

Multi-Year Analysis of Student Consent Policy Preferences of Emergency Contacts In Mental Health

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Abstract

In universities, sharing information is a contentious but frequently discussed suicide prevention strategy. The purpose of this study was to determine which students are most and least likely to consent to having their emergency contacts notified by the institution if they have major mental health concerns. Regular cross-sectional data from 29,799 students at a UK institution in 2020 and 31,998 students in 2021 were collected. A descriptive summary of the percentage of students who opted in to a "permission to contact policy" over years was made. Several logistic regression models looked at the likelihood that students would opt-in depending on their characteristics (clinical depression, age, gender identity, sexual orientation, ethnicity, status as a domestic or international student, handicap, study method, and degree of study). Most students choose to accept the policy. Clinical depression is most often present had the strongest correlations in 2020 with not opting in. Being a taught postgraduate student, identifying as male, lesbian/gay/bisexual, Asian race, and claiming a handicap were additional indicators of not opting-in. The 2021 dataset confirmed these findings. The least likely to opt-in pupils tend to be some of the most susceptible. The availability of emergency contacts at universities may have gaps that could result in significant injury or even death. It is necessary to conduct more research to determine why the groups mentioned in this study are less likely to opt-in and what kind of additional assistance they might need.

Keywords: Emergency contact; Mental health; Prevention policy; Suicide; University students.

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Introduction

A well-known and ongoing public health issue is the requirement to protect students' mental health in higher education [1]. University education occurs at a time of increased risk for many people because 75 percent of prevalent mental disorders manifest by the age of 25 [2]. The inability to manage the uncertainty and ambiguity of growing up, as well as the pressure to perform well in class because it is correlated with one's self-worth, are major issues faced while at college [3]. If they have left home for college, students are also likely to face these challenges while being geographically cut off from their families and dependable social networks Mulder and Clark, 2002 [4]. In the UK, 62% of

full-time university students resided away from their parents' residence in 2018, with the majority doing so in privately rented housing or dorms owned by the universities [5]. Universities have implemented a variety of protective policies in response to the increased awareness of this difficult transition into early adulthood in order to provide support for the students who are most at risk [6]. Student suicides are a top concern in conversations about mental health on college campuses [7]. Suicide is now the second highest cause of mortality for people between the ages of 15 and 29 worldwide (World Health Organization, 2018 [8]). In accordance with trends seen among young people in the general population, there has been an upsurge in suicides among students in the UK [9]. The effects of student suicide are felt by

both university staff members and the student community as a whole [10]. It is essential for suicide prevention to have resources available to step in and provide support when early indications of serious trouble appear [11]. More general advice on suicide prevention has been developed to university-specific contexts and offers helpful advice that can be applied internationally [12]. The need to build academic environments where everyone is "mental health aware" and where help is available is a recurrent topic throughout expert advice in universities, sharing information is a contentious but frequently discussed suicide prevention strategy [13]. The purpose of this study was to determine which students are most and least likely to consent to having their emergency contacts notified by the institution if they have major mental health concerns [14]. Regular cross-sectional data from 29,799 students at a UK institution in 2020 and 31,998 students in 2021 were collected [15].

Discussion

The proportion of students opting-in to a 'permission to contact policy' throughout years was summarised descriptively. The likelihood of students opting-in was examined using multiple logistic regression models depending on the student's characteristics like probable clinical depression, age, gender identity, sexual orientation, ethnicity, status as a home or international student, disability, study mode, and level of study. The majority of students accepted the policy in 2020. Likely clinical depression the highest correlations between not opting in and gender identification other than sex were found in 2020. Being a taught postgraduate student, identifying as male, lesbian/gay/bisexual, Asian race, and claiming a handicap were additional indicators of not opting-in. The 2021 dataset confirmed these findings. The least likely to opt-in pupils tend to be some of the most susceptible. The availability of emergency contacts at universities may have gaps that could result in significant injury or even death. It is necessary to conduct more research to determine why the groups mentioned in this study are less likely to opt-in and what kind of additional assistance they might need. The Jed Foundation produced this resource, which incorporates the ideas and expertise of a team of experts that were assembled specifically for the project. Although the roundtable participants' institutional affiliations are stated, the information presented here is given purely by the participants themselves and may not accurately reflect the positions taken by their organisations. This article is a tool to help your institution become more aware of various problems and difficulties involving students in higher education institutions and to build or update policies, protocols, and processes that are appropriate for your particular setting. The content is offered primarily for educational and informational reasons and does not constitute legal advice, even though we are giving you information aimed at providing a general grasp of legal matters. Purport to be applied to any particular factual circumstance as legal or other professional advice, direction, or opinions. The Jed Foundation makes no representations or warranties on the accuracy, completeness, or suitability of the information on legal matters provided herein, and expressly disclaims any such warranties. The roundtable participants and

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Conclusion

This document is provided "as is," without express or implied warranty, by the Jed Foundation. On many levels, it can be challenging to make choices regarding pupils who might be troubled, suicidal, or a threat to others. The interests of the individual and the interests of the larger community must be balanced in an institution of higher education. Also, each kid and circumstance are unique, therefore choices must be made on a case-by-case basis. These choices must be made while keeping in mind both the legal restrictions and industry best practises. Jed Foundation got together IHE professionals and legal professionals will participate in a roundtable discussion to examine how the law affects these difficult choices and how it should influence campus-wide policy. In order to promote informed decision-making about students at risk, this paper aims to give all campus professionals a summary of relevant laws, professional standards, and good practise recommendations. The recommendations for excellent practises are based on feedback from roundtable attendees, significant research findings, and earlier work by TJF and other organisations. TJF requested representatives from campuses in its Lifeline network, an online mental health resource for students, to list the legal and ethical problems they found most difficult while assisting students in distress before the roundtable was held. One and the taking part in the poll, and this paper was created IHE staff members, both clinical and non-clinical, are aware of their responsibility to abide by all applicable rules and regulations. Although these factors are important, the main emphasis should be on making decisions concerning kids that are compassionate, well-reasoned, and clinically appropriate. However, an IHE's strategy for assisting students in need should include more than just an understanding of legal and professional requirements. While an IHE's plan must include measures to prevent student acts of violence against others, it's crucial to understand that today's campuses face much more serious public health issues related to suicide and other self-destructive behaviour. 1 Any initiatives made to stop suicide and support at-risk pupils can also help stop other forms of violence.

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Conflict of Interest

None

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