



Mental Health and Wellbeing Policy for Students

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UEA Mental Health and Wellbeing Policy for Students

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1. Introduction:

The UEA Plan 2016-20 states the objective of “Growing a student community with an excellent student experience” and investing “in wider student support and advisory services; in particular, addressing issues of mental health, diversity and access to facilities, working in partnership with our students to ensure that we deliver the strongest possible student experience that embraces both prevention and support”.

UEA is committed to a policy of inclusiveness for students and staff wishing to be part of the university community. UEA welcomes and enables individuals with disabilities, and/or mental health difficulties in a non-discriminatory, non-stigmatising, and positive manner, to participate, contribute, and benefit as fully as possible, in the work and life of the University.

An essential part of an excellent student experience and academic achievement is the promotion of good mental health among all student and staff members of the UEA community.

2. Definitions of Mental Health, Wellbeing, Mental Health Difficulties and Disability:

The words “Mental Health”, “Wellbeing” and “Disability” may be used very differently by members of the public and Mental Health professionals. The medical/social work models and terminology may also be at variance with how students choose to think about their own situation. Brown (2016, p.7) notes that, ‘The failure of much commentary to note the differences between mental disorders, mental health problems and poor wellbeing ...reinforces misconceptions and is counterproductive.’

To ensure clarity of understanding throughout this Policy document, we shall apply the following generally agreed definitions of the three principle terms:

“**Mental Health** is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his

or her community.” (WHO, 2016). An important implication of this definition is that mental health is more than just an absence of mental health difficulties, however these are defined.

Furthermore, and particularly relevant to UEA’s policy of inclusiveness, and commitment to delivering a student experience which delivers both prevention and support: “Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world (WHO, 2016).

Wellbeing is the balance point between an individual’s own resource pool and the challenges faced:

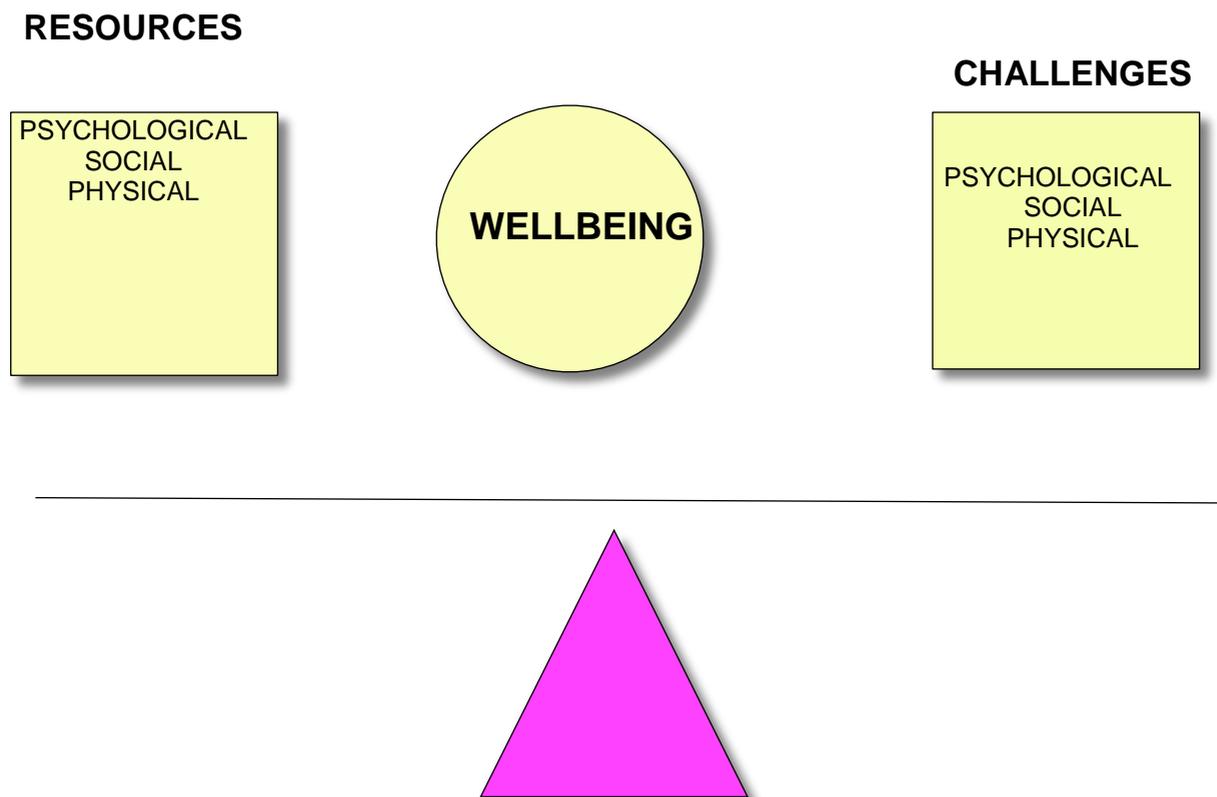


Figure 1: Definition of Wellbeing, (Dodge, Daly, Huyton, & Sanders, 2012, p.230)

“Each time an individual meets a challenge, the system of challenges and resources comes into a state of imbalance, as the individual is forced to adapt his or her resources to meet this particular challenge” (Kloep, Hendry, & Saunders, 2009, p.337).

In the context of UEA, the promotion of mental health and wellbeing means placing an emphasis on positive psychology actions by individuals and groups helping students to understand that they can take responsibility and self-manage an increase in their own resources (and challenges, where appropriate) by identifying which resources they need to develop further to meet new challenges. Online self-help materials, group therapy, and psychological education workshops are all ways of increasing the nature and effectiveness of resources needed to meet an exponential increase in demand for Wellbeing advice and services, and normalising changes in mood which everyone experiences at times of challenge and transition.

Mental Health Difficulties occur when the challenges a person faces exceed their resources. This can cause a person to be distracted from their day-to-day personal and academic activities by

thoughts and emotions which disturb and/or upset them. These difficulties can also disorientate, or distort, a person's view of the world around them and lead to changes in behaviour which may cause them, and others, distress and concern.

There are a number of distinct categories of mental health difficulties experienced by students at UEA and at other universities:

1. Students who already have a diagnosed mental health difficulty when they first come to UEA. Often these individuals will have been and continue to be under the care of a psychiatrist or other mental health professional. Severe and enduring difficulties may include, but are not limited to, depressive disorders such as major depression or bi-polar disorder, psychosis, personality disorders, self-harm behaviours and eating disorders. Given the long term nature of some of these difficulties, these problems may be categorised as a disability.
2. Students whose mental health difficulty begins while they are at UEA. These difficulties may be mild, moderate or severe, and may be a temporary or more enduring response to a distressing event or series of events.
3. Students who experience emotional or psychological issues which may be passing, or keep returning, and impact negatively on their lives, affecting their behaviour, self-care, mood, attendance and productivity. There are a large number of such issues varying in intensity from mild to severe such as: anxiety, depression, mood swings, suicidal thoughts, obsessive compulsive disorder (OCD), alcohol and substance misuse, eating difficulties, etc.

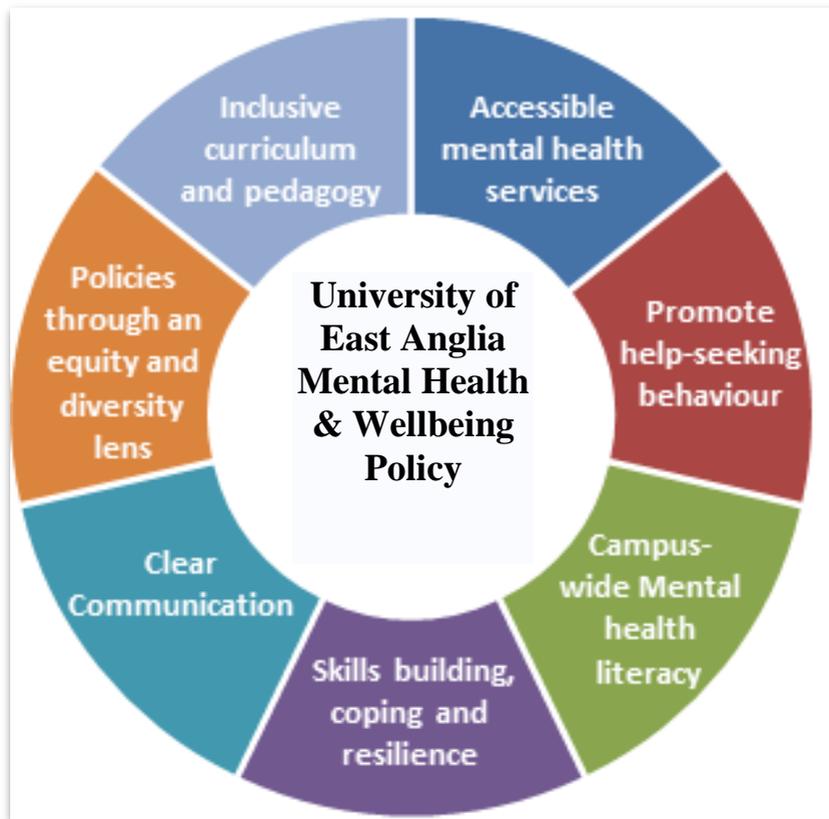
Disability is defined as a mental or physical impairment which has an adverse effect on a person's ability to carry out normal day-to-day activities, where the adverse effect is substantial and long-term (meaning it takes much longer than is usual to complete daily tasks, and this has lasted for 12 months, or is likely to last for more than 12 months or for the rest of their life) (Disability Discrimination Act 2005 and the Equality Act 2010). The 2010 Equality Act requires HEIs to actively promote disability equality (including mental health disability) rather than merely react in response to individual student requirements.

3. Aims of this Policy:

1. To provide a clear, measurable, and practical policy framework for addressing mental health issues and other disabilities experienced by students at UEA.
2. To communicate consistent approaches to be applied throughout the University community in identifying, normalising, and seeking to support students in managing mild to medium level mental health issues and disabilities by removing barriers and making reasonable adjustments to enable them to undertake their study/work activities.
3. To communicate consistent approaches in the management of more severe diagnosed mental health disorders (existing or emerging). This includes signposting to the relevant NHS services and provision of appropriate support by the Wellbeing Service where these conditions are stable and principally managed by a care plan formulated by the relevant NHS services. Where such conditions should deteriorate and/or a student's behaviour poses an immediate and serious risk to self or others and/or the University's reputation, it is imperative that swift action is taken in accordance with UEA Fitness to Study policy to reduce or remove the risk.

4. Key Principles:

Figure 2: Summary Overview of Key Principles of the UEA Wellbeing Service (adapted from University of Toronto Student Mental Health Framework)



This Wellbeing Policy document describes the key principles we shall apply through the actions managed, co-ordinated, and promoted by the UEA Wellbeing Service Team in close partnership with other UEA staff and the Students' Union.

This policy seeks to complement and underpin other University policies such as those in health, safety, employment, and academic performance.

The Key Principles which will maintain and improve mental health and wellbeing throughout the UEA university community, are the following:

1. To encourage and enable all students, as members of the university community, to take responsibility for maintaining their own good mental health.
2. To support students with physical or mental disabilities to receive all practical and financial assistance available to them and ensure that all reasonable adjustments are made to enable them to undertake their programme of study/work responsibilities on as similar as possible a basis as non-disabled students.
3. To offer to those students who declare a need for help with disability or mental health issues, early assessment, triage and signposting to self-help resources, group and peer support actions, to individual counselling, or to external specialist psychological services.

4. To focus on positive steps to be taken to anticipate and overcome psychological difficulties which may stand in the way of academic achievement.
5. To provide the interventions needed to provide the maximum impact while grounding the services in real-world resource and time constraints.
6. To deliver a well-publicised and comprehensive range of services to meet the needs within the student populations.
7. To manage the immediate risk to individuals, teams, and others, from students experiencing poor mental health and wellbeing, recognising that in the medium to longer term such risks should be managed by appropriately qualified NHS mental health professionals.
8. To provide positive psychology education and training to UEA students who have responsibility for, or who have volunteered for, the welfare of others.
9. To normalise students' experience of stress, anxious moments, and low mood and encourage a university-wide dialogue about mental health.
10. To plan for, and respond to, fluctuations in demand after arrivals, and at exam time, and throughout the year,
11. To measure and analyse the outcomes and effectiveness of all Wellbeing services to ensure continuous improvement in performance and timely access to services.
12. To enable the Wellbeing Service staff to develop their professional skills and receive supervision appropriate to their role, making the service an exemplar of best practice.
13. To strengthen and manage partnerships within and outside of the university community which will contribute to delivering maximum benefit to the clients of the Wellbeing Service.
14. To recognise that the Wellbeing Service is not a crisis service and ensure that information about referral procedures to the University Medical Centre or to external NHS emergency services are well publicised and known.
15. To respect the confidentiality of sensitive personal information provided by students with mental health difficulties.
16. To be receptive to feedback from our clients and to demonstrate that improvement to the performance of the Service is based, in major part on client feedback.

5. UEA Duty of Care

The Wellbeing Service and Student Support Services are not, however, the only key players in promoting and supporting Wellbeing in the UEA community. All UEA staff, the UEA Students' Union, the Library and other University services also have important roles.

The university may, potentially, owe a duty of care to students with mental health difficulties. This covers such areas as breach of contract, liability for negligence, standard of care, and breach of statutory duty under such acts as the Human Rights Act, Equality Act, Data Protection Act, Disability Discrimination Act and Special Educational Needs and Disability Act.

Given that duty of care responsibility, it is important that staff, in particular, understand their responsibilities in recognising symptoms of poor mental health in students (and in fellow members of staff), and in supporting anyone experiencing these symptoms.

6. Personal Responsibility of Students

UEA encourages prospective and new students, as well as continuing students, to seek advice at the earliest opportunity on their needs for support.

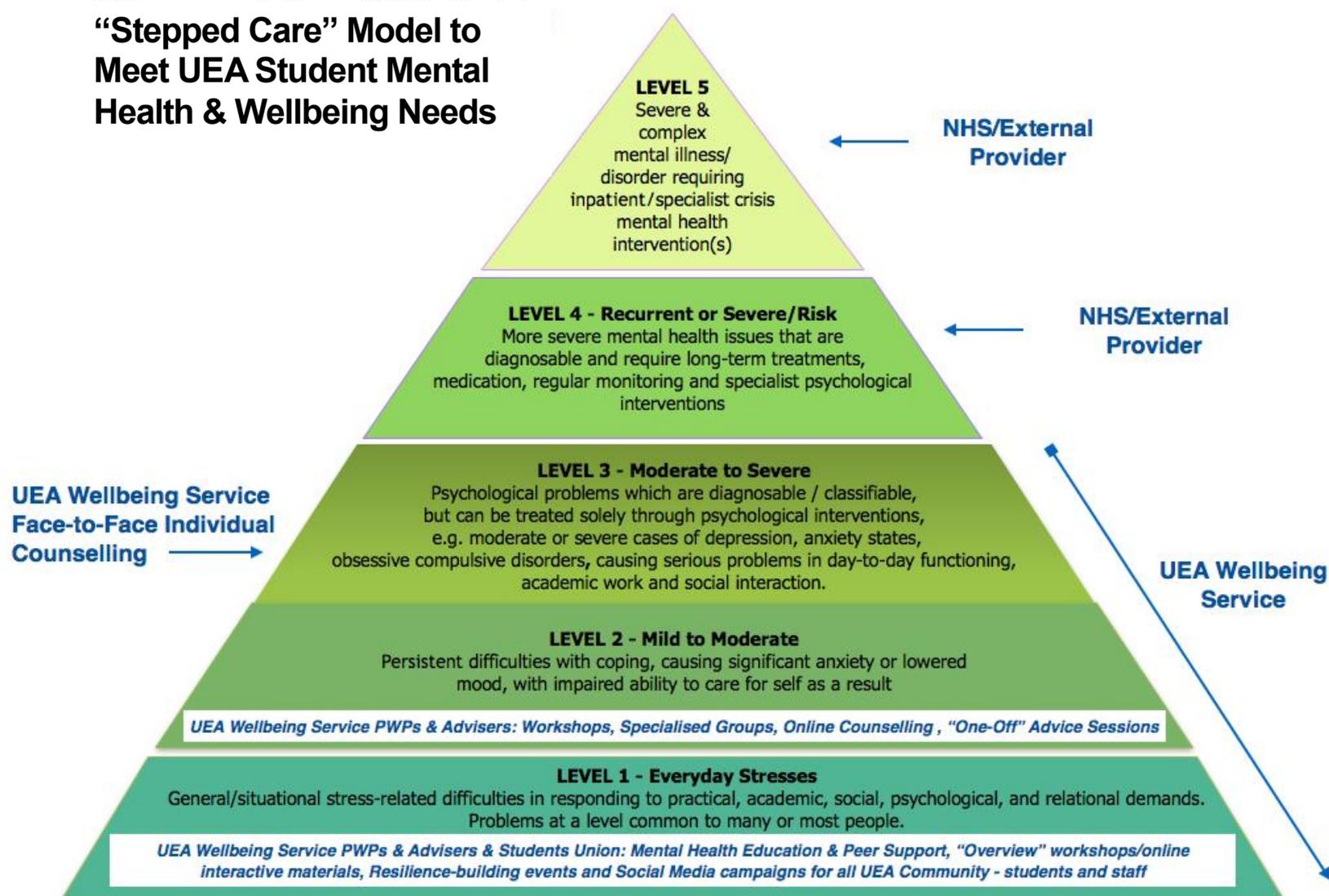
It is the student's responsibility to discuss their needs and ask for support from the university.

If a student decides not to disclose their needs, the university may not be able to provide appropriate support.

7. Support for Students

With effect from September 2017, the UEA Wellbeing Service will adopt a "Stepped Care" approach and framework to supporting students and staff with mental health issues. Figure 3 below outlines the model to be adopted. The Wellbeing Service will apply a coherent and systematic assessment of the level and type of mental health issues experienced by students and staff, and allocate specific and innovative physical and online resources and actions to meet these needs, recognizing that students may move up and down the steps. The "Stepped Care" model makes explicit the limits of the competence of the Wellbeing Service in addressing high intensity mental health issues which are best met through referral to expert and specialist NHS/other external providers.

Figure 3: Stepped Care Model



Student Admissions

Pre-Admission Information and Advice

UEA welcomes applications from prospective students who fulfil the academic entry requirements for undergraduate, postgraduate and professional programmes of study, and who may also have disabilities and/or mental health difficulties. The University strives to ensure that all applicants with a declared disability or with mental health difficulties receive appropriate information and advice prior to entry which will help them to decide the most suitable arrangements for them.

Where professional programmes are validated by external statutory bodies which may have “fitness-to-practise” criteria and requirements, applicants are advised to seek further information from the relevant UEA department or from the statutory body itself.

Applicants will be given information about the support available from the Wellbeing Service. If the student’s application to study at UEA is successful, information about a declared disability will be made available to the UEA Wellbeing Service so that advisers in the Wellbeing Service can be prepared to provide appropriate advice and a support plan. The Wellbeing Service will work closely with

the admissions tutor (and/or nominated programme representative) on an ongoing basis to ensure that support is agreed and set up as soon as possible.

Successful applicants with very specific, or complex, needs may be invited to visit the campus for a more in-depth needs assessment with a Disability adviser, who will liaise with the programme of study to discuss appropriate "reasonable adjustments", or an application for Disabled Students' Allowance (DSA) for students with a long term, chronic disability.

All of the processes described, and any additional actions, will be subject to the same rules of confidentiality as apply to existing students and sensitive information may only be communicated to third parties with the agreement of the student.

Support for New and Continuing Students

Induction

As part of the induction process for new students, the Wellbeing Service advertises and provides sessions open to all students on the nature and extent of support services available to them from the Wellbeing Service itself, and from other university services, including the Students' Union and external agencies. The Wellbeing Service encourages students to declare their needs for support.

Ongoing Support

A range of support services are available at UEA for students with a disability and/or mental health difficulties and general/situational stress-related difficulties. These include: online self-help resources for mild mental health difficulties; highly practical Wellbeing psycho-education group sessions; mental health adviser or counsellor-run therapy groups for specific issues such as anxiety or low mood; counsellor-run workshops for training staff in identifying and responding to symptoms of mental health difficulty in their students; peer support groups facilitated by student volunteers wishing to take an active role in promoting good mental health techniques among their fellow students, in partnership with the Wellbeing Service; Disability Liaison Officers who are School-nominated advisers trained to assist in referral processes; registration at the on-campus University Medical Centre; Student Services including Learning Enhancement Tutor support and the International Students Office; the Chaplaincy, Nightline; face-to-face counselling and advice sessions.

International Students

International students do not differ from the UK student population to the extent that some may experience mental health difficulties while studying at UEA. There are, however, some specific issues which international students may face.

Data suggest that international students rarely declare mental health difficulties, whatever the positive approach to mental health communicated by the University. This is, in part, attributable to differing cultural views on mental health and confidentiality issues. What has been noted in UK universities is that international students may experience an understandable short-term period of cultural disorientation when beginning their studies in the UK, and also, when preparing to return to their home countries. It appears that these stressful periods may, in some instances, trigger, hide or produce apparent symptoms of mental health difficulties. The international students themselves may not understand fully the purpose and nature of support services inside and outside the University. The International Student Advisor Team (ISAT), in the Student Support Service, works closely with the International Office to communicate clearly from the very outset, in the Student Induction Programme, the University's encouragement for international students to ask for support when experiencing mental health difficulties.

Postgraduate Students

Postgraduate students' lives may not have the provided structure and shared learning opportunities of undergraduate study. PGR students in particular may feel less supported than students on taught course, having to adjust to new learning styles, and a mainly self-directed programme of study which requires independent self-motivated work supported by their supervisors. Additionally, those students who are also Associate Tutors have more complex work/study demands and in turn their needs for support may involve either/both HR and Student Support services.

According to research (Levecque et al, 2017):

- One in two PhD students experiences psychological distress; one in three is at risk of a common psychiatric disorder.
- The prevalence of mental health problems is higher in PhD students than in the highly educated general population
- Work and organizational context are significant predictors of PhD students' mental health

Other studies have shown that postgraduate students, in general, are more at risk of mental health issues than previously thought and that the wellbeing of this group of students requires specific and distinct support from their university.

Clear guidelines which indicate what can be expected of supervisors and postgraduate students will help both to understand better what their responsibilities are. In addition, clear and accessible procedures for resolving difficulties when they arise are essential in helping address mental health issues before they become serious.

Non-Emergency Situations

Students experiencing mental health difficulties are encouraged to declare their need for advice and support to the Wellbeing Service. They can complete an on-line assessment, or attend face-to-face to assess their needs for support, following which, an appropriate course of action will be agreed - this could include online support, group workshops, guided self-help, online exercises and/or face-to-face short term counselling. Some students, however, do not seek advice and support from internal university services or from external agencies. Furthermore, where difficulties are enduring and more complex, the available advice and support in the Wellbeing Service may be insufficient to meet their needs.

If a member of UEA staff or a student is concerned about the mental health of a student, they should first encourage the student to contact the UEA Wellbeing Service for support. The Wellbeing Service will work together with the University Medical Service (UMS) and relevant academic staff, subject to the University's Data Protection, Disability Disclosure, and Confidentiality policies, to define, sensitively, the nature and level of the difficulty which the student is experiencing, and to decide on a plan of action with the student, where possible.

Where a student does not accept that they have a need for support, or does not engage with the support offered, it may be necessary for the Wellbeing Service, or academic staff to instigate the Fitness to Study procedure.

Fitness to Study

Fitness to study relates to a student's capacity to participate fully and satisfactorily in their academic programme of study and to the general life of the UEA community.

Where there are concerns relating to behaviour, attendance, academic engagement and progress that persist and may be indicative of underlying mental health issues affecting fitness to study, the Fitness to Study procedure should be followed, rather than the normal disciplinary or academic progress routes. This is a supportive process with several stages, involving the student in agreeing and contributing to a review of a plan of action to attempt to resolve the situation.

Concerns about a student's fitness to study should be reported to a student's adviser, Senior adviser or primary Supervisor, in the case of a PGR student, and to the Wellbeing service. Often when a student is receiving support from a Wellbeing adviser, it is the Wellbeing adviser who is best placed to recognise when a student's mental health is deteriorating.

Where the student is unwilling to participate in the process of resolving their identified behavioural issues or difficulties, or lacks insight into their mental health difficulties, and the situation is seen as affecting not solely the rights and needs of the individual student, UEA must act on its responsibility to protect and support the student and the whole of the university community. In exceptional circumstances, this may mean a student being required to take a break in studies for their own safety and/or to receive professional treatment/support.

The Fitness to Study panel will consider: how the current course of study is impacting on the mental health of the student; how the student's mental health is impacting on their academic work and on the work of other students on the programme; the nature of the support and treatment required by the student.

Where a student's mental health concerns are more serious, the Fitness to Study panel will need to consider: whether the student should remain in University accommodation; whether the student should remain enrolled at UEA either with, or without, conditions; whether the student takes a break in studies, be suspended or temporarily excluded from the University in their own interest and/or in the interest of the University community as a whole.

The Fitness to Study process may be invoked in the following situations:

- when behaviour, which would normally be dealt with as a disciplinary matter, is suspected, or known to be due to an underlying physical or mental health difficulty;
- when a student's physical or mental health difficulties are having a negative impact of the health, safety or wellbeing of themselves, or other people;
- when a student's academic performance or behaviour is not acceptable and is suspected, or known to be due to an underlying physical or mental health difficulty.

Fitness to Practise

Students following professional vocational courses at UEA such as nursing and allied health professions are regulated by their own authority/body, as are the professional training institutions. The regulatory body sets and maintains standards for training, professional skills, behaviour and health, and applies specific criteria and actions regarding fitness to practise.

The blend of workplace-based placement learning and academic inputs from the University may create physical and mental demands on these students which are specific to their vocational environment, but the wellbeing issues they encounter are often very similar to students on other degree courses.

Crisis or Emergency Situations

The Wellbeing Service is not a specialist crisis or emergency mental health service, but will take appropriate action to facilitate external support being put in place for students in crisis. When informed of, or following any such incidents, the Student Support service will manage follow up processes to ensure liaison between external and UEA services in supporting the ongoing needs of the student, where appropriate.

Although rare, there may be situations which demand immediate professional support, and urgent convening of a Case Review panel, such as when:

- the student's behaviour poses a risk to themselves or others;
- there is a risk of the student attempting to commit suicide;
- the level of a student's agitated or disoriented behaviour, or incoherence, is of significant concern and seen as needing immediate professional support.

Referral to external NHS agencies will be made when addressing the needs of UEA students in emergency or crisis situations (Crisis Teams are part of public mental health services and are available 24 hours a day, seven days a week. Accident and Emergency Departments at local hospitals have a duty psychiatrist available who can undertake a detailed assessment and arrange for admission to a mental health ward, if appropriate.)

8. Return to Study

When a student who has been suspended or undertaking a temporary break in studies on the grounds of ill-health, applies to return to study, their fitness to return will be decided by a panel, in accordance with the Return to Study procedure.

Medical evidence will be required from the student's GP and/or other relevant medical professional, or an Occupational Health service report for professional programmes, confirming that the student is able to return to their programme of study. The student will be allowed to return to UEA, only if the Return to Study Panel agrees that the student is fit to return, has met the conditions set at the point of the break in studies and there is a plan in place to support the returning student.

Students who return to study after a suspension or break in studies on grounds of ill-health may require ongoing support from the Wellbeing Service and external agencies. The Return to Study panel will require evidence of appropriate support being put in place by external agencies, where specialist treatment is needed. Returning students will be signposted to support available in the Wellbeing service and will be contacted by a mental health adviser.

9. Confidentiality and Disclosure

This section should be read in conjunction with the Student Services Confidentiality and Disclosure Statement and other University related policies. The sharing of confidential information about an adult's mental health may become, in certain circumstances, a difficult and ethically challenging process.

UEA, normally, has no authority to provide information about the mental health of a student or member of staff to a third party without their explicit consent. The only situations in which this sensitive personal data may be shared with other parties, are when:

- it is necessary to protect the vital interests or personal safety of the student/member of staff;
- or the vital interests, safety and rights of others;
- or that the professional integrity of University staff may be compromised;
- and that the consent of the student/member of staff cannot be obtained or cannot reasonably be expected to be obtained, and when it would be unreasonable for the student/member of staff to withhold their consent;
- or, when the information is relevant to legal proceedings, or to legal compliance requirements.

10. Policy Development: Evaluation of Student Mental Health and Wellbeing

In order to ensure the wellbeing of students, UEA must have in place formal procedures to collect data and evaluate the impact of mental health and wellbeing services, which in turn will inform efforts to improve service delivery (UUK, 2015); Wootton et al., 2016). This will include development and evaluation of the following:

- a suicide prevention plan and a postvention protocol;
- support services informed by a preventative approach which promotes positive mental health and resilience;
- clear communication and flow diagrams showing what support is available for students with mental health issues both within UEA Student Support services and in the NHS and other agencies, and how to access this, for students with mental health issues;
- mental health awareness events and campaigns co-organised with the Students' Union and other stakeholders in the local community, to reduce stigma and discrimination around mental illness;
- consideration of issues of inclusion, diversity, and equality, (e.g. in relation to gender identity, age, ethnic and cultural differences), with training for designated Student Support staff to deliver support to all groups, including disabled, care-leavers, mature students, international, post-graduates and those with caring responsibilities;
- the delivery of student peer-to-peer support groups by the Students' Union in collaboration with the Student Support service.

BIBLIOGRAPHY

All-Party Parliamentary Group on Students (2015). *Student Mental Health Survey* (conducted by NUS).

AMOSSHE (2001). *Good Practice Guide on Responding to Student Mental Health Issues: Duty of Care Responsibilities for Student Services in Higher Education*. Association of Managers of Student Services in Higher Education

AMOSSHE (2016) *Survey of AMOSSHE members*. AMOSSHE.

Bewick BM, Gill J, Mulhearn B, Barkham M, Hill AJ. (2008). Using electronic surveying to assess psychological distress within the UK student population: a multi-site pilot investigation. *E-Journal of Applied Psychology*, 4(2),1-5.

Brown, P. (2016). *The invisible problem? Improving students' mental health*. HEPI.

Buchanan JL. (2012). Prevention of depression in the college student population: a review of the literature. *Archives of Psychiatric Nursing*, 26, 21-42.

Clark DM. (2011). Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: the IAPT experience. *International Review of Psychiatry*. 23(3),18-27.

Cooke R, Bewick BM, Barkham M, Bradley M, Audin K.(2006). Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance & Counselling*, 34(5), 5-17.

Cooper, G (2013). *Building Resilience for Success* (with Jill Flint-Taylor and Michael Pearn). Palgrave-Macmillan.

CVCP/SCOP (2000). *Guidelines on Student Mental Health Policies and Procedures for Higher Education*. Committee of Vice-Chancellors and Principals/ Standing Conference of Principals.

DHSSPS (2012). *The Northern Ireland Suicide Prevention Strategy Action Plan 2012 - March 2014*. Department of Health, Social Services and Public Safety.

Department of Health. (2011). *No Health Without Mental Health: a cross-Government mental health outcomes strategy for people of all ages - a call to action*. DOH.

Disability Discrimination Act (2005). London: HMSO.

Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222-235.

Dollery, R. and H. Yu (2011). *Investigations into the Mental Health Support Needs of International Students with Particular Reference to Chinese and Malaysian Students*. University of Nottingham.

Equality Act (2010). London: HMSO.

Equality Challenge Unit. (2014). *Understanding adjustments: supporting staff and students who are experiencing mental health difficulties*. Equality Challenge Unit.

Evans C, Connell J, Audin K, Sinclair A, Barkham M. (2005). Rationale and development of a general population well-being measure: Psychometric status of the GP-CORE in a student sample. *British Journal of Guidance & Counselling*, 33, 53-73.

- Grant, A. (2009). *The Development of Mental Health Policy and Practice in UK HEIs*. Universities UK/ Guild HE Working Group for the Promotion of Mental Wellbeing in Higher Education.
- Grant, Andrew, A. Rix, K. Mattick, D. Jones and P. Winter (2013). *Identifying good practice among medical schools in the support of students with mental health concerns*. London, General Medical Council.
- Higher Education Funding Council for England (HEFCE). (2015). *Understanding provision for students with mental health problems and intensive support needs*. Higher Education Funding Council for England, UK.
- Kloep, M., Hendry, L., & Saunders, D. (2009). A new perspective on human development. *Conference of the International Journal of Arts and Sciences*, 1(6), 332-343).
- Levecque, K., Anseel, F., De Beuckelaer, A., Van der Heyden, J., and Gisle, L. (2017). Work organization and mental health problems in PhD students. *Research Policy*, 46(4), 868–879.
- Markoulakis, R. and Kirsh, B (2013). Difficulties for University Students with Mental Health Problems: A Critical Interpretive Synthesis. *The Review of Higher Education*, 37(1).
- Marshall, L. and C. Morris, eds. (2011). *Taking wellbeing forward in higher education; reflection on theory and practice*. Brighton, University of Brighton, Centre for Learning and Teaching.
- Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development*, 29 (3), 259-274.
- Neves, J and N. Hillman (2016). *The 2016 Student Academic Experience Survey*. Oxford, Higher Education Policy Institute/ Higher Education Academy.
- Williams, M., E. Marvell, E. Pollard, A-M Houghton and J. Anderson (2015). *Institutional support provision for students with mental health problems and other impairments with high cost or intensive support needs*. Institute of Employment Studies. Bristol, Higher Education Funding Council for England.
- Rana, R., Smith, E. and Walkling, J (1999). *Degrees of Disturbance – the New Agenda*. A Report from the Heads of University Counselling Services. British Association for Counselling.
- Royal College of Psychiatrists (2011). *Mental health of students in higher education*, (College report CR166). Royal College of Psychiatrists.
- Scottish Government (2013). *Suicide Prevention Strategy 2013-2016*.
- Stanley, N., Mallon, S. Bell, J. Hilton, S and Manthorpe, J. (2007). *Responses and Prevention in Student Suicide*. University of Central Lancashire/Papyrus.
- UUK/SCOP (2002). *Reducing the Risk of Student Suicide*. Universities UK/Standing Committee of Principals.
- Universities UK (2015). *Student mental wellbeing in higher education - Good practice guide*. UUK.
- Wootton, A. B., Marselle, M. R., Daley, C. L., Nuttall, B., and Jones, T. (2016) *Ensuring the Safety, Security and Wellbeing of HEI Students and Assets: Student Wellbeing and Mental Health*. Protect-Ed.

World Health Organisation (2016). Mental health: strengthening our response. Available at: <http://www.who.int/mediacentre/factsheets/fs220/en/> (Accessed 13 November 2016).

Other Organisations

MIND. URL: <http://www.mind.org.uk/>

Student Minds. URL: <http://www.studentminds.org.uk/>

Mental Health First Aid. URL: <http://mhfaengland.org/>

Rethink Mental Illness. URL: <https://www.rethink.org/>

PAPYRUS Prevention of young suicide. URL: <https://www.papyrus-uk.org/>

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