

UMHAN Policy Paper on Students with Mental Health Difficulties and Examinations

June 2007

**Produced by, and on behalf of, the University Mental Health Advisers
Network (UMHAN)**

Phil Scarffe (Mental Health Co-ordinator, Nottingham Trent University)

Thank you to all members of UMHAN for their support in this project, and in particular to those members who submitted examples of good practice, and difficulties within their own institutions.

A special thanks to Emma Taylor, Diana Niemz, and Dan Doran for their comments on the initial drafts.

Why make adjustments?

Perhaps the primary reason why Higher Education Institutions (HEI's) make adjustments to examinations for students with mental health difficulties is because the Disability Discrimination Act (DDA) obliges them to do so.

There are however, better reasons for making adjustments. The strongest is perhaps, that there is a good business case for doing so. Whilst effectively addressing the needs of students with mental health difficulties is a project which is in its early stages, and is therefore challenging, it is a mistake to believe that attempting to do so runs contrary in any way to the aims and ethos of Higher Education.

Estimates differ, but a commonly quoted statistic is that 1 in 4 people experience a mental health difficulty at some point in their lives. The 1st onset of such difficulties is often amongst people between the ages on 18-30, and when people of this age develop such problems, they often have less effective coping strategies than older people might.

It therefore means that any institution which is serious about improving student retention and progression can not afford to ignore the issue of adjustments to examinations for students with mental health difficulties.

Institutions are required to make attempts to widen participation. Given that mental health difficulties are the leading cause of disability amongst young people, there is a strong argument for saying that efforts aimed at people with mental health difficulties should feature prominently in such efforts.

However, even institutions which do not explicitly target their widening participation efforts at people with mental health difficulties are being naive, if they completely ignore this as an issue. This is because the incidence of mental health difficulties is far higher amongst people from lower socio-economic groups, many of the under represented ethnic groups, and in fact in any group in society where there has been some degree of social exclusion, or marginalisation.

Therefore any institution which is successful at widening participation will benefit by considering the needs for adjustments to examinations for students with mental health difficulties.

There is of course a moral case to be made, since mental health difficulties affect such a large proportion of the population, an institution, which does not actively consider how something as fundamental as examinations affect students with mental health difficulties, is not serving its student body, or funders as well as it might.

What does the Disability Discrimination Act require?

Higher Education Institutions have a duty under the Disability Discrimination Act to make “reasonable adjustments” to take into account the needs and circumstances of students with a disability.

The DDA requires reactive adjustments, responding to individual student’s needs, it also however requires anticipatory adjustments to be made. As it is predictable that most cohorts of students will contain some individuals with mental health difficulties, and that this will affect examination performance, this is an area which should be considered. Taking a pro-active approach is particularly valuable, since the stress involved for a student with mental health difficulties, of negotiating adjustments from scratch, contains the not insignificant risk, of having a detrimental effect on the student’s overall health.

The Disability Rights Commission guidance states that adjustments to assessments may be necessary, and that these could include:

adjustments to the design or delivery of an examination

Or

altering the mode of an assessment, if a particular method, for example an examination, sets up unnecessary barriers

As there may then be a requirement to consider, not just making adjustments to examinations, but also providing alternatives, it is useful in designing a course to consider what the competency standards a student is expected to achieve, and why these are an essential part of the learning, the DRC Code of Practice states:

Identifying genuine competence standards will be crucial to avoiding discrimination in the area of qualifications

It is unlikely that an institution would be able to justify not making adjustments to, or where necessary, providing an alternative to an examination, on grounds such as academic convention or convenience, in fact, the DRC guidance states that:

a condition that someone can do something within a certain period of time will not be a competence standard if it does not determine a particular level of competency or ability.

Disability Equality Duty

The Disability Discrimination Act was amended in 2005, to place a Disability Equality Duty on all public bodies. There is not space here for a comprehensive discussion of this duty, but perhaps the two most important requirements, of relevance to this paper, are:

to ‘promote equality of opportunity between disabled persons and other persons’

and

take steps to take account of disabled persons' disabilities, even when that involves treating disabled persons' more favourably than other persons.

A way to fulfil this duty in respect of assessment methods for students with mental health difficulties would be for an HEI to use as a starting point the question of what is an accurate way of assessing the student's ability, and subsequently comparing this to what is required of non disabled students. An approach which uses as a starting point, what is required of students in general, and then makes adjustments from that point, runs the very serious risk that students with mental health difficulties will continue to be disadvantaged.

Definition of disability

A disability is defined by the Disability Discrimination Act as a physical or mental impairment which has lasted, or is likely to last for 12 months or more, and has a substantial effect on day to day activities. It would not take into account the effect of any medication, so a student who has a mental health difficulty, which is well controlled by medication, is still likely to be covered by the act.

A person who has had a condition, which is likely to re-occur is also covered by the act, so there still may be a legal requirement pertaining to students who have had mental health difficulties in the past.

In practice whether a person's individual condition constitutes a disability within the meaning of the act can only be established by the Head of a Tribunal. For that reason it is likely to be sensible to adopt wider criteria, than the act requires.

It is also worth noting that a survey which is mentioned on the Disability Rights Commission website found that 52% of people who would qualify for protection under the DDA did not consider themselves disabled. This is likely to be particularly applicable to students with mental health difficulties, many students who have the most common form of mental health difficulties such as Depression and Anxiety do not even recognise the label of 'mental health difficulties' as applying to their condition.

This is also likely to be a sensible approach, since there will be students who have mental health difficulties, who do not meet the legal definition, but are never the less disabled, within the specific context of undertaking a course, or some particular aspect of a course (such as examinations), of Higher Education.

Taking a purely legalistic approach is also complicated by the fact that there is no legal definition of what constitutes a mental health difficulty. Alterations to the legislation mean there is no longer a requirement for a mental health difficulty to be clinically well recognised in order for it to be considered a disability. It is likely therefore that some students with mental health difficulties would qualify as disabled within the meaning of the Act, who are not able to provide medical evidence.

One example of this might be a student who self harms in reaction to stress, and finds the idea of examinations, so stressful that this is likely to lead to an increase in self harming incidents. Some such students will never have spoken to a medical professional about their condition.

It is worth noting that the extensive provision of Counselling services in universities, along with a general shift towards “talking therapies”, means that whether or not someone is accessing medical treatment, can not, in itself, be taken as an accurate indicator of the level of difficulty.

People from some cultural backgrounds, such as South East Asian, or Chinese, are less likely to have sought medical attention for any mental health difficulties, because of the high levels of stigma often associated with mental health difficulties in those communities. Requiring medical evidence, as the only possible gateway to adjustments, is therefore, likely to disadvantage these communities.

It is suggested that evidence provided by a GP, Psychiatrist, CPN, Social Worker, Counsellor, Psychologist, Mental Health Advisor, or other supportive professional, should usually be sufficient. If such evidence is difficult to obtain, it may still be appropriate to make an adjustment, since the lack of such evidence does not mean that an HEI does not have any legal duty to consider adjustments.

The majority of adjustments which may be made are likely to be of little use to a student unless they have the difficulties that they claim they have. For example if a student claims to have an anxiety problem which affects them in examinations, and requests being allowed to take the examinations in a small room, they are actually going to accrue very little benefit, unless taking the examination in the traditional way really was likely to disadvantage them.

Examples of good practice

Whether examinations are a good way of testing any students knowledge is a moot point. What they undoubtedly test is memory, concentration, and perhaps more than anything how someone copes with the stress of undertaking the examination. It is certainly worth considering whether testing these things accurately reflects the learning aims of a particular course, and whether there are better ways for students to demonstrate knowledge.

A word of caution however, when considering any adjustments for students with mental health difficulties, is that making adjustments, which allow a student to avoid a situation, are a double edged sword. Whilst in the short term, this may assist a student to deal with a particular situation, it can re-enforce their anxieties, and therefore be counter productive in the longer term. HEI's need to ensure that they employ staff who have the expertise to balance the needs to make adjustments, in order to comply with the DDA, with longer term considerations about student mental health. UMHAN would suggest that institutions are most likely to achieve this goal by employing specialist Mental Health Advisors.

There will be some students who have mental health difficulties who do not feel the need for adjustments to be made. In some cases this will be because their difficulties do not affect them in a way which necessitates adjustments. In some other cases students will not want adjustments because they find them stigmatising, or because they do not personally believe they should be entitled to them.

Anticipatory adjustments

Anticipatory adjustments aimed at students with mental health difficulties have been fairly few and far between across the sector. As a greater number of people in HEI's come to understand that creating an inclusive learning environment is of central importance to the business of HEI's, this will undoubtedly begin to change.

When considering any kind of adjustments for students with mental health difficulties, a comment that is sometimes made, is that the adjustments would benefit all students. This is sometimes given as a reason for inactivity, although the logic for such a conclusion is at best illusory. Where, what could be considered anticipatory adjustments have been made, they have often occurred because they were felt to be generally useful, and not because the needs of students with mental health difficulties were being considered specifically.

A portfolio approach to assessment is well worth considering. Under this system students are given a range of options, as to how they demonstrate their abilities. So for example a student may elect to undertake a piece of coursework, a presentation, or an examination. If such an approach were adopted across a whole course, the need for reactive adjustments to be made would become minimal. It also has the advantage that it is non-stigmatising, since the student is far less likely to be obliged under such an approach to identify themselves as needing any "special" consideration.

Arranging for all examinations, that there is a main exam hall, and also several smaller rooms, and allowing students to elect to take their exams in a smaller room, without necessarily identifying mental health difficulties could be useful.

On this point it is worth mentioning that the number of adjustments which are made, on a reactive basis for students, almost certainly represents a fraction of the number of students who could potentially benefit from such arrangements. The stigma associated with mental health difficulties still probably means that only a fraction of potentially eligible students would currently request personal adjustments. This is likely to lead to a lot of wasted talent, and to many very intelligent students achieving far less than they could. Mental Health difficulties are one of the last taboos, in our society, however there are very encouraging signs that this is beginning, slowly to break down.

It is also, not well established in public consciousness, that adjustments can easily be made for people with mental health difficulties, the emphasis traditionally having been far more on encouraging treatment, so that people with

mental health difficulties can “fit in” with existing structures. As the stigma breaks down people with mental health difficulties are likely to become far more vociferous in demanding their rights, and as such an HEI is likely to benefit from anticipating this, and cutting down on unnecessary bureaucracy. (There would still be the possibility under such an approach of guaranteeing students who declare a mental health difficulty are allocated a space in the smaller rooms).

Open book examinations are a way in which the balance between testing memory and knowledge is somewhat redressed, and since a major fear of many students with mental health difficulties is that they will ‘go blank’ in an exam, would significantly reduce the need for other adjustments to be made.

A related anticipatory adjustment would be to allow students to take into an exam a prompt sheet, which contains key points relevant to the topics they have studied.

Allowing students to know what questions they are going to be asked in an examination before hand also significantly reduces the fear factor associated with the unknown. As this method is likely to more accurately assess student’s knowledge rather than their performance on the day, it is arguably a better way to assess students in general.

A significant part of the anxiety which many students experience around examination times is built up by the culture surrounding there being a specific period of time when it is considered normal for everyone to be ‘stressed out’. Spacing exams through out the year, possibly at the end of each module would reduce this difficulty, as well as having the advantage that learning will be better consolidated because students are having to do their exams when the learning is fresh in their minds.

Clearly some of the suggestions mentioned above, could also be reactive adjustments. They are included as anticipatory adjustments because they are also likely to have the effect of reducing the anxiety experienced by a much wider group of students, and therefore increase the quality of work produced. It is therefore worth considering if there is any reason that some or all of these opportunities could not be afforded to students more generally.

Reactive Adjustments

With all reactive adjustments, it is important to tailor them to the individual student. Students with apparently similar mental health difficulties can be affected in very different ways, and an adjustment which would be helpful for one student may be less helpful, or even counter productive for another.

If the amount of reactive adjustments, which are having to be made is high, or seems to be increasing, this should act as an indicator, that consideration needs to be given to whether the course, and other provisions in the university are as inclusive as they could be. Certainly many people in the disability rights movement would argue that if equality existed there would be no need for any reactive adjustments.

Location

This may be as simple as allowing a student to sit near a window or a door, near the back of an examination room, or near the front. Students will differ significantly in where they feel most comfortable to sit, but it can have a profound effect on overall levels of concentration of anxiety.

As anxiety difficulties can lead to people needing to use the toilet frequently, an examination room, which is close to a toilet, will be beneficial to many students.

For some students the formality of an examination significantly raises anxiety levels. For this reason allowing students to sit exams in a room, with which they are familiar can be helpful. In some cases it may also be useful for the invigilator to be someone with who they are familiar e.g. a tutor, or member of support staff.

In some cases students have been allowed to take examinations away from the university, for example in a student's own accommodation. This has been crucial for some student to feel sufficiently comfortable to be able to take the examination at all. It is important that if this option is pursued that some form of risk assessment is undertaken. This shouldn't pose any significant barrier in most cases, but of course HEI's remain liable for the health and safety of their invigilators.

Time Related Considerations

Students with mental health difficulties often experience difficulties with concentration (which can be particularly acute in an examination situation if they also have anxiety related difficulties). One approach which is commonly used, and may benefit some students, is to allow them to have extra time in exams. A common figure which has been adopted across the sector is 25% extra time, however we are not aware of any research which suggests this is anything other than an arbitrary figure. It is also rather a blunt instrument for addressing the problem, since a student with concentration difficulties is actually likely to find it more difficult to concentrate over long periods, than many of their peers.

It is possible to make adjustments which are actually damaging to a student with mental health difficulties prospects, but never the less they may have requested. An example of this is with a student with Obsessive Compulsive Disorder (OCD), this condition involves ritualised behaviour, and may lead a student to obsessively check and recheck their work. In a time limited situation such an exam, this can severely limit the amount of time a student actually has to produce their answers. One response to this could be to offer extra time, but the consequence of this may actually be, to merely increase the amount of checking the student does, since they may calculate that they can spend longer doing this. An increase in time allowed, may therefore be counter productive in this situation.

However for some students with OCD, an increase in time may actually be helpful. This emphasises the benefits of a student's needs being assessed by someone with specialist knowledge of mental health difficulties. UMHAN would

argue that in most cases this should be a specialist Mental Health Advisor, and that given the anticipatory duties of the DDA, and the fact that mental health difficulties are the leading cause of disability in young people, there seems little justification for not having such a post, in all but the smallest institutions.

Allowing a student's exams to be spaced out evenly, and /or ensuring that a student does not have to take more than one examination on the same day can be useful.

The time of day at which a student takes an exam can be important, for example a student who has sleeping difficulties, or who takes medication, which makes them lethargic in the morning, may benefit from examinations in the afternoon. Though, it should not be assumed that this will be beneficial to all students, even if the particular issues mentioned are relevant to them.

Splitting exams up, for example by allowing student to sit some of their exams in the summer term, and carrying other over to the normal resit period, at the end of August, may be useful, though it should be noted that this is a strategy which is risky, if there is a likelihood that a student may actually have to resit some of the exams from the initial examination period.

A related idea is to allow students to submit some of their coursework at a later date, (e.g. over the summer), as some students may find it difficult to cope with the pressure of complying with course deadlines, and also revising for examinations.

Some students with mental health difficulties will benefit from scheduled rest breaks during the course of their exam, for example 15 minutes every hour. This is most likely to benefit students who experience concentration difficulties or lethargy.

A very real difficulty with examinations for many students with mental health difficulties is the all or nothing nature of them. Many people with mental health difficulties have a tendency to focus on possible negative outcomes, in a way which can make them more likely to occur. For example they may worry so insesently before or during an exam, that they will do badly, that they can concentrate on little else, thereby making it likely that they will perform poorly.

A student with a tendency to think in such ways may find that they have been spending a significant amount of time in the exam on such thoughts, and come to the realisation that they have wasted a lot of time, which only serves to increase anxiety levels, and make concentration even harder.

For such students one approach which has proved very successful is a "stop the clock" approach, whereby if a student finds that they are unable to concentrate because of such anxieties, they can stop the clock at any point, and take a break. In many cases the existence of such a provision so successfully reduces a student's anxiety levels that they do not in fact need to use it. Should this occur, it should not be assumed, that that negates the need for the adjustment to be in place.

Format of examination

Some students will find it useful to bring items into the examination with them. These may include drinks, students who experience anxiety difficulties often find that they experience a dry mouth. Food can also be useful, if the student suffers from fluctuating energy levels, being able to maintain a consistent level of blood sugar may be important. Some students may also need to bring medication into exams. On a more personal level, some students may have small items of property, which provide them with some level of comfort, which they may wish to bring in with them.

Being allowed to play quiet background music can alleviate anxiety for some students.

Some students may benefit from being accompanied at the start of an exam by someone they feel comfortable with, this may be a support worker, friend, or personal tutor. Some students may wish this person to accompany them throughout the exam.

Students who experience severe anxiety difficulties may find it difficult to hand write answers, in which case allowing them to produce their answers on a PC / Laptop, or the provision of an Amanuensis (scribe) may be useful.

Likewise some students may actually find it difficult to concentrate sufficiently to read the examination paper thoroughly, in which case a reader may be useful. Though it is worth questioning whether a student who experiences this level of anxiety can ever be tested effectively using a traditional examination format.

Movement

As anxiety leads to the body being flooded with chemicals such as adrenaline and nor-adrenaline sitting still for protracted periods of time can be very difficult for some students with mental health difficulties, for this reason some students will need to be able to get up and move around, either within the examination room, or outside it.

Many students with mental health difficulties also experience somatic problems such as headache, backache, neckache, stomach problems, or a frequent need to urinate. All of these difficulties may also necessitate students being able to get up and move around, and will, in some cases require them to be able to undertake stretching or relaxation exercises, as well as sometime needing to leave the examination room.

A fairly contentious issue, but one that is worth mentioning is that people with mental health difficulties are far more likely to smoke than the general population. Whilst we wouldn't seek to advocate smoking as beneficial in any way, it is nevertheless worth being aware of the fact that nicotine does reduce the symptoms for some people with mental health difficulties. For that reason some students may feel the need to be able to take smoking breaks. Clearly this is not

going to be possible on a no smoking campus, which it is reasonable to anticipate will become common in years to come. Hopefully one consequence of that will be to reduce the number of people who smoke, but it is worth being aware that it will also increase stress levels for some students with mental health difficulties, particularly at exam times.

Problems Occurring During Examinations

Some students will encounter problems during their examinations, despite the fact that adjustments have been made.

It is important to understand that making an adjustment is not a one off thing. By agreeing to make an adjustment an HEI does not negate the need to continue to consider an individual's circumstances. In fact the DRC Code of Practice is clear that there is an on going need to monitor the impact of any adjustments made, and take further action, where necessary. This is particularly important for students with mental health difficulties.

Mental health difficulties are variable conditions, so an adjustment may be agreed, but there then may be a deterioration in the student's health, which means that the adjustments turn out not to be sufficient.

Historically, less attention has been paid across educational establishments as a whole, to the idea of making adjustments to the environment (rather than the individual), for students with mental health difficulties, than is the case for many other disabilities. This means that, where adjustments have been suggested for an individual, it will often be the 1st time any such adjustments have been tried.

Where the adjustments have been suggested by a professional with specialist expertise e.g. a Mental Health Adviser, they will usually suggest the option which requires the least possible adjustment, because they will be conscious of the fact that making greater adjustments, than is necessary, can actually make the overall impact of the mental health difficulty more severe.

There will also sometimes be difficulties which occur for students who have not, for a plethora of reasons, previously declared any mental health difficulties. Under such circumstances an invigilator should make a note of what has occurred, and the student should be encouraged to make an appointment, as soon as possible with a professional such as a Mental Health Adviser, who would be able to advise on a way forward, or a GP, who may be able to provide some medical evidence, relating to what has occurred.

Where a student's performance has been adversely affected by their mental health difficulties, the student should be given the opportunity to retake the examination as a first sitting. This should be possible, when there is a significant discrepancy between the mark attained in an exam, and through coursework. If a student routinely scores far lower in exams than in other forms of assessment, it needs to be considered whether examinations are an effective way of assessing the student's ability.

Alternatives to exams

Essentially an alternative to an examination could take any form which is accepted as a valid way of assessing a student's ability. There seems however sometimes to be an assumption that exams are a more robust way of testing a student's ability than other forms of assessment.

UMHAN would dispute this view point on the basis that the purpose of any assessment should be to give the most accurate snapshot of a student's ability, knowledge, understanding and achievement. For some students an examination provides the tool to do this, but where a student is unable to demonstrate their ability in this way, the tool of an examination is not serving its purpose. If disability equality is to be achieved the problem in such cases needs to be seen as the tool rather than the student.

A further objection which has been raised to substituting examinations for another form of assessment is the risk of plagiarism. This is however an extremely weak argument, since if such concerns were legitimate it would mean that any other form of assessment other than exams could never be used, which is clearly not the case. With the now widespread use of anti-plagiarism software, it is in fact increasingly an irrelevant argument.

It is also true to say that not all courses of Higher Education, in fact involve examinations at all. There does not appear to be anything particularly unique or distinctive about such courses in comparison to courses which do make use of exams.

Whatever form of assessment is substituted for an examination, it needs to be ensured that the alternative does not pose the same or different barriers to the students; again this will involve a careful and considered approach to the student's individual needs.

The most obvious alternative to examinations is some form of coursework. On occasions this has been backed up by the student also undertaking a viva voce. It should not be assumed that because a student has anxiety difficulties in one context that this is disabling in another. For the reasons stated above UMHAN would however contest that the use of a viva voce in most such circumstances is likely to be superfluous.

A student may undertake a presentation instead of an examination; again it should not be assumed that anxiety difficulties would necessarily make this inappropriate. It may well be for some students however, that they would need to be able to undertake a presentation to one member of staff, or for example by filming the content beforehand.

Areas that the sector needs to consider further

A strong view of UMHAN members consulted in the preparation of this paper was that what adjustments were possible was influenced significantly by the views and attitudes of the tutors involved. Whilst individuals may have different

individual opinions about what constitutes 'reasonable', that a student's experience could differ significantly as a result of such viewpoints is clearly inequitable.

Whilst significant discrepancies exist across the sector, or within individual institutions, it would seem to bring into question whether the Disability Equality Duty is being always being adequately fulfilled.

Ultimately whether an adjustment is reasonable would be something which was considered by the chair of a Tribunal, but it would seem one of the reference points which would be used, was precedent within HEI's. If adjustments have been made and considered reasonable within an institution or across the sector, a course team would therefore need pretty robust reasons for not making similar adjustments again.

A further worrying opinion expressed by UMHAN members was that what adjustments a course team were prepared to make could be influenced by their view of a student. Course teams were perceived as more likely to make adjustments for a student, who they felt was dedicated or gifted, than for a student who they felt was less able, or applied themselves less thoroughly. This would seem to reinforce the notion that there is not a robust understanding amongst all academics of what their legal obligations are with regard to the DDA. UMHAN would strongly recommend that training for all academic staff in this area should be made mandatory.

Concerns were also raised about how duties were interpreted on professional courses. Whilst it is important that students undertaking such courses meet criteria in terms of fitness to practice, the perception amongst UMHAN members was that this was in some cases more rigorously applied to students with mental health difficulties, than to students with other forms of disability.

The Disability Equality Duty requires HEI's to monitor the results of disabled students compared to non-disabled students, and also of the effects of individual adjustments. This does take place to some extent, but UMHAN is not confident that systematic monitoring in this way takes place across the sector. It is also concerned, that where monitoring does take place, this may not always differentiate between students with different types of disabilities, which may therefore mean that significant discrepancies in achievement levels may in some cases be masked.