NHS Integration Operational Group

Thursday 12th November, 10:00-12:00

Zoom Meeting Link | Meeting ID: 876 2843 7372 | Password: 772994

Time	Agenda Item	Lead	Time	Paper
10:00	1. Welcome and Introductions	Steve Pilling	10 mins	
10:10	2. Minutes from the last meeting and matters arising	Steve Pilling	5 mins	*Minutes*
10:15	3. Areas of collaboration Group discussion - How can what we do support/ complement wider work? - Current collaborations: Blended intervention: UCLU workshops and peer support Peer support competency framework; HEE commissioned adaptation for the student population - Care pathways and links with health care services and wider specialist mental health services - University Clinic	Steve Pilling	45 mins	*Overview* *Current care pathways*
11:00	4. Research and evidence - Presentation on research from Phoebe Barnett: - The Efficacy of Psychological Interventions for the Prevention and Treatment of Mental Health Disorders in University Students: a Systematic Review and Meta-analysis	Phoebe Barnett	25 mins	
11:25	5. Updates *Relevant updates on work and perspectives on the start to the academic year* (i) Student Psychological & Counselling Services and		30 mins	

	Disability, Mental Health and Wellbeing (ii) Ridgmount General Practice update (iii) Students' Union UCL			
11:55	6. Sum Up and Any Other Business	Steve Pilling	5 mins	

NHS Integration Operational Group – Meeting 2

Friday 14th August 2020, 14:00-16:00

Chair:	Laura Gibbon (LG) - *first hour* Steve Pilling (SP)- *joined at 15:00*
Attendees:	Medha Akella (MA), Wendy Appleby (WA), Marie-Clair Breen (MCB), Yasmeen Daoud (YD), Claire Elliot (CE), Hanna Hirvonen (HH), Barry Keane (BK), Denise Long (DL), Aeli Roberts (AR), Karen Smith (KS), Simon To (ST)
Apologies:	Joshua Cane (JC), Hilary Grater (HC), Judy Leibowitz (JL)
Minutes:	Rosemary Ellis (RE)

	Agenda Item	Decision/ Action
1.	**Welcome and Introductions** LG welcomed everyone to the meeting and noted that SP had been unavoidably detained and would be joining the meeting at 15:00. LG would chair the meeting until SP joins. There was a round of introductions and LG thanked MA for joining the meeting from California.	
2.	**Minutes from the last meeting and matters arising** Minutes of the last meeting were approved. *Matters arising* LG noted that for transparency the PsychUP Advisory Board Terms of Reference and meeting minutes would be made available on the website. Minutes would be posted following approval each meeting and accepting some parts may require redaction on occasions. LG queried whether this group would be happy for the same approach to be taken. There were no objections from the group to this. *Terms of Reference (ToR)* Following feedback on the provisional Terms of the Reference for the group presented at the last meeting, a revised draft incorporating comments had been circulated with the meeting papers. LG provided an overview of the revised document.	ToR and meeting minutes to be made available on the PsychUP website

	Objectives of this group are:	
	• Strengthening connections with NHS colleagues • Keeping interested parties updated on relevant developments and progress with the programme • To support wider potential for collaborations • To disseminate useful learning from sector • Promote data sharing and drive good practice	
	WA raised the question as to where this group and PsychUP fits with wider UCL governance structures and other work going on. WA suggested that it could report into the Student Experience Committee.	
	LG said that the PsychUP programme team receive strategic guidance from the PsychUP Advisory Board. The NHS-IOG is not a decision-making group.	
	LG noted that this suggestion should be raised with SP, as the meeting Chair, on arrival at 15:00.	
3.	**Updates** *(i) Student Psychological & Counselling Services and Disability, Mental Health and Wellbeing* BK provided an update on both SPCS and Disability, Mental Health and Wellbeing Services. Disability, Mental Health and Wellbeing Services • SSW held Teams workshops for staff and students to offer support during the pandemic. These were well attended. • Academic mentoring group were also held for students not meeting the threshold of support with great feedback and little drop-off. Specific study skills for students with specific learning disabilities. • There has been a smooth transition to providing support services digitally in response to the pandemic. SPCS • Counselling services transitioned their face to face offer online in around two to three weeks. • A student engagement programme is in place for checking in with students at risk monthly • There is currently a two-week waiting list for initial counselling appointments	

- Some students have expressed apprehension in relation to the confidentiality and security of online support and SPCS have been exploring ways to address these concerns for UK-based students
- Number of individual counselling and assessment sessions significantly increased compared to the same period last year (c6.7k compared to c6.5k)
- Currently reviewing risk assessments and safe practices
- Staff training underway looking at complex in context of Covid. Working with the Tavistock on more training around more psychoanalytic approaches to complex trauma.
- Looking at support offer for BAME students
- Developing outcome evaluations in collaboration with CE, collating information from SSW
- Exploring ways of providing support specifically to students who have to self-isolate and alleviating the psychological effects. There is a dedicated page on the SSW website including a timetable of events. Workshops will run two weeks into terms and then two weeks in term. Pop-ups of these support workshops through the year.

DL noted that all students in quarantine are receiving a check-in as to their wellbeing.

WA and others congratulated the SSW team on their response to the pandemic and pivot to digital operations, ensuring increased support for staff and students.

LG informed the group that one of the PsychUP third year clinical trainees is leading on a consultation project with two students finishing their BSc; the consultation is on barriers to Chinese and Hong Students accessing support – staff and students are being interviewed perceived barriers. General barriers (such as those highlighted in the Student Minds Grand Challenges report) are being explored as well as those specific to the current climate (Covid-19 and pro-democracy protests in HK). Some really interesting findings are emerging and they will be used to inform understanding of ways to improve services and support for these students. Findings can be shared with the group when available.

Input from the group or colleagues would be appreciated. ST and BK happy to speak with the trainee.

ST also noted that the SU is working with the Diversity and Inclusion team looking at the experiences of students of East Asian heritage;

both international and home students. Relates to the race equality charter but also to the heightened race climate. Will start a way into the academic year.

BK noted that Chinese students are the second highest group to access the University's psychological services, in absolute terms.

AR noted that a large proportion of students presenting to the Faculty with requests for suspension of regulations are Chinese students. Often issues are in relation to mental health and these have progressed significantly, but this is still very few students. It does perhaps indicate for some there is still a barrier/stigma to help-seeking until it is too late. For these students it is essential we better understand how to support them in engaging with the support that is available.

KS noted they see around 6k students a year. They are looking at CBT training for their clinicians. Training happening in the next two weeks. They also now have SilverCloud in place for the staff community with a range of CBT-paced workshops. Have funding for rollout to students and full access to all programmes. Setting up a task and finish group to progress with a planned launch for October.

(ii)   Ridgmount General Practice update

CE reported that a significant amount of work had been undertaken to ensure the practice meets guidelines for being Covid-safe; zoning of the premises to manage access, movement around building etc. Regular follow-ups with patients with Covid, sometimes twice daily. Have also made changes to how patients access the service and are seen.

- Offer options – online access has been improved, telephone and video consultations but now also use e-consultations; do see some patients face to face.
- E-consultations being well used. Once patients have filled in consultation form onus is on staff to follow-up. This has resulted in an interesting shift.
- They have increased their catchment area.
- Working with BK and DL on outcomes monitoring.
- 70% of students registering are Chinese.

(iii)   Students' Union UCL

ST and YD provided updates on work in the SU.

- They have been working with the SU Officers on priorities for the coming year. One such priority is the experiences of BAME students and Concerns raised by international students. Lebanon. Making sure they have the right access to support and they know where to go
- 70% of staff had to be furloughed and are just now coming back.
- The Union is heavily involved in support for new and returning students via the 'Making the Most of UCL' programme.
- Over last few months have been working with SPCS and PsychUP, iCope looking at workshops and peer support model to enhance signposting

(iv)   University Clinic

SP provided an update on the University Clinic.

- Clinic trainee placements are a combination of leadership placements and those linked to IAPT. The focus of the latter has been on workshop delivery. A series of workshops on the topics of perfectionism, assertiveness and stress and relaxation were delivered in the spring and well received by students as evidenced by satisfaction data. These are being developed as an online offering and linked with peer support in the SU.
- Dr Joshua Buckman, Clinical Psychologist and Research Fellow has come on board to support the clinic and to help develop existing links with Camden and Islington IAPT but also wider services.
- Work is on-going to transition to remote delivery and make adjustments to systems and services.
- One aim of the clinic is to support the development of novel interventions. For example Will Mandy, Professor of Neurodevelopmental Disorders, has conducted research into eating disorders in people with autism spectrum disorder (ASD). Factors associated with eating disorders in those with ASD may be different; less about body image and more about restrictive eating. Potential for developing interventions specifically for this group. Other areas of research where novel psychological interventions could be develop include bipolar disorder.

	- Interventions offered by the University Clinic will fall within a number of the steps in the Steps model; lower intensity interventions such as the iCope workshops will be 1/ 2 and specialist, higher intensity treatments will be above this. - Priorities for developing and growing the Clinic; research funding, development of specific projects (e.g. supporting students with addictions) and exploring ways to support the entire student population (e.g. IAPT). Summary of discussion around considerations as the Clinic develops: - Future discussion in relation to a service level agreement or MOU between UCL and the Clinic and ensuring clear understanding of the Clinic offer. - WA raised the importance of ensuring that students understand interventions are research/ training interventions and are not standard NHS services as such. SP noted that most work of the Clinic will be in collaboration with NHS and therefore subject to a high degree of scrutiny; i.e. ethics approval, clear information and informed consent for treatments, trainees closely supervised by experienced staff. Given that the Clinic may well be supporting vulnerable students involvement of specialist ethics committees for some projects. - BK reflected on potential duplication of services but as already discussed the Clinic will seek to develop novel interventions in specialist areas or where there are perceived gaps. Appropriate, clear information about what's on offer across services; offering choice; and providing clear pathways to different support. - DL expressed interest in referral routes and whether the Clinic will be for UCL students only. SP confirmed referrals will be via multiple routes (e.g. via Ridgmount, other GPs where UCL students are registered etc) and not just referrals through IAPT but other NHS services. SP also noted that 60-70% iCope are self-referrals. There was some discussion about the Pathways and Outcomes Evaluation toolkit being developed with Sheffield University as part of the OfS project and the group expressed interest in seeing this when available.	LG share POE toolkit when available
4.	Updates on research and evidence	

	SP and LG provided an overview of some of the research completed and planned within PsychUP • A PhD student supervised by SP will be starting in September and focusing on mental health of Chinese students; • A PhD student recently completed their thesis on the efficacy of adapting psychological treatments for the student population – across a range of groups; BAME, refugees. There is a consistent and significant benefit of adaptations. In terms of understanding what factors contribute to their efficacy, changes to content and adapting methods of delivery are helpful but organisational aspects of adaptations makes the more substantial difference.	
5.	Future planning and areas of collaboration *This was not covered in the meeting and have*	
6.	Sum Up and AOB The group were asked if they are happy for their profiles (picture and job title) to be included on the PsychUP website and this was agreed.	

NHS-IOG Meeting 12th November 2020
PsychUP and UCLU Workshop Peer Support Intervention
Project Overview (Updated October 2020)

1. **Rationale**

   The Covid-19 pandemic brings new challenges for provision of services for students. Students' Union UCL are keen to ensure students do not face additional barriers to accessing support and have approached PsychUP for Wellbeing, to facilitate the linking of interventions provided by the University Clinic (online wellbeing workshops) and Students' Union UCL (online peer support). These linked interventions both fit within Step 1 of the Steps Model (Figure 1). A focus of the implementation plans will be on developing a more joined up, systemic approach to support.

   This short paper sets out a proposal for the delivery of a workshop-based intervention by iCope, with follow-on peer support facilitated by the UCL Student Union.

2. **Background**

   Online wellbeing workshops provided by the University Clinic

   Psychoeducation workshops on perfectionism, stress and relaxation, and assertiveness were delivered to UCL students on campus between 22.01.2020 –04.03.2020). Student feedback on this pilot was very positive. The team are developing plans for online delivery next term, including a comparison of pre-recorded workshops and workshops which have a live interactive component.

   Peer support provided by Student's Union UCL

   Safe and effective peer support

   Students Minds and the National Union of Students have recommended peer support as an appropriate approach for students, whilst acknowledging the challenge of running safe and effective peer support programmes in the university context. A Peer Support Worker Competence Framework for Mental Health has been developed by UCL, UCLPartners, the National Collaborating Centre for Mental Health and Health Education England. This framework specifies skills and abilities a peer supporter would need to have within particular domains, in order to provide peer support safely and effectively. The focus on behaviourally-specific competencies in such frameworks is the basis for curricula and training to support development of relevant skills. This competence framework is being adapted for students, to ensure a safe and effective framework for interventions.

   Implementing a peer support intervention

   The peer support intervention is currently being planned in collaboration with Students' Union UCL, drawing on the Union's experience of similar initiatives and extensive peer training programmes. The first phase of this intervention is likely to involve workshop attendees being auto-enrolled (with consent) in group-based support facilitated by trained peers (e.g. society welfare officers), with the intervention to be further developed on an iterative basis throughout the year. Arrangements for consultation support for peer link workers are under discussion. See Figure 1 for the position of interventions within the Steps Model (highlighted in red).

Figure 1: position of interventions within the Steps Model (highlighted in red)
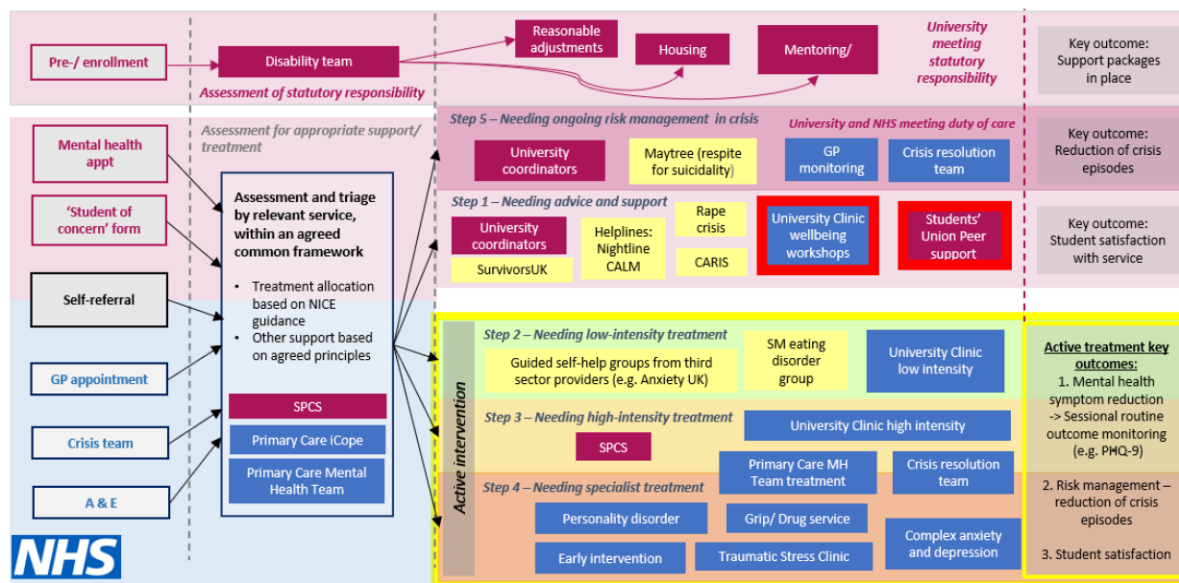
3. Workshops and follow-up peer support intervention

Objectives of the Intervention

- Creating a culture amongst the student population that encourages openness about mental health difficulties and help-seeking;
- Creating a network of students able to support their peers through signposting to other services and support, helping them to navigate available support services;
- Facilitating students linking with their peers around shared challenges. Initially this will be issue focused by virtue of the peer support being linked to the iCope workshops but will expand as the peer support element of the intervention is developed;
- Fostering collaboration between different parts of UCL's support systems and development of new care pathways to complement existing pathways.
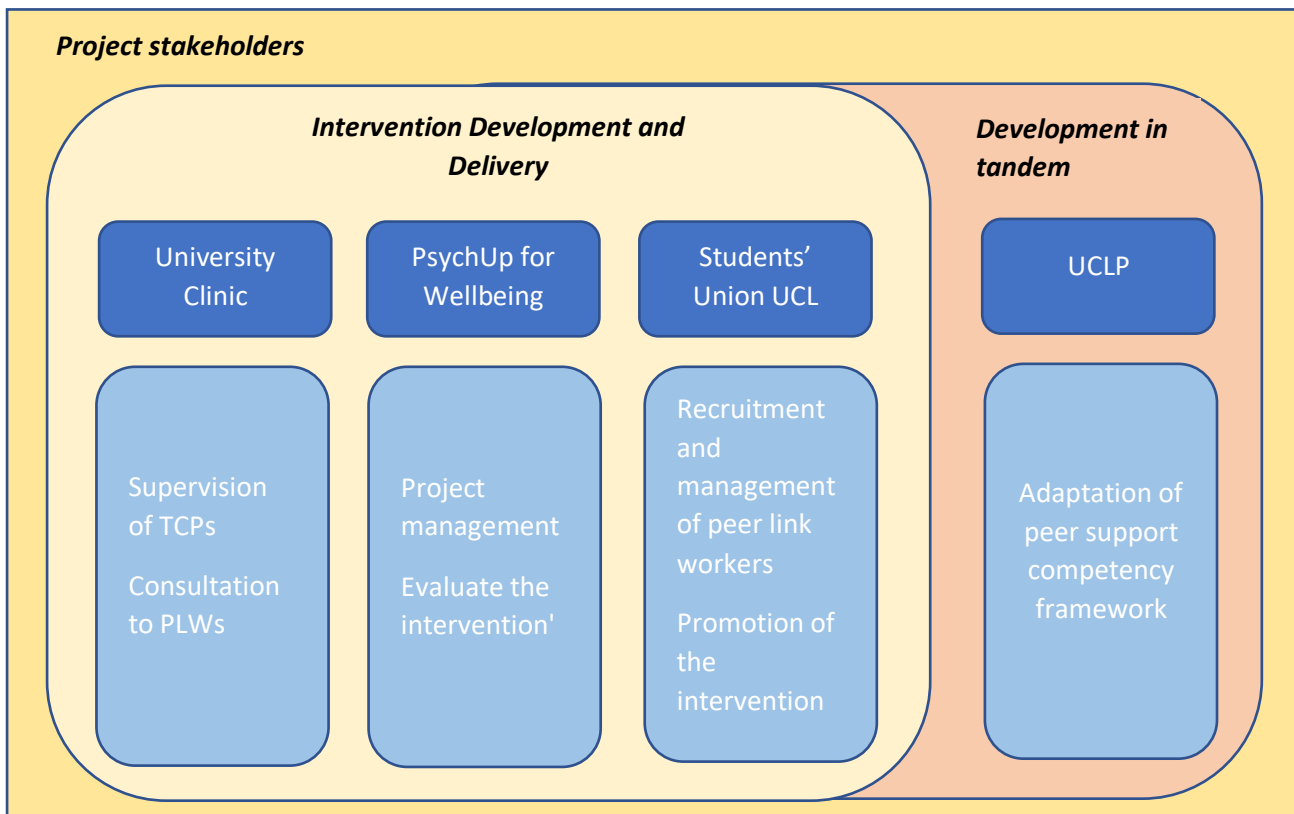
Intervention Components

- An initial offer of three pre-recorded psychoeducational workshops on the subjects of perfectionism, assertiveness and stress and relaxation. These are standard iCope workshops.
- Workshop material is recorded by 1st year Trainee Clinical Psychologists (TCPs) on placement with the University Clinic from iCope (Camden & Islington IAPT service).
- Voluntary student Peer Link Workers (PLWs) recruited through the Students' Union.
- The approach taken to the workshop pre-recordings will be similar to the standard iCope workshop delivery, but with PLWs being more directly involved and providing lived-experience input in the sessions.
- Students attending the workshops will be offered follow-up peer support facilitated by the TCPs and PLWs
- Supervision of the PLWs will be the responsibility of the Students' Union but consultative support/ advice will be on offer from the TCPs as needed.

Intervention component	Staff
Workshop • Pre-recorded psychoeducational workshops made available online • Workshops based on iCope interventions and frameworks	TCP on placement with University Clinic from iCope (employment contract with Camden and Islington NHS Trust) PLW (voluntary/ employment contract with Students' Union UCL)
Follow up • Live/ synchronous follow-up group session, co-facilitated by TCP and PWW • Asynchronous online forum discussion facilitated by PLWs, with consultation support from TCPs • PLW training to be based on peer supporter competency framework and complemented by relevant additional training within the SU	TCP on placement with University Clinic (employment contract with Camden and Islington NHS Trust) – provide consultative support. PLW (voluntary/ employment contract with Students' Union UCL)

4. Evaluation

Feasibility study of the proposed approach.

5. Partners involved in the intervention development and delivery

Project stakeholders

Intervention Development and Delivery

Development in tandem

University Clinic	PsychUp for Wellbeing	Students' Union UCL	UCLP
Supervision of TCPs Consultation to PLWs	Project management Evaluate the intervention'	Recruitment and management of peer link workers Promotion of the intervention	Adaptation of peer support competency framework

NHS Integration Operational Group meeting: Thursday 12th November

An approximation of the care pathways for UCL students

Sketched following a 'mapping workshop' held with service leads from university and NHS services in September 2019, demonstrates several key points

- Cultural and practical differences between services mean the guiding framework used by service leads to organise university, NHS and third sector services is 'provider type'
- Students are 'signposted' through the system (signified by grey arrows) through recommendations to self-refer to another service if they enter through the 'wrong door' for them. This increases the likelihood of drop out, particularly for vulnerable students
- Data is collected and outcomes evaluated in an ad hoc way across the pathway, with different services using different approaches, measures and systems to collect data.