

**Impact of Mental Health:** what is expected of you when handling complaints from students with:

(1) diagnosed or

(2) potential mental health conditions?

How do you respond to complex clinical matters in an academic setting?

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# A matter of definition...

mental difficulty or distress: referring to 'a range of experiences that can seriously limit an individual's ability to cope with day to day living'

What this session is *not* about:

students with mental health difficulties who are making complaints

What this session *is* about:

students with mental health difficulties who are making complaints *where the mental health difficulty may affect their participation in the complaint*

# Some of the issues

- supporting the student
- a complaint built on irrational foundations
- difficult communications and behaviour
- Interaction with other processes
- concern about student welfare



# Four scenarios – part one

- The Head of the Department of Arts confides in you that she believes “the student complaining about his course is bipolar.”
- The student complains that the University is compiling notes on his whereabouts, and passing them to be held in the vault of a local church which is engaging in a campaign of persecution against him.

## Four scenarios – part two

- The student phones you or your team several times a day, demanding to know why their complaint hasn't been resolved. All responses are met with either swearing, or a loud scream, and then the call is terminated.
- The student from a professionally-qualifying programme complaining about a visa issue who informs you that if his complaint is not upheld, he will take his own life.

# Suspected, but undiagnosed

- Don't make a diagnosis
- Consider behaviour not labels
- Try and get student into contact with welfare and support
- Document concerns and behaviour

# When the foundations are irrational

- Hold the line, don't encourage
- but hold a proper and objective investigation
- elements may still be true
- When and how to disengage...and the consequences

# Difficult complainant behaviour

- Is it different to any other difficult complainant? How?
- Avoid preconceptions of where it's coming from
- Stick to your process
- Know your boundaries
- Duty of care, welfare and support



# Support

- Let the professionals provide support; know and be aware of your limits
- keep pointing at it, keep evidencing it
- Third party and supporters
- Levelling the playing field

# Things to think about

- Timescale and out of time complainants
- Disability legislation.
- Confidentiality and disclosure
- Stepping outside process
- Fitness to practise



# Decisions and outcomes

- Think about how you communicate
- Think about what support is in place as decision is conveyed
- Keep control and keep to process
- ...and think about yourself.



# Back to the case studies: questions and comments

- HoD tells you a student “is bipolar”
- Student complains University is conspiring against him
- Persistent and disturbing phone calls
- The threat of self-harm

Thank you, and good luck  
with your own cases

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