabled Students' Allowance (DSA). This is reported to HEFCE annually by institutions through Higher Education Statistics Agency (HESA). Some HEIs use this funding to pay the salaries of mental health advisors/managers and administration staff whose roles are not directly funded through the DSA. Some HEIs ring-fence any remaining funding for the provision of disability services to widen access and improve provision.

The DDA states that institutions would not normally be expected to fund services which could be funded through the DSA. (The DSA funds support on a one-to-one basis for students with mental health difficulties.) It does not, however, provide any funding for the infrastructure, including training and supervision of staff, needed in order for such support to be provided safely and effectively. It also does not provide funding for the additional time spent in liaison with the HEI; for example, meetings with academics to discuss ongoing support and adjustments. In addition, it does not provide funding for liaison with external agencies or crisis intervention which may be an essential part of the support.

HEFCE funding is dependent on the number of students that have declared a disability and are in receipt of the DSA. HEFCE allocate monies proportionally across all eligible HEIs rather than allocating money per individual student.

It is also important to be aware that the number of students who declare their mental health difficulties through UCAS as a disability is extremely low. Currently it is estimated that only 0.3% of students will declare on their UCAS form that they experience a mental health difficulty. However, research has shown that one in four students during their time at HEI will experience mental health difficulties, (Royal College of Psychiatrists, 2003). Many of these will emerge for the first time during their time at HEI. A survey on The Disability Rights Commission (now Equalities and Human Rights Commission) website also found that 52% of people who would qualify for protection under the Disability Discrimination Act did not consider themselves disabled. Therefore, if HEFCE allocates monies to fund a HEIs mental health service provision purely on student disability declaration, and if the only other avenue of funding is the DSA, the HEI may not have adequate funding to fulfil its duty under the DDA.

In addition, some funding may come through the HEIs central services budget. A number of institutions may set aside a level of funding for students who are not eligible for the DSA (for example, from international tuition fees for support for international students). Some HEIs also have internal funds or grants which can be used to fund specific projects/equipment (for example, alumni funds). However, these tend not to be used for ongoing support or items which it is felt should be funded by other routes.

HEIs need to provide funding for a mental health service, not only to ensure that requirements of the DDA are met, but also to ensure that students are aware of their entitlements to support, reasonable adjustments and the DSA . The Social Exclusion Report (2004) set several requirements for making the DSA more accessible to students. However, it is likely that significant barriers to accessing funding through the DSA still remain to students with mental health difficulties. Revenue for funding a mental health service will be increased by encouraging more students to declare their health needs and by promoting the uptake of the DSA.

Therefore, mental health teams and their managers need to consider this in relation to their service funding. It could be argued that a high-quality HEI mental health service pays for itself. In service evaluations, students with mental health difficulties often report that accessing

mental health support enabled them to remain at HEI and complete their studies. It would be reasonable to assume that if support was not available there would be higher rate student drop-out rate, which would have an adverse effect on HEI rating scales.

Currently, the funding for HEI mental health services through HEFCE and the DSA is not sufficient to provide an adequate service for all students needing support and/or adjustments as a result of their mental health difficulties. There is very little consistency across the sector in how HEIs prioritise funding from their own budgets for mental health services. Therefore, this is an area that UMHAN needs to consider in more detail.

## **Structure of a Mental Health Service/Team**

Many HEIs initially employed a mental health advisor in order to meet the requirements under the DDA and put in place reasonable adjustments, thus ensuring that students with mental health difficulties are able full access to their course and are not being disadvantaged as a result of their health.

Some HEIs have given these issues of student support greater priority and financial support. This has enabled a fuller mental health service to be offered to the students and the wider HEI. In some HEIs there are now established mental health teams as opposed to a lone mental health advisor.

There are many benefits for HEIs having a mental health team which include:

- greater provision of support and accessibility for the students;
- greater provision of support for staff working with students experiencing mental health difficulties;
- more opportunities to promote a healthy HEI culture and reduce stigma;
- reducing the acknowledged difficulties of lone working allowing for colleague/peer support and supervision as and when required;
- more continuity of service in relation to holiday and sickness cover;
- improved feedback in the student satisfaction surveys;
- potential reduction in student drop-out rates, which will impact on HEIs ratings and surveys;
- reduced risk of litigation under the DDA.

Mental health teams have developed and are structured in different ways. Mental health advisor has become the most common job title within HEI mental health services. However, as services have expanded, other job titles within the mental health teams have been introduced: mental health co-ordinator, mental health mentors, progression support advisors. Continuity of job titles is not essential. However, as a team develops clear structures and procedures need to be in place. These include:



- clear lines of responsibility and authority within the team;
- job descriptions for each role;
- regular supervision for each role;
- access to relevant policies and procedures within the individual setting and the wider HEI.

## **Location of the Mental Health Advisor /Team within the HEI**

Where the mental health advisor/team is located within the HEI seems to vary throughout the UK. In the majority of cases, they are located within the disability/accessibility service.

However, some are located within student counselling services, well being and health services and occasionally on their own. There is now also a move at some HEIs to provide a 'one-stop-shop', where all student services are located within one area.

The location of the mental health advisor/team is likely to have an impact on how the mental health service is structured and developed as each team will have its own priorities and influences.

Wherever the mental health advisor/team is located there are requirements that need to be in place or developed. These are:

- clear lines of management and accountability pathways for the mental health advisor/team;
- good working relationships with the team members and service manager of the team where the mental health service is located;
- a clear understanding for all team members of each other's unique roles;
- good working relationships with other teams that the mental health team work alongside in supporting students;
- acknowledgment and respect for any overlap between service provisions and how this is managed to provide the most effective and efficient service.

## Service Staffing Levels

Good practice guidance for the ratio of mental health staff in relation to student population has been difficult to determine as there is presently no set standard within HEIs in the UK.

HEIs have different views about the structure and provision of their student support services and how the needs of students with mental health difficulties are met. Traditionally, these students have accessed support through counselling and disability services. However, the additional responsibilities of the DDA have meant that these services may not have the specialist skills and expertise to fully and competently meet the needs of the student population.

Mental ill-health is a complex and specialist clinical area. Students experiencing mental health difficulties have their needs most effectively met by staff that have specialist experience and skills. Therefore it is strongly recommended that HEIs provide a specialist mental health worker, and not to incorporate this role within existing support services.

### Issues to consider when determining service staffing levels

This section needs to be considered in relation to issues discussed in other sections within this paper such as service eligibility, funding, and the role of the mental health team.

It needs to be recognised that mental health difficulties affect significant numbers of students, with one in four students experiencing a mental health issue whilst at HEI, (Royal College of Psychiatrists, 2003). This poses a significant access and equality issue. There is also a vast discrepancy between the number of students who declare on UCAS and those who may require mental health support when at HEI. Therefore with only 0.3% of students declaring a mental health issue through UCAS, it is essential not to base the size of the mental health team on declaration rates alone.

In addition, the traditional student profile has recently been changing. The Labour Government's higher education widening participation policy has resulted in an increasingly diverse student population nationally. This change has been happening more slowly in the older research led HEIs, (B. Rickinson and J. Turner, 2002). However, HEFCE identified widening

participation as a key strategy, and all HEIs are still required to focus on widening access to students from disadvantaged and non-traditional academic backgrounds. Therefore, the numbers of students with mental health issues is likely to increase.

It is worth remembering that HEIs are likely to be more successful at recruiting and maintaining students from diverse backgrounds if they can offer a well-resourced service which supports students with mental health difficulties from the pre-application stage and throughout their course. HEIs will then be meeting their requirements under widening participation.

As stated within the section on Funding, high quality mental health support could pay for itself. The support offered by the MHA within the institution will enable a student to continue with their studies, reducing drop-out rates and increasing student satisfaction ratings. These will all have a positive impact on HEI national rating scales.

In determining staffing levels there also needs to be a commitment from the Directors of Student Services to consider how the needs of students with mental health difficulties are best met. They would also need to clarify their own HEI's view with regard to:

- meeting their DDA requirements;
- responsibilities with respect to duty of care;
- good working practice;
- widening participation, social inclusion, healthy HEI initiatives, equality and accessibility.

Once a mental health service is in place, evaluation and audit then needs to be carried out on a regular basis. This would demonstrate the effectiveness of appropriate support in relation to student retention and successful completion, and ensure that the service can adapt to changing demand.

UMHAN is in the process of compiling a survey of the number of students at HEIs, the number of students registered with the mental health service, and the number of FTE (full-time equivalent) staff with a mental health specific role. This is another area in which UMHAN may wish to make a recommendation on minimum baseline provision for student/ mental health worker ratios.

## **Management Structure for a Mental Health Advisor/Team**

It is an essential requirement of any effective service to have clear lines of management, accountability and responsibility.

Good practice would be that the mental health advisor is managed by someone with greater authority within the HEI who has responsibility for the support and management of the mental health service. This may be the immediate line-manager such as the head of student services or, if the mental health advisor is located within a specific service, it is likely to be the head of that service (for example, head of counselling or accessibility/disability service).

The mental health advisor also needs to be clear about their manager's lines of accountability and responsibility.

The mental health advisor's line manager needs to have:

- a clear understanding of the role and job descriptions of the mental health team;
- responsibility and accountability in ensuring the mental health needs of students are being met;
- responsibility in ensuring that the mental health team has management supervision.

## **Mental Health Advisor – Qualifications/Experience**

This section is written in conjunction with the UMHAN document on The Mental Health Advisor Role written by Jo Lester, Mental Health Advisor, (2010) for the Royal College of Psychiatrists.

The mental health advisor will be a mental health specialist and will either have a professional qualification in this area or substantial demonstrable expertise. Evidence of previous and ongoing Continuing Professional Development (CPD) activities and/or training within mental health would also be required to ensure the post holder is up to date with legislation and clinical practice.

The mental health advisor would be employed by the HEI and may or may not choose to continue with any professional registration as well. There are advantages and disadvantages for maintaining professional registration.

The advantages are:

- the professional registration places more responsibility on mental health advisor to remain up-to-date and carry out regular CPD activities;
- there is access to links with local and national groups of their profession, thus providing opportunities for the mental health advisor to keep up-to date with policy and service provision;
- it may provide the mental health advisor with professional recognition within the HEI;
- the mental health advisor could use their professional title when carrying out assessments that are required as a part of the role;
- professional supervision will be required for registration to be maintained and the HEI is more likely to support and fund this provision (see Supervision section).

The disadvantages are:

- the mental health advisor may be expected to manage more responsibility and risk than is appropriate for this potentially isolated role (see Management of Crises and Risk section);

- the mental health advisor has to pay for their registration;
- the funding of professional supervision may not been seen as a priority by the HEI and some negotiation may be required (see Supervision section);
- the HEI may not provide the necessary support structures for the mental health advisor to maintain their registration effectively (for example, access and funding to CPD opportunities).

## **Role of the Mental Health Advisors/Team**

The role of the mental health advisor or team will generally fall into two areas:

- supporting students who experience a range of mental health difficulties;
- advising and supporting the wider HEI in relation to meeting the needs of students with mental health difficulties.

### The role of the mental health team in supporting students

The focus of the work is on supporting students who experience mental health difficulties with a specific emphasis on how their health impacts on their ability to study and progress at HEI.

Some students will come to HEI with a lived experience of mental-ill health, some with established networks of support within secondary care, and others with no support in place. Some students will develop mental health difficulties for the first time while at HEI.

The mental health team's role would include supporting any students at the HEI including prospective students and students who have interrupted their studies (for example, helping to facilitate their return).

The support provided by the mental health team would complement any statutory service provision. Statutory service provision will vary from area to area and over time, and it is essential that the mental health team have up-to-date knowledge about their local service provision and boundaries. It is important that the role of the mental health team is not seen as a replacement for any statutory service provision as the remit and emphasis are different.

Specific aspects of the role may include:

- providing a confidential, supportive place to discuss how their mental health difficulties are impacting on their course, academic progression and HEI life;



- providing initial and ongoing assessment of the student's mental health and well-being, considering the extent to which their health is impacting on their ability to cope and manage at HEI;
- identifying and reducing barriers to learning, thus enabling successful progression with their studies;
- implementing problem-solving approaches in relation to the student's situation. (This may include liaising with HEI schools, establishing reasonable adjustments under the DDA, and specific therapeutic interventions);
- considering the most appropriate ongoing support options (this may include ongoing mental health support sessions [see the DDA section] and/or signposting to other services; for example student counselling service, international student support service, the students union, a GP, the community mental health services and local voluntary sector services);
- considering all options available to students whose health is significantly impacting on their ability to study (these would include deferring some or all examinations, renegotiating deadlines, health-related breaks such as interruption, repeating a year, part-time study, changing courses, and/or recommending the student accesses ongoing support from HEI and/or outside agencies);
- supporting the student in developing coping strategies and skills to maximise their potential and level of independence;
- discussing mental health issues with the student to increase their understanding of their experience;
- enabling the student to explore and maintain balance in their daily living tasks and roles in order to enhance their mental well-being;
- establishing an individual learning plan (ILP) and negotiating and/or advising schools on reasonable adjustments, including examination arrangements (see UMHAN documents on Reasonable Adjustment and Exam Policy)
- providing support and practical help to enable students to access and apply for the DSA;
- conducting ongoing case co-ordination and liaison with HEI schools and outside agencies (this may include formulating joint plans, advocating for the student, mediating

between the student and HEI departments; any liaison would only be undertaken with the student's consent [see Confidentiality section]).

- facilitating support to access other HEI services such as extra library support and assistance, accommodation services, financial services, student union support, student activities and societies, and careers services;
- providing support to access other non-medical helper support provided through DSA, such as buddies, note-takers, special study skill support, and providing effective liaison with these services;
- reviewing ongoing support and adjustment of frequency as necessary;
- providing group work where appropriate.

### The role of the mental health team in working with the wider HEI

The mental health team may also support the wider HEI in the following ways:

- providing support and advice to staff working with students experiencing mental health difficulties;
- acting as a source of knowledge and expertise to the wider HEI on issues related to student mental health and the DDA;
- promoting awareness of the requirements of relevant legislation such as advising the HEI on its obligations under the DDA (this would include advice on reasonable and anticipatory adjustments, course design, and alternative teaching methods);
- developing good liaison pathways with relevant HEI staff in relation to supporting students;
- writing and implementing relevant policies and procedures (for example, fitness to study and fitness to practice procedures);
- providing training to HEI staff on student mental health issues and support;
- challenging stigma and discrimination against those with mental health difficulties;
- promoting health and mental well-being within the HEI;
- networking to promote widening participation and to promote inclusion;

- promoting and facilitating effective contact between the HEI and external agencies to ensure collaborative working;
- producing resources for the wider HEI to ensure effective support for students who experience mental health difficulties;
- producing resources for students on mental health and available support;
- supporting friends of students who are experiencing mental health issues;
- maintaining membership of relevant working parties within and outside the HEI.

## **Supervision of the Mental Health Advisor /Team**

Good practice requires that the mental health advisor/team members have access to regular management and clinical supervision funded by the HEI.

### Management supervision

Management supervision would be carried out by someone within the HEI with line-management responsibility for the mental health advisor. The function of management supervision may include:

- supporting the mental health advisor/team's role and function within the HEI;
- supporting the management of the day to day provision of the service;
- prioritising the aspects of the job;
- developing the role/service;
- identifying individual training and development needs.

### Clinical supervision

Clinical supervision is an essential requirement for the mental health advisor/team owing to the nature of the work in supporting and managing the mental health needs of students.

Clinical supervision is, *"a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations"*. Department of Health (1993) A vision for the future. Report of the Chief Nursing Officer.

Clinical supervision is essential for many reasons. Whether the mental health advisor is seeing a student for the first time or for ongoing support, they need to carry out an assessment of the students' needs, and then make a judgement about the level of clinical need. The mental health advisor needs to consider how the student's mental health needs may best be met and by whom, and decide whether others need to be informed or involved depending on the level

of concern. Owing to the complex nature of supporting students with mental health difficulties, clinical supervision is necessary to ensure effective clinical reasoning, critical thinking and decision-making in supporting a person's well-being and mental health, and in determining the level of risk to themselves and others.

Clinical supervision also ensures:

- maintenance of good practice;
- equity of service;
- quality and improvement in student support and service provision;
- effective risk management and performance-management;
- clarity of systems for accountability and responsibility;
- professional and effective boundaries;
- upholding the relevant legislation;
- identification of need for further staff training.

Clinical supervision needs to be carried out by another mental health professional that has a clear understanding of the mental health advisor/team's role and the relevant clinical skills and expertise. The clinical supervisor does not have to be member of HEI staff.

#### Supervision of other staff within the mental health team

There needs to be a clear and hierarchical structure of how supervision is provided to all team members, regardless of how the mental health team is structured.

#### Elements of good practice supervision

- supervision should held regularly and at agreed times (fortnightly is often recommended);
- boundaries and expectations should be established and agreed (for example, boundaries of confidentiality);
- the environment for supervision should be appropriate (for example private, confidential space without interruptions);
- notes should be taken and agreed.

## Policies and Procedures

HEI and service policies are based within a legal framework emerging from national guidance, policy and government directives. They set the agenda for an HEIs policy development and, in turn, its mental health service's policy. The mental health team needs to be fully conversant with all relevant policies and be able to interpret, implement and advise on such policies.

The mental health advisor/team needs to be aware of what policies and procedures the HEI has in place and how these may impact on the provision of support for students with mental health difficulties. When becoming familiar with HEI policy, the mental health team needs to consider whether these policies demonstrate an ongoing commitment to remove the barriers to the full participation of people with mental health difficulties in Higher Education.

### Examples of these HEI policies include:

- the disability statement;
- equality and diversity;
- pre-admission and admission procedures;
- confidentiality and disclosure policies, and data protection;
- accommodation procedures;
- policies that address the needs of failing students such as disciplinary and fitness to study/fitness to practice policies;
- complaints and academic appeal procedures;
- course assessment policies and practice such as mitigation, interruption, withdrawal;
- critical incidents/cause for concern procedures;
- disclosure policy.

The mental health team needs to be aware of what systems are in place to create and review policies. As part of the institution, the mental health advisor needs to be involved in the development of policies that directly impact on students with mental health needs. Some mental health teams may be asked to write policies themselves. However there needs to be a

process and forum in which the policy is approved and accepted by all those who may have a commitment to it.

Once a policy has been written and approved, it is essential to consider how the policy is going to be implemented. This would include training and ongoing staff development programs. There also needs to be processes for reviewing and monitoring the effectiveness of the policy, such as the equality impact assessment.

One example of good practice in the development of mental health policy from the University of Exeter is having a mental health focus group. This consists of individuals from around the university who have a special interest in student mental health. The remit of the group is to develop guidance and policy on mental health which the mental health team contributes to. This group is chaired by the Head of Student Experience who has an overview of all student-facing services and departments. This means that any policy written reflects the needs of any university department. The Chair also has links and leads into various university-wide committees that may also contribute to policy and approve any emerging policy. One advantage of this structure is that policies that are agreed can be disseminated with a high degree of authority. This has helped with the overall implementation of new policies within the wider HEI.

#### Mental health service policies and procedures

It is essential that the HEI mental health team establishes clear policies and procedures for their service. They will help to define the individual service boundaries, and underpin service provision and practice. Service policies and procedures also ensure equity of provision, and define the level and process of support the student can expect.

Relevant policy and guidance may include:

- confidentiality policies;
- eligibility to access the service provided by the mental health team;

- procedure for service provision ( for example referral criteria/process, initial assessments , ongoing support);
- learning support agreements;
- examination arrangements;
- mitigation;
- storage of notes;
- management of risk;
- lone-working policy;
- referral procedure;
- service evaluation.

The mental health team may also have to adhere to or work within the policies/procedures of the service in which they are located.



## Confidentiality

HEIs will have policies and statements about their obligations regarding confidentiality shaped by The Data Protection Act, The DDA and The Human Rights Act. As members of the HEI staff, mental health advisors/teams will need to adhere to these policies. However, individual HEI support services, such as mental health teams, counselling teams and disability services, should also have their own confidentiality statements. Confidentiality procedures will help to determine and ensure good practice in relation to the service that the mental health team provides to students, and in any liaison with relevant HEI staff and outside agencies.

If mental health team members are also members of a professional body they will also need to adhere to their own professional code of conduct and ethics, which will include confidentiality.

It is recommended that mental health services have a confidentiality statement that is clear and accessible to students and staff. This statement will help students to consider the issues and feel more confident about accessing support and declaring their health issues.

An example of a confidentiality statement that is used at the University of Exeter includes:

“The mental health team offer a confidential service whether a student has chosen to declare their health issue or not. This means that personal information shared with the mental health team will not be passed on to anybody else without the student’s permission.

The only exceptions to the rule of confidentiality are:

- if a member of staff believes that the student is a serious risk to themselves or others;
- if a member of staff would be liable to civil or criminal court procedures if information was not disclosed

At an initial appointment the issues of declaring a mental health difficulty, confidentiality, and giving consent for liaison will be discussed and the relevant paperwork completed.

In order for the most appropriate and effective support to be put in place, the mental health team may need to liaise with relevant HEI departments. As this information is sensitive under the Data Protection Act, the mental health team would gain permission from the student to communicate with the appropriate people. Any information shared would always be kept to a minimum and shared on a need-to-know basis.

Some students choose not to give consent for communication to take place with other HEI schools/services. In these situations the student will be informed of how this may affect the type of support the HEI can offer. It would be good practice in these situations for students to be asked to sign a non-disclosure form.

If the student gives consent for liaison to take place with other HEI support services and/or health agencies, the mental health team will work collaboratively to ensure he/she receives coordinated support.”

It is recommended that guidance on confidentiality is an area for further consideration by UMHAN, and that a good practice guide on confidentiality is written by UMHAN.

## Service Eligibility

The issues of who is eligible to access a HEI mental health service is contentious and complex. Presently, funding and provision of resources for HEIs mental health services vary considerably, as do the criteria for who is eligible to access the service provided by the mental health team.

Service eligibility is determined individually by each HEI and depends on the service aims and strategic plans, and the avenues of funding available. In all cases, the requirements under the DDA, and equality and accessibility issues must be taken into account. This links with other sections in this document entitled Funding, Staffing Levels and Role of the Mental Health Team.

There are certain issues that the mental health team and their manager/s need to consider in relation to who would be eligible to access the mental health service.

Is the student required to:

- have a previously diagnosed mental health difficulty?
- declare their mental health difficulty to the HEI?
- provide medical evidence?
- be registered with a GP?
- be in receipt of the DSA?
- meet the eligibility criteria for the DSA?
- experience mental health issues that are having a negative impact on their academic progression?

Is the student eligible to access the service if:

- they refuse to apply for the DSA?
- they are not eligible to apply for the DSA?
- they are an international student?
- they refuse to provide medical evidence and/or register with a GP?
- they have a newly emerging or recent experience of mental health difficulties?

- they are now in recovery and not actively unwell?
- they are concerned about a student friend who is experiencing mental health difficulties?
- they are accessing another HEI support service?

Also, are staff with mental health difficulties eligible to access the service?

Many services may define their eligibility criteria only to those students that declare a disability on application, and who are eligible for the DSA. However, as mentioned throughout this document, declaration rates are significantly lower than actual need. Many students would be concerned about declaring a mental health difficulty on application due to the feared stigma and discrimination they may experience. Many students with mental health difficulties would also not consider themselves as having a disability and therefore would be unlikely to declare at application to the HEI or want to apply for the DSA. Therefore, a service that restricts access dependent on declaration may not be meeting the needs of the indeterminate number of students that require the service. This could be judged as being discriminatory.

Once a student declares a mental health difficulty to any member of staff at the HEI, the HEI is then “deemed to know” and is bound by the legislation of the DDA. Therefore, it is recommended that the mental health team offer a specialist initial assessment to all students who may be experiencing mental health difficulties. This will cover an assessment of their mental health, and information and advice on what support is available including reasonable adjustments, the DSA and ongoing support. This will then ensure the HEI has met its legal obligations under the DDA.

## Management of Crises and Risk

HEI mental health teams will need to make a clear procedural decision about how they wish to operate in relation to dealing with crises and risk.

How a mental health service deals with crisis will strongly influence the referral process and how students access to the service. For example, some HEIs may offer an appointment-only service and not a crisis service. Other services may offer a drop-in and will be identified as a support service for students in crisis.

There are certain issues to take into account when considering whether the mental health service offers a crisis service. These include:

- access and links to NHS crisis and out-of hours-support;
- access to the local GP service;
- lack of access to medical records;
- experience, confidence and training of mental health staff;
- structures of support and supervision, with clear lines of accountability for the mental health team;
- links and referral procedures to other HEI services (for example university security services, accommodation).

Regardless of how the mental health service is structured in relation to crises and risk, there will need to be clear procedures and support for all HEI staff in how to manage and deal with students showing this level of need.

When working with students with mental health difficulties, determining a student's level of risk to themselves and others is an ongoing and fundamental part of the work. Carrying out formal risk assessments on behalf of the HEI, however, is different and will require good clinical reasoning, access to medical records, and clear referral procedures to psychiatric services. If a service does undertake formal assessments, clear procedures of how these are implemented need to be in place.

It is recommended that HEI mental health teams have close working relationships with local GP/student health centres and NHS mental health services so that issues of risk are worked on collaboratively and in the best interests of the student, taking into consideration their environment. It would be seen as good practice if HEI mental health teams were involved with NHS mental health teams risk assessment and treatment plans, where appropriate.

The safety of staff is another important aspect of managing crises and risk. The location of the mental health service is very important to consider. Some HEIs only provide a service to students within their department, whereas other mental health teams may see students at other locations (for example in the student's accommodation or public venues).

In these situations lone-working procedures must be considered.

The whole issue of managing crises and risk within a HEI mental health service is more detailed and complex than described above. It is recommended that UMHAN explore this area in more depth.

## **Issues in relation to The Disabled Students Allowance (DSA)**

Students with mental health difficulties may be entitled to the DSA. This is an allowance that is available to students with disabilities through Student Finance England (SFE) or other funding bodies, to help meet the cost of additional expenditure and support required whilst studying in higher education. The DSA can cover costs for human support, equipment, specialist software, travel, and other course-related costs that result from a disability. Students need to apply for the DSA and medical evidence will be required to support the application.

Once the funding bodies have agreed that a student is eligible for the DSA, a specialist centre, many of which are based within HEIs disability services, will formally assess a student's needs in relation to the allowance and make recommendations to the funding body. A DSA study needs assessment will often recommend that a certain number of non-medical helper mental health support sessions are provided for students with mental health issues. When the funding body agree to fund these sessions the student is entitled to have this support put in place by one of the services recommended.

### The nature of the DSA non-medical helper mental health support

The funding body make the decision on whether to fund mental health mentor support recommended in a DSA study needs assessment based on The Department for Education and Skills (DFES) guidance. The criterion for approval is based on the extra expense that a student with mental health difficulties would incur in order to fully access their course in higher education. It does not cover the cost that a person with mental health difficulties may need independent of whether they are studying.

The DSA mental health mentor support that may be funded through DSA may include:

- facilitating students to fully engage in the social environment at HEI;
- assisting students in understanding academic demands in relation to coursework and deadlines;

- acting as an advocate for students in relation to institutional and multi-agency communication;
- assisting students in developing strategies which address timetabling problems and help maintain regular attendance;
- monitoring any signs and symptoms of a reoccurrence of the students' mental health difficulty;
- developing strategies for relapse prevention in order to maintain mental health;
- providing students with ideas and strategies for when they are in situations which will trigger their mental health difficulties in relation to the academic and practical context of their courses.

There may be times where the mental health advisor and the DSA needs assessor have recommended mental health mentor support but the funding body do not agree to fund the recommended support. This is a situation that needs to be monitored and, if the needs of the students were not being met, UMHAN may need to consider how to approach this with the funding body.

Provision of DSA non-medical helper mental health support:

Throughout the UK, mental health mentor support is provided in different ways. These include:

- mental health mentors being employed by the HEI as a full member of the HEI mental health team, with DSA providing re-imburement for 1:1 mental health mentor sessions;
- mental health mentors being employed on a sessional basis by the HEI, or being self employed and contracted to the HEI. They will provide 1:1 support for those students in receipt of DSA (they will be expected to liaise with the mental health team and to receive clinical supervision from the mental health advisor or representative);
- mental health mentor support being provided by an independent supplier separate from the HEI.



## Implications for mental health advisor/team

The structure of how DSA-funded mental health mentor support is provided will have advantages and disadvantages and implications for the mental health team.

The advantages of the HEI employing the mental health mentor (either on a sessional basis or as an employee) are that the student can receive a more comprehensive and efficient service. The mentor could advise the wider HEI on other reasonable adjustments using the HEIs policies and procedures and adapting these as needs change. Liaison and communication would take place between the mentor and other team members as the former would be able to refer complex issues quickly to the mental health advisor. A member of the mental health team would provide clinical supervision within their role, which would ensure more continuity and equity of service provision.

There are additional advantages to the HEI employing staff on a HEI contract to provide mental health mentor support. These include an increase in the uptake of the DSA as students will often apply for it once they have met the mentor and realise the value of what can be offered. Mentor support can start straight away, without the need to wait for the lengthy DSA process to be completed, thus facilitating a better outcome for the student, and ensuring the HEI meets its duty of care requirements.

When an outside agency provides the mental health mentoring, the mental health team may have little input into the service that the student receives. The mental health team will also have less understanding of a student's needs at that time and therefore may be less effective in supporting the student with any academic issues. Outside service providers of mental health mentoring may have their own agreements for supervision which would not involve or link with the mental health service, (see Supervision section). As a result, the mental health team may need to consider how they would link with the outside service provider to ensure the HEI is supporting the student in a full and comprehensive way.

Situations may arise when a HEI provides some of the ongoing support and also contracts out to a private agency. In these situations the HEI must ensure that the students are all being treated equitably.

## Implications of the DSA process for the mental health service

The DSA process can be very lengthy and the mental health team need to encourage prospective and current students to apply for DSA as soon as possible.

There can be times when a DSA study needs assessment may have recommended support which the funding body has not agreed to fund. This has implications for service provision and funding, and the HEI needs to agree what support the student can be offered while considering their responsibilities under the DDA.

Students who have an emerging or newly diagnosed mental health difficulty may not be eligible to apply for the DSA. Good practice would mean the mental health team would provide support for students at this crucial time in their lives. It is highly likely that the best long and short term outcomes are achieved when support is put in place as early as possible.

The uptake of DSA by students with mental health difficulties is very low. Therefore, mental health teams need to ensure students know about the allowance, be proactive in how the DSA is promoted, and to support students with their application.

International and EU students are not eligible to apply for the DSA. This again has implications for service provision and funding whilst taking into account the requirements of the DDA.

The mental health advisor needs to have good links with their local DSA study needs assessment centre so that the DSA assessors are fully aware of who the local providers are.

## Conclusion

This document has been written for UMHAN as guidance on the development and day to day provision of a university mental health service. During the writing of this document it has become apparent that some of these areas require further exploration and expansion by UMHAN. These include:

- Service funding;
- Service staffing levels;
- Confidentiality;
- Management of crises and risk;
- Linking with SFE re non medical helper mental health support provision.

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