Student Mental Health Policy
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January 2010
Foreword

I am pleased to introduce this Student Mental Health Policy on behalf of University College Cork. The policy has been developed to help students fulfil their academic and personal potential and thrive in a supportive and caring environment.

Many people experience a period of mental distress or mental illness at some stage in their lives. University life is a time of considerable change and challenge which some students find stressful and potentially threatening to their mental well-being. UCC acknowledges the pressure students are under and in developing this Policy is clearly stating its support for all students by ensuring that support services are in place, including clear guidelines for staff involved in supporting students during periods of distress. The policy, in particular, seeks to ensure that University administrative and disciplinary procedures are consistent with a positive approach to promoting mental well-being.

This Policy is a significant step forward in promoting better mental health among our students. I would like to express my gratitude to all those involved in developing the UCC Student Mental Health Policy.

Con O’Brien
Vice President for the Student Experience
University College Cork
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1. Introduction

1.1 Aim and Objectives of this Mental Health Policy
This Mental Health Policy seeks to establish a coherent framework and a set of procedures to assist the promotion of mental well-being in University College Cork. An effective mental health policy recognises the need for ongoing behaviour modification and attitude revision at all levels of the University, including organisational practice, lifestyle, service provision, guidance and training, support and communication networks. The policy is primarily intended for the benefit of students attending University College Cork and provides support to staff in supporting the mental well-being of all students in the University.

1.2 University College Cork's Role and Responsibility
University College recognises the need to develop services and provide a supportive environment for students in mental distress or suffering from a mental illness. The primary responsibility for the provision of community mental health services lies with the Health Service Executive. UCC therefore aims to

- Provide a range of support services, including the Student Health Service, Student Counselling and Development Disability Support Service, Student's Union, and Chaplaincy
- Provide referral to relevant external agencies where appropriate
- Maintain appropriate contact between the University and relevant external agencies that support individuals with mental health difficulties
- Provide ongoing support for Staff who support students with mental health difficulties
- Encourage students with mental health difficulties to actively seek support
- Provide unambiguous and widely accessible information about the availability of resources and support to both current students and those intending to study at UCC
- Promote an environment in which mental health difficulties are openly acknowledged and not stigmatised
- Challenge any discrimination directed at those who may be experiencing mental health difficulties
- Promote a healthy lifestyle and raise awareness of the adverse effects of drug and alcohol abuse and misuse
- Ensure the Confidentiality of personal information provided by students with mental health difficulties, excepting grave circumstances. See Section 4.

1.3 Responsibility for implementation of this Mental Health Policy
The Vice-President for the Student Experience is ultimately responsible for the implementation of the aims and objectives, as outlined above, on behalf of UCC.

1.4 Legislative issues
The primary pieces of legislation that underpin this policy include the

- Mental Health Act, 2001
- Disability Act, 2005

The Mental Health Act 2001 has particular implication for individuals with significant mental health difficulties, including involuntary admission to psychiatric facilities.
1.5 Mental Health and Wellbeing
The concept of ‘Mental Health’ as it is used in this policy document is broader than the mere absence of mental disorder. Mental Health encompasses a broad spectrum of experiences including mental (psychological-emotional) well-being, mental health difficulties and mental disorder/illness. Mental well-being, mental health difficulties and mental disorder/illness are each a complex manifestation of a range of biological, psychological, social, cultural and historical variables that affect the thoughts, emotions and behaviour of an individual when faced with life’s situations.

In its 2006 report “A Vision for Change” commissioned by the HSE, the Expert Group on Mental Health emphasised the following:

- A model for understanding mental health needs to be formulated because the way mental health is viewed (i.e. the model used) determines society’s approach to emotional distress and mental health problems. If there is no understanding of what factors influence mental health, we cannot hope to promote better mental health, to prevent mental health problems, or to deal effectively with mental health problems.

- The bio psychosocial model incorporates key influences on the mental health of the individual and highlights the interconnection and interdependence of people’s biological, psychological and social functioning. Mental well-being is associated with an individual’s ability to live in a productive and self-fulfilling manner, having the resilience to cope effectively, when faced with the challenges and stressors that are a part of everyday student life and workload/study.

1.6 Mental Health Distress
Mental health distress is associated with a wide range of experiences that affect how we think, feel and behave and results in a less than effective ability to cope with and manage our lives, particularly when we are faced with a change in lifestyle and a new environment. Evidence of mental health distress may include, among other factors, low-level anxiety or depression, poor concentration and performance, difficulty with eating (or eating to excess), withdrawal from peer group, alcohol and narcotic abuse, changed behaviour and appearance, suicidal ideation, obsessive attitude towards work/pre-occupation with failure. It should be noted that mental health distress may be experienced by anyone at any time and the World Health Organisation maintains that one in four individuals will experience mental health distress at some point in their lives. The experience will not necessarily warrant specialist mental health care or admission to a specialist facility.

Common presentations of Mental Health Distress are included in Appendix 1.

1.7 Mental Illness
Mental illness describes the experience of severe mental health difficulties. A more seriously affected student, in addition to needing appropriate professional support, may also cause concern and anxiety among his/her fellow students, and members of staff. Descriptions of common Mental Illnesses are included in Appendix 2.
2. Help available for Students in Distress

Many students experience periods of varying degrees of mental distress during their time at University. Life events such as bereavement, parental separation, unplanned pregnancy, relationship breakdown, and addictions can be traumatic and distressing for students. In addition, transition to university and academic anxiety are common sources of stress. Such issues and stresses have a direct impact on the student experience, academic performance and student retention. In addition some students will enter University with an established mental illness whilst others will develop a mental illness whilst there. The support networks available to a student vary from individual to individual, and according to whether they are still residing at home with family, or living away from home for the first time, and whether or not they have previously had access to, or been supported by the Mental Health Services. It is important to help students build on existing supports, whilst providing access to additional sources of help when necessary.

2.1 Non-acute situation

In a non-acute situation, where a student is considered to be in some distress and in need of extra support resources may be of assistance to them as follows:

- Family
- Class mates and friends
- University Academic Departments
- University Services
  - Student Counselling and Development Department
  - Student Health Department
  - uLink
  - Student’s Union/Student’s Union Welfare Officer
  - Niteline
  - Chaplaincy
  - Disability Support Service
  - International Education Office
  - First Year Experience Co-ordinator
- Community Services
  - Family Doctor/General Practitioner
  - Mental Health Services; Public Sector or Private Sector
  - Voluntary Agencies including Mental Health Charities.

See Appendix 5 and 6 for contact details of the above University and Community Services respectively.

2.2 Acute situation

In an acute situation, where a student is distressed to the point of needing urgent same-day or next-day support or help out with their usual support network of family and friends, each of the University services listed above, as well as the Student’s own family doctor or other mental health professional involved in their care, should be considered as possible sources of help. Individual University services who feel that expert help is needed should consider referring on to the Student Counselling and Development or Student Health Departments.

2.3 Emergency situation

See Section 3 Guidelines for staff on responding to students in distress.
Actions Advised in Helping a Student in Distress or Crisis

Staff member concerned about mental health of student

Life Threatening Emergency
- Overdose Possible or Definite
  - Request Ambulance 999 or 112
  - Inform UCC Security 3111
  - Inform Student Health 2311
- Student Violent/Armed
  - Contact Gardai 999 or 112
  - Inform Security 3111

Non Urgent / Non Emergency
If the student is or appears...
- Withdrawn, low in mood, tearful or unduly anxious has a sudden deterioration in academic performance AND
- Does not display features considered as Urgent/Emergency

- Explain your concerns to student
- Assure confidentiality
- Advise student to contact Student Counselling, Student Health Department, or their own GP.
- Arrange follow up appointment
- If a student does not does not wish to follow your advice, his/her wishes should be respected. No further action is appropriate at this stage unless their condition deteriorates to become Urgent or Emergency as over.

Urgent / Emergency
If the student is or appears...
- Very aggressive/Threatening (seek help from Security 3111 and/or Gardai on 999)
- Suicidal/ wishing they were dead
- Threatening self harm
- Expressing bizarre thoughts or ideas
- Unduly agitated or behaving in a bizarre manner

- If possible consult colleague, try not to act alone
- Explain concern to student (unless you believe this will inflame the situation)
- Seek consent to contact Student Counselling and Development, Student Health Department, or Student’s own GP or Psychiatrist
- If consent withheld consider contacting anyway.
- Arrange an urgent appointment with one of the professional services listed above
- Consider accompanying student to appointment.
- Consider A+E/SouthDoc if other services unavailable or closed
- If off-campus contact local health services and request advice or assistance.

Contact Details
Student Counselling and Development Hours 9:15-1pm, 2:15-5pm M-F (021) 4903565
Student Health Department Hours 9:15-1pm, 2:15-5pm M-F (021) 4902311
UCC General Services Security 24 Hours (021) 4903111
Anglesea Street Gardai HQ 24 hours (021) 4313031
A+E Cork University Hospital 24 hours (021) 4920230
South Doc Evenings week ends 1850 335 999
3. Guidance for Staff on Responding to a Student in Distress

In responding to a student who is causing concern, Staff should only act to the limit of their competency, should always consider involving a colleague and should avoid taking on a pastoral role unless properly trained. The appropriate course of action to be undertaken by a staff member who has become concerned about the mental well being of a student depends on the urgency of the situation. The course of action may also need to be reviewed if the situation alters. The situations can be described or classified as non-urgent/non-emergency, or urgent/emergency. See Flow Diagram on previous page.

See Appendix 4 Advice for Staff on Responding to a Student in Distress.

3.1 Non-urgent/Non-emergency situations

Members of staff who become concerned about a student who appears withdrawn, low in mood, tearful or unduly anxious, or who has deterioration in academic performance or failure to meet deadlines for submission of assignments should consider one or more of the following courses of actions

- Make the student aware of your concern and the basis for that concern
- Advise the student to consider obtaining help/support as per section 2 of this policy
- Assure the student that discussions are confidential and remain so unless you judge them to be a danger to themselves or to other students, or it is a criminal matter
- Offer to communicate your concern to their family, GP, Student Counselling and Development (ext. 3565) or the Student Health Department (ext. 2311)
- Arrange to meet the student at a later date to review the outcome
- If a student does not wish to avail of support services, or does not wish to follow your advice, his/her wishes should be respected. Unless and until their situation or condition deteriorates to become Urgent/Emergency as below, no further action is appropriate at this stage.

3.2 Urgent/ Emergency situations

In circumstances where staff have become concerned about a student and believe the student to be an immediate risk of harm to self or others, one or more of the courses of actions listed below should be undertaken. Such circumstances could include some or all of the following:

- If a student is expressing suicidal thoughts or other thoughts such as that they wished they were dead
- If a student is threatening self harm
- If a student appears unduly agitated or aggressive, or is exhibiting bizarre behaviour
- If a student is expressing bizarre thoughts or ideas
- If a student appears to be not in touch with reality.
**Actions advised in Urgent/Emergency situations**

- Try not to act alone, if possible seek the help/advice from another colleague.

- If the Student has taken an Overdose telephone 999 or 112 for an emergency ambulance and inform the University Security (ext. 3111). If the incident occurs between 9:15-1pm or 2:15-5 pm contact the Student Health Department (ext. 2311) to seek advice/help until the ambulance arrives.

- If the student is very aggressive/threatening, seek help from Security (ext. 3111) and/or Gardaí on 999 or 112.

- Otherwise, if none of the above applies, make the student aware of your concern and the basis for that concern.

- Ask the student if they are already attending University Counselling/Student Health Departments /GP/Psychiatrist. Get details and with the student’s consent contact one of these services (UCC Student Counselling and Development ext. 3565 Student Health Ext. 2311) explain your concerns, requesting their immediate help/intervention and confirm an appointment.

- Accompany the student to the appointment if possible.

- If the student refuses consent to disclose information or refuses to avail of an appointment with any of these agencies, and you believe the student or others to be in danger, you should still consider informing one of the agencies above. It may be best to explain to the student that you are doing do this, unless you judge doing so will inflame the situation by making the student more agitated.

- If the incident occurs out with the operating hours of any of the above services, consider contacting the emergency department of either CUH (24Hrs) or the Mercy Hospital or SouthDoc Evenings/Nights and Weekends.

- If the incident occurs whilst off-campus on a field trip for instance, contact local health services for advice or assistance. Ensure you have the contact details of nearest A&E service and Out of Hour’s emergency GP service before departure.

- In exceptional circumstances the provisions of the Mental Health Act may need to apply. See Section 7.
4. Administrative Policies and Procedures

University College Cork is committed to a policy of equal opportunity and welcomes applications from students with disabilities including those with mental health difficulties. The University makes every effort, where possible, to facilitate access and participation of students with mental health difficulties in all aspects of university life. Furthermore, UCC is dedicated to the creation of an environment in which the stigma surrounding mental health can be reduced. In this environment, students experiencing mental health difficulties will be enabled to access the appropriate supports at the earliest juncture.

The University uses the definition of disability as defined in the Disability Act 2005: “‘disability’, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment”.

4.1 Admissions to UCC

Students with mental health difficulties may gain entry to UCC through the Standard CAO Process or through the CAO Supplementary Admission Process. Most students who register with the Disability Support Service enter UCC via the Standard CAO Process. UCC’s Positive Admissions Policy states that students with mental health difficulties may qualify for a CAO Supplementary Admission Offer if, because of their disability, they cannot compete equally in the Leaving Certificate and, as a result, do not fulfil the necessary admissions criteria to gain a place on merit. For further information on applying through the CAO Supplementary Admission Route please see: www.ucc.ie/en/dss/ProspectiveStudents/Admissions/CAO/CAOAdmissionsProcedure/

Students who do not enter through the CAO (e.g. postgraduates, evening students, part-time students) are also supported by the Disability Service if the student presents medical evidence of impact of disability from an appropriate consultant. Students with mental health difficulties may register with the Disability Support Service at any time during the academic year to avail of necessary supports.

4.2 Fitness to Practice

Disclosure of mental health difficulties will not adversely affect a person’s application to University or legal rights in any way. However, certain physical, sensory, or mental health conditions or illnesses may preclude the safe practice of a chosen profession. In particular students intending to study professional degree programmes should seek appropriate advice from the relevant Head of Department or School in advance of registration.

4.3 Supporting the Educational Impact of Mental Health Difficulties

The Disability Support Service fulfils an important function with respect to the support of students encountering mental health difficulties in the course of their studies. Staff at the DSS recognises that the concept of mental wellbeing is a universally pertinent one and that many people experience some of the symptoms associated with mental health difficulties at some stage in their lives.

Students are met on a one-to-one basis to determine the relevant supports applicable to their needs. These supports include:

- Subject Specific tuition
- Peer Mentoring Programme-Buddy system to enable students with mental health difficulties engage with learning environment
- Loan of laptops so that students experiencing mental health difficulties can work on assignments from home
- Career Support programme enabling the successful transition to the workplace for graduates with mental health difficulties.
4.4 Alternative Examination Arrangements

UCC is committed to ensuring that learners with disabilities will be enabled to demonstrate their knowledge and competency on an equal footing with their peers. A reasonable accommodation might be any action that helps to alleviate a substantial disadvantage.

The granting of reasonable accommodations to learners with mental health difficulties is all times consistent with the academic rigor of programmes and also maintains academic standards. The regime of reasonable accommodations also ensures fairness to learners without disabilities in that it will not advantage learners with mental health difficulties over their peers. When a student with mental health difficulties registers with the Disability Support Service, they are assessed for alternative exam arrangements, as part of the initial assessment. The accommodations may include

- Sitting the exam in a room on their own
- Sitting the exam in a smaller venue.

4.5 Deferring or Splitting Exams

Students with mental health difficulties can also be afforded the opportunity to extend one year of their programme over two years or to split the exams over summer and autumn exam schedules without penalty. These arrangements are put in place once medical verification has been supplied to substantiate the rationale for this accommodation.

4.6 Fee Waivers

The University further supports the access and participation of students with mental health difficulties by offering a waiver of fees in the following year where a student has to split their exams on grounds of disability. These arrangements are negotiated on a yearly basis by the Disability Officer in conjunction with the Fees Officer, once the student with mental health difficulties has provided medical certification to verify their need for alternative exam arrangements or fee waiver.
5. Disciplinary Policy and Procedures

5.1 Mental Health and Disciplinary Issues
All students are subject to UCC’s Student Rules, and the rights of an individual with a mental health difficulty must be balanced with the right of all members of the University to study and work in a safe and productive environment. (See Student rules at www.ucc.ie/en/CurrentStudents/StudentRulesandCharter)

Students with a mental health difficulty may behave inappropriately as a result of that mental health difficulty and care should be taken to ensure that disciplinary procedures do not result in inappropriate action against a student with a mental illness without making all possible efforts to involve specialist psychiatric support.

5.2 Disciplinary Process for Students with Mental Health Difficulties
In the event that a student subject to Disciplinary Proceedings applies for mitigation based on mental health grounds, or if the Disciplinary Committee in dealing with a disciplinary case is of the opinion that a student may have a mental health problem or is patently ill and...

- his/her mental health difficulties may be preventing him/her from understanding the disciplinary process and representing his/her case/situation effectively

and/or

- his/her mental health difficulties may be the cause of the actions which have led to the disciplinary proceedings

...consideration should be given to suspending the disciplinary procedures as per section E points 26-31 of the Student Rules. (See Appendix 3 Extract from University Student Rules re Discipline and Mental Health)

This provision aims to offer the student an opportunity to receive appropriate treatment and to allow the University obtain a Consultant Psychiatrist’s opinion as to the student’s condition. If a student chooses not to engage in treatment or refuses to attend for psychiatric assessment, the disciplinary process will continue.
6. Confidentiality and Communication

Confidentiality is essential in encouraging students to seek help whenever appropriate. It is important therefore that students feel assured that any personal information they give a staff member will be treated with respect and discretion. In accordance with UCC Data Privacy Policy (available at http://secretary.ucc.ie/Records/privacy.htm), the University has a duty to “Protect personal information from loss, unauthorised access, use, modification or disclosure or other misuse”

6.1 When to Disclose Information

Information regarding the mental wellbeing of a student is confidential and should only be divulged with the consent of the student.

If consent to disclose information is refused, information may be disclosed if any of the following circumstances apply:

- Where it is considered that there is a danger to the life or safety of the student or other person
- Where a crime is being investigated
- Where it is a requirement of law
- When procedures under the Mental Health Act 2001 are invoked.

6.2 Guidelines for Disclosure and Communication of Information

To ensure appropriate disclosure, the following guidelines should be observed:

- Where a student does agree to personal information being disclosed, ensure if possible, the student is informed:
  - Who will be receiving the information
  - Why the information is being disclosed
  - What information is being disclosed
- Personal information should only be disclosed on a ‘need to know’ basis.
- Issues relating to a student’s mental health should not be discussed in public. Ensure that any discussion, whether in person or by telephone, is done in a discreet, sensitive and private manner.
- Personal identifiable health information should not usually be sent via e-mail.

6.3 Guidelines for Record Keeping

It is good practice to keep brief notes of any interactions with students where there has been guidance or decisions in relation to personal issues, and to inform the student that you are making a record of the encounter.

The record should be dated and written as soon as possible after the interaction with the student. It should state the nature of the interaction and any action taken or advice given. If appropriate, it should also state whether or not the student gave consent for further action.

Records should be kept safely in departments for a minimum period of five years and then destroyed. Confidentiality and security of notes should be maintained in accordance with the principles of the Data Protection Act. (See: www.dataprotection.ie) and the Freedom of Information Act (See: www.foi.gov.ie).
7. Application of the Mental Health Act 2001

Where a student of the University develops a Mental Disorder (as defined in Section 3 of the Mental Health Act 2001), and is deemed to require in-patient treatment, he/she will be encouraged to accept treatment in a Psychiatric Unit/Hospital. The Universities’ professional staff involved with the student will facilitate a voluntary admission for such treatment.

Where a student of the University develops a Mental Disorder (as defined in Section 3 of the Mental Health Act 2001) and where the student is deemed by a Registered Medical Practitioner/Doctor to require treatment for this disorder but is unable or unwilling to accept voluntary hospitalisation, the procedures of the Mental Health Act 2001 will be followed: The Act sets out regulations for the involuntary detention of persons to psychiatric hospitals.

Before an adult 18 years and over may be involuntarily detained, the Mental Health Act (2001) requires that:

- (S)He is suffering from a “mental disorder” within the meaning of the Act. For all practical purposes, that means “mental illness” as defined in the University Mental Health Policy
- In addition, one of the following two conditions must also be met, as set out in section 3(1) of the Act, as follows:
  
a) because of the illness there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons;

or

b) (i) because of the severity of the illness the judgement of the person concerned is so impaired that failure to admit the person to an approved centre would be likely to lead to a serious deterioration in his or her condition or would prevent the administration of appropriate treatment that could be given only by such admission, and

b) (ii) the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit or alleviate the condition of that person to a material extent.

The following are the steps undertaken under the Mental Health Act 2001 to detain a person aged 18 years and over. Any student less than 18 years of age and who is not, and has never been married, is treated as a child under the Mental Health Act 2001, and a different procedure applies- see details of Mental Health Act 2001 on www.mchirl.ie

**Step 1:** An Application is made on one of the statutory forms 1 or 4 (available from the Student Health Department). The application will be made* either by a spouse/relative, an HSE Authorised Officer, a member of An Garda Síochána, or a member of the Public

**Step 2:** A Registered Medical Practitioner will assess the person within 24 hours of the receipt of the Application. This may be a Student Health Doctor, a GP or his locum tenens

**Step 3:** If the Registered Medical Practitioner makes a recommendation that the person should be admitted to a Psychiatric Unit/Hospital under the Mental Health Act, 2001, arrangements will be made to transfer the person to an appropriate Hospital.

*Note the applicant is almost always a member of the student’s family, and involvement of another category of applicant is likely to be needed only in the event of unavailability of a family member.
APPENDICES

Appendix 1

Common Presentations of Mental Distress

University life is characterised by a range of multifaceted transitions and challenges, which must be negotiated by students, and which also may be a source of considerable stress. This stress may be augmented by a diverse range of issues such as academic demands, family issues, social/relationship issues, financial worries, identity issues, cultural issues, isolation/loneliness to name but a few. It is also worth bearing in mind that the characteristic age of onset of many mental illnesses lies within the typical age range of the traditional University Student. While many students do cope, others find themselves not resourced to do so. They become overwhelmed and distressed. The inability to cope effectively can lead to disruptions in the student’s overall functioning both academically and personally:

The following information may assist you in identifying a student in distress:

Recognising Distressed Students (Non-crisis/Non-emergency situation)

Everyone experiences symptoms of distress at one time or another. However, if symptoms persist over time and/or increase in severity, there may be a need for intervention: The following may indicate that a student is in mental distress:

- Dramatic drop in grades / academic performance
- Failure to attend classes, complete assignments or sit examinations
- Perfectionism and excessive anxiety about academic work
- Strong reactions to class material
- Exaggerated need to oppose the teaching or discussions
- Inability to communicate clearly
- Non-participation in class
- Exaggerated emotional responses that are inappropriate to the situation
- Depressed or lethargic mood
- Apathy or “in a daze”
- Anxious / avoidant behaviour
- Oversleeping or not sleeping enough
- Disruptive behaviour
- Marked increase or decrease in energy level
- Marked increase in irritability
- Low tolerance for frustration
- Unusual or changed pattern of interaction with others
- Social withdrawal
- Poor personal hygiene
- Consistently avoiding eating with others
- Dramatic weight loss or gain
- Swollen or red eyes
- Substance abuse.
Recognising a Serious Mental Health Crisis (Emergency Situation)

A crisis is a situation where a student’s usual coping style becomes severely overwhelmed. Dysfunctional emotional and behavioural responses escalate. The person may become incoherent, disorientated, non-functional or attempt self-harm:

If a student is in a serious mental health crisis, one might see the following:

- Highly disruptive, erratic or unpredictable behaviour
- Behaviour inappropriate to the social context
- Extreme agitation or severely marked anxiety
- Euphoria
- Physical and/or verbal aggression
- Overt suicidal threats (written or verbal)
- Threatening the safety of others either written or verbally.
- Incoherent speech
- Loss of contact with reality (seeing/hearing things that are not there)
- Paranoia
- Disinhibited behaviour
- Extreme social withdrawal / avoidance of social interaction or contact
- Unexplained or prolonged crying
- Marked unresponsiveness to normally upsetting events
- Change or disturbance in eating / sleeping patterns
- Marked deterioration in personal hygiene, unkempt / unwashed.

Staff members who have become concerned about a student, who is displaying some of the features above, should consider proceeding as outlined in Section 6.
Appendix 2

Description of Common Mental Illnesses

Diagnosis of mental illness is a challenging and complex task and is the responsibility of a trained medical professional. Others involved in pastoral roles should not attempt in any way to diagnose or label anyone under their care. The following descriptions of common mental illnesses and terms are intended as background information only.

Anxiety Disorder

This describes a condition where there is a continuous and constant background feeling of worry, unease, fear and distress, exacerbated by episodes of increased stress, but often present even in the absence of any obvious external stressor (sometimes described as “free-floating anxiety”). Occasionally the anxiety may be exacerbated by a particular stressor, and the sufferer may adapt strategies to avoid such stressors, such as avoiding social situations or crowded rooms. The sufferer is usually aware of the nature of the problem and may have good insight into trigger factors, but have difficulty controlling the anxiety.

Panic Disorder/ “Panic Attacks”

Panic disorder is recognised as a separate entity from anxiety disorder, although people with anxiety disorder may occasionally suffer from panic attacks. Panic disorder describes the situation where sufferers experience intermittent, often very short lived (minutes) episodes of profound anxiety and fear, often to the extent of a paralysing fear of impending doom, (feeling as if they are going to die immediately) and a sense that they cannot breathe. These episodes often feature marked physical symptoms of palpitations (increased awareness of heart beating very fast), rapid breathing/hyperventilation, sweating and feeling faint. Sufferers with isolated panic disorder do not necessarily have background free-floating anxiety or anxiety disorder and may feel and function very well between “panic attacks”, although continual fear of another panic attack may lead to anxiety disorder.

Depression

Depression describes an illness which features a persisting and continuous feeling of all pervasive low mood, of at least 3 weeks duration, with a lack of enjoyment even from things that previously gave enjoyment. Sufferers often describe feeling tired all the time, with no energy and no feeling of refreshment even after sleep. They may feel “flat”, and can describe feeling hopeless about the future. In moderate and severe depression there may be accompanying “biological” symptoms of loss of appetite for food, loss or absence of libido/sex drive, sleep disturbance, typically wakening in the early hours of the morning 3am-4am, and inability to get back to sleep. Note Anxiety Disorder may lead to or be accompanied by Depression and not infrequently the two may co-exist in the one sufferer.

Alcohol and drug misuse

Alcohol and drug use and misuse are common and increasing problems in University students. Recreational use of alcohol and other drugs can accelerate to regular problem use, resulting in considerable psychological social and physical consequences for the sufferer. Alcohol continues to be the commonest drug abused in Ireland and Irish Universities.

Bipolar illness

Bipolar illness describes a condition where a sufferer can have episodes of depression, often moderate to severe, interspersed with episodes of hypomania, where they feel irrationally elated, occasionally featuring delusions of being possessed of extraordinary abilities or gifts and manifesting itself in bizarre behaviour, sometimes dis-inhibited and appearing over talkative and loquacious, with an over-abundance of energy. Previously referred to as “Manic-Depression”, it is one of the illnesses described as Psychoses, one of the characteristic features of which is the loss of touch with reality and the lack of insight into the illness on the part the sufferer, particularly during a hypomanic phase.
Schizophrenia and psychoses

Schizophrenia is one of the major mental illnesses with profound effects on the individual if untreated, leading eventually to the “dis-integration of the personality.” It has been described as being characterised by two sets of symptoms, the so-called “positive” symptoms manifested by the presence of hallucinations, either visual or more commonly auditory, where the sufferer sees things or hears voices when there are none present in reality, or delusions similar to those seen in Bipolar illness described above, but can also feature a strong element of paranoid delusions. These “positive” symptoms are in contrast to the “negative” symptoms where the sufferer becomes increasingly withdrawn into themselves, often appearing to take very little care of their physical appearance, becoming socially isolated and not interacting with others. Sufferers may have a complete lack of insight into the illness and often do not believe themselves to be ill at all, making treatment difficult.

Personality Disorder

The term personality disorder raises a number of controversies in the field of mental health, with many describing it almost as a pejorative term, some psychiatrists refusing to accept it as a psychiatric condition at all, and therefore not coming under their remit for treatment. It has been described as an enduring pattern of inner experience and behaviour that differs markedly from the expectations of the individual’s culture. This pattern of behaviour is often pervasive and inflexible, and leads to distress or impairment for the individual, and some say, for society as well. Personality disorders are a long-standing and maladaptive pattern of perceiving and responding to other people and to stressful circumstances. There are a number of different types of personality disorder described depending on the features that predominate, e.g. narcissistic personality disorder or sociopathic personality disorder.

Eating Disorders

Eating disorders are characterised by a disordered approach to food and body weight. Bulimia nervosa is characterised by frequent episodes of binge eating associated with emotional distress and a sense of loss of control accompanied by compensatory behavioural patterns aimed at preventing weight gain. Compensatory behaviours used by individuals with bulimia nervosa include excessive exercise, episodes of fasting or strict dieting, self-induced vomiting, diuretic abuse, laxative abuse, use of appetite suppressants. People with bulimia nervosa are also dissatisfied with their body shape, weight, or both. Anorexia Nervosa is said to have most of the features of Bulimia, without the tendency to binge eating.
Appendix 3

Discipline and Mental Health
Extract from the Student Rules governing Discipline and mental health
Section E Points 26-31 UCC Student Rules

26. Formal Disciplinary procedure will continue to apply to all students, and the decision to proceed initially to disciplinary action will be based on an assessment of the severity of the offence, regardless of mitigating circumstances.

27. Once disciplinary proceedings have begun, and in the event of a student seeking leniency/clemency or pleading mitigating factors due to mental health issues, an opinion will be obtained from a medical professional on an approved UCC panel. Agreement must be given by the student to the free exchange of confidential information/submission of a medical report. Failure to submit to this examination or to provide necessary information will result in progression of the Disciplinary Process in the normal way.

28. In the event that the Disciplinary Committee is of the opinion that the student is unable to engage in the process, or that the Committee feels unable to proceed because it is of the opinion that the student is patently ill, the process will be temporarily suspended until the student seeks expert opinion/help, or is so facilitated by the appropriate medical personnel at the University and a report is obtained from a medical professional nominated by the University. The Report from the medical professional nominated by the University will be submitted directly to the Chairperson of the Discipline Committee.

29. The student will be made aware that the process is intended to be supportive, that involvement of a medical professional is in their interest, but that the suspension of the disciplinary process is temporary and may/will be reactivated.

30. Failure on the part of the student to co-operate with this process within a time period specified by the Committee will result in immediate lifting of the suspension of the process and the re-activation of the Disciplinary Procedure.

31. This may be overridden as necessary and as provided for under Section D, Temporary Suspension.(See Section D Below)

Section D UCC Student Rules
Temporary Suspension

1.0 Where it appears in the opinion of the Registrar and Vice President for Academic Affairs that a potentially serious infringement of these Rules may have occurred, then the Registrar, having sought such advice as he/she deems appropriate, shall be entitled to suspend a student on the following basis:

1.1 That suspension is temporary and necessary to protect the University community and that on balance, the Registrar is of a view that the duty of care owed to others is overriding in the particular circumstances.

1.2 That suspension may be verbal and shall take effect as the Registrar deems appropriate and shall be confirmed in writing as soon as practicable.

1.3 That any such suspension is reported to Academic Board by the Registrar within 5 days and is reviewed by the Registrar, in consultation as may be appropriate, at least every 5 days thereafter.

1.4 That suspension shall not be regarded as an indication as to whether or not the complaint is proven.

1.5 Suspension may be limited to certain premises or University activities or modules of study.

1.6 That every reasonable effort is made to continue to support the Student’s academic studies so not, as far as possible, to disadvantage the Student academically.

1.7 Suspension shall be for no longer than the time necessary for the Discipline Committee to have been convened and heard the matter.

1.8 That this power shall be exercised with caution.

1.9 That the Registrar shall be accountable to the Academic Council in respect to the exercise of his/her power of suspension.

2.0 Where the Registrar exercises the power of suspension under paragraph 1 above, he/she shall, as soon as practicable notify the Chairperson of the Discipline Committee and refer the matter accordingly. The Chairperson shall call a meeting of the Discipline Committee as soon as practicable from the date of the suspension.
Appendix 4

Advice for Staff on Responding to a Student in Distress

The following is intended as advice only, and can not cover every eventuality. As it is intended as guidance, it should not be interpreted as a list of actions required or expected of staff members in all situations. All UCC Staff members are however expected to act in the best interests of students at all times whilst ensuring their own safety and the safety of others on campus. Each situation is different and should be carefully considered in its own right.

- Remain as calm as possible
- Consider consulting a colleague or a professional before approaching the student
- It is advisable to inform your line manager if there is/has been a crisis situation
- Assure the student that help is available
- Give the student time to talk
- Try to understand the situation from their point of view.
- Be sympathetic and not dismissive
- Speak to the student in a straight forward manner and point out the specific behaviours/indicators that have led to your concern
- If the student refuses to accept that there is a problem, and you have no cause to believe that there is imminent risk of harm to themselves or another person, you must accept their decision
- Seek the student’s permission before speaking about their situation with anyone. In extreme cases you may need to proceed without the student’s consent. See below
- Make appropriate referrals
- Remember - although the health and welfare of the students of the university is everyone’s concern, you can’t solve all their problems and you can’t take responsibility for their emotional state or actions. Reassure yourself that you are doing the best you can.

If the student acknowledges that there are difficulties, recommend that they consider speaking about their difficulties with someone who might be able to help and whom they could trust. Be prepared to offer to assist in accessing the appropriate supports (See Section 3 and Flow diagram page 10). Avoid taking on a student’s problem which is outside your own level of competence and/or which may require professional support.

Provide the student with contact details for Student Counselling & Development (ext 3565) and/or Student Health (ext 2311). Reiterate that the service is confidential. Try to be patient during the time it takes to access the appropriate help. If you are still concerned and unsure how to proceed, contact Student Counselling & Development (ext. 3565)

For further information, support and relevant links please go to the Student Counselling & Development website: www.ucc.ie/services/studentcounselling

Management of At Risk Student

An emergency or crisis situation is one in which the usual methods of dealing with a situation break down and professional help is required. Depending on the severity or type of the crisis the appropriate response may be counselling, medical, psychiatric or 999/112 Gardaí/Ambulance. In such circumstances:

- Consider your own safety when arranging location and time of any meeting
- Try not to act alone; seek the help/advice of a colleague
- Do not be afraid to ask the student if they have contemplated harming themselves. Check if they have an actual plan to carry this out
- It is important to be aware that if a student discloses that he/she is at risk of harming him/herself or others that you have a duty of care. Confidentiality cannot be maintained in such circumstances (see Section 6; Confidentiality).
If you believe the student to be at risk the following steps should be taken:

- If the student is very aggressive/threatening, or is armed, contact Security (ext. 3111) and/or 999 or 112 requesting assistance from an Garda Síochána
- If the student has taken an overdose, contact 999 or 112 for an emergency ambulance and inform General Services Security (Ext. 3111). Contact Student Health (ext. 2311) during opening hours (9.15-1pm; 2.15pm-5pm) for advice and support until the ambulance arrives. Try to find out from the student the type and quantity of the substance/drugs taken. Ask for the name and contact details of a family member or friend
- Make the student aware of your concern and the basis for your concern
- Ask if they are already attending GP/Psychiatrist/UCC Student Health or Student Counselling & Development. Ask for the details and consent to contact the relevant services. As the student is deemed to be a risk to self or other, his/her consent is not necessary
- Contact the service, explaining your concerns, requesting immediate help/intervention and confirm an appointment. Keep the student informed
- Where possible consider accompanying the student to the appointment.

Support for Staff

It can be emotionally draining and stressful to deal with students in distress. If you feel you need additional personal support, consider contacting UCC’s external Employee Assistance Provider: 1800 409 476.
Appendix 5

Directory of University Support Services

The following are the contact details, operating hours and locations of services which may be of assistance to students and staff in dealing with students in distress.

Student Counselling and Development

Student Counselling & Development is a professional, confidential and free service available to UCC students. Students are facilitated individually or in groups to explore issues which may be hindering their personal, social or academic progress in UCC in a safe and supportive environment. The student counselling team consists of counsellors and psychologists who support students with issues such as academic and general anxiety, depression, stress, bereavement, unplanned pregnancy and relationship and family issues. In addition student counsellors have specialist training in the areas of addiction, eating issues and sexual abuse.

Student Developmental workshops such as; LifeMatters, Stress & Anxiety Management, Assertiveness, Time Management, Speaking Confidently and Transition are provided for students who wish to engage in personal development. An On-line Self-help programme is available to UCC students via the Student Counselling & Development website www.ucc.ie/studentcounselling. CALM (Computer Aided Lifestyle Management) is a range of programmes based on Cognitive Behavioural Therapy principles which are designed to help students with; mild depression, mild anxiety, drinking habits, insomnia and stress.

Location: Ardpatrick, College Road
Phone: (021) 4903565
Email: counselling@ucc.ie
Website: www.ucc.ie/studentcounselling
Hours: 9.15am-1pm; 2.15pm-5pm, Mon-Fri

Student Health Department

The Student Health Department provides a wide range of Primary Care Health Services with a particular emphasis on the health problems that present in the University setting, including mental health. The service is complementary to the existing primary care services in the community, including the student’s own General Practitioner. A Consultant Psychiatry service is available at the Student Health Centre, on two afternoons per week in Term Time only. Appointments with the Psychiatrist are arranged through the Student Health Doctor.

Location: Ardpatrick, College Road
Phone: (021) 4902311
Website: www.ucc.ie/services/health
Hours: 9.15am-12:15pm; 2.15pm-4:15pm, Mon-Fri
uLINK
Surveys show that students will often turn first to a peer when in need of support. Various peer support initiatives have operated successfully in UCC for a number of years. A PASS (Peer Assisted Student Support) coordinator has been appointed to enhance and coordinate existing peer supports, including uLink and Niteline while also identifying and developing new initiatives throughout the university.

Peer supporters are trained and supervised by professionals. Students can access peer support by contacting the PASS coordinator.

Nite-Line
Niteline is a confidential telephone listening service run by students for students. Calls are answered by trained volunteers who wish to emphasise that no query is too small.

Number: 1800 32 32 42
Hours: Tuesday, Wednesday and Thursday during term, from 9pm to 1am

Disability Support Services
The DSS supports the needs of students who experience mental health difficulties by offering a range of supports depending on the impact of the disability/condition on the student’s ability to pursue their studies effectively. To register with the DSS a student with mental health difficulties must submit medical evidence from appropriate consultant to verify disability/condition. The key supports include some or all of the following depending on the needs of the individual:

- Opportunity to split one year of degree programme over two years
- Opportunity to split exams between Summer and Autumn
- Alternative examination arrangements i.e. opportunity to sit exams in smaller venue and avail of 10 minutes per hour of extra time
- Loan of Laptop thereby enabling the student to work on assignments from home
- Subject Tuition Support if evidence shows that medication levels impact on student’s ability to concentrate on their studies
- Peer Mentoring Programme- postgraduate student acts as BUDDY to undergraduate student with mental health difficulties.

Students with mental health difficulties can access further information and organise an appointment with a Disability Advisor by calling in person or telephoning

Location: South Lodge College Road Cork
Phone: (021) 490 2985
Email: dssinfo@ucc.ie
Website: www.ucc.ie/dss/
Hours: See Website for details
International Education Office
The International Education Office is a “one-stop-shop” responsible for international non-EU full degree students and all visiting students both, incoming and outgoing. The office is a “one stop shop”. A dedicated team of twelve staff look after a range of activities including recruitment, admission, registration, orientation, exams/records, pastoral care and welfare needs.

Location: “Roseleigh” Western Road
Phone: (021) 490 4725
Website: www.ucc.ie/international
Hours: 9:15-1pm; 2:10-5pm Mon-Fri

Students’ Union Welfare Officer
UCC Students’ Union provide a full-time Student Officer to care for the welfare of UCC’s students. This is an open, caring, impartial and non-judgmental service with information on issues relating to Student Parenting & Crisis Pregnancy, Accommodation Rights, Employment Rights, Mental/Physical/Sexual Health issues, Finance & Budgeting and much more. The Welfare Officer also interacts with the local authorities and national bodies on a wide range of issues, and is trained by groups such as the CPA/IFPA, USI, UCC Counselling and Development, NERA and so on. The Welfare Officer is also a campaigner for Student Rights & issues locally and nationally.

The Welfare Officer is always available to chat and listen no matter how big or small the issue. (S)He can be contacted between the hours of 9.30am-5pm by phone/email/text/letter to schedule an appointment, or by calling in person to the office below.

Location: 54 College Rd (Next to the Common Room)
Phone: (021) 490 2181
Fax: (021) 490 3219
Mobile: 086 383 6794
Email: suwelfare@ucc.ie
Website: www.ucc.ie/en/SIN/welfare/

Chaplaincy
The Chaplaincy in UCC is a service that offers support and friendship to all within the University community. The Chaplaincy team personnel have a wide range of experience in pastoral care and personal support and provide a range of services appropriate for resolving practical and academic problems which may give rise to anxiety and/or stress.

The Chaplaincy provides individual and group support to students of all faiths and none, and can act as an ‘early intervention’ support that identifies students in need of professional assistance.

The support services offered by the Chaplaincy to students include

- Bereavement Support Group (in association with Student Counselling and Development)
- Mentor Network Programme
- The provision of a safe and comfortable environment for students
- Self-help groups, including AA, Al-Anon, NA
- Self-Development programmes (e.g. Myers Briggs; Enneagram) +
- Week-end training workshops
- Dedicated Student Team support group.

‘Iona’, the primary Chaplaincy centre is located on College Road (next door to Student Health Centre). An additional chaplaincy premises is located on Donovan’s Road (Opposite Honan Chapel). Iona is open/available to students from 9.30 am till late (Mon. – Fri.). The Chaplaincy website contains the full listings for each of the Chaplains, including individual email address and phone number. You can also make contact on (021) 490 2459 (Mon-Fri.).
Student Advisor and Ombudsman
The purpose of the post of Student Advisor and Ombudsman is to advise and assist students with the resolution of difficulties, complaints or grievances involving staff or services of the University in an informal manner. All enquiries to the Student Advisor and Ombudsman will remain confidential, except in cases of serious threat to life or property. The current Student Advisor and Ombudsman is Dr Tom Carroll, School of Mathematical Sciences, who welcomes enquiries from students either by telephone, by email, or in person at his office in Aras na Laoi.

The services provided for by this post are complementary to a range of existing student services and the Student Advisor and Ombudsman may refer relevant student issues for resolution by those services as appropriate.

Location: Room 269, School of Mathematical Sciences, Aras na Laoi
Phone: (021) 490 2329
Email: t.carroll@ucc.ie

Staff Welfare Support
The Staff Welfare Service offers confidential one-to-one support for staff. The service includes: Confidential listening (subject to legal limits)*; The provision of a supportive environment, empowering the staff member; providing information on options available and empathising without judgement

Contact: Ms Catherine Maguire, UCC Equality and (Staff) Welfare Officer
E-mail: c.maguire@ucc.ie
Tel: (021) 490 3409
Hours: 9.15am – 1pm, 2.15pm – 5pm, Mon-Fri

A confidential and anonymous Employee Assistance Programme is also available to staff members in UCC. On-line support information and telephone and one to one counselling are available free of charge to help with life’s unpredictable challenges.

Contact: Positive People Company
Tel: 1800 409 476
Hours: 24 hours a day, 7 days a week, 365 days a year
Service: Staff only

First Year Experience Coordinator
The First Year Experience Coordinator supports all first year students in their transition to UCC. Throughout the year students are facilitated individually to discuss any issues or concerns that arise in relation to their degree programme.

Contact: Nóirín Deady
Email: n.deady@ucc.ie
Tel: (021) 490 2780
Hours: Monday – Friday 9:15 – 1.00; 2:10 – 5:00
Location: Admissions Office, West Wing, Main Quad.
Appendix 6

Directory of External Support Agencies and Resources
The following are the details of support agencies which may be of assistance to students with mental health difficulties.

Mental Health Advocacy

- **Irish Advocacy Network**
  C/O Health Care Unit Rooskey, Monaghan Tel: (047) 38919
  Provides support information and advocacy to people who have or have had a mental health problem

- **Recovery Inc.**
  PO Box 2210, Dublin 13. Tel (01) 6260775
  E-mail dermod1@ireland.com South Parish Community Centre, Sawmill St., Offers a self help mental health programme for people suffering from anxiety, phobia, depression and nervous symptoms. Recovery is also an aftercare programme for those who have been hospitalised, helping to prevent relapses.

- **Grow**
  11 Liberty Street Cork. Tel Callsave 1890 474 474
  Worldwide community mental health movement. Weekly meetings emphasise a self-help/mutual help approach to mental health and the development of personal resources.

- **Mental Health Ireland**
  www.mentalhealthireland.ie/ Support for people with a mental illness, their families and carers.

- **Samaritans**
  Coach St., Cork. Tel: (021) 427 13 23 Callsave 1850 60 90 90 www.samaritans.org
  Confidential emotional support for those who are despairing or suicidal, 24 hours a day by telephone, email, letter or face to face.

Eating Disorders

- **Bodywhys**
  Provides confidential, non judgemental support for people affected by eating disorders.
  Lo call helpline, e mail support, support groups, online support group. No meetings in Cork at present.
  www.bodywhys.ie

- **Overeaters Anonymous (Cork)**
  Tel: 086 352 64 67
  Support for people with eating disorders

Addiction

- **Al-Anon & Al-Ateen**
  Family Groups Ltd., PO Box 55, Eglinton Street, Cork. Tel: (021) 431 1899
  Support groups for family and friends of problem drinkers.

- **Alcoholics Anonymous**
  PO Box 137, Eglinton Street, Cork.
  Tel: (021) 450 0481 (8-10pm)
  Open meeting 8:30pm every Tuesday night at the South Parish Community Centre, Sawmill St., Cork.

- **Arbour House**
  St. Finbarr’s Hospital, Douglas Rd., Cork.
  Tel: (021) 496 8933
  Specialist unit for alcohol & drug abuse, prevention and treatment. Ring for appointment

- **Counselling and Advisory Service (Drug and alcohol)**
  HSE South, 10 Church St. (Off Shandon St.), Cork.
  Tel: (021) 421 2382
  A free service for those with drug/alcohol problems, their families and concerned persons.

- **DrugsInfo.ie**
  Comprehensive website on drug misuse.
  Confidential Helpline in Cork (021) 496 89 33 (Mon - Fri 9 - 5. Closed 1 - 2)

- **Gamblers Anonymous**
  Tel: 087 285 9552
  Fellowship of people who help each other recover from gambling addiction

- **NAR-ANON**
  Tel: 086 3548196 (7-10pm)
  If someone close to you has a drug problem, NAR-ANON can help. Meetings Saturday 11:30am and Tuesday 8pm at St. Augustine’s Priory. Washington St., Cork.

- **Narcotics Anonymous**
  PO Box 89, Eglinton Street, Cork.
  Tel: (021) 427 8411

- **Tabor Lodge**
  Ballindeasig, Belgooly, Co. Cork.
  Tel: (021) 488 7110
  Residential Treatment Centre, caring for adults with addictions.
Counselling & Support

- **Aware:**
  Local support group meetings for those affected by depression. Helpline 1890 303 302 (Seven days 10am-10pm. Thurs to Sun, the helpline also operates after 10pm) www.aware.ie

- **National Office for Suicide Prevention**
  www.nosp.ie
  Links to various agencies dealing with suicide including links to support agencies for those bereaved by suicide

- **One in Four**
  www.oneinfour.org
  Supports men and women who have experienced sexual abuse and/or sexual violence
  Tel: (01) 662 4070

- **Sexual Violence Centre Cork**
  www.sexualviolence.ie
  5 Camden Place, Cork
  Tel: (021) 450 5577 or Free phone 1800 496496 (Formerly Cork Rape Crisis Service)
  Counselling service for survivors of rape, sexual abuse & child abuse.

- **Coiscéim**
  Tel: (021) 466 6182

- **Dominican Centre**
  Pope’s Quay Tel: (021) 466 6182

- **Harbour Counselling Service (SHB)**
  Penrose Wharf, Cork
  Tel: (021) 486 1360 or 1800 234 116.
  Support for adults who as children experienced abuse or neglect.

- **Amen**
  www.amen.ie
  Provides a confidential helpline, information and a support service for male victims of domestic abuse
  Tel: (046) 902 3718

- **Seedlings**
  Family Ministry, 34 Paul St., Cork.
  Tel: (021) 427 5136 (Monday - Friday 10am - 4pm).
  Support programme for young people (11 - 18 years) dealing with grief through death, separation, divorce or any other significant loss.

- **Victim Support**
  4 Anglesea Villas, Anglesea St., Cork
  Tel: (021) 432 2333 or 1850 661 771.
  Emotional and practical support to those affected by crime.

- **Youth Counselling Service (SHB)**
  YMCA, 11/12 Marlboro St., Cork.
  Tel: 427 01 87.
  Counselling service for young people between 15 and 28 years. Ring for appointment.

HSE Information Services

- **HSE Drugs Information**
  www.drugs.ie

- **HSE Alcohol Information**
  Alcohol information Hotline 1850 241850

- **HSE Suicide Support**
  HSE Suicide Bereavement Support Service (Cork & Kerry)
  087 7986944

Pregnancy/Parenting

- **Barnardos**
  Bowling Green, White Street, Cork
  Tel: (021) 43 10 591
  Callsave: 1850 222 300
  www.barnardos.ie
  Support for children and families through a variety of services.

- **Positive Options**
  Crisis pregnancy services
  www.positiveoptions.ie

- **Youth Health Service**
  General health support service for under 25s offering information and clinics on topics such as crisis pregnancy, parenting, adoption, abortion and STDs.
  Tel: (021) 422 0490/1
Appendix 7

Methodology

This Mental Health Policy was drafted over an 18 month period by a committee composed of representatives of the academic and administrative staff of UCC, the Students’ Union, and previous service users. The committee was chaired by the Vice President for the Student Experience; Mr. Con O’Brien. The membership of the committee is listed below.

The committee met on 8 occasions over the period. A review of existing mental health policies in other Irish and UK Universities was completed and helped inform the process of identifying the areas to be covered in the UCC policy. 6 Sub-groups consisting of 3-5 members each were then convened and completed the task of drafting the 7 sections of the policy. Each section was then considered and discussed in full by the whole committee, and amendments made as appropriate. In total there were 3 full revisions of the Policy until the final draft version was distributed to interested groups in a consultative process for comment, and final amendments were made following this consultation.

Committee

Chair: Mr. Con O’Brien Vice President for the Student Experience

Scribes: Dr. Michael Byrne Head of Student Health Department
Mr. Paul Moriarty Head of Student Counselling and Development

Members: Dr. Dave McAuliffe Chaplain and Lecturer Adult Ed. Department
Mrs Mary O’Grady Head of Disability Support Service
Prof Fred Powell Professor of Social Policy
Dr Darius Whelan Lecturer in Law
Mr Diarmuid Ring Mental Health Service User and Activist
Dr Kieran Doran Senior Healthcare Ethics Lecturer
Mr. Michael Farrell Corporate Secretary
Mr Keith O’Brien Welfare Officer, Students’ Union
Ms Mary McDonald Student Records and Examinations Officer

Other Institutions

The following Irish and UK Universities have previously produced Mental Health Policies which were reviewed in preparing this Policy for use in UCC.

Trinity College Dublin
Loughborough University
Heriot Watt University
Staffordshire University
University of Oxford
St Andrew’s University

Acknowledgements

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