



University of Cape Town Student Mental Health Policy

Document Summary
Effective Date
Document Owner
Executive Approval

Revised version for council

UCT Department of Student Affairs
DVC of Transformation for Council

Policy

Last Updated
Reviewed by

Compiled by the Mental Health
Task Team 2018
Reviewed May 2025
Student Mental Health Policy
Oversight Committee 2025

Approval by
Enquiries

(Council Committee Level)
Student Mental Health Policy
Oversight Committee (refer to the
USAC)

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1. PREAMBLE TO STUDENT MENTAL HEALTH POLICY

Many university students worldwide experience mental health difficulties ranging from temporary distress and anxiety to more persistent and debilitating mental or psychological conditions^{1,2} and neurodevelopmental barriers to learning for some students³. Mental health difficulties can pre-date university entrance or emerge during university studies and may arise from multiple interacting factors such as biological predisposition, personal or family stressors, academic or adjustment stressors at university, or broader contextual, institutional, and structural factors related to inequality, poverty and historical oppression^{1,2,4}. Mental health difficulties can result in a significantly reduced ability to participate in academic activities and/or social relationships, as well as experiences of alienation, stigma and discrimination^{5,6}.

A comprehensive approach to student mental health should encompass the promotion of positive mental well-being for the student population, preventing the onset of mental health difficulties, and providing academic, therapeutic and related psychosocial support to students who have already developed short- or long-term mental health difficulties⁷. This Student Mental Health Policy sets out the University of Cape Town's commitments towards realising this comprehensive approach. It complements the university's existing transformation policies and related strategic plans, which aim, in part, to address institutional factors that may impact student mental health and wellness.

This policy applies to all registered students at the University of Cape Town, both undergraduate and postgraduate. It has been developed to comply with relevant legislation and existing University policies (see Appendix 1). To ensure that this policy is in line with current best practice recommendations for student mental health policy while also being appropriate to the specific needs of students in the South African context, mental health policies at other South African and international universities have been consulted in its development.

1.1. AIMS

The university is committed to inclusive education for all, which welcomes diversity and promotes equitable opportunities for students to develop to their full potential. To this end, the Student Mental Health Policy aims to:

- a) Enable the university to fulfil its educational responsibilities to students with diverse mental health needs.
- b) Set out the university's commitment to promoting student mental health and providing a supportive environment for students with long-term, acute or emerging mental disorders.
- c) Inform all members of the university community about resources, policies, and procedures for addressing students' mental health needs, thereby facilitating communication, cooperation, and consistency across the university on matters relating to student mental health.

1.2. PRINCIPLES

The following basic principles guide the policy:

- a) The university recognises that persons with mental health conditions have been subject to multiple forms of stigmatisation, marginalisation and exclusion, and the university aims to put measures in place to address the inequalities and disadvantages created by prejudice and discrimination against persons with psychosocial disabilities.
- b) Student mental health is an integral part of student well-being, and students' acute or chronic mental health difficulties should be accommodated in a manner equitable to acute and chronic physical conditions.
- c) Students have diverse culturally informed meanings and belief systems about mental health and wellness, and they should be treated inclusively and equitably by the university.
- d) Students with psychosocial disabilities have the right to confidentiality within the guidelines specified in Section 13 of this policy.
- e) The university commits to complying with legislation governing the rights of persons with disabilities and the requirements for fitness for practice in professional training programs set by South African professional bodies.

1.3. DEFINITIONS

1.3.1. Psychosocial Disability

In this policy, a psychosocial disability, therefore, refers to *the presence of a mental health impairment (a clinically recognised condition or illness that affects a person's thought processes, judgement or emotions) that is long-term or recurring and substantially limits a student's ability to participate in academic or other university activities on an equal basis with others.*

This policy recognises that the term 'disability' is contested and may be perceived as stigmatising and marginalising. Students have raised concerns with the term disability when they have neurodiverse conditions. The students who are neurodiverse don't consider themselves disabled but neurodivergent³.

World Health Organisation (WHO) Office of the High Commissioner on Human Rights (OHCHR) guidance⁸ adopts the UN Convention on the Rights of Persons with Disabilities (CRPD) definition of disability and understands psychosocial disability as arising from the interaction between persons with actual or perceived mental health difficulties and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Examples of such barriers are discrimination, stigma and exclusion. The Convention uses the term impairment, this guidance avoids this term to respect the diverse perspectives of persons with lived experience of psychosocial disability, and the dynamic nature of mental and emotional states. However, it also recognises that the term 'disability' affords powerful legal rights and protections to ensure equality and redress. The UN Convention on the Rights of Persons with Disabilities (UNCRPD; 2007), to which South Africa is a

signatory, recognises that persons with disabilities have a right to education without discrimination based on equal opportunity (Article 24). In South Africa, the Constitution of South Africa (1996; sections 9(3) and 9(4)) and the Promotion of Equality and Prevention of Unfair Discrimination Act (2000; section 9) legislate that persons with disabilities have a right not to be unfairly discriminated against.

The UNCRPD recognises persons with disabilities as those *who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others* (Article 1). It recognises that disability results from the *interaction* between persons with impairments and attitudinal and environmental barriers (Preamble (e)). Students have pointed out that lecturers do not regard invisible disabilities as seriously as visible disabilities. The UCT Office of Inclusivity Change (OIC) provides training to both students and staff on recognising and understanding invisible (psychosocial) disabilities and presents staff with various teaching strategies they can employ to support those with invisible disabilities.

In South Africa, the Employment Equity Amendment Act, 2022 : Code of Good Practice: Key Aspects on the Employment of People with Disabilities defines persons with disabilities more specifically as those who have *a physical or mental impairment which is long-term (at least 12 months) or recurring and which substantially limits their prospects of entry into, or advancement in, employment* (section 5.1.). A mental impairment is defined in the Code as *a clinically recognised condition or illness that affects a person's thought processes, judgement or emotions* (section 5.1.1. iii). The South African Human Rights Commission endorses the definition of disability in the Code ⁹. These definitions are also accepted as a basis for the current policy.

1.3.2. Disabilities related to Neurodevelopmental Disorders

Students with a diagnosis of neurodiversity are included in this policy. The role of the Disability Service would consist of providing support to students who experience barriers to learning due to problems with onset in the developmental period (that is, for example, communication disorders, autism spectrum disorder, attention deficit hyperactivity disorder, motor disorders (e.g. Tourette's, movement disorders) and importantly specific learning disorders (disorders of reading, writing, mathematics).

1.3.3. Mental Health Difficulties

In this policy, the term mental health difficulties will be used to portray the range of impact from minor impact to intermittent impact, and to disabling impact.

1.3.4. Acute Mental Disorder

In this policy, acute mental disorder refers to *a clinically recognised condition or illness that affects a person's thought processes, judgment or emotions, is short-term) in duration and causes clinically significant distress and/or impairment in social, occupational or other important areas of functioning.*

1.3.5. Reasonable Accommodation

According to the UNCRPD (Article 5), persons with disabilities should have access to reasonable accommodation. Reasonable accommodation refers to necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure persons with disabilities enjoy or exercise on an equal basis with others of all human rights and fundamental freedoms. Reasonable accommodation does not mean that the student is exempt from meeting course or degree requirements; instead, reasonable accommodation should aim to remove barriers to the completion of course or degree requirements due to a psychosocial disability. Disability Service provides reasonable accommodations for students with physical, medical, psychosocial, psychiatric and neurodevelopmental disabilities as described in section 2 below.

1.3.6. Registered Mental Health Care Practitioner

As per the Mental Health Act of South Africa (see Appendix 1), a registered Mental Health Care Practitioner refers to a psychologist, medical practitioner or a nurse, psychiatrist, registered counsellor, clinical social worker trained in mental health and occupational therapist registered with a South African regulatory council (the Health Professions Council of South Africa, the Nursing Council of South Africa or the South African Council for Social Work Professions). All mental health care practitioners must have received training in mental health care.

1.3.7. Registered Traditional Health Practitioner

This refers to practitioners registered with the Traditional Health Practitioners Council of South Africa according to the Traditional Health Practitioners Act 22 of 2007 (See Appendix 1).

1.3.8. Mental Health Promotion and Prevention

Mental health promotion and mental health prevention are complementary and interrelated concepts. According to the World Health Organisation, mental health prevention refers to activities aimed at reducing the risk of developing a mental illness in whole populations and/or in high-risk groups. In contrast, mental health promotion refers to any action taken to maximise mental health and well-being among populations and individuals, as well as to improve the value placed on mental health by society (that is, developing positive mental health and well-being beyond just the absence of illness)¹⁰.

1.3.9. Personal Recovery

Personal recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles, a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness ¹¹.

2. RESPONSIBILITIES

This policy encourages a partnership approach with shared responsibility between the university, its staff, and individual students with respect to addressing student mental health issues. The responsibilities of each partner are described below.

The university will ensure that:

- a) This policy is implemented and resourced.
- b) University students have access to information about how to seek mental health support from campus providers and how to confidentially apply for reasonable accommodation and academic concessions for mental health difficulties. They are also informed about their responsibilities under this policy.
- c) University staff are informed about their responsibilities under this policy and receive training where necessary to support them in implementing their duties.
- d) Structures and processes are developed to monitor and review the content and implementation of this policy.
- e) Measures are put in place to safeguard the confidentiality of mental health information provided by students (see Section 13).

The Disability Service will:

- a) Assess applications for registration with the Disability Service on the grounds of a psychosocial disability and disabilities related to neurodevelopmental disorders affecting academic performance.
- b) Discuss options for reasonable accommodation with students who qualify for registration with the service and provide written confirmation of the student's eligibility for reasonable accommodation.
- c) Where requested, offer advice and guidance to university staff on supporting students with psychosocial disabilities, including neurodiverse students who are registered with the Disability Service.
- d) Include mental health topics in its programme of presentations and awareness-raising events on disability-related issues.

The Student Wellness Service (SWS) will:

- a) Offer medical, psychotherapeutic, psychosocial and psychiatric assessment and intervention to students with mental disorders where appropriate, in line with its operation as a Primary Health Care facility.
- b) Offer mental health awareness, promotion and prevention activities to the campus community.

Faculties are responsible for:

- a) Providing reasonable accommodation in teaching and learning for students who are registered with the Disability Service for a mental health disability (the Disability Service can provide guidelines for accommodations).

- b) Considering applications for academic concessions (such as extensions) on mental health grounds in the same way as for medical grounds and following Senate guidelines.

Where faculties employ faculty-based Mental Health Care Practitioners, these practitioners will:

- a) Offer mental health promotion and prevention initiatives in the faculty.
- b) Offer psychological assessment and limited counselling to students in accordance with capacity and resources.
- c) Facilitate referrals to relevant campus and off-campus support services as needed.
- d) Offer staff consultation regarding how to support students appropriately.

In the University residences:

- a) The residence team should refer residence students to campus mental health services as needed.
- b) Wardens should coordinate and oversee the activation of the relevant university protocols when a student in residence experiences a mental health emergency that places the student or others at risk, see UCT Emergency Psychiatric Protocol (see Appendix 2). In residences, support for mental health is provided by paid student staff (Sub wardens), student support networks, residence mentors, house committees, SWS Professional Nurses (night nurses) and Campus Protection Service (CPS). When the situation requires a more long-term support which extends beyond what the residence system can provide, the Warden refers this matter to the Director of Student Housing and Residence Life (SH&RL). The Director SH&RL will submit to the Fit for Study Panel for the student to be granted a supported decision Leave of Absence.

Individual academic and administrative staff members are responsible for:

- a) Handling written, electronic or oral information that relates to a student's mental health securely and confidentially (see Section 13).
- b) Promoting a disability-inclusive environment that encourages students to disclose their psychosocial disabilities or experiences of mental health problems/difficulties.

Individual students and prospective students should:

- a) Consider declaring an existing psychosocial disability (see Section 1.3.1. above) on their university application form so that the university can prepare to offer the student reasonable accommodation if needed.
- b) Make an appointment with the Disability Service for an assessment of possible reasonable accommodation if they think they may have a psychosocial disability but did not previously indicate this on their university application form.
- c) Ensure that they have a clear idea of what will be expected of them in their course of study and, where possible, apply for a reasonable accommodation or academic concessions prospectively (for example, before assignment due dates) rather than retrospectively (for instance, after assignment due dates). Negotiate and agree upon reasonable accommodations with programme/course convenors at the start of a course and programme
- d) Contact campus support services (see Appendix 3) if experiencing mental health symptoms that are persistent and/or that interfere with academic or social functioning.

3.REASONABLE ACCOMMODATION FOR PSYCHOSOCIAL DISABILITIES AND STUDENTS WITH NEURODIVERGENT BARRIERS TO LEARNING

- 3.1. The UNCRPD states that all appropriate steps should be taken to ensure reasonable accommodation is provided to persons with disabilities (Article 5) and that denial of reasonable accommodation is a form of discrimination (Article 2). In South Africa, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 prohibits unfair discrimination on grounds of disability. It explains that discrimination includes failing to take steps to reasonably accommodate the needs of persons with disabilities (9(c)). University students with a psychosocial disability (as defined in 1.3.1. above) should, therefore, be offered reasonable accommodation for as long as needed during their studies. This should be aligned with other support, such as the National Student Financial Aid Scheme (NSFAS) progression rules of N+1. See Section 1.3.5. for the definition of reasonable accommodation.
- 3.2. Access to reasonable accommodation for students with a psychosocial disability will be facilitated by the Disability Service, as follows:
 - 3.2.1. The university's application form contains a section that enquires whether the student has a disability. Psychosocial disability is one of the options that can be checked here. If students know or suspect that they have a psychosocial disability (see definition in Section 1.3.1.), they are encouraged to indicate 'disability' on the application form. Additionally, if the student has neurodivergent barriers to learning, they are encouraged to indicate this on the application form. This alerts the university that the student may have support needs, such as reasonable accommodation. The information provided on the application form will be treated confidentially by the university and will not count against the student's application to the university. The university aims to welcome a diverse student body and does not discriminate against persons with disabilities in its application process.
 - 3.2.2. The Disability Service will contact students who indicate a psychosocial disability on their application form before the start of the academic year. They will be offered an appointment to discuss their accommodation needs and assist them with verifying their disability status. UCT must accept students before they can be contacted.
 - 3.2.3. Registered students who did not previously indicate a psychosocial disability on their application form but believe that they may have such a disability can themselves make an appointment with the Disability Service to have their needs assessed.
 - 3.2.4. When students are assessed for registration with the Disability Service on the grounds of a psychosocial disability, they are required to submit supporting documentation from a registered medical or mental health practitioner, with the student's signed consent to submit this information to Disability Services.
 - 3.2.5. All information provided to Disability Services will be treated confidentially (see Section 13).
 - 3.2.6. The Disability Service will make the final decision about whether the student qualifies for registration with the service and for reasonable accommodation.

- 3.2.7. Students who qualify for registration with Disability Service and for reasonable accommodation will be provided with a signed letter from the Disability Service to this effect. Academic departments should then provide reasonable accommodation to the student when needed. Students are provided with a Verified Accommodations Letter (VAL) that outlines the accommodations and concessions for which they qualify. A copy is sent to their lecturers and course convenors to support their accommodation request.
- 3.2.8. Reasonable accommodation for a psychosocial disability may vary across students, depending on their needs. Forms of reasonable accommodation recommended by the Disability Service to academic departments may include (but are not limited to) secluded writing venue for tests and exams, flexible assignment or thesis deadlines, the use of equivalent make-up assignments, adjustments to lecture and tutorial attendance requirements, the use of lecture recordings to facilitate access to missed lectures, adjustments to group work requirements, and allowing students to sit for deferred class tests. However, the forms of accommodation that can be offered to the student by a department are subject to course administration deadlines (such as faculty or university deadlines for finalising coursework marks).
- 3.2.9. The student's diagnosis or any other personal information about the student will not be disclosed in the Verified Accommodations Letter from the Disability Service, and the student is not required to disclose such information to academic or administrative staff to access reasonable accommodation. Generic terms are used, such as Psychosocial Disability/ Psychological Disorders/ Neurodevelopmental Disorders, not the actual diagnosis. The student can choose to disclose their diagnosis or a description of their challenges on the VAL. Most students choose to provide more information.
- 3.2.10. Students registered with the Disability Service should seek advice from the service if they have not been able to obtain reasonable accommodation from academic departments.
- 3.2.11. The Disability Service may review the student's need for reasonable accommodation annually, depending on the nature of the mental health condition and the availability of treatment.
- 3.2.12. The Disability Service will not assess applications for academic concessions based on acute mental disorders (see Sections 1.3.2 and 4).
- 3.2.13. Student Housing and Residence Life: in severe cases where the student requires unique accommodation, these are presented to the Director SH&RL. Where possible, such reasonable accommodation is applied such that a high-risk student be moved to the ground floor. The residence staff and student leaders are unable to take responsibility to engage beyond that, such as administering medication, provide a suicide watch schedule, etc., due to legal and capacity constraints.

4. ACADEMIC CONCESSIONS BY ACADEMIC DEPARTMENTS FOR ACUTE MENTAL DISORDERS AND MENTAL HEALTH DIFFICULTIES

- 4.1. Students with acute mental disorders and mental health difficulties (see Section 1.3.2. and 1.3.3.) may apply to academic departments for concessions for academic obligations (such as assignments or tests) following the same procedures that each department provides for concessions for acute physical health conditions.
- 4.2. The granting of academic concessions on mental health grounds is subject to the same requirements as for physical health grounds, whereby adequate supporting documentation from a treating professional should be provided (see guidelines for supporting documentation in Appendix 4).
- 4.3. Students can appeal decisions about academic concessions on mental health grounds using the same faculty appeal procedures that apply to appeals of decisions on physical health grounds.

5. CURRICULUM CONCESSIONS

- 5.1. As per rule G31.1 in the University's General Rules and Policies, Senate may, on the recommendation of the dean of the faculty after consultation with the head of the department concerned, permit a deviation from the rules governing the curriculum of a student. Students with diagnosed mental health conditions and neurodivergent students may benefit from an amended curriculum load over a longer period and may wish to be motivated for a curriculum concession. This would be in alignment with other available support, such as NSFAS rules.
- 5.2. Students should consult with the designated faculty academic advisor.

6. DEFERRED EXAMS

- 6.1. Students may apply for a deferred exam on mental health grounds.
- 6.2. Sufficient evidence must be provided to allow the Deferred Exams Committee to assess whether a deferment on mental health grounds is warranted, without unfairly prejudicing other students who have to write the exams as scheduled. Supporting documentation must, therefore be submitted by a registered medical, mental health or traditional health practitioner who has assessed and/or treated the student for their mental health condition, with the students' signed consent to release this information to the Deferred Exams Committee. The practitioner can be a campus or off-campus practitioner.
- 6.3. There should be evidence that an appointment with a health practitioner was sought

by the student before the exam period. Suppose a waiting list prevented the student from being seen prior to the exam period at a UCT health facility or private practitioner. In that case, proof of being placed on a waiting list should be submitted. This would also apply to students who need an educational assessment to confirm a diagnosis.

- 6.4. All information submitted to the Deferred Exams Committee is treated in the strictest confidence (see Section 13).
- 6.5. The granting of permission for deferred exams is entirely at the discretion of the Senate, irrespective of the grounds on which the application is made.

7. EXAM ACCOMMODATIONS

- 7.1. Students with psychosocial disabilities (see definition in 1.3.1.) may apply to the Disability Service for access to a secluded writing venue for exams on mental health grounds. Supporting documentation from a medical, mental health, or traditional health practitioner should be provided with the application.
- 7.2. This exam accommodation will apply only to exams written after the accommodation is approved (that is, no re-writes of previous exams will be allowed).

8. LEAVE OF ABSENCE FROM STUDIES

- 8.1. The University recognises that there may be occasions when a student feels unable to study due to mental health difficulties. Withdrawing temporarily from the university may offer the best chance of fully recovering, and students may therefore decide to take a Leave of Absence from their studies on mental health grounds.
- 8.2. As per rule G16.3. In the University's General Rules and Policies handbook, the Senate may grant Leave of Absence to a student for a specified period, usually to the end of the semester or end of the year, for reasons including mental health grounds. Please refer to the general rules for Leave of Absence in the above handbook, noting that Leave of Absence cannot be granted retrospectively, and that application should be made before the last quarter (last three weeks) of the semester.
- 8.3. There may be circumstances in which academic or residence staff are concerned that a student's mental health difficulty is causing severe disruption to others or posing a serious risk of harm to

themselves or to others. Suppose all reasonable attempts to support the student have been exhausted by university staff, and the student does not wish to take a Leave of Absence. In that case, the student may be referred by a third party to the Fit for Study panel to be assessed for a supported decision Leave of Absence with the best interest of learning.

9. RETURNING FROM LEAVE OF ABSENCE

- 9.1. Leave of Absence for physical and mental health reasons is granted on condition that the student's capacity to resume studies should be assessed upon applying to return to the university. This ensures that optimal conditions for the student's successful reintegration into the university can be established.
- 9.2. A Fit for Study panel, including health practitioners employed by the university, will review the student's application to resume studies after a Leave of Absence.
- 9.3. Students applying to return to the university after taking Leave of Absence on mental health grounds must include in their application *a)* a confidential report completed by a registered medical, mental health or traditional health practitioner who has assessed or treated the student for their mental health difficulty during the Leave of Absence and who has the student's consent to disclose this information, and *b)* a confidential form completed by the student. If the student has not had access to a health practitioner, they may submit a written self-motivation for readmission. Only the health practitioners on the Fit for Study Panel will have access to these confidential documents.
- 9.4. The Fit for Study panel will consider the student's support needs (including the need for reasonable academic accommodation, residence accommodations, and psychological or psychiatric support), offer recommendations for reducing barriers to reintegration and enhancing academic progress, and facilitate the student's access to these support mechanisms where possible.
- 9.5. The University has a custodial duty of care to protect the health and safety of all students. In cases where there is a substantial risk of harm to the student or others resulting from the student's mental health difficulty, and adequate support cannot reasonably be established, the Fit for Study panel may choose not to grant permission for readmission.

10. READMISSION APPEALS ON MENTAL HEALTH GROUNDS FOR NON-LOA STUDENTS

- 10.1. Students who are denied permission to re-register in the subsequent year due to failure to meet re-registration requirements may appeal to be re-admitted through their faculty's RAC (Readmissions Appeals Committee). The RACs widely recognise mental health difficulties as a cause of poor academic performance and can be grounds for a readmission appeal.
- 10.2. In cases where a psychosocial disability or acute mental disorder is stated as the reason for the student's poor academic performance, the following are required:
 - a) Students receiving mental health support should provide supporting documentation from the treating practitioner with the student's informed consent.
 - b) Students who have not had professional support should provide a first-person narrative describing how their studies were affected by their mental health condition.
 - c) Evidence should be provided that the mental health condition is being managed, and that the student is getting or has access to the necessary support to succeed academically if allowed back; alternatively, the RAC may recommend a list of support services that the student can access if readmission is granted.

11. STUDENT RESIDENCES

- 11.1. When applying to live in a student residence, students are obliged to inform Student Housing Admissions & Advocacy Services (SHAAS) if they have special accommodation needs related to a mental health condition or communicate this to the warden of their assigned residence. Students receiving mental health support should provide supporting documentation from the treating practitioner, with the student's informed consent. All information related to the student's application for reasonable accommodation in residence on mental health grounds will be treated strictly confidentially by SHAAS or by the warden to whom the request is made.
- 11.2. Reasonable accommodation for mental health difficulties will be offered subject to the availability of rooms within the residence system and decisions made by the residence wardens can be appealed to SHAAS.
- 11.3. The residence system does not have the capacity, and residence staff do not have the competencies to take responsibility for providing students with professional mental health care and clinical monitoring. Where this is needed, students should seek care from mental health care facilities.

12. DISCIPLINARY ISSUES

All students are bound by the university's rules for student conduct as described in the Student Code in the UCT General Rules and Policies Handbook. Where there is a breach of the Student Code, disciplinary procedures may be activated - see Disciplinary Jurisdiction and Procedures in the UCT General Rules and Policies Handbook. Where a student has a psychosocial disability or an acute mental disorder, the Tribunal may take this into account when reaching a decision.

13. DISCLOSURE AND CONFIDENTIALITY

13.1. Confidentiality obligations of university-based health practitioners

- a) Information shared by students with any University health practitioner is confidential and may not typically be conveyed to others without the student's signed informed consent or emailed consent.
- b) University health practitioners may provide supporting documentation for students applying for any reasonable accommodations or academic concessions referred to in Sections 3-11 above, but only with the student's signed consent and full awareness of what is being disclosed.
- c) Confidentiality may only be breached without the student's consent when the life or safety of the student or someone else is seriously threatened due to the student's state of mind or the student's stated or implied intent or if disclosure of information is required by the law, via the appropriate legal channels.
- d) Health practitioners are bound by the ethical guidelines of their regulatory body regarding the disclosure of information to third parties. All health professionals dealing with staff members and students must comply with the confidentiality standards outlined by the Health Professions Council of South Africa (HPCSA) and the South African Council for Social Service Professions (SACSSP).
- e) All data related to a person's mental health is regarded as sensitive personal data. Record keeping (hard copy and electronic storage) must be done securely with access control in line with HPCSA regulations.
- f) When third parties, such as administrators, are handling files and have access to information, the administrators must sign a confidentiality agreement.

13.2. Confidentiality obligations of other University staff

In compliance with the Protection of Personal Information Act 4 of 2013 (POPIA) (see Appendix 1) this policy must ensure the confidentiality and protection of all personal and sensitive information related to students' mental health implementation as follows:

- a) All academic, administrative and tutoring staff must treat information about a student's mental health in the strictest confidence.

- b) All documents pertaining to student mental health (such as applications for reasonable accommodation or emails from students to staff) must be stored securely.
- c) Suppose a staff member is approached by a student for advice regarding a mental health issue. In that case, the staff member should obtain emailed consent from the student for the onward disclosure of relevant mental health information to those with a clear need to know.
- d) Where a student with a mental health condition has disclosed an intention to harm themselves or someone else, the university must weigh confidentiality obligations against its legal duty of care to students and staff. Suppose University employees such as academic staff, administrative staff, tutors or residence sub-wardens are concerned that a specific student poses a serious risk to themselves or others due to mental health difficulties. In that case, the student should be strongly encouraged to seek support urgently and provided with information about how to seek support (see Appendix 3). Where the student refuses or is unable to seek support, the employee should confidentially inform their Head of Department and the Faculty Manager, or a Warden in the case of a residence student, who will then confidentially liaise with the Executive Director of Student Affairs or the Director, Student Housing & Residence Life as the assigned nominee. Where there is an immediate psychiatric emergency anywhere on the UCT campus, see Section 14 below.

13.3. Student disclosure when applying for reasonable accommodation or academic concessions

- a) The university recognises that disclosure of a psychosocial disability is a personal choice of the student, and students are not required to disclose their mental health status to the university. However, disclosure of mental health difficulties can be beneficial as it enables students to have access to reasonable accommodation or academic concessions to support the student's academic progress.
- b) As described in Section 3 above, students who wish to apply to register with the Disability Service based on a psychosocial disability will need to discuss the nature of their mental health difficulty and its impact on their academic functioning with the psychologist based at the Disability Service. They will also need to give their signed consent for a practitioner who has assessed and/or treated them to submit a short confidential report to the Disability Service. These disclosures are necessary to assess the student's eligibility for registration with the Disability Service and the specific accommodations that may be appropriate for them, as well as to advise students about other supports that may be available to them. These disclosures will be treated confidentially by the Disability Service, and no information will be disclosed to others without the student's written consent.
- c) Students with an acute mental disorder who apply for academic concessions from academic departments are usually required to provide supporting documentation. See guidelines for this documentation in Appendix 4.
- d) Students who apply for curriculum concessions (see Section 5), a deferred exam (see Section 6), a secluded exam venue (see Section 7), a return from Leave of Absence (Section 9) or readmission to a faculty (see Section 10) on mental health grounds are usually required to submit a motivating letter from a registered mental medical, health or

traditional health practitioner. This documentation is required for the university to make an informed and fair decision about the student's eligibility to access these academic accommodations. The treating health practitioner must obtain the student's signed consent to submit this letter. The information in the application pertaining to the student's mental health will be treated confidentially and will not be disclosed outside of the panel immediately responsible for each of these academic accommodations.

14. PROCEDURES FOR DEALING WITH A STUDENT IN MENTAL HEALTH CRISIS

In this policy a mental health or psychiatric crisis refers to severe psychological distress requiring immediate attention.

- 14.1. University protocols and procedures for psychiatric emergencies on campus will be available to all staff and students. Appendix 2 is the flowchart of the UCT Psychiatric Emergencies Protocol.
- 14.2. All such incidents should be reported in the first instance to the Campus Protection Service (CPS) so that CPS can activate the callout for the necessary professional support by a first respondent (e.g. a certified paramedic).
- 14.3. Residence students are required to provide information to the warden regarding pre-existing chronic illnesses and numbers to be contacted in an emergency.

15. PROCEDURE FOR CHANNELLING AND MONITORING COMPLAINTS OF DISCRIMINATION ON GROUNDS OF A PSYCHOSOCIAL DISABILITY

As per the University's Disability Policy, complaints regarding discrimination on the grounds of a psychosocial disability should be lodged with the Office for Inclusivity & Change (OIC). Students who are registered with the Disability Service should first approach the service for advice if they feel they have been unfairly discriminated against due to having a psychosocial disability, and if the service is not able to satisfactorily assist, then the above office should be approached.

Upon receiving a complaint, the Office for Inclusivity and Change will institute the standard procedure for investigating complaints of equivalent forms of discrimination, such as race, gender or sexual orientation. The OIC will seek advice from the Disability Service, except in cases where:

- (a) the Disability Service itself is the subject of the grievance; in which case the OIC will consult an independent recognised authority on disability discrimination; or
- (b) the Disability Service has agreed to represent the individual bringing the complaint.

16. REVIEWING OF THE POLICY

This policy will be reviewed every five years.

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APPENDIX 1: LEGAL AND POLICY FRAMEWORK FOR THE UNIVERSITY'S STUDENT MENTAL HEALTH POLICY

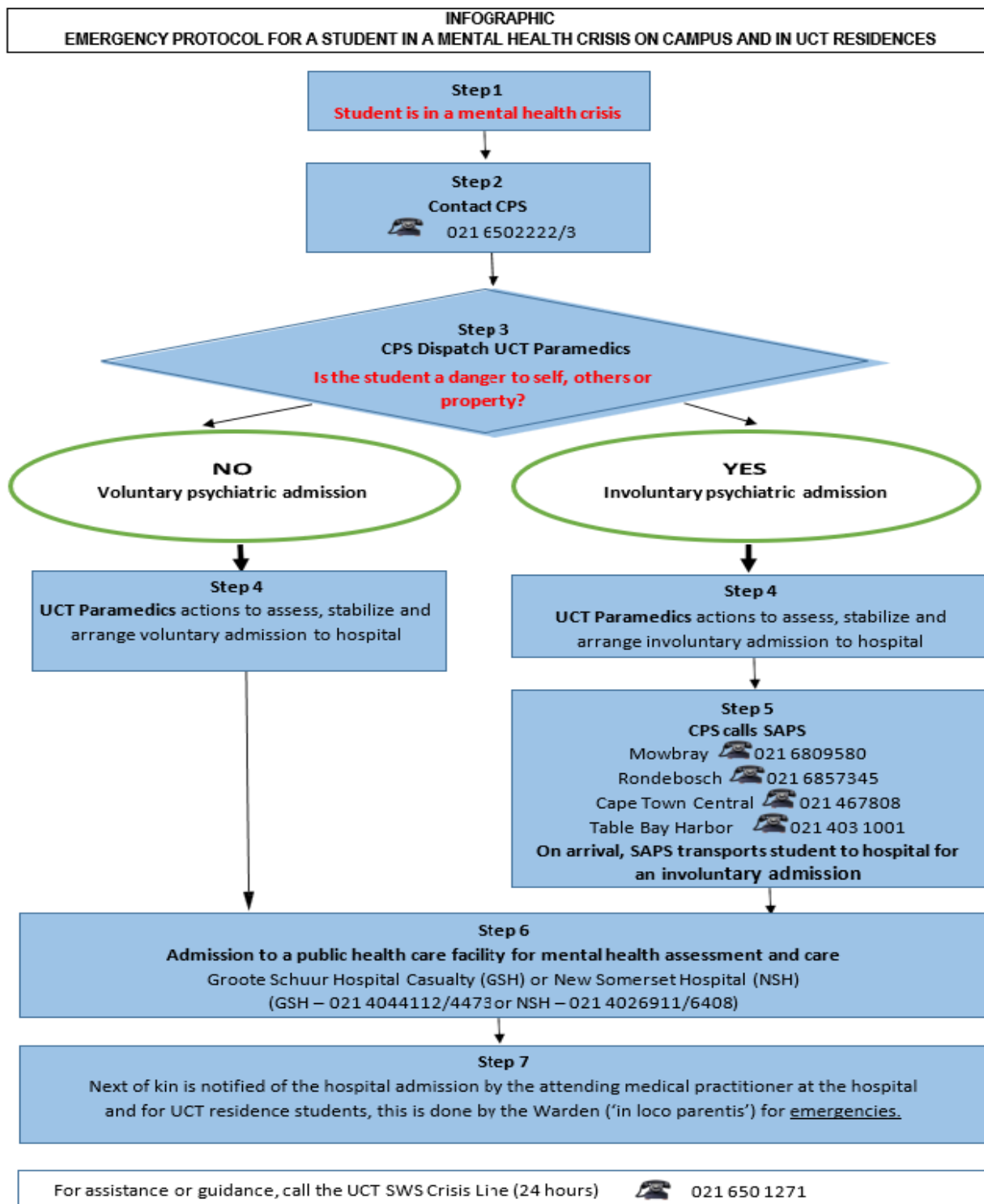
The following have been consulted in developing the Student Mental Health Policy:

- The Constitution of the Republic of South Africa (<http://www.gov.za/documents/constitution-republic-south-africa-1996>)
- Promotion of Equality and Prevention of Unfair Discrimination Act 2000 (<http://www.justice.gov.za/legislation/acts/2000-004.pdf>)
- Employment Equity Act 1998 (<http://www.labour.gov.za/DOL/downloads/legislation/acts/employment-equity/ee gazette2015.pdf>)
- Occupational Health and Safety Act 1993 (http://www1.chr.up.ac.za/undp/domestic/docs/legislation_31.pdf)
- Mental Health Care Act 2002 (<http://www.gov.za/sites/www.gov.za/files/a17-02.pdf>)
- National Health Act 2004 (http://www.chr.up.ac.za/undp/domestic/docs/legislation_55.pdf)
- Higher Education Act 1997 (<http://www.gov.za/sites/www.gov.za/files/a101-97.pdf>)
- United Nations Convention on the Rights of Persons with Disability (<http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>)
- National Mental Health Policy Framework and Strategic Plan 2013-2020 (<https://www.health-e.org.za/wp-content/uploads/2014/10/National-Mental-Health-Policy-Framework-and-Strategic-Plan-2013-2020.pdf>)
- Protection of Personal Information Act 4 of 2013 (POPIA)

UCT has several other policies, codes, procedures and institutional plans that should be read in conjunction with this policy:

- UCT General Rules and Policies (<https://www.uct.ac.za/downloads/uct.ac.za/apply/handbooks/Handbook%203%20General%20Rules%20and%20Policies2015.pdf>)
- UCT Student Equity Policy (https://www.uct.ac.za/downloads/uct.ac.za/about/policies/student_equity.pdf)
- UCT Disability Policy (https://www.uct.ac.za/downloads/uct.ac.za/about/policies/disability_policy.pdf)
- UCT Statement of Values (https://www.uct.ac.za/downloads/uct.ac.za/about/policies/UCT_Statement_of_Values.pdf)
- UCT Strategic Planning Framework (<https://www.paperturn-view.com/newsroom-and-publications/strategic-plan-digimag-v2?pid=MjA20459&p=13>)

APPENDIX 2: UCT EMERGENCY PSYCHIATRIC PROTOCOL



Legend: CPS Campus Protection Service; ER24 Emergency Response; SADAG South African Depression and Anxiety Group; SAPS South African Police Service

Issued by: Department of Student Affairs.

Version 2

Date: June 2023

APPENDIX 3: STUDENT MENTAL HEALTH SUPPORT PROVIDED BY UCT

There are several UCT services offering mental health support to registered students:

1) Student Wellness Service (SWS)

SWS provides medical and psychological services to students between 08h30 to 16h30 on weekdays. All registered UCT students can access the service. The SWS health service has medical practitioners who can assess 'students' mental health needs and offer medication where indicated. For students needing psychological support, SWS provides a confidential counselling service. SWS is neither mandated nor resourced to offer crisis services on other parts of campus; see Section 14 regarding procedures for dealing with a student in crisis.

SWS contact details:

The main clinic is at Ivan Toms Building, 28 Rhodes Ave, Mowbray (can be accessed on foot or with the Forest Hill Jammie Shuttle service).

Tel. 021 650 1017 / 1020

SWS Nursing Advice:

- During Hours: 021 650 5620
- After Hours: 021 650 1271 (Crisis nurse triage line)

Website: <https://uct.ac.za/dsa/student-wellness-services>

UCT Student Careline

The SADAG UCT Student Careline offers free telephonic counselling, advice, referral facilities and general support to students facing any mental health challenges or contemplating suicide. The line is also available to offer support and advice to anyone who is concerned about a student who might be in distress. The counsellors are able to advise and refer callers to both internal UCT resources and external (NGO, public and private) mental health resources.

The Careline can be called on **0800 24 25 26** free from a Telkom line or send an SMS to **31393** for a call-me-back. The line is open 24 hours a day, seven days a week including during vacation periods. Students should make use of the SADAG UCT Student Careline if they are waiting for an appointment, or if they prefer to use a more anonymous counselling service. The SADAG website <http://www.sadag.org/> contains useful information about mental health issues as well as details of their national helplines.

2) Faculty-based practitioners

Some faculties (Humanities and EBE) have staff with mental health experience appointed as student development practitioners. These practitioners aim to enhance student success by supporting students in a proactive developmental manner in ways that are suited to the respective faculties. Their role includes mental health promotion initiatives, mentoring programmes, psychological assessments, limited counselling, referrals to other sources of support and staff consultation aimed at assisting staff to support students appropriately. Please see faculty websites or contact faculty administration for further details.

In addition to the above UCT services, several special interest student societies and organisations on campus offer information and activities related to aspects of student well-being (see

<http://www.dsa.uct.ac.za/student-development/student-societies-organisations/overview>

APPENDIX 4: GUIDELINES FOR SUPPORTING DOCUMENTATION FOR ACADEMIC CONCESSIONS DUE TO ACUTE MENTAL DISORDERS

As noted in Section 4 of the policy, students can apply to an academic department for short-term academic concessions on the grounds of acute mental disorders in the same way as for acute medical illnesses. Senate guidelines state that applications on the basis of illness should be substantiated with documentation from a treating practitioner (see PC10 of 2017). This applies to applications on mental health grounds in the same way as physical health grounds. Below are guidelines for supporting documentation for acute mental disorders.

Who is qualified to provide supporting documentation?

1. Documentation does not necessarily have to be provided by a mental health practitioner. Some students may not be able to access a mental health practitioner timeously due to financial constraints or waiting lists and may instead consult a medical practitioner. Others may prefer to consult with a traditional health practitioner. Supporting documentation may be submitted by any of these practitioners; however, the practitioner should be registered with a South African regulatory body (see Section 1.3. for definitions of registered health practitioners).
2. The practitioner submitting the documentation may not be a family relative of the student.

What information should the documentation provide?

3. Practitioners should provide their contact details, registration number and qualifications on the supporting documentation.
4. The practitioner must date and sign the letter.
5. The letter should state the date of the most recent consultation with the student. The practitioner should indicate that, based on their assessment of the student on that date, an academic concession is recommended and should state the period of time for which this is recommended.
6. Details of the mental health symptoms, diagnosis or treatment are not required as this is confidential medical information; however, such information may be included if the student has given consent for this and could assist course convenors/lecturers in making a decision about the concession.

APPENDIX 5: STUDENT MENTAL HEALTH OVERSIGHT COMMITTEE MEMBERS (2025 Revised Version)

- DVC Transformation nominee: Dr Memory Muturiki (Chair)
- USAC Members:
 - Professor Roshan Galvaan
 - Marlene le Roux
- A representative of each Faculty, nominated by the Dean.
 - Commerce Faculty: Bonani Dube
 - EBE Faculty: Nazeema Ahmed
 - Health Sciences Faculty: Professor Sharon Kleintjes
 - Humanities Faculty: Dr Siyabulela Mkabile
 - Science Faculty: Professor Spencer Wheaton
 - Law Faculty: Gaby Ritchie
 - CHED: Carmelita Le Shong
- Director of Student Wellness Service (SWS) nominee: Dr Mwanja Chundu
- Director of the Office of Inclusivity and Change (OIC) nominee: Dr Bridget Johnson
- Representative of the Admissions Committee: Gcinumzi Haduse
- Representative of the Registrar's Office: Jodee Arendse
- Representative from College of Wardens: Gaontebale Nodoba
- Representative from IAPO: Nonnie Falala
- Representative from Student Housing and Residence Life: Dr Charmaine January
- Students nominated by the Students' Representative Council
 - Zoe Cupido
 - Tom Welz
- The Committee may choose to co-opt up to two members of staff for their expertise in mental health research: Dr Goodman Sibeko