WELCOME

STUDENT MENTAL HEALTH Who's business?

IS DATA PROTECTION RISKING LIVES?

Lee Fryatt

Are universities doing enough to look after students?

"Should all UK universities have clear policies and protocols in place to notify parents/carers or nominated contacts in the event of significant concerns about a student's mental or physical wellbeing?"

Many parents have…expressed significant concern about the reluctance of HEIs to pass on to them information about sons or daughters whose behaviour or mental state is causing them particular concern. (UUK- 2002 Reducing the risk of student suicide)

HEIs should give particular consideration to establishing protocols that define the boundaries of confidentiality both within their institution and in any communications to those outside the institution, including community health practitioners and relatives. They should ensure that these are well publicised and made clear to those likely to be affected (2002)

Have universities made sufficient progress on ensuring data sharing protocols are widely understood and that families and students are clear on how these will be used in cases of concern?

Who’s business- The Headlines since 2018

- University admits failings after student kills herself
- Student found dead in university halls 'failed' by mental health services, parents say
- Failure to communicate with the university should have been a 'red flag' and questioned why his next-of-kin were not contacted. (Mail Online 2021)
- Student died after being told over email he had failed second year, inquest hears
- Student found dead hours after being incorrectly told they had failed an exam

Information Sharing Policy

Without a well-defined well-understood information-sharing policy, people may default to using GDPR as a defence for taking no action.

"Put simply, university and college staff should do whatever is necessary and proportionate to protect someone's life." (ICO 2021)

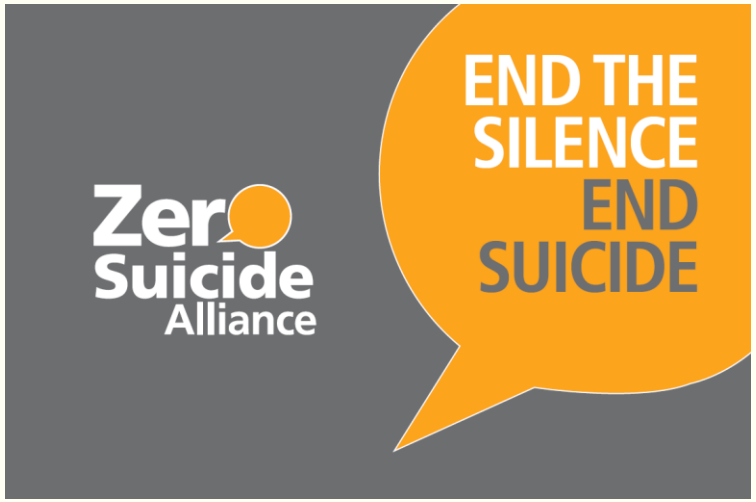
Establish a policy on information sharing with family and friends and ensure that disclosure and consent are considered appropriately and sensitively. (OfS 2021)

I' m doing okay ?... ITS CRUCIAL WE TALK

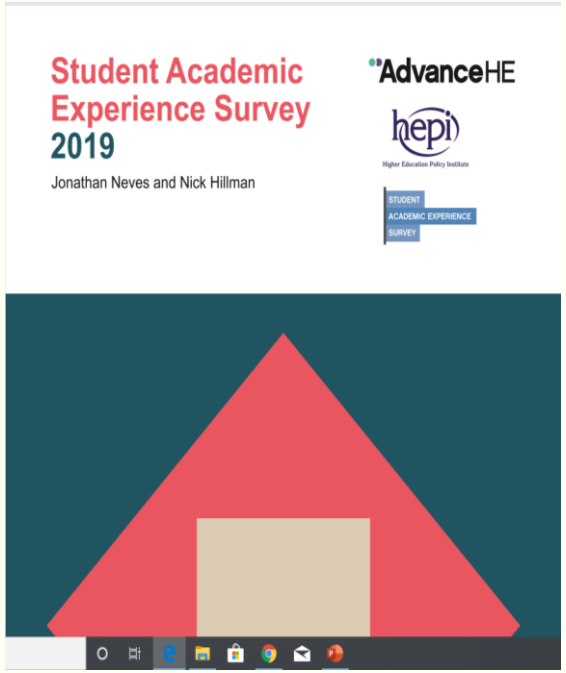
- There are clearly times in dealing with a person at risk of suicide when practitioners will need to consider informing the family and friends about aspects of risk .." DHSC Consensus Statement

- As a core principle, practitioners should note that the provision of general information about mental health difficulties, emotional and practical support does not breach confidentiality (2017 Good Psychiatric Practice)

- Consensus statement updated August 2021



Consent- Yes or No- Is it's a matter of framing the ?



Both Dig-In and HEPI results indicate more than half of students support the idea of obtaining consent to inform nominated contacts.

70% of students indicated they would want support services to notify a contact of a friend as opposed to 64% in their own case.

67% stated they would ask a friend to use their nominated contact

58% of students reported decline in mental health since lockdown

What's a concern??

What constitutes significant concern?

- Please indicate the following circumstances in which you would expect university services to use a nominated contact. You may select as many as you like.
- Hospital admission in an emergency or with life-threatening condition?
- Serious physical illness that poses risk to life
- If a student went missing
- Case of serious mental health condition, including self-harm, suicidal ideation
- None of the above
- Other(please specify)

Parity of Esteem- Reducing the Stigma

	Students
Hospital admission in an emergency or with life-threatening condition?	92%
Serious physical illness that poses risk to life	82.5%
If a student went missing	90%
Case of serious mental health condition, including self-harm, suicidal ideation	**60%**
None of the above	4%

Benefits of family involvement

The National Suicide Prevention Strategy for England (2012) placed a new emphasis on families bereaved or affected by serious incidents and suicide

The 2018 NHS Resolution (NHSR) Learning from Suicide Related Claims report identified failure to share information as a recurrent theme in deaths by suicide

NCISH -2021

Greater involvement of family by MH services would have reduced suicide risk by 18%

In only 27% of suicides the service had informed families of missed final appointments before the suicide occurred

Policies for multidisciplinary review and information sharing with families were associated with a 24% reduction in suicide rates.

MANCHESTER 1824
The University of Manchester

A New Approach

- Have a clear, whole university approach which in short this says that **in a situation where we believe a student is at imminent risk of serious or lasting harm and we have exhausted all other reasonable attempts to support them, we will consider making contact with a third party**.

- Preferred approach is to try and get mutual consent with the student for the emergency contact to be called. The student's wishes are always taken into account in decision making, but in extremis are set aside.

- This approach is explicitly brought to the attention of all students during registration (where they are asked to provide the relevant contact details). It is also published on the student support website with the link embedded within the registration process.

- Last quarter contacted emergency contacts without consent 13 times (approx. once a week). 40 cases where students informed contact would be made which prompted agreed contact
- Never had single complaint in relation to notifications

Progress by degrees

- FOI survey of 200 HEI conducted by bereaved parents
- 25 Universities have adopted “consent at registration”
- 12 have adapted existing emergency consent protocols
- Equivalent to 12.5% of university students having a more proactive approach.

Progress by degrees- What are the obstacles?

- Has your university introduced an enhanced form of student consent?
- Do you believe introducing such a policy is not permissible on data protection grounds?
- Has your institution not implemented such a policy because you do not believe it will help in the management of complex student cases?
- At what point is vulnerability sufficient for HEI's to inform emergency contacts?
- Are you decisions made on accurate, verified and corroborated information?