



UKMC Mental Health and Wellbeing Referral Policy

Policy Management and Responsibilities

Date	Author	Summary of Changes	Version	Authorised
25/06/2025	Dr Razia	New institutional policy for undergraduate student mental health and wellbeing referral	1	Academic Board
Policy Owner	The policy is overseen by the Student Experience Committee. Day-to-day implementation and communication responsibilities are delegated to Registrar.			
Additional Responsible Parties	Everyone governed by this framework must engage with and comply with its provisions.			
Assessment	Relevant Details			
Equality Analysis	Completed in June 2025, aligned with UKMC, Equality, Diversity, and Inclusion Policy			
Information Governance	Reviewed for compliance with UKMC data protection and confidentiality practices			
Student-Facing Procedures	Student feedback from Academic Voice forums (May–June 2025) integrated			
Consultation	Relevant Contributions			
Students via Course Reps (CRs)	Engagement via consultations student experience committees and course evaluation meetings by course directors (April 2025)			
Relevant External Stakeholders	Input aligned with CCCU and UoW Student Support policies and OFS guidance			
Authorisation and Version Control				
Authorised by	Student Learning, Teaching & Enhancement Committee (SELTEC). Minor updates may also be authorised by the Registrar on SELTEC's behalf.			
Authorisation Date	24 June 2025			
Effective From	1 July 2025			
Next Review Date	July 2027 (Biennial review, with reminder from Quality Department)			
Document Access and Communication				
Document Location	UKMC Student-Facing Procedures page — [ukmc.ac.uk link]			
Dissemination Plan	The policy will be distributed via communication bulletins, academic team briefings, Course Directors, course coordination committee meetings, and relevant regular faculty meetings events.			

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1. Policy Statement

1.1. At UK Management College, we are committed to supporting the mental health and wellbeing of our students. We recognise that good mental health is essential for academic success and personal development. This policy provides clear guidance for staff on how to identify concerns, respond appropriately, and refer students to the right support services when mental health issues arise.

2. Scope

2.1. This policy applies to all staff who work with students, including academic, administrative, and support teams. It is intended to help staff understand when and how to act if they have concerns about a student's mental health or emotional wellbeing.

3. Purpose

3.1. This policy is designed to help staff understand how to recognise when a student may be struggling with their mental health or wellbeing, and to know what steps to take to ensure that the student receives the right support.

3.2. This policy operates in alignment with the UKMC Inclusive Curriculum Framework (ICF), which governs inclusive academic practice across teaching, learning and assessment. While this policy focuses on the identification and referral of mental health and wellbeing concerns, academic adjustments and learning support are determined through separate academic and wellbeing processes in line with the ICF.

4. Definitions

4.1. This policy outlines key terms used within this policy and provides guidance on how to recognise when a student may be experiencing difficulties with their mental health or overall wellbeing. Understanding these terms and indicators is essential for staff to respond appropriately and refer students to the right support.

4.2. Mental Health Difficulties: A mental health difficulty refers to any emotional, psychological, or behavioural issue that affects a student's ability to function effectively in their academic, personal, or social life. This may include conditions such as anxiety,

depression, panic attacks, eating disorders, or mood-related difficulties. These difficulties may be short-term or long-term and may or may not have been formally diagnosed. Students experiencing mental health difficulties may struggle with concentration, motivation, attendance, or managing day-to-day responsibilities. Early recognition and appropriate support can help prevent these issues from escalating.

4.3. Wellbeing Concern: A wellbeing concern refers to any issue that may affect a student's general wellbeing, even if it does not present as a diagnosed mental health condition. These concerns may impact a student's emotional resilience, ability to cope with stress, or general engagement with university life. While not always immediately serious, these issues can increase the risk of mental health deterioration if not addressed early. This may include:

- Personal loss or bereavement
- Relationship difficulties
- Financial or housing challenges
- Academic pressure
- Social isolation or loneliness

4.4. Crisis situation: It refers to circumstances where a student is at immediate risk of harm to themselves or others, or where their behaviour indicates a severe mental health emergency. Crisis situations require urgent action and must be escalated without delay following appropriate policy. Staff must not attempt to manage these situations alone. Emergency services or the Safeguarding Team should be contacted immediately in accordance with the institution's crisis response protocol. Some students may have a Personal Emergency Evacuation Plan in place due to a disability, long-term health condition, or other mobility or safety needs. Staff must be aware of and follow a student's PEEP during any emergency, including mental health crises during evacuations.

4.5. Staff are not expected to diagnose mental health conditions but are encouraged to remain observant and respond when students appear to be in distress. The following indicators may help staff identify students who may need support:

4.5.1. Emotional or Behavioural Signs

- Social withdrawal or noticeable isolation

- Sudden changes in mood or demeanour
- Expressions of hopelessness, sadness, or anxiety
- Irritability, agitation, or emotional outbursts

4.5.2. Academic and Attendance-Related Signs

- Frequent absences or lateness
- Missed deadlines or requests for repeated extensions
- Reduced participation or engagement in class
- Noticeable decline in academic performance

4.5.3. Verbal or Written Disclosures

- Comments about feeling overwhelmed or unable to cope
- References to self-harm or suicide
- Indirect expressions of distress in written work or conversations

4.5.4. Physical Appearance or Health Indicators

- Lack of personal care or hygiene
- Signs of fatigue or sleep disruption
- Noticeable changes in weight or appetite
- Visible marks from self-injury or signs of substance use

4.5.5. High-Risk Indicators

Certain signs should always be treated with urgency and reported immediately through the appropriate referral or safeguarding channels:

- Disclosure of suicidal thoughts or plans
- Self-harm behaviour or injuries
- Severe confusion or signs of psychosis
- Threatening behaviour or harm to others
- History of mental health crises or hospitalisation

4.6. Staff are encouraged to take a “notice and refer” approach. If there are concerns about a student’s mental health or wellbeing, staff should:

- Remain calm, listen, and show empathy
- Avoid making assumptions or diagnoses
- Refer the student to the Wellbeing Team using the referral procedures outlined in this policy
- Seek guidance from the Designated Safeguarding Team or Wellbeing Team if the level of risk is unclear

5. Roles and Responsibilities

5.1. All Staff members are encouraged to look out for signs that a student may be struggling with their mental health. If they have concerns, their role is simply to listen with care and refer the student to the appropriate support, rather than trying to resolve the issue themselves. Staff are not expected to assess need, diagnose mental health conditions, or determine academic support measures, but to notice concerns and refer appropriately.

5.2. The Wellbeing Team is responsible for taking the referral forward. They speak with the student to understand their needs and help arrange the right support, either within the university or externally. They also help coordinate ongoing support if needed.

5.3. The external services (e.g. GP, NHS crisis team, counsellors) can provide more specialised care when needed. They may be involved if a student needs medical, emergency, or long-term mental health support beyond what the university can provide.

5.4. This policy does not create, amend, or approve academic adjustments, Temporary Learning Agreements (TLAs), or Learning Support Plans (LSPs). Any academic adjustments are considered and implemented through the appropriate academic and wellbeing policies, including the Support to Study Policy and the Disability Disclosure and Learning Support Policy.

6. Identifying Concerns

6.1. Recognising when a student may need support is an important part of creating a caring and safe learning environment. While staff are not expected to diagnose or manage mental health issues, being aware of common signs and knowing when to act can make a real difference.

6.2. Staff may notice changes in a student's behaviour, mood, or engagement. These can include:

- Emotional distress – appearing tearful, anxious, agitated, or unusually quiet.
- Disengagement – missing classes, not responding to emails, falling behind on work, or withdrawing socially.
- Disclosures – a student may directly share that they're struggling or mention something that hints at a deeper concern (e.g., sleep issues, family problems, overwhelming stress).
- Physical signs – signs of poor self-care, fatigue, or changes in appearance.
- Concerning content – worrying messages in emails, assignments, or online discussions.

6.3. Knowing the difference between a situation that needs close attention and one that needs immediate action is key.

6.3.1. Monitor if:

- The student is showing mild or occasional signs of stress.
- The student continues to attend and participate but exhibits noticeable changes in mood or behaviour.
- They've expressed feeling overwhelmed but are open to support.
- In these cases, check in informally, offer support, and encourage them to use wellbeing services. Keep a gentle eye on how things progress.

6.3.2. Act (Refer or Seek Help) if:

- The student seems unable to cope, is frequently missing or unreachable.
- You're worried about their safety or mental health.
- They disclose serious concerns like suicidal thoughts, harm to self/others, or trauma.
- Their behaviour is disruptive, erratic, or shows signs of a crisis.
- In these cases, follow your referral procedure or contact the Wellbeing Team or Safeguarding Team (UKMC Support to Study Policy & UKMC Safeguarding Policy). If

there's an immediate risk, follow emergency protocols (UKMC Student Support and Wellbeing Policy).

6.4. If something doesn't feel right, it's okay to raise it. Staff often spot concerns early simply by noticing small changes. It's better to check in or refer than to wait too long.

6.5. Staff should be aware that certain mental health difficulties (e.g., severe anxiety, panic attacks, or stress-related impairments) may affect a student's ability to respond safely in an emergency. In such cases, a Personal Emergency Evacuation Plan (PEEP) may be required, and staff should refer the student to the Wellbeing Team to assess this need.

7. Referral Process

7.1. When a student's wellbeing or mental health appears to be at risk, staff play an important role in identifying the concern and ensuring the student is connected with appropriate support. This process helps maintain a safe, responsive, and supportive environment for everyone which consists of Observe, Record, Discuss, and Refer.

7.1.1. Observe: The staff members should pay attention to any signs that a student may be struggling (see "Identifying Concerns"). Changes in behaviour, disengagement, emotional distress, or concerning disclosures are key indicators, and professional judgment and instincts should be used.

7.1.2. Record: Make brief, factual notes about what you've observed or what the student has shared. The staff members should avoid assumptions; focus on what was said, done, or noticed. Include the date, time, context, and your initial concerns.

7.1.3. Discuss (If Appropriate): If comfortable and the situation allows, the staff can check in gently with the student with open, non-judgmental language. Let them know about available support services and that you're happy to help them access help if needed.

7.1.4. Refer: Refer the student to the Wellbeing Team to provide clear, information from the prepared notes while avoiding assumptions or diagnosis

7.1.5. Documentation: The wellbeing team will record the referral for accountability and continuity. Include what steps you took, when, and what response or next steps were agreed upon. Keep records securely and follow data protection guidelines.

7.2. If someone is in immediate danger of hurting themselves or someone else. Call 999 or follow the organisation's safeguarding procedures straight away. Let the right person inside the organisation know, such as the Safeguarding Lead or the person on duty.

8. Consent and Confidentiality

8.1. At the earliest appropriate opportunity, staff must explain the boundaries of confidentiality. Individuals should be informed that while most information will remain private, there are circumstances where confidentiality cannot be maintained.

8.2. Confidentiality may be broken without consent if there is a clear and immediate risk of harm to the individual or to others. The disclosure involves information about serious safeguarding concerns.

8.3. Information must only be shared with relevant personnel or agencies involved in managing the concern (e.g., Safeguarding Lead, mental health professionals, emergency services).

8.4. All decisions regarding the sharing of information, including the reasons for doing so and who was informed, must be documented clearly and in line with the organisation's data protection and safeguarding policies.

8.5. Staff must comply with relevant legislation and organisational policies regarding confidentiality, including the Data Protection Act 2018 and GDPR.

9. Follow-up and Record Keeping

9.1. All mental health and wellbeing referrals must be recorded accurately and promptly by the designated team, such as the Safeguarding team, the Wellbeing team, or other responsible person as defined by the organisation.

9.2. Records must include:

- The nature of the concern or issue raised.
- Actions taken, including who was informed and when.
- Any referrals made to internal or external services.
- Consent details, if applicable.
- Any follow-up plans or check-in dates.

9.3. Records must be stored securely and in accordance with the organisation's data protection policy and legal requirements, including the Data Protection Act 2018 and GDPR.

9.4. Designated staff must ensure appropriate follow-up takes place. This may include:

- Monitoring the individual's wellbeing over time.
- Checking that support services have been accessed.
- Reviewing progress or ongoing needs.

9.5. Where necessary, staff must coordinate with relevant internal teams or external professionals to ensure continuity of support and appropriate adjustments.

9.6. All follow-up actions must be documented to provide a clear record of ongoing support and to inform any future decisions or reviews.

10. Training and Awareness

10.1. All staff involved in supporting mental health and wellbeing must complete appropriate training relevant to their role.

10.2. Mandatory training may include, but is not limited to:

- Mental Health First Aid.
- Safeguarding (Child and/or Adult, depending on context).
- Recognising signs of mental health difficulties.
- Responding to disclosures and making referrals.

10.3. Training must be kept up to date through regular refresher courses, as determined by the organisation.

10.4. The organisation will ensure that staff are aware of:

- Referral procedures.
- Internal and external sources of support.
- Their responsibilities in relation to confidentiality, consent, and safeguarding.

10.5. Managers and designated leads must monitor staff training needs and ensure compliance with training requirements.

11. Review and Monitoring

11.1. The Mental Health and Wellbeing Referral Policy will be overseen by the Wellbeing Department.

11.2. This policy will be reviewed annually, or more frequently if there are significant changes in legislation, guidance, or organisational structure.

11.3. The policy review process will include:

- Assessing its effectiveness and relevance.
- Gathering feedback from staff and stakeholders.
- Ensuring alignment with current best practice and legal obligations.

11.4. Any updates or revisions to the policy will be communicated clearly to all staff, and relevant training or guidance will be provided where necessary.

12. UKMC Points of Contact and Support

For guidance or support relating to the wellbeing referral, students are encouraged to contact the appropriate member of staff as indicated below:

Role	Department	Email
Wellbeing Officers	Wellbeing Department	Student.wellbeing@ukmc.ac.uk

13. Related UKMC Policies

This section provides a cross-reference to other institutional policies that may interact with or support the implementation of the Mental Health and Wellbeing Referral Policy.

These policies ensure that interruption processes are aligned with academic regulations, safeguarding, and equality duties. Staff and students are advised to consult these documents when submitting or processing interruption requests, especially where implications extend beyond a temporary break from studies.

The list of support and wellbeing policies, and other student facing policies can be found at [UKMC | Policies and Legislation](#).

14. External Reference Points

In this section, include relevant legal, regulatory, or sector standards the policy aligns with.

UK Public General Acts, Equality Act 2010, Accessed online at:

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

UK Public General Acts, Disability Discrimination Act 1995, Accessed online at:

<https://www.legislation.gov.uk/ukpga/1995/50/contents>

UK Public General Acts, Data Protection Act 2018, Accessed online at:

<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

UK Public General Acts, Mental Health Act 2007, Accessed online at:

<https://www.legislation.gov.uk/ukpga/2007/12/contents>