

OSMHN has now completed its first year and is currently establishing its objectives and priorities for the remaining two years of the Project. The second issue of our newsletter includes:

- ❖ Report on the outcomes of OSMHN's end of year event in June
- ❖ Details of two *free* mini events which we are holding this term for HE and FE staff in Oxford
- ❖ Summary of the findings from OSMHN's research activities over the first year of the project
- ❖ Summary of the findings from Nottingham University's HEFCE-funded student mental health project
- ❖ Details of the new Special Educational Needs and Disability Act
- ❖ Brief summaries of two OSMHN workgroups held last June on mental health promotion and eating disorders
- ❖ Details of a new local mental health organisation
- ❖ Mental health on the web

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## OSMHN's end of year event

A one day event was held in June 2001, attended by 43 people, to provide a chance to reflect on what has been learnt from the first year of OSMHN's activities and to gather feedback on what might be the main priorities for the next two years of the project. The event was also intended to give participants a chance to meet each other and strengthen the Network that is already developing.

During the day delegates heard presentations on the first year's research findings and split into groups to consider specific aspects of student support. Each group identified some key points arising from their discussions. Most of these are listed here to provide a flavour of the issues raised.

### Supporting students with severe mental illness

- Disclosure issues: look at how policy and practice as well as the culture of the institution can be changed in order to make disclosure more acceptable at the point of entry.
- Information: clarity and a shared understanding of the educational institutions and local service providers, raising awareness of procedures and the roles of individuals. There are issues for staff in being able to understand mental health issues and the way they are presented.
- Protocols: work towards clear shared protocols between educational institutions and service providers encouraging communication and joint working. An example could be shared participation in care programmes for individuals. Clear policies are needed with respect to different groups e.g. health care, education.
- Staff training within institutions to raise awareness of the definition of mental health and how staff can distinguish between mental health problems and odd behaviour. Training needs to be carried out in an integrated manner i.e. undertaken by all staff as part of the induction process.

- Being aware of cultural differences and how the delivery of mental health care can be slowed down because of cultural differences. Consideration as to how health care can be delivered to those from different cultural backgrounds is needed.
- Greater flexibility of services to support students within institutions e.g. allowing part-time study.
- A suggestion was to identify one individual within the college to act as a key worker/facilitator with the Health Service.
- Another suggestion was for a dedicated psychiatric service for the student population.

### Supporting students with eating disorders

- Education for those with eating disorders and those at risk from school age in order to reduce stigma. The media can be held responsible for many of the myths surrounding eating disorders.
- Readily available information and advice provided as part of a student's education. Such information should be targeted at students with the disorder, those at risk, peers and families. Information can be provided via a web site or a leaflet.
- Information for staff within institutions e.g. counsellors, tutors, providing details of who might be most at risk and details of when and where to refer students at crisis point. It was acknowledged that the main problem was getting students to accept help.

### Building bridges between academic institutions, healthcare & other support services

- Creation of emotionally literate institutions. This can be done by establishing pathways for feedback between support services and institutions. There needs to be more rigorous assessment on monitoring mental health within the institutions. Academics need to be assisted in developing their own emotional literacy.

- Greater degree of working partnership between the institutions, social and health care settings at all levels to increase the knowledge base.
- Action is needed to produce guidelines, protocols and policies which have been agreed across all the institutions. A confidentiality policy, especially, is needed. Greater collaboration between the institutions would be needed to achieve this.
- Information: importance of knowing what resources are available to help students, what the pathways are and making that information known to all the agencies involved. There is a need to produce a plan detailing sources of help for dissemination e.g. on the Internet.
- Students returning to study following problems: there are difficulties for staff around advising such students about what actions to take and what options are available to them. There is a need to clarify the systems to support new entrants and students who are transferring.

### **Meeting the needs of students who fall through the gaps of current provision**

- Need to 'hold' people who are waiting for an appointment within/beyond institutions e.g. by utilising trained peer supporters. The role of the voluntary sector should not be forgotten.
- There is a problem surrounding lack of information and awareness of support services. Lack of information can create stigma and fear of the unknown. People (especially students) are the most effective way of sharing information and raising this awareness. There is also a need for a visual map of individuals and organisations to raise awareness of available support and referral routes.
- Addressing inequity between institutions: increasing pressure on governing bodies and the government to highlight problems and use this as a lever for funding.
- Suggested solution: centralised student provision, co-ordinated in every town, ideally all year around.

### **Promoting understanding of mental health issues amongst students and staff.**

- Ensure that activities and concepts associated with well-being are built into the mainstream. Good teaching practice promotes well-being. Build mental and emotional health into the curriculum of many different courses
- Be cautious about 'information' and what it can achieve but include key statements/messages/commitments in standard general information
- Opportunistic. Build understanding around actual 'incidents'/'cases'
- Getting across cultural aspects – different people talk about it in different ways
- Challenging stigma in an imaginative and culturally aware way

### **Addressing the stress of academic life**

- Clarity around rules and regulations, assessment and availability of staff
- Staff development
- Extended and integrated induction – peer support

### **Developing emotional literacy and mutual support within student groups**

- Defining emotional literacy
- Building emotional literacy issues into the curriculum and pre-arrival information and education
- Drawing on students' experiences
- Peer support training, mentoring/buddying schemes

### **Identifying responsibilities for meeting the mental health needs of students**

- Close the gap of referral
- Make clear boundaries and responsibilities e.g. staff development activities to reduce the burden of responsibility, not increase it (i.e. some staff think it is their responsibility to 'solve' students' mental health problems)
- Organisations to take risks → flexible delivery → enable student self-determination and responsibility

### **PLENARY SESSION – PRIORITISING ACTIONS**

Delegates were asked to identify their own 12 key priorities/action points from the key points identified during the workshops. The following are the key points which were identified by a significant number of delegates:

- Developing protocols, policies and guidelines within institutions
- Addressing inequity within institutions
- Distinguishing between actions that can be taken within academic institutions and issue that go beyond them
- Creating emotionally literate institutions from top to bottom considering practical ways in which this could be implemented e.g. peer support training
- A dedicated psychiatric service for students
- Challenging stigma in a culturally aware way
- Raising awareness and defining mental health issues
- Training in understanding cultural issues

### **THE WAY FORWARD**

Following on from this event, further information was collected via the feedback forms on areas of concern for delegates, as well as what they want from, and can offer to, the Network.

The OSMHN Steering Committee is working with the project staff to produce a strategic plan which will build on the information collected so far. Network members will be kept in touch as the project develops and moves the balance of its activities from research to action.

## A brief report on the findings of the first year's research

In Oxford there is a population of around 32,000 students in Higher Education of whom approximately 75% are full-time. There are approximately 16,000 students in Further Education of whom slightly less than 20% are full-time. The part time students vary in the extent to which being a student is a major role in their life. Putting these figures together, we could be looking at around 40,000 students within the scope of the OSMHN project. In order to predict the needs of these students, much of the first year was spent gathering evidence from three main sources:

- research data from other studies.
- a survey of 38 practitioners
- 71 face to face interviews with a range of staff and students

Whilst the survey generated useful data on some of the local services for students with mental health problems, a low response rate makes it difficult to generalise about the situation throughout Oxford. This report looks at some of our key findings.

### How many students are affected by mental or emotional health problems?

#### *Evidence from other Studies*

Recent research in the UK indicates that 30% is a conservative estimate and that 50% is a generous but not unsubstantiated figure for the annual incidence of measurable mental health or psychological problems within student populations. Between these figures, 40% seems to be a reasonable rate nationally (Oxford may or may not be typical). Most are suffering from anxiety or depression, or both. In the case of the most severe forms of mental illness, some studies indicate that students may experience twice the national rate for clinical depression (students 10%) and for psychotic illnesses (students 1-2%).

#### *Data from OSMHN's Interviews*

Whilst only a few students in each setting were described as displaying behaviour indicative of a psychotic illness, respondents indicated that there were many students with anxiety and depression. There were quite a few whose level of alcohol usage was a concern and a lesser but significant number with eating disorders and self-harming behaviours. Many respondents expressed the opinion that the number of students with mental health problems was increasing and that the severity of their problems was also increasing. There was also widespread agreement that the levels of stress were very high in the student population.

### How many seek help?

#### *Evidence from other Studies*

Oxford students (1998) 63% felt there was stigma in seeking professional help.

Cambridge (2000) 35% of students with serious problems did not seek help.

#### *Data from OSMHN's Interviews*

There was a perception that many students don't seek professional help, either at all, or at least not until things have got pretty serious. This seems to be due to the stigma of mental health problems, the fear of being seen as weak or a sense that others would not find their problems serious enough.

## Where do they seek help?

#### *Evidence from other Studies*

Students' support preferences were found to be heavily weighted towards the social sector (Cambridge, Leicester, Nottingham and Dublin):

Friends	65 - 78%
Family	46 - 65%
Tutor	30 - 54%
Counsellor	4 - 8%
Doctor	4 - 6%
Chaplain	2 - 3%

If we take the highest of these figures for approaching doctors (6%), and if Goldberg and Huxley (1992) are right about the number of times that a GP recognises a MH problem (44%), then in our Oxford population we might predict the following figures.

	General population	Student population
Size	40,000	40,000
Incidence of MH problems	10,400 - 12,600	16,000
Attend primary care	9,200	2,600
Recognised by doctor	4,060	1,144

We don't have sufficient local data to confirm these projections within Oxford, but it suggests that large number of students have significant emotional or psychological problems which are not addressed at a medical level.

#### *Evidence from OSMHN's Survey*

Our findings in Oxford indicate that 1,490 students (3.7% of our 40,000) are using counselling. So counselling is picking up 9.3% of the possible total of 16,000 distressed students. All GPs and most College nurses indicated that up to 25% of their student clients had mental or emotional health problems.

#### *Data from OSMHN's Interviews*

Friends and tutors were high on the list of support sought. The other sources such as counsellors, GPs and college nurses came further down the list and in some cases were approached when the friends or tutors had had enough.

### Do they get the support they need?

#### *Data from OSMHN's Interviews*

There was widespread frustration over the students who need more than the brief therapy normally offered by the counselling services, but who don't meet the criteria required for emergency admission. These students are either not getting a service at all or are facing a wait of anything up to a year for an outpatient's appointment. The result is that some students remain in distress for much longer than necessary and in many cases other people such as fellow students, tutors, counsellors, college nurses and GPs, administrative and residential staff operating a holding operation for these students. A number end up leaving or taking a year out.

## What problems are caused by being a student?

*Data from OSMHN's Interviews*

The student experience of today is very different to that experienced in the 1960's, 70's or 80's. Factors include: student debt, greater material expectations, greater pressure on academic institutions and staff, and expansion of student numbers.

## What triggers or amplifies any previously existing problems?

*Data from OSMHN's Interviews*

Issues of transition came up very strongly. Leaving one's family and making a new start elsewhere is stressful in itself, but it may also be amplified by unresolved and unconscious issues from earlier on, causing the student to experience much greater distress than they were expecting. Or they may find that the distress has not gone away at a time when many others seem to be settling in and enjoying their time in education.

Many students place a great value on social and familial support. This is massively disrupted and it may take some time to find adequate substitutes (if at all).

The developmental stage that many of the students are at was seen to be significant. For many it could be seen as a sort of provisional adulthood, where relationships are being tried out and issues of self-identity and sexuality are being explored. Mature students may experience being taken back to an earlier developmental stage.

Many students have a sense of never being able to be "good enough".

## What issues arise for the students themselves and for those they are in contact with?

*Data from OSMHN's Interviews*

There is much concern about the students who:

- are clearly disturbed but do not seek help
- have needs which require medical intervention but are not at crisis intervention point and so face long waiting lists or no offer of support
- need longer term counselling
- are referred to counselling when they have serious MH problems which are not being addressed by medical services
- are sent away from the institution without academic or counselling support
- are discharged into the care of the academic institution.

Although this paints a rather negative picture there were many examples of good practice in relation to offering extra support to, and adjusting the study patterns of, students with mental health problems. These provide a foundation on which to build. The presentation of this research at OSMHN's end of year 1 event, provoked a lot of useful suggestions on how to improve the situation for students with a wide range of mental health problems. The remaining two years of the project will look at how to carry these forward.

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*OSMHN has collected over 350 different resources relating to mental health both locally in Oxfordshire and nationally. These include research articles, publications, newspaper articles and reports. You are welcome to come into our office to use these resources for your own research purposes.*

*If you would like us to send you a detailed list of our resources, please contact us at the address on the back of this newsletter.*

# The effects of depression and anxiety on academic achievement at Nottingham University

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## Summary of the final report on the mental health strand of the HEFCE-funded Mental Health, Hidden Disabilities & Learning Support Project 1997-2000

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Nottingham University's Project arose out of concern over the number of students approaching the counselling service who were experiencing significant levels of anxiety and depression. Its main aims were:

- ❖ To obtain an estimate of the number of students on campus who may be suffering from anxiety or depression.
- ❖ To explore the effect of mental health difficulties on academic work
- ❖ To offer staff training and support in identifying students who may be at risk of depression and anxiety and to provide guidelines on how to respond.

To achieve these aims, Nottingham University carried out a major student survey, held a series of focus groups with staff and students and carried out individual interviews.

### Results

For some students, university life was found to be a stressful experience with 27% finding life at university 'fairly stressful' and as many as 1 in 20 finding it 'extremely stressful'. The main cause of this stress appears to be academic-related with the most frequently reported stressful events being exams and coursework.

Incidence of depression and anxiety was also found to be high amongst students. The Project found that over half of the respondents would be classified as suffering from definite or borderline anxiety and 7% from definite or borderline depression.

As predicted, stress amongst students did have a negative impact on their studies. 18% of students reported that their stress levels affected their ability to complete academic work and half of those students who were 'extremely stressed' managed the academic demands of them 'worse than expected'. The events most likely to be associated with impaired work performance were exams, coursework and money matters.

Consistent with other research, student help-seeking from formal support services was limited with students more likely to turn to their friends for support. Students indicated that they felt it difficult to seek help owing to the perceived stigma attached to mental health.

It became clear that for the student, the relationship with the personal tutor was an important relationship within the university structure. Indeed, of those students who sought formal support, the personal tutor was the most popular choice with 48% approaching their tutor, followed by 9% approaching the counselling service, 8% approaching the students' union and 4% approaching the hall tutor.

Of those students that did approach their personal tutors, the majority did find the support received helpful. However, concerns were apparent, most notably over students feeling a lack of personal contact with their tutors.

Tutors expressed similar concerns with many saying that they did not feel that they had sufficient knowledge about how to recognise mental health problems or of the resources to which they could refer students for additional support. Many stated that they felt pulled between the needs of students and the many other demands on their time.

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Following the research, sessions have been run with tutors on identifying and responding to students with psychological difficulties and a guide has been written on the topic. Sessions have also been run with secretarial and administrative staff.

A full copy of Nottingham University's report is available on their web site at:

<http://www.nottinghamuniversity.com/mhhdls/reports.php>

### Links to HEFCE-funded student mental health projects

#### The Effects of Depression and Anxiety on Academic Achievement

University of Nottingham (1996 – 1999)  
<http://www.nottinghamuniversity.com/mhhdls/outline.htm>

#### The Student Psychological Health Project

University of Leicester (1996 - 1999)  
<http://www.le.ac.uk/edsc/sphp/sphp-11.html>

#### Mental Health Project

University of Teesside (1996 – 1999)  
<http://www.tees.ac.uk/mentalhealth/index.html>

#### Mental Health Liaison: Sharing Good Practice

The Nottingham Trent University (2000 – 2002)  
<http://www.ntu.ac.uk/sss/projects/mentalhealth/index.htm>

*Details of all current national disability and mental health projects can be found on the National Disability Team's website at <http://www.natdisteam.ac.uk>.*

*OSMHN's web site at <http://www.brookes.ac.uk/osmhn> contains links to some current HEFCE-funded disability and mental health projects.*



## OSMHN's events

Last term, OSMHN ran two workgroups for HE and FE staff in Oxford. The groups were attended by 20-30 staff from Oxford University, Oxford Brookes University and Oxford College of Further Education. Participants had the opportunity to hear presentations from two local speakers followed by group discussion.

### Understanding student mental health in HE and FE

The need for greater promotion and understanding of mental health issues amongst HE and FE staff and students has been consistently identified as an area of high priority by delegates at OSMHN's events over the past year.

The workgroup 'understanding student mental health in HE and FE' was led by Wendy Robertson, Counsellor at Ruskin College and Neville Scrivener, Lecturer in the School of Health Care at Oxford Brookes University.

With experience in the health service as a mental health nurse and within the university environment as a tutor, Neville focused on delegates' understanding of health and what is meant by good health. In addition, he looked at the potential effect of environmental factors on mental health and how and whether these could be applied to the student population.

Working as a counsellor in Oxfordshire, Wendy talked about some considerations with regard to de-stigmatising a counselling service in a smaller college environment based on her own experiences at Ruskin College. Some of the main issues which were stressed by Wendy were the importance of working within the institution's mission statement and policies, establishing a good relationship with the client, raising awareness of the service to staff and students and ensuring a focus on mental well-being rather than mental ill health.

### Eating disorders amongst students

Pamela Armitage, Eating Disorder Specialist at Oxford University and Linette Whitehead from the Oxford Adult Eating Disorders Service led a workgroup on 'eating disorders amongst students'. This workgroup provided the opportunity for HE/FE staff to hear about and discuss eating disorders both from the perspective of the health service and an educational institution.

What became apparent during the session was the high incidence of eating disorders amongst the student population and the considerable anxiety amongst HE/FE staff over such students.

Two major concerns highlighted by the group participants were the difficulties for staff in getting a student to accept treatment and support and staffs' anxieties over whether and how they should mention a suspected eating disorder to a student who has not disclosed their problem.

Staff also expressed a need for information regarding the warning signs of an eating disorder and a thorough map of all the support services and referral routes available. Greater liaison between the student's institution and external services was also seen to be of prime importance for the treatment process.

### Anorexics Anonymous

Anorexics Anonymous provides a 24 hour helpline service.

Tel: 020 8748 3994

### Eating Disorders Association

The Eating Disorders Association offers advice and information to people with eating disorders.

Sackville Place, 44 Magdalen Street, Norwich, Norfolk, NR3 1JU Tel: 01603 621414

### Overeaters Anonymous

Overeaters Anonymous is open to people with any kind of eating disorder. There are two groups in Oxford.

PO Box 19, Stretford, Manchester, M32 9EB Tel: 0700 784985 for details of support groups in Oxfordshire.

### The Royal College of Psychiatrists

Help is at hand leaflet series— *Anorexia and Bulimia*

Guidance and information leaflet for people with eating disorders.

<http://www.rcpsych.ac.uk/info/help/anor/index.htm>

**OSMHN is running two further workgroups for higher and further education staff in Oxfordshire this term.**

**See the back page of this newsletter for further details**

## Special Educational Needs & Disability Act

The Special Educational Needs and Disability Act became law on 11 May 2001 amending the Disability Discrimination Act 1995 (DDA). As a result, it will become unlawful to discriminate against disabled students in the provision of education, training and other related services.

Under the Act, the definition of 'disability' is based upon how much a physical or mental impairment affects an individual's ability to carry out 'normal day-to-day' activities.

The Act will affect all FE and HE institutions, schools with post-16 provision and some local authorities who provide further, adult or continuing education or training.

It will become unlawful for these bodies to treat a disabled person 'less favourably' than they would treat a non-disabled person for a reason which relates to their disability. In addition, the Act makes unlawful the 'failure to make reasonable adjustments' i.e. if a person at an institution is at a 'substantial disadvantage' compared to their peers as result of their physical or mental impairment, the education provider is required to take 'reasonable' steps to prevent that disadvantage.

The Act will apply across the whole of an organisation covering all policies and procedures, physical access/premises, the admissions process, curriculum, staff training and all administrative and support services e.g. counselling services, residential accommodation, the library etc.

The majority of the new legislation will be in force by 1 September 2002. The reasonable adjustments including provision of auxiliary aids and services will come into force in September 2003 and the physical adjustment provisions in September 2005.

## Mental health on the web!

### The Student Stress Survival Pack

The Student Stress Survival Pack is available for viewing online or can be ordered from Depression Alliance.

It includes guidance on how to cope with student life, information on how to deal with depression and addresses some of the common problems faced by students e.g. financial problems, accommodation problems, relationship problems, sexuality, religion and addiction.

<http://www.depressionalliance.org/Contents/student.htm>

### Mental Health IQ Test

This quick mental health IQ test is designed to raise awareness and dispel some of the common myths surrounding mental illness.

[http://www.mhasp.org/coping/mh\\_iq.html](http://www.mhasp.org/coping/mh_iq.html)

### Antidote

Antidote is an organisation which promotes and raises understanding of emotional literacy, including emotional literacy in the workplace and in schools and colleges. The site includes a quiz designed to test your own understanding and views in this area.

<http://www.antidote.org.uk>

OSMHN is running a workgroup on the subject of emotional literacy. See the back page of the newsletter for further details.

Details and links to these organisations and more can be found on our web site: <http://www.brookes.ac.uk/osmhn>.

On the site you will also find links to information about the Special Educational Needs and Disability Act and other mental health and disability legislation.

## Focus on a local organisation

**The Learning Centre** aims to make education, training, community involvement and employment more accessible to people with mental health problems.

The Centre offers:

- ❖ A range of free courses
- ❖ Full information on current education and training courses, employment options and opportunities for involvement in the community
- ❖ Support, through one to one guidance interviews, to explore educational, social and employment goals and how these may be reached
- ❖ Support in entering and maintaining employment, training, education and community based activities
- ❖ The opportunity for involvement in the running and development of the Centre.

## Students!



Feeling a bit lost?

Missing home?

Fed up and miserable?

Panicking about course work?

Sometimes, being a student isn't all it's cracked up to be.

**The Learning Centre Study Support Group** offers students who may be struggling the opportunity to meet up with other students in the same boat.

The group meet on Tuesdays from 1.30 – 3.00pm at the Learning Centre.

For more information phone Emma on 455821.

**The Learning Centre, Manzil Way, Oxford, OX4 1YH  
Tel: 01865 455821**

## OSMHN's forthcoming events

OSMHN is running a further *two* free workgroups for HE and FE staff within Oxfordshire this term. To book a place at either of these events please contact Deborah Williamson as below.

### Supporting students with mental health difficulties

Location: Gypsy Lane Campus, Oxford Brookes University

Date: Monday 19 November 2001, 2.30 – 4.30pm

Speakers: Teresa Evans & Dr. Ged Lombard  
Independent Psychological Service  
Swindon College

Is there a role for a specialist student mental health support service?

This workgroup provides an opportunity to hear about and learn from the experiences of a psychological service which enables the integration of people with mental health difficulties into further education.

### Developing emotional literacy

Location: Gypsy Lane Campus, Oxford Brookes University

Date: Friday 23 November 2001, 12.00 – 2.00pm

Speaker: Dr. Sarah Stewart-Brown  
Health Services Research Unit  
Oxford University

There is growing interest in 'emotional intelligence' and 'emotional literacy'.

This workgroup will focus on the links between emotional literacy and mental health and is intended to provide an opportunity for participants to think about how emotional literacy can be applied within their respective HE/FE institutions.

**Booking is essential if would like to attend either of these events**

**Places are limited and will be allocated on a first come first served basis.**

## OSMHN Steering Committee members

OSMHN is supported and advised by a Steering Group consisting of representatives from its partner institutions. The present members are as follows:

### *Oxford University*

Elsa Bell, Head of Counselling  
Dame Fiona Caldicott, Chairman  
Committee on Student Health and Welfare

### *Oxford Brookes University*

Keith Cooper, Head of Student Services (Chair)  
Marion Casey, Senior Counsellor

### *Oxford College of Further Education*

Pam Woolley, Manager of Student Support

### *Oxford City Primary Care Group*

Jan Cottle, Health Development Manager

### *Oxfordshire Mental Healthcare NHS Trust*

June Dent, Consultant Clinical Psychologist  
Mike Hobbs, Consultant Psychotherapist; Clinical Director

## Contact details

OSMHN is unable to offer direct support or advice to students, but aims to collaborate with those organisations and services that are involved in supporting students with mental health problems. OSMHN can be contacted at:

Oxford Student Mental Health Network  
Ground Floor  
Sandringham House  
Heritage Gate  
Sandy Lane West  
Littlemore  
Oxford, OX4 5LB

Telephone/Fax: 01865 488128

E-mail: [osmhn@brookes.ac.uk](mailto:osmhn@brookes.ac.uk)

Web site: <http://www.brookes.ac.uk/osmhn>

*For additional copies of this newsletter or a copy of our leaflet providing further information about the Project, please contact us as above. Help us to spread the word by requesting multiple copies to distribute to colleagues.*