

Greater Manchester Universities Student MHS

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- 1st April 2016 GM Devolution
- £66 billion for health & social care
- For population 2.8 million

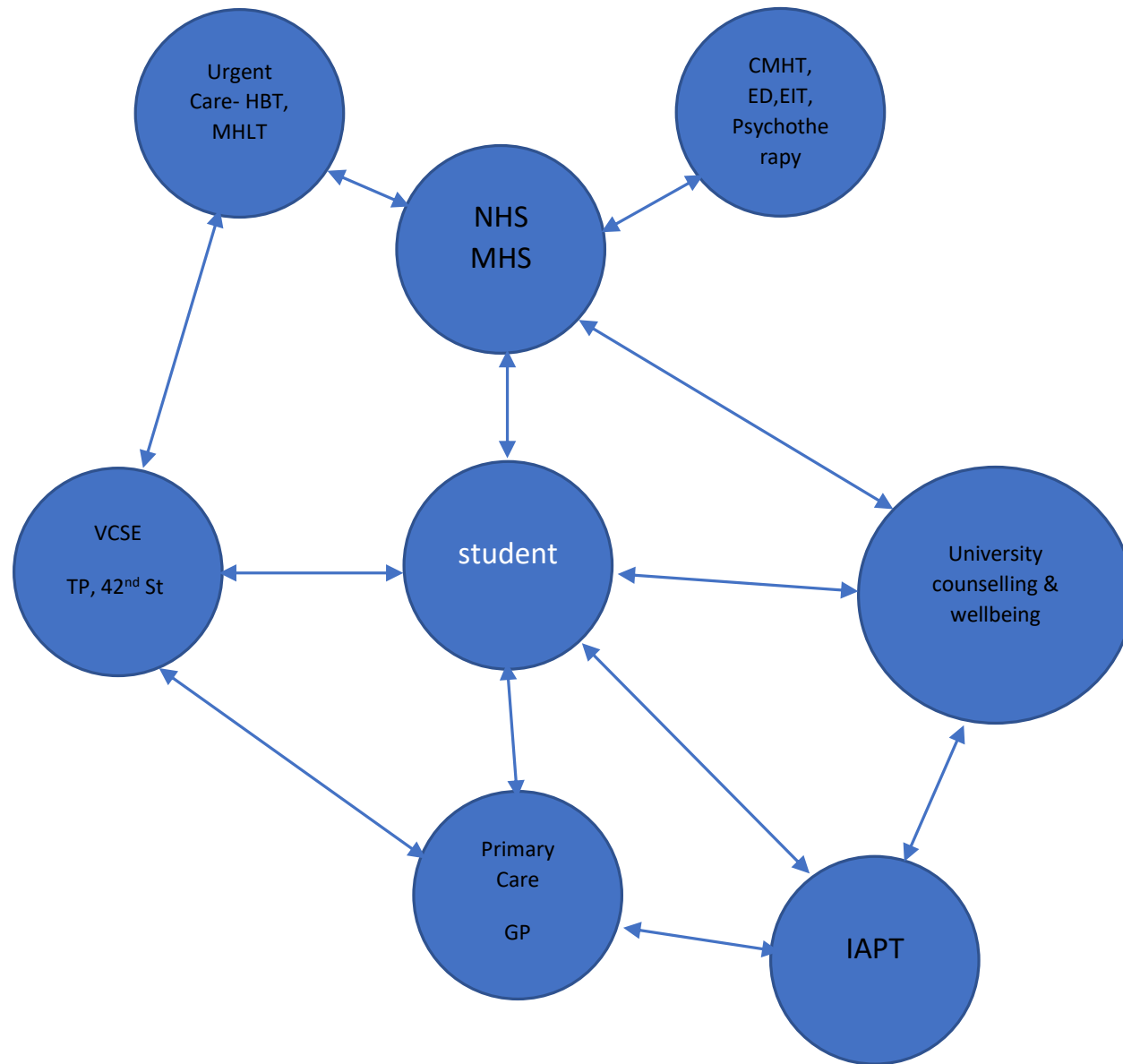


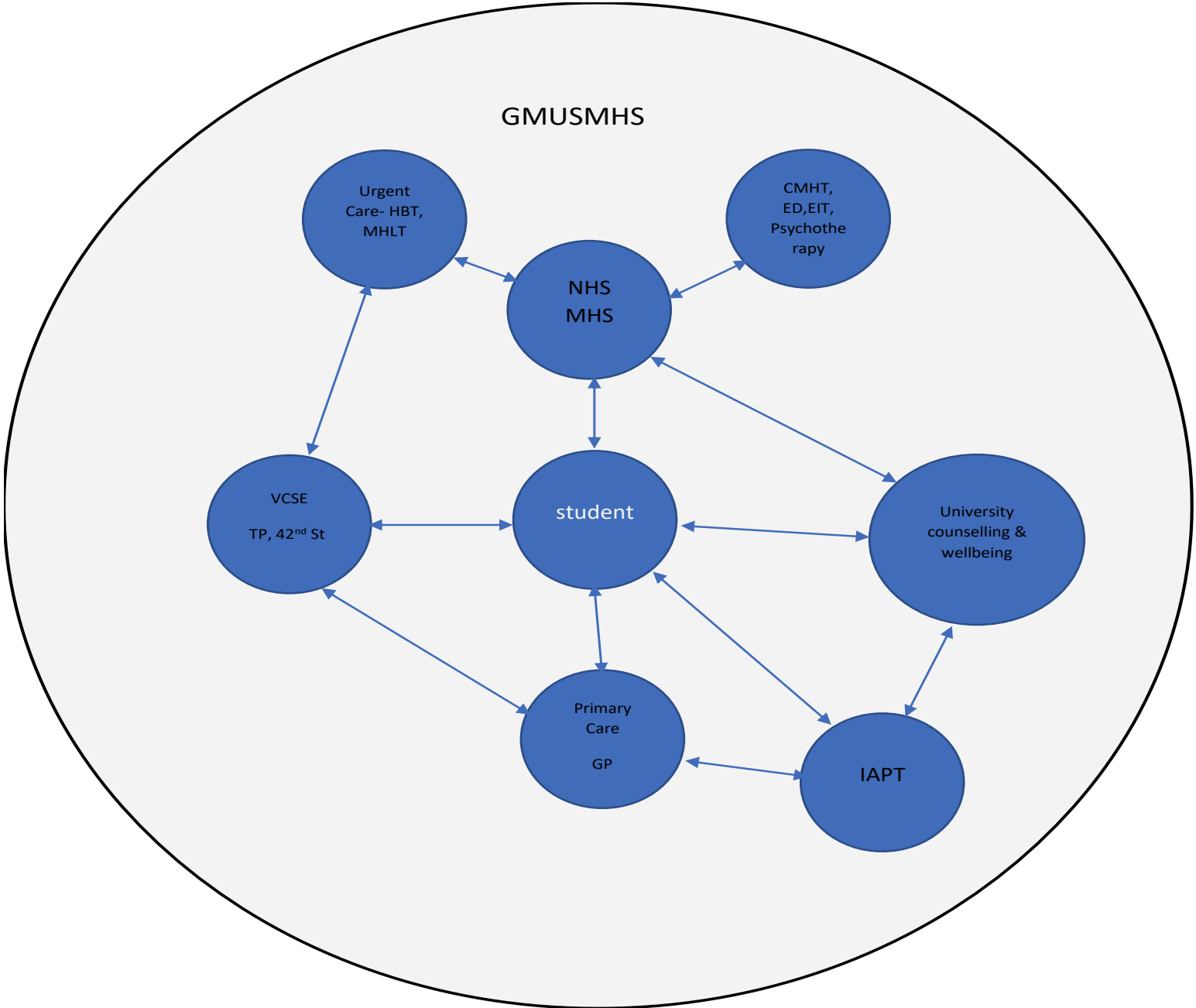
- Additional £74 million for YP & £50 million adult MHS
- June 2017 GM student MH summit
- What can improve student MH
- GM University task force set up
- UoM, MMU, UoB, UoS
- GMHSCP, VCSE, student voice

- Care pathway design
- 110k student population
- Unique group
- 50% young people

- Away from home & support networks
- Gaps in accessing health
- Transition
- Pre-existing MH conditions
- Peak age for SMI onset
- Diverse- ethnic minorities, LGBTQ+, international

- UUK – six fold increase UK students disclosing MH condition
- Existing university counselling services- under increasing pressure
- Access to local NHS services problematic- resources, commissioning, communication





GMUMHS

Initial two year pilot – joint commissioned – further funding agreed

Sept 2019 – service accepting referrals

965 referrals to 30.04.22

Mean age 22

71% female

Peak months Oct-Dec

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Current team composition

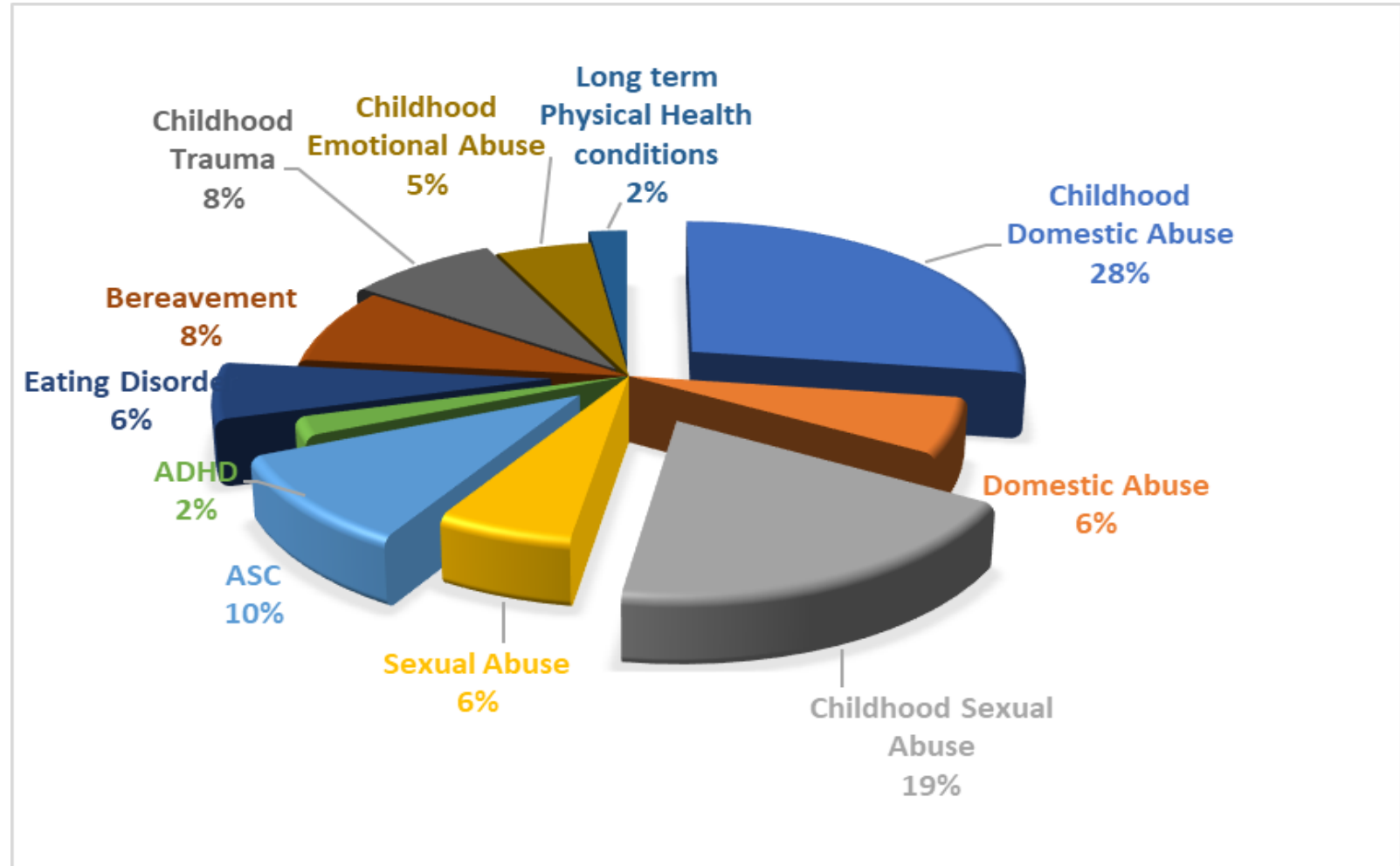
- operational manager, 1 Consultant Clinical psychologist, 1 Consultant Psychiatrist
- 5 senior mental health practitioners – B7
- 3.5 clinical psychologists (1.5xB8a, 2x B7)
- admin, receptionist, med secretary input
- GP trainees x2 PT, Trainee clinical psychologists

GMUMHS

Currently recruiting

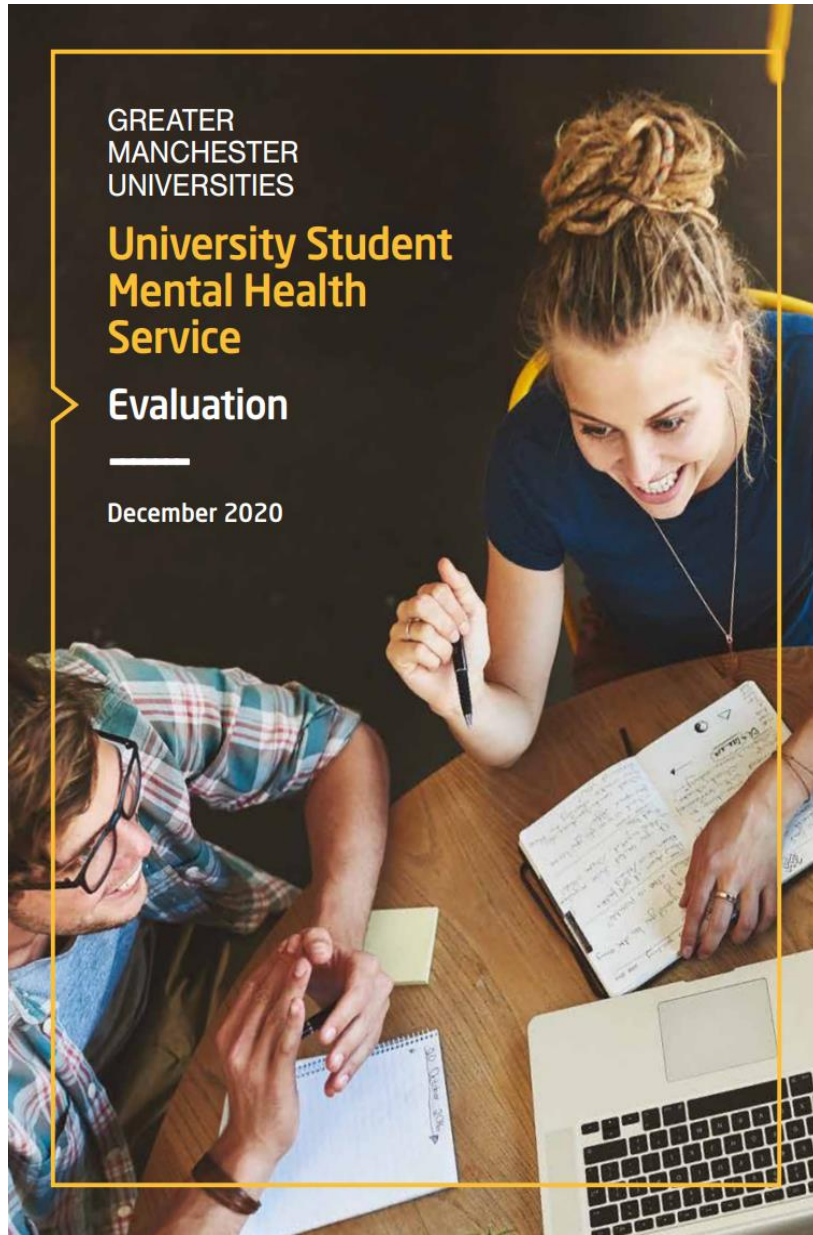
- Clinical Psychologist B7 x 1
- Senior MHPs B7 x 2
- Mental Health Practitioners B5 x 3

GMUMMHS



GMUMHS

Two evaluations of service



GREATER
MANCHESTER
UNIVERSITIES

University Student Mental Health Service

Evaluation

December 2020

GMUSMHS Evaluation Workshops

Let's collaborate!

Who: We're a team of students from the 5 Greater Manchester Universities.

What: We want to hear about your experiences with the service!

Why: We believe you're the experts in the student service user experience and we want your help to improve student mental health support

As a thank you for taking part we'll send you a care package and a £20 Love2Shop voucher.
Meet us, get more info, or register interest!



Clinical pathway

We only accept referrals from the 5 higher education institutions we serve

Referral form is completed by the university counselling & wellbeing service

Initial assessment (clinical assessment, risk assessment & safety plan)

Outcome measures (WSAS, PHQ-4, Loneliness Scale) completed at assessment (and discharge)

MDT discussion and agreement on care plan to propose to student

Once care plan is agreed, copies to student and GP with brief version to university

Intervention (combination of case management, psychiatry, and/or psychological groups / therapy)

Discharge planning followed by discharge summary (copies to student, GP, and university)

Presenting issues

Complex histories of trauma, attachment issues

Current / recent trauma

High levels of drug / alcohol use and misuse

High levels of past and current risk

Emotion regulation and interpersonal difficulties

Psychiatry pathway

Diagnosis and medication

Case management pathway

Risk assessment & management

Development of psychologically-informed care plans

Case management (support students around risk, substance misuse, academia, finances, etc)

Co-facilitating online therapy groups

Consultation and liaison with university counselling and wellbeing services

Psychology Pathway

We offer a range of psychological interventions

Individual therapy

- Cognitive Behaviour Therapy
- EMDR
- Compassion Focused Therapy
- Cognitive Analytical Therapy

Groups (described on next slide)

Extended psychological assessment (usually 4 sessions) to create personalised case formulations

To the service team: individual supervision, consultations with the student and case manager, CPD training, reflective practice sessions, team formulation sessions

Consultation and liaison with university counselling and wellbeing services

Online Groups

Emotion Regulation	Building Compassion	Trauma	Disordered Eating
Based on DBT skills	Compassion Focused Therapy	Psychoeducation	Psychoeducational/Stages of change
Difficulties regulating emotion/interpersonal problems. May have diagnosis/traits EUPD	Self-critical thinking, intense shame, anxiety, perfectionism	Post-Traumatic Stress Disorder (intrusions, avoidance, hyper arousal)	Any problems re eating (if ED primary referred to local EDS)
3 x 5 weeks	8 Weeks	8 weeks	8 weeks
2 hours	2 hours	2 hours	2 hours

Some of the key issues we've encountered in our first 2.5 years

1. Planning for and managing fluctuating demand and referral patterns across the academic year
2. High levels of complexity (e.g. Dissociative Identity Disorder, co-morbidity, attachment difficulties)
3. High levels and (sometimes quickly) fluctuating levels of risk
4. Agreeing and communicating clear care plans, risk management plans, and discharge plans
5. Finding the balance between a) supporting young adults and modelling healthy attachment, and b) promoting young adults' sense of autonomy, accountability, responsibility for self
6. The importance of engagement, collaboration, co-production, service user input
7. Building healthy relationships with university counselling and wellbeing services, who are both our referrers and our commissioners
8. Becoming a more trauma-informed service and conducting internal audits to measure our progress
9. Underrepresented groups (e.g. males, BAME)
10. Meaningfully accounting for neurodiversity (e.g. ADHD, ASC)
11. Lack of step down – where do we discharge *to*?
12. Matching need & funding
13. And of course... COVID (we had been operating for six months when the first lockdown began)