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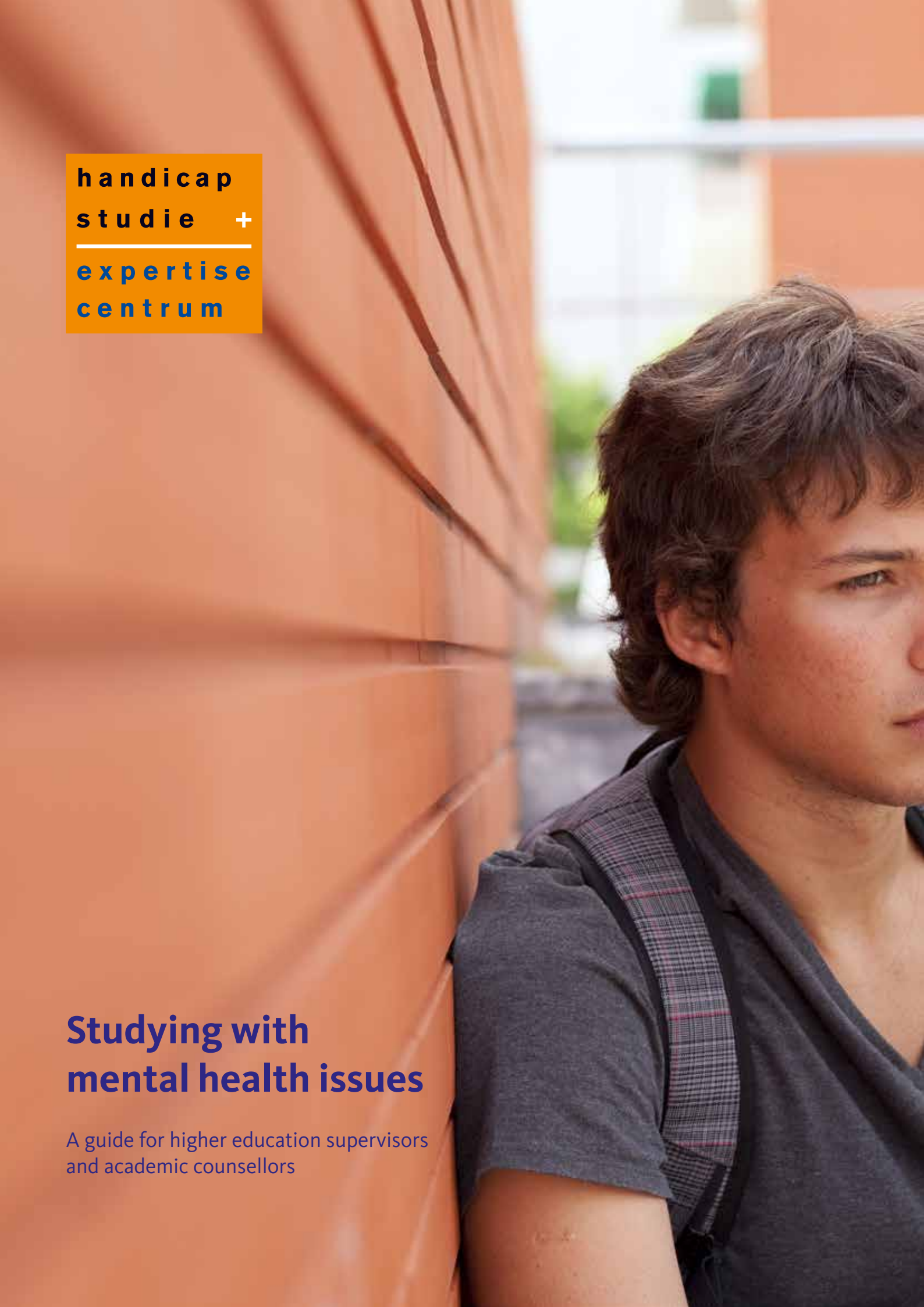

Studying with mental health issues

A guide for higher education supervisors and academic counsellors

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Foreword

As a student with a personality disorder, I encountered a lack of understanding and received lots of well-meaning, generic advice that wasn't very helpful. I didn't want to seem as though I was complaining, so I had a hard time making that clear. I had regular meetings with the student counsellor in order to make certain arrangements. For example, they let me do my exams on a computer in a separate room during the final year. That really gave me peace of mind. I'd also make planning schedules and assess my study methods with the study adviser from time to time. However, I had to face a lot of red tape in my interactions with both of them. Although they wanted to help, they had to deal with a lot of regulations. For example, an extra examination opportunity or reduced tuition fees wasn't an option. Setting up a meeting also took up a lot of time. In some cases, I'd have to wait over a month, which could be a real drag.

The above is just one of many experiences recounted by a student with mental health issues. An experience that clearly highlights the difficulties of studying with mental health issues from the perspective of both the student and the educational institution. The handicap + studie expert centre is receiving a growing number of questions on the issue of studying with mental health issues. These questions extend to the role and responsibility of educational institutions, the possibilities and limitations, the perceived inability to respond, the disparity (in terms of knowledge, attitude and skills) among student counsellors, the collaboration between educational institutions and mental health-care institutions, and the need for inspiring examples (which do exist). Consultations and collaboration with a focus group resulted in the following digital guide: 'Studying with mental health issues. A guide for higher education supervisors and academic counsellors'.

We hope that this guide will help to improve the quality of supervision for students with mental health issues, enabling them to graduate more successfully.

Sietske Sportel
Studying with mental health issues project leader
Handicap + studie expert centre

's-Hertogenbosch, November 2015

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1 Background

In 2013, The Dutch Student Union conducted a study on mental health problems among higher education students.[1] According to the outcomes, 49 per cent of all Dutch students are suffering from – or have suffered from – some form of mental health problem. The most frequently mentioned issue was depression, followed by fatigue and stress. Concentration problems and fear of failure were also common. Academic pressure and result-driven thinking are the most frequently mentioned causes, followed by family issues and an excess of extracurricular activities.

According to the report by ResearchNed and ITS Nijmegen (2012),[2] four per cent of students suffer from mental health problems, not counting ADHD and autism spectrum disorder. However, this figure becomes far higher if we expand our definition from mental disorders to include general mental health issues such as stress, fear of failure and fatigue.

The handicap + studie expert centre conducted an exploratory survey of its contacts in the higher education sector. According to the outcome, student counsellors, study advisers and student psychologists are all coping with a growing number of students who suffer from mental health issues. As a result, there is a need for more expertise on the supervision of students with mental health issues.

A more in-depth exploration was conducted in 2014, in collaboration with a focus group made up of students, student counsellors, student psychologists and mental health-care professionals. This exploration ultimately resulted in a grant application to Fonds Psychische Gezondheid. The resulting grant and basic subsidy from the Ministry of Education, Culture and Science were used to create the following digital guide for higher education supervisors and academic counsellors working with students who suffer from mental health issues, in collaboration with the focus group.

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1 Schmidt, E. & Simons, M. (2013). *Psychische klachten onder studenten.* Utrecht: Dutch Student Union (LSVb).

2 Broek, A. van den, et al. (2012). *Studeren met een functiebeperking.* Nijmegen: ResearchNed/ITS. Also see: *Factsheet Cijfers + studeren met een functiebeperking* (2013). 's-Hertogenbosch: handicap + studie expert centre.

2

2.1 Why focus on studying with mental health issues?

'Nearly half (42.7%) of all Dutch citizens will encounter a mental health issue at some point in their lives. Nevertheless, mental disorders such as borderline, depression, anxiety and autism are still a major taboo. There are also many widely held misconceptions about people with mental health disorders. In fact, the stigmatisation facing so many is even more destructive than the mental health issues themselves.' <Read on[1]>

Many mental health problems emerge for the first time during our student days. Higher education institutions may be the first to notice that 'something is wrong'. Students who previously experienced mental health issues often fail to mention this fact, or only do so when it is too late. Among other reasons, they may be afraid to open up about their problems for fear of being stigmatised. Many students are also unaware of the available treatment and support options.

Figures on the number of students with mental health issues tend to vary. No matter what the truth, the number of students who suffer from such problems is perceived to be rising. The question as to whether we are seeing an actual increase in the number of young people with mental health issues is also discussed in the recommendations issued by the Health Council of the Netherlands (2014).[3] According to the ResearchNed report,[4] students with mental health issues are less likely to make use of special provisions than other students. This group is most likely to drop out as well. Young people with mental health issues who fail to obtain basic qualifications are more likely to be unemployed. Van den Berg & Van der Gaag, who have been conducting research on the subject since 2008, conclude that early-stage treatment of mental health issues has a preventive effect.

As a result, this group does not stagnate socially or require long-term treatment. <Read on[2]> In order to ensure that issues can be identified effectively and treated early on, educational institutions will have to develop expertise and cooperate effectively with mental health-care services.

2.2 What is this guide about and for whom is it intended?

This guide is intended for higher education professionals who play a key role in supervising students with mental health issues. Although we will use the term 'student counsellor', it can also be substituted by academic career counsellor, study adviser, tutor, thesis supervisor or course supervisor. Naturally, any use of the word 'he' can also be taken to mean 'she'. The emphasis is on supporting students who are suffering from mental health issues to an extent that it negatively impacts their academic progress and that they require supervision in order to prevent them from dropping out. We will use the terms 'mental health issues' and/or 'mental health problems' rather than 'mental health diagnoses' and/or 'mental disorders' (although these terms may apply). Mental health-care professionals and other care providers use the terms diagnoses and disorders; also see *Diagnostic and Statistical Manual of Mental Disorders (DSM V),* the international classification system for mental disorders.

2.3 How is the guide structured?

This guide is available in digital format, but it can also be downloaded. A description of the background to these issues (Chapter 1) is followed by an introduction (Chapter 2) on studying with mental health issues at a higher education institution and the use of this guide. Chapter 3 contains more information on studying with mental health issues and offers a general introduction to the subject. The final chapter (Chapter 4) focuses on the supervision of students with mental health issues, in which the emphasis

3 Health Council of the Netherlands (2014). *Participatie van jongeren met psychische problemen.* The Hague: Health Council of the Netherlands.

4 Broek, A. van den, et al. (2012). *Studeren met een functiebeperking.* Nijmegen: ResearchNed/ITS. Also see: *Factsheet Cijfers + studeren met een functiebeperking* (2013). 's-Hertogenbosch: handicap + studie expert centre.

is on identifying issues as well as providing supervision and referrals. This chapter offers practical tools for day-to-day supervision.

The end of the chapter features various assignments so you and your colleagues can apply the various tips in practice as well as initiate a dialogue on studying with mental health issues. A bibliography is featured in the final section of the guide. In addition, the text contains links to interesting sources. The guide includes various appendices.

2.4 What is this guide for and what not?

In addition to focusing on the day-to-day practical realities, this guide was also written with the ambition of providing optimal supervision to students with mental health issues. The guide provides background information in order to help identify issues and offers useful tools as well as references for those working to supervise higher education students with mental health issues. This guide should ensure that counsellors feel better equipped to take an open approach towards students with mental health issues and to offer them optimal guidance. The guide also invites the reader to join forces with colleagues from the education and care sectors in order to apply its contents in practice. This form of collaboration should also help to overcome the taboo on mental health issues. The guide offers clarity on the various roles and responsibilities in terms of supervising students within an educational institution.

This guide is not intended as a basis for diagnoses. It does not constitute a course on psychopathology or conversational skills. Finally, its use cannot guarantee that students with mental health issues no longer experience any problems during their studies or prevent them from dropping out.

3

3.1 Studying with a disability

Under Dutch law, mental health problems are classified under 'Studying with a disability'. Students' right to university and higher professional education is enshrined in the Higher Education and Research Act (Wet op het hoger onderwijs en wetenschappelijk onderzoek, WHW). According to Section 7.34 of the WHW, all enrolled students should have access to the educational institution, the right to take part in education, take examinations and tests, as well as the ability to utilise academic counselling and other existing facilities, including the services of a student counsellor. According to Section 6 of the Equal Treatment on the Grounds of Disability or Chronic Illness Act (Wet gelijke behandeling op grond van handicap of chronische ziekte, WGBH/CZ), students with and without a disability may not be treated differently in this regard. Educational institutions are obliged to make functional adjustments to aid students with a disability where necessary, unless this adjustment would place disproportionate strain on the institution.

3.2 Studying and mental health issues

Students with mental health issues comprise a highly diverse group. In addition to students who have been suffering from mental health issues and consequently discontinued their studies or refrained from starting on a degree programme, this group also includes students who start experiencing mental health issues over the course of their studies and subsequently incur a study delay. Examples include students that had a job, dropped out and subsequently started studying or resumed their studies. Other examples include students suffering from ADHD, depression, bipolar disorders, addiction issues, homesickness, stress and fear of failure. These problems can be both temporary and lifelong issues. For more information on various mental health issues, see the Fonds Psychische Gezondheid website. <Read on[3]> For more information on studying with mental health issues, consult the *Expertisecentrum Begeleid leren* <Read on[4]> and the publications *De draad van Ariadne (2008),*[5] *Wat wil jij?* (2009)[6] and *Studeren met stille pijn (2010).*[7]

Many mental health issues manifest themselves for the first time during our student years (between the ages of 17 and 23). This is only to be expected, as we undergo numerous changes during this life phase: living alone for the first time, having to meet new and different expectations, new social and sexual encounters, experimentation with alcohol and drugs, breaking loose from our old environment, developing new interests and preferences (identity development), and so on. In some cases, mental health issues were already present under the surface and now become visible. In other cases, students may experience difficulties during their studies that lead to mental health issues. Usually, there will be an interplay of multiple factors, both personal and environmental. Personal factors include aspects such as personality and genetic predisposition. Environmental factors include aspects such as family circumstances (relationship issues, informal caregiving during illness and death) and other personal problems (financial problems, bullying and problems relating to social skills).

These types of mental health issues can impede students' academic progress. We can distinguish different types of impediments (Korevaar, 2015). <Read on[5]> For example, students may experience *cognitive impediments*. These impediments include problems in the area of attention, concentration, memory, planning, structure, taking the initiative, problem-solving, motivation and organisation. Students may also experience *social and emotional* impediments. These impediments extend to areas such as cooperating with others, initiating and maintaining new relationships, presentation, low self-esteem, coping with

5 Gelder, H. van, et al. (2008). *De draad van Ariadne, begeleiding begeleid.* Twente: Student Affairs Coaching & Counselling (SACC), University of Twente.

6 Boer, M. et al. (2009). *Wat wil jij? Studeren met psychische problemen.* Antwerpen/Apeldoorn: Garant.

7 Verouden, N.W., et al. (2010). *Studenten en stille pijn. Wel problemen maar geen hulp zoeken.* Amsterdam: Elsevier Gezondheidszorg.

stress, responding to feedback, and fear of stigma and discrimination. There are also *environmental influences* which can impede students in their academic progress. This category concerns influences that constitute an additional burden, such as finances, students' living situation, family and stigmatisation. However, environmental influences also include lack of familiarity with or failure to make effective use of available assistance and support. Finally, this category comprises impediments arising from the *condition itself*. The nature of mental health conditions tends to fluctuate: the nature of the symptoms can vary greatly. 'Good' periods may alternate with 'bad' ones. Students may also experience side effects from their medication, such as drowsiness, fatigue, blurred vision and trembling hands.

3.3 The role of the educational institution

Educational institutions play a key role in identifying mental health issues. Timely identification of problems and effective support can prevent students from dropping out as well as ensure that their situation does not get worse to the point where they can no longer participate socially. Some students with mental health issues do not make use of the support offered by their educational institution and manage on their own (with other forms of support). However, most students require effective guidance in order to cope.

Openness is key in overcoming the taboo on mental health issues. Educational institutions can create this much-needed culture of openness, in which is it normal to discuss mental health problems; In which students are called out on their studying behaviour where necessary and have no trouble finding a listening ear; in which there is always someone to help find solutions when studying becomes difficult and to refer them where necessary. Communication tools can be applied to ensure that students are aware of support being available and that they know where to turn. This situation can encourage students to report any problems before it is too late. Various educational institutions offer information through their websites, such as Delft University of Technology.
<Read on[6]>

Educational institutions will need sufficient expertise in order to identify and treat problems effectively at an early stage. They must also ensure effective internal cooperation and work with mental health-care services. Some educational institutions, e.g. institutions that employ student psychologists, already have such specialist knowledge. Other institutions that lack this expertise may employ staff members experienced in supervising students with mental health issues.
A quote from the publication *Wat wil jij?*:[8] *'We do not really discuss the issue of studying with mental health issues internally. The lecturers at our programme know that we have the necessary expertise. We have years of experience among us. Still, they do not drop by to discuss these issues.'*
As it turns out, knowledge exchange and referrals do not necessarily come naturally. Among other explanations, student supervision and care tends to be regarded as an ancillary task. There are only so many available hours to spend on this type of guidance and care.
Those providing support and guidance must always see things within the context of the individual's role as a student. Mental health problems should be treated by care providers/mental health-care services, as supervisors and student counsellors are not therapists. Despite its crucial importance, effective cooperation between educational institutions and mental health-care services does not always come about naturally.

8 Boer, M. et al. (2009). *Wat wil jij? Studeren met psychische problemen.* Antwerpen/Apeldoorn: Garant.

4

4.1 Identifying issues

Mental health issues can cover a wide spectrum.

'When assessing behaviour and interpreting signals, we must always factor in the context where this behaviour is taking place. Your sense that "something is going on" does not necessarily point to mental health issues. However, you should take such feelings seriously, as these signals may point to mental health problems.'[9]

The appendix (Appendix 1) features practical guidelines for lecturers and academic career counsellors working to support students with potential mental health issues. Students can encounter emotions such as insecurity, tension and fear. These emotions are common during their specific life phase. Studying itself may require a great deal of effort. While problems in the area of concentration and planning may be a normal part of the student experience, they can also point to something more serious. In cases where these emotions and signals are impeding the student's academic success (insufficient or no study progress), there may be a more serious problem.

The following list of signals is not exhaustive. Such signals may give rise to talk with the student in question.

Signals:

Generally speaking, you notice that the student:
- is often sick, absent and/or late;
- fails to meet agreements;
- keeps on failing assignments;
- displays unusual behaviour or looks different;
- seems nervous, anxious or afraid;
- seems aimless, gloomy or dejected;
- is suffering from feelings of guilt;
- seems fatigued or distant;
- seems angry, irritated or devoid of emotions;
- has difficulty making decisions;
- is suffering from pain and/or physical problems (headaches, dizziness, palpitations of the heart);
- uses excessive amounts of alcohol and/or drugs;
- does not have much of a social life and/or does not engage in many activities;
- keeps talking about a traumatic event;
- is suffering from delusions or hallucinations.

In terms of social interactions, (with fellow students, during seminars in relation to the lecturer/supervisor) the student:
- talks less than normal;
- talks more than normal and/or suddenly blurts out things;
- withdraws into isolation/avoids social interactions;
- seems confused;
- fails to meet agreements;
- displays antisocial behaviour;
- seems impulsive;
- has unstable/constantly changing relationships;
- evokes certain feelings among classmates (for example, fellow students have difficulty grasping the student's changing behaviour and performance levels).

As regards study activities, the student:
- cannot seem to get started and/or keeps putting off things;
- is suffering from concentration problems;
- underperforms and/or makes mistakes and incorrectly interprets assignments;
- misses deadlines;
- is constantly wrapped up in their studies and has no time for anything else;
- is uncertain about their own performance;
- has difficulty collaborating with others during presentations (group assignments);
- has incurred a study delay (which keeps getting worse);
- attends fewer classes or has a different attendance pattern.

9 Korevaar, L. (2015). *Handboek begeleid leren. Het ondersteunen van jongeren met psychische beperkingen bij het kiezen, verkrijgen en behouden van een reguliere opleiding.* Utrecht: Stichting Rehabilitatie '92. Groningen: Rehabilitation Professorship.

4.2 Basic supervision principles

If you notice 'something' and/or feel worried, make sure to engage the student and discuss your observations. Keep in mind that you are the most important supervision 'tool'. It is important to be aware of your own abilities and ambitions as a supervisor. Although supervising students with problems can be very rewarding, it also involves dealing with uncomfortable issues which can be intense and emotional. This situation will require some self-awareness in your role as supervisor. The following section describes some basic principles that are key to the supervision of students with mental health issues:

Approach
The way in which you treat the student is extremely important. This aspect concerns your basic approach. Make sure to approach students with an open, non-judgemental attitude, and show genuine interest as well as understanding. Although this fact may seem a bit obvious, it can be quite challenging in practice. Try to be aware of your own preconceptions/judgements about the student's potential and limitations. Be aware that an excessive focus on and attention for the student's mental health issues can impede effective supervision and guidance. Focus on the student's role as a student (rather than a 'patient'), and realise that they may have consciously or unconsciously developed highly effective ways of compensating for and hiding their problems. Give the student your trust and encouragement, while actively seeking them out when they are absent.

Supervision requires a tailored approach
Effective supervision requires a tailored approach, especially considering the diverse group of students with mental health issues. Make sure to focus and build on the student's own personal goals and responsibilities. You may need to help the student set realistic goals. Some students with mental health issues have learnt how to cope with their problems. Try and build on this knowledge. If a student has not yet learnt these coping skills, try and help them acquire the knowledge that they need. As a result of the complex problems involved and/or the need for additional support, you may have a tendency to be overly focused on the difficulties. This attitude may be necessary in case of major problems that are hampering the student's ability to study and/or in cases where the student does not know what to prioritise. However, you should also make sure that you appeal to the student's strengths and talents as well as focus on the here and now.

Be transparent
Be clear as to what the student can expect from you as a supervisor. Explain and clarify what you can and cannot do for them. For example, how will your role as counsellor affect your role as lecturer charged with assessing the same student's products? Stick to your agreements and be clear if you are unable to provide the necessary support or provisions. In such cases, refer the student to another party. Also make sure that you refer the student to mental health-care providers so they receive the necessary help. Honesty involves being clear as well. For example, you can tell the student if you do not know how to proceed either. A permanent supervisor will ensure clarity and prevent situations where the student has to explain their situation to lots of different people. Your own personal relationship and affinity with the student will be important in this regard. Also make sure to be transparent on privacy matters: the student should be able to trust that you keep information confidential. Dealing with privacy matters can present its own set of challenges. See the appendix for a relevant example (Appendix 2).

4.3 Conducting a supervision interview

In addition to your own observations as a supervisor ('something is going on'), you may also be alerted to potential problems when a colleague or fellow student expresses their concerns about the student's performance. Obviously, the student in question may also turn to you with a broad or specific request for guidance. In each of these cases, you will be expected to take action in your capacity as supervisor. Supervisors encounter various dilemmas in relation to questions such as: when am I supposed to take action, what can I do and what is my role as a supervisor, how far should I go, when should I refer the student and what are the limits of my educational role?

Meetings with students can be conducted on the basis of various conversational models. One example is the solution-oriented model. The National Association of Academic Advisors offers training courses on solution-oriented questioning. <Read on[7]> Conversations often start 'spontaneously', do not always have a clear beginning or end due to circumstances, and in some cases simply consist of listening to the student for a while. In other cases, these interactions do not yield results because the student is simply not open to real dialogue. The structure described below serves as an example, while the questions can offer some guidelines on what to ask.

4.3.1 Starting the conversation

Purpose of this phase
Creating a safe situation in which issues can be openly discussed by instilling a sense of trust and clarifying the purpose of the appointment.

Role of the supervisor
Creating an open and safe situation by offering clarity. Approaching the student in an honest, empathetic and transparent manner (based on an 'I-message').

Questions
- How are you?
- Which issues would you like to discuss here?
- What would you like us to talk about now?
- I have the feeling that you're not doing very well; is that true?
- I'm worried about you; should I be?
- I've noticed that you're not attending classes as much; would you mind telling me why that is/why is that?
- What would you like to have achieved/discussed by the end of this meeting?
- What do you want to get out of this meeting?
- What do you want to achieve in terms of...?
- What is the most important to you in terms of...?

Important aspects during this phase (aspects to be aware of)
- This occasion may be the first time that someone is openly asking the student about their problems. As a result, they may feel insecure or experience feelings of shame.
- Be aware of your own insecurities in terms of supervising students with mental health issues and the extent to which they impede your capacity of offering effective guidance.
- Students want to be 'normal' and get on with their studies. Let the student know that they are not the only one dealing with problems, without making light of their situation. You might refer them to the 'I, student' website <Read on[8]>, which features stories on 26 students' individual experiences.
- Both parties (you and the student) may have certain preconceptions (e.g. 'smart people do not let mental health problems get in the way') that impede effective supervision.
- The student may deny having any problems despite the fact that something is really wrong. Respect the student's decision. Offer the student the opportunity to come back for another appointment. If you are concerned, discuss the situation with your team leader or a specialist.
- Mention the option of requesting an appointment with a specialised, independent colleague within the institution (such as a student counsellor or student psychologist who is not affiliated with the degree programme and who is not involved in assessing the student's academic results).
- Be aware of the fact that you have a different frame of reference than the student and that you are not their frame of reference. See Appendix 3 'Age group peers as the social reference framework' for further details.
- If you try to show understanding too early on, the student may not feel that you are taking their problems seriously. Questions on their personal experience (aimed at gaining a better understanding of the student) will be important in this regard. Try and adjust your attitude and approach to the student's needs/question. Students with a great deal of experiential knowledge will be able to offer lots of useful information.
- Keep your common overall goal in mind: the student's academic success is in both your interests.

4.3.2 The core of the conversation

Purpose of this phase
Exploring the problem, reflecting on the problem and gaining deeper insight in order to develop potential solutions. Also see Appendix 4 on the diagnostic interview.

Role of the supervisor
The supervisor should encourage the student to reflect on specific events. You must listen carefully, leave room for silence, ask follow-up questions where necessary and provide feedback (by summarising what has been said) in order to help the student define their problem more clearly. Also make sure to keep an eye on the overall thread of the conversation and avoid going off on too many tangents. As this phase is all about gaining deeper insight, it will require a focus on the student's thoughts, feelings and behaviour. You may also need to confront the student with certain aspects, take a leading role and offer information, all on the basis of an open and inquisitive attitude. Try to encourage the student to think freely in order to help them come up with new solutions.

Questions
- Is something going on and would you like to talk about it?
- What's bothering you and how is it influencing your situation (what, when, who, how often, can you offer specific examples)?

- Is your problem also affecting other areas of your life?
- How are you coping with your problem, what helps and what doesn't?
- How is your problem impeding your academic progress?
- Are you receiving support from others (study buddy, housemates, family members, professional support)?
- What can you do? What do you need and how can I help as your supervisor?
- What else could you do?
- How would things look if these problems no longer existed?

Important aspects during this phase (aspects to be aware of)
- Many supervisors want to help students solve their problems. As a result, they often rush to find solutions, which they then suggest to the student by means of leading questions. Open, in-depth questions can be a crucial step in the process of gaining insight.
- Help the student to formulate their problem within the context of their academic goal. You are responsible for clarifying the student's problems, not solving them.
- Students may have difficulty putting their problem into words. In some cases, they may not know what is wrong with them.
- Students may overshare information and answer questions without asking themselves what they really want to communicate. Students experiencing problems may also 'brim' with emotions and be extremely open. They may afterwards feel uncomfortable and/or ashamed.
- The aim is to gain insight into the student's personal experience and study behaviour rather than to make a diagnosis. While diagnoses can help you formulate potential solutions to the student's problems, they can also be restrictive. Labelling may cause you to lose sight of the individual student's unique qualities and situation.

4.3.3 Concluding the conversation and making agreements

Purpose of this phase
Wrapping up the conversation, drawing conclusions, developing an action plan and making clear agreements.

Role of the supervisor
The supervisor helps the student to formulate conclusions. What has been discussed so far, how motivated is the student to implement solutions and which are they? The two parties will then assess what needs to be done and determine how to go about the necessary steps.

Questions
- Which follow-up steps need to be taken?
- On which of the potential solutions would you like to work?
- What is the first step that you can take RIGHT NOW?
- What are the potential bottlenecks?
- What are you going to do, how can your environment help you and what would you like me to do?
- What do you need in order to meet our agreements?
- How was the conversation for you? Are there any issues on which we didn't touch that you would still like to discuss?
- When would you like to meet again?

Important aspects during this phase (aspects to be aware of)
- Try to estimate which targets and agreements are feasible for the student. Students have higher than average intelligence, which makes us more likely to overestimate their capacities. Adjust goals if they have not been met after the first session. Try to create a situation with a high likelihood of success and a small risk of failure. The experience of success is extremely important and will give students the sense of being in control.
- Do not overstep your own boundaries. The student's problems can hit close to home or stir familiar feelings, impeding your ability to remain open and objective or to offer effective guidance.
- Student supervision can be demanding, so try to find an approach that works for you. For example, you could exchange experiences with your colleagues.
- In some cases, the student may prove unable to meet the agreements in spite of their motivation to do so. Make sure to discuss this fact during the current phase.

- Refer the student to a doctor and/or student psychologist in case of an actual or suspected disorder and/or serious problem.
- Referrals can have a major impact on the student. Try to discuss this situation during the next session. In addition to finding out how the original referral affected the student, this process will also allow you to make a kind but firm suggestion for another referral if necessary.

4.4 Recommending a course of action/dealing with the problem

In addition to dialogue, student supervisors can also employ the following tools and instruments:

Study guidance based on the principle of self-monitoring
Self-monitoring consists of self-observation and self control. It is vital that studying – the process of acquiring knowledge and skills – should be tailored to the student's potential. This goal will require clear insight into the student's studying behaviour and personal life. You can ask the student to keep a study diary in order to gain more insight into their studying behaviour. Ultimately, this approach should help students to become aware that they can influence themselves and their behaviour (both in general terms and with regard to their studies). Once this insight has sunk in, the student can learn to take account of their specific capacities and limitations in terms of mental health. The appendix features a guide on the principle of self-monitoring and a form for students taken from *De draad van Ariadne* (2008)[10] (Appendices 5 and 6).

Initiatives by the student counsellor
Unfortunately, the process of providing guidance to students with mental health issues is often initiated at a late stage. When accommodating a student with mental health problems who does wish to continue studying on their own, you might consider scheduling regular meetings at fixed times. This process will help you to stay in touch, keep an eye on the situation and potentially prevent problems in the long term.

Supported education
The supported education process is comprised of five phases: explore, choose, acquire, maintain and let go. Students in the 'maintain' phase should be offered activities that help them to continue and successfully complete their degree programmes. These activities consist of functional diagnostics, resource diagnostics, skill development, support service coordination, and consultation and information provision. Korevaar (2015) <Read on[9]>: *'Lecturers and academic career counsellors tend to focus on resources and skills. Perhaps you should simply start with: "Do you want to keep doing this degree programme? Do you really want to be here?" Although it might seem a bit too obvious, we do tend to skip this step and immediately focus on the skills or resources/support which the student needs to finish their degree programme.'*

A focus on resources
Resources are people, places, things and activities from which the student can derive support. Are there any family members, study buddies and/or caregivers who can support the student? Is there any specific location, such as a quiet room, where the student can study in peace? Are there any activities, such as sports or relaxation exercises, that can serve as key resource? This process of exploring resources and making agreements on their use can make up part of the supervision effort.

Support group, student platforms and buddy projects
Among other resources, students regard membership of a support group as extremely helpful. The emphasis is on facilitating interactions with people in the same situation, making use of the student's own knowledge and experience, supervising and cooperating with age group peers. Buddy projects can be extremely valuable in terms of cooperation. Students discuss the necessary skills for a successful academic career with their age group peers (which skills will they need, which skills do they already have and which skills will they have to develop?). This situation also constitutes an alternative form of supervision. Appendix 7 features a description of Elwin's experiences with the PowerPlatform. Various higher education institutions such as Saxion University of Applied Sciences organise buddy projects. <Read on[10]>

Academic guidance on study skills
Many students experience problems in areas such as concentration, planning, structure, cooperation and communication. As a supervisor, you can offer guidance in the area of study skills as well. Many institutions also offer 'study skills' training courses and/or refer students to external institutions offering guidance on the study process.

10 Gelder, H. van, et al. (2008). *De draad van Ariadne, begeleiding begeleid.* Twente: Student Affairs Coaching & Counselling (SACC), University of Twente.

Referring the student to courses
In addition to courses in the area of study skills, courses on aspects such as assertiveness, thesis writing skills, fear of failure and mindfulness can be extremely helpful as well. These courses can help to ameliorate study problems and may also have a preventive effect. Such courses can be made more accessible by offering them within the higher education institution. If this option is not available, you can always refer the student to an external organisation and/or online resources. See the appendix on courses (Appendix 8) for more information.

Contract/work plan
A work plan with specific goals and approaches can help to ensure more effective supervision. This work plan can also take the form of a contract, setting out agreements (in terms of supervision, support, resources, and so on) between the educational institution and the student. See the appendix (Appendix 10) for a sample education agreement.

Flexible learning pathways
Some students greatly benefit from a specially tailored programme; for example, in cases where the student has temporarily or permanently dropped out, incurred a study delay and/or is incapable of coping with a full workload. This situation concerns alternative and/or personalised learning pathways. Also see the handicap + studie expert centre website. <Read on[11]>

Personal action plan
The personal action plan can be a useful resource for students experiencing stress. Such action plans <Read on[12]> should help students to acquire the skills that they need in order to recognise and cope with stress more effectively. They include the following elements: suitable tools for personal well-being, a daily routine plan, triggers and pitfalls, early warning signals, a looming crisis, crisis planning and resumption of normal responsibilities in the wake of a crisis.

Guidance on openness
Many students struggle with the aspect of openness; when should I mention or refrain from mentioning my mental health issues? Guidelines and tools can be useful in this regard. The focus is on determining whether, how and with whom (e.g. fellow students, project group members, academic career counsellor, lecturers, work placement organisation) you wish to share. Training courses on this subject are available. <Read on[13]>

Supervision during an interruption of studies
It is important not to lose touch with students that permanently or temporarily deregister due to mental health issues. Support from the university or university of applied sciences can be useful, while emotional support is absolutely essential. Both parties can work together to make preparations should the student wish to resume their studies. If you aim to remain in touch with the student during their absence, we recommend that you do so in consultation with the support network and of course with the student's permission. For more information on the practicalities of deregistration, see *Studeren zonder storing bij psychische problemen (2009)*.[11]

4.5 Referrals

Cooperation within the institution
Naturally, every institution will organise care and supervision in their own way. We can distinguish various roles and functions, each with their own specific tasks and responsibilities. These roles include academic career supervisors, study advisers, coordinators for students with a disability, care coordinators, student counsellors, student psychologists, and so on. 'Studieproces in kaart' is a guideline for professionals spanning thirteen key moments in the study process of students with and without a disability. <Read on[14]> You will need to be familiar with your organisation's procedures in order to offer effective supervision. Are you aware of the internal procedures for students with mental health issues? Appendix 11 features the Avans University of Applied Sciences intake and matching procedure. Do you know which resources are available? Are you clear on your own role and where to refer in which case? Will you receive feedback after a referral? Who can you turn to if you have any questions? What should you do in case of an emergency? Appendix 12 features the Fontys Universities of Applied Sciences protocol for acute mental health crises. If you suspect that a student is considering suicide and you are having difficulty bringing up this suspicion, share your concerns with a colleague. For more information, please consult Stichting 113Online. <Read on[15]>

Determining your own role as a supervisor and deciding when to refer a student can be challenging. No two students are the same and effective guidance takes time. As a result, you will have to consult with students in

11 handicap + studie expert centre (2009). *Studeren zonder storing bij psychische problemen. Handreiking voor studiebegeleiders.* Utrecht: handicap + studie.

order to determine their needs and your own role in this process on a case-by-case basis. The guidance that you offer is primarily aimed at helping the student to study successfully with the least amount of limitations. If a student repeatedly indicates that they cannot get round to studying as a result of their problems and your support is not proving effective, it is time to arrange a referral. This fact also applies in cases where you feel that you are making more of an effort than the student. If you need additional resources such as additional funding, or if you wish to make use of profiling funds or other sources, request assistance from the student counsellor. Advice from the student counsellor is always useful if you have any doubts and/or questions.

Effective information provision is important. Do the students known to whom they can turn for help within the institution? We should point out that knowing and actually doing are two very different things in this regard. Raising your own visibility as a supervisor can be helpful in this regard. For example, you could make sure to introduce yourself at the start of the year and/or offer clear, up-to-date and appealing information on the website. In some cases, students will need guidance from someone who is a bit more removed from their situation and who can offer support on specific problems. For this purpose, it can be useful to employ specialised student counsellors/advisers or other professionals. Referrals to a student psychologist can also make it easier for students to discuss their problems.

Cooperation between educational institutions and mental health services/care professionals
Close ties with care professionals are important. On the one hand, this situation involves having a clear overview of the available regional services. Also see Assignment II: creating a social map. On the other hand, it involves maintaining personal relationships with the care professionals/organisations providing these services, so you know to whom you are referring the student. Make sure to consult students who have had personal experience in this area, as they will be able to tell you what helped them. Student counsellors and/or student psychologists are generally responsible for maintaining relationships with mental health-care services and care providers. Students can be referred to either of the latter parties. All referrals must be arranged through the student's general practitioner. The assistant mental health-care practitioner at the GP's office can also serve as an effective initial point of contact for students seeking free, easily accessible mental health care.

Education and mental health services constitute two different worlds which do not necessarily speak each other's language. Regular interactions between the two will help to create greater mutual understanding and to ensure more effective supervision of students with mental health issues. Once the student is in treatment, the emphasis will generally be on addressing the issues at hand. In addition to coping with their problems, students must also learn how to function and play their various day-to-day roles, including their role as a student. You might want to ask the student to what extent their studies and role as a student are being discussed during the treatment. Ideally, your cooperation with care professionals should centre on this student role (as opposed to the client role) and the elimination of any impediments (as opposed to learning how to cope with the diagnosis). Contact may be established with the practitioner at the student's request. Ideally, your relationship with care professionals should be such that you can turn to them for coaching and consultation, especially when a student is not currently in treatment. Care professionals also offer various preventive interventions that do not require a referral. See Appendix 8: courses and e-help.

4.6 Assignments

This guide should ensure that counsellors feel better equipped to take an open approach towards students with mental health issues and to offer them optimal guidance. However, as the complexities of day-to-day supervision cannot be fully summarised in a single guide, they will have to be learnt through practical application. The following assignments should help you to initiate discussions with your colleagues on various case studies, the role of educational institutions and care professionals, and your role as a supervisor/student counsellor.

I Personal experience
II Creating a social map
III Various case studies
IV Preconceptions and stigma
V Cooperation
VI Conversation skills
VII Flexible learning pathways

Assignment

Personal experience

Objective	Getting a grip on the various roles and responsibilities involved in supervising students with mental health issues.
Approach	Assessing your recent supervision of a student based on an account of personal experience. Which information did this assessment provide on the role of the student, educational institution, care provision, age group peers and/or other resources? What could you do differently next time?
Duration	20 minutes per case study.

Description of the assignment

1 Read Maud's story.
2 Which aspects of her answers stand out to you?
3 Think of a student that you supervised or are currently supervising. Now answer the questions put to Maud.
4 Which information does this assessment provide on the role of the student, educational institution, care provision, age group peers and/or other resources?
5 With which aspects are you satisfied? Which aspects of the supervision process could and/or would you approach differently?

Student's personal experience

Maud, psychology graduate

I'd sought help for my depressed moods and low self-esteem from a primary care psychologist before starting on my Psychology programme. The sessions were very helpful and ended just before the start of my second year at university. I'd met my then boyfriend, made friends, had a side job and was living alone for the first time. When my father's business lost a major client, I suddenly had to pay my own rent. No one helped me to make ends meet. I got really stressed, was holding down several side jobs and was very perfectionistic about my studies. My first real boyfriend also stirred up a lot of insecurities. In the meantime, my dad was at home with a burnout. I'd actually diagnosed him using my newly acquired knowledge and 'referred' him to online therapy. By the end of the second year, I was completely spent. I started feeling really miserable again, my relationship was on the rocks and I gradually became increasingly depressed. When I started on my third year, I couldn't bring myself to study any longer. I contacted my psychologist and told my study adviser that I was ill.

Which measures did you take in order to get your studies back on track? What worked against you/made things difficult for you?

To be honest, I don't really remember my conversations with the study adviser. In the end, I was in such a bad state that I couldn't study anymore. However, I did take one course that year. Looking back, I got into a lot of trouble because no one really explained the consequences. I spent a whole year enrolled as a full-time student while I was only taking a single course. At the time, I could only focus on surviving. I spent the next year in intensive therapy. As soon as I'd finished my therapy, I returned and took two electives which I really enjoyed to get back in the swing of things (that really helped me). I then started on the third year. Having just come out of my depression and still feeling like a 'mental case', I didn't discuss what had happened much with anyone from the university. Instead, I threw myself at my studies with my usual level of perfectionism: I was so eager to finish. As a result, I put a lot of pressure on myself and spent the year feeling really stressed out and anxious. The problem is, most people can't really tell how I'm doing from the outside. In fact, I tend to give the impression that I'm very calm and self-assured. As a result, people tend to misunderstand or overestimate me.

How did the institution (your lecturer, supervisor, and so on) contribute to your academic success? Which factors worked against you?

What contributed were the students and lecturers whom I really liked and with whom I got along at university. The following things helped me: genuine interest, empathy, feeling acknowledged. They didn't just ask me how I was doing and move on, but they kept asking follow-up questions and made real eye contact.

Once I'd figured out my own boundaries and made them clear, people didn't really show the same level of understanding. That worked against me. For example, I did my Master's at another university. When I let them know that I wanted a slower schedule, they weren't pleased and made me get a statement from my doctor. I got the impression that the university was mainly focused on its 'star students'. The lecturers didn't really show much empathy as far as I'm concerned. However, they did have a good academic adviser who helped my with my student debt. I also wish that they'd given me more information on the options, consequences and procedures when I reported ill.

So how did mental health care contribute to your academic success? Which factors worked against you?

I learnt how to accept myself and my situation, which helped. I also learnt how to set boundaries and accept that I didn't have to be the same as others or perform at their level. It also helped to talk with the others in my therapy group, which made me feel less alone.

How did the institution and mental health-care professionals support you in your development? Did they work together and, if so, how?

No, they didn't cooperate in any way. It definitely would have helped if the university had been aware of my problems, my background and my personal process. I think that there's added value in a situation where caregivers explain these aspects (with the student's permission, of course) to their contacts at the institution; I pretended to be stronger than I really was.

How did your age group peers and/or other resources contribute to your academic success? Which factors worked against you?

Confiding in some of my fellow students really helped, although I don't think that they understood what I was

experiencing. Still, it helps if there's someone who knows about your situation, just so you can share your real feelings from time to time. I also felt supported by the people in my therapy group and did volunteer work at a petting zoo, which really helped me to relax.

Assignment 11

Creating a social map

Objective	Creating a social map.
Approach	Checking whether your institution has a social map and finding out how it is applied. Figure out whether it would be desirable to create a social map and decide which parties to involve. Follow the steps below.
Duration	Creating a social map involves a considerable time investment.

Description of the assignment

A social map is a document offering insight into the various aid organisations. It provides a useful overview of the local support network. This map can be an extremely valuable tool for any research university or university of applied sciences. The social map will generally be available through the student psychologist or student counsellor, who are usually responsible for maintaining relationships with care organisations. If your institution does not have a social map, you might want to consider creating one. Keep in mind that a social map must be regularly updated.

Preparing

- Check whether your institution has a social map.
- Check whether it is up to date and seek advice on its use. (Is access always channelled through the study adviser/student counsellor or is there another procedure?)

Creating a social map

- Identify the area which you wish to chart.
- Gather all the information that you can on organisations within this area, making sure to include as many details as possible: address details, accessibility, specialisations, categories, and so on.
- Establish contact with the various organisations, so you know to whom you are referring.
- Determine the format (document, online tool, and so on) of your social map. Ideally, the format should allow for easy adjustments.
- Record the date of the latest version once the social map has ‘definitive’ status. Record agreements as to when this version will be reviewed/updated.

III
Assignment

Various case studies

Objective	Developing guidelines for the day-to-day supervision of students with mental health issues (specific case studies) by means of peer reviews.
Approach	Discussing specific cases in groups of 5 to 6 supervisors or student counsellors.
Duration	60 minutes.

Description of the assignment

Peer reviews offer supervisors and student counsellors a systematic method of discussing individual case studies. Discussing cases in a group can help supervisors to gain more insight into their own behaviours, methods and views, resulting in guidelines and tools for day-to-day supervision. Sharing these aspects with colleagues can be extremely helpful and will contribute to greater shared expertise.

1 Make sure to determine the structure of the sessions, peer review method and relevant preconditions in advance.
2 Now get started on one of the case studies (formulate the problem, analyse the problem, and work together to formulate solutions and recommendations).
3 These solutions and recommendations apply to the case submitted by the relevant supervisor. Can they also be useful to other colleagues? To whom can you turn with any unanswered questions? How can you deploy your expertise to address these questions?

The various peer review methods include the incident method. In brief, this method comes down to the following:
1 The party requesting consultation describes their problem.
2 The parties providing consultation ask supplementary questions.
3 (Intermediate stage) The parties providing consultation produce a summary of the problem as perceived by the party requesting consultation.
4 The parties providing consultation offer a specific recommendation. The party requesting the consultation makes notes and does not respond.
5 The party requesting the consultation explains to what extent the recommendations are practical. The parties offering the consultation simply listen without debate.

Want to find out more about the various peer review methods? For example, see *Intervisie bij werkproblemen* (2007).[12]

12 Hendriksen, J. (2005). *Intervisie bij werkproblemen. Procesmatig en taakgericht oplossen.* Amsterdam: Boom/Nelissen.

IV Assignment Preconceptions and stigma

Objective	Gaining awareness of your own preconceptions and views on mental health issues, as well as those of your colleagues.
Approach	Individual, subsequently in teams of two/groups.
Duration	20 minutes.

Description of the assignment

You will determine the prevalence of specific prejudices and views within your institution based on a list of common myths. Which of these myths sound familiar to you and which remind you of your colleagues' views? Discuss your findings with your colleagues.

1 Read the following prejudices and views from the Samen Sterk zonder Stigma (Fighting Stigma Together) website. Which of these views sound familiar to you (to a greater or lesser extent) and/or which remind you of your colleagues' views?
2 Exchange your findings with colleagues.
3 Will you or your colleagues need to change any of your ideas and views? If so, what will it take to change?

Myths

1 It is not that bad
Mental health issues are often underestimated. As we know from experience, however, these problems are often chronic conditions that need to be taken seriously.

2 It is not that common
One in four people currently suffer from mental health issues. Nearly half (42.7%) of all Dutch citizens will encounter a mental health issue at some point in their lives. See the Trimbos institute website <Read on[16]> for more figures. Anxiety disorders, depression and substance abuse/addiction are the most common.

3 They only have themselves to blame
There is a deep-seated notion that people with a mental health disorder are basically healthy and simply do not 'want' to behave normally. Imagine what would happen if we were to treat people with other conditions or handicaps that way? Blaming someone for their own condition is obviously cruel: we would never do the same in the case of a broken leg or diabetes. A situation where the person's surrounding environment knows what is actually causing their condition and can support them effectively is obviously far more desirable.

4 They are stupid, mentally retarded or cannot be held accountable for their actions
A very small portion of all mental health disorders affect our intellectual capacity. The vast majority of people with a mental health disorder have a good awareness of themselves and their situation, have all their mental faculties and are of average or above-average intelligence.

5 They tend to cause a nuisance
People with mental health problems tend to receive media coverage when their condition causes a nuisance for others. However, these attention-grabbing problems are not representative. Many people with mental health issues have jobs, run households, raise children, are active in clubs and associations, and so on. The issues might manifest themselves in terms of their difficulty in fulfilling these roles.

6 It is a temporary problem which will blow over

This fact may well be true. Alternatively, the person may learn to cope with their condition to the point that it does not bother them that much. However, chronic mental health issues tend to develop unpredictably, giving others the impression that they are simply a one-off incident which will blow over in time. Once the individual has been doing better for a certain period, they may appear to be 'cured'. Those suffering from the mental health issues also have difficulty dealing with these alternating good and bad periods.

7 You should not give it any attention

Many people believe that mental health issues are somewhat of a self-induced problem: the more you focus on them, the worse they get. Conversely, others think that the problem will go away of its own accord if we simply ignore it. Unfortunately, this approach tends to have the opposite effect in practice. Mental health issues are very real problems which are often of a serious nature. Simply neglecting them will only make things worse rather than better. People with mental health issues can often function well socially as long as they get help tailored to their specific condition.

8 They have medication for those problems

Mental health issues cannot be cured through medication. Medication can only ameliorate part of the symptoms. Its effects vary depending on the condition and the individual; in some cases, no form of medication will work. Some people with mental health problems will be dependent on medication for the rest of their lives: as soon as they stop taking it, the symptoms inevitably return.

9 They do not serve any purpose in society

The vast majority of people with mental health issues can actively participate in society despite having some limitations. They can often function well in their role as partners, parents, employees, neighbours, volunteers or employers, as long as they receive enough support.

V Assignment Cooperation

Objective	Improving internal cooperation and cooperation with mental health services/care professionals.
Approach	Initiating group dialogues on the basis of a case study or the 'Referrals' chapter in this guide.
Duration	Depending on the setting and conversation partners.

Description of the assignment

Literature sources on collaboration often feature tips such as:

- Try and find your shared interest. (Minimise disruptions to the academic careers of students with mental health issues and encourage their social participation.)
- Get to know each other and stay in touch. (Do you know what the student counsellor can do for you? Do you have a clear overview of the various relationships with care professionals?)
- Give each other feedback. (To whom can student counsellors turn with questions; will you receive feedback from the student or another party after making a referral?)
- Ensure consistent communication. (What do care professionals need in order to understand the language used at educational institutions and vice versa?)

You can initiate dialogue about the collaboration on the basis of a case study; which channels were used, who played a role in the process and which tasks did they perform, which avenues were pursued and could things have been approached differently? The contents of the 'Referrals' chapter can also serve as a guideline for the dialogue about cooperation.

Any discussion about the issue of collaboration will automatically touch on dilemmas and problem areas such as:

- You are an educational institution, not a care organisation; what does this fact mean in practice?
- Is it clear what we mean by 'respecting someone's privacy'? Is it a problem if student counsellors provide feedback to supervisors?
- What is the breaking point; when should you refer the student?
- What if the student does not realise that they have a problem and does not allow you to refer them?

VI Assignment Conversation skills

Objective	Improving your conversation skills.
Approach	Practising your conversation skills with colleagues, each taking on various roles.
Duration	20 minutes (5 minutes of preliminary discussions, 10 minutes of role play, 5 minutes of review).

Description of the assignment

You can practise conducting a supervision interview with a student by role-playing with your colleagues. There are three roles: the supervisor or student counsellor, the student and the observer.

Conducting the supervision interview:

- The supervisor or student counsellor explains their focus: on which aspects would you like feedback from your colleague; what would you like to practise?
- The student indicates what they would like to achieve and what it would take for them to feel that the interview has been successful.
- You will now conduct an interview with a length of no more than 10 minutes.
- The observer will observe what happens.
- Once the interview has concluded, the supervisor or student counsellor and student will take turns explaining how they feel that the conversation went. The colleague acting as observer will then provide feedback.
- You can now change roles and practise a new situation.

What would you like to practise? For example:

- A specific situation, such as 'I am not making any progress with this student'.
- Specific steps and phases of your conversational model. You can apply various conversational models, handbooks and guidelines, such as *Handboek oplossingsgericht gespreksvoering* (2008)[13].
- Specific conversation skills such as asking follow-up questions, confrontation, and so on.

Other suggestions:

- Hire a role-play actor.
- Film a conversation with a student (after having made agreements on the use of the footage and privacy) and watch the material with your colleagues.

13 Bannink, F. (2008). *Oplossingsgerichte Vragen: Handboek oplossingsgerichte gespreksvoering.* Amsterdam: Harcourt.

VII Assignment

Flexible learning pathways

Objective	Exploring the options for and consequences of flexible learning pathways at your degree programme.
Approach	Discussing the options at your degree programme on the basis of a case study. What are the consequences of offering a flexible learning pathway and what does this situation demand of the various parties involved?
Duration	20 minutes.

Description of the assignment

Read the following case study. Discuss it on the basis of the following points:

1 What are your views on the flexible learning pathway provided to Anneke?
2 Would this pathway also be an option at your institution?
3 What demands would this provision place on you in your capacity as supervisor, the student, the degree programme and the student counsellor? What sort of financial consequences would it have?
4 Discuss one of your own cases and the option of participating in a flexible learning pathway.

The following case study was derived from 'Kijk zo kan het wél!'[14]

Case study: Anneke

Schizophrenia, concentration issues and social skills

'Be open about your handicap from the start'
'My father is a GP and he has been so much help. He also came to the university information session. Most likely, he knew that I wouldn't be able to do it alone. Thankfully, someone at the Open Day took a genuine interest in my story. He immediately encouraged me to make an appointment with the student counsellor and told me that it would be good if the year coordinator also attended.'

Education agreement
'My father and I discussed the situation with the student counsellor and the FEM year coordinator. As I'd already found out in secondary school, I tend to have trouble working in groups. I do better when I'm working alone. While I can function in a group, I can't deal with the stress of real collaboration. I also have difficulty concentrating from time to time, which tends to disrupt others. Obviously, that's had an effect on my studies and subsequent jobs. Once we'd cleared everything up, we prepared an education agreement. According to the terms of the agreement, I had to spend the first year exploring the professional field so I'd have a clear idea of my future options. Although that goes for every student, I was told to factor in my personal limitations. I was also supposed to inform the group with which I'd be working about my disability. That felt a bit daunting, so we agreed that I'd do it with my mentor. Finally, the year coordinator found an ACC who was really nice and who took the time to discuss my academic progress on a weekly basis.'

Effective support
'There is nothing wrong with my intelligence level, so my studies went really well. I even did quite well in groups. My fellow students and lecturers showed understanding when I couldn't cope. I successfully finished the first year, which made myself and my parents proud. My father even thanked the ACC for the support. The second year also went well and I only needed occasional support from my supervisor. When it was time for my work placement, the ACC asked me how I planned on coping with my handicap. I'd already given it some thought and we decided that my work placement supervisor would make prior arrangements with the host company in order to inform them. It was then up to me to make arrangements with the company and figure out how to approach the work placement. Naturally, it was important to minimise pressure and group work. We thought that explaining my issues to my future colleagues would be a good idea, so they'd understand if I responded unexpectedly. Thanks to those agreements as well as the support that I got from the university, my fellow students and colleagues at the host company, I'm now working on my final project. It makes me proud that I've made it this far and I'll even graduate within the normal four-year period if everything goes well. I never would have gotten there without everyone's help and support.'

14 Saxion alternative learning pathways working group. *Kijk zo kan 't wél! Alternatieve leerroutes in het hbo voor studenten met een functiebeperking: een maatwerkwijze.* Enschede: Saxion University of Applied Sciences.

Case study – Anneke: summary of alternative learning pathway aimed at accommodating schizophrenia

Disability	Poor social skills, information processing and concentration issues.
Handicap in education (Finance, Economics and Management academy)	• Presentation methods • Working in groups • Pace • Information acquisition and processing • Permanent disability
Exit qualifications	The degree programme's exit qualifications will remain leading.
Arrangements	• Clear arrangements, recorded in education agreement • Additional personal supervision from specialised ACC • Support during professional orientation • Provision of information to students and staff • A tolerant attitude to the student's limitations in collaborations • Agreements with the host organisation made and recorded in the work placement agreement
Learning pathway tailored to the situation	• *Working method/participation in classes:* Disabilities are discussed in the group. • *Use of teaching materials/computers:* N/A • *Assessment:* No adjustments requiring approval from the examination board • *Practical assignment/work placement:* Assistance from work placement/ host company in finding a work placement suited to the student's disability • *Available provisions:* None
Additional support	• Regular progress and evaluation meetings with the ACC • Cooperation with the student counsellor • Several consultations with the student psychologist • Regular progress meetings with the work placement supervisor

5 Literature

This guide contains references to the following literature and/or refers to the following websites.

Notes:

1 Schmidt, E. & Simons, M. (2013). *Psychische klachten onder studenten*. Utrecht: Dutch Student Union (LSVb).
2 Broek, A. van den, et al. (2012). *Studeren met een functiebeperking*. Nijmegen: ResearchNed/ITS. Also see: *Factsheet Cijfers + studeren met een functiebeperking* (2013). 's-Hertogenbosch: handicap + studie expert centre <also Note 4>.
3 Health Council of the Netherlands (2014). *Participatie van jongeren met psychische problemen*. The Hague: Health Council of the Netherlands.
5 Gelder, H. van, et al. (2008). *De draad van Ariadne, begeleiding begeleid.* Twente: Student Affairs Coaching & Counselling (SACC), University of Twente <also Note 10>.
6 Boer, M. et al. (2009). *Wat wil jij? Studeren met psychische problemen*. Antwerpen/Apeldoorn: Garant <also Note 8>.
7 Verouden, N.W., et al. (2010). *Studenten en stille pijn. Wel problemen maar geen hulp zoeken*. Amsterdam: Elsevier Gezondheidszorg.
9 Korevaar, L. (2015). *Handboek begeleid leren. Het ondersteunen van jongeren met psychische beperkingen bij het kiezen, verkrijgen en behouden van een reguliere opleiding.* Utrecht: Stichting Rehabilitatie '92. Groningen: Rehabilitation Professorship.
11 Handicap + studie expert centre (2009). *Studeren zonder storing bij psychische problemen. Handreiking voor studiebegeleiders*. Utrecht: handicap + studie.
12 Hendriksen, J. (2005). *Intervisie bij werkproblemen. Procesmatig en taakgericht oplossen.* Amsterdam: Boom/Nelissen.
13 Bannink, F. (2008). *Oplossingsgerichte Vragen: Handboek oplossingsgerichte gespreksvoering.* Amsterdam: Harcourt.
14 Saxion alternative learning pathways working group. *Kijk zo kan 't wél! Alternatieve leerroutes in het hbo voor studenten met een functiebeperking: een maatwerkwijze*. Enschede: Saxion University of Applied Sciences.
16 Vloeberghs, I. (2015). *Focus op faalangst. Faalangst begrijpen en aanpakken.* Brussels: University Press Antwerp.

Websites (‹Read on›)

1 www.samensterkzonderstigma.nl
2 https://secure.psychischegezondheid.nl/actie/project
3 www.psychischegezondheid.nl
4 www.begeleidleren.nl
5 http://www.handicap-studie.nl/89_596_Regiobijeenkomst_psychische_klachten,_15_oktober_2015.aspx
6 http://studenten.tudelft.nl/nl/informatie/studie-enloopbaanbegeleiding/career-counselling-services/psychologen/psychische-problemen/adhd/
7 http://lvsa.nl/cursussen/cursussen/cursusaanbod/oplossingsgerichte-gesprekstechnieken
8 www.ik-student.nl
9 http://www.handicap-studie.nl/89_596_Regiobijeenkomst_psychische_klachten,_15_oktober_2015.aspx
10 http://saxion.nl/wps/wcm/connect/7acdac14-3e72-4ae3-a529-48149f088d74/Informatie+Maatjesproject.pdf?MOD=AJPERES
11 See: http://www.handicap-studie.nl/1_544_Flexibele_leerroutes.aspx
12 http://www.begeleidleren.nl/php/downloadproducten/omgaan%20met%20stress.pdf
13 www.begeleidleren.nl/php/downloadproducten/wel_of_niet_vertellen.pdf
14 http://www.studieprocesinkaart.nl
15 https://www.113online.nl/
16 www.trimbos.nl ('mental health disorders in the Netherlands').
17 http://www.handicap-studie.nl/89_573_Verslag_regiobijeenkomst_Studeren_met_psychische_klachten,_1_oktober_2015.aspx
18 http://vu.nl/nl/opleidingen/overig-onderwijs/cursus/cursussen/index.asp
19 http://www.gripopjedip.nl/
20 https://www.jellinek.nl/behandelingen/behandelingvolwassenen/cognitieve-gedragstherapie/internetbehandeling/online-zelfhulp/

Appendices

Overview

1 Practical guidelines from the Supported education expert centre
2 Dealing with the issue of privacy
3 Age group peers as the social reference framework
4 The diagnostic interview
5 Self-monitoring manual
6 Self-monitoring form for students
7 Elwin, Rotterdam University of Applied Sciences PowerPlatform
8 Courses and e-help
9 Understanding fear of failure
10 Rotterdam University of Applied Sciences contract/work plan
11 Avans University of Applied Sciences intake and matching procedure
12 Fontys University of Applied Sciences protocol for acute mental health crises

1 Appendix Practical guidelines Supported education expert centre

Practical guidelines for lecturers/ACCs supporting students with potential mental health issues

How do you know that there is a problem?
- The student told you.
- Other students or colleagues voiced their concern.
- You notice obvious changes in the student's appearance:
  - Weight loss/gain; - decline in personal hygiene.
- The student regularly smells of alcohol/cannabis.
- You notice that the student's mood has changed: - withdrawn, miserable, hyperactive, sad.
- You notice that the student's behaviour has changed recently.
- You notice drastic changes in the student's academic performance.
- The student has been having these problems for a considerable period.

Yes to one or more.

'Be proactive rather than reactive, do not wait until any of these aspects get worse"

Do not avoid the situation!

Get in touch with the student, try and talk to him or her.

Clearly explain how much time you have available.

Be willing to listen.

In some cases, simply listening can be enough.

You sense that there is a problem AFTER your interaction with the student.

The student will not accept any help.

The student wants to talk about problems.

Respect the student's right not to discuss their problems or seek help.

You are still concerned about the student.

Offer the student the opportunity to come back for another appointment.

Talk to your team leader or a specialised colleague and ask for advice.

You do not have to solve the problem. Do not try to take responsibility for the student's problem.

Do not try to give the student advice that goes beyond your role or function.

If necessary, refer the student to the study counsellor.

Listen and try to help the student determine which kind of help they need; e.g. study issues, alcohol, drugs, pregnancy, depression or sexual health.

In some cases, it can be difficult to determine the appropriate resource. If so, you should refer the student to someone that they trust.

Helping students can be very stressful; take care of your own well-being and seek support from others!

Supported education expert centre, www.begeleidleren.nl

2 Appendix Dealing with the issue of privacy

Dealing with the issue of privacy can be challenging. The student has shared personal information with you in confidence. You are worried about their well-being, so how can you help them without violating their privacy? Various institutions have a relatively straightforward solution to this problem. When supervision (by the study adviser or academic career counsellor) begins, they ask the student: 'Who could I call if I were worried about you?'

Appendix 3 Dealing with the issue of privacy

Laure Klerks works as an integration therapist at Jongerentherapie Leiden. As she emphasised during the regional handicap + studie meeting in 2015 <Read on[17]>:

Students need a group in order to develop effectively and discover who they are. They need to develop this social identity before they can explore their own inner psyche at a later stage. It is important to keep this fact in mind when supervising students. Although you can be a great help to students, you are not their frame of reference. This role is fulfilled by their age group peers. The aim is to gain a real understanding of students and view them as the 'director' of their own life. It is your role to encourage critical thinking, not to approve or disapprove of their behaviour. If a student gets stuck, they will need someone to help them address questions such as 'what do I really want?' If so, 'what are the consequences?' and 'am I prepared to accept those consequences?' If you really want to help the student, you will have to put your own personal judgements and opinions aside.

4 Appendix Age group peers as the social reference framework

De draad van Ariadne[15] mentions the notion of the diagnostic interview. This term refers to the interview conducted at the initiative of the study adviser. For example, a diagnostic interview could be scheduled if the student has failed to obtain sufficient credits. The study adviser will then attempt to identify any study problems and determine their underlying causes. The diagnostic interview offers an opportunity to explore the student's problems.

The booklet is available from Student Affairs Coaching & Counselling (SACC), University of Twente. Email: SACC@utwente.nl, tel: +31 (0)53 4892035. Contact the student psychologists at SACC/University of Twente for consultations and training courses.

15 Gelder, H. van, et al. (2008). *De draad van Ariadne, begeleiding begeleid.* Twente: Student Affairs Coaching & Counselling (SACC), University of Twente.

5 Appendix Self-monitoring manual

Appendix 1: Self-monitoring form instructions

Objective
The self-monitoring form is designed to help you gain a clearer idea of your own studying behaviour. This information will help you to get a better grip on your habits and change them where necessary.

Studying
Studying involves different types of activities and therefore different types of studying behaviour. A few examples are:
- attending lectures;
- participating in project groups and seminars;
- attending practicals;
- studying independently.

Independent study includes more *passive activities* such as reading, studying the course materials and thinking, in addition to more *active activities* such as writing and making calculations or designs. You will focus on all these activities in some way as you study.

Your studies, your environment, yourself
You do not live on an uninhabited island, so you will generally have social interactions with housemates, friends, a boy- or girlfriend and family members over the course of your studies. While these contacts often help you to stick at it and complete your studies, they can also pose difficulties: friends and family do take up time, distract you from your studies, and so on. The same goes for sports, activities in student associations and paid work. These three areas make up the three Fs: Family, Friends, Finance. In addition to your studies, you will also spend time on more personal activities such as relaxation with others or by yourself and free time ('doing nothing'). Of course, there are also the various day-to-day activities such as eating, sleeping, showering and buying food, or 'self-care'.

Day-to-day life
All these activities take place in day-to-day life. They may be recurring parts of your day or week and make up part of a permanent structure. You may eagerly look forward to some activities while dreading others. No matter how you feel about them, they all take up time. In some cases, you may suddenly feel overwhelmed by all your activities. You may lose sight of the bigger picture and start feeling bad as a result.

Self-monitoring
Self-monitoring is a useful tool that can help you to get a grip on your activities. This tool involves finding out how much time you spend on each activity. You will start by writing down all your activities, the time at which you perform them and the amount of time spent on each one via a self-monitoring form.

The emphasis should be on activities relating to your studies. After all, this task is the most important one for you as a student, although it rarely takes up most of your time. You could say that studying is the main activity around which all others are arranged. Filling in the self-monitoring form will help you to visualise the structure of your studying behaviour. It will also offer insight into your various other activities.

Self-monitoring form
The pre-printed form allows you to keep track of your activities over a one-week period. We recommend that you choose a week that is representative of your normal living and studying behaviour. Although you can choose to describe the various activities yourself, you can gain a better overview in less time by using the elements suggested here.

Studying:
- Lectures
- Seminars and project groups
- Practicals
- Independent study (reading, writing, thinking; writing, making calculations and designs)

Social interactions:
- Sports and/or association activities
- Family
- Friends
- Paid work

Leisure:
- Free time ('doing nothing', no obligations)
- Using the computer, watching TV/films, going out
- Hobbies

Self-care:
- Shopping for groceries, eating, cooking...
- Showering, sleeping...
- Doing the laundry, cleaning, tidying up...

In order to get an accurate and objective overview of your general and study-related activities, it will be important to fill in the form consistently over a longer period (e.g. 4 to 6 weeks). This process should become a matter of habit, something that you do without a second thought. For example, quickly fill in what you have been doing before you have lunch. Do the same before having dinner and going to bed. Only then can you gain real insight into your daily activities and apply this knowledge to change your patterns.

Results

Among other things, you can make these changes or adjustments by carrying out your activities in a different order. You could set different priorities (what is really important to you?), or change the amount of time that you spend on a specific activity (e.g. a study activity). For example, you could decide to spend half an hour more on independent study over the next week and reduce the amount of time that you lie in during the morning by half an hour. You could also cut out one evening of sports and spend that time on independent study.

Try to make such changes in small steps: if you try to change too much at once or make overly ambitious plans, you run a greater risk of becoming disappointed and demotivated. As you can see, you will need to gain insight into all your activities, not just the study-related ones. Changing one aspect will inevitably affect the amount of time that you can spend on others. A realistic approach will ensure that changes can really take hold.

I cannot do it

You may not manage to complete and assess the form regularly (e.g. together with a study adviser) despite your best intentions. This fact may indicate that you are having other problems in addition to avoidance of studying.

In some cases, these problems will be relatively easy to identify. Your studies may not interest you or you may feel that you lack the required capacities. In other cases, you may also be dealing with more complex and/or personal problems. If so, you can make an appointment with a student psychologist, either in consultation with a study adviser or at your own initiative. You may simply be wondering why you cannot manage to fill in the form. Meeting with a student psychologist does not necessarily mean that you need to break off your sessions with the study adviser. The two can coexist without any problems.

Finally

Although these first steps may not be easy, your efforts will definitely be rewarded. Good luck filling in the self-monitoring form.

6 Appendix Self-monitoring form for students

SELF-MONITORING FORM

Week number:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
06:00							
07:00							
08:00							
09:00							
10:00							
11:00							
12:00							
afternoon							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00							
evening							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							
night							
01:00							
02:00							
03:00							
04:00							
05:00							
Totals							

- Use different colours for each type of activity for a clearer overview.
- Use a * to indicate the time at which you filled in the form.
- Try to specify times and activities as much as possible.

Appendix 7 Elwin, Rotterdam University of Applied Sciences PowerPlatform

The Rotterdam University of Applied Sciences PowerPlatform is intended for students with disabilities. It is a platform by and for students, offering supervision for students. In addition to supervision for students, the platform also provides training courses for university staff and contributes to research projects. The platform works to develop knowledge on studying with a disability in collaboration with the Lectureship of Disability Studies. In addition, the platform aims to facilitate work placement positions and jobs for students in collaboration with other parties. Finally, the platform works to improve the image of people with a disability.

Elwin has been participating in the PowerPlatform for several months now. He organised an event for students at the start of the 2015-2016 academic year. 'I can honestly say that I was surprised to see so many students show up. It might sound strange, but the realisation that there are lots of other students with disabilities made me feel less "strange". Working for PowerPlatform gave me the same feeling. I really did not feel that I belonged on this planet in all my years of depression.'

Elwin soon came up with the idea of setting up a group for depressed students. He joined forces with several fellow students, the PowerPlatform coordinator and the Depressie Vereniging to found 'stuDent', a group for students suffering from depression. The stuDent group has been active since October 2015. Elwin recalls the first group meeting: 'Sharing our experiences with depression in a group of 14 people was really special. Because our stories were all so familiar, we laughed a lot. We decided to spend the day exchanging tips and tricks on coping with depression. It made for a very special first meeting.'

Elwin offers the following tips for educational institutions and students.

Set up a group for students suffering from depression: you would be surprised how many people will want to take part. We were afraid that we would not get enough registrations. However, the list soon filled up and a lot of students signed up at the last moment, as expected.

As a student counsellor or academic career counsellor, you need to be aware of how you communicate with students that are suffering from depression or suffered from it in the past. No matter how much experience you may have dealing with this group, you should never assume your 'method' will suit everyone.

Do not give up: no matter how unlikely it may seem, you should know that there are other students who understand what you are experiencing. As we heard from many participants in the first stuDent group meeting, they finally met people who 'just got it'. Many students indicated that they would like to attend the next event, while others told us they were currently doing better.

8 Appendix Courses and e-help

Various educational institutions offer courses for students. This offering can take the form of training courses and seminars. As regards study skills, there are courses in areas such as general study skills, procrastination, time management, self-confidence during tests, strategic and concentrated studying, speed reading, mind mapping, graduation, writing a thesis, and so on.

There are various personal development courses in areas including self-confidence, fear of failure and perfectionism, assertiveness, mindfulness, 'what do you really want?'. For example, see the courses offered by VU University Amsterdam. <Read on[18]> Support is also available for various specific disabilities, such as studying with autism.

The Trimbos institute has developed an online course for people suffering from depression. <Read on[19]> The Jellinek clinic offers online help for people suffering from addiction. <Read on[20]> 113online <Read on[15]> offers advice as well as online help and therapy for people with suicidal thoughts. You can also refer students to a range of other organisations offering online programmes and prevention resources.

9 Appendix Understanding fear of failure

From: *Focus op faalangst (2015).*[16]

A new approach to studying and planning

If the methods discussed here seem too vague or abstract, it may be useful to focus on your specific approach to studying. What do you do – and avoid – due to your fear of failure? You may consistently put off studying until the cramming period because you feel terrible every time that you open the course book. You may never make a planning schedule because you do not want to deal with the hellish period ahead. You may have a tendency to memorise every word in your course book because you are afraid that you will not pass the exam unless you know everything down to the last detail. You would like to take an afternoon or evening off during the cramming period but decide not to because you are afraid that you will feel guilty afterwards.

Can you see any connections between your approach to studying and your fear of failure? In what sense?

.....

.....

.....

.....

16 Vloeberghs, I. (2015). *Focus op faalangst. Faalangst begrijpen en aanpakken.* Brussels: University Press Antwerp.

10 Appendix Rotterdam University of Applied Sciences contract/work plan

Education agreement for students with a disability (physical or mental, chronic illness, dyslexia)
2014 version

The parties below agree to the following:

A Student .....

Date and place of birth .....

Student ID number .....

B Student counsellor .....

C Institution .....

Programme .....

Name of official .....

Pursuant to applicable legislation[1] (university policy on 'studying with a disability'[2]), in accordance with the Rotterdam Education Model[3]), the aforementioned student is entitled to the following provisions.

☐ during all education activities (limitations may be stated for each agreement)
☐ theory/lectures
☐ practicals
☐ projects/seminars/study assignments
☐ work placement
☐ the following course components: .....

---

1 Sections 7.34 and 7.13(i) of the Higher Education and Research Act and the Equal Treatment on the Grounds of Disability or Chronic Illness Act (as regards education), which took effect in December 2003.

2 Executive Board decision on 'Studying without limitations', dated 11 December 2003.

3 This education agreement can be regarded as an elaboration of the following objectives formulated in the Rotterdam Education Model:

- flexible education which reflects the diversity among prospective students and which offers all students an optimal as well as efficient pathway towards developing their full potential;
- effective education offering students optimal opportunities to develop themselves and obtain the desired qualifications.

As regards aids/provisions
(e.g. an overview of the requisite literature and readers for the following academic year prior to the start of the summer holidays (in connection with orders from the FNB Library for the Blind), use of the quiet room, use of individual study rooms, overviews of all lecture materials on paper or in an email (handouts, in large font if necessary) for each lecture, use of a laptop, recording equipment, copy cards or other facilities).

☐ .....
☐ .....

As regards testing
(e.g. test format (font size, oral, take-home, in sections, with audio recordings of the questions and/or answers), location, testing room (separate classroom), duration of the test (e.g. scheduled breaks; agreements on additional time for both testing and submitting assignments), use of aids and adjustments (e.g. word processor with spelling and grammar check), specific assessment criteria such as lenience for spelling mistakes and/or grammatical errors), and so on)
☐ as regards test format: .....
☐ as regards location/classroom: .....
☐ as regards duration/time: .....
☐ as regards aids and provisions: .....
☐ as regards assessment and criteria: .....

As regards education (educational institution)
(e.g. limiting specific assignments to their essence, adjusted teaching/education format aimed at achieving module objectives, adjusted timetable, alternative seminar agreements, specific support/supervision, absence provisions, and so on)

☐ .....
☐ .....

As regards accessibility
(e.g. scheduling accessible rooms, parking spaces, minor adjustments to the building, and so on)

☐ .....
☐ .....

As regards the work placement
(e.g. help in finding a work placement location, spreading out work placement over a longer time period, help in obtaining facilities, adjusted working hours, absence provisions, agreements on provision of information (e.g. via email), limited distance between work placement location/home address, and so on)

☐ .....
☐ .....

Other agreements/comments/notes

☐ .....
☐ .....

Validity period for the agreement
This agreement is valid (subject to interim adjustments; see Basic principles and organisation) for the duration of
☐ the student's entire degree programme
☐ the entire academic year
☐ the period from ..... to ..... (e.g. exclusively during the work placement)

Basic principles and organisation
The cluster contact person will inform all lecturers at the relevant programme and other parties involved which provisions have been awarded to the student.

In the event that one or more of the aforementioned agreements fails to produce the desired result, the student will report this fact to one of the other two co-signatories.

These provisions will be evaluated orally or in writing once a year and adjusted where necessary at the student's request. The student may also request that the provisions should be adjusted in the interim.

Rotterdam, dated .....

Student:	Contact person:	Student counsellor:
(signature)	(signature)	(signature)

Short-form education agreement for students with dyslexia

The parties below agree to the following:

A Student .....

Date and place of birth .....

Student ID number .....

B Student counsellor .....

C Institution .....

Programme .....

Name of official .....

As regards aids/provisions

☐ An overview of the requisite literature and readers for the subsequent academic year prior to the start of the summer holidays, in connection with orders from the FEB Library for the Blind.

☐ An overview of all lecture materials on paper (handout) or via email for each lecture, in large font if necessary.

☐ Use of a laptop, recording equipment or other aids that might also be applied in the professional field.

☐ .....

☐ .....

As regards education (educational institution)

☐ Agreements on additional time for submitting assignments.

☐ Readers in large font size.

☐ .....

☐ .....

As regards testing

☐ Tests in large font size.
☐ Alternative test formats if the student repeatedly has trouble completing regular tests. (Oral exam, take-home exam or exam with pre-recorded questions).
☐ Exam in instalments.
☐ Exam in separate room.
☐ Extension of exam or test time by a maximum of 20 minutes per examination hour. (No more than three consecutive hours of working in view of diminished attention span. Schedule break in case of an extension).
☐ Permission to take the exam using a word processor with spelling and grammar check and/or using other aids that might also be applied in the professional field. *
☐ Disregard for spelling and/or grammatical errors. *

☐ .....

☐ .....

* These special provisions may not be awarded for spelling and/or grammar tests as a part of language programmes or teacher training programmes.

As regards education (educational institution)

☐ Limit specific assignments to their essence.
☐ Adjusted teaching/education format in order to achieve module objective.
☐ Alternative seminar agreements.
☐ Specific support or supervision.

☐ .....

☐ .....

As regards the work placement

☐ Spreading out work placements over a longer time period.

☐ .....

☐ .....

Basic principles and organisation
The cluster contact person will inform all lecturers at the relevant programme and other parties involved which provisions have been awarded to the student.

In the event that one or more of the aforementioned agreements fails to produce the desired result, the student will report this fact to one of the other two co-signatories.

These provisions will be evaluated orally or in writing once a year and adjusted where necessary at the student's request. The student may also request that the provisions should be adjusted in the interim.

Rotterdam, dated .....

Student:	Contact person:	Student counsellor:
(signature)	(signature)	(signature)

Guidance in preparing an education agreement for 'studying with a disability'.

Basic principles
Your efforts should be based around the following question: 'how can we offer students optimally tailored support that helps them achieve the degree programme objective with a minimum of study delay?'
It is important that the available special provisions are not applied in a mechanical way.

A 'studying with a disability' education agreement may only be prepared for students with a confirmed disability that has been described in writing by the attending doctor, a recognised expert or a representative of a certified institution.

The validity period for this agreement will generally be long-term due to the permanent nature of the disability, provided that interim adjustments may be made at the student's request (e.g. in the event that provisions or adjustments do not yield the desired results or if the gravity of the student's disability changes). Dyslexia statements, for example, will remain valid for life (Stichting Dyslexie Nederland, 2003). The 'Studying with a disability' Help Desk will issue a ruling in cases where the validity of the statement is in doubt.

Logistical and organisational problems associated with some provisions can be discussed with colleagues and/or the Help Desk. Clusters and degree programmes will encounter similar problems (and solutions).

An additional form with frequently awarded provisions has been included for students with dyslexia. In view of the relatively large group of students concerned and the large number of agreements to be completed, we felt that this arrangement would help to speed up the process.
While the short-form agreement for dyslexic students will be stored along with the rest of the signed agreement, a copy of the short-form version will be provided at the student's request.

The effectiveness of the education agreement will be evaluated with the student counsellors, cluster contact persons and students at the end of the academic year. Both the agreement and/or the procedures will be adjusted where necessary.

11 Appendix Avans University of Applied Sciences intake and matching procedure

avans hogeschool

Intake and matching procedure

Intake interview

Prospective students

The student enrols in the degree programme.

Intake interview at degree programme (match – o)

The lecturer conducts an intake interview with the prospective student. The relevant information is recorded in a digital form.

Intake project group

The project group gathers all information from the intake interview, which the academies subsequently process in Casehandler. Casehandler automatically uploads the data to Osiris.

Prospective student	Assistant counsellors
To receive the following via email: Recommendation + Link to student information from student counsellor. Students receive the recommendation from their degree programme. Students who have indicated that they have a handicap or disability restricting their	All referrals will be deleted from Osiris. The student counsellors will make sure that this procedure is completed. The assistant counsellors will actively seek out prospective students with a top sport or disability referral.

ability to study will also receive a link to a Formdesk form, which allows them to make appointments with the student counsellor. Once the student has filled in the form, they will be contacted by the student counsellor.	Processing students' completed Formdesk forms. Scheduling appointments with the student counsellor for students with disabilities. The student counsellor will determine whether there is any need to schedule a 2nd meeting with the handicap + studie contact person. Students with dyslexia will be actively contacted via email, after which they can register for various dyslexia consultation hours before and after the summer holidays via a Formdesk form. Students with a referral for another issue will receive a reminder email in Week 1, informing them that they can make an appointment with the student counsellor. Referrals will be checked against actually scheduled appointments. Appointments will also be scheduled through the student information desk.

12 Appendix Fontys Universities of Applied Sciences protocol for acute mental health crises

Protocol for students with acute mental health crises

Primary actions

1 The ACC, lecturer or other institutional staff member receives a notification that a student is going through a mental health crisis.
2 The institutional staff member writes down the name and phone number of the student in question or the party reporting the crisis (e.g. a fellow student). *Always make sure to ask for the contact details of the person experiencing the crisis!*
3 The staff member contacts iStudent (+31 (0)88 50 82222) and requests the assistance of a student counsellor/student psychologist.
4 The student counsellor/psychologist contacts the staff member (ACC, lecturer, institutional staff member, and so on).
5 The student counsellor/psychologist expressly offers to visit the student in crisis if they are on a Fontys location at the time. The student counsellor/psychologist always tries to reach the student by phone regardless of their location.
6 If necessary, the student counsellor/psychologist arranges for adequate shelter and referrals. This arrangement might involve the local mental health-care service and/or crisis shelter. Outside of office hours, the attending doctor or police can reach the mental health-care service crisis team through a number known to them. Referrals may also be made to the student's own general practitioner.
7 The student counsellor/psychologist informs the Student Counsellors and Psychologists team leader.
8 The student counsellor/psychologist provides an update to the reporting party, taking account of the student's privacy.

With the exception of cases in which students are extremely confused or they are a clear danger to themselves or others, referrals can only be made with the student's permission. Try to respect the student's privacy as much as possible.

Emergency phone numbers

In case of a serious panic attack, crisis or danger, the ACC/student counsellor/student psychologist can also seek the assistance of the Fontys local Crisis Team. Fontys' general number is: 119/77119 (outside lines: +31 (0)88 50 77119). You can also contact security: Dennis Trip (+31 (0)88 50 73967). In case of a crisis, you may also call the national emergency number 112. The national police service number 0900 8844 can be reached 24/7 for information and advice on non-urgent matters (only within the Netherlands).

Secondary actions

At the student's request, the student counsellor/psychologist may also inform family, housemates/acquaintances, ACC or the study adviser at the relevant institution. The student counsellor/psychologist offers the student's environment (staff, fellow students, family members) the opportunity to discuss what has happened, including any relevant follow-up measures.

Useful addresses

- 113online = online suicide prevention. Chat or phone support: see the www.113online.nl website or call 0900 1130113 (only within the Netherlands).
- GGZ mental health-care service/crisis service: see GGZnederland.nl and enter your postcode or city, e.g.
- Eindhoven, GGZ Eindhoven en de Kempen, tel: +31 (0)40 2970170
- Tilburg, GGZ Breburg, tel +31 (0)88 0161616
- Venlo, Mutsaersstichting, tel 0900 6887237 (only within the Netherlands)

Student Facilities department
Student Counsellors and Psychologists team

June 2013

Fontys