



UNIVERSITY OF  
LINCOLN

## Student Mental Health Policy

<b>Contents</b>	<b>Page</b>
Introduction	2
Policy Aims	2
Rationale	2
Definition of Mental Health	3
Principles	5
Disclosure of Information	5
Role and Responsibilities: General	5
Roles and Responsibilities: Staff	6
Supporting Students with Mental Health Conditions	6
Signs and Symptoms: Recognising Mental Health Distress	8
Role and Responsibilities: Students	8
Appendix 1 Services for Students	10
Appendix 2 Contacts and Information Sources	12
Appendix 3 Common Mental Disorders	13

## **1. Introduction**

- 1.1 The University aims to provide a supportive environment that will help all students with mental health conditions to realise their full academic potential and to successfully complete their course to the best of their abilities. The purpose of the University's Mental Health Policy is to help ensure that the University provides a coherent institutional approach when responding to students with mental health conditions.
- 1.2 This policy sets out a framework of principles, procedures and guidance for staff working with students with mental health conditions. It is informed by the 'Student Mental Health Planning, Guidance and Training Manual' which was produced by Lancaster University in 2002 through a HEFCE funded project and with the use of policies from a number of other Universities.
- 1.3 This Policy should be read in conjunction with the University Safeguarding Children and Vulnerable Adults Policy and for academic staff, the Personal Tutor's Handbook.

## **2. Policy Aims**

- 2.1 The aims of this policy are to provide:
  - A clear, transparent and practical policy framework for students, potential students and staff supporting students with mental health conditions at the University of Lincoln.
  - A basis for a consistent approach throughout the University when responding to the needs of students with a mental health condition.

## **3. Rationale**

- 3.1 Widening participation, increased student numbers, and changes to the disability legislation have been associated with a notable increase in the numbers of students with significant mental health conditions entering Higher Education (HE). There has been an accompanying concern about the general mental wellbeing of students, which is reflected in recent studies and the policy recommendation<sup>1</sup>. These issues point to the need for institutional policies that address the continuum from promoting positive mental wellbeing to working with students with severe mental health conditions.
- 3.2 The University of Lincoln is a medium sized, primarily campus-based institution, with a diverse student body. Records point to a growing incidence of staff reporting mental health related issues arising in their contact with students.
- 3.3 In general, such students fall into three main categories:
  - Students who are depressed and unhappy;

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<sup>1</sup> Rana, Smith and Walkling (1999), *Degrees of Disturbance: the New Agenda*. Head of University Counselling Services / AUCC; *Guidelines on Mental Health Policies and Procedures for HE* (CVCP, 2000); *Reducing the Risk of Student Suicide* (UUK/SCOP,2002); Duty of Care guidance (e.g. Health and Safety at Work Act [1974])

- Students who appear to have significant mental health conditions but who do not acknowledge this;
- Students who have declared or acknowledged their mental health conditions.

3.4 Students in the first two categories are likely to be, at times, vulnerable. The latter group is likely to fall within the legal definition of 'disabled' which would require reasonable adjustments to be made by the University to enable their equal participation and access to the curriculum. At the same time, the University has a duty of care towards its students and seeks to promote the mental wellbeing of all.

#### **4. Definition of Mental Health**

4.1 Mental health can be defined as 'the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness'<sup>2</sup>. Mental health conditions exist across a spectrum of states of mind and behaviours, from temporary responses to painful events, through to more debilitating and persistent conditions. It is important to concentrate on the issues of response and support, and to avoid any tendencies to try to diagnose students. Most people with mental health conditions can, and do, lead fulfilling lives.

4.2 For institutional purposes, it is sufficient to distinguish between students with mental health conditions or illness who can usually be supported in a variety of ways during the course of their studies, and those who may need to withdraw temporarily or permanently.

4.3 For the purposes of this policy, the term 'mental health conditions' refers to:

- Long term mental illnesses or psychiatric conditions, which may be classified as a disability under the Disability Discrimination Act 1995 [DDA], as amended most recently by the Disability Discrimination Act 1995 (Amendment) (FE and HE) Regulations 2006<sup>3</sup>;
- Emerging mental health conditions which may develop into conditions that require ongoing support or intervention;
- Temporary debilitating mental health conditions or reactions which impact on a student's ability to fulfil their academic potential.

4.4 There are a range of conditions which, when diagnosed by a relevant medical practitioner, come under the umbrella term 'mental health conditions'. Such conditions include anxiety, depression, eating disorders, bipolar mood disorder, schizophrenia, obsessive compulsive disorder, and many more. Further information is provided in Appendix 3.

4.5 Several areas of legislation inform the Student Mental Health Policy. In summary, the University is required to:

- Exercise a duty of care in providing education and meeting students' educational needs, including pastoral care as well as teaching;

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<sup>2</sup> Health Education Authority.

<sup>3</sup> The DDA defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities".

- Take positive steps to promote the wellbeing of its students;
- Ensure the health, safety and welfare at work of all those 'lawfully on the premises';
- Protect against discrimination on the basis of race, gender, age, sexual orientation, religion or belief;
- Make reasonable adjustments to support students with disabilities, including a 'mental impairment';
- Ensure confidentiality; disclosure may occur only with a student's consent, or where it can be justified in the public interest, or a duty of care is owed to other students and staff.

4.6 The University has specific legal responsibilities towards any of its students whose mental health condition meets the definition of disability within the DDA. This requires the University to ensure that students with a mental illness are not discriminated against, and that reasonable adjustments are put in place to support their learning.

## 5. Principles

5.1 The University's principles are to facilitate and promote positive mental health and wellbeing by:

- providing a range of student support services through Student Services, and learning support and services provided through the Students' Union. (details in Appendix 1);
- encouraging students with mental health conditions to seek support;
- having in place effective procedures for the disclosure of information in respect of students with mental health conditions;
- ensuring that the sources of support are clearly communicated to both prospective and current students;
- promoting understanding and recognition of mental health conditions;
- providing guidance and training to staff involved in the support and care of those with mental health conditions;
- providing clear guidance on the confidentiality of personal information provided by students;
- Promoting student mental wellbeing;
- raising awareness among students and staff of mental health conditions, services and procedures;
- creating a non-stigmatising ethos in which confidentiality and the dignity of all are respected.

5.2 Whilst the University is committed to providing a supportive environment, it is important to recognise that it is an educational community. There are limits to the extent of the support which can be provided given finite resources and the necessity to balance the needs of individuals against the needs of the wider student and staff bodies. Furthermore, it is not the responsibility of the University to replicate services that already exist in the wider community.

5.3 The University also has its own procedures for the maintenance of good order, and for safeguarding academic standards, which apply to all students, irrespective of their medical condition or specific needs.

## **6. Disclosure of Information**

- 6.1 Students are encouraged to disclose their needs at the earliest opportunity to ensure that appropriate and timely support can be made available. Students who disclose a mental health condition upon application, subsequently, or who are referred to Student Services for support, will be offered the opportunity to speak to, and meet with, an appropriate member of Student Services. Student Services staff operate within ethical guidelines of confidentiality and comply with Data Protection and Freedom of Information legislation.

### Breaches of confidentiality

- 6.2 The University recognises that occasions may arise where individual members of staff feel they need to breach confidentiality. Staff members in Student Services are available to discuss concerns with staff, in confidence, prior to a breach of student confidence being made. The key circumstances where confidentiality may need to be breached are:

- when there is an immediate and serious threat to an individual's safety;
- when there is an immediate and serious threat to the safety of others;
- when there is a legal requirement to disclose specific information (e.g. where there is a substantial chance that non-disclosure would be likely to prejudice the prevention or detection of a crime);
- there are serious concerns about a student's mental health;
- in line with the University's Safeguarding Children and Vulnerable Adults Policy.
- In line with the University's Prevent duties

- 6.3 On any occasion where a member of staff feels confidentiality must be breached, the following steps should be taken:

- The procedures in the University's Safeguarding Children and Vulnerable Adults Policy should be followed, where appropriate;

Or:

- The staff member will raise the matter immediately with their Line manager;
- The staff member should discuss with their Line manager the issues involved, and explain why they think confidentiality needs to be broken, and the Line manager will make a written record of this discussion;
- The Director of Student Affairs should be informed;
- The Line manager and staff member will then agree on what steps should be taken next;
- If the Line manager and staff member do not agree, the ultimate decision is to be made by the Director of Student Affairs;
- In all circumstances the student involved should be informed, as far as is practicable, and at the earliest possible opportunity, of the decision to breach confidentiality, and the reasons why the decision has been taken. A note of the events and actions should be made.

## **7. Roles and Responsibilities: General**

- 7.1 Responsibility for the wellbeing of students is defined in general as a 'duty of care' by the institution for the safety of all students. The University exercises

this duty of care in respect of all its students, including those with mental health conditions, and towards the staff involved in supporting students. This duty of care involves ensuring that neither students nor staff are put at risk, or are required to provide support or care for others for which they have not been appropriately prepared and/or trained.

- 7.2 The University provides the necessary training and support to all relevant staff to enable them to undertake their roles and responsibilities in terms of the University's duty of care; this includes the mandatory Safeguarding Children and Vulnerable Adults Training, which is particularly relevant in relation to the roles and responsibilities of staff working with students who have mental health conditions. All managers and staff should use the annual PDR process to consider any specific training needs relevant to staff working with students who have mental health conditions. The Student Wellbeing Centre is also able to provide advice and information about relevant training.
- 7.3 Through HR and Student Services respectively, the University provides support for staff, and students who may have been affected by a student's distress. Staff are encouraged to approach their line manager for advice and referral to appropriate professional services.

## **8. Roles and Responsibilities: Staff (Supporting Students with Mental Health Conditions)**

- 8.1 The purpose of this document is to provide information for those who might offer support to a student experiencing mental health conditions. The information considers what mental health conditions are, how to recognise when someone is struggling with them, and the range of support services within the University that can provide consultation, advice and/or more direct involvement to best support the student and those around them. Information and support can be accessed via direct contact with Student Services or by accessing information on the website <http://studentservices.lincoln.ac.uk/>
- 8.2 An increasing number of students at University are experiencing mental health conditions that impact not only on their academic work, but also on all other aspects of their University life. Mental health conditions not only have implications for the student involved, but often also for those around them: friends, colleagues, staff and family.
- 8.3 It is acknowledged that supporting someone who is experiencing mental health conditions is often difficult and challenging, and that anyone offering support should not feel alone in such situations. If in doubt, there are services that can be contacted for guidance and support in confidence which are outlined on the Student Services website: <http://studentservices.lincoln.ac.uk/>
- 8.4 All University staff should respond to students with mental health conditions in a non-discriminatory, non-stigmatising and positive manner.
- 8.5 It is important for all staff who receive a disclosure of a student's disability, including a mental health condition disclosed for the first time, to ascertain from the student whether or not they have explicit consent to inform other staff members within the University about their disability. The student should be invited to complete the appropriate Consent Form.

- 8.6 When completed, consent forms should be sent to the Student Wellbeing Centre marked Private and Confidential.
- 8.7 Without explicit consent, no information should be disclosed to others (except in very exceptional circumstances, see section 6).**
- 8.8 A student having disclosed a mental health condition to someone within the University also has the right to request that the existence and/or nature of their condition is treated as confidential. In this situation the University, as an institution could “not reasonably have known” that the person had a disability
- 8.9 As far as possible, and without breaching confidence, reasonable adjustments to meet the needs of a student should be made by the person to whom the condition has been disclosed. This may require discussions with others (e.g. the managers within the Student Wellbeing Services or Student Support Centre). Information should be provided without disclosing any details whatsoever about the individual, and/or in a manner that might lead to their identity becoming known.
- 8.10 All academic staff should access and act upon the reports provided in respect of individual students through the Student Wellbeing Centre. If staff are in any doubt about the implications of these reports for their own practice, they should seek advice from the Student Wellbeing Centre.
- 8.11 Not all students who have mental health conditions will have chosen to be assessed by the Student Wellbeing Centre or had contact with Student Services.
- 8.12 All staff working with students should be aware of their own personal and professional boundaries. When staff are concerned that a student may have a mental health condition and requires additional support they should refer the student to the Student Wellbeing Centre. If making a referral proves difficult, or if staff feel that they have continued concerns, they can seek confidential advice, from the Head of Student Wellbeing or the Head of Student Support.
- 8.13 The Student Wellbeing Centre operates a Concern for Welfare process which should be followed when making a referral for concerns about a student. Full details can be accessed on the Concern for Welfare section of the Student Services website <http://studentservices.lincoln.ac.uk/concerned-for-a-student/>
- 8.14 Where staff feel that a student is vulnerable and at risk of harm, they should follow the guidance set out in the University Safeguarding Children and Vulnerable Adults policy or the Concern for Welfare process in the link above. All staff should attend the Safeguarding Children and Vulnerable adults training, details of which are available on the University portal site
- 8.15 Members of staff, other than from Student Services, should not accompany any student(s) showing symptoms of serious mental health conditions off-campus unless in exceptional circumstances approved by the Director of Student Affairs or Head of Student Services. In these circumstances two members of staff must accompany the student. If any student(s) appears to

be in immediate danger of seriously harming themselves or others, staff should call the Emergency Services (999) and advise Security on 6062.

- 8.16 Where staff have serious concerns about the immediate welfare of a student with mental health conditions outside normal office hours, staff should normally access the support of emergency services by calling 999. Senior University staff are normally available to provide advice or support after the event, through an on-call service which can be accessed via Security by calling 01522 88 6062

### **Signs and Symptoms: Recognising Mental Health Distress**

- 8.17 It is important to acknowledge that mental health conditions can present in a variety of ways, depending upon the individual and the circumstances. It is most important to consider, if possible, how a person seems in relation to how they usually are. Changes in people's mood and personality can provide important indicators as to how they are feeling. Unusual mood swings or social withdrawal might, for example, provide some indication that the person is experiencing some degree of emotional distress. Essentially, it is difficult to define what is 'normal', other than to use an individual's usual behavior as a point of comparison.
- 8.18 It is not always possible to make such comparisons when dealing with someone for the first time, or with little prior knowledge of them. The following list might help in alerting to the presence of emotional distress - the list is not a diagnostic tool, but rather a collection of signs that might indicate that a person is experiencing some degree of mental health condition.
- Erratic or unpredictable behavior;
  - Agitation or overt anxiety;
  - Social withdrawal / avoidance of social interaction or contact;
  - Unexplained or prolonged crying;
  - Change or disturbance in eating / sleeping patterns;
  - Incoherent speech;
  - Paranoia;
  - Physical ill-health;
  - Hearing Voices;
  - Behavior inappropriate to the social context;
  - Any verbalised thoughts of suicide / harm.
- 8.19 It is important to recognise that anyone may experience one or more of these factors at given points in their lives, and that none of the above in isolation indicate a severe or enduring mental illness. The presence of these factors might suggest a need for greater concern or investigation, and therefore are a useful aide-memoir when offering support to individuals.
- 8.20 If there are concerns that someone being supported exhibits any of the above indicators, then it is possible to consult one of the support agencies within the University, without necessarily giving the name of the person involved. An appropriate response can then be discussed and agreed.



## **9. Roles and Responsibilities: Students**

- 9.1 Students need to take responsibility for communicating their needs and seeking support within the University. Students are encouraged to disclose to, and advise, the University about any mental health conditions they may have as soon as possible; prior to enrolment disclosure can be made through their application form. Disclosure can enable the University to respond to their needs and provide appropriate support as soon as possible.
- 9.2 Students are encouraged to take care of their own mental health, for example by ensuring that they get adequate rest, take any prescribed medication, and access appropriate support, including the support available through Student Services.
- 9.3 Students should be aware that any behaviour which impacts negatively on fellow students or staff, or is in any way disruptive or offensive, is not acceptable within the University community and may be subject to action under the University Regulations.
- 9.4 Students concerned about a fellow student's mental wellbeing should be aware of their own personal limitations; they should encourage their fellow student to seek specialist support at the earliest opportunity and, if this is difficult, they should seek advice in confidence from their Personal Tutor or staff in Student Services. Alternatively, they should refer to the 'worried about a friend' section of the Student Services website: <http://studentservices.lincoln.ac.uk/student-wellbeing-home/worried-about-a-friend/>
- 9.5 If someone appears to be in immediate danger of seriously harming themselves or other people at any time, students should call Security on 6062 if on campus and ask both for help and for the emergency services to be called. If the situation arises off-campus, students should contact the Emergency Services directly on 999.

## **Appendix 1                      Services for Students**

### **Student Wellbeing Centre**

#### **Mental Health Advisors**

The Mental Health Advisors (MHA) are part of the Student Wellbeing Centre. The MHAs work with all colleagues in Student Services, to provide professional and practical support to students with mental health conditions who either self-refer or are referred by colleagues either from within Student Services or from other areas in the University. The MHAs also works with academic and professional staff from across the University to provide support and advice in their work with students who have mental health conditions. The MHAs are only able to work with a limited number of students at any time and may have to operate a waiting list for services and support at busy periods.

Subject to the student's consent, the MHAs liaise with University colleagues, the student's GP, and relevant external partners, which may include family members, to provide the most appropriate support for the student. The MHAs prepares letters and reports for, and regarding, students as required.

#### **The Counselling Service**

The Counselling Service offers free, confidential therapy to all enrolled students of the University and is part of the Student Wellbeing Centre. Students can refer themselves for counselling, or be encouraged to contact the service by any member of staff. All students will be offered an initial meeting with a member of the Counselling Service where they are invited to discuss their conditions, some of the background to their conditions, and the kind of help they think they need. Should therapy be considered appropriate, the team provides time limited interventions on an individual and group basis. The Counselling Service is not able to offer open-ended therapy, and has no facilities for in-patient admission. The Counselling Service is only able to work with a limited number of students at any time, and may have to operate a waiting list for services.

With the student's consent, the Counselling Service liaises with University colleagues, including the MHAs, the student's GP, and relevant external partners, which may include family members, to provide the most appropriate support for the student. The Counselling Service will prepare letters and reports for and regarding students as required.

## **The Disability Service**

The Disability Service contacts all prospective students who declare a mental health condition on their UCAS application and all students are offered an assessment interview. The interview enables a Disability Advisor, in consultation with colleagues from student services and academic departments, to decide on appropriate adjustments and allowances to best support the student. Academic staff and registry colleagues would be notified of any recommendations. The sorts of reasonable adjustments that may apply to a student with mental health conditions could be:

- Seating arrangements in class (e.g. near a door, at the front of the class, etc.);
- Suggestions for tutors regarding managing anxious students (e.g. avoiding direct questioning in seminars);
- Allowing recording devices in lectures;
- Providing note-takers for some students;
- Allowing appropriate support workers in class;
- Alternative modes of assessment for presentations;
- Sheltered accommodation or single rooms for exams;
- Use of a PC in exams;
- Extra time, or rest breaks, in exams and class tests;

## **The University of Lincoln Assessment Centre**

The Assessment Centre assesses the disability-related support needs of students who have been referred for support through the Disabled Student's Allowance. The Centre assesses students' study strategies in relation to their needs and makes recommendations for how they can be supported through the use of assistive technology, as well as by non-technical means such as mentors, buddies, personal support workers or learning support.

## **University Chaplain**

The University Chaplain provides support to all students from any faith or none and is part of the Student Wellbeing Centre. The Chaplain will make referrals to the Student Wellbeing Centre for advice and support where appropriate.

## **The Student Support Centre**

The Student Support Centre is a one stop shop for students to gain access to all Student Services and locate other academic and professional support across the University.

Our dedicated and professional team is available to help with student enquiries regarding University systems and procedures, funding, fees and payments, housing, personal support and general advice and information. They can provide practical help, advice and support, resolve and advise on issues and concerns (including bullying and harassment), and make referrals to specialist staff if necessary.

## **The Advice Service**

The Advice Service is an independent service located in the Student Support Centre who offer confidential advice to all enrolled students at the University of Lincoln.

Advisers are members of professional bodies such as UKCISA, IMA and NASMA and adhere to their professional codes of conduct and standards.

### **Students' Union**

The Students' Union Advice Centre provides advice, information and representation for students on various academic issues. The Students' Union has two elected student sabbatical officers who have particularly supportive roles; the Academic Affairs Officer who represents and advises students with academic concerns, and the Welfare and Community Officer who represents and advises students with any concerns which are non-academic.

### **On campus Health Centre**

The on campus Health Centre provides general medical services to all its registered patients, and this includes the provision of services and care for students with mental health conditions. All University students residing within the practice area, are eligible to register. Although situated on the University's Brayford Campus, the Student Health Centre is an NHS GP Practice, being independent and separate from the University. Information is never disclosed to a third party, including the University and its staff, without a patient's permission. The only exception to this would be if it were believed that someone may come to serious harm if the information was not disclosed, and the patient would be informed that confidentiality was to be broken.

Within the bounds of patient confidentiality, the Student Health Centre works with Student Services, to provide "joined-up" support to students with mental health conditions, and to link them into local mental health services.

It should be noted that there are a variety of Medical Practices within the area and students are encouraged to choose one which is convenient and suitable for them at the time of enrolment.

## **Appendix 2**

### **Contacts and Information Sources**

**Student Wellbeing Centre: 01522 886400**

**Student Support Centre: 01522 837080**

The University does not provide an out of hours support service for concerns about the mental health and welfare of students. Staff and students with concerns about the immediate safety of a student with mental health conditions should contact the emergency services for help, advice and support by dialling 999. Where University staff identify that they require advice about a very vulnerable student outside normal working hours they can call Security on 01522 886062 who will inform the incident management team (IMT) if appropriate. **Do we want to include this??**

**Further Information, External Links and Policies – Student Services portal:**  
<http://studentservices.lincoln.ac.uk/>

## Appendix 3            Common Mental Health Conditions

### 1.     Anxiety and Phobic Disorders

- 1.1    **Generalised Anxiety Disorder** occurs when an individual feels anxious all the time, and when there's no obvious reason for concern. Anxiety in certain situations is quite normal, and the feeling passes. With **Generalised Anxiety Disorder**, the individual is left debilitated by the anxiety, and normal functioning is severely restricted.
- 1.2    **Panic Disorder** is an anxiety disorder characterised mostly by panic attacks. A panic attack is a frightening experience of feeling totally out of control, and is often accompanied by unpleasant physical symptoms. It can be linked to depression or substance misuse, and can lead to phobias.
- 1.3    A **Phobia** is a marked and persistent fear that is caused by the presence of an object or a situation. **Phobias** are irrational in that the fear caused by them is not associated with a real danger. A person who has a **phobia** is overwhelmed by anxiety and avoids the feared object or situation, as well as people and events associated with the source of fear.

There are three categories of **phobias**: agoraphobia, specific phobias, and social phobias.

- (1)    **Agoraphobia** is a fear of being alone in any place or situation from which the person thinks that escape is impossible or difficult. An extreme example is where the person is afraid to leave their home.
- (2)    **Specific phobias** are those directed at specific objects or situations, such as dogs or spiders, open spaces, flying, injections, or heights.
- (3)    **Social phobia** is the fear of being in a situation where others are watching the individual, with the result being embarrassment or humiliation. This can make socialising, taking part in seminars, interviews, etc., very difficult.

### 2.     Depression and Bipolar Disorders

- 2.1    **Depression** can be a widely misused self diagnosis. A diagnosis of Depression is much more than a temporary feeling of sadness, being fed up, or feeling negative about relationships and job prospects, and it is more than the feelings we all get after bereavement, or a personal disaster. A major **depressive disorder** often exists without any obvious reason or stress, or it can be triggered by life events, and it often lasts for long periods and becomes pervasive, affecting every aspect of individual functioning. The individual is left feeling unmotivated, sad, listless, and emotionally drained, and unable to gain pleasure from the usual things such as entertainment, holidays, personal relationships, hobbies, etc. It can interfere with work, play, eating, sleeping, and most social interaction.
- 2.2    **Bipolar Disorder (manic depression)** is characterised by periods of **depression** alternating with high levels of elation, excitability, extreme physical activity, and grandiose ideas. It is probably caused by a major

imbalance in the neurochemistry of the brain, and has a possible genetic link. The imbalance can be exacerbated by stressful life events.

### 3. **Obsessive-Compulsive Disorder (OCD)**

- 3.1 A condition characterised by intrusive and unwanted thoughts-**obsessions**, and repetitive behaviour-**compulsions**. The anxiety created by the **obsession** is usually relieved through acting out the **compulsive** behaviour, creating a cycle of behaviour that can totally disrupt everyday functioning. The patient knows that the thoughts are not normal, but cannot control them, and is often too embarrassed to seek help, or may keep it secret and learn to live with it.

### 4. **Post-traumatic Stress Disorder**

- 4.1 **Post-traumatic stress disorder** is an anxiety disorder, wherein the sufferer relives the **traumatic** experience, as flashbacks, nightmares, or intrusive thoughts; or finds the **trauma** dominating their thoughts, behaviour and actions. Any event that involves actual or threatened physical harm, and leaves the individual feeling frightened and helpless, can trigger the disorder. The event can be natural (flood, earthquake), unexpected (train crash, terrorist attack), or personal (physical or sexual assault).

### 5. **Eating Disorders**

- 5.1 **Anorexia Nervosa** is characterised by such a severe reduction in food intake over a long period that the individual's health and life are threatened. It is different from dieting, or deliberate starvation, in that the sufferer usually thinks their diet is adequate, and often has a much distorted image of what they look like (e.g.. their body weight falls to a level where their ribcage and pelvic bones are visible through their skin, but still they believe they are fat).
- 5.2 Causes include: low self-esteem, a need to maintain some control over one's life, body, perfectionism, a fear of growing up, society's obsession with weight, poor role models in the entertainment and fashion industry, and childhood sexual or emotional trauma. As with all eating disorders, there is thought to be some genetic link.
- 5.3 **Bulimia Nervosa** is characterised by periods of uncontrolled, and usually secretive, binge eating, followed by purging-self induced vomiting, or the use of laxatives or diuretics. The causes are much the same as for anorexia, but the symptoms are different. Also, because the sufferer often looks quite healthy, it is easier to deny, and can be kept secret. **Bulimia** is ten times more common than **anorexia**, and, like anorexia, can affect people of all ages.

### 6. **Schizophrenia**

- 6.1 **Schizophrenia** is the most disabling of all the major mental health conditions. It affects the individual's ability to think clearly, distinguish reality from fantasy, react in an emotionally appropriate way, and interact with others. It affects about 1% of the population, with onset for men usually between 18 to 24 years, and for women between 24 and 28 years. This means that the sufferer is less likely to complete higher education or job training, and social and interpersonal skills suffer.

- 6.2 Stress factors include unrealistic role expectations, major life events which require considerable adjustment, unhappy personal relationships, inappropriate career choices and triggers such as substance misuse.

### **Symptoms**

- **Delusions:** Ideas and personal beliefs that are unrelated to reality, e.g. a person believes they are being persecuted by a dead rock singer, or that they have supernatural powers, or are the reincarnation of someone famous.
  - **Hallucinations:** Hearing and seeing people and things that are not there, and sometimes responding to the hallucinations by obeying commands, or talking to the “voices”.
  - Disorganised thinking and speech. Unable to hold a coherent conversation, and appearing to be struggling with a flood of ideas and thoughts.
  - Inappropriate emotional expression such as laughing uncontrollably while talking about someone’s death.
  - Lacking energy and motivation, flat emotions, poor self-care, and little interest in everyday things.
- 6.3 Some patients will be able to control the symptoms by taking medication, while others, even though they are taking medication, will relapse. All medication has side effects, and patients often see little point in taking it when they are feeling well and so stop and then start to relapse again.

## **7. Personality Disorder**

- 7.1 A personality disorder exists when a personality characteristic significantly impedes social, educational, or occupational functioning and distresses the sufferer. Many of the symptoms are present in all of us but these are temporary, and not extreme, and just part of our personality. With a personality disorder, the symptoms are extreme, and significantly disrupt everyday life. Many of the characteristics are also present in other illnesses (e.g. in one study 40% of bulimia sufferers also had a diagnosis of personality disorder). Many sufferers will get through life without engaging in therapy or treatment, and will just be regarded as odd, difficult, antisocial, obsessional, or inadequate, but if they are rich or powerful, they may just be seen as eccentric. They are also as likely to end up in prison.

## **8. Deliberate Self-Harm**

- 8.1 Deliberate self-harm includes taking overdoses of medication and drugs; self laceration (cutting); jumping from high places, or in front of cars and trains; burning with cigarettes; shooting; and drowning. Some people who harm themselves will intend to take their own lives (suicide), but the majority will not. The distinction between suicide and deliberate self-harm is not absolute. Some people who harm themselves with the intention of seeking help and

support with their problems may die unintentionally, while others who intend to kill themselves, may be unsuccessful.

### **Drug Overdoses**

In the U.K., 90% of self-harm cases admitted to hospital involve a drug overdose. The most commonly used drugs in such instances are aspirin and paracetamol.

### **Self-Laceration**

Self-laceration, or cutting, can be intended as a means of suicide, or an indication of serious suicidal intent, but the majority of cases result in superficial wounds that do not endanger life but may indicate that the individual needs advice and support.