

**Summary of NSPA discussion: Schools, Colleges and Universities, 18<sup>th</sup> November 2021**

Challenges	Ideas and suggestions
<p>Lack of specialist support available for students:</p> <ul style="list-style-type: none"> <li>• Wide-spread experience that universities, colleges and schools are increasingly responsible for students who are at risk while they wait for referrals to specialist services but don't feel qualified for the support needed</li> <li>• There is currently a long wait time for CAMHS assessment and sometimes students don't meet the criteria for support so are returned to care of school/college/university or fall through gaps in support</li> <li>• Students can fall between adult and children's mental health services, or need to start process again if turn 18 while waiting for support</li> <li>• The boundaries of what is expected by unis and colleges is being more and more stretched</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health nurses in schools could bridge the gap between education and local MH services</li> <li>• Develop links with local government to ensure know about new services from council, mental health trust or voluntary sector</li> <li>• Develop a school or university suicide prevention strategy. Bournemouth's 3 universities have developed a joint suicide prevention strategy – read more <a href="#">here</a></li> <li>• One university set up 'Emotion management' group using DBT principles, 1 hour for 10 weeks. Reduced referrals and reduced returns to wellbeing service as more confident to cope</li> <li>• Group for male students, informal, easy to access, share problems</li> <li>• Relaxation group to help those struggling with anxiety – very common at present</li> <li>• Empower wellbeing staff to do safety planning</li> <li>• Explore social prescribing options</li> </ul>
<p>Information sharing:</p> <ul style="list-style-type: none"> <li>• Challenges of consent vs safe-guarding in data sharing</li> <li>• Lack of sharing information with services, particularly if not in the same local government area</li> <li>• Schools not informed if a student has been in contact with services or at A&amp;E related to mental health, so unable to provide support</li> </ul>	<ul style="list-style-type: none"> <li>• Develop data sharing agreements or terms of reference with local mental health trust and GPs</li> <li>• See Government's Consensus Statement on information sharing and suicide prevention (<a href="#">here</a>)</li> <li>• Build strong relationships with mental health providers in your area</li> <li>• Join up with other education providers in your area to share knowledge and have more influence over local services and engage at a strategic, not an individual level, as individuals can move on</li> <li>• Hold regular (weekly, fortnightly, monthly) meetings with crisis teams, early intervention teams, liaison teams – to discuss students under their care and under care of school/university</li> </ul>

	<ul style="list-style-type: none"> <li>• Create a relationship with the NHS liaison team - whilst they can't give details they can inform you if a student has been in their care</li> <li>• One university has a person on duty every day to receive out of hours reports from mental health liaison team, so can respond quickly</li> </ul>
<p>Staff anxiety and support:</p> <ul style="list-style-type: none"> <li>• Often a small number of staff who are responsible for wellbeing are left to support growing numbers of at-risk students</li> <li>• Smaller education providers might only have one or two staff to provide mental health support, and no specialist training</li> <li>• Mental health and well-being staff feel unsupported and isolated</li> <li>• If a student mentions self-harm or suicidal thoughts teachers/academics will refer to well-being service and may have unrealistic expectations of what is available or possible</li> <li>• Education settings can feel blamed when there is a death by suicide, and staff can feel responsible</li> <li>• Education staff are also at risk – need for training and supervision for staff</li> <li>• Teachers are very busy, and it can feel a lot to add responsibility for mental health and suicide prevention as well</li> </ul>	<ul style="list-style-type: none"> <li>• Take a whole-university/school approach, there is no mental health for students without staff mental health</li> <li>• Training for academics, administrators and others on how to respond to student mental health concerns, including what to do in a crisis, where to signpost students who are struggling, information sharing and boundaries</li> <li>• Create a brief overview of what student wellbeing service can and can't do – clarify for students, staff and local services</li> <li>• Give all wellbeing staff effective supervision, either 1:1 or group can help, and not just to focus on practice, but also emotional impact</li> </ul>
<p>Supporting specific populations:</p> <ul style="list-style-type: none"> <li>• Overseas students – need a diverse workforce to make it easier for students to reach out and support them in a culturally sensitive way</li> <li>• Older, including post-grad students are not always supported</li> <li>• Some young men who reach crisis point are unknown to services - how do we encourage young men to seek help sooner?</li> <li>• Specialist schools for students with multiple challenges – young people often don't have consistent support</li> <li>• Students doing research on difficult subjects can experience vicarious trauma</li> </ul>	<ul style="list-style-type: none"> <li>• One university using a 'Student Assistant Programme' from an external provider, offers BACP counsellors on the phone 24/7, including in lots of other languages</li> <li>• Develop resources and reach out to post-graduate students</li> <li>• Consider vicarious trauma in ethics process and risk assessments</li> </ul>

<ul style="list-style-type: none"> <li>• Students with additional needs can be pushed between mental health and additional needs services</li> </ul>	
<p>Postvention and bereavement support:</p> <ul style="list-style-type: none"> <li>• Sometimes poor responses after a crisis, including not providing appropriate information or support to students or staff</li> <li>• Schools may not be able to share and have open and honest conversations if they don't have parental consent</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage education bodies to develop a suicide prevention strategy before a crisis happens so can prepare and think about communication, support etc.</li> <li>• Work with voluntary sector (e.g. Samaritans' Step by Step programme) to prepare and plan postvention</li> </ul>