**Access to, and experience of, care for students with mental health problems**

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**Background**

Over the last decade the number of students declaring a mental health problem has increased considerably, leaving university counselling services struggling to meet demand (Thorley, 2017). Universities UK has called for a ‘step change’ in mental health care for students, recommending greater integration between university and NHS services.

*Access to care*

Studies of attitudes towards accessing mental health care suggests certain groups experience barriers, including people who self-harm, people who misuse drugs and alcohol, and people from LGBT and black and minority ethnic groups (e.g. see NCCMH, 2012). Young people who self-harm and misuse drugs and alcohol are also at increased risk of suicide, with the National Confidential Inquiry for Suicide and Homicide by People with Mental Illness (NCISH) recommending that suicide prevention initiatives target these groups. However, of the cases of 18-19 year old students who later went on to die by suicide surveyed for this report, only 12% had been in touch with university counselling services (NCISH, 2017).

*Experience of care*

Rates of antecedent self-harm in young adults who later go on to die by suicide suggests self-harm may be an important target for suicide prevention. A recent Lancet study was the first to look at relative rates of self-harm in the community (i.e. covert self-harm), hospital-presenting self-harm and suicide in young people, finding a ratio of 1:120:838 for males and 1:919:6406 for females aged 15-17 years (Geulayov et al, 2018). Although this study only looked at adolescents under the age of 18 years, these findings are suggestive for student mental health.

Understanding the experience of care of students who have transitioned from CAMHS services and for those with hospital-presenting self-harm, including what support they receive after they are discharged, is important for planning appropriate services.

**The projects**

*Method*

Several mixed-methods research projects are being offered. Students would collaborate to collect quantitative survey data. This shared dataset would be used as a basis for purposive sampling of different groups, with each dissertation project focussing on a particular target group (e.g. students who self-harm, students mental health problems who also misuse drugs and/or alcohol, and students from minority groups).

*Research questions*

These are expected to include:

* What are the barriers to accessing mental health care for students?
* What service adaptions might make it easier for these groups to access care?
* For students who have attended hospital following self-harm: What was their experiences of care?
* For students who were in contact with CAMHS before starting university: What was their experience of transitioning to adult services?

***Please note that approval from the UCL Research Ethics Committee has not yet been granted. Problems with this are not anticipated, but students should be aware that these projects may be subject to change.***

**Student suitability**

These projects would provide students with clinically-relevant research experience in an area of considerable policy importance. They would suit students with an interested in a clinical career in mental health or an interest in mental health research.

These projects would involve interviewing vulnerable students about subjects they may find distressing. The prospective interviewer must therefore be able to develop a rapport and to respond empathetically to participants. This is something which the supervisors will take into account when allocating these projects.

Please contact Laura Gibbon if you want to discuss any aspect of these projects further. If you are interested in one of these projects, please email Laura, briefly outlining the reasons for your interest and any relevant experience (e.g. previous clinical experience or experience conducting interviews).

**References**

Geulayov, G., Casey, D., McDonald, K., Foster, P., Pritchard, K., Wells, C., Clements, C., Kapur, N., Ness, J., Waters, K., & Hawton, K. (2018) Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. *Lancet Psychiatry, 5*, 167-174.

NCISH (2017). *Suicide by children and young people*. Manchester: University of Manchester.

NCCMH (2012) *Self-harm: Longer-term Management, National Clinical Guideline Number 133.* London: British Psychological Society and Royal College of Psychiatrists.

Thorley, C. (2017). *Not By Degrees: Improving student mental health in the UK's Universities.* London: IPPR.