

SUPPORTING STUDENTS OF DIVERSE CULTURES AND FAITHS - EXPERIENCES FROM A UNIVERSITY PERSPECTIVE

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SUMMARY

Background: University of Bedfordshire is a large University with over 24000 students from over 100 countries. The main religions recorded are Christianity, Islam, Hinduism, Buddhism, Jewish and Sikhism amongst others. Around 45% of them do not have any recorded religion. The Mental Health Advisor will come across a wide range of students from different backgrounds each with their own unique presentation of mental health distress.

It is well known that people of different communities and cultures experience signs and symptoms of mental distress in different ways. This is very important for clinicians to be aware of the nuances around cultures and traditions in the context of mental illness in order to assist clinicians more accurately diagnose, support and manage them.

In an effort to improve diagnosis and care to people of all backgrounds, the 5th edition of the *Diagnosis and Statistical Manual of Mental Disorders (DSM-5)* incorporates a greater cultural sensitivity throughout the manual. This includes a reflection of cross-cultural variations in presentations and cultural concepts of distress.

Role of the Mental Health Advisor: The mental Health Advisor is available to help with practical support to assist students to manage their mental health and study. This includes support with an initial assessment, structures support, assisting with making reasonable adjustments under the Equality Act (2010), support students to access Disabled Student's Allowances and reasonable adjustments to enable them to study effectively and achieve their potential and where necessary, making appropriate referrals to internal and/or external services.

One of the main roles of the advisor is to support students with mental health difficulties which are impacting on their studies. This support may include anxiety management, motivation, relaxation techniques, study plans and understanding the impact of medication.

Discussion: This paper will look at some of the experiences faced by the mental health advisor and will also reflect on understanding the finer nuances of cultural aspects of mental health in different student communities. This paper will also reflect on the learning gained by these experiences which will help better support and assist the student population at the University of Bedfordshire.

Key words: diverse cultures - diverse faiths - university students - DSM-5

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Background

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It is well known that people of different communities and cultures experience signs and symptoms of mental distress in different ways. It is very important for professionals to be aware of the nuances around cultures and traditions in the context of mental illness in order to assist clinicians to more accurately diagnose, support and manage them.

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This paper looks at some of the experiences faced by the Mental Health Advisor and reflects on understanding the finer nuances of cultural aspects of mental health in different student communities.

Resources

The University of Bedfordshire Mental Health Support Service provides substantial one to one practical support for students to enable them to manage their mental health and study. This can involve interacting regularly with colleagues in Student Support and academics to provide coordinated support and ensure compliance with the Equality Act 2010.

The service consists of a full time Mental Health Advisor and a part time Support Worker (3 days a week) and is available all year round. During the summer it supports Masters Students, students with referral work and appeals, provides continuity for vulnerable students and meets prospective students in preparation for starting their course. Policies and procedures are updated and preparation for mental health promotion is undertaken.

The Mental Health Advisor receives clinical supervision from a Consultant Psychiatrist in order to discuss interventions with individual students, the impact of changes in treatments and medication and managing risk. The Mental Health Advisor provides supervision to the Support Worker.

Role of the Mental Health Advisor

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One of the main roles of the advisor is to support students with mental health difficulties which are impacting on their studies. This support may include anxiety management, motivation, relaxation techniques, study plans and understanding the impact of medication. The advisor would also be available to signpost students in crisis who may be at risk to themselves or others. The student may or may not have a mental health diagnosis and be presenting in ways that arouse concern. This includes expressions of suicidal ideation.

An important part of the Mental Health Advisor role is to liaise with students and professionals when a student is admitted to hospital or supported by the local Mental Health Crisis Teams.

Working with Chaplains

University Chaplains are responsible for meeting students' needs for spiritual and personal support at the point of need. Chaplains work closely with the mental health team so that spiritual needs can be recognised and supported. They assist when a student's engagement with religious beliefs and activities is assessed as unhelpful and even damaging. Chaplains can also access advice on difficult issues, such as paranormal influences, spirit possession and the ministry of deliverance. Previously, in collaboration with the Bedford Chaplain, awareness training was delivered to a mixed faith group of University Chaplains during their yearly retreat. Close communication between the Mental Health Advisor with other services such as Student Engagement, the International Office, the Chaplain and academics is necessary in order to ensure resumption and continuation of studies once the student has recovered.

Case Scenario 1

'A' was a 27 year old Romanian student studying software engineering. He first came to the attention of the service when he presented as manic in the University Chaplaincy Centre. He did not have a history of mental illness although mentioned that his parents took him to a psychologist when he was 8. The mania seemed to be related to lack of sleep. Following two trips to A&E, by ambulance, in 3 days after concerns

about risk to self, he was admitted to an Intensive Care (PICU) Ward.

'A' seemed to have insight that he was ill and willing to accept admission. He was referred to the Early Intervention Team. However, over two years of study he had 5 hospital admissions, sometimes on a Section of the Mental Health Act (1983) but more recently informally. Despite this, he managed to pass year 1 and 2 of his degree with good grades. At the start of the second year, he was diagnosed with Bipolar Disorder.

'A' was prescribed a number of different antipsychotics, Olanzapine, Risperidone and Aripiprazole over this time and also a mood stabiliser. Relapse occurred if he was not sleeping. He often worked nights and studied during the day. He had to fund himself through university as his parents were elderly and could not offer much support financially. He was a Christian and was attending a church that believed in healing through prayer. He was encouraged by church members not to take medication.

'A' often ended up homeless as his behaviours when unwell upset those he was living with or regular hospital admissions meant he lost his job and could not pay the rent. The University helped him financially with short term accommodation on campus.

'A' is due to return to study for year three. We have learnt that there are many factors that need to be taking into account to help him maintain good mental health. Medication alone had not prevented relapse. The University Chaplain has put him in touch with a supportive Church who accepts his condition. He has also been offered careers advice about local work that may be more suitable for him. We are hopeful that we have learnt enough about 'A's background and issues that we can successfully help him through his final year.

Case Scenario 2

Sometimes UK students can experience culture shock. A father approached me during Fresher Fare with concerns about his daughter. A new student, 'D', was unhappy in university accommodation and wanted to go home. D came from a small village and was not accustomed to the diverse population of Luton. She was 18 and was intending to study Criminology. 'D' was in a block with students from a different cultural background and did not feel that she fitted in. She informed me that she had self-harmed in the past and accessed counselling. She believed she had recovered but was worried that the stress she was experiencing now could cause her to harm again. She did not want to be seen as racist but requested a move to another room with students of a similar background.

I followed her up two days later. 'D' looked exhausted. She indicated that she wanted to go home. She had been crying most of the night and had stopped eating. From further discussion I discovered that D had a history of self-harm as a young teenager. She developed Anorexia and her weight was monitored weekly by the

GP for two years and she was close to being hospitalised. 'D' disclosed risky behaviours such as walking in front of a car while drunk and throwing herself down the stairs. Her parents appeared to have protected her from intervention by mental health services.

There was a history of mental illness in the family. 'D' said her Father had a diagnosis of OCD and anxiety and alluded to his abuse towards her mum. Her parents were now separated. Her mum had depression and had made several suicide attempts. She also had limited mobility. 'D' was a twin and her sister lived away from home with a boyfriend. 'D' felt that she was responsible for caring for her Mum.

'D' withdrew from the course and terminated her accommodation contract. She applied to a University close to home and was accepted. For 'D', it was important to consider what stressors she could manage without these having a detrimental impact on her mental health. The level of support that the University mental health services could offer would not be able to overcome the difficulty of negotiating a diverse and challenging environment.

Case Scenario 3

'J' was in the second year of a business management degree when she alleged rape by another student. She was a Sikh Indian, aged 27. A Facebook post suggesting that she intended to end her life was picked up by the University Chaplain one evening. She had taken a significant paracetamol overdose and posted 'if I made a mistake God will punish me'. A suicide note was found in her room. The attempt had been triggered by disbelief from friends about the alleged rape.

Following treatment for the overdose, 'J' was admitted to a psychiatric unit on a Section 2 of the Mental Health Act (1983) and discharged after 5 weeks. She was initially started on Sertraline 50mg which was increased to 100mg as her suicide risk remained high. During that time she was supported by the University Chaplain who ensured she had access to the Sri-Guru Granth Sahib (Sikh Holy Book) and arranged for visits from the local Gurudwara (Sikh Temple). Later on, it transpired that 'J' had significant debt and had been borrowing from friends. As an international student, she was only allowed to work for 20 hours a week during term time and had to support herself financially.

'J' did not want her parents to know about her hospital admission or the alleged rape. She was experiencing shame at all that had happened. There was

family pressure to successfully complete her degree which would improve her chances of a good arranged marriage. However, she was failing and even with significant support from the university had to repeat the second year. As she had not informed her Parents, she told them she had taken a year out and was now trying to work to earn the money to pay the fees in the third year. 'J' did not register for the third year. She moved to London and I did not know if she returned home.

Although 'J's depression was initially treated using a medical model, the complexity of her issues required a holistic approach. She was referred to a local service for victims of sexual abuse. The Gurudwara helped her financially, with finding accommodation and also spiritually. The professionals involved in her recovery took into account the cultural and religious beliefs that coloured how she viewed her situation.

Discussion

The experience has been that a holistic approach works very well in trying to meet the needs and expectations and demands of students from a diverse group of cultures and faiths. The support from University Chaplains has also proven to be very useful in offering an additional tier of support for them. It has also been found that mental health promotion and awareness training comes in very useful in supporting this group of students. It is hoped that the learning gained by these experiences will help better support and assist the student population at the University of Bedfordshire.

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Contribution of individual authors:

Both authors contributed equally to the conception, development and drafting of the project and should be seen as joint first authors.

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