Considering the needs of students with a mental health condition

Resource for DSA Needs Assessors

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UMHAN
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Introduction

Purpose of this resource

A survey of DSA Study Needs Assessors and Assessment Centre Managers, undertaken in July 2012 on behalf of BIS, identified that mental health is an area in which Needs Assessors may be less experienced or confident, and would welcome more information. This document has been written by Phil Scarffe (former Chair of the University Mental Health Advisers Network (UMHAN)) with collaboration from UMHAN Committee members, at the invitation of BIS.

What the resource does

It gives some background on the models used when working with individuals with mental health conditions and provides key principles that assessors should consider when undertaking such assessments. This resource is intended to aid decision making processes and focuses primarily on issues relating to the assessment itself. This information should be used in conjunction with the regulations and Guidance chapters on DSA.

The document does touch on some wider issues such as duty of care, though comprehensive guidance in those areas is outside the scope of this resource, and no statements which are made should be taken as constituting legal advice, or provide a substitute for legal advice.

The resource includes key principles that a Needs Assessor should consider and highlights areas for possible further training.

What the document does not do

It is not a prescriptive approach to assessing students with mental health conditions and is intended to provide information to inform assessors' practice. It is not a substitute for good quality professional development, nor does reading and following the points included mean that quality assurance has been guaranteed. Assessment centre managers need to have mechanisms in place to ensure that those undertaking assessments have the requisite skills to do so and, where any gaps in knowledge or skills exist, to work with assessors to assist them to access the support they need to develop their skills.

The document does not cover the complexities of assessing a student with multiple disabilities which may include mental health conditions and it will be necessary for an assessor to refer to other resources.

How to make the most of this document

Many of the themes are interlocking and overlapping. The theory used in each section will be applicable to a wider range of situations than is explicitly stated and it is anticipated that assessors will be able to incorporate the principles into all their interactions with students. For that reason it is recommended that assessors aim to become familiar with the entire document, rather than 'dipping in' to individual sections.

Section 1 – General Information

1.1 Terminology used in this document

The Higher Education Statistics Agency uses the term ‘mental health condition’. This is a slightly ambiguous phrase given that everyone has a ‘mental health condition’. However, as whatever terminology is used is problematic in some way or another, for the purposes of this document, and for consistency the term ‘mental health condition’ will be used.

1.2 What is a mental health condition?

For the purposes of this document, mental health conditions are taken loosely to mean diagnosed mental health conditions, which could accurately be described as ‘mental illnesses’. It would include, for example, Depression, Anxiety Disorders, Eating Disorders, Bi Polar Disorder, and Schizophrenia. There are a range of conditions which are often mistakenly thought to fit into this category, but do **not,** including Autistic spectrum disorders, ADHD / ADD, neurological disorders such as Tourette’s, acquired brain injuries, and less commonly Dyslexia and Dyspraxia. There are 2 diagnostic manuals which contain definitions of mental health conditions which are called ICD10, which is produced by the World Health Organisation, and DSM V which is produced by the American Psychiatric Association. DSM V is the most commonly used in the UK.

Both these manuals are based around the medical model which defines mental health conditions as illnesses (see explanation at 2.2). An important aspect of this model is that mental health conditions are not fixed parts of defining who someone is, and are not usually thought of as being conditions which a person is born with.

1.3 Personality Disorders

Mental health conditions do not include Personality Disorders, though in practice Personality Disorders are usually dealt with by the same teams as mental health conditions, and much of this resource will be relevant to people with such diagnoses. A mental health condition is conceptualised as being something which a person acquires during their life time, and is not necessarily permanent, and is thought of as being amenable to treatment. A Personality Disorder is conceptualised as being part of someone’s character, rather than a distinct illness, and as such is seen as permanent, and traditionally thought of as untreatable.

The whole area of how to conceptualise mental health conditions is very contentious. The diagnostic label of a ‘Personality Disorder’ is however an area which provokes a particular degree of controversy. Medical evidence may not therefore state a diagnosis of a Personality Disorder, but key terms may be used that suggest a PD diagnosis has been made.

1.4 The main models that are applied to mental health conditions

There are a number of models of mental health conditions including the medical, social and psychological models.

The medical model views mental health as illness, symptoms and diagnosis; the social model addresses the environment and the interaction of disability with someone's day to day life and their limited access due to the environment; the psychological model in this context looks at the impact of adjustments on the individual's psychological condition. These will be discussed further in the document in relation to needs assessments.

1.4.1 The Social Model as applied to mental health

In order to determine how, or even if, a student with a mental health condition experiences difficulties at a disabling level in undertaking a course of Higher Education an assessment will need to take place. In many cases students who have been referred for an assessment will have needs which can be helped through DSA funding – there should not however be an assumption that this will always be the case and it is perfectly legitimate for a DSA assessment to conclude that there are no appropriate recommendations which can be made that would comply within DSA funding guidance.

The DSA assessment needs to be firmly based in the social model. There may also be Mental Health professionals involved in a student's care who can offer valuable insights into the effects of a person's condition, but this will often not be the case (see 2.4 for how the different models work together).

In practice the DSA needs assessment will, in many cases, be the first systematic attempt to specifically assess the interaction between the person's condition and the specific environment of Higher Education, and the decision and any recommendations made will inevitably have long term consequences for the student, both positive and negative.

Whilst this level of responsibility is daunting, assessors have an obligation to be honest with themselves and their employers about their level of skills, and training needs. The Centre Manager has responsibility to ensure that the assessor is appropriately qualified and experienced when allocating assessments to assessors. Where an assessor does not feel equipped to undertake such an assessment they should seek information and advice from their Assessment Centre Manager and it may not be appropriate for them to proceed. Local UMHAN representatives can also provide assistance if needed. This information can be found from the UMHAN Committee.

Needs assessors will be very familiar with working within the social model of disability, and whilst there are some specific considerations in applying this model to mental health, it will still form the basis of any assessment.

The social model is however often neglected when it comes to mental health, and in some cases it can be easy to quickly drift into psychological and medical models. Whilst reference is made in this document to duty of care considerations it is important to keep in mind that the purpose of the DSA assessment, and any

interventions which stem from it, is not primarily about ensuring a person's safety, or contributing directly to an improvement in a student's mental health. (Though a good assessment may well, incidentally, contribute to both these aims).

There is some reluctance to applying the social model to mental health. However, when faced with a student who uses a wheelchair most people would realise that accessibility is a crucial consideration. The environment, for example provision of ramps and having doors that are easy to get a wheelchair through, will have a major impact on the student's chances of succeeding academically. Therefore it may be helpful to draw parallels with how they might support a student around wheelchair access when thinking about supporting a student with mental health issues to have 'access' to their course. A student with access issues would be unlikely to be directed to see Counselling (the psychological model), to deal with their feelings about this. Or that, alternatively they accessed medical treatment with a view to being able to make them walk more, so that they could fit in more with the environment. The same principles should be applied when dealing with students with mental health conditions.

Whilst medical and psychological input can be beneficial to students with a wide range of health concerns (not just students with mental health conditions), the purpose of a DSA assessment is to identify issues arising from the impact of the student's difficulties on course activities and their engagement with it, referring directly to the context in which the student will be/is studying. This should focus on inclusion and effective engagement.

Key Principle: Assessors should use the social model of disability as the main frame of working.

1.4.2 The Medical Model definition of Mental Health Conditions

Whilst the social model is of paramount importance to the DSA process, the way that the DSA is currently constituted, and the way in which Higher Education conceptualises mental health conditions means it is not possible to undertake an adequate DSA assessment for students with a mental health condition without some consideration of the medical model.

It is worth noting that the whole concept of a mental health condition is a medical one, and only appropriate medical qualified professionals can offer a diagnosis (which usually means a GP, Psychiatrist or Clinical Psychologist). The Quality Assurance Framework for centres clearly states that appropriate medical evidence must be provided, and authorisation would have been granted, and specified in the assessment authorisation letter (DSA1), if the student had submitted appropriate diagnostic evidence as part of the DSA application process (for example, if they have a specific learning difficulty **and** a mental health condition). However, if a student has been confirmed eligible for assessment due to another disability or SpLd, but states at the assessment interview that they have been diagnosed with a particular mental health condition, for which they have not provided medical evidence, and is not specified in the DSA1, the assessor must refer to the funding body before considering any issues the student may raise in relation to the stated condition and its impact. The funding body will advise what additional medical evidence may be required from the student, and appropriate source, if necessary, and thus how the

assessor/assessment process should proceed in relation to this particular issue.

The range of mental health conditions is immense and to complicate matters further GPs and mental health professionals will often describe diagnoses in terms which do not neatly fit the definitions contained in the diagnostic manuals. The reasons for this are complex, but one reason is that diagnosing a particular condition can be very difficult, which is reflected in the fact that many people who have mental health conditions will report having had frequent changes of diagnosis, or multiple diagnoses.

It is not realistic to expect an assessor to have expert knowledge on the whole range of mental health conditions and additional research will be indicated in less common mental health conditions. It is however reasonable to expect that they will have a good grounding in understanding the most common mental health conditions i.e. Depression and Anxiety disorders (including for example Generalised Anxiety disorders, Obsessive Compulsive Disorder (OCD)) and of the likely effects of other fairly common presentation such as psychotic conditions. There is an abundance of information available on the internet on most mental health conditions, but focussing on developing a good understanding of the more common mental health conditions, and then augmenting this with research into less familiar conditions prior to a specific assessment, is likely to be a good starting point for achieving the basic level of competence required to undertake assessments of adequate quality for students with mental health conditions.

Key principle: Assessment Centre Managers and Assessors should ensure that they have a good knowledge of the main conditions and research less familiar conditions before each assessment. Training should be provided where needed.

1.4.3 Psychological Models of mental health

There are in reality a huge number of different psychological models which can be applied to mental health, and it is extremely difficult to summarise what these have in common concisely. Even attempting to do so is straying into an area which is hugely controversial.

Different psychological models place vastly differing emphasis on different areas of human experience.

What they do perhaps have in common is that they are concerned with a person's perception of the self and also the perception of others, though they would place very differing weights on even these two aspects.

Psychological models will often place significant emphasis on early life events, and in particular experiences within the family, particularly to what degree a loving, nurturing, stable and consistent environment was provided by parents.

Key Principle: Assessors should be aware that a student's early life experiences may have had an impact on their mental health; the assessment should acknowledge that there may be certain situations that trigger a student's difficulties if they remind them of difficult experiences or trauma.

1.4.4 How these models work together

There may be some people who work in the field of mental health who would adhere to a particular model to the exclusion of all others. In reality most practitioners are more pragmatic than that, and whilst they may well locate their own practice within a particular model would accept that other models do have something to offer in terms of understanding the world, and that different approaches work for different people.

It is also very common for people to work in ways which straddle more than one different model, hence some people would describe themselves as working to a psycho-social model, or a bio-social model, or other derivations of the various models. An unsophisticated adherence to the social model would lead assessors to merely report back what students with mental health conditions have told them they find difficult in their environment, and to try to offer simplistic technological or other fixes. Whilst such an approach may appear to be helpful, and possibly well received by the student it is in reality likely to decrease the student's chances of succeeding, and potentially have an adverse impact on their health.

For example, recommended interventions for Anxiety and OCD are based on a Cognitive Behaviour Therapy approach that works to overcome avoidance (NICE Guidelines). Assessors meeting students prior to commencing their course, and thus where intervention from mental health professionals is not yet in place, should be mindful of this when making recommendations. A recommendation for equipment or other strategy that facilitates a student's avoidance could be detrimental and conflict with the support they will receive from psychological interventions. The assessor must actively consider strategies that best meet the student's needs, taking into account the risk of any response having the potential to work counter to advice provided by the mental health professional. Equipment should not be assumed to be an appropriate response in all circumstances and should only be recommended if it is a) appropriate to the individual in the context b) not contraindicated in relation to any other potential intervention and c) justified according to the guidance. The most appropriate response to facilitate a student's inclusion and effective engagement might be to encourage them to work with a mentor or other MH professional.

Key principle: A DSA assessment should be rooted in the social model. However assessors should be cognisant of all models and respond to the student as an individual in the environment in which they are studying.

1.5 When is a mental health condition a disability?

The Disability Discrimination Act (DDA) originally required people with mental health conditions (uniquely amongst those claiming to have a disability) to have a 'clinically well recognised condition'. This has not been the case for many years, and there is no requirement for someone to have any kind of medical diagnosis for them to potentially be classed as disabled.

The condition must however have a substantial effect on day to day activities, which means more than a minor or trivial effect, and goes beyond 'normal differences' which

exist between people. Case law has refined this definition in such a way that this should interpreted as meaning more than trivial.

Case law has also refined the definition of day to day activities to mean that the relevant area is the individual's own day to day activities i.e. what the person would be able to do if they did not have the condition. (See for an example which is highly relevant to Higher Education; Paterson v Commissioner of Police of the Metropolis)

The condition must also be one which has lasted, or is likely to last, for a year or more. The meaning of 'likely' in this regard has been clarified by the Equality Act as meaning 'may well happen'.

This is a much broader definition than was in place at the inception of the DDA.

Students will now be required to get a relevant professional to confirm that they do have a condition which 'may well' last for a year or more.

This does not in itself guarantee that a student would qualify for protection under the Equality Act, as that could only be determined by a tribunal, it is however a strong indicator in that direction. It should therefore provide a cause for confidence that recommendations made to Higher Education providers would be backed up by the provisions of the Equality Act.
Too much focus can however be placed on the time factor in determining disability, and in particular the time since a condition was diagnosed. In the case of mental health conditions this is probably not the most important factor. One way in which this is demonstrated is that recommendations around treatment with anti-depressants routinely urge the continuation of the medication for several months after 'recovery' is deemed to have taken place, and the Equality Act ignores any ameliorating effect of medication on a condition. See for example World Health Organisation guidelines, which recommend the continuation of treatment (with any form of anti – depressant medication) for at least 9-12 months after 'recovery'[1]:

Key Principle: A student will need to have a condition which 'may well' last for a year or more that affects their day to day activities substantially to meet criteria for the Equality Act.

1.6 Needs identified which do not match the medical evidence

Diagnostic labels are an extremely poor way of predicting levels of disability, and medical evidence will in most cases not tell assessors very much about a student's likely needs. This shouldn't be perceived as a difficulty if assessors have a good understanding of mental health and understand the need for their assessment to be based on the social model.

It is also not uncommon however for a student to present with difficulties which do not appear to closely match their diagnostic label. It is particularly common for example for students who are diagnosed with Depression to also encounter significant difficulties

[1] http://www.who.int/mental_health/mhgap/evidence/depression/q2/en/index.html)

with anxiety, and students with a whole range of mental health conditions will often have symptoms which are similar to Depression.

When a mental health condition is diagnosed the focus will often be on identifying what is perceived to be the root cause. For example a person who has extremely low self-esteem, and consistently low mood may be diagnosed as being depressed, it is however reasonably predictable that a person with very low confidence levels is likely to experience greater levels of anxiety than most people do. It is similarly predictable that a person whose day to day experiences are dominated by frustration, as a result of an anxiety disorder are more likely than other people to become unhappy, or Depressed.

It is reasonable, given the nature of mental health conditions, that recommendations should not be rigidly tied to a diagnostic label, particularly as correctly diagnosing a mental health condition is very difficult, and frequent changes of diagnosis are not uncommon. It remains important to try to ascertain the impact and level of the difficulty; the fact that a person with Depression may experience levels of anxiety does not necessarily mean it is at a level which is disabling.

For example, the nature of Depression means that the student could have an exaggerated sense of how significant their anxiety is, in some cases it will not be heightened at all, and in others it may be somewhat heightened but not to a level which is disabling. In such circumstances it may actually be more helpful to the student for the assessor to normalise their experience, it shouldn't be forgotten that distress and discomfort as well as being possible indicators of a mental health condition, are also universally part of the human condition.

Key principle: Every assessment is individual to the student in the individual context. While a diagnostic label may suggest certain responses be evaluated, the assessor should respond to the individual's needs in the context and not solely their diagnostic label, which should be considered a starting point in the process.

Section 2 – Assessing students with mental health conditions

2.1 Boundary setting and behaviour

It is important that assessors recognise that their role is to provide an objective assessment about a student. Some students with mental health issues or personality disorders may have strong emotive issues that come out in an assessment and assessors should remember their duty of care to the student by keeping strong boundaries but also to themselves in terms of talking about content that may be beyond an area of their expertise.

An assessor should be looking for 'needs' related strategies and suggestions of support based on the symptoms of a student's mental health condition. Although some people with mental health conditions will display challenging behaviour of some kind, behavioural difficulties do not in themselves mean that someone has a mental health condition. The general low level of understanding of mental health is such that these issues can sometimes be seen as synonymous. This sort of thinking can manifest itself in overt prejudice, but can also lead to people having unrealistically low expectations of people with mental health conditions.

If behaviour would be perceived as unduly disruptive, threatening or otherwise problematic within a university environment it is not unreasonable to expect broadly similar standards of behaviour from students with mental health conditions. Addressing such behaviour differently because a student also has a mental health condition is patronising, and in its way every bit as discriminatory as making no adjustments to take account of a student's mental health.

There would be relatively few exceptions to this principle; however a student whose behaviour became disruptive as a direct consequence of becoming unwell should be able to expect that this would be taken into account.

It is important to bear these principles in mind because students will sometimes describe in very emotive terms experiences which are difficult for them at university. It is a natural human response to try to remove such intense feelings, or to attempt to 'save' the person in some way. It is however a responsibility of an assessor to ensure that any recommendations which are made are reasonable, proportionate, and based on a realistic appraisal of the situation.

An assessor may be faced with a range of students who feel as though they are singled out/ harassed or treated differently by HEIs. They may also discuss difficult content. It is important that assessors remain objective and are aware of the affect of this on their own emotions. Sometimes an assessor will need to make recommendations to an institution requesting that it does things differently to meet its duties under the Equality Act.

Key Principle: An assessor should set appropriate boundaries within an assessment and should ensure recommendations are based on a realistic and objective appraisal of a student's situation.

2.2 Placing reasonable expectations on people with mental health conditions

As this resource intends to makes clear, people with mental health conditions are frequently disempowered by people making assumptions about their abilities, and needs, and this has the potential to lead to recommendations being made in DSA assessments which are unnecessary and in some cases potentially quite damaging.

Were such reports to be accepted and acted upon, the outcome for the student with the mental health condition could have the same discriminatory effect as encountering someone who refuses to accept that a mental health condition is real, or has a significant impact on a person's experiences.

It is worth being aware of the provisions of the Mental Capacity Act:

The Mental Capacity Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

The five key principles in the Act are:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

(As outlined on the Ministry of Justice web site: http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act)

This suggests that it is reasonable to expect students with mental health conditions to take a significant amount of responsibility for their own actions. Some people with mental health conditions, especially younger people, will seek to find people who will in some way look after them, and shield them from the realities of life. This is not the role of the assessor and should not influence the assessment.

A good quality DSA needs assessment needs to be based on the principle of assisting students (particularly those with a mental health condition) to grow and develop independence and effectiveness in their learning. An assessment which aims to remove everything which may be challenging or in any way difficult is unrealistic and risks having a detrimental effect. This does require some self-confidence on the part of the assessor.

An assessor also needs to have a level of self awareness. Listening to someone explaining distress which they experience may well stir up feelings for the assessor. The assessor must be aware that their own feelings have the potential to influence decision making, which could lead to recommendations being made out of sympathy

rather than need. Professionals may be stirred by their own anxiety into trying to play the rescuer role – this has the effect of placing the student as a victim, and is also likely to lead to trying to identify who is oppressing the student (which is most likely to be seen as someone in authority such as a parent or a lecturer). This must be avoided by the assessor. Such approaches, whilst extremely well motivated, are in their own way as deeply disempowering as complete inactivity.

Key Principle: A good quality DSA needs assessment should be based on the principle of assisting students (particularly those with a mental health condition) to grow and develop independence and effectiveness in their learning. An assessment which aims to remove everything which may be challenging or in any way difficult is unrealistic and risks having a detrimental effect.

2.3 Determining what difficulties are related to a mental health condition

Mental health conditions are, on the whole, not completely different from experiences which everybody has. They can usually be understood as exaggerated forms of common human experiences.

Most people will be able to think of times in their lives where they have struggled with motivation, had difficulty sleeping, not found concentrating easy, been very unhappy, lacked confidence in their own abilities, felt very nervous, experienced headaches, backaches, or other somatic difficulties without a clear organic cause, or indeed any of the other plethora of experiences which can be indicative of a mental health condition, including what may often be thought of as more extreme experiences such as suicidal ideation, and odd / delusional ideas of beliefs. All of these experiences could be indicators of mental health conditions, but they could also be indicators of being human.

It is important to remember that Higher Education is supposed to be challenging. It is by facing and dealing with these challenges that students are able to develop both their academic skills and general levels of self-confidence.

A feature which is of relevance to the development and perpetuation of a mental health condition can be a perfectionist approach to life, and a tendency to see setbacks and disappointments as overwhelming. This may be accompanied by fixed ideas about what should and should not happen in life and intolerance to imperfections in their experiences in Higher Education.

Low self-esteem can make the challenges of Higher Education seem overwhelming at times, but a paternalistic approach which seeks to shield students entirely from such challenges is deeply disempowering and removes the possibility of personal growth and change.

The assessor should always be mindful that the DSA is intended to fund the **needs** of students; this, and the QAF criterion that strategies should be considered in the light of best use of funding and value for money, suggests that strategies should be considered carefully to ensure the student is able to engage as successfully as possible with the course and its activities and to facilitate independent learning. Interventions need to be proportionate, and differentiate between what difficulties are

related to a mental health condition, and which are challenges which large numbers of students face. There is no clear cut dividing line which can be drawn, and such distinctions can only be determined by a skilled and personalised assessment. A personalised and proportionate response to one student may be advice to manage a situation, and no more, or a wide range of specialist strategies, depending on that individual and their needs arising from the impact of their mental health condition in the context in which they are studying.

Key Principle: Recommended support should consider the development of independent skills and not encourage dependency.

Key Principle: Assessors should recommend appropriate interventions that facilitate the student's engagement with the course and their learning.

2.4 Assessing whether a difficulty is significant

This is important because if a student describes a difficulty, such as not being able to concentrate in all their lectures, it is important to try to get a sense of the scale of this challenge, and whether it in fact differs from those experienced by many / most students.

It is worth bearing in mind for example that the average concentration span would not allow a person to consistently concentrate on a one hour lecture if it did not use a variety of delivery methods, and by the end of a 2 hour lecture delivered in a very traditional manner the majority of participants will have encountered some difficulties with focussing on the content.

If it is a near universal experience to miss some of what is said in classes, then when a student describes encountering such difficulties there is a very significant chance that they are describing something which differs very little from the experiences of their peers. It may well be that they are placing undue attention on the small percentage that they miss, and disregarding the much larger percentage which they are actually capturing.

It could also be that there is no significant impairment in their concentration, but that the student has a tendency to overestimate other students' abilities. With such an outlook a student who misses part of what is said could develop an anxiety about their ability to capture and record information accurately from their classes, and such an anxiety could become such a distraction that it does actually lead to not being able to record information accurately.

On the other hand concentration difficulties are common amongst people with a mental health condition and so their description of their experiences could well be accurate. Determining precisely what is happening is a skilled task, and a good assessment is not about repeating what a student describes as the difficulties, but working with the student to try to develop a more sophisticated understanding of what is happening.

It is crucial that an assessor does have the in-depth skills to look beyond the surface presentation, because in the example given above the recommendations which would stem from each scenario need to be radically different.

If a student's difficulty in a lecture is genuinely about concentration then a note-taker may be useful, though an open discussion with the student about whether this would in fact mean that the student may concentrate even less is vital. Some students feel freed by not having to take notes, whilst for others the act of note-taking themselves, as imperfect as it may be, will actually aid concentration.

A recording device would be another alternative, but this does impose a significant extra task on a student. If a student has low motivation levels then it is unlikely that spending their extra time focussing on the content of their lectures is going to be a useful strategy – they would probably be better employed in some independent reading.

If, however, a student describes concentration difficulties, but these are better accounted for by low self-esteem or anxiety, then putting in place either a note-taker or a recording device is likely to be hugely counter-productive, because it will tend to re-enforce the false perception which the student has of the extent and nature of their own difficulties. Such an inappropriate recommendation is therefore not just unhelpful, but actually in itself disabling, and does have the potential to have a negative impact on the student's health.

As well as the potential negative impact on an individual of over recommending adjustments, it is important to the integrity of the system as a whole that any recommendations are proportionate. If recommendations are made for adjustments which are trivial, and hence not covered by the Equality Act, there is a danger that recommendations aren't seen as credible. It is however worth being aware of the fact that a series of 'trivial' difficulties can cumulatively add up to significant disadvantage, (which is reflected in the Equality Act) and that there may therefore be occasions when taken individually each issue does not seem to merit an adjustment, but looked at in totality the need for adjustments become more apparent.

Key Principle: Assessors should be aware of the potential impact of over recommending adjustments and should look at the 'whole picture' of what has been recommended for a student in relation to their condition.

2.5 How realistic are students with mental health conditions in their appraisal of their own needs?

A person with a mental health difficulty may have a distorted sense of reality, such as the tendency for a person who is depressed to notice in great detail all the negative things which happen, and to either not notice or dismiss as insignificant any positive things. They may find it difficult to recognise their own strengths and may have little self-reliance – hence the tendency to ask for interventions which they may not need. Equally, they may dismiss significant successes as just being 'what everyone could do'.

Other people with mental health conditions, particularly those who experience any form of psychosis, may experience an altered sense of reality. This may include for example auditory, visual or tactile hallucinations, grandiose and / or paranoid ideas. What is often not appreciated is that what the person experiences seems every bit as real as what everyone else perceives as reality. Although such phenomena may be experienced as bizarre or frightening in many cases the person does not perceive themselves to be unwell. It can in many cases take many years before the person

accepts that their experiences are part of an illness. It is important to note that such experiences are usually episodic in nature, and there may be long periods where such symptoms are largely or completely absent.

Considering to what extent people with mental health conditions are able to realistically appraise their own situations firstly requires some comparison with how well people in general can do this. People generally believe much of what they do is driven by logic and reason but all the evidence suggests that people's opinions, and decision making processes are for the most part profoundly illogical and driven to a large extent by emotion. People in general also have greatly differing insight into their own situations, abilities and challenges.

It could be argued that the illogicality and lack of self-insight that are common features across much of the population are one very important reason for the need for a DSA assessment. Clearly, gathering as much information as possible about a student's circumstances and engaging them in thinking about their own support needs, and examining alternatives, is crucial to this process.

As for all students, it is particularly important that the assessment draws on knowledge of the particular condition, and theory and practice about what is likely to be useful, as well as potential pitfalls.

Some students with a mental health condition will have very good insight into their own needs, but the nature of the condition will in many cases compromise this. This does not mean that they are not able to contribute the decision making process, it does however require the assessor to have the skills to ask the right questions to determine exactly what the needs are.

Insight into what is likely to be helpful will also be compromised because all students who have mental health conditions have grown up in a society which still has significant prejudice around mental health. The stigma associated with having a mental health condition means that many students will have a profoundly low sense of entitlement.

This lack of a sense of entitlement is associated with the fact that the social model is given such low prominence when considering mental health. The dominant models in mental health tend to locate the need for change within individuals rather than within society, and much which is done in the name of mental health promotion focuses on encouraging people to access treatment, rather than emphasising rights under the Equality Act, and issues such as inclusion and access.

Many students will never have conceptualised their difficulties as having anything to do with access or fairness, and will in fact in many cases argue that they do not want 'special treatment.' What they are actually arguing against is often fairly low level and cost effective interventions, which since they are likely to contribute to retention, are in everybody's interests. Sometimes comparing potential adjustments to those offered to students with physical or sensory impairments can be a helpful way of assisting students to develop a more rounded view of the situation.

As well as the tendency at times to minimise the impact of their difficulties, many students can over emphasise the challenges they face, and indeed many students can swing between the two apparently contradictory positions. This is a reflection of the ambivalence that many students with mental health conditions will experience with

regard to the issue of accepting support or interventions.

This is not usually a deliberate or conscious process, and has nothing whatsoever to do with attention seeking behaviour, which is a very stereotyped and largely inaccurate view of people with mental health conditions. It is associated with fluctuations between denial and avoidance on the one hand, and a tendency to catastrophise on the other. Some students will exhibit one of these extreme positions, and some will exhibit both; a tendency to engage in all or nothing thinking is a central characteristic of many people's experiences of mental health conditions.

It is suggested that Needs Assessors and Managers may want to contact their regional UMHAN member or the UMHAN committee for additional information and advice if uncertain about recommendations. This may be particularly helpful if the HEI in question does not have specialist advisors.

Key principle: An assessor should be aware that a student with a mental health condition may have a distorted sense of reality and could minimise the impact of their difficulties or over emphasise the challenges they face. UMHAN can offer additional advice or information if assessors are uncertain about recommendations.

2.6 Study Needs Assessors and the Duty of Care

Assessment centre managers need to ensure that appropriate mechanisms are in place to fulfil duty of care requirements to all students who apply for DSA. There are, however, some specific issues relating to mental health which need to be considered.

Suicide unfortunately remains one of the leading causes of death amongst people of all ages, and is a significant public health issue amongst young people[2]. This risk is not limited to people who have a diagnosed mental health condition, indeed a significant majority of people who complete suicide have had no recent contact with mental health services.

However research clearly shows mental health conditions, whether diagnosed or otherwise, along with alcohol and drug misuse, are strong indicators of potential suicide risk. It is also worth noting that long term physical illness and pain are also indicators of potential risk.

It is a reasonable professional expectation that anyone working in the Higher Education sector that identifies a potential suicide risk acts in a reasonable and proportionate manner to try to reduce that risk, which would in most cases necessitate onward referral to a GP or other appropriate services. How far such a duty extended would be determined by the nature of the contact with the student, and the level of expertise which could reasonably be expected according to the specific role.

It is not the purpose of DSA assessments to assess actual or potential suicide risk, however DSA assessments are funded on the basis that assessors have professional expertise in the area which they are assessing, and there would therefore be a

[2] https://www.gov.uk/government/publications/suicide-prevention-strategy-launched

reasonable expectation that assessors have the skills to recognise signs of suicide risk, and know how to respond appropriately. This should be underpinned by a knowledge and understanding of any relevant policies within the assessment centre, or wider institution in areas such as safeguarding of vulnerable adults and suicide prevention / crisis intervention.

Clearly this is far too important an area to be left to chance, and assessment centre managers should consider auditing the skills of their assessors in this area, with a view to arranging appropriate action to ensure practice is compliant with legal requirements.

Key principle: Assessment Centre Managers should audit the skills of their assessors to ensure they are able to assess signs of suicide risk or safeguarding issues. Individual assessors should discuss with their managers if they require extra training to ensure they have the requisite level of skill.

Section 3 – Recommending support

3.1 Anticipatory adjustments

The Equality Act (2010) requires HEIs to make anticipatory adjustments to take account of the needs of students with disabilities (including those with mental health conditions). HEIs need to look more closely at designing their activities in anticipation of the needs of students with mental health conditions. It is, however, important not to pathologise difficulties which students experience as being about the limitations of their condition rather than the relative lack of anticipatory action by HEIs.

This is reflective of the attitudes in society which pervade in relation to mental health – the legal requirements being far in advance of what public opinion generally would think of as 'reasonable'. What is 'reasonable' is however defined by the Equality Act, not by individual opinion. In preparation for assessing the needs of a student with a mental health condition, keeping the requirements of the Equality Act firmly in mind, and thinking through how this applies to mental health, is likely to be of great assistance in feeling confident in sticking to the social model. The relevant resource can be found here:
http://www.equalityhumanrights.com/uploaded_files/EqualityAct/technical_guidance_on_further_and_higher_education.pdf

Given that a good DSA needs assessor is likely to find themselves at times making observations about compliance with the Equality Act, assessment centre managers, particularly those who run assessment centres within HEIs, may wish to consider what mechanisms the institution can put in place to facilitate this necessary level of independence. The Equality Act does offer protection from harassment to people making recommendations on behalf of people with disabilities.

Key principle: Keeping the requirements of the Equality Act firmly in mind, and thinking through how this applies to mental health, will aid an assessor to use the social model in an assessment.

3.2 Using competency standards

The guiding principles of what a student should be able to expect are set out in the resource on the Equality Act, and one of the key elements in determining any adjustments is having clearly defined competency standards.

Competency standards are the core requirements a student has to achieve to be deemed competent in that area of study. This will be different in each course and so Needs Assessors will benefit from ensuring they have a good working knowledge of these requirements.

In thinking about different models of mental health the medical model may question whether a student is 'well enough' to achieve the standards set, whereas the social model may consider 'how' a student can demonstrate their ability in this area. It may be appropriate to review methods of assessments and examinations in this context.

Needs assessors can find themselves in the situation of making recommendations based on what an institution says they can provide. To an extent this is appropriate since there is little point in setting up a false expectation for a student, or setting them up in opposition to an institution.
In the absence of such clearly defined standards it is difficult to always be clear whether the adjustments which an HEI or individual course team are prepared to make are based on objective measures, or based on the prevailing culture, or even the attitudes of a course tutor.

Key Principle: An assessor should be particularly aware of competency standards when making recommendations for examinations and assessments.

3.3 Examinations and other academic assessment

Examinations seem to be an area which causes particular difficulties in this regard. The legislation makes it clear that under certain circumstances providing an alternative form of assessment would be appropriate. It also makes it clear that being able to perform a task within a set time limit is only likely to be a competency standard in very limited circumstances. Despite this there is widely varying practice on this issue – there are a large number of examples of students being provided with alternative forms of assessment, but probably an equally large number where such requests are turned down, without adequate consideration being given to whether the need to undertake an exam is in fact a competency standard.

The Office for the Independent Adjudicator (OIA) has observed this as a deficiency in at least one case with which it dealt, stating: “The University did not have sufficient regard to its obligations under the DDA in particular to identify whether the examination format was of itself a competence standard” – as stated here:
http://www.oiahe.org.uk/media/41286/ashtiany_report.pdf

A student who sees themselves as having a concentration difficulty and / or an anxiety difficulty may well request extra time in their examinations. This would on the face of it seem like a reasonable adjustment, and one which all HEIs would under the right circumstances be obliged to accommodate.

It is however one of the most recommended adjustments for students with a mental health condition, and is only likely to be helpful to a very limited number. For some students with a mental health condition it may do more harm than good. It is another area in which the skill of the assessor is paramount because many students with mental health conditions will request such an adjustment. An assessor should, based on their confidence in their understanding of mental health, feel confident in discussing openly with the student how it is likely to work before they consider whether it is an appropriate recommendation.

For example, a student who has genuine difficulties with concentration is unlikely to find that the addition of extra time aids concentration. In fact, by requiring them to try and concentrate for longer periods, it could actually make the experience more draining which, given that concentration difficulties are very likely to co-exist with low energy levels, is an important situation.

Likewise a student with OCD may be delighted by the suggestion of extra time in

exams, and whilst this may be helpful to some students with this condition, for others it may just provide more time for obsessive checking, and therefore compound the problem.

Consideration my be given to 'stop the clock' rest breaks without time penalties or overall extensions, in which they are able to stop writing and use focusing techniques at any point during the exam, rather than a time which is set in advance. However there will be students for whom extra time is suited to their group of symptoms and difficulties related to their mental health condition. Each student is an individual for whom different strategies will be appropriate.

For example, requesting "1:1 invigilation with rest breaks of 15 minutes per hour of exam due to the students' extreme anxiety attacks in stressful situations, which could distract other students, and cause the student to not be able to enter an exam hall", clearly indicates what is required by the student and why.

Where no obvious adjustment exists to a particular form of assessment, which would make a significantly positive difference to a student's experience, it may well be useful to suggest that an alternative method of assessment is used – though deciding to do this is likely to remain difficult until such a time as clearly defined competency standards are developed for all courses.

Some HEIs may be more flexible in responding to general recommendations or will put in place those recommended by the Disability or MH co-ordinator. Assessors should also be mindful that it is the responsibility of the HEI to agree exam arrangements, and ensure they inform the student of this. Assessors may also find the UMHAN policy paper on students and examinations helpful:

http://www.umhan.com/uploads/3/4/0/9/3409780/umhan_exams_policy_position.pdf

Key Principle: It is important to be aware of how exam arrangements are agreed for a student. In some HEIs they will only put in place what is written in a students' needs assessment report and so the recommendation needs to be clear and state why that arrangement is needed.

3.4 Non- Medical Helper Support

Students with mental health conditions have complex health difficulties, which can and do have a profound effect on their participation in Higher Education.

The discriminatory attitudes which abound with regard to mental health probably go some way to explaining why, despite mental health conditions being the leading cause of disability amongst young people, some HEIs still do not offer any form of specialised support for students with mental health conditions.

This can pose a dilemma for assessors – where no specialist provision exists, is it better to recommend support such as generic study skills, or nothing at all?

Students with mental health conditions may lack confidence in their ability, lack motivation and have poor organisational skills. This can make independent self-directed learning difficult. The fundamental principle of all DSA assessments is that

recommendations address properly assessed need. Taking these presenting issues at face value, it may appear that a student would benefit from some kind of study skills support. However, this would not be the same as the specialist support provided for a student with a SpLD. A student with a MH condition, but who has no additional diagnosis of a SpLD, may benefit from generic support or mentoring that provides validation of their underpinning skills and reassurance to help them develop or regain confidence in their ability to learn. Specialist support, as would be recommended to a student with, for example, dyslexia, would not be an appropriate response to a student who does not have a SpLD.

UMHAN encourages the development of appropriate services for students with mental health conditions, rather than trying to use services which are really designed to address other students' needs.

Where students have been provided with support that is not appropriate to their needs, they may express great satisfaction with what has been offered and what has been achieved. It needs to be understood however that when a person has a mental health difficulty they will often seek out reassurance. For example a student who believes they lack ability may well be very positive about being provided with study skills support.

The problem is that it is not actually addressing the difficulty that the student has, but instead this re-enforces the student's distorted negative thinking pattern. The student believes they lack ability or have fewer skills than their peers, and they are then offered support which aims at addressing these imagined deficits. These imagined deficits have in the process been validated by professional people as being real, and in need of specific and costly intervention.

The student is likely to be pleased because it addresses what they believe to be their difficulty; in reality such an approach may well create a dependency, which makes it more difficult for the student to make the transition into being a truly independent learner. It is also likely to mean that the student does not incorporate into their sense of themselves that they are capable, thereby removing the possibility that their education could actually raise their self-esteem and have a positive impact on their health. The negative selection bias associated with mental health conditions is likely to mean that many students offered such support will attribute their successes to the provision of support rather than their own abilities and efforts. It also means that if they do successfully complete their course of study, they may well struggle to identify the qualities which they have which would appeal to an employer.

Support provided to students with mental health conditions should therefore be provided by a person who has specific expertise in the area of mental health, and good quality provision will in most instances be provided via a specialist service. The support will need to focus on the specific impact of mental health conditions within the context of Higher Education.

This is not to say that students with a mental health condition cannot benefit from study skills support, but if they do need assistance in developing these skills. It would not be appropriate to recommend specialist support such as that provided to students with SpLDs, unless the student with a mental health condition also has a SpLD.

3.5 What good quality one-to-one support should provide

Specialist support goes by a variety of names in different institutions including for example Mental Health Support Worker and Mental Health Mentor. Caution should be applied to ensure that the service offered is actually specialised in nature, as an ability to 'mentor' a student with one disability does not necessarily mean that the person / service has the ability to offer this support to students with a wide range of disabilities. It is also worth noting that the term 'mentor' has become so widely used that it could denote anything from the support provided by another student on the same course to expert support provided by a highly skilled professional.

Specialist support will usually be face to face, however due to some student's conditions they may struggle to leave their house at times and yet will benefit from some support from the mentor in another format. Some students will also be undertaking courses that involve being away from an institution for placements, years abroad or field trips. Consistent support from a mentor at the periods may enable them to manage the stressors of being away from their usual support networks and if the student is at a distance from their HEI or abroad an assessor may consider recommending Skype (or other video calling), phone and email support.

An extract from a DSA assessment is offered by way of example (see Annex A). There would be many different ways of explaining appropriate support, but crucially it must be clear that it is directly targeting the specific needs of students with mental health conditions:

It is worth noting that the support recommended in the case study amounts to approximately an hour a week. Support which is offered on a much more regular basis than this is likely to build dependence, and therefore be counter-productive. Whilst the amount of support recommended might not adequately address the needs of all students with mental health conditions, such support should be aimed at assisting students to access the skills which they have, and reduce the ways in which their condition prevents them from making use of, and building on all their skills. Support provided through DSA should be viewed in a similar way to making 'reasonable adjustments' and if much more regular or intensive support is required it may well be worth questioning whether the student is currently in a position to benefit from their studies.

It is also worth noting that the recommendation in the case study states that there will be a need for an on-going assessment of the student's needs. This assessment will need to be undertaken by an experienced mental health practitioner because the complexity of mental health conditions, and their fluid nature means that a one off assessment no matter how skilled can never hope to capture all the possible nuances of the specific difficulties the student faces, and hence the appropriate responses.

On-going assessment may not be effective if carried out by someone without a mental health specialism because, as discussed elsewhere in this resource, there is a significant possibility of misunderstanding the student's difficulties and actually putting 'support' in place which is counterproductive.

Key Principle: Support should only be recommended where it will enable the student to develop their own strategies to become an independent learner and should not build dependency.

Key Principle: Consideration should also be made of non-face to face support for students who are on placements away from their HEI as part of their course, including study year abroad and year in industry. This could include phone, Skype (or other video calling) and email support.

3.6 ICT Equipment

It is recognised that students' expectations with regard to the DSA should be managed appropriately.

Given the individual nature of assessments, it should not be a given that students are provided with ICT equipment, indeed for the integrity of the system there should be very strong justifications for providing such equipment.

Students with mental health conditions may state that they are unable to use university ICT equipment, and may explain this in similar terms to perceived difficulties with note-taking in classes. The assessor should evaluate whether strategies that include equipment for their sole use risks facilitating isolation and avoidance, or whether more flexibility of access and liaison with the MH professionals who will support the student would be a more appropriate response. As noted in 2.3, it is essential that each student receives a personalised and proportionate response. This may be advice to manage a situation, and no more, for one or a wide range of specialist strategies for another, depending on the individual and their needs in the particular context.

A central feature of perpetuating mental health conditions, especially those where anxiety is a significant feature, is avoidance. A person with a mental health difficulty may well avoid situations which they anticipate will provoke anxiety; however this usually leads to the difficulty becoming more pronounced, because progressively people can start to avoid more and more situations. As the person becomes out of practice at dealing with challenging situations the stimuli required to invoke heightened levels of anxiety become more and more mundane.

In considering whether any ICT equipment or any other support should be recommended for a student with a mental health condition, consideration should be given to balancing the relative harms and merits of each approach. If a realistic assessment of the student's situation is that without the provision the student's chances of succeeding academically are very low, it may be appropriate to provide the equipment. The student is of course studying with a view to enhancing their understanding of a discipline and obtaining a qualification, dropping out of their studies could also have a very negative impact on their mental health.

Conversely, a student may report experiencing some discomfort in using university ICT facilities - for example because they are easily distracted, or experience anxiety difficulties when they are around people or using shared facilities. However, they may not be disadvantaged by this to an extent that it will significantly impact on their academic progression. This would suggest that a proportionate response might be encouragement to engage with MH professionals who will suggest strategies to manage these difficulties. The risks of isolation and avoidance may contraindicate equipment strategies for the student's sole use and would not, moreover, be a proportionate response to such a situation.

Use of recording devices may be helpful to some students but may lead to a student spending large amounts of time listening to a lecture again, writing out the lecture, and this may add to the students overall stress levels. When making such a recommendation, the assessor should evaluate the way in which they suggest the student uses it. What might result in an extra task may be overly demanding when considered in terms of whether it is the best use of what may be limited energy levels. Alternatives such as a Livescribe may be useful for a student who is taking written notes but needs memory prompts, or who has organisational difficulties.

Equipment that is designed to help with organisational skills and time management may be more effective in helping a student access their course than a computer, for example EverNote on their mobile phone and other electronic devices.

Key Principle: Recommendations that are likely to compound avoidance issues or obsessive behaviour should be avoided.

3.7 Software

There is no software specifically designed to respond to the needs of students with mental health conditions. Specialist software, such as text to speech or mind-mapping, should be evaluated only where specific issues suggest such strategies may be indicated. These would only be appropriate responses to particular issues reported by the student, and should not be recommended as a generic strategy for students with mental health conditions in general.

For example, if the student becomes anxious at the prospect of tackling the 'whole', or knowing where to begin with a task, mind-mapping may have potential value to break down tasks into smaller elements the student feels they can manage and reduce the risk of them procrastinating or spending time in displacement activity. It may help them keep track of research sources if they have memory difficulties, for example helping with revision if they need a strategy for this. Text to speech software may be evaluated as an appropriate strategy for a student who has difficulty processing information presented visually, extracting the meaning for research purposes or when checking their own written work. However, such strategies should be considered only where the student presents specific difficulties to which the software might be a practical and appropriate response. Where the student does **not** present with any such particular issues with their study, the assessor may reach the conclusion that no specialist software is required and that alternative interventions such as mentoring may be more appropriate.

Key principle: Assessors should make recommendations for specialist software only where there is a clear indication that it will respond to a specific student need arising from their mental health condition and its impact on study activity.

References

- DSM V
- ICD-10
- Higher Education; Paterson v Commissioner of Police of the Metropolis)
- http://www.who.int/mental_health/mhgap/evidence/depression/q2/en/index.html)
- http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act
- Equality Act (2010) http://www.legislation.gov.uk/ukpga/2010/15/contents
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- UMHAN Committee http://www.umhan.com/get-in-touch.html
- http://guidance.nice.org.uk/index.jsp?action=download&o=53734

Annex A

Extract from DSA assessment report regarding one to one NMH support

Mental Health difficulties are complex conditions, which have context specific social impacts. Management and treatment of the condition is the responsibility of the NHS and / or other health providers. Such treatment is usually of a long term nature, and does not usually purport to affect a cure.

Whilst the student continues to experience mental health difficulties this will have a profound impact on their studies, and their medical treatment will not address their access to education related needs (In the same way that medical treatment of a physical condition is a distinct issue from the effects within the context of Higher Education).

The student will therefore benefit from the on-going support of an appropriately skilled mental health practitioner, in addressing how their condition effects their effective participation in Higher Education. The support will assist the student in addressing the interaction of their mental health difficulty with their educational experience. This support can be provided at Nottingham Trent University through the Mental Health Support Worker scheme.

The mental health support worker provision does not aim to treat the condition and should not be confused with Counselling or any other form of therapy. It will however aim to assist XXX to be able to manage the effects of her condition on her educational progression.

The precise ways in which the student's study will be affected by their condition will need to be assessed on an on-going basis, and therefore the following are offered as examples of areas which may be affected rather than being intended to be a limited prescription for the scope of the work.

Organisational and time management skills – this may mean that the student has difficulty conceptualising what is required for them to make progress with an academic task and / or to implement any plans which they may have made.

Procrastination may lead the student to spend excessive amounts of mental energy on contemplating undertaking an academic task, or to indulge in displacement activity, both of which will increase their stress levels and reduce their capacity to concentrate. This will lead to them being able to apply less of their energies to the core academic tasks.

Ritualised, or obsessive and compulsive behaviour and perfectionism – may result in the student having difficulty completing academic tasks. The work which they produce may be of exceptional quality but compliance with course requirements may at times take second place to dealing with the underlying anxiety which leads to such behaviours.

Assertiveness and confidence problems – may result in the students finding it very difficult to participate in a range of learning activities especially those which expose them to immediate scrutiny such as group work and presentations. It may also make it difficult for the student to get fair and equal access to academic support and guidance.

Unusual, bizarre, possibly delusional beliefs – may distract the student from focussing their energies on their academic studies, and lead them to get side tracked into issues which are peripheral or irrelevant to the academic task.

Anxiety problems and panic attacks may make participating in a whole range of academic activities very difficult, and affect access to learning facilities. They may affect relationships with peers and academics and therefore reduce the capacity to use the academic community as a learning resource.

Paranoia / Suspiciousness – may affect relationships with other members of the academic community and thereby significantly reduce their capacity to engage with the academic task.

Avoidance – the student may avoid areas which they find challenging or anxiety provoking, which could have a significant impact on attendance and may affect their general experience of Higher Education. This may also lead to them having to attempt to do vast quantities of work in very short time frames.

Ruminating / constantly worrying about situations, events and people – may affect attendance and may also affect the student's participation in a wide range of learning activities. It may make the student focus their mental energies on their own anxieties rather than the academic task at hand, and therefore reduce their capacity to engage with the academic task.

XXX would benefit from regular sessions with a Mental Health Support Worker with whom she can discuss her study timetable and who can help her in planning her workload, meeting her deadlines, liaising with tutors, and in dealing with any associated stress that may exacerbate her condition. It is therefore recommended that funding be made available for **up to 30 hours per annum** of such support