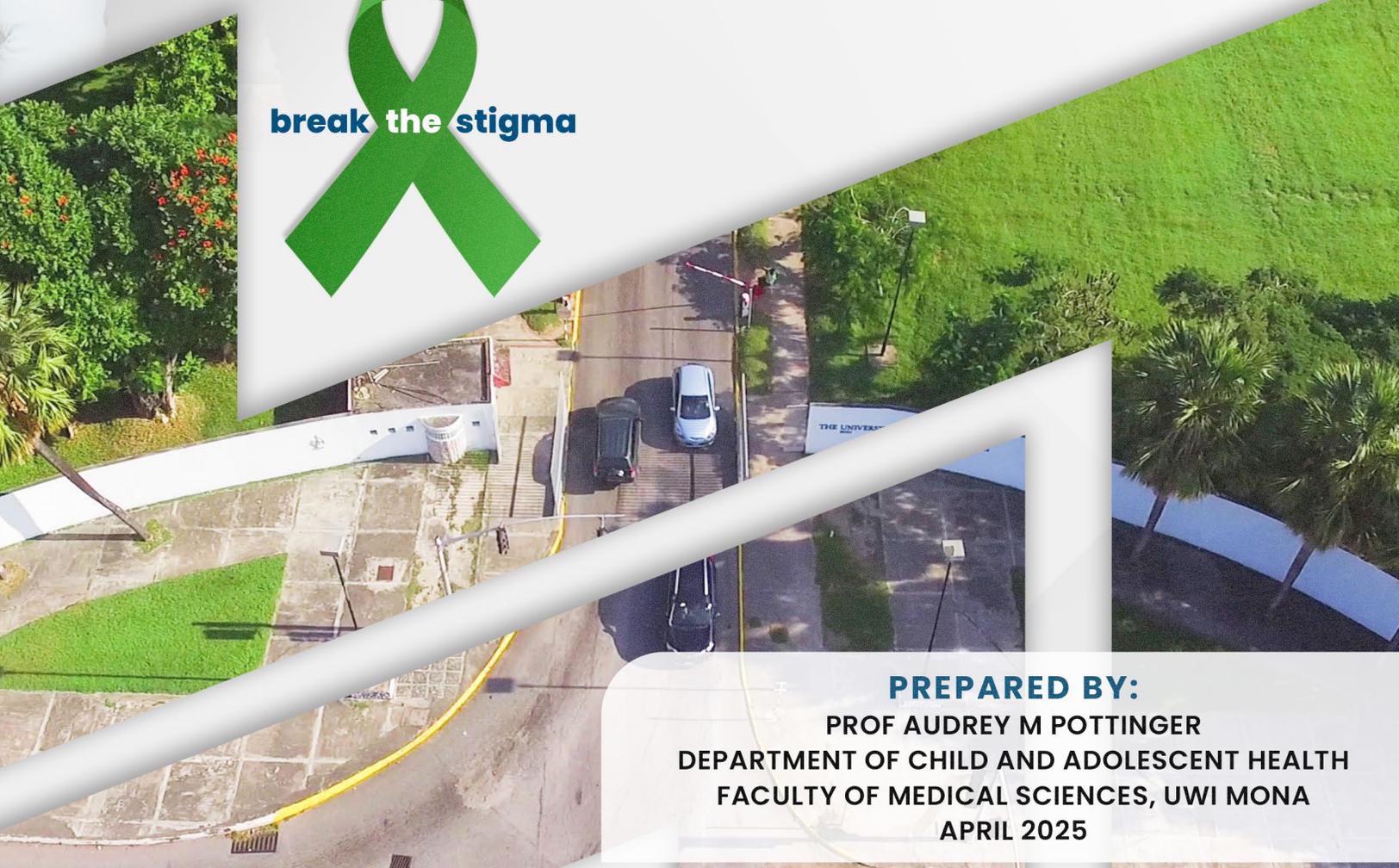




THE UNIVERSITY  
OF THE  
WEST INDIES

# TOOLKIT FOR IMPROVING AWARENESS OF STUDENT MENTAL HEALTH AND SUPPORT

AT THE UNIVERSITY OF THE WEST INDIES, MONA



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## Introduction

Tertiary level institutions globally are seeing an increase in both the prevalence and severity of mental health difficulties presenting in students at their university counselling centres. Students' mental health challenges can be caused by several factors including financial concerns, a highly stressed and competitive environment, existing undiagnosed poor mental health triggered by transitioning challenges at university, and loss of or disconnection from previous supports. Further, within our Caribbean context, university students are also impacted by a pervasively harsh criminal and economic environment and worsening severity of natural disasters precipitated by climate change. Mental health difficulties are likely to negatively affect students' academic work and their interpersonal and professional development. Although some of the challenges can be overcome by family, peer or staff support, some students will experience more persistent emotional or psychological difficulties and will benefit from professional mental health counselling and support. Given the ascending trend of high rates of student mental health difficulties globally, the need for universities to develop student mental health programmes and policies has become a priority. Universities and colleges therefore must ensure that appropriate plans and arrangements for student welfare are in place for undergraduate and postgraduate students and that these are clearly communicated to students and staff.

## Intent and scope

The University of the West Indies (UWI), Mona wishes to create an environment committed to taking reasonable steps to supporting the mental health of their student members. Any document on mental health must balance the mental health needs of students with the realistic constraints of university resources. UWI Mona consists of seven Faculties and the expertise of the faculties lies in the provision of tertiary level education. No faculty member therefore is expected to go beyond his or her level of competence in trying to support or counsel a student. Faculties however have a duty to provide relevant informational and emotional support to their students and sensitise their staff to creating a learning environment where students are encouraged to seek out available mental health services either within or external to the wider university. This document serves as a resource toolkit and its contents are applicable to all members of the UWI Mona community including students, faculty and staff.



## Overview of the problem

Common stressors of UWI Mona students noted by counsellors at the University Counselling Service (UCS) over the past ten years include economic and academic stress, poor peer relating, abusive relationships, sexual orientation conflicts, being the first in their family to pursue tertiary education and shouldering those expectations and attempting to balance the volume of work with hall activities. Added to that is the students' and their families' perception of mental health stigma and discrimination against help-seeking behaviour. Thus, some students who are struggling mentally are suffering in silence because of the fear of being exposed. As well, students in clinical programmes such as the DM programmes have described significant exposure to vicarious trauma from their interaction with patients with gunshot wounds and motor vehicle accidents yet receive minimal recognition by the faculty of their trauma exposure or need for support. Further, clinical data by the campus psychiatrist and university counsellors indicate that students' mental health difficulties are increasing in severity, and more students are seeking or requiring mental health help for debilitating mental health disorders such as suicidality. Additionally, local studies support the international literature in identifying a link between mental health challenges and college students' failure<sup>1</sup>.

In a report covering May to December 2024, the University Counselling and Psychiatry Services (UCPS), which serve all students and staff at Mona and the Western Jamaica campus, documented the Faculties with the most frequent student users of their service as Faculty of Science and Technology (FST) (29.1%), Faculty of Social Science (FSS) (26.3%) and Faculty of Medical Sciences (FMS) (17.4%) (D Chambers, personal communication, March 13 2025). Unfortunately, the UCPS is understaffed by counsellors, and the Psychiatry service is constrained by the lack of a Social Worker and Mental Health Nurse or Psychiatric Aide. International best practices require one counsellor to serve 1000 to 1500 persons in a university setting (International Accreditation of Counseling Service<sup>2</sup> ) and at UWI Mona, this ratio is about 1: 5000 (D Chambers). Given this reality, in January 2024, the counselling service transitioned to an urgent care programme with single session therapeutic support being offered to students and staff in immediate crisis. The primary function of the sessions was assessment for hospital or community referral. In 2025, following an increase in the number of counselling staff, the counselling service gradually began resuming individual counselling to better meet the mental health needs of the campus community. The counsellors have also begun offering creative therapeutic support groups using art, poetry and talk therapy for students. Counsellor-student ratio is however still not ideal.

Considering the burgeoning need for mental health support service on the campus, the Office of the Dean, FMS, created a resource programme to support its students within the faculty. The Personal and Professional Development Office (PPDO) started in 2007 and is available to the 4000 plus students across all departments within the FMS. PPDO offers preventive and intervention services geared at student success. In 2023, despite evidence of need for support, only 168 students requested and attended short-term and solution-focused life skills development sessions by PPDO officers: the low uptake suggesting there is need for greater sensitisation and advocacy of mental health support.



<sup>1</sup>Pottinger AM, La Hee F and Asmus K. Students admitted to university who fail: Hidden disabilities affecting academic performance. West Indian Medical Journal. 2009; 58 (2): 99-105

<sup>2</sup><https://iacsinc.org/staff-to-student-ratios/>

## Definition of key terms

*Mental health* encompasses several domains that influence how we think, feel and act. It is aligned with emotional resilience that enables us to enjoy life and to survive pain or disappointment and sadness and allows us to engage productively in and contribute to society.

*Mental wellbeing (or emotional wellbeing)*, like physical, social, and spiritual wellbeing is needed for optimal functioning, and refers specifically to how we feel we are coping with daily life. It is possible to have a good sense of mental wellbeing yet live with a diagnosed mental illness.

*Mental health difficulties* are the result of challenging experiences that make it difficult for us to get on with life. They are the painful feelings and thoughts following major life events such as the end of a relationship, leaving home, a bereavement, or a traumatic experience, and can impact significantly on how students feel about themselves, how they engage with the transitions of student life and how they perform academically.

*Mental illness* is a general term for a group of illnesses that impact a person's thoughts, perceptions, feelings, and behaviour, which arise from biological, genetic, psychological, behavioural factors, or a combination of these factors, and which are not considered as part of normal development or culture.

*Mental health counselling* is geared at helping persons recover good mental health. It can be short-term, focusing on coping with specific issues, or long-term for gaining insight and building lifelong coping skills. The counselling process is shaped by goals discussed and signed off mutually between client and counsellor.





## Aim and Objectives

This document seeks to set out a cohesive approach to supporting the mental health of students within UWI Mona and provides information and resources for supporting and responding to students and for promoting an environment that fosters mental wellbeing.

## Objectives

- To raise awareness about mental health concerns of students, stigma, and stigma-reduction practices in the UWI's learning environment so that students in difficulty are encouraged to seek help.
- To inform about mental health services available for students in the UWI Mona
- To provide guidelines on how to respond to students who present with concerns.
- To highlight reporting procedures for staff, student leaders, and students.

## Strategies for supporting students' mental health

### 6.1 Raising awareness among students

While there will be common themes of mental health enquiry across the university campus, students' needs may vary according to their faculty. Information for this toolkit was gathered from a sample of students in FMS and can help students in other faculties recognise shared and contrasting needs.

In a focus group discussion, FMS Guild committee members expressed that although the faculty will verbalise the need for students to prioritise self-care, the space and time to do so are not facilitated by staff. They identified typical emotional stressors among FMS students as: financial challenges, having to simultaneously work and study, experiencing domestic/home issues, difficulty maintaining the high academic standards expected by family members and perceived verbal abuse by faculty. They suggested that more needs to be done to encourage all students to take their mental health more seriously and to reduce stigma associated with seeking help, especially for postgraduate students.

Information was also gathered from a convenient sample of postgraduate students from two DM programmes in FMS who shared that some of their colleagues were unwilling to seek help at the UCPS, despite confidentiality practices, because they feared being viewed as weak. They also described perceiving stigma directed at colleagues who were identified as having mental health problems and spoke to the need for faculty to change the narrative that ‘medical practitioners must always be emotionally strong and coping’ or that ‘today’s students have it comparatively easy’

Recommendations by FMS student representatives for improving mental health awareness on campus:

- a. Sensitisation training for student leaders that is standardised and geared at increasing their competency at assisting fellow students. These workshops could be aimed at teaching, for example, subtle signs to detect when a student is in crisis, how to communicate with a student in distress, and how to encourage students to obtain mental health support. (Training opportunities for student leaders can be accessed through student training workshops organised by the UCPS and the Office of Student Services and Development (OSSD).
- b. The use of social media showing student leaders engaging with counsellors or creating short skits on Tik Tok to communicate relevant messages aimed at reducing stigma about seeking mental health help.
- c. Heads of department (HODs) and programme coordinators to diversify their programme content at orientation sessions to include content relevant to students’ mental health.
- d. Having routinely scheduled confidential mental health check-ins with a mental health practitioner to help identify and address students’ concerns from early. Scheduling of check-ins can be organised comparably to scheduling of academic advising or performance evaluations.
- e. Making channels/fora available for openly discussing mental health so that affected students feel less alone.
- f. Postgraduate students to designate peer support providers who will serve as point person for students in their respective programmes. (The UCPS has an established training programme in peer support and has historically trained peer support providers on campus.)
- g. Departments to actively promote a balanced lifestyle that promotes overall wellbeing by encouraging staff and students to engage, for example, in physical exercise, social connections, and hobbies outside of work.
- h. Faculties to be responsible for promoting seminars/ workshops on mental wellbeing, tailored to their specific departmental programmes, and to consider converting seminars to an elective course for increased engagement. The seminars/workshops can be facilitated by counsellors at the UCS, or a health and wellness resource unit in a faculty such as in FMS.

## 6.2 Raising awareness among staff

Faculties must intentionally seek to reduce stigma by creating an environment in which talking about mental health is not perceived as taboo, and where information about managing mental wellbeing is routinely disseminated in a student-centred and -friendly manner. Attempts at increasing staff awareness ought to be facilitated through the Office of the Dean and can involve:

- a. circulating information electronically to programme coordinators at the beginning of each academic year, aimed at sensitising or reminding them to be alert to and aware of students' mental health. Such communication could include information on symptom identification and practical strategies on how students can take care of their mental health.
- b. creating and circulating posters and adverts promoting positive ways to support mental health including involving lecturers encouraging students to seek help.
- c. ensuring that contact information for student support services and resource persons is placed in all departments and communal students' space and is also electronically circulated to all staff.
- d. mounting academic advising seminars for staff that include sensitisation topics on mental health stigma and awareness.
- e. The HOD or Chairperson of departmental and specialty board meetings can take the lead in proactively reminding staff of how and where to access information on the different support services that exist at the UWI Mona including policies and documents on student-welfare.

### 6.2.1 Student-staff engagements and mental health sensitisation

Most staff-student engagements around mental health concerns are not triggered by a formal request by the student. Rather, staff and students' paths cross at several points and these contact points are opportunities for staff to be alert to mental health difficulties and identify and assist students in getting appropriate help. These contact points include but are not exclusive to:

- when teaching in academic programmes or supervising research, in preceptorship or clinical settings
- mentoring or providing academic advising

Staff can also identify students at risk:

- at specialty board meetings which conduct ongoing appraisal of students' performance and identify those who are underperforming.
- at scheduled sub-committee meetings including (i) student progression committee, (ii) the equity, diversity, and inclusivity committee, (iii) staff-student liaison committee, and (iv) disciplinary board meetings.

## 6.2.2 Taking care of staff's wellbeing

In as much as the focus is on creating a toolkit to address students' wellbeing, consideration must be given to the wellbeing of staff, in particular the academic staff who teach, guide and influence students. When staff's mental health is negatively impacted it can affect students' wellbeing and overall learning experience. Staff's wellbeing is at risk when they perceive their work environment as failing to meet their personal, financial and emotional goals. They may feel unsupported by administration, management, their peers or supervisor. Other stressors arise from the perception of inequitable treatment based on gender, friendship, or social standing, experiencing workplace bullying or sexual harassment, fearing their path to promotion is being sabotaged, and not recognising a transparent system of redress or recourse for their concerns. Additionally, some may become anxious when they realise they lack the skillset to successfully perform their tasks, or experience transitional anxiety related to leadership change or nearing retirement. When workplace stressors begin impacting functioning, staff may isolate themselves, become chronically anxious, critical and negative, feel demotivated, and experience other stress-related symptoms such as hair loss, weight gain or loss, fatigue, digestive issues, loss of work productivity and sustained job dissatisfaction.

A university environment by its nature attracts intellectuals and high achievers who will have varying levels of emotional intelligence and social skills. Many may find it difficult to be vulnerable and seek mental health help, and some who seek help may do so outside of their work environment. University counsellors at the Mona Campus report that academic staff are comparatively less likely than administrative and technical staff to seek counselling at UWI Mona, and when they do, it is primarily because of personal concerns such as partner relationship, parent-child relationship, or financial concerns.

Taking care of staff requires an understanding of how the work environment can contribute to emotional wellbeing, and prioritising preventative mental health strategies at the workplace. A supportive environment involves creating and maintaining a culture of trust and appreciation, encouraging work-life balance, and making channels for staff to voice concerns confidentially available and accessible.

Staff who are selected to lead at the departmental or Faculty level ought to take responsibility for providing resources and support to help colleagues manage their workload effectively and avoid burn out, for implementing practices and organising activities that help staff recharge and reengage, for celebrating the big and small achievements of staff, and for being equitable and recognising the contributions of both quiet and vocal workers in the work space. Staff are also encouraged to join their respective unions, such as, the West Indies Group of University Teachers (WIGUT) for academic staff, who can help them achieve redress for workplace grievances and assist with transition planning.

## 7. Available support services

An audit of support systems available for students and staff at UWI Mona has revealed that mental health support is delivered at the following sites:

7.1 The University Counselling Service (UCS), located in the University Health Centre, Mona campus, is staffed, as of March 2025, by three full time licensed psychologists, a full-time therapist who specialises in art therapy, and two sessional psychologists. There is also one full time licensed psychologist at Western Jamaica Campus (WJC). The team offers individual counselling, therapeutic support groups, workshops and staff training. Under the current care system, clients ‘walk-in’ whether they are self-referred or referred by a member of the teaching or administrative staff and there is a plan to adopt a hybrid scheduling system consisting of walk-ins and appointments.

The University Psychiatry Service (UPS) is provided by a full time Consultant Psychiatrist who works closely with the UCS counsellors and is attached to the UCS. The service provides biopsychosocial assessment and intervention to students and staff at Mona and WJC and is available during and after office hours and for mental health emergencies campus-wide 24 hours. The psychiatrist and counsellors collaborate and provide mental health outreach, consultation liaison, mental health education, promotion, advocacy and stigma reduction presentations across faculties, halls of residence and the police and security personnel on the Mona and WJC campuses. *(Between August 1, 2024 – July 31, 2025, the psychiatrist will be on one year sabbatical resulting in a significantly reduced service, manned by a sessional psychiatrist)*

UCS and UPS will NOT disclose the details of a session or diagnosis to any third party without the student’s consent and no report is placed on a student’s file outside of the service.

Contact info: UCPS – 876-970-1992; UCS is open Monday to Friday 9am – 3pm, except on Thursdays, 1-3 pm (during the academic year).



7.2 Within FMS, the ***Personal Professional Development Office*** is in the Office of the Dean. This service, currently manned by two licensed clinical psychologists, offers mental health support individually and in groups to students in FMS in addition to seminars/webinars. Over a three-year period, about 500 students have been coached by PPDO officers in executive functioning skills-building such as time management, study skills, and emotional and social skills management, and/or attended webinars and seminars on common mental health issues such as anxiety and depressive symptoms. Students in mental health crisis are also referred to PPDO for screening for psychiatric or other mental health symptoms and appropriate referrals, but the office does not offer in-depth or long-term counselling/ therapy. PPDO officers will not disclose a student's diagnosis to any third party without the student's consent. Students requiring in-depth counselling or therapy are referred to UCS or resources external to UWI.

Contact info: PPDO may be contacted at [fmsppdo@gmail.com](mailto:fmsppdo@gmail.com) or [fmsppdo02@gmail.com](mailto:fmsppdo02@gmail.com) for booking an appointment, or students can use the scheduling software Calendly. FMS staff and student leaders such as the Guild and class representatives also have cell contact numbers for the PPDO officers. Referrals are made by staff, student leaders, or students may be self-referred.

7.3 The UWI Mona ***Employee Assistance Programme (EAP)*** began in 2024. This resource is organised by the Human Resource Management Division - Occupational Safety and Health, UWI, Mona. Staff and students who are staff will be able to access the service. Each employee is entitled to three counselling sessions per year which are offered by external counsellors either in person or virtually. Employees can be self-referred or referred with the assistance of their supervisor, peer, or the Union.

Contact: (876) 927-1660-9 Ext 8124/8217; [kadian.morris02@uwimona.edu.jm](mailto:kadian.morris02@uwimona.edu.jm)

## **7.4 Supplementary services to UCPS:**

If requiring help outside of UCS' office hours, persons can contact UWIHELPS, 876- 294-0042 to speak with a UWIHELPS counsellor, or the Ministry of Health and Wellness suicide prevention hotline at 888-NEWLIFE (639-5433) or their U-Matter chatline - text "support" to 876-838-4897; or go to the nearest Accident Emergency Room for acute assessment/ support.

Additionally, when there is an urgent need for mental health intervention, students and staff can be referred to outpatient services such as the psychiatric clinic or addiction treatment services unit at the University Hospital of the West Indies (UHWI). They may also be referred to the Victim Support Services of the Ministry of National Security and Justice for follow up care, to faith-based counselling centres that serve the public (i.e Webster United Church, Mona Baptist Church), or they can be encouraged to go to a primary care provider for referral to a private mental health practitioner. A list of practitioners can be found at the website of the Jamaica Psychological Society - <https://jampsycho.com> and at <https://www.instagram.com/jpamentalhealth> for the Jamaica Psychiatric Association.

## 7.5 Other support services and resources on campus:

Office of Student Services and Development (OSSD) offers a range of student services designed to facilitate students' development socially, personally and professionally (876-977-3880). They have Student Services Managers assigned to each hall of residence who are a source of contact for students residing on hall or commuting students who need mental health support.

One key resource of OSSD is the Academic Support Unit (ASU) in which resource persons have been trained in appreciative advising, an intentional collaborative practice of asking students questions that help them optimise their educational experience and achieve their goals. ASU also offers peer tutoring and academic advising.

UWI SERT (Student Emergency Response Team) – in the event of an emergency, students living on halls of residence or commuting students can contact UWI SERT through their Resident/Commuting students Advisors. (This service is currently being restored.)

Behavioural Health and Practicum Training Centre (BHPTC) offers psycho-educational assessments of students and dependents of staff (876-414-7126)

Bibliotherapy – UCS managed site with information on mental health topics -  
<https://www.mona.uwi.edu/healthcentre/counsellingunit/content/resources>.

A comprehensive list of support services on and off campus can be obtained from the UCS Secretariat (876-970-1992).



## 7.6 \*NEW Services\*

The full-time services of a counselling psychologist will be coming on stream shortly at the **University Hospital of the West Indies (UHWI) Counselling Service**. This service will be available only for staff employed to the hospital or students pursuing clinical training who are employed to the hospital, such as, Senior Medical Officers, Residents, and Interns. Referrals for the service can be made through clinical departments (UWI), the UHWI staff clinic, Occupational Health and Safety Unit, and there is a proposal to accommodate walk-ins. The counsellor in the post will be part of the Occupational Health Unit operationally, reporting to the Director of Occupational Safety and Services regarding his/her duties. Clinical matters will be guided by the Department of Psychiatry, UHWI.

*Contact info to be announced.*

***The Faculty of Science and Technology (FST)*** is currently embarking on a pilot project aimed at developing and implementing a health and wellness resource programme for its students. The resource officer has begun engaging in collaborative participatory research assessing students' needs and plans to use the information to drive interventions. Ongoing and summative evaluations of the service will determine its impact on students' failure rate, attributions and emotional wellness, and provide objective feedback on the interventions.

## 8.0 Responding to students who show symptoms of mental health concerns

Students, student leaders (such as Guild members and class representatives), and staff should be alert to signs of mental health difficulties in students and respond appropriately when students verbalise or display mental health difficulties. There are several signs and symptoms that might indicate that a student is having mental health difficulties. These include:

- changes in the student's behaviour and appearance, such as, becoming disruptive, dishevelled, overtly suspicious, withdrawn from peer group or class discussions, displaying signs of overt anxiety or restlessness, inability to take an exam, or speaking about withdrawing from a programme
- physical signs of listlessness, lack of energy, sleeping in class, clinical wards or practicum placements, cuts to wrists and arms which could result in a change in their mode of dress to hide scars
- change in the student's pattern of attending instructional sessions or a marked deterioration of grades
- giving away personal possessions, being preoccupied with talks about death and dying or suicide, sharing a feeling of hopelessness or having no future, increased substance/alcohol use, engaging in risky behaviours.

Student leaders and staff should be seen as encouraging affected students to seek help and directing them to appropriate support or services on campus.

## 8.1 Students in mental health crisis

Knowledge of mental health symptoms suggestive of a mental illness or mental health crisis is also important. Crisis can result from a recent (in the past month) death of a family member or friend from suicide, murder, motor vehicle accident, or other traumatic event e.g. robbery, sexual or physical assault, or an event that triggered the memory of a past trauma and the student's crisis response became activated.

According to an Urgent Care document prepared by the UCS (January 2024) (*see Links to other documents*), when students are in crisis, typical presentations include but are not limited to:

- Severe symptoms of panic, depression, suicidal ideation/attempt, and psychosis. Psychosis is a collection of symptoms that affect the mind, where there has been some loss of contact with reality. These symptoms include bizarre behaviour, paranoia, poor hygiene, hearing voices etc.

Students in crisis or who are displaying signs of acute mental illness need to be urgently evaluated by a mental health practitioner and this can be done through UPS. If contact is made with UPS, the campus psychiatrist will engage the most suitable intervention which can include making arrangements for the student to visit UPS on the same day, or a site visit by the campus psychiatrist to consult with the student in crisis, or making arrangements with the Community Mental Health Team (attached to the Psychiatry Section, Department of Community Health and Psychiatry) and the Campus Police/Security for emergency intervention and transportation to the Accident and Emergency Department, UHWI.

The Campus Police and Security's approach to students in crisis is guided by the University of the West Indies, Mona, *Policy on Dealing with Security Interaction with Persons with Mental Health Condition (2021/2022)* (*See Link*). Additionally, the Campus Police/Security participate in biennial mental health training workshops conducted by the campus psychiatrist in collaboration with the Section Psychiatry's Community Mental Health Team (Ward 21) in the Department of Community Health and Psychiatry.

If a staff member or student feels unsafe or threatened by a student while on campus, the Campus Police can be contacted at 876-292-6686. The security will then liaise with the UPS.



### **8.1.1 Students presenting with suicidal behaviour**

Suicidality is one of the mental health crises needing urgent response. Suicide, although complicated and tragic, is often preventable. Adolescents and young adults, who mainly comprise university students, constitute a high-risk group. Common factors that increase the risk among university students include having a psychiatric illness, history of suicide attempt(s), substance/alcohol abuse, experiencing an acute life event, and being diagnosed with a physical disease.

If a student appears to be at imminent risk of suicide, do not leave the student alone and engage one of the relevant services on campus for help. Also, accompany the student to get help – (i.e. University Counselling and Psychiatry Services; Accident and Emergency unit at the nearest hospital).

You can directly enquire if the student is thinking of suicide. It is a myth to think that you are putting the thought in the student's head if you ask, rather their response can give you a clear indication of his/her plan of action. If a student is known to have previously attempted suicide, that student is to be monitored by a mental health practitioner.

If unfortunately, a student dies by suicide, a post-suicide intervention should be arranged with members of the student's cohort. This intervention involves the HOD inviting a mental health practitioner to conduct a session with the cohort aimed at providing factual information about the death, allow students/colleagues to vent, and for promoting healing. The session could be followed by individual or small group grief counselling sessions with students who had been close companions of the deceased.

## 8.2 Conversing with a student who raises your concern

- 01** When engaging with a student who raises your concern, engage him/her privately and speak in a caring, straightforward, calm manner.
- 02** Be specific and cite examples of the behaviour(s) you have observed that raised your concern.
- 03** Inform the student of your wish to help and remind them that seeking help is a sign of strength and courage rather than a sign of weakness or failure.
- 04** Discuss the benefits of counselling (e.g., “talking to a counselor might help you feel less alone with all that you are going through”, “can help you figure out strategies to get back on track academically.”)
- 05** If the student begins to talk about his/her problems, do not interrupt with stories of your own or be judgmental, listen with an empathetic ear.
- 06** Normalise going to counselling (e.g., “many students go to counselling to talk about their stress, relationships, or academic difficulties...”)
- 07** If possible, give the student options for seeking help – for example, encourage the student to either speak with their academic supervisor, programme coordinator, HOD, or a student leader. For the student who is in crisis (see 8.1), offer to assist the student in making contact for help.

## Reporting procedures and declaration

### 9.1 Reporting procedures

Some staff and students have expressed uncertainty about reporting mental health difficulties observed in a student. Once a student's wellbeing is brought to the attention of a staff member, there are standard procedures for reporting the concern and this is done with utmost confidentiality. The staff member can inform the student of (his/her) concern and encourage the student to get help. If the staff member does not feel equipped to respond to the concern, (s/he) can bring (his/her) concern to the attention of the student's programme coordinator or director or academic supervisor. The supervisor or programme coordinator is then responsible for contacting the student and informing (him/her) of the concern and encouraging the student to get help. If the student resists, the supervisor or coordinator can continue working with the student encouraging (him/her) to seek help or get the student's permission to seek help on (his/her) behalf. Care options presented to the student can be internal resources (e.g. UCS) or external (a private mental health provider). If a student presents with suicidality or an apparent psychotic illness, permission from the student to seek help is not required and the staff member is expected to act on the concern with urgency. Depending on the severity of the concern, the student's academic supervisor or programme coordinator may raise the concern with (his/her) HOD, who may then inform the relevant undergraduate or postgraduate Deputy Dean, who then apprises the Dean.

If a student's emotional wellbeing is raised at a meeting at which students' academic progress is discussed, the HOD who usually chairs such meetings, or his/her delegate, is to contact the student and encourage the student to get help. Depending on the severity of the concern, the HOD may wish to bring the concern to the attention of the Deputy Dean, who apprises the Dean.

An undergraduate student who is concerned about a fellow student can speak confidentially with a student leader such as a Guild representative or their designated class representative or confide in a lecturer. Postgraduate students can inform their supervisor, programme coordinator or a student representative. Once permission is received from the student to advocate on (his/her) behalf, student representatives or leaders can directly contact the UCS or the internal health and wellness resource unit within their faculty to get help for the student. Depending on the severity of the concern, the student leader may wish to inform (his/her) programme coordinator.

As a safeguard, staff in each department are encouraged to check with their HOD about the reporting procedure that pertains to their department and or faculty.

## 9.2 Declaring a mental health condition

Some students may enter university with a pre-existing mental condition while for others, mental health difficulties are triggered by stressors related to them transitioning to university. For students entering with a pre-existing condition, they are encouraged to declare the condition on the medical form which forms part of the admission process, or as early as possible after beginning university, so they can get the help they need in a timely manner. Declaring a mental health condition is done to the clinical director at the University Health Centre. The UWI Mona however respects the students' right not to make a declaration.

Similarly, students who may present with a neurodivergent diagnosis such as Attention-Deficit Hyperactivity Disorder or Autism Spectrum Disorder are encouraged to inform the Office of Special Student Services (OSSS), a unit of OSSD, and benefit from the services OSSS offer including academic support and special accommodations for taking exams.

Students who have sought help for mental health concerns and subsequently desire to be exempted from examinations or who wish to withdraw temporarily from a course or programme, or be certified as fit to resume studies, will require a medical certificate from the clinical director through the UCS.

## 10. Confidentiality

Because of the sensitive nature of any health concerns, reporting, discussing, and referrals are done with emphasis on confidentiality. Students who have had to interact with professionals such as lawyers, doctors, nurses, dentists, pharmacists, and mental health practitioners are familiar with confidential practices as these professionals are required to observe confidentiality in accordance with strict ethical codes. Additionally, the UWI embodies the general principle of confidentiality in respect of student health and welfare including that consent should be sought from students before information is shared. Strict disclosure policies apply to the process of managing mental health concerns. All staff and student leaders need to maintain confidentiality of information shared by students and there is an obligation to ensure that written data related to a person's mental health is kept securely. A decision to override students' confidentiality only occurs in the event of an emergency such as suicidal ideation or behaviour, or concern about the risk of self-harm or potential harm to others. Staff are encouraged to remind students about confidentiality of data relating to their health. The recent implementation of the Data Protection Act serves to strengthen existing protocols of how, when, and what data are shared.

The Office of the Dean may take responsibility for overseeing the development and monitoring of an academic environment supportive of students' mental health.

## Links to current documents, policies on students' welfare and wellbeing

- [Occupational health and safety collection handbook](#)
- [Sexual harassment policy and procedures](#)
- [Equity, Diversity and Inclusion policy](#)
- [UCS Urgent Care Counselling Procedure](#)
- [UWI Mona Policy Dealing with Security Interaction with Persons with Mental Health Condition \(2021/22\)](#)

### 11. Sources consulted:

- Guild committee members, FMS
- Postgraduate students in DM medical programmes
- Dr Debbie-Ann Chambers, Head, University Counselling Service, UWI Mona
- Ms Georgia Satchwell, Senior Counsellor, Personal and Professional Development Office, FMS
- Dr Sharon East Miles, Occupational Health consultant, Occupational Health and Safety
- Prof Russell Pierre, HOD, Department of Child and Adolescent Health, and past Deputy Dean, FMS

### Document reviewed by:

- Drs Annette Crawford-Sykes and Andrea Garbutt, Deputy Deans, Undergraduate Studies, FMS
- Prof Maxine Gossell-Williams, Immediate past Deputy Dean, Graduate Studies, FMS
- Ms Georgia Satchwell, Personal and Professional Development Office, FMS
- Dr Nyameke Richards, Campus Psychiatrist, University Counselling and Psychiatric Service, UWI Mona
- Dr Tina Hylton Kong, Clinical Director, University Health Centre, UWI Mona
- Professor Helen Trotman Edwards, Chair, Mona Campus Research Ethics Committee (for ethical review)

