

## Guidelines on Student Mental Health and Wellbeing

The purpose of these guidelines is to provide basic guidance on identifying warning signs, symptoms and behaviour, with a view to informing or advising students on possible sources of appropriate support across the University.

It is a guide to help staff to understand some common mental health difficulties. **Staff are not expected to become diagnosticians, as this is a specialist task.** However it is hoped that these notes will assist in making decisions about referring a student for further support.

Knowing that a student carries this or that particular mental illness label is usually unhelpful, and conveys little or nothing about the person's difficulties or experiences. Information about the typical symptoms of illnesses is readily available from a range of sources. This section avoids a condition-by-condition approach, and concentrates instead on behaviours which staff may encounter, and the responses which are likely to be helpful.

It is important to remember no two people experience mental health difficulties in exactly the same way. Mental health difficulties are likely to be temporary and are often treated effectively by counsellors, psychologists and/or medication. They may be caused by the need to cope with sudden change, e.g. bereavement, or the break up of a relationship. They can be the result of chronic stress or can also stem from emotional difficulties which people have experienced in their childhood, adolescence or as adults.

Staff in a pastoral role such as Personal Tutors, counsellors, postgraduate supervisors and accommodation services staff can have an important role in the early detection of these disabling but eminently treatable conditions. People who are experiencing symptoms may not recognise what is happening and only seek help when prompted by friends, flatmates, family or university staff.

A change in behaviour can be associated with some medical conditions. Behaviour which is out of character for an individual may be associated with being run down, very tired and overexcited or under stress. Alternatively it may result from the use of drugs (legal and illegal), medication etc. Mental illness is different. Mental illness can have a deeply incapacitating effect, and may require hospital admission. Its diagnosis is unlikely to depend on isolated symptoms and are usually associated with the observation of a persistent cluster of symptoms over a period of time. By contrast with mental health difficulties, which affect approximately one in four of the general population, mental illness is experienced by approximately one in fifty.

Feeling worried is a healthy response in many situations, and an important aspect of successful achievement. We all develop ways of coping with our anxieties when we feel under pressure. However, between 7 – 10% of the population is likely to be worried about many aspects of living and when anxiety becomes too great and significantly impairs the ability to function, we need to encourage students to seek help. Sessions with a counsellor or psychologist can be helpful ways of exploring the causes of stress and implementing ways forward.

In rare cases of severe anxiety and panic attacks, or severe mental illness, a GP referral, medication and the use of psychological or cognitive therapies may be beneficial.

Depression is one of the most common forms of mental health distress. We all go through difficult times in our lives, but for people who are depressed life can be a real struggle. They may feel bad about their lives and themselves in many ways. At times they may feel despairing. Counselling can provide a powerful way of safely exploring how the depression began and of assisting the student to mobilise those centres of resilience that still remain, GP referral is recommended and the careful use of anti-depressant medication can prove helpful.

If you are aware of a student experiencing some of the symptoms listed below it may be appropriate to make them aware of resources which are available to them. For students who experience a cluster of symptoms over a period of time, it is important that they are encouraged to seek professional help.

### **Recognising warning signs, symptoms and behaviours**

It should be reiterated that there is no expectation that University staff will become diagnosticians, and the following list of symptoms is in no way intended to be a diagnostic tool. It is, rather, guidance to staff in advising or informing a student about possible sources of help.

Examples of a range of symptoms:

#### **Behaviour**

- Change in study patterns e.g. doing considerably more or less work than usual
- Change in attendance patterns at university
- Falling grades
- Agitation
- Over-intense interaction/withdrawal
- Uninhibited/disruptive/disturbing behaviour
- Disrupted eating pattern
- Disrupted sleeping pattern
- Reduced concentration
- Changes in motivation
- Self harm
- Suicidal thoughts and activity
- Avoidance of everyday activity

#### **Appearance**

- Lack of attention to appearance and poor personal hygiene
- Marked weight loss or increase
- Particularly drawn/tired looking
- Noticeable smell of alcohol, cannabis

- Bizarre, unusual and out of character dress

### **Mood**

- Loss of interest in most things/exaggerated interest
- Significant mood swings
- Excitable/restless/fidgety
- Extremely angry
- Extremely sad
- Feeling flat
- Isolated and withdrawn
- Feeling of disorientation
- Altered states of perception
- Persecutory ideas
- Feelings of acute loneliness

### **Other indicators**

- Something what the student is saying or doing makes you feel very concerned or uneasy
- History of mental health difficulties
- Recent disruptive/traumatic events
- Significant loss in their lives (past/present)
- Debt/financial worries
- Lack of other supports/isolated
- Significant academic pressure
- Difficulties in the home environment (family/flatmates)

Reproduced with permission from the University of Strathclyde