

Mental Health Disabilities

Information about Mental Health Disabilities

Mental distress is part of a normal range of human experience; it is thought that mental health difficulties will affect up to one in four of us at some stage in our lives. Many people get better without formal/medical intervention, but for some individuals the problems become more long-lasting and pervasive. If a mental health difficulty has lasted/is likely to last for up to 12 months or more and the symptoms have a substantial impact on a person's ability to carry out normal daily activities, it might be considered a 'mental health disability'.

Diagnostic categories include depression, bipolar affective disorder (formerly manic depression), anxiety disorders (including obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD)), eating disorders, attention deficit hyperactivity disorder (ADHD), personality disorders, schizophrenia, and psychosis.

Many mental health conditions fluctuate and can be triggered or exacerbated by environmental stressors. Symptoms can affect thoughts, feelings, behavior and physical wellbeing. These might include:

Thoughts and feelings

- persistent low mood, mood swings/instability, tearfulness
- feeling hopeless, helpless, and despairing
- irritability and feeling intolerant of others
- low-self-esteem and feelings of worthlessness or guilt
- overwhelming anxiety (including social anxiety) or excessive worry that is hard to control
- suicidal thoughts or thoughts of self-harm

Physical wellbeing

- disturbed sleep and fatigue (often worse in the mornings)
- gain or loss of weight
- palpitations, headaches, nausea, breathlessness, muscle tension

Behaviour

- self-neglect; staff might note personal hygiene changes
- over-exaggerated (unrealistic) sense of own abilities
- social withdrawal; for example not attending lectures as expected or avoiding social events
- asking for excessive amounts of support from other students

Implications for study

With the right support/treatment people can develop strategies for managing their mental health difficulties, and may fully recover. However, this can take time and there may be set-backs along the way. A longstanding mental health disability is likely to, at times, impact on a student's ability to engage fully in the opportunities presented to them at university. There can be implications for cognitive, emotional, social, and physical functioning. Changes in medication can also amplify difficulties or cause additional problems until the student has adjusted.

A mental health disability might cause students particular problems in the following areas:

- note-taking during lectures and working under timed examination conditions due to difficulties with focus, concentration, and/or memory;
- getting started with work or being able to stop and move on to the next task due to problems with organisation, avoidance, time management, procrastination, motivation, perfectionism; For example, students might have extreme difficulty shifting from a research phase to writing-up;
- making decisions or communicating ideas clearly (verbally or in writing) – particularly around key stress points in the academic year;
- group work/discussion due to strained interpersonal dynamics, e.g. if the student overreacts or seem defensive/disengaged, or if the other students don't understand what is causing a particular behaviour or have a negative attitude towards mental health difficulties;
- sensitivity to perceived criticism might make it difficult to receive or utilise constructive feedback on work.

Guidance for working with students with mental health disabilities

The following notes highlight factors to take into consideration when working with students with mental health disabilities and suggest practical action and informal adjustments which might be made.

Communication

- Talk to the student about their disability. Ask them discretely about the impact of their disability and discuss with them what might be helpful (never ask or expect a student to discuss personal or medical details with you).
- Consider if meeting the student more regularly than might usually be expected is needed to promote progress - students with mental health difficulties won't always be forthcoming about problems they are experiencing; additional individual support to establish priorities for work might be needed; maintain open communication with others who provide support.

Planning / Organisation

- Give key course information, deadlines and timetables well in advance.

- Schedule meetings, tutorials, lectures and exams where possible to enable students to manage concentration difficulties and tiredness (for example, medication or sleep disruption may increase fatigue in the mornings).
- Keep timetables as consistent as possible to help provide structure, and give advance notice of any changes (times, venues) so that the student can plan their workload to compensate for difficulties with concentration, organisation, reduced speed of working, and fatigue.
- Assess teaching spaces for adequate lighting and heating, and limit background noise where possible (open windows, noisy extractor fans and heating/cooling units) because these things can compound existing concentration problems.
- Be aware the student might prefer reserved seating near to exits so they can leave discretely if needed to manage their condition.
- Be aware of increased potential for absence for medical appointments.
- Additional consideration when planning field work and years abroad to anticipate potential stressors/barriers to participation and identify support in a timely way.

Study

- Use clear frameworks for written work with precise instructions; be prepared to give extra clarification or more structured feedback than you normally might; provide instructions and feedback both verbally and in writing (typed/electronic format), and send a written summary after meetings/discussions with clear action points.
- Students might not be confident to participate in group work; sensitive intervention might be necessary to encourage them to take part.
- Presentations may be particularly anxiety provoking; the student can be encouraged to develop coping strategies, but consideration could be given to allowing students to present to a smaller group (e.g. one or two tutors) until they feel more confident.
- Students might be particularly sensitive to perceived criticism or quick to dismiss positive feedback; check with them how feedback affects their motivation; ensure feedback is clear, constructive, and helps the student identify specific areas on which to work/develop further.
- Consider carefully how to manage any return to study after a period of absence on medical grounds; a condition is unlikely to have disappeared. A phased return might be required with opportunity to review plans regularly. In some cases opportunities to reduce the rate of study might be needed.

Examples of reasonable adjustments

The Student Support Plan (SSP) sets out the formal reasonable adjustments recommended by the Disability Advisory Service, and will provide additional specific individual information where needed. However, the following list gives some examples of possible reasonable adjustments.

Please note these adjustments will not be applicable to every student nor is this list exhaustive.

- Provision of a specialist mentor to help students develop strategies for managing stress, the impact of their condition, and maintain realistic study patterns and a healthy routine.

- Provision of examination adjustments such as extra time, a separate or familiar room with opportunity to familiarise in advance, and consideration of examination scheduling.
- Permission to record lectures or take notes on a computer, and access to lecture capture.
- Privileged reader status at college / University libraries including extended loans.
- Provision of onsite accommodation and the option to be able to keep the same room throughout the course (and vacations); allocation of a room in a quiet location, away from communal facilities or thoroughfares so that problems with sleep and concentration are not compounded.

Additional resources

- For further advice and information staff may contact the Disability Advisory Service by email on disability@admin.ox.ac.uk or telephone **01865 (2)80459**, or see our [student](#) and [staff](#) web pages.
- Oxford University Counselling Service's [Supportive Resources](#).
- NHS Mental Health [self-help guides](#)
- [Rethink](#) and [Mind](#) provide more information about specific conditions and support
- Oxford University Students' Union (OUSU) '[Mind Your Head](#)' campaign includes a directory of services and resources
- '[It Gets Brighter](#)' campaign offers a collection of short video messages of hope from those living with a mental health issue and those who support them
- University of Oxford's [Mental Health Policy](#)