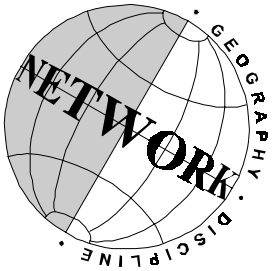

http://www.glos.ac.uk/gdn/

Providing Learning Support for Students with Mental Health Difficulties Undertaking Fieldwork and Related Activities

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Jacky Birnie and Annie Grant

Table of Contents

About the Authors

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Jacky is Senior Lecturer in Physical Geography and Natural Resource Management at the University of Gloucestershire. She has ten years' experience in teaching in higher education, including many field classes. Jacky's research interests and student expeditions have taken her to remote areas. Jacky also taught for three years in secondary education, again with field class experience at various levels, and with mixed ability groups. She is active in research into teaching and learning in geography at the school/higher education interface, and her work has included the Geography Discipline Network project on key skills in geography in higher education.

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Editors' Preface

Awareness of the need to develop inclusive practices, which provide equal opportunities for disabled students in various parts of their courses, is beginning to spread through Higher Education Institutions (HEIs) in the UK. This has been stimulated by the publication of the Quality Assurance Agency (QAA) (2000) *Code of Practice – Students with Disabilities* and the extension of the Disability Discrimination Act (1995) to education through the Special Education Needs and Disability Act (2001).

This series of guides to providing support to disabled students undertaking fieldwork and related activities is the main output from a project funded by the Higher Education Funding Council for England's (HEFCE) *Improving Provision for Disabled Students Funding Programme*.

The advantage of focusing on fieldwork is that many of the issues faced by disabled students in higher education are magnified in this form of teaching and learning. If the barriers to full participation by everyone can be reduced or overcome it is likely that our awareness of the obstacles to their full participation in other learning activities will be heightened and the difficulties of overcoming the barriers will be lessened.

The project has been undertaken by the Geography Discipline Network, a consortium of old and new universities based at the University of Gloucestershire, whose aim is to research, develop and disseminate good learning and teaching practices in geography and related disciplines. This project was undertaken by a group of geographers, earth and environmental scientists working alongside disability advisers and educational developers.

There are six guides in the set. The first '*Issues in Providing Learning Support for Disabled Students Undertaking Fieldwork and Related Activities*' provides an overview to the series, including the role of fieldwork models of disability, barriers and strategies and the legislative and quality assurance frameworks. It also discusses ways of developing an inclusive fieldwork curriculum and the role on institutional disability advisers. The text is peppered with case studies and boxed examples of good practices. Each of the remaining guides addresses the application of these general issues along with the particular circumstances involved in providing support to particular groups of disabled students:

- Providing Learning Support for Students with Mobility Impairments Undertaking Fieldwork and Related Activities
- Providing Learning Support for Blind or Visually Impaired Students Undertaking Fieldwork and Related Activities
- Providing Learning Support for d/Deaf or Hearing Impaired Students Undertaking Fieldwork and Related Activities
- Providing Learning Support for Students with Mental Health Difficulties Undertaking Fieldwork and Related Activities
- Providing Learning Support for Students with Hidden Disabilities and Dyslexia Undertaking Fieldwork and Related Activities

These categories are ones commonly used in providing information, support and analysis of disabilities. Furthermore, many of the obstacles that disabled students face in undertaking fieldwork, and the appropriate methods of overcoming or minimising them, are specific to the kind of disability. Despite using medical categories for describing disabilities we are committed to emphasising a social model to exploring disability, which emphasises the barriers to disabled students which society creates. The distinction between the medical and social model is important because it shifts the responsibility for improving the provision for disabled students from individuals (blaming the victim), to society and the strategies and policies that higher education institutions and their constituent departments develop and enact. The emphasis of this series of guides is on identifying the barriers that disabled students face to participating fully in fieldwork and the ways in which institutions, departments and tutors taking field classes can help to reduce or overcome them.

The net outcome of the quality assurance and legislative changes is that HEIs will need to treat disability issues in a more structured and transparent way. In particular we may expect to see a relative shift of emphasis from issues of recruitment and physical access to issues of parity of the learning experience that disabled students receive. The implication of this shift is that disability issues 'cannot remain closed within a student services arena but must become part of the mainstream learning and teaching debate' (Adams & Brown, 2000, p.8). But there is an opportunity here as well as a challenge. As we become more sensitive to the diversity of student needs we can adjust how we teach and facilitate learning in ways which will benefit all our students.

Phil Gravestock and Mick Healey
University of Gloucestershire
November 2001

References

Adams, M. & Brown, P. (2000) *'The times they are a changing': Developing disability provision in UK Higher Education*, paper presented to Pathways 4 Conference, Canberra, Australia, December 6-8.

All World Wide Web links quoted in this guide were checked in November 2001.

1 Access to Fieldwork for Students Experiencing Mental Health Difficulties

This guide encourages staff to plan fieldwork with consideration for the needs of students experiencing mental health difficulties. The guide will help lecturers to provide opportunities for fieldwork learning that may benefit all students and reduce barriers to effective learning.

Guidelines are suggested which do not require any specialist knowledge of mental illness and most of the proposals are very simple to implement. In developing this guide we have tried to make it as practical and realistic as possible by including information derived from the experiences of staff and students.

We have provided some brief information that will help staff to understand and/or recognise some of the most common mental illnesses to help them to reduce their own anxiety about their ability to support students who are ill. However, the diagnosis of mental illness must be left to appropriately clinically qualified experts. When using any part of this guide you should also remember that the best source of information is frequently the individual students concerned: it is not 'the condition' that is being offered fieldwork, it is the person!

2 What Do We Mean By 'Mental Health Difficulties'?

Many of us experience some of the symptoms of mental illness at some points in our lives. These may range from bouts of the blues or a strong dislike of spiders through to severe paranoia. At one end of the spectrum such difficulties are unlikely to impede functioning and would not lead to a diagnosis of a specific illness, while at the other their severity may require long-term medical intervention. A recent survey suggested that approximately 10-15 per cent of students are experiencing difficulties that may benefit from or require some form of professional intervention, ranging from counselling to medication or, more rarely, hospitalisation. Mental ill-health, like physical ill-health, is rarely permanent and most of those who are or have been ill make full recoveries.

It is important to recognise that for some people, some of the time, their mental state creates a barrier that impedes effective learning. If we aim to reduce the most obvious barriers for those students with a diagnosed condition, such as severe anxiety or depression, we also reduce many more small impediments are felt across the student population but are never revealed.

(Your teaching may finally reach some parts of the student body it never did previously!)

See also Sections 6.4 and 8.2 for information about common illnesses and symptoms and behaviours that might indicate mental health difficulties.

3 Fieldwork for Students with Mental Health Difficulties: a Particular Cause for Concern?

Amongst the different teaching and learning modes that we use, fieldwork has perhaps the greatest potential to put students into unfamiliar and testing situations in which they may feel anxious and unable to cope. Students on fieldwork are likely to be:

- away from home
- away from supportive friends
- in a challenging physical environment
- in a challenging social environment
- asked to divulge personal responses
- living communally
- on unfamiliar territory, particularly when in a foreign country
- completing tasks in groups
- travelling long distances using unfamiliar modes of transport
- away from professional support, such as a GP, counsellor or psychiatrist.

Despite the conviviality of fieldwork, students may still feel very much on their own and very anxious: the fieldwork experience may therefore exacerbate existing difficulties. There is still a stigma attached to mental illness and therefore a possibility that staff are unaware of a student's problems and unprepared for any difficulties that the fieldwork experience may provoke. Other students may also be exposed to behaviours of their peers that they were not previously aware of.

4 Effective Fieldwork for Students Experiencing Mental Health Difficulties

This guide is divided into six sections, designed to help you to ensure that the fieldwork experience is effective and enjoyable for **all** students and staff:

Preparation and Communication
: Guidance on preparatory actions that can be taken to reduce the impact of any difficulties that may be experienced by students

In the Field
: Guidance on supporting students during fieldwork

Confidentiality
: Brief guidance on the issue of confidentiality in respect of students' personal concerns

Identifying and Responding to Students in Difficulty
: Information to help staff to recognise the symptoms of mental illness and gives general advice for staff who encounter students who are experiencing mental health difficulties, including action in an emergency

Case studies
: Some experiences of colleagues, and their recommendations

Further Information
: Access to a range of other relevant sources of information, help and advice.

The sections can be accessed sequentially or individually. The information in each of the sections is inevitably inter-related, and relevant links are provided where appropriate.

5 Preparation and Communication

For the majority of students who are experiencing mental health difficulties, the fieldwork experience will not present any particular problems. However, most of us feel some anxiety about unfamiliar situations, and some students may feel particularly concerned about a prospective fieldcourse: **raised levels of anxiety** are a component of many mental illnesses. As a member of staff involved in fieldwork you can, through careful planning and preparation, reduce the levels of anxiety, enhancing the experience for everyone.

You may have been to a field destination for many years, and be confident that the students will enjoy the learning experience. It is easy to forget how much information students feel they need about something which is totally unknown to them. It is also easy to assume that you have covered everything they need to know in your introductory lecture. Assume that the entire fieldwork experience is uncharted territory, and this will help you anticipate their anxieties.

Listed below are some actions that you can take to help to reduce students' anxiety levels prior to the field visit:

- give clear information in checklists (Section 5.1)
- add to your handouts: an opportunity to make learning a pleasure! (Section 5.3)
- ensure individual students can communicate with you (Section 5.4).

Staff may also be anxious about the field experience, particularly if they are aware that some students have a mental illness and they are unsure how they should respond. Sections 6 and 8 address staff concerns in more detail.

5.1 Give clear information in checklists

Checklists can be very helpful in helping to reduce anxiety. They should include comprehensive information and be available in a range of formats: delivered verbally, on paper and, if possible, on the Web, perhaps as a list of Frequently Asked Questions.

When writing your checklist, do not assume that students have any prior knowledge – give full details of everything relevant. Include a summary tick box check list of all equipment, books, clothing, money and documentation required, and include **medicine and other essential personal items**.

Section 5.2 lists some of the topics that your checklist should cover. These are the familiar topics that your briefing material almost certainly includes.

Don't aim for the 'average' student, aim for the 'anxious' student.

5.2 Categories of logistic anxieties

Transport and travel (Section 5.2.1)

Weather

Include information on day and night temperatures, and exposure to sun, wind and rain.

Footwear and clothing

Luggage and equipment

Money, passports and other documentation

Communication
Including access to phone, email etc.

Health and fitness
Include information about the amount of walking/climbing that is required, and the length of the working day.

Medical facilities
Include details of the local medical facilities available, and a reminder of which staff are qualified first aiders. Remind students to bring adequate supplies of their own medication.

Living and sleeping arrangements
Give clear information, including the number of beds per room, and details of other shared facilities, including bathrooms.

Food and drink
Give information on the type of food available including any opportunities/requirements to purchase their own food (including likely cost). Indicate the frequency and timing of meals.

5.2.1 Transport and travel

Travelling to unknown destinations can make most of us anxious; some aspects of travel may be particularly anxiety provoking, for example air travel or coach journeys in mountainous regions. Give clear and detailed information about every stage of the journey and each day in the field when there are journeys to be made so that students are not unnecessarily worried, and can prepare themselves for the journeys.

'The bus will leave at 6am and arrive about 3pm' may not include enough information to allay the anxieties of some of the students. Include brief information on each aspect of the travel involved. For example:

> The bus will leave from outside the Geography main entrance at 6.30 am on Monday 1st May.
>
> - The coach is equipped with toilet facilities, but we shall also be making stops at service stations every 3 hours.
> - We shall travel to Keswick in the Lake District via ... where we will stop for lunch and a visit to ...
> - You will need money on the journey to buy your lunch and snacks.
> - You should wear walking shoes and waterproof clothing as the visit to ... involves a 10 minute walk across farmland.
> - We shall arrive at the hostel in Keswick at approximately 3pm.
> - The address and contact numbers of the hostel are: ...

5.3 Add to your handouts: an opportunity to make learning a pleasure!

Information communicated on handouts can not only enhance knowledge, understanding and project management, but also create a confident learning community in the field and reduce anxiety levels.

If the information given is too brief, students may not fully understand the task that they are expected to complete, and may have other concerns about the context in which they will be working.

For example:

> At the tor make a field sketch and annotate it fully

leaves many predictable questions unanswered. Fuller information about the nature of the task, the timescale and the physical context will enhance the experience for all students and may allay any anxieties.

For example:

> We will leave the coach at the main road and may be away from it for about 3 hours. You should be prepared for rain and some rough walking terrain. The climb up to the tor takes about 1 hour at a steady pace, and will not be a problem for those of moderate fitness. There will be time for those who wish to go more slowly, and an alternative viewpoint at a lower level for those who prefer it. You will not be standing above or below steep or vertical slopes at any time.
>
> At the tor you will be working individually on your own annotated field sketch for about 30 mins, with questions and prompts from the tutor. (Provide fieldsketch title.) There will then be a short group discussion (see background reading to prepare you for this). The walk down will take approximately 45 mins.
>
> Our next stop, for lunch and bathroom facilities, will be a 10 min drive.
>
> Please ask your tutor (room/phone/email numbers) if you have any concerns about this part of the fieldtrip.

5.4 Ensure individual students can communicate with you

If a student in the group has a recognised or diagnosed mental health problem – whether it is simply vertigo or a chronic depressive illness that is being treated by medication – it may help if you knew in advance. However, students may be anxious about revealing their difficulties, particularly in a group situation, so it is important that you:

- make them feel comfortable about talking about any problems that may affect their fieldwork experience
- ensure that they can do so in private
- include some examples of mental health difficulties in the 'health and safety' questionnaire collecting health, diet and contact information from the students? For example, you might include a question about vertigo, or '*any illnesses requiring medication, for example, asthma, depression'*. This gives a message to students that such problems are not seen as unusual or in

anyway shameful. Include an area for open comment with a prompt to encourage students to mention any specific anxieties or problems that they may have

- ensure that students know that any information they give you will be treated with discretion (see Section 7)
- in briefing sessions to the whole group, make reference to the range of anxieties that students may have, and encourage students to talk about them either in the group or individually. Again, you could mention some specific concerns to encourage discussion.

Students may not only to come to see you about their own difficulties. Students may be anxious about the health of their friends and they may also be anxious about living in close proximity with students whose behaviour is unpredictable or alarming. Section 8.3 provides further information and guidance.

6 In the Field

Information provided by students in advance will help you to plan the logistics of your fieldcourse in order to minimise the chances of problems arising in the field. In most cases, this is all that will be required. However, there is still a small chance that situations may arise that give cause for concern or alarm.

This section of the guide provides information to help staff to:

- organise the fieldcourse to minimise the chances of problems occurring (Section 6.1)
- provide appropriate support while in the field (Section 6.2)
- respond to emergencies (Section 6.5).

Section 8 gives further information for staff on how to respond appropriately to students both prior to, and during, the field experience.

6.1 Organising the fieldcourse and making special arrangements

Information provided by students prior to the course can help you to minimise the effects of any problems that they have. The students themselves are usually the best source of information about their difficulties and anxieties and how best to alleviate them. In some circumstances, particularly when you suspect that there may be a problem but the student is unwilling to talk about it or admit it, it may be appropriate to ask for advice from other staff that know the student to see if they have any concerns about the student's well-being. Although counsellors or GPs will not reveal information about an individual student, they may well be able to give you general advice about the likely impact of particular illnesses and any action that you could take.

It is important to be as flexible as possible in making arrangements to suit individual needs, although you may require statements from a doctor, counsellor or psychiatrist if significant changes to what is normally expected of students are requested. You may also wish to ask for the agreement of a doctor, counsellor or psychiatrist for a student to take part in the fieldcourse if you are anxious about their safety (and the safety of others).

Any special arrangements that might be made will vary according to the specific nature of a student's difficulty but might include some of the following:

- ensuring that the student does not work alone at any time
- monitoring and checking that medication is taken
- making sure that the student is able to leave early if they are unable to cope with the experience
- offering single room accommodation
- providing additional staff or a helper to support the student
- providing alternative locations for exercises if a student is anxious about, for example, heights or enclosed spaces

- providing extra time to complete fieldwork tasks, or reducing the number that the student has to complete
- providing an alternative fieldwork venue and/or tasks close to the student's home.

Students with diagnosed mental illnesses may be able to access the Disabled Students' Allowance (DSA), which can be used to finance any special arrangements or pay for a helper or partner to accompany the student. Information about the DSA will be available from your institution's disability unit or other student services, or from the Department for Education and Skills (DfES) web site: http://www.dfes.gov.uk/studentsupport/uploads/Bridging2001.doc.

6.2 Supporting individual students in the field

The incidence of problems arising during fieldwork as a direct result of student mental illness is rare. If staff are well prepared and have briefed their students thoroughly, those who have been managing their other academic work are likely also to manage the fieldwork tasks and enjoy the experience. Staff who are aware of students' difficulties can play an important role in helping the students to cope with any particularly stressful aspects of the field experience, although students who wish their condition to remain hidden from their peers may be concerned to ensure that they are not given any special dispensations that will draw attention to themselves; their wishes should be respected if at all possible (see Section 7).

When severe problems do occur the most likely consequence is that the student concerned will choose, or be encouraged, to leave early. When a student's difficulties are known about in advance, contingency arrangements can be made. For example, a student may be allowed to bring their own car, making it possible for them to leave early, but also reducing their anxiety that they may be 'trapped' on the course.

Sometimes communal living arrangements may bring to light behaviours that are not specially problematic for the student concerned, but may be disturbing or upsetting for fellow students. Tolerance of minor eccentricities and 'odd' behaviours should be encouraged, but it is important, and quite appropriate, to make it clear to students that some behaviours are unacceptable, whatever their cause.

Eating disorders, including bulimia, self-harm and some other extreme behaviours (see Section 8.2), which may have been unnoticed by staff or fellow students in the past, may become apparent on a fieldcourse. In the case of eating disorders it is unlikely that urgent action is required, although the student should be encouraged to seek help when they return from the field. Self-harm is rarely immediately life-threatening but, if noticed by others, may cause considerable distress to staff or fellow students. It is not acceptable for a student to cut or otherwise harm themselves in the presence of other students, and if they persist in doing so they may have to be asked to leave. Any behaviour that interferes with the enjoyment or completion of the course by others or puts the safety of themselves or other students at risk cannot be tolerated, even if the student causing the problem is ill and not fully aware of the effects of their behaviour. (See also Sections 6.3 and 6.4.)

6.3 Supporting the student group

Communal living and working arrangements can create tensions as well as conviviality and companionship. Students may be anxious about sharing living and sleeping space with a student whose behaviour they perceive to be odd or in some way difficult or antisocial. You may therefore need to allay the fears of other students, and also encourage them to be tolerant and supportive of their peers. This may have to be done particularly sensitively if a student has mental health problems but does not wish others to know about it.

You have a duty of care to the student experiencing the difficulties and a responsibility to offer them the opportunities for fieldwork that are available to other students, but you also have a duty of care and a responsibility to all other students, and occasionally you may find yourself unable to meet both sets of needs. If a situation cannot be resolved by minor alterations to the practical arrangements (for example, reorganising sleeping arrangements, or changing groups around for project work) you will need to trust your own judgement about the importance of supporting the student whose behaviour is causing problems, versus protecting other students who are being prevented from taking full advantage of the fieldcourse. It may be possible to seek advice from student services staff in your own institution by phone or email. In the worst case you may have to ask the student who is causing the problems to leave. In such circumstances, which are rare, it may be necessary for a member of staff or other responsible adult to accompany the student.

If any incident has occurred during the fieldcourse that has been particularly distressing to the student group, you may have to offer them some support. Listening, reassurance and sympathy is probably all that is possible or appropriate but it is important that you can give accurate information about the support services available to students at your institution once they return from the field. Again, if you feel out of your depth, try to contact your institution's counselling or health service to ask for advice.

Section 11 includes a reference to a publication on duty of care issues (AMOSSHE, 2001).

6.4 Common illnesses and symptoms

The symptoms listed below give a very general indication of the nature of the most common psychiatric disorders affecting the student population. However, the symptoms of two individuals with the same diagnosis may present themselves in very different ways, and many symptoms are common to a number of different disorders. Mental illness should only be diagnosed by a qualified clinician. If severe, some of the conditions listed below may cause problems during fieldwork and medical advice should be sought prior to taking a student with a diagnosed condition on a fieldcourse.

Common psychiatric disorders and their symptoms

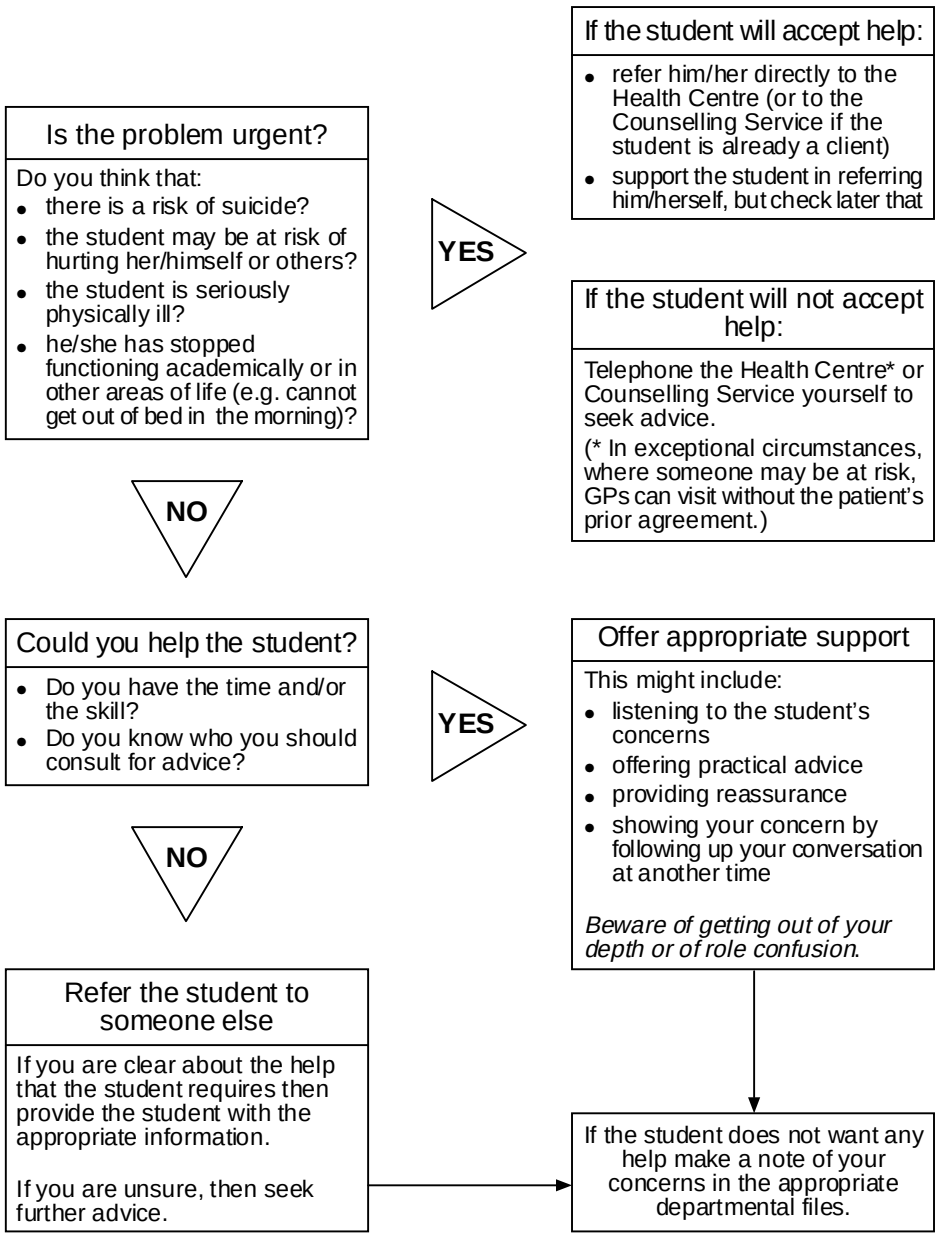
Condition	Common symptoms
Anxiety – anxiety is a normal part of life, but it can impair the ability to function if anxiety levels are very high.	Agitation, disturbed sleep, difficulty concentrating, significant changes in appetite, panic attacks and physical symptoms such as headaches, digestive difficulties and palpitations.
Depression – this is one of the most common forms of mental distress.	Low mood, lack of motivation, sense of emptiness, withdrawal, change of appetite, withdrawal, self-neglect, self-loathing, thoughts of hurting or killing oneself increased.
Mania – this is relatively uncommon. When mania occurs with periods of depression it is referred to as bipolar disorder or manic depression.	Elated mood, rapid speech, little or no sleep, relentless high energy, reckless behaviour, delusions or hallucinations (in extreme cases).
Psychosis and schizophrenia – psychosis is a broad term used to indicate conditions when the person loses contact with reality. Schizophrenia is a psychotic condition, but it is not always easy to diagnose. In students, the most common form of psychosis is drug induced.	Disordered thoughts, loss of contact with reality, hearing voices, hallucinations, believing that others are controlling their thoughts or actions, loss of emotional experience or paranoia. Other diagnostic conditions, such as anxiety, depression and mania can manifest some psychotic symptoms if sufficiently intense.
Eating disorders – these are relatively common amongst the student population, particularly amongst young women.	• Anorexia nervosa is characterised by extreme fear of being fat. Symptoms include very limited calorie intake, rigorous exercise and consequent extreme thinness. • Bulimia involves periods of uncontrolled and excessive eating often followed by self-induced vomiting or misuse of laxatives.
Obsessive-Compulsive Disorder	Repetition of behaviours, rituals, checking, repetitive thoughts.
Phobias – these can include agoraphobia, claustrophobia and social phobia.	Intense fear, usually with one focus such as heights, rats, spiders, social situations.
Addiction – the extreme end of the use of drugs and/or drink.	Excessive use of drink or drugs, physical and mental distress source withdrawn. Safety may be compromised if a student is under the influence of drink or drugs. Symptoms can mirror those of other conditions.

(Adapted from 'Common Mental Health Terms', University of Leicester Student Psychological Health Project, http://www.le.ac.uk/edsc/sphp/).

More detail is available in Section 11. See also Section 8.2 for information about behaviours that might indicate mental health difficulties.

6.5 Responding to emergencies

How should you respond? (after Grant, 1999)



Despite the representations of the behaviours of those with mental illness in books, films and other media, the chance of emergencies occurring when the safety of any of those on the fieldcourse appears to be threatened is extremely small. Very occasionally, a students' behaviour may give rise to very considerable concern. The student may:

- threaten suicide, or serious self-harm or harm to others
- show signs of serious alcohol or drug addiction
- claim to be hearing voices or hold fixed irrational beliefs
- have ceased to take any part in the academic and social activities of the course.

In any of these cases, the need for intervention on behalf of the student may be urgent, and you should follow the procedures you have in place for dealing with serious physical illness. If you are faced with a situation where a student's behaviour suggests imminent danger, follow the six point plan:

- stay calm
- consider safety: yours, others, the student's
- engage with the student if appropriate
- be direct and clear
- take threats of harm to others and self-harm seriously
- when in doubt always consult or involve others, using the local medical services, ambulance or other emergency services as appropriate.

7 Confidentiality

It is important that students feel that they can trust staff and talk freely to them. On the other hand, it is often helpful for staff who are concerned about a student to talk to others who know the student in order to provide the student with appropriate help or advice. General practitioners, counsellors and clergy are bound by professional codes of practice and ethics to maintain confidentiality in most circumstances, but academic staff do not have a duty to maintain confidentiality in respect of matters that relate to a student's university course. It is, however, both expected and desirable that staff treat personal information about students with discretion and only pass on information to other staff when it is in the best interest of those involved. Whenever possible, students' wishes in respect of the disclosure of their difficulties to others should be respected, even when this inhibits any well-meant efforts to provide additional support or encouragement.

Staff may be contacted by concerned parents asking for information about their sons or daughters. Although you may be able to offer reassurance to a parent, unless the student is under 18 years of age the position of most higher education institutions is that personal information about students must not be passed on to anyone, including relatives, outside the university without the student's express permission. Such rules are rarely hard and fast, and in some circumstances it may be essential that parents or other relatives are contacted. However, such decisions may be best left to emergency service personnel or senior staff in the university.

7.1 What about the other students?

The Open University's guidelines deal with the difficult question of how to enlist the support of the student group without breaching confidentiality:

> This is possible by focussing on the student's needs rather than on the student's illness.
>
> A student may be quite open about his or her needs, in which case the problem of confidentiality does not arise. For example, one student asked that students at the summer school should be told that he preferred to eat alone. They therefore felt comfortable leaving him by himself at meal times. He was then able to cope with the demands of group work, having had time to himself.
>
> If the student has not been open with others and is obviously uncomfortable within the group, you could try talking with the student about the matter in order to establish what he or she needs from the group. This can then be opened up and discussed with other students.
>
> Open University (1994), p.8.

Additional information about supporting the student group is given in Section 6.3.

8 Identifying and Responding to Students in Difficulty

Identifying mental illness is a job for clinicians, but any member of staff that has a responsibility to students should be aware of the signs that indicate students who may be having problems that could be a cause for concern. Many people are anxious about how to respond to those with mental illness – there is much fear, ignorance and stigma, exacerbated by common attitudes of society in general, and the media in particular, to mental illness. Whether you know it or not, you will inevitably have had many interactions with people who have, or have had, a diagnosed mental illness but whose behaviour and reactions to others is unremarkable. This section gives brief guidance to help you to:

- identify students in difficulty (Section 8.1)
- identify behaviours that might indicate mental health difficulties (Section 8.2)
- respond to such students (Section 8.3).

Section 7 gives information about your responsibilities in respect of Confidentiality.

Further, more detailed guidance is given in the booklet *Helping Students in Difficulty* (Grant, 1999).

8.1 Identifying students in difficulty

In Section 6.1, we suggested ways in which you might encourage students to let you know about any difficulties they may have, either through responses on a health and safety questionnaire, or by coming to talk to you about any concerns that they have about the field experience. In most cases the students will be well known to the department and will already be receiving any support or treatment that may be required, and there will be no reason to assume that their contribution to, and enjoyment of, the fieldcourse will be any different from that of any other student.

There may be some students who are reluctant to talk about or even admit their problems, or for whom the onset or recurrence of difficulties is very recent or even occurs during the fieldcourse. There are a number of behaviours that may suggest to you that there may be a problem that you may have to address (see Section 8.2). How you do this depends to some extent on whether this is prior to, or during, the fieldcourse.

8.2 Behaviours that might indicate mental health difficulties

Students whose illness is controlled by drugs, counselling or other therapeutic intervention may show no symptoms of their difficulties to staff or fellow students. Students whose illness is not fully controlled, or who have not sought help or recognised themselves that they have a problem may show some of the behaviours listed below:

- lability of mood
- erratic behaviour
- agitation
- disinhibition

- paranoia
- incoherent speech
- unusual or inappropriate behaviour
- repetitive actions
- hearing voices
- holding fixed irrational beliefs that are not culturally contextual
- evidence of self-harm (e.g. scars from cut marks on legs and arms)
- extreme thinness and avoidance of food
- indications of addiction to alcohol or drugs.

These symptoms may indicate that a student currently has a mental illness, but some similar symptoms may be unrelated to mental illness and may be temporary reactions to stress or grief. Diagnosis of mental illness should only be undertaken by a qualified clinician.

You should remember that it is very unlikely that any serious illness will manifest itself for the first time during fieldwork, and any serious problems should have been picked up earlier in a student's course.

Additional information about common illnesses and symptoms is given in Section 6.4.

8.3 Responding to students in difficulty

If a student has indicated, either on a health and safety form or by coming to talk to you, about their concerns or anxieties, your first step would be to find out more about their difficulties and discuss the arrangements or support that they feel would be appropriate to help them to participate fully in the fieldcourse.

Section 6.1 offered some suggestions about practical arrangements that might be made, but just talking to the student and showing that you are concerned and sympathetic may reassure them and may also allay your own concerns.

If a student does not declare their difficulties and you are concerned about their behaviour either just before, or during, the fieldcourse, you may have to seek the student out and try to encourage them to talk to you about any problems that they have. Don't panic if a student bursts into tears; tears are a temporary reaction to an intense feeling but do not necessarily indicate an urgent need for professional help or an underlying serious problem requiring urgent intervention. Calm reassurance may be all that is required.

If you are not reassured by your conversation with the student, or are unable to get them to talk to you, you will have to make a judgement about whether or not the situation requires immediate attention. If you are still on campus you can refer the student to one of the support services such as the Counselling Service or the GP. You may find it helpful to seek advice yourself from a GP or Student Counsellor – this can be done without revealing the student's name if you wish to preserve confidentiality. It is very important that you know which services are available to students in your institution, and to have their contact details to hand, both in your office and while you are in the field.

It is very important both for your sake and that of the student that you do not get out of your depth or lose sight of the boundaries of your role in relation to the student. The normal boundaries between teacher and student may become blurred in the

friendly and relaxed atmosphere that frequently characterises a good fieldcourse. It is appropriate to offer support to help the student to manage the tasks and practicalities of the fieldcourse, but you should make it clear that you are not able to offer help with their personal or psychological problems unless you feel that you have the relevant skills and the time. Close or dependent relationships made during fieldwork may be very difficult or inappropriate to maintain once you are back in the university environment – providing emotional support for students can be very demanding. If you offer personal support that you then withdraw, a student may feel betrayed and their feelings of self-worth may be seriously damaged.

If you are in the field you may have to treat the situation as an emergency (see Section 6.5).

9 Case Studies and Discussion Scenarios

The case studies provided here are accounts gathered from colleagues in the UK describing their experience of situations in which a student's mental health affected fieldwork. They provide the opportunity to learn from other's experience – they are not presented as models of 'good practice' but as a stimulus for reflection. Elsewhere in this guide you should be able to find tools or suggestions which might enable a similar situation to be managed differently in the future, or you may simply wish to broaden your own experience vicariously by dipping into these.

Following the case studies there are four scenarios for discussion at workshop sessions, with prompt questions. Again, there are no answers given here – but possible answers might be drawn from elsewhere in the guide.

This section is written from the lecturer's viewpoint. You will find accounts by students with mental health difficulties in Section 11.1, which draws on material on the Internet.

Case Study	Context	Mental Health Difficulty
Case study 1	Residential foreign fieldwork, in isolated rural setting, major emphasis on group work.	Clinical depression; under medical treatment at the time.
Case study 2	Residential, in youth hostel in UK, conditions quite good, shared rooms.	Student asked to be taken to the doctor with a septic burn with a plausible explanation. (On reflection this may have been self-harm.) On return from the surgery the student got very drunk. In the end drunkenness and suicide attempts became frequent and it was clear that this was part of a more serious mental health problem, which finally (after much involvement of friends, tutors and counsellors after the fieldwork incident) led to hospital admission.
Case study 3	One week residential fieldcourse based in university accommodation in the UK.	Student found it difficult to relate to other students, despite encouragement from staff – was quiet and withdrawn.
Case study 4	Residential and overseas (but not remote in culture from the UK), one week.	Almost incessant weeping, and lots of talk about low self-esteem, inability to cope, fear, and generally depressive. No explicit mention of suicidal feelings, but the depression was clearly becoming more extreme over the 48 hours which the student spent on the trip.

Case study 5	Residential, Youth Hostel, UK.	Head injuries from an accident prior to the fieldcourse. The mental effect, apart from lack of co-ordination, was to become somewhat 'fearless' and we had to watch carefully as the student had little perception of personal danger. Illustrated by rather irrational behaviour on water – had to be supported by fellow students.
Case study 6	Independent field mapping, but working in pairs for safety. Residential in self-catering units.	The student would argue with their partner, or fall silent, or walk off and work on their own (against regulations), or return to the accommodation, leaving their partner to find another pair to work with. Their actions were unpredictable.
Case study 7	Residential trip, hotel accommodation, UK.	The student did not cope well with staying in a hotel which was obviously not their home territory. They fluctuated between being (1) self-pitying, (2) boisterous and happy, (3) aggressive. Eventually they attempted to push several students down a very steep slope.
Case study 8	Residential foreign fieldtrip, two weeks.	The problem arose when a group of students told staff that one of their colleagues was behaving strangely and this was confirmed when we spoke to the student. The student was speaking in non-sequiturs, acted in a most eccentric manner and was clearly very disturbed.

9.1 Case study 1

Context

Residential foreign fieldwork, in isolated rural setting, major emphasis on group work.

Mental health difficulty

Clinical depression; under medical treatment at the time.

Known by tutor at the time?

No.

Brief outline of responses made at the time

Some slightly antisocial behaviour noted at the time, the student having a limited ability to mix with group as a whole especially in the evenings. This was not a problem for the student group, but a source of concern for the staff. Field teaching was hard work because the student was not fully engaged with team working; generally they were difficult, self centred and at times uncooperative; staff worked hard with the situation, and because of the very high quality of the group as a whole, the programme was very successful. The big surprise came at the end of the course when the student produced an irrational tirade on the feedback form. The comments (more than a page) clearly gave away the students identity, and shocked staff who had no knowledge of the background. The comments were completely at odds with those of every other student on the course (27). This was when it was apparent that something was amiss...

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

In this case the student had great opportunities and a quality experience, the negative aspects were loaded on staff; prior knowledge would have prepared staff. We were lucky in so much as the weather was good and the additional stress on the student was limited. If weather had been bad, or the change of circumstances such that the balance of medication was upset, things could have got serious, not only for the individual but the group as a whole. Clearly there is a serious issue balancing medical confidentiality against the practical issues of running fieldcourses, and the balance between the individual privacy/group safety/emotional pressures on staff.

9.2 Case study 2

Comment on declarations

In my time taking students on fieldcourses/day visits we have certainly had some students with severe mental problems however, they usually have **not** declared them in advance, and sometimes the whole fieldcourse has been disrupted by attempting to cope with/care for the resulting problems. The first year fieldcourse in the autumn term is often the first sign of trouble. In general we find that whilst students will declare physical disabilities fairly readily, they are much slower to declare others even though we have a confidential health form which they all have to fill in prior to each fieldcourse.

Context

Residential, in youth hostel in UK, conditions quite good as it was a specialist YHA hostel, shared rooms.

Mental health difficulty

Student asked to be taken to the doctor with a septic burn with a plausible explanation. (On reflection this may have been self-harm.) On return from the surgery the student got very drunk In the end drunkenness and suicide attempts became frequent and it was clear that this was part of a more serious mental health problem, which finally (after much involvement of friends, tutors and counsellors after the fieldwork incident) led to hospital admission.

Known by tutor at the time?

No indication at all that the student had major problems, including eating disorder.

Brief outline of responses made at the time

Everybody, staff and student friends, leant over backwards to try and help. The student therefore was very well supported. If we had known beforehand that there was a problem, we would still have taken them, so we would probably have had much the same problem.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

We try to communicate very well with all students prior to fieldcourses, we do have a health form for them all to fill in. They get very good written guidelines on all aspects of fieldwork. In fact many aspects of our field guides could be seen as an example of good practice. Food, behaviour and drunkenness is something that we spend some time on. This is useful to all those who want to communicate with us which means that we can have special programmes for some, special diets etc. However, those who do not want to admit to a problem are always a problem.

9.3 Case study 3

Context

One week residential fieldcourse based in university accommodation in the UK.

Mental health difficulty

Student found it difficult to relate to other students, despite encouragement from staff – was quiet and withdrawn.

Known by tutor at the time?

No, this was the problem – his condition had not been made known to the fieldwork staff even though the University and Head of Department knew (through a Disability Service Needs Assessment). This was a failure of the Head of Department to inform fieldwork staff.

Brief outline of responses made at the time

Extra time devoted to student in the field (who, perhaps for understandable reasons, was not forthcoming on their condition). If the student's condition had been known, fieldwork staff could have adapted the group activities before the visit, rather than in an ad hoc way in the field, for example through provision of tailored guidance on tasks and introduction of the student to a sympathetic peer group with which to undertake fieldwork **before** the visit.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

The difficulty was the lack of information on the student for fieldwork staff. Access to the student's needs assessment would have enabled fieldwork staff to have adapted fieldwork activities along the lines mentioned above. There was no question about the student not being able to take part in the fieldwork; all that was needed was integration of special needs considerations into fieldwork planning.

9.4 Case study 4

Comment

I'm aware of three individuals with problems on trips I have led but I've answered with respect to the only one which did precipitate a crisis. It is worth prefacing it with the (obvious) observation that this is the rare exception – most such students cope admirably; in fact I'm sure most students with these problems never even come to our attention.

Context

Residential and overseas (but not remote in culture from the UK), one week.

Mental health difficulty

Almost incessant weeping, and lots of talk about low self-esteem, inability to cope, fear, and generally depressive. No explicit mention of suicidal feelings, but the depression was clearly becoming more extreme over the 48 hours which the student spent on the trip.

Known by tutor at the time?

Yes, but not manifested in such an extreme form before – the student is believed to have cyclical clinical depression, but had not sought diagnosis.

Brief outline of responses made at the time

To student concerned: individual support and discussion of the various options, plus several phone calls home, where both the student and I discussed the situation with their mother. We then agreed that the best option for the individual, for the project group, and for the staff, was that the student should return home early. The airline used was very helpful in terms of looking after the student since we couldn't send a member of staff. With the student's agreement, I did tell them about the very distressed state.

To her project group: discussion about how the situation was affecting them, both personally and academically. They were quite supportive of the individual, but also concerned that they couldn't really help, and that the tension was making some of them feel under a lot of stress. I had regular contact with them for the rest of the trip, and together we negotiated how work should be divided up between all of them.

To the wider group: a brief announcement that the student had to go home early because of illness – made at the normal evening briefing of administrative issues.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

The trip comes at the end of the vacation, and the student joined the trip abroad. This made it impossible to check the student's condition before leaving, even though I knew they were seeing a counsellor. Fortunately the student was known to the project group, which included mature students. This helped in the crisis and with their response in the aftermath. Due to the potential risks of keeping the student on the fieldtrip – risks to their health, the stress it placed on the project

group, and the relationship of the student concerned to the wider group, and due also the amount of my time which was being absorbed in coping with the situation – I think I was right to arrange for them to leave.

Had the student agreed to see a doctor beforehand, and been able to get their mood swings under better control, then the situation wouldn't have arisen, or not so extremely. Had we had an extra member of staff to support the student, the demands on my time would have been less, but I'm not sure whether it would have made the student any less distressed. In any case, without the student's condition being registered as a disability I doubt that we could have secured the necessary extra funding for this. I feel that this is quite an important issue in cases such as this one.

9.5 Case study 5

Context

Residential, Youth Hostel, UK.

Mental health difficulty

Head injuries from an accident prior to the fieldcourse. The mental effect, apart from lack of co-ordination, was to become somewhat 'fearless' and we had to watch carefully as the student had little perception of personal danger. Illustrated by rather irrational behaviour on water – had to be supported by fellow students.

Known by tutor at the time?

Staff did know the circumstances but not the precise behavioural outcomes. We had assumed we had it under control by making it clear that the student was not to go out on the water at all. We thought the social coherence within the student group would have been sufficient to manage the situation safely.

Brief outline of responses made at the time

We thought we knew the students well; they themselves were very watchful and the social benefits of joining the trip appeared to outweigh the medical difficulties. In fact we were shocked to find a dangerous situation developing.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

The near-crisis highlights the need for continued vigilance and watchfulness when erratic behaviours are a possibility. Perhaps some form of 'buddy' system should have been adopted as a one-to-one. I suppose the moral of the story is to say that we 'thought we knew' what were the likely outcomes and had legislated for these **but** still potentially dangerous situations can arise and a second line of protection has to be put in place.

9.6 Case study 6

Comment

I have had experience of three students with mental health difficulties. Two have had no specific problems with fieldwork, including the mapping described below. Students undertake independent mapping in a foreign country, but prior to this all students undertake UK mapping with the field partner they would be using

abroad. The partner system is for safety purposes, i.e. mapping within hailing distance of the other person. All the work components are individual, not joint. For one student problems materialised in the UK as described below.

Context

Independent field mapping, but working in pairs for safety. Residential in self-catering units.

Mental health difficulty

The student would argue with their partner, or fall silent, or walk off and work on their own (against regulations), or return to the accommodation, leaving their partner to find another pair to work with. Their actions were unpredictable.

Known by tutor at the time?

No specific condition known, treated as confidential information.

Brief outline of responses made at the time

In discussion, the student with the unpredictable behaviour said that they couldn't work with the original partner, but gave no reason. This was despite the fact that the work itself was individual, not joint, and so the only requirement was to be within calling distance. A rearrangement of partners was made to solve the problem for the remaining few days. At this point the original partner came to discuss the situation with the tutors. He expressed anxiety about the forthcoming summer work and said that he did not want to work with the student concerned. Their unpredictability on whether, when, and where to work would impact on his own degree, since solo work was prohibited and he would be subject to their whims and partly responsible for their safety. In the end staff decided that the foreign fieldwork would not be appropriate for the student with difficulties, because of safety considerations.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

The student in question showed a number of behaviour traits, from bright and alert to moody and tearful. Often they seemed unable to prioritise, putting a massive amount of effort into a relatively unimportant aspect of a topic and hence falling behind in routine submissions and then becoming stressed. On led fieldcourses it was possible for staff to anticipate/correct the situation, but in independent mapping (which for us means 'pair' mapping), staff are absent and equal consideration must be given to the prospective partner's degree, hence the decision above.

9.7 Case study 7

Context

Residential trip, hotel accommodation, UK.

Mental health difficulty

The student did not cope well with staying in a hotel which was obviously not their home territory. They fluctuated between being (1) self-pitying, (2) boisterous and happy, (3) aggressive. Eventually they attempted to push several students down a very steep slope.

Known by tutor at the time?

Not really. I knew the student was a little odd from my experience of them in the class room, but they seemed pleasant enough and quite bright. I found out afterwards that they suffered from schizophrenia (the student informed me of this at a later date).

Brief outline of responses made at the time

Luckily one of the group was a mature student with police training and he took control of the student in the incident above. Staff did not witness the incident and were informed by students later. I asked the student involved what had happened, to which I received no response. I also spoke to the other students and they confirmed the incident. I sought advice from a senior member of staff by telephone and the other helpers on the trip. This was the last day of the trip and we drove the student home with us. I reported to this to our head of department.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

You tell me! I think we managed fairly well considering I was unaware of the illness.

9.8 Case study 8

Comment

In 25 years experience of leading field classes involving many hundred of students, this is first case of mental illness with which I have had to deal.

Context

Residential foreign fieldtrip, two weeks.

Mental health difficulty

The problem we had arose when a group of students told staff that one of their colleagues was behaving strangely and this was confirmed when we spoke to the student. The student was speaking in non-sequiturs, acted in a most eccentric manner and was clearly very disturbed.

Known by tutor at the time?

Although the student concerned had suffered mental health problems in the past, this was unknown to the fieldcourse leaders and the student had signed a declaration stating that they were in good health and had no existing medical conditions.

Brief outline of responses made at the time

The university authorities and the student's parents were informed, but the student refused to seek medical attention, and refused to agree to return home, even when offered a chaperon at no additional cost. Having faxed to the university an agreed statement about what the student had been offered and refused, we booked additional accommodation for the student, placing friends with them on a rota basis. The university paid for this. We also made sure that the fieldtrip leaders saw the student on a regular basis. On return the student did agree to seek medical attention and the situation could then be taken into account

at the meeting of the Board of Examiners, as could any possible adverse impact on the student group. The episode had a satisfactory outcome and the student graduated in the normal way.

On reflection, could the situation have been managed differently, and how could fieldwork planning, or communication with the student(s) or professionals before (or during) the events assisted?

Two lessons were leant: 1) To specifically mention mental illness on the insurance and fieldcourse documentation. 2) To have a higher staffing ratio on foreign field classes. Both the above have been implemented.

9.9 Discussion scenario 1

Jane, Lucy and Laura are sharing a room during a fieldwork course. Jane and Lucy ask to see you in private; they seem rather distressed. They tell you that while they are all changing after coming in from the field, they noticed that Laura has small cuts all over her arms. Laura made no attempt to hide her arms from her fellow students but acted as if there is nothing untoward about her appearance. She seems to be enjoying the course, but Jane and Lucy are very worried about her, and want you to do something.

1. How would you respond to Jane and Lucy?
2. Would you approach Laura, and if so, how?
3. If you yourself had noticed the cuts on Laura's arms, how would you have reacted?
4. What would you do if Laura refused to discuss them?
5. What other action should you take?
6. Does anyone else need to know?

9.10 Discussion scenario 2

You are preparing for a fieldcourse in Scotland, 300 miles away from your campus. Shortly before the course, Thomas comes to see you to tell you that he has a diagnosed mental illness. He is on medication, and is seeing a psychiatrist once a week. He is very keen to take part in the fieldcourse, but he is very anxious that he may not be able to cope in the unfamiliar situation.

1. What would be your reaction to his disclosure?
2. What advice would you give him?
3. What actions might you take to help him to cope with the field experience?
4. Does anyone else need to know?

9.11 Discussion scenario 3

During the fieldcourse Mary comes to see you and tells you that she is finding the field experience very difficult. She doesn't get on with the other students in her group and says that they pick on her. She seems very anxious and tearful. You feel she may be over-reacting, but you manage to reassure her, and encourage her to come to talk to you if the problems persist. During the fieldcourse she seeks you out on a regular basis, and although talking to you seems to help her, you become concerned

that her difficulties may not just stem from a personality clash with the other students. After the course Mary continues to come to see you to talk about other problems she is having and becomes increasingly demanding. When you suggest that she might need help and suggest she talks to someone in the Counselling Service, she becomes tearful and then angry, saying she thought you were her friend, and now you are rejecting her.

1. How would you respond to her when she is angry?
2. What might explain Mary's behaviour?
3. Could you have prevented this situation arising?

9.12 Discussion scenario 4

Your fieldcourse base is in a small village with a pub, which becomes a popular evening venue for many of the students. Several of the students drink fairly heavily, but they are not causing any real problems and seem to cope with their work in the field. One of the students, David, causes problems when he returns to the base. He is very noisy and students complain that he is waking them up. When he is challenged, he becomes very angry and abusive; some of the other students are clearly rather frightened of him.

1. What could explain this student's behaviour?
2. How might you deal with this situation?
3. What would you do if you thought the student might become violent?

10 How Does Your Institution Support You?

The Open University (OU) has more awareness than many higher education institutions of what they term 'mental distress' and consequently they have particularly well-developed recommendations to tutors. They recognise that residential summer schools create anxieties for many students and that, for some, being out of their home environment may trigger adverse reactions.

In the OU setting the tutor is never the only person with knowledge of the student's difficulties:

> As the tutor, you may be the first to be aware when a student experiences difficulties. There is no need for you to feel isolated when faced with challenging issues or needs. Your first line of contact will be the student's counsellor, who will know the student better than you do. If further advice or information is needed, either of you can contact the appropriate Senior Counsellor...
>
> (Open University, 1994, p.5).

Alternatively, the tutor may receive information from their Regional Centre that one of their new students has a mental health difficulty. They will also be informed about the educational implications and about any strategies that previous tutors have found effective in enabling the student to benefit more fully from the learning situation. The tutor is then advised about how to make effective initial contact with the student:

> During the initial phase of the conversation you will introduce yourself, say a little about yourself, ask the student a little about how he or she is feeling about the course and chat for a while about the preparatory material. It will be necessary at some time to begin to refer directly to the information you have had about the student from the Regional Centre. It will be helpful to the student to know that you are aware of his/her difficulties... it is important to start assessing together the extent of the student's educational needs.
>
> (Open University, 1994, p.7).

What similar mechanisms and guidelines does your institution have in place?

11 Further Information

11.1 Named problems

11.1.1 Agoraphobia

Usually interpreted as a fear of open spaces but actually most often a fear of people-occupied spaces such as supermarkets, shopping centres, football games rather than vastness or emptiness. One of the more common of a huge list of phobias. Most of us have mild phobias which we can manage without them interfering with normal life. If a student declares themselves as agoraphobic it probably means that they have experienced it sufficiently severely for it to prevent them leaving their home, or at least going out unaccompanied. They may be currently managing to get to lectures etc. with some treatment, either medication or behaviour therapy. They may be worried about whether they can cope with the unfamiliar places and circumstances of fieldwork. If a student has declared themselves on a health and safety form then a conversation with them about the circumstances they feel most likely to lead to severe anxiety or a panic attack would enable you to jointly plan to avoid those triggers. You should also ask what action is appropriate if they have a panic/anxiety attack – they may have medication for that. Reassurance that they would be always with a friend or in the same small group may also help; knowing that people around them are understanding goes a long way to relieving the anxiety about having a panic attack which can close more doors than necessary. (See also *anxiety* – Section 11.1.5.)

More information:
http://www.anxietypanic.com/agoraphobia.html

11.1.2 Alcoholism

Not referring to the excess consumption of alcohol which seems to traditionally accompany some student fieldtrips, but to a chronic problem for an individual student which could affect their ability to participate in any fieldwork. A declared alcoholic will be a recovering alcoholic, almost certainly on a recovery program. For those for whom alcohol has become an addiction, recovery almost certainly involves avoiding it altogether. Fieldtrips create enormous social pressure to conform with a hard-drinking student stereotype, and tutors could plan to reduce this social pressure by not participating themselves and by arranging alternative activities which would acknowledge the needs of all those who are uncomfortable with heavy drinking. Many students suffer more anxieties about the social circumstances of fieldtrips than about the academic or physical demands. Evenings with planned work-related activities giving them a clear role, and some sort of structure, are more supportive than 'free time' which leaves them facing social demands or isolated in their room.

More information:
http://www.alcoholconcern.org.uk/

Alcoholic blackout:
http://www.mhsource.com/expert/exp1020899b.html

11.1.3 Alzheimers

One explanation for memory loss and increased confusion with age. It can occur in younger people. (See also *brain damage* – Section 11.1.9.) Very unlikely to be declared since it is unusual to diagnose it in the early stages when someone would still be managing higher education. Some students of retirement age may be a little worried about their age affecting their ability, but this is more likely to be associated with recall necessary for examinations than with the specific challenges of fieldwork. If a student on fieldwork seems to have severe problems with losing equipment, or difficulty recalling simple domestic details, there are other more likely explanations, even if they are elderly. General stress or anxiety, or medication for another condition should be considered.

11.1.4 Anorexia

Anorexia, as with *bulimia* (Section 11.1.10) and *self-harming* (Section 11.1.19), is not about the obvious issue (i.e. thinness). Anorexic behaviour is not susceptible to rational arguments about 'the need to eat'. On fieldwork anorexia may become apparent to other students and tutors for the first time, and may cause distress, but rarely danger. The sufferer feels shame and fear, and providing an understanding environment within the fieldwork group (specifically avoiding conflict and anxiety about someone who 'won't eat') is probably best practice. The 'Changing Minds' leaflet (http://www.rcpsych.ac.uk/campaigns/cminds/leaflets/anor/anor.htm) is designed to help others understand anorexia and is an excellent brief insight into the world of the anorexic to which it would be useful to refer other students, as well as tutors, for better understanding.

Be aware that an anorexic student will not be fit to tolerate non-standard weather conditions and physical strain, and this physical frailty should be planned around as with other physical limitations. As an anorexic student may not be able to acknowledge that they are thinner than average you may need to intervene to protect them from vulnerability to hypothermia etc.

More information:
http://www.rcpsych.ac.uk/info/help/anor/index.htm

11.1.5 Anxiety

Uncomfortable levels of anxiety are experienced by people for all sorts of different reasons. Anxiety is a component of many mental health problems which might be relevant to inclusive fieldwork planning. Understanding anxiety is therefore key.

> A diagnosis of anxiety is likely to be made for someone displaying fear or pathological anxiety in situations which would probably not provoke similar feelings in other people. The anxiety may be associated with a particular object or situation (generally referred to as a phobia) or it may affect a person in a generalised, all-pervasive way (sometimes known as 'free-floating' anxiety). Examples of phobias include claustrophobia (fear of enclosed spaces), agoraphobia (fear of being away from the security of one's home) and social phobia (fear of meeting people). The level of anxiety can vary; 'panic attacks' occur when the level of fear rises suddenly and sharply (for example, when speaking in a group or being trapped in conversation with another person without having any natural exit).
>
> (Open University, 1996, p.23).

A student with anxiety may experience physical sensations (palpitations, sweating, stomach pains, headaches). They may be easily discouraged, and have low esteem. They may display unwarranted concern for detail (e.g. in instructions or during data collection) or for perfectionism (e.g. in group work or the presentation of results). They may make excessive demands on the tutor for advice and support about matters of a trivial nature. Difficulties may be encountered with fieldwork due to one or more of the many aspects of it which differ from other study, and successful group work may depend on understanding from other student members.

Anxiety related to group work may have become apparent prior to the fieldwork itself, and including group work in preparatory activities will help ensure that this stimulus is met and accommodated before working away from the usual environment. However, many stimuli to anxious conditions will not occur until you are away. If the student has an opportunity to explain their fears beforehand, for example on a questionnaire or in a one-to-one tutorial, then you will have been able jointly to arrive at a plan of action to support them. If the problem does not surface until you are in the field then you may be able to help by meeting with the student away from the main group and trying to establish the main causes of anxiety. For a student who has experienced panic attacks in the past the dread of one occurring is often the overriding sensation or concern. Together you can arrive at a plan of support during the fieldwork, which may involve agreed 'rules' to create a more supportive structure for the student, such as place and time of access to tutors, formal time for group work, alternatives to certain fieldwork activities. Such a structure will help tutors and other students also. Try to be positive and give encouragement at all opportunities during the fieldwork.

Excellent prose 'the alien within' for empathy:
http://www.anxietyontario.com/alien.shtml

Panic disorder:
http://www.nimh.nih.gov/anxiety/anxiety/Panic/pdinfo.htm
http://www.nimh.nih.gov/anxiety/anxiety/Panic/pdfax.htm

Social anxiety:
http://socialanxietyinstitute.org/examples.html

Marijuana and panic attacks:
http://www.mhsource.com/expert/exp1051099f.html

Aspartame and panic attacks:
http://www.anxietypanic.com/aspartame.html

For those who suffer from anxiety:
http://www.anxietytofreedom.com/news.html
http://geocities.com/Heartland/Woods/7907/anxiety.html

11.1.6 Asperger's Syndrome

Students with Asperger's Syndrome (AS) may be described as 'having a dash of *autism*' (Section 11.1.7). Autism covers a wide spectrum and most of us are more familiar with the image of an autistic child who may need intensive support to participate in even basic education. We probably also know that autistic children tend to be very intelligent, but that it is socialisation obstacles that have to be overcome – and the severity of these means we are unlikely to see an autistic young person in higher education. In contrast we are very likely to encounter AS in higher education and see it only as slightly odd or unusual behaviour, perhaps in a student

who shows exceptional ability in their academic studies. There are probably many undiagnosed AS students, since the description of AS really fits the caricature of an absent-minded boffin – and academia is the realm in which the benefits of the syndrome are rewarded. Fieldwork, however, is not the same. Socialisation difficulties which may be secondary in lectures and examinations tend to be highlighted. An inability to 'read' other people and their responses, typical of AS, can make working in groups difficult. While the rest of the group (and perhaps their assessment) suffers, the AS student may feel very hurt and isolated – not understanding what it is they are missing and unable to express their feelings. AS is also a condition which generates anxieties which the student may reduce by list-making (train-spotter syndrome) and they would benefit particularly from details of travel and accommodation arrangements, and the time to absorb these details in their own way. They may also have little obsessions about personal behaviour or domestic rituals which could concern other students unless they understand that it is necessary to reduce personal anxiety.

More information:

http://www.rusalka.demon.co.uk/index.html
http://www.nas.org.uk/asd/aspleaf.html
http://www.udel.edu/bkirby/asperger/

Personal view of an Open University student:

http://www.geocities.com/mckeeandme/index.html

About educating the (younger) student with AS, and also students on autism:

http://www.sasked.gov.sk.ca/k/pecs/se/docs/autism/asper.html

11.1.7 Autism/autistic

> People with a diagnosis of autism may experience difficulties developing social relationships, communicating and may have a tendency to isolation... (the student) with this diagnosis may appear disconnected from the social environment: he or she may have problems with speech or conversation and may, in addition, be unable to recognise, interpret or learn from body language, changes in tone of voice, facial expressions and metaphoric speech.
>
> (Open University, 1994, p.25).

Severe autism is likely to preclude a student reaching higher education, but some form of mild autism, including *Asperger's Syndrome* (Section 11.1.6), may be fairly common, especially since one facet of the condition is usually a very high level of intelligence, ability or knowledge in an intellectual domain.

To overcome the tendency to withdraw, education for an autistic person is achieved through a very structured process, with explicit rules and strict routines. Away from the home base it may be particularly difficult to put such a structure in place, and for it to be effective in the time available. Group work and tutorials may be difficult, with the student seeming withdrawn or self-absorbed, and the student may then suffer feelings of isolation and rejection. On fieldwork, and with the groupwork which it usually involves, the opportunities for this are multiplied. Try to make arrangements for one-to-one support, and to be positive and friendly even in the absence of normal feedback. If the student has idiosyncratic behavioural traits (e.g. grimacing) which could be unsettling to other students, ask for their permission to explain the circumstances to the rest of the group.

The Open University view on attendance at residential summer schools is relevant here:

> Attendance at a residential school could lead to great difficulties for the student in view of his or her dependence on people and situations with which he or she is familiar. Very thorough preparation may be required, including the involvement of a friend or relative as a personal helper. Excusal may be a sensible option to discuss with them.
>
> (Open University, 1994, p.26).

Teaching students with autism:
http://www.sasked.gov.sk.ca/k/pecs/se/docs/autism/autism.html

Advice from an autistic person about how you can best help:
http://www.angelfire.com/in/AspergerArtforms/besthelp.html

'This is the place where I tell you about my autism' David Andrews:
http://www.angelfire.com/in/AspergerArtforms/autism.html

11.1.8 Bipolar depression

This used to be termed *manic depression* (Section 11.1.14) and the descriptions of feelings in the section on *depression* (Section 11.1.13) apply also here. The difference is that the student may also experience phases of 'mania' meaning only hyperactivity, sleeplessness, and untoward energy. These phases are usually very infrequent and medication for bipolar depression tends to eliminate or reduce the manic phases. If a student declares themselves to be suffering from bipolar depression, a conversation with them about triggers for their manic phases, and a suggestion that they consult their doctor about the fieldwork activities may help – but generally vigilance about medication (and therefore regular mealtimes and routine daily activities both of which assist all those on medication) is what matters. Ask the student how a manic phase may start and what should be the response – and a phone number for their GP or 24 hour support. It would be wrong to behave as if a manic phase is inevitable – depressive symptoms are more likely to be the obstacle to effective fieldwork – but on the rare occasion it happens other students may be disturbed, and the student concerned might put themselves in danger by over-zealous investigation of the physical environment.

Lithium is fairly widespread medication and worth knowing a little more about.

More information:
http://www.depressionalliance.org/

Bipolar depression and marijuana:
http://www.mhsource.com/expert/exp1102896c.html

Lithium, what it is and what to do if missed:
http://www.mhsource.com/hy/lithium.html
http://www.geocities.com/cazie/index19.html

11.1.9 Brain damage

An outcome of an accident earlier in their life may mean that a student has a particular mental difficulty. As with stroke damage this could vary enormously, affecting any part of brain function. It is included here because sometimes slightly 'strange' behaviour – which could be social, and therefore manifest itself in groupwork, or it could be attitude to risk – has this explanation rather than a mental

'illness' subject to control by medication. Brain damage (including stroke) can leave people with obvious speech impediments, but alternatively with less obvious communication problems such as an inability to read social signals, a difficulty in finding the right word (and frustration over that), a tendency to tire mentally and perhaps then appear confused, a difficulty with instantaneous decisions. To help overcome fieldwork obstacles you need the information from the student beforehand, but if their group is able to be supportive rather than reacting warily there should be no problem in making the fieldwork accessible. Medication is unlikely to be an issue in terms of modifying behaviour. After a stroke, medication is used to reduce the chance of further strokes and after both stroke damage or accident trauma this might include anti-depressants (see *depression* – Section 11.1.13).

11.1.10 Bulimia

Bulimia is an eating disorder and closely related to *anorexia* (Section 11.1.4). A person suffering bulimia avoids feeding their body by eating (even binge-eating) and then making themselves sick later, a strategy which is more private than anorexia and less likely to be known prior to residential fieldwork. As with anorexia and *self-harm* (Section 11.1.19) a person suffering in this way is ashamed and afraid of discovery, but their fear of what will happen if they do not make themselves sick is so great that they must do it to release tension. In a fieldwork situation a feeding disorder is unlikely to progress to a dangerous point and management by understanding and avoiding conflicts is probably best. Obviously a student should be counselled to seek professional help on return. Distress levels all round can be reduced if other students and staff appreciate that a student with bulimia wants to be able to deal with unbearable *anxiety* (Section 11.1.5) in the only way that works for them, and that this does not threaten their immediate health or the health of those around them.

More information:
http://www.mhsource.com/hy/binge.html

Bulimia and substance abuse:
http://www.mhsource.com/expert/exp1040698a.html

11.1.11 Claustrophobia

Fear of enclosed spaces. If a student declares this it probably means it is quite severe, and could lead to panic attacks or severe *anxiety* symptoms. (See also Section 11.1.5.) Discussion with the student beforehand should establish which circumstances are likely to give them most problems, and how they would prefer to manage – a supportive student group, medication (and if so, how long before the event), avoidance of the place altogether. Not just caves and mines, but some buildings, lifts, the Underground, coaches and airplanes, rooms without windows (including hotel rooms and toilets).

11.1.12 Dementia

A general term for deteriorating brain function, usually in the elderly. See *Alzheimers* and *brain damage* (Sections 11.1.3 and 11.1.9). For a student reported by others as behaving in a 'demented' fashion see *bipolar depression* and *schizophrenia* (Sections 11.1.8 and 11.1.18), consider substance abuse.

11.1.13 Depression

> A diagnosis of 'clinical' or 'unipolar' depression may be in response to moods of profound sadness which seem out of all proportion to the person's circumstances or life situation... (a student) with such a diagnosis may display a mood of overwhelming despair, guilt, loss of drive, apathy or be unable to accomplish the simplest of tasks.
>
> (Open University, 1994, p.24).

Fieldwork occurs over such a limited and intensive period that depression is unlikely to suddenly manifest itself – a more likely scenario is that a student who is already experiencing depression has to decide whether they can face the fieldwork or, having opted to give it a try, find themselves unable to participate effectively. Attending fieldwork may actually relieve the depression and enable more effective learning for the student, but be prepared for the feelings they experience to be unchanged by normal outside stimuli. Give praise and encouragement, but also be clear in your own mind about the limits to the support that a tutor or other students can offer.

More information:
http://www.sane.org.uk/About_Mental_Illness/Depression.htm

More information on symptoms, and further links including antidepressants, bipolar (manic) depression and personal web pages:
http://www.depressionalliance.org/

Depression in the workplace (a rather managerial view):
http://www.mhsource.com/hy/depworker.html

Ecstasy and depression:
http://www.mhsource.com/expert/exp1031599f.html

11.1.14 Manic depression

Manic depression is now referred to as *bipolar depression* (Section 11.1.8). Periods of deep depression (recognised and experienced in the same way as depression itself) give way to manic phases when the person behaves in an excited, over-active way. The student may behave extravagantly, talk incessantly, have inflated self-esteem, sleep very little and show signs of irritability or aggression.

11.1.15 Obsessive/compulsive disorder (OCD)

A term for anxieties manifested as compulsions to do certain things either repeatedly or excessively thoroughly. Washing and checking are common compulsive behaviours. On fieldwork room-sharing and groupwork can mean that these relatively minor mental health problems may precipitate social problems. Solutions probably rest in overt recognition of the compulsion or obsessive behaviour by the student concerned and by the rest of a group as something to be worked around, and not threatening or deliberately annoying behaviour. General anxiety is likely to increase or trigger such behaviours in those who are susceptible, so reducing anxiety on fieldwork, as suggested elsewhere in this guide, will help.

OCD and young people:
http://www.rcpsych.ac.uk/info/mhgu/newmhgu26.htm

More information including case studies and students:
http://www.mhsource.com/hy/ocd.html

'Understanding Obsessions and Phobias' MIND (leaflet). Available from http://www.mind.org.uk/, £1, ISBN: 1-874690-98-7.

11.1.16 Paranoia

Not a helpful label. If other students describe someone's behaviour as 'paranoid' they may mean *obsessive/compulsive behaviour* (Section 11.1.15), including the sort of attention to detail which can characterise *Asperger's Syndrome* (Section 11.1.6), or they may be referring to hallucinations or delusions. The latter might be part of *schizophrenia* (Section 11.1.18), or relate to substance abuse.

11.1.17 Phobia/phobic

Something which triggers a panic attack or severe anxiety symptoms may be described by someone as their 'phobia'. There are many phobias, and a useful list can be found at http://www.phobialist.com/class.html.

The main point is to plan the fieldwork experience to avoid a serious phobia, and to be prepared with what to do in the event of the student suffering a panic attack. Talk to the student about any declared phobia prior to the fieldtrip and take the opportunity to ask how they manage their anxiety in the 'phobic' situation – it may be a question of them having appropriate medication with them. Those who suffer from panic anxiety spend much of their life being afraid of having the next panic attack – if you can help them feel in control of the experiences fieldwork will involve, you will do much to reduce their overall stress, and perhaps open up some areas of learning to them.

11.1.18 Schizophrenia

If a student declares schizophrenia, the management of their fieldwork experience is rather crucial. The fact that their mental health is already sufficiently managed for them to be coping with higher education demonstrates that there need not be a problem with fieldwork. Medication is the key, and alcohol, recreational drugs or missed medication due to non-routine activities are therefore the main risk factors in residential fieldwork. Under control of medication the only difficulties may be side-effects of the medication (see below). If medication is disrupted the behaviours associated with the mental illness may manifest themselves, which can include delusions and irrational thought, disturbing for other students and possibly leading to increased risk-taking. Violence is a very small risk. However, there are serious circumstances in which access to medical assistance is important – be prepared with telephone numbers for appropriate local professional assistance, and ensure the student has discussed the fieldwork with their own doctor prior to leaving, giving you 24 hour access to advice.

What is schizophrenia?

> The commonly held view that a diagnosis of schizophrenia implies a dual or split personality is incorrect. It is possible that people with the diagnosis may experience intermittent difficulty distinguishing between their own and other people's realities. This may be where the notion of a 'split' originates. Other types of difficulty experienced by the person may involve disturbance or disorganisation of thought, feeling or behaviour. Some people with this diagnosis appear very withdrawn; there may be a lack of drive or interest, a lack of will-power or a blunting of emotions. The person may intermittently experience unpredictable emotions or hallucinations (e.g. hearing voices), or may speak in a way others find unintelligible. A person with a diagnosis of paranoid schizophrenia may experience delusions of grandeur or persecution. Many people with a diagnosis of schizophrenia manage their lives with the help of drugs. For some, the side-effects of drugs

> are unacceptable. Counselling, psychotherapy or living in a supported environment can help. People diagnosed as having schizophrenia are rarely violent.
>
> (Open University, 1994, p.25).

What tutors and other students should know

Side-effects of medication include both lethargy and extreme restlessness. The latter may be disturbing for everybody concerned on fieldwork, but it is beyond the student's control. It is very likely that this would already be known from earlier classes, and it would be helpful to other students for the cause to be explained if the student concerned agreed to that. Other difficulties arising from the condition itself also have the potential to disturb the student group, such as inability to sustain a line of rational argument; branching off into (some highly personal) irrelevancies; susceptibility to distractions; complete disengagement from study. Over a long period of time encouragement of group activity for this student may be very beneficial for them. In the short term of a fieldtrip, you may find the need to put the other students first. Certainly it would help to have their understanding, and to be able to reassure them about the unthreatening nature of unpredicted behaviour, and advice on who to inform, but this does depend on agreement of the student concerned. Perhaps such agreement could be made a condition of attendance on fieldwork. Contact with the student themselves should be calm, consistent and sympathetic. On fieldwork it is particularly difficult, but important, to maintain regular and predictable contact. Ensure that medication is available and used, and that you, the tutor, know where to go for professional support (e.g. GP, local hospital, student's own doctor) if needed.

Top ten things you need to know (recommended!):
http://www.educ.drake.edu/nri/syllabi/reha222/schizophrenia/top10.html

More information:
http://www.educ.drake.edu/nri/syllabi/reha222/schizophrenia/Aboutsciz.html
http://www.mhsource.com/narsad/schiz.html
http://www.mentalhealth.org/publications/allpubs/ken98-0052/default.asp

Use of amphetamines can mimic schizophrenia symptoms:
http://www.mhsource.com/expert/exp1081699e.html

11.1.19 Self-harming

Self-harm, including cutting, is not rare in the student population. It is usually concealed, and the problem with fieldwork is that it becomes public (as with *bulimia* – Section 11.1.10). Those who self-harm are unlikely to be attempting *suicide* (Section 11.1.22), although it may appear to others who witness it that this is what is happening. On fieldwork it is other students who are likely to report evidence (e.g. cut marks on wrists and forearms) to a tutor, and the priority will be to assess whether this is an acute crisis or an ongoing condition. (See also Section 11.1.22 for the sort of questions to ask to establish suicidal intentions.) As with *anorexia* (Section 11.1.4) and *bulimia*, the action of the sufferer is something they do to release unbearable pain or fear of not doing it. It is not to seek attention and it is not susceptible to rational argument. As with eating disorders the student needs an understanding environment, and should be counselled to seek professional help on return. You do need to consider the other students, who would find this distressing, and the self-harmer can be told that taking this action in front of others is unacceptable, and that they will be asked to leave if they do so.

More information:
http://www.mirror-mirror.org/selfinj.htm
http://www.selfinjury.freeserve.co.uk/help.html

Insight – see the excellent 'secret shame' site at:
http://www.palace.net/~llama/psych/injury.html (and also the family/friend section)

11.1.20 Senility

See *Alzheimers* (Section 11.1.3).

11.1.21 Stroke

See *brain damage* (Section 11.1.9).

11.1.22 Suicidal

The crucial question is 'Are they serious?' The Web is extremely helpful in suggesting how you find this out, providing actual questions to ask (see below). Basically if a student is seriously depressed and feels hopeless, has a past history of suicide attempts and/or has made concrete plans or preparations, they are at high risk. It is acceptable to ask these questions, and you will get answers, so do ask them. Talking about it won't make it more likely.

More information and questions to ask:
http://www.nami.org/helpline/suicide.htm

Stress and suicide:
http://www.mhsource.com/expert/exp1122198b.html

11.1.23 Tourette's syndrome

Uncommon, and manifested in uncontrollable movements or repetition of words – an extreme form of a 'nervous tic' which can be alarming for others. Likely to be declared and already known before the fieldwork. Management means providing knowledge and understanding for the student group.

More information:
http://www.mhsource.com/hy/tourette.html (including the section on 'education')

See also 'twitching' at:
http://mhsource.com/expert/exp1111698d.html

and 'dystonias' at:
http://www.mhsource.com/hy/dystonia.html

11.1.24 Vertigo

Very relevant for fieldwork. See *phobias* (Section 11.1.17) and consider managing *anxiety* (Section 11.1.5) or panic attacks.

11.2 Useful resources

The best way to build your confidence in responding appropriately to students with mental health difficulties is through training. This may be offered in your institution through the staff development unit, the Counselling Service or the disability unit. If training events are not available, open discussion amongst staff in your department who are involved in fieldwork can also be valuable. This Section suggests further printed resources which may be useful.

Some higher education guidance on disability makes no mention of mental problems at all, and in one case the only suggestion made is to refer the student to the university chaplain! Here are some of the more useful resources:

Access Summit (undated) *Handbook for staff supporting students experiencing mental and emotional distress* (Manchester, Access Summit). Available on disk from Access Summit, Joint Universities Disability Resource Centre, St Peter's House, Oxford Road, Manchester, M13 9GH.

AMOSSHE (2001): *Responding to Student Mental Health Issues: 'Duty of Care' responsibilities in higher education*. Association of Managers of Student Services in Higher Education.

Grant, A. (1999) *Helping Students in Difficulty: a guide for personal tutors and other staff* (Leicester: University of Leicester).

Lago, C. & Shipton, G. (1995) *Personal Tutoring in Action: a handbook for staff involved in working with and supporting students* (Sheffield: Sheffield University Counselling Service).

Open University (1994) *Supporting Students with Mental Health Difficulties: guidelines for tutorial and counselling staff*. Compiled by members of the University's Mental Health Working Group.

Open University (2000) *Supporting Students with Mental Health Difficulties*. Open Teaching Toolkit. Second edition (Milton Keynes: Open University).

Woolfson, M. (undated) *Identifying and Responding to Students in Difficulty* (Nottingham: University of Nottingham).