University of East Anglia

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Issue

2010 Annual Report

Recommendation

Report to be considered.

Resource Implications

No proposals are made in this report.

Risk Implications

None.

Equality and Diversity

Includes discussion of significance to consideration of Equality & Diversity matters.

Timing of decisions

N/A

Further Information

Jane Abson & Lydia Pell

Background

Annual Reporting: Enhancing the Students' Experience – Students with Disabilities

Discussion

The reports identify the activities of the Mental Health, Disability and Dyslexia Service Teams relating these to UEA's demographic and pointing up case studies to highlight these activities.

Disability, Dyslexia and Mental Health Services Annual Report
Academic Year 2010/11

This report provides an overview of the provision of services to students and staff of the University by the Disability, and Dyslexia and Mental Health Services Team.

The report covers the following:

Part 1 Disability and Dyslexia Services

Introduction	p.01
Disability Services	p.01
Disability Case Study	p.11
Dyslexia Services	p.14
Appendix A: Staff list	p.19

Part 2 Mental Health Service (Separate report appended)

student services
dean of students' office

Introduction

The Disability Team in the Dean of Students' Office provides services to students with: mobility impairments; sensory impairments; specific learning difficulties e.g. dyslexia, dysgraphia, dyscalculia, dyspraxia, AD(H)D; mental health difficulties; unseen disabilities e.g. asthma, epilepsy, heart conditions, diabetes; autism spectrum diagnoses; cancer – from the point of diagnosis; HIV/AIDS – from the point of diagnosis; Multiple Sclerosis (MS) – from the point of diagnosis; Myalgic Encephalomyelitis (ME); Chronic Fatigue Syndrome (C.F.S.) and any other condition which "…has a substantial and long-term adverse effect on [the] ability to carry out normal day-to-day activities".

Disability Services

The Disability Service had a difficult start to the academic year: the Disability Co-ordinator was absent through illness from the period immediately prior to the start of the academic year until the start of Semester 2.

During that period the new Disability and Dyslexia Services Administrator, Ian Mortimer, the Disability and Mental Health Adviser, Luke Jefferies and the new Mental Health Co-ordinator, Lydia Pell worked extremely hard under the guidance of the Deputy Dean of Students, Linda Shepherd, to manage the provision/co-ordination of services for new and returning students.

During the year 918 students (713 2009/10, 411 2008/9) were known to the University through declaration on their student record as having a disability, specific learning difficulty or mental health difficulty. We have a clear increase in either/or numbers of disabled students/those declaring a disability.

Table 1: Declared disabled students (SITS record) 2010/11

Category	No.
B- social/communication difficulty such as Asperger Syndrome	25
C- blind or serious vision impairment	6
D - deaf or serious hearing impairment	20
E – long standing illness or health condition such as cancer, HIV, diabetes	119
F – mental health difficulty	76
G- specific learning difficulty	564
H- mobility impairment/wheelchair user	30
I – any condition or impairment not identified above	46
J-one or more impairment , disability or medical condition	32

The total number of students with a declared disability (excluding mental health and specific learning difficulty) is 278. Taking this in conjunction with the figures below, which identify the students who accessed disability services during the year, we can see that there is significant under-declaration: 272 of the students had not declared their disability on application (48% of the total).

Of those who had previously declared, 33% presented for appointments with the team, including students with specific learning difficulties and mental health difficulties.

There is considerable joint and flexible working with students who have more complex needs and require both inputs from staff with different knowledges together with cooperation between those staff to ensure that they have coherent responses to their support needs.

Table 2: students accessing support appointments with Disability Service 2010/11

Disability Category	Students	Appointments
B- social/communication difficulty such as Asperger Syndrome	15	39
C- blind or serious vision impairment	1	1
D - deaf or serious hearing impairment	3	4
E – long standing illness or health condition such as cancer, HIV, diabetes	23	39
F – mental health difficulty	12	17
G- specific learning difficulty	209	313
H- mobility impairment/wheelchair user	5	7
I – any condition or impairment not identified above	14	30
J-one or more impairment , disability or medical condition	14	23
No declared disability	272	382
	568	855

Table 3 below shows the split by Faculty and the clear difference between them in terms of students accessing disability services.

Table 3: Appointments/student numbers accessing disability services by Faculty

Faculty	Appointments	Students	% students in Faculty
FMH	273	196	8%
HUM	143	100	3%
SCI	266	156	5%
SSF	173	115	2.4%
	855	567	

Within Faculties there is also variation in service access. Table 4 shows the number of appointments and number of individual students who accessed Disability Services during the year by School of Study. The grey columns show the number of students with declared disabilities in each School for the year and the percentage of the Schools' populations.

With the exception of SCI (the Natural Sciences degree), the students in the Schools of Faculty of Medicine and Health Sciences are proportionately the biggest users of Disability Services, though percentages are not commensurate with the declared disabled students in the Schools.

The Schools in FMH do have proportionately greater numbers of declared disabled students. We may speculate that the reason for this is that declaration of disability is strongly encouraged because of the requirements of their respective professional bodies and also perhaps because of the requirement for the students to undergo Occupational Health screening.

Given the under-declaration of disability noted above in relation to Table 2, it may be that declaration, disability support and its attendant benefits to students and University staff could be promoted more strongly within Schools to facilitate use of the services which assist students to meet their academic potential and integration into the University community.

Table 4: Appointments/student numbers accessing disability services by School of Study

Faculty/ School	Appointments	No. Students accessing service	% students in School	Students with declared disabilities	Students with declared disabilities as % students in School
FMH					
AHP	61	40	9%	42	9%
MED	92	67	7%	131	13%
NSC	120	89	8%	134	12%
HUM					
AMS	15	13	3%	24	6%
ART	7	5	2%	12	6%
FTV	6	6	2%	12	2%
HIS	42	26	4%	47	8%
LCS	6	2	1%	11	4%
LDC	26	19	3%	39	5%
MUS	1	1	1%	5	1.5%
PHI	18	10	5%	11	5%
PSI	22	18	4%	22	4%
SCI					
BIO	55	24	4%	39	6%
CHE	63	36	7%	34	7%
CMP	26	20	4%	34	7%
ENV	57	39	5%	62	8%
MTH	13	8	2%	14	4%
PHA	33	20	4%	39	7.5%
SCI	19	9	12%	9	12%
SSF					
DEV	27	21	5%	22	5.5%
ECO	26	14	2%	20	3%
EDU	41	22	2%	27	3%
LAW	24	16	2%	19	3%
NBS	25	23	2%	25	2%
SWP	30	19	3%	56	7.5%

In terms of gender, the percentage of students seen by the Disability Team is representative of the UEA male/female population with more female students presenting for more appointments than male students. Postgraduate students are slightly underrepresented in relation to the UEA population as are International and EU students. Within the group of International students, Chinese students appear to be significantly underrepresented.

The greatest number of students presenting for appointments are in the 17-21 age range (45%). Student numbers and the number of appointments each student requires decline until 30+ where we see a slight increase in demand. Students in the 30+ age group have required an equivalent proportion of appointments to the 17-21 year olds. The presenting difficulties for the 17-21s and 30+ year olds would bear further scrutiny.

University admissions

The role of the Disability and Mental Health Co-ordinators in the admissions process is to be aware of applicants in order that relevant information and guidance on services can be made available to them and also determine whether there is a need for an early stage discussion with the applicant and the School about reasonable adjustments to determine whether these can be made to enable the applicant to potentially meet the core competency requirements of the course.

Disability and Mental Health Services together processed over 1000 applications for entry from applicants being considered for offer (applicants rejected at the screening stage are not referred to us).

The table below shows the UCAS designated categories of disability, the number of applications processed by Disability and Mental Health staff in 2010/11 for admission in 2011/12, together with the total number of applications in that disability category. Around 3.3% of applicants declared a disability in 2010/11. The final column shows the percentage of applicants in these categories who were rejected at the screening stage.

Table 5: Applications processed and rejection percentage

Disability Category	Processed by DDS & MH (total applications)	% of category rejected at the screening stage
B- social/communication difficulty such as Asperger Syndrome	46 (50)	30%
C- blind or serious vision impairment	24 (31)	42%

D - deaf or serious hearing impairment	25 (28)	50%
E – long standing illness or health condition such as cancer, HIV, diabetes	118 (194)	40%
F – mental health difficulty	107 (169)	47%
G- Specific Learning Difficulty	513 (868)	42%
H- Mobility impairment/ wheelchair user	42 (52)	46%
I – any condition or impairment not identified above	144 (162)	41%
J-one or more impairment, disability or medical condition	24 (66)	35%
Total	1023 (1620)	

On average 42% of applicants are rejected at the screening stage and thus in broad terms, disabled applicants are about as likely as their peers to be considered for offers, other than those who declare a social communication difficulty who appear, at least in this year, to fare rather better.

Looking at admissions in relation to the individual schools of study (Table 6) we can see significant variation between schools. Admissions colleagues advise that these variations are what would be likely to be expected. This data has not been collated for this report for previous years and no conclusions are being drawn. However, this is an area which will be considered in future years to determine whether there are any patterns to consideration/rejection of disabled applicants and, if so, whether there are any actions which need to be taken in response.

Table 6: Applications by School of Study

Faculty/School	Applicants	Rejected	% rejected at screening stage (disabled)
FMH			
AHP	105	77	73%
MED	113	85	75%
NSC	130	104	80%
HUM			
AMS	38	11	29%
ART	21	5	24%
FTV	29	5	17%
HIS	68	12	18%
LCS	28	4	14%
LDC	179	111	62%
MUS	11	5	45%
PHI	30	8	27%

PSI	61	5	8%
SCI			
BIO	87	26	30%
CHE	48	16	33%
CMP	40	12	30%
ENV	75	16	21%
MTH	39	3	8%
PHA	23	11	48%
SCI	14	4	29%
SSF			
DEV	46	11	24%
ECO	55	10	18%
EDU	100	57	57%
LAW	31	8	26%
NBS	68	31	46%
NBS-LON	7	2	29%
SWP	113	51	45%

Disabled Students' Allowances (DSAs – all services)[1]

As for previous years, the number of students who receive the allowance (Table 7) is not equivalent to those eligible for one. However, the work to promote take up of the DSA done by the Teams has clearly been effective and there has been a significant increase in the numbers of students with the allowance in this academic year.

Table 7: DSA awards (SITS data): 2004/5 to 2010/11

Year	**2004/5**	**2005/6**	**2006/7**	**2007/8**	**2008/9**	**2009/10**	**2010/11**
Number	126	162	137	175	207	148	414

Table 8: DSA awards by disability category (SITS data)

Disability Category	**No.**	**% of students in category**
B- social/communication difficulty such as Asperger Syndrome	14	58%
C- blind or serious vision impairment	2	33%
D - deaf or serious hearing impairment	6	30%

[1] DSAs are the funds which support service provision (note takers, mentors, dyslexia tuition, study skills support, assistive technologies, for example) for UK students.

E – long standing illness or health condition such as cancer, HIV, diabetes	18	15%
F – mental health difficulty	23	32%
G- Specific learning Difficulty	307	56%
H- Mobility impairment/wheelchair user	13	45%
I – any condition or impairment not identified above	9	20%
J-one or more impairment , disability or medical condition	22	69%

Students with more than one impairment have the highest percentage take up of DSA, reflecting their more complex support needs, followed by students with social/communication difficulties. DSA for students falling in Category B (Table 8) would most usually be essential as they tend to require support, particularly from a specialist mentor. However, as their disability implies, it is sometimes very difficult to facilitate their engagement with services. To endeavour to improve the service for this group of students, a graduate of the University who himself has a diagnosis on the Autism Spectrum has been employed as a mentor. Further specialist mentors are being sought for 2011/12 for Autism Spectrum Disorders and Mental Health Difficulties together with study support mentors for students with other disabilities whose impairments make it difficult to manage academic life (e.g. students with Chronic Fatigue and chronic pain conditions). It is important to note that mentors do not tutor students: their role is supportive, facilitating and also acting, at times, as advocates or intermediaries for students with staff.

Students who have a diagnosis of a Specific Learning Difficulty are more likely to apply for DSA due to the greater recognition of need for services to support study in Schools and Colleges (they often will come with an A level concession application demonstrating an SpLD). Such students are prepared to accept support and do not feel the burden of stigma still associated by many with a diagnosis. However, there is still work to be done in encouraging students to undertake the DSA process and also in assisting them in working their way through it. It is the intention of the Disability, Dyslexia and Mental Health Services teams to vigorously promote application and put systems in place to guide students through the process in order to facilitate greater take up in future years.

Many of the students who present for appointments are reluctant to apply for the DSA or to declare a disability to the University because they do not want to be seen to be trying to get an advantage over their peers, or because they feel that their particular circumstance is not a 'disability' (often they will compare themselves to people who are deaf, blind or have significant mobility impairment). In such cases it is the role of staff to explain that any concessions are commensurate with the disability effects: the aim is equity for students, not advantage. Often it is a case of students

being understood by University staff to have a condition which, either usually or from time to time, will have effect on their ability to undertake some, or all, academic tasks.

Reasonable Adjustments

The reasonable adjustments notifications process from DoS to Schools continued to be a paper-based system but progress was made towards the institution of an additional SITS module to record disabilities and the adjustments recommended.

Disability Liaison Officers (DLOs)

The DLO group met twice in the year and issues of common concern were raised by the group. DLOs have developed and consolidated their roles within their Schools of Study although it was noted that there was a need to refresh shared understandings as the staff taking the role will change from year to year.

The group extended their interest to the development of accessibility in the University estate and Peter Bilverstone from the Estates Department agreed to report to the group from time to time on the improvements to access planned and those implemented.

The group was advised that UEA is now listed in DisabledGo: a site which offers detailed information on access to public buildings including pictures and descriptions. The contract includes updates to the information when changes to the campus and its buildings takes place (http://www.disabledgo.com/en/org/university-of-east-anglia)

Training

The Service continued to contribute to the CSED programme through awareness training for frontline staff and postgraduate teaching assistants.

Case Study – student with Asperger Syndrome (disability category B)

Students on the autism spectrum, which includes those with the diagnosis of Asperger Syndrome, are few in number but they require intensive support throughout their University career.

Karl is a third-year Humanities student with diagnoses of Asperger Syndrome and dyslexia. He had taken a gap year prior to university entry to learn, practice and improve his social skills and his ability to manage everyday life. Whilst he was at school Karl had a learning assistant to help him throughout the school day. His parents had taken him to and from school in the car every day. He had never been shopping, managed his own money, washed his clothes or planned his own time.

The transition to university, whilst a major step for most young people, made dramatic and unsettling changes to the routines and way of life that Karl had previously known. Although the University could and did provide all means of support possible to Karl, he nonetheless had to invest significant levels of energy, time and perseverance in finding the ways which he, as an individual, could order, control and manage his own personal and academic affairs.

Karl has lived on campus throughout his course. Although he has found this most helpful, he has been unhappy that he has not been able to live in a house with other students off campus. His skills have developed, he has made friends in the Animé Society, but he has never had the level of connection with others which have enabled him to become part of a friendship group. A positive element has been that, each year, he has developed the skill of making more relaxed acquaintanceships with the new people who came to share his campus flat.

An assumption usually made is that students will learn to adapt to University life and the rules and structure of the academy during their first year, thus needing less support as they progress. This assumption does not apply to students on the autism spectrum. Each change of semester, change of module, change of tutor, change of assessment method and academic task, presents the student with Asperger Syndrome with the challenge of adapting. Many, including Karl, find it difficult to transfer knowledge gained in one domain into another context. A little more explanation to make connections clear was often needed to enable him to make the necessary connections.

Additionally, Karl did not benefit from the sharing of ideas and information with peers in his study groups because of his difficulties in making friends. He worked alone and therefore often struggled with issues and ideas which other students would discuss together. Thus some additional support from academics was needed to help him along.

Throughout his course Karl has been provided with a mentor who has a specific understanding of autism and how it affects thinking and responses to circumstances. Like most other students on the spectrum, Karl has had persistent difficulties with perfectionist tendencies, marshalling information and undertaking focussed research, procrastination, managing time, understanding what exactly was meant by assessment questions, participating in seminars (saying too much or too little), with presentations and also with help-seeking.

His mentor helped Karl to understand the reasons for his difficulties and to work out strategies for managing them. She helped him to plan time, to direct him to the right people to help with particular 'sticky problems' which would stop him in his tracks unless they were resolved. His dyslexia tutor, academic adviser, the Teaching Office staff all became familiar with Karl and the kinds of problems he encountered. Extensions were facilitated when necessary. Additional explanation of intention and meaning was provided for him and, although the problems never went away, he learned that within the University, his mentor could guide him to the right people to help.

Throughout his 3 years of study, he also met weekly with the Disability Co-ordinator, sometimes just briefly to check in but often for longer meetings to explore particular areas of concern for him. Like most people with Asperger Syndrome, Karl lived with a generalised feeling of anxiety: his response to the world and to himself was 'intellectual' and thus he was prone to over-thinking, trying to work out what was going on within himself and in his relationship with others. Socially isolated, he could only work within the frames of reference he could generate for himself and his sense of difference from his peers could lead him to low mood. The discussions with the Disability Co-ordinator were a confidential outlet for his thoughts and concerns and also sources of practical advice and guidance.

Karl graduated with a high 2:1. The framework of support provided for him, and his own determination to succeed, enabled him to achieve his ambition of

getting a degree which demonstrated his intellectual capability. His next goal is to study for a postgraduate qualification.

Specific Learning Difficulties: services provided by the Dyslexia Tutors and Team Administrator

Over the year, the Dyslexia Service saw a total of 439 students, 246 of whom had no previous diagnosis of a specific learning difficulty (SpLD). 236 students were referred after screening to the Educational Psychologists (EP) for assessment. Of those referred for assessment, 121 were 1st years, 58 2nd years and 36 were 3rd years. 21 were in their 4th – 6+ year of study.

Appointments and Students by Faculty and School

Schools in the Faculty of Medicine and Health Sciences show the highest level of engagement with services and the highest level of declaration of SpLD. There are strikingly low figures of declared SpLD in many of the Humanities and SSF Schools together, as might be expected, with lower levels of engagement with the Dyslexia Service.

Table 9: Appointments and Students by Faculty

Faculty	Appointments	EP assessments	Students	% students in Faculty
FMH	375	91	166	6.5%
HUM	153	37	72	2.2%
SCI	252	60	105	3.2%
SSF	258	46	95	2%

Table 10: Appointments and Students by School

Faculty / School	Appointments (EP appt)	Students	Students as % of School population	Average No. of appts (inc EP)	Students with declared SpLD as in School (SITS)	Students with declared SpLD % School population
FMH						
AHP	100 (20)	34	7.6%	3.5	31	7%
MED	108 (30)	58	5.8%	2.4	98	10%
NSC	167 (41)	74	6.5%	2.8	85	7.5%
HUM						
AMS	18 (5)	9	2.3%	2.6	16	4%
ART	23 (4)	9	4.2%	3	9	4%

FTV	8 (3)	6	2.2%	1.8	4	1.5%
HIS	39 (8)	17	2.9%	2.8	20	3%
LCS	3 (2)	2	0.8%	2.5	3	1%
LDC	26 (9)	11	1.5%	3.2	19	2.5%
MUS	4 (1)	1	0.8%	(5)	5	(4%)
PHI	10 (2)	5	2.4%	2	3	1.5%
PSI	22 (3)	12	2.4%	2.1	11	2%
SCI						
BIO	59 (9)	20	3%	3.4	21	3%
CHE	52 (14)	26	5.4%	2.5	19	4%
CMP	28 (11)	14	2.8%	2.8	22	4%
ENV	52 (13)	22	3.1%	3.0	37	5%
MTH	8 (1)	1	0.3%	(9)	6	2%
PHA	49 (11)	20	3.8%	3	31	6%
SCI	4 (1)	2	2.7%	(2.5)	4	5%
SSF						
DEV	55 (6)	17	4.3%	3.6	12	3%
ECO	18 (8)	10	1.5%	2.6	10	1.5%
EDU	58 (4)	14	1.3%	4.4	11	1%
LAW	52 (8)	12	1.8%	5	9	1%
NBS	26 (8)	19	1.5%	1.8	19	1%
SWP	49 (13)	23	3.1%	2.7	38	5%

The Dyslexia Service achieved an even spread of service uptake across age bands (figure 1), although there was a slight tendency for better take up of services in the 30+ age group and there was a lower take up in the 17-21 age group which should be monitored.

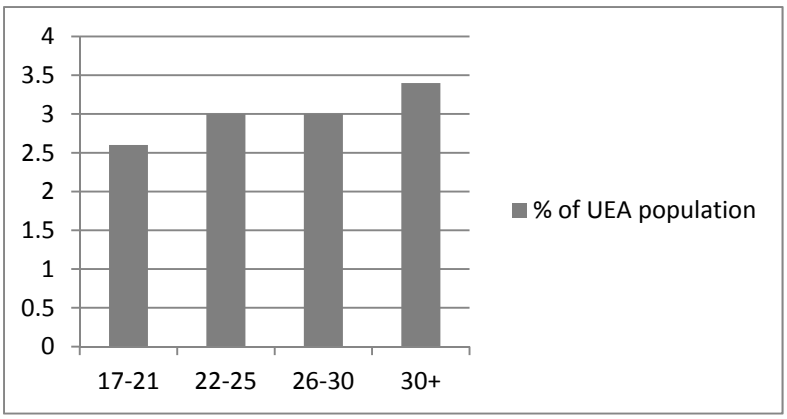

Figure 1

Gender take up of services was also representative of student population (Figure 2 below) both for in-house screening and tuition and for external assessment by educational psychologists (EP). However, nationally, dyslexia is more far more predominant in males than females, with a ratio of up to 4:1 (British Dyslexia Association). This information would therefore indicate that male uptake of our services may be considerably below what we could expect if they presented for assistance proportionately. However, as our figures reflect the proportion of 1.3:1 for female to male reported in the 'Transitions in Education Study', it indicates that, by gender, our service update is in line with the national university services uptake *(The Experience of Dyslexic Students at University*: *Transitions in Education*. *ADSHE* Networking Day, 18th June, 2009. Dr Margaret M. Meehan).

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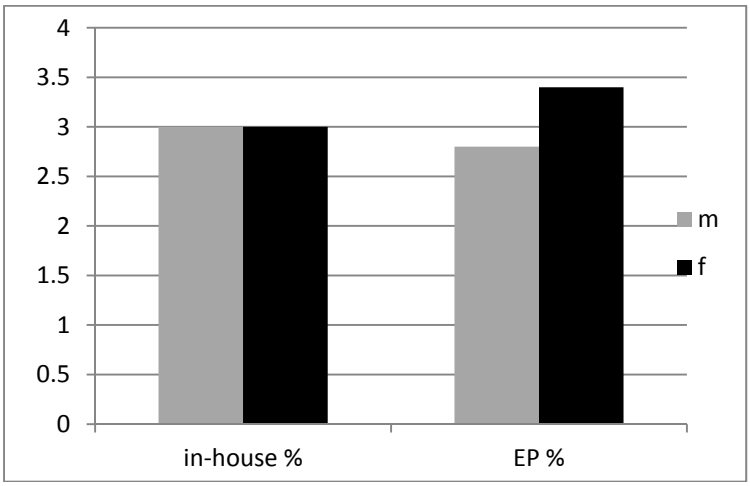

Figure 2

Number of appointments and number of individual students seen

Figure 3 indicates no significant gender bias for or against taking up repeat appointments.

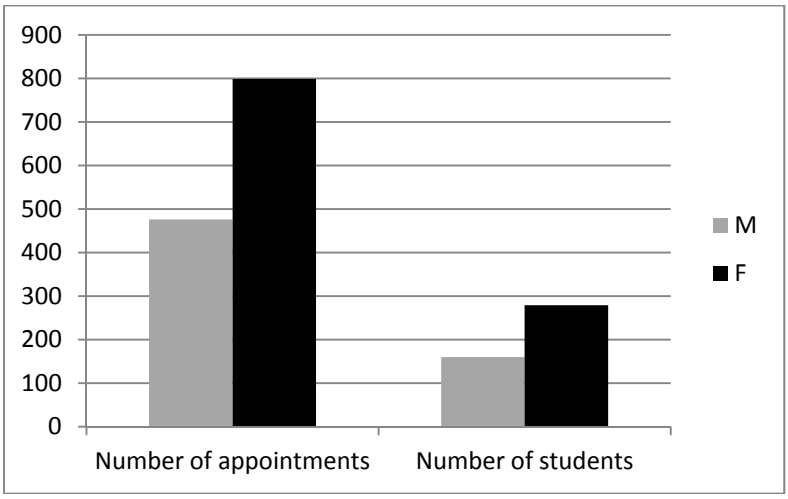

Figure 3

By fee status, figure 4 shows that we have a predominantly home student based uptake (95%). EU and international student uptake is about half of what should be expected statistically and should be around 10% of students seen; international students are the most under-represented but this may represent cultural and educational bias in the home countries.

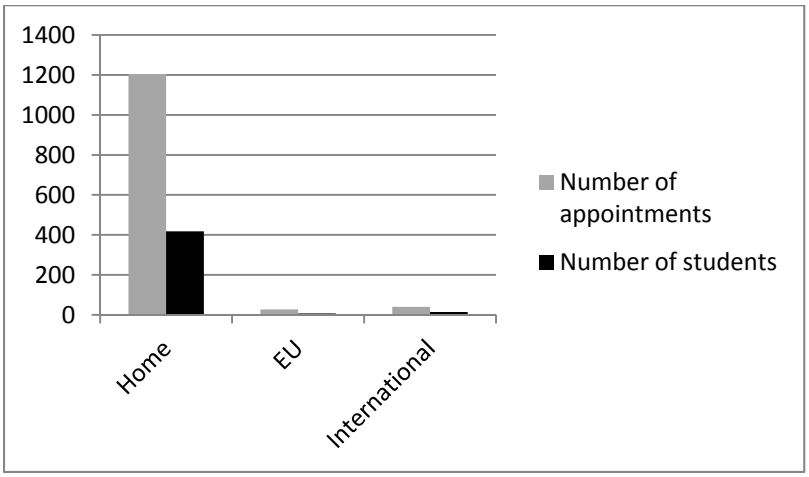

Figure 4

The declining use of the service from the first year (figure 5) follow the same trend as for the whole student population, uptake of our services lying at a fairly constant 3%. Uptake of repeat appointments seems particularly strong in the first year.

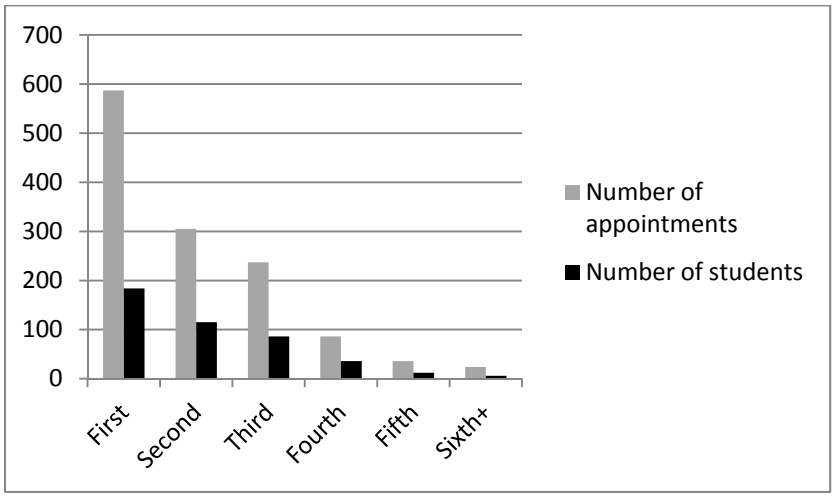

Figure 5

There is no marked discrepancy (Figure 6) amongst different groups though uptake of repeat appointments seems to be particularly strong in some groups.

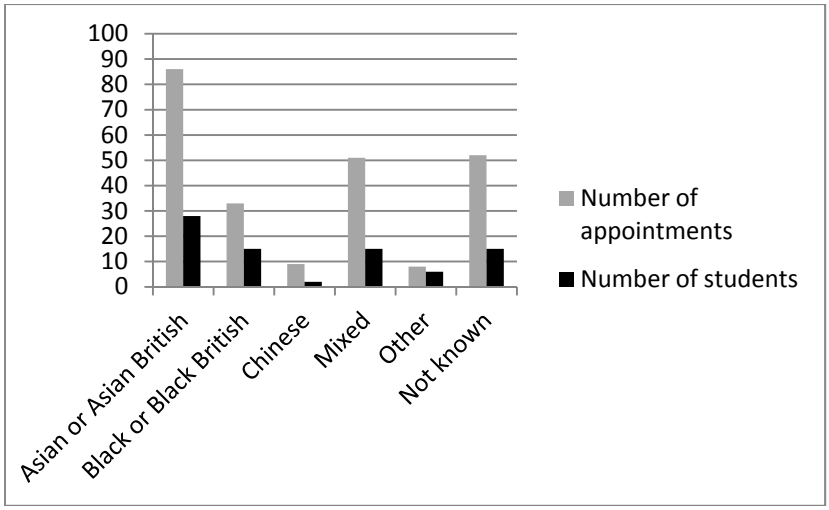

Figure 6

Undergraduates accounted for 91% of all appointments (90%) of students. It is interesting to note that 17 postgraduate students were referred for an Educational Psychologist assessment for specific learning difficulty. The barriers to effective study through conventional strategies which are associated with an SpLD can become difficulties for students at any stage in their career. It is important therefore when teaching and supervising undergraduate *and* postgraduate students to be aware that a specific learning difficulty may underpin identified problems with study.

Appendix A: Staff list

The Disability Team:

Disability Co-ordinator: Jane Abson
Student Adviser: Mental Health and Disability Services, Luke Jefferies (1/2 time)

Dyslexia Tutors

Calvin Hoy (5 days per week, term time and reduced hours in vacation periods)
Anyesa Sorrentino (full time)

Administration

Disability and Dyslexia Service Administrator: Ian Mortimer

Administrative Assistant: Jordana Barnes (2 half days per week)

Dean of Students' Office: Mental Health Team Annual Report 2010/11

This report summarises the work of the UEA Student Mental Health Team (MHT) during the academic year 2010/11. The MHT is part of the Dean of Students' Office, and works closely with colleagues across the Office, not only those in the Disability team, but also with members of the Finance, International, Senior Resident and Learning Enhancement Teams. Members of the team also work closely with other student services, including the Accommodation Office, the Chaplaincy, Careers and Employability and the University Medical Service, as well as with academic and administrative staff across the University.

Staffing

During the 2010/11 academic year, the members of the Mental Health Team were:

- Lydia Pell – Mental Health Co-ordinator F/T (on maternity leave from January to June 2011 inclusive)
- Luke Jefferies –Student Advisor, mental health 0.5FTE
- James Ferguson – Mental Health admin assistant 0.5
- Beckie Davies (maternity cover) 0.2 to 0.4FTE, January to June 2011.

The year provided some particular challenges for the Mental Health Team (MHT). Beckie Davies, the Mental Health Co-ordinator for the preceding 5 years resigned to take up other work in the early summer of 2011. Her role was filled by Lydia Pell who joined the Dean of Students' Office in July 2010 but took 6 months maternity leave from January 2011. Beckie Davis very kindly returned to work in the Team for one to two days a week until Lydia's return in July 2011, but the overall drop in staff resource over this period put particular pressure on Luke Jefferies and led to a reduction in the amount of pro-active mental health awareness and wellbeing activities that could take place during the second semester.

Student Mental Health Service statistics

Year	N. Appointments	N. Students	% UEA students
2008/9	346	100	0.7
2009/10*	(119)	(67)	(0.5)
2010/11	428	251	1.8

Table 1: Summary statistics: 2008/9 to 2010/11

* For technical reasons, only a proportion of the MH appointments were recorded for the 2009/10 academic year. Those provided by the then Mental Health Coordinator were not recorded.

The usage figures summarised in Table 1 show a significant increase in student demand on the mental health service since 2008/9. There has been a 24% increase in appointments attended, and a 151% increase in the number of students seen.

There is demand on the service throughout the academic year, but over the 3 years for which detailed records have been kept, there have been significant peaks in October, November, December and March, the

latter being the busiest month. The following more detailed discussion focuses on the 2010/11 academic year.

Detailed student statistics for 2010/11

Gender

	MH student N	MH %	Counselling Service %	UEA %
Male	95	*38*	*31*	*41*
Female	156	*62*	*69*	*59*

Table 2: Percentage of males/females seen by the MHT and the Counselling Service compared with the UEA student population

A pattern of relatively low use of personal/emotional support by men has frequently been reported across the HE sector and in the general population. However, the proportion of male and female students seen by the MHT is not significantly different from that of the UEA population as a whole. In contrast, male students are significantly under-represented in the Counselling Service client group for the same year (Table 2).

Age Profile

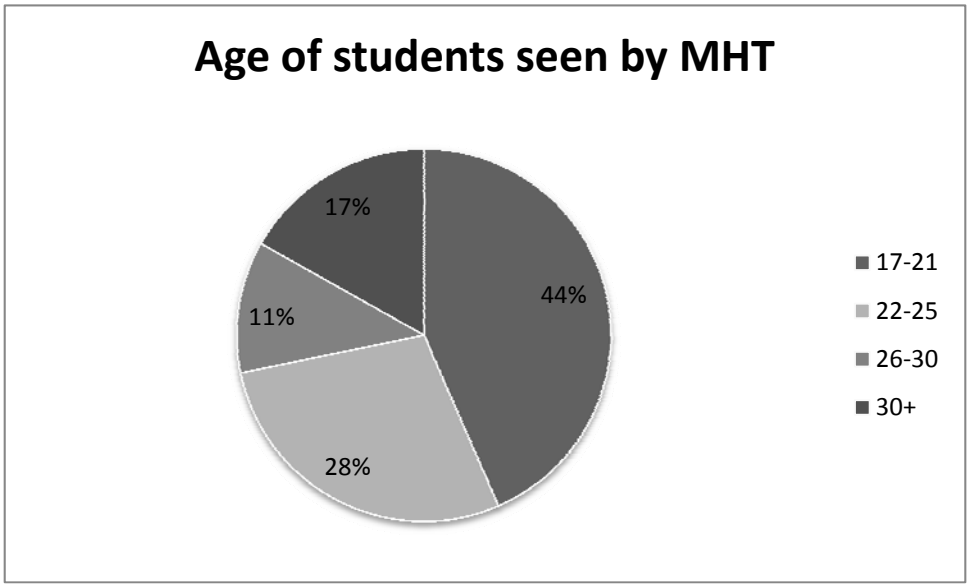

Figure 1: Student age profile

72% of students seen by the MHT were under 25. This is in line with UK statistics that demonstrate that the peak age of experiencing a first mental health difficulty is in this age group, with three quarters being diagnosed before their mid-20s (The Mental Health Foundation, 2007). In comparison with the UEA population, however, there was disproportionately high usage by 21 – 25 year olds (28% cf 17% in the UEA student population), and a relatively low use by 18 to 21 year olds (44% cf 59%).

Fee Status

Fee Status	N Students	Percentage of UEA population
Home	217	*1.9*
EU	10	*1.9*
International	23	*1.2*

Table 3: Numbers and percentages of students seen by the MHT, by fee status

The proportions of Home and EU students seen by the MHT in 2010-11 are the same (1.9%), but usage by international students was lower with only 1.2% seen (Table 3). This disparity is even more evident in the Counselling Service statistics for the same period (Moore, 2012). Different cultural norms exist between nationality groups in respect of the 'acceptability' of admitting to mental health difficulties, but it nonetheless remains concerning that there appears to be lower take-up of the service by International students. Recent research suggests international students may be more vulnerable to experiencing mental health difficulties than home students due the range of stress factors that can disproportionately those who are studying outside their home country (Dollery and Yu, 2011).

The Mental Health Co-ordinator will consider ways in which the services provided by MHT can be more effectively promoted to International students to improve support provided for this population in 2011-12.

Ethnicity

	Students seen by MHT	Percentage of client group
White	198	79
Asian	11	4
Black	7	3
Chinese	4	2
Mixed	11	4
Other	9	4
Unknown/undisclosed	11	4

Table 4: Numbers and percentages of students seen by the MHT, by ethnicity

The majority of students seen by the MHT in 2010/11 declared their ethnicity as white. However, students from other ethnic groups also accessed the service (Table 4). The University's published student number report does not currently include a breakdown of student numbers by ethnicity, but it is expected that for future reports, more detailed analysis by ethnicity will be possible.

Disability

Students who have either declared a mental health disability on their UCAS forms or on registration at UEA were surprisingly underrepresented in the population seen by the MHT. Fifty seven students who had an offer as of July 2010 had declared a Mental Health diagnosis on application to UEA and 40% of these students consulted the MHT. However, 68% of the students who accessed the service had not previously declared a mental health difficulty (Table 5).

Disability	**N. students seen by MHT**	**Percentage of MHT client group**
Mental Health	23	9
Specific learning difficulty	19	8
Autistic spectrum	11	4
Physical disability	1	1
Long standing condition	11	4
Unseen disability	7	3
Other	8	3
Unknown/undisclosed	171	68

Table 5: **Numbers and percentages of students seen by the MHT, by declared disability**

Some of these students may have become concerned about their mental health since the start of their course, but others may have chosen not to declare an existing difficulty prior to acceptance and registration. This raises a need for students to be encouraged to declare through UCAS or at the time of registering at UEA. The workload involved for both the students and the MHT can be more taxing and complex when difficulties are declared during a student's course than if the key elements of support can be put in place before the start of teaching and assessment.

The Mental Health Co-ordinator aims to address this in 2011-12 through introductory talks to first year students about declaration.

Course-related statistics

	Individual students	**Percentage of UEA Population**
Undergraduate	**209**	**2.1**
Post Graduate	**42**	**1.7**

Table 6: Numbers and percentages of students seen by the MHT, by course level

Table 6 demonstrates that the serviced is used by both undergraduates and postgraduates in similar proportions: the small percentage difference in usage is not statistically significant. The majority of students seen were in their first or second year of study.

School grouped in Faculty	**Students N**	**Percentage of total MHT Appointments**	**Percentage of students seen from School**
HUM			
ART	5	*1.4*	*2.4*
AMS	11	*4.4*	*2.8*
FTV	6	*2.3*	*2.1*
HIS	13	*5.7*	*2.2*
LCS	2	*0.5*	*0.8*
LDC	12	*8.0*	*1.6*
MUS	4	*2.3*	*3*
PHI	9	*3.8*	*4.3*
PSI	12	*6.5*	*2.4*
Total HUM	**74**	***34.9***	***2.2***
FMH			
AHP	12	*4.8*	*2.7*
MED	25	*7.0*	*2.5*
NSC	12	*4.0*	*1.1*
Total FMH	**49**	***15.8***	***1.9***
SCI			
BIO	15	*7.5*	*2.2*
CHE	21	*7.0*	*4.3*
CMP	12	*3.8*	*2.4*
ENV	19	*6.3*	*2.6*

MTH	7	*3.5*	*2.1*
PHA	7	*3.0*	*1.3*
Total SCI	**81**	***31.1***	***2.6***
SSF			
DEV	8	*4.0*	*2.0*
ECO	4	*1.0*	*0.6*
EDU	5	*2.0*	*0.5*
LAW	8	*4.0*	*1.2*
NBS	11	*3.0*	*0.9*
SWP	7	*4.2*	*0.9*
Total SSF	**43**	***18.2***	***0.9***

Table 7: Numbers and percentages of students seen by the MHT, by Faculty/School of Studies

Approximately two thirds of the demand from students for appointments was from students in the Faculties of Humanities and Science. Sample sizes are relatively small at the School level, but the differences between demand from students by Faculty are statistically significant, particularly in respect of the low demand from SSF students; this is most noticeable in ECO and EDU. Students from CHE and PSI were relatively high users of the service.

It is interesting to note the relatively low usage of the mental health service made by students from LDC, particularly when this is compared to the high usage made by this student group of the Counselling Service. Further research on differences in the pattern of demand made by different student groups on all student services is currently being undertaken.

Student concerns

The recording of appointments made with staff in the Dean of Students office incorporates a coding system that is used by DOS advisers to indicate the primary area of concern presented by students. Most (83%) appointments with the members of the MHT were classified under 'health and wellbeing' although some students presented with concerns about academic matters, their accommodation, or their disability. Within the health and wellbeing classification further more detailed breakdown was undertaken in respect of some of the student appointments. Less than one percent of sessions were with students who presented with self harm or suicidal thoughts as their main problem, but anxiety was a significant presenting issue for some, with 14% of sessions focusing on anxiety issues.

The MH coordinator will review the coding for 2011-12 and consider including codes for other presenting issues such as eating disorders and psychosis, previously coded under general mental health.

Additional student support

Some of the students supported by the MHT this year were able to access funding through the Disabled Students' Allowance to finance the employment of student mentors. The mentors, who include UEA students and others from outside UEA are recruited, trained and supervised by the Mental Health Coordinator, and offer general advice and guidance to students with ongoing mental health difficulties. There were five DSA funded mental wellbeing mentors working from the Dean of Students' Office in 2010/11. The use of mentors has proved very successful in helping some students to manage their academic work and stay on course.

Mental Health Promotion and Training

The MHT worked alongside the disability team to present courses through CSED and to individual Schools. The Mental Health First Aid Course continued to be delivered by Beckie Davies and was financially and administratively supported by DOS and CSED. By the summer of 2011 over 100 staff from all faculties and support areas at UEA had completed this two day course. Attendance at the training events delivered during the 2010/11 academic year is summarised in Table 8.

Training	**Attendees**
Disability Awareness for support and front line staff	6
Disability awareness for admissions staff	6
Mental Health Awareness	19
Mental Health First Aid	30
Supporting students with additional needs for MED staff	8
Supporting students with additional needs for PG Teaching Assistants.	30
Wellbeing Event attendance Nov 2010	230
Wellbeing Event attendance March 2011	60

Table 8: Training and other events delivered in 2010/11

The Mental Health team also coordinates wellbeing events on campus. In 2010 we expanded the range of talks to include professional development sessions that were open to staff and students who may be interested in working in mental health. These were facilitated by external agencies from the NHS and the charity sector. Attendee feedback indicated that they were a very welcome addition to the range of training available to staff on wellbeing and welfare issues. Students in the Faculty of Health used the sessions as a way of finding out more about particular professions: for example, many AHP students attended an Art Psychotherapy introductory session and an Early Intervention Team talk on psychosis.

Overall the November wellbeing talks, workshops and Sportspark sessions offered to promote the health benefits of sport and exercise had 230 attendees for 35 different sessions and a waiting list for most of the Sportspark taster sessions.

The Wellbeing Fair held in November had 29 stalls, 10 of which were from UEA services that promote wellbeing in different ways, and the remainder were provided by external agencies able to offer services to students. Rainbow Health Foods continues to sponsor the event and provide a stall with freebies for staff and students.

In March 2011 a smaller event, co-ordinated by the MH team, was held due to limited resources. Taster events offered by the Sportspark were attended by 60 staff and students.

Partnership working

During the year, Lydia invested time in visiting external agencies and meeting with key UEA services to continue and further develop the good relationships that Beckie had initiated, and to encourage other agencies to work more closely with the MHT to better support new students or students needing NHS or specialist MH support that we cannot provide. The case study and Figure 2 at the end of this report illustrates the importance of this partnership working, which when effective, can ensure continuity of care for students moving out of their home area to come to Norwich, and good on-course support .

Other examples of collaborative working during the year include:

a smoking cessation programme run on campus by the Matthew Project, a local alcohol and drug advice charity

regular meetings with Nightline, the student –led out of hours support, advice and information service

the involvement of the Union of UEA Students Sabbatical officers in DOS wellbeing events

establishing a protocol for direct referrals to specialist teams in MIND, the mental health charity.

Summary

The DOS Mental Health Team has established itself as an important and well used part of UEA Student Services. Since the appointment of the first UEA Mental Health Adviser in 2005, student demand has steadily grown, and although an additional 0.5 Mental Health Adviser was appointed in 2009, the service is reaching saturation point at peak times of year. Priorities identified for development work in 2011/2 include:

- Better promotion of the service to home and in particular international students, including identifying effective strategies for addressing any barriers to help seeking for those who might benefit from it
- Further development of partnership working to enhance access to specialist services
- Reviewing the recording, monitoring and evaluation of the mental health service.

References

Dollery, R., Yu, H. 2011: Investigation into the Mental Health Support needs of International Students with particular reference to Chinese and Malaysian students: The University of Nottingham Student Services.

The Mental Health Foundation 2007: The fundamental facts: The latest facts and figures on mental health.

Moore, J. 2011: University Counselling Service: Student Counselling Annual Report 2010-2011. University of East Anglia Internal Report

Case Study: 'Christine', a first year undergraduate diagnosed with Bipolar Disorder

As part of the admission process, all students who have declared a mental health difficulty on application to UEA are contacted by the Mental Health Team. This case study describes the experience of one such student during their first year as an undergraduate at UEA.

Christine was 25 when she applied to UEA and had declared a mental health disability on her application form. She was initially contacted by the MHT in April 2010. The purpose of this early contact was to find out more about her current diagnosis and her potential support needs. It provided an opportunity for her to supply medical evidence of her diagnosis so that any appropriate adjustments to the UEA living and learning environment could be put in place, together with any academic support needed.

Christine had a diagnosis of Bipolar Disorder and she outlined the support she could envisage needing, based on her previous experience within education. She gave us information about her current mental health team and gave permission to contact her Community Psychiatric Nurse (CPN). She requested en-suite, on campus accommodation as she sometimes experienced agoraphobia. Communication with the Accommodation Office ensured that this was provided. All contact at this stage was by email, although she was offered a visit with the MHT to look around campus and to start the support early if needed.

Christine felt at this time that she would not require financial support from the Disabled Students Allowance (DSA) as she was quite stable and was managing any difficulties with medication and mental health support. She said that she had other income that she believed would cover any additional needs.

It was suggested to Christine that she come to DOS to meet with the MHT in her first week at UEA. She took up this offer and met with Lydia in her second day on campus because the move had already impacted on her mental health. She had struggled with the change of routine and was not sleeping or eating properly. Lydia talked through strategies of self care with her, focussing particularly those Christine may have previously found effective. In this first meeting Christine appeared to be self aware and motivated to be at UEA, but she was close to tears and frustrated with herself at already finding things hard.

With Christine's permission, Lydia then contacted her Academic Advisor to alert her that Christine would need additional support. She also encouraged Christine to make contact with the University Medical Service and register with them. Christine agreed that Lydia could contact the UMS to give them some background information to put on Christine's medical file.

Lydia booked Christine in to see her the next day and gave her an email contact address. Christine postponed this appointment as the medication she took to help her sleep was very strong and she had struggled to get out of bed that day. She emailed to rebook to see Lydia the following day.

In this appointment Christine spoke more about her difficulties with socialising and the experience of attending student events in the LCR. Christine had missed a field trip the previous day due to the effects of her medication, and Lydia emailed her Advisor to make her aware of the situation. This relieved the anxiety Christine had been experiencing about being reprimanded by the university.

Christine felt very grateful to UEA for accepting her onto the course as she had been out of school since the age of 14 and had taken an OU course the previous year to try to get into university. Christine hinted at having a complex history but did not go into details about why she had left school so young. As the MHT offer primarily an advisory and not a therapeutic service, Lydia did not probe her further about her history, but outlined the additional support available on campus and discussed reasonable adjustments that could be made; details were sent to the Teaching Office for implementation.

Christine's' first month at UEA was tumultuous with significant ups and downs. She was experiencing difficulties managing many every day things that she had avoided in the past, such as taking a bus. After a few appointments, Lydia felt that it would be helpful if meeting could be arranged with Christine's previous MH team as a handover to Lydia and an official transfer of care to Norwich services.

Lydia contacted the CPN to arrange a meeting to highlight and clarify the difficulties Christine had battled with. It emerged that she was a care leaver and had been in foster care since the age of 14. She had also been hospitalised with severe mental health concerns for six months when in her early twenties and had struggled with agoraphobia ever since; the UEA transition was a huge step for her. Lydia arranged for the DOS Finance Team to contact her about the care leavers grant that Christine was entitled to.

Unfortunately, in November, Christine had her first mental health crisis whilst on campus and came to see Lydia for an urgent appointment. When she presented herself in DOS, the Reception Team triaged the situation and rearranged Lydia's appointments so Christine could be seen immediately. Christine had forgotten to take her medication for the past two weeks and was now in a manic state. She had experienced memory loss, increased drinking and spending, and the final trigger for her was playing sport which brought out feelings of real anger and aggression. She then realised that she was not well and came straight to see Lydia who made an assessment of her mental health state.

Lydia assessed the student as being at high risk and called the duty doctor whom she informed that she was bringing a student to see a GP immediately. She accompanied Christine to the UMS and went into the appointment as Christine felt she needed someone to articulate the current change in her mental state. The GP contacted the NHS Crisis Team who offered to see Christine within a few hours. Lydia helped Christine call a family member to go to this appointment with her, but stayed with Christine until they arrived.

Christine was assessed as needing some time away from the university to stabilise her medication, so she stayed with a family member for the week. Lydia contacted the Teaching Office and Advisor to let them know of the situation and acted as a liaison for the student and staff. She arranged for lecturers to be aware that Christine may need access to material missed.

With Christine's permission Lydia also contacted her Senior Resident in her UEA Accommodation in order to alert them of recent events. The SR agreed to make contact with Christine as soon as she had returned to campus.

Christine returned the following week and was able to engage fully with her studies. Lydia arranged for a care meeting to be held very quickly with the Norwich MH Service's Psychiatrist and CPN, the UMS GP, her former CPN and Lydia. At this meeting a more detailed crisis plan and ongoing support were discussed with Christine. The likelihood that as increased stress and change of routine had a particularly deleterious impact on her, exam times in January and May might be particularly difficult times for her and this was addressed in the plan.

The meeting enabled a full handover of care to Norwich, and but also included a plan for vacations when Christine would return home and still have access to her local MH services. The meeting also initiated a referral for Cognitive Behaviour Therapy (CBT), to help her learn some stress coping strategies.

Christine agreed to meet with Lydia fortnightly; the purpose of the meetings was to help avoid problems by offering an opportunity to discuss workload planning and thus reduce the likelihood of a build-up of stress. Lydia also suggested that applying for a DSA to fund mentoring could be beneficial, and explained the DSA application process to Christine. As Christine now had more understanding of how DSA could be of help she agreed to apply and Lydia helped her to complete the forms. The application for funding was successful, and weekly mentoring sessions were arranged. Christine found the mentoring and CBT so helpful that she was able to reduce her regular meetings with Lydia and to improve her attendance at lectures and manage her medication again appropriately.

Between September and December 2010 Christine had 8 appointments with the MH team and frequent email contact; from Jan 2011 to June 2011 she only needed 3 appointments plus weekly mentoring.

Christine is now doing very well and is progressing into her next year of study successfully, achieving the grades that reflect her intelligence. She feels that she wouldn't have achieved this without the dedicated support from the Dean of Students' Office, her academic advisor, and administrative staff and she highly praises the support on offer from UEA as a whole.

Christine passed her first year, with some ups and downs in her academic performance. In her second year she has achieved marks in the high 60s and 70s.

Lydia Pell, Mental Health Coordinator, June 2012

Figure 2: Graphical representation of Christine's support network coordinated by the DOS Mental Health Coordinator (**C**MHT : Community Mental Health Team; DSA: Disabled Students' Allowance; UMS: University Medical Service)