HELPING STUDENTS IN DISTRESS
A guide for supervisors

Warwick
Researcher Development
CONTENTS OF THIS GUIDE:

- Introduction of mental health and wellbeing of student population
- Prevalence of Student distress and contributing factors to the student’s distress
- Identify the problem by using your own judgment
- What can you do to help the student in case of non-urgent situations?
- What support is available at the university?
- What can you do in to help the student in urgent situations?
- Your roles and responsibilities
- Think about your own mental health
- Key internal contacts for student’s mental health and wellbeing

THIS SHORT GUIDE WILL:

<table>
<thead>
<tr>
<th>Recognise</th>
<th>Help you to recognize when a student is experiencing mental health difficulties</th>
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<tbody>
<tr>
<td>Advise</td>
<td>Provide you advice to help you to respond and signpost students appropriately and effectively</td>
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<tr>
<td>Remind</td>
<td>Introduce you or remind you of the sources of support within the university and beyond</td>
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<tr>
<td>Be aware</td>
<td>Raise awareness of issues relating to student mental health</td>
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Introduction

As a supervisor and faculty member, you are in a unique position to identify and help those students who experience mental health distress. Your role as a supervisor is also crucial as students may see you as a trustworthy to turn to you for guidance or help, as some students will not seek help from their peers, colleagues or family members. Therefore, your expression of concern may be a crucial factor that can help students with their personal and academic difficulties. Besides, your actions may also help to prevent student’s further mental health deterioration and may even save a student’s life. The main purpose of this guide is to provide you with information that can help you to recognise some of the symptoms of student distress and help you to identify what sources of help and support exist within the University of Warwick and beyond.

Mental health and wellbeing of student population

Being a student for most undergraduate or postgraduate students is an enjoyable period where they develop their social and academic skills. However, this particular period is also followed by a number of stressors that can easily overwhelm their ability to cope and affect their academic performance or their mental health and wellbeing. Most prevalent sources of stress include transition to university, feeling homesick, academic and career concerns or difficulties, social relationships, family issues, loneliness and financial problems. It is also important to emphasise that some students may already have mental health difficulties, lack of resilience and resources to manage their mental health and wellbeing effectively. All these factors may contribute to students feeling overwhelmed and experience mental health distress or mental health crisis. Consequently, the sense of being overwhelmed or faced with mental health difficulties can lead to a sense of hopelessness and further decline, which can also disrupt their academic performance, lead to substance misuse, self-injury or even suicide.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (Source: Mental Health.gov)
A mental health crisis is any situation in which a person’s actions, feelings, and behaviours can lead to them hurting themselves or others, and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner. Situations that can lead to a mental health crisis can include stress at home like conflicts with loved ones, exposure to trauma, or violence. Stress at work or school and other environmental stress can also contribute to a mental health crisis.

Individuals with diagnosed mental illness are at greater risk of experiencing a crisis, but too often, a crisis occurs before a mental illness has been diagnosed. “When crisis strikes, it’s not a switch that can be turned off. The body and brain may be working against our own goals and desires. Seeking professional help is the safest way to address the underlying medical issues. Once addressed, other therapies and treatment services can be used to prevent future crisis and address underlying issues.”

In 2018/19 308,000 students said they had a disability of some kind - this was 16.2% of all home students. Within this 82,000 said they had a mental health condition; 4.3% of all home students. The number saying that they had a mental health condition was two and a half times as high as in 2014/15. Higher rates of mental health conditions were reported among:

- Women
- Undergraduates
- Full-time students
- Those in their second or later years

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1 James Roberson (www.kvc.org/blog/what-does-a-mental-health-crisis-look-like/)
2 https://www.hesa.ac.uk/data-and-analysis/students
In 2018/19 59,200 female students said they had a mental health condition or 5.3% of all female students. This rate was almost double the rate for male students of 2.8%.\(^3\)

Similarly, a survey\(^4\) found that approximately 38,000 students in 2018 reported:

- 9% of the student population thinks about self-harm often or all the time
- 43% of the student population reported being worried often or all the time
- 33% of students reported being lonely often or all the time
- 45% of students stated the use of alcohol and drugs to cope with their problems
- 34% student population reported experiencing a serious personal, emotional, behavioural or mental health problems and a need for more professional help
- The most commonly reported problems were depression (10%) and anxiety disorders (8%)

According to the recent report, if students are exposed to a lack of support and treatment, their mental health can further deteriorate and lead to increased risk of students dropping out of university, or in most severe cases, death by suicide\(^5\).

Prevalence data\(^5\):

- A record number of students committed suicide in 2015, which represents a 79% increase between 2007 and 2015 (75 to 134)
- Suicide is often linked with the presence of underlying mental health conditions
- 25% of students who committed suicide in the UK were in contact with mental health services a year before their death
- 1180 student in 2014/2015 dropped-out of university due to their mental health problems (an increase of 210% compared to 2009/2010).

\(^3\) UK domiciled student enrolments by disability and sex 2014/15 to 2018/19, HESA
\(^4\) Largest survey of its kind reveals extent of university students’ struggles with thoughts of self-harm, loneliness and anxiety, 5 March 2019
\(^5\) House of Commons, Support for students with mental health issues in higher education in England (2020)
- 94% of University in England reported an increase in the demand for counselling and wellbeing services
- In some universities in England, every 1 in 4 students is using or waiting to access wellbeing services

From these prevalence data it is evident that overall prevalence of mental illness is increasing in student population. It is also evident that there is an increase in help-seeking behaviours in student population from their universities for their mental health difficulties. Lastly, it is also evident that a significant level of mental health distress exists among the student population.

**Factors that trigger or precipitate student’s low mood and mental health difficulties**

- Academic environment can precipitate student’s mental health crisis (e.g. pressure)
- Stress
- Funding or financial
- Isolation or sense of loneliness (especially for PhD students in labs)
- Sense of not belonging and personal problems
- Cultural of language barriers
- Absence of protective factors

Impact of Covid-19 and lockdown also can additionally precipitate student mental health difficulties
### Recognising students in distress

<table>
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<tr>
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<th>Moderate Distress</th>
<th>Severe Distress</th>
<th>Mental Health Crisis</th>
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<td>Students experiencing some mental health distress may not display disruptive behaviours. However, some student behaviours can be an indicator that student requires help and support.</td>
<td>Students in moderate distress may exhibit behaviours that indicate significant emotional suffering. These students may also be reluctant or unable to acknowledge a need for personal help.</td>
<td>Severely distressed students exhibit behaviours that signify an apparent crisis and necessitate emergency care. These problems are the easiest to identify.</td>
<td>A mental health crisis can display in a variety of ways. There is no one indicator that a person is experiencing a mental health emergency or may attempt suicide, but here are some signs to look for.</td>
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#### Behaviours may include:

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<td><strong>o</strong> Change from good to poor academic performance</td>
<td><strong>o</strong> Repeated requests for special consideration, such as deadline extensions</td>
<td><strong>o</strong> Highly disruptive behaviour (e.g. hostility, aggression, or violence)</td>
<td><strong>o</strong> Unable to complete daily tasks like getting dressed, brushing teeth, bathing, etc.</td>
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<td><strong>o</strong> Frequent unexplained absences from class attendance or supervisions</td>
<td><strong>o</strong> Unusual or exaggerated emotional responses which are inappropriate to the situation</td>
<td><strong>o</strong> Inability to communicate clearly (garbled, slurred speech; unconnected, disjointed, or rambling thoughts)</td>
<td><strong>o</strong> Verbally saying, writing or insinuating that they’d like to kill themselves and/or talking about death</td>
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<td><strong>o</strong> Changes in interactions with tutors, colleagues or supervisors</td>
<td><strong>o</strong> Other characteristics that suggest the student has trouble managing stress successfully are: depressed mood; swollen red eyes, lethargy; falling asleep in class; very rapid speech; and changes in how the student looks or dress</td>
<td><strong>o</strong> Loss of contact with reality (hearing or seeing things which others cannot see or hear)</td>
<td><strong>o</strong> Withdrawing from friends, family and their typical social situations</td>
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<td><strong>o</strong> Changes in their physical appearance, such as being unkempt, fatigued, unable to concentrate and display a range of changes in their mood.</td>
<td><strong>o</strong> Other characteristics that suggest the student has trouble managing stress successfully are: depressed mood; swollen red eyes, lethargy; falling asleep in class; very rapid speech; and changes in how the student looks or dress</td>
<td><strong>o</strong> Stalking behaviours</td>
<td><strong>o</strong> Showing impulsive or reckless behaviour, being aggressive</td>
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<td><strong>o</strong></td>
<td><strong>o</strong> Inappropriate communications (including threatening letters, email messages, or harassment)</td>
<td><strong>o</strong> Overtly suicidal thoughts (including referring to suicide as a current option or in a written assignment)</td>
<td><strong>o</strong> Having dramatic shifts in mood, sleeping or eating patterns</td>
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<td><strong>o</strong></td>
<td><strong>o</strong> Threats to harm others</td>
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Is there a problem (Risk assessing)?

- Is the student telling you there is a problem? Is there anything unusual or unpredictable about student’s behaviour that makes you worried?
- Has the student declared an existence of mental health problem? Do other students or staff report to you something about the student that indicates a problem?
- How does student feel? Is there something wrong? Has there been a similar experience in the past?
- Do you need more information from the student?
- Is there any other available information?
- Do you need more information from other staff?
- Is there any other available information?
- How does student seem?
- Do you need more information from other staff?
- Tense or Irritable? Sad, miserable or tearful? Behaving erratically? Displays panicky or agitated state? Withdrawn, dulled or very quiet? Student displays poor concertation or incoherent speech?
- Is this experience different from your previous experiences of this person?
- Is there a significant change in the student’s appearance (e.g. hygiene)? Is there other behaviours that you might noticed (e.g. lack of communication, or excessive communication)
- Would it be helpful to consult with someone else?
- You colleagues may provide you with more information. Keep you line manager or senior colleague up to date. Seek advice and support form Wellbeing services.
**Non-urgent situation** is any situation where there is no immediate risk to the student or other. However, the student may be depressed, anxious or stress; homesick, lonely or feeling isolated; experience relationship problems or low self-esteem.

**What you can do in non-urgent situation?**

- **The student accepting your help or help from others**
  - Decide who is the most appropriate person to help
  - Supervisor providing help
  - Make sure that you have time and skill to help student
    - You are able to:
      - Listen to student’s concerns
      - Offer practical advice
      - Provide reassurance
      - Show your empathy and concern during conversation
      - Follow up your conversation at another time
      - Signpost student

- **The student not accepting your help or help from others**
  - You can make it clear that you will try to help as much as you can if the student changes their mind
  - Seek advice from Wellbeing service
  - Continue to monitor situation and further developments
  - You can alert the student’s Personal Tutor, Wellbeing service or other relevant people about your continuing concerns

**In all situations**

- Thoroughly document your decision making
- Debrief your senior colleague or line manager (need to know basis)
- Consult with Wellbeing service
- Make a record of the communication with the student and store it in secure way in line with the University guidelines and GDPR
The student discussed with supervisor their specific problem such as excessive alcohol consumption, bereavement, eating disorder or relationship issues.

The student has a clear health problem.

The student in the need for support to manage the impact of a disability.

The student expresses worry about their academic performance or coping with material.

The student expresses worry about their finances or experiences financial problems.

Does the student need spiritual support? Is student experiences bereavement?

Are the student reporting problems relating to their accommodation or the loss of accommodation?

Might the issue be related to the student being from overseas?

Concerns for the student’s use of alcohol or drugs

The student:
- Avoids starting or finishing work
- Experiences panic attacks or anxiety attacks
- Has issues with perfectionism
- Work more than suppose to (Works unrealistic hours)

The student displays symptoms such as:
- Signs of depression
- Low mood
- Difficulty with sleeping
- Loss of interest in day to day activities and lack of concentration
- Loss of self-confidence
- Issues with body image
- Chronic fatigue

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Help is out there

Samaritans: call 116 123 free 24/7

Safe Havens: Out of hours mental health support in Warwickshire, available to anyone aged 16+. Email: warwickshiresafehaven@mhm.org.uk

PAPYRUS: Free service for young people. Call 0800 068 4141 9am-10pm Mon-Fri /2pm-10pm weekends or visit www.papyrus-uk.org

Survivors of Bereavement by Suicide (SOBS) call 0300 111 5065 9am-9pm Monday to Friday or visit www.uksobs.org

MIND Coventry and Warwickshire: Help and support for mental health problems. Call 024 7655 2847 or visit www.cvmind.org.uk

Change Grow Live Coventry: Free and confidential drug and alcohol service for adults, families and affected others. Call 02476 010241 9am-5pm Mon/ 9am – 8pm Tue/ 9am – 5pm Wed-Fri or email coventry.info@cgl.org.uk

Compass: Substance misuse service for children and young people in Warwickshire. Call 01788 578 227 9am – 5pm Mon-Thur/ 9am – 4.30pm Fri

The Recovery and Wellbeing Academy: Free courses and workshops to help people in their recovery. Call 0300 303 2626 or visit www.recoveryandwellbeing.cowwarkpt.nhs.uk

The Kaleidoscope: Suicide Bereavement Support Services. Call 0121 565 5665 or visit www.kaleidoscopeplus.org.uk

Veterans’ Mental Health TIL Service: Call 0300 323 0137 24/7

RISE: Emotional wellbeing and mental health services for children and young people. Call 0300 200 2021 8am – 6pm Mon-Fri or visit www.cwrise.com

It Takes Balls To Talk: Campaign to encourage people to talk about mental health issues. Visit ittakesballstotalk.com

Download our Stay Alive app
Provides help and advice on staying safe in a crisis.
Available free at the App Store or Google Play
The situation is considered as urgent if the student may be at risk of harm to themselves or others, and if you are concerned for one or more of the following reasons:

- The student may be at risk of serious self-harm
- The student is violent or threatening violence
- The student has completely stopped with normal functioning
- The student seems disorientated and out of touch with reality
- The student is behaving out of their usual character
- The student expresses suicidal thoughts or visible signs of self-injury

**The student accepts your help**

**During office hours**
Signpost the student directly to their GP and make contact with Warwick Wellbeing service (0247655570)
Inform other appropriate staff (such as Personal tutor or line manager)

**Out of office hours**
Call the student’s GP, if the surgery is closed, contact NHS 24 (111) or contact Mental Health Crisis Service (0300 200 0011) or the Campus Security (024 7652 2222).
Inform other appropriate staff (such as Personal tutor or line manager) and Wellbeing services next day.

**The student will not accept your help**

**During office hours**
Contact Wellbeing services for an advice
If the student in the University accommodation, contact the Residential team for advice and further assistance

**During office hours**
Signpost the student directly to their GP and make contact with Warwick Wellbeing service
Inform other appropriate staff (such as Personal tutor or line manager)

**In all situations:**
- Stay calm
- Engage with the student if possible
- Always prioritise your own safety and safety of others
- Ensure that you have available support (back-up)
- Debrief others on need to know basis
- Keep a written record

**Collect information such as:**
- Name and registration number of students
- Their residence
- GP practice (GP name)
- Any known medication
- Details of incident
- Family contact numbers
If you decide to offer support try to ensure that you have sufficient time within the context of your other commitments to do this, and that this support does not conflict with other aspect of your role. Ensure also that you seek help from others if you have persistent concerns about student. **REMEMBER** – you are not solely responsible for a student’s emotional or mental health.

It is not always possible to judge correctly what support the student may most benefit from. The student may have more than one problem, or the initial problem may not be the most central. The most important is to signpost student to somewhere that is acceptable to them. A further referral can be made later, if appropriate.

Make sure to not disclose any personal information about students to anyone (Need to know basis) including parents, without the student’s explicit consent. If the parents wish to contact a student, you can offer to forward a communication or tell the student they have been in touch. Treat any personal information about student with discretion. Do not promise student absolute confidentiality and advice the student that you may have to consult with a colleague.

If you feel impacted by the event, make sure to seek counselling or psychological support. Talk to your line-manager or other college about the impact of the event on you. Do not brush the experience under the carpet. See more on: [https://warwick.ac.uk/services/wss/staff-wellbeing](https://warwick.ac.uk/services/wss/staff-wellbeing)
**Final Advice**

**Talking to a student in distress**

- If in doubt – ask the student if they are okay (in private)
- Use empathetic approach
- Accept and respect what is said
- Focus on an aspect of the problem that is manageable
- Avoid easy answers
- Help identify resources needed to improve things
- Help student recall constructive methods used in the past to cope
- Trust your insight and reactions
- Encourage the person to seek help
- Respect the student's value system, even if you don't agree
Let others know your concerns

Attempt to address the person's needs and seek appropriate resources

But don’t attempt any counselling (do not act above your competencies)

Do not swear secrecy or offer confidentiality

Encourage the person to seek help

Respect the student's value system, even if you don't agree
Helping Students in Distress
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Please let us know if you have any feedback regarding usefulness of this document and how this document can be further improved
pgresearchskills@warwick.ac.uk