The English Patient

Designing student friendly services in partnership, in the UK

Dr Dominique Thompson
My job?
The reality... Director of the University of Bristol Students’ Health Service
What’s the problem?

Mental health services for the young is NHS’s ‘silent catastrophe’

Survey of frontline staff finds chronic underfunding and redesign of services to blame

Student mental health crisis must be a ‘top priority’, university watchdog warns

Hundreds of thousands of A-level students prepare to receive their results this week.

Girls admitted to hospital for self-harming nearly doubles

Kay Ska self-harmed for two years and one of the reasons was because she didn’t know how to deal with her feelings "in a healthy way".

"I think it was just a lot of confusion, hormones and a lot of image issues," she told Newsbeat.
This...

- Ongoing rising mental health demand from young people
- Observing a shift towards increasing complexity
- Increased pressure on NHS mental health services and higher **threshold** for entry
- Workforce crisis in NHS
- Student Health Service GPs holding more responsibility, greater risk, and feeling limited in degree of input
- Widening participation impact in HE
- Funding cuts in NHS and HE for support/therapy - ‘see your GP’ default!
- Growing queues for GP appts
In other words...

- Unmet psychological needs (distress) + largely ignored demographic (students) = long term negative outcomes for society
What’s the solution?
A psychologist in the room next door!

- Identify groups of HIGH RISK students falling through gaps - in NHS and HE
- Identify where longest waits are for therapy
- Aim to reduce DNAs
- Identify evidence based treatment or therapy
- Design ideal service & pathway
- Locate in student friendly places
- Recruit qualified clinicians
- Define outcomes, and measure (collect data)
- Provide service
- Liaise with GPs & provide training/ support (‘added value’)
- Share success (eg Poster at RCPsych conference)
- Save costs
What are the barriers?
The barriers or challenges

- Money
- Rooms and space
- ‘Politics’
- ‘Territorial’ colleagues
- Insurance/ liability
- Other GPs
- Communicating with many organizations
- Agreeing whose responsibility the provision of care is (uni or NHS)
What to do? (to avoid this!)
Easier access to talking therapy- CBT/DBT in primary care- 2 services

- Create UK’s first ever primary care based Eating Disorders and Emotionally Unstable Personality Disorders (complex self-harm) triage, assessment and treatment services
- For (HIGHEST RISK students)
- Aka First Step and
- SHERPa (Student Health Emotional Regulation Pathway)
BFS (Before First Step...)

- Long waits for appts (9 months+)
- Hospital only (2 buses)
- High DNA rate
- Deteriorated clinically
- 2 step referral- general adult then specialist ED team
- GPs felt less supported and more isolated
- Not student focused eg appt dates
With First Step (now city wide)

- Three primary care based hubs at strategic locations
- Single point of access
- Fully integrated, seamless, stepped care pathway
- Specialist clinicians
- Triage, assess and treat in community, or refer directly to hospital team
Findings: Provision of CBT for ED as effective in primary care as in secondary or tertiary care,
but no association between level of improvement and length of therapy past 8\textsuperscript{th} to 12\textsuperscript{th} session.
What is SHERPа?

- Student
- Health
- Emotional
- Regulation
- Pathway

Mental health: One in four young women struggling

Nick Triggle
Health correspondent

Nearly one in four young women have a mental illness, with emotional problems such as depression and anxiety the most common, figures for England show.

The official NHS report found young women aged 17 to 19 were twice as likely as young men to have problems, with 23.9% reporting a disorder.

Girls admitted to hospital for self-harming nearly doubles

1 hour ago | Newabead

Kay Ska self-harmed for two years and one of the reasons was because she didn't know how to deal with her feelings "in a healthy way".

"I think it was just a lot of confusion, hormones and a lot of image issues," she said.
Who is SHERPa for?

Subgroup of students who present with mental health problems along with characteristics of:

- Personality Disorder Diagnosis - Borderline/ Emotionally Unstable subtype
- Self-harm
- Suicidal ideation
- Impulsivity and other risks
What is the SHERPaaS service?

Single point of referral for GPs to psychologists
General Practitioner – Point of Entry
- Refer to SHERPA information sheet and discuss referral with patient
- Consider risk level – send to crisis team if considered high
- Complete SHERPA referral pro forma and patient note to SHERPA Administrator. Give opt in form to patient

Single Point of Access:
Administrator at SHS
Opt In

Assessment and Formulation
Appointment

Emotional Regulation skills group
During term time

Care Review after group

SHERPA Psychotherapy group
Ongoing group (SHERPA and SCS facilitated)

Care Review after group

Risk

Self-referral to:
- Bristol Wellbeing Therapies Service
- Student Counselling Service, including individual and group support
- Other third sector groups/services

Individual Therapy / Psychological intervention

Liaison/monitoring with Vulnerable Adults Team for academic support

Referral to Secondary Care/Assessment and Recovery Teams
So does SHERPa work?

In short... yes!
Outcomes for SHERPa- 3 year summary

- 138 students completed feedback
- 81% satisfied or very satisfied with wait time
- 99% satisfied or very satisfied with clinician
- 98% would recommend to friend or family
- 98% found classes relevant and helpful
- DERS scores (Difficulties in Emotional Regulation Scale) significantly reduced at end of group AND individual treatment course ie effective in learning to regulate emotions
- CORE score stayed the same for group work (ie less relevant for general psychological distress), but reduced with individual therapy
- Significant reduction in harmful use of alcohol/drugs at end of course
- GP colleagues 100% happy with support and benefit of having SHERPa to refer to and work with
In summary...

Working in partnership- the principles!
Being a partnership ‘ninja’

The Issue
- NHS and Higher Education
- Different drivers/ bureaucracy/ language/ outcomes/ priorities
- Same students!
- Partnership means finding common ground/ shared aims (align to THEIR aims)

The approach
- Persuade both sides of need for new services in primary care
- But frame benefits differently depending on audience!
- Find funding £££
- Communicate face to face (round table)
- Don’t give up!
Dom’s Principles for all ‘Student Friendly’ Services

- Evidence based (as much as possible)
- Keep the pathways simple (and the referral form)
- Single point of referral (& few ‘criteria’)
- Short waiting time to first appt
- Location in student friendly places
- Continual improvement and evaluation (collect data & Proof of Concept)

- Continuity of care / careful with transition of care
- Highly trained and adaptable professionals, motivated to work with students
- See ‘right person first time’ (Battlefield Triage)
- Use IT where possible eg text reminders
- Communicate frequently with colleagues
So one solution to rising demand and complexity is...

- Put the specialist therapies in primary care
  - GPs are happy
  - Patients/ students get better
  - Money is saved!
Why what we do matters
Thank you!

Questions?

- Dominique.thompson@me.com
- @DrdomThompson (Twitter)
- www.buzzconsulting.co.uk

“What I learnt from 78000 GP consultations with university students”