

**Pathways 6 Conference 2002**  
**I need to talk to someone: Providing support at a distance for  
students with mental illness**

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**ABSTRACT**

In 2001, there were 37,300 students across the three campuses of Massey University in New Zealand. Of these, 19,200 students studied extramurally by distance education. These students are scattered throughout New Zealand and beyond. Providing adequate services to students who do not come onto campus, or who only come onto campus for a few days or weeks in the year, presents a multitude of logistical challenges for support services. In addition, a significant group of extramural students experience some form of disability, with mental illness accounting for a large proportion of disclosures to support services. This number appears to be steadily increasing. Support for internal (on campus) students is well established through referrals to the Student Counselling Services on each campus. Disability Services and Counselling Services on Massey University's Palmerston North Campus, have a four-year history of service collaboration. This has comprised establishing an appropriate referral process, reciprocal staff training and regular meetings and interaction between staff. This collaboration has led to the development of new services to meet the needs of extramural students and includes an e-mail service and a telephone service. This paper will demonstrate our collaboration and innovation in the provision of services to extramural students with mental illness, including some of the limitations, pitfalls and successes we have experienced.

**1. INTRODUCTION**

In 2001, there were 37,300 students studying across the three campuses of Massey University in New Zealand. Of these, 19,200 students studied extramurally by distance education. 78 of these students disclosed to Disability Services under the category of mental illness. This can be compared to 46 students in 1999, which represents a 69.5 percent increase over two years. This trend is continuing.

Those who identify as having a disability are a subset of all students with disability, since some students may choose not to identify themselves to their institutions (Lewis & Farris,

1999). Students are not required to reveal a disability unless they wish to and it is therefore not possible to be aware of the true number of students studying with mental illness. Those students who do identify usually do so because of a need for support services from the University.

Students contact Disability Services by indicating on a form in the enrolment pack that they have a disability and will require support. Extramural students are also likely to contact Disability Services by telephone, e-mail, fax or letter, or by calling in to the office if they live close to campus, or are on campus for a course.

None of the staff in Disability Services have had the relevant qualifications or experience to work specifically with students concerning mental health issues. That is, support staff are not trained counsellors, psychologists, psychiatrists or mental health staff. Disability Services can provide assistance with academic support, but there are boundaries around both the role of the service and the support staff can professionally provide to students.

Internal students with mental illness can readily be referred to the Student Counselling Service (SCS) on campus. On staff there are two Clinical Psychologists and three trained Counsellors. Internal students pay a student services levy, which entitles them to ten free counselling sessions. Disability Services contributes funding to SCS for students with mental illness, so that they can have an increased number of sessions free of charge as determined by the staff member at SCS working with them. Extramural students do not pay this fee, so the predicament for Disability Services staff was how to provide appropriate support for this growing group of students. A collegial relationship has developed between SCS staff and Disability Services staff who have worked together to develop strategies to address the gap in services and provide professional support from a distance.

## **2. DISCUSSION**

Consultation between the two services followed on how best to meet the needs of students studying at a distance with mental illness. Students with mental illness have sometimes chosen to embark on a course of extramural study, as it is a form of “freedom” from their illness. Not having to come onto campus is a boon for some students who live in isolated areas, or who find interacting with others on a large scale too difficult. Study may have a very special purpose for students living with mental illness, who may otherwise be denied many of the things others take for granted. However, study is a stressful process and for it to be beneficial rather than an additional source of difficulty, resources have to be put into place for students. There are difficulties in providing services that are meaningful and appropriate when the communication lines are via phone or e-mail and for safety reasons, proceeding with caution seems to be appropriate.

Initially students who had disclosed a disability falling under the mental health category, were asked by Disability Services staff if they wanted to be contacted by SCS in order to establish their needs, and to offer assistance and liaison where appropriate. Only students who indicated that they wished to be contacted were contacted by one of the psychologists. A total of eight students were contacted. The psychologist was able to direct them to resources within their communities. She was also able to send them appropriate literature (the service has an extensive brochure range), offer individual counselling during contact courses, direct them to the SCS website and e-mail address (if they had access to the internet) or offer further support by phone if needed. It appears that this initial contact had a settling effect for students who knew that help was available if needed. As it took place during the critical first weeks of

the semester, it probably assisted in the alleviation of anxiety about coping with studies and a mental illness. As students studying at a distance can do so from literally anywhere, there are often special challenges posed for those studying from institutional settings of one sort or another. Difficulties can arise because of limitations to communication channels or misunderstanding of professional boundaries on the part of all concerned. Disability Services and SCS have to work with great care under these circumstances.

Extramural students with and without disability are increasingly making use of the SCS e-mail address sited on a bulletin board called 'Newstuff'. Newstuff contains frequently asked questions and responses. These questions have been altered so that there are no identifiable features to them and all questions posted by students receive a private answer. Allied to this is CROW (Counselling Resources On Web). This contains on-line versions of all SCS brochures. The brochures are written specifically for students and cover topics such as depression, suicide, perfectionism, concentration and procrastination. If someone requires information not covered by one of these brochures, there is a link to the University of Chicago "virtual pamphlet" site. This site has pamphlets from America and around the world.

Students are physically on campus for on-campus contact courses. For this to come about, there has usually been a great deal of planning on the part of the student concerned; sometimes their caseworker, Disability Services, Residential Community Services and SCS. This takes place long before the student sets foot on campus. The reason for the planning is to ensure that the student's needs are met in the best way possible. It also goes a long way to preventing students "falling through the cracks" and finding themselves in difficult or even dangerous situations. It makes work easier for staff at the services as they are aware, ahead of time, of the possible call on resources during the on-campus course time. Should the student need follow-up after the course, then contact can be made with the caseworker or another Counsellor (where needed). Alternatively contact can be maintained between the student and SCS through e-mail or telephone. (Note: E-mail counselling is not offered as a general rule, as there are significant difficulties with confidentiality and safety. However, where a student understands the difficulties and is known to SCS and needs follow-up, this could be done via e-mail.)

In the Halls of Residence there is a strong Residential Community team who may assist when needed. Their assistance is invaluable to extramural students when on campus. However, their responsibility is with the internal students and special arrangements have to be made to accommodate on-campus contact courses. Disability Services can arrange for additional tutoring in the Halls for students on contact courses on campus.

Safety is paramount and applies not only to the safety of the student concerned, but also to other students. It can be extremely traumatic and disruptive to students living in the Halls when another student is displaying unusual or apparently dangerous behaviour.

Many times crises happen after hours or on weekends. Although the SCS does not offer after hours services, there is always a Counsellor available to the Residential Community, for the purposes of consultation, should a problem arise. There is also always a senior staff member of the Residential Community available to on-site staff and students. However, Mid Central Health (the local health board and hospital) runs a 24-hour emergency service and it is this service that will primarily be used after hours and over weekends. SCS maintains good working relationships with Mid Central Health through the stakeholders group in order to expedite student access to these services. Should a critical incident of some sort occur on campus, there is a plan for dealing with it and Massey personnel who can manage the situation and offer debriefing where necessary. There is also a brochure entitled "Coping with

Traumatic Incidents” that provides information for people who have experienced a traumatic incident. This brochure is given out whenever needed.

Other services available to students whilst on campus include the Harassment Complaints Contact people. This service is available to anyone who feels they have been harassed. Many other ‘non-harassment’ complaints are dealt with through this service too. The Extramural Student Association also offers practical assistance to students.

Should a student feel that they have been inappropriately treated by any Student Service whilst on campus (or indeed whilst off campus) they can complain through the complaints procedure set up specifically for students (see brochure).

Academic and general staff members are made aware of potential problems arising out of mental illness and assisted to make appropriate referrals should they become aware of students who may be at risk. All new staff are given a brochure entitled “Recognising and referring students at risk: Enhancing student retention”. This brochure gives examples of worrying behaviour, how to talk to the student concerned and how to make a referral to SCS. The service offers a consultation service for staff to assist them when they experience concerns about students.

One of the difficulties facing students studying with mental illness is the stigma attached to mental illness. The Ministry of Health (and other bodies) has launched initiatives to overcome this stigma, but it is an ongoing obstacle for students with mental health issues. Both Disability Services and SCS work proactively to reduce stigma where possible. To this end both services have participated in “Mental health awareness week” by appearing on the radio and writing articles for local newspapers. These include student radio (Radio Massey) and newspapers (Chaff). A brochure “Myths about Counselling” has been written to dispel myths about asking for help. Without good communication, much of the work done by SCS or Disability Services would not be utilised. Both services produce publications and brochures, which provide information and advertise the support available.

Part of the ongoing professional development for Disability Services and SCS is an exchange of professional training and invitations to training offered by outside trainers. An example of this is the New Zealand Sign Language course run under the auspices of Disability Services. One of the Disability Advisors and one of the reception staff members from SCS attended this course together and continue to meet on an informal basis to practice their signing skills. There are other informal and formal opportunities for staff to meet and talk with each other. This is made easier by the close physical proximity of the services. Students benefit as they experience an apparently seamless service when accessing the services. However, having a close relationship between the services does mean that particular attention is paid to confidentiality. Communication between services about a particular student is always done professionally, with the client’s well-informed consent and within the parameters of the Privacy Act and ethical codes of practice.

There are a number of other supports that Disability Services at Massey University can arrange for extramural students with mental illness. These include organising learning support and tutoring in a student’s own community. There are a number of flexible arrangements for tests and examinations, ranging from extra time to Home Supervision. Disability Services can provide information on eligibility for financial support including benefit entitlements and limited full-time status. The service can support students to contact their lecturers and the service provides information to lecturers on flexible accommodations for teaching students with mental illness. A pool of equipment is available to lend to extramural students to enable

them to study from home. When “things fall apart”, students are given information on how to apply for impaired performance or an aegrotat pass, how to apply for a refund of fees or withdraw without academic penalty.

### **3. CONCLUSION**

#### **3.1 Limitations**

There are limits to the support services that can be provided. For instance, setting up counselling with paid private practitioners outside the university is practically and financially not possible. It is also not always possible to provide the same level of contact with students who are in certain institutions as there may be difficulty with communication channels.

E-mail counselling is in its infancy and no New Zealand code of practice currently exists. The American Psychological Association does have a code of practice and this is being scrutinised in order to establish some baselines for practice in this area. However, until this form of counselling becomes more accepted, the Student Counselling Service is proceeding with due caution. Telephone counselling also has drawbacks, as has telephone communication for Disability Services staff, as “body language” is not available to the staff member or the student and useful cues may be missed. It may be difficult to assess whether what the student is saying is congruent with reality or not on the phone.

On-campus contact courses are short, lasting up to two weeks. This may be advantageous for some students as it cuts down on the amount of time spent out of their “safe” known environment. For others it is very unsettling and just when they are getting used to being on campus, it is time to leave. Providing enough therapeutic impact in this short space of time can be difficult as can be making a decision whether to go to a lecture or to miss it in order to come into SCS.

#### **3.2 Pitfalls**

There are many pitfalls facing practitioners in Disability Services and Student Counselling Services who are trying to meet the needs of distance students with mental health issues. Trying to go it alone is probably the most common problem. This puts the practitioner into an unsafe place professionally. The practitioner believes that they cannot divulge anything about the student to anyone else because of privacy or confidentiality concerns. Whilst confidentiality and privacy are vital concerns, it is possible to work within these parameters and consult appropriately. This provides a team approach where the student is left feeling supported by their very own “team”. Professional supervision is a requirement for Counsellors and Psychologists and no good practitioner would consider missing out on this valuable resource. Disability professionals less commonly undertake it. This leaves Disability staff, who have no counselling or psychological training, in a very difficult position at times and leaves them trying to make decisions with students without the sufficient knowledge or resources to do so.

Making sure boundaries are appropriate is vital for working effectively. Overstepping boundaries can result in inter-professional difficulties at best and unfair or even dangerous situations for students at worst. Students with mental illness may have difficulty with their own boundary system arising out of their mental illness. If the professionals working with them are unclear about their own boundaries, it leads to confusion, stress for the staff member and poor service for the student.

Making sure that staff are safe as practitioners reduces work stress and puts them in a better space to meet student needs. Using release of information forms where information is exchanged between services or with outside bodies is one way of avoiding misunderstandings and potential breaches of confidentiality.

### **3.3 Successes**

Reviewing the development of services thus far, it can be said that collegial working relationships have been built within Student Services as a whole. This is not limited to the SCS and Disability Services, but embraces other services such as the Medical Centre, Learning Support and the Residential Community to name but a few. Services are working towards the holistic approach to student support services, which involves working together to find joint solutions to problems (Abbott-Chapman & Edwards, 1999). This network provides a near seamless service for students with fewer gaps and overlaps.

How is success measured?

- When individual students with mental illness registered with support services succeed in achieving their academic goals, it is possible to see the impact of that support
- The growth in the number of students disclosing their mental illness to Disability Services is encouraging. More people seem able to move beyond the stigma of mental illness in order to avail themselves of the assistance that is put in place for them
- Staff in both Disability Services and SCS feel able to do a good job as they feel supported in their roles by their own service and the other Student Services
- Knowing boundaries and making these boundaries transparent and clear for students makes for good, safe practice
- Working together has enabled both services to reach a greater number of students and to provide significantly better services to them that would have been possible individually
- Quality control measures such as annual student satisfaction surveys, the balanced score card and a low level of complaints (resolved at the lowest possible level) reflect the concern of support services to provide the best possible service to students

Innovation from dedicated, motivated and professional staff members has enabled Disability Services and the Student Counselling Service to achieve the services outlined above. However, this remains “a work in progress” and both services continue to work together so that there is someone there when a student with mental illness calls and says, “I need to talk to someone...”

## **4. REFERENCES**

Abbott-Chapman, J. & Edwards, J. (1999). Student service in the modern university: Responding to changing student needs. Journal of the Australian and New Zealand Student Services Association. 13, April 1999.

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