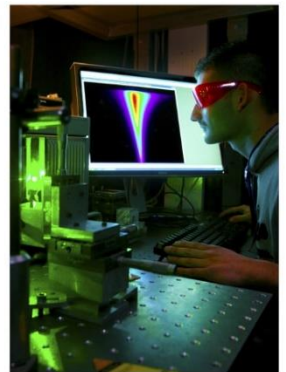
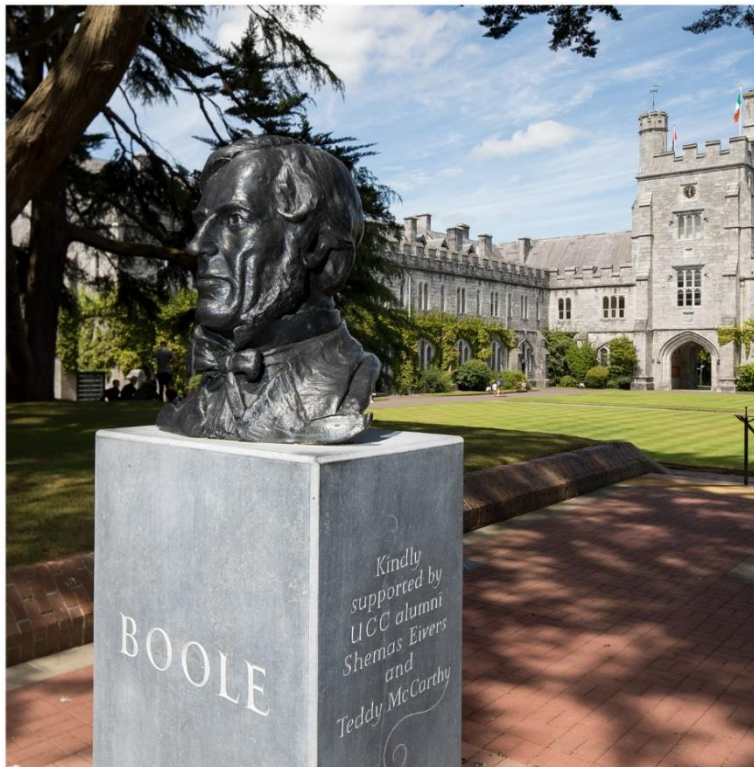




The Student Mental Health and Wellbeing Strategy



UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh



Executive Summary

Prior to COVID-19, there was a recognition that change was needed in the delivery of supports for Student Mental Health and Wellbeing here in UCC. Youth Mental Health has been described as a societal crisis in recent years, with reports of rising numbers and increasing complexity in student presentations. The current pandemic with its associated stressors heightens this already significant issue. It is essential for us to take timely, decisive action to attempt to mitigate the expected surge in presentations of mental health issues in students. Academic year 2020-21 likely to be a time of unprecedented demand on the Student Health Dept, given its central role in responding to the threats posed to the physical and mental health of our students posed by COVID 19. The Student Counselling and Development Dept. is similarly expecting to face unprecedented demand. This increased demand is occurring during a period of particular economic adversity for the university. We therefore need to be creative and resourceful in how we build capacity to flatten the imminent mental health curve whilst meeting the wider health and wellbeing needs of our students.

Priority action areas described in this document are as follows:

Remote Working: There is a need to be fully prepared to support the mental health needs of students remotely via practical measures such as ensuring access to phones, laptops, clinical records, secure video conferencing facilities, adequate scheduling systems and appropriate training.

Building Capacity via Strategic Use of Limited Resources: IT solutions and bought time from appropriately qualified staff could make a significant contribution at minimal cost eg. two days of clinical case coordination, two days leadership in resilience within GAP, an online CBT platform. Exploring the potential of no cost additions eg. Psychiatry Senior Registrar, Assistant Psychologists, Postgraduate trainees in Cognitive Behavioural Therapy (CBT), HSE partnership to deliver Dialectical Behavioural Therapy (DBT). Developing relationships with Research institutions to improve ability for accurate data collection and recording of objectives and outcomes, but also to identify potential future funding opportunities. Identifying over the summer what can realistically be commenced in September within this domain and planning a staff induction accordingly is a top priority at present.

The Organisational Structure of Student Mental Health and Wellbeing Supports: A Mental Health Steering Group chaired by the Director of Student Experience or the University Lead for Mental Health and Wellbeing needs to be established, in addition to a Mental Health Working Group to coordinate universal supports. A Student Advisory Group should be established which will work closely with both groups to deliver a support system responsive to their needs. A university wide "Matched Care Model" is described, to provide a framework and shared language for the supports and initiatives offered to students. This model will help departments understand their role in the system, and overt gaps that need to be addressed.

The Need for Additional Resource: There is a recognition that this may not be possible at this time, but it is prudent to identify and plan for a time when that might change and to identify key priorities for future resourcing.

Student Participation: The Students Union and Clubs and Societies will be supported to form a Student Advisory Group. This group will have representation on the Steering Group and Working Group, to advise as to the priority areas for Mental Health from the student perspective

Staff Training and Support: Additional training offerings for staff to support students. Explore the role of staff support groups to discuss the challenges of supporting students.

CONTEXT

- **Introduction**

The COVID-19 pandemic is an unprecedented international crisis affecting every individual and every organisation in profound ways. The key aim in UCC is to deliver an innovative academic mission, and since this crisis, to establish UCC as a safe place to learn. The core priority now, and in the future, is that students are enabled to progress through a top-class learning experience via a connected curriculum of research-based collaborative enquiry. In addition to leaving with a qualification and the required learning skills for the adult workforce, it is hoped that students will have acquired a specific set of core values and attributes to assist them with adult life from their time in UCC. These core strategic aims are being adapted in the context of COVID, as the University re-opens for academic year 2020-21.

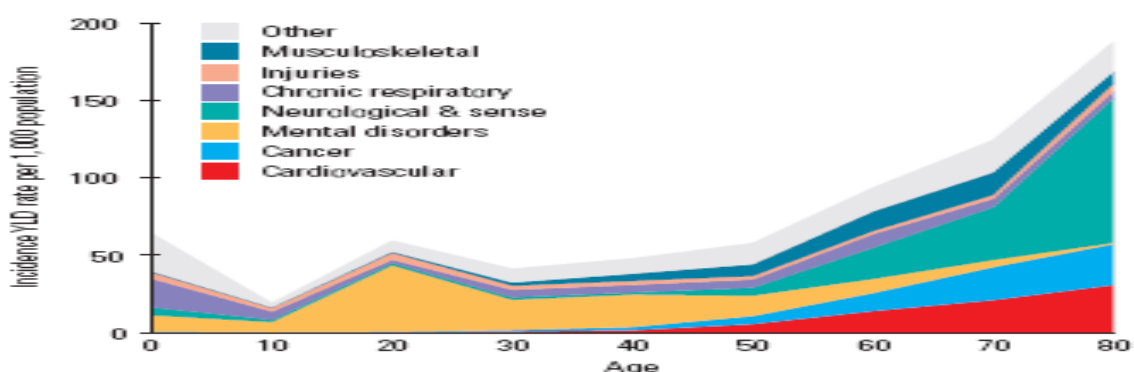
UCC has long identified the holistic welfare of its student body and the importance of wellbeing and health supports as institutional strategic priorities. Poor wellbeing and poor Mental Health significantly impact a student's ability to learn, progress through third level, and attain stable employment. UCC has recognised the need for leadership and strategic planning via evidence informed decision making to support the Mental Health and Mental Wellbeing needs of its student body, as demonstrated by the appointment of a University Lead for Student Mental Health and Wellbeing, a Head of Counselling and Development and a Deputy Head of Counselling and Development in the last 12 months. Progress has already taken place this year because of these changes, but Student Mental Health now urgently needs to be addressed in order to rapidly build and expand on these early successes, respond to the emerging science that COVID-19 is predicted to lead to an additional 25-30% rise in Mental Health issues for young people (Orygen, 2020), and the potential impact a Mental Health surge such as this could have on the university's academic mission. The Student Mental Health and Mental Wellbeing agenda can be best progressed at this point by focussing on the following key priorities:

1. The ability for clinical staff to work remotely
2. Building Capacity via strategic use of limited resources and flexibility
3. The Organisational Structure of Mental Health and Wellbeing Supports
4. Examining the need for additional resource
5. Student participation
6. Staff Training and Support

- **Issues for Students**

Mental disorders are the chronic diseases of young people with the age range of 15-25 being the highest risk. In fact, research has shown that 75% of lifetime mental health disorders commence before the age of 25 (Kessler et al., 2007).

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



The My World Survey 2 in 2019 showed that the already high rates of depression, anxiety and self-harm in young people, reported in My World Survey 1 in 2011, had risen even further (Dooley, 2019). Irish youths have the fourth highest suicide rate in Europe (UNICEF, 2017).

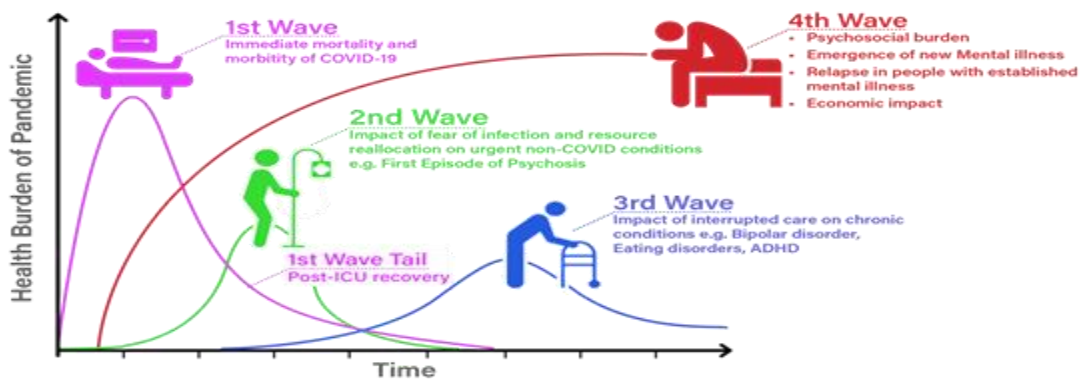
Students report even higher levels of distress than their aged matched peers (Union of Students in Ireland, 2019)(Karwig et al., 2014) and their mental health and wellbeing is increasing in recognition nationally and internationally.

Third level institutions require effective, scalable interventions that are attractive to students to meet this growing need (Brown, 2018). However, there is a developing consensus that the differentiation between student ‘wellbeing’ and ‘mental health’ is unclear, that institutions differ vastly in terms of their service models, without any systematic evaluation, and that coordinated, collaborative data collection on the effectiveness of current care models is essential in informing the future development of services (Duffy et al., 2019). On a positive note, Universities UK have recently released a refresh of the StepChange Framework (Universities UK, 2017) and Orygen Australia have just launched the Global Framework for Youth Mental Health so there is an increasingly strong evidence base to guide us (The World Economic Forum, 2020).

- **Impact of COVID on Student Mental Health**

The United Nations have declared the need for action on Mental Health and Wellbeing during the COVID-19 crisis via a whole system approach and building capacity of Mental Health supports (United Nations Policy Brief, 2020).

Figure 1. The four waves of health need associated with the COVID 19 pandemic



Graph adapted from Dr Victor Tseng – Pulmonary & Critical Care Physician: University of Colorado

There are several features attributed to the psychosocial and mental health burden associated with COVID-19, but the economic impact and social distancing measures are what are likely to impact on students the most, with job loss, loneliness and a sudden requirement to embrace online learning and assessment being an issue. Students have had their college lives disrupted, their exams altered or brought forward, and their economic and employment prospects rendered even more uncertain.

The challenges currently faced by students are not evenly spread, and affect students in different ways, depending on their life circumstances. Mental health problems exist along a continuum from mild self-limited distress to severe mental health conditions, and the COVID-19 crisis effects where a

person might be placed on it. Many students who previously coped well, might now be less able to cope because of the multiple stressors generated by the pandemic. Those who previously had some experiences of distress and anxiety, may experience an increase in frequency and severity of these, and some will develop a mental health condition such as Anxiety, Depression, Self-Harm, Substance Use Disorders, First-Episode Psychosis, PTSD.

Those with established mental illness are particularly vulnerable to relapse, exacerbation of symptoms, and impaired functioning with exacerbation of ADHD, ASD, OCD, Health anxiety, Emotionally Unstable Personality Disorder (EUPD), Eating Disorders a strong possibility due to the social distancing measures, disrupted routines and changes in access to health supports.

We do not have clear data at this point regarding what proportion of students present for help with situational issues or emerging mental health conditions in UCC, but extrapolating from an objective measure at intake in Student Counselling in 2019-2020, 42% scored in the range of moderate-severe levels of distress last year, so we do need to account for the full range of severity in designing our response to it.

1. The Ability for Clinical Staff to Work Remotely

Staff will be guided by the UCC return to work protocol, but it would be prudent to prepare now for remote video consulting. SHD and SCAD will each devise their own arrangements and there is likely to be provision for some face to face work for students with Mental Health issues. This will be limited by social distancing, PPE requirements and the possibility of increased social distancing measures during influenza season, so there is a need to mobilise a response to deliver all services remotely.

This requires the following:

- At an absolute minimum, every staff member to have access to a phone, a laptop, webcam, an office, and HPM by September 1st
- A secure Video Conferencing Platform – Platform to have capacity for Group interventions
- Each discipline (Counselling, Psychology, OT, GP, Psychiatry) to have guidelines for remote practice, including issues on insurance, documentation, remote risk management
- An efficient client scheduling system
- Each department to have a screening process eg. RAG **Red Amber Green** review of caseload.
 - ‘Red’ requires face to face review
 - ‘Amber’ mix of video/ telephone/ face to face
 - ‘Green’ video/ telephone

Clinical Staff adequately skilled to deliver remote work. Training may be required for some staff over the summer and early September to deliver online therapy, groups, workshops, educational webinars

- Regular clinical meetings for staff onsite and offsite to ensure service cohesion and systematise practice
- Embrace flexibility of remote work e.g. many staff are sessional. Potential to schedule team meetings where all staff can attend

2. Mental Health and Wellbeing Supports in UCC and Building Capacity

- **Current Situation in UCC**

There are significant strengths in the current support offerings and wider system context that support the Mental Health and Wellbeing of UCC students. At a service level, staff in SCD and SHD have a broad range of expertise, training, and skills, in addition to their vast experience of attending to Youth Mental Health and Wellbeing in a University setting. Under its new Leadership, SCD transitioned to telesupport offerings within days of the university shutdown, and have continued to provide that service, whilst working proactively towards the introduction of a new model to address waiting lists. This will essentially follow a stepped care, needs-led approach and increase the number of group, psychological therapies and workshop offerings in the future. In the past year, the psychiatry service transitioned to a more efficient use of clinical time, by decreasing the number of initial assessment slots, and introducing brief GP supervision slots, resulting in shortened waiting lists, GP upskilling, and supervisory input into a greater number of cases.

The DSS, ACCESS and Participation, Skills centre (to name a few) contribute significantly to the supports that students receive. Within DSS, a licensed Mental Health Nurse works as the Educational Advisor for students with Mental Health issues. The OT offers effective 1:1 sessions for students which help with their functional capacity. UCC Sports, in addition to delivering top class facilities and supports for elite athletes, achieves huge levels of participation in its programme of activities and clubs.

Students themselves are focussed on Mental Health, as evidenced by the USI report (Union of Students in Ireland, 2019), societies focussed specifically on Mental Health e.g. SAMH, PharmSoc, and the numerous Mental Health campaigns on campus each year.

Several academic staff offer expert contributions to this domain in terms of resilience modules, research projects, and large-scale initiatives eg. UCC Health Matters, SafeMed, Lifematters, the Bystander Intervention, REACT, Everyday Matters

The Graduate Attributes Programme (GAP) has made significant progress in developing a software platform which provides a base structure enabling UCC to build attribute and value frameworks, a content structure, assessments and bespoke individualised student reports, with signposting to learning and wellbeing supports, recognised extra-curricular activities, digital badges and an e-portfolio. GAP has recognised a need for academic and support service input and oversight into this process, and the offerings that might be needed to facilitate the student in working with their results. GAP is collaboratively building the survey content with input from staff in close partnership with the School of Applied Psychology and have worked closely with the Skills Centre, Student Counselling and Development (“Nurturing Bright Futures”) and Everyday Matters on how to roll out a transition programme for first years and promote resilience for students during their time in UCC.

Keep Well, an online platform to promote physical and mental health and wellbeing during COVID, and more importantly to help a person identify if they need help and what to do, is another example of the collaborative potential of informal networks across academia, supports, media and beyond within UCC.

UCC offers a postgraduate training diploma in Cognitive Behavioural Therapy with students, who are licensed Mental Health professionals requiring placement opportunities. The School of Applied Psychology runs a Doctorate in Clinical Psychology Programme in conjunction with the HSE. Students who wish to achieve a place on a DClin training programme regularly seek work experience at the Assistant Psychologist (AP) level, following completion of their BA and Masters. In other universities APs have obtained this experience in Student Counselling services and this is an option that is being considered by the UCC SCD and Student Health services also.

The APC and NSRF are internationally acclaimed research centres focussed on mental health and based within UCC. The Health Innovation Hub, whose focus is to improve patient care via innovative partnerships, is also on site.

In short, there are a lot of supports, talent and expertise within UCC, that were they to collaborate effectively and with some flexibility, on addressing the Mental Health and Wellbeing needs of our students, could make significant gains.

Next steps to be considered:

- SCD to continue its work on its future model of care, building on its group and workshop offerings, overtaking training needs and gaps, and addressing them
- Building momentum within Keep Well as a one stop shop for information and guidance on mental health and mental wellbeing and a core contributor to UCC Health Matters, the overarching project responsible for implementing UCC's move to be accredited as a Health Promoting University by Healthy Ireland under the Health Campus initiative. This can be achieved via a Mental Health project team with protected time from their departments where this is feasible, with representation from GAP, SCD, SHD, ACCESS and Participation, Sport, Peer support and Students. Campaigns on universal mental health and wellbeing measures such as the importance of good sleep, physical activity and reducing the adverse consequences of alcohol and drug use need to be prioritised next semester.
- Consider deployment of an Academic Staff member on a pilot basis to lead on Resilience within the GAP. This person would be a core team member on the Mental Health project group, co-lead a Step Change self-accreditation process, develop and collate universal self-help measures, and lead on embedding Mental Health and Wellbeing into the academic curriculum across Colleges. This would be further evidence of UCC's commitment to the Health and Wellbeing of its Students and provide additional leadership and coordination in a fragmented but hugely important area. An alternative could be to buy some time from a number of identified Academic staff
- Appoint a Case Coordinator to work across SHD, SCD, and DSS. As interim measure, a two-day pilot of deployment of DSS advisor to this new role. Job description to be adapted to reflect the time commitment and safeguard against blurred boundaries of dual roles and discussions in train with HR (will remain as advisor 3 days)
- DSS to explore Coaching and OT Groups from outside organisations to build capacity
- Develop research partnerships to advise, guide and report on an integrated enhanced primary care and counselling service, and a whole system approach to mental health and suicide prevention
- Progress discussions to offer CBT placement opportunities within SCD and SHD to expand on the range of therapeutic offerings and build capacity, in advance of a further surge in demand. Their supervision would be within their training programme but they would report to the Psychiatrist within SHD and HC/DHC within SCD
- SCD to progress conversations about the introduction of APs
- GAP to purchase online CBT platform – Silvercloud. SCD, SHD, and Mental Health project team to guide on implementation strategy. If integrated appropriately, it will augment 1:1 offerings within SCD and SHD and should result in a decrease in numbers of sessions. There are standalone modules on stress, resilience and sleep, that were they to be embedded within the teaching curriculum and assigned credits, could have a significant impact on primary prevention. It could form part of the response from the Exams office for the escalating numbers of students requesting accommodations. Training for SHD and SCD would need to happen in early September and a pilot school identified to trial it as a credit bearing module within the curriculum. Caution needs to be exercised against launching it without an implementation strategy. It is unlikely to have great uptake and augment our offerings if it is released to the student body without a staff support system (staff member recommends and offers light support throughout the programme). UCC already provides a weblink to CBT informed handouts, Silvercloud is NHS endorsed (and therefore has proven cost effectiveness), is interactive digitally and has the potential to provide much more than that

with the right support. Within SCD and SHD, identifying a Silvercloud team lead would be helpful, to support staff in its use, and monitor its uptake.

- **The External Environment in Relation to Mental Health and Wellbeing**

Outside of UCC, and within the HSE, Cork has two Early Intervention in Psychosis teams covering most of the catchment areas within which students reside, and the National Clinical Lead for DBT (a therapy for a significant subset of students most likely to struggle to access the care that they need)

The new Leads have joined existing networks and established additional ones externally including: PCHEI, ISHA, AMOSSHE, UUK, IAYMH, IEPA, the College of Psychiatry of Ireland, the HEA Connecting for Life Working Group, and the National Clinical Advisor Group in HSE Mental Health Services.

PCHEI have made significant progress in their aim to establish a minimal dataset across Student Counselling services in Ireland and towards recommending standardisation of same across HEIs. This will progress the ability of HEIs to accurately report their work and facilitate comparisons and sharing across institutions to improve counselling supports for students.

The Higher Education Authority Connecting for Life Working Group has produced a final draft of a National Student Mental Health and Suicide Prevention Framework, which includes a whole institutional framework with guidelines for HEIs to follow. There was representation across disciplines which is useful in advancing the overall agenda of Student Mental Health versus focussing solely on the needs or agenda of one organisational body or discipline

The College of Psychiatry in Ireland is progressing towards Faculty status a Special Interest Group for Youth and Student Mental Health in Ireland. This would be a significant step towards specialty status recognition for Youth Mental Health and is part of an international collaboration on “the system is weakest where it needs to be strongest” (i.e. traditional paediatric-adult split does not serve mental health). Ultimately, this would lead to better integration between child and adult services, primary and secondary care, and a need for Specialist Registrars to train in Student Health.

REFOCUS (the Recovery Experience Forum of Carers and Users of Services) within the College of Psychiatry influences all aspects of College business via the incorporation of the service user experience into planned developments. Diarmuid Ring of UCC has been invited to Co-Chair this group this year whose focus will be on how to support families of individuals with mental health issues. He will report back his findings and feedback any ideas that may be transferable to the student context.

The NCAGL HSE report on the “Mental health impact of COVID 19 in Ireland and the need for a Secondary Care Mental Health Service” that Student Health participated in writing has now been included in the “Continuity of Care Framework” led by Anne O’Connor and Colm Henry. It includes sections on Youth and Student Mental Health and the need for vertical integration from primary to secondary care. An abridged version is in press in the Irish Journal of Psychological Medicine and we hope to form, or at least inform, the operational group that emerges from it.

Crisis textline has recently launched nationally (TEXT 50808), and UCC were very fortunate to be a pilot keyword partner since January. It is a very useful additional offering to our suite of supports for students, particularly in supporting them out of hours, and during the initial shutdown with COVID. We look forward to receiving UCC specific data from them at the end of year one.

At the primary care end of the spectrum, the government has invested 1.1 million in online supports in recent weeks. Spunout offers excellent tips and online advice for young people. Jigsaw offers excellent Health promotion tips and is an exemplar for us to model in terms of youth participation and data collation, but its scope is limited in terms of actual interventions, offering short term face to face

intervention to approx. 50% of contacts (O’Keeffe et al., 2015). Pieta House is fully operational via telephone and My Mind via videoconferencing.

Next steps within the external environment might include:

- Liaising with Pieta House and MyMind in addition to other HEIs regarding the operationalisation of remote clinical work
- Modelling our overall data collection and youth participation on Jigsaw – the development of a strong Student Advisory Group (consider small salary for student lead)
- Remind networks, Government, Dept of Health and HSE that student support services, **not** primary care NGOs (who attract significant funding), deliver actual care to the highest number of young people in the 18-25 year old age range at every opportunity via social media, position paper, press statements, educational webinars
- Enquire into the ringfenced €2 million for student mental health to agitate for UCC receiving proportional funds
- Liaise with HSE to do an Early Intervention in Psychosis campaign – raise awareness and decrease the duration of untreated psychosis
- Progress DBT working group work to date on HSE-UCC partnership for introduction of DBT skills groups to campus, and improved access to evidence-based supports within HSE for students with higher risk behaviours. No cost to date, and DBT lead exploring funding streams
- Special interest sessions for SpR in Psychiatry from September – 1 clinical session, and 1 research session. Cost to UCC is additional medical indemnity cover. Adult ADHD training opportunity identified for the SpR in advance at no cost via National Clinical Programme. Await clearance from HSE Consultant and Executive Clinical Director.

3. The Organisational Structure of Mental Health and Wellbeing Supports in UCC

As outlined above, there are a number of personnel and situational factors that with effective coordination and collaborative partnerships would place UCC in a very strong position to take a leading role in how Third Level institutions respond to Student Mental Health and Wellbeing. However, beyond additional resourcing, there are a number of changes within the organisational framework and governance structure, that would likely lead to significant improvements, without additional investment.

Support services and research initiatives are largely siloed, which on the clinical side can lead to duplication of effort, risk, and students falling through the cracks. On the wellbeing side, staff can invest enormous time and energy in developing a new resource only to discover that another department previously developed such an initiative. (Diagram 1)

A University Lead for Mental Health and Wellbeing (UL) was appointed 0.4 FTE 36 weeks p.a. for 3 years to lead out on a project to develop a whole institutional approach for mental health and wellbeing from September 2019. This was an entirely new role demonstrating UCC’s identification for a need for Leadership in this area. A new Deputy Head of Student Counselling and Development (DHC) was appointed in September 2019 and a New Head of Student Counselling and Development (HC) in January 2020 in recognition of the long overdue need for consistent leadership in SCD since the departure of the former Head.

With the benefit of reflection on year one, for these roles to be even more effective, they need to be more clearly understood, and the role of University Lead needs to be embedded more clearly within the organisational structure, and the project resourced accordingly.

At present, the University Lead functions largely as a figurehead, or subject matter expert. There is no project team and the effectiveness of the project to date is solely based on informal collaborations and relationship building. While these are crucial elements to any leadership position, the primary task can get lost when competing priorities, or stress prevail. COVID is a stressful time and there needs to be a system in place to safeguard against lost progress and role confusion.

To develop a whole institutional approach for mental Health and Wellbeing, the University Lead requires access to how SCD, SHD, DSS, GAP, Peer Support and other departments are addressing the Mental Health needs of our students. Within the clinical support services (SCD, and SHD), this can be easily achieved via scheduled meetings with rolling agenda e.g. numbers presenting, interventions offered, DNAs, Cancellations, clinical outcome measures, overlapping presentations to both services. The Lead would share information on the wider context that would support both services in how they plan their response to Student Mental Health and Wellbeing.

SCD and SHD are two completely independent services and have no formalised process in place to discuss case management of students attending both services with Mental Health issues. There is no scientific rationale for this approach, and it is largely related to stated preferences, funding streams, historical issues and factors connected to how busy each service is in meeting the day to day workload of what are demand-led services. Students tend to present to the service they want but it might not always be the one that they need. Apart from the obvious potential for more efficient working practices and less duplication of effort were the services to be better integrated, it would likely foster healthier interdepartmental communication and relationships, which would have a knock-on benefit for students.

Shared electronic records for people who reach threshold for a mental health diagnoses (Step 3 on New Model – see diagram) would be ideal, but failing that, regular multidisciplinary meetings to ensure students are where they need to be, and in more challenging cases, to allow healthy multidisciplinary debate and discussion around management. Improved multidisciplinary communication would serve the students better and streamline resource allocations towards student need versus an individual department.

Next Steps to consider:

- Identify the Mental Health and Wellbeing Reporting Structure at an Organisational Level (– see suggested Matched Care Model)
- Identify a Steering Group to lead on a collaborative development of a UCC Mental Health and Wellbeing Strategy, Framework and Implementation Plan. This group's role is to identify key priorities, funding allocation, service reconfiguration, project approval. Proposed membership to include but not limited to: Director of Student Experience (Chair), Head of SHD, University Lead for MH and Wellbeing, Head of SCD, Head of ACCESS and Participation, Head of Sport and Physical Activity, SU, Clubs and Societies, Senior Staff Member from each College
- Identify a Core Working Group across Support Services and Academia, to deliver on identified objectives, Membership to include University Lead for MH and Wellbeing, nominated staff member from SCD, SHD, Access and Participation, Sport and Physical Activity, GAP, Peer support, International Office, GAP, Academic Staff with demonstrated interest and expertise, Student reps
- Schedule weekly operations meeting with UL, HC and DHC. This meeting is essential during this period as SCD are undergoing a period of significant change. Success of the overall model is contingent on complete clarity on what elements of the model SCD is adequately covering

and what gaps or risks remain (on the understanding that no single department would be expected to deliver on all components of the model, and supports would need to be built around SCD to enable it to function optimally). A weekly update of numbers presenting for help, where they fit on the model, and what interventions they are offered and availing of would enable swift action and modification if problems are emerging within the model

- Schedule regular multidisciplinary clinical triage meetings and extended case discussion sessions to devise care plans for complex cases
- Circulate the UCC Matched Care model to relevant Stakeholders
- Educate SCD and SHD on this organisational framework
- Once agreed, educate wider staff and supports on the overall framework via series of townhall webinars next semester
- Services to develop their own internal Standard Operating Procedures/Standard Clinical Procedures to support and implement the Matched Care Model.

- **The Matched Care Model**

The UCC vision for Student Mental Health and Wellbeing is that UCC is an “Early Intervention University”, offering the right care, in the right place, at the right time. A very simple principle, but incredibly difficult to achieve, as students do not necessarily present to the place they need to for help. This is why a whole systems approach is so necessary, with a tiered/stepped care approach, with health promotion, mental literacy and education for staff and students to support others, inclusive design curriculum and fast access to an integrated support service when needed.

Ultimately, we would hope to offer students a ONE STOP SHOP support structure: multiple access points to an integrated model of care with seamless transitions across services. We would like for all staff and students to understand fully the services available to them, and to provide transparent communication on waiting lists, assessment processes, and available treatments.

The matched care model puts structure on our fragmented response to Student Mental Health and Wellbeing in UCC (diagram 2)

The model will help us to immediately understand what is on offer for students, overt obvious gaps in terms of offerings, mobilise a shared language and coherent approach across the university in our response to Mental Health and Wellbeing, and help us to plan services and initiatives in a more strategic way going forward.

The University Lead will have oversight of the Matched Care Model and reports to the Head of Student Health. The Model will be guided by the UCC Mental Health Steering Group or Taskforce, the Healthy Campus/HealthMatters Framework and ideally external accreditation via the JED foundation, and self-accreditation via the StepChangeFramework (if resourced with an RA and protected time from Academic Staff).

There are four steps within the model:

Step 1 refers to universal supports for all students in safeguarding their mental health and wellbeing, promoting resilience and support to step up their own response and support system at times of stress. The University Lead and Keep Well initiative will have overall responsibility for this stage, with Student Counselling, Student Health, Graduate Attributes, the Skills Centre, the Student Union, Peer Support, the Wellbeing Coordinator leading the development of offerings within this category.

Step 2 refers to supports for students who require some professional support, but do not meet criteria for a Mental Health condition. The Head of Student Counselling will have oversight and responsibility

of this stage. These students will be encouraged to mobilise and avail of the supports within Step 1, but in addition, will be offered a supported online CBT programme by a counsellor and/or 1-4 1:1 Student Counselling sessions.

Step 3 refers to supports for students who require a higher level of professional support and may even meet criteria for a Mental Health diagnosis (approx. 42% of presentations to SCD). The Head of Student Health (HH), HC and UL will have oversight of this step, but the Psychiatrist, CP/DHC and the GP representative for Mental Health will lead the implementation of it. These students will be encouraged to avail of Step 1 supports, augmented and supported Silvercloud offerings (possibly via GP, 1:1 counselling sessions with focussed supervision from the HC and DHC and ideally access to the therapeutic modality with the strongest evidence base for their issue. In some cases, they will be offered OT and case coordination.

Step 4 refers to supports for students who require full multidisciplinary support. The psychiatrist will have oversight of this group and be available to the GPs to advise on the pharmacotherapy options available, in some cases offer assessment herself, and help make the decision to refer to the HSE. We are an enhanced primary care and student counselling support service, not a replacement for HSE care, however, we recognise that there is an entry threshold to access secondary care and we will endeavour to be a supplementary service to that offered by the HSE and other services in the community.

Our aim is to provide evidence informed care, or research based enhanced clinical care, and with minimal additional resourcing (eg. APs, CBT students, online CBT platform, RAs), we will be in a stronger position to assess the effectiveness of our offerings within SCD and SHD by agreeing a minimal dataset across both services and constantly reviewing the model at our weekly operational meetings.

4. The Need for Additional Investment

The above suggestions are working from a premise that there will be no new investment in the Mental Health and Wellbeing supports for students in UCC at this time. However, there is of course a case to be made for additional meaningful funding at this time, due to the pre-existing escalating needs in students, and the predicted 25-30% increase due to COVID (Orygen 2020), and its likely impact on academic ability. Nonetheless, there is a recognition that in the current climate, additional resourcing cannot be sourced from core university budget for Mental Health and Wellbeing.

That said, if additional funding were to become available nationally in recognition of the emerging Youth Mental Health crisis or via the release of the ringfenced €2 million for mental health supports in Higher Level, via philanthropy, the student hardship fund, or an innovative Health service research collaboration in the future, it would be helpful to have a clear sense of prioritisation for future resource allocation (Appendix 1).

5. Student Participation

Youth Mental Health and Wellbeing is a major societal issue and young people take it very seriously. Mental Health receives 6% of the Health budget, which is half of what is spent in most other European countries, despite the alarming rates of mental ill health and suicide reported in our young people. Young people themselves are likely to be at the forefront of the movement to increase funding for Mental Health. The current Student Union in UCC describes themselves as a Welfare Union and are committed to this area with plans afoot to develop their own Instagram Channel of KeepWell. This

passion and enthusiasm is to be welcomed and celebrated and will contribute greatly to the Mental Health and Wellbeing of the student body if it is given a coherent forum and some guidance.

The Global Youth Mental Health Framework identifies Youth participation as core to the development of any successful youth mental health initiative (The World Economic Forum, 2020). With the help of peer support, clubs and societies, and the Student Union, a priority in September will be to establish a Student Advisory Group for Mental Health and Wellbeing. The Leads from this Group would sit on the Mental Health and Wellbeing Steering Group and Core Working Group.

Next steps with Students:

- Invite SU to collate key student stakeholders
- Source Mental Health literacy training for students
- Augment student representation on formal KeepWell Channel
- Identify key campaign priorities for next semester for students to help lead out on eg. Sleep, physical activity and alcohol and drug use
- Explore with students the key role family and friends can have in supporting their mental health and wellbeing needs, and what role UCC might have in facilitating that eg. family section on KeepWell, information at induction

6. Staff Support and Training

The Mental Health and Wellbeing of Staff is a crucial component of the Mental Health and Wellbeing of the students, so while Staff Wellbeing is under the remit of HR, it is important to collaborate effectively, advise on offerings that are useful for all, and include HR in overall wellbeing initiatives e.g. KeepWell and the Healthy Campus initiative. It is particularly crucial in the clinical support services that staff mental health and wellbeing is supported e.g. via Balint groups, reflective practice, and supportive work practices, as burnout and stress in staff will have a direct negative impact on the service that students who attend for support receive. Clearly defining new ways of practice due to a new model of care, and social distancing will go a long way towards achieving that, together with training, supervision and external facilitation during the change process.

- The same applies to staff in the wider community. With specific regard to the Mental Health and wellbeing of *students*, staff need support and guidance/training in how to support students with mental health issues. The PCHEI *Identifying and Responding to Distressed and At Risk Students* is one such programme and is always popular with staff and oversubscribed. Additional offerings need to be considered in the future via collaboration with HR. At present SCD are developing a short accessible online training to support staff to support students

Next Steps with Staff

- HR to identify a staff member to join the Mental Health and Wellbeing Working group
- Academic Advisor to GAP to liaise closely with HR around staff training and support
- Embrace remote work possibility to scale up the PCHEI training for staff – liaise with HR for this to become a mandatory requirement for staff
- Source and advise on shorter staff trainings eg. Zerosuicide, Charlie Waller Memorial Trust (small donation required). Encourage HR to progress these offerings
- Mental health literacy training
- Consider a virtual staff advice or support forum, informed by Schwartz rounds

Conclusion and Next Steps

COVID is an unprecedented crisis causing a significant negative impact on the Health and sustainability of our institution. There is already significant evidence to suggest it has a detrimental impact on Mental Health of all people and could lead to a 25-30% rise in issues for young people (Orygen 2020). In UCC, we have been planning to redesign our response to Student Mental Health and Wellbeing prior to COVID, we now need to double our efforts to do so effectively.

We need to ensure that we can deliver the supports we were offering prior to COVID and be prepared to do so remotely. In addition to that, we need to rapidly explore all options to build capacity at minimal cost and in a timely fashion eg. DBT partnership with HSE, CBT offerings via online Silvercloud platform and partnership with the Postgraduate training programme, SR in psychiatry, nurse keyworker, APs. The SHD and SCD need to rapidly develop systems for improved clinical information sharing, effective multidisciplinary work, and accurate data collection on resource utilisation. An induction needs to be planned for in September to familiarise staff in SCD and SHD with remote working arrangements, any new developments in interdepartmental communication, additional therapeutic offerings and how to access them, and training in Silvercloud: with identification of key staff who will lead on its implementation. This will facilitate a more systematised approach in the delivery of care to students, create a shared understanding of what is on offer from September, and what our main service development aims are throughout the next academic year.

A new overarching framework for Student Mental Health and Wellbeing “The Matched Care Model” needs to be agreed and communicated across the university, with oversight from a Mental Health and Wellbeing Steering Group/TaskForce. This group will determine ongoing strategic priorities, funding opportunities, and resource allocation should resources become available in the future.

Universal supports and wellbeing offerings (Step 1 on the model) will be mobilised via a Core Working Group led by the University Lead for Mental Health and Wellbeing with representation from several key stakeholders eg. SCD, SHD, DSS, Sport and Development, Peer Support, Students, GAP, skills centre. This group will follow the Mental Health and Wellbeing action points of the Healthy Campus Framework as defined by Health Matters, and Keepwell will serve as the online platform to communicate offerings and initiatives created from this group.

The development of a Student Advisory Group via close collaboration with the Students Union and Clubs and Societies will have a key role in any service developments and university initiatives and representation on the Steering Group and Working Group.

And finally, staff support and training will be recognised and prioritised in recognition that the Mental Health and Wellbeing of our students is everybody’s business and that healthy staff are crucial to the Health of the organisation.

Appendix 1:

The following additional staff would greatly increase capacity for us to move towards a more integrated, needs led and evidence informed support system

- 2 RAs to collate data within SHD and SCD to inform the effectiveness of our model of care and clinical interventions. We need to accurately measure the effectiveness, acceptability and impact on academic function and student life of our interventions and model of care. Having staff dedicated to this task will rapidly guide and shape the future direction of services, quickly identify students who are struggling and accessing multiple services, and overt the gaps and risks in the system that we need to address as a priority. Having accurate data at our fingertips would also generate the possibility to apply for research grants in the future to support the delivery of innovative care.
- 2 mental health nurses with keyworking responsibilities would greatly increase the capacity for psychiatric oversight of step 4 and even step 3 on the model. Mental Health nurses can conduct initial assessments which frees up consultant time for supervision and input into the care of a greater number of cases. They would also greatly enhance multidisciplinary team functioning. Consideration could be given to placement of one within SHD and one within SCD as a pilot. Many have additional training in counselling or psychological therapies which would enhance the capacity of individual and group therapeutic offerings. They could certainly provide supported Silvercloud coaching sessions at a minimum.
- The above 4 posts could be condensed to 2 if mental health nurse positions were tasked with data collection and report generation responsibilities. Therefore, these two additional staff members would add a significant contribution to the support offerings, service evaluation capacity, and communication pathways between SHD and SCD
- 2 OTs. 1 OT role at universal and targeted levels to work across the Skills Centre/CIRTL to run universal digital badge offerings on wellbeing and work with academic colleagues to develop wellbeing in the curriculum in line with the Academic Strategy. The "at risk" groups could include mature students, first year students, international students, students who are parents or carers, post graduate students, Sanctuary scholars, Quercus scholars, students registered with DSS. An additional OT within support services would make an important contribution to MDT for students with a diagnosed mental illness, and a leading role in supporting students with ADHD and ASD.
- A Student Lead for the Student Advisory Group – Jigsaw employs young people to sit on its board, various committees, and advise on service design. It attributes much of its success to this youth participation strategy. Having an employed lead to organise and collate various groups and individual students within UCC who have a desire to contribute to this area, would greatly help organise the collate the numerous campaigns and activities students run each year as well as ensure meaningful input from students in how we can best design our supports for their Mental Health 2 OTs. 1 OT role at universal and targeted levels to work across the Skills Centre/CIRTL to run universal digital badge offerings on wellbeing and work with academic colleagues to develop wellbeing in the curriculum in line with the Academic Strategy. The "at risk" groups could include mature students, first year students, international students, students who are parents or carers, post graduate students, Sanctuary scholars, Quercus scholars, students registered with DSS. An additional OT within

support services would make an important contribution to MDT for students with a diagnosed mental illness, and a leading role in supporting students with ADHD and ASD.

- 1 RA on the KeepWell Initiative and to assist with StepChange self-accreditation. Step 1 on the Matched Care Model encompasses the area of universal supports for all students and targeted supports for certain groups eg. mature students, first years. Currently, there are a large number of initiatives, individuals, and projects in UCC within this domain. The KeepWell initiative and a Core Working Group will help to organise these supports, but having an RA would allow thorough collation of activities and mapping of same in relation to National and International Charters and Frameworks as they relate to Mental Health eg. Stepchange and the mental health sections of the Healthy Campus Framework
- Resilience Lead within GAP as described above
- 2 psychologists/CBT therapists. There is a felt sense within SCD and SHD that the students who fall into Step 3 and Step 4 on the model are the most likely to consume the most resources. This has a huge impact on waiting lists. Offering specific time limited interventions to the significant subset within these groups who meet criteria for certain Mental Disorders (eg. EUPD, BPD, GAD, Panic Disorder, OCD, social phobia etc) should help to address this issue. There are staff members who have some CBT training who could be asked to focus predominantly within this domain, but when it comes to additional hires to the SCD, staff with CBT or DBT backgrounds need to be prioritised

The following additional projects would greatly progress service development and the wider agenda

- Expert outside Consultation via the Tavistock Group to move from siloed Clinical Services towards a more integrated Enhanced Primary Care Mental Health and Counselling Service
- External accreditation to the new service model via IAPT
- External accreditation of the whole system approach to Mental Health and Wellbeing via the JED foundation

Diagram 1: Current UCC system in relation to Mental Health and Wellbeing

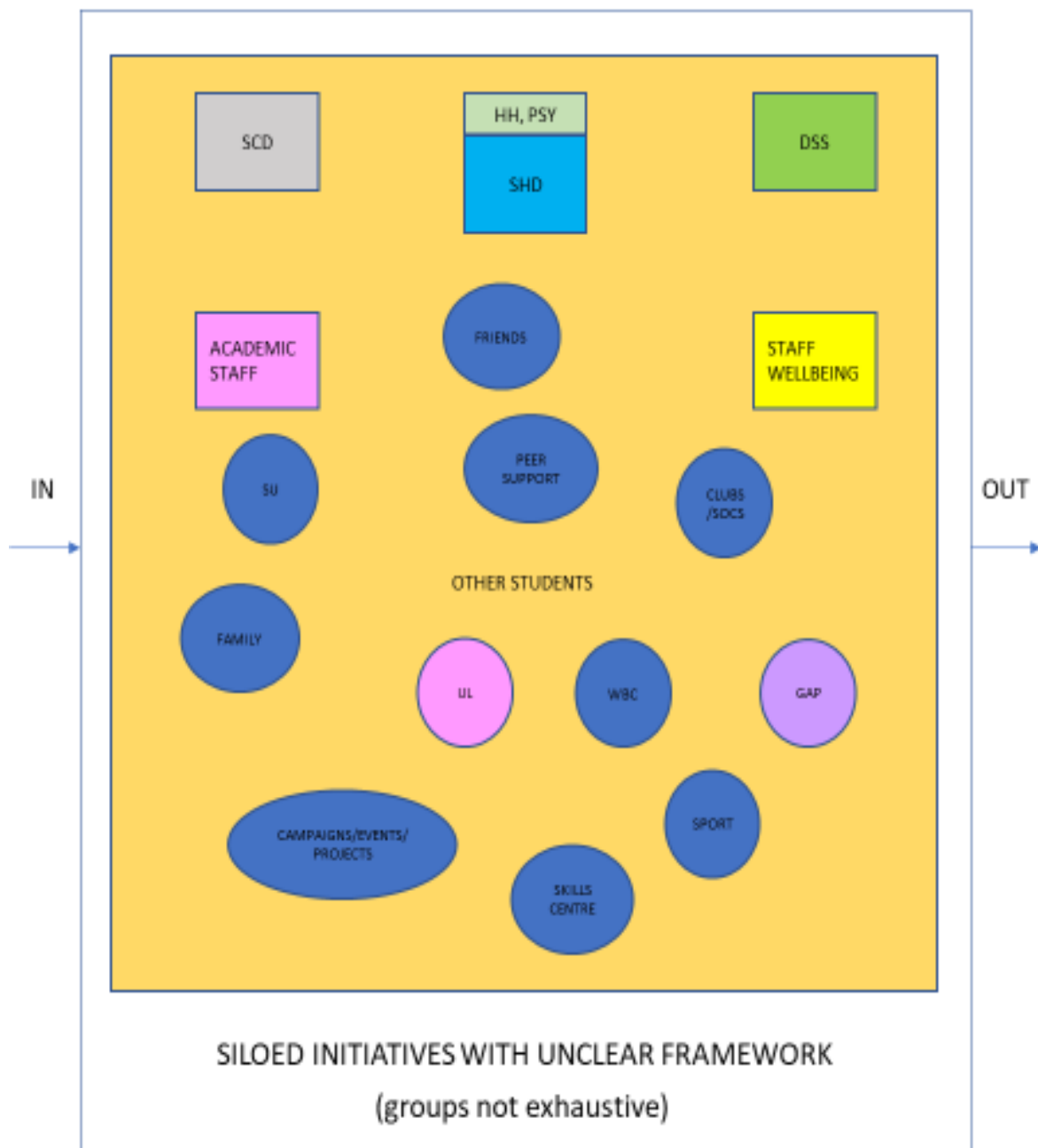
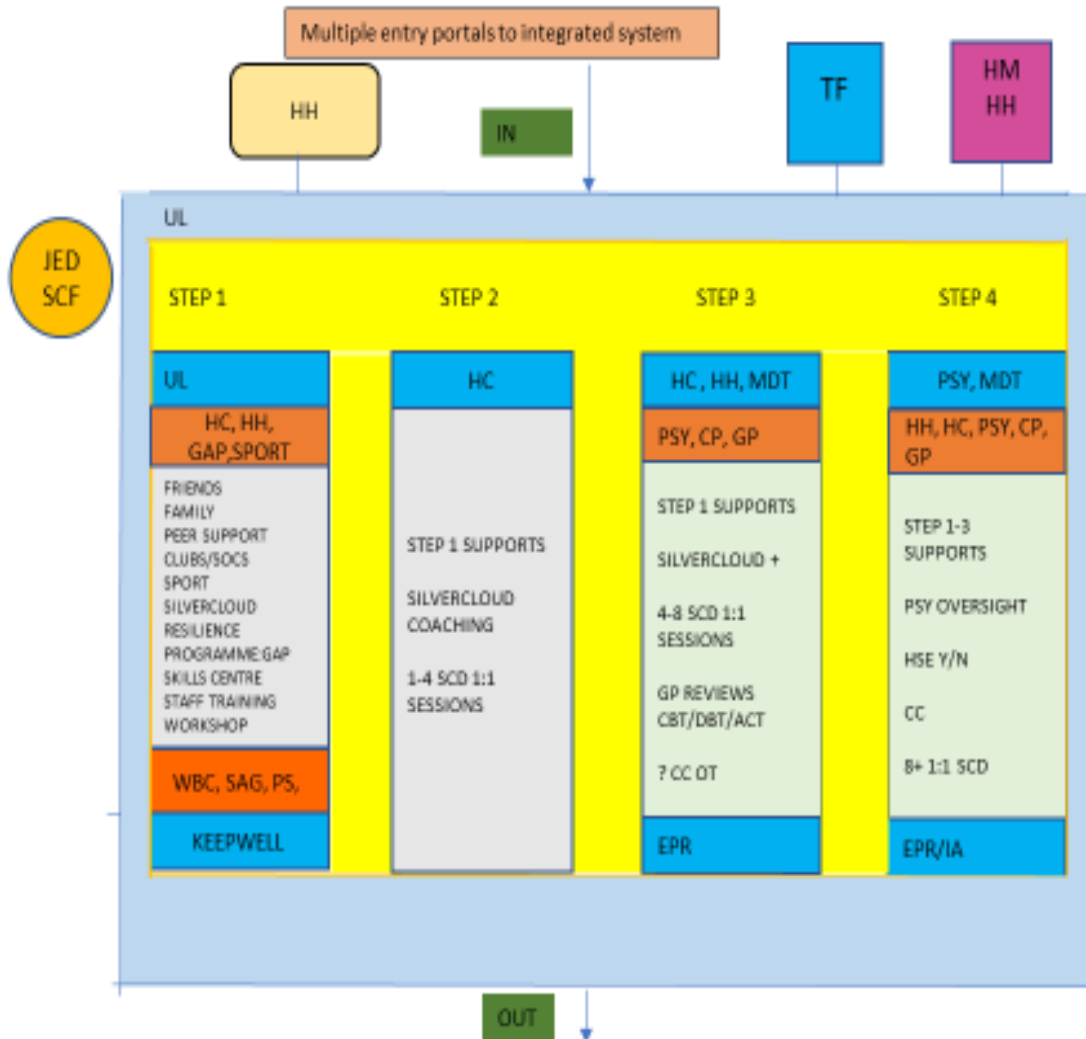


Diagram 2: Future Organizational Structure for Mental Health and Wellbeing in UCC



ABBREVIATIONS:

- Head of SH and WB/HH – Head of Student Health and Wellbeing
- TF - Steering Group/Mental Health TaskForce
- JED SCF – JED Foundation and StepChange Framework
- HM – HealthMatters/Healthy Campus Framework
- UL – University Lead for Mental Health and Wellbeing
- HC – Head of Student Counselling & Dvpt
- CP – Psychologist
- PSY – Consultant Psychiatrist
- GP – Student Health GP Mental Health Rep/Lead
- WBC – Wellbeing Coordinator
- SAG- Student Advisory Group, PS – Peer Support
- GAP – Graduate Attributes Programme
- EPR – Shared Electronic Record
- IA – Agreed initial assessment document
- CC – Case Coordination

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Diagrams formatted by Kasturi Chakraborti