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OSMHN's newsletter needs you!

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Welcome to OSMHN's 7th Newsletter!

Welcome to OSMHN's 7th newsletter which is the first to be produced following the end of the three-year HEFCE-funded (Higher Education Funding Council for England) period of the Project. The findings from our research during the life of the Project have been summarised in OSMHN's Final Report (see below).

Despite the fact that the HEFCE Project has finished, the Steering Group will seek to maintain the network, initially until July 2004, in order to build on the improved communication and understanding about students' mental health needs that has been achieved.

During the academic year 2003/04:

- ❖ The Steering Group will continue to meet and will aim to increase the representation of health service providers on its Committee
- ❖ Members of the Steering Group will take responsibility for keeping in regular contact with key working groups, committees and teams in local mental health services
- ❖ A network group will take responsibility for maintaining the Project's workshop programme supported by the administrator
- ❖ The Steering Group will continue to support publication of the Network newsletter
- ❖ The Steering Group will continue to support the development and maintenance of the Project web site
- ❖ The work of the Steering Group will be supported by a part-time administrator (one day per week) funded by the University of Oxford and Oxford Brookes University.

Towards the end of this academic year, the Steering Group will review its work, consult with members of the network, and make a decision about sustaining the network for a longer period.

OSMHN's final report

The Final Project Report for the HEFCE-funded period of the OSMHN Project is now available and can be downloaded as a pdf file from the OSMHN web site. A brief summary of some of the key areas of the report can be found below.

Incidence of mental health problems



OSMHN's research has shown that students experience a range of mental and emotional health problems during their studies.

The Project looked at the whole range of mental health problems, from the milder end such as anxiety and depression through to the more severe end such as self-harm, attempted suicide and psychosis. A significant number of those interviewed locally believed that more students were being affected by a mental health problem than in the past and at a national level the number of students declaring a mental health problem has risen by 325% between 1995 and 2001. (<http://www.hesa.ac.uk>)

Although OSMHN did not collect quantitative data on the levels of mental health problems within the Oxford student population, qualitative findings reflect figures produced elsewhere. In research which included students at Oxford

Brookes University (Stewart-Brown et al. 2000), 49% of the student sample stated that their work had been affected by emotional problems, compared to 21% of the same age in employment in the local population. Sell and Robson's (1998) research within an Oxford College reported that 58% of students reported occasional or more frequent feelings of loneliness.

Causes of mental health problems



Research has highlighted a number of pressures that contribute to the high incidence of stress and anxiety amongst the student population. These include:

- ❖ Problems with Academic Work e.g. intense workload, exams, critical tutorial feedback
- ❖ Family Issues e.g. parents splitting up, bereavement, poor relationship with parent
- ❖ Personal Issues e.g. comparing self to others, homesickness, loneliness.

External factors also have a role to play; the abolition of the student grant has resulted in increased debt and financial worries for students which in turn has led to students taking on part time jobs on top of their existing university or college workload.

Final Report for the HEFCE-funded period of the OSMHN Project

Seeking help



The perceived stigma of having a mental health problem has a major impact on students' willingness to seek help or treatment for a mental health problem.

Many students are ashamed or embarrassed by their problem, some deny the existence of a problem, while a significant number are likely to view the need to seek help as a sign of weakness rather than a valid method of addressing their mental health needs. The result of this is that some students do not seek help whereas others wait until their problems worsen.

If students do seek help, research has shown that that they are more likely to approach their friends, family and staff working in educational institutions, than they are the more professional sources of support such as counsellors, general practitioners and staff working in the psychiatric sector.

OSMHN's research has indicated that the provision of information about the nature of support given by the different support services, combined with reassurances about confidentiality, may encourage students with emotional and mental health problems to access the support they need.

Providing support in universities and colleges



All of the local educational institutions had put some kind of support mechanisms in place for students who were experiencing mental health difficulties. None had gone down the route, followed by some other national universities and colleges of further education in the UK, of providing specialist

support for students with mental health problems.

OSMHN's Final Report details the support services available to students in Oxford University, Oxford Brookes University and some of Oxford's colleges of further education. It also details some of the local views of a number of these services.

There were common issues for the different institutions studied, particularly the pressures caused by students with mental health problems on fellow students, tutors, residential staff and on the counselling services.

During OSMHN's research interviews and workshops many staff expressed a need for knowledge and information about the support services which are available within the institutions and the referral routes between such services. Training for higher and further education staff in these areas as well as support for the 'supporters' was acknowledged.

Greater understanding and clarity about the support provided by counselling services, in particular, is needed for both students and staff in the education and healthcare sectors.

Staff also need to be made aware of existing confidentiality policies when dealing with or referring students with mental health needs.

Accessing support from health services and other external sources



Sometimes students choose to access support from health and other external services, preferring to keep their mental health issues separate from their university or college. Such external services include the primary sector, the secondary and tertiary sectors and the voluntary sector.

OSMHN's research has shown that support from primary care practitioners can vary and students were not always made aware of the treatment options available i.e. counselling versus medication. Some students felt uncomfortable being treated by a GP connected to their institution due to concerns over confidentiality.

Students with more serious but not psychotic problems can find it difficult to access secondary and tertiary services within the time that they are at college or university. It was generally acknowledged that a student's problems have to be very serious for them to be admitted to secondary or tertiary care services. Continuity of care during vacations for those with serious mental health problems was also an issue.

OSMHN's research has highlighted a need for greater communication and collaboration between educational institutions and health services.

Regarding the voluntary sector, providers of voluntary sector services felt that students could make greater use of what they had to offer. Voluntary organisations would welcome a closer relationship with local colleges and universities.

OSMHN's newsletter needs you!

A primary aim of the OSMHN network is to enable the sharing of information, knowledge and experience of student mental health issues across the education, health and voluntary sectors in Oxfordshire. Our newsletter is a key mechanism for achieving this.

OSMHN would therefore love to hear from you if you have any information, which you feel, would be of interest to others within the local network.

For example you can use the newsletter to:

- ❖ Advertise your mental health training events
- ❖ Promote your voluntary sector mental health organisation
- ❖ Share details of helpful mental health resources which you have discovered e.g. books, websites, leaflets
- ❖ Share any examples of good practice in supporting students with mental health difficulties
- ❖ Tell others what your organisation/institution is doing for students with mental health difficulties
- ❖ and more!

Please contact OSMHN if you have any information which you would like to include in our next newsletter. Even if you do not have anything specific to include, we always welcome your ideas and suggestions for the content of the newsletter.

OSMHN's workshop programme and network group



Over the life of the Project, OSMHN has held nine workshops and two mental health discussion forums for staff in the local educational, healthcare and voluntary sectors.

These workshops focused on specific areas relating to student mental health, for example promoting mental health, supporting students with eating disorders, supporting students who self-harm, strategies for supporting students with mental health difficulties and developing emotional literacy in teaching and learning.

The workshops provided attendees with an invaluable source of information and advice on student mental health issues and additionally, provided a mechanism to enable staff members from local institutions and organisations to share experiences and knowledge and hence learn from and provide mutual support to one another.

OSMHN's feedback forms distributed last May indicated that many of you valued the opportunity to network and were keen for our workshop programme to continue. As a result a new OSMHN Network Group has been formed consisting of staff representatives from the HE/FE institutions and voluntary sector. The group plan to meet on a termly basis to discuss student mental health issues and additionally, to plan OSMHN's workshop programme. The group currently plan to hold one workshop per term with the support of OSMHN's Administrator.

If you have an interest in student mental health issues and would like to join the network group, please contact Deborah Williamson, OSMHN's Administrator.

The next meeting of the group is planned to be held in January 2004.

A summary of our workshop held on 12 November 'What will SENDA mean in practice?' will appear in our next newsletter

Resources available from OSMHN

Over the life of the Project, OSMHN has produced a large number of resources which are available from our office or via the Project web site. These resources will be of interest to:

- ❖ Students
- ❖ National mental health projects / organisations / educational institutions or
- ❖ Staff in educational and healthcare settings
- ❖ Individuals or groups undertaking research into student mental health
- ❖ Local voluntary organisations

For further details of any of our resources, please contact OSMHN at osmhn@brookes.ac.uk

Resource	Details	Availability
OSMHN Final Report (2003)	Final Project Report for the HEFCE-funded period of the Project. Provides a detailed examination of local views on service provision for students in Oxfordshire	Available as pdf on OSMHN web site
Student Mental Health Guide (2003)	A guide for staff supporting students with mental health problems	Printed form or as pdf on OSMHN web site
Report of research with users of day services in Oxfordshire (2002)	Research commissioned by OSMHN <i>'Access and provisions available to people, within education, who have experienced or are experiencing a mental health problem'.</i>	Printed form or as pdf on OSMHN web site
Workshop notes (2001 – 2002)	Copies of the notes taken during all of OSMHN's workshops	Available on OSMHN web site
Newsletters (2001 – 2003)	Back issues of OSMHN's newsletters, providing details of resources and articles relating to student mental health	Available on OSMHN web site
Research articles	Details of national and international research articles relating to student mental health	Electronic form and on OSMHN web site
Newspaper articles	Details of national newspaper articles relating to student mental health	Electronic form
Web site cards	Credit-card size cards advertising the OSMHN web site for staff to distribute to colleagues or students	Cards available from OSMHN

The local voluntary sector

Shared Accredited Training for Mental Health Volunteers

Oxfordshire Mental Health Matters launched plans for free, shared, accredited training for voluntary groups working in mental health and related areas at their AGM last month.

The Volunteer Training Project aims to create a sustainable resource, enabling partners to access a 'pool' of training in core skills which are relevant to all volunteers working face-to-face with clients: listening skills, user empowerment, equality awareness, and others. The training will hopefully be accredited by the Open College Network (although there won't be any exams!) to ensure quality. Groups will 'pay' for volunteer places on a training course by providing trainers, or co-trainers, for a certain number of workshops. It is expected that this will have two main benefits for partner organisations: growing capacity and sharing expertise.

For more details call Oxfordshire Mental Health Matters on 01865 728 981 and speak to Jon Hyslop or Claire Fitzgerald, or email training@oxford-mentalhealth.org. Also, look out for a more detailed report in OMHM's forthcoming Strategy Update.

Claire Fitzgerald, Internal Training Co-Ordinator, OMHM.

The Archway Foundation

Loneliness is something we all may experience from time to time. This may not require medical help and yet some friendly support and a listening ear may be necessary to stop it becoming a major problem. On the other hand, experiencing mental health problems can result in feelings of isolation, loneliness and difficulties in making contact with others. Whatever the reason, loneliness and that awful feeling of being unwanted has become a major issue in our society today.

The Archway Foundation was established in Oxford in January 1982 expressly to identify with this need.

Individual support, opportunities for meeting with others in a supportive setting, plus invitations to events and outings are just some aspects of the Archway Foundation's service.

Contact the Archway Foundation at:

New Marston Pastoral Centre
Jack Straws Lane
Oxford
OX3 0DL

Tel: 01865 790552.



Mental health resources – national mental health organisations

Eating Disorders

The Eating Disorders Association offers advice and information to people with eating disorders. <http://www.edauk.com/>

103 Prince of Wales Rd, Norwich NR1 1DW

Anxiety and phobias

First Steps to Freedom deals with anxiety-related disorders including generalised anxiety disorder, phobias, obsessive compulsive disorder, panic attacks, depression and tranquilliser withdrawal. It also helps carers of sufferers with borderline personality disorder. <http://www.first-steps.org/>

7 Avon Court, School Lane, Kenilworth, Warks, CV8 2GX

No Panic is a totally voluntary charity, whose aims are to aid the relief and rehabilitation of those people suffering from Panic Attacks, Phobias, Obsessive Compulsive Disorders, etc and to provide support to sufferers and their families and/or carers. <http://www.no-panic.co.uk/>

93 Brands Farm Way, Telford, Shropshire, England, TF3 2JQ
Tel: 0808 808 0545

Depression

Depression Alliance is a UK charity offering help to people with depression. <http://www.depressionalliance.org/>

35 Westminster Bridge Road, London, SE1 7JB

Alcohol and drug abuse

Alcoholics Anonymous is a fellowship of people who share experiences, strength and hope to solve drinking problems. The website includes a section specifically for young people. <http://www.alcoholics-anonymous.org.uk>

Details of your local office can be found in the telephone book.

Narcotics Anonymous runs support groups for people who want support with drug use.

Tel: 020 7730009 to obtain details of your local office

Self-harm

The National Self Harm Network provides support and information about self-harm. <http://www.nshn.co.uk/>

NSHN, PO Box 7264, Nottingham, NG1 6WJ. E-mail: info@nshn.co.uk

The Self Harm Alliance is a national voluntary group which supports people affected by self-harm. They offer a helpline which is open Tuesday 6-7pm Thursday 11am-1pm and Sunday 6-7pm, postal and e-mail support, publications, newsletters and a website. <http://www.selfharmalliance.org>

PO Box 61, Cheltenham, Gloucestershire GL51 8YB.
Helpline: 01242 578820

Details of further organisations can be found on our website at <http://www.brookes.ac.uk/osmhn>.

The author, Phil Davison is a Consultant Psychiatrist who works for Oxford Mental Health Care NHS Trust at Littlemore Hospital in Oxford. He is also Medical Consultant to Oxford University Counselling Service. This guide to psychotropic medication was compiled for counsellors, to answer questions about medication they had encountered.

Throughout this guide, there is one golden rule: *There is no such thing as a free lunch*. Patients will usually find some benefit from taking medicine, but they will also experience side effects from most medicines. With their doctor, they will have to decide whether the benefits of medicine outweigh the negatives.

For the purpose of this article, medication has been gathered into therapeutic groups. I have discussed the mode of action of each group of medicines, as far as it is known. I have then listed the main problems, or side effects, associated with each group of medicines.

The name of the medicine is given first and then the trade name, which is often more familiar, is given in brackets.

1. Antipsychotics

If you encounter clients that are taking these, it is probably worth getting a psychiatric opinion to assist in the decision making about counselling. They are usually used to treat psychotic illnesses. A psychotic illness does not preclude clients from counselling, but there is some evidence in the psychiatric literature to suggest that offering non-structured counselling to clients that are acutely psychotic can be unhelpful and can cause a worsening of their condition.

These medicines are also occasionally used for their sedative or calming side effects.

I have divided them up into 'old' - those that were discovered quite a long time ago, and 'new' - those that have been introduced in the last 5 to 10 years.

'Old' Antipsychotics

Chlorpromazine (Largactil)	Haloperidol
Trifluoperazine (Stellazine)	Sulpiride
Injections, which are given every few weeks	

Historically, these medicines have been incredibly useful since their introduction in the 1950s. They were one of the main reasons for the development of community care and the closing of the asylums, as many people recovered whilst taking them and were able to be discharged from hospital.

Because they are old and were developed at a time when we did not know the biochemical cause of psychosis, they are quite 'dirty' medicines. By this, I mean that they block *many* different types of receptors at synapses (the connections between nerves) in the brain and the rest of the body (where they probably block transmission of certain nerves). They also block the receptors in the brain responsible for causing psychosis and therefore diminish psychotic symptoms.

Most side effects relate to the receptors in the body that they block.

- ❖ Blocking of receptors in the parasympathetic nervous system probably causes: dry mouth; constipation; erectile problems.
- ❖ Blocking of receptors in the sympathetic nervous system probably causes: postural hypo tension (dizziness when first standing up); fast or irregular heart beat; ejaculation problems; problems with visual accommodation, which causes blurred vision and occasionally a type of glaucoma (this can be an emergency situation with possibility of loss of sight).
- ❖ Blocking of dopamine receptors can cause movement problems. This can range from stiffness and tremor to abnormal slow writhing movements and odd postures.
- ❖ Tardive dyskinesia is also a major concern - continuous movements of the mouth, or other parts of the body, which can be irreversible, i.e. they do not always stop when the client stops taking the medicine at a later date.
- ❖ Other side effects include sedation (sleepiness), restlessness, jaundice and blood disorders (with both of the latter extremely rare).

This is not an attractive list of side effects. However, many patients find these medicines very helpful and many experience very few side effects.

'New' Antipsychotics

Olanzapine	Risperidone	Clozapine
Quetiapine	Amisulpiride	

There is no evidence to suggest these medicines are any better than the old antipsychotics at treating psychosis.

They work in a slightly different way from the old antipsychotics which is probably why they cause different side effects from the above, which may be less problematic for clients. They are thought to be less likely to cause tardive dyskinesia.

The main side effects are sedation and weight gain. Some also cause excess salivation and blood abnormalities.

2. Antidepressants

These were serendipitously discovered when doctors were researching cures for tuberculosis. It was noticed that a ward of patients suffering from tuberculosis appeared to be calm when they were taking these medicines. Anti-depressants were developed from this starting point. I hope this story does not shatter your confidence in the medical profession!

There are many anti-depressants. I have again divided these up into 'old' and 'new' medicines.

There is little evidence to suggest that one is better at lifting mood than the other; they all seem to work as well as each other. They are thought to work by increasing the amounts of certain chemicals (serotonin or noradrenaline) at particular synapses. However their mode of action is not clear. They take three weeks to work, even though the levels of serotonin and noradrenaline increase immediately, so other mechanisms, so far undiscovered, must also be involved.

The side effect profiles are different and are usually the key factor in choosing a particular medicine.

Psychotropic medication

'Old' anti-depressants

Just like the old anti-psychotic medicines, these medicines block lots of receptors in the brain and body. This blocking is what causes the side effects as well as the therapeutic effects. They are thought to block the re-uptake of serotonin and noradrenaline, so that the level of these chemicals remains high in the synapses. This is thought to mediate the therapeutic effect.

The most frequently used old anti-depressants include:

- ❖ The tricyclics and tetracyclics (three or four benzene rings if you remember your chemistry and Latin): Amitriptyline, Clomipramine (Anafranil), Lofepamine (Gammanil) and Imipramine.
- ❖ Monoamine oxidase inhibitors (MAOIs): Tranylcypromine, Isocarboxacid, Phenelzine, and others. If you discover that a client is taking these, it is worth getting a medical opinion. They are usually given by consultant psychiatrists, as the risks of using them are high.

Most side effects are easy to remember as they are virtually the same as the 'old' anti psychotics, except they do not cause movement problems.

'New' anti-depressants:

a) Specific serotonin re-uptake inhibitors (SSRIs)

These are thought to act much more specifically than the older drugs and only increase the amount of the chemical serotonin at certain synapses. Perhaps these are being given out like Valium was years ago - very frequently. They are probably the medicine you are most likely to encounter. They include:

Fluoxetine (Prozac)	Paroxetine (Seroxat)
Citalopram (Cipramil)	Sertraline (Lustral)

They are thought to be safe in overdose, which is seen as an advantage by general practitioners.

Side effects are: nausea, headache, and restlessness or agitation, especially in the early stages of taking them. These side effects usually settle after a week, but it still takes up to three weeks to take anti-depressant effect.

Over the longer term, the major problem with these medicines is sexual problems. These include loss of interest as well as an inability to function to one's desired level in men, be it delayed ejaculation or erectile problems.

b) There are many other new anti-depressants. Commoner examples include Venlafaxine, Mirtazapine, and Reboxetine.

Side effects are similar to the old anti-depressants, but are much less severe. Mirtazapine is not thought to cause sexual problems.

Clients would be advised to withdraw their medication under medical supervision. They should not stop taking anti-depressants suddenly, as there is a risk of rebound anxiety with some and others cause mild but unpleasant electric shock-like sensations if withdrawn too rapidly.

3. Sedative medicines

This group would include all the benzodiazepines. These are commonly used, but have the major drawback of

tolerance (they stop working after a while, or the dose needs to be increased to get the same therapeutic effect). Tolerance can rapidly lead to addiction, so they should only be used for short periods of time - weeks as opposed to months. Examples of benzodiazepines are:

Lorazepam (Ativan)	Diazepam (Valium)
Chlordiazepoxide (Librium)	Temazepam
Nitrazepam (Mogadon)	

Sleeping tablets, such as Zolpidem and Zopiclone, would also come into this group.

Some of the benzodiazepines listed above are used as sleeping tablets, particularly Temazepam and Nitrazepam.

They are often useful in anxiety disorders where a short term 'rest' from anxiety is needed, or where a patient's anxiety is 'out of control' for whatever reason.

Used carefully and for brief periods only, i.e. for a few weeks, they can be very useful.

4. Mood Stabilisers.

If you find clients taking these, it is once again worth discussing the situation with a psychiatrist. They indicate that the person has had at least one severe episode of mood disturbance in the past and they have almost certainly suffered at least one previous 'manic' episode.

The received wisdom would suggest that it is inadvisable to use non-directive counselling when the patient is suffering from extremely elevated or extremely depressed mood. At these times, the patient is unlikely to be in a position to think clearly and make use of the counselling. Counselling may be more useful once medication has begun to be effective and the client's mood is more stable. Mood stabilisers include:

Lithium (again a serendipitous finding as this was originally used as a treatment for gout)	
Sodium Valproate	Carbamazepine

Side effects are minimal in this group as long as the medicines (lithium is actually a salt) are used carefully. This may not be what you have heard as they have had a bad press.

Generally the side effects are gastro-intestinal disturbance.

Lithium is the most bothersome for clients as regular blood tests are necessary to ensure lithium levels are not getting too high (i.e. toxic). This can happen if clients get dehydrated, for example if they visit hot climates and do not adequately replace their fluids, or if they suffer vomiting or diarrhoea. The blood tests also ensure that the kidneys are working well enough to excrete lithium. Lithium **does not seem to damage the kidneys** when used carefully and the client's lithium level is kept within safe limits.

Blood tests are also useful for sodium valproate and carbamazepine, but not essential.

In a small percentage of cases, lithium can permanently damage your thyroid gland, which may mean that you have to take replacement thyroxine for life. This sounds disappointing, but may actually be a small price to pay when compared to some of the dangerous things that can

go wrong when clients are 'manic', such as spending to excess, engaging in inappropriate sexual activity, which may lead to sexually transmitted disease as well as pregnancy, taking illicit drugs and excess alcohol, or acting dangerously on the basis of bizarre and grandiose delusions.

Expressing a prejudice here, I believe that mood stabilisers are incredibly helpful medicines. I would take these medicines without hesitation if I had a manic episode. These medicines save lives. They also allow you to return to 'normal' and to stay normal.

In summary, at times medicines can be extremely useful despite the obvious draw back of side effects. Sometimes

they are a necessity. The side effects can often be minimised by using the lowest possible effective dose. Medicines usually do not interfere with counselling in any way, which can usually proceed normally. There are only a few rare circumstances, which I have mentioned above, in which counselling would be inappropriate whilst clients are taking medication.

I would be interested to hear of any other questions that counsellors have about their clients' medication.

reception@counserv.ox.ac.uk

My thanks to the counsellors at Oxford University Counselling Service for their questions and to Elsa Bell and Alan Percy for their comments on the article.

This article first appeared in the AUCC Journal, August 2003, and is reprinted with permission. AUCC Association for University and College Counselling) is a division of the British Association for Counselling and Psychotherapy. The AUCC Journal appears quarterly and is available on subscription by contacting Gemma Green, AUCC administrator, on 0870 443 5170.

National news



RCP Report into student mental health

The Royal College of Psychiatrist's has published a report into student mental health. *'The Mental Health of Students in Higher Education'* aims to review the nature, prevalence and causes of students' mental health problems, review existing services, and present recommendations for the development of strategic policy and best clinical practice.

The recommendations are aimed primarily at those who commission and provide mental health services but will also be of interest to students and staff in higher education institutions.

The report is available to download free of charge from the RCP web site at:

<http://www.rcpsych.ac.uk/publications/cr/cr112.htm>.

NUS Mental Health Campaign

This academic year, the National Union of Students are running a campaign on students and mental health. The NUS is hoping to educate students about mental health and encourage Students' Unions from across the country to actively campaign to abolish the stigma that is attached to mental health issues.

As part of the campaign, the NUS has been running training sessions with UK SU welfare officers and ran two NUS Mental Health Days during October.

New mental health campaign for young people

Mind out for mental health is an active campaign to stop the stigma and discrimination surrounding mental health.

Mind out has launched *Read the Signs*, targeting young people aged 14-21. The site provides advice and guidance for students and young people.

Find out more at www.readthesigns.org.

Forthcoming student mental health conference

Universities UK has recently set up a standing committee on mental health issues consisting of representatives from a range of national higher education and student bodies.

The Committee will be holding an inaugural conference on February 4 at Universities UK; keynote speakers will be Dame Fiona Caldicott and Dr Anton Obholzer.

The conference will include seminars on the RCP report, self-harm and suicide, student-led initiatives, promoting mental well being and mental health policies and practices.

Booking is not yet open but details will shortly be available on Universities UK web site at:

<http://www.universitiesuk.ac.uk>

Beautiful Minds conference

Last December, HUCS (the Heads of University Counselling Services) organised a national conference to highlight the importance of the emotional well-being of students and the role universities can play in fostering positive mental health.

The papers from the conference and workshops are available to view on the web at:

<http://www.ad.rhul.ac.uk/counselling/conf.htm>

Student suicide

A report on suicide published by Universities UK is available from Universities UK. *'Reducing the risk of student suicide: issues and responses for higher education institutions'* aims to raise sector-wide awareness of the risk of suicide and attempted suicide amongst the student population and help universities and colleges take appropriate steps to minimise those risks.

Further information about the report is available from:

<http://www.universitiesuk.ac.uk/bookshop/HowToOrder.asp?Code=130>

News from the local institutions

Oxford Brookes University

Mental Health Working Party

The University's Mental Health Working Party is aiming to expand its membership as it starts to tackle the development of a new mental health policy for Oxford Brookes University.

We would warmly welcome anyone from the Network who is able to attend one meeting a term - usually about an hour and a half - and who is interested in developing our general policy and practice over the next few years. If you are from Brookes and are interested please give me a ring!

Bob Price, Director of Human Resources

Tel: 485768 E-mail: bprice@brookes.ac.uk

Workshops for students

This term, Anna Hinton and Marion Casey are running time and stress management workshops for students and Mature Students Advisor Jim Pye is running effective writing skills workshops.

Anna Hinton is co-ordinating a highly successful pilot massage clinic for staff and students which has been overwhelmed and much appreciated by all who have booked a session.

University of Oxford

Information on SENDA

Oxford University's Disability Office web site contains information and resources about the Special Educational Needs and Disability Act.

The site includes guidelines for tutors/lecturers and checklists to enable departmental and college staff to determine issues relating to their compliance with the legislation.

<http://www.admin.ox.ac.uk/eop/disab/ddasenda.shtml>.

Mental health in the papers

16 Oct 03 *The Guardian* One in four students suffer mental illness, psychiatrists say. Students are more likely to suffer mental illness than other young people, a new report from the Royal College of Psychiatrists suggests.

20 Sep 03 *The Guardian* Mind over the matter of a mental illness. It is no longer the taboo subject it once was in the office. There is a support network out there to help sufferers cope with depression.

10 Sep 03 *The Guardian* Bosses ill-prepared for mental health issues. Mental health problems are widespread in the workplace yet most bosses are ill-equipped to handle them, according to a new study published today.

01 Aug 03 *The Independent* When the going gets tough. There is plenty of support at University if you need it.

22 Jul 02 *The Guardian* Invisible Support. Universities are beginning to cope better with students' mental health problems.

02 Jul 02 *The Guardian* Survey shows fear factor fuels stigma. People are becoming more fearful and intolerant of those with mental health problems.

05 Jun 03 *The Independent* University Blues. Life at university is meant to be a tremendous experience, but many young adults find it hard to settle in and become plagued by anxiety and depression.

06 Apr 03 *The Independent* One in four young people so depressed they consider suicide. More than one quarter of young people, some as young as 10, are so depressed that they have contemplated suicide.

23 Feb 03 *The Independent* Pressure on young over mental illness. The extent of pressure young people are facing over mental health problems is revealed in a new survey.

For further newspaper articles, please see our web site at <http://www.brookes.ac.uk/osmhn>.

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, Chair
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 Trust

Kathryn Holding, Service Redesign Manager
Anna Hinton, Specialist Health Visitor

Oxfordshire Mental Healthcare NHS Trust

June Dent, Consultant Clinical Psychologist
Vacancy

OSMHN 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 is currently staffed by a part-time administrator who can be contacted at:

Oxford Student Mental Health Network
c/o Student Services
Helena Kennedy Student Centre
Headington Hill Campus
Headington
Oxford
OX3 0BP
Tel: 01865 484689. E-mail osmhn@brookes.ac.uk

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

Please note that the office is currently staffed on Mondays only so there may be a delay in responding to your enquiry.

