“University mental health: The impact of Covid and the potential for building back better”

Advance HE Student Mental Health and Wellbeing Conference 2021”

Peter Fonagy OBE FMedSci FBA FAcSS
Director, Integrated Mental Health Programme, UCLPartners
Chief Executive, Anna Freud Centre

Slides from: P.Fonagy@ucl.ac.uk

The impact of Covid on young people's mental health

Impact of COVID 19 on YP and their families

YP affected by the pandemic either directly or through associated factors such as, loneliness, financial problems, parental mental health issues and exposure to domestic violence.

Social distancing and stay at home guidance/school closures, have likely had an **adverse effect** on the mental health and wellbeing of CYP

Whilst many CYP have retained some **access to mental health support** during this period, a **lack of access to support has been associated with worse mental health** and wellbeing for some CYP.

Some evidence suggests that young people from **Black, Asian and Minority Ethnic** backgrounds have experienced **higher rates of mental health** and wellbeing concerns

Risk being negatively affected **increased**: CYP with **Special Educational Needs and Disabilities (SEND) and/or neurodevelopmental disorders, low income** households**, pre-existing mental** health or **chronic health problems, parents** experienced **high levels of distress, single adult or a single child household, low family warmth (conduct).**

We are working with the team leading real-time surveillance of England's **National Child Mortality Database** to maintain **vigilance over any signs that deaths by suicide in CYP may have increased** during the lockdown period

Mixed picture: **40% of young people report:** mental health **worse**. However, **27.2%** of mental health had **improved** during lockdown (Newlove-Delgado et al., 2021).

Greatest challenges facing **16 to 24 year olds : Numerous surveys**

- **Most likely to show new symptoms of psychological distress in April and May 2020.**
- **Report feeling relatively anxious over the summer months, when adults' anxiety was decreasing.**
- **Reported loneliness - levels increasing with age, less able to cope with not being able to see their friends**
- **Technology has helped even more keenly aware of its limitations than adults.**

Anna Freud National Centre for Children and Families

Tabor, Patalay & Bann, 2020

1. Covid-19 Social Study: www.covidsocialstudy.org
2. Student Covid Insights Survey (SCIS): www.ons.gov.uk

CYP Mental Health – ONS Prevalence 2017 & 2020

Prevalence of **any 'mental disorder'** (5-16 years):

- **10.8%** in **2017** to
- **16.0%** in **2020**

1 in 6 children and young people aged **5 to 16** years had **at least one** 'mental disorder'.

Prevalence remains greater for **young women aged 17-22 (27.2%)compared with 13.1% of young men.** Age and sex remain important factors.

The proportion of **those unlikely to have a disorder has stayed relatively stable** (75.4% of all 5-16 year olds in 2017 compared to 74.4% in 2020).

The data show the rise in probable disorder contrasts with a **reduction in those with a *possible* disorder** (**13.7%** of all 5-16 year olds in **2017** compared to **9.6%** in **2020**).

30.2% of children **whose parent experienced psychological distress** had a probable mental disorder.

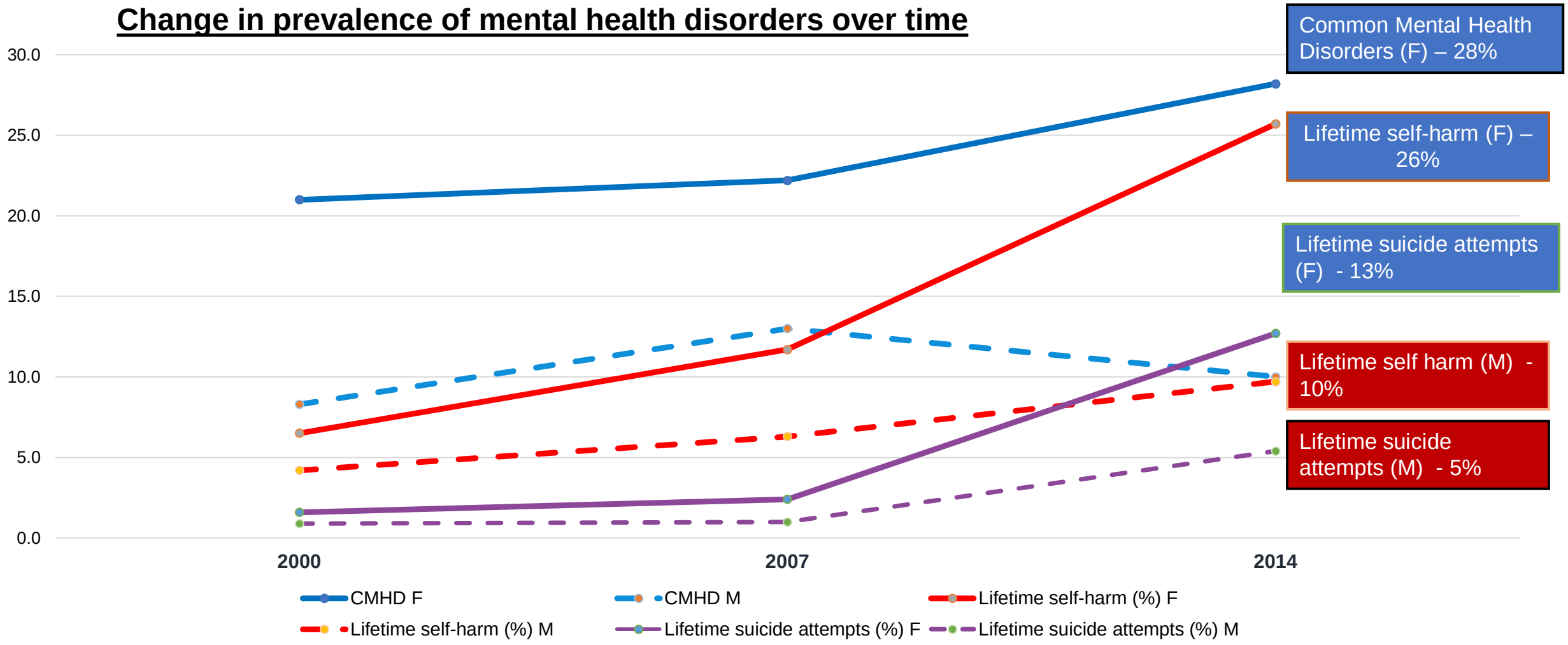
Prevalence (and 95% confidence intervals) of any mental disorder in children and young people in England by age and sex, 2020

	Boys	Girls	All
5 to 10 year olds	17.9 (14.7 to 21.2)	10.8 (8.3 to 13.3)	14.4 (12.4 to 16.5)
11 to 16 year olds	15.3 (12.2 to 18.4)	20.1 (16.5 to 23.7)	17.6 (15.3 to 20.0)
17 to 22 year olds*	13.3 (8.9 to 17.7)	27.2 (22.5 to 31.9)	20.0 (16.9 to 23.2)
All 5 to 16 year olds	16.7 (14.4 to 18.9)	15.2 (13.0 to 17.4)	16.0 (14.4 to 17.6)

For 5 to 16 year olds, **18.8% of children of White ethnic** backgrounds had a probable mental disorder in 2020, **compared with 7.5% of children of Black and Minority Ethnic** (BME) backgrounds. Rates of probable mental disorder increased for children of White ethnic backgrounds since 2017 (from 13.1%). Although rates appeared to also **increase** for children of **BME** background, this increase was **not statistically significant.**

There were **no significant differences** in the presence of probable mental disorders in 5 to 16 year old children **by neighbourhood-level deprivation between 2017 and 2020.**

Gender and Age in UK Psychiatric Illness 16-24year olds: 2000-2014



Anna Freud
National Centre for
Children and Families

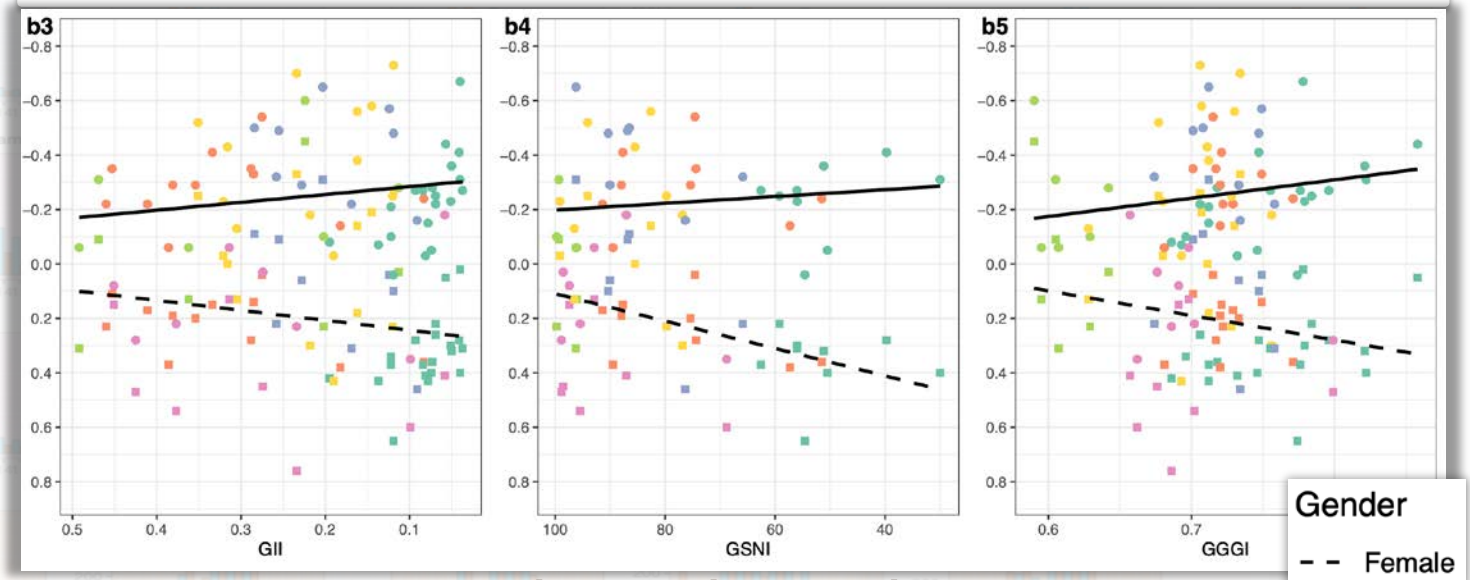
566,827 adolescents (15-18 yrs) from 73 countries

Gender Gap

- In most countries **girls** have **worse life satisfaction**
- In all countries **girls** report **more** psychological **distress**

Wealthier European nations consistently have worse mental health for girls

- More gender equal countries had larger gender gaps



Psychological Distress

Life Satisfaction

Anna Freud National Centre for Children and Families

Tabor, Patalay & Bann, 2020

566,827 adolescents from 73 countries

- More **gender equal** countries had **larger gender gaps**

- "Frustrated Achievers"
- Remaining barriers to full equality
- Expectation vs. Perception of equality
- Upward mobile group's reference categories
- Double burden:
  - increased economic and political participation
  - traditional female responsibilities and norms
- Particularly important in adolescence

Anna Freud
National Centre for
Children and Families

Tabor, Patalay & Bann, 2020

Increase in CYP eating disorder cases during Covid-19

Eating Disorder Access and Waiting Time Standard:

- 95% of CYP with an eating disorder should start National Institute of Clinical Excellence (NICE)-recommended treatment within 1 week if urgent, and 4 weeks if routine.

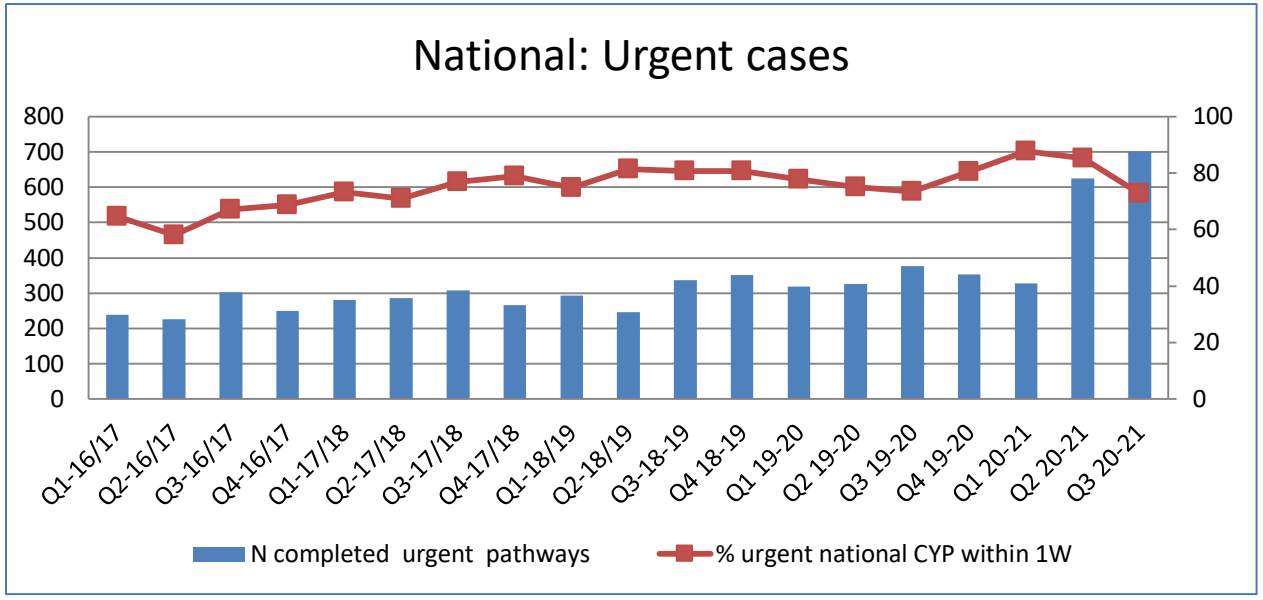
We have seen a huge rise in demand during COVID-19

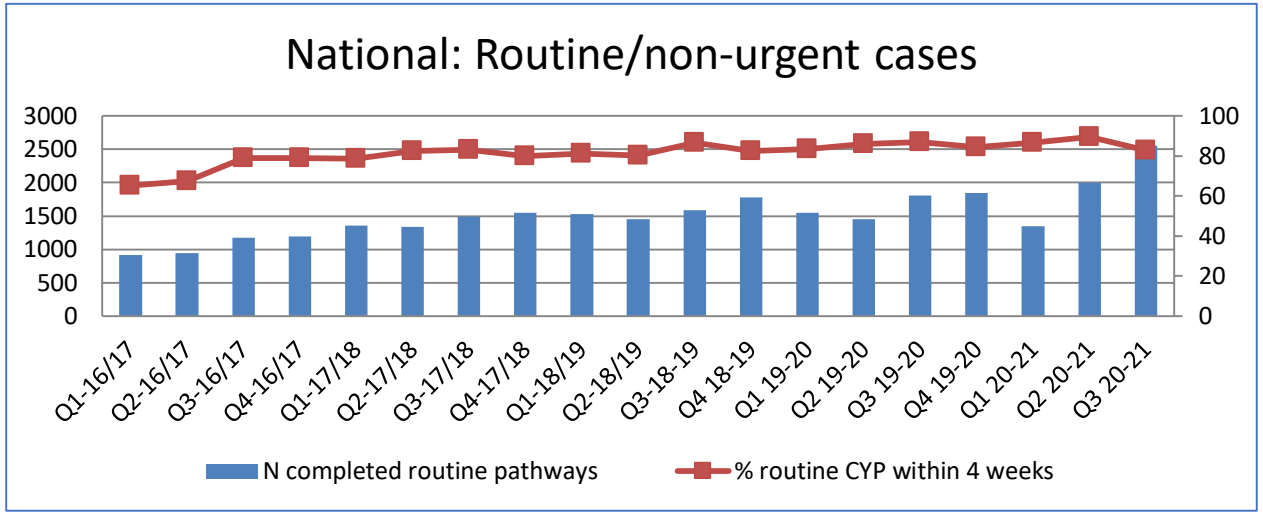
Increase in numbers Dec 2019/20 to Dec 2020/21 was:

- **97% for urgent** treatment
- **61% for routine** treatment

CYP Community Eating Disorder Teams **continue to deliver treatment using remote ways of working for** individual and family interventions alongside face to face appointments when required. Includes working with primary, community, schools/FE colleges to help identify CYP who may be at risk of relapse during Covid-19 and lockdown.

Progress Q1 2016/17 to Q3 2020/21





Effects of COVID-19 on CYP's mental health and well-being
Prince's Trust findings: 16-25 year-olds

29% claim their future **career prospects** have already been damaged by coronavirus

49% say it will be "**harder** than ever" to **get a job**

43% per cent of young people say their **anxiety levels** have increased due to the pandemic

32% are overwhelmed by feelings of **panic and anxiety on a daily** basis

47% say they **don't feel in control** of their lives

69% feel like **their life is on hold**

33% feel that everything they have **worked for** is now "**going to waste**"

52% of respondents "always" or "often" feel **optimistic**

52% believes the **pandemic** will make their generation stronger and **more resilient**

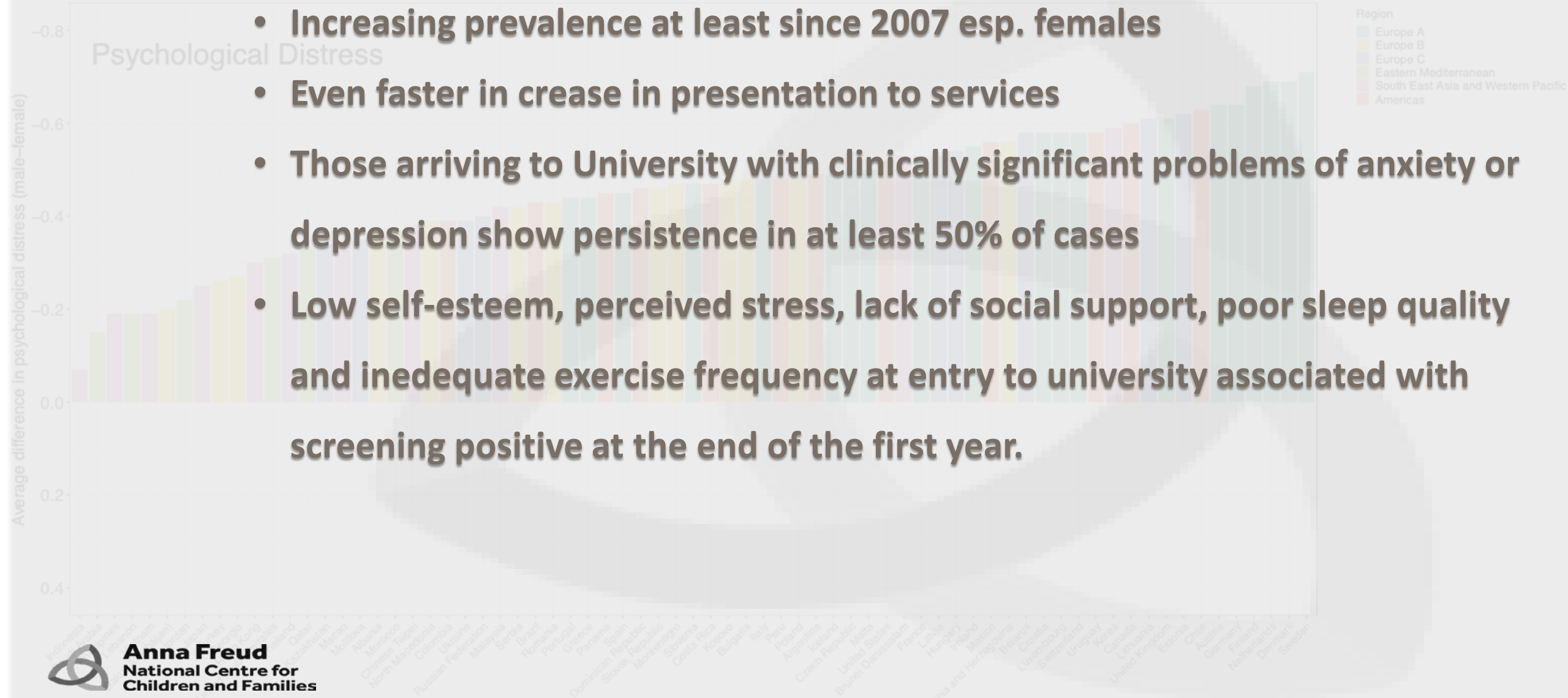
Anna Freud National Centre for Children and Families

Prince's Trust, 2020

Prince's Trust

Background challenges to student mental health

- Increasing prevalence at least since 2007 esp. females
- Even faster in crease in presentation to services
- Those arriving to University with clinically significant problems of anxiety or depression show persistence in at least 50% of cases
- Low self-esteem, perceived stress, lack of social support, poor sleep quality and inedequate exercise frequency at entry to university associated with screening positive at the end of the first year.



Anna Freud National Centre for Children and Families

Tabor, Patalay & Bann, 2020

NHS mental health support to higher education

The NHS Long Term Plan contains a number of commitments:

Access

- By 2023/24, at least an additional **345,000** children and young people aged **0-25** will be able to access NHS-funded mental health services

Crisis Services

- With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care **24 hours a day, 7 days a week** by 2023/24

Whole pathways, including inpatient beds

- Extension of **New Models of Care/Provider Collaboratives** continue to drive integrated pathways

Wider Commitments

- Additional investment in **Youth Justice** services
- Reduced waiting times and increased support for children and young people with **learning disabilities and/or autism**
- **6,000 highly vulnerable children** with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services

Mental Health Support Teams (MHSTs)

- MHSTs working in schools and colleges – early intervention and whole school approach across **20-25% of country by 2023**

Four Week Waiting Times

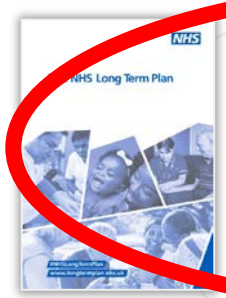
- Test approaches that could deliver 4ww times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist MH services

Digital Therapies

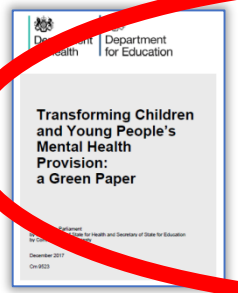
- Develop **digitally enabled care** pathways for children and young people in ways which increase inclusion

Eating Disorders

- Boost investment in children and young people's eating disorder services to continue seeing 95% of **urgent** cases within **1 week**, and within 4 weeks for non-urgent cases.



Comprehensive offer for 0-25 year olds integrated across health, social care, education, and the voluntary sector to address health inequalities

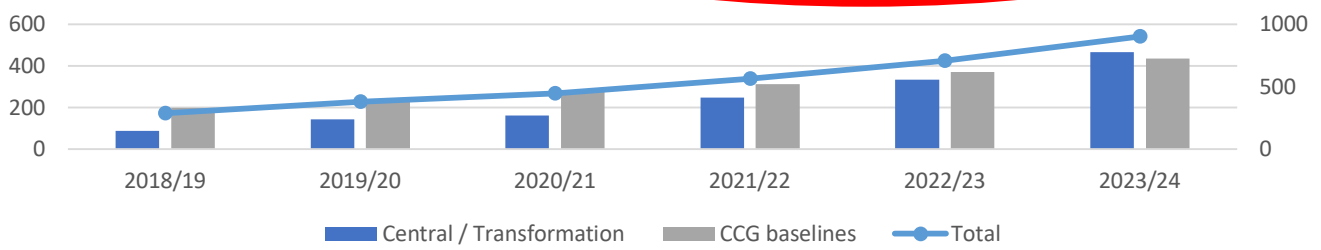


1. Senior Mental Health Lead
2. Mental Health Support Teams
3. Trial a four week waiting time

Significant new funds will continue to boost CYPMH…

		Baseline Year	Year 1	Year 2 [FYFVMH Ends]	Year 3	*Year 4*	*Year 5 [Settlement Ends]*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Children and Young People's Community and Crisis	Central / Transformation	65	68	49	113	*150*	*218*
	CCG baselines	170	195	231	261	*319*	*383*
	Total	235	263	280	375	*469*	*601*
Children and Young People's Eating Disorders	Central / Transformation	0	0	0	0	*0*	*0*
	CCG baselines	30	41	52	53	*53*	*54*
	Total	30	41	52	53	*53*	*54*
Mental Health Support Teams (MHSTs) and 4 week waiting time pilots	Central / Transformation	24	76	115	136	*185*	*249*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	24	76	115	136	*185*	*249*
Children and Young People's (CYP) Mental Health Total	Central / Transformation	89	[illegible]	[illegible]	[illegible]	*335*	*467*
	CCG baselines	200	236	283	314	*372*	*437*
	Total	289	380	447	563	*707*	*904*

Five-year profile for the FYFVMH and LTP (£m in cash terms)



Over £900m in additional funding will be made available during the Long Term Plan period

This is on top of existing mental health spend before 2018/19

It will provide:

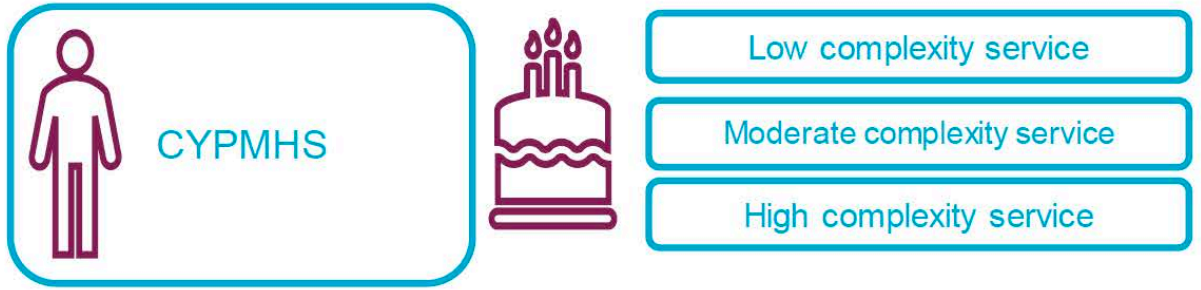
- Growth in existing CYP Mental Health services (CAMHS) and CYP crisis
- Continued expansion of CYPMH community eating disorder services to meet the access standard
- Implementation of Mental Health Support Teams in schools and colleges

£79m additional funding in 2021/22 in response to the COVID-19 pandemic.

This is intended to accelerate MHST and improve capacity for CYPMH community and crisis and eating disorder This funding forms part of the £500 million for mental health announced at the 2021 to 2022 spending review.

NHS Service models for 0-25

0-25 integrated service



Services configured based on need

Disorder specific services which may cut across current age boundaries

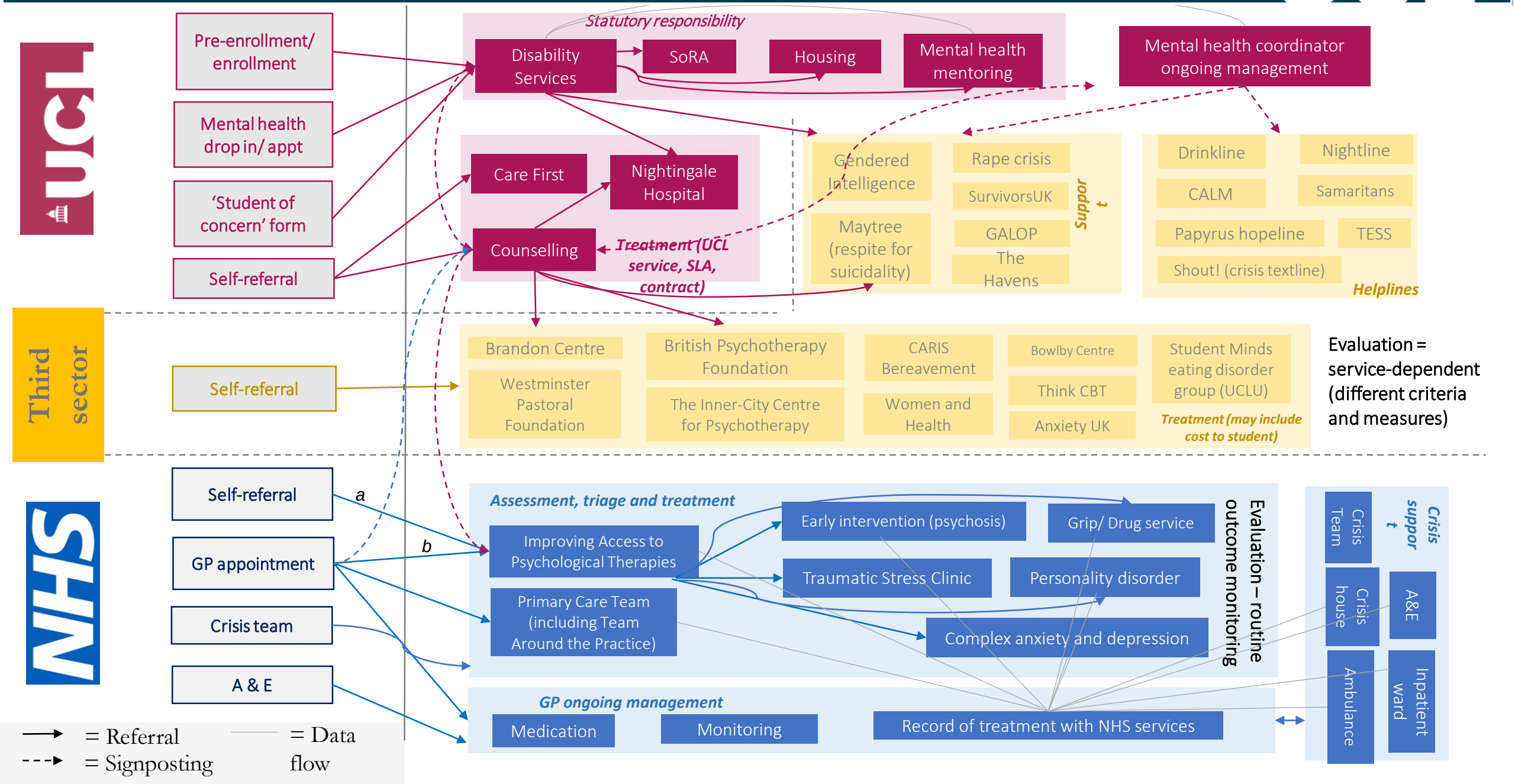
Young Adult MHS e.g. 14-25 or 16-25

Flexible age boundary for entering AMHS

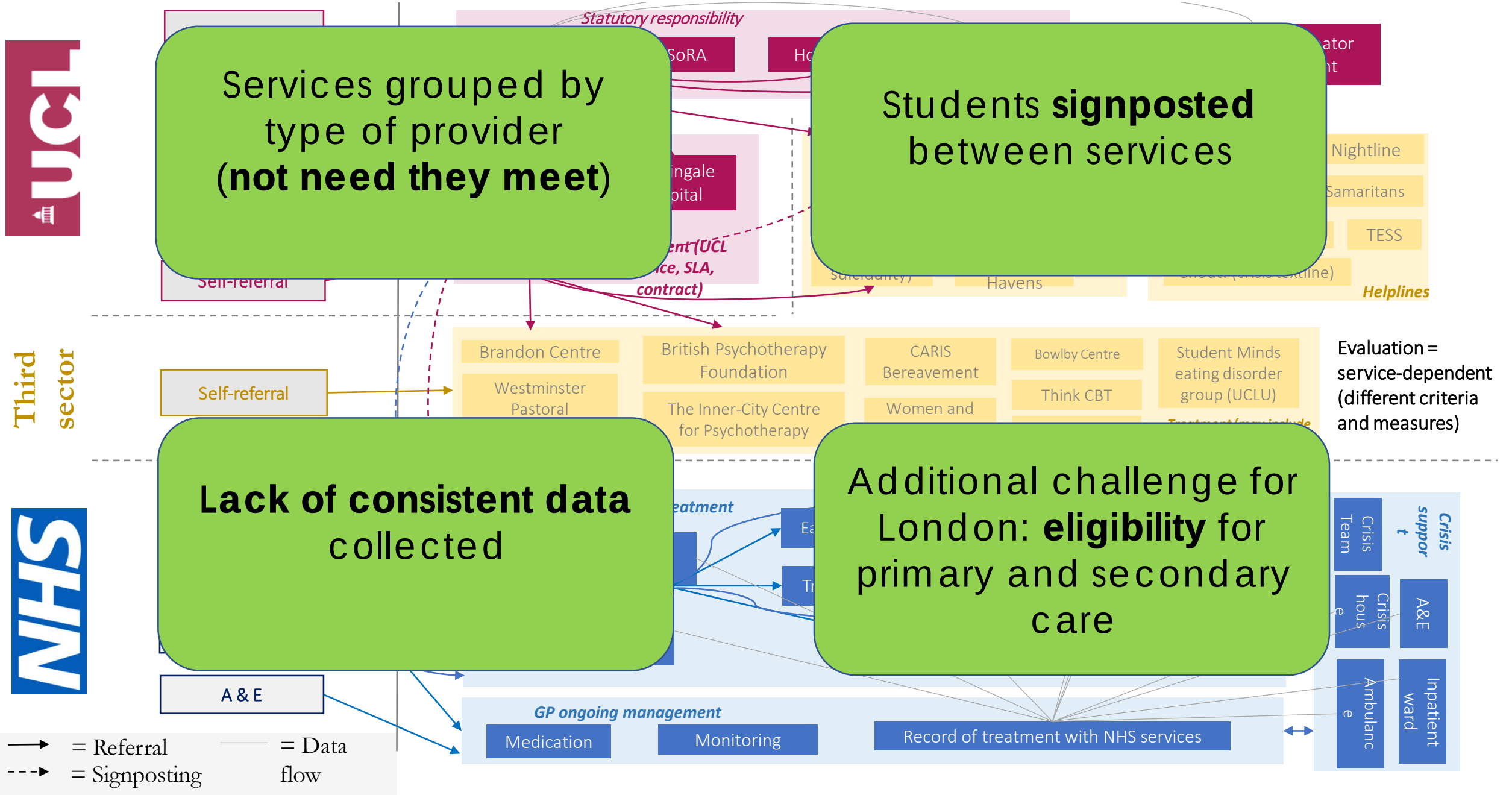
Bridging between CYPMHS and AMH
e.g. via single front door

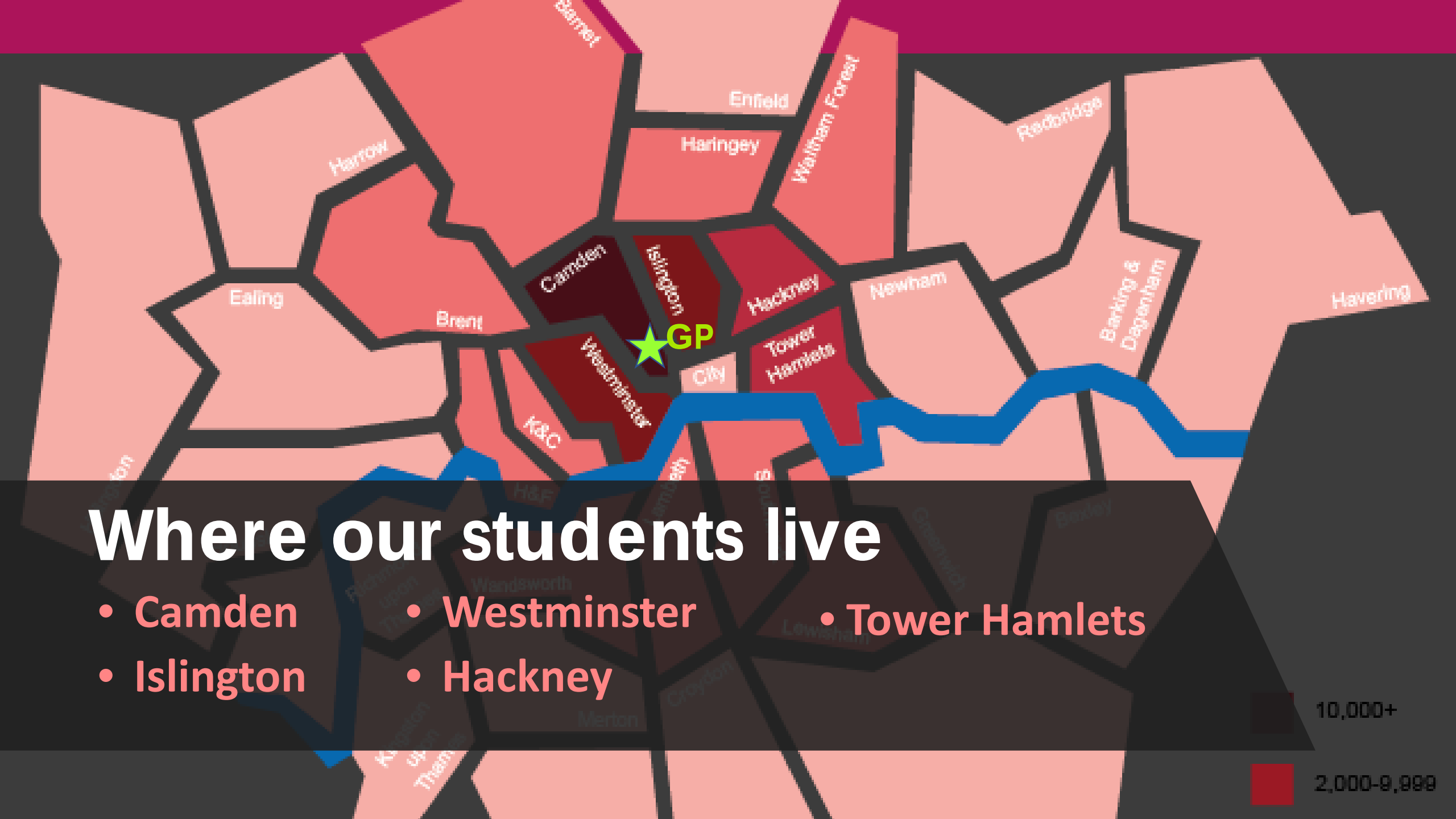
The ideal integration of NHS and higher education

Mapping exercise – existing care pathways



Mapping exercise – existing care pathways





Where our students live

- Camden
- Islington
- Westminster
- Hackney
- Tower Hamlets

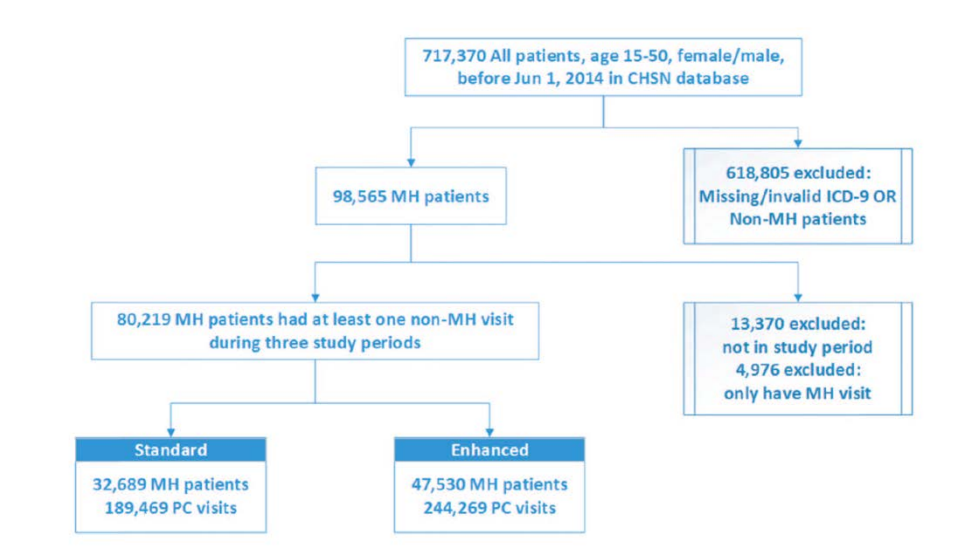
Steps Model

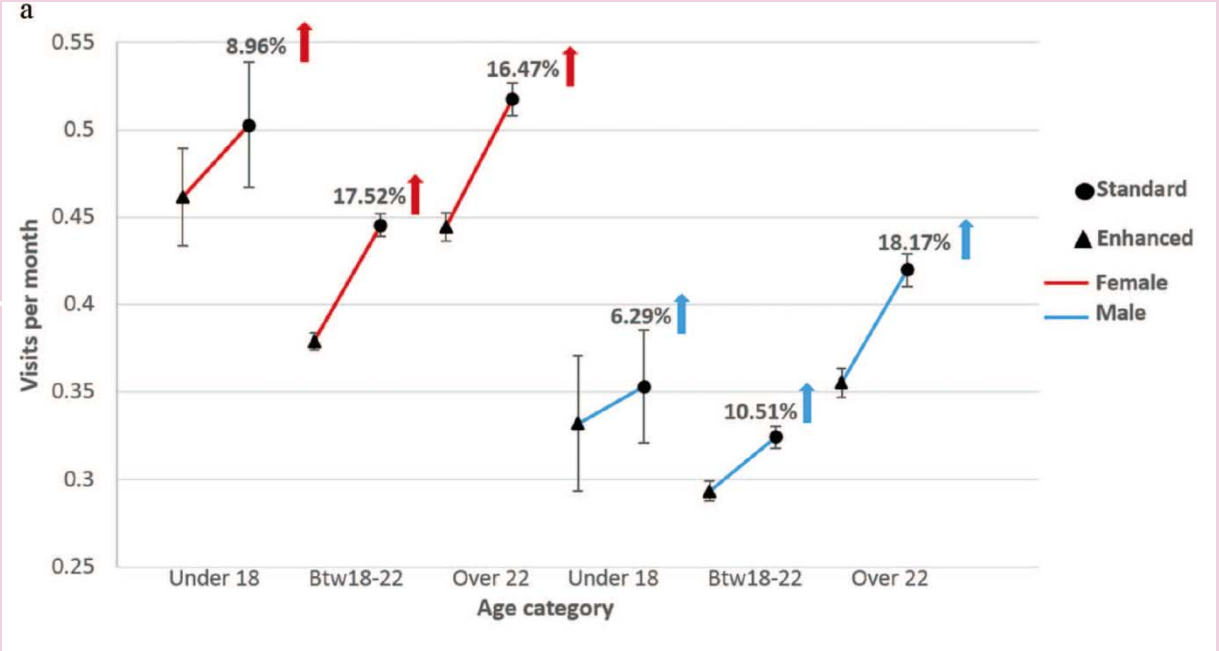
Basic framework based on best practice

Starting assumptions

- A workable model of care should:
  - Titrate treatment **to need**
  - Be **developmentally appropriate** (69% of students - c.1.6m - under 25)
  - Facilitate **partnership** working between **university** and **NHS** services

Utilization of primary care among college students with mental health disorders





Enhanced

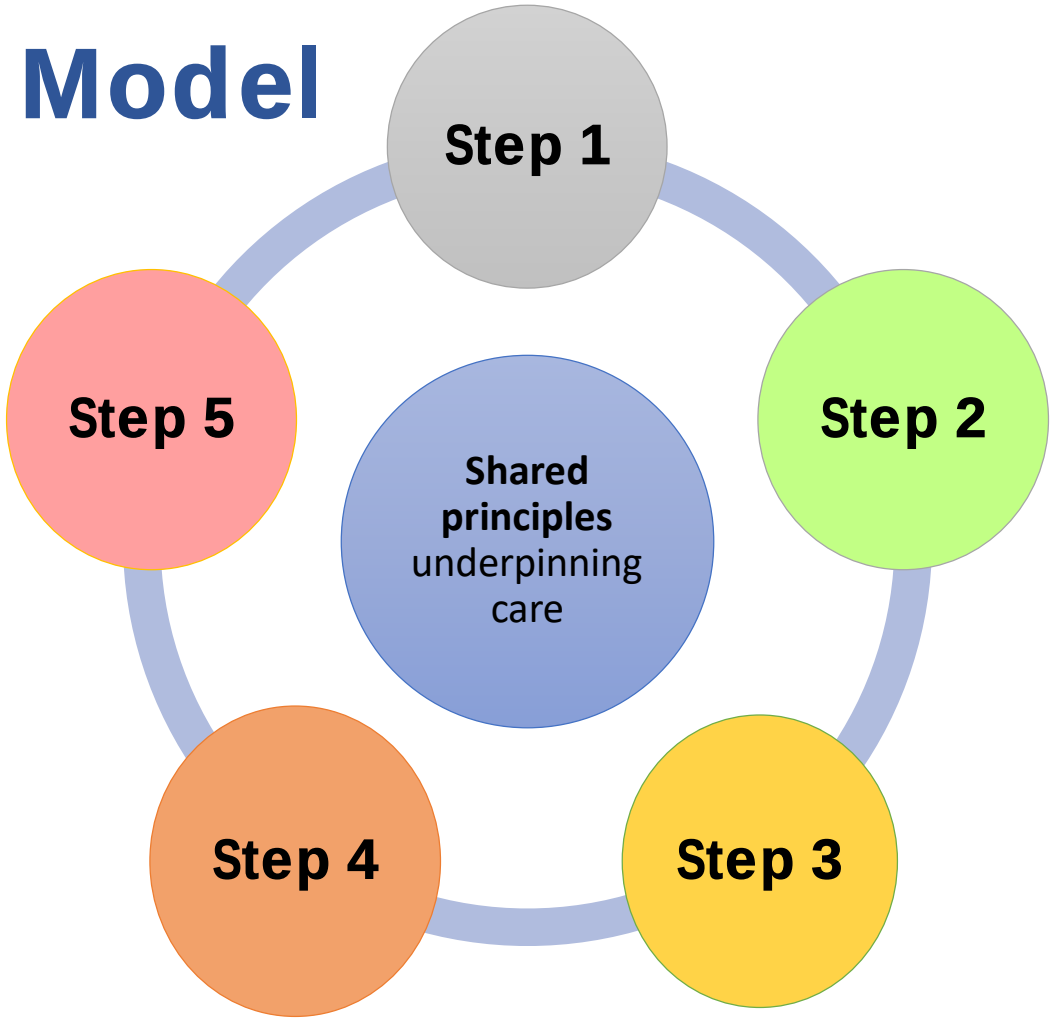
Turner et al., 2018 *Health Psychology*

Steps Model solutions

Titrate treatment to need	→	**Stepped care** for full **range of presentations** (type & severity)
Developmentally **appropriate**	→	Advice/ support and **risk management steps** adapted from **iThrive**
Facilitate **partnership** working	→	• NHS models • Focus on **shared principles** underpinning care (e.g. EBP; outcome measurement)

Combining stepped care and iTHRIVE

Steps Model



Needing **advice and support**

E.g. One-off wellbeing workshops

Needing **low-intensity** treatment

E.g. Brief therapy

Needing **high-intensity** treatment

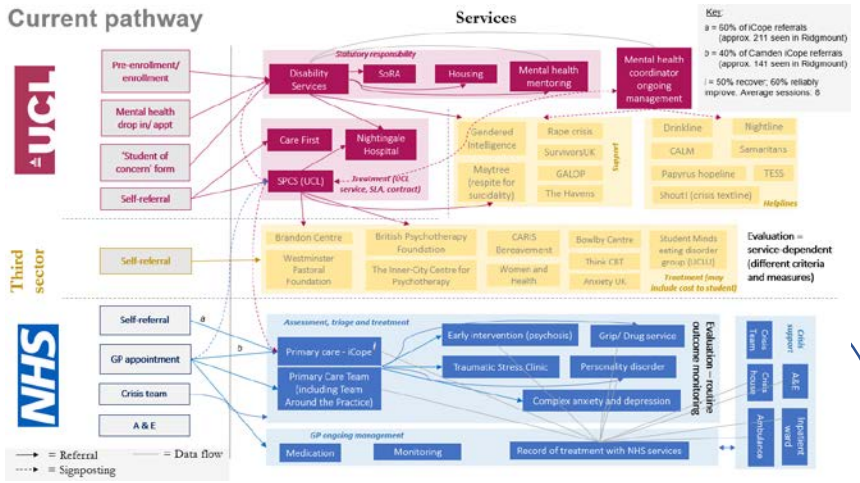
E.g. Longer-term therapy

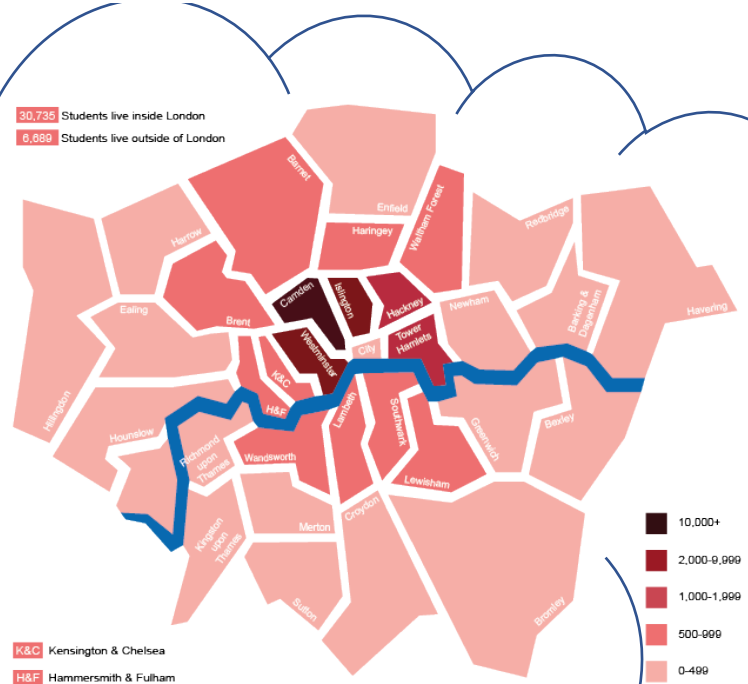
Needing **specialist** treatment

E.g. Treatment for self-harm

Needing **ongoing** risk **management**

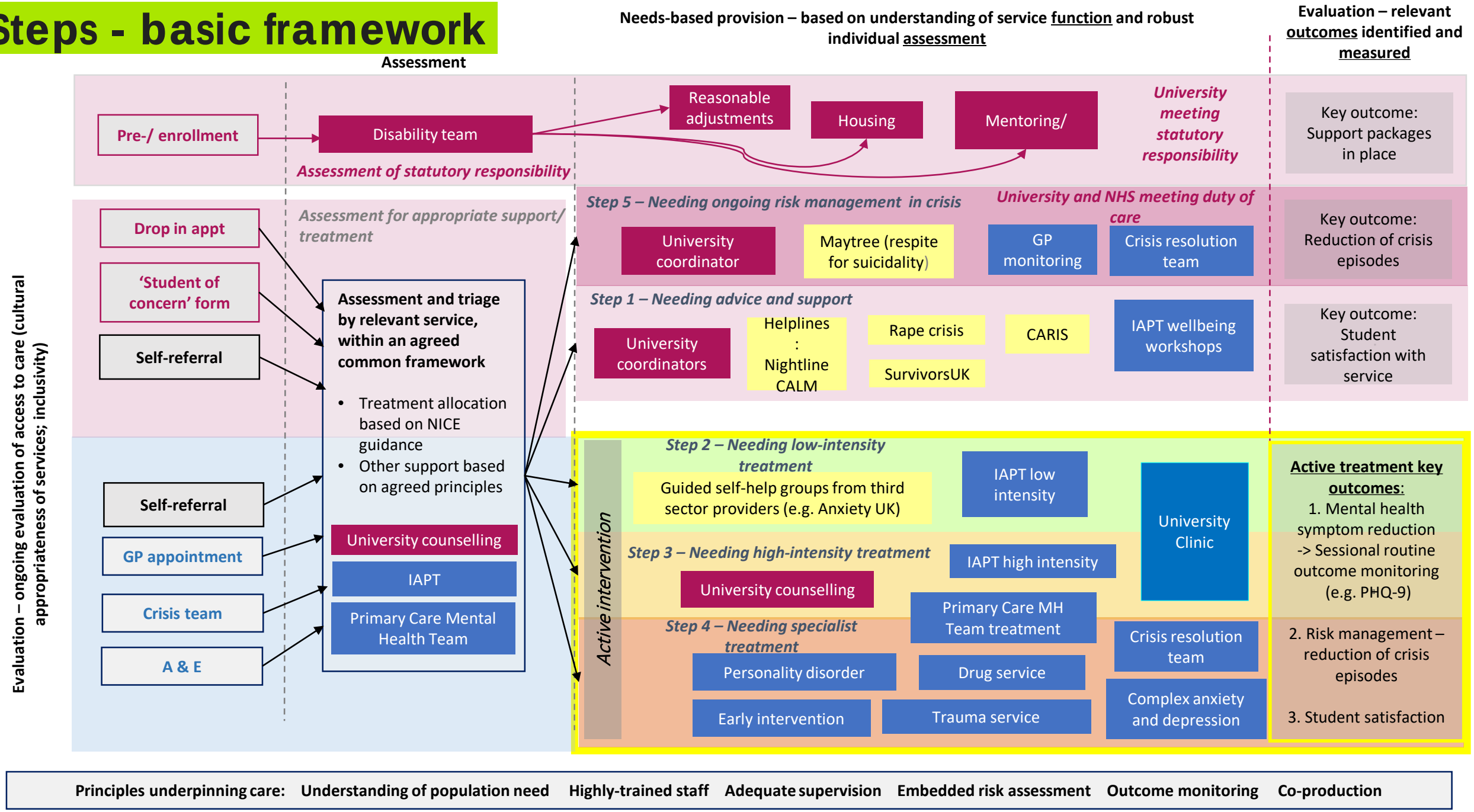
E.g. Support coordination





Reimagining the care pathway

Steps - basic framework



Principles underpinning care: Understanding of population need | Highly-trained staff | Adequate supervision | Embedded risk assessment | Outcome monitoring | Co-production

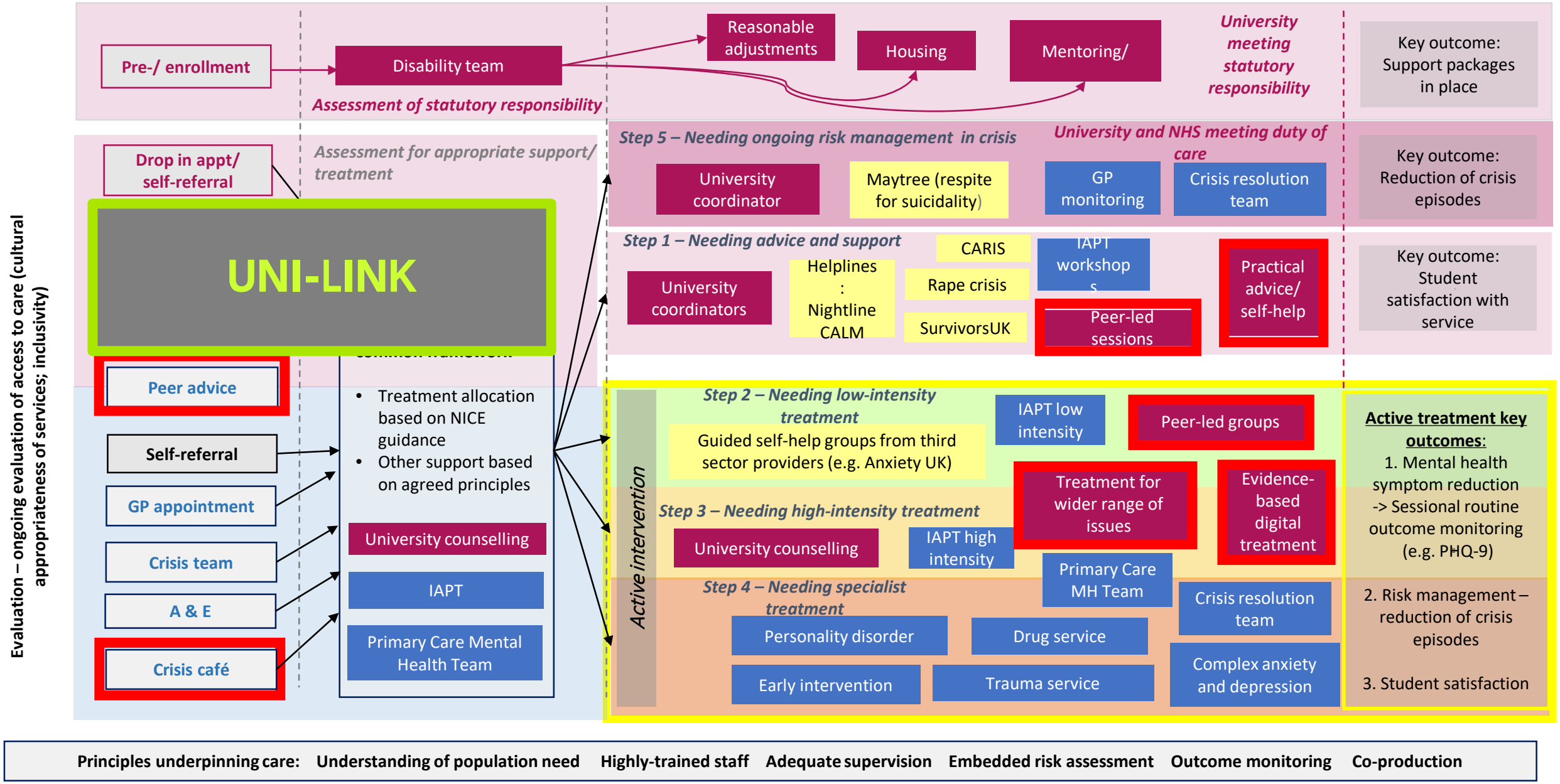
IMPACTS peer research project

11 projects complete

5 projects about to start

90 student participants interviewed

(Just some of) the IMPACTS recommendations



Principles underpinning care: Understanding of population need | Highly-trained staff | Adequate supervision | Embedded risk assessment | Outcome monitoring | Co-production

UCLPartners

UNI-LINK e-triage pilot

UCLPartners UNI-LINK

High priority for University leadership

The Problem:

Increasing mental health needs of students exacerbated by pandemic

- **Reduced** academic and social **contact**
- **Lower** levels of **wellbeing** during pandemic [1,2]
- Transient / **displaced population -> Reduced** access to **support**

Challenges:

Data transfer *between education and health*

Contrasting ***approaches to*** *managing* ***risk***

Working across ***geographical boundaries***

The Solution:

UNI-LINK
e-triage & referral

- **Active outreach** to students from university
- Digital **self-assessment and triage** to identify those suitable for IAPT
- **Choice** of **where** to **access** services and **remote delivery**

Next steps:
UCLPartners is working with **specialist digital innovation** and **CQC-registered partners** to develop a delivery model for piloting at UCL during the summer term

1. Covid-19 Social Study: www.covidsocialstudy.org
2. Student Covid Insights Survey (SCIS): www.ons.gov.uk

Looking to the future…

Needs-based provision – based on understanding of service function and robust individual assessment

Evaluation – relevant outcomes identified and measured

Evaluation – ongoing evaluation of access to care (cultural appropriateness of services; inclusivity)

Pre-/ enrollment

Disability team

Assessment of statutory responsibility

Reasonable adjustments

Housing

Mentoring/

University meeting statutory responsibility

Key outcome: Support packages in place

UNI-LINK: Students emailed by trusted person ->Link to online form

UNI-LINK: Evidence-based e-triage

UNI-LINK: Coordination hub

Step 5 – Needing ongoing risk management in crisis

University and NHS meeting duty of care

University coordinator

Maytree (respite for suicidality)

GP monitoring

Crisis resolution team

Key outcome: Reduction of crisis episodes

Step 1 – Needing advice and support

University coordinators

Helplines : Nightline CALM

Rape crisis

SurvivorsUK

CARIS

IAPT wellbeing workshops

Key outcome: Student satisfaction with service

Usual routes to access support:
- **GP appointment**
- **Drop in appt**
- **Self-referral**
- **A & E**

Traditional assessment and triage as usual

Uni counselling

IAPT

Primary Care Mental Health Team

Active intervention

Step 2 – Needing low-intensity treatment

Guided self-help groups from third sector providers (e.g. Anxiety UK)

IAPT low intensity

Step 3 – Needing high-intensity treatment

IAPT high intensity

University counselling

University Clinic

Primary Care MH Team treatment

Step 4 – Needing specialist treatment

Crisis resolution team

Personality disorder

Drug service

Complex anxiety and depression

Early intervention

Trauma service

Active treatment key outcomes:

1. Mental health symptom reduction -> Sessional routine outcome monitoring (e.g. PHQ-9)
2. Risk management – reduction of crisis episodes
3. Student satisfaction

Principles underpinning care: Understanding of population need | Highly-trained staff | Adequate supervision | Embedded risk assessment | Outcome monitoring | Co-production

Steps Model **implementation toolkit**

Pilot the toolkit at other institutions to ensure **scalability**

E-triage and automatic referral tested across **multiple systems**

UNI-LINK made available to **other universities**

The next steps for the mental health support in HEIs

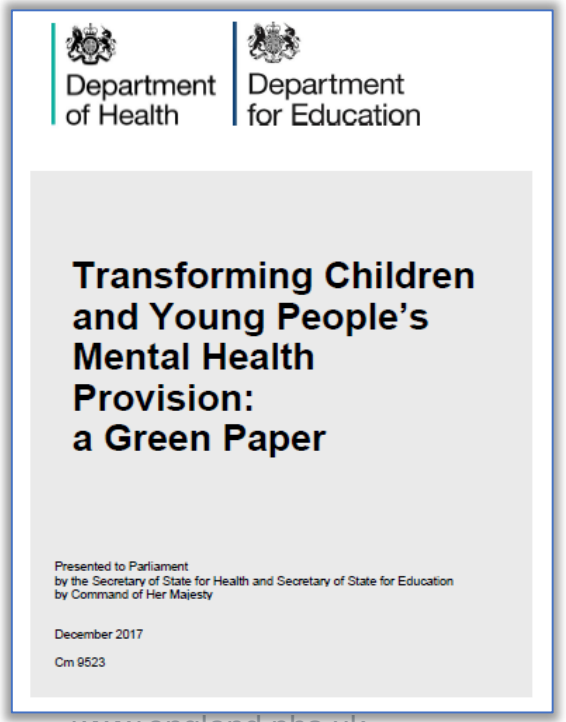
Delivering Children and Young People's Green Paper

The Green paper committed to three core deliverables

1. **DfE lead: Training for Schools and colleges to identify a Senior Mental Health Lead with strategic oversight of their whole school/ college approach to mental health.**

2. **NHS lead: Mental Health Support Teams, supervised by NHS CYPMH staff, to provide extra capacity for early intervention. Their work will be managed jointly by the NHS, schools and colleges. These teams will provide evidence based interventions to support those with mild to moderate needs and supporting the promotion of good mental health, wellbeing and whole school approaches.**

3. **NHS lead: Trial a four week waiting time in a limited number of areas for access to NHS secondary CYPMHS.**

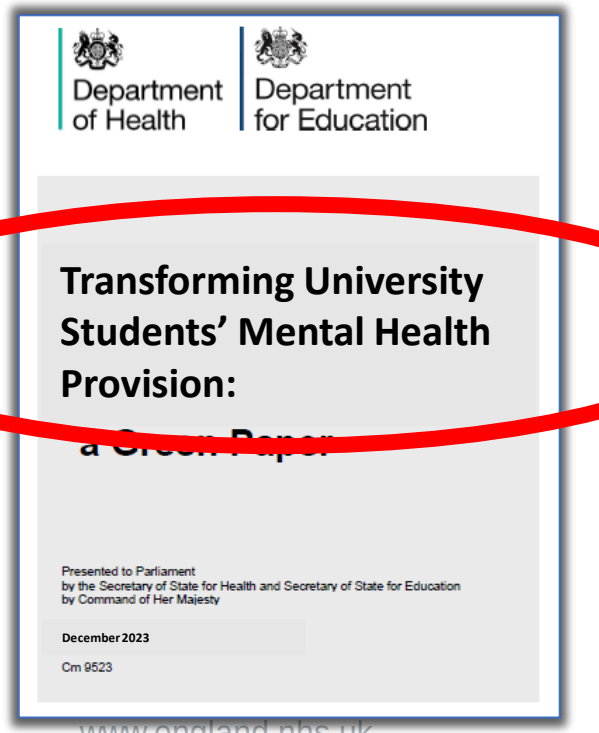


www.england.nhs.uk

Delivering a Green Paper for University Students

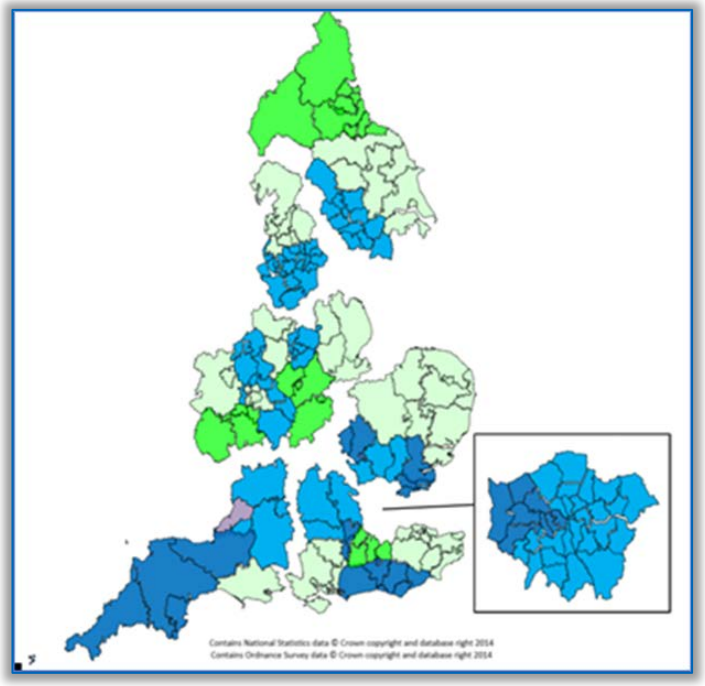
The University Student Mental Health Green paper should concern three core deliverables

1. ***DfE lead***: **All universities need to identify a Senior Trained Mental Health Lead with strategic oversight of their whole university approach to mental health concerned with systemic reduction of student stress, early identification of vulnerable students, creating care pathways and linking with NHS.**
2. ***NHS lead***: **A University Mental Health Support Service, under NHS 0-25 service models, to provide extra capacity for early university based intervention. Their work to be managed jointly by the NHS and Universities. This service will include needs based triage service and direct referral to evidence based NHS interventions to support those with complex needs and supporting university based integrated counselling and mental health services. NHS services to be offered for mild to moderate complexity in the university context in collaboration with primary care and in-reach support for complex cases from community transformation.**
3. ***NHS lead***: **Support NA style University Clinics where ever possible to reduce waiting time and increase capacity. Commitment to waiting times.**



www.england.nhs.uk

Mental Health Support Teams: What have we achieved to date?



Mental Health Support Teams are being rolled-out to cover 20%-25% of the country by 2023

Over 280 new Mental Health Support Teams **in the process of being established** since 2018

- **180 of these are active** in CCGs across the country, covering 15% of pupils
- **104 in training and development**
- **400 in total expected by 2023/24,** covering an estimated 3 million pupils (35% of those in England)

A new role – **The Education Mental Health Practitioner** – has been created, with **curriculum taught across 13 Universities**.

NHS, HEE, PHE and DfE regions are working together with **CCGs and STPs** schools and colleges and national teams in NHSE, PHE, DfE and HEE

An **MHST Manual** and set of **Operating Principles** has been developed

DHSC is commissioning an **Independent Evaluation**