

Student Mental Health Forum: Improving Joint Working Meeting
Tuesday 25 June 2013, 12.00pm – 2.00pm
The Counselling Service, The University of Manchester

Represented: The Dual Diagnosis Service, The University of Manchester Counselling Service, The Docs GP Practice, Manchester Metropolitan University Wellbeing Service, Salford University Wellbeing Service, Central Manchester CCG, Early Intervention in Psychosis Service, The SAFE Team, The University of Manchester Occupational Health Service, Manchester Mental Health & Social Care Trust, The University of Manchester School of Computer Science, Manchester Hearing Voices Network, The University of Manchester Accommodation Office, Manchester Student Homes.

Minutes

1. The Dual Diagnosis Team; Service overview and referral process

Ian Wilson from the Dual Diagnosis Service (DD) gave a presentation to the SMHF to raise awareness of the service, and provide information on how to refer clients to the service. A brief overview is included below, and a full copy of the presentation is attached to these minutes.

Dual Diagnosis refers to clients having both mental health issues and substance misuse.

It was noted that due to the prevalence of clients presenting with substance misuse issues in mental health services, this is considered 'usual' rather than the exception. Ian advised that 90% of patients within psychiatric intensive care units also have substance misuse issues. Furthermore, 56% of patients in inpatient wards have substance misuse issues. Despite this, quite often diagnosis and support is separated into mental health and substance misuse.

This presents a difficulty for patients, in that many mental health services exclude patients with substance misuse, and vice versa where substance misuse services exclude patients with mental health difficulties. The high comorbid figures above, provided by prevalence studies, demonstrates the difficulty faced by patients, and shows the need to find ways of offering integrated support.

The Dual Diagnosis service integrates diagnosis and support for both mental health and substance misuse for effective intervention. Although, the effectiveness of DD is considered "patchy", with certain patients having better outcomes, such as those with mood disorders, and those with alcohol misuse.

The DD service offer clinics in Manchester, which are open to referral for intervention or signposting and advice. There is one full time Consultant Nurse (Mark Holland), and a 0.5fte Nurse running the clinic (Ian Wilson).

In addition, DD have a network of link workers, who have received specialist training, in order to increase reach and effective support for patients with DD. The DD link workers also help improve effective joint working where different services are involved in supporting the patient. DD have link workers across areas of the NHS, the police and prison services, and have a named DD link worker within every Manchester drug and alcohol service. DD link workers are provided with on-going training, advice and support as well as networking opportunities.

Ian advised the forum that DD provide free of charge training for those involved in working with clients with dual diagnosis, and would be happy to discuss this with interested parties.

ACTION: Wendy Spruce to include DD contact details for those interested in becoming Link Workers and accessing DD training.

Many of the clients seen by DD present with anxiety disorder, social anxiety, depression at varying levels – patients who are considered mild to moderate.

DD work with patients using a stress/vulnerability model to assess mental health, and take a recovery focussed approach to their intervention with patients – staying optimistic on behalf of the patient.

Intervention by DD is described as Bio/Psycho/Social; Biological in terms of prescription of medication, psychological in terms of therapeutic intervention such as CBT or the Motivational Interview, and social in terms of considering housing/exams/financial management.

DD look at long term goals with their patients, and work with the patient to consider how to live with their symptoms in a worthwhile way – for example, if the substance is removed, what is used to replace it. DD use the Motivational Interview method to have enabling conversations with patients about their substance misuse.

The motivational interview is a method which;

- Avoids argument with the patient which can otherwise prevent progression
- Is able to manage resistance, by recognising and developing strategies for avoidance
- Supports self-efficacy, considers patient strength and resilience
- Expresses empathy, about ambivalence, and the difficulty of change
- Develops discrepancy, by considering current and future outcomes

The SMHF discussed students as a population who may be more likely to experience the dual diagnosis of mental health difficulties and substance misuse, for a number of reasons, such as the culture of student life, the normalisation of substance misuse, and the physical and mental vulnerability of this population.

ACTION: Manchester Metropolitan University have a drug/alcohol policy, which they will share with the SMHF for information.

For general information, Ian advised there appears to be a link between certain mood disorders and certain substances, such as social anxiety/ecstasy; alcohol/low mood; elevated mood/stimulants.

2. Supporting Students with Mental Health Difficulties; A University Hall Warden's experience

Laura Hardman from the University of Manchester provided her experience to the SMHF, as a Deputy Hall Warden, working with students with mental health difficulties.

Laura described how in her first year as a warden, she experienced an incident with a student who was struggling with a mental health difficulty. This can be a challenging situation for those working in halls, as wardens have close links with their students, and may not feel experienced or qualified in dealing with mental health issues.

Laura talked through two examples from her own experience. The first example was an international undergraduate student, with mental health difficulties. The student was offered alternative accommodation to try to resolve the problem, however, this did not help. The GP became involved, and came to the hall to speak with the student, who was willing to talk about physical difficulties but not mental health difficulties. The SMHF acknowledged and discussed the difficulty of where there may be possible cultural barriers preventing support. Unfortunately the student's mental health deteriorated to the level that they had to be taken to the A&E department at MRI.

The second student was a mature undergraduate student. A mental health assessment was carried out in the hall, and the student was diagnosed with psychosis, however, there was no bed immediately available and in the time between assessment and being offered a bed, the student left the hall and University.

The group discussed the pressure students experience to perform and succeed, and the difficulty, as experienced by Laura, in trying to support students to access help before they reach crisis. There is a sense that students are wary of seeking support, possibly due to stigma around mental health issues, and also through fear of what may happen - such as not being able to continue with their studies, being sectioned, imagining the worst case scenario such as international students worrying they will be sent home.

The forum discussed how access through University counselling/wellbeing services may seem less threatening for students, where an alliance can be developed, and so access to further/specialist support may be more easily managed.

The forum acknowledged the important role of hall wardens in the support they provide students, and there was a feeling the students are 'safer' in halls as they can more easily access support. Brendon Jones (UoM Accommodation) advised if a student experiences mental health difficulties during their first year, it is likely they will continue to be offered accommodation within halls to enable continued support to the student.

Cooper Healey (Manchester Student Homes) advised the SMHF that some of the private accommodation offered do include pastoral care – these accommodations receive training to improve their knowledge of available support services and signposting. Furthermore, where support services are working with a student, Cooper was happy for their office to be contacted to discuss how they can work together to support the student.

It was acknowledged it can be difficult for wardens to raise concerns about mental health with a student. A possible suggestion to help this was to make the discussion with the student seem impersonal/bureaucratic, such as suggesting they access support in order to get a letter of support around impact their situation may have had on their academic performance.

Sarah Littlejohn (UoM Counselling Service) advised there is a rolling programme for UoM staff around increasing awareness of mental health difficulties, and how to manage risk within the University context. This led to discussion around the benefits of expanding training programmes such as this, to include expertise from colleagues in the NHS and other support services.