

Task and Finish Group on Mental Health Support to University Students Response – University of Warwick January 2022

Summary

In 2018 -72019, prior to the task and finish group, the University of Warwick had already undertaken a review of its mental health and wellbeing provision for students and was in the process of implementing the outcomes by re-structuring its wellbeing services to meet current and future needs. These changes were implemented in time for the 2019/2020 academic year.

The investment in student Wellbeing is £2.7million and the review and re-structure responded to feedback from students, such as dissatisfaction with waiting times and confusion about access points and equipped the University to better respond to the changing and growing demands.

The benefits of the re-structure:

- Improved accessibility through a single triage point: a same day response by a wellbeing professional; the average wait time last academic year was under 15 minutes.
- Vastly reduced waiting times for therapeutic interventions an average 2-3 week wait
- c100 hours a week more therapeutic intervention time.
- Enhanced and increased clinical provision to include psychologists
- New collaborations with the NHS to jointly manage high risk and complex cases.
- A co-location of services to a central point on campus to improve physical accessibility.
- The introduction of Mental Health Nurse roles act as the main liaison with statutory services to support end to end care, and ensure risk is not inappropriately held by the University.

In addition, the University had begun developing its <u>Wellbeing Strategy</u> which was fully scrutinised by Warwick's governing boards and given final approval by the University Council on 20 May 2020. It is now in second year of implementation, has a strong focus on Prevention and is published on the university website. It supports the principles for a whole University approach, as set out in the Universities UK StepChange framework for mentally healthy universities, and also the principles within the Student Minds University Mental Health Charter.

It should be noted the at the average spend per student, as cited in this Task and Finish Briefing note (£11.92 per student) is incorrect, and was, in fact, never accurate. The correct figure is approximately £90 per student.

Recommendations



2.2 To all partners:

1) That a local mechanism for co-ordination is established between NHS mental health services, universities, voluntary organisations and student unions who are providing different levels of support and care for students which would also include sharing and collection of data.

Comment:

As part of its Wellbeing strategy, the University of Warwick initiated a regular local partnerships forum, with many external statutory and voluntary partners, to strengthen collaboration and improve support for students. The group (and sub-groups which have developed from it) has focused on potential gaps in provision, such as ASD provision (particularly around transition), closer liaison between IAPT and the University Counselling and Psychology team in view of long wait for Psychology via NHS, creating clearer referral pathways, suicide prevention and post-suicide support. The group's membership and terms of reference are currently being reviewed to ensure it maintains focus and purpose.

2.4 To Coventry University and the University of Warwick:

That university services are commissioned with reference to other mental health services across the city to enable pathways to be identified and transition between services smoother.

Comment:

The service provision across the City (especially the wait for Psychology) was a significant factor in the outlined re-structure of service. In addition to the information above, the re-structure also introduced new Mental Health nurse roles. These colleagues act as the main liaison with NHS services and facilitate communication / ensure that risk is appropriately held by the relevant statutory teams.

A review has also been undertaken in 2021 on out of hours wellbeing provision, in collaboration with relevant external partners, such as the local Mental Health Access Hub, and Mental Health Matters, to ensure that there is a clear understanding of responsibilities and boundaries and highlight any gaps between the University's out of hours wellbeing services and statutory services' provision. As such, we now have an agreed process for out of hours wellbeing support, training university staff to signpost to external agencies for professional support.

That more training is given to academic and pastoral staff at the universities to recognise mental health issues and provide support and signposting to students. This should include a focus on accommodation staff, for example—wardens, life tutors and security staff who are available outside of office hours. This training should also be offered to private accommodation providers.



Comment:

A Warwick bespoke mental health training package has been developed by our Counselling and Psychology Intervention Team, encompassing both general mental health awareness, as well as a customised element for specific roles, such as the residential team, and our Community Safety team. Training is not offered to private accommodation providers.

That admissions policies should enable the identification of existing mental health issues specifically as part of the admissions process to enable the university to provide any learning, pastoral and health support required. Assurances should be provided that this information will not prejudice the application.

Comment:

Although disability disclosure is a personal choice, the University promotes a climate of positive disclosure. When students declare a disability on their UCAS or other application, information is shared with the Disability Team at offer stage. Admission decisions are separate to disability declarations. The Disability Team makes contact with offer holders at an early stage, pre-enrolment, to discuss their support requirements, including reasonable adjustments, and encourage continuing engagement with support for the duration of one's studies.

That there should be additional focus on international students' mental health and wellbeing. There should be a cultural emersion scheme which should reflect different cultural attitudes to mental health and how to access health services.

Comment:

The preventative strand of our Wellbeing strategy includes measures to develop provision that is responsive to the changing nature of the University and its demographic, is accessible and reaches every member of the community. This includes our international student population, and as such, specific resources have been developed for international students, especially around transition and wellbeing.

All Wellbeing Support Services staff have undertaken multicultural orientation training, and bespoke training in cultural competence has been delivered to our Community Safety team.

That the findings of the task and finish group be reflected in the Mental Health and Wellbeing Strategies as part of their development, especially with reference to student voice and working alongside students.

Comment:

Our Wellbeing strategy (as well as being aligned with the Student Minds University Mental Health Charter) was co-produced with Warwick students, and students are key members of the Student Wellbeing Strategy Group. Students remain a key stakeholder in the continuous improvement of our services and we are introducing a Wellbeing Operations and Engagement Group, alongside the existing Student Advisory Group with the specific intention of engaging the student voice.



2.5 To NHS England:

To recognise that there is an issue where students move between CCG areas throughout the year, often mirroring the academic terms and that if they are receiving treatment or attending appointments this can be a specific issue. There should be more opportunities for sharing information between CCG areas more effectively.

Comment:

This remains a major issue for our students, resulting in regular delays in specialist statutory care provision.

2.6 For Warwick University GP services:

That those who commission the service should consider the findings in this report when recommissioning in the future. The current setup is complicated, the building is not fit for purpose, and there are long waiting times to access a service.

Comment:

The waiting times for NHS psychological intervention, IAPT, Eating Disorder Service etc have further increased since this report. Furthermore, the recent increase in wait times for ambulance call-outs (especially for mental health crisis cases) leaves the University holding inappropriate risk.

Current challenges:

It should be noted that as well as the significant workforce gaps in the NHS, the Higher Education sector generally is facing the challenge of recruiting wellbeing professionals to their services.

Wellbeing Support Services

University of Warwick

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