



**Anna Freud**  
National Centre for  
Children and Families

**Psychology-Informed University Practices for Wellbeing (PsychUP for Wellbeing)**  
**Professional Advisory Board**

Meeting 2 – Friday 17 July, 13.00-14.00

**Agenda**

1	Welcome and introductions		MR	
2	Minutes of last meeting - Matters arising	<b>Meeting minutes</b>	MR	Approval
3	Student Advisory Board	<b>Provisional Terms of Reference</b>	MR/ LG	Approval
4	Update on activity	<b>Quarterly activity summary</b>	LG	Information
5	University Clinic	<b>Step 1 implementation 2020/21</b>	SP	Comment
6	Any other business		MR	

**Advisory Board members**

**Attendees:**

Prof Mike Roberts (Chair), Managing Director, UCLPartners  
 Prof David Clark, University of Oxford and National Clinical & Informatics Advisor for IAPT, NHS England  
 Prof Peter Fonagy, Head of Division of Psychology and Language Sciences, UCL and PsychUP Director  
 Prof Deborah Gill, Pro-Vice-Provost for Student Experience & Director of Medical School, UCL  
 Dr Vincent Kirchner, Medical Director, Camden & Islington NHS Foundation Trust  
 Louise Knowles, Head of University of Sheffield Counselling Service  
 Prof Stephen Pilling, Head of Department, Clinical, Educational and Health Psychology, Division of Psychology and Language Sciences, UCL and PsychUP Director  
 Prof Sasha Roseneil, Dean of the Faculty of Social and Historical Sciences, UCL  
 Fiona Ryland, Chief Operating Officer, UCL  
 Sir David Sloman, NHS Regional Director for London  
 Rosie Tressler, Chief Executive Officer, Student Minds

**Apologies:**

Prof Tim Kendall, National Clinical Director for Mental Health, NHS England  
 John de Pury, Assistant Director of Policy, Universities UK  
 Prof Alan Thompson, Dean of Faculty of Brain Sciences, UCL

**Secretariat**

Dr Laura Gibbon, PsychUP Coordinating Director



## PsychUP for Wellbeing Professional Advisory Board

Meeting 1 – Wednesday 13 May, 16.00-17.00

### Meeting minutes

<p><b>Present</b>  Prof Mike Roberts (Chair), UCLPartners (MR)  Prof David Clark, University of Oxford; NHS England (DC)  Prof Peter Fonagy, PsychUP Director, UCL, UCLPartners, AFNCCF (PF)  Prof Deborah Gill, UCL (DG)  Prof Tim Kendall, NHS England (TK)  Prof Stephen Pilling, PsychUP Director, UCL (SP)  Prof Sasha Roseneil, UCL (SR)  Fiona Ryland, UCL (FR)  Prof Alan Thompson, UCL (AT)  Rosie Tressler, Student Minds (RT)</p> <p><u>In attendance</u>  Dr Laura Gibbon (Minutes), PsychUP Coordinating Director, UCL (LG)</p>	<p><b>Apologies</b>  Sir David Sloman, NHS Improvement  Dr Vincent Kirchner, Camden &amp; Islington NHS Foundation Trust</p>
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### Action summary

Action	Owner	Timeframe
Discuss co-production with RT and bring a proposal for a Student Advisory Board back to the group	LG	Next meeting
Discuss how the Steps Model development is taking into account health inequalities (through the IMPACTS peer research project and student-led consultations) with RT, and seek additional feedback on this from RT and Students Minds	LG	End of June
Send comments on the Steps Model to LG	All	Mid-June
Discuss the possibility of psychotherapy/counselling provision within the University Clinic with SR	SP	End of June

### Discussion

Item
<p><b>1. Welcome and introductions</b></p> <p>MR welcomed the group.</p> <p>Psychology Informing University Practice (PsychUP) is a collaboration between UCL Division of Psychology and Language Sciences (UCL PaLS), UCLPartners and the Anna Freud National Centre for Children and Families (AFNCCF). MR explained his role as Chair of the Board in his capacity as Managing Director of UCLPartners, an organisation which drives innovation and facilitates</p>



partnership working, including across higher education and health sectors – key priorities for PsychUP.

Advisory Board members introduced themselves and outlined their interest in student and staff mental health.

## **2. Programme overview**

PF and SP outlined the background and aims of the programme. PsychUP was set up to tackle worsening student mental health and improve support for staff. Programme aims are to add to the knowledge base about these important issues and develop improved cross-sector care pathways.

PsychUP will provide resources to improve support for university students and staff across the UK. However, PF and SP lead academic departments at UCL and want to ensure students and staff in the UCL community benefit from this work. The model of care developed and proposed by PsychUP, the Steps Model, has been circulated around service leads and senior leaders at UCL, and its implementation has been incorporated into the UCL Student Health and Wellbeing Strategy.

## **3. Advisory Board Terms of Reference**

The role of the Board is to provide strategic advice in relation to the programme aims, rather than to have responsibility for overseeing all activity. The Board has representation from UCL but does not have a decision-making remit for the university, though it may advise on how local decision-making may proceed.

Particular time was spent discussing student representation. PsychUP has student representation for its projects (research projects, the Office for Students partnership project and a service user group), as well as having students involved in co-production through peer research. However, student representatives have not yet been recruited to feed in to the programme at a strategic level, as this is something the team wanted to seek the Board's advice about.

Several potential modes were discussed:

- Recruiting 2-3 student members to join the Advisory Board:
  - One concern raised about this approach is that students may feel inhibited contributing to a group of senior experts. It was felt this could be mitigated through support for the students outside meetings by LG and the project team (this model is currently used for some of the PsychUP research project student steering groups), although it was noted that certain groups of students would still find this easier than others.
  - Of greater concern is the fact that we would not have a broad enough range of experience with the recruitment of 2-3 members.
- Recruiting a larger Student Advisory Board, of comparable size to the professional group:
  - An advantage of this approach is a broader range of experiences would be represented.
  - A disadvantage is that bringing so many students and professionals together would make the group unwieldy. One way to manage this would be to recruit a student group to run alongside the professional Board, with planned points for the groups to come together.



RT said that Student Minds have tried a number of models of co-production. She offered to share what they have learned through this process, including about how to manage power dynamics.

**ACTION:** RT and LG to discuss further and LG to bring a proposal back to the group

#### 4. Steps Model

LG briefly outlined the Steps Model, the model of care for students proposed by PsychUP:

- Starting assumptions were that a model of care should titrate treatment to need, be developmentally appropriate (70% of students are under 25 years) and facilitate partnership working with the NHS.
- The Steps Model achieves these aims through bringing together elements of the stepped-care model, common in NHS adult mental health services, and iThrive, a model of care for young people recommended in the NHS Long Term Plan.
- Translating this conceptual model into system-wide change requires an understanding of the function of each service/intervention available to students, so their place in the Steps framework can be identified; shared principles for assessment and triage; integrated information systems; and routine monitoring of agreed outcomes across services.
- The team are currently supporting peer researchers looking at the experiences of different groups of students (demographic groups; students with specific mental health presentations; and students who have had particular experiences at university, such as supporting a suicidal friend), and Fellows who will deliver student-led consultations, to co-produce care pathways based on this model.

DC said that the model was a positive step forward for student mental health support. Two important and related points:

- A weakness of stepped-care is that people often need to be 'stepped up', indicating we need better ways of identifying appropriate treatments;
- It is essential that service data is published and used to refine the model, including by developing assessment and triage algorithms.

RT asked for more information about how health inequalities are being considered in the development process.

**ACTION:** LG to follow up with RT, to explain how health inequalities are being looked at through the IMPACTS project and student-led consultations, and to get further feedback from Student Minds on co-production of the model.

MR invited the group to send in further comments after the meeting.

**ACTION:** All to send comments on the Steps Model to LG

#### 5. Office for Students Student Mental Health Partnerships current project

LG briefly outlined the national Student Mental Health Partnerships project:

- UCL leads the North London Hub, one of five city Hubs where models of partnership working are being developed and evaluated.



- Universities UK convene a National Learning Collaborative, where regional Hub partners and national partners (including Student Minds, the Academic Health Science Network, NHS England, Public Health England) come together to share learning.
- Aims of the North London Hub are to support the implementation of the Steps Model, through co-producing pathways with students (as above) and improving access through setting up a University Clinic at UCL.

SP outlined plans for the UCL University Clinic:

- There is evidence that outcomes for students groups are poorer than for other groups. Setting up a 'model' Clinic will provide high quality, integrated care, as well as the possibility of developing new treatments. Likely future directions are treatments for young people with eating disorders on the Autistic spectrum, and for drug and alcohol misuse and other addiction.
- Legal arrangements for the University Clinic have been agreed with Camden & Islington NHS Foundation Trust and UCL. Provision of outreach workshops, low-intensity and high-intensity treatment has begun, in collaboration with iCope (Camden & Islington IAPT service).
- Barriers still to overcome are funding arrangements, as students will be eligible for care from a wide range of NHS Trusts.

DC said the plans were extremely positive and advised on SP's points raised:

- The need to make treatments more flexibly available for NHS staff and others, due to the Covid situation, means NHS funding may be more flexibly managed in the near future.
- Clarity about how students are directed to either University Clinics/ other NHS services, or university counselling services, is essential.

SR agreed the plans were extremely positive. She pointed out that a University Clinic providing psychotherapy and counselling would offer the opportunity to develop the evidence base for these modalities.

**ACTION:** SP and SR to discuss the possibility of psychotherapy/counselling provision within the University Clinic.

## 6. Future funding

PF updated the Board that PsychUP is preparing applications for funding from a philanthropic foundation and the Office for Students.

## 7. Any other business

None

## PsychUP for Wellbeing Student Advisory Board

### Provisional Terms of Reference

*These provisional Terms of Reference have been written to support the recruitment process and will be reviewed by the Student Advisory Board once they are in post*

#### **1. Background**

Psychology-Informed University Practices for Wellbeing (*PsychUP for Wellbeing*) has been set up to improve the knowledge base about mental health at university, develop models of mental health care and cross-sector care pathways, engage key stakeholders (e.g. students, members of staff, student service leads and university senior leaders) and promote the principles of evidence-based practice within the Higher Education support sector. The *PsychUP for Wellbeing* university partner is UCL, however, the programme aims to develop resources which will be of use for the wider sector.

Co-production is increasingly acknowledged as best practice within the health and higher education sectors and has been recommended by national bodies including National Institute of Health Research,<sup>1</sup> National Institute of Care Excellence,<sup>2</sup> Universities UK<sup>3</sup> and Student Minds.<sup>4</sup> When used effectively, co-production adds value by collaborating with experts-by-experience to develop knowledge, interventions and strategies that are higher quality and more relevant to users. A key aim of *PsychUP for Wellbeing* is the involvement of stakeholders, principally students, in all aspects of programme activity.

The *PsychUP for Wellbeing* co-production model is based on the Student Minds model of joint-decision making at the level of strategy.<sup>4</sup> Strategic co-design is in addition to 'consultation' (e.g. one-off meetings to gain student's views of a particular topic) and 'participation' (e.g. ongoing input into a project with a student advisory board or panel). Programme co-production, participation and consultation activities are appended to these Terms of Reference.

#### **2. PsychUP for Wellbeing Advisory Board – student and professional members**

To ensure a wide range of students are involved at the strategic level of the programme, and that power imbalances do not result in students (or professionals) feeling unable to speak freely, student and professional members of the Advisory Board will meet independently and jointly. To ensure a free exchange of ideas between the groups outside of joint meetings, processes will be developed (e.g. standing item updates at each meeting) and reviewed on an ongoing basis.

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<sup>1</sup> INVOLVE (2012) Briefing notes for researchers: involving the public in NHS, public health and social care research. INVOLVE, Eastleigh

<sup>2</sup> National Institute for Health and Care Excellence (2013) Patient and Public Involvement Policy. NICE.

<sup>3</sup> Universities, U. K. (2018). Minding our future: starting a conversation about the support of student mental health.

<sup>4</sup> Piper, R., & Emmanuel, T. (2019). Co-producing mental health strategies with students: A guide for the higher education sector. Student Minds. Retrieved from <https://www.studentminds.org.uk/co-productionguide.html>

### 3. Role and Purpose

The role of the Advisory Board (student and professional members) is to provide strategic advice. This will include clarification of priorities, development of plans to address priorities, oversight of activity and identification of potential future directions for the programme. *PsychUP for Wellbeing* aims to embed student co-production across its activities (Appendix), and the Student Advisory Board will advise on the planning and implementation of these activities.

### 4. Duties and responsibilities

- Advise on programme strategic direction and priorities.
- Maintain a close working partnership with the Professional Advisory Board.
- Support the development of the Steps model implementation toolkit, and other research and development projects.
- Advise on the planning and implementation of co-production and student engagement activities.
- Contribute towards publications, reports and other programme outputs, as appropriate.
- Champion an evidence-based approach to improving mental health for students and staff.
- Champion principles of effective co-production with students and staff.
- Help raise the profile of the programme locally and nationally.

### 5. Membership

To ensure professional and student voices are balanced, Student and Professional Advisory groups will be approximately equally sized (around 10 members each). Efforts will be made to ensure the Student Advisory Board contains a range of experiences (e.g. BAME, international, LGBT, post-graduate). To ensure *PsychUP for Wellbeing* outputs are useful for the wider sector, membership is open to students from universities across the UK, and efforts will be made to recruit members from the devolved nations. Meetings will be held online in order to ensure no students are less likely to be able to participate, for example through disability or because of geographical location.

The Student Advisory Board will be recruited via stakeholder networks such as Student Minds, SMaRteN, NUS and local Students' Unions. Members will be paid for their time attending meetings and work conducted outside of meetings.

### 6. Governance and Decision-Making

The Student Advisory Board will meet quarterly, usually in January, April, July and November. The minimum number of people that must be in attendance for meetings to be Quorate is half of the Board membership.

A provisional schedule for joint and individual meetings for professional and student members is shown in Figure 1. Processes for ensuring a free exchange of ideas between the groups at individual meetings will be developed collaboratively and reviewed on an ongoing basis.

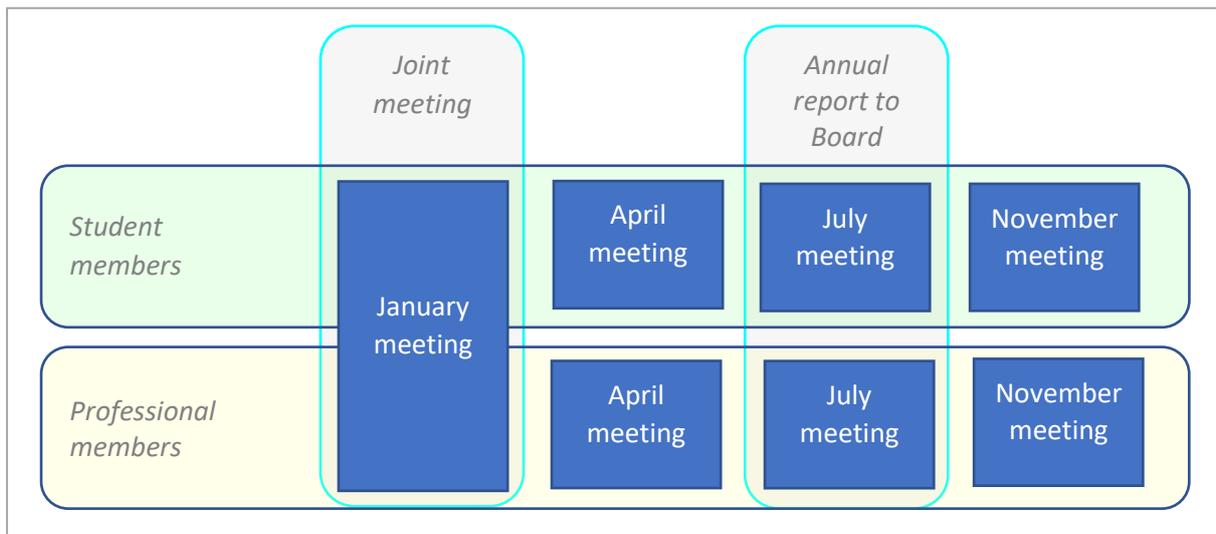
### 7. Transparency

Student and Professional Advisory Board meeting agendas, papers and minutes will be made available on the *PsychUP for Wellbeing* website.

## 8. Co-production evaluation

Evaluation is often missing from co-production initiatives<sup>5,6</sup> but is essential to determine whether the student voice is being captured. The programme team will conduct an ongoing evaluation of the efficacy of co-production activities across the programme (Appendix). It is hoped this evaluation will provide further evidence of the value of involving students as partners in the development of higher education strategy.

**Figure 1: Provisional meeting schedule**



## 9. Student Advisory Board Secretariat and Contact

UCL will provide the Secretariat to the Student Advisory Group. The *PsychUP for Wellbeing* team will be responsible for coordinating all supporting activities of the group, such as the preparation of meeting agendas, papers and minutes, and recruitment of new members. Members will be informed of a named point of contact within team who will facilitate enquiries and support as needed.

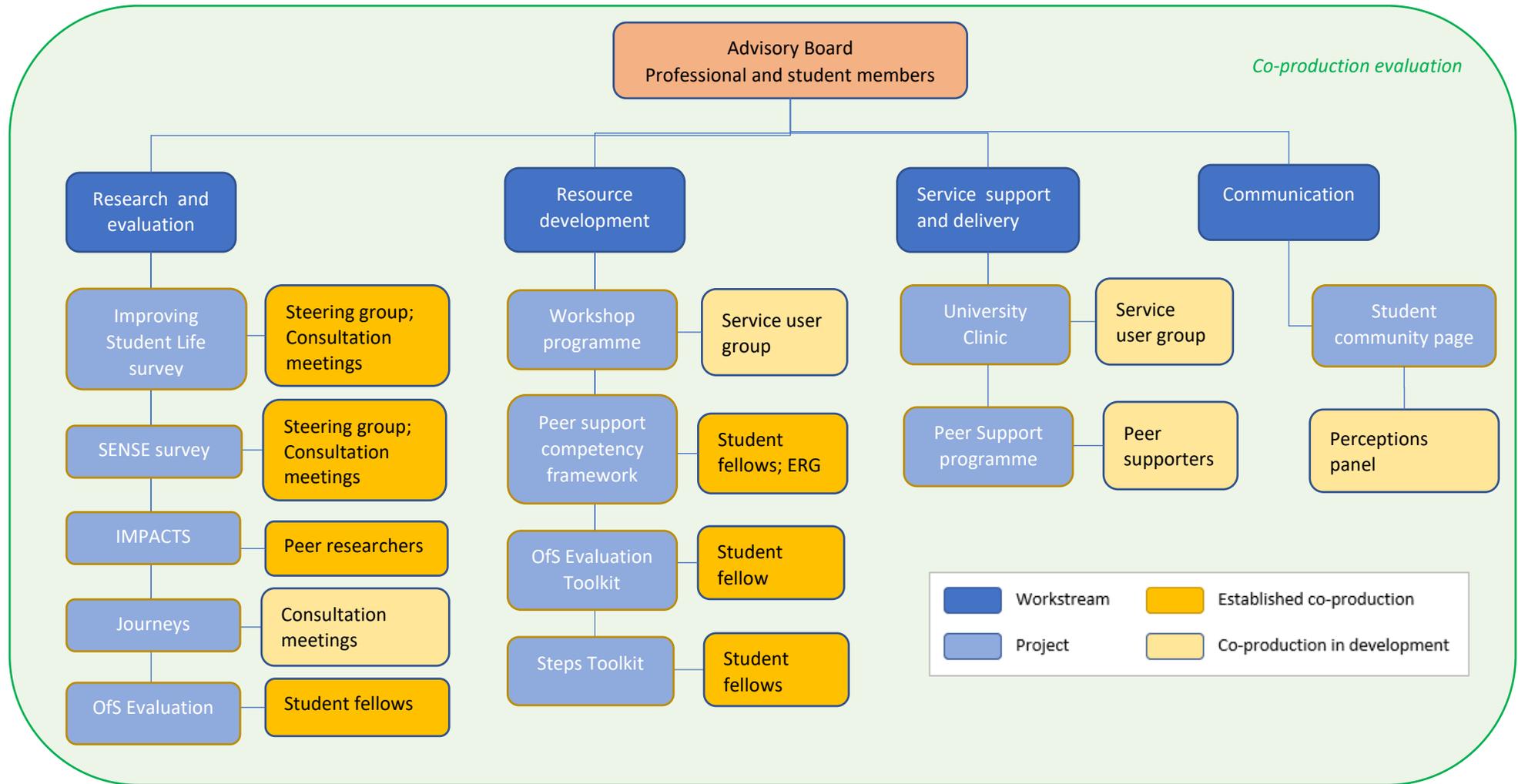
## 10. Review of Terms of Reference

The Terms of Reference will be reviewed by the Board on an annual basis. Outside of this process members may raise items concerning the Terms of Reference at Board meetings under AOB. Any amendments are subject to review by both Advisory Boards.

<sup>5</sup> Mockford, C., Staniszewska, S., Griffiths, F., & Herron-Marx, S. (2012). The impact of patient and public involvement on UK NHS health care: a systematic review. *International journal for quality in health care*, 24(1), 28-38

<sup>6</sup> Blackburn, S., McLachlan, S., Jowett, S., Kinghorn, P., Gill, P., Higginbottom, A., ... & Jinks, C. (2018). The extent, quality and impact of patient and public involvement in primary care research: a mixed methods study. *Research involvement and engagement*, 4(1), 16.

Appendix – PsychUP for Wellbeing programme co-production, participation and consultation





## PsychUP for Wellbeing

### Quarterly activity summary

#### University Clinic/ service delivery support

Step 1	Linked online interventions being developed with Students' Union UCL (peer support) and wellbeing workshops (University Clinic)
Steps 2-3	Staffing for 2020/21 currently being planned (for discussion – Item 5)

#### Local partnership working

Students' Union UCL	Co-facilitation of Student Fellow consultations ongoing; Peer support intervention and competence framework being developed
UCL Student Support and Wellbeing	Agreed to co-host Trainee Clinical Psychologist placement (from Sept 2020), to support UCL application for Student Minds Charter status
UCL Staff Wellbeing	Agreed to co-host Trainee Clinical Psychologist placement (from Sept 2020), to support various projects
UCL Office of the Vice-Provost	Agreed to co-host Trainee Clinical Psychologist placement (from Sept 2020), to support UCL Transformation research project and Department for Education transitions intervention quality assessment

#### Research

Improving Student Lives survey	Data collection paused over summer due to Covid but to resume in October
SENSE survey	Wave 3 of data collection completed
IMPACTS peer research project	Data collection moved online and completed; Peer researchers starting analysis
Journeys student experience project	Trainee Clinical Psychologists starting to develop research questions ahead of stakeholder meetings (planned for August – October)

#### Evaluation

Student Mental Health Partnerships (OfS) service evaluation	Data collection from seven project partners complete and framework analysis has started; Co-production component being planned with Student Fellows
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#### Resource development

Workshop programme	Evaluation tool and online delivery evaluation being developed by Trainee Clinical Psychologists
Peer support competence framework and training adaptation	Expert Reference Group currently being convened by UCLPartners
Student Mental Health Partnerships (OfS) Evaluation Toolkit	Initial feedback about user needs has been sought from partners, ahead of development starting
Steps implementation toolkit	Student-led consultations being planned by Student Fellows

## University Clinic and service delivery support

### Step 1 implementation 2020/21

#### **1. Overview**

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 2). A focus of the implementation plans will be on developing a more joined up, systemic approach to support.

#### **2. 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.

Current plans to develop the content of workshops include new workshops on particular topics of concern for students, such as managing exam-related stress; and the adaptation of existing workshops for students, for example, for Chinese students, informed by the ongoing IMPACTS peer-research project. The team are also developing plans for online delivery next term, including a comparison of pre-recorded workshops and workshops which have a live interactive component.

#### **3. 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 (likely to be society welfare officers in the first instance), with the intervention to be further developed on an iterative basis throughout the year. Arrangements for supervision of peer supporters are under discussion.

Figure 2: Position of interventions within the Steps Model (highlighted red)

