



# **Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar**

## **Student Mental Health Policy**

- Aim/ Motive** – To create an atmosphere where students can strive both physically and mentally.
- Purpose** – The purpose of these guidelines is to provide basic guidance on identifying warning signs, symptoms and behaviour, with a view to informing or advising students on possible sources of appropriate support across the University. It is a guide to help staff to understand some common mental health difficulties. Staff are not expected to become diagnosticians, as this is a specialist task. However, it is hoped that these notes will assist in making decisions about referring a student for further support. It is important to remember no two people experience mental health difficulties in exactly the same way. Mental health difficulties are likely to be temporary and are often treated effectively by counsellors, psychologists and/or medication. They may be caused by the need to cope with sudden change, e.g. bereavement, or the breakup of a relationship. They can be the result of chronic stress or can also stem from emotional difficulties which people have experienced in their childhood, adolescence or as adults. A change in behaviour can be associated with some medical conditions. Behaviour which is out of character for an individual may be associated with being run down, very tired and overexcited or under stress. Alternatively, it may result from the use of drugs (legal and illegal), new or a change in medication etc. Mental illness is different. Mental illness can have a deeply incapacitating effect, and may require hospital admission. Its diagnosis is unlikely to depend on isolated symptoms and is usually associated with the observation of a persistent cluster of symptoms over a period of time. By contrast with mental health difficulties, which affect approximately one in four of the general population, mental illness is experienced by approximately one in fifty. Feeling worried is a healthy response in many situations, and an important aspect of successful achievement. We all develop ways of coping with our anxieties when we feel under pressure. However, between 7 – 10% of the population is likely to be

worried about many aspects of living and when anxiety becomes too great and significantly impairs the ability to function; we need to encourage students to seek help. Sessions with a counsellor or psychologist can be helpful ways of exploring the causes of stress and implementing ways forward. In rare cases of severe anxiety and panic attacks, or severe mental illness, a GP referral, medication and the use of psychological or cognitive therapies may be beneficial. Depression is one of the most common forms of mental health distress. We all go through difficult times in our lives, but for people who are depressed life can be a real struggle. They may feel bad about their lives and themselves in many ways. At times they may feel despairing. Counselling can provide a powerful way of safely exploring how the depression began and of assisting the student to mobilise those centres of resilience jargon that still remain, GP referral is recommended and the careful use of anti-depressant medication can prove helpful. If you are aware of a student experiencing some of the symptoms listed below it may be appropriate to make them aware of resources which are available to them. For students who experience a cluster of symptoms over a period of time, it is important that they are encouraged to seek professional help. Recognising warning signs, symptoms and behaviours It should be reiterated that there is no expectation that University staff will become diagnosticians, and the following list of symptoms is in no way intended to be a diagnostic tool. There are also many reasons why students may be experiencing some of these symptoms and therefore it doesn't mean a student definitely is experiencing Mental Health issues if they have some of these signs and symptoms. It is, however, guidance to staff in advising or informing a student about possible sources of help. Examples of a range of signs and symptoms:

### **Behaviour**

- Change in study patterns e.g. doing considerably more or less work than usual
- Change in attendance patterns at university
- Falling grades
- Agitation
- Over-intense interaction/ withdrawal
- Uninhibited/ disruptive/ disturbing behaviour
- Disrupted eating pattern
- Disrupted sleeping pattern
- Reduced concentration
- Changes in motivation

- Self-harm
- Suicidal thoughts and activity
- Avoidance of everyday activity

**Appearance**

- Lack of attention to appearance and poor personal hygiene
- Marked weight loss or increase
- Particularly drawn/ tired looking
- Noticeable smell of alcohol, cannabis
- Bizarre, unusual and out of character dress

**Mood**

- Loss of interest in most things/ exaggerated interest
- Significant mood swings
- Excitable/ restless/ fidgety
- Extremely angry
- Extremely sad
- Feeling flat
- Isolated and withdrawn
- Feeling of disorientation
- Altered states of perception
- Persecutory ideas
- Feelings of acute loneliness

**Other indicators**

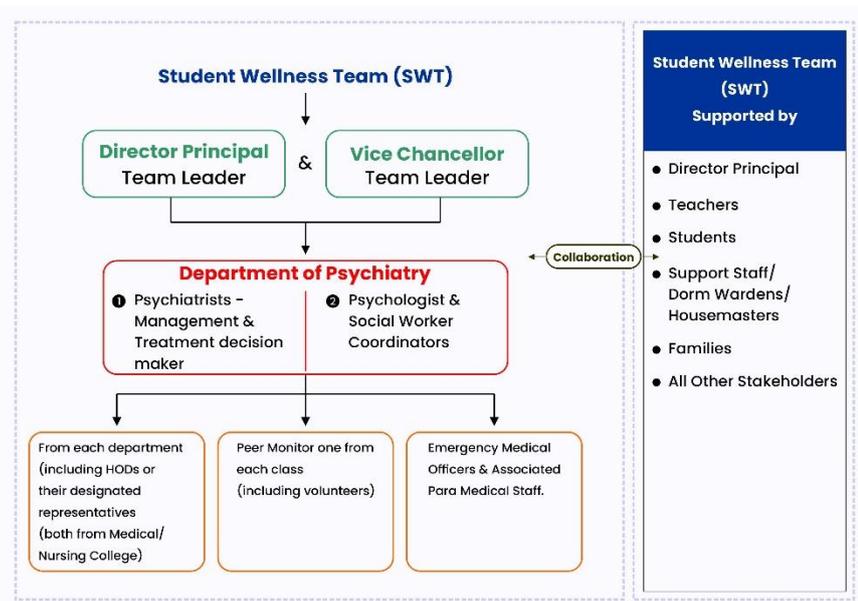
- Something what the student is saying or doing makes you feel very concerned or uneasy
- History of mental health difficulties
- Recent disruptive/traumatic events
- Significant loss in their lives (past/present)
- Debt/financial worries
- Lack of other supports/isolated
- Significant academic pressure
- Difficulties in the home environment (family/flatmates)

**Warning Signs of Students at Risk**

<b>Feelings</b>
Hopelessness: Statements such as, “Things will never get better”, “There is no point in trying anymore”
Helplessness: Statements such as, "No one can help me with my problems, “I cannot see a way out”
Worthlessness: Statements such as, “I’m useless”, “I am not important to anyone”
Guilt, Shame, Self-hatred: Statements such as, “I am a burden on others”, "I am ashamed of myself"
Irritability, Exhaustion: Statements such as, “I feel so tired physically and emotionally”

Persistent Sadness: Statements such as, "I feel sad all the time, and I don't know how to stop this feeling"
<b>Behaviours</b>
Withdrawal from Social Interactions: Withdrawing from friends, classmates, family
Lack of Concentration: Such as being absent-minded, forgetful, and/or restlessness in class
Sudden Mood Changes: Sudden mood shifts without any known cause, Sudden spurts of anger/ crying
Verbal Cues: Statements such as, "I won't be around for long", "All my problems will end soon"
Change in Appetite/Sleeping Pattern: Increased or decreased appetite and/or disrupted sleep schedule
Neglecting Personal Care: Such as uncombed hair, ruffled clothes, not taking care of belongings
<b>Actions</b>
Lack of Participation: Losing interest in previously enjoyed school activities
Indulging in Reckless Behaviour: Being careless about safety, Use of substances (smoking, alcohol, etc.)
Talking about Self-Harm or Ending Life/ Destroying Belongings: Talking, writing and/or using social media to share thoughts of self-harm, destroying personal belongings, etc.
Decline in Performance in School Activities: Poor attendance, Decline in overall quality of academic and other school work
Becoming Detached: Returning gifts to friends for no reason, saying goodbye to classmates, no excitement expressed in meeting friends

To fulfil the above objectives, the college management has constituted a Student Wellness Team as depicted below:



- The students from different departments including Medical/ Nursing/ Para-medical can directly approach the coordinators of the Student Wellness Team, who will further guide the student and his/ her guardians after consulting the psychiatrist on duty.

or

- Different stake holder can guide and accompany the students to the coordinator of the Student Wellness Team for the same process as mentioned above.

The documentation and treatment of the student will be kept confidential unless and until required by the college authorities or any higher authority or due to any legal obligation.