

Student Mental Health Forum: Improving Joint Working Meeting
Wednesday 6 February 2013, 12.00pm – 2.00pm
The Council Chamber, The University of Manchester

Represented: University of Manchester Counselling Service, Manchester Metropolitan University Counselling Service, The Crisis Team (South), The Crisis Team (Central), The Docs GP Practice, The University of Manchester School of Computer Science, Hope Citadel Hospital, Gaskell House Psychotherapy Centre, The University of Manchester Occupational Health, Salford University Counselling Service, The University of Manchester Pastoral Team, Access Summit, The SAFE Team.

Minutes

1. Introduction

Sarah Littlejohn (UoM Counselling Service), opened the meeting and introductions were given from all those attending.

2. The Crisis Team; Service overview

Mike Bird (South) opened the presentation of which a summary is included below, a full copy of the presentation is included with these minutes.

There are three Crisis Teams offering similar service, referred to as South, Central and North, which have been in operation for about 6 years. The aim of the Crisis team is to prevent hospital admission, or to reduce the length of stay in hospital. Demand is very high; the South Crisis team has capacity for 38 places, the Central Crisis team has 60 places. Services are normally full, if not in excess of these places. The service is open from 9am – 9pm, 7 days per week.

The Crisis team will work with a client for up to 6 weeks, to get the client back to a reasonable level of functioning. During the 6 week period, the client may see a number of people within the Crisis team, such as nurses and psychiatrists, although the team try to limit contact with lots of different people as much as possible for consistency for the client.

The Crisis team adopt a holistic approach; considering biological, social and psychological issues. They employ a recovery model, in that the focus is on client strengths, such as family/University support, rather than illness.

The crisis team are happy to discuss the appropriateness of possible referrals via telephone in the first instance, if the referral is not appropriate, they will be able to advise on other sources of support available.

There was discussion in the SMHF around the difficulty in establishing thresholds for appropriate levels of intervention, and so it may be helpful for those supporting students to initially discuss with University support services such as Counselling and/or Occupational Health services. Different Universities have different support structures/service names, and so the SMHF website was cited as a good way of finding out the University structures of support along with contact details in order to discuss appropriate intervention (www.smhf.manchester.ac.uk).

Before a client can be accepted by the crisis team, they must have been seen within the last 24 hrs by the GP or mental health professional. Where other support services are involved with a client, and permission is given by the client, the Crisis team will notify other involved services of their intervention.

The Crisis team put a care plan in place with the client, covering both short term and long term needs. This can include prescription of medication, as well as referrals to other support services. A risk assessment is carried out each week during the 6 week intervention. Should risk increase, the client can be admitted to hospital through the Crisis Team.

Fiona Winstanley (Central) then provided two example vignettes to clarify the type of clients the Crisis Teams work with, the assessment process and intervention. Both vignettes are included with these minutes for full details.

The SMHF discussed the benefits of closer links between services such as the Crisis Team, and other support services, although the difficulty around confidentiality and disclosure was noted, for example, if the client does not advise the Crisis team they are receiving support from elsewhere, or if they do disclose but do not give permission to discuss with others. It was suggested that if agreement could be gained automatically by the Crisis team, giving consent to contact all services involved this would improve effective joint working with the client. Fiona (Central Crisis Team) advised the SMHF that they are currently working on their confidentiality policy.

ACTION: Wendy Spruce (UoM Counselling Service) will create a 'checklist' of possible contacts of support within the University structure for the Crisis Team.

In particular, it would be beneficial for hall wardens within the pastoral care teams to be aware if the Crisis team are working with a client – they can then help with building access etc.

ACTION: Laura Turner (UoM Pastoral Team) will send a list of Hall Warden contact details to Wendy Spruce (UoM Counselling Service) to be shared with the Crisis Teams. Wendy Spruce will also include the contact details for Manchester Student Homes, who manage a large number of private accommodations, as they have indicated previously they are also willing to help support services working with students.

It was agreed, that should the Crisis team refer on to other support services as part of the intervention, for example to the Counselling Service, once they have discharged the client from their care, it is very helpful if the Crisis Team provide their discharge summary to the referred service.

ACTION: Crisis team to provide discharge summary to support services where a client is referred, with client permission.

Access Summit advised the SMHF they provide support for students with disabilities, including Mental Health difficulties, across the Universities (University of Manchester, MMU, Salford). Access Summit have specialist study coaches for those with mental health difficulties. Support provided can be practical and/or financial, often working closely with other University support services. Referrals to Access Summit are via an advisor within the University; the appropriate advisor is located within the Disability Support Office for the UoM, within the Counselling Service for MMU, and within the Counselling Service within Salford University.

When reviewed, it was found that the number of students receiving support from the Crisis team was quite low, this was surprising and it was felt this was not representative. Fiona will continue to collect this data going forward.

The SMHF also discussed support for students with personality disorder, as this can be a difficult group to support, 'bouncing' in and out of crisis, so that when they appear well, they lack necessary support. The Crisis team advised they can coordinate a care plan to prevent gaps in support, involving other services, due to the fact that when such clients are well, they do not meet the threshold for support by the Crisis Team.

The MMU and UoM Counselling Service discussed the benefits of having a Mental Health advisor available within their services, roles which have improved links between University and NHS support, and effectiveness of referrals to other support services. Both MMU and UoM Counselling Services also have access to a consultant Psychiatrist, again this has been beneficial to the support provided to students. Mental Health advisors and Psychiatric support are accessible via counsellor referral within the MMU and UoM counselling service.

3. The University of Manchester; Supporting Students with Mental Health Difficulties – A University Perspective

Sarah Littlejohn (UoM Counselling Service) briefly introduced the Stepped Care model, employed by the University of Manchester Counselling Service, to provide an overview of the varying levels of intervention, from preventative wellbeing work such as training, to focussed therapy and case management. The Stepped Care model is also attached to these minutes.

4. Next Meeting

The next meeting will be held during May/June 2013. We will try to ensure the Dual Diagnosis Service are able to attend and give a presentation to the SMHF about the service and support provided by Dual Diagnosis. Further information will follow in due course.