

Students in Distress Guide

Contents

Section		Page
1	Aims	
2	Level 1 Handling urgent situations When situation needs the emergency services	
3	Level 2 Facilitating internal and external referrals When you feel the situation is urgent but do not think that the student requires the emergency services	
3	Level 3 Promoting self-help When you are worried about a student's mental health or behaviour but you don't consider it to be urgent	
4	Presenting situations: <ul style="list-style-type: none">• Suicidal thoughts• Disorientated or psychotic behaviour• Substance misuse or overdose• Victim of attack or assault• Managing aggression• Anxiety and Panic attacks• Students with eating disorders• Students who are demanding• Students who are struggling with their work• Students with exam anxiety	
5	Support <ul style="list-style-type: none">• Internal• External• Medical and dental students• For staff• For friends	
Appendix A	Flowchart	
Appendix B	Pro-forma for recording incidents	

Aims

This guidance is for any member of staff who come into contact with a student in distress. This includes staff whose role involves pastoral support for students, but also those who may simply come into contact with students in the course of their work.

If you are aware of a student who is very disturbed or distressed or indicating suicidal or self-harming feelings, action should be taken. Exactly what action you take will depend on the following:

- The seriousness and nature of the behaviour/distress
- Whether they acknowledge they have a problem and agree to seek help
- Whether there are any other staff around
- Whether you feel safe dealing with the student
- Whether they are coherent and rational
- Whether you know the student

Level I Handling Urgent Situations

The problem is urgent if:

- **The student is actively talking about suicide**
- **The student is very disturbed or clearly mentally ill**
- **The student tells you they have taken an overdose**
- **You think that the student is likely to hurt her/himself or others**

- Move the student to a quiet and safe place, if possible
- Enlist the help of someone else so the student isn't left alone and you aren't left alone with the student. If the incident occurs out of office hours call Security on (13) 3333 and ask them to help locate a senior member of staff
- If the student is willing, arrange for them to go to the nearest Accident and Emergency Department. Telephone 999 and explain the situation. N.B. In such cases you do not need the student's consent
- If the student is very disturbed, dangerous, or uncooperative and you are on campus call Security and ask them to call the police. The police can arrange for an ambulance if necessary. If you are not on campus, call the police yourself.
- Stay with her/him until the ambulance arrives and you are able to hand over to paramedics. It is not necessary for you to accompany the student in the ambulance to hospital
- Make a written note of key points and action taken using the form in Appendix B
- Speak with your line manager about your concerns and your actions as soon as possible
- Contact the Mental Health Co-ordinator to arrange a debriefing session and handover written notes so that follow-up support can be initiated. If the incident occurs out of office hours follow up with them as a priority

Level 2 Making Internal and External Referrals

When you feel the situation is urgent but do not think that the student requires the emergency services

- Talk to the student in a direct, concerned, and caring manner. Explain your reasons for concern.
- Encourage them to seek help via an emergency appointment once office hours re-commence with:
 - their GP
 - the GP Service at the QM Health Centre
 - College Advice and Counselling Service
 - College Mental Health Co-ordinator
- In the mornings during term time, there is usually a GP in the College Health Centre who will see students in an emergency. All services are free and confidential.
- Offer to help them arrange an emergency appointment with one of the services mentioned. This might include:
 - Accompanying them to arrange the appointment
 - Making the initial telephone call, explaining the urgency of the situation and then passing the phone to the student to arrange an appointment
 - Give them the contact details for The Samaritans and other relevant contacts from Section 5 of this document. If the incident occurs out of office hours this might contain the situation for the student until they re-commence.
 - Make a written note of key points and action taken using the form in Appendix B
 - Speak with your line manager about your concerns and your actions as soon as possible
 - Contact the Mental Health Co-ordinator to arrange a debriefing session and handover written notes so that follow-up support can be initiated

Level 3 Promoting Self Help

When you are worried about a student's mental health or behaviour but you don't consider it to be urgent

- Listen to them. Prompt and clear indications to the student that they are a cause of concern are usually helpful
- Ask them if they are already receiving treatment e.g. via their GP, local mental health services or College Advice and Counselling Service. If so, encourage them to seek help via these established structures
- If they are not already linked into mental health services, they should be encouraged to begin this process via:
 - their GP
 - the College Advice & Counselling Service
 - the College's Mental Health Co-ordinator
- If the student appears unwilling to seek help, acknowledge that they are having difficulties, or you have any other concerns, you can seek advice from to the Mental Health Co-ordinator without disclosing the student's identity
- Keep factual notes (name, date, time, action proposed) and inform your line manager about your concerns

Presenting Situations

Suicidal Thoughts

Facts about suicide

- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post-traumatic stress disorder, drug and alcohol abuse, and bipolar disorder.
- People who are suicidal often tell people about their thoughts or give clues to others about their feelings.
- Some factors associated with suicide risk are:
 - suicidal thoughts
 - pessimistic view of the future
 - intense feelings of helplessness
- feelings of alienation and isolation
- viewing death as a means of escape from distress
- previous suicide attempts
- personal or family history of depression and/ or suicide
- substance abuse
- history of self-harm
- Be confident to ask directly about suicide. Asking a student if he/she is suicidal will not put the idea in the student's head if it isn't there already; it will make a secret no longer a secret, which is the first step to a solution.
- Students who are at high risk usually have a specific plan, and have a means that is lethal (e.g. medication, knife, gun)

What you can do

If at any time the student tells you they have been thinking of taking their own life, or have recently harmed themselves (e.g. taken more than the prescribed dose of medication) then they are at risk of suicide. They must speak with an experienced practitioner as soon as possible

- Follow guidance in Level 1, as appropriate
- Talk to the student privately (not in front of others)
- Take a student's disclosure as a serious plea for help.
- Ask the student directly about feelings and plans. ("Are you thinking of killing yourself?" "How have you thought about doing it?")
- Express care and concern, and assure the student that you will help him or her get professional help
- Make a written note of key points and action taken using the form in Appendix B
- Speak with your line manager about your concerns and your actions as soon as possible
- Contact the Mental Health Co-ordinator to arrange a debriefing session and handover written notes so that follow-up support can be initiated

Avoid

- Minimizing the situation. ("It is not okay to kill yourself.")

- Arguing with the student about the merits of living. (“You have good grades and everyone loves you. How could you think of killing yourself.”)
- Allowing friends to assume responsibility for the student without contacting a professional
- Assuming the family knows that the student has suicidal thoughts
- Assuming the student has a family or support network

Disorientated or Psychotic Behaviour

The main feature of psychotic thinking is “being disconnected from reality.” Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30s.

Symptoms include:

- speech that makes no sense
- extremely odd or eccentric behavior
- significantly inappropriate or an utter lack of emotion
- bizarre behavior that indicates hallucinations
- strange beliefs that involve a serious misinterpretation of reality
- social withdrawal
- inability to connect with or track normal interpersonal communication
- extreme and unwarranted suspicion

Bipolar disorder involves periods of serious depression which can be combined with periods of extreme euphoria and frenzied thinking and behaviour, the latter of which can reflect a poor connection with reality. A person with bipolar disorder can appear psychotic.

What you can do

- Speak to the student in a direct and concrete manner regarding your plan for getting him/her to a safe environment.
- If the incident occurs during business hours, accompany the student to the Advice & Counselling Service where they may be able to access emergency psychiatric support
- If it happens after office hours, escort the student to Security
- If the student is highly impaired, call 999.
- Recognize that psychotic states can involve extreme emotion or lack of emotion, and intense fear to the point of paranoia
- Recognize that a student in this state may be dangerous to self or others

Avoid

- Assuming the student will be able to care for him/herself
- Agitating the student with questions, pressure, etc. (“You have to do something about yourself, as you are really upsetting others.”)
- Arguing with unrealistic thoughts. (“Don’t think that; it makes no sense and you know it’s not real.”)
- Assuming the student understands you
- Allowing friends to care for that student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible
- Assuming the family knows about the student’s condition
- Assuming that the student has a family or a network of support

Substance Misuse, Overdoses

Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and death, and can lead to addiction problems for some individuals.

Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of college life.

Research shows that the most abused substance is alcohol and that a large number of college students engage in binge drinking.

What you can do

- If the student has taken an overdose ask them what they have taken and how much.
- Ring for an ambulance and, if you are on campus, notify College Security so they can allow access and direct the ambulance appropriately.
- Ask College Security to call a First Aider for assistance or if the incident occurs during office hours contact the College Health Centre (3744)
- Make a written note of key points and action taken using the form in Appendix B
- Speak with your line manager about your concerns and your actions as soon as possible
- Contact the Mental Health Co-ordinator to arrange a debriefing session and handover written notes so that follow-up support can be initiated

Avoid

- Chastising or condoning the behaviour
- Being confrontational with the student
- Assuming that experimenting with drugs or alcohol is harmless

Victim of an Attack or Assault

This can include sexual assault, abusive relationships, stalking, a hate crime, or physical assault/mugging.

What you can do

- If the situation is serious and they require immediate medical attention they should be taken to the nearest Accident and Emergency Department. The nearest A and E department to the Mile End site is at The Royal London Hospital at Whitechapel. Ask College Security to call an ambulance. See section 5 for A and E contact details.
- If they have been sexually assaulted they should be advised about specialist services in the area e.g. The Haven, Whitechapel (see Section 5).
- If the student has not yet contacted the police gently encourage them to do so.
- Suggest they make an appointment to see a Counsellor at the Advice and Counselling Service.
- Give them the contact details for The Samaritans and other relevant contacts from Section 5 of this document.
- If the incident has taken place on College property, it must be reported to the Director of Student Services and College Security (plus the Dean for Student Affairs if on a medical campus/placement location).
- Speak with your line manager/colleagues to decide who will take responsibility for doing this. You, or a relevant colleague, will need to talk to the student about whether or not they want their identity revealed to other staff. It is generally good practice to limit the sharing of personal information to a 'need to know' basis.
- If you are concerned for the student's welfare/safety, speak with your line manager about the incident and your actions as soon as possible, and inform other relevant staff.
- Make a written note of key points and action taken using the form in Appendix B
- Contact the Mental Health Co-ordinator to arrange a debriefing session and handover written notes so that follow-up support can be initiated

Avoid

- Expressing judgment even when high-risk behaviours on the part of the victim (e.g. intoxication or drug use) were involved
- Pressuring the student to contact the police, although it is fine to suggest it
- Saying things like, "You will get over this," or "You will forget all about this someday." It is better to say that you are sorry that this happened to her/him, and that there are support services available to help
- Asking too many details about the incident. It is better to ask what the student may need to help her/him, and to discuss the support services that are available

Managing Aggression

Aggression varies from threats to verbal abuse to physical abuse and violence.

What you can do

- Assess your level of safety, and ensure you can access an exit. Be aware of non-verbal signs that someone is becoming agitated
- Keep a calm voice, do not stare, and avoid physical contact
- If a difficult situation is developing, involve another member of staff. If there is no one close by then say you need to consult with a colleague, find someone, and ask for their help
- Use time-out strategies that is, suggest the person behaving aggressively leaves, and returns when calmer
- If you are very concerned for your safety or unable to manage the situation, then again find a colleague and ask them to ring College Security
- If you are able to defuse the situation and the student becomes calmer and is willing to talk to you, try to find out what difficulties they might be experiencing. Try to give them information about where they can go for help using Section 5 of this booklet
- If you feel it is appropriate to stay with the student, remain in an open area with a visible means of escape. For example, sit closest to the door and do not let the student get between you and the door
- Reassure that the student that you are better able to hear and support their concerns when they talk to you slowly, clearly and calmly
- Make a written note of key points and action taken using the form in Appendix B
- Speak with your line manager about your concerns and your actions as soon as possible
- Contact the Mental Health Co-ordinator to arrange a debriefing session and handover written notes so that follow-up support can be initiated

Avoid

- Staying in a situation in which you feel unsafe
- Meeting alone with the student
- Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression
- Touching the student or crowding her/his sense of personal space

Anxiety and Panic Attacks

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g. exam anxiety, social anxiety, public speaking anxiety). Many students suffer panic attacks as a result of heightened anxiety, particularly around exam time.

Symptoms of anxiety include:

- stress
- agitation
- panic
- avoidance
- irrational fears (of losing control, phobias, health concerns)
- excessive worry (ruminations and obsessions)
- sleep or eating problems
- depression

What you can do

- Take them to a quiet room, advise them to sit down and offer a glass of water
- If the student is experiencing a panic attack advise them to take long, slow breaths. Try to call College Security and ask them send a First Aider who could offer more support
- Don't rush the student; focus on relevant information, speak clearly and concisely
- If they have just left an examination before the end, advise them to make an appointment to see their tutor at their earliest convenience. They will also need to contact their GP or the College Health Centre to obtain medical evidence of their distress and send it to the relevant exam board within five days.
- Help the student develop an action plan that addresses his or her main concerns, breaking larger problems into smaller parts so they are less overwhelming to the student
- Suggest they see:
 - The Mental Health Co-ordinator. In some circumstances they can authorise special exam arrangements designed to reduce anxiety. In most circumstances this would need to be arranged at least two months before the exams, but they can support you to liaise with your department
 - Their G.P. who can offer advice and refer on to an appropriate service or prescribe medication to relieve symptoms
 - A Counsellor at the Advice and Counselling Service

Avoid

- Overwhelming the student with information or complicated solutions.
- Arguing with student's irrational thoughts. ("You have nothing really to worry about; your grades are good.")
- Devaluing the information presented ("It's not as bad as you think" or "Don't worry; you have everything going for you.")
- Assuming the student will get over the anxiety without treatment.

Students with Eating Disorders

Eating disorders are not necessarily about food, but food is the substance that people with eating disorders abuse. Eating disorders have both physical and psychological symptoms. They are characterized by problematic attitudes and feelings about food, weight and body shape, a disruption in eating behaviours and weight management, and intense anxiety about body weight and size.. Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental, and medical consequences. Eating disorders usually refer to anorexia nervosa, bulimia nervosa, and/or binge eating behaviour.

- Characteristics of anorexia nervosa include severe restriction of food intake; self-starvation; refusal to maintain minimally normal weight; intense fear of weight and fat; and obsessive focus on weight as a basis of self-worth.
- Characteristics of bulimia include excessive concern with body weight/shape; recurrent episodes of binge eating and “purging behaviours,” such as self-induced vomiting; misuse of laxatives, diuretics, and diet pills; fasting; or excessive exercise.
- Binge eating behaviour is characterized by recurrent episodes of excessive overeating that are not followed by inappropriate compensatory behaviours (purging) to prevent weight gain.
- Depression/anxiety often accompanies eating disorders.

What you can do

- Select a time to talk to the student when you are not rushed and won't be interrupted.
- In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern, trying not to focus on body weight or food.
- Your responsibilities are not to diagnose or provide therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- Follow the guidance for Level 1, 2 or 3 in this document

Avoid

- Placing shame, blame, or guilt on your student regarding actions or attitudes.
- Giving simple solutions. For example, “If you'd just stop, then everything would be fine!”
- Intentionally or unintentionally becoming the student's therapist, saviour, or victim.

Students who are Demanding

Students who are demanding can be intrusive and persistent and may require much time and attention. Demanding traits can be associated with anxiety, panic, depression, personality problems, and/or thought disorders, mania, drug use/abuse.

Characteristics of students who are demanding include:

- a sense of entitlement
- an inability to empathize
- a need for control
- difficulty in dealing with ambiguity
- perfectionism
- difficulty with structure and limits
- dependency
- fears about handling life
- elevated mood
- drug use or abuse
- inability to accept any limits

What you can do

- Talk to the student in a place that is safe and comfortable.
- Remain calm and take the lead.
- Set clear limits up front and hold the student to the allotted time for the discussion.
- Clarify behaviours that are and aren't acceptable, and respond quickly and with clear limits to behaviour that disrupts class, study sessions, or consultations.
- Refer the student to the Mental Health Co-ordinator or the Advice & Counselling Service
- Contact the Employee Assistance Programme to talk over any stress you might be experiencing

Avoid

- Arguing with the student. ("No, you are not correct...")
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behaviour that has a negative impact on you or other students.
- Feeling obligated to take care of the student or feeling guilty for not doing more.
- Allowing the student to intimidate or manipulate you to not deal with the problematic behaviour.

Students Who Are Struggling With Their Work

Students who are struggling might:

- Come to class late or often may be absent.
- Not understand the course content.
- Be unaware of campus resources to support them
- Exhibit negative thinking and behaviour
- Lack preparation or interest in the course
- Be unable to balance work, social activities, and study hours
- Hand in assignments late, not at all , or incomplete

What you can do

- Encourage the student to make a private appointment with their Personal Advisor where they can discuss his/her performance and make suggestions for improvement.
- Refer the student to the Language and Learning Unit. They provide workshops and individual tutorials to help improve writing, study skills (including tutorials with a Royal Literary Fund Fellow) and academic support in mathematics and the sciences
- Refer the student to the Advice & Counselling Service or the Mental Health Coordinator if you think that stress, or other issues are affecting the student's performance

Avoid

- Concluding that the student is just lazy; anxiety can often be a major factor in avoidant behaviour
- Presuming the student lacks the ability to be successful
- Discouraging the student from continuing with their studies

Students with Exam Anxiety

Some anxiety often helps a student perform better under pressure. However, if students experience too much anxiety, it can affect both academic and psychological wellbeing. Exam anxiety can be caused by many factors, such as the pressure to succeed, past experiences, and/or fear of failure.

Symptoms of Exam Anxiety can include:

- rapid heartbeat
- sweaty palms
- negative self-talk
- feelings of inadequacy
- tears
- inability to retain test information
- fear of fainting or vomiting

The student with exam anxiety may not perform well on tests, although grades on other course requirements are good. A student can have anxiety related to certain types of exams. For example, there may be a great discrepancy between a student's grades in multiple-choice and essay exams in the same course.

What You Can Do

- Ask about the student's exam preparation and time management skills.
- Suggest useful study strategies and exam preparation techniques.
- Refer the student to the Mental Health Co-ordinator or the Advice & Counselling Service for advice about how to overcome test anxiety and manage stress
- Encourage the student to join or form a study group to provide academic and psychological support.

Avoid

- Minimizing the situation.
- Assuming the student is simply trying to ask for special attention.
- Thinking the student should be able to handle the problem without support.
- Concluding that the student must have a learning disability.
- Believing that if the student really understands the material they should be able to perform better on exams

Source of Support

Internal

If calling from an external telephone line, all Queen Mary telephone numbers begin: 020 7882, followed by the four digit internal extension number.

First Aiders (via College Security) 3333

Security (Emergency) 3333

Security (non emergency) 5000

Advice and Counselling Service 8717
For financial, practical or legal advice, and emotional support

Psychiatric Services 8717
The Advice and Counselling Service employs part time consultant psychiatrists to provide back-up assessment and referral services. Access to the Advice and Counselling Service psychiatrists is only via referral from staff within the Advice and Counselling Service.

Students, who are experiencing mental health difficulties, in need of prompt (though not urgent) intervention and are not already linked into NHS services, should be referred to the Advice and Counselling Service.

A Counsellor will assess them and if necessary arrange for them to see one of the psychiatrists. Students needing on-going psychiatric support will usually be referred to local NHS services.

College GP Service 3744

Mental Health Co-ordinator 7818
First point of contact for students experiencing mental health difficulties.
Co-ordinates support for students and offers advice and guidance to staff working with students with mental health issues

Residential Support and Pastoral Care Manager 7904
Manages residential and pastoral support for students, including wardens

Disability & Dyslexia Service 2756
offers support for all students with disabilities, specific learning difficulties and mental health issues at Queen Mary.

Language & Learning Unit 2826/2827
Provides learning support services, which are open to all and free of charge. These include in-session English courses, workshops and individual tutorials to help improve writing and study skills (including tutorials with a Royal Literary Fund Fellow) and academic support in mathematics and the sciences.

Director of Student Services	7919
Dean for Student Affairs (Med and Dent School)	2126
Deputy Dean for Student Affairs (Med & Dent School)	6235

Medical and Dental Students – Additional Information

In addition to the guidance in this document, staff with serious concerns about the mental health of a medical or dental student should inform the Dean for Student Affairs or, in their absence, the Deputy Dean for Student Affairs. See Sources of Support for contact details.

If the Dean for Student Affairs, or Deputy Dean for Student Affairs, is concerned about the mental health of a medical or dental student, they should ensure that all relevant staff are made aware of the situation, in addition to following the guidance in this document.

Professional boundary issues may make it more difficult for medical and dental students to seek help for existing or emerging mental health difficulties. In order to ensure that appropriate services can be accessed by all students, the following systems have been put in place:

Counselling, group therapy and Cognitive Behavioural Therapy are provided by QM Advice and Counselling Service thereby avoiding the need for referral to local NHS services.

Fitness to practise issues are not dealt with by QM Advice and Counselling Service, or its psychiatrists. These matters are dealt with separately by the School of Medicine and Dentistry and the College's Occupational Health department, who will arrange for any psychiatric assessment necessary to be carried out by an independent external psychiatrist.

If in-patient treatment becomes necessary, reciprocal arrangements have been set up with other London Medical Schools so that QM students can be admitted to hospitals where QM students are not undertaking placements.

Staff in QM Advice and Counselling Service, including psychiatrists, follow a strict code of confidentiality and do not pass on information about students to the Medical and Dental School unless there is a serious and imminent risk to the student concerned, or someone else.

Local External Services

Accident and Emergency:

Royal London Hospital, Whitechapel Road	020 7377 7781
Newham General Hospital	020 7363 8124
Homerton	020 8510 7120
Whipps Cross	020 8539 5522
King George's, Ilford (ask for A and E)	020 8983 8000

Please note: It can be helpful to call ahead to the Accident and Emergency Department, to let them know that you are coming and to pass on information about the circumstances of the student. Ask for your information to be passed to the duty psychiatric team, or mental health liaison team.

The Haven Rape and Sexual Assault Centre 9 Brady Street, London E1	020 7247 4787
Globe Town Surgery 82-86 Roman Road London E2 0PG	020 8980 3023
NHS Walk-In Centre Royal London Hospital	020 7943 1333

Help-lines and out of hours support

Samaritans: National: 08457 90 90 90,
Local: + 44 (020) 7734 2800 (24hour)
E-mail: jo@samaritans.org (response within 12 hours)

Nightline: 0191 261 2905 (8pm - 8am)
E-mail: listening@nightline.org.uk (response within 48 hours)
Listening service for students run by students

Confidential Care: 0800 281 054
24-hour advice and counselling on any emotional issue.

Get Connected: 0808 808 4994
Provides young people with initial support, determines what help is needed, and then connects to a relevant local helpline via a three-way conference call

A-Z by support need

Alcohol

- Alcoholics Anonymous 0845 769 7555 (24 hour)
For those seeking help with a drink problem
- Drinkline 0800 917 82 82 (24 hour)
Help and information if you're worried about your own or a friend's alcohol consumption.

Advice & Information

- Whitechapel Citizen's Advice Bureau 0844 826 9699
E-mail towerhamlets@eastendcab.org.uk
- Citizens Advice Bureau
Advice site offering basic information and advice about your rights.
See www.adviceguide.org.uk

Bereavement

- CRUSE 0844 477 9400 (Weekdays only: 9.30-5pm)

Bullying

- National Bullying Helpline 0845 22 55 787 (Monday to Friday 10am - 4pm
Saturdays 10am - 2pm)
- Bullybusters 0800 169 6928 (Mon - Fri 9am - 7pm)

Crime

- Victim Support: 0845 30 30 900 (Mon-Fri 9am-9pm: Sat & Sun 9am-7pm:
Bank Hols. 9am-5pm)
Support for victims of crime

Disability & Dyslexia

- British Dyslexia Association: 0118 966 8271

- Skill: 0800 328 5050 (minicom - 0800 068 2422)
National bureau for students with disabilities.

Equal opportunities

- Equal Opportunities Commission 0845 601 5901
Advice for anyone who feels they have been unfairly treated

Domestic Violence

- Women's Aid 08457 023 468
National charity working to end domestic violence against women and children
- Refuge 0808 2000 247
Support for women and children experiencing domestic violence

Drugs

- Talk to Frank- National Drugs Helpline: 0800 776600 (24-hour, seven-days a week)
Free and confidential telephone service that offers advice and information for those who are concerned, or have questions, about drugs.
- Release: 020 7749 4034
Independent drugs charity offering information, advice and support on drugs and legal issues.

Eating

- BEAT: 0845 634 1414 (Mon- Fri 10.30am - 8.30pm Sat 1pm - 4pm)
- Youthline (Under 25): 0845 634 7650 (Mon-Fri 4.30 – 8.30pm, Sat 1pm – 4.30pm)

Gambling

- GAMCARE: 0845 6000 133 (8am - midnight, 7 days a week)

Health

- NHS Direct: 0845 4647 (24hour)

Mental health

- SANELINE: 0845 767 8000 (6pm-11pm)
- Mental Health Matters: 0845 601 2457 (6pm-6am)

Pregnancy

- Marie Stopes Helpline: 0845 300 8090 (24 hour)
- British Pregnancy Advisory Service: 08457 304 030
If you're worried you may be pregnant or want advice on abortion

Religious support

- Lifeline: 020 7316 0808
Christian-run helpline providing a sympathetic ear, information and advice on a range of emotional, spiritual or practical matters
- Miyad: 0845 7581 999
Jewish crisis helpline

- Muslim Women's Helpline: 020 8904 8193
Provides information, practical help and a listening service for Muslim women and girls
- Muslim Youth Helpline: 0808 808 2008
Confidential helpline for young Muslims

Sexuality

- Lesbian and Gay Switchboard: 020 7837 7324 (24 hour)
Information, support and referral service for lesbians, gay men and bisexual people from all backgrounds throughout the UK
- EACH: 0800 100 0143 Educational Action Challenging Homophobia
Offers support to young people affected by homophobia.
- London Friend: 020 7837 3337 (7.30-10pm)
Support for lesbian, gay and bisexual people and those unsure about their sexuality.

Sexual Abuse

- Rape and Sexual Abuse Helpline: 0845 1221 331 Mon-Fri 12noon-2:30pm, 7pm-9:30pm, Sat, Sun & Bank holidays 2:30pm-5pm
- The Haven: 020 7247 4787
Rape and Sexual Assault Centre 9 Brady Street, London E1
- MASH: 0117 907 7100 (Thursday 7pm-9pm)
Men as Survivors Helpline provides a free telephone counselling service for men who have experienced any form of sexual abuse or sexual violence at any time in their lives.
- RASASC: 0845 122 1331 (Mon-Fri noon-2.30pm, 7.30-9pm, Sat-Sun and Bank Holidays 2.30-5pm)
Rape and Sexual Abuse Support Centre. Support and counselling for women and girls who have been raped or sexually abused
- Survivors UK: 0845 1221201 (7pm-10pm Mon/Tue/Thu)
Advice, counselling and support group for adult male victims of sexual abuse or rape

Sexual Health

- National Sexual Health Helpline: 0800 567 123 (24 hours)
Offers confidential advice, information and referrals on all aspects of sexual health and HIV/Aids
- Terrence Higgins Trust: 0845 12 21 200 (10am and 10pm on Monday to Friday, and from 12 noon to 6pm on Saturday and Sunday)
Access to HIV/ Aids services, information and support

Suicidal thinking

- Samaritans: National: 08457 90 90 90,
Local: + 44 (020) 7734 2800 (24hour)
E-mail: jo@samaritans.org (response within 12 hours)
- Nightline: 020 7631 0101 (6pm - 8am)
E-mail: listening@nightline.org.uk (response within 48 hours)
Listening service for students run by students

- HOPELineUK: 08000 68 41 41 (Mon-Fri 10am–5pm and 7pm–10pm
Weekends 2-5pm)

Support for friends of students

If they require further help, advise them to make an appointment to see a Counsellor at the Advice and Counselling Service to talk over their concerns. Tel: 020 7882 8717

Support for staff

You may feel upset by the contact you have had with a student, or worried about whether you did or said the right things. If you are aware that a student is vulnerable and experiencing personal difficulties, or if they exhibit a worrying change of behaviour, inform other staff that have dealings with them and consult your line manager.

Staff in the Advice and Counselling Service offer a consultation service to colleagues concerned about a student. Tel: 020 7882 8717.

Free staff counselling is available to all QM staff from EAR Employee Advisory Service. You can call 24 hours a day, 365 days a year on 0800 243458. (Daytime number: 01895 237071 or see www.ear.co.uk).

Further guidance concerning your pastoral role with students is available in the QM Guide to Tutoring at www.welfare.qmul.ac.uk/staff

The Director of Student Services can offer advice and guidance to staff about their pastoral roles and responsibilities and institutional duty of care.