GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS Greater Manchester Mental Health NHS Foundation Trust

Greater Manchester Universities Mental Health Service: Three Years of Learning

MANCHESTER 1824 The University of Manchester

Manchester Metropolitan University

University of Salford MANCHESTER

University of Bolton

RNCM

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The student Population

- Combined student population in Greater Manchester is over 120k
- 1 in 2 young adults now attend university (more diverse)
- Attending university time of life transition (stress/vulnerability)
- Pre-existing mental health problems and emerging at university
- Large numbers of overseas students
- Mature students
- Issues accessing mainstream adult services
- In-house university counselling/wellbeing mental health services experiencing high demand/managing complex case loads.

Mission Statement

The GM Universities Student Mental Health Service 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 will be provided through timely access to evidence-based interventions through a multi-disciplinary team approach.

The service will strive 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.

Origins

Following a Greater Manchester Student Mental Health Summit in June 2017 facilitated by the Greater Manchester Health & Social Care Partnership (GMHSCP) to review practical actions that could be taken to improve student mental health across GM a GM University Task Group was set up.

The task force designed a care pathway that aims to:

- **Emphasise a good prevention and MH resilience model**
- **Improve access to assessment and treatment for students with severe mental illness**
- **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 Creation

- Recognition of high levels of mental health problems and risk in student population
- Significant pressure on in-house university services to manage high levels of complexity and risk
- Joint collaboration between 5 universities in Greater Manchester, Greater Manchester Health & Social Care Partnership and Greater Manchester Mental Health Trust.
- Unique service in that 1st to be delivered by NHS (other beacon sites)
- Initial 2 year pilot (Sept 2019 -2021) and now extended to August 2024.
- Current service costs are ~£1m (60% universities: 40% NHS)
- Overseen by a Board (with operational/clinical groups reporting in)
- Board Co-Chaired by Simon Merrywest (University of Manchester) and Sandeep Ranote (Greater Manchester Exec Medical Lead Mental Health)

Service Overview

- Stand alone MDT (6 senior case managers, 5 psychologists, 3 MHPs)
- Management/clinical leadership (team manager, consultant clinical psychologist, consultant psychiatrist)
- Not a duplicate of existing mainstream services (in-house university services, IAPT, CMHT etc.)
- Referrals only via university mental health/counselling/wellbeing services
- Offer assessment & intervention (consultation to mental health and wellbeing services)
- Interventions (psychiatry, case management, groups, individual psychological therapy)
- I-Thrive Model/Connecting People

Clinical Pathway

- In-house university services continue to be the main first point of contact for students experiencing mental health difficulties and needs can usually be met within this setting.
- University practitioners will refer to GMU SMHS when needs cannot be met by the in-house service or when another referral pathway is not indicated, e.g. IAPT, Drug & Alcohol Services, ED Services, EIS, CMHT etc.
- GMU SMHS are informed by the referral. The aim is not to duplicate assessment.
- The vast majority of referrals (96%) are accepted – assessment is fed back to the referrer.
- Care plan: combination of psychiatry, case management, groups, 1-1 therapy
- Discharge plan: copy to university/GP/student & outcome measures
- Student feedback re experience of service remains very strong

Student Feedback

Thank you so very much for your hospitality and for the openness and kindness you showed me during the formulation work. It has made this journey a lot less strenuous, and I felt genuinely engaged with everything the service has had to offer me, something I was not expecting as I entered the service feeling very apprehensive. While it is bittersweet, I have been treated with nothing but kindness and I will remember that fondly.

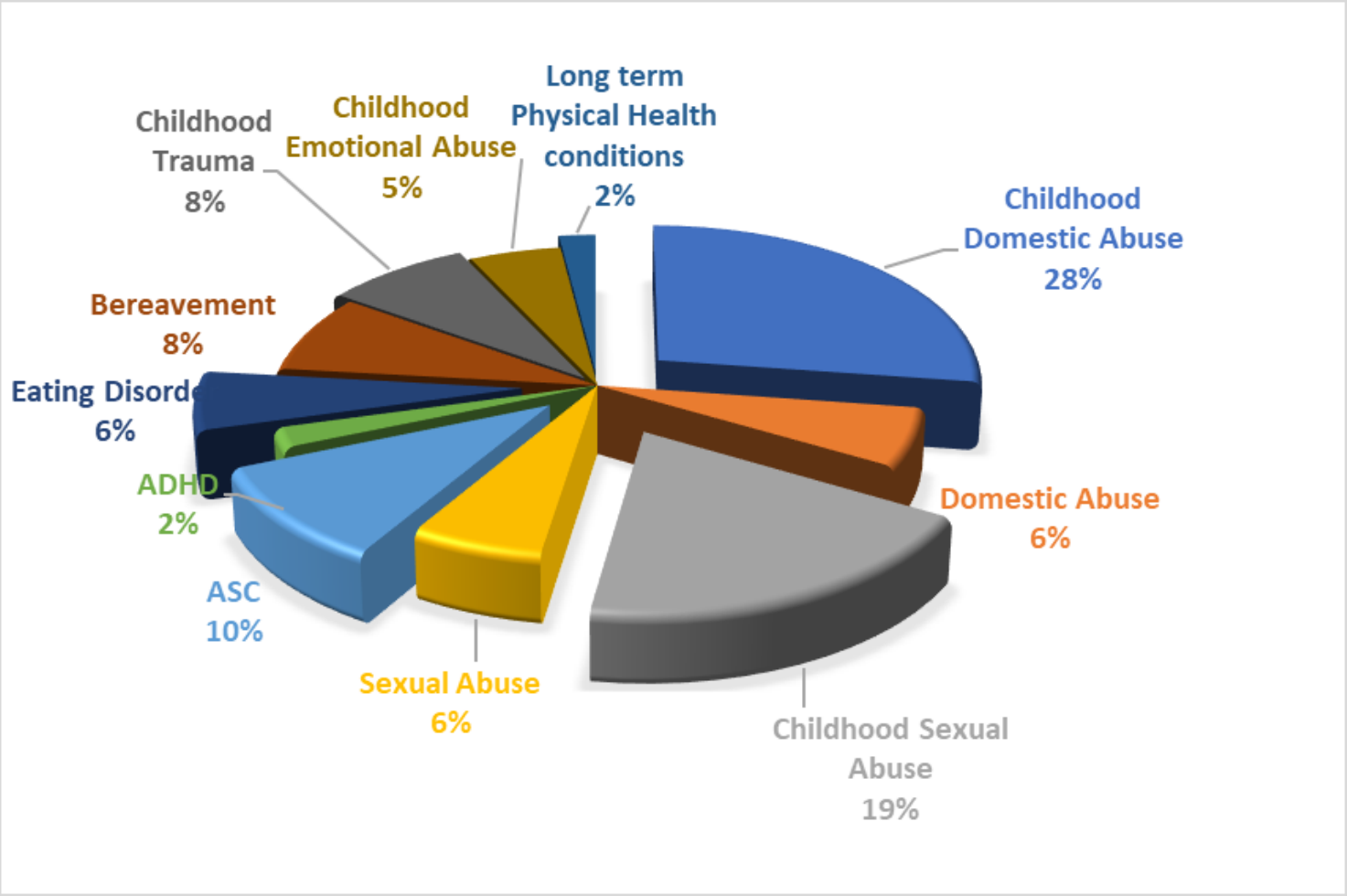
Thank You for everything you have done for me over the past couple of years-without it I definitely would have dropped out in 2nd Year and wouldn't now be preparing to start my first job as a staff nurse!

Thank you for all your help and support over the years you have been the best therapist and helped me change my life forever

Thank You so much for everything you have done for me from supporting me when I didn't even speak(LOL) and helping me slowly start to process what happened on bad and good days! You are the first NHS staff I've trusted ! ☺

Presenting Issues

- Complex histories of trauma, attachment issues
- Current/recent trauma
- High levels of drug/alcohol
- High levels of past/current risk
- Emotion regulation and interpersonal problems



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

Case Example (anonymised)

Student A: Presented at university counselling and mental health service 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 mental health practitioner (MHP) who made a referral to GMUSMHS. **University team 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
- Disability Support and Advisory Service 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 GMUSMHS: 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.