

The Development of Mental Health Policy and Practice in UK HEIs

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Talk outline

Background to mental health provision in the UK

Current provision for students

Relationships with statutory and voluntary services

Provision for staff

Mental health promotion

Evaluation

Areas for development

The development of support for students experiencing mental health difficulties



Until the first half of the 20th century, personal support for students was largely provided by academics acting as 'Personal Tutors'.

First University Counselling Service formally established at the University of Leicester in 1955 (provision set up informally in 1946).

The main development of broad and linked student services functions began in the 1970s, in what was then the Polytechnic sector.

The major thrust to develop provision for students with disabilities began in the early 1990s.

Student mental health began to be flagged as of national concern in mid 1990s.

Key drivers and guidance in the development of provision

- ✦ Equalities **legislation**
- ✦ Government widening access **policies**
- ✦ NHS **strategies** for mental health
- ✦ Funding Council disability **initiatives** (particularly HEFCE 1996 onwards)

Guidance

- ✦ *Degrees of Disturbance – the New Agenda* (HUCS 1999)
- ✦ *Guidelines on Mental Health Policies and Procedures for HE* (CVCP 2000)
- ✦ *Duty of Care Responsibilities for Student Services in HE* (AMOSSHE 2001)
- ✦ *Reducing the Risk of Student Suicide* (UUK/SCOP 2002)
- ✦ *The Mental Health of Students in HE* (Royal College of Psychiatrists 2003)
- ✦ *Responses and Prevention in Student Suicide* (UCLAN/Papyrus 2007)

2003 and 2008 UUK/GuildHE surveys



The UUK/GuildHE Working Group for the Promotion of Mental Well-Being in HE carried out sector-wide postal surveys of UUK and GuildHE members in 2003 and 2008.

The aims of the mental health policy and practice surveys were to:

- ✦ investigate the scale and scope of MH provision for students and staff
- ✦ chart developments over a five year period
- ✦ guide the work of the *Working Group*.



Scope of questionnaire

Mental health policy development

Resources for students

- ✦ dedicated mental health staff
- ✦ other institutional provision
- ✦ peer support
- ✦ relationships with external community resources

Resources for staff

Mental health promotion

Evaluation

Questionnaire response rate

2003: 53% (83 respondents)

- ✦ 57% of UUK members
- ✦ 30% GuildHE (then SCOP) members

2008: 60% (96 respondents)

- ✦ 65% of UUK members
- ✦ 39% GuildHE members

58 institutions responded in both 2003 and 2008

All sectors and regions were represented in both surveys

Has there been a change in demand for mental health provision since the 2003 survey?

Respondents' views on change in demand over the last 5 years:

- ✦ 81% 'significantly increased'
- ✦ 13% 'slightly increased'
- ✦ 6% 'much the same'
- ✦ 0% 'reduced'

Mental health policy development

All respondents	2008		2003	
	N	%	N	%
Policy in place	52	54	21	26
Policy in development	28	29	48	58
No policy	16	17	13	16

Amongst the 58 institutions who responded in both 2003 and 2008, the proportion with mental health policies in place increased from 28% to 52%.

The development of MH policies was often led by heads of student services or counsellors. Many institutions set up specific Working/Tasks Groups.

Monitoring the implementation of the policy frequently the responsibility of heads of student services although some have made this the responsibility of institutional committees.

Specialist Student Mental Health Post



All respondents	2008		2003	
	N	%	N	%
Yes	76	79	46	56
No	20	21	36	44

Amongst the 58 institutions who responded in both 2003 and 2008, the proportion with specialist student mental health posts increased from 53% to 81%.

Some institutions have recently created additional posts.

Most post holders (68%) are located in disability or counselling services, but 20% are located within a general student services provision.

Other central staff whose responsibilities include support for students with MH difficulties



Counsellors

Disability coordinators

University Health Centres and Nurses

Hall wardens and sub-wardens

Chaplains

Student services professionals

‘Mental health is a matter of collaboration rather than the responsibility of one person or service’.



Peer support



	N	%
Peer support initiatives	51	56
Guidance for students concerned about their friends	87	91

A number of the peer support initiatives are coordinated by Disability teams

International students' buddying schemes

Some academic departments also run peer mentoring schemes – referral as a key element

E-mentoring

Nightline

Most institutions offer training and support for those involved

Personal Tutors

	N	%
Personal tutorial system	75	80

There is little overall change since 2003, although some are reviewing their systems, or are replacing them with other departmental support systems.

They have been overwhelmed and most became non-functioning..

Evidence is that it is very effective..

	N	%
Staff training	83	89

Almost all institutions offer training for academic staff with pastoral care responsibilities.

The [student services] play a role in training the ... advisers The system works well for those who feel safe to make contact and articulate their difficulties. There is some variability [in how] advisers understand their roles..

Guidance resources for staff

	N	%
Guidance resources for staff	83	89

Almost all institutions offer paper or web resources for staff who work with students experiencing mental health difficulties. Titles/topics include:

- ✦ Supporting students with mental health difficulties
- ✦ Helping distressed students
- ✦ Emergency contact guidelines
- ✦ Students in difficulty flow chart
- ✦ Panic attacks and how to manage them
- ✦ How and when to refer.

Other internal resources – departmental provision

87% of 2008 respondents offered additional departmental support including:

- ✦ Departmental advisory teams
- ✦ Senior tutors
- ✦ Disability Advisers/Equality and Diversity Coordinators
- ✦ Student support office
- ✦ Retention, achievement and progression programme
- ✦ Faculty-level advisory staff
- ✦ *Blackboard* course communities.

Effectiveness of departmental provision

Schools work hard to create a culture of support

Evidence is that it is effective. Good links between support services and tutors. Tutors regularly refer students for help.

There is a comprehensive Personal Tutors' handbook that outlines good practice and gives advice for helping students in personal difficulty.

Tutors have expressed concern about not understanding or feeling ill equipped in dealing with students with mental health difficulties.

Differing arrangements in place... ranging from basic to highly supportive.

Good coverage but not all students have access to an academic adviser – certain subjects can be problematic and some part-time students miss out.

Evaluation of institutional provision

	N	%
Very good	20	21
Good	47	50
Adequate	24	25
Less than adequate	2	2
Poor	1	1
Non-existent	1	1

The mental health adviser's post has been increased to full-time in order to improve the services.

...varies from ... very good to poor...The university has strong mechanisms and a good level of support and advice available. There are difficulties in getting some students ...to access the services available.

Resources are increasingly stretched.

.. a lot of reactive work rather than proactivity.

Our...Adviser...has a primary focus on keeping students focused on their studies and supporting them through their learning.

We are unable to offer the in-depth support for enduring mental health needs and rely on outside agencies....This gets increasingly difficult ...

A greater awareness of mental health issues needs to be embedded across the University.

The quality of the advice and support actually delivered is excellent. The volume of resource available is on occasion insufficient to meet demand and this makes the service overall only adequate.

On-campus psychiatric provision

Provision/funding	University N	NHS N	Joint N	Total N	Total %
Assessment	17	11	4	32	33
Treatment	9	8	4	21	22

Treatment may only be very short-term, followed by referral.

Some counselling services employ a visiting psychiatrist for case consultation rather than for assessment or treatment of individual students.

For some institutions there is a link for training rather than assessment or treatment.

Access to/contact with community resources

	%
GP services	25
Early intervention team	16
Community mental health teams	23
Crisis resolution home treatment teams	16
Mental health Charity	13
Other	8

‘Other’ includes:

Local psychiatric hospitals

A&E links

Eating disorders groups

**Specialist Student Mental Health Team
– NHS secondary mental health
provision**

Voluntary sector projects

Scottish Mental Health First Aid

**Specialist NHS services/Teams and
Clinics (Medical School respondent)**

Comments on collaborative working



Collaboration with GPs mainly works very well. Working with CMHTs is more variable.

We have developed generally very good working relationships with outside services but are constantly striving to improve communication/liaison pathways.

Our collaborative work with the NHS has been effective. Our joint mental health activities have received excellent response.

The Mental Health Adviser post is collaborative in nature as it is in part a secondment from the NHS....nevertheless it can be difficult to negotiate good communication between the NHS and the University over admissions and discharge of students from hospital.

The NHS Scottish Mental Health First Aid Initiative (SMHFA) [is] very effective.

[There is a] specialist Student Mental Health Team for [local] students, this is an NHS secondary mental health provision. Collaborative work with the ... team is very effective with referral via GP local practices. Other collaboration is on a case-by-case basis with some training sessions provided by the NHS team.

Comments on collaborative working



Very little success in developing collaborative work - lack of resources in community based mental health teams.

Maintaining close links with primary and Secondary Care Mental Health Services is challenging due to the wide catchment area within which we are operating.

It exists but structured formal links and appropriate funding to enable collaborative work not in place.

Needs-led and helpful, but no proactive or preventative work, which is indicative of the major under - resourcing of mental health provision in this area.

Referrals often take 18-20 weeks.

While we have 'regular' contact it is of poor quality and entirely reactive to ongoing situations. Efforts to improve this situation have been met with little or no effort by the 3 PCTs.

Whilst the University support for students is good, the support received by students and the University from the NHS Mental Health Services is extremely poor.

Specific support for staff

All respondents	2008	
	N	%
Employee Assistance programme	23	24
Counselling helpline	35	37
University-wide counselling service	31	32
Staff counselling service	31	32
Occupational Health *	34	35
Other **	45	45
No provision	2	2

The proportion of institutions offering specific provision for staff increased from 80% in 2003 to 98% in 2008.

* Occupational health provision is usually via HR, but in some institutions self referral is possible. Some OH services include a staff counsellor.

** 'Other' includes web-based resources, access to alternative therapies, access to external counselling services, chaplaincy, on-site health centres, coaching and mentoring.

Mental health promotion

85% of institutions organise mental health promotion activities:

- ✦ they range from annual to weekly events
- ✦ student services and counselling staff are frequently responsible
- ✦ HR staff are only rarely involved
- ✦ students' associations play a significant role in mental health promotion.

55% of institutions organise activities for the institution as a whole.

Many link their activities to World Mental Health Day.

Some organise activities focussing on a specific issue, eg managing stress, eating disorders, men's health, healthy eating.

18% of respondents have 'Health Promoting Institution' status.

Evaluation of provision

31% of institutions have undertaken some evaluation of their provision. The evaluation methodologies include:

- ✦ Impact assessments as part of the Disability Equality Duty
- ✦ Staff and student questionnaires
- ✦ Use of CORE by counselling services
- ✦ External evaluation
- ✦ Reports to committee on progress in implementing MH strategy

Suggested areas for future guidance include:



Evaluating effective practice

Cross-departmental confidentiality policies

How to move focus from mental health to student wellbeing

Return from intercalation of studies/ fitness to study

Managing risk in the HE context

Supporting International students with mental health difficulties

Reasonable adjustments for students with mental health difficulties

Out of hours duty of care

Collaboration with the NHS