



## Psychology Informing University Practice (PsychUP)

Advisory Board Meeting 1 – Wednesday 13 May, 16.00-17.00

### Meeting minutes

<p><b><u>Present</u></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><b><u>In attendance</u></b>  Dr Laura Gibbon (Minutes), PsychUP Coordinating Director, UCL (LG)</p>	<p><b><u>Apologies</u></b>  Sir David Sloman, NHS Improvement  Dr Vincent Kirchner, Camden &amp; Islington NHS Foundation Trust</p>
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### **Action summary**

<b>Action</b>	<b>Owner</b>	<b>Timeframe</b>
Discuss co-production with RT and bring a proposal for a Student Advisory Board back to the group	LG	End of June
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**

<b>Item</b>
<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</p>



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 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.

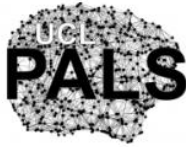
**ACTION:** LG to follow up with RT, to explain how health inequalities are being looked at through the IMPACTS project and student-led consultations, and to get further feedback from Student Minds on co-production of the model.

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