

Mental health conditions toolkit

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Introduction

What is mental health?

Mental health is everyone's business. Everyone has mental health. Mental health can be thought of in terms of how we think, feel and act. Mental health is important at every stage of life, from childhood and adolescence through to adulthood. Being mentally healthy does not just mean that you do not have a mental health illness. Your mental health does not always stay the same. It can change as circumstances change and as you move through different stages of your life. It is worth noting that a total of 76% of all mental health disorders are established by the age of 18 which is a critical point of emotional, educational and social development (Kim-Cohen et al 2003). If you are in good mental health you can make the most of your potential to cope with life, play a full part in your family, workplace, friends and community.



[Mental Health](#) by Wokandapix from Pixabay, CC0

"You and your team have done a fantastic job with this resource - it's an excellent source of information and very easy to navigate" – Dr Rachel Drury – RCS Scotland

"A well-produced piece of work perfectly timed for the climate all of us in tertiary education are facing just now" – Claire Kilburn-Young – Inverness College UHI

"I think the resource you have created is brilliant" – Dr Dominique Thompson Director of Buzz Consulting / [Former] Director, University of Bristol Students' Health Service

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[What is the toolkit for?](#)

The aim of this toolkit is to help staff to support students with mental health conditions in universities.

There is a plethora of resources available which focus on mental health generally and a number focus on student mental health. Most of these however deal with students who have just left school and perhaps left home for the first time. UHI Outer Hebrides staff recognised that students attending university have a wider range of backgrounds and experiences which the available resources do not reflect; particularly mature students and those studying entirely online.

It was recognised that staff were unsure about how to support and where to go to for advice. This toolkit aims to provide a single resource which can be used by all university staff to increase knowledge, understanding and confidence, in order to help students maximise their academic potential.

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[Alcohol Misuse](#)

[Overview](#)

Alcohol use affects the brain and therefore behaviour in many ways. These effects are influenced by biological, psychological and social factors. A unit of alcohol is a measure of pure alcohol in drinks. This differs around the world. In the UK a unit of alcohol is defined as 10ml or 8g of pure alcohol. In Australia, a unit of alcohol is defined as 12.7ml or 10g of pure alcohol. In Canada, a 'standard drink' has 13.6g of pure alcohol.

Harmful alcohol use is a pattern of psychoactive substance use that is causing damage to health. The damage may be physical e.g. hepatitis or mental e.g. depressive symptoms. The WHO believes that drinking over 40g of pure alcohol a day for men and over 24g of pure alcohol a day for women is considered to be at risk drinking. So in the UK this would be 3-4 units a day for men and 2-3 units a day for women. Alcohol dependence is defined as a cluster of physiological, behavioural and cognitive phenomena in which the use of alcohol takes on a much higher priority for an individual than other behaviours.

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[Drinking man](#) by guard113 from Pixabay, CC0

Symptoms

A definitive diagnosis of alcohol disorder (dependence) is made if three or more of the following have been present together at the same time during the previous year:

- A strong desire or sense of compulsion to take alcohol.
- Difficulty in controlling drinking in terms of its onset, termination or level of use.
- A physiological withdrawal state when drinking has ceased or been reduced e.g. tremors, sweating, rapid heart rate (palpitations), anxiety, insomnia, seizures, disorientation, hallucinations or drinking to relieve the symptoms.
- Evidence of tolerance – increased doses of alcohol are needed to achieve the effects originally caused by lower doses of alcohol.
- Progressive neglect of alternative pleasures to drinking or interests because of the drinking.
- Persisting with alcohol use despite awareness of its harmfulness.

Face to face students

While alcohol consumption may be considered a normal part of student life, pressure to misuse alcohol may be intensified when a student starts college or university and is interacting with new peers, is exposed to new norms about alcohol use, and parents are less

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present (University of Minnesota 2017). In some cases, students arrive at the University with drinking problems that have reached the level of addiction.

As staff, you may come across students in your classes or on campus who are showing signs of alcohol misuse. These may be physical signs, such as the smell of alcohol on their breath, red eyes, fatigue, repeated health complaints, or emotional and behavioural signs, such as personality changes, irritability, decreased interest and absence.

You may wish to try to engage with the student at a quiet moment and see if they are willing to open up about their situation or you may prefer to raise the issue with their PAT or the Student Support team at your Academic Partner.

Remember that if a student does come to you with concerns about their alcohol consumption, academic staff are not expected to be experts in dealing with such issues, so your role may be one of signposting the student to relevant support. Students can find further support using the link [Staying Healthy - Addictions \(uhi.ac.uk\)](https://uhi.ac.uk/staying-healthy-addictions)

The UHI Code of Conduct applies to all students, whatever level, and covers alcohol related issues. If you suspect that a student attending your class or present on campus is under the influence of alcohol, this is likely to involve them being asked to leave the premises and may result in disciplinary action. If you have concerns about their safety, for example, they may be in possession of a car and unfit to drive then please get managerial support. Students may need referral to GP and / or counselling services. Students should be aware of these policies through their Student Handbooks.

Online students

The physical and behavioural signs of alcohol misuse will not be evident when dealing with online students. The UHI Code of Conduct also applies to online students and should be used as appropriate.

You may be aware of absence or erratic behaviour and communication in online tutorials, discussion board activities or emails but it may be harder to determine the cause of this. If you become aware of unusual communications, you may wish to raise the issue with the student's PAT or the Student Support team at your Academic Partner. As their PAT, you may then follow this up by further online communications or by telephoning the student.

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Again, if a student does come to you with concerns about their alcohol consumption, you are not expected to be an expert in dealing with such issues, so your role may be one of signposting the student to relevant support. Students can find further support using the link [Staying Healthy - Addictions \(uhi.ac.uk\)](http://StayingHealthy-Addictions(uhi.ac.uk))

Unhelpful actions & comments

Don't be accusing when raising the issue – the student may not be willing to admit they have a problem

Don't try to solve the issue yourself - consult with appropriate colleagues and signpost the student to more expert help.

Anxiety

Overview

Anxiety is an overall term. Anxiety can be considered as a healthy emotional response to a threat and it helps human beings to deal adequately with a range of different situations. It can be generalised across a range of situations or it can be specific.

Generalised anxiety disorder means having regular or uncontrolled worries about many different things in everyday life.

Social anxiety means experiencing extreme fear (anxiety) triggered by social situations (e.g. parties, workplaces or any other situation) in which someone has to talk to another person.

Panic Disorder means that someone has uncontrollable, recurrent episodes of panic and fear that peak within minutes.



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[Anxiety symptoms](#) by TheDigitalArtist from Pixabay, CC0

Post-traumatic stress disorder is an anxiety disorder whereby someone has a normal response by normal people to an abnormal situation. It can be useful to know if the student knows if he/she has specific triggers which can cause flashbacks e.g. talk around specific topics, certain key words.

It is the feeling a person gets when the body responds to stressful situations (a frightening or threatening experience). It has been called the fight or flight response.

The purpose of the physical manifestations of these feelings is to prepare the person to cope with a threat. However, these feelings can become maladaptive if the severity or duration of anxiety is out proportion to the level of threat, or they occur in the absence of a stressor, that they are accompanied by manifestations that are considered unacceptable and disruptive and or they lead to a deterioration of overall functioning.

Symptoms

Anxiety feels different for everyone. But someone may experience any of the following:

Physical - shakiness, trembling, muscle aches, sweating, cold clammy hands, dizziness, vertigo, fatigue, racing or pounding heart, hyperventilation, sensation of lump in throat, choking sensation, dry mouth, numbness, tingling hands or feet, upset stomach, nausea and vomiting, diarrhoea, decreased sexual desire, sleep disturbances.

Psychological & social manifestations - jitteriness, tension, unrealistic or excessive worry, exaggerated startle reactions, fear of being away from home, irrational fears, avoidance of feared situations, recurrent disturbing dreams or nightmares, apprehension that something bad may happen to themselves or loved ones, impatience, irritability, distractibility, difficulty in concentrating, depression.

Face to face students

If you're aware of a student with anxiety and you are aware of a particular diagnosed condition, there are a number of accommodations you could make to the classroom environment that may help them to deal with this. For example:

- Provide pre-arranged breaks to manage stress;
- Give advance notice of any tasks and ensure instructions are clear;

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- Allow the student to answer the questions on which they feel the most confident – try not to single them out to answer ‘on the spot’;
- It may help to allocate students into groups for any group work, rather than allowing them to choose groups themselves;
- Follow-up on absences – if anxiety is becoming an issue, the students may miss classes to avoid facing the anxiety- which may create more anxiety in the long-run;
- Further suggestions around coursework and exams may be provided in a student’s PLSP, if they have a diagnosed anxiety condition.

Online students

For online students, you should also:

- Give advance notice of any tasks and ensure instructions are clear;
- In online tutorials, allow the student to answer the questions on which they feel the most confident – try not to single them out to answer ‘on the spot’;
- It may help to allocate students into groups for any group work, rather than allowing them to choose groups themselves;
- Follow-up on absences – if anxiety is becoming an issue, the students may miss online chats to avoid facing the anxiety - which may create more anxiety in the long-run.

Unhelpful actions & comments

Don’t respond to worries by telling the student ‘don’t worry’ or ‘don’t be silly’- the worries and fears are real and serious to them – validate and accept their feelings e.g. “I can see that you’re very worried about this assignment”.

Bipolar Disorder

Overview

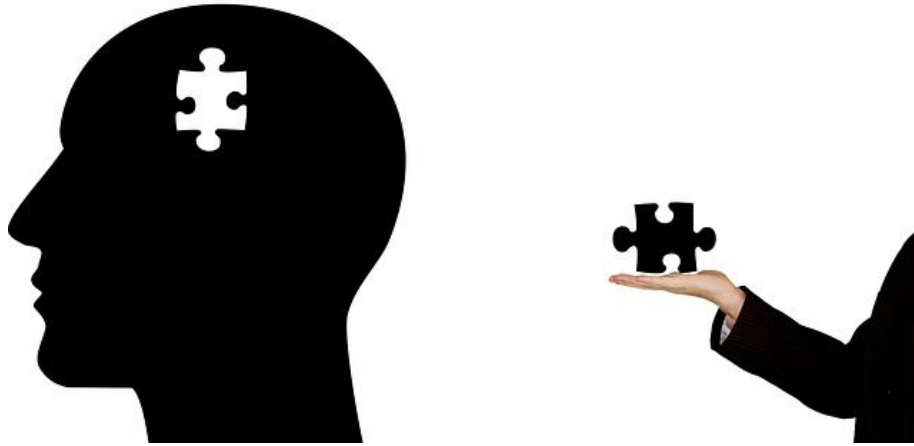
This is a potentially lifelong and disabling condition characterised by episodes of mania or hypomania and depressed mood.

Bipolar disorder is often co-morbid with other disorders like anxiety disorders, substance misuse and personality disorders. In the past it has been known as manic depressive illness or manic depression.

The peak age of onset of symptoms is approximately at 15-19 years.

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The life time prevalence rate of bipolar I is 1% of adult population and the life time prevalence rate of bipolar II is 0.4% of adult population.



[Mental health psychology](#) by Tumisu from Pixabay, CCO

Symptoms

Mania means an abnormally elevated mood or irritability and related symptoms with severe functional impairment or psychotic symptoms for 7 days or more. This is termed bipolar I disorder.

Hypomania means an abnormally elevated mood or irritability and related symptoms with decreased or increased function for 4 days or more. This is termed bipolar II disorder.

During a manic episode, there may be signs of reckless antics, outrageous demands, explosive outbursts, and irresponsible decisions. Students may lose insight and be unaware of impact of behaviour. During episodes of depression, the student may not have the energy to meet responsibilities at home or university ([Helpguide 2017](#)). Most people with bipolar disorder can stabilise their moods with treatment and support.

You may become aware that a student has been diagnosed with bi-polar disorder through their Personal Learning and Support Plan. As with all mental health issues, this may vary in its presentation and there may be times when symptoms are worse.

Stress can make bipolar disorder worse. The student's PLSP and Student Services should be able to guide you on what adjustments may be required, if any, to help mitigate this.

Establishing a routine could also could help, so as a PAT you may be able to work with the student to set a structure for academic work and meeting deadlines.

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The student may, in your class, show signs of the onset of a manic episode such as speaking rapidly, restlessness, irritability or aggression, or an increase in activity levels, or signs of a depressive episode such as fatigue and lethargy, trouble concentrating, loss of interest in activities or withdrawing from others.

If you become aware of this, point out the symptoms to their PAT or to the student themselves, as swift intervention may be able to prevent the episode from escalating fully (Helpguide 2017). But also be aware that not all changes in mood are a sign that someone is unwell.

There are some further things you can do to help during a manic episode (from Helpguide 2017):

- **Stay calm** and try not to be judgemental or critical.
- **Avoid subjecting the person to a lot of activity and stimulation.** It is best to keep surroundings as quiet as possible.
- **Answer questions honestly.** However, do not argue or debate with a person during a manic episode. Avoid intense conversation.
- **Don't take any comments personally.** During periods of high energy, a person often says and does things that he or she would not usually say or do, including focusing on negative aspects of others. If needed, stay away from the person and avoid arguments.

See **Depression** for advice on coping with depressive episodes.

If you are concerned for the safety of your student:

- Speak to your head of department / line manager as soon as possible.
- If you are with the student encourage them to get safe right now e.g. remove anything they could use to harm themselves or ask someone else to remove them; if in an unsafe location, then move away.
- Support the student to get through the next five minutes as taking things minute by minute can make things feel more bearable by doing something like playing with something squishy; going on Youtube for a while; have some chocolate; go for a walk; spend time with a pet (Lifeline for Attempt Survivors 2017).

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- The student needs an urgent referral to medical professional if unwell and obviously manic or hypomanic.

If you are finding it difficult to know how to cope with certain behaviours, talk to your line manager and Student Services for more advice.

Face to face students

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- The student needs an urgent referral to medical professional if unwell and obviously manic or hypomanic.

If you are finding it difficult to know how to cope with certain behaviours, talk to your line manager and Student Services for more advice.

Online students

As with face-to-face students, you may become aware through their PLSP that your student has been diagnosed with bi-polar disorder.

Signs of manic and depressive episodes may be different online, but you may become aware of more erratic communications, (for example, more frequent emails, or communications at varying times of the day and night), with the content of communications becoming more unusual or grandiose or depressed; there may be an increased irritability or aggression in online communications, or either more intense activity or withdrawal.

The advice given for face to face students is also of relevance to online students.

You may have to be even more sensitive in your communications, given that misunderstandings can happen easily online because the signs we use during face-to-face conversation, such as tone of voice or body language, aren't available online.

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Make the student aware that they can't always expect an immediate response, particularly if communications are frequent or erratic - set limits to communication.

Behaviour can be even more disinhibited online than in a face-to-face environment, so try not to take comments personally but do intervene if comments are directed towards other students.

Unhelpful actions & comments

Don't ask the person to "snap out of it" or "pull themselves together". Your student can't snap out of this illness any more than he or she could overcome any other illness without treatment.

Don't try to fix your student's problems on your own. Encourage him or her to get professional help.

Depression

Overview

Depression is a broad and heterogeneous diagnosis. Central to it is depressed mood and or loss of pleasure in most activities. It is a common health condition – 1 in 5 people in Scotland will experience depression at some point in their lives. The exact causes are not clear and it can develop for no apparent reason or it can be multifactorial with biological, social and psychological factors all contributing to its development, severity and length. It is more than feeling unhappy or down in the dumps.

It is a very personal experience but here are some thoughts from people who are depressed:

- *Something is wrong but I can't explain how I feel*
- *I can't stop crying*
- *I feel so bad, I can't cry anymore*
- *I'm in a room with no windows*
- *I want to be alone*
- *I don't want to be alone*
- *Why do I feel like this?*
- *Help me, I feel really bad.*
- *I feel really low*

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- *I have no energy*



[Dealing with depression](#) by SerenaWong from Pixabay, CC0

Symptoms

Severity of the disorder is determined by both the number and severity of symptoms as well as the degree of functional impairment.

A formal diagnosis using the International Classification of Diseases Version 10 (ICD-10) system in the UK needs 4 out of 10 depressive symptoms.

Symptoms should have been present for at least 2 weeks and each symptoms should be present at sufficient severity for most of every day.

Need at least one or two of the key symptoms (low mood, loss of interest and pleasure, loss of energy) to be present.

Key symptoms

- Persistent sadness or low mood and / or
- Marked loss of interests or pleasure

If any of above present, ask about associated symptoms

- Disturbed sleep (decreased or increased compared to usual)
- Decreased or increased appetite and /or weight
- Fatigue or loss of energy
- Agitation or slowing of movements

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- Poor concentration or indecisiveness
- Feelings of worthlessness or excessive guilt or inappropriate guilt
- Suicidal thoughts or acts
- However, increasingly recognised that depressive symptoms below the ICD-10 or DSM-IV threshold criteria can be distressing and disabling if present. These are called subthreshold depressive symptoms which fall below the criteria for major depression. Symptoms are thought of as persistent if they continue despite active monitoring and or low intensity interventions used or have been present for a considerable period of time like several months.

Mild depression – few if any symptoms in excess of the 4 or 5 required to make the diagnosis and symptoms result in only minor functional impairment.

Moderate depression – symptoms and functional impairment between mild and severe.

Severe depression - most symptoms are present.

Face to face students

You may become aware of your student having being diagnosed with depression through their PLSP or you may see signs in your classroom, such as sadness, anger and irritability, loss of interest and energy, difficulty concentrating or feeling overwhelmed by small things.

There are a number of things you can do as academic staff to help in terms of offering support and helping with organisation, as depression can affect self-esteem and memory.

The British Columbia Ministry of Education (2001) offers the following advice in its report on 'Teaching students with mental health disorders: resources for teachers. Volume 2, Depression':

Help students to feel supported in the classroom by:

- demonstrating unconditional acceptance of students - this is vital to students with depression
- avoiding singling out the student with depression from the rest of the class
- allowing more time for the students to respond when asking questions or making requests. Students who are depressed may need more time to formulate their answers and overcome anxiety before responding.

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- keeping suggestions for improvement constructive, specific, and brief
- being specific in providing feedback about when, where, how and why either behaviour or academic work needs to improve
- encouraging students to build a support network of peers

Help students to be better organised by being clear about deadlines, course reading and lectures, and expectations for tutorials or field work.

Work with students to manage their workload. At college and university level study, lectures expect students to take the initiative to request help; however this can be challenging for students with depression. In these cases, it is more helpful for tutors to take the lead.

Help students to set short-term achievable goals. Acknowledge when a goal is achieved and encourage students to reflect on what they did to realize the goal. This helps them believe in their own ability to improve their lives.

As the student's Personal Academic Tutor, PAT, you may want to offer further support, by talking to the student in private. If so, listen carefully and validate the student's feelings and experiences, and discuss clearly and concisely an action plan, such as having the student immediately call for a counselling appointment.

Online students

The online environment may in some ways be easier for the student to manage their condition, away from the intense scrutiny of the classroom, but it can also be easier to withdraw and become detached from the tutor and the rest of the class.

If you notice a lack of engagement from a student, follow it up with themselves and their PAT. Communicating your concern could be the first step in breaking through the isolation.

You can help students feel supported in the online classroom in similar ways to the face-to-face class, by offering a positive environment and clear and constructive feedback on activities. Be clear about deadlines, course reading and lectures, and expectations for tutorials or field work, and work with students to manage their workload. Encourage students to build a support network of peers.

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Unhelpful actions & comments

Avoid:

- Ignoring the student or downplaying the situation.
- Arguing with the student or disputing that the student is feeling depressed.
- Expecting the student to stop feeling depressed without intervention.
- Never comment on medication the student may be prescribed or offer advice on potential medications.

Drug Misuse

Overview

Psychoactive substances are substances that when consumed have the ability to change and hinder an individual's mental processes e.g. consciousness, mood, thinking and motivation. An individual's reaction depends on the pharmacology of the substance, the presence or absence of contaminants, route by which it is taken, the way it is metabolised and stored in the body and the person's personality and experience and mood at the time it is taken (Robson, 2006). It is a global mental health problem. Substance misuse is very common with mental and physical health problems. Psychoactive substances can be legal (e.g. nicotine, alcohol and caffeine) or illegal (e.g. cannabis, cocaine, ecstasy, heroin, LSD, methamphetamine).



[Syringe and bottle of morphine](#) by qimono from Pixabay, CC0

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Illegal drugs are divided into different 'classes' in the UK by the Misuse of Drugs Act 1971.

These classes are:

Class A – cocaine, crack, crystal meth, ecstasy (MDMA), heroin, LSD, magic mushrooms, and any class B drug prepared for injection, methamphetamine, methadone

Class B – amphetamines (speed), barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids (NPA), synthetic cathinones (NPA), ketamine

Class C – benzodiazepines (temazepam), anabolic steroids, gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat

Inhalation of volatile solvents e.g. glues and adhesives like acetone, benzene, toluene, butyl) are not covered by the Misuse of Drugs Act 1971 but the sale of these to those under 18 years is covered under the Intoxicating Substances Supply Act 1985 and Scottish common law.

Drugs designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy are called New Psychoactive Substances (NPA) or 'legal highs' and are covered under the Psychoactive Substances Act 2016. They are traded under names such as Clockwork Orange, Spice and Benzo Fury.

75% of those who ever try an illegal drug will have done so by the age of 18, with peak use occurring in the late teens and early twenties (Robson, 2006).

[The Drug Wheel](#)

Symptoms

These have been divided into short term and long term:

Short term may include hallucinations, panic, paranoia, anxiety, confusion, depressive symptoms, feeling high, feelings of detachment, irritability, physical violence, sleep difficulties, nausea and vomiting, seizures, accidents, impaired reaction times, lack of judgement, increased body temperature, sweating, increased blood pressure, dizziness, abdominal pain, enlarged pupils, quivering eyeballs, unconsciousness.

Longer term may include flashbacks, psychosis, depression, delusions, anxiety, paranoia, sleep problems, dependence, tolerance, loss of memory, loss of concentration, physical

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bodily damage e.g. bladder with ketamine, nose ulceration with cocaine loss of emotion control, inability to think straight, loss of problem solving ability, infections e.g. HIV, hepatitis B and C, diseases e.g. lungs, chest pain, loss of teeth.

Face to face students

As staff, you may come across students in your classes or on campus who are showing signs of drug misuse. These may be physical signs, such as hyperactivity, poor coordination, tremors, red watery eye: pupils unusually large or small, runny nose, persistent cough; or emotional and behavioural signs, such as personality changes, irritability, decreased interest and absence.

You may wish to try to engage with the student at a quiet moment and see if they are willing to open up about their situation or you may prefer to raise the issue with their PAT or the Student Support team at your Academic Partner.

Remember that if a student does come to you with concerns about their drug use, academic staff are not expected to be experts in dealing with such issues, so your role may be one of signposting the student to relevant support.

Your academic partner will have a policy to follow if you suspect that a student attending your class or present on campus is under the influence of drugs. This is likely to involve them being asked to leave the premises and may result in disciplinary action. If you have concerns about their safety, you should speak to your line manager. Students may need referral to GP and / or counselling services. Students should be aware of these policies through their Student Handbooks.

Online students

The physical and behavioural signs of drug misuse will not be evident when dealing with online students.

You may be aware of absence or erratic behaviour and communication in online tutorials, discussion board activities or emails but it may be harder to determine the cause of this.

If you become aware of unusual communications, you may wish to raise the issue with the student's PAT or the Student Support team at your Academic Partner. As their PAT, you may then follow this up by further online communications or by telephoning the student.

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Again, if a student does come to you with concerns about their drug use, you are not expected to be an expert in dealing with such issues, so your role may be one of signposting the student to relevant support.

Unhelpful actions & comments

Don't be accusing if raising the issue – the student may not be willing to admit they have a problem.

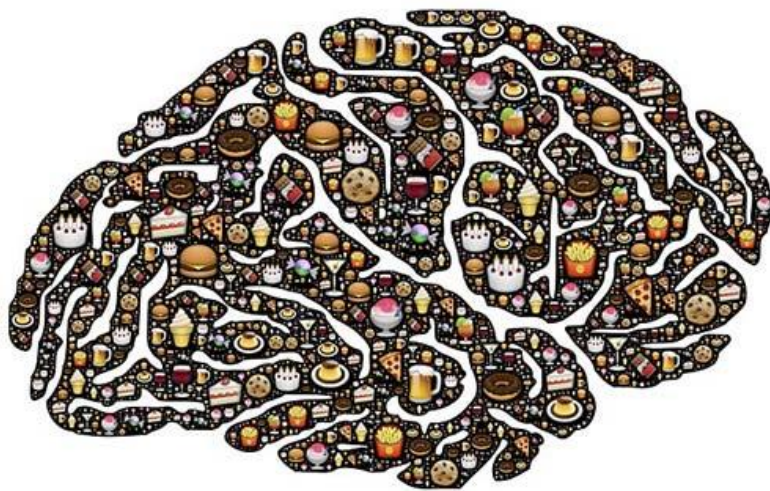
Don't try to solve the issue yourself - consult with appropriate colleagues and signpost the student to more expert help.

Eating Disorders

Overview

Eating disorders are characterised by the presence of disordered eating behaviours as well as psychological and physical disturbances. There are several types of eating disorder and they rarely fall into clearly defined categories. Three more familiar types are:

- Anorexia nervosa is characterised by being underweight with or without binge eating and purging.
- Bulimia nervosa is characterised by binge eating and purging at normal weight.
- Binge eating disorder by binge eating and no purging, usually in the context of an overweight or obese state.



[Food obsession](#) by johnhain from Pixabay, CC0

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The transition to university may have a detrimental effect on a student with a pre-existing eating disorder for example structured meal times and those with ritualised eating habits may find these disrupted. High pressure may also exacerbate the disorder.

Eating disorders are likely to be regarded as a disability under the Equality Act and as such there is an obligation to make reasonable adjustments for students under the Act.

Students with eating disorders will need specialist treatment as students often minimise their problems or deny they have an eating disorder and instead focus on their studies. There is likely to be outpatient treatment using a combination of psychological therapy and medical monitoring. This may have long waiting times to start or interruptions e.g. semester breaks. For severe eating disorders, day patient or inpatient treatment which is intensive and lengthy. Ideally any admissions should be done near to family support.

Ideally students with eating disorders should be identified prior to starting courses. Some courses like nursing or allied healthcare courses undertake fitness to practise assessments.

Symptoms

The main symptoms of anorexia nervosa is low weight with a refusal to maintain body weight at or above a minimally normal weight for age and height; intense fear of gaining weight or becoming fat even though underweight; disturbance in the way one's body weight is experienced, undue influence of body weight or shape on self-evaluation or denial of the seriousness of current low body weight.

The main symptoms of bulimia nervosa is binge eating with compensation. This means eating in a discrete period of time an amount of food that is definitely larger than most people would eat during a similar period of time with a sense of a lack of control; recurrent compensatory behaviour to prevent weight gain e.g. self-induced vomiting, misuse of laxatives, diuretics, enemas or other medications, fasting or exercise. Self-evaluation is unduly influenced by body weight and shape.

Binge eating disorder is characterised by recurrent episodes of binge eating in the absence of the compensatory behaviours of bulimia nervosa.

Anorexia nervosa has a lifetime prevalence rate of 0.5-1% and 90% are female. While eating disorders occur in both males and females; in children, adolescents, adults and older adults;

Mental health conditions toolkit

across all socio-economic groups and cultural backgrounds, there are some groups which have a particularly high level of risk. High risk groups that university staff might encounter include adolescents - the peak period for the onset of eating disorders is between the ages of 12 and 25 years, with a median age of around 18 years - and women, particularly during key transition periods (e.g. from school to adult life) (NEDC 2016:25).

Face to face students

Eating disorders have a profound impact on psychological, social and physical functioning. They will affect a student's cognitive ability and their insight and motivation to receive treatment. In the absence of treatment they tend to run a chronic course with a progressively worsening prognosis. This can affect the student's ability to achieve their academic potential (HEOPS).

If you have a student that has disclosed that they suffer from an eating disorder, the best thing you can do is be compassionate and understanding. An eating disorder can be a coping strategy used to deal with deeper issues (NEDIC n.d.). They may be experiencing high levels of anxiety, shame, embarrassment, guilt or denial.

Your student may not recognise that they have an eating disorder or may not have taken any steps to address it. If they are willing to talk to you about it, you should aim to make them feel comfortable, listen respectfully and encourage them to seek help.

Here is some advice from the National Eating Disorders Collaboration (Australia) (2016: 28-29) about talking to students about a potential eating disorder, in the form of some questions to ask yourself first. These questions may also help in approaching students with other conditions.

- Have you documented the place and time of the specific behaviours you have witnessed which lead you to suspect the student might be suffering from an eating disorder?
- Are you the best person to approach the student or is there a member of staff who might have a better rapport with the student or be experienced in dealing with eating disorders?

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- If you are the best person to speak with the student, would they respond better to a one-on-one chat or is there another member of staff who could be present to provide support?
- Do you know the [institution's] policy for mental health interventions and the appropriate next steps (e.g. Who should you report the issue to?)
- What would be the best time and place to approach the student in a way to which they would be most receptive?
- How will you respond if the student is defensive and not willing to admit there is an issue?
- What is your aim (this should be to encourage the student to seek help?)

You may wish to ask for more advice from Student Services on how to approach issues such as this.

Online students

As with face-to-face students, if you are aware of a student with an eating disorder, the best thing you can do is to be compassionate and understanding. Offer to listen and provide practical and academic support where required, as well as signposting to more expert advice.

Unhelpful actions & comments

Don't take on the role of therapist or try to solve all of their problems – it is more important to listen and create a safe space for them to talk, and point them to expert advice if they wish. Do not use blame (e.g. instead of 'You are making me worried' try 'I am worried about you')

Obsessive Compulsive Disorder (OCD)

Overview

Persons with OCD experience repetitive ideas (obsessions) that are distressing and provoke intense symptoms of anxiety.

They often become involved in rituals and other repetitive behaviours (compulsions) to try and diminish their anxiety feelings.

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The compulsive behaviours consume most of their time and they can try also to spend a lot of time avoiding situations with which obsessions are associated, thus limiting their activities and range of behaviours.

Typically a person with OCD will fall into one of the four areas of:

- checking
- contamination
- hoarding
- rumination/intrusive thoughts



[Plaster on brain](#) by teeveesee from Pixabay, CC0

Symptoms

In checking OCD – the need to check is the compulsion and the obsessive fear might be to prevent fire, damage, leaks or harm and so include the checking of:

- gas or electric oven knobs for fear of explosions or fire;
- door locks for fear of burglars stealing items;
- illness or symptoms for fear of developing a particular illness or disease;

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- people by constant checking or calling or emailing for fear of saying or doing something to offend.

In contamination OCD – the need to clean or wash is the compulsion and the fear of catching an illness or developing a disease is the obsession and so includes:

- avoidance of use of public toilets for fear of contamination with germs from others;
- avoidance of shaking hands for fear of contamination of germs from others;
- excessive tooth-brushing for fear of leaving bacteria in mouth that can cause illness
- avoidance visiting hospitals for fear of contamination of germs from others

In hoarding OCD there is an inability to discard useless or worn out items and so have:

- difficulty in getting rid of items;
- buy, save and collect items and do not have room for the items;
- organisational problem with the items.

Rumination means the constant thinking about something that never gets resolved because it is undirected and does not lead to anything productive e.g. the origins of the universe.

Intrusive thoughts are obsessional thoughts that can be disturbing, repetitive, may be horrific e.g. causing violence to loved ones.

Face to face students

If you become aware that you have a student who has been diagnosed with OCD, either through their PLSP or their own disclosure, you can help to support them in a number of ways.

If they are comfortable with it, allow them to be open about their compulsions. Be patient, tolerant and don't judge.

In the classroom, you may find the person with OCD asking you for reassurance or help in 'accommodating' the OCD and following its demands. Helping someone with their compulsions is not usually helpful in the long term. Every time someone acts on a compulsion (including asking for reassurance) it reinforces the belief that the compulsion is the only way to deal with their anxiety.

Mental health conditions toolkit

Treatment for OCD helps people learn that their anxiety will reduce naturally, even if compulsions are not completed. Try to offer other support instead of helping with a compulsion (MIND 2016b).

People with OCD usually report that their symptoms get worse the more they are criticized or blamed because these emotions generate more anxiety (International OCD Foundation 2017). Think about the way in which you offer feedback on activities or assessments, and its tone, to reduce anxiety.

Change and stress can exacerbate OCD symptoms. Stress can be moderated by managing expectations and helping to plan workloads.

Students may need referral to GP and / or counselling services.

[Online students](#)

You may be less aware of the physical manifestations of OCD in an online environment, though you may be aware of behaviour indicative of ruminations and checking. Try not to get involved in long discussions over one particular issue or accommodate other OCD demands, such as providing constant reassurance.

You should be conscious of the need to limit stress, change and criticism in order to reduce anxiety. Stress can be exacerbated by the physical separation and lack of face-to-face contact in an online environment, so you should work with the student to ensure they feel adequately supported and clearly understand the requirements of the course at each stage.

[Unhelpful actions & comments](#)

Don't say, 'don't worry, sometimes I am OCD too', and don't assume it's all about germs and cleanliness.

Don't collude with OCD demands - this allows the person with OCD to avoid the feared situation and offers them reassurance, which in the short term lowers their anxiety, but in the long term reinforces the fear.

Mental health conditions toolkit

Panic Disorder

Overview



[Anxiety](#) by HypnoArt from Pixabay, CC0

A person with panic disorder has uncontrollable, recurrent episodes of panic and fear that peak within minutes.

If you experience panic attacks that seem completely unpredictable and you can't identify what triggers them, you might be given a diagnosis of panic disorder. Experiencing panic disorder can mean that you feel constantly afraid of having another panic attack, to the point that this fear itself can trigger your panic attacks MIND (2017a)).

A panic attack is an exaggeration of your body's normal response to fear, stress or excitement. It is the rapid build-up of overwhelming physical sensations, such as:

- a pounding heartbeat
- feeling faint
- sweating
- nausea (feeling sick)
- chest pains
- feeling unable to breathe
- shaky limbs, or feeling like your legs are turning to jelly
- feeling like you're not connected to your body MIND (2017a)

During a panic attack you might feel very afraid that:

- you're losing control
- you're going to faint
- you're having a heart attack
- you're going to die MIND (2017a)

Mental health conditions toolkit

Most panic attacks last for between 5 and 20 minutes. They can come on very quickly, and your symptoms will usually peak within 10 minutes.

Symptoms

There is the overwhelming sense of doom, that something terrible is going to happen and may include:

Physical - shakiness, trembling, muscle aches, sweating, cold clammy hands, dizziness, vertigo, fatigue, racing or pounding heart, hyperventilation, sensation of lump in throat, choking sensation, dry mouth, numbness, tingling hands or feet, upset stomach, nausea and vomiting, diarrhoea, decreased sexual desire, sleep disturbances.

Psychological & social manifestations - jitteriness, tension, unrealistic or excessive worry, exaggerated startle reactions, fear of being away from home, irrational fears, avoidance of feared situations, recurrent disturbing dreams or nightmares, apprehension that something bad may happen to themselves or loved ones, impatience, irritability, distractibility, difficulty in concentrating, depression.

Face to face students

If the student is experiencing a panic attack, advise them to take long, slow deep breaths and offer them a glass of water or a cuppa.

Take them to a quiet room, advise them to sit down and offer a drink of water or a cuppa.

If the student is having trouble gaining control of their breathing, contact a campus first aider.

Do not rush the student, focus on relevant information, speak clearly and concisely.

If they have just left an exam before the end, advise them to make an appointment to see their PAT as soon as possible and offer to email their PAT advising them of the student's situation.

Help the student develop an action plan that address their main concerns; breaking the problem into smaller parts so are they are less overwhelming.

Suggest they see their GP who could offer advice or refer on to other healthcare professionals.

Mental health conditions toolkit

Suggest they contact university counselling services.

Online students

In an online environment, you may be aware that a student has an anxiety disorder or a panic disorder, but you may not know that a student has experienced a panic attack until after it has taken place, when they may inform you about it.

If a panic attack occurs in an online tutorial situation, advise the student to take long, slow deep breaths and to get help locally. Follow this up with a telephone call to the student.

If a student informs you that they have been suffering from panic attacks, longer term you can work with the student to develop an action plan to deal with this to allow them to complete their academic work.

Empathise with the student, try not to pressure them, and ask them how you can help.

Encourage the student to get further advice from Student Services and/or their GP.

Unhelpful actions & comments

Overwhelming the student with information or complicated discussions.

Arguing with the student's irrational thoughts e.g. you have nothing to worry about or you marks have been really good so far – don't worry.

Devaluing the information that has been presented to you e.g. it's not as bad as you think or don't worry, you have everything going for you.

Assuming the student will get over it without some form of help.

Phobic Disorders

Overview

A phobia is a type of anxiety disorder with an overwhelming and debilitating fear of an object, place, situation, feeling or animal. They develop because an individual has an exaggerated or unrealistic sense of danger about the object, place, situation, feeling or animal. The sense of danger rapidly exists and is present for more than six months. Common examples of phobias are:

Mental health conditions toolkit

- agoraphobia – fear of leaving safe place e.g. home
- acrophobia – fear of heights
- bacillophobia – fear of bacteria
- chronophobia – fear of time
- glossophobia – fear of speaking in public
- eremophobia – fear of being by one's self or loneliness
- social phobia – fear of social situations



[Standing at heights](#) by Alexas_Fotos from Pixabay, CC0

Symptoms

It is an irrational fear or overwhelming avoidance of specific things that might cause:

Physical - shakiness, trembling, muscle aches, sweating, cold clammy hands, dizziness, vertigo, fatigue, racing or pounding heart, hyperventilation, sensation of lump in throat, choking sensation, dry mouth, numbness, tingling hands or feet, upset stomach, nausea and vomiting, diarrhoea, decreased sexual desire, sleep disturbances.

Psychological & social manifestations - jitteriness, tension, unrealistic or excessive worry, exaggerated startle reactions, fear of being away from home, irrational fears, avoidance of feared situations, recurrent disturbing dreams or nightmares, apprehension that something bad may happen to themselves or loved ones, impatience, irritability, distractibility, difficulty in concentrating, depression.

Mental health conditions toolkit

Face to face students

If you become aware of a student with a phobia which may affect their academic work, try to find out more and understand what their phobia means for them.

Don't put pressure on them or try to make them face their phobia if they are not ready- for example, don't pressure someone with a fear of speaking in public into doing a presentation in front of the whole class.

If the student is experiencing a panic attack as a result of a phobia, advise them to take long, slow deep breaths and offer them a glass of water or a cuppa.

Take them to a quiet room, advise them to sit down and offer a drink of water or a cuppa.

If the student is having trouble gaining control of their breathing, contact a campus first aider.

Do not rush the student, focus on relevant information, speak clearly and concisely.

If they have just left an exam before the end, advise them to make an appointment to see their PAT as soon as possible and offer to email their PAT advising them of the student's situation.

Help the student develop an action plan that address their main concerns; breaking the problem into smaller parts so are they are less overwhelming

Suggest they see their GP who could offer advice or refer on to other healthcare professionals.

Suggest they contact university counselling services.

Online students

In an online environment, you may not know of a student's phobia or anxiety until after a panic attack occurs.

If a panic attack occurs in an online tutorial situation, advise the student to take long, slow deep breaths and to get help locally. Follow this up with a telephone call to the student.

Longer term, work with the student to break the problem down into manageable parts and advise them to get further advice from Student Services or their GP.

Mental health conditions toolkit

Unhelpful actions & comments

Overwhelming the student with information or complicated discussions.

Arguing with the student's irrational thoughts e.g. you have nothing to worry about or you marks have been really good so far – don't worry.

Devaluing the information that has been presented to you e.g. it's not as bad as you think or don't worry, you have everything going for you.

Assuming the student will get over it without some form of help.

Post-traumatic Stress Disorder

Overview

Post-traumatic stress disorder (PTSD) results from exposure to an overwhelming stressful event or series of events. PTSD is an anxiety disorder. It is a normal response by normal people to an abnormal situation. The traumatic events that lead to PTSD are typically so extraordinary or severe that they would distress anyone. The symptoms make perfect sense because what has happened has overwhelmed normal coping responses. The mind stays vigilant, it is ever on alert and this in turn keeps the body and emotions aroused. This long term arousal changes the nervous system by changing the structure and function of nerve cells and neurotransmitters. The nervous system has become sensitised from overstimulation.

PTSD causes can be divided into three groups (1) intentional human causes that are man-made, deliberate and malicious e.g. abuse / acts of war / acts of terrorism; (2) unintentional human causes such as accidents or technological disasters e.g. car accident or the loss of a body part and (3) acts of nature like hurricanes, earthquakes and sudden death.



[PTSD brain. Posttraumatic stress disorder symptoms.](#) by

Q from Wikipedia Public Domain

Mental health conditions toolkit

Diagnoses of PTSD can be classified as mild, moderate or severe PTSD. This explains what sort of impact the symptoms are having on the patient currently – it's not a description of how frightening or upsetting the experiences might have been.

Symptoms

PTSD as an anxiety disorder is characterised by extreme general physical arousal and or/ arousal following exposure to internal and/or external triggers. The nervous system has been sensitised by an overwhelming trauma. The symptoms of arousal include:

- troubled sleep – difficulty falling or staying asleep, waking unrested due to nightmares. Nightmares are a common form of re-expression of trauma;
- irritability – outbursts of anger, heated arguing, flying off the handle – any unresolved anger is extremely tiring;
- difficulty in concentrating or remembering;
- hypervigilance – on guard against intrusive memories; being unusually cautious, maybe very vulnerable and sensitive, fearful of lots of things, unable to feel calm in safe places, fear of repetition and anticipates disaster;
- exaggerated startle responses – easily frightened, jumps / flinches easily, tenses when someone suddenly appears, eye blinking may become very rapid;
- fatigue – this can be physical, emotional, mental and spiritual;
- avoidance – this can be a hallmark of anxiety generally;
- intrusive recollections – these can occur in the form of thoughts, images or perceptions and they are unwelcome, uninvited and are painful;
- flashbacks – these are visual re-experiences and can involve sensations like smell, behaviour and emotions and can be triggered by insomnia, fatigue, stress or drugs.

It is common to experience other mental health problems alongside PTSD, which could include: other anxiety disorders, depression, dissociative disorders, self-harm or suicidal feelings.

Face to face students

You may become aware of a student who has been diagnosed with PTSD either through their PLSP or through their own disclosure to you.

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Each person will have a different experience of PTSD. If they are willing, it might help to talk about what sorts of situations or conversations might trigger flashbacks or difficult feelings. For example, they might be particularly distressed by loud noises or arguments. Understanding their triggers could help you to avoid these situations, and feel more prepared when flashbacks happen. However, they may not wish to talk about their experiences and it is important not to pressure them. Be aware that in some cases, talking about their experiences can even make things worse for some people, especially during an episode.

You may become aware of someone in the college/university environment with PTSD experiencing a flashback. Flashbacks are vivid experiences in which someone relives aspects of a traumatic event. It can be hard to know how to help during a flashback, but you don't need special training to support someone who is having one MIND (2017b).

According to MIND, it could help if you:

- try to stay calm;
- gently tell them that they are having a flashback;
- avoid making any sudden movements;
- encourage them to breathe slowly and deeply;
- encourage them to describe their surroundings.

MIND (2017b)

Encourage the student to find further support through Student Services, their GP or other organisations with specialist expertise.

Online students

In an online environment, you may be aware that a student has PTSD, but you may not know that a student has experienced a flashback until after it has taken place, when they may inform you about it.

If a flashback occurs in an online tutorial situation, advise the student to take long, slow deep breaths and to get help locally. Follow this up with a telephone call to the student.

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If a student informs you that they have been suffering from PTSD, longer term you can work with the student to develop an action plan to deal with this to allow them to complete their academic work.

Empathise with the student, try not to pressure them, and ask them how you can help.

Encourage the student to get further advice from Student Services and/or their GP.

Unhelpful actions & comments

Making assumptions about how they feel – each experience is unique and you can't understand what it is like if you haven't experienced it yourself.

Dismissing their experiences by saying "it could have been worse" or questioning why they didn't say or do something differently.

Schizophrenia

Overview

This is a group of major psychiatric disorders in which a person's perception, thoughts, mood and behaviour are significantly altered.

The symptoms of psychosis and schizophrenia are usually divided into 'positive symptoms' including hallucinations (these are perceptions in the absence of any stimulus) and delusions (fixed or falsely held beliefs) and then 'negative symptoms' such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. Each person has a unique combination of symptoms and experiences.

Mental health conditions toolkit



[Schizophrenia](#) by [David Ensor](#) from Flickr, [CC BY 2.0](#)

Symptoms

Typically there is a prodromal period, which precedes the first episode of psychosis and can last from a few days to around 18 months.

This period is often characterised by some deterioration in personal functioning e.g. emergence of transient or lower intensity psychotic symptoms, memory or concentration problems, unusual behaviour and ideas, disturbed communication and affect, social withdrawal, apathy and reduced interest in daily activities.

The prodromal period followed by an acute episode marked by hallucinations, delusions and behavioural disturbances usually with agitation and distress. Following resolution of the acute episode (usually after treatments) symptoms diminish and disappear for many people. This phase can last for many years but can be interrupted by recurrent acute episodes that may need additional treatment.

The course of schizophrenia varies considerably. Some people may have 'positive symptoms' briefly, others may have them for many years. Others have no prodromal period.

Mental health conditions toolkit

Life time prevalence about 1% of population will develop psychosis and schizophrenia. First symptoms tend to start in young adulthood but can occur at any age.

Face to face students

You may become aware that a student has schizophrenia from their PLSP or from their own disclosure to you.

Symptoms of schizophrenia present differently from person to person but you may notice that they find it hard to think clearly, have problems understanding what is real, stop taking care of themselves or avoid seeing people. Losing interest and motivation can be part of having schizophrenia.

You might feel unsure what to say or do when someone sees or believes something you don't – but it's important to remember that their experiences feel real to them. It can help if you focus on how they are feeling, rather than talking about what is real or true.

Too much stress can make the symptoms of schizophrenia worse and increase the chances of a student becoming unwell. Work with the student to minimise stress by managing expectations and setting clear deadlines, tasks and goals.

If you are faced with a student having an acute psychotic episode, having an emergency plan ready will help you handle the crisis safely and quickly. The first response is to call the emergency services. If possible, have emergency contact information for the student readily available.

The World Fellowship for Schizophrenia and Allied Disorders has the following advice for managing the situation while waiting for help:

- Sit down and ask the person to sit down also.
- Avoid touching the person and avoid direct continuous eye contact.
- Decrease distractions and try to reduce the number of people around.
- Do not express irritation or anger and do not shout.
- Remember that you cannot reason with acute psychosis.

Mental health conditions toolkit

Online students

Advice for face-to-face students equally applies to online students.

It is important to remember that the person's beliefs are very real to them so try to focus on how they are feeling rather than talking about what is real or true.

Work with the student to minimise stress.

Feeling connected to other people is an important part of staying well, but can be more difficult online. It can help the student to feel valued, confident and more able to face difficult times, so try to maintain contact and relationships through online tools.

Feeling lonely or isolated could make symptoms worse. Encourage the student to develop relationships with peers and classmates for support.

Unhelpful actions & comments

Do not assume that a diagnosis of schizophrenia means that someone has a 'split personality' - many people wrongly think this.

Try not to challenge the person's beliefs or delusions. They are very "real" to the person who experiences them, and there's little point in arguing with them about the delusions or false beliefs.

Mental health conditions toolkit

Wellbeing warning signs

Aggression

Overview



[Happiness vs bitterness](#) by geralt from Pixabay, CC0

There is no universally agreed definition of aggression according to Renfrew (1996) but it does refer to a range of behaviours that result in both physical and/or psychological harm to oneself, to others and to objects in an environment. Another way of putting it is that aggression is a behaviour that is directed by an organism towards a target resulting in damage (Renfrew *ibid*).

Aggression violates social boundaries and is the outcome of several causes that might be biological, psychological or social. Aggression may be direct or indirect. Direct forms include yelling, hitting, biting, pushing, teasing, name calling and bullying. Indirect forms include ignoring someone or spreading rumours.

Aggression maybe associated with other symptoms determined by an underlying mental health condition e.g. bipolar disorder, post-traumatic stress disorder, drug misuse disorder or by a physical condition like a stroke, head injury, dementia or hypoglycaemia in diabetes.

Signs of aggression

Anxiety, moodiness, irritability, impulsiveness, agitation, memory problems, concentration problems, confusion, disorientation, insomnia.

Face to face students

When a student is aggressive in the classroom, here is what you *should* do:

Mental health conditions toolkit

- Stay calm and observe – show the class you’re in control and aware of the situation.
- Shield your other students from engaging with the aggressive student.
- Nothing - often, it’s best not to say or do anything—allowing the student time to cool off
- Wait – don’t speak to the aggressive student until he or she is in a calm emotional state
- Hold accountable - after the student returns to a calm frame of mind, which could take a couple of hours, briefly explain how he or she will be held accountable and provide a consequence.
- If the behaviour is physically aggressive, you may need to involve more senior management at your college.

Online students

Aggression online is unlikely to take the same form and is more likely to be verbal aggression in emails and online discussions. Some of the same advice still applies:

- Remain calm and don’t reply to an aggressive email with a similar tone. If the aggression is via email, wait to reply until you and the emailer are calm.
- If the behaviour takes place in an online Discussion Board or Collaborate session, you should ‘shield’ your online students from this, potentially by removing aggressive posts from a Discussion Board or stepping in to diffuse any tensions arising.
- You may wish to discuss with colleagues as online communications can often be misconstrued and understood in a different tone from that intended.
- If the behaviour continues, you may wish to speak with Student Services, to consider which of your College and UHI policies may be relevant e.g. non-academic misconduct, disciplinary policy, fitness to study policy, etc.

Unhelpful actions & comments

- Don’t try to pull the student aside or touch them - keep your distance and wait until they calm down.
- Don’t get angry yourself- don’t shout or try to use the power of your authority to stop emotionally charged students.
- Don’t try to talk the student around – leave them alone.

Mental health conditions toolkit

Anger

Overview

Anger is a natural response to feeling attacked, deceived, frustrated or being treated unfairly and this down to how we interpret and react to certain situations (Mind 2016a).

It is considered to be one of the basic emotions that are universal and innate (Evans 2003). Everyone gets angry sometimes – it's part of being human. It is not always a bad emotion; in fact sometimes it can be useful. For example anger might motivate us to create change in our lives (Mind 2016a).

Anger only becomes a problem when it harms you or people around you and this can happen when people regularly express anger through unhelpful or destructive behaviour and or it has a negative impact on physical and mental health. How people behave when they are angry depends on how well an individual is able to identify and cope with feelings and how an individual has learned to express them. Not everyone expresses anger in the same way either – this is due to your childhood and upbringing; past experiences and current circumstances.



[Angry emoji](#) by Tumisu from Pixabay, CC0

Anger affects mental health because if an individual cannot manage their feelings of anger, this can be stressful and might then affect self-esteem. Anger can be a symptom of mental health disorders too e.g. personality disorders (Mind, 2016a).

Signs of anger

- **Outward signs** - Shouting, swearing, slamming doors, hitting or throwing things and being physically violent or verbally abusive, threatening towards others.

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- **Inwards signs** – telling yourself you hate yourself, denying yourself basic needs e.g. food or things that might make you happy, hiding yourself from the world, self-harming.
- **Non-violent / passive anger** - ignoring people or refusing to speak to them, refusing to do tasks or deliberately doing things poorly, late or at the possible last minute; being sarcastic or sulky.

Face to face students

- **Be aware of warning signs** – these can be caused by the rush of adrenaline e.g. increased heart rate, increased breathing rate, increase in body tenseness, tapping of feet, clenching of jaws and fists.
- **Buy time to think** – ask student to step into a quieter location, but still with other people close by in case of escalation. Sit quietly with them, ask what has caused issues, talk to module leader / tutor /PAT.
- **Try some calming techniques** - distraction, slow breathing, relaxation, mindfulness techniques, use up energy in a safer way.
- **Examine thought patterns** - if feeling upset or angry a student might find themselves automatically thinking – that everything is all someone else's fault, or people never listen to them, or this always happens to themselves...

Online students

- **Be aware of warning signs** – these can be caused by the rush of adrenaline e.g. increased heart rate, increased breathing rate, increase in body tenseness, tapping of feet, clenching of jaws and fists.
- **Buy time to think** - ask the student to take five minutes out before rejoining the session, or ask them to stay on/contact you after the session to discuss what caused the problem, calmly and rationally.
- **Try some calming techniques** - distraction, slow breathing, relaxation, mindfulness techniques, use up energy in a safer way.
- **Examine thought patterns** - if feeling upset or angry a student might find themselves automatically thinking – that everything is all someone else's fault, or people never listen to them, or this always happens to themselves...

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Unhelpful actions & comments

- It is not easy dealing with an angry person;
- Do not be vague when dealing with an angry person;
- Do not say things like “I understand what you are saying” or “I understand that because I have been there too”;
- Do not take the bait when dealing with an angry person – do not engage with the “argument” and take things personally;
- Do not blame them or criticise as this may inflame situations;
- Avoid the use of critical statements like “you always do.....”;
- Avoid giving advice at the time as this may come across as criticism to an angry person.

Anxiety

Overview

Anxiety is an overall term. Anxiety can be considered as a healthy emotional response to a threat and it helps human beings to deal adequately with a range of different situations. It can be generalised across a range of situations or it can be specific.

Generalised anxiety disorder means having regular or uncontrolled worries about many different things in everyday life.

Social anxiety means experiencing extreme fear (anxiety) triggered by social situations (e.g. parties, workplaces or any other situation) in which someone has to talk to another person.

Panic Disorder means that someone has uncontrollable, recurrent episodes of panic and fear that peak within minutes.



Anxiety symptoms by TheDigitalArtist from Pixabay, CC0

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Post-traumatic stress disorder is an anxiety disorder whereby someone has a normal response by normal people to an abnormal situation.

It is the feeling a person gets when the body responds to stressful situations (a frightening or threatening experience). It has been called the fight or flight response.

The purpose of the physical manifestations of these feelings is to prepare the person to cope with a threat. However these feelings can become maladaptive if the severity or duration of anxiety is out proportion to the level of threat, or they occur in the absence of a stressor, that they are accompanied by manifestations that are considered unacceptable and disruptive and or they lead to a deterioration of overall functioning.

Symptoms

Anxiety feels different for everyone. But someone may experience any of the following:

Physical - shakiness, trembling, muscle aches, sweating, cold clammy hands, dizziness, vertigo, fatigue, racing or pounding heart, hyperventilation, sensation of lump in throat, choking sensation, dry mouth, numbness, tingling hands or feet, upset stomach, nausea and vomiting, diarrhoea, decreased sexual desire, sleep disturbances.

Psychological & social manifestations - jitteriness, tension, unrealistic or excessive worry, exaggerated startle reactions, fear of being away from home, irrational fears, avoidance of feared situations, recurrent disturbing dreams or nightmares, apprehension that something bad may happen to themselves or loved ones, impatience, irritability, distractibility, difficulty in concentrating, depression.

Face to face students

If you're aware of a student with anxiety and you are aware of a particular diagnosed condition, there are a number of accommodations you could make to the classroom environment that may help them to deal with this. For example:

- Provide pre-arranged breaks to manage stress;
- Give advance notice of any tasks and ensure instructions are clear;
- Allow the student to answer the questions on which they feel the most confident – try not to single them out to answer 'on the spot';

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- It may help to allocate students into groups for any group work, rather than allowing them to choose groups themselves;
- Follow-up on absences – if anxiety is becoming an issue, the students may miss classes to avoid facing the anxiety- which may create more anxiety in the long-run;
- Further suggestions around coursework and exams may be provided in a student's PLSP, if they have a diagnosed anxiety condition.

Online students

For online students, you should also:

- Give advance notice of any tasks and ensure instructions are clear;
- In online tutorials, allow the student to answer the questions on which they feel the most confident – try not to single them out to answer 'on the spot';
- It may help to allocate students into groups for any group work, rather than allowing them to choose groups themselves;
- Follow-up on absences – if anxiety is becoming an issue, the students may miss online chats to avoid facing the anxiety - which may create more anxiety in the long-run.

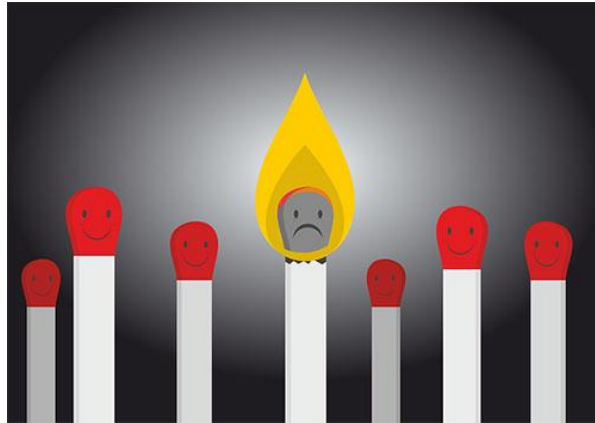
Unhelpful actions & comments

Don't respond to worries by telling the student 'don't worry' or 'don't be silly' - the worries and fears are real and serious to them – validate and accept their feelings e.g. "I can see that you're very worried about this assignment".

Burnout

The term burnout was coined in the 1970s from the psychologist Freudenberger. There is no clear definition of the term burnout but it is considered to be a state of chronic stress that leads to physical and emotional exhaustion, cynicism and detachment, feelings of ineffectiveness and lack of accomplishment. Its nature is insidious, in that it creeps up on the individual. The difference between stress and burnout is all a matter of degree. Burnout can have a major impact on health and wellbeing, relationships and finances.

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[Burning candle](#) by succo from Pixabay, CCO

Signs of burnout

Chronic fatigue, insomnia, forgetfulness, impaired concentration and attention, chest pain, shortness of breath, gastrointestinal pain /discomfort, headaches, increasing episodes of illness, loss of appetite, anxiety, depression, anger, loss of enjoyment, pessimism, isolation, detachment, feelings of apathy and hopelessness, increased irritability, lack of productivity and performance, loss of empathy in students studying vocational courses e.g. nursing.

Face to face students

- Provide clear explanations and expectations;
- Obtain confirmation that explanations and expectations are understood;
- Ensure students have access to the resources they need;
- Set reasonable and realistic targets and deadlines;
- Discuss time management;
- Know the student's limitations;
- Remind the student to: take regular breaks and exercise, to eat healthily, get regular sleep, encourage them to take a break from technology and to socialise with their friends.
- Remind students that, while it would be great to achieve As in every assessment, this is not always going to be possible, and sometimes a B or a C will do- it's all part of the learning curve.
- Remember that many students are juggling a variety of different roles that may also be contributing to burnout- remind them that study is only one part of their life and that, at times, other things will be more important.

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Online students

- Provide clear explanations and expectations;
- Obtain confirmation that explanations and expectations are understood;
- Ensure students have access to the resources they need;
- Set reasonable and realistic targets and deadlines;
- Discuss time management;
- Know the student's limitations;
- Take regular breaks;
- Start off slow;
- Encourage them to take a break from technology- especially so for online students!
- Talk to others – encourage students to form good relationships in your virtual classroom and they may form supportive relationships outside of the classroom too.
- Remind students that, while it would be great to achieve As in every assessment, this is not always going to be possible, and sometimes a B or a C will do - it's all part of the learning curve.
- Remember that many online students in particular are juggling a variety of different roles that may also be contributing to burnout- remind them that study is only one part of their life and that, at times, other things will be more important. Appreciated

Unhelpful actions & comments

- Don't say 'you should try x, y and z' - create a dialogue and perhaps use examples of what yourself or others have tried before to help e.g. "I (or previous students) have tried this, but it may not work for you".
- Instead of giving advice, it may be more productive to emphasize what the student is already doing well – highlight their strengths to help avoid the negative spiral of thoughts that may accompany burnout.

Demanding

Overview

Demanding behaviour is not always bad but in many ways it can be. Excessive demands and demanding behaviour indicates self-centredness in that there is no consideration of others. Demanding behaviour can be of two types: there are those that are anxious and emotionally

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needy who require lots of attention e.g. lots of your time by frequent meetings or telephone calls and those who present as very entitled e.g. they may have very high expectations and may demand immediate responses and special considerations (London Pathways Partnership 2017).

Anxious and needy behaviours are commonly associated with borderline personality disorders, paranoid, narcissistic, antisocial traits but people with anxiety and depression may also show demanding behaviours. The underlying motives may be different for individuals. This may include pushing limits and boundaries to seek proof of caring from others; pushing limits and boundaries because nothing ever feels enough; protecting themselves from shame or humiliation of guilt; trying to feel like a winner and not a loser; to feeling able to manage the demands placed upon them and feeling unable to cope with stress /distress (London Pathways Partnership *ibid*).



[Conflict](#) by OpenClipart-Vectors from Pixabay, CC0

Signs of demands

Example of signs of someone who is demanding include: a sense of entitlement; an inability to empathise; the need to control; difficulty in dealing with ambiguity; a strong drive for perfection; difficulty respecting structure, limits and rules; dependency on others; a fear of

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dealing with realities of life; persistence after hearing the word 'no'; demanding of your time; intrusive.

Face to face students

- If possible, talk to the individual in a safe place;
- Remain calm and in control;
- Set clear limits and hold to them – don't be dissuaded;
- Clearly explain what behaviours and expressions are acceptable and what is not acceptable;
- Offer shorter but slightly more frequent appointments;
- Be clear about the time you can offer the student;
- Give them a 5 minute warning when the appointment is to end;
- Ask them to treat you with respect;
- Be aware of manipulative behaviour e.g. letting you as the staff member speak first to find out your weaknesses; overwhelming you with facts and figures to try and be more intellectually superior; raising of voice; negative surprises to put you off balance; giving you little or no time to make a decision or negative comments / humour or the silent treatment where there are no responses – they are making you wait and intends to place uncertainty in your mind;
- Expect that students will complain or be dismissive about you.

Online students

- Remain calm and in control;
- Set clear limits and hold to them – don't be dissuaded;
- Clearly explain what behaviours and expressions are acceptable and what is not acceptable;
- Offer shorter but slightly more frequent appointments;
- Be clear about the time you can offer the student;
- Give them a 5 minute warning when the appointment is to end e.g. telephone;
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more intellectually superior; raising of voice; negative surprises to put you off balance; giving you little or no time to make a decision or negative comments / humour or the silent treatment where there are no responses – they are making you wait and intends to place uncertainty in your mind;

- Expect that students will complain or be dismissive about you.

Unhelpful actions & comments

- Do not argue with the student by disagreeing or highlighting student's short comings;
- Do not accommodate any inappropriate requests;
- Do not ignore any negative impact it has on your or other students – speak to someone;
- Do not adjust your working week to accommodate the student;
- Do not feel obligated to take care of them;
- Do not feel guilty about doing more;
- Do not allow the person to intimidate you;
- Do not take it all on your own;
- Don't take part in any power games;
- **Do not respond** to forms of communication out-with working hours except in exceptional circumstances.

Depressive

Overview

It is increasingly recognised that depressive symptoms below the ICD-10 or DSM-IV threshold criteria can be distressing and disabling if present. These are called subthreshold depressive symptoms which fall below the criteria for major depression. Symptoms are thought of as persistent if they continue despite active monitoring and or low intensity interventions used or have been present for a considerable period of time like several months.

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[Depression jigsaw](#) by darkmoon1968 from Pixabay, CC0

Signs of depression

Key symptoms

- Persistent sadness or low mood and / or;
- Marked loss of interests or pleasure.

If any of above present, ask about associated symptoms

- Disturbed sleep (decreased or increased compared to usual);
- Decreased or increased appetite and /or weight;
- Fatigue or loss of energy;
- Agitation or slowing of movements;
- Poor concentration or indecisiveness;
- Feelings of worthlessness or excessive guilt or inappropriate guilt;
- Suicidal thoughts or acts.

Face to face students

Help students to feel supported in the classroom by:

- demonstrating unconditional acceptance of students - this is vital to students with depression;
- normalising and listening to the student are very helpful things to do; explaining that it is common to feel low, that there is support available, listening to the issues, validating them all can be life saving;

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- avoiding singling out the student with depression from the rest of the class;
- allowing more time for the students to respond when asking questions or making requests. Students who are depressed may need more time to formulate their answers and overcome anxiety before responding;
- keeping suggestions for improvement constructive, specific, and brief;
- being specific in providing feedback about when, where, how and why either behaviour or academic work needs to improve;
- encouraging students to build a support network of peers;
- being clear about deadlines, course reading and lectures, and expectations for tutorials or field work;
- working with students to manage their workload. At college and university level study, lectures expect students to take the initiative to request help; however this can be challenging for students with depression. In these cases, it is more helpful for tutors to take the lead;
- helping students to set short-term achievable goals.

If you are the student's Personal Academic Tutor, PAT, you may want to offer further support, by talking to the student in private. If so, listen carefully and validate the student's feelings and experiences, and discuss clearly and concisely an action plan, such as having the student immediately call for a counselling appointment.

Online students

- The online environment may in some ways be easier for the student to manage their condition, away from the intense scrutiny of the classroom, but it can also be easier to withdraw and become detached from the tutor and the rest of the class.
- If you notice a lack of engagement from a student, follow it up with themselves and their PAT. Communicating your concern could be the first step in breaking through the isolation.
- You can help students feel supported in the online classroom in similar ways to the face-to-face class, by offering a positive environment and clear and constructive feedback on activities.
- Be clear about deadlines, course reading and lectures, and expectations for tutorials or field work, and work with students to manage their workload.

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- Encourage students to build a support network of peers.

Unhelpful actions & comments

- Ignoring the student or downplaying the situation;
- Arguing with the student or disputing that the student is feeling depressed;
- Expecting the student to stop feeling depressed without intervention.

Bereavement and grief

Overview

Grief is natural human responses to separation, bereavement and loss (Buglas 2010). Grief describes an individual person's response to loss and has emotional, physical, behavioural, cognitive, social and spiritual dimensions (Greenstreet 2004). It may be one of the hardest challenges that many of us ever have to face.

Mourning is the outward and active expression of that grief. Bereavement refers to the period after loss during which grief and mourning occur. It is the state of having experienced a loss. It is a form of depression which usually resolves spontaneously over time (Buglas *ibid*).

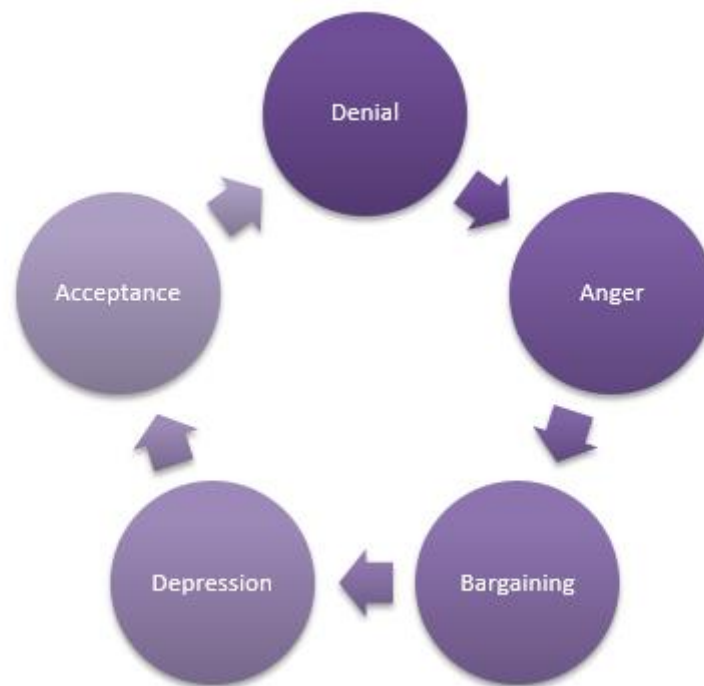
Normal grief is a continuous process and has been described by various models to help people understand the process they are going through e.g. Kubler-Ross (1969); Parkes (1975); Bowlby (1980) and Woerden (1991). Most models divide grief into "stages" but this is not a linear process as it's complicated as everyone's experience is unique. As Kubler-Ross (1969) herself said there is no typical response to loss as there is no typical loss.

Example of stages of grief and bereavement from Kubler-Ross (1969) are shown below. These were developed after conversations with patients who were dying.

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[Grieving](#) by 809499 from Pixabay, CC0



Denial, Anger, Bargaining, Depression, Acceptance.

Signs of grief

Sadness, weeping, anxiety, restlessness, poor sleep, insomnia, inertia, diminished appetite, guilt, blame of others, experience of dead person's presence, hallucinations of the dead person's voice, preoccupation with memories, social withdrawal (Gelder et al 1996)

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Face to face students

- Everyone copes with grief in different ways. Some students may withdraw completely into themselves, while others may over- commit as a coping mechanism to avoid dealing with their emotions. There is no 'normal' time frame for dealing with grief.
- Offer support if it is requested and point students to other relevant sources of support, such as Counselling services or their peer support networks.
- While students' main concern in a time of grief may not be their coursework, let them know that there are processes such as the Mitigating Circumstances process or temporary withdrawal which are in place for situations such as this. Encourage them to consider using these to relieve them from immediate academic pressures.

Online students

- Online students should also be encouraged to make use of college and/or university support services such as counselling, and consider using their own peer support networks of fellow students.
- Remind students that the Mitigating Circumstances process or temporary withdrawal process are available to them and may relieve them from immediate academic pressures.

Unhelpful actions & comments

- Don't put pressure on the student to return to their studies – the time frame for grief is individual and only they will know when they feel ready.

Guilt

Overview

The emotion of guilt is an essential part of being human. It plays an important role in our ability to live together. But for many people intense feelings of guilt cause great distress. In mental health, guilt may figure greatly in many peoples' experiences and may contribute to the ongoing disturbance of mood. For others, the struggle to deal with such intense feelings leads to avoidance strategies in dealing with the feelings e.g. anxiety disorders, obsessive-compulsive disorders or addictive behaviours (Clark 2012).

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Guilt is the sense of having done something wrong either in reality or in our imagination. It relates to real or imagined actions or inactions which have caused real or imagined harm to others. This then leads to a sense of having to pay a debt or repair something. In severe forms of guilt, people may feel they have to be punished. The distinction between real and imagined acts is critical as is the level of proportionality (Clark *ibid*). Guilt is often overt and up front.



Guilt by johnhain from Pixabay, CC0

Signs of guilt

Sadness, weeping, anxiety, restlessness, poor sleep, insomnia, inertia, diminished appetite, guilt, blame of others, experience of dead person's presence, hallucinations of the dead person's voice, preoccupation with memories, social withdrawal (Gelder et al, 1996). Guilt is a large contributory factor in depression.

Face to face students

- If the student's guilt comes from something that they feel they did wrong within the university or college context, listen, and then help them accept it and move on.

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- Tell them not to beat themselves up for making mistakes. It's human to make mistakes and you can't change the past. Learning from those mistakes is the important part.
- If appropriate, help the student think of ways they can make amends and learn from the experience. This could mean apologising if they've hurt someone's feelings, changing their behaviour or adjusting their lifestyle.
- Remember, you can't change how someone feels. You can listen, accept and explore how they are feeling but you can't tell them what they're feeling is wrong.

Online students

- If the student's guilt comes from something that they feel they did wrong within the university or college context, listen, and then help them accept it and move on.
- Tell them not to beat themselves up for making mistakes. It's human to make mistakes and you can't change the past. Learning from those mistakes is the important part.
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Unhelpful actions & comments

Don't tell the student not to feel guilty - you can't change how they feel, but you can help them to move on and learn from it.

Psychosis

Overview

Psychosis is an altered mental state whereby people perceive and interpret things differently from those around them; these thoughts and perceptions can be so impaired that contact is lost with external reality.

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[Psychosis woman](#) by geralt from Pixabay, CC0

Signs of psychosis

- Fast talking – superfast speech that is so quick that anyone listening cannot get a word in edgewise.
- Speech that makes no sense.
- Extremely odd, bizarre or eccentric behaviour.
- Significantly inappropriate emotional response or utter lack of emotion.
- Presence of auditory or visual hallucinations.
- Strange beliefs that involve serious misinterpretations of reality – called delusions.
- Social withdrawal.
- Inability to connect with or track normal interpersonal communications.
- Loss of insight.

Face to face students

- It is important to remember that the person's beliefs are very real to them so try to focus on how they are feeling rather than talking about what is real or true.
- Work with the student to minimise stress.
- Help students to feel connected to other people as feeling lonely or isolated could make symptoms worse. Encourage the student to develop relationships with peers and classmates for support.
- If you are faced with a student having an acute psychotic episode, having an emergency plan ready will help you handle the crisis safely and quickly. The first response is to call the emergency services.

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- If possible, have emergency contact information for the student readily available.
- The World Fellowship for Schizophrenia and Allied Disorders has the following advice for managing the situation while waiting for help:
 - Sit down and ask the person to sit down also.
 - Avoid touching the person and avoid direct continuous eye contact.
 - Decrease distractions and try to reduce the number of people around.
 - Do not express irritation or anger and do not shout.
 - Remember that you cannot reason with acute psychosis.

Online students

- Advice for face-to-face students equally applies to online students.
- It is important to remember that the person's beliefs are very real to them so try to focus on how they are feeling rather than talking about what is real or true.
- Work with the student to minimise stress.
- Feeling connected to other people is an important part of staying well, but can be more difficult online. It can help the student to feel valued, confident and more able to face difficult times, so try to maintain contact and relationships through online tools.
- Feeling lonely or isolated could make symptoms worse. Encourage the student to develop relationships with peers and classmates for support.

Unhelpful actions & comments

Try not to challenge the person's beliefs or delusions. They are very "real" to the person who experiences them, and there's little point in arguing with them about the delusions or false beliefs.

Self-harm

Warning – it can be upsetting and potentially triggering to read information about self-harm.

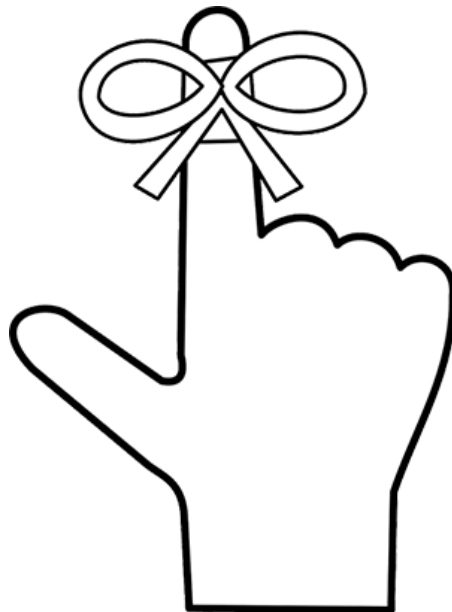
Overview

Self-harm refers to the intentional self-poisoning or self-injury, irrespective of motive or the extent of suicidal intent (National Institute for Health and Clinical Excellence 2011). It when people hurt themselves as a way of dealing with very difficult feelings, painful memories or

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overwhelming situations and experiences that feel out of control because they are linked to specific experiences or is a way of dealing with something that is currently happening or has happened in the past. (Mind 2016c). The person who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil (Royal College of Psychiatrists 2014).

Self-harm is something that anyone can do – there is no one typical person who hurts themselves (Mind 2016c). Self-harm predominantly occurs in young people with around 65% of self-harm occurring before about the age of 35 years. Community prevalence is estimated to be about 20% in those aged 15 years (Saunders & Smith 2016). It usually occurs for the first time during adolescence (Muehlenkamp et al 2012).



[Injury](#) by OpenClipart-Vectors from Pixabay, CC0

Self-harm is often a very private act with many people not seeking any support (Ogden & Bennett 2015). Research by Ogden & Bennett (2015) reported that self-harming is used as a way to regulate emotions by (a) validating distress; (b) as self-punishment (c) as a mechanism to regain control; (d) as a relief and release of overwhelming emotions and (e) as self-care.

Self-harm may be planned in advance or done on the spur of the moment. Some people may self-harm only once or twice, but others do it more regularly and it can be hard to stop (Royal College of Psychiatrists 2014). After self-harm people may feel better and more able to cope for a while but it is unlikely that the cause of the distress has actually gone away.

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Self-harm is not the same as attempted suicide but people who self-harm are at greater risk for killing themselves than those who do not self-harm. People who self-harm should be taken seriously.

People may self-harm as a way to:

- Express something that is hard to put into words
- Turn invisible thoughts or feelings into something visible
- Change emotional pain into physical pain
- Reduce overwhelming emotional feelings or thoughts
- Have a sense of being in control
- Escape traumatic memories
- Have something in life that they can rely on
- Punish themselves for feelings and experiences
- Stop feeling numb, disconnected or dissociated
- Create a reason to physically care for themselves
- Express suicidal feelings and thoughts without taking their own life (Mind 2016)

Signs of self-harm

Ways of self-harming can include: Cutting, poisoning, over-eating, under-eating, biting oneself, picking or scratching one's own skin, burning oneself, inserting objects into one's own body; hitting oneself or walls; overdose; exercising excessively; pulling one's hair or getting into fights knowing where you will get hurt.

Face to face students

- **What to do if they have the means of self-harm on their person – try to establish if they have the means to self-harm about their person. Do not try to take it from them. However, if you have concerns for their immediate safety, contact your local Safeguarding Named Person.**
- Do not panic or over react – the way you respond will have an impact on how much they open up to you and other people in the future;
- Try to be non-judgmental;
- Let the person know that you are there for them but do not be their 'therapist';

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- Relate to them as a whole person and not just their self-harm;
- Let them be in control of their decisions;
- Offer to help find them support;
- Remind them of their positive qualities and what they do well;
- Try to have honest communication – don't make them promise they will not self-harm again;
- You can make suggestions about distracting themselves as the urges to self-harm may fade after a while e.g. listening to music; relaxation and focusing their mind on something pleasant; if the person they are with is making them feel uncomfortable or feel worse then leave the situation;
- Do not expect self-harm to suddenly stop – it is difficult and takes time and effort;
- Do not feel responsible for their self-harm or become the person that is supposed to stop them;
- Offer first aid if required.

Online students

As with face-to-face students, often the best thing you can do is to be compassionate and understanding. Offer to listen and provide practical and academic support where required, as well as signposting to more expert advice.

Unhelpful actions & comments

- Trying to force change;
- Acting or communicating in a way that threatens to take control away from the person;
- Do not ignore any injuries;
- Do not overly focus on any injuries;
- Do not label self-harm as 'attention seeking'.

Shame

Overview

The emotion of shame is an essential part of being human. It plays an important role in our ability to live together. But for many people intense feelings of shame causes great distress. In mental health, shame may figure greatly in many peoples' experiences and may

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contribute to the ongoing disturbance of mood. For others, the struggle to deal with such intense feelings leads to avoidance strategies in dealing with the feelings e.g. anxiety disorders, obsessive-compulsive disorders or addictive behaviours (Clark 2012).

Shame relates to the sense of who we are. We feel that we have fallen short both in our own eyes and in the eyes of others. We then feel a need to hide or conceal an aspect of ourselves. Shame tends to hide itself and is often harder to identify (Clark, *ibid*). In shame the entire self is the focus “look at what an awful person I am” or “If only I weren’t so stupid I would have passed”. Shame strikes at the core of people’s identities and as a result forces an individual to contemplate the possibility of a defective, unworthy, damaged self (Lewis 1971). Some authors consider shame to be more public as it arises from situations in which one’s own failings are put on display for social evaluation (Kim, Thibodeau & Jorgensen 2011).



[Head in hands](#) by DanielReche from Pixabay, CC0

The origins of both guilt and shame in people vary from religious and cultural perspectives. For example the fall of humanity in Christianity by Adam and Eve and in Buddhism there is the concept of karma allowing an individual to put things right through the cycle of rebirth. Individualistic cultures e.g. Western world play a part in fostering guilt and shame whereas

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in collective cultures see guilt and shame as feelings that protect community from being shamed (Clark *ibid*).

Signs of shame

Shame can be very painful to people and most people will do anything to avoid it. It can be a physiological response of the autonomic nervous system as people may blush, have an increased heart rate, break into a sweat, freeze, hang their head, slump, avoid eye contact, get dizzy and feel nauseous. Shame is a feeling about yourself. These feelings may be of inadequacy, inferiority and self-loathing. People may feel like they want to hide or disappear with a profound sense of separation from others. Shame can induce unconscious beliefs about a person e.g. I am a failure, I am a bad person, I do not deserve love and happiness, I am not important. People can hide shame from themselves too by feeling sad, superior or angry about a perceived insult. At other times this might come out as boasting, envy or judgement of others. Shame is a large contributory factor in depression.

Face to face students

- While guilt comes from feeling bad about something you've done, shame goes deeper and leads you to feel bad about who you are. While guilt could at times be seen as constructive and leading to greater empathy and self-improvement, shame is not constructive and can undermine both the self and relationships.
- It may be difficult to help students overcome shame, as it is largely a private thing.
- However, as with guilt, you can help students to accept responsibility for any mistakes and take remedial action where necessary.
- Encourage them not to beat themselves up about it and to try to move on.
- Point them to further sources of support such as the Counselling service which may be a good place to work through issues of self-esteem and self-forgiveness.

Online students

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Unhelpful actions & comments

- Don't try to deny what they are feeling - listen and ask what you can do to help;
- Don't list all their achievements – this may seem to them that you're minimising what they feel.

Sleep

Overview

A good night's sleep is vitally important for health and wellbeing (The Sleep Council 2017). We spend approximately one third of our lives asleep; sleep is an essential and involuntary process without which we cannot function effectively (Mental Health Foundation 2011). During sleep we can process information, consolidate memories and undergo maintenance processes (Mental Health Foundation 2011). In humans the amount of sleep in a 24 hour period is dependent on a person's age. New born babies sleep about 16-18 hours; primary school children need about 10-12 hours; teenagers need about 8.5-10 hours; adults need about 7-8 hours and older aged adults need about 6-7 hours.



[Alarm clock](#) by congerdesign from Pixabay, CC0

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Each night of sleep is comprised of recurring, complex, physiological processes. Human sleep has two distinct states: non-rapid eye movement (3 stages called N1, N2 and N3 with N3 known as deep sleep) and rapid eye movement each with distinct characteristics and each actively regulated by distinct centres in the brain. A typical night involves 4-6 repeated cycles of non-rapid and rapid eye movements each lasting approximately 90-110 minutes (Luyster et al 2012).

Our ability to sleep is controlled by how sleepy we feel and our sleep pattern. How sleepy we feel relates to our homeostatic drive to sleep. Whilst awake we build up a sleep debt which can only be repaid through sleeping regulated by the homeostatic drive to sleep. In a healthy situation, this sleep debt is repaid night after night (Mental Health Foundation *ibid*).

Our sleep pattern refers to the regularity and timing of our sleep habits (Mental Health Foundation *ibid*). This mechanism is called the circadian rhythm ('a clock') regulates our pattern of sleep and waking. The 'clock' is a group of specialised nerve cells in our brain and these nerve cells control the production of melatonin, the hormone that makes us feel sleepy. This 'clock' is located just above our optic nerves which send signals from the eyes to the brain. Another hormone affects sleep and that is serotonin. Highest levels are when we are awake and active and the brain makes more serotonin when it is lighter. The immune system is also influenced by serotonin which might be why we need more sleep when we feel unwell. Sleep patterns in humans vary greatly e.g. 'larks' function better in the mornings and 'owls' function better in the evenings.

The amount of sleep spent in different sleep stages does appear to be related to mental health. In anxiety there may be less (N3) deep sleep; in those with schizophrenia there can be a delay in reaching (N3) deep sleep and sleep disturbances have been implicated in the prodromal phase of schizophrenia (Cho 2015). Disruptions in circadian rhythms may be a trigger for bipolar disorder particularly mania. Too much (N3) deep sleep can increase vulnerability to depression. Children with insomnia at ages 9 years showed higher levels of anxiety at age 18 than those without insomnia (Armstrong et al 2014).

Signs of poor sleep

Poor sleep over a sustained period leads to a number of problems including: fatigue, sleepiness, poor concentration, lapses in memory, irritability, effects on mood e.g. anxiety

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and depression, energy, effects on relationships, affects ability to use language, sustain attention, summarise what we hear and contributes to a number of molecular, immune and neural changes that play a role in disease development (Luyster et al 2012).

Face to face students

Topics you can discuss with a student include habits they can alter:

- Sleep hygiene including switching off of all screens at least an hour before sleep;
- Caffeine, nicotine and alcohol are all substances that impair sleep quality because they stimulate the central nervous system by increasing heart rate and adrenaline production and suppressing melatonin production;
- Eating habits;
- Exercise – exercise earlier in the day is better;
- Bedroom environment;
- Light levels;
- Sleep medications;
- CBT

Online students

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Stress

Overview

There is no single definition of stress but attempts have been made to define it. For example Selye (1976) wrote that stress is the non-specific response of the body to any demand and stressors are those things that produce stress. Another possible definition is that it's a state of mental or emotional tension resulting from adverse or demanding circumstances (Oxford Living Online Dictionary 2017).

Stress is not always a bad thing – without stress human kind would have not survived. Being under pressure is a normal part of life and it can be a useful drive that helps you take action, feel more energised and helps gets results.



[Stress time](#) by TeroVesalainen from Pixabay, CC0

When we feel stressed emotionally our bodies release hormones called cortisol and adrenaline. This is the body's automatic way of preparing to respond to a threat - sometimes called the flight or fight response (Mind 2015). But we all experience stress differently in different situations.

Causes of stress may include being under lots of pressure, facing big changes, worrying about something, not having much or any control over the outcome of a situation, having responsibilities that an individual feels are overwhelming, not having enough work, activities or change in an individual's life (Mind ibid).

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However there is little debate these days about the role that stress does have a role in affecting health. Life stress is now implicated in the development, maintenance or exacerbation of several major physical and mental health conditions e.g. heart related diseases and depression respectively in addition to accelerated biological ageing and premature mortality (Slavich 2016).

Signs of stress

Common signs of how an individual might feel are:

Irritable, aggressive, impatient, wound up, over-burdened, anxious, nervous, afraid, racing thoughts, neglected, lonely, depressed, uninterested in life, a sense of dread, worried about your health, unable to enjoy yourself, hard to make decisions, avoiding situations that is troublesome to the individual, snapping at people, biting nails, picking at your skin, unable to concentrate, eating too much or too little, smoking or drinking more than usual, restless, cannot sit still, feeling tearful or crying, shallow breathing, hyperventilating, panic attack, sore eyes, problems getting to sleep, problems staying asleep, nightmares, unable to enjoy sex, tired all the time, grinding of teeth, headaches, chest pain, raised blood pressure, stomach pains, feeling dizzy, or sick or fainting.

Some of these signs may also be indicators requiring medical attention relating to a physical issue. Remind students to consider seeing their local GP.

Face to face students

You can discuss some or all of the options below to help a student to regain control over their stress levels.

- Identify your triggers for stress to help anticipate problems and ways to solve them. Take time also to reflect on events and feelings that could be contributing to stress e.g. issues that come up regularly or one off events or ongoing events.
- Organise your time e.g. identify your best time of day and do the important tasks that need most energy and concentration at that time and or make lists of things you have to do; arrange them in order of importance and try to focus on the most urgent first.
- Vary your activities by balancing the exciting and the mundane
- Try not to do too much at once

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- Take breaks and take things slowly
- Address some of the causes of stress
- Accept there are things you may not be able to change
- Make some lifestyle changes to help you cope with pressure and stressful situations
e.g. going to bed earlier, reducing your alcohol intake
- Make time for friends and family as they are your support network
- Improve sleep hygiene
- Eat as healthily as you can
- Be more physically active

Online students

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Social withdrawal

Overview

Preferring to be alone and taking little or no interest in anyone. Someone who is withdrawing from social contact will avoid or not seek out social contact. They may actively avoid spending time with people. They may not put in any effort to seeking out social interactions. There are, however, some who do not mind being with other people, but do not feel the need to engage with them. Some people find it hard to be social, although they would like to be whilst others actively dislike being with others.

People withdraw from social contact for a variety of reasons including being shy, being unsociable, those who enjoy the solitary life, people who have been or feel rejected and people who prefer to avoid social contact.



[Alone](#) by StockSnap from Pixabay, CC0

Signs of social withdrawal:

- Spending a lot of time alone.
- Turning down social invitations, instead choosing to stay at home alone.
- Preferring to work by themselves.
- Talking less in social settings.
- Not trying new experiences.
- Preferring not to meet new people.
- Staying out of unfamiliar situations.

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- Preferring study/work options where they do not have to interact with people.
- Initiating conversations less often, or taking longer to be able to do so.

Face to face students

You can discuss some or all of the options below to help a student to regain control over how they are feeling about engaging with others.

- Identify your triggers for social withdrawal and make steps to address some of these triggers.
- Reach out to a friend/family member. Make a list of people in your life that you want to reconnect with and schedule a time to contact them each day/week.
- Find an activity that you enjoy, perhaps restart an old hobby.
- If social withdrawal is caused by anxiety or depression certain tactics like deep breathing or mindfulness can help to reduce reactions.
- Being more physically active can help to improve mood.
- Eating a well-balanced diet – food affects mood.
- Accept that there are things that you may not be able to change.
- Take things slowly.

Online students

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- Take things slowly.

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Suicide

Overview

Suicide is the act of intentionally taking your own life. Feelings of suicide are often associated with depression, anxiety, post-traumatic stress disorder, drug and alcohol abuse and bipolar disorder. Feelings of suicide can range from occasional thoughts about ending your own life, or feeling that people would be better off without you, to thinking about methods of suicide or making clear plans to take your own life (Mind 2016).

Feelings of suicide can affect any individual regardless of age, gender or background at any time but young people, men and people who identify as lesbian, gay, bisexual, transgender and queer are particularly at risk (Mind *ibid*).



[Downloading future](#) by geralt from Pixabay, CC0

Everyone is unique and therefore everyone's experience of feelings of suicide are unique to them. These feelings may build up over time or might fluctuate from moment to moment. An Individual may feel less like they want to die and more like they cannot go on living the life they have. Some individuals may feel hopeless, tearful and overwhelmed by negative thoughts, unbearable pain that they cannot imagine ending, useless, unwanted or unneeded by others and desperate as if they have no other choice; they may feel that everyone would be better off without them, cut off from their body or physically numb (Mind *ibid*).

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Feelings of suicide can be overwhelming; how long the feelings last differs for everyone. The earlier an individual lets others know how they are feeling, the quicker support can be put in place. However, it can be very difficult people to open up about these feelings for reasons like unsure of who to talk to, concern about not being understood, fear of being judged by others and worry of the upset they will cause (Mind ibid).

Signs of suicide

People who have suicidal feelings may tell people about their thoughts or give clues to others about their feelings. Some issues to be aware of are the following:

- An individual who expresses suicidal feelings;
- An individual who has pessimistic views of the future;
- An individual who has intense feelings of helplessness;
- An individual who feels trapped;
- An individual who has feelings of alienation (feelings of being detached / separated) and or isolation;
- An individual who views death as a means of escape from distress;
- An individual who has made previous suicide attempts;
- An individual with a family history of depression and or suicide;
- An individual with a history of substance abuse;
- An individual with a history of self-harm.

Face to face student

- Be confident about asking directly about suicide – asking an individual about suicidal feelings will not put the idea into the person's head if it isn't there already – it will make a "secret" no longer a secret which is the first step to a solution (Five Ways to Wellbeing).
- If a student does let you know that they are thinking of taking their own life or have made plans or attempts or have recently harmed themselves then they are at risk of suicide and therefore they must speak with a medical practitioner/counselling urgently. Do not try to deal with it on your own, enlist support from Student Services/Wellbeing Services/your Line Manager.

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- Remember that suicidal thoughts are common in life, but must be taken seriously. What is less common is any planning /attempts/ writing suicide notes etc. These should be treated with more urgency and therefore they must speak with a medical practitioner/counselling urgently.
- Speak to your head of department / line manager as soon as possible.
- If you are with the student encourage them to get safe right now e.g. remove anything they could use to harm themselves or ask someone else to remove them; if in an unsafe location, then move away.
- Support the student to get through the next five minutes as taking things minute by minute can make things feel more bearable by doing something like playing with something squishy; going on Youtube for a while; have some chocolate; go for a walk; spend time with a pet (Lifeline for Attempt Survivors 2017).

Links

- [Staying Healthy - Student Mental Health Support \(uhi.ac.uk\)](https://uhi.ac.uk/staying-healthy-student-mental-health-support);
- [Support - Online counselling \(uhi.ac.uk\)](https://uhi.ac.uk/support-online-counselling);
- [Suicide and Risk Intervention Policy \(uhi.ac.uk\)](https://uhi.ac.uk/suicide-risk-intervention-policy);
- [Togetherall](https://uhi.ac.uk/togetherall);
- [Spectrum.Life](https://spectrum.life)

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- Speak to your head of department / line manager as soon as possible.
- There are also online counselling options through UHI for all students.
- Support the student to get through the next five minutes as taking things minute by minute can make things feel more bearable by doing something like playing with something squishy; going on Youtube for a while; have some chocolate; go for a walk; spend time with a pet (Lifeline for Attempt Survivors 2017).

Links

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- [Spectrum.Life](https://spectrum.life/)

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References

Armstrong, J. M., Ruttle, P. L., Klein, M. H., Essex, M. J. and Benca, R.M. (2014) 'Associations of child insomnia, sleep movement and their persistence with mental health symptoms in childhood and adolescence'. *Sleep* 37 (5), 901-909

British Columbia Ministry of Education (2001) *Teaching students with mental health disorders: Resources for teachers Volume 2 – Depression* [online] available from <<http://www2.gov.bc.ca/assets/gov/education/kindergarten-to-grade-12/teach/teaching-tools/inclusive/mental-health-disorders-vol2.pdf>> [5 October 2017]

Bowlby, J. (1980) *Attachment and Loss: Sadness and Depression Vol III*. London: Hogarth Press

Buglas, E. (2010) 'Grief and bereavement theories'. *Nursing Standard* 24 (41), 44-47

Clark, A. (2012) 'Working with guilt and shame'. *Advances in Psychiatric Treatment* 18, 137-143

Evans, D. (2003) *Emotion: A Very Short Introduction*. Oxford University Press: Oxford

Greenstreet, W. (2004) Why nurses need to understand the principles of bereavement theory. *British Journal of Nursing* 13 (10), 590-593

Gelder, M., Gath, D. and Mayou, R. (1989) *Oxford Textbook of Psychiatry*. New York: Oxford University Press

International OCD Foundation (2017) *Living with someone who has OCD. Guidelines for family members* [online]. Available from <<https://iocdf.org/expert-opinions/expert-opinion-family-guidelines/>> [5 October 2017]

Kim, S., Thiobodeau, R. and Jorgensen, R. S. (2011) 'Shame, guilt and depressive symptoms: a meta-analytic review'. *Psychological Bulletin* 137 (1), 68-96

Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H., Milne, B. J. and Poulton, R. (2003) 'Prior juvenile diagnoses in adults with mental health disorder developmental follow back of a prospective longitudinal cohort'. *Archives of General Psychiatry* 60 (7), 709-717

Kubler-Ross, E. (1969) *On Death & Dying*. New York: Macmillan

Mental health conditions toolkit

Lewis, H. B. (1971) 'Shame and guilt in neurosis'. *The Psychoanalytic Review* 58 (3), 419-438

Lifeline for Attempt Survivors (2017) With help comes hope [online]. Available from <<http://lifelineforattemptsurvivors.org/>> [13 October 2017]

London Pathways Partnership (2017) [online]. Available from <<http://www.lpp-pd.co.uk/>> [5 October 2017]

Luyster, F. S. (2012) 'Sleep: A health imperative'. *Sleep* 35 (6), 727-734

Mental Health Foundation (2017) [online]. Available from <<https://www.mentalhealth.org.uk/>> [5 October 2017]

Mind (2015) *How to manage stress* [online]. Available from <<https://www.mind.org.uk/information-support/tips-for-everyday-living/stress/what-is-stress/#.WdZm0WiPLcs>> [5 October 2017]

Mind (2016a) *Anger* [online]. Available from <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anger/#.WdZlOWiPLcs>> [5 October 2017]

Mind (2016b) *Obsessive-compulsive disorder* [online]. Available from <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/for-friends-family/#.WdZeRGiPLct>> [5 October 2017]

Mind (2016c) *Self-harm* [online]. Available from <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/#.WdZmZWlPLcs>> [5 October 2017]

Mind (2017a) *Anxiety and panic attacks* [online]. Available from <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/#.WdZiDmiPLcs>> [5 October 2017]

Mind (2017b) *Post-traumatic stress disorder* [online]. Available from <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/post-traumatic-stress-disorder-ptsd/for-friends-and-family/#.WdZkL2iPLct>> [5 October 2017]

Mental health conditions toolkit

Muehlenkamp, J. J., Claes, L., Havertape, L. et al (2012) 'International prevalence of adolescent non-suicidal self-injury and deliberate self-harm'. *Child and Adolescent Psychiatry and Mental Health* 6 (1), 1-9

National Institute for Health & Clinical Excellence (2011) *Self-harm: Longer term management*. NICE guideline (CG 133)

Ogden, J. Bennett, A. (2015) 'Self-harm as a means to manage the public and private selves: a qualitative study of help seeking by adults'. *Health Psychology Open* July-December, 1-9

Oxford Online Living Dictionaries (2017) [online]. Available from
<<https://en.oxforddictionaries.com/definition/stress>> [5 October 2017]

Parkes, C. M. (1975) 'Determinants of outcome following bereavement'. *Omega* 61, 303-323

Renfrew, J. W. (1996) *Aggression and its Causes: A Biopsychosocial Approach*. Oxford: Oxford University Press

Royal College of Psychiatrists (2014) *Self harm* [online]. Available from
<<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx>> [13 September 2017]

Saunders, K. E. and Smith, K. A. (2016) 'Interventions to prevent self-harm: what does the evidence say?'. *Evidence Based Mental Health Online First* 10.1136/eb-2016-102420

Selye, H. (1976) *The Stress of Life*. New York: Mcgraw-Hill

Slavich, G. M. (2016) 'Life stress and health: a review of conceptual issues and recent findings'. *Teaching of Psychology* 43 (4), 346-355

The Sleep Council (2017) [online]. Available from <<http://www.sleepcouncil.org.uk/>> [5 October 2017]

Worden, J. W. (1991) *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. London: Routledge