

National Dean of Students, Ombudsman, Complaints Managers and Student Advocates Conference 2017

Day one, morning session roundtable discussions

Questions from the floor

- How do you evaluate what is happening in mental health in your uni or role?
- Data? How would you collect this in your area?
- How does mental health impact on your role in issue resolution?
- How does it complicate the issue resolution space?
- Any reasonable adjustment needed?
- What might staff do to build the resilience in students?

Responses

Table 1

Q1 how do you evaluate?

Through counselling services data – usage and activity. MH first aid training uptake. Complaints – not currently a data field collected, could be. Imputed disability – we are not diagnosticians.

Q2 Data? Not sure – can't ask. Is it even appropriate for complaint handlers to ask or collect? Generic referral to student services for support in responding if they are the other key stakeholder in a complaint.

Q3 How does MH impact? Is the MH issue the underpinning matter in an issue? I need an extension – why? Impact in delayed resolution because each step is further complicated.

Q4 How does it complicate? Two spaces – students who are complaining and the resolution space. Anxiety impacts on clarity and perspective. Resolution becomes not a resolution but an opening for further issues. Staff also – not just students. Best staff can reach their limit in being supportive and flexible! Can't follow a 'neat' formula for resolution. Hardest when misconduct is complicated by anxiety and need to change communication strategies etc. `

Q5 Reasonable adjustment? Often can be the best outcome – impute a disability and apply a reasonable adjustment. Reasonable adjustment is academic not accepting poor interpersonal behaviour.

Q6 Resilience? Send them to Student Services!

Table 2

1. How do you collect and evaluate what is happening in mental health in your uni or role?
 - a. All frontline services record issues (different systems) and generate reports (focus this year on identifying trends)
 - b. Not really captured (so hard to evaluate)
 - c. Not actively recorded in Ombuds space, but counselling does record
 - d. Cross-communication between service areas (client is known to our service)
 - e. Potential for a new role
2. Impact on role in issue resolution and complicate resolution process?
 - a. Delicate and compassionate
 - b. Can't ignore mental health situation
 - c. Barriers to engagement

Table 3

Question 1

We don't evaluate at the three universities at this table, although we do comment on anecdotal evidence in regard to individual matters

Question 2

As above in regard to the present. In terms of how we could/would, we'd counsel serious thought before attempting to collect that data. It is covered by privacy and health privacy legislation, thereby creating an entire lifecycle of responsibility for what is sensitive personal and health information.

Question 3

Impacts on resolution outcome when the complainant doesn't have a reasonable expectation, either in relation to the outcome itself, their control over it and/or the timing.

Table 4

How do you evaluate what is happening in MH in your uni or your role?

- Counselling service, health and wellbeing committee
- Report to the university executive

How does mental health impact on your role resolution

- Presenting with issue isn't really the issue they have
- Adding another layer of complexity and there is often a need to add in other specialist
- Language (positive)
- When a student is unwell they may not understand and our procedures can be ineffective for them at that time.
- Keeping a firm boundary
- Complexity of grievances & mental health

Reasonable adjustment

Table 5

Evaluation and Data

Statistics – counselling, complaints, colleagues provide data and trends are identified

Disability and counselling services collect data

Impact of Mental Health

- 20 per cent take up 80 per cent of time and resources
- Unreasonable behaviour and expectations
- Impacts of staff wellbeing and productivity – particularly those on the frontline
- Impacts on potential for complaint to be resolved – chronic complainers return and are never satisfied with outcome or answers
- Mental health issues are often not disclosed and as a result students move through the behaviour and conduct processes
- Particularly a case for international students who do not wish to disclose
- Impacts on students financially and academically (placements),
- HDR – supervisors not aware of student health or unsure how to support

Reasonable adjustments?

- Fitness to study policy and procedures
- Disability discrimination act
- WNF processes

- Question of limits and what is reasonable?

Resilience in students

- Support students, don't do for them
- Professional boundaries and boundary setting within procedures
- Distinguish between advocacy and process function
- Referring to other services
- Assisting with management of expectations – be clear about your role and what the student can reasonably expect
- Having accessible information on process and policy for students
- Push back against tick and flick culture - tease out

Table 8

Evaluation outside of the mental health arena – but can be extracted from complaints data.

Only able to capture mental health as a subheading in the adverse circumstances or special consideration processes.

90 percent of student self-report mental illness when presenting (Student Advocates)

Often extends the complaint/grievance process because the person cannot resolve, or have a level of paranoia that exacerbates the process.

Student Advocates could be trained in student mental health first aid.

Table 9

Question 1

- Number of referrals that we give to the counselling service
- Self disclosure
- General statistics

Question 2

- Engagement with the process
- Ethical dilemmas
- Difficulty in identifying the issue
- Expectations
- Difficulty to explain the process
- Time consuming
- Emotionally draining

Table 10

1. Question 1 and Question 2
 - a. Define and measure what you put under the services umbrella
 - b. Waiting lists in counselling space
 - c. Average sessions per student
 - d. Offering workshops on themes and track attendance
 - e. Service trends and patterns
 - f. Referral to support areas
 - g. Collaborative actions – cbrag

2. Question 3 and Question 4
 - a. Positively – Process insights
 - b. Take focus of the substantive issue
 - c. Sometimes can make the issue harder to find/resolve
 - d. Can make it harder to acknowledge merit
 - e. Cause anxiety and harm to staff
 - f. Resource stress

3. Question 5
 - a. Process