

## **Student (Psychological Wellbeing) Pathway**

### **Talking Changes – IAPT County Durham & Darlington**

#### **Developing the model**

##### **Scope/Context**

As highlighted in the 'Minding Our Future' document in 2018, published by Universities UK, we understand that there is a high demand for mental health services to improve links with the student population

Students have historically encountered great difficulty in accessing evidence-based talking therapies due to their transient living conditions and rigid mental health service design (Gallagher 2008, McCall et al 2001). The latter included: a lack of provision for (in particular High Intensity) therapy to be delivered via non-traditional methods e.g. telephone or video; and being unable to offer treatment to individuals residing outside of the service catchment area.

Mental health services are frequently faced with the challenge of 'long-waiter' students no longer being available for treatment when they reach the top of the waiting list, due to vacation periods (namely the 4 month summer break) and graduation. This often results in students being discharged from the service. Having already 'sat' on a waiting list for potentially a number of months, these students must then re-refer into the service upon the commencement of the following academic term and be placed back on the bottom of the respective waiting list.

The above process is inequitable as students who have referred and been assessed at a later date are able to 'work their way up' the waiting list during the vacation periods, avoiding discharge and reaching the top to access treatment when the term resumes and they are back in the area. This challenge is mirrored and compounded by similar accessibility problems with mental health services in students' home Counties due to their brief residency. This in turn can lead to long waits in accessing the treatment that they need, further mental distress and ultimately the sub-optimal care of what is a vulnerable demographic.

The above difficulties also have a number of detrimental effects on mental health service operation and performance, including: clinical time wasted due to therapist time spent unsuccessfully attempting to contact and engage (often multiple) students, who are no longer residing in the County; increased number of DNAs (x2 per patient); increased number of non-completers/drop outs; and reduced recovery rates.

##### **What is the offer?**

In order to meet the demands of the considerable university student population in County Durham (20,268 - 2020/21), Talking Changes created a dedicated pathway for students back in 2011, becoming one of the first IAPT services in the country to do so.

The service began by improving relations, communication and integration with the University's Welfare and Counselling Services. This led to an increased presence of IAPT therapists within the University. The IAPT team deliver psychotherapy clinics out of the University, which reduces the stigma of accessing mental health services and also reduces the logistical and perceptual barriers to entry for students.

The IAPT team identified specific needs for the student demographic, which are perfectionism, procrastination and adjustment. Materials are tailored to meet these needs.

Throughout the academic term, Talking Changes traditionally runs Step 2 workshops focussed on CBT skills for anxiety and depression. It's a high-volume intervention (30-40 people attend) delivered in a seminar-style format. The waiting time for these workshops is maximum of 1 month.

Since Covid the service has delivered virtual online wellbeing group courses for students, and PWPs have followed-up attendance with post-session review calls. This follow-up has reduced drop-outs from the group therapy. Uptake of the virtual group therapy has been higher than the in person group therapy, as the platform (MS Teams Live) provides anonymity.

## **Staff**

Dominic Mossa (Senior Therapist to the North Durham locality) is the lead clinician on the pathway, which is also staffed by therapists from all modalities of treatment. All staff have access to ad-hoc supervision and training in student-specific interventions.

## **Marketing**

The IAPT service markets its offers by emphasising the impact of mental health difficulties on academic performance, as this is a big driver for students. The sessions will focus on low mood and stress management.

Targeted social media marketing campaigns are shared across the service's social media platforms, using support from the TEWV's Communications team (although content is developed within the IAPT service).

## **Relationship with University**

The IAPT service has developed a good relationship with Durham University's counselling service over 10 years and is embedded within it. In January 2021 Talking Changes and Durham University Counselling Service (DUCS) established a streamlined referral route. The consists of DUCS being able to 'handover' a student's mental health care by making a referral, containing relevant clinical information, via a secure, encrypted email channel (between [allocations.durham@durham.ac.uk](mailto:allocations.durham@durham.ac.uk) and [tewv.talkingchangesnorth@nhs.net](mailto:tewv.talkingchangesnorth@nhs.net)). This will further improve the student's mental health care journey by reducing the need for 're-telling their story'.

## **Continuity of care**

In order to provide continuity of care to students out of term time, within Durham they have negotiated with relevant parties that students are able to hold dual GP registration. As a result of this, students are able to access the County Durham IAPT service from home, providing they have a return date to the university within 28 days. If this is not possible, the IAPT service requests that the student's waiting time for their service is honoured when transferring to the student's home IAPT service. This request is reciprocated for County Durham residents studying elsewhere in the country. If the student declines a referral into their local IAPT service, they then have the option of re-referring into Talking Changes (when they are due to return within 28 days) and they are reinstated on the waiting list, or back into therapy; as opposed to being classed as a 'fresh' referral and having to go back to the bottom of a waiting list.