



Universities UK/Guild HE Working Group for the Promotion of Mental Well-Being in Higher Education

Mental Well Being in Higher Education: Policy and Practice

Inaugural Conference held at Woburn House, London, February 4, 2004 ¹

The **aims** of the Working Group's Inaugural Conference were to:

- raise awareness of current issues and initiatives in promoting good mental health in HE in order to encourage further appropriate action
- draw attention to the UUK/ SCOP and RCPsychiatrists reports on student mental health
- share and develop good practice on the implementation of the recommendations in these reports
- take guidance from delegates on productive ways forward for the new committee
- identify areas for future collaborative development, monitoring and research and explore the possibilities for initiating and funding these activities

Delegates

There were over 160 delegates from a wide range of backgrounds and included students, GPs, nurses, psychiatrists, university managers, heads of student and counselling services, mental health workers, academics and counsellors.

Introduction

The day was introduced by Dr Geoffrey Copland, Vice-Chancellor of the University of Westminster and member of the Vice-Chancellors' Student Experience Strategy Group to which the Committee reports.

Keynote speakers were Dame Fiona Caldicott and Dr Anton Obholzer

Dame Fiona is Principal of Somerville College and a Pro Vice-Chancellor of Oxford University where her responsibilities have included chairing the Personnel and

¹ The Conference was supported by the DfES

MWBHE Conference Report 1

Student Health and Welfare Committees and serving on the management committee for the Student Counselling Service. She has been President of the Royal College of Psychiatrists, a Consultant and Senior Clinical Lecturer in Psychotherapy and Clinical and Medical Director for the South Birmingham Mental Health NHS Trust. She is President of the British Association for Counselling and Psychotherapy and a non-executive director of the Oxford Radcliffe Hospitals NHS Trust.

Dr Anton Obholzer is a Fellow of the Royal College of Psychiatrists, a Child and Adult Psychoanalyst and an organisational consultant. Until recently he was Chief Executive of the Tavistock & Portman Clinics in London, Chair of the Consulting to Institutions Workshop and a Senior Consultant in the Tavistock Consultancy Service. Dr. Obholzer's special interests are leadership and the management of organisational change at times of stress and turbulence; he consults and lectures widely on these issues. He has written widely on the topic of unconscious processes in organisations and is co-editor and author of several papers in *The Unconscious at Work* (Routledge, 1994)

Dame Fiona set the scene for the day with a wide ranging and provocative look at student mental health. Whilst maintaining mental health is not the primary function of a University, it nonetheless should be high on our agenda. She advised the new Committee to work with the Vice-Chancellors' Student Experience Strategy Group and stressed the importance of involving senior managers with the issues. After reminding the audience of the multiple stakeholders that are implicitly involved in the concept of our duty of care - students, groups, institutions and the community – Dame Fiona posed a series of questions. What was the distinction between the roles of academic, non-academic and support staff in the provision of mental health care? How clear were we as individuals and institutions about the definitions of health and mental functioning? Who should champion such issues? Are we all comfortable with the same language?

One outcome of these questions and paradoxes highlighted by Dame Fiona was the perennial problem of 'turf wars' - counsellors versus doctors, academic versus support staff, university versus community NHS - and her message was clear... 'stop battling over boundaries!' At the heart of this work in mental health are the students, some of whom are extremely vulnerable. The challenge we all face is how to facilitate their growth and development, helping them to build self-esteem, rather than leaving with a sense of failure and stigma that can persist through life.

A critical feature of good institutional practice should be research, with the requirement to acquire evidence of changes in incidence and changes in need. The importance of research data of good quality would become increasingly important in an era of widening participation and increasing disability legislation, which are likely to increase the level of vulnerability in the student population.

In the afternoon's key presentation **Dr Obholzer** spoke of the challenges of collaboration. Drawing from the game of tennis doubles, he highlighted the different stances that we might need to take up when working in our institutions e.g. up 'at the net' when we need to be responsive and close to the action and 'at the back' when we need some oversight on what is going on around us. Continuing the morning theme of 'turf wars', Obholzer talked about the links between states of allegiance (to our

particular 'cause' e.g. counselling) giving rise to fixed states of mind. Shifting our position or adapting to another point of view often resulted in a sense of betrayal. Hence one of the challenges of collaboration was to manage the uncomfortable feelings that go alongside working with difference, especially those present in multidisciplinary teams.

In some respects support services face an impossible task in trying to reconcile the tensions between and amongst health and education staff and organisations. Such tensions give rise to issues of power that are often perceived as difficult to challenge and confront. Dr Obholzer thought this didn't have to be so, and posed the question of what would happen if we empowered ourselves for action? As professionals if we challenge both our internal assumptions and our external realities - might we be able to do it differently? ²

Seminars

Delegates were able to attend two of five seminars:

1. Promoting Mental Well Being in Universities and Colleges

Mark Dooris, Principal Lecturer/Director of Healthy Settings Development Unit, Lancashire School of Health and Postgraduate Medicine, University of Central Lancashire; Daryl Evans, Principal Lecturer, Health Promotion, Middlesex University and Philip Scarffe, Progression and Mental Health Support Coordinator, Nottingham Trent University.

2. Student Led Initiatives

Sian Davies, National Union of Students, Students with Disabilities Committee & Ambassador for Mind Out For Mental Health; Nicky Sewell, Nightline and Natasha Donnelly, Founder & Director, Studentsinmind and Lecturer, School of Social Studies, University College Chichester.

www.nusonline.co.uk/info/health/

www.nusonline.co.uk/campaigns/mentalhealthcampaign/

www.studentsinmind.org.uk

www.nightline.org.uk/

www.nightline.niss.ac.uk/

3. Implementing the Recommendations of the Royal College of Psychiatrists' Report on the Mental Health of Students

Dr Mike Hobbs, Chair, Student Mental Health Working Group, Royal College of Psychiatrists & Consultant Psychiatrist and Medical Director, Oxfordshire Mental Health NHS Trust and Jonathan Leach, Staff Tutor, School of Health and Social Welfare, Open University.

See: www.rcpsych.ac.uk/publications/cr/cr112.htm

² With thanks to Dr Les McMinn, University of Surrey, for his summary of the keynote speakers' presentations.

4. Effective Responses to Suicide and Self Harm

Ann Heyno, Head of Counselling and Advice Service, University of Westminster.
www.bookshop.UniversitiesUK.ac.uk/reducingrisk/pdf for Universities UK/SCOP
Report - *Reducing the risk of student suicide*
See Appendix 1 for Ann Heyno's paper

5. The impact of policy initiatives on institutional practices

Dr Annie Grant, Director, Educational Development and Support Centre, University of Leicester, Sally Olohan, Head of Student Support Services, Nottingham Trent University & Fiona Reid, Policy Officer, HEFCE.

www.UniversitiesUK.ac.uk/

Annie Grant's report on Mental Health Policies and Practices is available for download from the Publications and Resources page of the Working Group's website www.mwbhe.com

The scope of these five seminars highlighted both the amount of experience and know-how that exists in higher education in working with mental wellbeing as well as the complexity of the task facing those working to support the mental well being of staff and students.

A closing **Plenary** and the conference feedback forms suggested a number of ways forward for the Committee.

Delegates' requests included:

- Guidance on writing an institutional mental health policy
- More involvement of students and academics
- Dissemination of research findings
- Events on collaboration

Feedback about the conference was overwhelmingly positive:

- Useful to engage with issues on a systemic level; an exciting day with many possibilities;
- The most significant difference at this conference was the attendance of delegates from the medical profession and a few academics. It was refreshing to exchange ideas with non-counsellors who share our concern with student mental health;
- Interesting and thought provoking day. The need for multi-disciplinary approach came across very clearly;
- Very useful the meetings and contacts, the stimulation – breadth of members and thinking.

Appendix 1: Effective Responses to suicide and self-harm

Ann Heyno

Head of Counselling and Advice Service, University of Westminster

Suicide has been very much in the news recently with the deaths of GP and mass murderer Dr Harold Shipman and government scientist, Dr David Kelly. Public and media reaction to both deaths gives insight into how we feel when someone commits suicide and why the aftermath is so difficult to deal with. In both the Kelly case and the Shipman case there was a sense of shock when they died. Their suicides seemed to come out of the blue. They were totally unexpected and people were stunned. After both deaths, people wanted to know why it had happened, why it couldn't have been stopped. They also wanted to know who or what was to blame.

In the case of Kelly the desire to apportion blame towards either the government or the BBC, was coupled with an enormous sense of guilt. At the time of his death, it was implied that if David Kelly had been treated better, his life might have been saved. In the case of Harold Shipman questions of blame were also raised. This time the prison service was asked about why he hadn't been under constant suicide watch. With Shipman the wish that his life had been saved was less benign than in Kelly's case. Some people were reported to have been furious because his death deprived them of knowing why he had killed at least 215 of his patients. They were not sorry he died, simply enraged.

In addition, the aftermath of their deaths has been huge and the damage to those left behind has been great. For the families and those close to both Kelly and Shipman, their losses were tragic. In the public sphere there was the Hutton enquiry, the prime minister's future was on the line and the prison service was asked to explain why so many people in prison kill themselves.

Those of us who work in universities will be familiar with the reactions to these two very public suicides, the sense of shock, the incomprehension, the guilt, a need to know why and a search for who might have been to blame. Suicide is a very disturbing and emotive subject and one that most of us find difficult to think and talk about. Even this workshop today is charged with the potential for misunderstanding, disagreement and accusations amongst ourselves of getting it wrong. Suicide evokes such a sense of helplessness in those who are left behind because it is a premature death that isn't caused by physical illness, accident or disaster. I think that deep down we all believe that because of this we must be able to prevent it. We hold the wish that we or someone else can do something to stop it happening. And it is this wish that leads to such guilt when we fail to keep a healthy person alive. It also leads us to a state of mind in which we need to find out why it happened, what could have been done to prevent it and to try to apportion blame.

The first of these wishes, the need to find out why suicides happen and the need to know what can be done to prevent them are crucial. They are the reasons we are in this workshop today. The third, which is the wish to apportion blame, is understandable and normal but I think it is also very problematic for places like

universities, prisons and other public institutions. It makes public institutions very cautious about talking and thinking about suicide. The fear being that if they talk about it they will be seen to have a problem in this area. I believe it is the fear of being blamed that makes our universities so very wary about disclosing numbers of students who commit suicide. However, this reluctance to talk and think about suicide interferes quite radically with the process of understanding why students kill themselves, why they self-harm and what we can do to prevent this.

What we need is to move away from a culture in which public institutions, such as universities are so frightened of being blamed that they remain silent on the subject of suicide and self-harm. We need to create an atmosphere in which suicide and self-harm, are no longer taboo subjects to be shied away from for fear of getting it wrong. Because of this, I really welcome the recent UUK/SCOP report, *Reducing the Risk of Student Suicide*³, the section on suicide in the Royal College of Psychiatrists report on *The Mental Health of Students In Higher Education*¹ and the NHS *National Suicide Prevention Strategy for England*⁴. They have all pushed the subject of student suicide and self-harm onto the agenda. Their existence is a public statement that this is a serious problem that has to be thought about. The challenge lies in helping universities and student counsellors to think about their recommendations and to implement them. (Later in the workshop, there will be time to discuss the findings and recommendations of these reports.)

There is no doubt that suicide and self-harm are serious problems in Britain today. Suicide is now the most common cause of death in young men under thirty five and recent research by Professor Keith Hawton at Oxford has shown that 10% of teenagers aged 15 and 16 had deliberately self-harmed in their life. However, the report from the Royal College of Psychiatrists concludes that “students are not at an increased risk of suicide and may be at reduced risk”. The report also concludes that women (students) are over-represented among students who complete suicide” compared with the gender ratio observed in the age matched population. Students are at lower risk of self-harm than other young people and there will be between “1000 and 5000 students who experience suicidal thoughts for every one student who actually completes suicide.” The report also states that “There will be 200 students who engage in self-harm for every one who completes suicide.”

So where does that leave universities and counsellors working in universities? As a student counsellor I am certainly aware of an increase in the number of students coming for help who express suicidal thoughts. I am also aware of more self-harm amongst students. It is perhaps important at this point to say that the relationship between self-harm, suicide and suicidal ideation is quite complex. Students who self-harm are not necessarily suicidal but those who are suicidal often self-harm as well. As the RCPsych report points out those who self harm are more likely to kill themselves than those with suicidal thoughts who don't self harm. Self-destructive acts, like driving dangerously, abusing drugs or alcohol can be signs of deep despair

³ Universities UK/SCOP 2003: *Reducing the Risk of Student Suicide: Issues and Responses for Higher Education Institutions*. London: Universities UK/Standing Conference of Principals(
www.bookshop.UniversitiesUK.ac.uk/reducingrisk/pdf

⁴ DH 2003: *National Suicide Prevention Strategy for England*. Department of Health. Available from
<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/>

MWBHE Conference Report 1

and depression. These can end in premature death and might be considered to be suicidal acts. There is a difference between suicide and suicidal ideation. However, I think that we are talking about a spectrum. There is an enormous amount we can learn from students with suicidal ideation that will help us to understand actual suicide.

Students who present to counselling services with depression often find it difficult to talk about the level of their despair. I think student counsellors can help by being able to tolerate the thought that some students are seriously suicidal. I think we need to routinely ask students who say they are depressed whether they feel suicidally depressed. I think we have to find out the level of their despair and whether they feel that life is so unbearable that they wish they weren't alive; whether they are putting themselves in dangerous situations because they feel compelled by a wish to die that they don't understand; whether they feel it wouldn't matter to anyone if they were alive or dead; whether they have thought actual plans of how they would kill themselves and whether they are at immediate risk of doing so. We need to know whether they have ever tried to kill themselves before and many other factors. In other words, we need to do risk assessments as the UUK/SCOP report on student suicide recommends.

We also need to take all suicidal thoughts very seriously, whether we think someone is at immediate risk or not. We need to get a balance between managing our own anxiety about suicidal risk and the welfare of the student. We need to involve doctors and psychiatrists and we need very careful supervision. We also need good links with our tutorial systems, so students at risk are referred for help and we need to find ways of raising awareness throughout universities as the UUK/SCOP report suggests.

What can universities do? Again the reports make several recommendations. But first we need to create a climate in which it is possible to talk about student suicide as we are today. Suicide needs to be on the agenda of discussions of student mental health. Universities can help by having good tutorial systems and training tutors in awareness and the signs of risk and how to refer, as the UUK/SCOP report suggests. Other suggestions from the reports indicate that there needs to be awareness raising for students including, web pages linking to organisations like the Samaritans and student nightlines, leaflets on topics such as despair/ suicidal thoughts, self help for self injury, helping a friend, surviving away from home etc. Social isolation needs to be "counteracted by careful induction to match experience with expectation". Intermission should be encouraged when students are in a state of mind that makes studying unlikely or impossible and good re-entry mechanisms should be in place. The Royal College report suggests that "good social networks and peer contacts, and religious affiliation appear protective against mental health problems". Universities could do well to encourage more human contact between staff and students and students and students.

Finally the Royal College report suggests that further research, using evidence based diagnostic criteria is urgently needed. Universities could do well to support such research projects.

Although it is one of the most stressful problems I and other counsellors have to work with, I am fairly optimistic that appropriate intervention helps and that there is a great deal both counsellors and universities can do to help prevent suicidal thoughts from becoming suicidal acts.