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SECTION 1: Introduction and Context

What is meant by the term ‘mental health difficulty’?

1.1 The term ‘mental health’ describes a sense of well being, the capacity to live in a resourceful and fulfilling manner and to have the resilience to deal with the challenges and obstacles which life presents. A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person’s view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern. Mental health is a continuum encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally.

Why do we need to be concerned with student mental health?

1.2 For many students, entry into higher education marks the onset of one of the most challenging periods of adolescence. Moving away from home, managing a budget, and the transition to a new city or country are all stressful experiences and are faced by students at a time when long-relied upon support networks are no longer in place. For this reason, the ability of an institution of higher education to recognise and plan for these challenges can have a very positive effect on a student’s ability to navigate this difficult period successfully.

1.3 Some students will have experienced mental health difficulties before starting their training and others will find that they are beginning to have difficulties with such things as concentration, motivation, stamina, creativity, attendance, eating regularly, managing anxiety or mood swings and sleep patterns. Our students have worked very hard to gain a place at a Conservatoire school and are likely to be highly motivated and talented. However, students with mental health difficulties will often need support to enable them to participate fully in a training that places great demands on their physical and emotional energy.

1.4 Higher Education Institutions report an increase in the use of mental health services and statistics reinforce this concern. Research undertaken by the National Union of Students shows that one in four students will experience a mental health problem during their studies. The Association for University and College Counselling (AUCC) which represents 530 counsellors and another 120 HEIs, claims that 3% to 10% of the student population will have contact with its counselling service in a single year. Additionally, research from the British Association for Counselling and Psychotherapy showed that young people are more likely than any other age group to suffer from depression and that first episodes of other serious mental health conditions such as bipolar disorder often start in young adulthood.
1.5 Serious or long term eating disorders are now recognised as a mental health condition and this is a particular concern for our schools with staff reporting an increase in the numbers of students who are present with clear signs of anorexia nervosa. At least a million people in the UK are affected by disordered eating with young people in the 14-24 age group being most at risk of developing this kind of illness. Research has shown that students who focus on areas concentrating on exercise and body image are more likely to manifest symptoms of disordered eating and the charity Beating Eating Disorders indicates that those involved in dance and other elite physical and athletic pursuits are particularly at risk.  

1.6 Student mental health issues affect all members of our schools either directly or indirectly. Supporting students with mental health issues is never easy or straightforward and staff often worry that they are ‘getting it wrong’, either ignoring worrying behaviour such as weight loss or signs of depression, or being too intrusive in what is a private matter to the student. An additional concern for small schools is that, unlike large universities, we are unable to provide on-site student health services and therefore have to develop our own networks and procedures of support so that we are all clear about the ‘in house’ support on offer and understand the process of ‘referring on’ to local networks and resources such as counsellors, GPs and local mental health services.

What is the purpose of these guidelines?

1.7 The aim of these guidelines is to assist affiliate schools in developing a clear and consistent approach to student mental health and well being and, where appropriate, to use this information and advice to construct their own written policy. Having a written policy is a way of establishing procedures and practices which are clear to all concerned, legally compliant and with an obligation on all to uphold and review. Affiliate schools currently offer excellent pastoral support and these guidelines are not designed to reinvent the many examples of good practice that are currently in place. Instead, the intention is to help build on this good practice and to act as a useful resource in supporting students with mental health difficulties.

Mental health issues for students studying performing arts

1.8 Performing arts training can present particular challenges for students who are mostly in the vulnerable age group of 18 to 25 (or 16 in the case of some of our dance affiliates). Not only is the training we offer physically rigorous and demanding, but achieving the high level of artistry and creativity we seek can release many emotional and psychological issues for our students. In a busy schedule there is sometimes little time or space for quiet reflection. Much of their work is collaborative and failures for a performing artist or stage practitioner are always public. Although there are excellent arrangements for pastoral support in our schools, these are all factors to be taken into account when promoting mental health and well being for our students. More information on eating disorders and performing arts training can be found in Section 3, (3.6-3.9).

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3 Beating Eating Disorders (beat), www.b-eat.co.uk 2008
4 These are some of the points that were raised in the Conservatoire seminar Mental Health and the Developing Mind, October 2008. For copies, see the staff intranet or contact lois.keith@cdd.ac.uk
Legal requirements

1.9 There are a number of regulatory and legal reasons for student mental health issues to be an important consideration for affiliate schools. These include: legislation under the Disability Discrimination Act which covers those with mental health conditions, the Data Protection Act (particularly on the issue of ensuring confidentiality of sensitive personal information), the concept of ‘Duty of Care’, the Disability Equality Duty and Health and Safety legislation. These issues are described in more detail in Section 2.

1.10 However, as with our work on providing support and making reasonable adjustments for disabled students with a wide range of impairments and conditions, the approach taken in these guidelines is not based on a model of medical definitions of mental illness but on a social model approach which considers the needs of the student and the appropriate response to this need. In rare cases, there may be a conflict of interest and in these cases the assessment of a student’s needs will also take account of the well being of other students and of staff.

Using these guidelines

1.11 These guidelines include information and practical guidance on developing an appropriate and consistent policy on supporting students with mental health difficulties.

- **Section 2** contains a summary of the relevant legal duties and responsibilities.
- **Section 3** gives general information on the mental health issues that are likely to occur in our schools and some guidance on how to support students. It includes information on spotting the signs, acknowledging boundaries, dealing with a crisis, appropriate in-house support and when and how to refer students to outside agencies.
- **Section 4** is a detailed checklist to assist in planning a programme of support for individual students. It includes information and advice on using learning agreements, making reasonable adjustments, confidentiality and disclosure and keeping records.
- **Section 5** contains guidance on promoting mental health and well being within our schools, reducing mental health risk factors and practical suggestions for staff development.
- **Section 6** gives information on what should happen if a student with mental health difficulties is asked to take time out from their studies.
- **Section 7** considers some of the issues that might arise in more serious situations where a student is asked to withdraw or be suspended and where a student might appeal against this decision.
- **The Appendix** contains flow charts to illustrate procedure and practice ‘at a glance’; guidelines for supporting students who attempt suicide; two examples of current good practice in affiliate schools; case studies that can be used in staff training and a list of useful contacts.
1.12 These guidelines were written by the Conservatoire’s Equality and Diversity Manager with the help of Simon O’Shea, Head of Student Support at LCDS and the advice and assistance of many members of the Equality and Diversity Working Group. The first draft was discussed and reviewed by the Equality and Diversity Group in May 2009 and subsequently by the Principals’ Management Group. The final version of the guidelines will be sent to schools who will, where appropriate, use this document together with their own best practice to develop a mental health and well being policy suitable to their own needs and formally accepted by their own staff and governors.

1.13 The content of this guidance has been informed by a number of influential projects on student mental health and guidance produced by other HEIs in the UK, primarily:

- Student Mental Health Manual from Lancaster University: [www.studentmentalhealth.org.uk](http://www.studentmentalhealth.org.uk)
- Guidance on Supporting students experiencing mental health difficulties: The University of Hull: [www.hull.ac.uk/disability/mentalhealth/guidance](http://www.hull.ac.uk/disability/mentalhealth/guidance)
- Mental Health Policy, University of Oxford: [www.admin.ox.ac.uk/shw/mhpolicy.shtml](http://www.admin.ox.ac.uk/shw/mhpolicy.shtml)
- Roehampton University Mental Health Policy: [http://www.roehampton.ac.uk/humanresources/diversityandequality/mentalhealth](http://www.roehampton.ac.uk/humanresources/diversityandequality/mentalhealth)

It also refers to some of the work undertaken by the Conservatoire and affiliate schools: our Disability Equality Scheme (2007) and the report on the Joint Artistic Group seminar, Mental Health and the Developing Mind (Oct. 2008). These documents can be found on the staff area of the CDD website or by contacting Lois Keith: [lois.keith@cdd.ac.uk](mailto:lois.keith@cdd.ac.uk)
SECTION 2: The Legal Position

The Equality Act (2010)

2.1 Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse or long term effect on their ability to carry out normal day to day activities. Many people with a mental health condition do not think of themselves as ‘disabled’ but they may have rights supported by the Act. This will include students with conditions such as depression, bipolar disorder, self harm and disordered eating. The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.

2.2 Under The Equality Act, it is unlawful to discriminate against disabled applicants and students in admission or enrolment or by failing to make reasonable adjustments. An HEI also has a responsibility to take steps to find out who its disabled students are by encouraging disclosure and respecting confidentiality of information. Students with long term mental health difficulties are also eligible to apply for the Disabled Students’ Allowance. This could be used to pay for a qualified mental health ‘mentor’ to assist students in meeting the demands of their training. There is more information on this in Section 5.

Data Protection Act

2.3 Under the Data Protection Act (DPA), all information regarding students with mental health difficulties is regarded as sensitive and personal information and disclosure can only occur with the express permission of the person concerned or where it can be justified, for example in the prevention of serious harm to self or others. Even if a student does not specifically request confidentiality, under this Act, the use and transfer of information about them is protected and data subjects have the right to see all information held about them. Schools therefore need to have clearly defined procedures in place on the issue of sharing information about students with mental health difficulties.

Duty of care

2.4 All staff engaged in contact with students or who have a line management or supervisory role, need to be aware of the concept of the ‘Duty of Care’. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well being of all our students, staff and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. See Appendix 1a for more information.

More information on the definition of disability under The Act can be found in Appendix 2 of the Conservatoire’s DES (www.cdd.ac.uk/about/equality-and-diversity) on the CDD website.
2.5 Because affiliate schools are educational institutions rather than health providers, it is not reasonable to expect schools to identify and assess mental health problems with the expertise of a hospital. However, it is reasonable to expect schools to have structures and support in place and to have made staff aware both of the difficulties students might face and of the appropriate support and procedures that need to be in place. Where a school does not provide a specific service, such as counselling or other medical or psychological treatment and support, this should be made clear to the student and they should be encouraged to seek out other services available to them, such as making an appointment with their GP or local mental health service. In carrying out their duty of care, a school may offer personal assistance or financial help in seeking such specialist help.

2.6 In view of this obligation, in the event of a student refusing to acknowledge their difficulties or accept this advice, particularly if the school has any anxieties with respect to the risk of harm to the student or others, staff involved in working with the student need to inform and consult their line manager and/or the senior manager in the school who has responsibility for students’ well being. Staff also need to be aware of the procedures that are in place to deal with this.

2.7 Whilst affiliate schools have a duty of care to individual students who are experiencing difficulty and are in need of support, it also has a duty of care to staff and other students in situations where they are distressed or hindered by associated behaviour or disruption. This can result in a conflict of interest. The information in sections 3 and 4 of these guidelines is aimed at ensuring that such problems and conflicts of interest are recognised, addressed and that action is taken.

Duty of care for students under the age of 18

2.8 Where students are 18 or over, they are legally adults and have the right to make their own decisions, including behaving in ways that other people might consider inappropriate or foolish as long as this behaviour does not have a negative effect on others. However, unusually for HEIs we also train students under the age of 18 and in these cases, it is important to make clear to students and their families how we plan to balance the responsibility of duty of care with personal autonomy. This can be a challenge to schools and it is important to explain to students and parents of those under 18, how you propose to exercise the duty of care. This is particularly important in regard to passing on personal information where mental health difficulties occur.

Health and safety legislation

2.9 This legislation defines institutions’ responsibilities with regard to the safety of staff and students and all others who are ‘lawfully on the premises.’ Under the Health and Safety at Work Act (1974), institutions are required to undertake risk assessments and produce a health and safety policy which puts measures in place to reduce risks. The DDA does not override health and safety
legislation and does not require institutions to place employees or others at inappropriate risk. However health and safety issues must not be used spuriously or in any way that avoids offering appropriate support or making a reasonable adjustment.

Confidentiality and disclosure of information

2.10 Under The Equality Act, a disabled student has the right to request that the nature of their mental health condition is treated as confidential. In some instances, this might mean that reasonable adjustments such as allowing students time off to seek medical or psychiatric support or a period of adjustment to a student’s timetable in order monitor their weight, health and/or well being might have to be provided in a different way in order to ensure confidentiality. Good practice in this area is for FE and HE institutions to:

- ask a student for permission to pass on information necessary for making reasonable adjustments;
- when asking for disclosure of such information, explain how this information will be used;
- ensure that appropriate procedures are in place to keep sensitive information confidential.

2.11 Information should only be disclosed to others with the express consent of the student concerned or in exceptional circumstances when disclosure can be justified e.g. for the prevention of serious harm to themselves or others. If a student with mental health difficulties wishes to keep the existence or nature of their condition confidential or partially confidential, then the school needs to respect this decision. In most cases it is possible to support students with mental health difficulties whilst maintaining partial and agreed disclosure of information. Appendix 2, contains some practical advice on situations where you feel that breaking confidentiality might be appropriate.

2.12 However, in some cases, a request for confidentiality may make the implementation of reasonable adjustments more difficult or impossible to arrange and this needs to be explained to the student. In these cases, a student could be asked to sign a non disclosure form to be kept securely and with restricted access. Wherever possible, schools will of course endeavour to develop a climate where applicants and students feel confident about disclosing a mental health difficulty at any point during the application process, at audition, interview or whilst studying, are comfortable in talking to staff about any difficulties they face and understand that they can change their mind about disclosing and sharing information at any point. Additional information and guidance on this issue can be found in Section 4 (4.9 – 4.12).
SECTION 3: Guidelines for Staff in Supporting Students with Mental Health Difficulties

Spotting the signs

3.1 Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties. The stigma surrounding mental health issues is still strong in our society and sometimes students feel embarrassed or are concerned about the consequences of telling someone. They may be unaware that they have a problem, aware but feel that they have to cope with it on their own, unwilling to admit it to others or they hope the problem will go away on its own.

3.2 Late adolescence and early adulthood can be a difficult time and this is also a period where it is not uncommon to see the gradual onset of severe mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. Studies undertaken by the National Institute of Mental Health found that the bigger the time gap between the onset of symptoms and treatment, the more likely patients are to have poor outcomes across a range of measures. Research from the Eating Disorders Unit at the Institute of Psychiatry, King’s College London indicates that there is considerable evidence to show that in the case of eating disorders, particularly anorexia, the earlier appropriate intervention and treatment begins, the more likely it is to be successful.

3.3 The following list of indicators may help to identify at-risk students:

- Has the student told you that there is a problem?
- Have there been any significant changes in the student’s appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self harm?
- Is there any evidence of increased use of alcohol or drugs?
- How does the student sound, for example: flat, agitated, very quiet, very loud?
- Has the mood of the student recently changed a lot from your previous experience of working with them, for example: moods very up and down, miserable, tired a lot?
- Have other people, for example, housemates, friends or other colleagues expressed concern about the student?
- Have there been recent changes in the student’s behaviour, standard of performance or other work, and/or sociability, for example: doing too much work, not socialising as much as usual, withdrawn, not attending class, being late or, failure to meet deadlines?
- Has the student been feeling, behaving or looking like this for some time? (Everyone can have bad days, but it is when days turn into weeks and months that there may be a problem.)
**Encouraging students to disclose**

3.4 If the answer to any of the above is ‘yes’ and you have concerns about a student, the following guidance may be useful:

- **Do it!** Don’t avoid the situation or pretend that nothing is wrong, as this could make the problem worse and persist for longer. Talk to the student but try not to humour them by pretending to agree that there isn’t a problem if it is clear that there is one.
- **Think about it in advance** and approach the student in a sympathetic and understanding way. Remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.
- **Listen to the student** - the situation may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you.
- **Be prepared to listen** and give the student some time if you can. If there are constraints on your time, inform the student from the start that this is the case.
- **Be open and honest** in your initial contact as this will help to develop trust.
- **Discuss anything practical** you can do to help but avoid ‘problem solving’.
- **If you feel you need to tell someone**, try to obtain the student’s consent. However, it is usually possible to discuss the situation and ask for advice without revealing the identity of a student.

**Appendix 2** contains some practical advice on situations where you feel that breaking confidentiality might be appropriate. **Appendix 1** includes a flow chart which illustrates how to proceed once you have spotted the signs that a student might be experiencing mental health difficulties.

**Eating disorders**

3.5 Disordered eating, particularly anorexia nervosa and bulimia are particular areas of concern for performing arts schools. Students affected by anorexia often find it hard to admit that this is a problem but it is a potentially life threatening condition and students affected are at risk of losing not only their good health but also the technical mastery they have gained in their training. In addition to obvious weight loss, students with disordered eating can also display changes in energy levels and behaviour: a once outgoing student might attempt to hide in the crowd or move to the edges of the studio or workshop to draw less attention to themselves. Research indicates that eating disorders are more common in dancers where there has always been considerable pressure to be thin and have the ‘perfect body’, but affiliate schools report that students studying on all our courses can be affected. A useful list of signs to look for can be found on the website of the Eating Disorders Unit at the Institute of Psychiatry, King’s College London by following the link on the website of Mental Health Care: [www.mentalhealthcare.org.uk/content/?id=184](http://www.mentalhealthcare.org.uk/content/?id=184)
3.6 All affiliate schools are aware of the potential dangers of eating disorders and the importance of addressing this issue at an early stage, even in cases where students are unwilling or unable to admit that they have a problem. Schools have procedures in place to encourage students to eat well and to monitor their weight and body mass index. They also employ specialists such as nutritionists and physical support experts who can offer students with disordered eating specific advice on maintaining their good health. Referral to the counsellor can help the student to deal with some of the underlying issues that lead to disordered eating. Where appropriate, schools will also refer students to other external mental health practitioners such as specialist eating disorder clinics.

3.7 Some students with disordered eating can, with careful monitoring, be allowed to continue their training but there are circumstances where it is deemed potentially dangerous to allow a student to do this and students will be asked to intermit. In every case of working with students with disordered eating, it is important to have written information which explains the targets (for example in relation to weight and general good health) that the student needs to achieve in order to either continue or return to training and in the latter case, how the school plans to keep in touch with the student during their absence. For students who continue their training, the learning agreement form with limited disclosure of information can be a very useful way of monitoring and reviewing a student’s progress. Section 4 describes this in more detail.

3.8 Written information which describes your practice and procedures with regard to supporting students with disordered eating should be part of your mental health policy. It needs to be easily available to staff, students, governors etc and regularly updated.

**Boundaries**

3.9 Staff in performing arts schools know their students well and it is natural to want to help those who are troubled in some way. However few staff are experts in mental health issues and it is essential to recognise that there are limits to what an individual can do. Whilst we find it easy to accept that our role is not to ‘cure’ students who have a sensory or physical condition such as a visual impairment or mobility problem or a student with a specific learning difficulty, we sometimes feel as if it is our job to ‘solve the problem’ for students with mental health difficulties and we feel inadequate and upset when we are unable to do so.

3.10 It is important not to offer help that is beyond your role and to be clear about your boundaries. There is a difference between being generally supportive and offering specific, specialised support. Everyone has something to offer, but it is vital that we are all aware of what we can realistically do and what we are qualified to offer.
Referring on

3.11 An important aspect of establishing effective boundaries for staff is having clear procedures in place for when, how and to whom students experiencing mental health difficulties should be referred on to other sources of support. Schools need to establish clear procedures for lines of internal and external support and publish these as widely as possible, for example in staff and student handbooks, newsletters, staff and student briefings and other notices. Appendix 4 and Appendix 5 give examples from affiliate schools of information about the referral/self referral process.

In-house support

3.12 In house support can involve both informal support (the kind of problems that can be resolved with a conversation and the offer to return to talk things over) and more formal arrangements. Conservatoire schools already have a high level of awareness of the potential and existing mental health problems that students present and have a number of strategies and procedures in place to support them. Schools employ a range of staff with specialist experience who play an active role in monitoring and supporting students’ physical and mental health and physical support and visiting staff, this includes professionals such as nutritionists, physiotherapists and Pilates teachers. Some of these are part of the school team, but not part of the teaching faculty and this has the advantage of reducing the possibility of conflict of interest with regard to teaching and assessment. Counsellors are not strictly speaking ‘in house support’ as they usually work on a freelance basis and have their own code of conduct with regard to confidentiality, but they can work with the school in an advisory role and can be considered a part of the support team.

3.13 A mental health policy needs to include the lines of responsibility within your school. Appendix 1 contains a flow chart of the process of offering in house support or referring on and this can be adapted to describe your own internal procedures for supporting students who are giving you cause for concern.

Counsellors

3.14 This is often the main service for internal referral of students with mental health difficulties. Counsellors are not usually employed directly by a school, but are self employed and over the years, they will have built up a high level of expertise in the particular issues that affect the mental health of performing arts students. Counsellors will often assist schools in writing referral letters to external GPs and the local mental health team. They operate their own code of conduct with respect to confidentiality and schools will need to negotiate issues of confidentiality with the counsellor.
3.15 There are also financial considerations and schools differ in the number of free sessions they are able to offer a student. An important issue here is that this financial arrangement needs to be clear to each student using the counselling service, particularly where there is a limit to the number of sessions that are provided free of charge. Even when the school is paying, students should be able to self refer in a way that protects their confidentiality and the counsellor’s contact details should be widely advertised in your school. It is also worth investigating local NHS or charitable organisations that offer free counselling and making this information easily available to your students. A list of possible contacts is included in Appendix 6.

**Offering informal support**

3.16 Sometimes emotional support is all that is required. Giving prompt and appropriate support can help build a relationship of trust between staff and the student and prevent an escalation into a more serious mental health condition. A student might approach you or vice versa to discuss their concerns and you may be able to offer some friendly guidance on an issue such as homesickness, feelings of insecurity or the break-up of a relationship. The offer of an invitation to come back to talk if they want to may be all that is needed. Even in cases of informal support, there are issues of confidentiality and disclosure and the student needs to give their agreement if you are going to share this discussion or parts of this discussion with other staff members. Some ‘real life’ case studies where this kind of informal support was effective in Conservatoire schools are included in Appendix 8.

**External support**

3.17 In smaller higher education institutions like ours, there is a limit to the services we can offer internally. Strong links with external agencies are important in providing good support for students and schools should develop a contact list of local services providing mental health support and encourage students to make use of these services. In the context of mental health, the first point of contact is usually the student’s own or a local GP. Other services include counsellors, local health services, mental health care teams, psychiatric services including specialist services like eating disorder clinics and local voluntary organizations like London Nightline which can provide free services to students. Some affiliates have established connections with the health and psychiatric services offered by a nearby, larger university. Where this is not possible, schools need to develop their own networks.

3.18 It is beneficial to both students and staff if the referral process is clearly explained and easily available, for example in staff and student handbooks, on notice boards or on the school website. In most cases a GP referral is necessary if a student needs to see a psychologist, psychiatrist or other mental health expert and often the counsellor can assist in this.
GPs and psychiatrists may not understand the particular physical and emotional demands and rigours of performing arts training, the risk of permanent injury for students who are showing signs of anorexia nervosa and the requirement to work co-operatively with other students in our courses and it may be helpful to include this information in a referral letter. It is also helpful to have contact details of local mental health services easily available so that students can self refer where this is appropriate. Appendix 4 and 5 give examples of information outlining the referral process used at RADA and NSCD.

Financial implications

3.19 Where it is difficult to gain prompt access to NHS mental health services, schools may feel that they need to send students for private psychological or psychiatric help or pay for additional counselling sessions. There are likely to be financial implications for affiliate schools and although this isn’t always easy to do, these financial limitations need to be explained to students.

Where the student does not want to talk or refuses support

3.20 It can be extremely difficult to help someone with a problem unless they are ready to admit they have one. If the student is not ready to accept help or talk about their problem it is unwise to ask intrusive questions and the student’s right not to discuss things must be respected. Offer an open invitation to the student to come back and talk to you and continue to ask how they are.

3.21 However, it you are still very concerned about a student who is refusing help, you will need to speak to your line manager or the staff member responsible for student support or pastoral care. In encouraging students to receive support, it is important to make the reasons clear, for example by explaining the health implications of allowing a student with disordered eating to continue their training, the effect on other students or the likelihood of failing assessments.

3.22 A particular problem can arise where a student who displays signs of a serious mental health problem, feels that continuing their studies will offer them stability or a period of calm, but where the school feels (and has evidence to support this feeling) that their duty of care to the student and to staff and to other students means that it is not safe to allow this student to continue. This may arise in cases such as extreme weight loss where the school feels it is unsafe for the student to continue their training or a student who exhibits symptoms of a psychiatric condition which affects their ability to co-operate or acknowledge the needs of fellow students and staff.

3.23 These more serious cases are difficult and distressing to all concerned and there are no easy answers. The school needs to be confident that all reasonable adjustments and other ways of supporting the student have been offered or are currently in place. It is also important to carefully monitor (ideally in writing and acknowledged by the student) the incidents that have occurred which have led the school to this conclusion and the reasons a decision has been made to either ask a student to receive treatment and support, intermit until there are clear signs of improvement, or to leave.
Dealing with a crisis

3.24 Whilst very rare, there will be instances where a student’s behaviour gives cause to believe that they are in immediate danger and that there is a real possibility that they might cause harm to themselves or to others. A crisis situation occurs when a person’s feelings have become outside their control. These emotions might express themselves in a number of ways, for example self harming, talking about suicide or having persistent suicidal thoughts, having no sense of reality and exhibiting behaviour which is out of character.

3.25 Crisis situations can often be prevented and this highlights the importance of having a pro-active approach to the area of mental health. A student’s mental health problems may fluctuate from week to week or even from hour to hour and the level of support needed will vary from person to person. Careful monitoring and support of a student with mental health problems can sometimes help to anticipate a crisis and prevent it from occurring.

3.26 However there are some situations where crisis intervention needs to be put in place. Appendix 1b includes a chart which illustrates a procedure for dealing with crisis incidents. Appendix 6 gives more detailed guidance on assuring your safety and that of others, including the person involved.

Offering support to friends

3.27 It is frequently other students who are most involved in the daily lives of fellow students who are experiencing mental health difficulties. Helping a friend who is distressed or exhibiting unusual or irrational behaviour can be extremely upsetting and time consuming. Fellow students may be the first to notice that another student has changed in any of the ways described in 3.5. above and they need to know which members of staff they can approach. Students who are supporting their peers with mental health difficulties should know when, where and how to refer on and be encouraged to recognise their own personal limits. Where friends or fellow students have supported someone through a particularly difficult period it can be helpful to offer counselling support. Appendix 1c shows a flowchart which offers advice to students who are worried about a friend’s mental health.

Offering support to staff

3.28 A wide range of staff including teachers, personal tutors, administrative, technical or security and visiting staff such as directors and choreographers may all be the first point of contact for a student who has possible mental health problems. Staff often find themselves in such supportive roles unexpectedly and might feel out of their depth or concerned about how a situation has been handled (or, in the case of ongoing situations, continuing to be handled). It is essential that all staff, including visiting staff are aware of the right member of staff to contact in such cases and school procedures with regards to confidentiality.
Staff who become involved in the support of students may need their own support systems to ensure that they feel confident in their actions and that they have the opportunity for debriefing if appropriate. Good practice throughout the school in terms of support networks for staff and well published practices and policies with regard to non discriminatory practices for students and staff and training are all critical in creating a climate that provides appropriate levels of assistance and guidance for staff supporting students in such circumstances. See Appendix 1a.

Sharing information with next of kin

It is not uncommon for concerned parents or relatives to contact a school and it can be challenging to balance the school’s legal responsibilities to a student against requests from parents for information, particularly where the student is potentially vulnerable as a result of mental health difficulties. The usual position would be that unless there is an immediate crisis, sensitive and confidential information should only be shared with the next of kin with the student’s consent. However, where the student gives their express agreement that their condition or treatment can be shared; the involvement and co-operation of the student’s family can be very helpful. For more information on ‘next of kin’ and students’ emergency details, see Appendix 3, points 5 and 16-20.
SECTION 4: Planning a Programme of Support

4.1 This section gives information and practical advice on planning a specific programme of support for students with mental health problems. It is intended as a kind of detailed checklist of the factors that need to be taken into account when developing a support plan. Much of the advice in this section is based on affiliate’s current good practice in supporting disabled and dyslexic students, for example by making reasonable adjustments where appropriate and having procedures in place that respect confidential information and agreed ways of sharing information with staff where this has been agreed with the student.

Creating an atmosphere of trust: opportunities to discuss the pressures of student life

4.2 Schools need to develop a climate of trust where students feel confident about disclosing a mental health condition and are reassured that there is no stigma attached to a request for help. Throughout the application process and the course, students should be given many opportunities to discuss the different kinds of support available to them and knowledge of how to go about requesting this assistance. If students are given opportunities to talk about the ‘ordinary’ pressures of student life and particular stress points in their training such as assessment and performance, they will develop the confidence to come and talk to staff members about issues that affect their sense of well being. Promoting a mentally healthy school is covered in more detail in Section 5.

Admission and selection: opportunity to disclose at application

4.3 Although the stigma surrounding mental health issues makes disclosure at application stage unusual, students do sometimes disclose serious mental health conditions such as bipolar disorder or attention deficit disorder and give information about their medication. The place for written disclosure is usually the ‘welcoming statement for disabled students’ section of the application form, but it can also happen through more informal phone conversations or discussions with parents. If this is not already the case, the term ‘mental health difficulties’ should be added to the list of impairments and conditions currently included in the welcoming statement section of your school’s application form. It is also helpful for the pre-entry information to include a named contact for students or their parents to discuss these issues. Staff offering this support would need to be fully aware of the appropriate support on offer, referral procedures, codes of conduct etc.

4.4 Information received about a student’s mental health should be treated in a similar way to an applicant who discloses a physical or sensory impairment or a specific learning difficulty. Our schools have experience of training talented and
successful students with mental health difficulties and our response to the
information we receive at this stage should focus on the appropriate response to
an applicant’s needs, rather than on finding a psychiatric label to describe them.
Applicants who have disclosed a history of mental health difficulties should have
information about a named person to contact to discuss what will happen at
audition or interview. If the applicant is successful, a meeting should be arranged
before, or as near to enrolment as possible, to make an ‘assessment of needs’
and draw up a support plan. Where appropriate, relevant staff training should be
in place before or near to the start of the student’s course.

**Induction**

4.5 The induction period is an important opportunity for a school to create
a climate of trust and is the ideal opportunity for all students to receive friendly
information on the pastoral and counselling support available to them and the
ways to access this support. Induction is also a good time to explain the ordinary
stresses and strains of studying for a career in the performing arts and to provide
information about who students should come and talk to if they feel they have a
problem. The information given out at induction should be included in the student
handbook and/or in a separate, easily available leaflet about mental health and
the performing arts.

**Assessment of need**

4.6 An assessment of need is a formal term describing the starting point in the
process of supporting students with mental health difficulties. An assessment of
need begins as soon as a student has been identified as having a mental health
difficulty. Its purpose is to identify the nature of the individual’s needs and create
the foundation for the support required. The process does not have to be as
formal as it sounds and an assessment might decide that this is a situation which
is better handled with a light touch with friendly advice and a listening ear from
an experienced staff member. Whichever approach is taken, it is important that
a support plan includes the opportunity to meet regularly with the student and
review the support offered.

**Appointing a co-ordinator**

4.7 Once an assessment of need has taken place, it is helpful to all concerned
to have a named person who is given overall responsibility for acting as the
co-ordinator of a student’s support needs. In our schools this is most likely to
be the Head of Year or the staff member with responsibility for student support.
This responsibility will include passing on confidential information to other staff
members, visiting teachers and external agencies (where this has been agreed
with the student), reviewing the support plan and arranging regular meetings
with the student. Even in cases where the support need is more informal and
‘light touch’, a named co-ordinator should be the person who takes overall
responsibility for ensuring continuity of care.
4.8 In more difficult or complex cases, the co-ordinator will need to be a senior member of staff; someone who is in a position to make decisions about future actions where a student is causing serious concern or where adjustments have been agreed that affect some of the key elements of learning and teaching such as attendance, performance and assessment.

Confidentiality and disclosure

4.9 Sharing information is an essential part of the support we give to students with mental health difficulties but it should only be done on a ‘need to know’ basis and the emphasis should be on providing information which highlights the student’s support needs and any adjustments that have been agreed, rather than a clinical diagnosis or psychiatric treatment. In Conservatoire affiliate schools, the various people involved in supporting a student with mental health difficulties will want talk to each other regularly in order to agree what is happening with a student and whether the level of support is appropriate. However, as is explained in Section 1, information about someone with a mental health difficulty is covered under the Data Protection Act (and in some cases by The Equality Act) and comes under the heading of personal, sensitive information. For this reason, all information about students with mental health difficulties has to be considered as confidential information and can only be shared under specific circumstances.

4.10 The simplest solution to this dilemma is to seek the student’s permission to speak to specific staff members and relevant external services and it is good practice for such permission to be obtained in writing, perhaps as part of a learning agreement (see below), and then recorded. This does not mean that the process has to be overly formal, but it does mean that students can feel confident that information about them is not shared or discussed without their permission. A simple agreement form which asks the student what information they are willing to share and with whom and which can be signed and kept in a secure place is an essential part of this process. Sharing confidential information also applies to information discussed in staff meetings, telephone discussions, emails and other forms of communication.

4.11 In cases where students do not want personal information disclosed, staff will need to explain why limited disclosure of information might be helpful to them. Even with best practice in place, there will be some circumstances where students are unwilling to accept that information about them should be shared and this needs to be respected. In these cases, students can be asked to sign a non disclosure form and they need to understand that there may be limits to the adjustments that can be made for them.

4.12 Breaking confidentiality is something that needs to be taken seriously but there are situations where you might feel it is essential, for example where there is an immediate or significant risk to self or others. See Appendix 2 for a list of questions to ask yourself when you feel you might need to break confidentiality.
Informing visiting teachers and specialists

4.13 Visiting teachers, guest directors and choreographers and other specialists are a key part of the training our students receive and it is essential that they are informed of the school’s approach to students with mental health difficulties and any adjustments or support that is in place for students they will be working with. Visiting teachers will need to know the name of the co-ordinator responsible for students with mental health problems and have the chance to discuss any concerns they have about these or any other students who might be giving cause for concern. This is particularly important where the student is rehearsing, working or performing off site or on tour. The appointed co-ordinator will need to keep in touch with students with mental health difficulties whilst they are away from the main support of the school and provide ongoing information and support to both the student and the visiting staff member.

Reasonable adjustments

4.14 Making ‘reasonable adjustments’ is a legal requirement to enable a student with mental health difficulties to follow their programme of study. The general principal is that wherever possible, schools should make ‘reasonable adjustments’ to enable a student to continue their training. There are a number of ways in which a student’s mental health difficulty may affect their studies, for example, concentration, memory or the ability to function in groups and some of these issues will present particular difficulties to our students as so much of their work is collaborative with strenuous requirements for punctuality and attendance. However, it is important to consider what adjustments might be reasonably provided, particularly as mental health problems are often variable and students may only need adjustments for a limited period of time whilst they receive treatment or until they are better able to function.

4.15 Schools will need to assess whether it is possible to make reasonable adjustments to the curriculum for students experiencing mental health difficulties. Some examples of reasonable adjustments could be to allow students time off to seek specialist help, providing a mentor to discuss and address challenging behaviour or extra support and/or flexibility at particularly stressful times. However there is a limit to what can be adjusted and it may not be possible to make adjustments to all elements of the training. When making decisions about whether adjustments are ‘reasonable’, it is helpful to consider what are the ‘core elements’ of the training. Higher Education Institutions are not expected to lower the standards of learning and teaching, particularly in the core elements of the training.

4.16 Extra time to hand in academic or contextual work or allocating a quiet place to study might be relatively easy to achieve, but making reasonable adjustments in key areas such as casting and allocation of parts may be trickier. Where a student’s mental health or emotional vulnerability might influence decisions in this area, a reasonable adjustment might be to involve the student in the discussion about why they have been offered a particular part (for performing arts courses) or job (for technical theatre courses) and to give them a chance to respond, even though this might not be usual practice for all students. The decision to include certain students in these discussions in order to help them
understand and comment on how decisions have been made could be included in a Learning Agreement.

**Learning agreements**

4.17 A learning agreement (similar to those in place for other disabled and dyslexic students) can be an effective and adaptable way of discussing and agreeing the support and study needs of a student with mental health difficulties. The information will be framed in social model terms, rather than any kind of detailed description about what’s ‘wrong’ with a student, but in some circumstances (and with the student’s agreement) it might be appropriate to give some more specific details about such things as the effect that medication or changes in medication might have on a student’s behaviour or attendance. The learning agreement will also include information on any adjustments that have been agreed, for example on such things as attendance or managing their work. This is sensitive information and great care needs to be taken to write this in a way that balances the need to know with respect for the student’s right to privacy. In some cases, the agreement might include a more formal ‘contract’ with the student, for example the requirement that the student seeks appropriate medical care. The agreement form should also state the names of staff members who will share this confidential information. The learning agreement form should be signed by the student.

4.18 The learning agreement should be regularly reviewed and this will give both staff and the student the opportunity to discuss how things are going and to make any changes to the adjustments. This date for the next review should be included in the learning agreement. This can be flexible and responsive to the needs of the student and the concerns of the staff member - it could be weekly, monthly or whatever is appropriate. This forms an agreement between the school and the student and the student has to accept responsibility for meeting any targets set out in the learning plan.

4.19 Having a learning agreement gives students an assurance that the only information about their mental health condition that will be shared with others is the information included in the agreement form. It gives staff, including visiting staff such as choreographers and directors, the information they need to support the student and the confidence that people with appropriate experience and knowledge are dealing with the situation.

**Working with the counsellor**

4.20 The counsellor is usually the first port of call for a student who has mental health difficulties and is an essential part of the work we do to support them. The counsellor offers students the space to explore their feelings and works with them to develop the resources and skills they need to manage their difficulties effectively. The counsellor has her or his own professional code of conduct and students are assured that the sessions are confidential and that personal information will not be disclosed. Counsellors employed by the school may be willing to share general information with staff teams about the kind of problems students are experiencing and the kinds of support and adjustments that could
be beneficial and this general information can be an important part of staff training in the field of mental health.

**Referring on**

4.21 In most cases the student will self refer to the counsellor and the school may or may not know about which students the counsellor is seeing. Information about paying for the counsellor and confidentiality is included in Section 3. If a student needs to be referred on to other specialist help, for example a psychiatrist or an eating disorders clinic, the point of contact is usually the GP, but the counsellor may be able to make a direct referral. The school, or in some cases the counsellor, will need to write a referral letter, outlining the student’s difficulties and because the requirements of vocational training for a career in the performing arts courses is different to most academic degrees, it is also helpful to include some information about the kind of course the student is undertaking. A copy of any referral letter should be sent to the student. It is important to word letters about students with mental health difficulties with care, using non discriminatory language, in order to minimise the risk of causing additional distress.

**Keeping records**

4.22 It is good practice to keep a record of discussions with students and any action decided or taken. This should be filed appropriately, in order to keep personal, sensitive information secure and should always be written with sensitivity, with the awareness that the student has the right to seek access to any records kept about them.

**The Disabled Students’ Allowance**

4.23 For some students with mental health students, particularly those who present with long term or enduring mental health difficulties on application or near the start of the course, it is worth thinking about supporting students in making an application for the Disabled Students’ Allowance (DSA). Most students with mental health difficulties do not consider themselves as disabled and will benefit from support and advice on the process of application. The DSA can be used to pay for an experienced and qualified mentor who can support students in containing and controlling their behaviour, improving timekeeping, meeting targets and is a way of providing regular and sustained support to help them complete the rigorous and demanding requirements of a performing arts course.

For more information on this see: [www.studentmentalhealth.org.uk/chap3](http://www.studentmentalhealth.org.uk/chap3)
SECTION 5: Promoting Mental Health and Well-being

Introduction

5.1 In the previous sections of these guidelines, the emphasis has been on improving provision for students who are already experiencing mental health difficulties. This section considers some of the steps that we can take to improve the general climate of mental well being in our schools and help to reduce the risk factors which might trigger or exacerbate mental health difficulties. This proactive approach moves away from mere crisis management to a more holistic approach to promoting mental well being for the whole student population. It encourages us to anticipate needs rather than simply reacting to them and helps to identify any barriers that might prevent students coming forward to discuss their needs.

Staff training in mental health awareness

5.2 Everyone who works and studies in our schools should have some basic awareness of mental health issues. This will enable us to recognise the key signs of mental distress, know when and where we need to refer and to work towards a non discriminatory environment. Through training and easily available information about promoting good mental health and well being, we can ensure that procedures are followed fairly and consistently and this will benefit everyone in our schools.

5.3 Training can be very effective in building confidence and dispelling fears, thus enabling people to accept their responsibilities and roles at whatever level they are working. A visible and regular mental health awareness training programme acts as a constant reminder of a school's policy and procedures and confirms our commitment to these issues. Training is also effective in helping people to feel confident about acknowledging boundaries and knowing where to seek help for students experiencing mental health problems. The flow charts and information given in Appendix 1 and Appendix 2 of these guidelines will be useful in helping to explore and explain school policy and practice.

5.4 Training can be provided within schools by identifying staff with experience in this area. Heads of Student Support might be able to offer this training, or those with counselling experience. For more advanced training on specific topics, for example training on supporting students with disordered eating, it would usually be appropriate to use external expertise. General training in mental health awareness and working with staff teams to develop effective policies and procedures can be organised through the Conservatoire's Equality and Diversity Manager: lois.keith@cdd.ac.uk.

5.5 Following a difficult situation or a crisis connected with mental health issues, there may be a good opportunity to offer a relevant training programme to those involved. At these times, people may be more aware of their need for basic guidance on good practice and referral to enable them to act more confidently in the future. The information in Appendix 1b and Appendix 2b might be a useful starting point in this training.
Other means of raising mental health awareness

5.6 In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day or Conservatoire led events which provide opportunities for staff and students from different affiliates to work together. Campaigns that include practical activities such as workshops to promote mental well being may be particularly effective in promoting the awareness of good mental health.

Pre-entry: application and prospectus

5.7 The stigma surrounding mental health difficulties is likely to mean that some applicants will feel anxious about disclosing a prior mental health difficulty and it is important that pre-entry information reassures applicants that there is no stigma attached to a request for help and that the majority of students will require support at some point during their academic career. Welcoming statements on the application form should encourage students with a history of mental health difficulties to request support at the earliest possible opportunity and provide reassurance that this information will be treated with confidentiality. It is also helpful for the prospectus and other publicity material (both electronic and print) to include a contact name for any student who would like to discuss their concerns on or before audition or interview. All this will help to foster a climate where students will feel confident in discussing mental health issues. More information on procedures for offering support to students at application and at induction can be found in Section Four, paragraphs 4.1–4.5.

Enrolment and induction

5.8 Induction week is an important opportunity to talk about the challenges associated with higher education study. These discussions can help to normalise the stresses and strains of student life and encourage students to seek help at the optimum time. Issues covered during these talks could include: eating and sleeping well, candid discussions about personal hygiene, managing money and getting part time work, the importance of good timekeeping and how to develop the skills to deal with challenging situations that might arise. Where support needs to be provided at a later date, this means that there is a continuing dialogue with students, rather than addressing the concern for the first time.

These discussions can help to foster the idea that promoting good mental health is an issue for all students.

5.9 When students arrive at an affiliate school for the first time, they may have to adapt to a significant life change. Moving to a new area, separation from family and friends, learning to cope with new social situations such as shared accommodation, managing a tight budget, the pressure of conservatoire level training and being responsible for themselves can all contribute to feelings of anxiety. For overseas students there is the additional pressure of living in a new country and adapting to a different culture. Too much pressure on having a
‘good time’ in the first few weeks may be detrimental to many students and some students may be uncomfortable with typical welcome/induction week activities. Practical and structured activities during these early days, such as exercises in local orientation, using the IT systems, small groups working together on a pre-course project, might help to lessen the experience of loneliness and disorientation.

**Identifying vulnerable groups**

5.10 At this early stage, it might be worth identifying which students could be feeling particularly vulnerable and to be proactive in establishing appropriate support. These are groups who may experience additional stress and isolation when they enter higher education, for example, those arriving from another country or students who have more limited prior experience of the art form they are studying. Early tutorials with their personal tutor, involving them in social activities and talking to them about what they expect from the course would all be helpful at this stage.

**The ‘buddy’ or mentor system**

5.11 Some affiliates already operate a successful buddy system and this can make the process of adapting to student life less daunting. One successful system currently in operation in affiliate schools is where all new first year students are allocated a buddy. This is usually a second year student who can discuss all aspects of student life (for example, settling in, making new friends, what to expect from the course) and help to prepare new students for particular points that might be stressful such as performance and assessment. Some affiliates also provide students with a second ‘professional buddy’ who is now working in the profession. Where buddy schemes are available to all students (rather than just those who are identified as particularly vulnerable), this can help to create a climate where students have more realistic expectations of their course and are confident about asking for help.

**Lines of communication**

5.12 It is important that both students and staff are aware of the procedures in place to support those who might need help. Information on how to access the support on offer (including self referral to a counsellor), names and contact details for staff members with general and specific responsibility and other relevant information should be included in both the student and staff handbooks and regularly updated. The flow charts and information included in Appendix 1 and Appendix 2 of these guidelines could be included in this information. Other sources of information to promote this work might include posters or leaflets around the school and easy access to the Conservatoire’s Support for Disabled Students guide and mental health leaflets for staff and students. Leaflets giving information about local counselling and psychiatric services and specialist information such as MIND’s booklets on *How to cope with the stress of student life* or *Understanding eating distress* can also be helpful.
Identifying stress points in the training

5.13 Training students for careers in the performing arts is rigorous and demanding. The work is hard, mistakes are almost always public and students are expected to work long hours. In addition to the usual stresses and strains of student life, vocational training in the performing arts can place great demands on student's emotional and physical energy. Emotions are part of the currency in which performing arts work and it important that we have measures in place which understand and help to 'contain' the impact this can have on the psychological well being of the student before this tips over into a more serious mental health issue. In many cases, this support can be as simple as talking students through these issues, helping them to understand what to expect and explaining that there will be aspects of the training which may leave them emotionally vulnerable. Sometimes listening to their concerns may be all that is needed.

5.14 It is possible to identify trigger points that experience shows us can be particularly stressful for students. An obvious example is assessment and evaluation points and work leading up to a performance. Recognising this, explaining how the process works and how decisions are made, offering students the opportunity to discuss how this is likely to make them feel and offering practical advice about taking care of themselves during this time, (for example, by eating and sleeping well) can help to alleviate some of this stress. Each course leader might take responsibility for identifying potentially stressful points in their own discipline. For example, for design students the low point might come at the start of a performance when their work is done and it feels like everyone else is getting the applause. Acknowledging this and offering them some kind of simple celebration of their achievements can be very helpful.

Providing support for students who are working off site or on work placements

5.15 Working off site is a common practice in the final year of some of our affiliates and the times when students are rehearsing, touring or on work placements away from the school can act as a trigger for those less able to cope with stressful situations. Students may be asked to function in a different way, nearer to the expectations of the profession in their final year. Keeping in touch with students who have already been identified as emotionally vulnerable as well as those who find they are struggling to cope effectively without the support framework provided by the school is very important.

5.16 An inclusive way to deal with this is to prepare all students for working away from the relative safety of schools: a kind of ‘induction for third year students’ as it is described in one affiliate school. An induction into the third year will help students understand what to expect from performing and touring and provides the opportunity for them to discuss their concerns and anxieties.

5.17 Directors and choreographers who are not part of the school should be informed of school procedures with regard to supporting students with mental health difficulties and be aware of the danger signs such as significant weight
loss, change of appearance or poor timekeeping and know who to report this to in the school. They need to be made aware of any adjustments that have been agreed for students and to accept responsibility for ensuring that these adjustments are in place. Students with existing Learning Agreements should be encouraged to allow the school to share this information with the key people (for example, directors, choreographers and tour managers) involved in rehearsal, touring and/or managing work placements.
SECTION 6: Taking Time Out

When a student is asked to intermit

6.1 In some circumstances a student with mental health difficulties may be advised to interrupt their studies until they are well enough to return to complete their course. This might happen when every available avenue of assistance has been offered to the student, but the assistance has not enabled the student to return to good mental health or where a student refuses to seek professional help.

6.2 Wherever this is possible, the decision will be taken with the consent of the student. The reason for implementing the period of intermission will usually be because the student in question represents an unacceptable level of risk to their own mental health and well being or to the larger school community.

6.3 In some cases, the period of intermission may be a few weeks although the nature of Conservatoire training where most courses are full time with long hours means that it will usually be more appropriate for a student to intermit until the start of the next academic year. This will give them the opportunity to seek the support they need to achieve a state of mental stability and well being. Although schools will make every possible effort to support such students, their return may be conditional on them being able to meet certain requirements.

Keeping in touch and planning a return

6.4 The role of the school during a period of intermission is often a difficult one to gauge. Some degree of communication during this difficult period will assist the school with any preparations required for the individual’s return to study and will help reinforce the idea that the school is genuinely interested in ensuring that the student’s return is easy and successful and that they will be able to complete their course.

6.5 The school may want to set conditions before the student is allowed to return and seek evidence that these targets have been achieved. This does not have to be presented as a punishment but can be a positive goal which sets clear targets for the student to achieve. These targets might include asking the student to return to a weight that will be safe for someone studying on a performing arts course, or seeking appropriate professional help. In some cases a condition or return to school will be a letter of evidence from a professional medical practitioner or psychiatrist that the treatment has been effective.
SECTION 7: Disciplinary Action and Appeals

Where a student is asked to withdraw

7.1 In more serious cases, for example where a student does not agree that there is an issue and refuses to seek or receive help and where all available avenues of support have been tried and have failed, it may be appropriate to ask the student to withdraw or be suspended from the course. This may be the case where the student in question is engaged in behaviour that presents a risk to their own well being or that of their fellow students and/or staff members.

7.2 In the case of students with long term or significant mental health difficulties, we need to be sure that all reasonable adjustments and consideration of mitigating circumstances have been addressed before suspending or withdrawing a student. The student should be given a final opportunity to explore the implications of their behaviour. This should be a formal meeting with the school’s senior management team and the student should be allowed to bring someone to the meeting to support them. This could be a ‘friend’ such as another student or a staff member who is not involved in the proceedings.

7.3 Breaches of conduct that are thought to be a consequence of mental health difficulties can be a difficult area to deal with and it is important to be clear that we are committed to taking a non discriminatory approach whilst balancing the need to operate a fair and consistent code of conduct for all students, observe a duty of care and ensure the health and safety of all. However in cases where a student with mental health difficulties clearly breaches the school’s Code of Conduct, disciplinary action may be appropriate and the school needs to make it clear to the individual concerned that their behaviour is unacceptable and to ensure that other students and staff are protected.

Disciplinary procedures and appeals

7.4 Each affiliate will have their own Code of Conduct relating to disciplinary action and associated procedures for suspension, exclusion and dismissal of students. These procedures will be followed in cases where a disability or mental health condition is a contributing issue, but in these circumstances, those involved with the initial decision will need to ensure that the disciplinary panel and other appropriate staff involved in the proceedings are aware of any relevant mitigating circumstances in relation to a mental health difficulty.

7.5 Schools will also have their own procedures for appeals against the decision to dismiss or failure to pass an assessment and as stated in the previous paragraph, those involved in the appeals panel will need to be aware of mitigating circumstances in relation to the student’s mental health. It may be appropriate for students who have a mental health difficulty to be offered additional time or support in preparing for an appeal.
APPENDIX 1a: Procedure for Supporting Students with Mental Health Difficulties

You think a student has a mental health problem because:
- The student has told you;
- a friend of theirs has told you;
- you’ve noticed changes in their behaviour, appearance or mood.

You feel able to talk to the student yourself.

**YES**
- You feel happy with the conversation.
- You encourage them to come back and talk to you or self-refer to the Counsellor.
- Continue to monitor sensitively and with a 'light touch'.
- Student and staff are confident that the situation is stable and improving.

**NO**
- You consult your line manager or senior staff member responsible for student support.
- You are still concerned about the student.
- Student is willing to accept help
  - You agree a support plan with the student (e.g. Learning Agreement) and monitor.
  - If problem persists suggest student sees GP and/or refer them on to psychiatric or other mental health services.
- Student is not willing to accept help
  - Monitor the situation and assess whether there is a detrimental effect on self or others.
  - No improvement. Senior management decision about asking student to intermit or leave.
  - You feel the student presents an immediate risk to themselves or others.
  - Call school security or emergency services 999.
APPENDIX 1b: Handling a Crisis Situation

This might include:

- Threatening suicide or harming themselves
- Becoming hysterical
- Becoming confrontational
- Hallucinations or psychotic behaviour.

It is important to remember two things:

- Crisis situations are very rare
- People experiencing mental health difficulties are very rarely violent towards others.

Stay calm.

Try to ensure your safety, and that of others, including the person involved.

Ensure privacy and respect by asking others not to crowd the situation

But make sure that you are NOT in a room alone with someone, and that the door to any room is always open.

Adopt a non-threatening approach – be clear and direct with the person and don’t try to agree or directly disagree.

You may want to contact another member of staff to support and help you.

If a situation arises with a student that you deem to be an emergency or requires outside help, contact security.

If there is no on-site security or it is out of hours, contact emergency services. In extreme situations, emergency services will take the student to the nearest A&E department for a psychiatric assessment.

Ensure that you have someone to talk to and support you after the event.
APPENDIX 1c: Do You Know Someone Who is Experiencing Mental Distress?

This may be a friend, flat mate, someone on your course or some-one you have been working with in a performance or project.

- Have they told you they have a problem?
- Has their weight or appearance been changing?
- Are you concerned about their alcohol consumption?
- Are you concerned about their drug use?
- Has their mood been changeable: down, high, unmotivated?

A combination of just a few negative pressures could begin to lead to high levels of stress.

It is best to start dealing with problems when they are small

Talk to your friend. Tell them you are concerned and tell them why you are concerned.

If the problems are persisting, or are bigger than you first thought:

You might want to share them with someone who has more experience and might be in a better position to advise you. This might be a member of staff for example your head of year, head of student services or registrar.

In exceptional circumstances, for example if you feel that their mental health problems might threaten their personal safety or that of others, you may need to act without your friend’s consent.

Some serious signs are:

- Disturbed sleep
- Loss of appetite, signs of weight loss or bulimia
- Inability to concentrate
- Change of appearance
- Thoughts or intentions to self harm (including suicide)

Try not to take responsibility for your friend’s problem.

Encourage your fellow student to make contact with someone they trust.

If they agree, you could make first contact with someone on their behalf.

It can be stressful supporting a friend: make sure that you look after yourself and seek support and help from others for yourself.
APPENDIX 2a
For Staff: Practical Advice on Situations Where Breaking Confidentiality Might Be Appropriate

In the first instance, it is vital that you consult your line manager and/or the appropriate member of your Senior Management Team. If it is decided that information should be passed on it is important that you address the following questions:

- Why are you breaking confidentiality?
- How serious is the situation?
- What immediate or significant risk does the student face?
- Are his or her actions placing anyone else at immediate or significant risk?
- What implications – both positive and negative – could breaking confidentiality have?
- What significant harm to the student, other people or yourself could result in NOT disclosing this information?

Try to limit the negative consequences by keeping accurate records of your actions, state the reasons for your decisions in addressing the above questions and at every stage of the process, be clear about:

- Why you are breaking confidence
- The consultation process i.e. with other staff/line manager
- Who you will tell and why
- What information you will pass on
- What is likely to happen to the information
- What consequences this will have for the student involved and your relationship with them.
- **Where appropriate, explain all of the above to the student involved and record details of the meeting.**
APPENDIX 2b

For Staff: Guidance on Handling Crisis Situations

- Try to remain calm and adopt a non-threatening approach (in most cases calm behaviour by others is all that is required). Do not approach the student from behind without warning, nor stare at them, as this could be interpreted as threatening.

- If there are other students about, calmly ask them to leave the area.

- Some situations can be very frightening and distressing. If you do not feel confident in approaching the student, then go and get help.

- If you stay with the student, give them room to breathe, and do not touch them unless you are sure that they do not feel threatened by you.

- Be clear and direct and neither agree nor directly disagree with them.

- Take threats of suicide seriously - do not ignore them - it is a myth that ‘those who talk about it don’t do it’.

- Continue to reassure the student and before you act, explain your actions without being patronising, talk to them about what is happening and what you have decided to do.

- Ensure appropriate people are contacted. If a student becomes severely disorientated or dangerous to themselves or others it may be necessary to call your institution’s security, a GP, the local hospital accident and emergency service, or, if necessary, the police.

- These situations can be very distressing, so make sure that you and others involved seek the support you need. A debriefing with other colleagues is essential and you may also consider other forms of support for yourself and others involved, for example, seeing a counsellor.
APPENDIX 3: Responding To Students Who Attempt Suicide

Introduction

1. Although affiliate schools will do everything they can to promote mental wellbeing and provide support for students who are finding it difficult to cope with the pressures that life can present, it is likely that we will need to find ways to support students who talk about attempting suicide (suicidal ideation) and who go on to attempt suicide.

2. The following information is designed to give some practical guidance on ways to respond to students who have suicidal thoughts and who attempt suicide. These are, of course, different things but we are likely to have to deal with both of these in our work. We may also have to deal with the tragic occurrence of a successful suicide attempt and there is some information on this in Section 5.

Preparing for crisis situations

3. It is important to ensure that a number of things are in place so that there can be a quick response in the case of attempted suicide, particularly as this often happens out of the normal hours of school life. One of the ways to do this is by having in place a named Crisis Team. A crisis team should include representatives of the school’s senior staff with details of how they can be contacted out of normal working hours. These contact details need to be listed in the order of the most appropriate person to contact e.g. School Principal or Head of Student Support and a list of staff in order of seniority and/or appropriateness. Everyone who might need this information, including security staff, need to be aware of how to contact members of the team should a crisis occur.

4. As these contact details will contain personal information, e.g. home and mobile telephone numbers, care needs to be taken to ensure they are both held confidentially and are easily accessible when the need arises.

Student emergency contact details

5. Emergency contact details for every student needs to be collected at enrolment and confirmed or altered annually on registration. Clear information needs to be given to students about where and when this information might be used. Students’ wishes about who to give as their emergency contact should be respected. For example, although most students will choose to name parents, guardian or other close family members as ‘next’, they may choose to list a family friend, a long term partner or someone else they are close to, rather than their ‘legal’ next of kin.
Registering with a local GP

6. All students need to be registered with a local GP. GPs have a great deal of experience in dealing with mental health issues and they are able to make emergency referrals for students who need specialist psychiatric help.

Responding to suicidal talk:

7. Any talk of suicide by a student should be taken extremely seriously and an appropriate response made. A student who talks about committing suicide should be listened to without judgement, and responded to as calmly as possible. It is important to acknowledge the student’s feelings and to let the student know that help is available. Consideration should be given to any previous mental health problems in the student’s medical history, and to whether there has been any noticeable change in appearance or behaviour. See Section 3.3.

8. Some students, particularly when depressed, may have thoughts about suicide without any real suicidal intent (suicidal ideation.) Whilst these cases are not necessarily psychological emergencies, they do warrant careful monitoring and support as suicidal ideation can in some cases lead to suicidal action. Everything which can reasonably be put in place to support the student should be offered, for example specialist appropriate medical care and/or counselling. The student should be made aware of all of the resources which are available to them, and the next steps in the intervention should be clearly explained to the student. It may also be helpful to set the student clear targets in the form of a Personal Learning Plan or Learning Agreement and to set dates for discussion/review of this plan.

9. For students who show signs of suicidal thoughts or who have attempted suicide but have returned to study following appropriate treatment, the ideal point to reach is where the student can continue their studies with careful monitoring of their progress and a ‘light touch’.

Staff Boundaries:

10. Staff should be very clear about their boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is limited to listening, being supportive, and getting the student to a trained professional. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

Confidentiality:

11. Where a student discloses that they are having suicidal thoughts or have attempted suicide and staff are unsure of how to proceed, they should refer this to the member of the school’s Senior Management Team whose responsibility it is to receive such sensitive information. It is important to set clear boundaries regarding the confidentiality and disclosure of this information. Wherever possible and until the member of staff has the permission of the student, an attempt
should be made to pass on their concerns without revealing the name of the individual student. Where there are clear indications of risk to self, breaking confidentiality might be appropriate. For more information see Appendix 2a.

12. If a counsellor employed by the school feels that a student is at significant risk of attempting suicide, he/she may consider breaking confidentiality in order to inform appropriate people in the student’s immediate environment, to alert them to the possibility of a future problem and that crisis procedures may unfortunately become necessary. It is important for the school to discuss this eventuality with the Counsellor and other mental health professionals employed on a freelance basis.

When students attempt suicide.

13. Affiliate schools cannot be expected to provide adequate professional medical and psychiatric support for acutely suicidal students. Such cases should be assessed by an expert, regardless of whether the student has actually harmed themselves or not.

14. Where a student attempts suicide, the priority in this case must obviously be to secure the wellbeing of the student. Where physical harm has been done or where it is suspected that harm may have been done, an immediate and appropriate medical response is required. Emergency services should be contacted, and admission to hospital would normally be expected. Where there is no indication of obvious physical harm, the student needs to be encouraged to see their GP before returning to studies.

15. If a suicide attempt takes place out of school hours or off the school premises it is assumed that the emergency services will be called and the student will be admitted to hospital. It is important that the school has a clear policy as to who should be contacted in the case of emergency and this will usually be the most senior member of the crisis team (see point 3 above). Members of the crisis team are not expected to make house calls to private residencies and in almost all circumstances it would be inappropriate for a staff member to do this.

Contacting next of kin:

16. Following hospital admission, or if the student is in the care of a psychiatric team, the responsibility for contacting the student’s immediate family members or whoever the student chooses to name as their next of kin will also become the responsibility of the hospital’s medical team (see point 5 above). However, in some circumstances, for example if the student is under 18 years of age, or where a student does not need emergency treatment but their wellbeing remains in jeopardy, the school may make a judgement as to whether it is appropriate to contact next of kin. In these cases, it is important for students to understand the affiliate school’s policy on confidentiality of information in emergencies.
17. Schools should be prepared for the fact that hospital procedures in regard to contacting next of kin in cases of attempted suicide, may be different to school policy.

18. There may be cases where a student who both talks about and actually attempts suicide makes it clear they do not want their parents, legal guardians or other named ‘next of kin’ (see Student emergency contact details) or legal guardian to be contacted or involved in any way. The ability to support the student in this desire is made easier where the school has signed evidence of the student’s wishes in the ‘who to contact in any emergency’ section of the registration form all students complete in the first or in subsequent years of their training.

19. Provided that the attempted suicide has not resulted in an ongoing grave threat to the student’s health or wellbeing, contacting their named emergency contact may not be required. As the involvement of the student’s family can often be helpful, the institution should consider in what ways it might be able to assist the student to reach out to trusted family members during a time of such significant mental duress.

20. A student may ask a member of staff or member of the medical profession to support them in contacting their parents or other next of kin and where staff are happy to do this, it will be the job of a senior staff member or someone trained in pastoral care. Wherever possible, it is helpful to everyone if the student and the school can work with the family to bring the student back to a position where they are well and can continue their training.

Where a student refuses to accept medical assistance:

21. It is not uncommon for a student who has attempted suicide to decline professional medical or psychiatric assistance. However, where a school feels that they have a duty of care to the student and possibly to other students and to staff, it may be appropriate to explain to the student that they need to seek specialist help in order to continue their training. In this way, the institution can ensure that the student’s wellbeing is addressed until a time when ongoing, professional care is in place. It is helpful if this approach can be explained to students in a clear, non threatening way in student handbooks or other readily available information.

School response following an attempted suicide.

22. After an attempted suicide, the school’s crisis team needs to meet as soon as possible to discuss how the school will respond to the situation. This should, of course, be handled with the utmost discretion and sensitivity. The confidentiality of the student should be a priority: those who don’t know do not need to know. It may be decided that it is appropriate to talk to close friends of the student and offer support. The information currently available should be given, devoid of exaggeration and/or speculation.
23. Following an attempted suicide, the most likely situation is that the student will take a break from training. This will give them time to seek appropriate physical and psychiatric/counselling treatment or therapy in order to regain the resilience they need to deal with the challenges and obstacles that life presents. Schools will need to consider whether it is appropriate for the student to restart their training after a short break or whether they will be asked to intermit and seek treatment in order to restart the academic year.

24. Where a short break from training is considered appropriate, the student should be made aware of the rights that they have to concessions. Where it is appropriate for a student to intermit and restart the same year of their training at the beginning of the next academic year, schools will want to make a plan of action, ideally with the student’s involvement and cooperation. These discussions should include how the decision will have an impact on their training and what will need to be in place before they re-enter their course.

**Returning to Training:**

25. Schools will decide whether it is appropriate to remain in contact with the student through the period of intermission although it is usually helpful to all concerned if some contact is maintained. There will need to be clearly explained and agreed targets that the student needs to achieve before they return to their studies.

26. Before a student returns to study following this period of intermission, the school may require proof of their having received (and benefitted from) specialist psychiatric or counselling support. This will usually be in the form of a doctor’s letter confirming the mental health of the student and the provision available for their ongoing treatment if required. For more information on this see Section 6, Taking Time Out.

27. It is helpful if all this is explained in a letter or agreed plan which is signed by both the student and the school. This letter should clarify the targets that have been agreed by both parties. The ways of achieving these targets remains the responsibility of the student but the school may be able to give some information about any appropriate resources available to help the student achieve this, e.g. local psychiatric services. Where there are arrangements for the school to retain direct contact with the student’s family or other next of kin, this should be included in this letter so that there is no breach of confidentiality.
28. The tragic event of a student committing suicide is likely to have a long term effect on both staff and fellow students and schools will need to provide support for those most closely involved.

- The crisis team needs to meet as soon as possible after the incident to decide how available information will be shared with students and staff.

- Bereavement counselling should be provided for fellow students, particularly for those who are close friends or who were most closely involved with the incident and the acceptance that this might need to be long term, ongoing support.

- There should be counselling available for staff and the acceptance that this might be long term, ongoing support.

- If a public response becomes necessary (for example if the school is contacted by the press) an appropriate and agreed response is necessary. The school's Senior Management Team should write a brief, discreet statement and fellow students and staff should be advised on the appropriate response to enquiries. This information should be shared with the student’s immediate family or other next of kin.
APPENDIX 4: Examples of Good Practice

Appendix 4a: Supporting Students with Mental Health Difficulties: Current Practice at RADA

1. The first stage is recognising that a student is having mental health difficulties. There might, for instance, be a dramatic change in the student’s appearance or behaviour, or problems with attendance. The student might let staff know that they are having difficulties or this may be noted by teachers in tutorials or when discussing the portfolio work. At this point teachers are recommended to discuss concerns with the Registrar or Director, or both.

2. What works for one student does not necessarily work for another. Therefore the level of support provided for any student is determined by the assessment made of each case, on an individual basis.

3. The student may self refer to the Academy’s Counsellor. The contact number and address is posted on the student notice board and listed in the handbook.

4. The Registrar may suggest that students see the Counsellor. With the student’s permission, the appointment may be made on their behalf. In some cases, students may opt to have relevant background information given to the Counsellor prior to their first visit.

5. In cases where the student needs specialist mental health support, for example for eating disorders, depression or addiction, the student will require a referral by their GP.

6. The Registrar may ask the student for permission to be in touch with their GP and the student is given the option to be accompanied on the first appointment. In urgent cases, the Registrar will generally liaise with the GP in order to fast track a referral.

7. The Registrar retains regular contact with the student.
APPENDIX 4b: Advice for Students on Self Referral to a Counsellor: Extract from Northern School of Contemporary Dance’s Student Handbook

Although you may feel comfortable discussing personal problems with your Personal Tutor, there are issues that your tutor may feel are beyond his/her expertise and require a referral to the College’s Student Welfare Officer.

The Student Welfare Officer provides students with an opportunity to talk about personal issues in complete confidence and in a private setting.

Access to personal counselling is also available and should be discussed with the Student Welfare Officer.

After an initial meeting with a Counsellor you may arrange further meetings directly with her/him at mutually convenient times.

The College is able to pay for three sessions of counselling. The Counsellor will invoice you personally should you request further appointments.

Information on services local to NSCD:

Organisations which are accessed locally and which students can be signposted to include:

- **‘Aspire’** – an NHS funded service which provides early intervention in psychosis. Early intervention in Psychosis is a Department of Health priority so there will be similar units around the country.
- **Leeds Counselling** - an Accredited Service of the British Association for Counselling and Psychotherapy (BACP). Sliding scale of charges applies.
- **Leeds Crisis Centre** - Free and confidential counselling service for people having a recent crisis.
- **The Market Place** - is a project for young people providing counselling, Youth Work and support services and has developed early intervention youth services, particularly in relation to meeting young people’s mental health, sexual health and crisis support needs. It is a free service which is city centre based and provides a citywide service.
APPENDIX 5: Useful Contacts

APPENDIX 5a: Centres that Offer Counselling Via GP or Self-referral

All affiliate schools offer some free counselling sessions for students and students can self-refer. In addition, the following contacts might be helpful.

(S) = Students can contact directly for support or advice
(GP) = GP referral mental health centre

**London**

**Camden PACE (GP)**
34 Hartham Road
London N7 9JL
020 7700 1323
Offers a range of services for lesbian, gay, bisexual and transgender people (LGBT). Also runs a national helpline offering support and counselling to LGBT people and their families/partners.

**City and Hackney Primary Care Psychology Service (GP)**
St Leonard’s Hospital
Nuttal Street
London N1 5LZ
020 7683 4278
Offers a range of psychological therapies for adult residents of City and Hackney who are experiencing mental health problems. Issues dealt with include anxiety and stress, panic attacks, phobias, depression and coping with medical conditions. Sessions are offered in the form of individual and group work and self help.

**Southwark Psychological Therapies Service (GP) (S)**
Munro Centre,
66 Snowfields
London SE1 3SS
020 3228 9703
Offers support for people in Southwark suffering from anxiety or depression. It offers CBT (cognitive behavioural therapy), computerised CBT and guided self-help. It can also offer face-to-face therapy sessions and advice on job retention, return to work and career decisions.

**Westminster CMHT Victoria Community (GP) (S)**
Victoria Assessment Service
Gordon Hospital
Bloomberg Street
London SW1V 2RH
020 8237 2040
Provides support and advice for people between the ages of 18 and 65 with severe mental health issues. It can refer people to other local organizations where necessary. The Victoria Assessment Service supports people living in SW1 postal area of the borough.

**The Brandon Centre (S)**
26 Prince of Wales Road
London NW5 3LG
020 7267 4792
reception@brandon-centre.org.uk
http://www.brandon-centre.org.uk/
Offers free help and advice for young people aged 12 to 21 years.

**Women's Therapy Centre (S)**
10 Manor Gardens
London N7 6JS
020 7263 6200 (Psychotherapy enquiries)
http://www.womenstherapycentre.co.uk/
The Women's Therapy Centre has been offering individual and group psychotherapy to women since 1976.

**Bristol**

**Turning Point Rightsteps Bristol (GP)**
Canningford House
36 Victoria Street
Bristol BS1 6BY
0117 943 1111
Rightsteps provides a range of low and high intensity interventions for adults experiencing depression or anxiety in the Bristol area. Services include cognitive behavioural therapy and other evidence-based interventions.

**Off the Record, Bristol (S)**
2 Horfield Road
St Michael's Hill
Bristol BS2 8EA
Helpline 0808 808 9120
http://www.otrbristol.org.uk/
Drop-In Mon, Tue & Wed: 11:30am - 5:00pm, Thurs 11:00am - 1:00pm
Free counselling, informal support and information for young people aged 11-25.

**Listen-In (S)**
8-10 Berkeley Square
Bristol
BS8 1HH
0117 331 4359
http://www.bris.ac.uk/cppd/listenin.html
A low cost counselling service set up to serve the Bristol community, using selected students from the University of Bristol's Counselling Courses.
Leeds

Aspire (GP)
Suite 1, Bank House
150 Roundhay Road
Leeds LS8 5LJ
0113 200 9170
http://www.aspireleeds.com/default.aspx
Works with young people in Leeds experiencing early signs of psychosis and is the Leeds Early Intervention in Psychosis (EIP) Service. If psychosis is clearly identified they can provide intensive support, for up to 3 years, for 14 to 35 year olds living in Leeds or registered with a GP in Leeds.

Primary Care Mental Health Teams - Leeds (GP)
(Contact details for North East Leeds team)
Nick Wood, Manager.
0113 295 1795
nick.wood@nhs.net
The Primary Care Mental Health Teams provide assessment; short-term treatment and support for people aged 17 upwards, registered with a GP in Leeds. The service is for people experiencing common mental health problems such as: depression, anxiety and panic attacks, stress and difficulty coping with life events.

Leeds Crisis Centre (S)
3 Spring Road,
Headingley,
Leeds LS6 1AD
0113 275 5898
Offers a free, short-term (up to 16 weeks) counselling service. The service is for individuals experiencing a recent crisis, usually in the last few days or weeks. This will have resulted in a sudden and serious reduction in their ability to cope, and/or a significant deterioration in their mental health. Open seven days-a-week, 365 days-a-year.

Leeds Counselling (S)
Leeds Bridge House
Hunslet Road
Leeds LS10 1JN
0113 245 0303
www.leedscounselling.org.uk
An Accredited Service of the British Association for Counselling and Psychotherapy (BACP). Sliding scale of charges apply.

The Market Place (S)
28 Kirkgate
Leeds LS2 7DJ
(0113) 2461659
www.themarketplaceleeds.org.uk
A project for young people providing counselling, Youth Work and support services and has developed early intervention youth services, particularly in relation to meeting young people's mental health, sexual health and crisis support needs. It is a free service which is city centre based and provides a citywide service.
APPENDIX 5b: Useful Organisations and Websites

(S) = Students can contact directly for support or advice
(T) = Offers training and/or advice to staff
(R) = Produces research and publications

Beat (S) (T)
Beat helpline 0845 634 1414
help@b-eat.co.uk
www.b-eat.co.uk
Beat is the leading UK charity for people with eating disorders and their families.

C.A.L.M (S)
http://www.thecalmzone.net/
Helpline 0800 58 58 58 (Sat-Tues 5pm to 12am)
The Campaign Against Living Miserably is targeted at young men aged between 15-35. The campaign offers help, information and advice via a phone and web service.

Get Connected (S)
Helpline 0808 808 4944
www.getconnected.org.uk
Get Connected provides a free, confidential helpline as well as email and web chat service, offering support as well as acting as an intermediary between individuals and other organisations that provide more specific help and advice.

Nightline London (S)
020 7631 0101 (6pm to 8am every night of term)
listening@nightline.org.uk
www.nightline.org.uk
Nightline is a listening, emotional support, information and supplies service run by students, for students, and open at night when few other services are available. It is a confidential, anonymous service. Also available via email and Skype.

OCD Action (S)
0845 390 6232 or 020 7253 2664 for London (Mon-Fri 9-5pm)
help@ocdaction.org.uk
www.ocdaction.org.uk

OCD Action
Suite 506-509 Davina House
137-149 Goswell Road
London EC1V 7ET
OCD Action is the largest national charity focusing on Obsessive Compulsive Disorder (OCD). They provide support and information to anybody affected by OCD, work to raise awareness of the disorder amongst the public and frontline healthcare workers, and strive to secure a better deal for people with OCD.
Samaritans (S)  
08457 90 90 90 (24 hour)  
jo@samaritans.org  
www.samaritans.org  
Samaritans provides confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide. They can be contacted by phone, email, or by visiting a branch in person.

Samaritans London  
020 7734 2800  
46 Marshall Street  
London W1F 9BF

Samaritans Bristol  
0117 983 1000  
37 St Nicholas Street  
Bristol BS1 1TP

Samaritans Leeds  
(0113) 245 6789  
93 Clarendon Road  
Leeds LS2 9LY

Students against Depression (S)  
www.studentdepression.org  
A website aimed at students offering advice and information about depression, low moods and suicidal thoughts. It includes advice on tackling depression and getting help and support, as well as real student stories of depression and seeking help.

MDF The BiPolar Organisation (S) (R)  
www.mdf.org.uk  
A national user-led organisation and registered charity for people whose lives are affected by bipolar disorder. It aims to enable people affected by bipolar to take control of their lives through the services it offers, including self help groups, information and publications. It also seeks to combat the stigma and prejudice experienced by those affected by bipolar disorder through campaigns and education.

MDF The BiPolar Organisation  
Castle Works  
21 St. George’s Road  
London  
SE1 6ES

Supporting Student Mental Health and Wellbeing (T)  
http://www.ssmh.ac.uk/  
This resource offers guidance and information on promoting and supporting student mental health and well-being, and is intended for staff working in colleges and universities.
Mind (S) (T)
Mind Info line 0845 766 0163
www.mind.org.uk
Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life.

Hammersmith & Fulham Mind
309 Lillie Road
Fulham
London SW6 7LL
Phone: 0207 471 0580
Email: Enquiries@hfmind.org.uk

Mind Bristol
Phone: 0117 9800370
Email: info@bristolmind.org.uk
Contact: Pat Diango

Mind Leeds
Phone: 0113 2307608
Email: leeds.mind@leedsmind.org.uk
Contact: Julian Turner

The National Autistic Society (S) (T)
http://www.nas.org.uk/
Autism Helpline 0845 070 4004 (Mon-Fri 10am to 4pm)
The National Autistic Society champion the rights and interests of all people with autism and aim to provide individuals with autism and their families with help, support and services that they can access, trust and rely upon and which can make a positive difference to their lives.

NAS South East (London)
Regional Co-ordinator: Jane Vaughan
The National Autistic Society
Unit 9, The Ivories
6/8 Northampton Street
London N1 2HY
Tel: 020 7704 3800
Email: seregionalteam@nas.org.uk

NAS South West (Bristol)
Regional Co-ordinator: Rachel Pike
The National Autistic Society
Church House
Church Road
Filton
Bristol BS34 7BD
Tel: 0117 974 8400
Email: swregionalteam@nas.org.uk
NAS North (Leeds)
Regional Coordinator: Sharron McIndoe
The National Autistic Society
Anglo House
Chapel Road
Northenden
Manchester M22 4JN
Tel: 0161 998 7860
Email: nregionalteam@nas.org.uk

Mental Health Foundation (R)
www.mentalhealth.org.uk
Founded in 1949, the Mental Health Foundation is a leading UK charity that provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems. They can provide publications, and the website contains a database of mental health organizations, but they do not run a helpline service.

Rethink (S) (R)
020 7840 3188 (Mon-Fri 10.00am – 1.00pm)
advice@rethink.org
www.rethink.org
Rethink, the leading national mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life. It campaigns, conducts research, publishes a range of mental health publications, and provides support groups. Rethink’s National Information and Advice Service provides expert advice and information to people with mental health problems and those who care for them, as well as giving help to health professionals, employers and staff.

Rethink
Head Office
15th Floor
89 Albert Embankment
London SE1 7TP
Tel: 0845 456 0455
email: info@rethink.org

SADA (S)
www.sada.org.uk
The SAD Association is a voluntary organization and registered charity which informs the public and health professions about Seasonal Effective Disorder and supports and advises sufferers of the condition.

SAD Association
PO Box 989
Steyning
BN44 3HG
England
SANE (S) (R)
SANEdine: 0845 767 8000 (6pm-11pm daily)
Sanenmail@sane.org.uk
www.sane.org.uk
SANE was established in 1986 to improve the quality of life for people affected by mental illness. They raise awareness, undertake research and provide help and information for those experiencing mental health problems and their families, via phone and email.

SANE London office
1st Floor Cityside House,
40 Adler Street London E1 1EE
info@sane.org.uk
Conservatoire for Dance and Drama

Bristol Old Vic Theatre School
Central School of Ballet
Circus Space
London Academy of Music and Dramatic Art
London Contemporary Dance School
Northern School of Contemporary Dance
Rambert School of Ballet and Contemporary Dance
Royal Academy of Dramatic Art

This document is available on the staff area of the Conservatoire’s website: www.cdd.ac.uk

For a print copy or to obtain these guidelines in a different format, please contact the Conservatoire’s Equality and Diversity Manager: lois.keith@cdd.ac.uk

Image by Benedict Johnson