



Gower College Swansea
Coleg Gŵyr Abertawe

POLICY ON STUDENTS WITH MENTAL HEALTH DIFFICULTIES (2016-2019)

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CONTENTS

| Section | Page No |
|--|----------------|
| 1. Context | 3 |
| 2. Scope | 3 |
| 3. Statement of Purpose | 3 |
| 4. Body of Policy | 3 |
| 5. Assessment Process | 4-5 |
| 6. Record Keeping | 5 |
| 7. Appeals Procedure | 5 |
| 8. Appendices | |
| 8.1 Mental Health Conditions | 6-8 |
| 8.2 Emergency Procedures | 9 |
| 8.3 Related Policies : | |
| a) Admissions Policy | |
| b) Enrolment of Students with Criminal Convictions | |
| c) Substance & Alcohol Misuse | |

1. Context

Gower College Swansea, Mental Health Policy (Students) is designed to support students with their mental well being and be able to respond to the needs of students with severe and enduring mental illness.

2. Scope

The policy will apply to all full and part time learners with diagnosed or suspected mental health problems.

The policy ensures all applicants are asked to disclose if they have a mental health problem. Those that disclose a serious and enduring mental health problems will be asked to complete a disclosure form and provide us with permission to speak to their mental health worker.

For applicants with serious and enduring mental health problems a supportive panel consisting of representatives from Gower College Swansea and any appropriate external agency, i.e. CPN, Trehafod etc. will convene to assess if the course chosen by the applicant will have any impact on their condition and the level of support that may be required. It is important to remember that the majority of people do recover or learn to lead meaningful and fulfilled lives.

3. Statement of Purpose

The purpose of this policy is to ensure that any prospective student with a mental health problem is supported to apply for an appropriate course within college. The college will work with the individual and any supporting agencies to ensure the course is appropriate and the correct environment is provided for the learner.

All efforts will be made to signpost to an alternative pathway if the original course selected is deemed unsafe for the applicant or the college community.

4. Body of Policy

The Disability Discrimination Act 1995 and the Special Education Needs and Disability Act 2001, place a duty on organisations not to discriminate against learners with mental health difficulties. Gower College Swansea is committed to supporting Learner well-being and to supporting applicants with a mental health problem to apply for appropriate courses.

5. **Assessment Process**

All applicant's full-time or part-time are asked to indicate on their application form if they suffer with mental health problems.

If the condition is not a serious and ongoing, the Health Advisor will discuss with the applicant their illness, symptoms and how they manage it. The Health Advisor will record this discussion on the medical database and providing they feel that the condition is in control and the course applied for poses no threat to the applicant's condition, there will be no further action. If however, the Health Advisor has any concerns, she will ask for a further discussion with the applicant's mental health worker, for further advice.

If the diagnosis is a serious and on-going condition, the Learner Services Manager will convene a supportive panel which will consist of:

- The Learner Services Manager
- The Learning Area Manager or WBL Manager or the Dean of Faculty or the Skills for Business & Industry Manager
- The Student Health Advisor
- The applicant's key agency worker for their mental health condition.

A written reference will be requested from the mental health worker or a request to see the unified assessment, so we can accurately measure potential risk to either the student or the college community.

The college will be objective when measuring the risk of enrolling a student with serious and on-going mental health problems and will:

- Focus on the applicant's abilities, skills, qualifications and experience
- Consider the nature of the mental health condition and the relevance to the course chosen and the college environment
- Identify any risk imposed to staff, students and visitors
- Recognise that having a serious and on-going mental health problem does not mean an inability to learn or achieve. Serious mental health problems are often managed appropriately and hold no risk while managed.

Once the assessment is complete the applicant will be informed of the outcome. The outcome will consist of:

- Conditions to be adhered to in order to admit the applicant as a student, which could consist of additional support within the college

- The decision that it is not appropriate to admit the applicant to attend the course of choice, should this be the case, all efforts will be made to look at suitable coursing and careers guidance for the applicant. In addition any Course Fees incurred during enrolment would in normal circumstances be refunded

Students making a disclosure need to feel confident that their mental health difficulties will remain confidential unless there is a specific need to inform anyone else, in which case this will be on a strictly need to know basis. Records will be kept of who has been informed of the mental health difficulties, with reasons why, this information will be shared with the applicant.

It is quite feasible that a student may have an ongoing and serious mental health problem, but does not disclose this on the application/enrolment form. Where a serious and ongoing mental health problem later comes to light, the assessment process will be convened at this point.

6. Record Keeping

All records, which will include the Mental Health Disclosure Form, the Assessment Form (GCS2), the Reference from key agency working with the applicant and any future Progress Reports relating to conditions of being admitted to college will be retained securely in a locked filing cabinet in the Learner Services Manager's office. These records will be destroyed when the student completes their course or leaves the college, whichever is the earliest.

7. Appeals Procedure

The applicant has the right to appeal against the criteria implemented, the applicant will need to follow Gower College Swansea Appeals Procedure available in the Student Handbook, the college intranet or upon request.

8. Appendices

8.1 Mental Health Conditions

Students who experience a mental health difficulty will broadly fall into three categories:

- Individuals who enter the college with long term and enduring difficulties with their mental health
- Individuals with emerging mental health difficulties
- Individuals with temporary but debilitating conditions or reactions

The term mental health difficulty encompasses a range of conditions.

The more common conditions are outlined below:

Anxiety: Agitation, disturbed sleep pattern, physical symptoms, including panic attacks. Anxiety can vary in how long it lasts, from a few moments to many years. An anxiety disorder differs from normal anxiety in the following ways:

- It is more severe
- It is long lasting
- It interferes with the person's life

Depression: low mood, lack of motivation, lack of motivation, withdrawal, sense of emptiness, suicidal thoughts. Clinical depression is a common but serious illness and is often recurrent. Around 1 in 4 young people will have had clinical depression by the end of adolescence.

Symptoms of depression in young people

If people are clinically depressed they will have, for at least two weeks, five or more of the symptoms listed below, including at least one of the first two.

- An unusually sad or irritable mood that does not go away
- Loss of enjoyment and interest in activities that used to be enjoyable
- Lack of energy and tiredness
- Feeling worthless or feeling guilty when they are not really at fault
- Thinking about death a lot or wishing they were dead
- Difficulty concentrating or making decisions
- Moving more slowly or, sometimes, becoming agitated and unable to settle
- Having sleeping difficulties or, sometimes sleeping too much
- Loss of interest in food, or sometimes, eating too much

Bi-polar disorder: Depression plus episodes of mania, i.e. elated mood, reckless behaviour, restlessness and high energy. Unstable behaviour patterns. During periods of depression, the person has some or all of the symptoms listed above for depression.

Common symptoms for mania include:

- Increased energy and over activity
- Elated mood
- Needing less sleep than normal (can go days with very little sleep)
- Irritability
- Grandiose delusions

Bipolar affects 1-2% of people, with males and females being equally affected.

Psychosis: A broad term used when a person loses contact with reality. Schizophrenia is the most common 'psychotic' condition. The main psychotic illnesses are schizophrenia, bipolar disorder, psychotic depression and drug induced psychosis. Psychotic illnesses are not among the most common mental health problems. Over a lifetime, the risk of developing schizophrenia is 1% and bipolar disorder 1-2%.

Anorexia Nervosa: An eating disorder characterised by distorted body image and extremely low dietary intake. Anorexia occurs in young people who over evaluate their body shape and weight. The young person may be seriously underweight, however the young person would see this as a success as opposed to a problem and would have little motivation to change.

Symptoms of Anorexia are:

- Over evaluation of body weight or shape, so self worth is largely valued in these terms
- Loss of menstrual periods in females who have reached puberty
- Obsessive concern about body weight, shape and dieting
- Unrealistic belief about being fat
- Cutting out foods that were once enjoyed
- Excessive exercising

Anorexia is not common, affecting less than 1% of teenage girls

Bulimia: An eating disorder characterised by binge eating and induced vomiting/diarrhoea

The main characteristics of bulimia nervosa are:

- Over evaluation of body weight, shape
- Repeated episodes of over eating
- Frequent use of vomiting or laxatives to control weight or excessive use of exercise

Recreational drug and alcohol use often has a significant role to play in the cause or presentation of a mental health issue

People with substance use disorders also tend to have other mental health problems. These are commonly anxiety, depressive or psychotic disorders.

Alcohol is the substance of abuse most commonly used by young people and use has been increasing over the past decade.

In young people who binge drink, intoxication can bring problems in the short term such as:

- Physical injuries and risk taking
- Sexual risk taking
- Suicide and self injury

Only a small minority of young people will meet the criteria for substance use disorders, because they have not used a substance long enough to develop the problems of dependence.

8.2 Emergency Procedures

8.2.1 Psychotic behaviour

A very small percentage of people with psychotic disorders actually display this behaviour as threatening. Research clearly shows that that violence and threatening behaviour is more common when there is alcohol and drugs involved

Where a student presents as having a mental health condition and displays behaviour that:

- Demonstrates they are at an imminent risk of harm to self and/or others
- Demonstrates high levels of distress and high risk behaviour due to compromised thinking and/or judgement, accompanied by a lack of response to social controls

They should be considered an emergency situation, which requires immediate intervention.

Guidance to follow should a student display threatening behaviour

- Do not try to restrain a violent person, do not block their escape and make sure you are positioned for an easy exit.
- Call the police, inform the police that the person has a mental health illness and requires medical help.
- Create where possible a calm atmosphere which is non threatening.
- Comply with reasonable requests and listen in a non judgemental way

- Provide reassurance to the student and wait for professional assistance

8.2.2 Guidelines for dealing with students that disclose they are suicidal

This is a guide for staff, to help them to deal with situations when a student discloses they are having suicidal thoughts. Emergency situations include:

- Someone who is talking about suicide
- Someone who has taken an overdose i.e. more than the prescribed dose of **any** medication
- Someone who has self harmed to a life-threatening extent (when the bleeding is not controlled by applying direct pressure for 2 minutes, or where pressure of blood flow is too great to apply pressure effectively).

The college has a number of trained staff. They are

- Angela Clark (Tycoch)
- Julie Wadham (Gorseinon)
- Tamsyn Oates (Tycoch/LYB)
- Ian Billington (Gorseinon)
- Mohammed Quasim (Tycoch)
- Cathy Thomas (Gorseinon)
- Chris Williams (Tycoch)

Please talk to a member of the team first. They are trained to talk to students with suicidal thoughts and can make an assessment of the risk involved.

What to do if a member of the team is not available:

- Gently talk to the student and ask whether he or she has made a specific plan to take their own life, gently ask if they have done anything to carry it out. Explain the reasons for your concerns.
- Listen openly to the student, tell the student that you care and that no matter how overwhelming his or her problems seem, help is available.
- If a student has a detailed plan or appears acutely suicidal and will not talk, he or she could be in immediate danger and it is important to get help right away.
- Do not leave the student alone, and seek help immediately, getting him/her to a hospital emergency room if necessary.

After the incident please pass on the name and contact number of the person you are helping and pass it on to the Learner Services Manager as soon as possible.

All of these incidents are followed up.

9. Welsh Language

Mae Coleg Gŵyr Abertawe yn ymrwymedig i hyrwyddo'r iaith Gymraeg a bydd yn ymdrechu i ddelio ag anghenion siaradwyr Cymraeg â'u cefnogi yn unol â Chynllun Iaith Gymraeg y Coleg.

Gower College Swansea is committed to the promotion of the Welsh language and will endeavour to address and support the needs of Welsh speakers in accordance with the College's Welsh Language Scheme.