

Supporting Student Mental Health and Wellbeing Guidance for Tutors and Advisers

PURPOSE

This guidance offers suggestions to assist student-facing academic staff across the Collegiate University, including Tutors, College Advisers for postgraduates, Lecturers, and Supervisors, in supporting student mental health and wellbeing as part of their academic and pastoral responsibilities. It seeks to clarify the meaning and appropriate limitations of pastoral care and to provide some practical guidance about good practice in supporting students with their mental health and wellbeing. The guidance has been developed following an informal review of existing guidance within the Collegiate University, discussion with student, University and College representatives, and consideration of examples of good practice, and was commissioned by the Joint Student Mental Health Committee. It follows the reasonable provision expectations set out in the [Common Approach to Support Student Mental Health](#). Colleges and Departments may choose to adopt or adapt the guidance to suit their existing policies and culture and share this information with their student-facing academic and administrative colleagues.

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DEFINING MENTAL HEALTH AND PASTORAL CARE

This guidance uses following definitions for mental health, which are used in the *Common Approach to Support Student Mental Health*:

Mental illness will be taken to mean a condition and experience, involving thoughts, feelings, symptoms and/or behaviours, that causes distress and reduces functioning, impacting negatively on an individual's day to day experience, and which is likely to receive a clinical diagnosis. Mental illnesses differ – from those that are more common such as anxiety, depression, panic, or phobias – to rarer conditions that tend to be more serious and enduring, such as bi-polar disorder, schizophrenia, and emotional unstable personality disorders.

Mental health problems or **poor mental health** will refer to a broader state that affects a range of individuals experiencing levels of emotional and/ or psychological distress beyond normal experience and beyond their current ability to effectively manage their lives.

Wellbeing is broader still and will encompass a wider framework, of which mental health is an integral part, but which also includes physical and social wellbeing.

Pastoral care refers to the provision made by a College/Department to nurture the wellbeing of its students beyond their academic work. Often, pastoral care involves one-to-one meetings between staff and a student who is experiencing difficulties, whether related to academic work or not. Pastoral care is an integral part of the Collegiate University experience. Students look to their Tutors and Supervisors for academic guidance and, subsequently, that relationship fosters trust allowing a student to feel comfortable confiding in their Tutor about personal and mental health issues and seeking their advice. Likewise, as academic staff often see their students on a regular basis, sometimes Tutors (henceforth “you”) become aware of a problem a student is facing and can offer support.

The Duty of Care of a University is to deliver its educational and pastoral services to a standard of reasonable competence and to act to protect the health, safety and welfare of its students (UUK, 2022). Tutors are not expected to provide specialist mental health support, nor have expertise in this area. However, Tutors are encouraged to use common-sense understanding of mental health for pastoral care, and signpost students accordingly.

POSSIBLE STRESSORS FOR STUDENTS

- Interpersonal problems (relationships and family matters)
- Imposter syndrome
- Integration into University life (loneliness and isolation)
- Illness or Injury (medical treatment and medication side-effects)
- Homesickness
- Bereavement and loss
- Drug or alcohol dependence
- Trauma (including harassment, bullying, discrimination, victim of crime)
- Mental health concerns
- Disability
- Identity issues
- Financial worries
- Work/life balance
- Perfectionism
- Visa issues
- Accommodation issues
- Cultural Shock/ Challenges (including racial inequalities)
- From a group at higher risk of mental health difficulties (e.g. LGBTQ+)

POSSIBLE WARNING SIGNS OF POOR MENTAL HEALTH

- Changing physical appearance (poor personal hygiene, unkempt)
- Negative self-attitude (hopelessness, helplessness, fear)
- Lower productivity
- Isolation / absenteeism
- Presenteeism
- Change in sleep patterns (tiredness, excessive or limited sleep)
- Excess worrying
- Withdrawn
- Physical signs of distress
- Substance misuse (alcohol or recreational drugs)
- Confused or grandiose speech/ delusional thinking/ out of touch with reality
- Sudden change in academic work (withdrawal in participation, missed deadlines, drop in grades)
- Irritable/argumentative
- Manic/ excessive energy or talkativeness
- Significant weight loss or gain / changes in eating

These warning signs are subjective; it is significant change in the student's "normal" presentation that can be a warning sign of poor mental health.

COMPASSIONATE COMMUNICATION

Starting a Conversation

If a student has not disclosed anything but you suspect their mental health might be deteriorating, choose the right moment and place to start a conversation. Ensure that your student can feel safe and confident to share their information. Before starting a conversation ensure that you can give your full attention to your student and that you have time to listen to the answers. It is important to express empathy and a willingness to help, and not to minimise the student's feelings.

Conversation Openers

- You seem worried/stressed recently, would you like to talk about it?
- Would you like to tell me about what's going on for you right now?
- Are there any particular aspect of your studies or your life that you are finding particularly challenging at the moment?
- How are you finding the reading/work load?
- Is there anything you feel the College/University could do to support you?
- What would be helpful from me right now?

Active Listening

Effective listening is a crucial part of good pastoral care. Indeed, sometimes simply expressing a problem out loud (getting it "off your chest") can be enough to provide satisfactory relief to the person in need.

Do:

- Encourage the student to talk ("Can you tell me about what's bothering you?").

- Let the student talk, and listen attentively (open and relaxed posture, nodding/short responses “yes/I see” etc., be guided by the student regarding comfortable extent of eye contact).
- Ensure that you have an appropriate, private and professional space to speak where the student is comfortable.
- Allow for silences.
- Ask open questions – “How long has this been going on? / What did you feel was happening when this started? / How are you feeling right-now?”
- Acknowledge and validate their distress (“It sounds like this has been a very difficult time for you” etc.).
- Communicate understanding by paraphrasing what they have said back to you, including content and feelings. This sounds more natural than it might appear by introducing it with a phrase like, “Can I just check I’ve really got what you are saying?”
- Encourage the student to examine their options for seeking help, if needed.
- Always respond in a calm and controlled way, and model calm behaviour.
- Be clear about confidentiality and its limits (see: [Confidentiality](#)).

Don’t:

- Yield to the temptation to fill the meeting with small-talk. One or two minutes at the start to settle things in is fine, but longer than this will feel like you don’t want to listen.
- Talk too much (a natural reaction for some if we are anxious); ensure the student is doing most of the speaking.
- Interrupt or jump in with problem solving until you are sure you’ve really listened, the student has expressed everything they want to say, and you have acknowledged and validated this.
- Inflammate the issue or project your own anxiety onto the student. For instance, avoid saying something like “this is *extremely* serious,” or “I am very worried about you indeed.” Similarly, don’t diminish or express judgment about their individual experience; avoid saying something like “ah, but we all get anxious, it’s nothing” or “you shouldn’t be getting low about that”.
- Respond to the student’s experience with your own experience/anecdote – keep the focus on what they are telling you.
- Suggest any particular medical diagnosis, e.g. “I think you might have ADHD.” Instead: “You might like to speak with the Disability Advisory Service or Disability Coordinator to explore further support or a possible assessment.”
- Use medicalised language or make assumptions about diagnoses E.g. if a student says “I’m really OCD about my work” in your response you might ask “when you say OCD, I wonder what that means for you?” or “it sounds like you feel every essay has to be perfect.”

BOUNDARIES AND CONFIDENTIALITY

Boundaries

Successful pastoral care requires the establishment and maintenance of a number of clear boundaries. Boundaries are especially important when supporting students with poor mental health. Having clear boundaries protects you (the Tutor) by safeguarding your time, energy and purpose. Good boundaries include:

- Being clear about the role – offering listening and practical advice/guidance, not psychotherapy, parenting, or mentorship (students in distress may unwittingly invite staff to fulfil these roles). Start and end general check-in conversations at tutorials/supervisions with neutral topics to reinforce those boundaries.
- Being clear about the time offered (e.g. I have availability for 30 minutes at 14:00).
- Whilst being clear that help is available, it is important to manage the student's expectations; be careful not to make promises you are unable to keep.
- For example, communicate clearly the limitations of care: staff cannot “make someone better,” deal with difficult personal issues for them, or sort out all their problems.
- Staff should NEVER share their personal contact details (personal phone number, personal email, home address) with students.
- If a student is accessing further support such as counselling, avoid becoming a “second therapist”. It is not good practice to allow the student to re-run the contents of therapy sessions with you, or to ask you for a second opinion about the interpretations etc. of the therapist, or to ask you for your thoughts about the detail of their mental health issues or personal history. Instead, encourage the student to talk further with the therapist about these matters, and set out clearly the limits of your own role (checking in, general support) if required.
- Staff should avoid physically comforting students.

Confidentiality

Confidentiality needs to be respected at all times; however, the principles of proportionality and reasonableness are essential when evaluating the potential sharing of confidential information, balancing legal duties under GDPR with the responsibility to prevent serious harm (life threatening and/or traumatic). The Information Commissioners Office advises universities “... should not hesitate to share student's personal data to prevent serious harm to the physical or mental wellbeing of a student in an emergency situation, or protect a life. Data protection law allows this, and you won't get into trouble if you share information with someone who is in a position to help a student at risk.” (ICO, 2022). In addition, the following applies:

- You should avoid giving assurance of total confidentiality, since it can happen that this must be overridden by a duty of care where there are serious welfare concerns for the student or others.
- Promising complete confidentiality can result in you becoming isolated with the student's difficulty.
- It is possible to discuss a case, get advice, and maintain anonymity of the student, if necessary.
- Any disclosures by a student should be passed on in a professional manner. If you become aware of a student's welfare issue, it is good practice to talk openly with the student about sharing that information with the Welfare Team.
- Sharing information should be with express confirmed consent, and should be proportionate and on a need-to-know basis (unless there is reason to prevent risk of serious harm, in which case consent is not required). For example, asking the student if they consent to information being shared with the other subject tutors that term, the Senior Tutor, or the Disability Coordinator (depending on the issue) and agreeing what aspects will/will not be shared. When sharing information, keep your language neutral (e.g. ‘they've said that they're experiencing poor mental health after a friend died by suicide’, not ‘they're battling mental demons after a friend committed suicide’).

- When documenting a meeting with a student, remember that information concerning mental health is classed as special category data. This data should be recorded contemporaneously, and stored securely. (See [Student Privacy Policy](#))

GIVING ADVICE

Don't panic if you don't have answers! You don't have to provide solutions. The aim is to give the student confidence and foster agency for them to make their own decisions and actions. Most importantly, you should feel able to listen and then signpost your student for more help (see: [Signposting](#)). If you do decide to give advice, ensure that it is accurate. Provide reassurance and offer practical suggestions.

When you make suggestions, they are more likely to stick if the student feels they "own" the suggestion to some degree, rather than they are being told what to do. This is also good practice because it helps the student to learn to cope independently as will be required in later life. It also helps to set manageable, realistic goals, rather than articulating lots of changes that might seem overwhelming.

- E.g. Loneliness - "How would you feel about trying to attend one club meeting next week?"
- E.g. Work/life balance - "Can we draw up a timetable for your work together?"
- "Which one of these suggestions do you think would be best for you?"

It's helpful to make sure you summarise the main points and talk about your agreed "action plan" at the end of the meeting. A follow-up email summarising these points and actions is also good practice.

SIGNPOSTING

As students often seek pastoral care in a College/Department as a first port of call for any issue, a key part of a first meeting with a student is whether it is appropriate to suggest the student makes use of professional counselling/psychotherapy or medical services.

Not all students experiencing distress require professional counselling/psychotherapy.

Indeed, if professional counselling/psychotherapy is presented as the only support on offer this may lead to a student not seeking any support, as they may feel counselling/psychotherapy is not appropriate (too formalised/too medical) for their situation.

In many cases, the student's situation will be everyday stresses which resolve themselves in a few weeks. However, if you are concerned about the level of support required, or persistent/severe signs of distress, then you should signpost the student for further help beyond pastoral care.

It is recommended in these cases that you signpost a student to the College's Welfare Team as they are well-placed to provide additional support, and signpost to further resources. Importantly, if a student's issue is not brought to the attention of the College's Welfare Team, problems may develop into crises without the Welfare Team's knowledge; crises are often dealt with at night or at the weekends when Tutors are absent.

When you provide a listening ear, you may feel that is appropriate to signpost the student to another source of support. These might include (but are not limited to):

- Student Welfare Lead or Advisor (see above)
- JCR/MCR President or Welfare Officers, Peer Supporter

- College Nurse, College Doctor, or College Counsellor
- College Tutor for Graduates/Senior Tutor, Tutorial and Graduate Officer, or Academic Registrar/Administrator
- College Bursary or equivalent
- Harassment Advisor
- Disability Coordinator
- Equality, Diversity and Inclusion (EDI) Fellow
- The University's Counselling Service

DISABLED STUDENTS

A disability refers to any condition which has a sustained and substantial impact on daily life and study and that has lasted for, or is likely to last for, 12 months or more. If a student discloses a disability or indicates an impact that might constitute a disability, you could ask the following:

- Can you tell me more about what it means to you?
- How does it affect you and your life/studies?
- What would make a difference to you/to your experience at Oxford?
- What could help you in your studies?
- How is your mental health?
- What can the University do to help you?

For further advice on how to support a student who has not disclosed a disability or mental health problem, contact [DAS](#). The [University Counselling Service](#) is available for students seeking mental health support. You should also contact your College's/Department's Disability Coordinator. For students with a declared disability and Student Support Plan (SSP), Tutors are expected to follow the recommended reasonable adjustments. Please ask your Disability Coordinator for more details.

SUPPORTING A STUDENT IN CRISIS

If you are concerned that a student is at risk of serious harm to themselves or others (self-harming, thinking about suicide, violence) contact the College's Welfare Team for support. You can also contact Student Welfare Support Services.

If a student says something that leads you to suspect this is the case it is good practice to follow up with an explicit question like "Can I ask if you have urges to harm yourself or if you are having suicidal thoughts." If the answer to these questions is "yes" you should always seek further support. The highest risk for suicide is if an individual:

- Has expressed a strong desire to kill themselves;
- Has continuous thoughts about killing themselves;
- Has a suicide plan;
- Has seriously self-harmed or taken an overdose.

Emergency - If you have imminent concerns that a student may try and take their life **call 999**, or NHS 111 if you are unsure whether they should go to A&E. Notify the College's Welfare Lead (and Department's Welfare Contact if applicable).

SAFEGUARDING AND PREVENT DUTY

Concerns relating to the safeguarding of children or vulnerable adults are to be raised with the [University Safeguarding officers](#).

Concerns relating to the welfare of a student in the context of the Prevent duty are to be raised with the [Director of Student Welfare and Support Services](#).

SELF-CARE

Pastoral care can be rewarding as well as challenging; this support should not be at the cost of your own wellbeing.

In order to remain effective, it is important that you:

- Set and maintain professional boundaries;
- Are attuned to your own needs;
- Check regularly that you are working within reasonable limits and not becoming overwhelmed;
- Maintain your own mental health and wellbeing;
- Ask for support when needed.

“Thriving at Oxford”, the University's staff wellbeing programme offers online [resources](#) around all six domains of wellbeing: health, work, values and principles, social growth, personal growth and financial wellbeing. Services are also available to University staff and can be accessed at: [Looking after you | Staff Gateway](#) (ox.ac.uk) (SSO required).

CONCLUSION

Academic Tutors, College Postgraduate Advisers, and Supervisors will naturally develop a relationship with their student where they may discuss personal issues, and where students seek trusted advice, within the remit of pastoral care. This guidance is meant to reaffirm the expectation that when personal exchanges with students go beyond the boundaries of academic and pastoral care, Tutors should not be involved in long term emotional or mental health support and should instead signpost to welfare support accordingly.

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APPENDIX 1 – RESOURCES

Student Welfare Support Services

- [What to do if you are worried about a student](#)
- [University Counselling Service](#)
- [Disability Advisory Service](#)
- DAS Staff Guide [Examples of good practice | Academic Support \(ox.ac.uk\)](#)
- [Sexual Harassment and Violence Support Service](#)
- [Ten tips for students to look after their mental health at Oxford](#)
- [Counselling Service's Self-Help Podcasts](#)

[Charlie Waller Trust](#) – A UK mental health charity for young people's mental health and wellbeing

- [Videos for Personal Tutors on Supporting Student Wellbeing](#)
- [E-Learning for Higher Education](#)

APPENDIX 2 – MENTAL HEALTH CRISIS PROCESS CHART

