Greater Manchester Universities Student Mental Health Partnership 4 Years of Learning

10 October2023

Simon Postlethwaite Operational Manager GMMH
simon.postlethwaite@gmmh.nhs.uk

Claire Francis Head of Service University of Manchester
claire.francis@manchester.ac.uk

Improving Lives

Background

Improving Lives

75% of chronic adult mental illness reportedly starts before the age of 18

18-25 age range in which the first onset of SMIs - psychosis, depression, eating disorders emerging Personality Disorders usually present.

Suicides amongst students have increased

Students struggle to access Mental Health services due to

- Current waiting times for psychological therapies being significant
- Student needs does not fit a service criteria
- Issues re term times/going home/moving accommodation
- Many do not change their GP registration when they move to university

Education

Parents outline 'woeful' mental health support for students at UK universities

Survey follows petition demanding legislation for a statutory duty of care in higher education

Sally Weale *Education correspondent*

Fri 2 Jun 2023 06.00 BST

MPs will discuss a petition calling for a statutory duty of care for students. Photograph: Jon Bower/Alamy

Sexual abuse at English and Welsh universities 'a public scandal' – study

About 50,000 cases of abuse or harassment take place every year, report finds

The report found about 15% of female students and 3% of male students are abused while at universities

THE CONVERSATION | The Conversation

COVID's ongoing toll on university students' mental health – new findings

Maria Loades, Senior Lecturer, Clinical Psychology, University of Bath

19 June 2023 · 5-min read

BBC Sign in Home News Sport Weather

NEWS

Home | Cost of Living | War in Ukraine | Climate | UK | World | Business | Politics | Culture | Tech

Family & Education | Young Reporter

Universities told to step up to prevent suicides

6 June

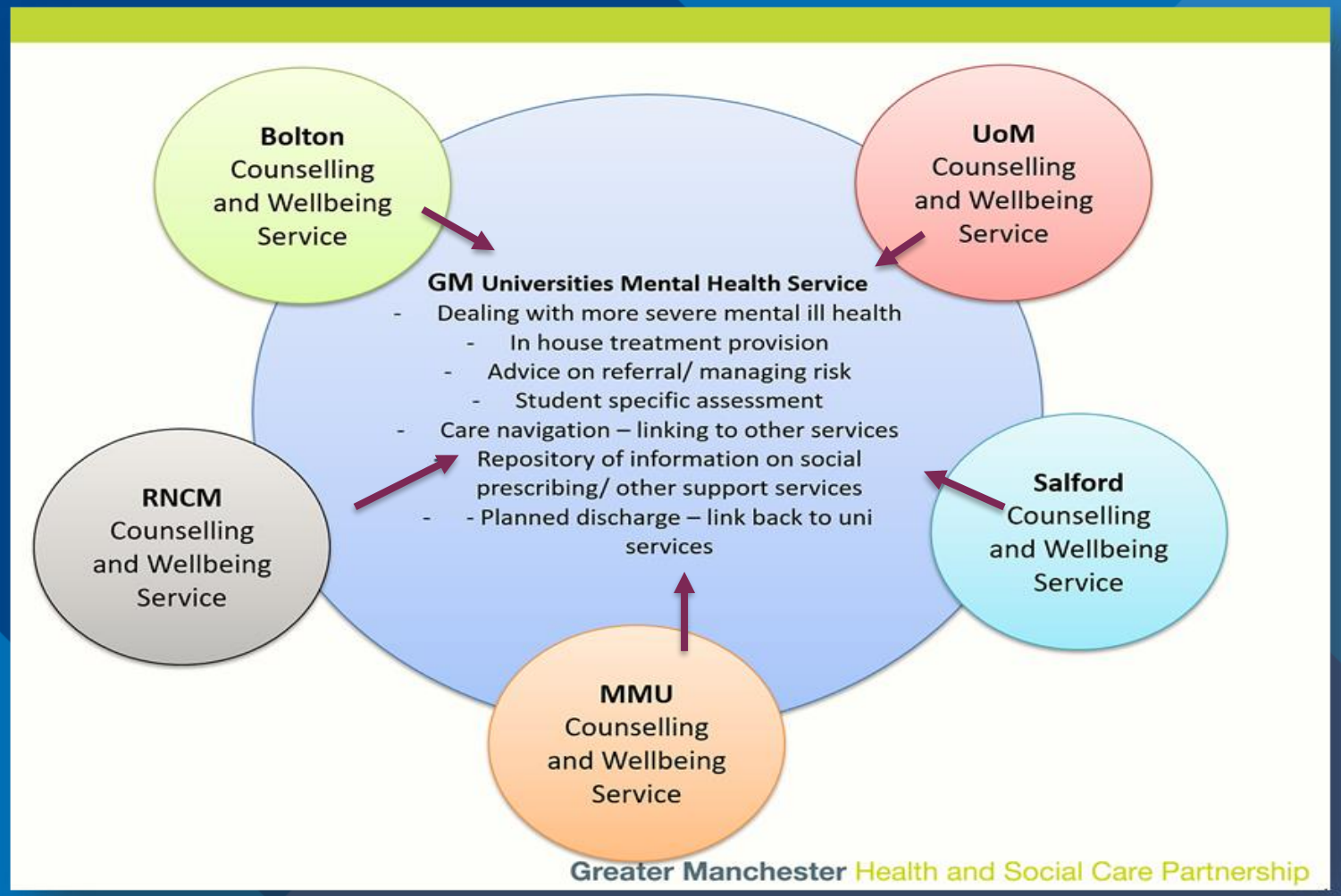
How it began

A Greater Manchester Student Mental Health Summit was held in June 2017

The task force designed a care pathway that aimed to:

- Emphasise a good prevention and Mental Health resilience model
- Improve access to assessment and treatment for students with SMI
- Integrates existing good practice with new provision
- Creates a uniform screening and assessment process
- Establishes a clear referral criteria
- Facilitates co-working
- Provides clinically effective treatment and facilitates planned discharge

Service Model



Improving Lives

Greater Manchester Universities Student Mental Health Partnership

Improving Lives

Mission Statement

The GM Universities Mental Health Partnership aims to support the universities to improve the mental wellbeing and resilience of students to improve their capacity and capability to deal with difficult emotions and experiences, reduce social isolation and increase confidence.

This is provided through timely access to evidence-based interventions through a multi-disciplinary team approach.

The Partnership strives to provide trauma informed care that is focused on the student within a strengths-based recovery program to support activities and clinical interventions to promote wellbeing, build social capital and develop psychological coping strategies.

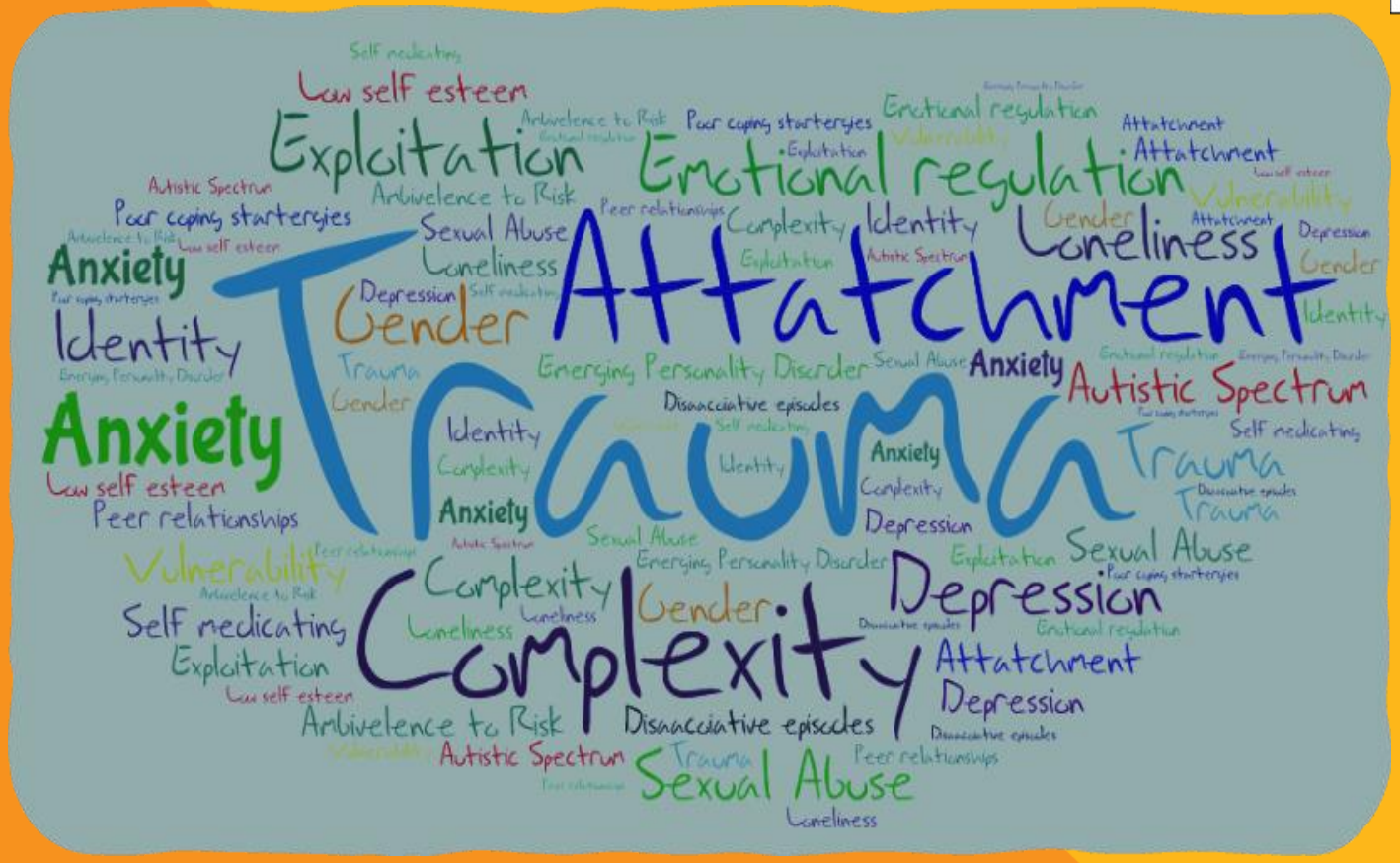
Improving Lives

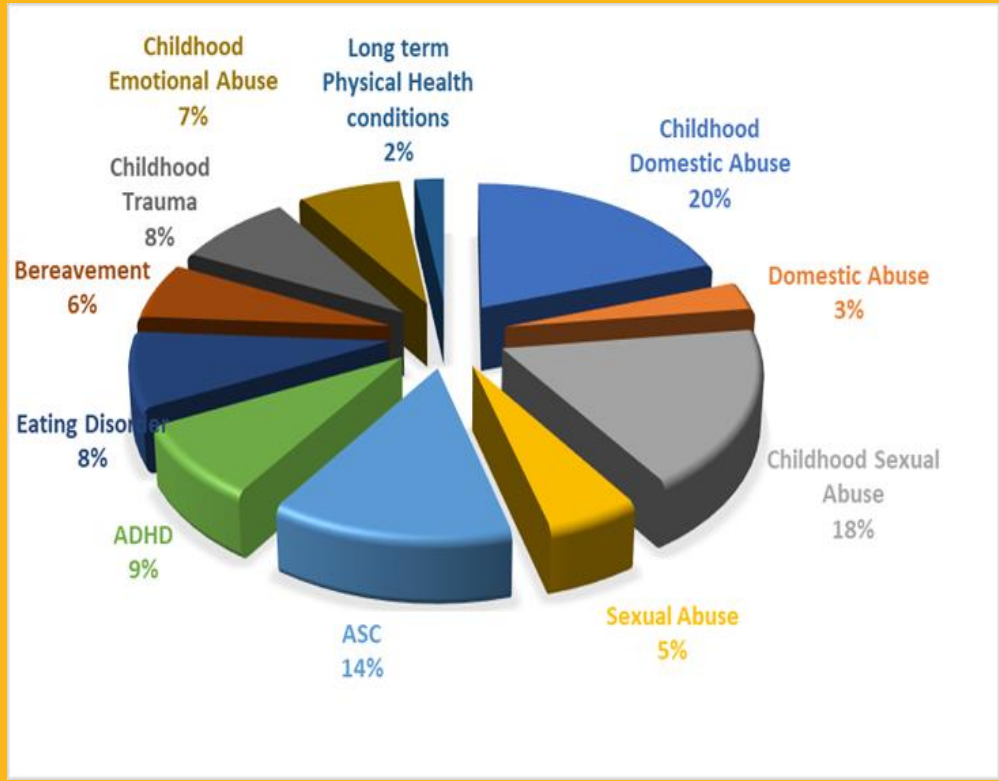
The service is based on the i-Thrive model which places an emphasis on prevention and early intervention.
The Service offers timely and flexible support thinking holistically about the needs of the student rather than focusing on a diagnosis.

Thrive framework Principles:

- A Common Language
- Needs Led
- Shared decision Making
- Proactive Prevention and Promotion
- Partnership Working
- Outcome Informed
- Reducing Stigma
- Accessibility

MANCHESTER 1824 The University of Manchester | Manchester Metropolitan University | University of Salford MANCHESTER | University of Bolton | RNCM Royal Northern College of Music | NHS Greater Manchester Mental Health NHS Foundation Trust



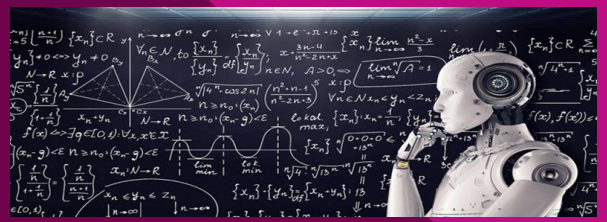


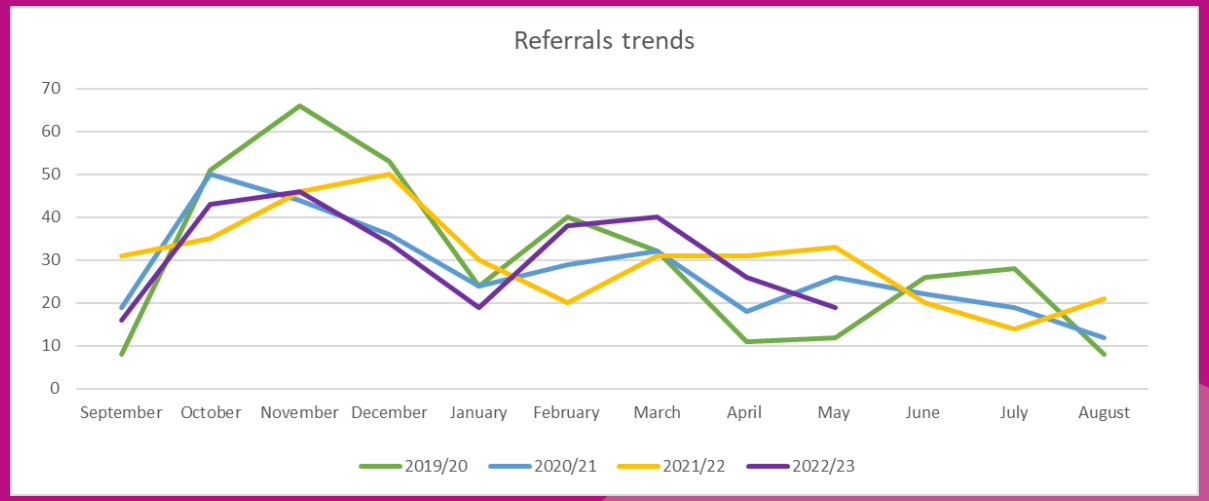
Improving Lives

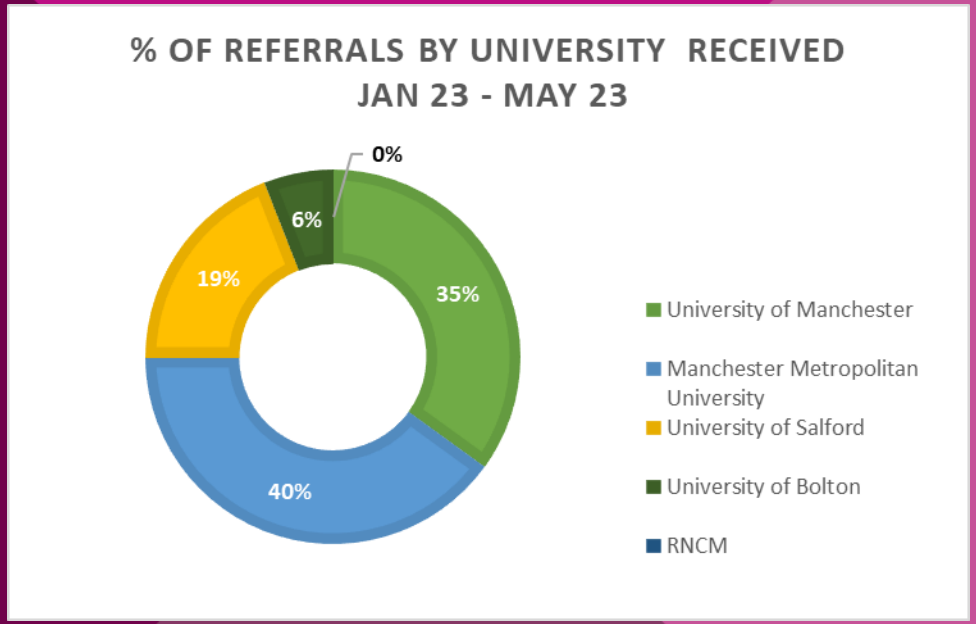
Service Performance

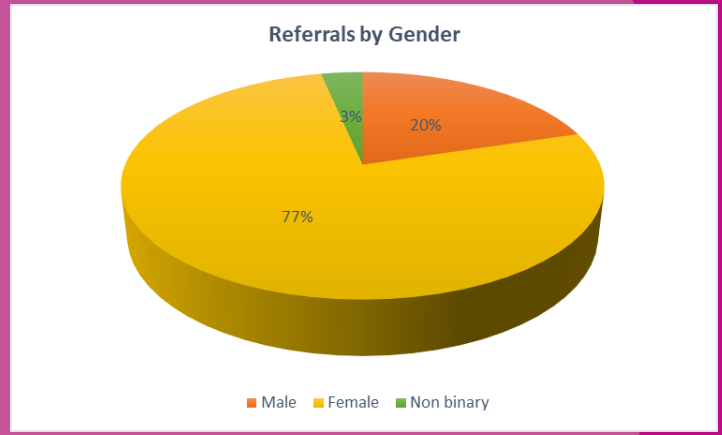
Improving Lives

Intelligent Data









Improving Lives

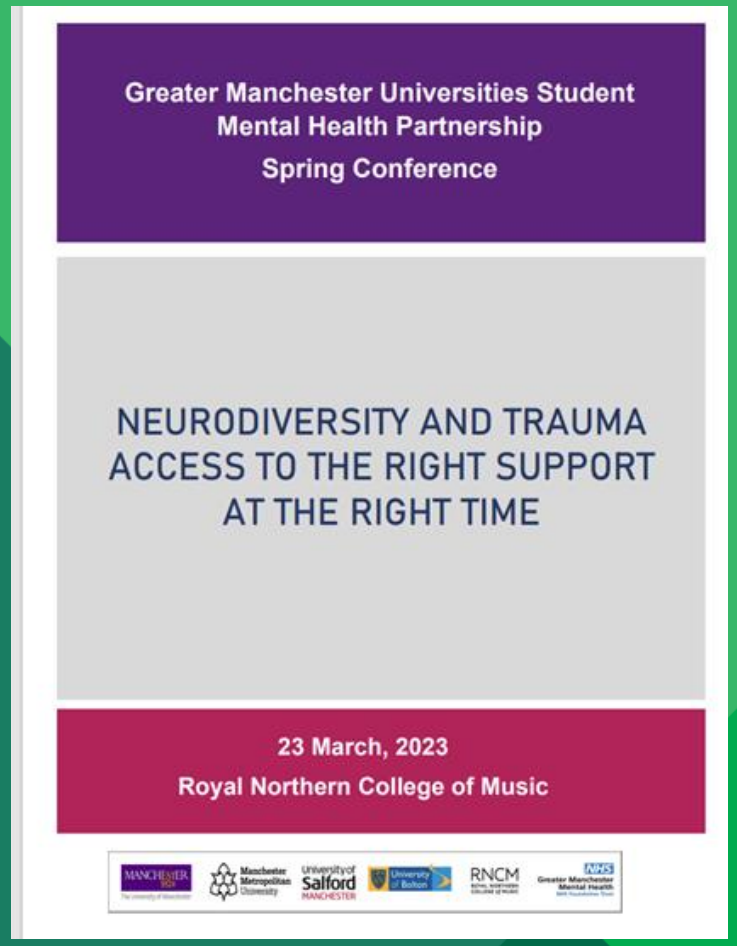
Trauma Informed Care (TIC) is a strengths based framework which recognises the complex nature and effects of trauma and promotes resilience and healing

Principles of TIC

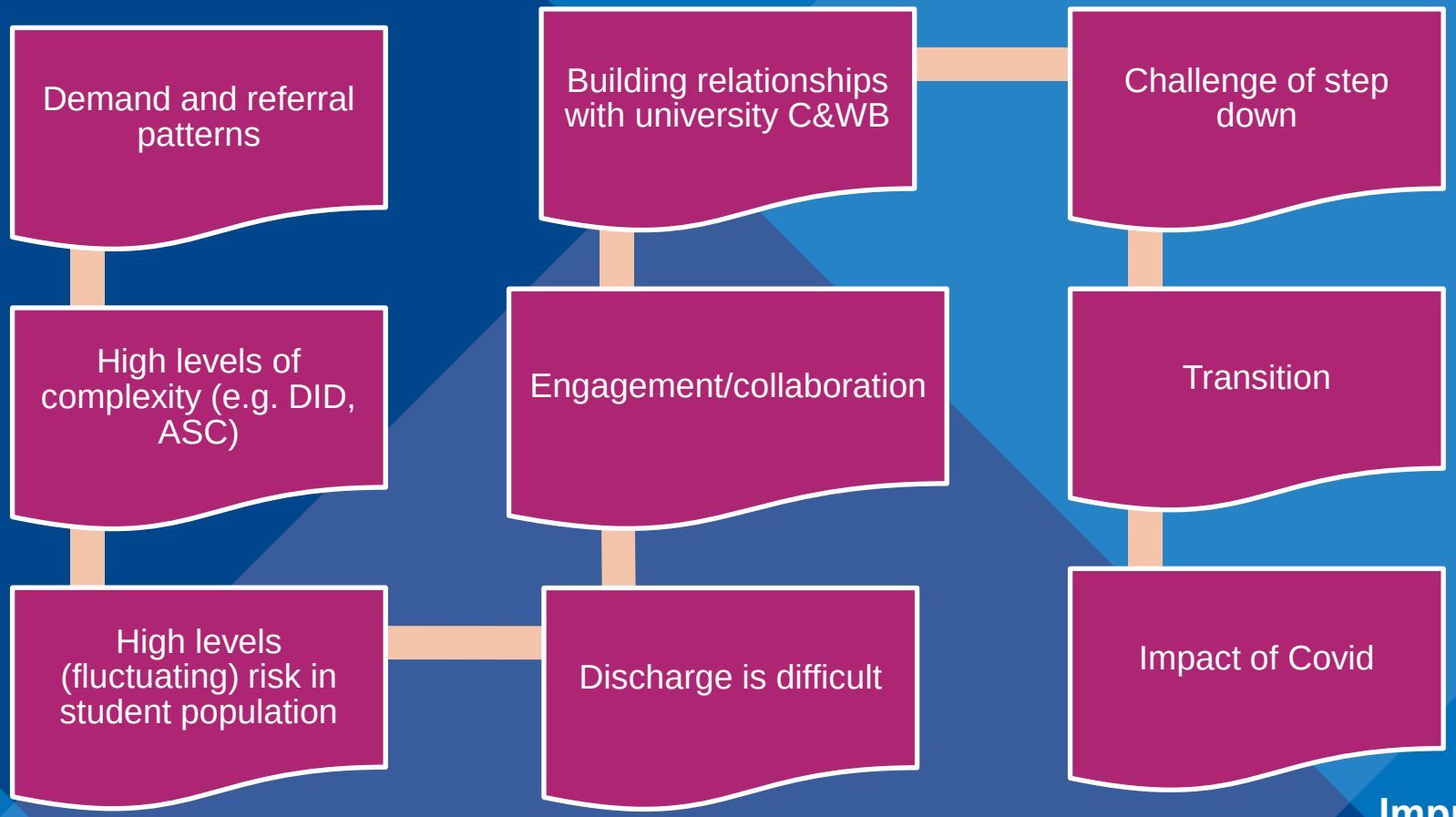
- Safety
- Trust
- Choice
- Collaboration
- Empowerment

Actions

Physical environment (e.g. signs, feedback forms)
Emotional safety (e.g. Reflective practice group)
Transparency (e.g. care plan sharing)
Choice (e.g. method of contact)
Collaboration (e.g. Service user group)
Empowerment (e.g. staff training)



What have we Learnt?



Improving Lives

Current & Future Developments

- **Student Co Production**
- Relationships
- Trauma Informed Care/Practice
- Underrepresented groups (males, BAME)
- ADHD student pathway
- Provision to students with ASC/Neuro Diversity
- Continued Involvement in research trials (e.g. MISST)
- Annual Partnership Conference next one 12 March 2024
- Research and Audits

Improving Lives

Case Example

Student A: Presented at UoM C&MHS with extremely low mood/marked hopelessness/suicidal ideation. They are living alone and experience social isolation. Previously known to the service but took an interruption following an OD attempt in the first semester of their first year – now retaking the year. Comes from a large family with experience of DV within the home. They had previously been under CAMHS with depression and anxiety/used self-harm. Seen by MHP who made a referral to GMU SMHS. UoM C&MHS continued to work with Student A until their initial appointment:

MHP 1-1 appointments offering monitoring/support and liaison with GP to ensure medication review

In-house referral to Social Prescriber: student experiencing isolation and is connected to activity/community groups

Evidence provided to support mitigation

DASS review to ensure access to all appropriate adjustments

GMU SMHS Appointment (8 weeks following referral). Care-plan following initial appointment:

Allocated a case-manager

Appointment with Consultant Psychiatrist

Engages with therapeutic group: Trauma

Longer-term option of 1-1 therapy

Without GMU SMHS: Likely would not have met criteria for secondary mental health services. IAPT may not have accepted due to complexity. Likely gap in service provision. Further barriers presented by the student moving between home and university.

Improving Lives

Any Questions or Feedback

Improving Lives