



## STUDENT MENTAL HEALTH PLAN<sup>1</sup>

Type of document	Strategic plan
Purpose	<ol style="list-style-type: none"><li>1. To state the principles and provisions for a comprehensive institutional approach addressing the mental health of students at Stellenbosch University.</li><li>2. To adopt positive measures to aid in the prevention of mental health challenges.</li><li>3. To further develop procedures for dealing with mental health challenges within the institution.</li></ol>
Date of approval	
Date of implementation	<i>(from date of approval)</i>
Revision date/frequency	Every five years, or sooner if circumstances so dictate, or as deemed necessary by the owners of the Plan
Owner of this Plan	Deputy Vice-Chancellor: Learning and Teaching
Institutional functionary (curator) responsible for this Plan	Senior Director: Student Affairs
Approved by	Rectorate

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<sup>1</sup> In case of any discrepancies or differences about interpretation between the English text of this Plan and its Afrikaans translation, the English version must prevail as the legally binding formulation.

## Sleutelterme/Key terms

<b>Afrikaans</b>	<b>English</b>
geestesgesondheid	mental health
welwees	wellness
vertroulikheid	confidentiality
geestesgesondheidsbewusmaking	mental health awareness
geestesgesondheidsbevordering	mental health promotion

## List of abbreviations

Campus Security	Campus Security and Risk Management Services
CREW	Community Response Engagement for Wellness
CSC	Centre for Student Communities
CSCD	Centre for Student Counselling and Development
DU	Disability Unit
DVC: L&T	Deputy Vice-Chancellor: Learning and Teaching
EqU	Equality Unit
FVZSI	Frederik van Zyl Slabbert Institute for Student Leadership Development
HIV	Human Immunodeficiency Virus
HPCSA	Health Professions Council of South Africa
POPIA	Protection of Personal Information Act
SACSSP	South African Council for Social Service Professions
SANC	South African Nursing Council
SRC	Student Representative Council
SU	Stellenbosch University
UACD	Unit for Academic Counselling and Development
UGCS	Unit for Graduand Career Services
UPSS	Unit for Psychotherapeutic and Support Services

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## **1. INTRODUCTION**

There is increasing awareness globally of the burden of mental health challenges in society. Individuals with mental health challenges are constantly at risk of facing discrimination, stigmatisation and social exclusion. Stellenbosch University (SU) faces the challenge of responding to the need for mental health promotion and prevention of mental health challenges, greater mental health awareness, mental healthcare, crisis protocols and standardised reasonable academic accommodation for students.

## **2. STUDENT MENTAL HEALTH: AN INSTITUTIONAL PRIORITY**

- 2.1 This Plan recognises that health is a state of physical, mental and social wellbeing. SU proudly recognises the importance of student mental health and wellness.
- 2.2 SU is committed to supporting the provision of professional, coordinated, accountable, fair and accessible mental health services to students to support the prevention of mental health challenges and the promotion of mental health and wellness.
- 2.3 SU recognises that the University is embedded in a social-cultural-political context with the shared challenges of the wider South African community.
- 2.4 SU acknowledges that mental health is a shared responsibility and is committed to working with or acknowledging the advice of the Department of Health, mental health experts in private practice, SU mental health practitioners, SU-registered students, SU student organisations and SU staff to promote mental health.
- 2.5 SU's Vision 2040 includes the values of compassion and accountability. Therefore, SU values the recognition of and care for the wellbeing of all students.

## **3. SCOPE OF THE PLAN**

- 3.1 The Plan covers all services and offerings that focus on mental health and wellness promotion and prevention of mental health challenges at SU.
- 3.2 The Plan applies to all registered students under the University's jurisdiction or any University-related activity.

## **4. CONCEPTUAL FRAMEWORK**

- 4.1 SU adopts a proactive and systemic framework to ensure the prevention of mental health challenges and the promotion of mental health and wellness.

- 4.1.1 To understand how SU adopts this framework, this Plan must be read together with SU's Policy on Unfair Discrimination and Harassment and other key wellbeing policies and plans. These policies and plans aim to address issues such as gender inequality, gender-based violence and other forms of discrimination and harassment.
- 4.1.2 Through the implementation of these policies and plans, SU hopes to promote mental health by creating and maintaining a safe and supportive culture of inclusivity, transformation, innovation and diversity.
- 4.1.3 The **proactive component of the framework** adopted for this Plan focusses on the prevention of mental health challenges and the proactive engagement of SU management with the SU community of students around issues of mental health and wellness.
- 4.1.4 The **systemic component of the framework** adopted for this Plan focusses on fostering the social, cultural and contextual conditions that promote and enable mental health and wellness at SU.
- 4.2 SU's values of compassion, excellence, accountability, equity and respect inform SU's practices, policies and institutional culture, including this Plan.
- 4.3 SU fully commits itself to promoting all the fundamental rights and freedoms of every person on campus in terms of the Constitution of the Republic of South Africa, 1996. This Plan is guided by relevant legislation and regulatory boards such as the Promotion of Equality and the Prevention of Unfair Discrimination Act 4 of 2000, the Employment Equity Act 55 of 1998, the Occupational Health and Safety Act 85 of 1993, the Mental Health Care Act 17 of 2002, the National Health Act 61 of 2003, the Higher Education Act 101 of 1997, the Promotion of Access to Information Act 2 of 2000, the Protection of Personal Information Act 4 of 2013 (POPIA), the World Health Organization Mental Health Action Plan 2013-2020, the United Nations Convention on the Rights of Persons with Disability, as amended, and the Health Professions Council of South Africa (HPCSA).

## 5. AIMS OF THE PLAN

This Plan has the following aims:

- 5.1 Create an empowering, transformative student experience for everyone on the SU campuses through the prioritisation and promotion of mental health and wellness. All registered students must be included and supported by the University and its

structures.

- 5.2 Promote compliance and uphold, as far as these points are practical, ethical, sustainable and implementable, the national and international best practice guidelines relating to the mental health and wellness of registered students.
- 5.3 Enable SU to fulfil its educational, legal and ethical responsibility to registered students with diverse mental health needs.
- 5.4 Create an ethos whereby the confidentiality and dignity of the SU community are respected and whereby the right to confidentiality is defined within specified guidelines and in terms of applicable legislation.
- 5.5 Promote positive mental health and wellness by providing suitable information and advice to enhance informed and constructive attitudes to mental health issues.
- 5.6 Inform the SU community about resources, regulations and procedures for addressing student mental health and wellness.
- 5.7 Outline the objectives, protocols and functions for appropriate procedures and reasonable accommodation for various situations relating to student mental health and wellness.
- 5.8 Ensure communication, cooperation and consistency between relevant SU stakeholders such as the Centre for Student Counselling and Development (CSCD) and the Equality Unit (EqU) on matters relating to the management of student mental health and wellness and the provision of support and treatment.

## **6. DEFINITIONS**

For this Plan, the following terms apply<sup>2</sup>:

### **6.1 Mental illness and mental disorders**

- 6.1.1 The model of mental illness promotes a diagnosis-focused framework whereby being mentally ill means having the presence of a psychological disease. Mental

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<sup>2</sup> Definitions have been adapted from: World Health Organization. 2013. *Mental Health Action Plan 2013-2020*. WHO Library Cataloguing-in-Publication Data. [https://doi.org/ISBN 978 92 4 150602 1](https://doi.org/ISBN%20978%2092%204150602)

health, according to this model, would require the absence of psychological disease.

6.1.2 According to this model, having a mental illness means having a mental disorder that can be identified by collectively decided-upon signs and symptoms defined by a recognised psychiatric classification system.

6.1.3 Mental disorders include but are not limited to neurodevelopmental disorders, psychotic disorders, bipolar spectrum disorders, depressive disorders, anxiety disorders, trauma- and stressor-related disorders, and substance-related and addictive disorders.

## **6.2 Mental health and wellness**

6.2.1 In recent decades, we have moved away from an absence of disease model towards a wellness model. This will be the preferred terminology used in this Plan. Mental health is not simply the absence of a mental disorder.

6.2.2 Mental health relates to individuals' subjectively experienced state of wellbeing in which individuals can realise their goals, can cope with normal and expected stresses in life, can live, work and study productively, and can make meaningful contributions to their communities and SU.

6.2.3 To obtain the highest possible level of health and wellness, mental health and recovery must be promoted, mental disorders must be prevented, and stigmatisation and discrimination must be reduced.

## **6.3 Mental health challenges**

6.3.1 It may be stated that a person is facing mental health challenges when he/she is no longer able to reasonably manage stressors without experiencing significant detriment to his/her wellbeing.

6.3.2 Personal, contextual, familial, social and cultural factors may contribute towards the experience of compromised mental health and wellness of students at SU. These factors can include the exclusion, stigmatisation and obstacles that a diagnosis may cause, leading to various levels of psychosocial disability.

## **6.4 Registered mental health practitioner**

Registered mental health practitioners are psychologists, psychiatrists, registered psychological counsellors, clinical social workers and mental health nurses registered



with either the HPCSA, the South African Nursing Council (SANC) or the South African Council for Social Service Professions (SACSSP).

## **6.5 Registered healthcare professional**

This term includes the following persons:

- 6.5.1 mental health and medical professionals registered with the HPCSA according to the Health Professions Act 56 of 1974;
- 6.5.2 practitioners registered with the Traditional Health Practitioners Council of South Africa according to the Traditional Health Practitioners Act 22 of 2007; and
- 6.5.3 practitioners registered with the SANC.

## **6.6 Residence head**

Residence head refers to a person appointed to act as head of a residence and to oversee the supervision and development of the students placed in a particular residence. This person usually resides near or on the premises of the residence concerned.

## **6.7 Reasonable accommodation**

- 6.7.1 The United Nations Convention on the Rights of Persons with Disabilities defines ‘reasonable accommodation’ as “the means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure that persons with disabilities, and mental health challenges, can enjoy or exercise all human rights and fundamental freedoms on an equal basis with others”.<sup>3</sup>
- 6.7.2 Reasonable accommodation is by no means an approach intended to advance students unfairly or to excuse them from academics. Academic standards are not lowered using reasonable accommodation. Instead, reasonable accommodation is an equitable approach to ensure that all students can meet academic requirements without unfair, stubborn barriers, whether mental, financial or physical. Hence, it is the aim to achieve equality of opportunity through equitable means.

## **7. PRINCIPLES OF THE PLAN**

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<sup>3</sup> Adapted from: United Nations. 2006. Convention on the rights of persons with disabilities and optional protocol. In *Treaty Series*.

## **7.1 Mental health promotion and prevention of mental health challenges**

Mental health promotion refers to any action taken to maximise mental health and wellness among the student population and to improve the value placed on mental health by SU and the community at large. It includes preventing mental disorders and reducing stigmatisation, discrimination and rights violations when it comes to mental health. Mental health promotion and prevention of mental health challenges cannot happen without taking specific vulnerable groups into account. Vulnerable groups are those groups who are more at risk of developing a mental disorder because of genetic, societal and environmental factors.

## **7.2 Universal access to mental health and social services**

7.2.1 No person may be excluded from access to any mental health or social service provided at SU.

7.2.2 No person may be discriminated against in any way by accessing these services.

## **7.3 Empowerment**

Persons with mental health challenges must be empowered to be involved in any planning, legislative and monitoring processes around mental health.

## **7.4 Confidentiality**

7.4.1 All health professionals dealing with students are obligated to comply with the confidentiality standards as outlined by the HPCSA, SANC and SACSSP.

7.4.1 Consent must be sought before the mental health information of any student is shared with a third party, with very rare exceptions when students are a danger to themselves or others as deemed by a medical, psychological or traditional practitioner, as required by law. A treating practitioner is not permitted to confirm or deny that a patient is or is not in treatment or has been in treatment, or to reveal any details about the diagnosis, prognosis and/or treatment of the patient.

7.4.2 According to the POPIA, all data related to a person's mental health is regarded as sensitive personal data. Record keeping (hard copy and electronic storage) needs to be done securely with access control in line with HPCSA regulations. When third parties such as administrators are handling files and have access to information, the administrators must sign a confidentiality agreement.

## 7.5 Disclosure

Students have the right not to declare their mental health challenges. However, SU encourages students to declare any mental health challenges with the appropriate University support structures at an early stage for these support structures to provide the assistance and support needed in a timely manner. This is particularly important if the student's mental health challenges are having an adverse effect on her/his academic work. The principle of confidentiality, unless there is a direct threat of harm to self or others, must be maintained in any instances where a mental health challenge has been disclosed.

## 7.6 Reducing stigmatisation and discrimination

No person should experience discrimination due to disclosure of mental health challenges. Discrimination against people who experience mental health challenges will only be reduced if the stigma surrounding issues of mental illness and mental disorders is reduced.

## 7.7 Transparency

7.7.1 Although confidentiality is of the utmost importance, open communication and accountability must be maintained in all matters relating to mental health management at SU.

7.7.2 Students must be informed of any decisions regarding the processes, procedures and regulations relating to mental health at SU that may affect them.

## 8. PROVISIONS OF THE PLAN

### 8.1 SU's key support structures

The following entities are key University support structures that have been established to proactively promote mental health, prevent mental health challenges, address mental health crisis situations, raise mental health awareness, and reduce stigmatisation and discrimination around matters of mental health. This responsibility is shared among these support structures, staff, students and the broader SU and South African community.

8.1.1 The **CSCD** is the primary mental healthcare entity on campus for registered students, and all campus-related mental health care services and treatments for

registered students must be regulated through this centre. The CSCD has several support units. These units include the **Disability Unit (DU)**, the **Unit for Academic Counselling and Development**, the **Unit for Graduan Career Services (UGCS)** and the **Unit for Psychotherapeutic and Support Services (UPSS)**.

- 8.1.2 The CSCD and its supporting units must cooperate and work together with staff and registered students, faculty-based mental health practitioners, mental health professionals and hospitals in the private sector, the **Centre for Student Communities (CSC)**, the **Student Representative Council (SRC)**, **Campus Health Services (CHS)**, **Campus Security** and **Risk Management Services (Campus Security)**.
- 8.1.3 The **EqU** implements SU's policies on unfair discrimination and harassment and on HIV/Aids and is committed to dealing with social injustice.

## 8.2 Prevention

The following provisions have been put in place to ensure that mental health and wellness is promoted and that mental health challenges are prevented:

- 8.2.1 Students are responsible for contributing to creating a safe and nonthreatening University environment in which mental health is promoted. Students must contribute towards building a nonstigmatising, nondiscriminatory community, including treating fellow students with dignity.
- 8.2.2 Any attempt to promote mental health and prevent mental health challenges must include attempts at suicide prevention.
- 8.2.3 Key SU structures such as departments, divisions and faculties should strive to create an academic culture that promotes compassion and mental health.
- 8.2.4 Line managers, students and staff must be able to provide students who are struggling with mental health challenges with the contact details of the appropriate support structures.
- 8.2.5 Students must be informed of SU's Student Mental Health Plan.
- 8.2.6 Students must be informed of the resources for treatment, care and reasonable accommodation in place for students struggling with mental health challenges.
- 8.2.7 Students are encouraged to declare mental health challenges. These students must

be handled in a **nondiscriminatory, nonstigmatising** manner.

- a. The information provided will be considered confidential as per the principles stated in this Plan.
- b. Students can voluntarily refer themselves to the CSCD.

8.2.8 SU must provide reasonable accommodation and academic support to students with mental health challenges.

- a. Faculties, departments and line managers are responsible for adhering to the accommodations as stipulated in Annexure B.
- b. The information provided will be considered confidential as per the principles stated in this Plan.

8.2.9 The SU community is responsible for the promotion of **mental health awareness programmes and campaigns**. The following provisions are in place for the promotion of mental health awareness:

- a. The CSCD in collaboration with the **CSC**, the **SRC** as well as the **Frederik van Zyl Slabbert Institute for Student Leadership Development (FVZSI)** are responsible for the continuous development, facilitation, organisation and monitoring of mental health awareness programmes such as work sessions that promote coping strategies and self-care.
- b. These programmes as referred to in 8.2.9.a must aim to reduce stigmatisation and discrimination around matters of mental health.
- c. These programmes as referred to in 8.2.9.a must create awareness around the existing SU support structures and their contact details including emergency-line contact details.

### 8.3 Treatment

The focus for SU is to foster a campus culture dedicated to mental health promotion and prevention. However, SU must also provide the appropriate support to registered students who are experiencing mental health challenges or in the case of a mental health emergency.

8.3.1 Students must have access to information about how to seek support for mental health and wellness, how to self-refer and how to refer others to these services. Staff must have access to information about how to refer students for mental

health and wellness support. SU has **procedures, guidelines** and **support structures** in place to address the mental health needs of students.

8.3.2 In a noncrisis situation, SU students can be referred to various support structures if they are struggling with mental health challenges. Situations that require attention to mental health or self-referral to support structures include but are not limited to the following:

- a. significant inhibition of the ability to perform academically, socially, personally or in any other way; and
- b. persons diagnosed by a registered mental health practitioner using a recognised classification system.

8.3.3 There are established SU procedures and rules for crisis management as set out in the procedures for **Temporary Suspension of a Student at Risk of Harming Self or Others**, pertaining to students on campus who have experienced a traumatic incident, are at risk of suicide or self-harm, or are experiencing psychosis.

#### **8.4 Monitoring and evaluation**

SU is committed to a Quality Assurance and Monitoring and Evaluation Framework as laid out by the HPCSA and as practised at SU. Moreover, the CSCD compiles an annual evaluation report of its services and is mandated to monitor quality, accessibility and professionalism, with special focus on range of diagnosis, demographics of student clients and reaching of underserved groups.

8.4.1 Students must be allowed opportunities to provide anonymous feedback to the CSCD to monitor quality, accessibility and professionalism.

8.4.2 The CSCD has a responsibility to ensure that treatment is based on best practice and up-to-date research.

8.4.3 The waiting times for gaining access to help must be limited as far as is practically possible.

8.4.4 Students who experience discrimination related to a matter of mental health must be encouraged to report the instance to the EqU.

## **8.5 Leave of absence**

There is provision for accepting mental health diagnoses just like any other medical diagnoses in SU's leave of absence rules. The Plan adheres to the rules around leave of absence, especially rules relating to leave of absence for mental health issues. (Please see Annexure D relating to procedures around leave of absence.)

## **8.6 Discipline**

Mental health challenges do not exclude students from the requirement to comply with SU's regulations on conduct and discipline, in other words, the Disciplinary Code for Students. (Please see Annexure D relating to Disciplinary Procedures.) However, psychological support could be offered before the commencement of the disciplinary processes and individuals must be treated with sensitivity and the appropriate support.

## **9. FUNCTIONS AND RESPONSIBILITIES**

### **9.1 Functions and responsibilities** *(Please note that this has been written as if the Plan has already been approved.)*

- 9.1.1 The Plan has been approved by the Rectorate. The Rector is responsible for overseeing the execution of the Plan and has delegated the management of the Plan to a member of the Rectorate, namely the Deputy Vice-Chancellor: Learning and Teaching (DVC: L&T).
- 9.1.2 The DVC: L&T is the owner of this Plan and is responsible for the Plan being formulated, updated and implemented as well as for a curator and complementary functionaries being appointed and functioning effectively.
- 9.1.3 The Senior Director: Student Affairs of the Division of Student Affairs is responsible for the curation of the Plan and must ensure that it is formulated, approved, reviewed, communicated, made available and implemented. The curator also has the final say, subject to the approval of the Rector or the Rector's delegates, in matters regarding the Plan.
- 9.1.4 The UPSS, as part of the CSCD, serves as the unit dealing directly with mental health challenges of registered students. The Head: UPSS has a managerial function and oversees all activities of the unit. The procedures are set out in the protocol (Annexure C).

## **9.2 Implementation**

The implementation of this Plan is the responsibility of the curator. The curator is responsible for the implementation from the effective date or the review date. The stipulations of this Plan become effective as soon as the SU Rectorate has approved it and must be integrated into each line manager's work agreement.

## **9.3 Monitoring and reporting**

The owner of the Plan is accountable and the curator is responsible for reporting on the Plan, which includes submitting an annual report to the Rectorate. Statistical feedback on mental health challenges and preventative measures taken must be submitted once a semester to the DVC: L&T as owner of the Plan.

## **9.4 Release**

In the development of this Plan, it was released for consultation with a task team, the wider SU community and mental health experts. It will be available for public access. Regarding the release of any special personal information such as health information that may be collected with the use and circulation of this Plan, the standards stipulated by the POPIA will be maintained.

## **9.5 Revision**

The Plan must be reviewed every five years, or sooner if circumstances so dictate or as deemed necessary.

## **10. SUPPORTING DOCUMENTATION**

**ANNEXURE A:** STELLENBOSCH UNIVERSITY SUPPORT STRUCTURES

**ANNEXURE B:** REASONABLE ACCOMMODATION

**ANNEXURE C:** REFERRAL PROCEDURES

**ANNEXURE D:** LEAVE OF ABSENCE AND DISCIPLINARY ACTIONS

**ANNEXURE E:** RULES FOR TEMPORARY SUSPENSION OF A STUDENT AT RISK OF HARMING SELF OR OTHERS



## II. RELATED DOCUMENTS

Republic of South Africa. 1974. *Health Professions Act, No 56 of 1974*. Pretoria: Government Printing Works.

Republic of South Africa. 1993. *Occupational Health and Safety Act, No 85 of 1993*. Pretoria: Government Printing Works.

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Republic of South Africa. 2002. *Mental Health Care Act, No 17 of 2002*. Pretoria: Government Printing Works.

Republic of South Africa. 2003. *National Health Act, No 61 of 2003*. Pretoria: Government Printing Works.

Republic of South Africa. 2007. *Traditional Health Practitioners Act, No 22 of 2007*. Pretoria: Government Printing Works.

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Stellenbosch University. 2018. *Disability Access Policy*.

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## **ANNEXURE A: STELLENBOSCH UNIVERSITY SUPPORT STRUCTURES**

- I. The Centre for Student Counselling and Career Development (CSCD) and supporting units (<http://www.sun.ac.za/cscd>)**
  - a. Requests for mental health support take place throughout the year as the need arises and via the Disability Unit (DU), the Unit for Academic Counselling and Development (UACD) or the Unit for Psychotherapeutic and Support Services (UPSS). These units provide a specified number of free and confidential mental health services that include diagnostic, intervention and therapeutic treatment services, and there is a 24-hour emergency service for students who need it. This service is available to all registered Stellenbosch University (SU) students on all five campuses.
  - b. All services and offerings are provided in English or Afrikaans, in a variety of inclusive formats, including hybrid, online, self-help, face-to-face, individually and in groups, and other formats to reach as many students as possible.
  - c. The CSCD and supporting units can provide guidelines and consultation for management or staff who have concerns regarding a student's mental health.
  - d. The CSCD and its supporting units assist students in acquiring reasonable accommodation in the classroom, test and examination context on the grounds of mental health challenges by providing motivations to the relevant faculties to this end. An internal committee of the CSCD evaluates all requests for reasonable accommodation in the test, examination and classroom context. These internal meetings could take place over five to six sessions per year. All test and examination concessions are captured on one database to ensure that the student receives the necessary support during test and examination time.
  - e. If a student applies for support to the DU based on mental health challenges or a mental disorder, the DU must communicate the options available to students for reasonable accommodation.
  - f. Reasonable accommodation results in a letter from the SU Examinations Office outlining the support to be granted to students, such as extra time for tests and examinations, writing in a separate room or other reasonable requests.
  - g. The DU and other units can make recommendations to the relevant staff in departments at SU regarding reasonable accommodation and classroom support, apart from tests and examinations, in liaison with students.

- h. The CSCD and its supporting units must work in conjunction with Campus Health Services (CHS) and the Frederik van Zyl Slabbert Institute for Student Leadership Development to promote mental health awareness and to facilitate activities aimed at the promotion of mental health and the prevention of mental health challenges on all SU campuses.
  - i. The DU must provide support and promote awareness of disabilities to staff, students and the SU community at large.
- 2. The **Equality Unit** promotes collective action towards social justice by raising awareness and training. The unit has an Unfair Discrimination Portfolio, an HIV and Sexuality Portfolio and a Gender and Non-violence Portfolio.
- 3. **Faculties and departments**
  - a. Faculties and departments must provide reasonable accommodation in teaching and learning for students experiencing mental health challenges, as advised by units of the CSCD, including the DU, UACD and UPSS.
  - b. Academic concessions (such as extensions) for mental health challenges must be considered in the same way as concessions for medical reasons and must be handled in accordance with the principles of confidentiality and disclosure.
- 4. **Faculty-based mental health practitioners** (contextualised as faculties hiring their own mental health practitioner for a limited period per week)
  - a. They must offer mental health promotion and mental health challenge prevention initiatives in the faculty.
  - b. They must provide psychological assessment and limited counselling to students in accordance with capacity and resources.
  - c. They must facilitate referrals to relevant on-campus and off-campus support services as needed and can consult with staff on how to support students appropriately.
  - d. All faculty-based mental health practitioners must provide feedback to the CSCD on a six-monthly basis regarding trends experienced at the specific faculty as well as statistics about students interviewed.
- 5. The **Centre for Student Communities (CSC)** is a centre within the Division of Student Affairs that manages all SU residences and private student organisation wards.

Important role-players in this regard include the residence head, primaria/primarius (head student), House Committee members and mentor bodies.

- a. In their professional capacities, they must refer students to relevant support structures.
- b. Residence heads must coordinate and oversee the activation of the relevant protocols when a student in a residence experiences a mental health emergency that places the student or others at risk.
- c. The clusters and their convenors must work with their respective cluster House Committees to organise mental wellness initiatives and to seek out solutions to improving mental health in their communities.

**6. Community Response Engagement for Wellness (CREW)** is an emergency student team established to assist the CSCD during mental health crises on and around campus. CREW consists of student volunteers representing each cluster within student communities. These students have been trained in emergency management by the CSCD and will assist in dealing with the student community while the CSCD is managing the incident to ensure that facts are communicated correctly, that students know what to expect and that students are guided on the use of social media in the case of emergencies. CREW members volunteer on an annual basis, and continuous training is provided by the CSCD.

**7. The Student Representative Council (SRC)**

- a. The SRC must appoint a Student Wellness Officer to assist in the promotion of mental health awareness on campus through collaborative programmes, events and campaigns.
- b. The SRC must be at the forefront of promoting, upholding and safeguarding student mental health at SU.
- c. A portion of the Student Wellness Portfolio budget must be dedicated to mental health efforts on campus.
- d. CSCD crisis training is available to the Student Wellness Officer, and it is recommended that the Student Wellness Officer make regular contact with the CSCD.

**8. Risk Management and Campus Security (Campus Security)** must provide security and assist in creating a safe environment for all staff, students and visitors.

- a. CSCD crisis training is available to Campus Security members.
  - b. Campus Security members must be available to attend crisis incidents where a student is in immediate danger and alert the necessary role-players to assist.
- 9. Campus Health Services (CHS)** is the University-associated health practice that aims to provide free or affordable services to students who need attention to physical or mental health.

In terms of treatment, CHS may provide an appropriate medical certificate, prescribe medication or refer the student to attend counselling at the CSCD.

- 10. The Mental Health Information Centre of Southern Africa** is an accessible mental health information database that is affiliated with SU.
- a. The database can be used to access information on various mental health topics.
  - b. The database can be used to access the contact details of mental health professionals or organisations in case an external referral to mental health services is needed ([www.mentalhealthsa.org.za](http://www.mentalhealthsa.org.za), 021 938 9229, [mhic@sun.ac.za](mailto:mhic@sun.ac.za)).

## **ANNEXURE B: REASONABLE ACCOMMODATION**

The following provisions are in place to ensure that there is reasonable accommodation for registered students who may be experiencing mental health challenges.

### **1. Prospective students**

Application to the University: Prospective students must be encouraged to indicate on their application whether they experience a mental health challenge. The application form contains a section that enquires about the disability status of the applying student.

- a. Students are encouraged to indicate such disabilities to obtain appropriate support from the faculty and the CSCD and its support units.
- b. Students who are uncertain about it but suspect that they may experience mental health challenges are encouraged to indicate it on their application form, regardless.
- c. All information provided is treated as confidential and in no way inhibits the prospective student's chances of being accepted into the programme of application.
- d. Applicants for reasonable accommodation due to mental health challenges must provide supporting documentation from a registered mental health practitioner.
- e. Such applicants are encouraged to contact the DU at [disability@sun.ac.za](mailto:disability@sun.ac.za) for a personal consultation to understand their needs better and to be advised accordingly.

### **2. Registered students**

- a. Registered students with mental health challenges may apply for test and examination concessions (e.g., extra writing time or secluded writing venue). Students are encouraged to contact the CSCD and its supporting units if they are experiencing mental health challenges or trauma and may need academic support for a short period of time.
- b. Registered students who qualify for reasonable accommodation will be provided with a signed letter to this effect from the University/Examinations Office to confirm test and examination accommodations. Should classroom accommodations be required, the DU or any other unit where the registered student presents for intervention can provide a letter explaining the student's

situation and what support is required.

- c. The exact nature of the student's challenges needs not be disclosed in this letter or to any SU staff member for the purposes of reasonable accommodation. The departments and lecturers of the student will work directly with the student or the supporting units to provide various academic concessions such as assignments and tutorials, subject to course administration deadlines (such as faculty or University deadlines for finalising coursework marks).
- d. Students' need for reasonable accommodation may be reviewed annually, per academic year; changes may be initiated based on the student's disability and needs.
- e. In a case where an emergency concession is needed, the student can approach the DU or the Examinations Office with a supporting letter from a psychologist or psychiatrist (especially for an acute onset of psychiatric symptoms/disorders).



## **ANNEXURE C: REFERRAL PROCEDURES**

The following referral procedures are to be followed when dealing with a registered student who needs assistance with a mental health emergency or mental health challenge.

### **1. If a registered student is not a risk to him-/herself or others**

The student is to be advised to voluntarily contact the support structures detailed below:

- a. emotional support and emergencies – 021 808 4994 and supportus@sun.ac.za
- b. academic support and development – 021 808 4707 and studysuccess@sun.ac.za

### **2. In an emergency for registered students (constituting a life-threatening danger to the individual or others)**

- a. During night-time (16:00 to 08:00), ER24 (010 205 3032) can be phoned for assistance. ER24 will manage the situation and report back to the CSCD.
- b. During daytime (08:00 to 16:00), the CSCD (021 808 4994) can be phoned for assistance at Stellenbosch Campus. If at Tygerberg Campus, phone 021 970 7020.
- c. If a student is in immediate danger, Campus Security (021 808 2333) can be called to attend to the crisis.
- d. The ER24 line for emergencies (day and night) is 010 205 3032. Visit the CSCD website for more information.
- e. Contact the DU at 021 808 4707 should a deaf person need an interpreter such as a Sign Language interpreter, or contact Vicki@sun.ac.za/disability@sun.ac.za or the Language Centre at 021 808 2167.
- f. According to the Protect and Care document approved as an internal institutional rule by the SU Rectorate on 9 April 2019, which is incorporated into this Plan, there are procedures that govern a crisis where students are at risk of harming themselves or others. (See Annexure E: Procedures for Temporary Suspension of a Student at Risk of Harming Self or Others.)

### **3. Procedure for channelling and monitoring complaints of discrimination on grounds of mental health challenges**

- a. Consult the Unfair Discrimination and Harassment Policy for all procedures and

guidelines.

- b. SU has clear procedures that enable reporting of any complaints related to student mental health and wellness discrimination or infringements of rights.
- c. Unfair discrimination, victimisation, sexual harassment or harassment within the University can be reported at [unfair@sun.ac.za](mailto:unfair@sun.ac.za).

## **ANNEXURE D: LEAVE OF ABSENCE AND DISCIPLINARY ACTIONS**

The following provisions are in place to accommodate a registered student who may require disciplinary action, leave of absence or assistance resuming activities at the University. Mental health challenges do not exempt students from the requirement to comply with SU's regulations on conduct and discipline.

### **1. Disciplinary procedures**

- a. Refer to the Student Disciplinary Code.
- b. In situations where a student's ability to participate in disciplinary procedures is affected by mental health challenges, the situation will be approached with due sensitivity, ensuring that the student is fit to take part in the disciplinary procedures and is appropriately supported.

### **2. Leave of absence**

- a. Leave of absence may be approved for a student for a specified duration due to proven mental health challenges or medical reasons. Lecturers and/or the Registrar have the right to confirm, verify or gather more information in these cases. Lecturers and/or the Registrar can deny applications for leave of absence when such applications are not lodged in good time or when such applications are not practically feasible.
- b. Students can consider applying for an interruption of studies.
- c. Students on Tygerberg campus can apply for an interruption of studies with the following procedures:
  - i. The student must formally write to the programme coordinator, indicating intention to interrupt studies.
  - ii. This must be substantiated by a letter from the treating health care provider (psychiatrist/physician, depending on the nature of the reasons for interruption) advising that an interruption is necessary and possibly stating the period of interruption.
  - iii. When the student is ready to return, a health care provider letter indicating readiness to return must be supplied prior to return.
  - iv. All interruptions are presented to the Programme Committee for approval

whereafter they go to the Committee for Undergraduate Training for ratification. Interruptions for postgraduate students are referred to the relevant faculties. (*Guidelines on leave of absence in process of being revised.*)

### **3. Returning from leave of absence**

Returning students must be closely monitored, and recommendations for reducing barriers to successful reintegration must be offered.

## **ANNEXURE E: PROCEDURES FOR TEMPORARY SUSPENSION OF A STUDENT AT RISK OF HARMING SELF OR OTHERS**

On 9 April 2019, the Rectorate approved rules that govern a crisis where students are at risk of harming themselves or others (<http://sunrecords.sun.ac.za>). These rules are owned by the Deputy Vice-Chancellor: Learning and Teaching (DVC: L&T), and the Senior Director: Student Affairs is responsible for these rules and the administration involved. The essence of these rules is now imbedded in this annexure and provides the guiding principles for a decision-making process.

The process in this annexure can be applicable when all avenues for prevention, care, support, containment and treatment have been exhausted. The process in this annexure can also be applicable when the Rector and the Rector's delegate, based on the facts available and relating to the merits of the matter at that time, have reasonable grounds to believe that an emergency or a crisis situation has arisen whereby a student experiences a serious emotional or psychiatric breakdown and that the student's continued attendance of SU and/or presence on SU campuses and/or inclusion in residences may align with the situations listed below. Therefore, the Rector and the Rector's delegate may temporarily suspend a student from campuses, residences and/or events and can make any supplementary decision in the best interests of the student, other students and the SU community in the following instances:

1. a real and urgent danger to the mental or physical wellbeing of the student concerned, to fellow students and/or to staff and/or other individuals;
2. an imminent threat to maintaining order and discipline at SU; or
3. a real and urgent risk of serious damage being done to or by the student, and/or to SU, and/or other students and/or individuals' property.

This process is not a disciplinary finding or sanction but aims to support the student. This will be indicated on the student's record for academic purposes and must be seen as a leave of absence (with no direct reference that the interruption of studies was due to mental health reasons).

This decision, the reason for the decision, the extent of the suspension (e.g., from all activities, housing, learning and teaching or the campus as a whole), the reasons for the temporary suspension and the conditions of return must be communicated to the student in writing with assistance from the Division of Student Affairs. The communication to the student must indicate the date and duration of the temporary suspension, the conditions for return as well

as the office in charge or facilitating the return of the student. The decision must be reviewed by a committee within five days of the decision being made. This review committee will consider the facts, context and consequences of the temporary suspension and must consider any new information or change in facts. The committee will either confirm the decision of the Rector, revoke the decision of the Rector, amend the decision of the Rector, or impose further or alternative conditions of return and reintegration by the student. The committee must base its decision on consensus.

The review committee consists of the following members:

1. the DVC: L&T (chair);
2. the Registrar;
3. the Chief Director: Facilities Management;
4. the dean of the faculty at which the student is registered;
5. the Senior Director: Student Affairs (responsible for administration and secretariat of the review committee and the process leading up to the review);
6. any other person designated by each of these from within their divisions; the DVC: L&T can only delegate to another deputy vice-chancellor; and
7. any other person invited to the committee to perform a specific responsibility, for example transformation, if and when required.

The procedures stated here are in line with the care provisions outlined in the Mental Health Care Act 17 of 2002, as amended.