

Mental Health and Suicide Prevention:

An in-depth guide
for Students' Unions
and student activists

In memory of students gone too soon.

In mind of students struggling now.

Acknowledgements

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Foreword

I am really proud of this handbook. I'm proud to share the experience of our movement in tackling an issue that is not easy to comprehend. I'm proud to be supporting students' unions and activists in their efforts to make education a better place.

As somebody who has struggled with mental health problems relating to anxiety, depression and fatigue for several years – both inside and outside of education - I know how important this stuff is. My time at university was interrupted by a deterioration in my mental health due to a lack of disability support and it nearly cost me my degree.

I also know that this stuff is political. Poor mental health in the student population is not an accident; it is the by-product of a system that values our productivity more than our wellbeing. Politicising the issue of mental health is a vital part of the NUS Disabled Students' Campaign's work and I hope this handbook will be a further contribution to that dialogue.

I am also proud that this handbook tackles the issue of suicide prevention head on. I lost a close friend to suicide in the summer of 2014. As with all cases of suicide, the circumstances were complicated and difficult: She was on a leave of absence; we knew she was struggling but not how much; most of us had just graduated and had moved away from one another. The impact of her death was devastating for her friendship group and I saw first-hand the impact it had on staff at the university.

I've heard time and time again of students' unions not knowing how to respond to a suicide on campus, or not being happy with their institution's response to such an incident. So I hope that the

advice and guidance offered in this handbook goes some way to starting that conversation and making real change.

And this is only the start: My hope is that this handbook grows and changes as our understanding of the issue develops and new and exciting case studies come up. I can't wait to see how the project expands after my time at NUS.

So, it's been a long journey bringing it all together, but I hope you find it informative and useful – this struggle isn't easy, but it is one we must commit to.

In unity,

Maddy Kirkman, NUS Disabled Students' Officer (2014-16)



Introduction

The NUS Disabled Students' Campaign has been working on issues around mental health for a long time. This is because the Campaign is open to all students who define as disabled for various reasons, including mental health conditions.

This year the focus shifted onto suicide prevention as a specific area that needs to be addressed in a specific way. But along the way we realised just how much knowledge and experience there is in our movement on this topic but that it wasn't being shared effectively.

Lots of people were doing great things on a whole host of related issues – from counsellors to lad culture, from training academic staff to working with charities – but not everyone was aware of all the things they could be doing or knew how to do them. So we've gathered all that knowledge and experience in one place.

Tackling mental health and suicide in the student population is a huge task. When you sit down to look at it there are a million things that need fixing and it can feel overwhelming or impossible. So we've broken it down into different areas that you might want to create change in.

How can I use this book?

The idea is that this book will help you recognise the different things you can work on, but you have to remember that nobody has achieved everything in this book. Have a look through and see what interests you, what problems you have on your campus, and what you think you might be able to win on. Try not to pick and choose at random.

Use the 'Index by interest' to find sections that are particularly relevant to groups of students you want to support. If you are looking to support particular groups, don't forget that lots of the content in this handbook is still relevant across the board – the index is designed to help you find certain information quickly.

Understanding properly the issues related to mental health and suicide prevention is really important. Make sure you look at the 'Policy and Research' chapter before you start so that you can get a comprehensive introduction to the current state of affairs.

Throughout the book you'll find loads of case studies from Students' Unions or activists who have campaigned on these topics before. We have also gathered recommendations from the sector so you can see what is being suggested elsewhere. Check out what other people have been up to and learn from their example – there's no need to re-invent the wheel!

In the last chapter you'll find a directory of potential partnerships. These organisations can help you to further your work in specific areas or support you with your projects and campaigning. The book aims to share best practice from within our movement, but you should also take advantage of all the knowledge and experience available in society.

Right at the back there is a list of resources that you might want to follow up on to find out more about certain things which we hope you will find useful.

What's missing from the book?

This book is a work in progress and we fully acknowledge that it is not comprehensive - but it never could be. The more we wrote the more we found to write about.

For example, a lot of the content here is focused on students' experiences of anxiety and depression, because these are the most commonly reported conditions. Much less is known about students' experiences of other conditions such as psychosis and eating disorders and this will require attention in future. However, we hope that lots of the ideas in this book will also support the needs of students with different or more complex mental health needs.

There is a particular problem around the mental health and suicide prevention sector being very Higher Education focused so a lot of the research and guidance out there does not relate to Further Education. But we didn't want to write a book just about universities when there is so much to learn from each other and FE needs support in this area too. Investigating the issue of mental health in FE is something the NUS Disabled Students' Campaign is committed to in the future.

You will almost definitely think of things that you wished had been covered in the book, and if you do please do drop us a message so that we can support you with it and include information about it in future editions.

Research and Policy

This section gives an overview to student mental health and suicide in education. It is designed to introduce you to some of the statistics that are available as well as discussion the trends we are aware of.

Research and policy

Overview of student mental health and Higher Education

Over the last decade the higher education sector has witnessed a changing student demographic: not only are more students going to university but more students are entering from a diverse range of economic, social and cultural backgrounds. These changes, combined with significant increases in university tuition fees in England (£9,000 a year), cuts to financial support on offer as well as changes to access to healthcare services has arguably contributed to an environment where mental health problems amongst students are becoming more visible. Societal changes - such as higher rates of family breakdown¹ and economic factors - such as the economic recession of 2008, are also likely to have had an impact on the well-being of students and many other young people.

Rates of mental health problems in the student population

In the general population, 1 in 4 people in the UK will experience a mental health problem each year². Research done into rates of mental health problems amongst students have found numbers to be similar if not higher than the general population.

In 2013, NUS found 20% of students in higher education considered themselves to have a mental health problem, while 13% reported that they have suicidal thoughts. The most common mental health problems reported were having feelings of mental distress (92%), which often included feeling down, stressed and demotivated. On average, those students experiencing feelings of mental distress experience them once a month or more (74%), and almost one third suffered mental distress every week (Figure 1).³

Symptoms of mental distress experienced by students.

For HE students, stress is the most often felt feeling of mental distress, followed by demotivation and 'feeling down'.



Data sourced from NUS research at: www.nus.org.uk/Global/Campaigns/20130517%20Mental%20Distress%20Survey%20%20Overview.pdf

Most recently, NUS undertook a further survey into student mental health –broadening its reach to students in further education as well. The findings were very concerning:

- 78% of respondents said they believe they have experienced mental health problems in the last year, (whether diagnosed or undiagnosed).
- 87% have felt stress; 77% have suffered anxiety; and, 69% have felt depressed in the last year.
- 33% have had suicidal thoughts
- Of respondents who did not identify as heterosexual, 55% reported suicidal thoughts⁴.

Similar findings were found in Nightlines and YouthSight's research showing psychological distress including depression, anxiety, and stress is highly prevalent in the UK's student population. The research found 75% had personally experienced psychological distress whilst at university: 65% stress; 43% anxiety, loneliness and feelings of not being able to cope; 1/3 depression or homesickness; 29% worried about not fitting in; and 1 in 12 students had experienced suicidal thoughts – nearly half of which were based in the Midlands or Scotland⁵. The survey also found that female students were significantly more likely than male students to experience stress, anxiety and homesickness.

These figures indicate significantly higher numbers of students are reporting to have experienced mental health problems than in previous years. This is reflected in other reports where HEIs are describing how they are seeing 'increasing numbers [of students] disclosing pre-arrival [at university]; increasing needs emerging while students are at university; and increasing complexity of problems and comorbidity of mental health problems alongside other impairments.'⁶

While rates of mental health problems amongst students are rising, however, official rates of disclosure have not reflected this increase. In 2013/14, under 15% (12.8%) of disabled students officially declared a mental health condition⁷. In some cases students go through university without telling anyone about their mental health condition.⁸ Unwillingness to come forward may be due to a number of reasons, including stigma surrounding mental health, concerns around potential discrimination that could affect their academic or future career, or as a result of negative experiences before university – such as bullying and stigma in school, college or the workplace⁹.

Triggers of mental distress in Higher Education

The beginning of the academic year may be a stressful time for students, particularly for students in their first year transitioning to higher education who are adapting to new surroundings, often away from home and taking on new responsibilities and independence. Moreover, key triggers of mental distress during university can often be connected to certain periods in the academic year.

NUS research has shown course deadlines (65%), exams (54%) and financial difficulties (47%) are key triggers of mental distress¹⁰. Similar findings have been found in NUS Scotland's research 'Silently Stressed'¹¹ where examinations were overwhelmingly found to be the biggest causes of stress, alongside concerns around future career prospects. AMOSSHE's research into the 'psychological' profile of an academic year further showed there are may be two peaks of mental distress during the academic year, including feeling tired, exam panic, feeling stressed or anxious. In the university studied, the first 'peak' was in December, coinciding with the first exam period and another smaller peak in February, before the semester two exam period.

While peaks of mental distress connected to academic study has shown to be quite common amongst students, levels of stress and anxiety for some students' remains quite high throughout the academic year, including outside of term time¹². This suggests demand for services may also remain high and that students may need to access support throughout the year.

Access to services in Higher Education

For students experiencing mental health problems, either before they arrive at university or during, it is critical they are aware of

and can easily access support services to enable them to continue their studies. Over a third of student's in NUS' survey did not know where to get mental health support at their college or university if they needed it¹³.

Services such as counselling are vital to helping students continue with their studies and have been found to improve academic skills and employability as well as preventing students from dropping out (80% of students thought that counselling had helped them stay at university in one study.)¹⁴

With more students disclosing their mental health condition however, universities across the UK are inevitably witnessing an increase in demand for support services. Student counselling and mental wellbeing services are reporting seeing around 10% of the student population a year in Universities, and increasing at about 10% annually with an even more rapid rise at the beginning of the academic year 2015/16¹⁵. Over 80% of respondents in a recent survey also reported that demand for mental health provision had significantly increased over the previous 5 years (and a further 13% thought that it had 'slightly increased')¹⁶.

In the context of increasing demand, access to services is increasingly tied to funding and concerns that services are being over stretched and under resourced. How, for instance, can institutions balance core ongoing counselling work with crisis intervention work and have the resources to do so?

In England, there is no dedicated funding stream for student support services - services are financed through the core funding Universities receive through student fees. Additional financial support for students with disabilities in England comes through the student opportunity fund (SO) and through Disabled Students'

Allowance (DSA). However, funding through DSA and SO disability allocation may no longer be enough to cover the direct costs of providing support. In HEFCE's recent report some HEIs reported that for every £1 received in the SO disability allocation, institutions needed to top this up by between £2 and £5.

The recent cuts to DSA will contribute to funding pressures on university services in England as well as increasingly risking a post-code lottery as to the type and quality of mental health support students have access to.

Access to NHS services for HE students

Joint working between local NHS services and HEIs are a crucial part of supporting growing numbers of students with mental health problems, including ensuring students have access to general primary, secondary and specialist mental health care.

Students' experience of accessing NHS services, however, can often be variable. The most recent guidance on supporting students with mental health in universities notes: 'It is not uncommon for resources between NHS areas or sectors to differ, resulting in less or more provision being available when a student moves to higher education¹⁷.' In addition, there can be interruptions in mental health service provided when students move from NHS child and adolescent services to adult NHS services in the area they are studying. Further disruptions are common in the transition between further and higher education and the impact of repeatedly moving between home and university support services.¹⁸

There are also problems with the commissioning of local mental health service and how much consideration and attention is given to planning for student communities. In some areas, health care

for students may not be prioritised due to a number of assumptions, including that students are 'privileged' and so therefore their demand for mental health services will be lower.¹⁹ This has been reported to be an issue amongst some health care providers, such as concerns that GPs do not properly understand the student lifestyle. In some cases, students can also be referred back to university services by GPs - only increasing the pressure on student services and masking a substantive gap in primary care provision.

Finally, support for students in primary and secondary NHS care may be limited by funding problems. In England, the normal student age group does not generally attract the higher funding provided for groups such as infants and the elderly. This means GP practices and NHS mental health trusts with a higher proportion of students in their area are disadvantaged. This could impact on the standard and level of support provided to students, including referral times.

Overview of mental health problems in Further Education

Over the last 5 years there has been substantial cuts to further education sector: funding for 16-19 years olds has fallen by 14% between 2010 and 2015 and the Association of Colleges (AoC) estimates funding has fallen by 27% overall since 2010²⁰. In addition to cuts, the Government has recently announced the introduction of 'area reviews' of post-16 education and training institutions which will aim to create 'fewer, larger, more efficient and resilient institutions' in further education.²¹ While cuts to further education risks putting greater pressure on college mental health support services currently being delivered, the mergers will also mean a reduction in the number of further education

institutions that could in turn reduce learner access to local NHS mental health services.

Rates of mental health problems in the adult learner population

In looking at the scale of mental health problems in the learner population, it is reasonable to assume a similar number of learners experience mental health problems as the general population (1 in 4), if not higher. As shown above, data on the rates of mental health problems amongst 16-25 year olds shows that rates of anxiety or depressive disorders are high amongst young adults as well as suicidal thoughts, suicide attempts and rates of self-harm. NUS' own research found that 40% of respondents in their 1st year of college or Sixth Form said they had a mental health difficulty and 33% of respondents said they had a mental health difficulty in their 2nd year college or Sixth Form. In addition, a recent survey conducted by the AoC with FE staff suggests the numbers of learners disclosing a mental health problem has increased in recent years:

- 66% of respondents said that the number of students with mental health difficulties had 'significantly increased' in the past three years, with a further 20% saying they had 'slightly increased'.
- All respondents reported having students with depression, anxiety, and those were self-harming.
- 97% reported having students with psychosis²².

Similar findings have been reported by HEFCE's report into mental health- which showed the **largest increase** in the numbers of students with declared mental health problems were among FE colleges.²³

Accurate measures of the numbers of adult learners with mental health problems is, however, difficult to capture due to the underreporting of mental health difficulties. 75% of college staff in the AoC survey felt their college had 'significant numbers' of students who had undisclosed mental health difficulties. ECU's data²⁴ also shows that in Scotland, only [one in 77 learners \(1.3%\)](#) have disclosed a 'mental health difficulty' to their college - significantly below the national average. Further research is also needed to better understand the specific mental health difficulties faced by learners in Sixth Form colleges (generally 16-18), or the wider range of people studying in further education.²⁵

Triggers of mental distress in Further Education

Similar to the experiences of students in higher education, there appears to be particular triggers of mental distress for adult learners. College staff in the AoC survey noted that exam pressures and financial concerns, as well as pressures from social media are having an impact on learners' mental health. Other research has indicated that the transition from school to college, bullying, drug and alcohol (mis)use, concerns about body image, and family relationship breakdowns all contribute to poor mental health amongst 16-18 year olds entering into further education²⁶.

Where adult learners may be distinct from the 'average' higher education student however, is they are more likely to study part-time and have to balance their learning with employment and/ or family life. Adult learners may also be more likely to be studying via distance learning, which can also lead to feelings of isolation and detachment from their peers. We also know learners in FE are more likely to be disadvantaged than students in higher education since FE is often and (perhaps increasingly) undertaken by young people who have found school difficult or who may require further opportunities to develop basic and employment-

related skills. These issues mean adult learners are likely to face particular and distinct pressures and stresses which can impact on their mental health compared to students in higher education.

Access to services in Further Education

Support for mental health problems in further education is often tied to the provision of student support in general, such as personal tutor systems, mentor schemes and drop-in services. These are part of overall college provision to extend students' capacities both academically and emotionally. However, learners' access to these services in an environment of funding cuts is highly concerning.

In the AoCs research, 43% of colleges reported that they had no full-time counsellor or mental health support worker and 55% had experienced cutbacks to the support they could offer over the past three years. Similar findings were found in Scotland –where over half of colleges surveyed did not have any mental health support provision and most felt they were unable to provide sufficient support to their students²⁷. There are also particular difficulties in providing support for learners who may be studying part –time or doing evening classes. Lack of support may be exacerbated in some institutions by lack of policies in place around mental health, and lack of mental health training for front line staff (reception staff/security staff/first aiders) to better support students.

In the context of limited resources, one alternative colleges are offering is support through health and wellbeing sessions, including teaching learners how to deal with stress-related situations such as exams or financial difficulties. 86% of colleges in the AoC's survey also said they are focusing on physical activity and healthy eating. Other activities colleges have reported to be doing that contribute to reducing mental health problems include

anti-bullying and anti-harassment activities. Nevertheless, the AoC have argued much more funding is needed in order to ensure needs are being met and learners with mental health problems are adequately supported.

Access to NHS services for FE students

Effective access to NHS services in England can be supported through college's relationships with Child and Adolescent Mental Health Services (CAMHS), local adult mental health services and local mental health commissioners. In one piece of research, however, less than a third of colleges reported that their college had an identified person in the local CAMHS who they could turn to for information and advice.

There were also concerns about the accessibility and relevance of some of the specialist provision available. In AoC's research only 19% of respondents said that they were 'always' able to have 'timely referrals' of their students to primary and secondary services outside the college. This may be due to a number of factors, ranging from late disclosure to lack of staff training and resources to refer learners onwards in a timely way.

As noted above, barriers to students accessing NHS support may be exacerbated by the Government's area reviews. The area review guidance²⁸ for instance makes no mention of mental health provision as something to consider. These reviews could considerably alter what support learners have access to at their institution as well as what local NHS services are available.

In addition, there is a lack of direction from the Department for Education on how to support young people with mental health difficulties in colleges. In England, the Children and Young People's Mental Health Department has responsibility for young

people with mental health difficulties. However, reports and documents put out by this department have mainly focused on schools. The AoC have argued clearer guidance is needed on how to support this group and what resources are needed in order to improve learners' access to services.

Suicide and the student population

Unlike research and guidance about how to support students in further and higher education with mental health difficulties, there has been comparatively much less work done into how to prevent and respond to student suicide.

While the majority of suicides in the UK happen amongst older age groups there is substantial evidence to show a significant number of suicides happen amongst young people and that behaviours linked to suicide (primarily self-harm) may be becoming more prevalent, particularly amongst younger women. With mental health problems amongst younger people becoming more visible, there also appears to be a greater focus on suicide risk amongst this group.

The latest Government strategy on Suicide in England for instance stated 'Improving the mental health of young people now is key to suicide prevention in the long term²⁹.' Looking at suicide amongst the student population will be a key part of addressing that bigger picture.

Understanding suicide

Suicide is not a mental health condition but a behavioural outcome resulting from a combination of social, psychological and biological processes, including the ability to carry out the suicidal act. While there is often a strong link to mental illness (in particular depression) and substance use (alcohol and drug use)

many suicides often happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses such as financial problems, relationship break-up or chronic pain and illness³⁰.

People who have tried to take their life before commonly describe experiencing feelings of overwhelming hopelessness, entrapment and unbearable pain in the lead up to the suicidal act³¹. Social perfectionism can often play a role in contributing to feelings of shame, guilt and failure which in some cases can lead to someone feeling suicidal.

In looking at *student* suicide, similar themes have emerged over why students have taken their lives. In 2004-2005, the first major piece of qualitative research³² showed indicators of suicide risk amongst students included 'search for perfection' and 'fear of failure'. In two thirds of the cases studied (mostly young men in their early twenties) students were diagnosed with a mental health problem at the time of their death; in most cases these problems had emerged while they were students.

The report also highlighted a number of factors which interacted with students' mental health problems including relationship difficulties, heavy use of alcohol and drugs as well as financial and academic problems. In particular, periods of transition between university and home were noted as times in which young people who fear failure in one or more of a number of spheres – academic, relationships, finances and who are experiencing feelings of depression – may come to feel 'trapped. '

In a small number of cases studied, students' behaviour was clearly influenced by another person's death. Young people are considered particularly prone to imitative behaviour in respect of

suicide and therefore a proactive approach to managing the aftermath of suicide appears particularly important in a college or university setting – this is known as ‘postvention’.

Rates of suicide in the UK and student population

Since 2007 suicide rates in the UK have been increasing after a long period of being stable or in decline. There has been a rise particularly amongst older men aged between 45-54 (37%) while men aged 25-34 between 2003 to 2011 has declined by almost a third (28%)³³. The latest figures on suicide rates showed that there has been a 2% decrease in the overall number of suicides in the UK in 2014, although it is not yet clear whether this will be a continued trend. While male suicide rates fell compared to 2013, however, the number of women dying by suicide rose to the highest level since 2005³⁴

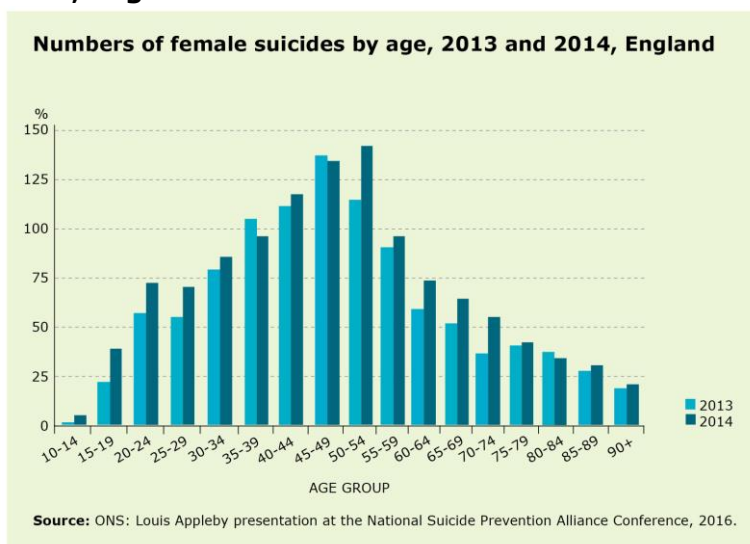
There is little data comparing national rates of suicide to suicide rates amongst students within further or higher education. This is due to a number of factors, including Office for National Statistics (ONS) data which doesn’t accurately distinguish between suicides that have taken place in an educational setting, or because the mobility and diversity of the student population means their death is not always recognised as a ‘student’ suicide, or because a person’s employment status is less likely to be recorded as ‘student’.

There are also problems gathering data as a result of inconsistencies in the reporting by institutions, particularly if a student takes their life when they are on ‘leave of absence’ or a death occurs outside of term time. There are also a number of fears amongst institutions (particular HEIs) around recording such data: concerns that it would not be possible to keep such data confidential, that such figures would be used to make comparisons

between HEIs and/ or such data would impact negatively on their reputation.³⁵

What data is available shows the number of suicides by male students in full-time higher education rose between 2007 and 2011 from 57 to 78, while female student suicides almost doubled from 18 to 34³⁶. The latest statistics on rates of suicide amongst 16-24 year olds also shows a 14% rise in female suicides in the youngest age group (under 30) and rising rates of self-harm in teenage females in particular (Figure 3).

Figure 3: Numbers of female suicides by age, 2013 and 2014, England



Source: ONS: Louis Appleby presentation at the National Suicide Prevention Alliance Conference, 2016.

Other research has tended to concentrate on rates of suicide within individual universities, most notably in Oxford and

Cambridge. In 2012 the University of Oxford published research in student suicide and deliberate self-harm.³⁷ The data showed that 48 Oxford University students (32 males and 16 females) died by suicide between the years 1976 and 2006, the majority of whom were aged 18–25 years. They concluded that 'contrary to earlier findings and popular belief, suicide rates in Oxford University students do not differ from those in other young people'³⁸.

Their findings of deliberate self-harm (DHS) amongst the student population (a person is 50 times more likely to complete suicide the year after they have self-harmed and 1 in 50 self-harm patients die within a year³⁹) also showed rates were significantly lower than in other young people but that risk of DSH may increase around the time of examination. Nevertheless, given the lack of research looking at rates of student suicide or DSH across the UK, it is difficult to tell whether similar results would be found in different types of institutions, in FE or in HE.

Key suicide risk periods

There are certain periods of time when students might be more at risk of suicide. Academic stresses and periods during the academic year where pressures are high may be linked to increased risk of suicide or DSH.

Research carried out by Papyrus⁴⁰ showed that three quarters of the deaths studied in a University setting had occurred either towards the end or at the start of the academic year. In some cases transitional periods (between home and university) were connected with a student's tendencies towards perfectionism and the fear of failure. Similar issues may also be felt for young people (16-18 year olds) transitioning from school to further education, particularly during the summer months.

The report argued that while HEIs have recognised the stresses inherent in end-of-year examinations, they also need to acknowledge the risks posed by an environment where the academic year and the structure offered by classes is perceived to have ended and students are moving away from the HEI setting and their accommodation.

Other high risk periods may be when a student suicide has already taken place. As noted above, young people can be particularly vulnerable to a student death and there may be clustering of methods of suicide.

Access to suicide intervention services

As students are at risk of suicide during 'transition' periods, it is particularly important that student support services in higher education are operating during the summer months (even if there is a limited service) and that students are aware they can access them. For FE learners, ensuring there is continuity in support through NHS providers will be crucial.

As men are much less likely to come forward to get support than women, there is also an increased importance attached to engaging male students with mental health support services, including student support services.

Finally, Papyrus' research showed that many of the students who took their lives were concerned about the stigma associated with the use of mental health services and some were even unwilling to use university or NHS support services. In contrast, peer support was considered very important and an easier way to talk about their mental health problems. Notwithstanding the implications of this in terms of tackling mental health stigma,

considering how students can support their peers who may be suicidal will be an important element to any effective suicide prevention strategy in addition to affective and accessible mental health support services.

Getting Started

This book is intended to give students' unions and activists information on a lot of topics and for you to decide which areas of improvement you want to focus on for your campus. But it's important not to lose sight of the bigger picture and to lay the ground work before you start. So this chapter is designed to give you some ideas of the general actions you can take to make your campaigns more effective. This stuff is really important and will stand you in good stead as you get going with your campaigns.

Getting Started

Creating a long term plan

While this resources aims to give you information on a variety of issues and a selection of campaigning ideas, it's important not to pick and choose things at random but think carefully about your approach to the issue as a whole. There are lots of things that affect students' mental health – from policies and processes, to attitudes and behaviours, to the services and support available – so it's important to use a holistic approach.

It's worth sitting down and analysing the situation at the moment and recognising where your strengths are in campaigning and what might be more challenging. What are your priorities? Who is best placed to act on them? How can you sustain engagement from your institution and your student activists?

If you are an elected student officer it's important to remember that while you will not be able to achieve all the things you want to in your term, you can lay the foundations for future projects. Consider writing a long-term plan or strategy for mental health and suicide prevention on your campus and start building the base of students and partners that will ensure its continuation.

University of Bath Students' Union

"In February 2014 our university and students' union jointly signed a Time to Change pledge. We reviewed the plan and decided we wanted to move away from awareness raising towards long-term positive change. We presented a paper on 'ensuring easy access to effective mental health support' to university management, and one of the recommendations that was accepted was to draw up a long-term mental health action plan. At first the university were keen for this to focus solely on training and signposting, but we encouraged them to consider how we could build a mentally healthy university. The plan now includes themes around community, resilience and the learning experience. The next step is to hold focus groups with staff and students to get their feedback, before the 3 year plan is confirmed. It has been a really positive experience for us and I am proud of how quickly our work has moved forward."

Changing the narrative

For those of us involved in mental health activism, one of the most frustrating things can be the narratives and attitudes that are created around the issue. For example, the idea that studying is always going to be stressful and there is little further education colleges or HEIs can do to help prevent or tackle this. Or, the idea that mental health is not as important as physical health. On top of this, the stigma that is attached to people dealing with mental health problems can be a huge barrier to them asking for help or staying in education.

But there are things we can do to combat it. You could run a series of blogs from students explaining their mental health problems and how it affects their studies to encourage people to understand the issues and recognise it in themselves and their peers. You could make a video about your vision of education and how it doesn't have to cause mental distress – perhaps using some of the examples from this resource. By getting the conversation going you will not only start to change people's

minds about the issue, but you'll gather evidence about what needs to change.

University of Nottingham: Let's Talk

We held two 'Let's Talk' events and we were really pleased with the turn out. At the events we used sticky notes to help people share their experiences in a way that made them feel comfortable. We shared information about different types of mental health conditions so that people came away feeling they understood the variety of symptoms and feelings people can experience. We also used the event as an opportunity to signpost students to services and explain how the system of support works on campus."

Queen Mary's University: 'Mental Health Deficit' Panel Debate

In March 2016, Queen Mary's Young Greens and Student Minds societies presented a panel discussion titled "The Mental Health Deficit" to explore the issue of how student minds are failed by capitalism. They invited internal and external speakers to unpack questions such as: In a world that so forcefully places importance on aspiration, are we prone to feeling insecure? Does the education system place all attention on academic achievement rather than personal and emotional development? The event was used to encourage a conversation that critiques the systems in which students live their lives and how poor mental health is the product of a situation that has to be changed.

Wellbeing as a reputational issue

In the modern education system, the reputation of universities and colleges is key to their success. They might think that investment in certain research or facilities is the best way to draw in students, but we know that lots are looking for somewhere they know they will be supported. So why not make this information clear?

If your institution repeatedly fails students by making their courses inaccessible or not supporting them in a crisis, there is nothing wrong with publicly shaming them. Especially if your institution is reluctant to listen or change; they don't deserve to have a good reputation.

NUS Welfare Zone: Advisers not Advertisers

"We must seriously consider the crisis in mental health support in the context of marketisation. This is not just a question of the absence of funding, but one of priorities. While welfare services creek, marketing budgets are up by 22% and estates spending is up 25%. All too often, Principals and Vice Chancellors will invest in advertising and recruitment but never think to prioritise support services. New logos, website redesigns, adverts on the underground and offices abroad to publicise themselves to international 'prospects'. All the while, welfare support is scaled back or not invested in just as reliance on them grows. Sessions are capped, waiting lists grow and wages for front-line staff are frozen. We must point out the blatant disparity between budgets for bursaries and business; for mental health and marketing. The sector must get its priorities straight: students need advisers, not advertisers."

Conducting research

As with all campaigns, the evidence you have to back up your demands is crucial. With such a complex issue as mental health and suicide prevention, it's vital that you have gathered the right qualitative and quantitative data to make your point as powerfully as possible.

We hope that you find the information in the first chapter of this resource useful in understanding the current state of mental health in the national student population, but you might want to consider conducting research on your own campus to find out the

specifics of what your students are experiencing and what they want changed.

Canterbury College Students' Union: Student Emotional Wellbeing Report

In 2013 Canterbury College Students' Union launched its own research looking at the experiences and beliefs about mental health amongst the students, and to gauge levels of awareness about services offered by the union. The Student Union conducted a survey of its student body, and received 217 responses. The key findings of the report included that: 74% of students were unaware that there was support available for mental health issues at college; 37% of students said they weren't sure that a member of staff would be able to help with mental health conditions, and 32% said they did not believe a staff member could help; 70% of female and 54% of male respondents identified as having a mental health problem. As a result of the research and subsequent discussions, seven clear recommendations for change were put forward in the Student Emotional Wellbeing Report. These include a commitment to staff training, and introducing a 'one way referral system' so that students know where to go to access help, and that the most appropriate help is given to them when they need it.

Forming a relationship with student support services

We have to be really careful in our campaigning that when we criticise our institutions for not investing in or providing adequate support, we do not condemn those working on the frontline of student services.

While in some circumstances the management of support services do not take the issue of mental health seriously, in most cases they are stuck between a rock and a hard place: between the desire to meet students' demand for support and their budget restrictions. It's vital that Students' Unions understand the dynamics at play when lobbying for more support or we might end up distancing decision makers who could be allied with our goals.

This means it's important to build a good relationship with your Student Services. Extend the hand of friendship to Student Services managers and workers with informal meetings and catch ups. Obviously it's important to stay critical, but never take one person's word over another until you've seen the evidence. NUS has seen time and time again, that while these relationships might not move mountains in terms of the funding squeeze, they can help you win important steps along the way.

The academic environment

Most of the advice in this section is about how to change policies that directly cause or exacerbate mental distress in students, but it is important that we continue to challenge the underlying narratives about what education is for.

The academic environment

The academic environment in which people study has a huge impact on their mental wellbeing. This environment is not only governed by policies and processes that we, as student unions and activists, should be lobbying around, but is also the environment in which the prevailing attitudes on mental health filter through in to the experience students have of teaching and learning.

For example, we know that an emphasis on competition rather than cohesion is damaging. We know that a classroom that encourages curiosity and exploration is more nurturing than one which incites pressure and fear of failure. At all times, we should be putting forward the perspective that students choose to study in order to develop their minds, not damage them, and the academic environment should allow this.

Reading weeks

The pressures of the academic term can be immense - as reading and coursework pile up, it can leave many feeling that their workload is out of control. Reading weeks are about giving people the chance to catch up with themselves and take time out if they need to. Reading weeks are as important at institutions with short intense 'sprint' terms as at institutions with long endurance 'marathon' terms.

You can lobby your institution to add a reading week into the semester in lots of ways. You could utilise course rep structures to find out which departments and faculties would be on board, speak to the team responsible for timetabling about the feasibility of adding a week, or use normal campaign and petitioning tools to demonstrate how much students want and need this to happen.

Mitigating / extenuation circumstances process

These policies exist to help students who are unwell or otherwise disposed when coursework is due or an exam has been set. There are lots of reasons why these policies don't work for students – they might require excessive amounts of evidence (for example, a translated death certificate for a relative who has died abroad), or they might not consider some conditions to warrant an extension or resit. This is so important because students who are struggling with their mental health might find that they have no option but to be assessed on work produced while they are unwell, or the lack of flexibility for students dealing with other situations can itself cause distress.

You could start by talking to those in charge of these policies about how they work. You could do a call out for evidence about whether these policies have let students down and use case studies in your lobbying for a better system. You might also want to look at how your local GP and counselling services relate to this system, and how easy it is for students to acquire the evidence they need.

It's really important to remember that these policies and processes might be different across faculties and departments, so you might need to lobby lots of different offices, or demand a centralised policy.

SUARTS (University of the Arts London)

"We conducted a mental health and wellbeing survey at the start of the year and got over 800 responses. One of the key themes that came out was the fact that the extenuating circumstances process wasn't working for students dealing with mental health problems. We gathered together all the comments from students to show the university that there was a problem, and began working on some specific areas for improvement.

For example, the university's policy does allow for extenuating circumstances to be offered in the case of mental health problems, but on the form mental health is listed as an unacceptable reason. We made sure the guidance and the form follow the same policy, and we're improving the information students receive so they know what their options are. The policy does not apply in cases of existing illnesses or disabilities that the student has an existing support agreement with the university about – but, we made it clear that if that agreement had not been met by the university, and the student had been let down, that this must be considered grounds for granting extenuating circumstances. Also, in the past students had to have completed a form within two weeks of their situation starting; but with it taking up to 10 days to get a GP appointment, this left many students not able to get the evidence required in time. The deadline has now been changed to one week before the decision making board meets to consider applications, which is much fairer. There's still a long way to go before the system is perfect, but it's worth getting your head around what is currently in place and to start pushing for change."

Post-graduate culture

There are hundreds of horror stories about students entering post-graduate study being told that their work will 'break them' or being told to expect to be 'unwell and unhappy for next four years'. While this isn't a helpful approach to inducting new students, it is, unfortunately, all too often a reflection of reality.

Lots of post-graduate students suffer as a result of a system that isolates them and places immense pressure on them for their academic and career success. For example, PhD students may spend four or five months writing their thesis, alone. We also know that post-graduate students are not encouraged to feel part of a community with support networks, but rather as competing individuals with intellectual currency, which adds more pressure and more isolation.

It's really important that Students' Unions engage with post-graduate students on these issues and find out what they are experiencing. You could do this through informal drop-in sessions, or you could conduct your own research.

In general, ongoing support and crisis assistance is just as important to post-graduate students and it is to any other, so it's important that all the work that happens around mental health and suicide prevention is done with their needs in mind as well.

University of East Anglia: The Honesty Project

"Students made clear to the Union of UEA Students that this was an issue they wished to explore at UEA and so in the autumn term the SU developed a programme intended to raise the profile of PGR mental health under the banner of 'The Honesty Project' – named to reflect the focus on our aim to get students and academics talking and being honest about PGR Mental Health. The beginning of this was the issuing a survey with the aim to gauge the scope of the perceived problem at UEA. The result of this survey are laid out in the following sections which aim to draw together themes identified by our Postgraduate research community. The Union of UEA Students is under no illusion that this report is exhaustive and, if anything, it has served to make clear that this is an area of work which will require continued and probing work over the next few years – but what we want to do is to start a conversation that acknowledges this issue for the crisis that we believe it has become." The Honesty Project report showed high levels of distress among the PGR community and outlined several recommendations around the themes of community, expectation, work/life balance and support services, which the SU are now following up on.

University of Bristol: 'You are not your thesis'

"We launched the 'you are not your thesis' campaign which is meant to get postgraduates to value themselves outside their research and get them more involved with extra-curricular activities and non-academic skills training, both contributing to their wellbeing and higher academic performance. It's essentially about developing the non-academic self, so that academic struggles do not become all consuming, or academic failure does infer personal failure. This was valued by our students and led to more conversations about the level of support available to this community of students"

Post-graduates who teach

Many post-graduates are involved with teaching undergraduates. This often takes place with very little training or support, and many are on precarious employment contracts which offer low pay and little security. This group of students might be referred to as post-graduates who teach (PGWTs), graduate teaching assistants (GTAs) or 'fractionals' because of the nature of their contracts.

The conditions under which these students work can have a huge impact on the mental health as they struggle to make ends meet, deliver good teaching to their students, and manage their own academic progress. Some research has shown high levels of psychological distress among this group of academics and it needs to be taken seriously.

The fight against casualisation in higher education is getting stronger, and there are lots of ways that you can engage with your post-graduates who teach on campus or with national networks of activists dealing with this issue.

SOAS (School of African and Oriental Studies): Fractionals for Fair Play

"The Fractionals for Fair Play (FFFP) brings together non-permanent academic staff (on fractional contracts) at SOAS who campaign for fair wages and treatment by the University. The campaign was launched in 2014 with a survey into our working conditions, which found that on average 50% of fractionals' work is not covered in the contracts and therefore unpaid. Not only this, but the process also collectivised our experience of being overworked, pressured and underpaid. Our isolation - which is so common during thesis writing - allowed us to individualise our experience. The survey and the meetings to discuss its findings broke this cycle and gave us strength in numbers. The campaign refused to mark any more (unpaid) essays after the school denied FFFP a formal negotiation process for new and fairer contracts. After six weeks of refusal to perform unpaid labour, the campaign won some improvements of contracts and compensation pay. However key areas of work, such as marking and preparation remain under remunerated, and the campaign continues."

Leave of absence / suspension of studies

For some people, taking a leave of absence or suspension of studies is the best option to improve their mental health and get back on track with their studies. However, the way in which this decision is handled can be detrimental for the student.

Firstly, getting the evidence that the institution requires to legitimate the leave of absence can be extremely difficult. This is similar to the issues relating to mitigating / extenuating circumstances as above, and you could employ the same tactics to create change.

Secondly, there is a serious issue with the status of students on leave of absence. Usually, the institution regards the person as no longer a student, therefore, no longer eligible for campus-based support, including counselling and health services. At the same time, government and local authorities often regard the

person as still a student, and therefore not eligible for forms of state support including certain benefits. This leaves people in a 'no man's land' of support and they many find their circumstances and mental and physical health spiralling downwards if they are unable to access support from anyone.

You could tackle this issue by asking your institution to review the way in which students on leave of absence are treated. You might ask that their student status is not revoked in relation to support services, or that students on leave of absence retain contact with a member of academic staff in order to maintain a relationship with the institution. It's really important to ask students what it is they have struggled with in this process.

Lastly, returning from a leave of absence can be difficult. You've taken time out, and many of your peer group will have moved on and you're going back into a peer group you don't know. It's also vital that the issues that made the student have to take a leave of absence in the first place are addressed – for example, if somebody had to repeat a year because of a lack of disability support, how has the institution ensured that this support is now in place? It's important that there are standardised systems in place to make sure this process works for the student.

Cambridge University Students' Union

"At Cambridge, leave of absence used to be called 'degrading' until the SU campaigned for it to be called 'intermission'. We wanted a system that stopped being a sanction and started being something that seeks to help the student. We wanted student to have the space to recover and using the time in the meantime to work out how to tailor the education provided by Cambridge to work for them. We wanted the process to prioritise the safe return of the student rather than being the first step towards permanent absence. One of the biggest hurdles at Cambridge is that every college has a different system and so students don't always know what they are entitled to. This year our biggest results have come as a result of sitting on a huge number of committees and steadily pushing for certain things in those spaces. We make sure that our concerns and suggestions are minuted and followed up on by other committees. All the colleges are going to be presented with a university-wide paper soon which is so important for us. All intermission information will now be 'set out in terms accessible to students', according to the university's stipulations which is important as previously we had students who didn't know what they were agreeing to. The availability of the Students' Unions' Advice Service - the one service that is available for undergrad use during intermission - is clearly highlighted in this document. The university was going to push to remove all services from the use of intermitting graduate students, but we have successfully persuaded them retreat from that position. Now only access to academic services is restricted because their need for services like childcare, the language centre, the accommodation office, etc. would obviously continue regardless of their student status. These changes have been hard work but we're proud of them and are committed to keep chipping away at this out-dated process"

Fit to sit policies

Some institutions impose 'fit to sit' policies on their students, which outline how students are assessed to be well enough to take part in their exams. Unfortunately it's not uncommon for these policies to stipulate that the test for whether a student is well enough to take an exam, is whether or not they turn up. In practice this means that a student who writes their name on the exam paper, is deemed to be 'fit to sit' and therefore has no

recourse to challenge the grade they are awarded after the exam, regardless of whether they were unwell.

This is an extremely problematic policy for many students – for example, if you have a panic attack or psychotic episode during an exam, there is no way you can apply for a resit. There is no way of diminishing the effect of these policies, they simply shouldn't exist.

Find out if your university or college uses these policies and lobby for them to be repealed as soon as possible. Don't let yourself be told that without them the administration of resits would become more difficult for those who need it most – the point is that these policies aren't in any students' interests. Make sure that you talk to different departments and faculties to get rid of 'fit to sit' across your campus.

Training for supervisors and tutors

Most students have contact with a member of teaching staff who will act as their supervisor or tutor. The level of training that these staff must undertake in order to take on these roles is often very low. Many are not trained to recognise mental health problems in their students, or taught how to signpost and support students who come to them with problems.

Ask your institution and departments to help co-create their training. Ask students what they want from their supervisors and tutors and whether or not they feel that this is delivered. You could partner up with an external organisation to advise what skills and knowledge these staff need.

University of Bristol Students' Union

"We recognised that the quality of supervision and tutoring was a problem, especially for our post-graduate taught students. We have been pushing for better pastoral training for supervisors and have made some progress. We got the university to agree to provide mental health and pastoral support training to supervisors as part of their existing schemes and they are now working closer with Disability Services. Sometimes we got a lot of pushback from academics who believed this was not part of the job, so we found it was really important to keep the conversation going as much as possible to change that narrative"

The Universities of Wolverhampton, Sheffield and Nottingham

"The University of Wolverhampton counselling service runs 'dealing with students in distress' workshops as part of the university's annual staff development programme, available to all staff and particularly used by frontline staff. Bespoke versions of these are integrated in some school staff training days. The University of Sheffield has developed 'helping students with mental health difficulties', a booklet which is distributed to staff in departments through disability liaison officers. The University of Nottingham has developed, in both hard and electronic formats, a guide for staff entitled 'Identifying and responding to students in difficulty' which outlines how to respond, where to get help and lines of communication"

Assessments

We know from our research that the pressure of examinations and coursework deadlines is the most significant cause of mental distress in the student population. This is continuous feature of the education system in the UK, with an NUT report in 2016 showing how continual assessment and high pressure are damaging students' wellbeing from primary school upwards.⁴¹

The questions you need to be asking of your institution are: does the academic assessment process really assess our students' progress? There seems to be an attitude prevailing, particularly in higher education that academic progress *ought* to be stressful. This is a fundamental misunderstanding of the difference between a course being intellectually challenging and a course causing psychological distress.

One of the most common complaints is that assessments all fall at the same time – there is no staggering of assessments and most institutions place all their deadlines in a two week period each term. In other cases, especially in further education, the complaint is that deadlines and exams seem never ending as they are spaced throughout the year and students are constantly being assessed.

As with all of these issues, the situation in each institution is different so it is important to find out what your students think about their assessments and how they think they can be made less stressful. Also, while additional support during exam periods is important, try not to fall into the trap of thinking this is the only time in year that students need support.

The campus environment

This section is all about how to make your campus as supportive as possible. Far too often students report that their campus doesn't feel like a safe and welcoming community and this can cause mental health problems, as well as exacerbating existing ones.

The campus environment

Education can be a difficult time for many, no matter how much we try to change the way it works. People have often moved away from home and family to study; people struggle with their own expectations and ambitions; and lots of people will deal with relationship and family issues, financial difficulties, bereavement and a whole host of other things while they are studying.

It's important then that we don't just focus on the academic side of a student's life, but the whole environment in which we live and study.

Mindfulness, resilience and self-care

While in general the Disabled Students' Campaign aims to make sure that the lives students lead do not cause mental health problems in the first place, there are lots of ways in which encouraging students to develop skills and techniques to manage their situation can have a really positive impact on their wellbeing.

There are lots of different training programmes, handbooks, online resources and organisations that can help you work out what kind of mindfulness, resilience or self-care support you could put on for your students so it's worth investigating what's out there. It's important to remember though that this is not the only approach to tackling mental health problems and can only go so far in improving people's mental health.

DEFINITION

- "Mindfulness is an integrative, mind-body based approach that helps people to manage their thoughts and feelings. It is becoming widely used in a range of contexts. It is recommended by NICE as a preventative practice for people with experience of recurrent depression"⁴²

Sector Advice

"The University of Wolverhampton and the University of Cambridge offered a series of eight-week mindfulness programmes. You can find out more about mindfulness from the Mental Health Foundation"⁴³

Building communities in campus accommodation

Halls of residence is a really important target for students' unions and activists looking to tackle mental health issues. We know that many students feel isolated in their halls of residence which can cause mental health problems, or exacerbate existing ones. There is lots you can do about this – from setting up welfare structures within each block, to encouraging halls to behave like a community, or hosting affordable and accessible events that bring people together.

You can also use halls of residence as an effective way of delivering information about support to students. You could use noticeboards to advertise support services that are available, or make sure that the phone number of helplines is posted on the back of doors in all the rooms.

UCLU (University College London Students' Union)

"Every block of halls has a social committee whose role it is to organise social activities for the block to enjoy as a community and these are funded by the university because satisfaction scores were low. We are also developing our induction for international students to be more focussed on halls; aimed at making the transition into the community easier. The university also provides grants to students to improve their halls – with a mural or garden for example – which not only makes our buildings a better place live but also improves the community feeling. We're trying to develop our democracy in halls so that each block has a rep who can not only feed concerns on the ground up to the central students' union, but also act as a first point of call for students in distress."

Quality of housing

Living conditions are really important too. For example, the quality of sleep that you get has a massive impact on how well you can cope in day-to-day life. The NUS 2014 Homes Fit for Study survey found that significant proportions of students that responded said that cold and damp in their homes led to problems with "mental health, e.g. depression, stress and anxiety" and "difficulty sleeping and associated tiredness"⁴⁴ The report also shared the experiences of students struggling with poor housing conditions:

"It slowly wears you down mentally – it takes a lot of energy to keep warm and it is impossible to concentrate on doing work / any activity. It is very stressful when you are in a situation where ... You end up spending a lot of time worrying about how you're going to be warm enough to sleep that night and devise your day around avoiding being in the house." (Woman, postgraduate, UK student) "In all of the properties, I have cried with frustration and misery with the cold! In my last flat, my housemate and I found that all we ever talked about was how cold we were, it became an

all-consuming part of our lives, because everything we did was shaped by it.” (Woman, PhD, UK student)”⁴⁵

NUS Welfare Zone: Ready to Rent

“So why not launch a campaign raising awareness and educating students on their rights as tenants and how to avoid renting houses that end up being cold and damp? To find out more you can look at the NUS Ready to Rent training”⁴⁶

In the past students have also campaigning to improve the quality of student accommodation by demanding better mattresses or curtains that actually shut out the light. These kinds of campaigns can draw in lots of students who might not have originally been interested in mental health campaigning, but do care about their quality of life.

UCLU (University College London): Rent strikes

In 2015 approximately 200 students living in two blocks of UCL halls withheld their rent for a prolonged period of time. There had been complaints of continuous building works all year which were loud and dirty and meant that students couldn’t see out of any of the windows because of the scaffolding. There had been complaints of mice and cockroaches and students felt that they were paying disproportionately high rents. Students collectively decided to use both rent strikes and formal complaints to make their voices heard. In the end students had the entire third term’s rent reimbursed; a total of approximately £100,000. There are risks involved with rent striking, however, so it’s important to know your rights. Campaigning to improve the quality of housing in student accommodation is also quite different from private rented housing where you cannot go on strike or you risk being evicted.

Tackling Lad Culture

Lad culture is a term that the student movement has used to describe some of the behaviours we see proliferating on our campuses. It includes attitudes and behaviours that betray sexism, racism, homophobia, transphobia, ableism, xenophobia, antisemitism and islamophobia. It particularly looks at behaviour that is permitted by a 'pack mentality' or permits acts of harassment and assault.

Tackling lad culture is really important for activism around mental health because it makes students feel intimidated, isolated, harassed and unwelcome. This has an effect on all liberation groups and the student community as a whole - so if we're aiming for a campus in which our students feel safe and supported, rooting out this kind of behaviour is key.

NUS Women's Campaign – Lad Culture audit and strategy

"For the past decade the presence of lad culture in education has been a prominent issue for students and staff. As a result of research, awareness raising, campaigning and coverage in the media, the demand to develop effective policies and practices to combat lad culture has risen. Dismantling lad culture and working towards creating an inclusive culture on campuses and improving retention of students is a fundamental part of the NUS Women's Campaign's work on ending sexual harassment and violence against women in education. As a culture that encompasses multiple discriminatory and harmful behaviours, lad culture is a complex problem and therefore needs a multiple angled national and local strategy."⁴⁷

Peer support and student-led wellbeing

The idea of peer support is that students use self-organised spaces to listen to and support their fellow students throughout their time studying. They are important for creating a sense of community and belonging, and for replicating the support networks that students may have lost in their transition into higher or further education.

Peer support networks have been particularly favoured by students dealing with eating disorders and many campuses have groups designed for this purpose specifically. In all cases however, they should never be used as a replacement for professional or clinical services that should be available through the NHS or campus counselling services.

The University of Oxford: Mind Your Head

"The University of Oxford student-led organisation, Mind your head, aims to raise awareness and reduce the stigma of mental health issues. Mind your head is designed to: get people thinking and talking about mental health and wellbeing; create a more welcoming culture for people who have experienced mental health problems; spread the word about what mental illness really means; encourage every student to look after their mental wellbeing. The university also runs a Student Minds eating disorder group who meet weekly throughout term to support students. The group is run by a team of trained student volunteers, making the meetings friendly and relaxed. Student Minds aims to bring students together to share strategies for managing mental health, to talk honestly in a safe and pro-recovery environment"⁴⁸

Pre-arrival information and welcome

For many students the transition to further or higher education can take its toll on their mental wellbeing. Many students move away from home, families and support networks into a totally new environment with different challenges and that can be difficult. It's also important to remember that lots of students will arrive at the start of the year with complex situations – caring responsibilities or disabilities for example – and that means that students need to know what support is available to them from the word go.

Actions could include making sure that this information is included in the mailings students receive from the institution before they arrive, or it could mean embedding information about mental health and wellbeing in freshers / welcome week material. You could use leaflets, social media, posters or events to spread the word.

This process is particularly important for international students who are more likely to find the start of the year difficult or disorientating. It's also worth being cautious about the tone of freshers / welcome weeks: marketing it as 'the best week of your life' can be really alienating to those who are struggling.

University of Bradford

"The University of Bradford Students' Union works in collaboration with the International Office and other parts of the University to ensure that all students have information about and access to support that they might need. Our enrolment processes ensure that disabled students' needs are recorded and followed up on as soon as possible.

Useful pre-arrival information and advice is offered by the International Office to international and exchange students. Throughout the induction there is signposting of support services available to students; letting them know of the Disability Service, Counselling Service, The Hub etc. There is also a welcome talk that is delivered by the Students' Union so all new students are introduced to their elected officers, including those responsible for welfare and Liberation representatives. This lets them know of peer-support that is also available, and the Disabled and International Students Forums. We provide a pickup service from Manchester and Leeds-Bradford Airports, and a shuttle service between campus and the local IKEA store for bedding and other essentials. Current students are also encouraged to volunteer with welcoming of new students - the Students' Union runs a scheme where society members can earn extra funding for their club through the time they volunteer."

Sports and societies

Sports and societies are a really important part of any campus environment. They provide a sense of community and belonging and the activities themselves can boost mental and physical wellbeing – getting a good dose of sunlight and company through your hiking society for example. So not only is it important that Students' Unions support and promote the activities of campus clubs and societies, but it's important that those students leading on them are aware of the role they play.

It's important for example, that society committees are able to signpost students who come to them with problems because they may be the first point of call for somebody in need. Or, for example, that society members know what to do if a student who is usually really keen has simply stopped turning up all together. That's what community is all about – people looking out for each other – but sometimes we need to invest in the skills and knowledge to do that effectively.

Brunel University: Enhanced active Brunel Scheme

"The Enhanced Active Brunel Scheme at Brunel University was set up collaboratively between the disability and dyslexia service and the sports centre to provide free gym membership, with one-to-one support and guidance as well as advice on health and fitness, to students with mental health conditions."⁴⁹

Self-defining safe spaces

For people who define into liberation groups – such as a disabled, Black, LGBT+ or women students - can find self-defining safe spaces an essential part of maintaining their wellbeing. Many people who define into the same liberation group may be facing the same or similar problems to each other, or have some insight into the way each other feel. This works in a similar way to peer support networks but with the explicit intention that it is a self-defining safe space.

Beyond this, it is vitally important that Students' Unions and activists respect those self-defining spaces and commit to being an ally to their needs. For example, if a self-defining space of LGBT+ students says that they wouldn't use the counselling service because nobody there understands the particular oppressions they face, this should be of great concern to the union as a whole.

KCLU (Kings College London Students' Union)

Peer support is a really important part of mental health and suicide prevention for Black students so training student communities to be able to provide support, signposting and mental health first aid is really useful.

The Tamil Society at KCLSU are working to ensure that the leaders within their society are equipped to support their members as they are the people likely to be the first point of call for students in their community about any mental health distress they may be facing - and would be more aware about and sensitive to any cultural issues that would prevent them from seeking 'professional' support.

Suicide Prevention

Student suicide is a huge issue that we know needs tackling, but it can seem like too large or too abstract a challenge to deal with. The other ideas in this book that deal with mental health problems in general will contribute towards lower suicide risk on campus, but there are specific things that as Students' Unions and activists we can be calling for that will make change in the long-term.

Suicide Prevention

Student suicide is a huge issue that we know needs tackling, but it can seem like too large or too abstract a challenge to deal with. The other ideas in this book that deal with mental health problems in general will contribute towards lower suicide risk on campus, but there are specific things that as Students' Unions and activists we can be calling for that will make change in the long-term. As Thomas Insel from the National Institute of Mental Health says; "If a study of history on these conditions has shown anything, it is that action by organizations can, eventually, make a large and life-saving difference, even for issues that at first seem intractable."

The further and higher education sectors, along with the suicide prevention sector, are only recently coming to terms with their roles and responsibilities in dealing with this issue and the student movement needs to be part of that conversation. Some of the examples used in this chapter are taken from outside the NUS membership or outside the UK in order to draw on as wide a pool of best practice as possible.

Make sure you have a read of the sections in the 'Policy and Research' chapter to find out more about this topic before going ahead with these campaigning ideas.

Ending the silence

The issue of student suicide is often swept under the carpet because it is difficult for students and institutions to talk about. But in the same way that campaigners have tried for years to raise the profile of mental health problems in the student population, it's also worth drawing people's attention to the matter of suicide.

This problem is partly exacerbated by the lack of, or unreliability of, data we can use to back up our calls for action. But with an issue such as this, it is possible to use the rhetoric of 'one life lost is still too many'.

While it is important not to sensationalise the issue of student suicide, or to encourage the idea that there is an 'epidemic' taking place, there are responsible ways of drawing attention to the issue using creative and compelling campaigns.

Union of Student in Ireland: Send silence packing

In February 2016, the Union of Student in Ireland collaborated with other parties interested in the mental health of students in order to launch a campaign aimed at breaking the stigma around recognising and acting on the deaths of students by suicide. They placed 131 backpacks, to symbolise the average of 131 students who die by suicide each year in Ireland, on the front square of Trinity College Dublin. Students and staff were encouraged to write messages about their commitment to breaking the silence on tags that were tied to the backpacks which will be touring other campuses in the Republic of Ireland this spring. This is the first stage of a campaign to change the state of students' mental health in the country.⁵⁰

Press coverage of suicide

The way in which a student's death by suicide is reported in the press can have a huge impact on families, friends, staff and the campus community. This is an extremely vulnerable time for many people and steps must be taken to ensure that the reporting of such an incident is respectful and responsible.

"Reporting on suicide and the inquests that follow can be difficult for a news organisation. As journalists we must report the story

sensitively while still ensuring that the public are kept informed”
Jonathan Grun, Editor, The Press Association.

It is important that your university and college have an understanding of these issues and have built it into their press protocol or their planning on how to respond should a suicide take place. It is also extremely important that student press are made aware of these issues and are required to conform to guidelines such as those below.

The Samaritans have drawn together guidance on how press should report on suicide which includes helpful pointers, such as:

- Leave out technical details about the method of suicide, such as describing the type of ligature used or the number and types of pills taken in an overdose.
- Never suggest that a method is quick, easy, painless or certain to result in death.
- Include references to support groups and places where people experiencing suicidal thoughts can find help – it really does make a difference.
- Treat social media with particular caution and refrain from mentioning websites or networks that promote or glamorise suicide.
- Avoid dramatic or sensationalist pictures or video.
- Don't brush over the complex realities of suicide and its impact on those left behind. Remember that people bereaved by suicide are often vulnerable and are more likely to take their own lives than the general population.
- Speculation about the 'trigger' for a suicide, even if provided by a close family member or friend, should be avoided.

- Reporting suicide as a tragic waste and an avoidable loss is more beneficial in preventing further deaths.
- Don't label locations as 'hot spots' or refer to a possible rise in suicides in a particular place or among a specific group as an 'epidemic'.
- Consider carefully the placement and illustration of reports
- Always aim to educate and inform your audience, rather than shock or satisfy morbid curiosity
- Whenever possible, try to refer to the wider issues associated with suicide, such as risk factors like alcohol misuse, mental health problems and deprivation.⁵¹

Responding to a death by suicide /post-vention model

It is important that universities and colleges are prepared for how to deal with a death by suicide. Without such preparations, the situation can become panicked and confused with different groups of people and departments within the institution not knowing what their role is or how to proceed.

You should encourage your institution to draw on research and best practice to draw up such a plan and communicate it effectively to all stakeholders, including the students' union.

A study of 20 student deaths by suicide between 2010 and 2005 at the University of Central Lancashire and Kings College London put forward some useful recommendations⁵²:

- Universities and colleges need to acknowledge the impact of a student suicide on the academic progress of students' friends. Students who were close to a student suicide told the researchers that they valued being 'looked after' by the university/college at this time. This involves seeking

out students likely to be affected and offering support in the short and the longer term.

- Universities and colleges need to take a proactive role in breaking news of a student suicide. Staff responsible should take an overview, identify who needs to know, and think about various communication routes. Assuming this responsibility reduces the pressure on students. Universities/colleges need to balance keeping people informed with not encouraging speculation, preoccupation or rumour. Details of method of death should not be circulated.
- Students were more likely to feel supported following the suicide of a friend when one university/college member of staff took responsibility for organising help. Generally, they welcomed support from the university/college around areas such as emotional support, help with practicalities and discussion about their academic studies.
- The person first on the scene of the death should be actively offered support. This may be another student but it might be domestic or security staff. Universities/colleges should have information on bereavement by suicide and relevant support agencies available for students and family members. However, such packs are no substitute for providing face-to-face support tailored to students' individual needs.
- Friends of students living in private rented accommodation can be especially vulnerable to the impact of a suicide. Students are not any less likely to need such support if the death happens in this setting: some of these students struggled with carrying great responsibility for managing the immediate aftermath of their housemate's death. Accommodation issues following a student suicide need to be considered and students offered assistance.

- Staff needs for support following a student suicide must also be recognised and responded to – these needs may be compounded by concerns about blame and a sense of responsibility. Staff involved in co-ordinating the response following a student suicide should be able to share decisions and feelings with a colleague. Senior management should recognise the difficulties of holding key roles in the chain of support and communication.

UUK Recommendations

"Some HEIs have developed comprehensive guidelines or flowcharts for the procedures to be followed in the event of an incident resulting in death or serious injury of a student either on campus or externally. Such guidelines might address, for example: the notification of relevant staff; the role of the personal tutor or supervisor; practical help and support for the family; dealing with the press; international student deaths; dealing with the student's possessions; communications with the student's friends, family, departmental staff and other students; and the support to be offered to fellow students. Staff should also be aware of the range of religious practices and customs, and of relevant contacts. Some institutions have procedures to monitor the close friends of students who die and offer follow-up support or bereavement counselling. Staff, including both those who knew the student and those involved in responding to a death, may also benefit from support. It is good practice to ensure a comprehensive debriefing with all key personnel after any death or critical incident." UUK Report, p23

Responding to an attempted suicide

Similarly, it is important that processes are put in place in order to respond appropriately to an attempted suicide. Those who have attempted suicide previously or who have practiced deliberate self-harm are more likely to die by suicide than the general population, so the care given and action taken in this situation is incredibly important.

You should ensure that your institution has prepared for such an event by developing a student suicide attempt response plan - drawing on professional guidance and best practice from the sector, and that all relevant internal and external bodies are aware of the planned response.

Such a plan might consider:

- How to handle the initial incident, including the possibility that the student may be admitted to a psychiatric facility – this should also cover communication between police, health services, campus administrators, and staff.
- Issues relating to consent and information sharing with regard to medical records, mental health history and the different bodies involved in the student's care and wellbeing.
- How to establish a short-, medium- and long-term recovery plan for a student that takes account of all their needs and circumstances and involves various parties.
- How to address the needs of the campus community as a whole, particularly; friends, housemates, academic staff and those otherwise in contact with the student in question.
- If, how and when a decision should be taken about whether a student returns to campus and what should be put in place to make this a safe and successful transition.
- How to evaluate the progress of a student returning after a suicide attempt and keep a watchful eye on other vulnerable students connected with the incident.
- What can be learned from this incident to prevent further suicide attempts

Zero suicide mindset

It is important that all those involved in student suicide prevention recognise suicides are not inevitable. Some have dismissed suicide in the student population as being less worthy of attention because the rate appears to be the same as in the general population – but we have to remember that there are so many possibilities for intervention in a student’s wellbeing that this population is well placed for suicide prevention work. Others have said that the student demographic is so large as to make it impossible for the risk to be reduced to zero – but we must realise that every death by suicide is preventable, therefore, deaths by suicide are not inevitable.

This does not mean that deaths by suicide should be seen as a failure by an institution or a community. A ‘zero suicide mindset’ should empower us to learn and develop in order to save lives. The Zero Suicide in Healthcare Declaration puts it simply: “It means that together we will do everything we can to bring the number of deaths by suicide to zero.”⁵³

The conclusions of that Declaration give some useful pointers as to how this can be achieved: “The core recommendations of Zero Suicide in Healthcare initiatives fall into three categories: Leadership, Continual Improvement, and Patient Support. They are built on a foundation of core values, that not one of our patients dies by suicide and that our work should be modified to accomplish the goal, not the other way around”.⁵⁴ It is possible to see how these recommendations could be translated onto a university or college setting.

Linking with local and national strategies

Suicide prevention has been an issue on the radar of national governments and local authorities for some time. National suicide prevention strategies exist for England, Wales, Northern Ireland and Scotland, and many local and regional authorities have developed action plans of their own.

Unfortunately many of these documents do not reference universities, colleges or students' unions as potential partners in these strategies. But, as we have seen with mental health generally, it is important for your campus to have links with external organisations.

In the case of suicide prevention the situation might be more complex; involving the police, courts, transport authorities and many more – so it's definitely worth finding out about what national and local strategies for suicide prevention exist and how your institution can be involved so that the needs of your students are taken into account.

University of Dundee

The University of Dundee based their suicide reduction initiative on the Scottish government's national strategy on reducing suicide. It covers four main aspects: awareness, detection, intervention and postvention. Using the same framework has allowed them to identify possible points of collaboration with various authorities.

Surrey suicide prevention strategy group

The Surrey Suicide Prevention Strategy Group meets quarterly and its membership include;

service users, the council, the NHS trust staff, GPs, the Care Commissioning Group, third sector charities, faith leaders and armed forces representatives. This is an ideal place for student leaders and institution managers to be updated and informed and contribute the needs and perspective of their students.

Training and support for all staff

As this handbook has noted for mental health and wellbeing in general, the training of staff about suicide is important. There are various programmes available which can teach people to recognise those at risk, how to signpost effectively and what interventions can be taken.

One of the most crucial things about this sort of training is to make sure it is offered to the right people. Cleaners, security staff, porters, library staff, and other groups are not only the ones who are best placed to spot changes in patterns of behaviour among students, but are also most likely to be first on the scene if an incident occurs.

Some students will have multiple risk factors, such as; mental health problems, alcohol and substance misuse, relationship problems, those defining as LGBT+, those burdened by social or academic perfectionism – all of which is more likely to be picked up on by different people in different settings.

There are lots of different types of training available in different formats from different organisations. For example, the training available from Connecting With People has been recommended by several institutions, and others use the ASIST (Applied Suicide Intervention Skills Training) to good effect. Use the 'potential partners' chapter of this book to find out what's on offer.

Sector recommendation

"The person first on the scene of the death should be actively offered support. This may be another student but it might be domestic or security staff. Universities/colleges should have information on bereavement by suicide and relevant support agencies available for students and family members. However, such packs are no substitute for providing face-to-face support tailored to students' individual needs."⁵⁵

Contributing to data and research

As we have seen, the amount of reliable data in this field is low which is a problem when lobbying for change and understanding the issue in its totality.

There are a couple of ways that institutions might be able to contribute towards overcoming this problem. They could invest in research into student suicide – as the University of Worcester has done with two match-funded PhDs this year – or you could find ways for data from your campus to be fed into national data collection.

Sector recommendation

"The sector should undertake to develop robust procedures in partnership with relevant organisations, including the Department of Health, for recording the incidence of suicide by HEIs; and to determine how these data can be incorporated into current official data collection by government agencies;"⁵⁶

In-depth case study: Suicide Safer Worcester

We have chosen this Project as an in-depth case study because it exemplifies much of the guidance outline in this book: particularly, a collaborative approach, a multi-faceted approach and a dedication to a long-term strategy.

The 'Suicide Safer Project' has been running at the University of Worcester since early 2014. With expert leadership from Professor Jo Norton - who has specialised in the field of early intervention in psychosis and has an interest in developing the university's role in students' mental health - the project has become well established and gained national and international interest.

At first, a project team was brought together including members of the university executive, representatives of local government, the NHS and third sector organisations with interest and expertise in suicide prevention. A core principal of the campaign is collaboration and how important a multi-agency approach is to the success of mental health and suicide prevention efforts.

The Project Team soon decided on three key themes: Suicide Safer University, Suicide Safer City and Suicide Safer Region. An initial project plan was developed and circulated to all key stakeholders and the project has been working towards those aims ever since.

Three key strands of work emerged:

1. **Education:** Education of current students, future graduates, university staff, including Continual Professional Development opportunities from other local partner organisations in relation to skills, understanding, empathy, contributing to "suicide safer" environments.
2. **Support:** Support for students and staff to maintain wellbeing, awareness and availability of early support services; risk identification and support to reduce risk; crisis support services in conjunction with local partner organisations; support for those affected by suicide and suicide survivors.

Since then, the Project has made progress in several key areas, including:

Pursuing match funded PhDs with partner organisations, including NUS, to further develop society's understanding of suicide in the student population.

Recruiting a vacation studentship to conduct a literature review of current suicide prevention initiatives in universities and colleges to draw on best practice and identify core recommendations for the sector.

Creating a Nightline in conjunction with the students' union, with plans to extend this city-wide in collaboration with local colleges to provide a listening service for as many students as possible.

Planning the recruitment of 'Residential Ambassador' roles within halls of residence to be trained to support and signpost students and help measure the impact of the project as a whole – this has been done in conjunction with Student Services and Director of Estates.

Delivering mental wellbeing and suicide prevention training programmes for staff including academic tutors, building on the good work already undertaken through the University's staff development programme.

Integrating suicide awareness into the curricula, including: Offering ASSIST training to Paramedic students and including adolescent mental health awareness training for trainee teachers at the University.

Hosting a mental health awareness and suicide prevention awareness event using Rethink's documentary film Finding Mike with discussions from the film Producer and Director and an expert panel including a suicide survivor and a family member bereaved by suicide.

Hosting a 'mental health and wellbeing fair' to raise awareness and provide information to students and staff about local support services available both on campus and locally in the city.

Promoting details about a new 'Staying Alive' suicide prevention phone app developed by Grassroots in Brighton.

Working in partnership with Worcestershire County Council Public Health to establish a Countywide Suicide Audit group which includes representatives from Worcestershire Health and Care Mental Health NHS Trust, Worcestershire Acute Trust, ambulance and police services and others. The group meets quarterly to review local suicides based on coroner report information and uses the intelligence from the various agencies represented to identify potential learning, prevention opportunities, and further actions.

Contacting Grassroots, an agency working in Brighton which is leading on a large scale 'suicide safer' city project where they are seeking a number of collaborative partnerships across the UK, including a rural pilot site.

Participating in a range of national and international suicide prevention events in order to exchange ideas and develop best practice.

Committing to an annual suicide audit to monitor local trends and possible preventive actions, produce an annual summary report and contribute audit data from the University for the Countywide WCC suicide audit.

Counselling and support services

Improving the quality and effectiveness of campus counselling and support services is likely to be a key component of all Students' Unions and activists' work on mental health and suicide prevention.

Counselling and support services

These services can do great work in difficult circumstances – often with little funding and not enough respect from institutions. We know that many campuses, especially in FE, do not have the right level of support that their students need – so if you have a specific department dedicated to the welfare of students, support it to be the best it can be, and if you don't, lobby hard to get your institution to recognise how important this provision is.

Appropriate buildings

This might seem really obvious but you'd be amazed how many support services are not always in the right places on campus. They might be tucked away in broom-cupboard sized offices, or plonked in the middle of campus with glass walls so everyone can see who's in therapy. Whatever the situation is on your campus, make sure that the environment in which support and counselling takes place has been carefully thought through.

Spaces need to be well signposted but remain confidential. The welcome should be warm and friendly and it should be obvious which desk or person you need to speak to when you arrive.

Talk to students about how they find the environment of their support services, and if they aren't fit for purpose consider how to lobby for appropriate spaces. Think creatively about what the teams who work there could do to make the space brighter and more comfortable.

Inclusiveness and relevancy

The Disabled Students' Campaign often hears that different groups of students are apprehensive about seeking support from their campus counselling services. This is often because there is a

lack of diversity in the teams who work there, and because students feel advisors aren't equipped to deal with the range of issues they might face.

We know that this can be a particular issue for LGBT+, Black and international students. Students report that far too often advisors are not knowledgeable enough about topics such as gender identity or estrangement due to sexual orientation, and sometimes advisors might hold worrying assumptions about people's faith, beliefs and cultures.

We also know that international students are less likely to seek help from institutionalised services for various reasons: they may prefer support to come from the community rather than a professional because of a lack of trust, or they may fear stigmatisation or even punishment for seeking help because they feel they will be seen as less capable. Also, sometimes advisors in support centres are not equipped to deal with some of the issues international students face, such as visas, international fees and cultural or language barriers⁵⁷.

As with all issues related to the concerns of specific groups, it's really important to talk to your students about whether or not this is an issue and the various ways in which it might manifest itself.

The key to fixing these problems is all about conversation. Support services might not be aware of the breadth and depth of these concerns, so Students' Unions are in a really good place to pass on the message. Improving the training that advisors receive is vital; utilising an intersectional approach and using the stories of students can really improve the inclusiveness and relevancy of support given and the trust between student and advisor or counsellor.

Counsellors and advisors

Student support services should try to employ staff in a variety of roles with different skill sets to cater for the range of needs in the student population. This might include advisors who specialise in financial matters, accommodations concerns, or even study mentors. All these roles should be respected and all workers should expect decent pay and conditions.

However, it is important that the counselling students receive is professional and of high quality. We are aware that on some campuses, services attempt to make ends meet by getting rid of highly skilled counsellors and replacing them with less qualified staff.

It is important to understand the needs of your student population and therefore what your campus support services should be providing, but it's equally important to keep your eye on the level of skills and training available through different teams.

Talk to the management of your campus support services about the dynamics of the staff there to find out what the situation is and what service students are actually receiving. You might want to advocate for BACP (British Association of Counsellors and Psychotherapists) accredited staff.

City College Brighton and Hove

City College Brighton and Hove offers counselling services for all full and part-time students. The Service is led by a professionally qualified and accredited counsellor who works to the British Association for Counselling and Psychotherapy (BACP). Students are offered access to (where appropriate, and after an assessment of needs) 6-12, hour-long, weekly counselling sessions. The College website also includes a range of self-help guides for students on topics such as relaxation, stress reduction, and managing feelings.

Embedded services

The phrase 'embedded services' is often used without much consideration of what it means in different contexts. The idea is that student support services should not be working in isolation; tucked away only talking to their cliental and not being engaged with by the rest of the institution.

This might mean student support services playing a consultative role within other departments in the university or college to advising them on how to better prevent mental distress. It could mean that different departments and bodies within the institution are communicating more effectively about students and their wellbeing in order to create a joined up approach. It might mean that staff outside of the support services – such as campus GPs, personal tutors, faculty managers, provosts of colleges etc – are all aware of the support available and can signpost students.

There are lots of ways of creating embedded services depending on the structure of your institution but it's a great way to start thinking about how your campus as a whole can take collective responsibility for the welfare of students.

Brunel University

"Brunel University has set up a mental health wellbeing group consisting of staff from various student services, schools and the Students' Union to address issues around mental health. Training is also provided to student mentors in halls of residences to heighten awareness around mental health and ensure they are aware of relevant resources and facilities."⁵⁸

University of Sheffield

"At the University of Sheffield a support coordination group (SCG) has been set up including representatives from the university health service, the university counselling service, the disability and dyslexia support service and student support and guidance, together with the head of student support and wellbeing, a consultant psychiatrist and the mental health support coordinator (MHSC). A student may be referred to the SCG by student support and wellbeing staff, who obtain written consent from the student for information sharing between services. The group meets fortnightly to discuss individual cases and to clarify issues, roles, boundaries and responsibilities. It may consider risk factors, and come to a shared understanding of any possible diagnosis and how this might be expected to impact on the student's presentation and behaviour and ensure reasonable adjustments are made. The SCG determines whether a coordinated support plan should be offered. Any recommendations are discussed with the student and with staff supporting them. One, or a series of meetings may be arranged between the student, actively involved staff, and the MHSC to formulate a support plan informed by any decisions or advice from the SCG. This agreed plan is shared by the student and staff supporting them with the MHSC remaining as a central point of contact. These plans can be reviewed periodically with all parties involved and the SCG."⁵⁹

Counselling periods and intensity

Student support services should be relevant to any student who needs support. It's important that Students' Unions and support

services both understand the kind of support that needs to be available to meet the needs of the student population.

Recently there has been a lot of concern about the availability of long-term high-intensity mental health support for students from their campus support services. While it is definitely true that this level of service should be available to those who need it, we shouldn't necessarily be concerned if most students only use counselling for short periods of time.

Campus services are often very good at providing low intensity support over a short period of time – say, 2 to 6 weeks – which help students through a rough period and empower them to carry on with their studies. We should not underestimate how important that is.

What we should be concerned about, however, is if students are reporting back that they do not have access to higher-intensity longer-term support when they need it, or if they are being encouraged to terminate their period of support before they are ready.

As always, get to know what's on offer and what your students need, then work from there.

Waiting lists

Long waiting lists for support are a problem across the mental health sector, whether in the NHS or campus support services. This is particularly bad if students have been hesitant to access support and are then told to wait weeks to receive that support. Also, lots of people have urgent needs that need addressing in the short-term.

This situation can be exacerbated by the transient nature of the student life. For example, a student may seek help in October but not be offered an appointment till December by which time they are at home for the vacation, or they may have moved house and loose contact with services they are registered with.

In terms of campus services, long waiting lists can be a sign that your support centre is under strain and this needs to be addressed. But there are things you can lobby for to help students in the meantime such as; drop-in sessions for urgent advice, regular phone calls to check in with students who are still waiting, or better systems of referrals and appointment management between services.

Services beyond campus

There will be lots of organisations responsible for providing mental health and wellbeing support to student in your area. This might include NHS services, Care Commissioning Groups, Health and Wellbeing boards, local authority services, campus support services or charitable organisations. It's important that organisations not based on campus recognise their responsibility to students as residents of the local area with equal rights to access public support as anyone else.

This could include applying to join your local CCG so you can make the case for students' needs being taken into account when planning or procuring new services. It's also a good idea to work with local groups to share good practice and advice, and even to jointly bid for funding for specific projects focussing on mental health. A good place to find contact details for local groups would be at a local library or GP surgery. However you choose to do it, making sure your support services are embedded in the local framework of mental health organisations is as important as

making sure they are embedded in your university or college's structures.

York Student Health website

York Student Health is a website that draws together information on mental health advice services available to all students in York, including Higher and Further education. The site is run as a partnership between Higher York, York St John University, University of York, York College, Askham Bryan College, and York City Council. The provision of counselling services identified on the website for HE students is notably better than that for FE students, but the site does contain useful information about alcohol and drug misuse as well as general advice on healthy living which would be of use for all students.

The University of Salford

- "The University of Salford works with a number of services in the community, including mental health teams and charities such as Mind in Salford, Self Help in Greater Manchester, and early intervention teams. They are part of an NHS group and get free training for staff. They are also part of the Mental Health Forum with Manchester Metropolitan University and the University of Manchester which meet every three to six months."⁶⁰

Preventing PREVENT

PREVENT is part of the government's counter-terrorism agenda and claims to prevent 'radicalisation'. Under the PREVENT duty, public organisations have a responsibility to refer anyone at risk of 'radicalisation' to the programme.

The project is deeply problematic and many have described it as racist and islamophobic. The Counter-Terrorism and Security Act lists factors that would indicate a person is becoming radicalised.

These include: 'search for a higher cause or meaning', 'desire for political or moral change' and 'any relevant mental health problem' – which not only applies to the vast majority of students, but the latter is a seriously demonising statement to make about those dealing with mental health problems.

The PREVENT agenda's infiltration into counselling and mental health services is highly concerning. 'Relevant mental health issues' being considered a warning sign for extremist tendencies can only increase the stigma attached to feeling mentally unwell and seeking help. It is deeply worrying that when this attitude is combined with matters of race and religion, an atmosphere is created where mental health practitioners are encouraged to pathologise (make an illness of) different cultures and identities.

Along with duties to report or refer patients presenting 'signs of radicalisation', this greatly distorts the patient doctor/counsellor relationship. The two most worrying outcomes of this are that people do not seek help when they are struggling with their mental health (making them more unwell), or that those who do seek help are made vulnerable to surveillance and punishment.

We must be ready to oppose, de-legitimise and refuse to comply with PREVENT.

NUS Black Students' Campaign

"If you're interested in finding out more about PREVENT and how to campaign against it you can order or download our 'Preventing PREVENT' handbook from the NUS Connect website which gives full details of all the proactive campaigns you can run. The first step is to have a conversation with your Equality and Diversity department about implementing Islamophobia awareness training across the institution, especially in mental health and support services. You could also host a 'Students Not Suspects' tour event to educate your students and mobilise them against PREVENT, and talk to your staff trade unions about getting involved with the sister 'Educators Not Informants' campaign."

Mental health first aid

As with first aid training for physical health needs, the aim of mental health first aid training is to equip members of the public (in our case, staff and students at our university or college) with the skills and confidence to support someone dealing with a situation relating to mental health.

It is not about teaching people how to diagnose mental illness, suggest medication or give long-term therapy, but rather learning how to react to someone dealing with an episode of poor mental health and how to treat that person with care and respect. In the process, this breaks down the stigma that ignorance of mental health conditions can bring and creates a community where people are confident to talk about and support each other with their mental health.

It's important that mental health first aid training is delivered by experienced organisations or individuals so if you are interested in getting student reps, academic staff or accommodation wardens trained please use the 'potential partnerships' chapter to get some advice.

Imperial College London

"Imperial College London provides accredited mental health first aid training via one of the equality and diversity managers, who is an approved trainer. The college has 30 mental health first aiders. In certain situations and cases it may be that immediate medical intervention is required. In these cases the St Charles NHS Urgent Care Centre in Notting Hill can be accessed. This is a walk-in service for members of the public."⁶¹

Setting up a Nightline

Nightlines are student run listening services based at more than 40 UK universities where students volunteer their time between 8pm and 8am to take calls from students who need to talk. These services are confidential and anonymous and all student listeners are well trained to support students on various topics and equipped with lots of relevant information. Based on the Samaritans' model, Nightline listeners don't give advice or judge their callers; they are simply there to listen. Some Nightlines also use instant messaging and other platforms to communicate with students and some have premises on campus that students can drop into when feeling vulnerable or in search of contraception and other supplies.

Nightlines are an excellent example of effective peer support where students are empowered to support others as well as running the service for themselves. When well promoted and respected Nightlines are often the first point of call for students who are struggling but don't know where else to go.

It's really important that student listeners also receive support after processing what can be difficult conversations, as well as managing their time around their volunteering. If you're thinking about setting up a Nightline on your campus, you can find details

of the Nightline Association who help facilitate students from a national level at the back of this book.

Aberdeen Students' Nightline:

Student-run Aberdeen Nightline offers confidential and anonymous listening support and information to students at night when other university welfare services are usually closed. The volunteers have worked hard to raise awareness of their valuable work with key university personnel through intensive networking with everyone from the chaplaincy and counselling services to student mentors, tutors and sabbatical officers. They widely circulated their annual report detailing their successes, achievements and call trends. Through this PR initiative they have evidenced their need within the student body, guaranteed annual funding of £10,000, secured advertising on university ID cards, invested in specialist training which reflects call trends and paid for extra advertising and merchandise. With the support of their institution Aberdeen Students' Nightline took over 500 calls in the autumn term of 2015 - more than they took in the entire previous academic year. Now they are well funded by the institution the volunteers can focus on supporting students and their volunteers rather than worrying about the financial sustainability of the service.

Potential Partnerships and Further Reading

Potential partnerships

Partnerships are a great way to share knowledge, skills and experience between organisations who specialise in different things or represent different interests. Many charities can help you to develop your campaigning on this topic or provide support with specific projects, while other organisations might have evidence and research on something you want to know more about, or help you understand something new.

****** All the organisations listed below are ones the NUS Disabled Students' Campaign has come across while researching this book and includes organisations that our member unions have worked with in the past. We do not necessarily agree with all of their content or advice, it is up to Students' Unions and activists to decide what approaches or focuses they want explore with whom.

Sector bodies

AMOSSHE – The Association of Managers of Student Services in Higher Education is a membership organisation for those responsible for the management or co-ordination of a range of support and guidance services for students.

BACP – The British Association for Counseling and Psychotherapy (Universities and Colleges division) aims to represent counsellors in HE and FE, develop policy in the sector through research and conferences, and is an advocate for integrated services.

ECU – The Equality Challenge Unit works to further and support equality and diversity for staff and students in higher education institutions across all four nations of the UK and in colleges in

Scotland. They provide a central resource of advice and guidance for the sector.

NAMSS - The National Association of Managers of Student Services in FE represent leaders from over 290 colleges and provides a range of resources and guidance for staff in FE, including around mental health.

UMHAN - The University Mental Health Advisers Network is a network of mental health professionals working in the Higher and Further education sectors, and provides a number of key pieces of guidance around students experiencing mental health difficulties.

National Mental Health Charities

B-Eat - Beat is the UK's leading charity supporting anyone affected by eating disorders or difficulties with food, weight and shape. Beat's vision is that eating disorders will be beaten. Beat's aims are: to change the way everyone thinks and talks about eating disorders; to improve the way services and treatment are provided; and to help anyone believe that their eating disorder can be beaten. Beat campaign for better services and treatment; provide information, support and encouragement to seek treatment and recovery; and are advocates of peer support.

Big White Wall - A safe online community of people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals. Available 24/7, Big White Wall is completely anonymous so you can express yourself freely and openly.

Bipolar UK - We're the national charity dedicated to supporting individuals with the much misunderstood and devastating condition of bipolar, their families and carers. Each year they

reach out to and support over 80,000 individuals through a range of services.

Connecting with People – Connecting with People believe in early intervention and that everyone has the capacity to support one another with mental health and suicidal thoughts and behaviour. They have developed accessible training and resource packages using the latest research, and work in partnership with professional bodies, charities and other providers of suicide prevention training.

Harmless – Harmless is a national voluntary organisation for people who self harm, their friends, families and professionals. Harmless offer support, information, training and consultancy.

Nightline Association – Campus-based Nightlines offer peer-to-peer listening services over the phone or on other platforms. Nightline is confidential and anonymous, meaning students accessing the service don't even have to give their name. The national Nightline Association help set up, train and support campus Nightlines.

Samaritans - The Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland, often through their telephone helpline. Samaritans also provide a range of resources and guidance that will be of interest to Students' Unions.

Students Against Depression Website - Students Against Depression offers information and resources validated by health professionals alongside tips and advice from students who have experienced it all themselves. Students Against Depression offers

comprehensive, award-winning information and resources to help identify low mood or depression and then find a way forward.

Student Minds - Student Minds believe that peer interventions can change the state of student mental health; they deliver research-driven training and support to equip students to bring about positive change on their campuses through campaigning and facilitating peer support programmes.

Time to Change - Time to Change is the biggest programme to challenge mental health stigma and discrimination - run by the leading mental health charities Mind and Rethink Mental Illness. Time to Change has worked in partnership with various students unions and institutions to help develop plans of action and sign pledges.

Young Minds - Young Minds are committed to improving the emotional wellbeing and mental health of children and young people; using those experiences to campaign, research and influence policy and practice.

Suicide Prevention Charities

CALM - The Campaign Against Living Miserably is a registered charity which exists to prevent male suicide in the UK by: offering support to men in the UK, of any age, who are down or in crisis via a helpline and website; challenging a culture that prevents men seeking help when they need it; pushing for changes in policy and practice so that suicide is better prevented.

Grassroots Suicide Prevention - This Brighton based charity work on suicide prevention by delivering training and skills development, including ASIST (Applied Suicide Intervention Skills Training) and safeTALK (Suicide Alertness For Everyone).

Developed by LivingWorks Education these courses combine to form a consistent community approach to suicide prevention.

NSPA – The National Suicide Prevention Alliance is an alliance of public, private, voluntary and community organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those affected by suicide.

PAPYRUS – The Prevention of Young Suicide draw from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in campaigns to save young lives. PAPYRUS deliver awareness and prevention training, provide confidential support and suicide intervention through HOPELineUK, campaign and influence national policy, and empower young people to lead suicide prevention activities in their own communities.

Suicide Safer London - Suicide-Safer London is a community interest company and not-for-profit social enterprise, created by a consultancy of experienced international trainers in the field of suicide prevention. They particularly focus on delivering training and developing 'suicide safer communities'.

Survivors of Bereavement by Suicide - Survivors of Bereavement by Suicide exist to meet the needs and break the isolation experienced by those bereaved by suicide. They use a peer support style model to provide a safe, confidential environment in which bereaved people can share their experiences and feelings.

TASC - The Alliance of Suicide Charities is a group of organisations and charities working on mental health and suicide prevention in various contexts. They do not provide services directly but their website acts as a useful directory.

Organisations in Wales

Gofal – Gofal are a leading Welsh mental health and wellbeing charity who provide a wide range of services to people with mental health problems, supporting their independence, recovery, health and wellbeing. They also lobby to improve mental health policy, practice and legislation, as well as campaigning to increase public understanding of mental health and wellbeing.

Hafal - Hafal (meaning 'equal') is the principal organisation in Wales working with individuals recovering from serious mental illness and their families. They are run by the people they support – individuals with serious mental illness and their families.

Mind Cymru – Mind Cymru provide advice and support to empower anyone experiencing a mental health problem and campaign to improve services, raise awareness and promote understanding.

Time To Change (Wales) - Time to Change Wales is the first national campaign to end the stigma and discrimination faced by people with mental health problems by improving knowledge and understanding about mental illness and, most importantly of all, get people talking about mental health.

Organisations in Scotland

ALISS – ALISS, A Local Information System for Scotland, is a search and collaboration tool for health and wellbeing resources in Scotland. It helps signpost people to useful community support and is a good place to start if you are looking to develop relationships locally.

SAMH – The Scottish Association for Mental Health is a major mental wellbeing and suicide prevention charity in Scotland that delivers community based services for people with mental health problems, national programmes around bullying and stigma, as well as conducting research and lobbying on national policy.

See Me - See Me is Scotland's programme to tackle mental health stigma and discrimination. They work with people to change negative behaviour towards those with mental health problems and aim to ensure that the human rights of people with mental health problems are respected and upheld.

SRN – The Scottish Recovery Network supports people to recovery from mental ill health through various programmes including peer support. They also campaign on access to support services and mentally unwell people's rights, as well as producing research and guidance.

Organisations in Northern Ireland

Aware – Aware works exclusively with those with depression and bipolar disorder. The focus of their work is to offer support to people dealing with these conditions, and educate the public about the realities of these conditions.

NIAMH – The Northern Ireland Association for Mental Health is the largest and longest established independent charity focusing on mental health and wellbeing services in Northern Ireland. The charity provides a variety of support to people struggling with their mental health including housing advice, day support and advocacy services.

Further reading

There are a number of important documents produced over the last couple of years which give further information, guidance and recommendations on what students' unions, and education providers can be doing to tackle mental health amongst students. The following resources may be useful to gather further information on what your students' union can be doing and how you can lobby your institution to ensure good practice is being followed.

Related NUS research and resources:

- NUS Research – In 2013 NUS produced the [Mental Distress Survey Overview](#) which is a good introduction to the state of mental health in the student population.
- NUS Scotland Research - [Silently Stressed](#): A survey into student mental wellbeing was produced into 20110 and gives information about students who experience mental health problems, including what causes mental distress, why many students don't disclose and difficulties in accessing services, as well as providing an insight into the mental health problems specifically faced by Scottish students and covers provision in both FE and HE.
- [Homes Fit For Study Report](#) – This 2014 report details the reality of students living conditions in the private sector and has a range of qualitative and quantitative evidence.
- [Ready to Rent](#) – This is NUS' resource on training students about their rights in the private rented sector.
- [Preventing PREVENT handbook](#) – This resources gives full details of the impact of the PREVENT agenda and the various campaigns students' unions and activists can use to resist it.

- [Lad Culture Audit Report](#) - In 2015 NUS produced this report following an audit in several member unions; it details the state of policy and practice at FE and HE institution in relation to tackling Lad Culture.

Government suicide prevention strategies

- England - HMG (2012), [Preventing Suicide in England](#)
- Scotland - G (2013), [Suicide Prevention Strategy 2013-2016](#)
- Wales - WAG (2009), [Talk to Me: The National Action Plan to Reduce Suicide and Self-Harm](#)
- Northern Ireland - DHSSPS (2006), [Protect Life - A Shared Vision: The Northern Ireland Suicide Prevention Strategy and Action Plan](#)

Support and signposting:

- [Northern Ireland Health and Social Care Directory](#) – This document is a list of government and non-governmental organisations that can support the public with a variety of needs.
- HEFCE – The 2015 [Understanding provision for students with mental health problems and intensive support needs](#), gives an overview of student support and counselling services in the Higher Education sector.
- ECU (Scotland, FE) - [Supporting staff and learners experiencing mental health difficulties](#), produced in 2013 presents the research into disclosure issues for staff and learners experiencing mental health difficulties in Scotland's colleges. It also provides a number of good cases studies on what colleges are doing to tackle mental health problems amongst staff and students in Scotland.

- Association of Colleges – This 2015 survey from the AoC on [students with mental health conditions in Further Education](#) is the most recent analysis of mental health provision in further education. It provides an insight into where some of the key gaps are and how these should be addressed- including looking at Government and NHS policy.
- ECU - [Understanding adjustments: supporting staff and students who are experiencing mental health difficulties](#) - This guidance gives you information on what reasonable adjustments should be provided to students with mental health difficulties. There are number of case studies on the good work Universities and Students' Unions are doing which are highlighted throughout this report.

Sector recommendations:

[Samaritans Media Guidance](#) – This is the full guidance from the Samaritans on how the press should report on suicide.

PAPYRUS – This report from Stanley et al.(2007), [Responses and Prevention in Student Suicide](#), is the first qualitative piece of research conducted around student suicide. It is key to our understanding of how to prevent student suicide. The end of the report provides a useful summary of the research findings and implications.

UUK/SCOP - [Reducing the risk of student suicide: issues and responses for higher education institutions](#) was written in 2002 and gives guidance on the risk of suicide and attempted suicide amongst the student population and how institutions can take appropriate steps to minimise those risks, including providing a number of important recommendations for the sector.

UUK - '[Student mental wellbeing in higher education. Good practice guide](#)' - This guide is the most up to date document for

Higher Education Institutions on how to tackle student mental health problems. It gives a number of recommendations around what universities' mental health strategies should look like and what policies and training should be in place. You can find a list of their recommendations on pp 6 of the report.

Royal College of Psychiatrists - Similar to the UUK guidance highlighted above, this report gives a detailed analysis of the barriers to tackling mental health problem in higher education and gives a list of recommendations for how institutions and the NHS can improve student health.

Learning and Work (FE) -The Learning and Work institute supports the learning and skills of adult learners and provides a range of guidance and resources for further education institutions. The Mental health in further education link will direct you to further information around best practice and guidance in the sector.

Endnotes

¹ The divorce rate is increasing where it is expected that 42% of marriages will end in divorce, most commonly in the age group 40-44, coinciding with children at university age. Please see [Office of National Statistics](#)

² Please see [Mind – How common are mental health problems](#)

³ NUS (2013) [Mental Distress Survey Overview](#), London: NUS.

⁴ See the [Guardian](#)

⁵ Nightline (2014) *Psychological distress in the UK: prevalence, timing and accessing support*: Nightline

⁶ HEFCE (2015) *Understanding provision for students with mental health problems and intensive support needs*, HEFCE: London.

⁷ ECU (2015) [Equality in higher education: statistical report 2015](#), Part 2: students, London: ECU

⁸ NUS (2013) *Mental Distress Survey Overview*, London: NUS.

⁹ Please see NUS Scotland (2010) *Silently Stressed: A survey into student mental wellbeing*. Scotland: NUS Scotland.

¹⁰ NUS (2013) *Mental Distress Survey Overview*, London: NUS

¹¹ NUS Scotland (2010) *Silently Stressed: A survey into student mental wellbeing*. Scotland: NUS Scotland

¹² AMOSSHE (2015) *Psychological profile of an academic year*, Dundee University: AMOSSHE. Pp21

¹³ Please see the [Guardian](#)

¹⁴ Please see AMOSSHE (2015) [Psychological profile of an academic year](#), Dundee University: AMOSSHE.

¹⁵ Please see: [BBC](#)

¹⁶ Royal College of Psychiatrists (2011) [The mental health of students in HE](#): London.

¹⁷ UUK (2015) *Student mental wellbeing in higher education. Good practice guide*, UUK: London.

¹⁸ Please see [Student Minds 'Transitions Campaign'](#):

- ¹⁹ Royal College of Psychiatrists (2011) *The mental health of students in HE*: London. pp 20
- ²⁰ [Shakira says](#)- Issue 3.
- ²¹ Please see <https://www.gov.uk/government/publications/post-16-education-and-training-institutions-area-based-reviews>
- ²² AoC (2015) *Association of Colleges (AoC) survey on students with mental health conditions in Further Education*, London.
- ²³ HEFCE (2015) *Understanding provision for students with mental health problems and intensive support needs*, HEFCE: London.
- ²⁴ ECU (2013) *Supporting staff and learners experiencing mental health difficulties: FE colleges research*.
- ²⁵ Please see the [Association of Colleges' website](#)
- ²⁶ Warwick. I et al. (2006) *Mental health and emotional well-being of students in further education – a scoping study*, Thomas Corum Research Unit: London
- ²⁷ NUS Scotland (2010) *Silently Stressed: A survey into student mental wellbeing*. Scotland: NUS Scotland
- ²⁸ Please see <https://www.gov.uk/government/publications/post-16-education-and-training-institutions-area-based-reviews>
- ²⁹ HM Government (2015) *Preventing suicide in England: Two years on*: London.
- ³⁰ Please see <http://www.who.int/mediacentre/factsheets/fs398/en/>
- ³¹ O'Connor et al. (2013) 'Psychological Processes and Repeat Suicidal Behavior: A Four-Year Prospective Study' *Consult Clin Psychol*, 81(6): 1137–1143
- ³² Papyrus (2007) *Responses and prevention in student suicide*, London: Papyrus
- ³³ Please see the presentation O' Neill, S (2015) *Understanding suicide in students and young people*. This was delivered at NUS' roundtable on student suicide in November 2015.
- ³⁴ Please see Samaritans (2016) *Suicide Statistics Report 2015*; London: Samaritans.
- ³⁵ Papyrus (2007) *Responses and prevention in student suicide*, London: Papyrus

- ³⁶ This information was obtained from the Office for National Statistics in response to a Freedom of Information request. See <http://www.theguardian.com/higher-education-network/2012/nov/30/student-suicide-recession-mental-health>
- ³⁷ Hawton and Casey (2012) Suicide and deliberate self-harm in Oxford University students over a 30- year period, *Soc Psychiatry Psychiatr Epidemiol* 47:43–51
- ³⁸ Ibid.
- ³⁹ Please see Louis Appleby's presentation at the National Suicide Prevention Alliance Conference, 2016. Visit: <http://www.nspa.org.uk/>
- ⁴⁰ Papyrus (2007) *Responses and Prevention in Student Suicide: The RaPSS Study*, Preston: Papyrus.
- ⁴¹ NUT Reference: NUT (2016), [*Exam Factories*](#).
- ⁴¹ Please see: <https://www.mentalhealth.org.uk/a-to-z/m/mindfulness>
- ⁴² Please see: <https://www.mentalhealth.org.uk/a-to-z/m/mindfulness>
- ⁴³ ECU (2015) [*Understanding adjustments: supporting staff and students who are experiencing mental health difficulties*](#)
- ⁴⁴ NUS (2014) [*Homes fit for study*](#)
- ⁴⁵ Ibid
- ⁴⁶ NUS (2014) [*Ready to Rent*](#)
- ⁴⁷ NUS (2015) [*Lad Culture audit report*](#)
- ⁴⁸ ECU (2015) [*Understanding adjustments: supporting staff and students who are experiencing mental health difficulties*](#)
- ⁴⁹ Ibid
- ⁵⁰ Please see [Send silence packing suicide prevention campaign](#)
- ⁵¹ Please see <http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>
- ⁵² UCL and KCL case study - Stanley et al.(2007), Responses and Prevention in Student Suicide, available at [www.new.papyrus-uk.org/ attachments/PSSsummary.pdf](http://www.new.papyrus-uk.org/attachments/PSSsummary.pdf)
- ⁵³ Ibid
- ⁵⁴ Ibid

⁵⁵ Ibid

⁵⁶ UUK/SCOP (2002), *Reducing the Risk of Suicide*

⁵⁷ Please see Dollery R et al. (2011). *Investigation into Mental Health Support needs of International Students with particular reference to Chinese and Malaysian students*, Nottingham: University of Nottingham

⁵⁸ ECU (2015) [Understanding adjustments: supporting staff and students who are experiencing mental health difficulties](#)

⁵⁹ Ibid

⁶⁰ Ibid

⁶¹ Ibid

The NUS Disabled Students' Campaign represents students who self-define as Disabled across over 600 Students' Unions in the UK. Students might define for a whole range of reasons, including; mobility impairments, sensory impairments, long-term health conditions, learning difficulties; neurodiverse conditions, or mental health problems.

The Campaign aims to remove the stigma from all disabilities, challenge perceptions and encourage all members of our society to take a positive attitude towards understanding the nature of disability and overcoming prejudices. It is our aim to create a Higher and Further Education system that is accessible to all and allows disabled students to survive and thrive.

To find out more about the work of the Campaign and sign up to our newsletter, go to: <http://www.nus.org.uk/en/who-we-are/how-we-work/disabled-students/>

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