

Mental Health Policy

Introduction

The aims of the Mental Health Policy are:

- To set out the framework in which the University provides students with mental health difficulties the opportunity to reach their full academic potential;
- To provide practical advice and guidance to those staff responding to students with mental health difficulties.

The majority of students with mental health difficulties are able to navigate their University careers successfully through a combination of self-care, pastoral support in Colleges, adjustments within their academic Departments, specialist support services and the support offered by external services. A minority of students experience difficulty in acknowledging the impact of their mental health upon their safety, wellbeing, their academic progression and their capacity to engage in the wider student experience.

The Mental Health Policy Statement below contains the University's statement of its commitment to support. [Appendix 3](#) contains guidance for staff supporting students with mental health difficulties and sets out the framework in which staff will address student support needs, specifically the mechanisms of informal and formal Support Meetings. A full procedure for a formal Support Meeting is set out in [Appendix 4](#). [Appendices 5-8](#) contain information and guidance on medical evidence that may need to be considered in Support Meetings or upon a return to study following a concession on mental health grounds, along with pro-forma examples of requests for evidence. A separate student-facing Guidance note with advice for students on support provision and academic concessions on mental health grounds is available on the Counselling Service website.

In exceptional circumstances, where there are concerns about a student's welfare and where the range of supportive measures that the University may be reasonably expected to provide have been employed but have not satisfactorily resolved concerns, the appropriate policy and procedure is Fitness to Study. The policy applies for all conditions where there are concerns about a student's capacity to engage in academic engagements, maintain their own safety or to reside in College communities without adversely impacting their peers or College staff. A flowchart outlining the intersection of the Mental Health Policy and the Fitness to Study Policy is presented in [Appendix 2](#).

(1) Terminology

This Policy uses the broad term **mental health difficulties** to describe the issues that fall within its scope. A useful framework to describe the continuum of mental health is presented in [Appendix 1](#).

Mental wellbeing is a dynamic state that describes our current capacity to enjoy life and to work productively and creatively, our ability to build and sustain positive relationships with ourselves and with others.

Mental illness can be acute or chronic, and may arise from organic, genetic, psychological, relational or behavioural factors (or any combination of these). The illness may fall within the definition of a 'disability' as set out in the Equality Act 2010, but not all mental health illnesses constitute a 'disability'. A mental illness may be, but is not limited to, a condition diagnosed by a medical professional. An individual with a long-term mental illness may nevertheless experience good mental wellbeing if they are adequately resourced and supported in managing their condition.

(2) Policy Statement

The University aims to provide a challenging, stimulating and purposeful academic environment with the greatest opportunities for social, cultural, sporting and spiritual engagement. In this way, the University aims to make a positive contribution to the mental health and wellbeing of all students and staff.

Mental health difficulties can beset students at any point in their academic career, and some students may begin their studies with pre-existing conditions. The higher education experience at Durham is competitive and high-achieving, in which some students will thrive but for others may present a challenge to wellbeing. It is well-recognised that transitions in life can be times of acute stress. However participation in Durham University also presents an opportunity to develop resilience, independence and skills to manage one's own wellbeing and contribute to the wellbeing of others.

The University aims to provide a supportive environment in which all students, including those with mental health difficulties, have the opportunity to realise their full potential and meet the academic requirements of their programmes of study.

The University aims to promote a culture in which mental health difficulties are recognised and supported. It will ensure that students are not disadvantaged, academically or otherwise, because of their difficulties in accordance with the University's Equality and Diversity Policy. The University has specific responsibilities towards those students whose mental health is defined as a disability under the law to ensure that reasonable adjustments are put in place to support their learning. Where a student is facing academic progression or disciplinary processes, and mental health may be a contributing factor, the student will be offered support to protect their longer-term academic prospects.

However the University recognises that the students are individual, adult learners, with a responsibility to contribute to their own self-care and to contribute to the quality and wellbeing of the University community. Students are invited to engage appropriately and professionally with the support available, where mental health difficulties are adversely affecting the student's capacity to engage productively with their studies or with the University community. The

University will assist students to understand the support provision within the University, within its remit as an education institution, and to assist students to access appropriate external support where necessary.

The University seeks to implement these aims by:

- Providing pastoral and welfare support services within the College environment and access to specialists in the Counselling and Disability Support Services, in addition to the support services provided through an external body such as the Durham Students' Union;
- Encouraging students with mental health difficulties to make these known to the University and to seek support both pre-arrival and after they have commenced their studies, and at such times that their support needs may change, for example in undertaking work or study placements abroad;
- Taking a proactive and collaborative stance in supporting students to develop a support plan;
- Ensuring that transparent and consistent procedures are adopted across the University and its constituent Colleges to support students with mental health difficulties;
- Providing clear guidance on the confidentiality of personal information provided by students;
- Providing guidance, training and support to staff involved in student support;
- Maintaining strong links with local specialist mental health services to improve the provision of services to meet students' needs and referring students with mental health difficulties to services when appropriate.

Whilst the University is committed to providing a supportive environment, it is important to recognise that it is not a mental health facility nor is it a therapeutic community. There are, of necessity, limits to the extent of the support that can be provided and it is not the responsibility of the University to replicate services that already exist within the wider community and within the NHS. The University cannot provide treatment for mental illness but aims to provide an environment and the resources to support students to maximise their sense of mental wellbeing.

A positive approach from students and University staff towards the management of mental health conditions is critical to student learning, academic achievement and the quality of the wider student experience for all.

Appendix 1: Framework for Mental Wellbeing and Mental Illness

This Policy uses the broad term **mental health difficulties** to describe the issues that fall within its scope. It may be helpful to distinguish between

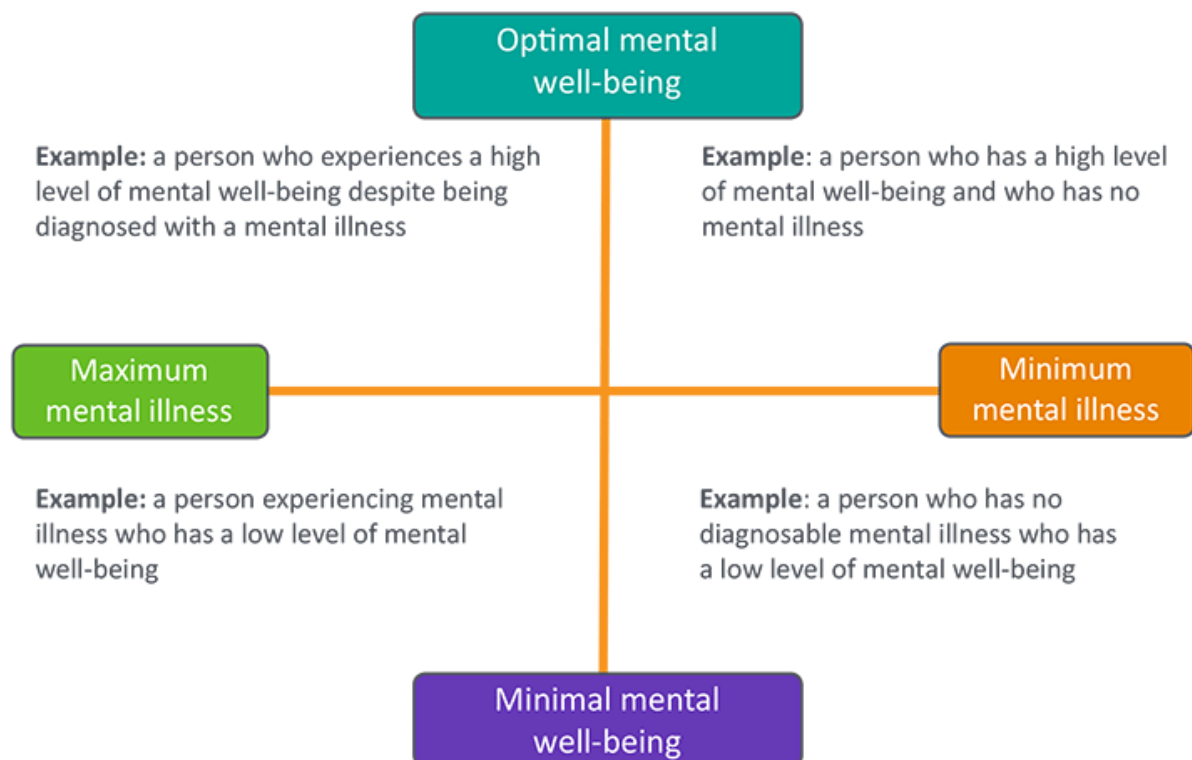
Mental wellbeing, as a dynamic state that describes our current capacity to enjoy life and to work productively and creatively, our ability to build and sustain positive relationships with ourselves and with others, and

Mental illness, which can be acute or chronic, and may arise from organic, genetic, psychological, relational or behavioural factors (or any combination of these). The illness may fall within the definition of a 'disability' contained in the Equality Act 2010, but not all mental health illnesses constitute a 'disability'. A mental illness may be, but is not limited to, a condition diagnosed by a medical professional. An individual with a long-term mental illness may nevertheless experience good mental wellbeing if they are adequately resourced and supported in managing their condition.

The University seeks to support students in maintaining their mental wellbeing. It is beyond the scope of the University to provide treatment for those experiencing mental illness, but it will provide all appropriate sign-posting towards external services and provide appropriate reasonable adjustments, where mental illness falls within the definition of a disability.

Durham University offers a number of opportunities for individuals to experience mental wellbeing, as identified in national policy frameworks. It provides a vibrant learning community alongside opportunities for connection and a sense of community, participation in physical and volunteering activities. These are factors identified as supports for mental wellbeing, with or without a diagnosable mental illness^[1].

¹ Five Ways to Wellbeing, <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>



Appendix 2: the Intersection of the Mental Health and Fitness to Study Policies

Nature of Concerns	Mental Health Policy	Fitness to Study Policy
<p>Low to moderate concern for wellbeing, or</p> <p>Non-engagement with studies identified by Department, triggering APN</p>	<p>Informal approaches by College and/or Department</p> <p>If unresolved</p>	
<p>Moderate to serious concerns , where mental health is clearly implicated or suspected, and student is open to a meeting under the Mental Health Policy</p> <p>Serious concerns may need to be raised through a formal meeting in the first instance</p>	<p>Student Support Meeting</p> <ul style="list-style-type: none"> - Informal meeting with outcomes for engagement with support or behavioural agreements - Mental Health Advisor involved - If unresolved <p>and it is believed that with formally agreed outcomes a student has the capacity to remain</p> <p>Student Support Meeting</p> <ul style="list-style-type: none"> - Formal, documented outcomes for support or concessions - If unresolved following Support Meeting measures, further referral to 	<p>OR it is believed that there is sufficient risk to the student or others, and that even with further support they would be unable to effectively and safely remain in the University</p> <p>Fitness to Study Meeting – for formal consideration of fitness once support measures have not resolved concerns</p>
<p>Emergency situation – urgent and clear risk</p>	<p>Emergency suspension under the Mental Health Policy</p> <ul style="list-style-type: none"> - Should be accompanied by request to produce evidence of fitness to return to study 	
<p>Where health issues are suspected to be contributory factor but the student does not want the issues to be considered under the Mental Health Policy</p>		<p>Fitness to Study Meeting – for formal consideration of fitness</p>

Appendix 3: Guidance and procedure for staff supporting students with mental health difficulties

This guidance contains

1. Key principles for staff supporting students with mental health difficulties
2. A procedure for dealing with
 - 2.1. Emergency and serious situations
 - 2.2. Non-urgent concerns about wellbeing or behaviour, and information on the mechanisms of informal and formal Support Meetings where concerns can be addressed.

(1) Key principles

The majority of students with mental health difficulties are very unlikely to cause disruption or risk to themselves or others. However, experience at the University and in other higher education institutions, has shown there may be occasions when mental health difficulties or psychological or emotional disorders have a profound impact on the functioning of individual students and on the wellbeing of others around them.

1.1. In supporting students with mental health difficulties it is vital that staff understand that they are not expected to replace the professional care and support that are the responsibility of the NHS. Staff should never allow a situation to develop where an individual case places personal demands upon them, extends the boundaries of their role with students or compromises their privacy, safety or impartiality. In all cases, personal safety overrides confidentiality. The Mental Health Advisors and staff of the Counselling Service are available for consultation.

1.2. Confidentiality is a key issue in mental health concerns. The full Policy on Confidentiality and Information Sharing sets out what the University understands confidentiality in respect of student support to be and the limits of this (<https://www.dur.ac.uk/learningandteaching.handbook/2/8/>) In brief, all staff within the University have a legal obligation under the Data Protection Act 1998 to treat a student's physical or mental health as sensitive personal data (<https://www.durham.ac.uk/about-us/governance/information-governance/privacy-notice/>) It is important therefore that all staff recognise that they have a duty to maintain strict confidentiality within the University in respect of students and must not disclose information unless the student has given their consent or where in the reasonable opinion of the staff member it is in the vital interests of the student and/or the members of the university or wider community. For the purposes of this Policy it may be necessary to break confidentiality:

- where the member of staff would be liable to civil or criminal proceedings if the information was not disclosed (for example if a crime had been committed);
- where it is believed the student's mental health has deteriorated to such an extent that they have become a danger either to themselves or to others;
- where a student is so ill that he/she lacks insight into their condition and lacks the mental capacity to give informed consent.

A further consideration is the Equality Act 2010 which states that it is unlawful for institutions to discriminate against people with a disability. Information about mental health difficulties that constitute a disability may need to be provided to others within the institution so as to meet their particular needs.

It is always good practice to seek prior consent and/or to inform the student that such a disclosure is going to be made to a mental health professional or similar.

In cases where staff need to maintain confidentiality they can still access full consultative support from the Counselling Service or from the Deputy Academic Registrar, and the University strongly encourages staff to do so.

Staff may find that, when dealing with students experiencing mental health difficulties, they are contacted by concerned parents or other relatives requesting information about the student. Staff can offer a sympathetic ear and at times offer generic anonymised advice, but in line with the Data Protection Act 1998 personal information about a student must not be disclosed to anyone outside the University, including parents, without the student's prior permission. Staff can offer to talk to the student and encourage them to get in touch with their parents/relatives or offer to forward a letter from parents/relatives to the student concerned. Although some parents/relatives are unlikely to be happy with this response, it is important to remember that students have the right to privacy.

1.3. Staff should keep accurate, objective and succinct records of actions they take in managing students with mental health difficulties. Such records will demonstrate the support that has been offered to students and the basis on which any decisions or referrals have been made. All records are subject to the Data Protection Act 1998 and the Freedom of Information Act 2000.

1.4. Staff who are personally affected by supporting a student can receive advice and guidance from the University's Occupational Health Service and can consult directly with the Counselling Service. Staff seeking their own ongoing counselling support can be referred to the Counselling Service via their line manager and Occupational Health, or they can seek advice on external sources of support on the Counselling Service website.

- <https://www.durham.ac.uk/about-us/professional-services/human-resources/services/>
- www.durham.ac.uk/counselling.service/staff/counselling/

1.5. The University offers training and support for staff through the Counselling and Disability Support Services, and Equality and Diversity. Regular training sessions are available and all services endeavour to be responsive to requests for specific sessions to meet an identified need.

(2) Procedure for dealing with students with mental health difficulties

2.1 Emergency and serious situations

Very occasionally a student will exhibit behaviour that causes considerable and immediate concern.

An emergency situation may include a student demonstrating suicidal tendencies/thoughts, an imminent risk of serious harm to self or others, serious physical illness, and may have mental health concerns that leave the student with no capacity to make an informed decision about their wellbeing.

A serious situation may include a complete lack of functioning academically or in other areas of life, chronic social withdrawal, irrational behaviour or alcohol / substance abuse;

In emergency cases the need for intervention on behalf of the student will be urgent, and may require contact with emergency services, or if not an immediate risk, during office hours and if the student will accept help, a referral to their GP for medical intervention. If the emergency services are contacted and any additional support is required, University Security should be informed:

- Durham - 42222
- Stockton – 40080

If the member of staff dealing with the situation is not from the student's College, once they have dealt with the immediate emergency situation they should ensure that the student's College is aware of the situation. The College Student Support Office has responsibility for ensuring that the student's academic Department is kept apprised of the situation.

For a mental health crisis situation out of normal office hours, that does not constitute an emergency, the appropriate service may be

- their GP and the 'out of hours' number

- NHS 111 You can call 111 when medical help is needed fast but it's not a 999 emergency
- The Mental Health Crisis Team (available to offer general advice but will only see students already under the care of NHS Mental Health Services):
 - Durham 0191 441 5738
 - QCS 01642 524714

The University Mental Health Advisors or the Counselling Service's Duty Senior Counsellor are available between 9am and 5pm all year round to advise how best to meet the students' urgent or serious needs. If medical intervention is not required it may be appropriate to refer the student to the Mental Health Advisors or the Counselling Service. Same day appointments are available on 0191 334 2200.

The Mental Health Advisors can also refer students directly to local specialist mental health support services. In most cases the student would need to meet with a Mental Health Advisor to facilitate an assessment of their immediate needs.

A student whose behaviour is causing significant concern may refuse to accept help. In emergency situations action can still be taken by staff as set out above. If the situation is not an immediate emergency but remains a cause for concern, staff can notify or seek additional information from the student's College Student Support Office. Advice may be sought from Mental Health Advisor, a senior member of staff in the Counselling Service or other specialist mental health partners involved in providing care for the student concerned (for example the student's psychologist, psychiatrist, GP, eating disorders specialist etc). Staff are advised to secure advice in written form where possible to provide a full and transparent record.

In the event of an emergency situation that leads to a voluntary or involuntary admission to hospital on mental health grounds, decisions regarding academic participation will need to be made on a case-by-case basis. As with physical health issues, experience suggests that an acute and severe episode of mental ill-health may be addressed through self-certification (absence of up to 7 days), it may require a Grace Period, or an emergency suspension may need to be considered. The College can consult with colleagues in the Academic Registry, including the Mental Health Advisors, the Head of Counselling Service or the Deputy Academic Registrar.

2.2 Non-urgent concerns about wellbeing or behaviour

2.2.1 Identifying Concerns

In some cases, the behaviour of a student may not present an immediate crisis but still causes concern. College and Departmental staff may become aware of students who they consider to be in slow decline and it is important to address this situation to avoid the possibility of it escalating into a crisis. The University encourages all parties to engage in early intervention and to take an active, collaborative and supportive stance. College and Departmental staff may become aware that there is a problem when a student persistently misses lectures, fails to meet coursework deadlines or their academic performance deteriorates markedly. Fellow students, family members or peers outside the University may report concerns that they have about another student to the attention of College, Departmental staff or specialist support services.

Students may exhibit uncharacteristic behaviours which cause concern such as:

- appearing persistently anxious, suspicious, depressed or fatigued;
- agitated, bizarre or aggressive behaviour;
- repetitive conflict with others, problems maintaining relationships or social withdrawal;
- obvious weight loss, being significantly underweight or wearing inappropriately warm clothing where staff suspect a student is significantly underweight;
- unkempt personal appearance or extreme inability to maintain living environment;
- visible untreated injury, cuts or recent scarring;

- social media postings.

If a member of staff has particular concerns about a student it may be appropriate to ask colleagues if they share concerns about the student's wellbeing. Staff can also seek advice from the University Counselling Service whose staff, while they will not be able to breach confidentiality, are happy to talk in general terms to anyone with worries about a student.

2.2.2 Responding to Concerns

The first step would normally be for the member of staff who has identified a cause for concern to speak to the student to try and find out more about their situation. Staff may discover that the student is already accessing appropriate support and this may allay concerns staff may have had. However, if the conversation with the student does not provide this reassurance and the student is reluctant to talk, a judgement needs to be reached with regard to the best way to proceed. There are two main courses of action open: to signpost the student to an appropriate source of help or to seek further advice and guidance. The College, Counselling Service or Disability Support may be approached.

If concerns have been received from a third party (for example student peers or family members) it is important to be clear with the concerned party regarding the student's confidentiality. Staff may wish to act upon the stated concern, or bring it to the attention of immediate colleagues or specialist services for consultation, but any action and the outcome of any action can be only be shared with a third party with consideration of the Confidentiality policy (see 1.2 above).

Signposting: Identifying Sources of Help and Advice

The University has a number of specialist student support services with different areas of expertise. If staff talk to the student about their concerns and are aware of the range of provision they should be able to guide them to the appropriate service. The Counselling Service maintains a comprehensive index of external agencies and helplines that are well placed to support students experiencing particular difficulties

(https://www.dur.ac.uk/counselling.service/other_help/)

It is important to remember that Durham University students come from a wide range of backgrounds and experiences and their reactions to difficulties may not be predictable. The diverse student body will hold a wide range of understandings about the role of mental health and counselling services. It is important that students are encouraged to access services that are acceptable to them. They should be encouraged to make an informed choice, and the Mental Health Advisors and the Counselling Service are available for advice and support.

Students should be encouraged to take the initiative and contact the relevant service themselves as they are more likely to derive benefit if they do this independently. If a student has already established a good relationship with any of the key services, this might provide the most appropriate initial referral point as the services are experienced in cross-referral.

There may, however, be times when a student finds it difficult to make the first move especially if they are depressed or so ill that they lack insight into their mental wellbeing. On these occasions it may be helpful for staff to take a more active role by contacting the service on the student's behalf and making an appointment, preferably when the student is present in the room. Afterwards, staff can check whether the student attended.

Seeking Further Advice and Guidance: Support Meetings

There may be occasions, even where support services are involved, when the student's situation remains a cause for concern and it may be advisable for those members of staff who are actively involved in supporting the student to meet, either in

- An informal Support Meeting, or
- A formal Support Meeting

For students engaged in courses that have requirements for professional Codes of Conduct or Fitness to Practice frameworks, consideration should be given to whether concerns need to be raised with their academic Department.

If a member of staff has any concerns about whether to proceed informally or formally, they can discuss the case with the Deputy Academic Registrar, the Assistant Registrar in the Academic Support Office or the Head of the Counselling Service. If the concerns are very serious it may be more appropriate to convene a Meeting under the Fitness to Study Policy.

An **informal Support Meeting** is a small *ad hoc* group convened to address the needs and monitor the progress of particularly complex cases. The Support Meeting can help to contain difficult situations. It is an opportunity for all involved parties to share their concerns, to calibrate support and protect the interests of both the individual concerned, and equally importantly, those in the surrounding environment who may be seriously affected by disruption. By using this approach, members of staff are supported and protected when dealing with more complex cases by drawing upon the knowledge and expertise of others within the University and also by the sharing of responsibility through consensus decision making. A Support Meeting may proceed with or without the student, or the student may be invited to join the meeting partway through. A Support Meeting would have one or more of the following objectives:

- to consider the background to the case and collate perspectives and experiences;
- to determine what action is necessary to ensure the health and wellbeing of the individual concerned;
- to determine what action is necessary to protect any other students/staff who may be affected by the behaviour of the individual concerned;
- to consider any impact upon the individual's academic studies and whether these can be mitigated in any way.

Outcomes of an informal Support Meeting might be:

- A jointly held understanding of the next steps to be taken by staff members with regard to student support needs;
- Recommendations for the student on appropriate support services, and whether these need to be local;
- The joint production, or commitment to the production, of a written support plan;
- An information-sharing agreement between the student, College, Department, specialist services and/or external services, if appropriate;
- Guidance for the student on the conditions under which a more formal Support Meeting may be convened.

A **formal Support Meeting** is the appropriate meeting structure when formal decisions may need to be taken with regard to student's support needs or academic participation. A full formal Support Meeting procedure is set out in [Appendix 4](#). The procedure exists to ensure that the process of convening the meeting, the evidence shared in the meeting and the discussions and decisions made within the meeting are transparent to the student involved and formally minuted, to facilitate the highest quality decisions to be made and to enable the student to challenge or appeal the decision.

Possible outcomes of a formal Support Meeting under this Policy might include, but are not restricted to:

- Requiring the student to give an undertaking with regard to their future conduct or their engagement with appropriate support services;
- Strongly encouraging the student to request a "grace" period or a concession to take time out of their studies as defined in the Learning and Teaching handbook (it should be noted that the outcome of any request for a "grace" period or concession cannot be prejudged prior to its consideration by an appropriate senior Faculty Officer);
- Referral for the concerns to be addressed under the Fitness to Study Policy.

If concerns continue to exist after Support Meeting, or if the student is reluctant to request concessions for their studies and it is judged that the student may be damaging their wellbeing or academic prospects, or those of others, by continuing with their studies, it may be necessary to assess the student's fitness to study at this time. In these rare cases the Fitness to Study policy and procedure will apply.

Return to Study

If a student takes a concession to suspend their studies for a period of time or reapplies through UCAS for a new course of study at the University following withdrawal on mental health grounds it will be necessary to complete a formal process of assessment as being fit to Return to Study.

The Return to Study process is outlined in the Fitness to Study Policy, and involves the submission of a Personal Statement, supporting medical evidence where appropriate and an assessment/ support-planning appointment with the University Mental Health Advisor.

Appendix 4: Procedure for a formal Support Meeting

(1) Consult with relevant colleagues to establish whether a formal Support Meeting is necessary or if an alternative option is available. These colleagues would include, but are not limited to:

- A senior representative from the Counselling and Mental Health Service;
- A senior representative from Disability Support;
- A senior representative from the student's College;
- A representative from the student's Academic Department/s;
- The Deputy Academic Registrar and/or the Assistant Registrar.

The Support Meeting will be convened by either the College Principal, an academic Head of Department or their delegated representatives.

(2) The student must be invited to attend. This can be done verbally but, in all cases, a letter must be provided to the student seventy-two (72) hours in advance confirming that a meeting will take place to allow time for the student under review to seek independent guidance and support and to familiarise themselves with all documentation under review. It is recommended that the student be verbally informed before receipt of the formal letter. This letter should:

- State that the University has, in its reasonable opinion, concerns about the student's wellbeing;
- Include a copy of the Mental Health policy;
- Explain the nature, purpose and potential outcomes of the Support Meeting as outlined in the Mental Health policy;
- Be accompanied by any documentary evidence to be considered at the Support Meeting;
- Invite the student under review the opportunity to be appropriately supported at the meeting by a member of the University community or by a medical practitioner, if appropriate (see below).

(3) Consent and attendance: It is preferred that a Support Meeting proceed with the consent and attendance of the student. On occasion a student may not recognise or be willing to accept that they have a difficulty and, as a consequence, are unlikely to be willing to attend a Support Meeting or give their consent to it going ahead in their absence. The policy allows for a Support Meeting to proceed if the University is reasonably satisfied that it is in the vital interests of the student and/or other students and staff that the Support Meeting goes ahead.

If the student is willing but unable to attend the Support Meeting for health reasons, the convener of the meeting has the discretion to delay the meeting or to proceed if the issue is one of urgency, in which case the student will be invited to submit their evidence in response to the evidence contained in the letter of invitation.

(4) Membership of a Support Meeting: Membership of the Support Meeting will depend on the nature of the case under consideration and may include:

- A senior representative from the student's College;
- A representative from the student's academic Department(s);
- The Deputy Academic Registrar and/or the Assistant Registrar - Student Complaints and Appeals, Academic Support Office;
- A senior representative from the Counselling and Mental Health Service;
- A senior representative from Disability Support, if relevant;
- A member of the University Community acting as a support for the student;

- An external health practitioner who is involved in supporting the student, if the practitioner is willing and the student agrees to them being present.

(5) Professional advice and medical evidence:

It is expected that professional advice should be available at the formal Support Meeting from a representative of, at least, the Counselling and Mental Health Service and/or Disability Support.

Supporting medical evidence will always be helpful when attempting to reach a decision in terms of the action to be taken in relation to a particular case, and students will have been encouraged to secure this, but it may not be possible to obtain. At any point, students are able to access the specialist advice or assessment from the University Mental Health Advisors. Due to the nature of the difficulties they are experiencing, students who are suffering from mental health problems may, or may not, be receiving professional healthcare support and some may also not accept that they have a difficulty or may refuse to engage with the support services available to them both within the University and externally. Decisions can still be made via a formal Support Meeting even if it is not possible to ascertain a professional, certified medical opinion on the health of the student provided their behaviour is of sufficient cause for concern. Any decision regarding a student that does not include certified medical evidence should be backed up by appropriate professional advice and guidance provided, for example, by the Head of the Counselling and Mental Health Service and/or external agencies including GPs, the police and social services.

(6) The outcomes of a formal Support Meeting may be:

- Asking the student to give an undertaking with regard to their future conduct or their engagement with appropriate support services;
- Strongly encouraging the student to request a "grace" period or a concession to take time out of their studies as defined in the Learning and Teaching handbook (it should be noted that the outcome of any request for a "grace" period or concession cannot be prejudged prior to its consideration by an appropriate senior Faculty Officer);
- Referral for the concerns to be addressed under the Fitness to Study Policy.

(7) Note-taking: The Support Meeting will be formally minuted and circulated to all attendees. The convener of the meeting is responsible for ensuring that any follow-up actions are undertaken.

Note: A supportive member of the University Community is defined as a student currently registered at the University, a current, substantive or honorary member of staff of the University, or a Support/ Sabbatical Officer of the University Students' Union. The student may also invite a medical practitioner who is engaged in the current support of the student to fulfil this role. The role of this person is to provide support to the student through their presence. They will not be expected to contribute to the meeting, nor to speak on behalf of the student unless the need for such a role arises from the medical condition of the student, at the discretion of the convener of the meeting.

Appendix 5: Guidance on Medical Evidence

Medical evidence for some conditions is straightforward. Chronic medical conditions characterised by a pattern of relapsing-remitting have a more subjective and fluctuating impact upon a student's capacity to engage with their academic study. It is important that the medical evidence meets the need of the University, as reasonably determined by the University and in its sole discretion, to make appropriate decisions with regards to student support.

When is evidence needed?

Medical evidence will be required to declare any condition as a disability with the Disability Support Service. Once registered with the Disability Support Service a student will not be required to provide further evidence of the underlying condition, but the University reserves the right to make a request for additional evidence of the current impact of that condition upon their capacity to engage with their studies and University life, if concerns are raised.

Medical evidence may be requested, but is not a formal requirement, for formal Support Meetings under the Mental Health Policy and for formal proceedings under the Fitness to Study Policy. It may be requested if there are concerns that a student is unwell and has not yet engaged with health services. The role of evidence is explained in each of these policy frameworks.

Medical evidence may be requested as a follow-up to Occupational Health forms completed in advance of participation in year abroad or off-site activities, such as field trips or work placements. It will also be routinely required as part of professional Fitness to Practice frameworks before registration on courses in Education and Social Work that include professional placements.

Medical evidence may be required at the point of a return to study from a concession on mental health grounds to evidence a fitness to return, possibly to demonstrate engagement with medical treatment during the out of residence period and to outline any need for ongoing engagement with medical treatment if necessary. It will also be necessary if a student has previously withdrawn on mental health grounds but has re-applied through UCAS to register for a new course.

Who can provide medical evidence?

Medical evidence can be provided by the student's General Practitioner or other Registered Medical Practitioner involved in the student's recent care. Evidence solely from qualified counsellors and psychotherapists or other allied health professionals may not be sufficient but will be taken into account. This position will be kept under review, as there may be changes in the status of professions and their responsibility/ authority to produce medical evidence.

The University recognises that waiting times for assessments and treatment may be significant. Waiting times and service provision will differ by region. Students are advised to inform themselves of timings well in advance of any date by which evidence may be required. A medical practitioner may wish to charge a fee for the production of medical evidence.

There are likely to be particular international differences in services. It remains the responsibility of the student / their supporters to identify the appropriate equivalent service to provide evidence of wellbeing. Students are responsible for the provision of a verified translation into English of any medical evidence. The University Mental Health Advisors can help students to identify and access a UK-based provision for mental health conditions.

What evidence is needed?

Given the individual nature of health conditions and the particular circumstances of a request for evidence, the University cannot produce standardised guidance on what constitutes medical evidence. Students will be informed at the point of request of the particular evidence required.

Evidence for Mental Health Condition

Guidance is needed particularly in the area of mental health evidence, as these conditions are often chronic, with a relapsing-remitting pattern and diagnosis and evidence of wellbeing often relies on self-report rather than objective measures. Higher education study and independent living may present additional challenges for students with these conditions, and medical evidence will form the basis for both assessment of capacity to engage in study and for ongoing support within the University context.

The University's Mental Health Advisors are available throughout the year to provide assistance and advice on individual requirements. A pro-forma Wellbeing Questionnaire accompanies this guidance in [Appendix 5](#).

Return to Study

There are particular requirements for the evidence to return to study after a concession on mental health grounds. This will be made clear within the concession. A pro-forma Return to Study Questionnaire is presented in [Appendix 6](#) along with a Pro-Forma Personal Statement in [Appendix 7](#). The following list illustrates potential examples of evidence required:

- Evidence of a period of sustained mental health stability, often stated as three (3) or six (6) months in duration;
- Evidence of engagement with treatment (duration, frequency, attendance and nature of treatment);
- Evidence of improved mental health symptoms;
- Evidence of an ongoing treatment and support plan on return to study;
- Evidence of relapse and crisis-planning for return to study (along with information on how this was drawn up and details on who it is appropriate/ consented to be shared with).

As part of the Return to Study process, the student must make an appointment to meet with a University Mental Health Advisor, or make an appointment for a consultation over Skype. In advance of that appointment the student is required to complete a Personal Statement detailing their understanding of the difficulties they faced that led to the concession and detailing how they feel their condition has improved such that they are confident to reengage with their studies at that time. The Mental Health Advisor will

1. Assess the quality of the personal statement and medical evidence, drawing upon the Mental Health Advisor's knowledge and experience of mental health and the particular context of Durham University, and
2. Draw up an appropriate support plan with the student to facilitate the most effective return to study. This will include details of the support provision (educational, pastoral or medical) that the student will access upon return either as a preventative measure, if appropriate, or at the earliest signs of relapse.

The Mental Health Advisor will then produce a summary report and recommendation for the Fitness to Study Standing Group of the student's fitness to return to study. The Mental Health Advisor may request the student to provide further information or evidence if required, and will ensure the student is ready to engage with local practitioners if necessary

- The Fitness to Study Standing Group will meet in mid-September and at least once per term, to review the recommendation and make a decision on fitness to study
- A decision that a student is not fit to return to study will be reviewed and ratified by the Academic Registrar.

How will the evidence be considered?

Medical evidence will be submitted to and assessed by one or more of the following;

- Occupational Health, for fitness assessments for years abroad or off-site activities;

- Disability Support, for assessment for disability support and the design/implementation of any additional support required;
- College Support Offices, for applicable concessions;
- Academic Departments/ Faculty Offices;
- The Fitness to Study Standing Group, for return to study requests following Fitness to Study proceedings or for complex evidence assessment in other cases.

Specialist advice on the interpretation of medical evidence for the context of the University and for the case in question may be sought from Occupational Health practitioners, the University Mental Health Advisors and the Counselling Service.

The University will consider evidence in line with local and national guidelines and protocols from the National Health Service, the National Institute for Clinical Evidence or Higher Education Occupational Physicians/Practitioners guidance, for example 'Fitness to Study for Students with Severe Eating Disorders.'

Guidance for Medical Practitioners for Fitness to Study

If you have been invited to submit medical evidence as part of a student's application to return to study, we are looking for a clear opinion on whether the student is fit to live independently and engage in higher education study. We have prepared the following guidance to help you understand the context of the University.

With the exception of a minority of students aged under 18, students at Durham University are autonomous adults living either in College communities or living externally in private accommodation.

Colleges provide a stimulating academic community with an element of pastoral support, but this living situation is not comparable to living in the care of appropriate adults. A student will need the capacity to manage communal living, possibly with shared kitchens or bathrooms, but it is not necessarily the case that other adults will be available to support the student. College staff are available only within working hours as listed on each College's website. The College may or may not offer catered accommodation. Your patient may be living independently or in a shared house with other students. You may need to check your patient's particular situation.

Undergraduate and postgraduate study is by its nature demanding. The University provides academic support through departments and through the provision of specialist support services, but these services cannot replicate the provisions more appropriately offered by health services. Students are often keen to resume their studies as soon as possible, but we encourage medical practitioners to consider the scale of the investment that students are making in their higher education when assessing their fitness to return at this time.

'Fitness' in the context of the University's Fitness to Study Policy refers to:

- Fitness to engage in academic studies or a work placement without compromising the academic potential or ordinary activities of themselves, their peers or their employer;
- Fitness to maintain an appropriate level of health and wellbeing, such that they are not a risk to themselves, their peers and University staff;
- Fitness to be resident in a College community, noting the impact of their residence upon both students and staff.

If your recommendation that a student is fit to return to study is based upon the assumption of support, it is important that you specify the form of educational support you consider necessary. The University will then assess the support request.

It would be helpful if you could detail:

- A diagnosis;

- Whether the condition is long-term; a prognosis would be helpful if the condition is only recently acquired or identified;
- When was the last episode of ill-health and did the condition improve with treatment;
- If there is a pattern of relapse-remittance to their illness – and if so, what are the triggers and how well-informed is your patient about them;
- How well your patient participates in the understanding and management of their condition, seeking help from appropriate sources and engaging in self-care;
- The effect the condition will have upon learning/ attendance at University;
- The impact upon day-to-day activities and relationships.

If your patient has received treatment for the condition, and is seeking to demonstrate a fitness to return to their studies we also require information on:

- The form and length of treatment;
- Evidence of the patient's engagement with the treatment;
- An assessment of the outcomes of the treatment.

If the patient will require ongoing care during their studies at Durham University can you also indicate:

- if you have made a referral to the relevant local service; or
- if the patient has been informed of the service/care to secure in Durham via their Durham-based GP; and
- if the patient has a relapse plan or a crisis plan in place.

When completing your evidence can you provide details of your professional qualifications and accrediting body.

Appendix 6: Pro-Forma Wellbeing Questionnaire



Wellbeing Questionnaire

Thank you for completing the questionnaire below. The contents will be held securely and protected under the Data Protection Act (1998).

The below-named student gives permission for you to complete the questionnaire. The questionnaire will be returned to their College for consideration.

Student Name: Date of birth

I confirm that the above named student is receiving support from YES / NO

[Name of Service]

for [Diagnosis if applicable/ appropriate to disclose]

I confirm that the above named student

Has been prescribed medication YES / NO

Has been offered treatment for their condition YES / NO

Is engaging in treatment for their condition YES / NO

The above named student is living in [delete as applicable]

College or Privately rented accommodation or with family

College and privately rented accommodation are independent living arrangements.

In your professional opinion, is the student capable of independent living YES / NO

Would the student benefit from time away from higher education study? YES / NO

Name: Position:

Signed: Date:

Appendix 7: Pro-Forma Return to Study Questionnaire



Return to Study Questionnaire

Thank you for completing the questionnaire below. The contents will be held securely and protected under the Data Protection Act (1998).

The below-named student gives permission for you to complete the questionnaire. The questionnaire will be returned to the College or Fitness to Study Standing Group for consideration.

The student received a concession to withdraw from their studies due to ill health. The purpose of this form is to assist in the assessment of their capacity to return to study and to identify any further support needs.

Student Name: Date of birth

I confirm that the above named student has received / is receiving support from

[Name of Service] YES / NO

for [Diagnosis if applicable/ appropriate to disclose]

I confirm that the above named student

Has been prescribed medication YES / NO

Has been offered psychological treatment for their condition YES / NO

Has been offered other treatment YES / NO

Please specify the treatment (if requested as part of the concession by the University)
[Form of treatment, frequency, duration]

.....
.....
.....

How well has the student engaged in their treatment? [Attendance & engagement]

.....
.....
.....

When was the last period of serious ill-health?

For how long has the student demonstrated sufficient stability in their condition that they may be able to return to study?

If the condition is chronic and one characterised by periods of relapse/remission:

During the period that the student was a patient did they demonstrate,

- Increased awareness and understanding of their condition YES / NO
- Understanding of the triggers for relapse (if appropriate) YES / NO
- Understanding of the appropriate help to seek at such times YES / NO

If fit to return to study the student will be living in [delete as applicable]

College or Privately rented accomodation or with family

College and privately rented accommodation are independent living arrangements.

In your professional opinion, is the student capable of independent living YES / NO

Does the student have a crisis plan in place, or do they require local support to develop an appropriate plan?

.....
.....
.....

If further ongoing treatment is necessary to maintain health and wellbeing, will this be provided by your service or has a referral been made to local services in Durham? Please specify.

.....
.....
.....

In your professional opinion, is the student capable of a return to academic study at this level? YES / NO

Additional comments

.....

.....
.....

Name: Signed:

Position: Professional Body:

Date:

Appendix 8: Personal Statement for Return to Study

This Pro-Forma Personal Statement is for use in cases where student is intending to return to study

- after a period out of residence following Fitness to Study procedures, or
- If a Return to Study assessment was specified as part of the concession

You are invited to submit a Personal Statement as part of the evidence for your fitness to Return to Study following an academic concession. The contents will be held securely and protected under the Data Protection Act (1998).

You are submitting this personal data to the University Mental Health Advisor, based in the Counselling Service of Durham University. This data will be used as part of the assessment process of your fitness to return and will also be used as part of the support planning to ensure that appropriate medical, pastoral and academic support provisions are in place to give you the greatest chance of a successful re-engagement with your studies. As with other personal data in the University, it will be held for a period of six (6) years beyond the end of your years of study at the University at which point it will be securely destroyed. It may be shared with other staff members of the University involved in the decision of your fitness to study.

Any support plan that results from this Personal Statement and the appointment with the Mental Health Advisor will only be shared with appropriate parties with your prior consent.

In returning this Personal Statement you are consenting to the University holding and processing your personal data in this way. Your Personal Statement needs to address the following:

Your understanding of the mental health (and any other) difficulties you faced during your most recent period of study at Durham University;

If relevant, your understanding of the impact of these difficulties upon your peers or members of University staff;

Your understanding of your current mental health. Please detail any symptoms you experience at the present time and how you manage these symptoms;

How you have spent the intervening time between leaving University and writing this Personal Statement, and how this has contributed to your mental health;

Your engagement in any mental health treatment (medication or psychological therapy). Please specify and provide medical evidence to support this where possible/available;

The basis upon which you believe that you will be able to successfully engage with your studies in the coming academic year, outlining what has changed;

Your anticipated support needs to most successfully re-engage with your studies (medical, pastoral, academic); and

Your insight into how you might know if your mental health is relapsing and your plan for managing any relapse. (The Mental Health Advisor will be able to assist you in the preparation of your plan but will be interested in your own early thoughts in this regard.)