



GUIDE TO BEST PRACTICE
FOR STUDENT WELFARE AND
MENTAL HEALTH 2025



English
Education
Ireland



Foreword

The journey of studying abroad offers international students the chance to grow academically, culturally, and personally. Yet, with these opportunities come significant challenges, especially in terms of mental health and well-being. Students often face cultural adjustments, language barriers, financial pressures, and the absence of familiar support systems, all of which can affect their emotional and psychological health. This guide is designed to provide educators, administrators, and support staff with practical tools to recognise, understand, and address international students' unique mental health needs.

The guide outlines best practices to ensure the mental and emotional welfare of students, emphasizing early identification of mental health issues and the importance of creating a supportive environment. It highlights the various challenges that students may face, from feelings of isolation and anxiety to more severe conditions like depression and suicidal thoughts. Understanding the complexity of these issues is crucial to offering timely and appropriate support.

Staff training, promoting mental health awareness, and fostering a healthy lifestyle are key elements of this approach. The guide also offers practical strategies for schools, including policies for confidentiality, crisis management, and resources to help students navigate mental health challenges. Additionally, it underscores the importance of partnerships with external mental health professionals, ensuring that students receive the specialized care they may need.

By following the best practices outlined in this guide, we can collectively help international students thrive in their academic and personal lives, ensuring their time in Ireland is both rewarding and supportive. Together, we can build an inclusive environment where students feel safe to seek help and are empowered to succeed, no matter the obstacles they face.



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Executive Summary

Throughout this guide the acronym ELE will be a catch-all for English language providers. This covers the various types of establishments in our membership.

1.1 Why are International students vulnerable?

ELE providers are aware that mental health issues can seriously impact on student course progress. Students may arrive with a pre-existing mental health disorder or experience mental health difficulties while in Ireland. Situational factors such as grief, relationship break-up, assault, financial stress – among many others – may significantly affect individuals.

International students face challenges beyond the norm

Most obviously, these students are away from home and their usual support networks. Whether or not they are ready to do so, they will have to cope with some degree of independent living. They are far from their home culture and faced with a range of differences in culture, food, language and so forth.

International study costs add significant pressure to the student

Whatever their course of study, there will be significant financial costs that are often being borne by someone other than the student, be it family or some other source of funding. This can create added pressure to succeed.

Students can rarely adjust their study demands and comply with their visa requirements

A reduced study load is often a flexibility that is available to a local student, but it is not a simple matter to provide this to an International student.

Limited English can restrict communicating the complexities of mental health issues

The language associated with mental health is complex, and it may be hard for students to articulate exactly what is going on for them.

Under 18 students add complexity

This adds another layer of complexity to questions of disclosure and confidentiality.

1.2 ELE themselves face their own unique challenges

The cost of mental health support services limits the support Language providers can give

It is commonly observed that effective professional mental health support can be expensive. That is, employing fully qualified staff such as Clinical Psychologists can be beyond the means of many institutions – and the cost of referring students to specialist external services can also be substantial.

Staff may have limited experience in dealing with mental health issues

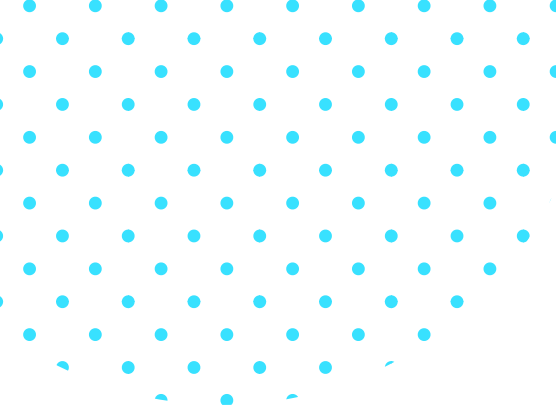
While many ELE have engaged in Mental Health First Aid training some staff may still have had little exposure or experience with mental health issues. Further, staff may not clearly understand who exactly is responsible for mental health issues within their institution.

Students may believe disclosing mental health issues will adversely affect them

Stigma associated with mental health means that students may be unwilling to disclose difficulties they are experiencing and access help. Some fear that disclosure may adversely affect their course progress or that their issues will be relayed to people in their home countries.

Students may not be aware they have a mental health issue

There are many students with undiagnosed issues – especially those arriving with pre-existing and undisclosed conditions. Few disclose a mental health condition before arrival even though they have the opportunity to do this in enrolment documents.



Students may not continue their medication in Ireland because it is costly

Many of those with an existing condition or diagnosis do not bring their medication to Ireland and others discontinue their medication in Ireland after it runs out for the first time, especially if they do not know how to access their medication in Ireland.

Staff may not understand how confidentiality works with mental health

There is concern about understanding and clarifying the limits of confidentiality, especially with students under 18 years of age.

The effects of 'culture shock' compared with mental illness may be hard to distinguish

Feelings of helplessness, a sense of not being fully in control – leading to symptoms such as feeling vulnerable, fearful, anxious, confused, crying or sleeplessness can all reflect 'culture shock' and mental illness. This further compounds managing English language students' mental health.

Students may not have experienced the Western mental health model of care

There may be significant differences between the Western mental health model of care and other models used in students' home countries. Different understandings of mental health can mean that students have different expectations of what a mental health issues is, how it can be treated and what 'confidentiality' is.

2. What mental health issues do English language students experience?

The most common conditions that affect international students are:

- anxiety
- depression
- extreme worry (social, living, culture. gender)
- grief related stress

The prominence and mainstream coverage that mental health is now given shows the challenges ELE face

Taking note of the reporting and statistics available shows ELE the mental health landscape that they face.

The feedback in surveys worldwide is reasonably consistent with wider statistics

Despite survey statistics many mental health issues are often cloaked in a sense of shame or secrecy, for example eating disorders or addictions, so the instances of these issues may be higher.

All conditions are serious regardless of their frequency

Some conditions that occur less frequently include suicide and self-harm, perhaps two of the most serious conditions.

'Suicidal thoughts' and 'self-harm' are critical and you must take them seriously

Suicidal thoughts are one of the risk indicators for attempted or completed suicide and a student who expresses some sort of suicidal ideation cannot be ignored. Self-harm behaviours are not necessarily associated with suicide but are serious and require swift intervention.

Extrapolating National figures to International students may imply suicide does occur

While the probability of such critical events occurring in any particular institution is low, it is very clearly a possibility that must be considered.

3. What are the key features of best practice in mental health?

Written policy

ELE should have clearly articulated written policy for staff and for students outlining how the college manages mental health issues.

Promotion

ELE should clearly promote the mental health services available to students via a range of channels and media.

Staff training and awareness

ELE should have clear processes and training for staff members who are required to respond to students experiencing mental health difficulties.

Healthy lifestyle Promotion

ELE should offer activities which are proactive preventative measures that encourage social engagement, physical activity and other healthy lifestyle activities to create an environment where mental health issues are less likely to occur.

Early identification

ELE should have procedures in place to identify students with mental health issues as early as possible, in the knowledge that this leads to more effective intervention.

Availability and provision

ELE should be able to directly provide short-term mental health services to students or be able to quickly refer students to external service providers.

Reasonable adjustments

Students experiencing mental health issues should be able to access reasonable adjustments to matters affecting their academic progress such as assessment deadlines and attendance requirements.

Communication and record keeping processes

ELE should have clear processes for communicating with students regarding mental health issues.

4. What extra resources are available to ELE?

This guide provides extra resources such as contact information for general and specific service providers that deal with mental health. However, it is difficult to be highly specific about local resources available to any particular ELE. Local services can vary quickly with funding arrangements. ELE should seek to update contact information about resources at least annually.

Provide staff with a small number of resources rather than an extensive list

Providing staff with a large data base of all the mental health resources that are available in an immediate geographical area can result in confusion and miscommunication. This is because there are a substantial number of services such as those dealing with sexual assault, gambling, substance abuse and multiple private practitioners. It can be almost too easy to develop an unwieldy resource package that is difficult to use. It is better practice to advise staff of a small number of resources, such as:

- Who to call in an emergency or obvious crisis (such as staff or Gardai)
- 24/7 emergency numbers
- An operational area/person within the ELE such as counselling, student advisory services or the principal that has responsibility for further management of the presenting issue.

That area or person should maintain a more comprehensive working resource list.

5. Where can a college find further information?

This Guide concludes with an annotated set of further suggestions, which can help those who wish to pursue information in more depth.

CHAPTER 1:

WHAT CHALLENGES EXIST FOR INTERNATIONAL STUDENTS IN ENGLISH LANGUAGE SCHOOLS/EDUCATORS?

1.1 Why are International students vulnerable?

Mental health issues are a significant challenge in the international student environment in Ireland in many ways. Most importantly, a serious mental health problem is distressing to the student involved. Moreover, the student's capacity to meet study demands in a timely and effective way may be compromised, which can affect their ability to succeed in their chosen course.

Recent media focus on student mental health has raised its profile

The mental health of students has been an area of media attention in recent years. In particular, the media has often focused on students in higher education, who are a vulnerable group for several reasons:

- The majority of students are within the age range 18-30, which is typically when a number of mental health issues first become apparent.
- Few English language students have the financial resources to access mental health services at full market price. In addition, some overseas student health cover may have a qualifying period or other potential barriers to access services.
- The academic demands, expectations and deadlines that higher education students are expected to meet can compound mental health problems.

International students are away from home and their usual support networks

For International students, there are additional aggravating factors. In particular, these students are away from home and their usual support networks. Whether or not they are ready to do so, they will have to cope with some degree of independent living. They are far from their familiar culture and faced with a range of differences in their education, food, language, accommodation and so on.

International study costs add significant pressure to the student

Whatever their course of study, there will be significant financial costs that are often being borne by someone else other than the student, be it family or some other source of funding. This can create added pressure to succeed. Students may not necessarily be studying a course they would have chosen as a personal preference – but instead may be enrolled in something that is expected to “pay off” in some way.

In many cases, families in a student's country of origin are direct stakeholders in the student's education in Ireland. If they are aware of mental health problems being experienced by the student in Ireland, parents and other family members may become very concerned. However, often the family remains uninformed of mental health issues unless they reach a critical point.

Students can rarely adjust their study demands and comply with their visa requirements

Visa compliance demands for International students also add to their levels of stress. Most notably, International students are expected to maintain a full-time study load and satisfactory progress. Students are required to study a minimum of 15 hours per week face-to-face and maintain a minimum of 85 per cent attendance. These expectations add a layer of difficulty if mental health issues are experienced by the student. A reduced study load is often a flexibility that is available to a local student, but it is not a simple matter to provide this to an International student.

Limited English can restrict communicating the complexities of mental health issues

For language students there are two other factors. They are enrolled in English courses precisely because their English language ability is limited. The language associated with mental health is complex, and it may be hard for students to articulate exactly what is going on for them. Most psychotherapeutic interventions are heavily dependent on language, and most providers of such services in Ireland will be speakers only of English. There are major challenges for mental health professionals in Ireland in providing assistance to clients with limited English language.

Under 18 students add complexity

The second factor for students is that there is a proportion of them who are under 18 years of age - Junior students are the majority of MEI Schools of all student numbers. This adds another layer of complexity to questions of disclosure and confidentiality.

1.2 ELE also face their own challenges

Both national and worldwide surveys help us to understand the mental health challenges language providers face.

Staff training and understanding the complexities of mental health is one of the challenges. Other potential barriers are the short term student stays, this can lead to avoidance of issues on both the student and the schools behalf.

The cost of mental health services limits the support language providers can give

Firstly, it is commonly observed that effective professional mental health support can be expensive. that is, employing fully qualified staff such as Clinical Psychologists is beyond the means of most ELE – and the cost of referring students to specialist external services can also be substantial. For some smaller ELE, there can be resourcing issues in accessing appropriate external professional mental health services in a timely way.

Many students are not fluent in English and find it hard to articulate mental health issues. It can be difficult to find affordable counsellors in the community who speak the students' home country language.

Please Note:

It is worthwhile to remind students to check their medical insurance policies to see what counselling cover and supports are available to them.

*some polices do not cover pre diagnosed conditions that a student already has presented with.

Staff may have limited experience in dealing with mental health issues

Many ELE indicate a challenge for them is a shortfall in staff expertise and/or exposure to mental health issues. The person who was described as having responsibility for mental health issues was sometimes variously described as the principal, director of studies, senior teachers, or student services staff – that is, staff who may not have specific professionally registered qualifications in these issues. In very many cases, schools have sought to equip these key staff by engaging in Mental Health First Aid training.

Good practice examples

ELE. A does not have a dedicated student counsellor. Instead, they have identified staff members who are usually the first respondents to students experiencing mental health difficulties, or who are responsible for having issues escalated to them. These include student services staff, accommodation officers, the Director of Studies and the Principal. The ELE engaged an external provider to deliver the Mental Health First Aid course to these staff. Staff found the course useful for being better equipping them to recognise when issues need to be outsourced to a professional, such as a psychologist or doctor, and for raising their confidence levels in assisting students. This approach has also freed up the time of senior management as fewer cases have been escalated to them.

ELE. B notes they do have specialist staff, but that it is also useful to have a wider safety net: “We have a dedicated student counsellor and customer service manager who are responsible to ensure contact with the student is made and additional support hours are available. With students, they are also approaching the senior teacher when they feel they would like to have someone to speak with who is closer to them. Forms of communication will include phone, email, agent, family member, emergency contact etc.”

ELE. C provides a dedicated student counsellor. “That staff member works with the school manager to ensure contact is made with students who have shown some behavioural signs that they may be dealing with a mental health issue. That is, we don't wait until the student makes an appointment to see someone; we reach out to students who we see as being at-risk.”

Students believe disclosing mental health issues will adversely affect them

There is stigma associated with mental health and students may be unwilling, for whatever reason, to disclose and then access help. Some are fearful that disclosure will mean they are sent home or that it will affect their grades.

Students may not be aware they have a mental health issue

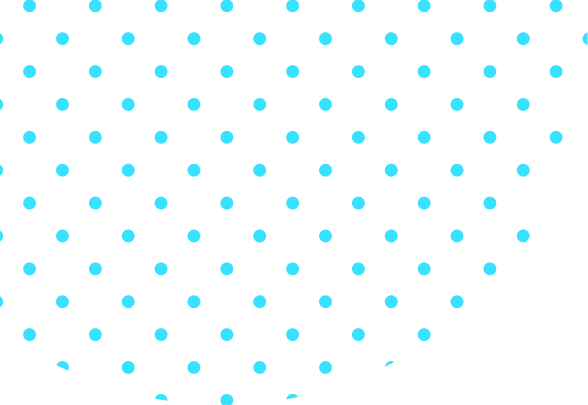
There are many students with undiagnosed issues – especially those arriving with pre-existing and undisclosed conditions. Few disclose a mental health condition before arrival even though they have the opportunity to do this in enrolment documents.

Students may discontinue their medication in Ireland

Many of those with an existing condition or diagnosis do not bring their medication to Ireland and others discontinue their medication in Ireland after it runs out for the first time. This can be due to the cost of medications in Ireland or because students do not know how to access their medications and prescriptions here.

Staff may not understand how confidentiality works with mental health issues

There is concern among some ELE about understanding and clarifying the limits of confidentiality, especially with students under 18 years of age.



The effects of 'culture shock' compared with mental illness may be hard to distinguish

It can sometimes be difficult for ELE staff to distinguish between mental health and the relatively common stress associated with Acculturative Stress (sometimes referred to as "culture shock"). Many students will find the transition to study in Ireland to be psychologically demanding. There may be feelings of helplessness, a sense of not being fully in control – leading to symptoms such as feeling vulnerable, fearful, anxious, confused, crying or sleeplessness. These mimic some more severe psychological problems but are a normal part of adjustment and are usually time limited to a few weeks or up to a month or two. Effective orientation programs will go a long way to helping students with this kind of transition.

Another significant challenge for ELE is the difference between the Western model of mental health used in Ireland and other models used in International students' home countries, where there may be a significantly different understanding of mental health. For example, the systems of Chinese medicine or Indian Ayurvedic medicine are very different from the Western model. Some students may also come from regions where there is an animist view of mental health or from traditions where religious views cross over into views on mental health.

International students may perceive mental health issues and treatment differently

International students therefore often have different expectations of what a mental health issue is, how it is diagnosed and what treatment options are available, which can create potential barriers to help seeking among students. Students may also come from a background where confidentiality and disclosure issues do not have the same meaning.

ELE should ensure they provide explanation of the Western model of mental health to students to demystify not only some of the terminology used but also how the system works, who the key people are and what students can expect if they attend counselling or mental health services.

Insurance providers use the Western mental health model to frame benefits payable

It is also important to educate International students around access and benefits available to support treatment for mental health illness.

Some insurance providers cover psychiatric sessions but check your student's policy

Students should always know the details of their medical insurance and what they are entitled to. ELE should also make themselves familiar with insurance policies to be specific when advising students of their options.

Precise terms of coverage can change from time to time, and providers may find it useful to check the policy product disclosure statement for specific information.

CHAPTER 2:

WHAT MENTAL HEALTH ISSUES DO STUDENTS EXPERIENCE?

In this chapter we will discuss the common mental health issues that affect most people in a global context. We will use the information from the World Health Organisation and a student survey compiled by the USI (The Union of Students in Ireland).

Web links for both surveys and stats can be found in Appendix C

Mental health surveys helped identify issues that students face

One of the aims of the mental health surveys is to highlight a thread of the most common occurring issues that students face.

Four key conditions are prevalent in students

It is highly likely that staff in ELE will be faced with the four most frequently reported issues in any cohort of students:

- anxiety
- depression
- extreme worry
- grief related stress.

This information can help guide ELE

- Ensuring support services are available to their students in these areas;
- Planning staff training areas;
- Creating awareness campaigns and activities for students;
- Creating prevention campaigns and activities for students

“These answers are part of the survey by the USI in Ireland. Have students at your institution experienced?”

Anxiety -

Depression -

Extreme worry (e.g. due to financial concerns, study / housing) -

Grief related stress* -

Social withdrawal -

Panic attacks -

Suicidal thoughts -

Internet and/or gaming addiction -

Substance abuse -

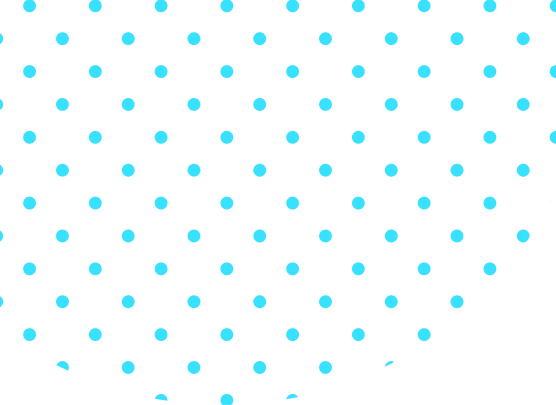
Self-harm (e.g. cutting) -

Eating disorders -

Drastic change in behaviour/demeanour -

Post-traumatic stress (PTS) -

*Grief related stress can be related to a number of different causes such as a death of a family member or a relationship break-up



Note: In addition to these difficulties, many ELE have also reported that insomnia and sleeping difficulties are very common among their students.

Language providers are increasingly dealing with mental health issues

Unsurprisingly, smaller ELE have to address mental health difficulties less often. There are implications for service delivery in this.

A larger enrolment means it is more likely that the ELE will have in-house mental health services and that staff will have some regular exposure to and practice in responding to mental health issues. For smaller ELE, a major mental health crisis may be very infrequent. Such institutions probably will not have specialist staff and may be challenged each time a major event occurs.

There are no comprehensive national figures for International students at a whole population level, and we must therefore rely on extrapolating from data for the more general population.

Appendix C shows the statistics from the USI which is relevant and important for young learners/adults students.

Students may hide some of the other reported conditions

For example, "Social Withdrawal", "Internet/Gaming Addiction", "Domestic Violence", "Substance Abuse", and "Eating Disorders" are issues that are often cloaked in a sense of shame and secrecy; and they are also likely to recur or relapse over extended periods of time. This means that they may be occurring more than is represented in this data.

All conditions are serious regardless of their frequency

We must also remember that low frequency of occurrence is not an indicator of seriousness. For example, ELE do not report highly frequent instances of "Psychosis," "Post-Traumatic Stress Disorder" or "Paranoia." Nonetheless, these are debilitating and distressing issues for the student involved and may have significant ripple effects on staff and other students.

'Suicidal thoughts' and 'self-harm' are critical and you must take them seriously

Finally, we should note the categories of "Suicidal Thoughts" and "Self-harm (e.g. cutting) or risk of self-harm" must be taken very seriously. Suicidal thoughts are one of the risk indicators for attempted or completed suicide and a student who expresses some sort of suicidal ideation cannot be ignored. Self-harm behaviours are not necessarily associated with suicide but are serious and require swift intervention.

Extrapolating worldwide figures to international students implies suicide does occur

There appear to be no statistics specifically pertaining to International student suicide in Ireland. However, if we extrapolate from the World Health Organisation figures, Suicide is at worrying rates worldwide. (students), we could anticipate several dozen completed suicides per year across the nation. We should also be aware that for every completed suicide, there are many more attempted suicides. So while the probability of such critical events occurring in any particular institution is low, it is very clearly a possibility that must be considered.

Suicide risk indicators

Research suggests that people do not attempt suicide “out of the blue.” Some risk indicators include:

- An expressed sense of hopelessness – e.g. in conversation, emails or on social media.
- Easy access to lethal means – although in many respects we all have access to lethal means, easy access to ropes, firearms, drugs increase the risk level.
- History (previous attempts, past trauma or abuse, family suicide).
- Recent major loss – such as poor academic results, relationship break-up, death in family, social conflict. Impulsive or aggressive tendencies.
- Alcohol and other substance abuse – a person whose thought processes are affected by a psychoactive substance may act out whilst under the influence.
- Untreated mental illness, especially depression.
- Lack of social support
- Resistance to seeking help

Good practice examples

ELE (1) ensures that any expressed threat of self-harm or suicide is taken seriously. For example, if a student says in an email something like: “If I fail this assignment, I’ll jump in front of a train”, it should not be dismissed as a threat. Staff members are asked to follow up by asking directly if the student has been thinking about suicide, and if so, to explore details to get a picture of whether there is any clear plan or intention. Staff will show interest and will have clear information about services immediately available to the student. If the student is able to reassure the staff member that they are not suicidal, they are still provided with support information and 24-hour crisis information. Staff are very specifically directed to avoid being sworn to secrecy by the student, and will seek support and consultation for what has occurred with another staff member – preferably the counsellor or “direct-report” mental health staff member– as soon as possible.

ELE (2) has an easy-to-use “check -in” system where students at-risk of self-harm can send an “I’m OK” message on a daily basis.

ELE (3) ensures that a critical number of staff members, including those responsible for student counselling, some student services staff and some key teaching staff receive adequate training.

Students showing such indicators should be connected to professional help as soon as possible

Suicide safety plan

If you are satisfied that a student does not have any immediate intent to act on suicidal thoughts, but you are nonetheless concerned for their well-being, it is useful to agree on a Safety Plan. This is intended only to help manage a situation in the short term until the student can be linked to professional help.

CHAPTER 3:

WHAT ARE THE KEY FEATURES OF BEST PRACTICE IN MENTAL HEALTH?

ELP are conducive to identifying student mental health difficulties

Difficulties with mental health are generally first manifested in places other than treatment centres. Problems will show first in the home, the classroom, the workplace, or amongst friends and colleagues. The relatively intimate environment of an ELE where students meet with the same teacher and classmates for the duration of a course which is usually at least five weeks long, makes it an important place where students can be supported through mental health difficulties. Given that some students are on pathways to higher education, the school centre can be seen as a critical opportunity for early intervention into mental health issues.

Best practice in mental health issues should focus on two goals

When considering these essential elements, it is important to remember the two key goals of effective practice in addressing mental health issues with International students:

Goal One: To connect the student to the most appropriate source of professional help in the most timely way.

Goal Two: To enable the student to succeed with their program or enable the student to return home with as much dignity as possible.

3.1 There are ten essential elements of best practice

1. Written policy

ELE should have a clearly articulated written policy for staff and for students outlining how the college manages mental health issues.

This should include step-by-step procedures which address the key issues listed below:

- mental health promotion and mental illness prevention
- services for students with mental health issues
- the place of mental illness within disability policy
- the provision of services for students with mental health issues
- crisis and critical incident processes
- staff training and awareness.

Mental health professionals should be consulted in forming these policies. It is essential to review policy from time to time to ensure that is compliant with legislation and meets the needs of stakeholders.

2. Promotion

ELE should clearly promote the mental health services available to students via a range of channels and media. This should not be limited to orientation periods but should be re-delivered in different ways throughout different study periods. At least some of the material should be available in languages other than English, if possible.

Channels for promotion include:

- printed information on posters, pamphlets/brochures
- school websites
- electronic channels that students access such as the Learning Management System (LMS) or social media platforms
- screens in classrooms, libraries and administration areas
- global and targeted emails – particularly during high stress periods (for instance assessment deadlines or examinations)
- student mentors or student leaders
- communication channels within student residences
- special events such as establishing a Mental Health Week, a campaign or mental health workshops
- class curricula (some ELE have embedded welfare and mental health awareness units in curricula).

Good practice examples

ELE (1) notes: “We have posters in the centre, information in student handbooks of how to access help and a flowchart for teachers to follow to assist them when students have presented with issues and it also runs mental health campaigns promoting events that are being promoted locally or nationally. ie. Pieta House, Darkness into light.

ELE (2) offers mental health seminars and workshops around exam time. Workshops include interactive activities such as role plays where students can practice asking each other if they are OK and encouraging their peers to seek help if needed.

ELE (3) asks their student ambassadors (current higher level students who have been at the school for longer) to check in with their peers. “They have hELEed us to identify a few minor issues with some students struggling to cope or adjust beyond the expected initial ‘culture shock’ period. They generally defuse a lot of new student anxiety as students know they can speak with someone from the same culture in their language.”

Case Study: Curtin English – Embedding mental health information in the curriculum

Curtin English operates as part of Curtin University, Perth (Australia). It enrolls approximately 300 language students.

To help destigmatise mental health and make it easier for students to seek help, Curtin English has included mental health topics in the classroom curriculum and social program it offers. All new students to Curtin English are required to take “Curtin Life.” Approximately five hours of class time is spent on mental health issues within Curtin Life largely focusing on mental health awareness raising and recognition of warning signs and symptoms as well as strategies to overcome these.

Curtin Life also places emphasis on physical and social activities that help prevent mental health issues and a concerted effort is made to help students become involved. Student leaders are invited to organise class groups to attend exercise classes such as Spin, Zumba and yoga along with staff from Curtin English and to participate in fitness events held in Perth such as the “HBF Run for a Reason.” Physical activities are offered every one to two weeks and are emphasised during busy periods and Curtin English assessment weeks.

Some of the outcomes of Curtin Life include:

- Students can identify the different services available at Curtin University and can prioritise those of most benefit to them.
- Students can identify and discuss the differences and similarities in cultural awareness between their home country and Australia.
- Students can identify and suggest ways of overcoming culture shock in different scenarios.
- Students can understand the importance of healthy living to support their studies by creating a list of activities.
- Students can discuss ways of creating a study and life balance based on different scenarios.
- Students can understand the terms stress and depression and can identify signs of these in themselves and their peers.

Case study information provided Leanne Howarth, Manager Teaching Programs, Curtin English.

3. Staff training and awareness

ELE should have clear processes and training for staff members who are required to respond to students experiencing mental health difficulties. There should also be clear procedures for making all staff aware of the institution’s mental illness policies and procedures.

Best practice in staff training includes the following practices:

- Giving staff who are not professionally qualified in mental health access to information that gives them a sound awareness of the range and nature of mental illness, how common it is, warning signs and indicators, likely effects on study, information to help -

- dispel myths and to reduce stigma associated with mental illness and ways to support students with mental illness.

- Providing the opportunity for a critical proportion of staff to complete the more intensive training provided by Mental Health First Aid.
- Developing clear protocols for staff to follow if they suspect a student is having difficulties with mental illness and providing training in these protocols. The general principle of the “Two Stop Shop” is recommended – that is, if the first person that a student approaches is not able to help, then the second person that the student sees should be in a position to provide help or advice.

This model is workable when all staff have a sound awareness of the range of services and support available to students.

- Providing training to all staff about how to proceed in the case of a critical incident or mental health crisis.
- Providing the opportunity for support service teams to meet regularly to share information (within the limits of

confidentiality) regarding students of concern.

- Providing staff who are professionally qualified in mental health with appropriate professional development support to maintain their expertise and registration.

Good practice examples

ELE (1) says: “The college ensured the Manager of Teaching Programs and Coordinators did the Mental Health First Aid course and some of our teachers have also completed the two-day course. We aim to ensure all teaching staff do it. The course helped raise awareness of mental health within the centre as opposed to it being a ‘taboo’ subject. It enabled staff to identify issues and deal with them appropriately before referring students to the experts.”

ELE (2) counselling staff conduct professional development sessions with class teachers where they focus on a particular mental health issue that the teachers’ students may experience, such as anxiety and/or panic attacks. Teachers are presented with situations that might occur with their students and role-play how they would respond to these. Counselling staff offer their support and expertise during these workshop sessions.

Some ELE have collated materials and useful websites about mental health on their teacher Learning Management System for staff to refer to when necessary.

How to suggest counselling

- Set a time to talk privately.
- Communicate your concern.
- Ask and listen.
- Bring up idea of counselling as resource.
- Avoid a power struggle.
- Don't diagnose or be judgmental.
- Remain calm.
- Normalise counselling.
- Stress confidentiality.
- Describe the counselling service or nominated student counsellor at the institution and how to access, in detail.
- Recommend a specific counsellor.
- Look for leverage: e.g. career or health focus.
- Check back with student; allow some time.

A POOR PRACTICE EXAMPLE: WHAT STAFF SHOULD AVOID

The behaviours below are not only unhelpful but can potentially make things worse:

- Over-reacting – magnification of issues and involving too many people.
- Under-reacting – missing the seriousness of the issue.
- Downplaying – “pull your socks up; you'll get over it”.
- Fearful responses – reacting to unusual or eccentric behaviour by amplifying your own anxiety.
- Super Rescuer – believing it is your role to “fix the issue”.
- Personalising – “this is what worked for me, so it will work for you”.

4. Healthy lifestyle promotion

ELE should offer activities which are proactive preventative measures that encourage social engagement, physical activity and other healthy lifestyle activities to create an environment where mental issues are less likely to occur. The easiest mental health problem to address is the one that does not take place.

Examples of preventative activities include:

- Social engagement activities – especially those involving face-to-face contact. Examples include student excursions, volunteer groups, special events (such as fundraisers) and cultural events.
- Physical activities – mental health experts are aware that exercise is possibly the single most important behaviour that makes an early difference to many mental health problems. Examples include discounts on gym membership, ad hoc social sports such as Frisbee (space permitting), or organised team sports, which have additional social benefits.
- Relaxation/meditation/mindfulness – these activities are especially useful for students susceptible to anxiety. Many institutions have established relaxation, meditation or mindfulness groups and/ or classes.
- Independent living skills programs– students can struggle with budgeting, shopping and basic cooking. Poor diet and financial worry can raise stress levels.
- Programs/workshops/campaigns aimed at targeting unhelpful behaviours such as smoking, alcohol and other drugs, gambling and excessive internet usage.

5. Early identification

ELE should have procedures in place to identify students with mental health issues as early as possible, in the knowledge that this leads to more effective intervention. If there is a pre-existing mental health condition, it is useful to know about it as soon as possible.

Approaches that can assist in early identification and intervention include:

- Promoting information that “de-stigmatises” mental health as much as possible so that students feel it is OK to disclose a mental health condition.

Effective promotion often gives the message that a mental health issue is just like any other health issue. The principle should be “you wouldn’t tolerate a major toothache for very long without seeing a dentist....so why tolerate something that messes with your head before seeing a counsellor?”

- Ensuring there is a clearly-identified person or service that students can approach with mental health issues and making sure students are aware that their confidentiality will be respected.
- Training all staff to be aware of the signs of disengagement that may indicate a mental health problem. Non-attendance, reduced participation, failing to submit work, not logging into student portals and poor grades all show that a student is struggling in some way.
- Developing systems to identify disengaged students and those who are struggling and to check-in with them and/or ensure that contact is made with them.
- Action taken on visible signs of a distressed student – such as a student in tears, highly stressed, inappropriately angry, signs of poor self-care, visibly affected by drugs/alcohol or any other behaviour that appears inappropriate or extreme in the circumstances. Such students should be connected to support services as soon as possible.

- Action taken on visible signs of a distressed student – such as a student in tears, highly stressed, inappropriately angry, signs of poor self-care, visibly affected by drugs/alcohol or any other behaviour that appears inappropriate or extreme in the circumstances. Such students should be connected to support services as soon as possible.

- Simple reporting processes for staff and students. The most likely people to observe that a student is experiencing mental health issues will be housemates, friends, class teachers or student services staff. There should be clear and simple ways for these people to advise responsible staff of their concerns so that appropriate action may be taken.

Pre-disclosure of existing mental health illnesses

ELE should encourage students and agents to disclose their mental health conditions or learning difficulties at the earliest possible stage. Most ELE give students the opportunity to disclose pre-existing mental health issues on their enrolment forms.

Enrolment forms should clarify reason for pre-disclosure question

One way to increase the rate of disclosure is to make it clear on enrolment forms that pre-disclosure will not adversely affect the student and that, on the contrary, the information will be used to assist them and make any necessary provisions for them to be able to succeed in their course(s). It must also be noted that some enrolment forms frame the disclosure question in terms of disclosing a “disability.” This may partly explain the low rate of disclosure as incoming students may not necessarily see a mental health issue as a disability.

Good practice examples

ELE (1) has a policy whereby non-attendance for two days will trigger the following procedure: 1) A staff member will try to call the student to check that they are OK. 2) If they cannot reach the student by phone, an email and text message will be sent to the student expressing the college's concern about their well-being and asking the student to contact them to confirm they are OK. They also let the student know that if they do not hear back from them by the next day, and cannot get in contact with their nominated emergency contact person, the college will need to contact the police to report them as a missing person.

ELE (2) notes that administration staff play an important role in early intervention to mental illness. Staff report any concerning behaviour they observe to the Student Advisor, who follows up with the student. One time, a reception staff member observed that a student regularly sat at the couch near Reception and spoke aloud to himself and would approach the desk and ask illogical questions. This student was later diagnosed as experiencing a psychotic episode.

ELE (3) says: Any student with a current attendance under 80 per cent receives a warning letter in class and is required to attend an appointment with the Student Advisor. In this appointment (scheduled during class time to maximise the student being available to attend) the Advisor ascertains if the student needs any extra support. Students who miss their scheduled appointment are followed up with by email and text message. In one case a Student Advisor contacted a student by text message to notify her she had missed her attendance appointment. She had been absent for two days and promised to come in the next day to explain. The following day she disclosed that on the previous weekend she had been raped.

Signs of distress that may indicate a mental health issue:

- Student feeling overwhelmed
- Crying excessively
- Feeling hopeless and/or worthless
- Looking dirty and disheveled
- Intoxicated/high at college
- Excessive response to small incidents - "the last straw" behaviour
- Lack of response to empathic contact - the individual who just doesn't seem reachable
- Poor academic performance
- Not attending class
- Odd or unusual thought processes in written or oral classwork
- Interpersonal withdrawal/isolation

6. Availability and provision

ELE should be able to directly provide short-term mental health services to students or be able to quickly refer students to external service providers.

Some mental health problems require long term and specialist help. For example, a student with a diagnosis of schizophrenia will have needs that an ELE will probably be unable to meet independently. Some mental health problems are also subject to chronic relapse – such as substance abuse, gambling, and eating disorders. There is no expectation that ELE will be able to provide long-term mental health services although, where a student is accessing external services, institutions should play a part in the management of longer term mental health issues.

Within that understanding, good practice will include:

- For ELE, it is essential to have a working relationship with at least one professionally qualified mental health service provider such as a registered Psychologist.
- It is also essential to have a working relationship with General Practitioners in the vicinity of the college. GP's are able to make referrals to psychiatrists and psychologists and students will normally be able to access health insurance funding for that purpose after any waiting period limits have been met.
- Where it is not possible to employ a specialist, ELE should ensure that a critical mass of their staff have undertaken Mental Health First Aid training or something of an equivalent standard.

7. Accessibility of service

Institutions must have the capacity to respond to urgent mental health needs and connect students with appropriate services in a timely manner, including students studying off campus and students who experience mental health crises outside of standard office hours.

Institutions which have effective practices in maximising the accessibility of mental health services do the following:

- Make information about how to access mental health services highly visible at many contact points – especially at “first contact” points such as front offices and main websites.
- Give students the opportunity to disclose any existing mental health issue(s) on Enrolment Forms. Forms should carry the clear proviso that the information will only be used to connect students with appropriate support services and will not affect their academic progress.
- Clearly sign-post the location of on-campus counselling services or the office of the person responsible for handling mental health issues in the first instance. Such locations must be physically accessible to all students.
- Have clear processes which identify whether students have urgent mental health needs and ensure they have the capacity to address those needs quickly.
- Provide students with clear options about who to contact if crises arise outside of institutional office hours.
- Have relationships with professionals and organisations that can assist with complexities that arising because of the diversity of linguistic, cultural or ethnic background of International students. For example, many colleges maintain a working list of interpreters; ethnic community organisations and religious organisations/services.

8. Reasonable adjustments

Students experiencing mental health issues should be able to access reasonable adjustments to matters affecting their academic progress such as assessment deadlines and attendance requirements.

No-one argues that it is inappropriate to provide some flexibility and support for a student with a physical disability such as visual impairment or a temporary illness or injury. However, there can sometimes be more debate when it comes to mental health problems keep in mind “a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour” - and that a failure to make reasonable adjustments is potentially in breach of that law.

ELE must be able to affirm that students have met the study outcomes of their course. Therefore, any reasonable accommodation must not jeopardise educational outcomes. Depending on the situation, it may be appropriate to consider delayed submission of assignments, substitute forms of assessment and modified exam conditions. For International students, it is difficult to offer a reduced workload, although this is not totally impossible under exceptional circumstances. In order to negotiate reasonable adjustments institutions should:

- Have a clearly defined and documented process for a student to apply for reasonable adjustment(s) on the grounds of mental health issues.
- Normally require written support from a doctor or mental health professional who has assessed the student’s mental health. Documentation should include commentary on the impact of the problem on the student’s capacity to meet study demands, and if possible some estimate of the time the problem began and how long it may last. It may also contain a recommendation of what is considered a “reasonable adjustment” but the college itself must have the final decision on what consideration is applied.
- Allow students to present alternative documentation/evidence in the case of situational events that affect their mental health. **For example**, the recent death of a family member may affect a student’s ability to attend to study.

Note: Staff who are not qualified in mental health should not be placed in a position to make a judgment about whether the student’s mental health issue is genuine.

9. Communication and record keeping processes

ELE should have clear processes for communicating with students regarding mental health issues. There should be sound record keeping of any contact between the ELE, student and any other stakeholders.

To ensure best practice in communication and record keeping, ELE should:

- Clearly designate which staff members are responsible for initiating contact with a student about a mental health issue. This is typically someone from the counselling service (or other mental health professional on staff) or a person in a senior position such as a Director of Studies or Manager of Student Services.
- Maintain formal records kept on individual cases in a confidential file. Consideration must be given as to how and where confidential information will be stored and which staff will have access to it. Best practice in file confidentiality includes storing information in: 1) a section of the Student Management System (SMS) firewalled off so that only authorised staff can access that information, 2) an entirely separate database from the SMS and 3) a paper-based records system stored under lock and key.
- Be persistent when trying to contact students experiencing mental health issues. Some students may not check formal institutional communication channels during difficult times. If no response is given from a student of concern via official channels, institutions should use alternative means of communication to establish contact such as private email addresses, phone numbers or social media platforms. Once contact has been made, communication should revert to formal channels as soon as possible.
- Collect student feedback about the mental health services available to them in the form of satisfaction surveys or similar.
- Maintain anonymous data about mental health issues across the institution and student feedback about mental health services in order to evaluate and develop services for the future.

10. Support for staff and other students

The behaviour of some students with mental health issues may impact on others, depending on the nature of the issue. For example, some critical incidents or the occasionally confronting behaviour associated with psychotic episodes have the potential for ripple effects on others. ELE should consider how support can be provided to staff and to other students who may have been affected by mental health incidents.

Good practice will include the following:

- Staff should have access to someone with a higher level of expertise in mental health for advice in dealing with any student mental health illness.

Good practice examples

ELE (1) notes: "Our Staff are encouraged to de-brief after an event/crisis.

ELE (2) observes: "We found it particularly helpful to debrief after dealing with students in crisis and use the situations as case scenarios. It is important for us as a team to know we are supported while offering support and to share experiences and solutions."

3.2 Crisis intervention

ELE need clear protocols to follow in a mental health crisis situation

In addition to the ten elements of effective practice listed above, ELE should have very clear protocols to follow in the event of needing to address a student mental health crisis. Any critical incident plan will have four broad phases. These are:

Phase 1

The immediate response to a critical incident

Phase 2

Crisis management during a critical incident

- Opportunities to "de-brief" must be provided for staff and/or students who have been affected by a critical incident. This may include direct observers of the event, colleagues and friends of the student. Individuals should be identified and offered support.

- In some circumstances colleges may need to follow up after a few months with key people/victims to check that they are not vulnerable to PTSD.

- Some incidents may require a formal process to provide closure, for example a memorial service.

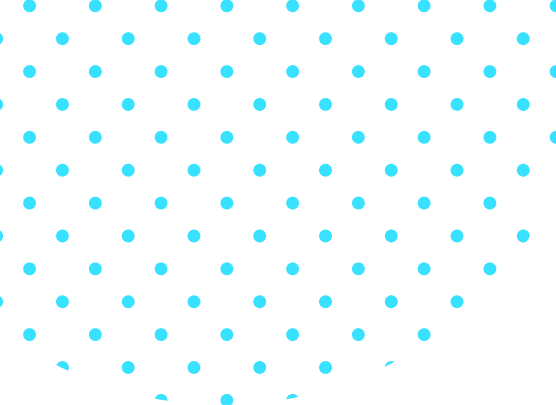
Phase 3

Recovery from a critical incident

Phase 4

Evaluation and critical incident review.

Crises may include incidents such as threat of harm to self or others, actual harm to self or others, specific statements expressing suicidal intent, suicide attempt, suicide completion, psychotic episodes, panic attacks or other severe emotional distress, particularly in public places. We may also regard any sudden death, serious accidents and assaults as critical



incidents that require an immediate response. Any crisis intervention plan must anticipate what the ELE's response will be if one of these events takes place.

ELE must identify who is responsible for responding to a mental health incident

ELE should have a clearly identified person or office with responsibility to coordinate a response to a mental health crisis incident. Where the ELE has a counselling service or mental health specialist on staff, responsibility should lie with them. If not, responsibility should lie with a senior staff member. The responsible office or officer should consult widely within the college to develop an agreed critical incident plan.

The highest priority is to address safety

In cases where there is risk of harm or severe psychotic/delusional behaviour, there should be procedures in place to contact police and ambulance services and means to safely transport an at-risk student to hospital as soon as possible.

Dealing with suicide risk

In cases where there is an apparent suicide risk:

- Staff members should never deal with a potentially suicidal student alone without consultation with other staff as soon as is practicable.
- A suicide risk assessment should be carried out by a doctor or qualified mental health professional. Assessment may indicate that a student needs hospitalisation, or it may be feasible to put in place some lower level safety plan.

Dealing with distressed or distressing behaviour

In circumstances where students are acting in a distressed and/or distressing manner:

- The ELE should provide a quiet private space as soon as possible to assist the student to regain some emotional equilibrium. Once a student has calmed sufficiently to talk, seek to explore the situation.

What to do after a mental health crisis incident

Specific steps should also be followed after a critical incident. Effective practice should consider the following points:

- Other people who may have been affected by a crisis incident should be identified and an appropriate outreach process carried out.
- After any immediate emergency has passed, it is important for the college to get back to normal functioning as soon as possible.
- There needs to be an authorised channel of providing clear information about what has been happening. Rumours and lack of clarity have the potential to make things worse, whereas accurate knowledge provides the opportunity to properly process what has occurred.
- Depending on the nature of the critical incident, it may be important to follow up with key participants/victims some months later to ensure that the individuals are not vulnerable to PTSD.
- The aftermath of some incidents may require some sort of formal process to provide closure – a memorial service, or a public Question-and-Answer Forum or similar.
- Evaluation and review will address whether the college needs to consider any preventative measures to guard against a repeat of such an incident, as well as assessing the quality of the incidents that require an immediate response. Any crisis intervention plan must anticipate what the ELE response will be if one of these events takes place.

3.3 Student rights and responsibilities

Confidentiality

The most significant student right is to confidentiality within the normal safety and legal limits that apply to this concept. The meaning of confidentiality should be clearly articulated and explained in any information given to students about mental health support.

Students over 18 years of age should be informed that:

- Any information disclosed about their mental health issue will not be disclosed to any other agency or authority without their written consent.
- Any records will be maintained securely, and that no unauthorised person will have access.
- Depending on the nature of the service, students may need to be told that their information is confidential to the service rather than just to the person they have spoken to. For example, if a student sees a different doctor or counsellor on different occasions, that different practitioner will normally have access to any client record.
- There may be cases where the ELE needs to share information with particular staff in order to assist the student to manage a mental health issue. This should always be done with the informed consent of the student.
- Confidentiality will be suspended if there is any threat of harm – either to the student or to others. Normally an effort is made to limit the spread of information to what is required to ensure immediate safety.
- Confidentiality may be compromised if a legal order is made by a court for the college to provide student records.

There is no situation in a college where a student can be guaranteed of total confidentiality of all information that he or she may disclose.

The broad defining principles of confidentiality are that

- Information should remain confidential unless there is a clear duty to act in the interests of safety. If any individual is in danger of harm, then confidentiality may be breached without necessarily informing the student.
- In cases where there is no actual danger to any person, but the college has a legal obligation to disclose information, the student must be informed that this is the case.
- In all other cases, information may only be disclosed with the informed consent of the student.

Students who are under 18 years old also have a right to confidentiality which includes all the points listed above. However, "Good practice is for providers which deliver courses as a part of a package of courses to communicate with each other about sharing responsibility for approving accommodation, support and general welfare arrangements for under-18 -year-old overseas students." That is, it useful to establish under what circumstances the college would seek to communicate with a parent or nominated other person on mental health issues.

Good practice should acknowledge:

- It would be appropriate to make contact with parents or nominated others in the event of serious suicidal behaviour or other threats of major harm, serious injury or arrest.
- It is mandatory to report suspected abuse and/or neglect of minors – this will need to be explained to minors who report such behaviour taking place where they are living in Ireland. If they report abuse or neglect that had taken place in their home country, there is no obligation to report that.

Good practice examples

ELE (1) provides all students with a written Statement of Rights and Responsibilities on their first contact with the counselling service. Whilst confidentiality is clearly assured on the service's website, they explicitly relay the rights and responsibilities to students. Students sign the Rights and Responsibilities Statement acknowledging they have read it. One copy is given to the student and another is retained by the service.

ELE (2) notes: "1. Students above 18: Information is kept confidential unless the student has given consent to release information to their teacher or agent, for example. 2. If there is a critical incident then this is managed under the [institution's] critical incident procedure. I.e. appropriate staff, agents and/or parents are informed.

3. Students under 18: Guardian or carer is informed as soon as possible. Note, a psychologist will not typically inform guardians or carers of any mental health concerns that are not serious in order to maintain confidentiality. However, Education Managers are able to inform carers and guardians."

In summary, this is the confidentiality policy the college adheres to :

1. All personal information from students accessing counselling and well-being support is treated confidentially and will not be discussed with anyone unless the student's permission is obtained.
2. Confidential personal information may be disclosed under some circumstances as follows: if information is subpoenaed by a court of law or reporting of information is required by the law, or if failure to disclose the information would place the student or another person at serious and imminent risk, harm or danger, or the student has provided prior approval to a) provide a written report to another professional or agency, e.g. a GP or a lawyer, or b) discuss the material with another person, e.g. a GP, teacher or family member.

Other student rights

- Students with mental health issues should be treated with respect and dignity.
- Students have a right to be consulted and to give or refuse consent to any proposed treatment plan. However, they should be made aware that the consequences of refusing treatment may affect their ability to complete their course of study.
- Students should have access to an appropriate process for complaint if they are dissatisfied with the service provided to them.

Student responsibilities

- Students have a responsibility to disclose a mental health issue that is affecting their capacity to meet the demands of their course and to provide appropriate supporting documentation.
- If students have consented to a treatment plan to address their mental health issue, they have a responsibility to actively engage in that plan.

CHAPTER 4:

WHAT EXTRA RESOURCES ARE AVAILABLE TO SCHOOLS?



This Guide provides extra resources such as contact information for general and specific service providers that deal with mental health. However, it is difficult to be highly specific about local resources available to any particular college. Local services can vary quickly with funding arrangements. ELE should seek to update contact information about resources at least annually.

Provide staff with a small number of resources rather than an extensive list

It can be tempting to develop a comprehensive data base of all the mental health resources that are available in the immediate geographical area, and to distribute this to all staff although this can result in confusion and miscommunication as there are a substantial number of different types of services such as those dealing with sexual assault, gambling, substance abuse and multiple private practitioners. It can be almost too easy to develop an unwieldy resource package that is difficult to use. It is better practice to advise general staff of a small number of resources, such as:

- who to call in an emergency or crisis (e.g. security or Gardai/Ambulance)
- 24/7 crisis numbers
- counselling or student advisory services or details of the person who has responsibility for managing a presenting mental health issue.

ELE services or the responsible person/people for mental health issues should maintain a more comprehensive resource list. That localised resource list should include as many of the resources below that are applicable.

Internal sources of help

- Course co-ordinators, supervisors, tutors
- Accommodation managers
- Student Services
- Counselling Services

- Occupational Health and Safety
- Health Services
- Disability Services
- Multi-Faith Services/chaplaincy
- Student Union

External sources of help

- General Practitioners
- Primary care and secondary psychological and specialist services (e.g. eating disorders, alcohol)
- Voluntary organizations (help lines, support groups, advocacy, counselling and specialist services)
- Web resources

Crisis contacts

- In an emergency – i.e. if any person is physically at risk - call 999/112

More general resources

At the time of writing, all the services listed in this Guide indicated that they were available to International students. Nonetheless, it is important to be aware that many services have limited resources and there may therefore be potential delays in accessing services.

External & Useful Websites, Apps - These sources should be updated regularly to keep the document relevant

Websites

Aware.ie - Depression support. <https://www.aware.ie/>

JIGSAW - support and advice on youth mental health. Online support available

Pieta House - Suicide prevention. <https://www.pieta.ie/>

Samaritans - Mental health support - www.samaritans.org

Spun Out - lifestyle information. <https://spunout.ie/>

Mental Health Ireland - Promote positive Mental Health. <https://www.mentalhealthireland.ie/>

BeLong To (for LGBTI+ young people) - <http://belongto.org/>

CAMHS - Child and Adolescent Mental Health Services
<https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/>

Bodywhys - Online support for eating disorder
www.bodywhys.ie/

Apps for mobile devices : Apps listed below at the time of writing were top of the charts for downloads. Search the respective app stores for more choices.

Suicide Prevention:

NotOK - (free on IOS & Android)

General Mental Health App:

What's up - (free on IOS & Android)

Anxiety apps:

Mind Shift - (free on IOS & Android)

Self Help for Anxiety Management - (free on IOS & Android)

Apps to help with depression:

Happify - (free on IOS & Android)

MoodTools - (free on IOS & Android)

Mindfulness Apps:

Headspace - (available on IOS & Android)

Calm - (available on IOS & Android)

Embassies in Ireland:

<https://www.ireland.ie/en/dfa/embassies-in-ireland/>

Local Hospitals & Health Centres

ELE should have Addresses and contact information for their nearest Hospital/General Practitioner and any other relevant emergency services.

ELE are encouraged to have these printed and available at hand. Also fill in the relevant information on the space provided below.

Appendix A:

THE PROCESS FOR DIAGNOSING MENTAL HEALTH ISSUES AND TREATMENT OPTIONS

Most mental health professionals in Ireland are trained according to DSM-5

If students see a psychologist or psychiatrist, they will encounter the Western model of mental health. Most mental health professionals in Ireland have been trained to classify mental health issues according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). To a lesser extent, some are trained to use the system of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD -10). Both classify mental health in a similar but not identical way.

Mental health diagnoses fall into categories that differ in treatment options

In essence, if a client meets certain diagnostic criteria, then they will receive a particular diagnosis. There are a substantial number of these listed within a series of categories such as Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Schizophrenic Spectrum and Other Psychotic Disorders, Bipolar and Related Disorder, Trauma and Stress or-Related Disorders, Feeding and Eating Disorders and Substance-Related and Addictive Disorders. Each category provides information about cause/origin, onset, progression, incident rates and treatment options.

The complexity of mental health issues can lead to different diagnoses

Both the DSM-5 and ICD-10 acknowledge that mental health issues are highly complex and that diagnostic criteria for different issues can overlap a great deal. It can be confusing to clients of mental health systems if they receive different diagnoses from different mental health professionals, however, this occasionally does happen.

Treatment Options

The two main treatment options in the Western model of mental health issues are medication and/or some form of the many “talk therapies” practiced in psychology.

Medication

Psychotherapeutic medications can only be prescribed by a doctor or a psychiatrist. There are some mental health issues that are extremely difficult to manage without medication. For example, psychosis. Other mental health issues may not necessarily require medication, but medication may help stabilise an individual and create a platform for further therapy. This is especially so for serious depression and recurrent anxiety. Management of medication should always be in consultation with a doctor or psychiatrist. If students seek advice about their medication from anyone else, it is important to refer them back to their doctor.

Psychotherapy

Most services therefore operate on some form of brief intervention model, often with some limit to the number of sessions available to clients in a calendar year or teaching period.

It is important to remember that ELE retain some level of responsibility for case management when a student is referred to external professional help and systems should be in place to check-in with these students on a regular basis.

Appendix B:

MENTAL HEALTH AWARENESS POSTER



**YOU'RE NOT ALONE.
TALK ABOUT IT.
YOUR MENTAL HEALTH MATTERS.**

LOOK AFTER YOUR MENTAL HEALTH

Take the first step to feel better

Appendix C :

STATISTICS PERTAINING TO MENTAL HEALTH

USI national report on student mental health 2019 - <http://usi.ie/mentalhealthreport/>

Students are experiencing extremely severe levels of anxiety (38.4%), depression (29.9%) and stress (17.3%).

Close to a third (32.2%) of students had a formal diagnosis of a mental health difficulties at some point in their lives.

A fifth (20.9%) of students did not have someone to talk to about personal and emotional difficulties.

Most students (35.3%) were made aware of support services through their Students' Union.

Students use(d) both on campus and off campus services to support their mental health.

A free on campus counselling service was important for students.

Working impacted on student's ability to socialise with classmates.

Those who were involved in activities outside of their coursework had better mental health.

Just under a third of students (32.2%) had received a formal diagnosis at some point in their lives.

Most of these students received a diagnosis of Depression (74%), Anxiety (73.5%), followed by Eating Disorders at 13.2% and then OCD, Bipolar, Borderline Personality Disorder, Dual Diagnosis, PTSD, Psychosis and other.

WORLD HEALTH ORGANISATION - https://www.who.int/mental_health/en/

Childhood, adolescence and young adulthood are critical stages of life for mental health and well-being, when people develop skills in self-control, social interaction and learning. Negative experiences – at home due to family conflict or at school due to bullying, for example – have a damaging effect on the development of these core cognitive and emotional skills. The socioeconomic conditions under which children grow can also have an impact on their choices and opportunities in adolescence and adulthood.

Currently, suicide ranks as the fourth leading cause of death among 15–19-year-olds, and 75% of mental health conditions begin by age 24. In the WHO European Region in 2021, an estimated 1 in 5 adolescents had a mental health condition.

Depression is one of the leading causes of disability, affecting 264 million people. Girls reported worse outcomes for mental health and well-being than boys. Girls consistently reported higher levels of loneliness than boys.

One third of adolescents (33%) experienced feeling nervous or irritable more than once a week. One in four reported sleep difficulties (29%) and/or feeling low (25%). One in five (20%) reported having headaches more than once a week.

At least 350 million people live with depression worldwide.

In many countries only 1 of 10 people are properly diagnosed and treated for mental health issues.

A focus on adolescent mental health and wellbeing in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey

<https://iris.who.int/bitstream/handle/10665/373201/9789289060356-eng.pdf?sequence=2>

WHO European framework for action on mental health 2021–2025

<https://iris.who.int/bitstream/handle/10665/352549/9789289057813-eng.pdf?sequence=1>

Appendix D :

SAMPLE SUICIDE SAFETY PLAN TEMPLATE

If you are satisfied that a student does not have any immediate intent to act on suicidal thoughts, but you are none the less concerned for their well being, it is useful to agree on a Safety Plan. This is intended only to help manage a situation in the short term until they can be linked to professional help. A template model can follow the headings shown below. The student should participate in developing responses to each section.

Safety plan

List any signs that will help you recognise that things may be getting worse

(e.g. thoughts, images, mood, situation, behaviour).

What can I do myself? What will help me take my mind off my worries?

(E.g. relaxation, take a walk or other physical activity, read, listen to music, watch TV, write, colour in, engage in some process I like doing a jigsaw puzzle).

What can help make my environment safe?

(E.g. avoid alcohol, other drugs, gambling, store any medications safely, anything else?).

Safety Plan Template

First Name:

Surname Name:

Phone Number:

Address 1

Address 2

Emergency contacts (relatives, close friends):

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

My doctor and/or my counsellor:

Doctor's Name:

Phone:

Counsellor's Name:

Phone:

I agree to contact (school name) by _____ [date & time]. I give permission for the school to contact my emergency contacts listed above if I do not make contact by this time.

Name:

Signature:

Date:

Witness Signature:

Appendix E :

EXAMPLE PRIVACY CONFIDENTIALITY STATEMENT NOTICE AND RELEASE OF PERSONAL INFORMATION CONSENT FORM

Collection and use

The personal information you provide to the (Institution name) Counselling staff will be used in the provision of appropriate counselling and support to you. Use of the service is voluntary, however if you do not provide all the personal information requested by a counsellor we may not be able to provide the support you may need. We are required to keep records of each counselling session you attend for the purposes of monitoring progress and statistical analysis of our service's efficacy (e.g., attendance numbers and common presentation issues). We will not use your name, contact details or other identifiable data in these statistics.

Disclosure

We will not disclose your personal information or attendance details with anyone outside of the (school name) Counselling service except if:

- you have given us your written consent to do so, which may be by your prior approval (see below).
- it is required or authorised by law.
- we have reasonable ground to believe that the disclosure is necessary to lessen or prevent a serious and imminent threat to the life or health of you or any other person.

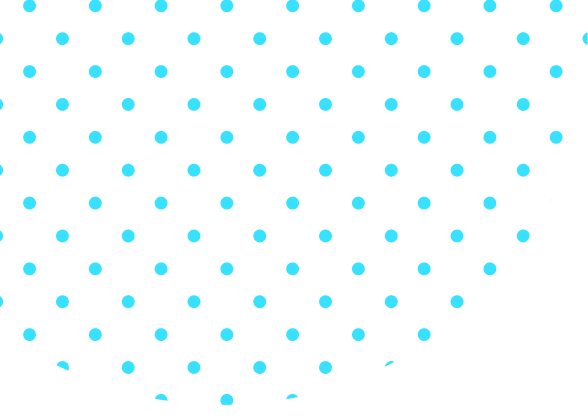
Security and retention

Your counselling file is electronically stored securely and safely at (institution name). It is not connected to your student file and only the (institution name) Counselling staff whose duties require it can access your counselling file.

Explain to student your policy on GDPR and personal file retention that are in line with the ELE policies.

Access and correction

You have the right to access and correct personal information about you held by (school name). Please speak to <appropriate ELE staff member> in the first instance.



Consent

I _____(full name) give permission for the (institution name) Counselling and Wellbeing Support service to disclose my personal information to assist in my care and treatment during the period __/__/__ to __/__/__ as listed below:

- teachers/academics/relevant (institution name) staff (details if required)

- relevant government and community-based agencies (details if required)

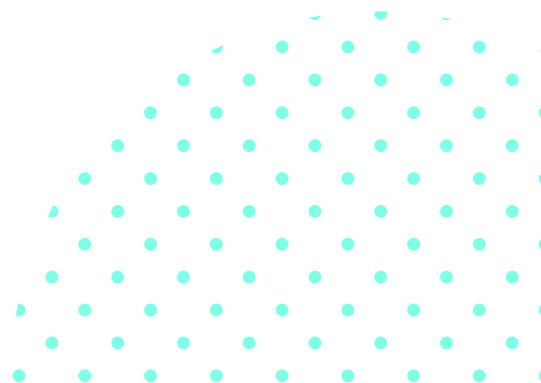
- my medical practitioners and other allied health professionals (details if required)

- family member/friend/carer (details if required)

- Other (please specify) _____

I understand that I can withdraw or change my consent at any time; however, I am also aware of the limits to confidentiality as outlined above.

Signature __/__/__ (date)



Appendix F :

INFORMATION ON ACCOMMODATION AND USEFUL LINKS FOR STUDENTS

Student accommodation in Ireland falls into different types:

Host Family

Students living in host family accommodation either booked through your institution or an other provider which have been sourced by the school should have a contact person within the ELE if they have any issues with their host family. ELE rapport with their host families can be used to monitor students welfare if concerns are present.

Campus/Student Accommodation

Accommodation settings like this has a lot of benefits as students are surrounded by their peers. If an ELE leases/owns this type of living environment it is very useful to make the mental health posters visible and access to contact information. Independently owned campuses like this, for example LIV Student Campuses offer some programmes and activities with some involving mental health and well-being.

Private rented Accommodation

This type of accommodation can be one of the more precarious settings for visiting language students. Rental prices are an added worry for students who are trying to acclimatise in a new country and manage their budget. Over crowded residences can lead to lack of privacy that students may find unsettling.

Sources for Private renting Advice for Students

ICOS - Irish Council for International Students

ICOS collaborate with our members, student organisations and government agencies to ensure that international education policy and practice in Ireland is quality-driven and remains firmly focused on the educational and social needs of all students. We promote the rights and welfare of international students who choose Ireland as a study destination, and support staff in colleges who work with them.

There is plenty of information on the website offering advice on the private renting accommodation sector. Should a student present to the school with housing concerns, these links may help offer the students some insight to their rights.

www.internationalstudents.ie/

Accommodation websites

www.daft.ie

www.rentdodo.ie/

www.rent.ie

www.homestay.com

www.studenthouse.com

Share information with tenants like you -

<https://ratethelandlord.org/>

ICOS scam/fraud awareness page -

www.internationalstudents.ie/scams-and-fraud

Threshold Accommodation advice -

www.threshold.ie/advice/seeking-private-rented-accommodation/be-careful-of-rent-scams/

Residential Tenancy Board (RTB) -

www.rtb.ie/



English Education Ireland

