



Universities UK

Whole University Approach: Developments and Perspectives

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Mental Health in Higher Education

Wicked problem definition
Organisational response
System response

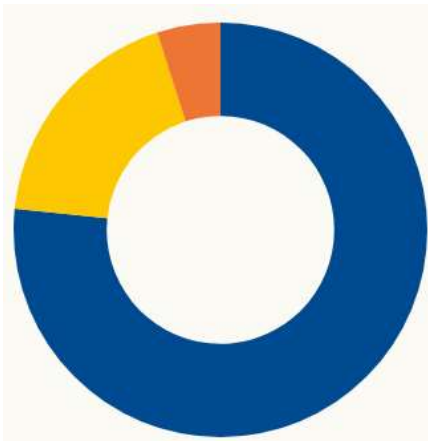
Wider reflections



Problem definition



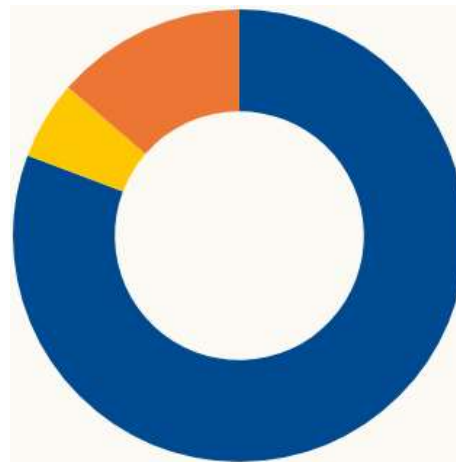
Student population



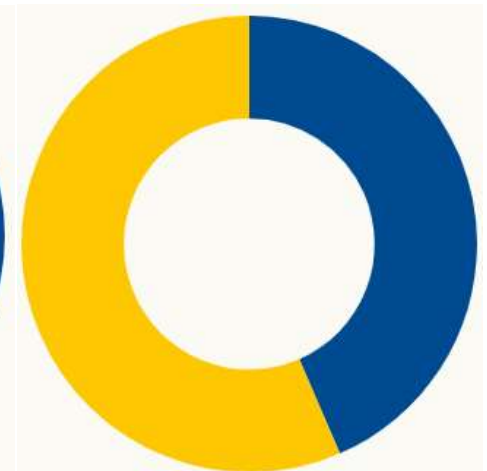
- Undergraduate
- Postgraduate Taught
- Postgraduate Research



- Full time
- Part time



- Students from the UK
- Students from the EU
- Students from non-EU countries



- Male
- Female

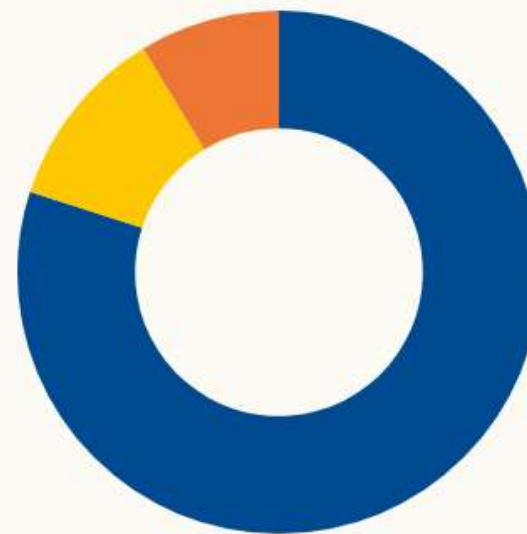
Staff population

Staff numbers in UK higher education (2015–16)

Total staff: 410,130



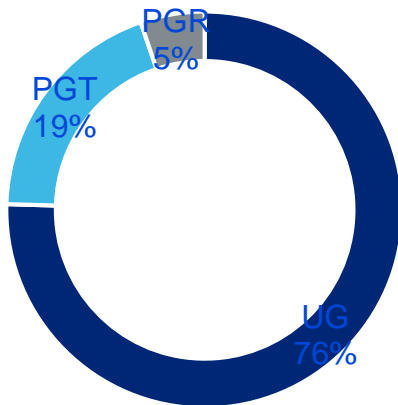
- Academic
- Non-academic



- Staff from the UK
- Staff from the EU
- Staff from non-EU countries

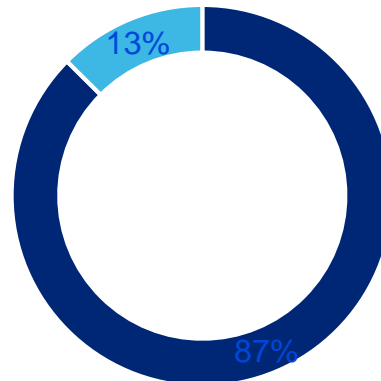
Manchester student population

Level of study



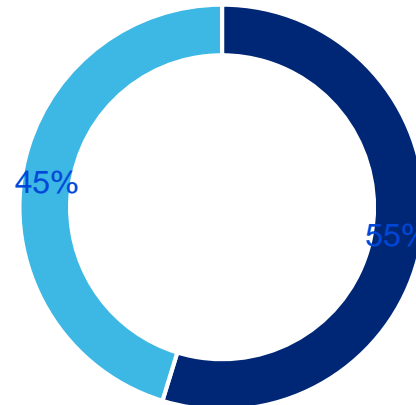
■ UG ■ PGT ■ PGR

Mode of Study



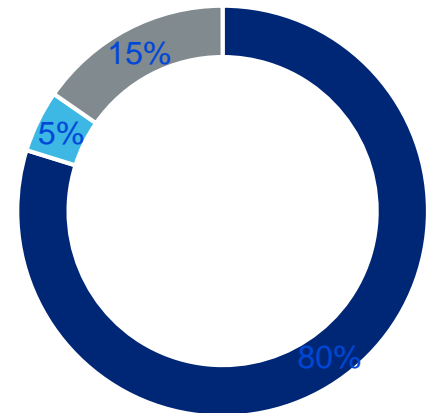
■ FT ■ PT

Sex



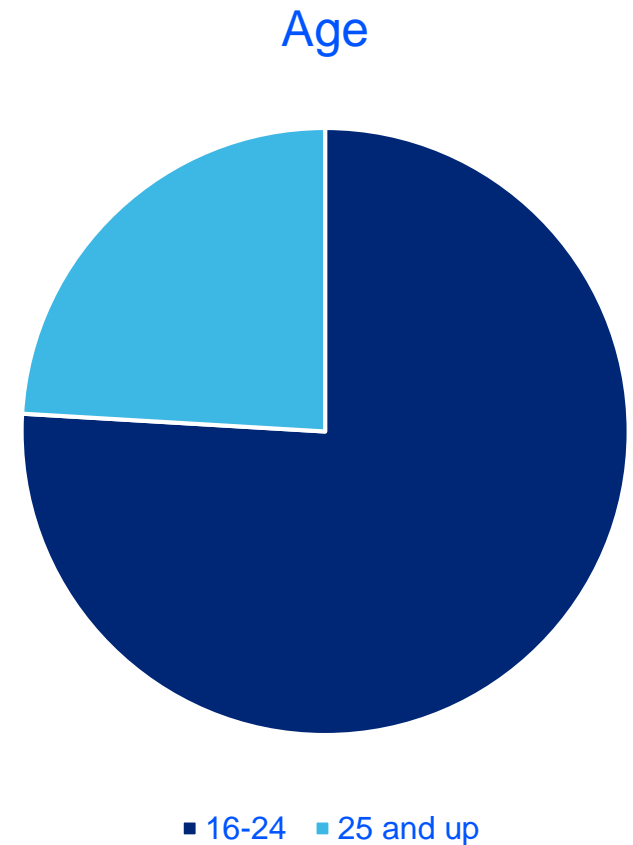
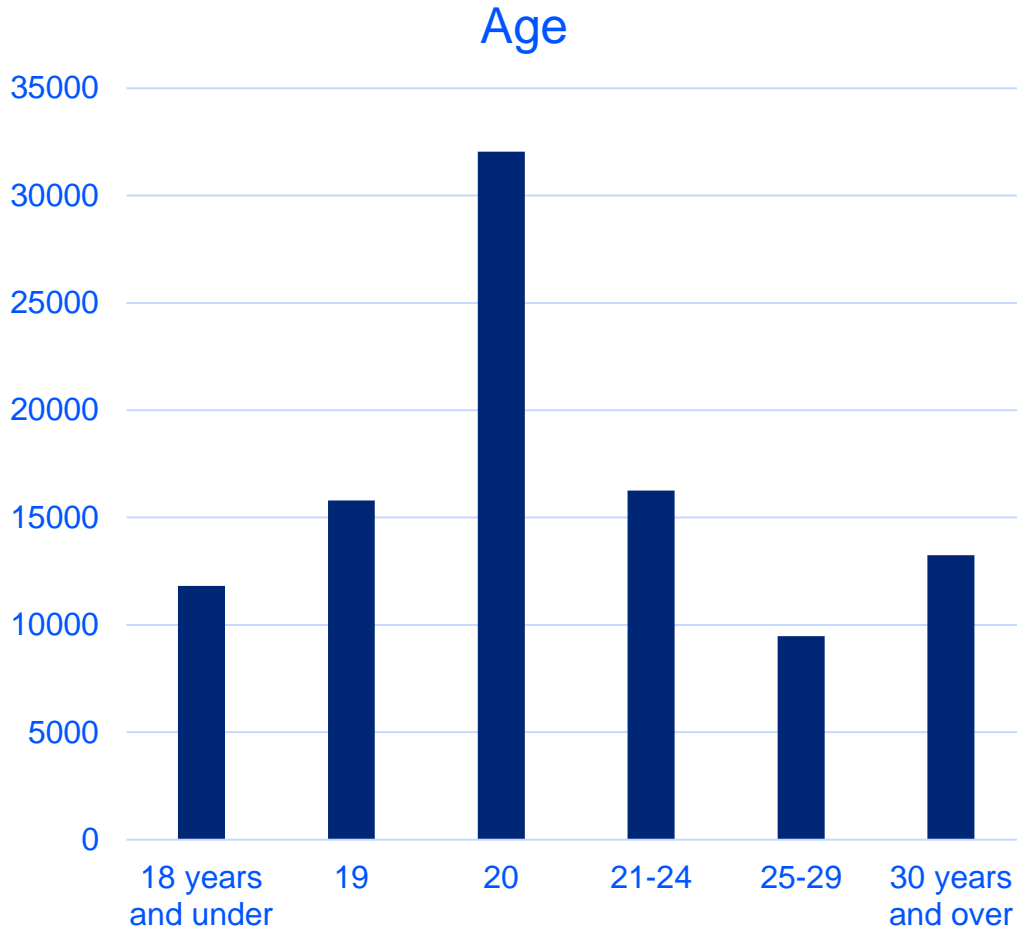
■ Female ■ Male

Domicile



■ UK ■ Other EU ■ Non-EU

Manchester student population



Suicide

In recent years, there has been a steady increase in the number of student suicides. Several universities in the UK have experienced a number of student suicides within a short period of time.



The number of student suicides in England and Wales has increased since 2001

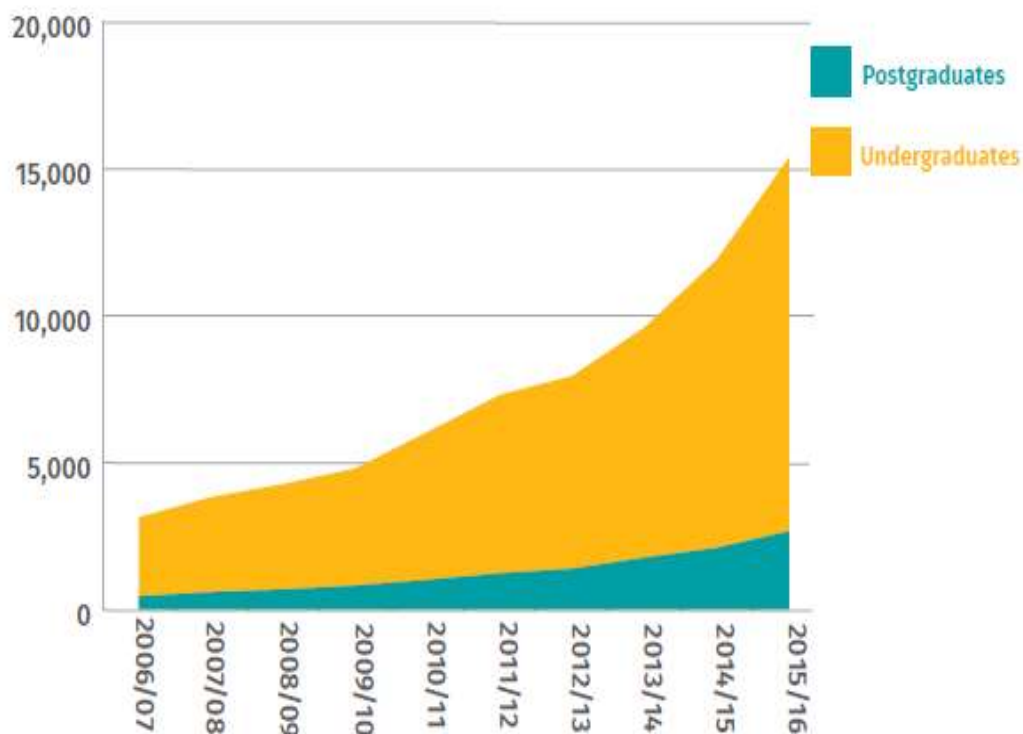
FEMALE MALE

The DNS is currently working with the HESA to improve the reliability of the national dataset and a more robust calculation of rate per hundred thousand. This will publish in May 2018. The above graph will be amended accordingly.

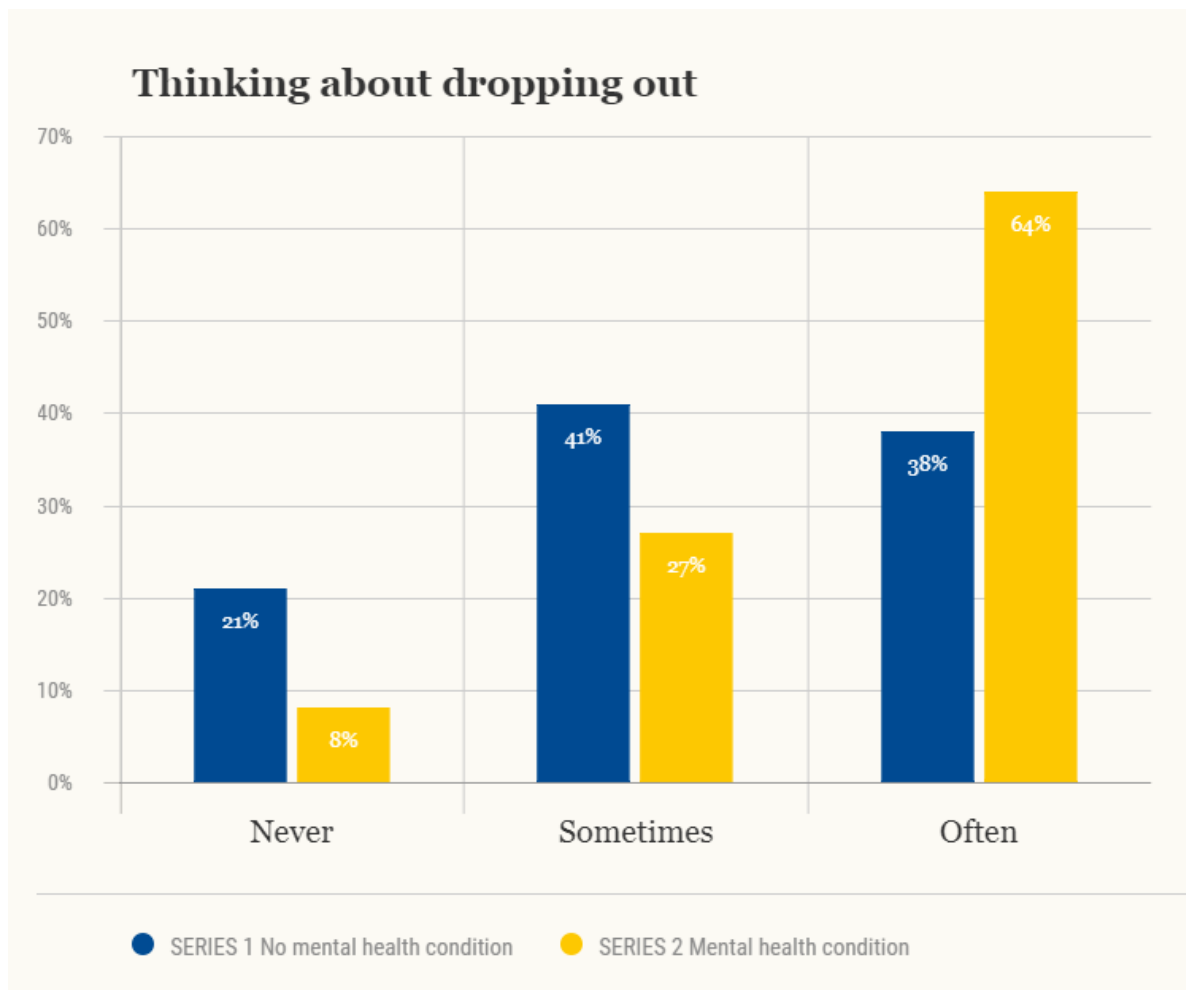
Disclosure

There are five times as many HE students in the UK to have disclosed a mental health condition than was the case ten years ago

All UK-domiciled students with a disclosed mental health condition (such as depression, schizophrenia or anxiety) at higher education institutions (split by full-time/part-time; undergraduate/postgraduate) (UK) (2006/07–2015/16)



Source: IPPR analysis of Higher Education Statistics Agency data (2017b)





A young woman with long red hair, wearing a black t-shirt and blue jeans, sits on a wooden bench outdoors. She is smiling and looking towards a young man with dark hair, wearing a red patterned sweater. They are both looking at an open book. The woman has a teal backpack. The background is a blurred green landscape. The text "#stepchange" is overlaid in white, lowercase letters.

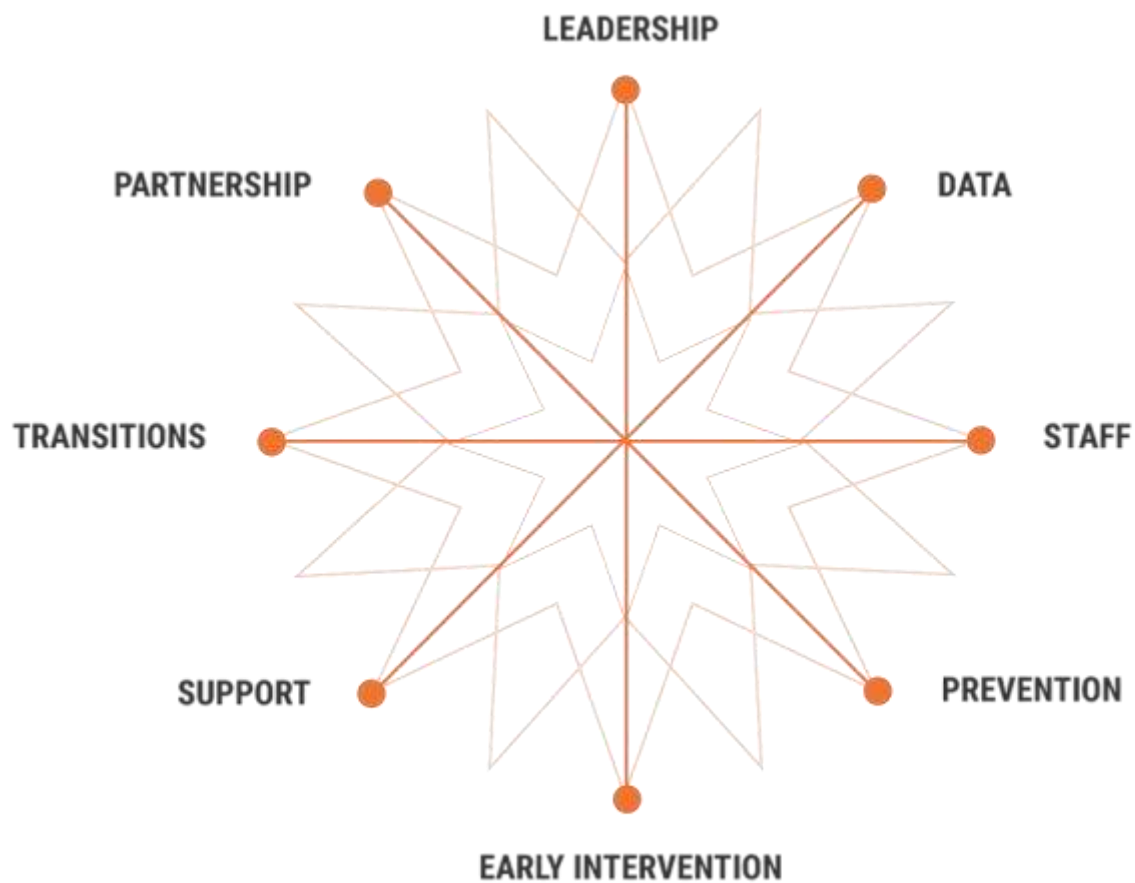
#stepchange

MENTAL HEALTH IN HIGHER EDUCATION

Phase 1

- Review and build the evidence partnership with IPPR [Not by degrees]
- Develop a shared vision and business case for mental health as strategic priority.
- Develop and set out a ‘whole university approach’
- Promote the approach amongst university leaders

Framework



Pilot implementation of the approach initially across three institutions.

Adopt improvement approach

Develop a mental health audit.

Set up a good practice exchange



Whole university



Phase 2

- Continuing challenge of implementation
- Local partnerships for NHS organisations, universities
- Student suicide
- Policy development

Whole system



Local conversations

Initial objectives:

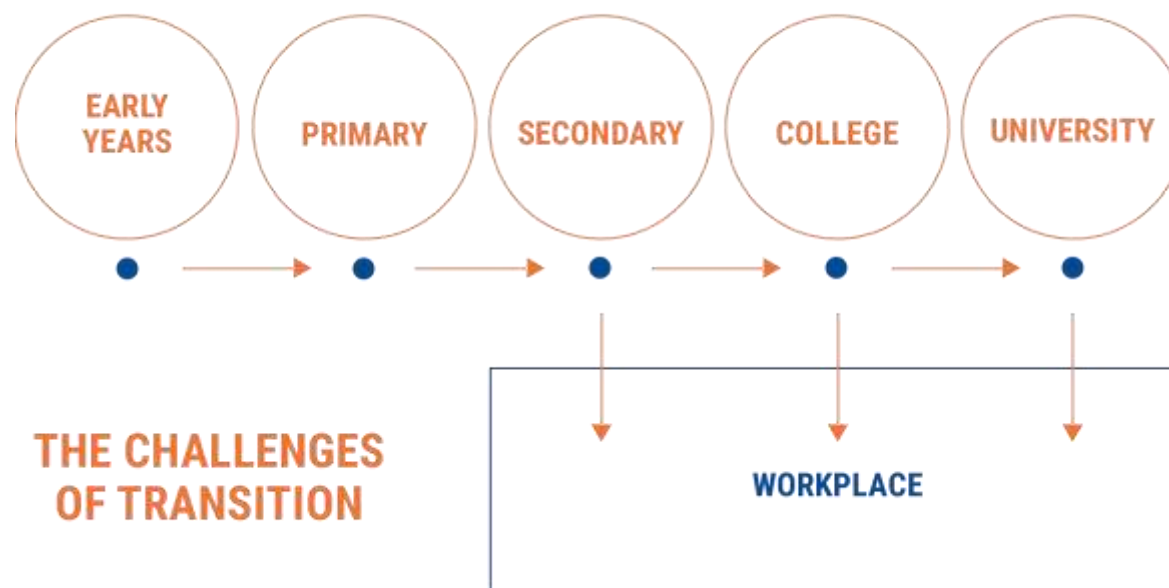
To engage partners and users

To assess need and map assets

To develop a local strategy on YA MH



Transitions



WAYS OF WORKING

ENGAGING PARTNERS

The services need to organise locally and address service issues as they arise. They should be developed with local multi-agency input, including the local Clinical Commissioning Groups, Public Health teams, and secondary care organisations including mental health trusts, and higher and further education leads.

ASSESSING NEED

Needs should be quantified and based on aggregated individual data and the local implications from published epidemiological evidence. This involves a strategic approach, potentially by a team such as Public Health or Local Authority, carrying out a Joint Student Strategic Needs Assessment (JSSNA) for the city or geographical area.

FOCUSING ON PREVENTION

Universities work with partners to promote positive mental health and wellbeing. This includes initiatives to support individuals, strengthen communities and reduce stigma and reduce barriers to positive mental health. Measures are taken to make reasonable adjustments for those students with pre-existing conditions.

INTEGRATING DELIVERY

Links between NHS providers and student services to create 'student mental health teams' will help support students within university provision and facilitate timely and seamless referrals for those who need specialist help. 'Student passports' will help students address services at university and at home where required.

JOINT DEVELOPMENT

Commissioning – informed by discussions with students' unions and institutions – will be at the heart of ensuring services meet the needs of students with mental health disorders.

MAPPING ASSETS

Strategic relationships should bring together the appropriate skills, experience, expertise and attitudes to meet young peoples' needs.

CO-PRODUCTION

The services should be user-centred and co-produced with students. Health care and educational objectives are addressed together.



Wider reflections



Whole population
Whole organisation
Whole system





Universities UK

Thank you

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