Clinical Senate Council Meeting

Thursday 18th July 2019
South West Clinical Senate Council: Student Mental Health

Question

How can healthcare services and universities work together with students to improve their mental health and wellbeing, preventing university student suicide in the South West?

Overview

This topic was proposed by the South West Chair of the Royal College of Psychiatrists and supported by the South West Mental Health Clinical Network. Prompted by higher than average numbers of student suicides at Universities in the South West in recent years, mental health colleagues felt it would be constructive to broaden the Clinical Senate's recommendations to consider how healthcare services and universities best work together to support student mental health, in turn preventing suicide. Whilst it was noted that there has been a considerable amount of work and research that has gone into suicide prevention in recent years, it was considered that a Clinical Senate contribution could be used to strengthen existing recommendations and to encourage connections between services in other areas.

In developing these recommendations, the Clinical Senate brought together colleagues from the South West Division of the Royal College of Psychiatrists, the South West Mental Health Clinical Network, South West Universities and Public Health England as well as regional providers and innovators of Mental Health Services, to present evidence and consider mental health service delivery to the student population in the South West going forward.

Evidence

The Clinical Senate Council reviewed data around student mental health and the impact of key factors such as an increasing number of older students who also work part time, the financial pressures of higher student loans, the prevalence of drug and alcohol abuse and the pressure associated with moving away from home. There are currently around 2.3m students per year in higher education in England with 50% of students going to university after A levels or college. As numbers increase the student population has become more diverse. At the same time there is more focus on and understanding of mental health support and more students are disclosing mental health needs on entry to university. The current focus on this area was reflected in the prereading for the event with references to online resources and recent papers.

It is important to note the data collection methodology around student mental health and suicide has been changing and this can make it difficult to analyse trends in the data. For example, there has been a move from a criminal to a civil definition of suicide which increases reported numbers. In addition to this, high levels of media interest have meant that some Universities have been reluctant to share their data. However, a Hong Kong led review showed a 32% increase in student suicides over a 5 year period. Within the South West there have been 37 university student suicides since 2010 and 10 suicides in 2 years in

Bristol. It was also highlighted that suicide among junior doctors is 2-5 times the rate of the general population.

Despite these statistics, suicide rates in the student population is no higher than in the general population, National and regional press coverage has raised the profile with the public and encouraged universities to adopt a zero suicide ambition. Students often move between their home and university location meaning it is difficult to reliably access and be supported by services in either location. As it has been demonstrated in many individual cases that suicide can be a consequence of a failure to intervene with support earlier, students are clearly a population of interest for more co-ordinated and effective intervention. Despite improvements in mental health being a clear priority in the NHS long term plan there is a current lack of capacity across mental health services to support universities who are being expected to improve their support offer and signposting to mental health care.

The clinical senate council heard that there is some powerful evidence from patient experience which highlights the importance of family input into student support which is not currently being maximised, the competency levels of those offering support within universities (particularly noting that peer support can be a high risk strategy where it goes wrong), how thresholds for crisis intervention need to be clear and how sharing records between home and university is essential.

Upon reviewing both written and presented evidence from expert contributors the Clinical Senate Council discussed that there is currently a confusing diversity amongst services with blurred boundaries around responsibility between universities and local healthcare systems, noting that universities are not funded to provide healthcare. Many universities are developing their pastoral and mental health care offer, developing the concept of the healthy university, the importance of normalising conversations and understanding the bigger picture around alcohol and drug misuse. The council heard from the Exeter University health service which is making real progress in delivering joined up physical and mental healthcare services. At the same time however only 20 out 140 Vice Chancellors recently responded to a call to engage in discussion around the mental health support offered at their universities.

The inability to register at more than one GP practice causes unnecessary fragmentation of provision to students who have been flagged and are accessing services. Similarly, information on hospital discharges are not always shared with GP practices or universities as well as there being examples of secondary care and IAPT refusing patients. The barriers to dual registration with GP practices inevitably impacts prescribing decisions, drug compliance and successful referrals. The importance of transition from CAMHS to university GPs with complete prescribing information was noted as essential. GPs at student practices have also reported the difficulties in managing international students from different cultures and with different expectations of services, for example taking on private care plans.

Universities cannot act in loco parentis but do need to be able share some data with parents without breaching confidentiality. It is well acknowledged and supported that data sharing and good information governance shouldn't increase risk but that confidentiality not managed well can elevate risk. Regulations do allow you to share information but they aren't always properly understood by staff.

There was wide support shown for early warning and monitoring systems that can flag risk as disengagement can be a proxy for struggle and early intervention is shown to reduce chances of escalation. It is however important to highlight that resources are also required to act on flagged risks. It was also shared by NHS

England that there is funding currently available for digital innovation and service model innovation in the South West and noted that this should be used wisely.

Recommendations

The South West Clinical Senate Council concluded that prevention, intervention and postvention is required to improve mental health and wellbeing amongst university students and that responsibility for this needs to be shared pro-actively and constructively between healthcare providers and University support services. It was understood that Universities cannot deliver the job of the NHS but that joint working is needed for services to become more impactful.

It should be an essential priority for all Vice Chancellors to ensure their universities gather data as appropriate on their students and ensure that resources are in place to act on this when red flags for mental health support appear. Crises do not happen at convenient times and support should be available at evenings and weekends too.

The many students committing suicide are not in contact with mental health services. Early intervention approaches help to address unidentified need and university services can help with this as it is acknowledged that thresholds in statutory services are high. There must be collaboration between services and universities to develop shared and consistent principles and a common language for information sharing and clear crisis pathways.

Key Recommendations are as follows:

1. A formal and mandatory forum should be set up in each geographical area to link health, universities and the voluntary sector in the delivery of mental health support services to university students. This should comprise strategic leadership both from the NHS and from University Vice Chancellors

   (There are some existing examples out there that could help form the basis of this. The South West Mental Health Network should review these and initiate such forums in the South West.) This forum could then work to deliver the recommendations below across the South West, facilitated by the Mental Health network.

2. University students should be allowed to be registered with two GP practices at the same time. This should go beyond temporary registration which can limit access to secondary care. This should also support the sharing of prior medical records and consent to use email for information sharing rather than letters as is encouraged for transient populations. This could be piloted in the South West but should be a national policy. In the absence of this students should be provided with information on how to register temporarily with a practice and what they can expect.

3. There should be a patient held record or young people’s passport or equivalent for students to help ensure information about both physical and mental health transfers from home and from other services such as CAMHS to the university setting, linking in to the data initially

collected on new students by Universities so that new requests for support can also be registered. The current Cornwall example could be rolled out elsewhere.

4. As part of being a 'healthy' university, information should be gathered about new students coming to university including existing mental health support needs. This should be routinely reviewed and appropriate adjustments made.

   A 'healthy' University should hold both the mental AND physical health of their students in high regard (one clearly impacting on the other), and also provide support in the wider sense to young people who are living away from home for the first time; demonstrating understanding that housing, finances and healthy living (in the sense of diet and exercise as well as alcohol and drugs) all impact on a student's wider physical and mental health and their ability to complete their degrees.

5. Increasingly universities are routinely asking for consent to contact students' parents if support is felt to be needed. This should be supported and registration questions phrased to ensure students feel supported and understand the need for this. Packs should be developed for families on how to support university students.

6. Student CRT (Criterion Referenced Testing) has been evidenced to have significant ability in identifying students who are struggling and should be uniformly used to monitor student attendance and performance as a well-being and early warning system that responds to high risk flags.

7. Induction training for staff across universities and mental health services should include awareness of the Caldicott principles and understand how to manage the limitations of confidentiality in the best interests of a person requiring support. It should be noted that confidentiality does not mean that no information at all can be shared. For example, parents could be informed that support is being offered rather than the details of the problem itself.

8. University student support services should be able to confirm that they can flex their support to respond to flagging and monitoring systems, understand the needs of an increasing number of international students and plan resource around student need, including those at University all year round.

9. National Commissioning mechanisms should consider defining student services and their provision with central funding, supporting dual registration and noting that university students are a transient population.

10. Any national transformation funding being made available for student mental health innovation should consider developing one universal monitoring or support app that is consistent nationwide rather than receiving lots of smaller bids. Any funding needs to ensure it is awarded to the innovations that get the best return for money and this should be reflected in criteria scoring.

Next steps

These recommendations will be shared with the South West Mental Health Clinical Network, Mental Health Care providers, CCGs, STPs and ICS' along with University student support services and in particular, Vice Chancellors in the South West, whose role was identified as key. The recommendations will be discussed with the South West Mental Health Clinical Network to determine whether they have capacity to lead on implementation of the recommendations.

The Clinical Senate Council recognised the similarities between the student population and doctors and nurses and other allied health professionals in training. As such, the recommendations will also be shared with HEE and deaneries, encouraging them to consider support for NHS staff when moving placements and how medical schools can best transfer data to foundation schools.

Pre-reading

1. Student Mental Health and Wellbeing in Higher Education, Good Practice Guide, Universities UK https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/student-mental-wellbeing-in-he.pdf
2. Suicide Safer Universities, Paprus and Universities UK, 2018 https://issuu.com/universitiesuk/docs/guidance-for-sector-practitioners-o/1?ff&e=15132110/64400960
3. Minding Our Future, Universities UK https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/minding-our-future-starting-conversation-student-mental-health.pdf
4. Suicide by Children and Young People, Manchester University, July 2017 http://documents.manchester.ac.uk/display.aspx?DocID=37566
5. Step Change Framework https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/default.aspx
6. GMC article – 25th May 2019 or https://www.bbc.co.uk/news/uk-england-bristol-48190066
7. Perspectives in Public Health Peer Review, Holt & Powell, 2016 (shared as an attachment)
8. Health Needs of the Student Population – Holt and Powell 2017 (slides shared as an attachment)
9. New Developments in evidence and guidance for suicide prevention at transition from school to further and higher education, PHE, November 2017 (slides shared as an attachment)
10. Draft Healthwatch North Somerset Report: Young People and Mental Health 2019 (shared as an attachment)
11. NHS Partnership Project (slides shared as an attachment)
12. Mental Wealth First, UWE, 2019 (slides shared as an attachment

The Council Agenda, Speaker slides and meeting notes are available at www.swsenate.nhs.uk