**Student Mental Health Forum: Managing Risk Across Services Group Discussion**

**Friday 20th March 2015, 12:00pm – 2.00pm**

**The University of Manchester, Counselling Service**

**Represented:**

The University of Manchester Counselling Service: Sarah Littlejohn, Claire Francis, Maxine Whybrow & Paul Duffy; The Docs Surgery Bloom Street: Dr Matt Joslin & Dr Jess Coughlan; The University of Manchester Disability Support Office: Louise Pepper-Kernot & Katy Davis; The University of Manchester Student’s Union: Rosie Dammers; Self Help Services: Helen Fitzgerald, Tabitha Jones, Dan Quinn & Sarah Stirling; NHS Central Manchester CCG: Sonia Johal; The University of Manchester Department of Computer Sciences: Gill Lester; The Bodey Medical Centre: Dr Rebecca Winter.

**Minutes**

1. **Welcome from the Chair.**

Sarah Littlejohn, Head of the Counselling Service, University of Manchester welcomed the attendees to the meeting. It was commented that it was great to start the meetings again after a brief absence and important now to maintain them. Dr Matt Joslin conveyed his thanks for re-establishing the SMHF meetings. Introductions were given by all the attendees. Sarah introduced the topic of discussion to be commenced by Claire Francis, Mental Health Practitioner.

1. **Managing Risk Across Services – Case Study & Group Discussion**

Claire began by outlining her dual role within the NHS and in The University of Manchester Counselling Service. Claire then presented the first of four case studies to be discussed by the group.

The first study saw a referral to Claire from another counsellor. Claire saw the client for an urgent mental health assessment. The client is now under the home care team. Client working well with services and we can continue supporting clients when they are on interruption of studies.

The second study was that of a referral by a warden and friends of a client. Client had CBT with us. Client presented a poor body image and eating disorder. The client had also taken small overdoses and had attended A&E at the hospital. The GP referred client to the Home Treatment Team. Client was seeing a consultant psychiatrist.

In the discussion it was highlighted that large teams do work well but are not always appropriate for some presentations. It was brought to the attention of the group that 42nd Street is setting up a new group for young people with personality difficulties. It will use a day programme approach. At present there was no information at about the new group.

**ACTION** – To research the new group at 42nd Street.

The issue was raised of “what is the limit of our involvement as a university counselling service?” There is a difficulty of groups ‘falling into the gap.’ If it is not within in our remit then it is vital to forward on to other relevant services. The question is how to make this better as the follow-on is not always straightforward. It was discussed how important it is to form and build-up stronger working relationships with GPs services and the NHS to improve the network. Self Help Services commented that sometimes less is better in terms of multiple service involvement.

The DSO shared a different perspective and highlighted the lack of a fitness to study policy at the university. It was stated that this can further contribute to making it problematic to help students who want to study but whose health makes it detrimental to their progress.

What would help? DBT can take too much time but CAT more useful.

It was understood that some clients can be accessing many different services and communication between those services could be better shared in order to help the client. An attendee from The University of Manchester Residences mentioned that it would be helpful to be informed for example when a client is discharged from hospital.

Staff possibly not as confident in referring student on so better mapping can improve the speed of gaining help.

Self Help Services added that they were happy to attend meetings and deliver talks for staff and students. Referrals can be made to Sanctuary and Crisis Point.

Sonia from the CCG made the meeting aware of an engagement project with mental health to map out a client’s interaction with services so they will not need to retell their experiences multiple times.

**ACTION** – service to liaise with Sonia to see if there are any students willing to share their experiences to the CCG which would be extremely helpful

A further case study was discussed involving a client who presented to the service after previously taking an overdose. The client was attended by the SAFE team and discharged. He was also referred to Dr Frank Margison, Consultant Psychiatrist. The meeting was asked how to contact Frank and it was suggested that anyone wishing to contact him should email [counselling.service@manchester.ac.uk](mailto:counselling.service@manchester.ac.uk) marked for the attention of Sarah Littlejohn or Maxine Whybrow. Dr Winter from the Bodey Medical Practice suggested that difficulties arise because of lack of engagement by the student with services to get the appropriate health checks completed. It was generally agreed that clients will not always choose to engage with the appropriate service they need. This is particularly so for emotionally unstable personalities who do not always engage with the correct service.

The final case study was discussed which centred on a client who self-referred on a green dot. Referred to Claire for assessment but initially seen by the Crisis Team. The client tended not to speak freely with services and there was parental contact.

What would help? Clients are unlikely to receive psychotherapy while they are here because of lengthy waiting times. There is an absence of a specific service, this is the same for Eating Disorders however UoM have a shared resource with MMU.

It was suggested that there was also a gap in services for abuse unless very recent, historical abuse has a longer waiting time.

**ACTION** – prioritise linking in with self-help, GPs, 42nd & CCGs.

It was reported that there were counsellors working at Step 3 and they have good success with groups such as the Frustration & Anger in South Manchester. 3 geographically located teams, multifunctioning offering e.g. CBT. Also there are groups for bereavement and perinatal support groups, depression, self-esteem and anger available. Self Help Services are looking to develop and help set-up groups and working with universities.

There is also a government initiative being set-up whereby you stay registered with your GP even if you no longer live in the catchment area or if you only work in the catchment area. This means that if students wished to move around but want to stay where they are registered they should just ask the practice however practices are not obliged to offer. Would they benefit from staying registered with their home GP?

1. **Any other business**

It was proposed that the next meeting would be scheduled for a date in either early July or September.

It was further proposed that 42nd should be invited to the next meeting to meet the forum members and introduce their services and what they can offer.

**ACTION** – to make contact with 42nd and invite them to the next meeting.

The meeting was concluded and the participants were thanked for their attendance.