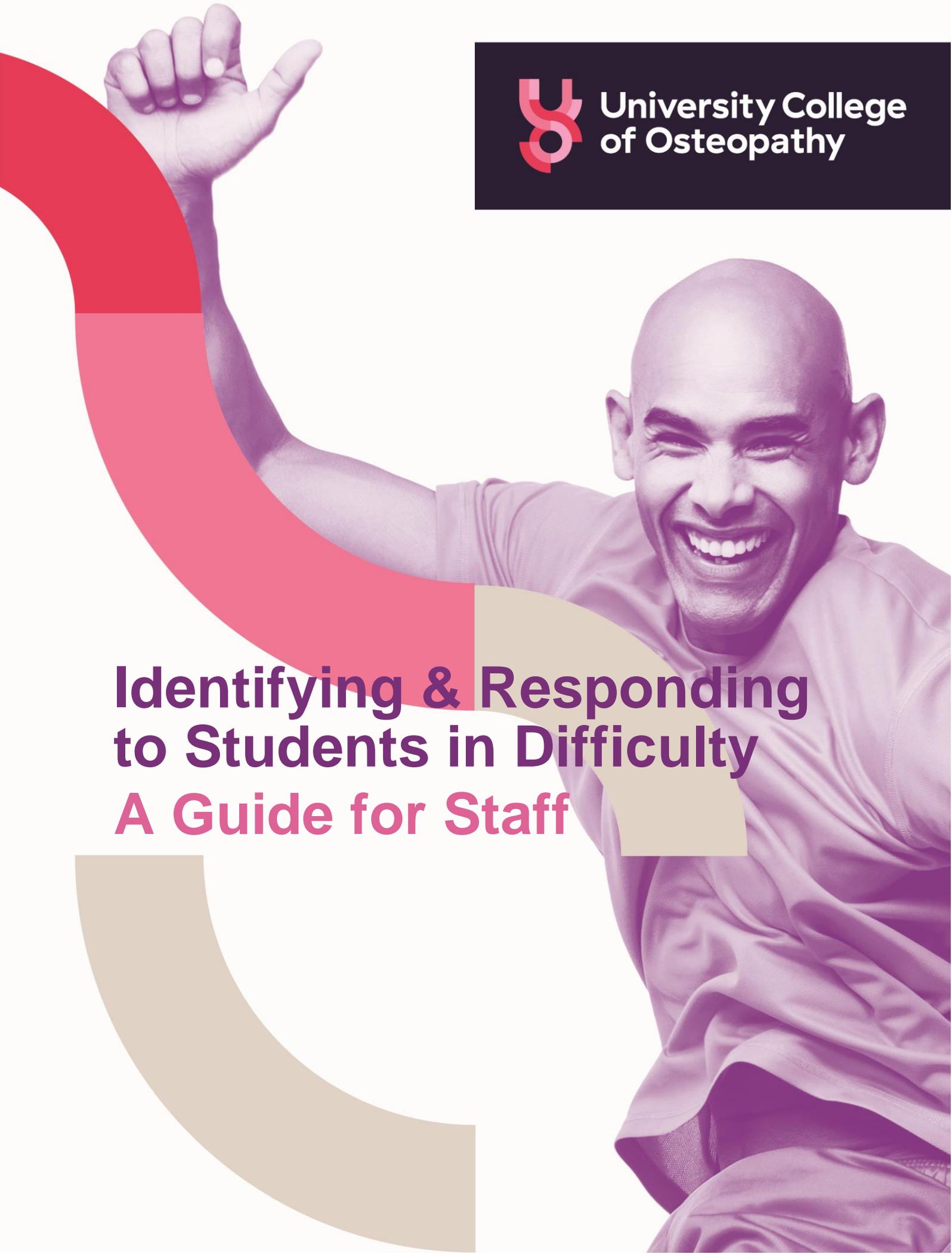




University College
of Osteopathy

Identifying & Responding to Students in Difficulty

A Guide for Staff



Core Documentation Cover Page

**Mental Health Policy:
Identifying & Responding to Students in Difficulty – A
Guide for Staff**

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Equality Impact

Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)	X
Neutral equality impact (i.e. no significant effect)	
Negative equality impact (i.e. increasing inequalities)	

If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk

IDENTIFYING & RESPONDING TO STUDENTS IN DIFFICULTY: A GUIDE FOR STAFF

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1. INTRODUCTION

- 1.1 A number of students will encounter problems during their time at the University College of Osteopathy (UCO) and members of staff may be called on to provide some help. The problems may be academic, personal or practical and difficulties in one area can often have an impact on other areas of the student's life. Some students may directly approach staff members to ask for support. Others may be reluctant to ask and try to struggle on, but problems may become apparent. For example, a student may appear agitated or distressed, or stop attending lectures and stay at home.
- 1.2 What to do about this will depend on a number of factors:
- a) the staff member's role in the UCO and whether there is a specific responsibility for supporting students;
 - b) the seriousness and urgency of the situation;
 - c) the staff member's skill and experience in helping others;
 - d) the amount of time and resources available.
- 1.3 Some members of staff have a defined role in supporting students. Those who do not have this formal role but who have contact with students may notice that something is wrong or be approached by students with personal difficulties.
- 1.4 This guide is intended to help members of staff to:
- a) clarify their own role and the limits of their responsibility towards students in difficulty;
 - b) work out when (and when not) to intervene;
 - c) identify problems and decide what to do about them.
 - d) aims to provide some strategies for dealing with more complex and difficult situations.

2. CONFIDENTIALITY AND ITS LIMITS

A) MAINTAINING CONFIDENTIALITY

- 2.1 When a student discusses personal problems with a member of staff, it is important for them to feel that the person can be trusted not to discuss the information with others without the students' explicit consent. This applies to all members of staff but particularly those with a designated role in student support.
- 2.2 Most members of staff do not, however, have a professional duty to maintain absolute confidentiality within the UCO and indeed it is important to be able to consult when necessary. What is important is discretion and passing on personal information only on a 'need to know' basis. If a student insists that they need to talk to someone in confidence, it may be more appropriate to direct them to a counsellor or their GP, who will be bound by their own professional codes of practice to maintain confidentiality in most circumstances.

B) SETTING EXPECTATIONS ABOUT CONFIDENTIALITY

- 2.3 It is important to have a conversation with the student about confidentiality and reassure the student they can disclose personal information to you if they wish to. However, members of staff do not have a professional duty to maintain absolute confidentiality within the UCO and it is vital that you do not promise this to the student. It is important to portray to them the necessity to consult others if appropriate, for example if you feel that a student is a risk to themselves or other students.

C) GAINING CONSENT TO SHARE INFORMATION

- 2.4 In line with the Equality Act 2010 the UCO recognises its duty that it is the right of the individual as to whether a health issue (including mental health) or disability is disclosed or consent is given to share information regarding the student's health with relevant members of staff.
- 2.5 It is important that you either ask for permission to share this information in order to gain advice, or to advise the student that due to the significant nature of what they have disclosed you will have to consult another member of staff to gain their guidance. This must either be in writing from the student or by taking a written record of the meeting.
- 2.6 Usually students will be happy for you to consult another member of staff in order to find the best support for them. If it is not an urgent or a more serious issue this can be done with discretion by passing on personal information only on a 'need to know' basis in the first instance, e.g. not disclosing the student's name, year group or mode of study when seeking advice.

D) BREAKING CONFIDENTIALITY

- 2.7 There may be various reasons why you may need to break confidentiality regardless of the student's consent to do so.
- 2.8 If you feel that the student has raised an issue which threatens academic standards or quality, relates to serious misconduct on the part of other students or could trigger the Fitness to Practice Policy, you must be clear with the student that you may have a duty to act upon the information given to you. This may include instances such as believing a student may harm themselves or others, disclosing boundary transgression between a member of staff and a student, concerns regarding a student or staff member's clinical practice or cheating in an examination..

E) TALKING TO PARENTS

- 2.9 It is not uncommon for staff to be asked to speak to concerned parents. While it may be helpful for the parents to be offered a sympathetic ear, the UCO's position under the Data Protection Act is that personal information must not be disclosed to anyone outside the UCO. Enquiries may be answered with an offer to forward a message from the parents to the student concerned.
- 2.10 It is important to make clear that it will not be possible to report back to the parent about any contact with the student without written permission from the student. If a

parent expresses particular concern, an offer to talk to the student and check how they are may be helpful.

3. IDENTIFYING WHETHER A STUDENT IS IN DISTRESS

- 3.1 You may feel that you aren't appropriately qualified to decide whether a student is in distress, if the situation is serious and requires more immediate action, or to provide the appropriate advice or support to resolve the situation.
- 3.2 It is important to remember that you are not expected to be a counsellor or to diagnose what is wrong with the student, but that you are expected to act and to follow appropriate protocol; Higher Education Institutions have a duty of care towards their students and to minimise any potential risks of harm to the student population.
- 3.3 As a member of faculty or support staff you are likely to have regular contact with students and may notice particular signs which indicate that there may be a problem. It is important to look out for any signs which may indicate that something is wrong and to address them in the appropriate way. There are normally a number of different indicators and there will often be a combination of several which lead to concerns.
- 3.4 Typical indicators for identifying whether a student is in distress include:

A) ACADEMIC INDICATORS

- i. Repeated absence from classes or clinic.
- ii. Missed assessment deadlines/exams or appointments with staff.
- iii. Deterioration in quality of work.
- iv. Extreme disorganisation or erratic performance.
- v. Written expression of distress or feelings of isolation or despair in written work.
- vi. Continual seeking of extensions or deferrals of assessments.
- vii. Disproportionate response to grades or evaluation in clinic.

B) BEHAVIOURAL AND EMOTIONAL INDICATORS

- i. Direct statements indicating stress, family/personal problems or loss.
- ii. Angry or hostile outbursts, shouting or aggressive comments.
- iii. More withdrawn or more animated than usual.
- iv. Expressions of hopelessness or worthlessness; crying or tearfulness.
- v. Expressions of severe anxiety or irritability.
- vi. Excessively demanding or dependent behaviour.
- vii. Lack of response to outreach from course staff.
- viii. Shakiness, tremors, fidgeting, or pacing.

C) PHYSICAL INDICATORS

- i. Deterioration in physical appearance or personal hygiene.

- ii. Excessive fatigue, exhaustion, repeatedly falling asleep in class.
- iii. Visible change in weight, or statements about change in appetite or sleep pattern.
- iv. Signs of self-harm, such as noticeable cuts bruises or burns.
- v. Frequent or chronic illness.
- vi. Disorganised speech, rapid or slurred speech, confusion.
- vii. Unusual inability to make eye contact.
- viii. Appearing very bleary eyed or smelling of alcohol.

D) SAFETY RISK INDICATORS

- i. Written or verbal statements that mention despair, suicide, or death
- ii. Severe hopelessness, depression, isolation, and withdrawal
- iii. Statements to the effect that the student is “going away for long time”
- iv. Thoughts expressed with subtexts of death; i.e. “I don’t see the point in being here anymore”.

E) OTHER FACTORS TO CONSIDER

- i. Concern expressed by peers or other staff, history of mental health, health or personal problems, a feeling that something is wrong.

4. RESPONDING TO A STUDENT IN DISTRESS

- 4.1 Depending upon the urgency or seriousness of the indicators which you have noticed, different courses of action may be necessary. Any one of the indicators noted above may not necessarily mean that a student is at immediate risk; however, often a number of these factors together may be a cause for concern.
- 4.2 Guidance is provided below regarding how to identify whether a situation is urgent and needs immediate action or consultation with a senior member of staff, or whether a referral to appropriate services is sufficient.

A) LISTENING

- 4.3 Identify to the student how much time you have and if you have an imminent appointment / meeting etc. Ask whether the situation is urgent or if there is anyone else they might feel comfortable talking to. If they are happy to return at a later time, give them a specific appointment so that they feel they are being taken seriously.
- 4.4 If the student appears unable or unwilling to wait, is visibly upset or agitated in some way and needs to speak with you immediately and you are unable to offer them time, please direct the student to the Student Support Manager and ideally take them directly there or ask someone else to accompany them to their office.
- 4.5 If you have time to speak with them, try to find a private room or office in the building where the student will feel comfortable speaking with you and ideally there will be no interruptions.

- 4.6 Listen to what the student has to say and offer empathy and understanding of the situation even if it is something you are unfamiliar with. Simply stating that you understand that the situation must be very difficult or upsetting for the student is a good way of expressing this.
- 4.7 Actively repeating back to the student what you feel seems to be the problem and asking them to confirm this is useful to help you identify what to do next and also shows the student that you have taken on board what they have said.
- 4.8 Often the student may feel better after talking about their issue, however it is important to assess the situation and find out more information from them.

B) SETTING EXPECTATIONS

- 4.9 Explain that you are not a qualified counsellor but that you are there to listen, help in any way you can within your role and may have to make a written account of the conversation.
- 4.10 Advise the student that you may need to consult another member of staff if you feel unable to advise them, but that this can usually be done anonymously and with their consent.
- 4.11 State that you cannot promise absolute confidentiality, for instance where you deem the student to be a risk to themselves or others, or whereby they disclose something which you have a duty to report.
- 4.12 Express that you cannot advise the student on matters for which you have no expertise and that it is better to either find out for the student whilst they wait, or send them the information they require at a later date.
- 4.13 Ask the student if they are comfortable for another appropriate member of staff to join your meeting and advise directly if you feel out of your depth.

C) RISK ASSESSING THE SITUATION

- 4.14 In all situations it is important to ask the student what they hope to gain from speaking with you which can also help you assess the level of risk.
- 4.15 Assessing whether or not the student is a risk to themselves may seem a difficult task but it is important that you do so. The guidance has been divided into three levels of risk which each address assessing the risk and the appropriate action to be taken. This should help you decide upon the appropriate course of action, however if you are not sure then consult a senior member of staff discreetly and without using the student name where possible before taking further action:
 - a) Low Risk - the student is happy to take advice or information and engage with other services. You follow up the meeting with an email.
 - b) Medium Risk - the student feels uncomfortable or too upset to access the information or service they require but is not an immediate risk. They are happy for you to consult another member of staff or ask another member of staff to join the meeting.

- c) High Risk - the student is very distressed, has directly expressed suicidal ideation or described to you traumatic events which have left them feeling helpless or worthless, or you have asked them directly whether their situation has led them to feeling suicidal. In this situation you should advise the student that you will need to seek support from another member of staff due to the serious nature of what they have described as it is beyond your expertise. Avoid leaving the student on their own if possible.

D) LOW RISK & RECOMMENDED ACTIONS

- 4.16 A student is upset, but not distressed and is seeking direction to engage with support. The situation can be resolved through listening, being empathetic and with a brief intervention, by directing the student to other services.
- 4.17 Recommended action includes:
 - a) Advise the student to contact the Student Learning Advisor, Unit Leader, their Academic Tutor or the Course Leader for academic advice.
 - b) Advise the student to access pastoral advice from the Student Support Manager to discuss financial concerns, welfare or health or disability issues.
 - c) Inform the student of the Special Circumstances procedure and that they should seek advice on how to follow this from the Academic Registrar or Student Support.
 - d) Email them any appropriate policy links from the intranet along with a summary of your meeting and the advice given and offer to meet them again at a later date if needed.
 - e) If the student consents, cc in any appropriate members of staff such as those listed above.

E) MEDIUM RISK & RECOMMENDED ACTIONS

- 4.18 The student expresses that they haven't thought of suicide but that they do really need help and they wish they situation as it is causing them considerable distress.
- 4.19 Recommended actions include:
 - a) Being non-judgemental and allow the student time to express their feelings and thoughts.
 - b) Using reflection and summary to show you understand the student's situation and to confirm they are not at risk.
 - c) Asking them what they are hoping to gain to either resolve the situation or to support them through it
 - d) If alcohol or drugs are an issues asking if there is a way they can manage this and direct them to appropriate support which may include the below points.
 - e) Advising them that you will need to seek advice from another member of staff and ask them to join you as you aren't qualified or trained to help them directly.

- f) Contacting the Student Support Manager or a senior member of staff so that they can either advise or join you and a plan can be formulated for the student to access the support they need.

F) MEDIUM RISK OR HIGH RISK & RECOMMENDED ACTIONS

- 4.20 A student is visibly upset or has disclosed something more serious in nature to you, or a series of life events which have had a serious effect on their well-being. A risk assessment is necessary in order to decide which path to take.
- 4.21 Assess - What is the impact of the situation on the student? Does the student express or describe any of the below:
 - a) Expression of feelings of worthlessness, hopelessness or loss which may reduce the value of life for the student placing them at risk.
 - b) Thoughts expressed with subtexts of death or self-harm; i.e. I don't see the point in being here anymore, things would be better if I wasn't around, it would be better for everyone if I disappeared, I can't see any way out etc.
 - c) Actions of finality; i.e. apologising for past events and saying goodbye, making amends, making a will.
 - d) Risk-taking behaviours such as use of alcohol or drugs, getting involved in physical altercations or disagreements with people, reckless driving etc.
 - e) The student describes a series of sequential events which in combination may lead to them thinking about suicide, e.g. losing a job, failing assessments, failed relationship, loss of someone close, financial issues.
 - f) Joking about killing themselves in the context of the situation at hand.
- 4.22 Recommended action includes:
 - a) Asking the student clearly and directly whether they have thought about killing themselves -this shows the student that this is an acceptable topic and that you want to listen and help them.
 - b) Using language such as: sometimes when people are going through a difficult time as you are they consider suicide, is that something you have thought about? You said you can't go on any more, does this mean that you have considered killing yourself?

G) HIGH RISK & RECOMMENDED ACTIONS

- 4.23 The student confirms that they have thought about suicide.
- 4.24 Recommended actions include:
 - a) Being non-judgemental and allow the student time to express their feelings and thoughts.
 - b) Using reflection and summary to show you understand the student's situation and to confirm they are not at risk.
 - c) Asking what support they have already or who they can talk to about how they are feeling.

- d) Asking the student what has kept them alive so far or what has stopped them from taking their suicidal thoughts any further.
 - e) Reinforcing that it sounds like there are other options.
 - f) Asking them if they have a plan for suicide or whether they are just occasional thoughts.
 - g) Asking if they have attempted suicide in the past and if so what helped them get through that.
 - h) Advising them that you have to seek advice from another member of staff due to the nature of what they have been disclosed as they are presenting as a risk to themselves and you aren't qualified or trained to help them directly.
 - i) Contacting the Student Support Manager or a senior member of staff and ask them to join you so that a plan can be formulated to ensure the student is safe. This may involve calling 999 or accompanying them to A&E-however you should not accompany them without advising a senior member of staff.
- 4.25 In conjunction with another member of staff:
- a) If relevant address issues of drug or alcohol intake, which may involve directing them to appropriate support.
 - b) Ask them who they could speak to about their thoughts that they would feel safe with, e.g. a friend, relative or their GP or counsellor.
 - c) Ask them if they are happy for you to contact that person on their behalf to help put a safety plan in place.
 - d) Is there any medication that would help them, which they have either forgotten or neglected to take or which can be accessed through their GP?
 - e) Is there anything which can be done now which would help, such as deferring assessments or taking a short break from attending the UCO?
- 4.26 Arrange to meet them again the next day or arrange an appointment with the counsellor or Student Support Manager the next day to see how they are.
- 4.27 Make sure that you make a written record of the conversation and the safety plan and email it to the student.
- 4.28 If a student is threatening immediate self-harm to themselves or others or their behaviour appears to be significantly unusual, i.e. the person appears out of touch with reality and is expressing extreme paranoia or appears to be experiencing auditory or visual hallucinations, please call 999 and request an ambulance.
- 4.29 A student may also pose a high risk if they are unable to engage with you in a reasoned and calm way, e.g.:
- a) If the student is agitated or angry, it will help to try to appear to be calm and in control of the situation, even if you don't feel that way. It may help to sit down and persuade the student to do likewise, if at all possible get another member of staff to join you.

- b) If the student appears to be under the influence of alcohol or drugs it may not be possible to solve any problems directly, but it may be appropriate to contact someone to ensure they are safe. It will be helpful to encourage him/her to come back and talk to you or another member of staff when calmer. If the student is creating a disturbance, or if you are concerned about your personal safety, contact the police.
- 4.30 It should not be necessary to spend hours sitting with a student. Giving the student some time and then following this up later can often be more useful as it is giving a message that the anxiety/ distress can be managed.
- 4.31 If you think the student is at risk, the emergency services can be contacted without their consent.
- 4.32 Ensure that relevant colleagues are informed about the situation. Where possible, involve someone else in helping you to deal with the situation.

5. CONCERNS RAISED BY OTHERS

- 5.1 You may be approached by students who are concerned about a friend. Alternatively concerns may also be raised by colleagues. In this scenario there are a number of possible courses of action:
- 5.2 Use your own observation of the situation to help you to decide if/when to intervene.
- 5.3 Encourage those who approached you to persuade the person to seek help directly, either from you or another appropriate person. It may help to provide them with some relevant information (for example a leaflet) to give to the student.
- 5.4 Talk to the student yourself, either by enquiring generally about his/her wellbeing or, with the agreement of those who approached you, let him/her know that concerns have been expressed. Use the risk assessment above if appropriate to assess the situation.
- 5.5 Make a note of the information and the course of action you took. For example email the student support team or your line manager.
- 5.6 If the student denies there is a problem it may be helpful to challenge the denial gently by letting the student know that this is not how the situation appears. Let the student know why there are concerns, for example, if there has been deterioration in the quality of academic work, or if he/she has changed in some important way.
- 5.7 If the student refuses to acknowledge the problem or discuss the situation, it may still be helpful to pass on sources of information and support so the student can access this later. In addition, you may wish to discuss the situation with the Student Support Manager.
- 5.8 If there are serious concerns, or if the student's behaviour is causing problems for others, consult with a line manager and the Student Support Manager.
- 5.9 When the risk appears to be less imminent, but a student reveals suicidal feelings, it is important to take the person seriously, even if you have some doubts as to whether a suicide attempt will be made. It will be important to encourage the student to see a GP, or the Student Counsellor, or to obtain some other psychological support that is

acceptable to him/her. If the student is unwilling to access help it may be helpful to discuss the situation with the Student Support Manager.

- 5.10 It is not always possible to prevent suicide. Even when a great deal of care and support is offered someone who is very determined may still go ahead.
- 5.11 A study of student suicides at Oxford University¹ found that of those who committed suicide during the period of the study (1976-1990), 22 in total, 8 were being treated for mental health problems at the time of their deaths. The number of students involved in suicide attempts in the same period was 216. Of these, 21% were receiving psychiatric treatment at the time of their attempts. It is important not to feel personally responsible for the situation. If you have been involved with a student who has killed him/herself or who has made a suicide attempt, it may be helpful to talk with one of the counsellors.

6. STAFF WITH A ROLE IN STUDENT SUPPORT

A) THE STUDENT SUPPORT MANAGER

- 6.1 The Student Support Manager is a first point of call for students who are experiencing any form of personal, health, financial or welfare issues which may be affecting their studies. Research reveals that up to a third of students have serious, non-academic problems. These include serious illness, bereavement, caring for another member of the family, holding down a job, coping with divorce or separation, drug and alcohol abuse, or other social problems, such as discrimination or housing problems. It is also recognised that 1 in 4 members of the population currently suffer from mental health problems and this is becoming an increasing issue in Higher Education.
- 6.2 The Student Support Manager also provides guidance for students with a disability or long term health condition. They can help students apply for Disabled Students Allowance (DSA), which may, for example, include in the award provision for a Mental Health Mentor, for those with mental health problems. They can also arrange for reasonable adjustments such as extra time in assessments and special circumstances to be considered during periods of illness. They can also liaise with a student's health specialist (with consent) regarding their condition. All information is confidential however students are encouraged to permit disclosure to other relevant staff members so that support arrangements can be implemented.
- 6.3 The Student Support Manager also provides additional support to all members of staff if they are unsure as to how to proceed with a student who is distressed in some way or if the Counsellor is not available.

B) THE COUNSELLOR

- 6.4 The Counsellor provides a counselling service available Monday to Friday at various times. There is cognitive-behavioural therapy available to help students manage a

¹ Hawton et al Suicide in Oxford University students 1976-1990, British Journal of Psychiatry (1995), 166, 44-50 and Hawton et al Attempted suicide in Oxford University students, 1976-1990, Psychological Medicine, (1995), 25, 179-188

variety of issues including stress, anxiety, depression, phobias and obsessive-compulsive disorders and psychodynamic counselling for other issues, such as relationship difficulties and bereavement. In the first instance, students and staff should book an initial consultation by crossing-off and initialling ones of the spaces on the timetable to the left of the counsellor's office (room 3.12).

C) THE STUDENT LEARNING ADVISOR

- 6.5 The Student Learning Advisor predominantly provides advice and guidance on methods of learning tailored to individual student needs. Guidance may include helping students find an effective way of managing their time and workload which can be particularly helpful for students who are suffering from stress or depression. Given the supportive nature of this role, students will often feel comfortable disclosing personal issues to the Student Learning Advisor. It is important that the student is supported with regards to time management but is then referred on for specific support.

D) ACADEMIC TUTORS

- 6.6 Academic Tutors also provide academic support to students and hold a group meeting every term and then aim to meet with students individually twice a year to review their academic progress and therefore may be well placed to notice if all is not well. The expectation is that they will offer direct support on course-related issues, but refer on for other problems that might arise during a review. It is however recognised that students may feel comfortable disclosing more personal information during these meetings and the Academic Tutor Handbook provides guidance as to how to deal with this and limited confidentiality.

7. RESOURCES

- 7.1 Support Services in London include:

Alcoholics Anonymous (support for those with alcohol problems)

0845 769 7555 / www.alcoholics-anonymous.org.uk/

Al-Anon – (support for family members and friends of those with alcohol problems)

020 7403 0888 / www.al-anonuk.org.uk

British Association of Counselling and Psychotherapy (BACP) (help finding counselling)

01455 883300 / www.bacp.co.uk

BEAT (support for those with eating disorders)

0845 634 1414 / <https://www.b-eat.co.uk/>

Cruse Bereavement Care (support for those experiencing bereavement)

0844 477 9400 / www.crusebereavementcare.org.uk

Depression Alliance (support for those experiencing depression)

0845 123 23 20 / www.depressionalliance.org

London Nightline (night time telephone support for London based students)

020 7631 0101 / <http://nightline.org.uk/>

Mind (information & advice on mental health issues)

www.mind.org.uk

NHS Direct (telephone medical advice)

www.nhsdirect.nhs.uk/

Support for gay, lesbian, bi-sexual and transgendered community

London Friend Main Office, 86 Caledonian Road, London, N1 9DN

+44 (0)20 7833 1674 / office@londonfriend.org.uk / <http://londonfriend.org.uk/>

Samaritans (24 hour support for anyone feeling low)

46 Marshall Street, London, W1F 9BF

0845 790 90 90 90 / www.samaritans.org

Self-injury support (guidance phone, text and email support for women)

www.selfinjurysupport.org.uk

Relate (support for those experiencing relationship difficulties)

0300 100 1234 / www.relate.org.uk

Reducing the risk of student suicide

http://www.healthyuniversities.ac.uk/uploads/files/uuk_scop_report_reducing_risk_of_student_suicide.pdf

8. MENTAL HEALTH PROBLEMS

- 8.1 Mental health is not fixed and static but varies for all of us over time. On some days we feel better than others, as also happens with physical health. The two are often linked. Distress is a healthy reaction to some events.
- 8.2 In differentiating mental ill-health from the normal range of human emotions, the following criteria may be helpful:
- a) Unusual or unexplained symptoms, for example, hallucinations or delusions, which do not follow use of any mind-altering substances.
 - b) A sudden and dramatic change in behaviour or personality.
 - c) Duration of symptoms, for example, persistence of depressive symptoms or of high levels of anxiety.
 - d) Intensity: the feelings or symptoms may seem overwhelming or unmanageable.
 - e) Effects: the symptoms interfere with normal functioning.