

# Pathways to Mental Health and Wellbeing support at the University of Hull: an evidence and data driven service redesign

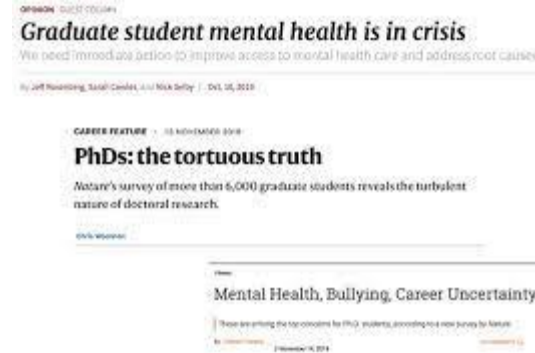
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Sciences

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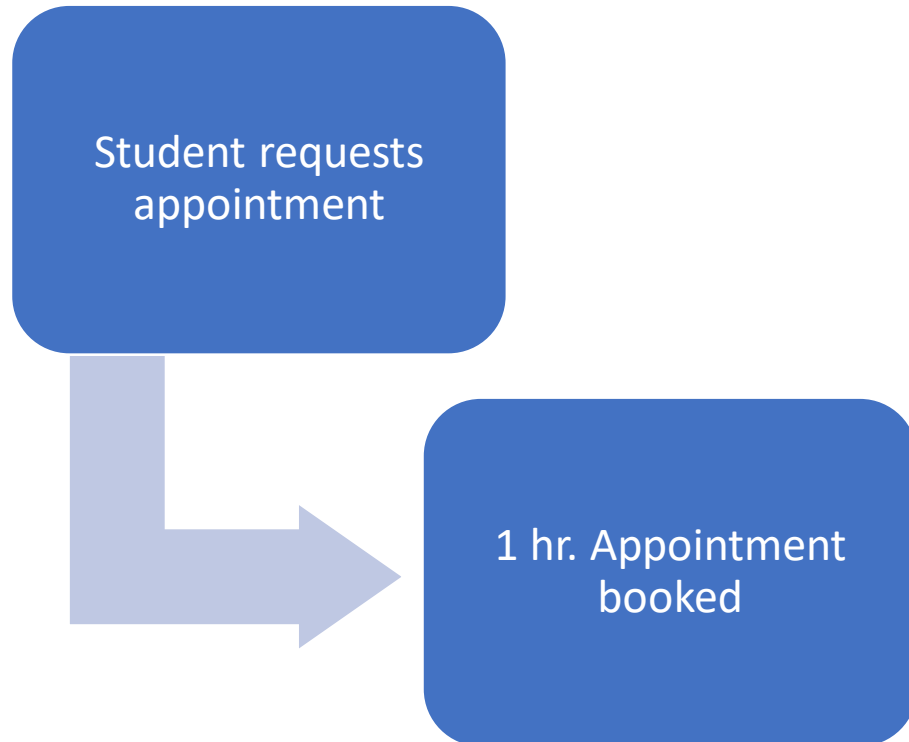
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# Is there a student mental health crisis?

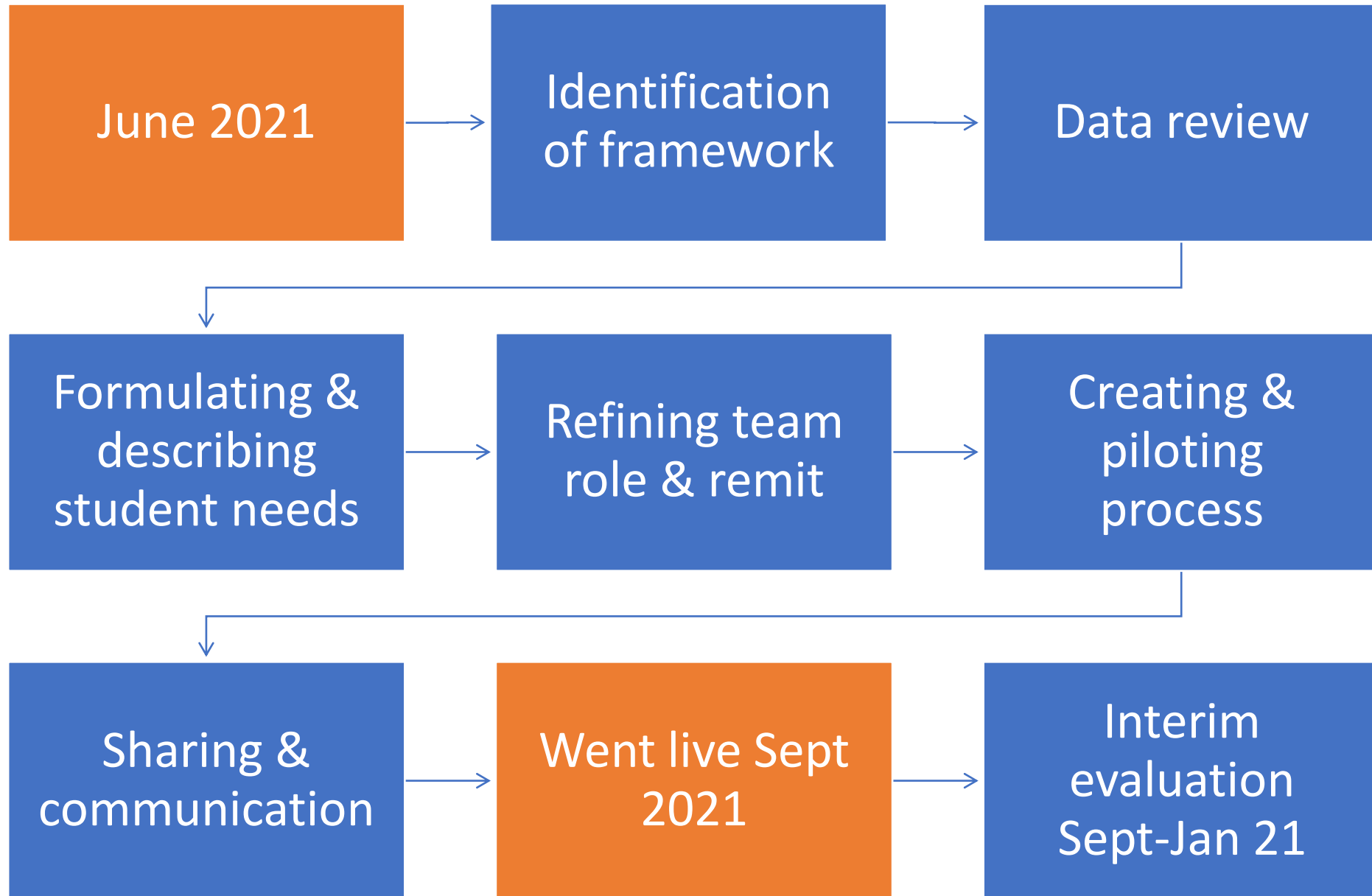
- Little empirical evidence of a crisis
- *“a multitude of disconnected survey-based reports yielding differing estimates of student wellbeing/mental illness with no strategy for linking and combining data” (Barkham et al, 2019<sup>1</sup> p352)*
- Research is dominated by focus on pathology/a deficit model, but university is challenging, and the pandemic has impacted everyone’s wellbeing
- Steep increase in students accessing University MH/Wellbeing Support
- Increased awareness and help-seeking behaviour from students
- University Mental Health Charter Framework and Award Process<sup>2</sup>




# Impetus for change at the University of Hull...




- Small team of MHW practitioners (5.8FTE)
- Culture of appointments for all
  - No limit on number of appointments or framework to underpin intervention
- Waiting times at peak times (e.g., assessment periods)  $\geq$  3 weeks
- No out of hours provision
- Risk to student experience and ability of team to identify and respond when needed in a crisis
- Staff leave and vacancies risked core delivery, including team remit around staff development, preventative interventions, safeguarding, Equality Act etc.
- Low staff morale and risk of burnout



# What is the role of Mental Health and Wellbeing Services in HE ?



'University is purely academic – no place here for support!!'



Duty to support the removal of barriers to learning by promoting positive wellbeing and facilitating access to care/treatment where needed



'Full responsibility for MH care & treatment'

## University of Hull Mental Health & Wellbeing Team

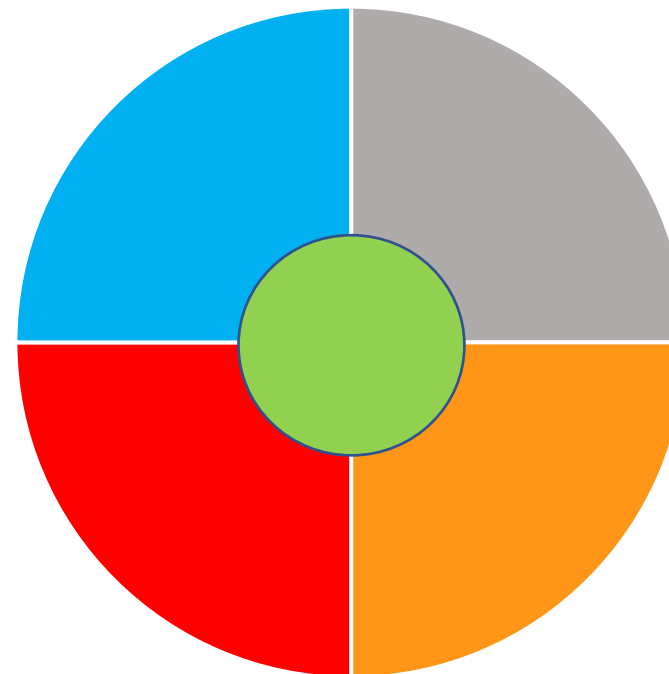
*'To support student success by empowering students to develop skills which will help them to manage the challenges inherent in the student journey & to ensure that those students most at risk or vulnerable receive timely & high-quality support'*



We adapted our model from the THRIVE<sup>1</sup> framework and defined clusters<sup>2</sup> to determine need and support our whole university “systems based” approach



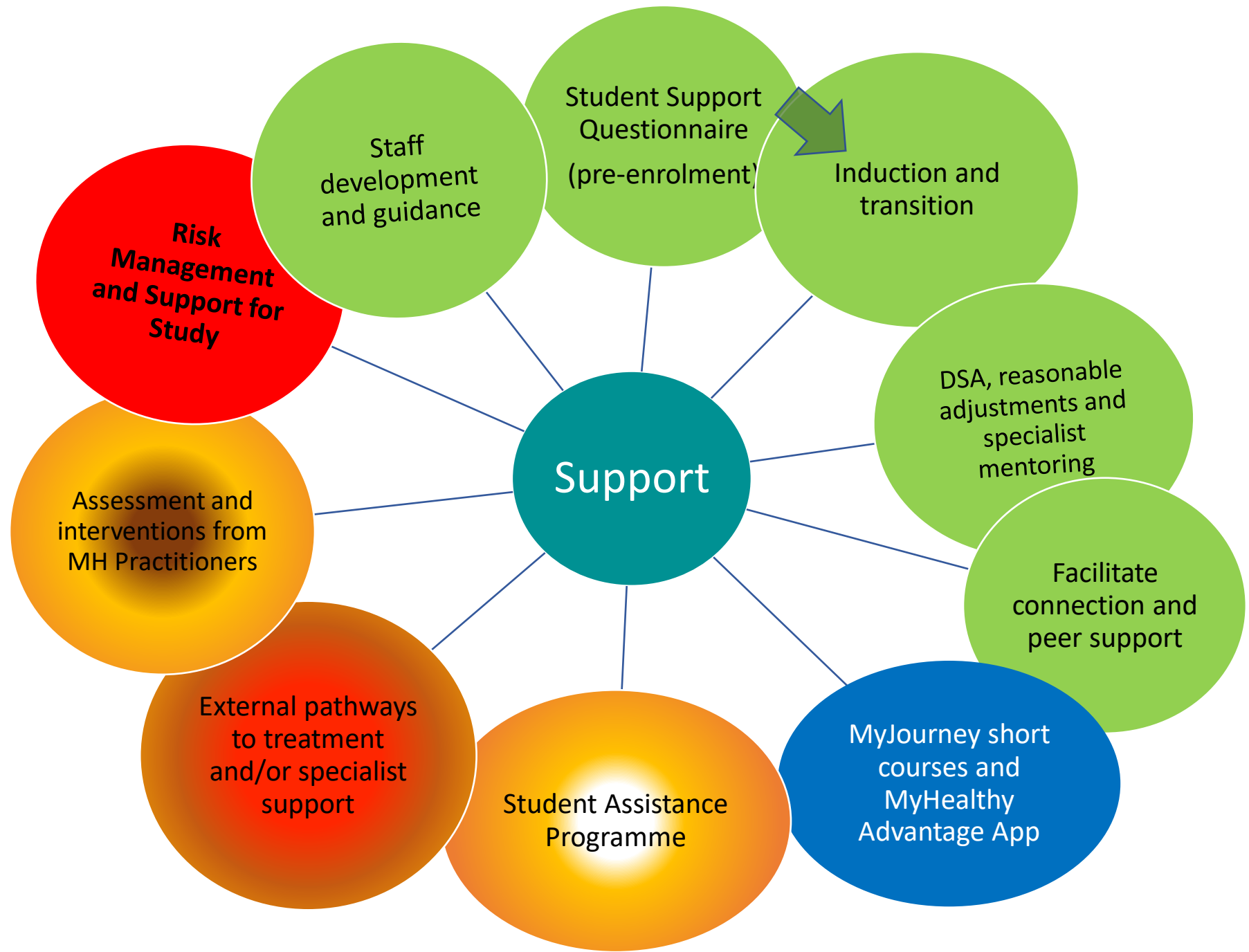
1. Wolpert, M., et al (2016)  
*THRIVE Elaborated. 2nd Ed.*  
London: CAMHS Press.



2. University of Hull Clusters of  
Student Mental Health and  
Wellbeing Need

Thriving
Coping
Struggling
Overwhelmed
In crisis
Diagnosed mental illness

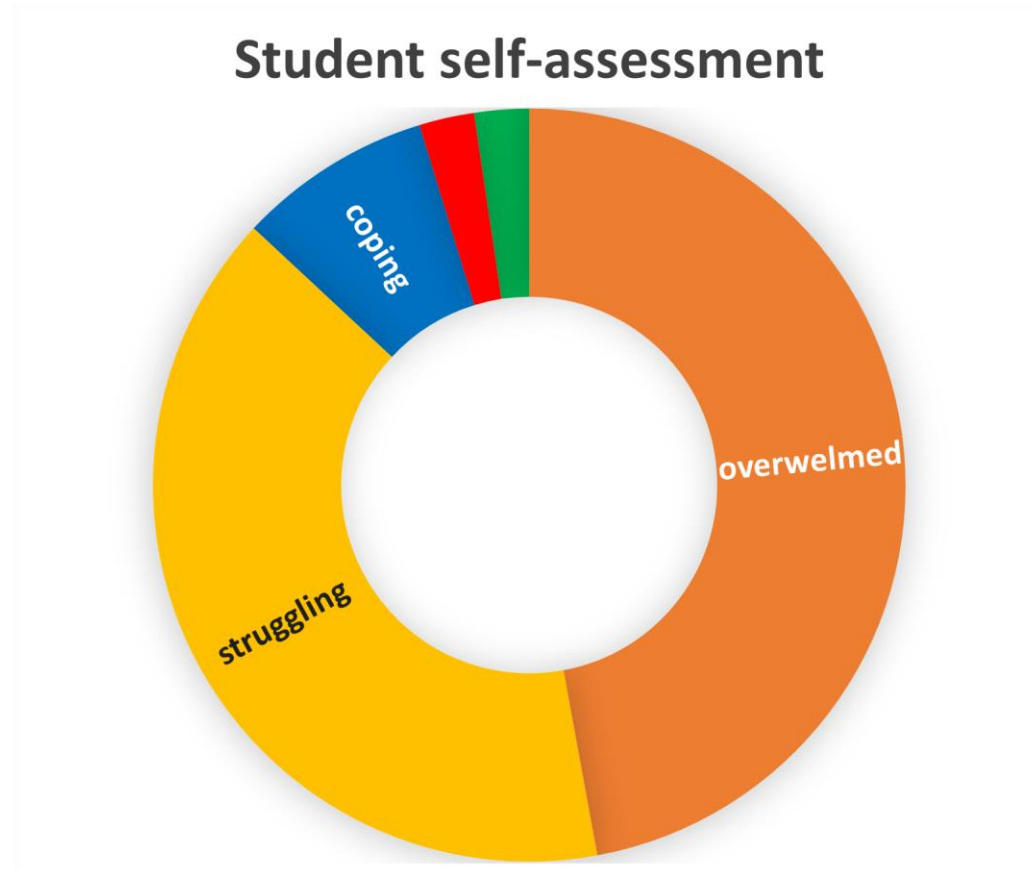
- Thriving
- Coping
- Struggling
- Overwhelmed
- Crisis





## Interim evaluation Sept – Dec 2021 data

Total n screeners completed by students = 467



□ Thriving = 11

□ Coping = 39

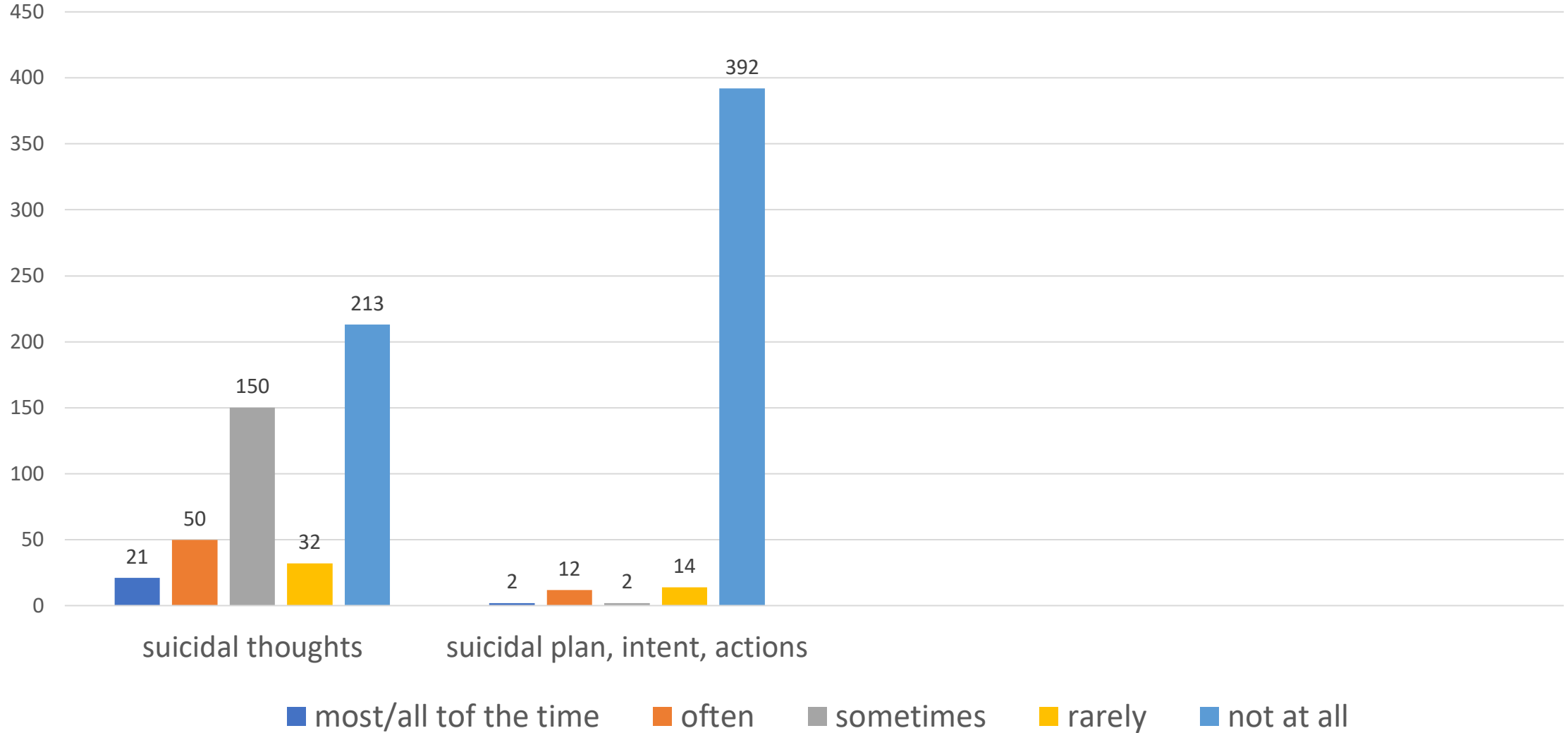
□ Struggling = 186

□ Overwhelmed = 220

□ In Crisis = 11

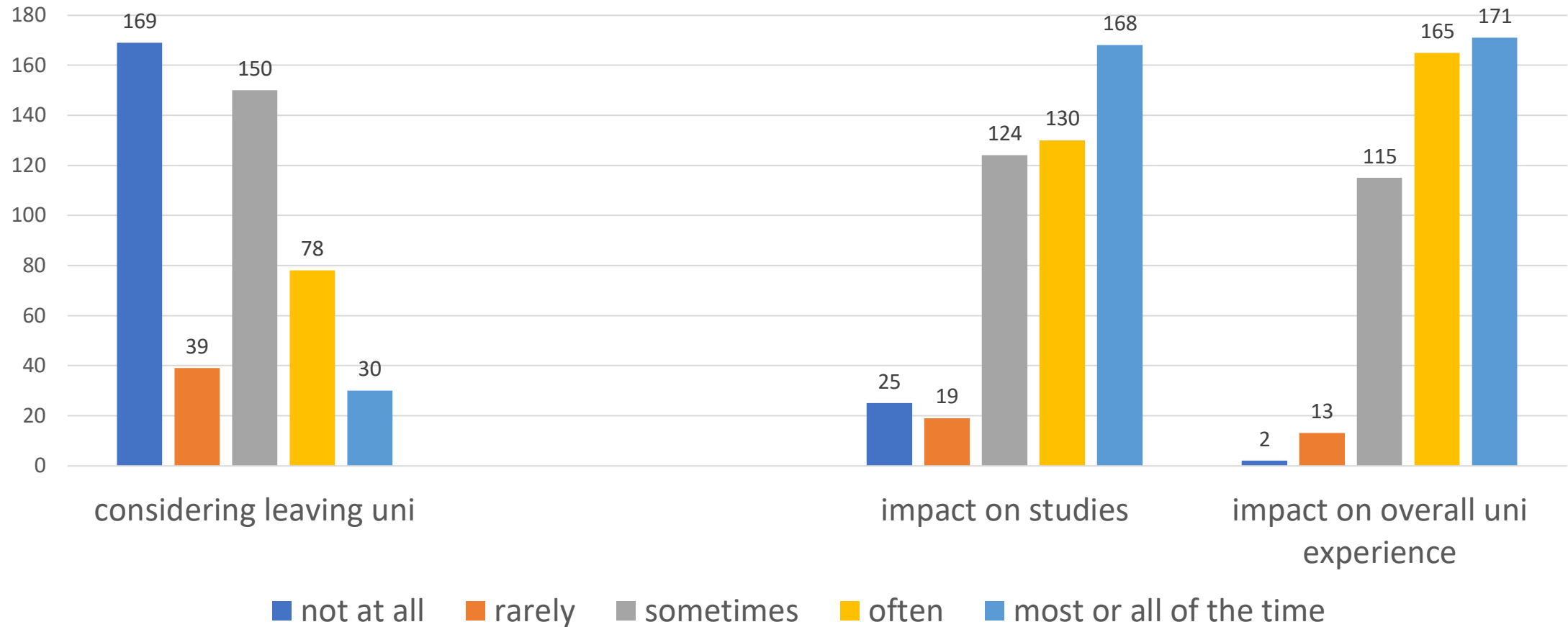
# How students rated their risk of suicide on self-referral (N=467)

Completed questions on suicidal thoughts (n=466, 99.9%), plan/intent/actions (n=422, 90.4%)



# How students rated their risk to learning on self-referral (N=467)

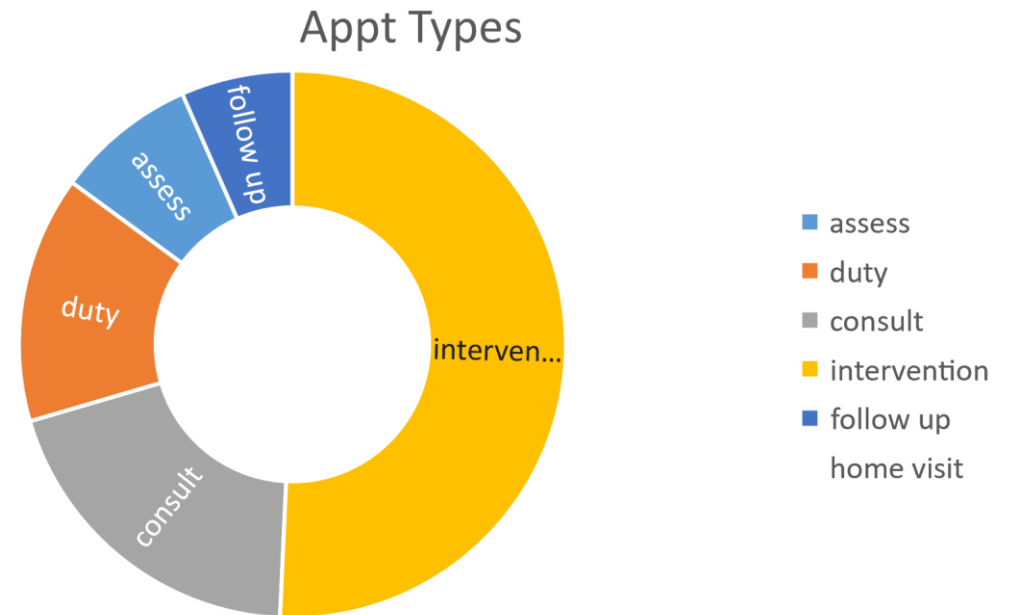
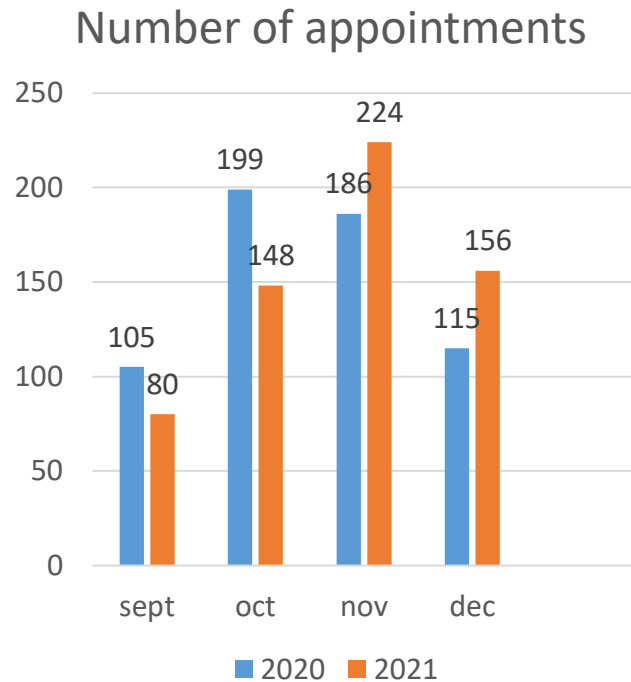
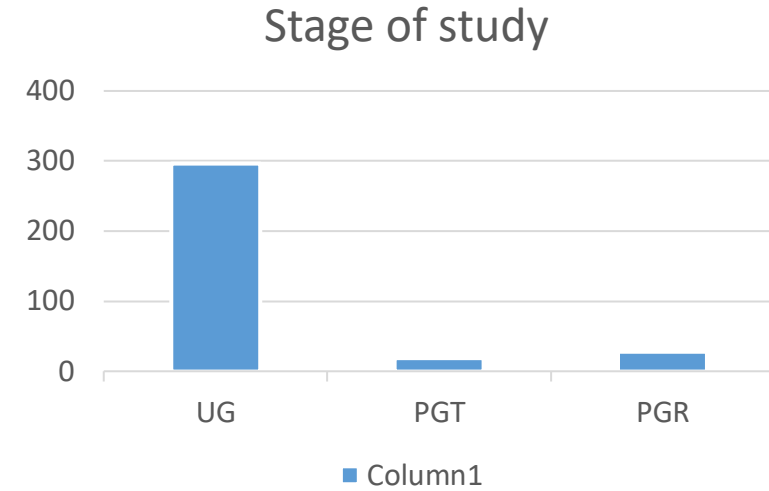
Students who completed risk to learning questions (n=466, 99.9%)



# Appointments Sept-Dec 2021

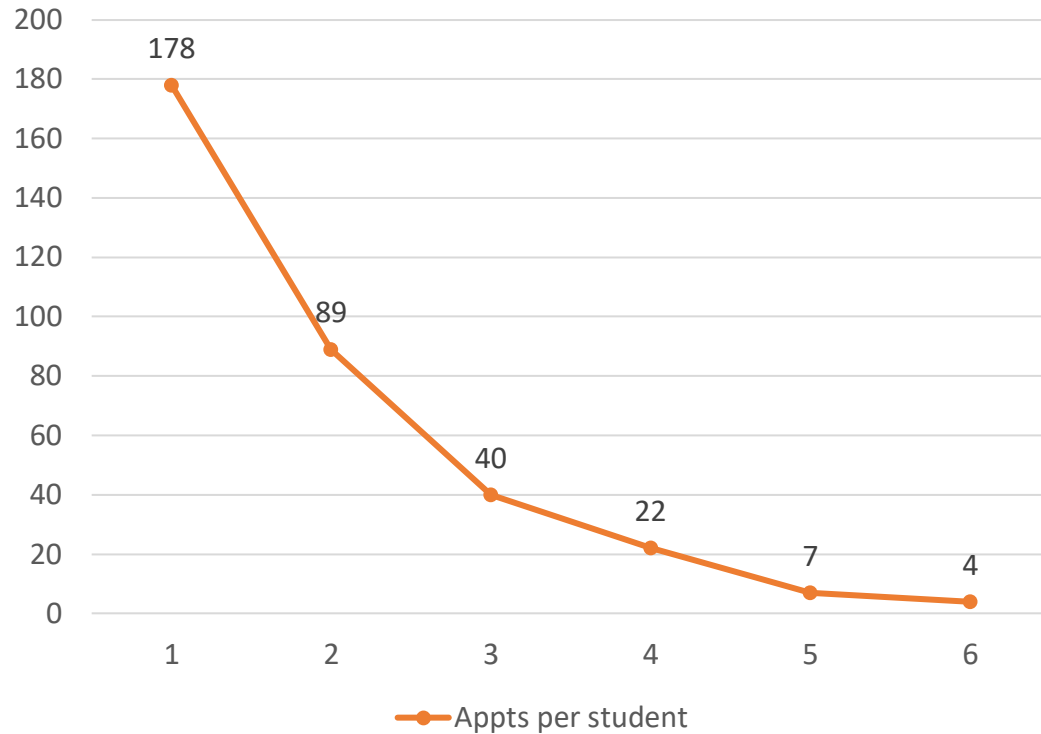
2021 = 905 appointments (531 students)  
608 (345 students) with core team PLUS  
297 (186 students) with Associate Practitioners  
**Mean = 1.8 (1-6) n appointments per student.**

In same period in 2020= 605 (334 students)  
were seen by the core team

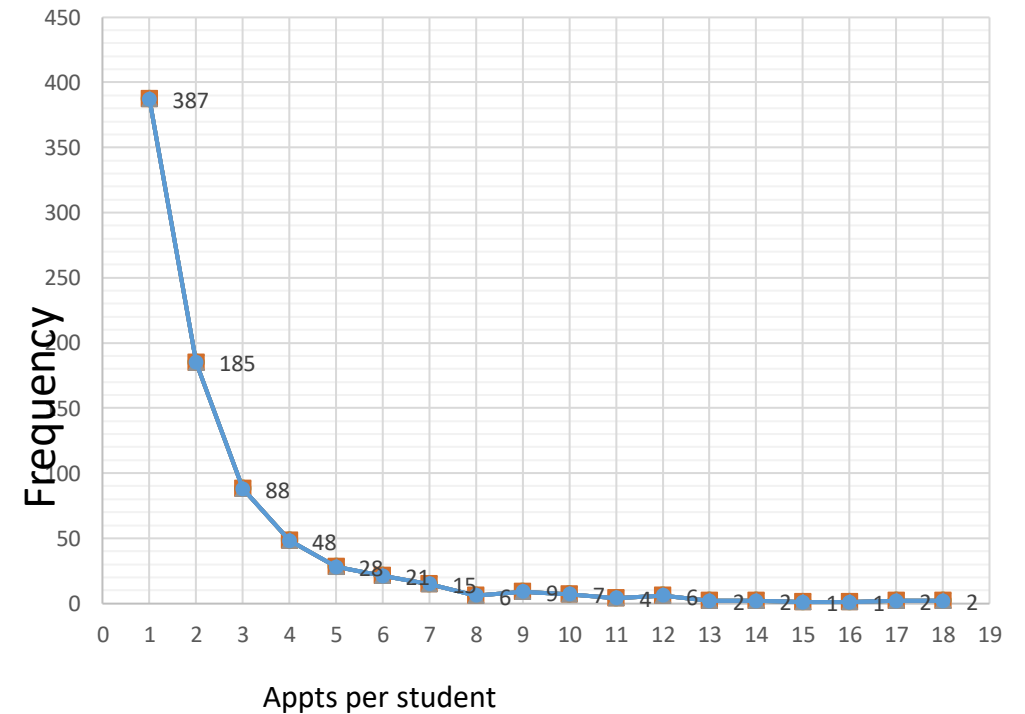


# Number of appointments per student

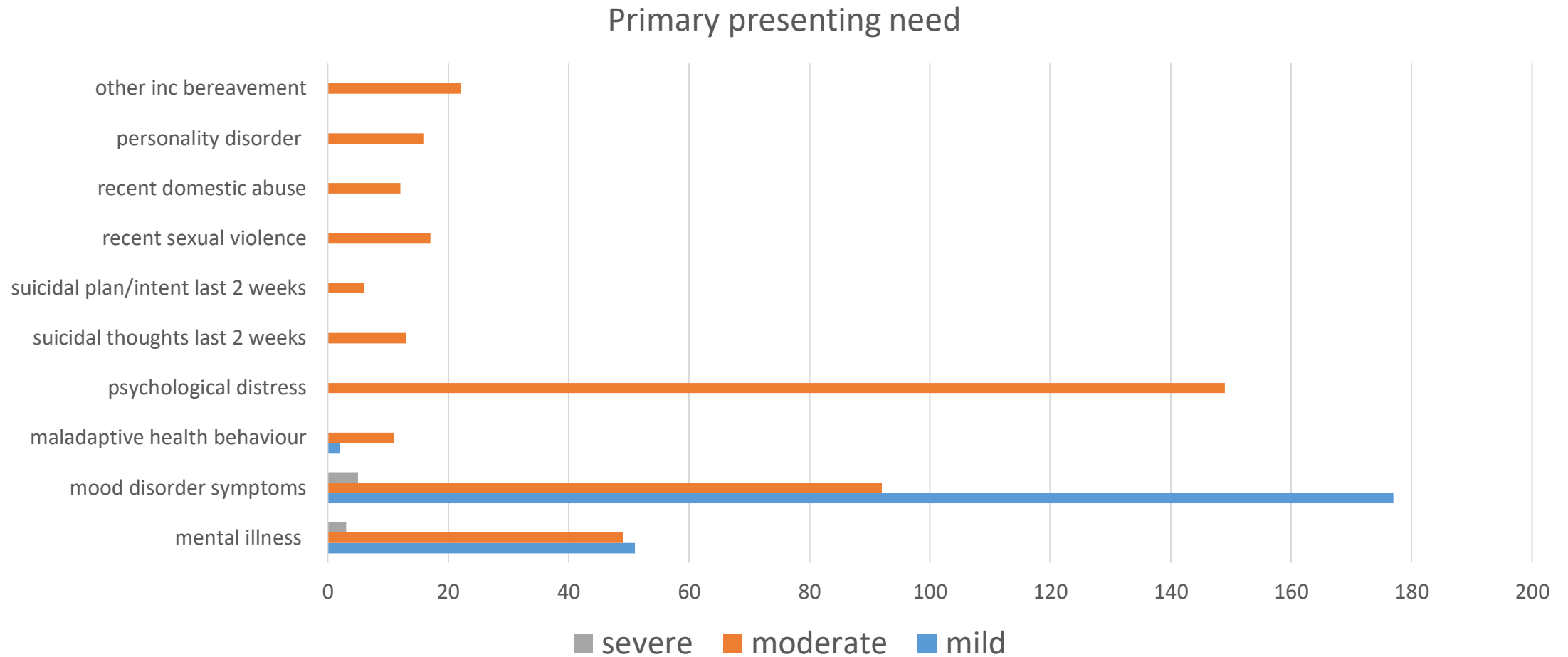
## Sept-Dec 2021



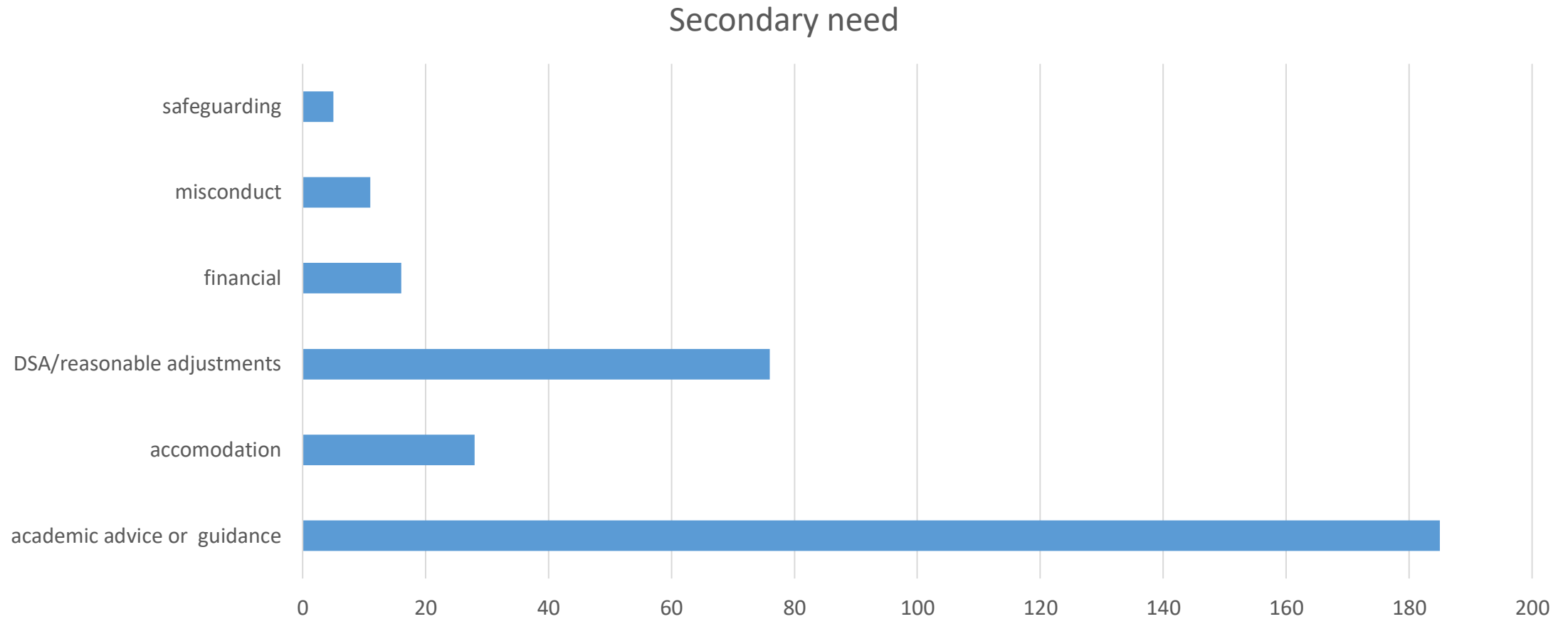
## Trimesters 1 and 2 2020-21



# Primary presenting need – practitioner assessed



# Secondary Presenting Need - practitioner assessed



# Student satisfaction –

*100% agree or strongly agree the experience with the team was positive*

*'It helped me to know that there is people who actually care and want you do succeed, and also to support you through everything, without this service I would have felt very isolated and forgotten about '*

*'I felt very comfortable, which is very nice especially when you are reaching out for help, you don't want to feel judged. Felt listened to and helped me figure out how i was feeling like it wasn't a bad thing to feel how i felt and it couldn't have been a better experience. Kelly was super thoughtful and is a great listening'*

*Even having the option to talk to someone about mental health makes me feel less alone.*

**'Megan is great. I wasn't even sure if it was something that warranted extra help but already my mindset has majorly improved'**

*'This service is incredible. I wasn't sure if or how I could be helped as it seemed very minor to me, but my feelings were made to be very validated and help was provided in ways that work with me personally, and how I think. If something didn't agree with me, or didn't particularly help, it wasn't ever a problem. If you even slightly consider that you'd maybe like to talk to the team, do it. You would not regret it'*



# What does the data tell us about student need?

- 23% often or most of the time are thinking about leaving university
- 64% often or most of the time experience an impact on their studies
- 72% often or most of the time impacted on overall university experience

In contrast

- 3% often or most of the time experience planning or intent to act on thoughts of suicide

- Data Suggests strongly that challenges experienced are largely context specific psychological distress
- No evidence of high levels of MH related risk/crisis - Highest risk is attrition
- Strong argument for a whole university approach – curriculum design which supports wellbeing/ integration/alignment of academic and support services
- More focus on a ‘wellbeing for learning’ approach?

# Summary

- 467 screeners processed
  - 84% triage decision resulted in appointment—Initial Consultation most used
  - Consistency in triage decision making across practitioners
  - Most common student rated cluster is **overwhelmed**
  - Most common rated practitioner assessed cluster is **struggling**
  - **Mild mood disorder symptoms & psychological distress** most cited primary presenting need
  - **Academic help** most cited secondary presenting need
  - **Risk to self low but risk of attrition and impact on studies high**
  - **Waiting list removed**, all students who need an appointment now seen within a week.
  - **Personal Supervisors and Student Assistance Programme [SAP]** most common internal referral pathway
    - 113 calls made to SAP by students Sept-Nov 2021
  - Waiting list to NHS primary care MH services e.g., counselling, IAPT (on campus, student pathway) currently one week.
- ## NEXT STEPS
- Full analysis of T1 and T2 data in July
  - Ongoing quality improvement plans focused on communication, role of personal supervisors and governance/QA with external partners



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**Thank you**

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