Report on the unilink service – An occupational therapy mental health initiative

FIVE YEARS ON

2004 – 2009
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This report is dedicated to the students who have utilised the unilink service over the last five years.

Acknowledgements

Thanks goes to the following people for their contribution to an evidence based Occupational Therapy Mental Health Service.

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Ciara O’Sullivan, B.Sc. (Curr Occ.)
Grace Gough, B.Sc. (Curr Occ.)
I want to congratulate unilink and the Discipline of Occupational Therapy for producing this report on the unilink service – An Occupational Therapy Mental Health Initiative – 5 years on. This publication follows on from a quality review of this service last year which has led to some important service delivery changes and ensured the project is being properly resourced by College. unilink is unique and an example of how Colleges can utilise internal resources such as academic units to develop partnerships with Student Services such as Disability and Health services.

We have achieved an unprecedented expansion in the numbers of students with mental health difficulties studying in higher education and providing effective supports has been identified as a major difficulty. The occupational model used in unilink is ideal in allowing students to continue to study and interact socially with College whilst dealing with obstacles along the way. This report shows significant improvements in developing new ways of supporting and retaining students with mental health difficulties who historically have withdrawn. It also provides interesting analysis of data on use and trends of this service over the last five years.

Trinity College is committed to increasing participation of underrepresented groups such as this cohort and will continue to develop this project in partnership with relevant stakeholders.

Declan Treanor
Director College Disability Service
Trinity College Dublin
Introduction

The provision of mental health services within Ireland has radically changed over the past twenty years since the publication of Planning for the Future 1984 and the Mental Health Act 2001. A more recent Government Document published by the Department of Health and Children entitled a ‘Vision for Change’ (2006) has placed the individual with mental health needs at the heart of service provision. Equally, the provision of services for students within Higher Education has also radically changed due to the Universities Access Policy and all related national legislation including the Equal Status Acts 2000-2004, The University Act 1997 and the Disability Act 2005.

The number of students in Higher Education with a registered disability has steadily risen from 450 in 1998 to over 3,500 today with approximately 8% of these considered to have a mental health difficulty (Ahead, 2008). Most higher education establishments now have a disability/access officer in place to cater for the needs of this diverse group, by providing academic accommodations and environmental supports (Ahead, 2006; DAWN, 2008).

As a result, more students than ever are disclosing a mental health problem on entry to Trinity college. The numbers using the unilink service have increased from 30 in 2004 to 107 in 2009. However, mental health problems by their nature do not often manifest themselves until the individuals are well underway with their degree programmes. This means that as many students again are disclosing and accessing services well into their first academic year and often, mid-degree programme.

The Discipline of Occupational Therapy at Trinity college identified, that although these students were accessing services (on entry to college and later within the year), they were still experiencing great difficulty with day-to-day activities. These activities included such things as managing their time effectively, managing their work-loads, balancing leisure occupations with their academic work, managing interpersonal relations demanded by group work and integrating into the social fabric of college. In other words, they were having difficulty performing and managing the job of being a student.

It was also, recognised that examination accommodations and academic support although important were not fully addressing the individual needs of this diverse group. The Discipline undertook an evaluation of the needs of this group and identified the following as important to establish:
Philosophy of the unilink service

The staff of the unilink service are all qualified Occupational Therapists accredited by the World Federation of Occupational Therapists (WFOT) and are eligible to register with the Association of Occupational Therapists of Ireland (AOTI). Baum and Christiansen (2005) maintain that occupational therapists have a unique perspective – one of enabling people to engage in occupation when health conditions, social conditions or disabilities impair or threaten their ability to do that, which is important and has meaning for them. Occupational therapist’s work is focused on occupational performance and participation or the point where the person, environment and what the person wants and needs to do intersect.

Within this service, the primary approach to working with individuals centres upon their role and occupation as a student within a university environment. The therapists within the service work collaboratively with students in a student centred way catering for their needs.

Within this service, the primary approach to working with individuals centres upon their role and occupation as a student within a university environment. The therapists within the service work collaboratively with students in identifying difficulties and solutions. Students attending the service are viewed as adult learners who are empowered to take responsibility for their own student life. Typically, students meet their therapist on a one to one basis as frequently as is necessary for the duration of their course. During the process of participation with the therapist in sessions, students are encouraged and facilitated to identify, examine and address their individual goals in the areas of academic achievement, personal development and effectiveness, communication and self-management. This process aims to enable each student to achieve a greater self-awareness, confidence and ability to cope with college life.
Mission statement
To support students with mental health problems to complete their studies and provide them with the best opportunity to reach their full potential and become productive members of society.

The aim of service is to enable students to develop practical self-management strategies that assist them in the completion of their college tasks and their integration into college life.

unilink is a practical occupational therapy support service for students who may be experiencing mental health issues such as Bipolar Disorder, Depression, Schizophrenia and Asperger’s Syndrome.

Students with these conditions often experience difficulties with executive functioning skills, for example, they may experience difficulty with concentration, planning and motivation, which can result in a failure to engage in their day-to-day activities such as going to lectures, balancing work and leisure interests. The unilink service offers practical support on a one to one basis, by using a collaborative individual student centred approach which addresses the individual’s difficulties and is personalised to their needs.

This reflects the World Health Organisation’s (WHO) directive on enhancing participation and quality of life for those with enduring mental health issues (WHO, 2001).

Occupational therapy has its roots in assisting people overcome practical issues by developing strategies and maximising the use of available environmental supports. Occupational therapy puts the person, in this case the student, at the centre of its planning and intervention and includes ‘doing tasks’ with the individual until confidence and skills have adequately grown. Enhancing occupational performance requires assisting the students in a holistic way to facilitate their performance of skills. This generally relates to their college work, leisure and social life, and their satisfaction with everyday living.

The unilink service continues to grow and develop and is now supporting over 107 students within Trinity College.

unilink is the only service of its kind in Ireland.
Section 1
Section 1

Activities of the unilink service 2004-2009

This section outlines the activities of the service between 2004 and 2009.

1. Access to the unilink service

The following tables and figures describe the students who accessed the unilink service in terms of their gender, faculty-membership, diagnosis, year standing and the timing of referrals as well as the reason for the referral.

a. Numbers attending unilink service

Table 1: Number of students attending unilink each year

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-09</td>
<td>58 (55%)</td>
<td>49 (45%)</td>
<td>107</td>
</tr>
<tr>
<td>07-08</td>
<td>27 (54%)</td>
<td>23 (46%)</td>
<td>50</td>
</tr>
<tr>
<td>06-07</td>
<td>20 (51%)</td>
<td>19 (49%)</td>
<td>39</td>
</tr>
<tr>
<td>05-06</td>
<td>25 (52%)</td>
<td>23 (48%)</td>
<td>48</td>
</tr>
<tr>
<td>04-05</td>
<td>14 (66%)</td>
<td>7 (34%)</td>
<td>21</td>
</tr>
</tbody>
</table>

The number of students attending unilink has steadily grown with the male student uptake of the service being consistently higher in number than the female over the five year period from 2004-09. Two reasons can be postulated as to why this might be the case. The first is the practical nature of the service, which would be in line with Franks and Medforth (2005) findings that men when seeking help often look for ‘instrumental help or practical help’ rather than counselling or emotion oriented help. The second reason, is that there has been a five fold increase in those students who have a diagnosis of both Asperger’s Syndrome and Attention Deficit Disorder most of which are male.
Each year more students with a diagnosis of depression attend unilink than with any other diagnosis. However in 2008 the greatest proportional increase in numbers entering the service was in those with Asperger’s Syndrome (n=16), with Attention Deficit (and Hyperactivity) Disorder (n=16) and with Bipolar Disorder (n=11).
When one examines these figures in more detail it can be seen, that the majority of students are referred to the service because they are failing to complete their course work, experience more difficulty in organising and motivating themselves, managing their anxiety and need ongoing support in the management of their condition. (Figure 4)

On examining Figure 3 it appears that there have been three main referring periods to the service which is more evident in 2005-06 and 2008-09 – the first referral period is at the beginning of the academic year when students tend to disclose their disability on entry to college. The second referral period occurs in January and February, which is in line with those students who are struggling to keep up with their course work and who become unwell at this period in time. Mental health problems by their nature do not often manifest themselves until students are in their early twenties and well underway with their degree programme. The third greatest increase in referrals to the service is in April/May, which is in line with the general increase in the student population accessing support services within the university, just before the examination period.
2. Use of the unilink service

This section describes how students use the service including the number of appointments, assessments undertaken, goals and time use.

a. Number of appointments

Table 3: Number of appointments across time

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of students per year</th>
<th>Number of appointments</th>
<th>Average number of appointments per students</th>
<th>Number of cancellations</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-09</td>
<td>107</td>
<td>1,148 (22 May)*</td>
<td>10.7</td>
<td>151 (13%)</td>
</tr>
<tr>
<td>07-08</td>
<td>50</td>
<td>484</td>
<td>9.7</td>
<td>15 (3%)</td>
</tr>
<tr>
<td>06-07</td>
<td>39</td>
<td>561</td>
<td>14.4</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>05-06</td>
<td>48</td>
<td>325</td>
<td>6.8</td>
<td>21 (6%)</td>
</tr>
<tr>
<td>04-05</td>
<td>21</td>
<td>212</td>
<td>10.1</td>
<td>17 (8%)</td>
</tr>
</tbody>
</table>

*Number of appointments up to and including 22nd May 2009.

The average number of appointments per student was highest in 2006-07 at 14.4 and lowest the previous year at 6.8. Table 3 also indicates that the number of appointments in 2008-09 has doubled which is in line with the increase in numbers accessing the service in 2008-09 (n=107). There is a consistent rate of attrition from service users across time however, most of those cancelling appointments tended to be from the freshman (1st and 2nd) years. Those students from the sophister (3rd and 4th years) and post graduate years who did access and use the service, tended to cancel less appointments.

b. Assessments administered

On referral to the service each student is offered an assessment period in order to identify their needs and to plan appropriate interventions to meet those needs. Figure 5 indicates the most common assessments used from 2004-09.

The following are the reasons students have cancelled their appointments:

1. Illness

2. Student availability and timetabling issues

3. Staff changes

Table 4: Male v. female number of appointments across time

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-09</td>
<td>689 (60%)</td>
<td>459 (40%)</td>
</tr>
<tr>
<td>07-08</td>
<td>264 (55%)</td>
<td>220 (45%)</td>
</tr>
<tr>
<td>06-07</td>
<td>260 (46%)</td>
<td>301 (54%)</td>
</tr>
<tr>
<td>05-06</td>
<td>129 (40%)</td>
<td>196 (60%)</td>
</tr>
<tr>
<td>04-05</td>
<td>137 (65%)</td>
<td>75 (35%)</td>
</tr>
</tbody>
</table>

While there have always been more males than females accessing the service, in 2005-06 and 2006-07 there were more appointments with female students as opposed to male students. In 2008-09 this pattern changed with the percentage of appointments for males (60%; n=689) exceeding the percentage of the student service-users who were male (55%; n=58). This is in part due to the practical nature of the service and the complexity of issues and needs being experienced by students.
The Trinity Student Profile (TSP) was the most commonly used assessment in the service. This measure gleans information on the student’s university course demands and on the personal, environmental and occupational issues that are of most concern to the student. Students on entry to the service complete this measure, which was developed by and for the service, and again towards the end of the year in recognition that students’ concerns may change across the academic year. Typically, assessments are used on a needs-basis according to when the therapists feels a certain assessment would provide additional information useful to the student’s understanding of his/her self, environment or occupational engagement.

On completion of the Trinity Student Profile, and having identified the areas of student life that cause concern and are most important, at a particular time, each student then sets goals to work on with the therapist in the service. These goals are described in Figure 6. The most common goal set by students was around working on issues related to their role as a student, e.g. attending college, meeting deadlines and completing academic work. Anxiety management and the development of improved organisational skills were also common goals set by students in the service. Additionally several students also worked on their habituation system, developing healthy routines and habits that supported their student role and life generally.

Interestingly, the goals set by students to work on in the service, and consequently the nature of the therapy sessions (driven by these student-identified goals), differed somewhat to the reasons the students were referred to the service. This is to be expected as often during the process of assessment and intervention and with the nature of mental health difficulties issues would emerge that present as a difficulty for some of the students.
d. Time use and students

Figure 7 represents the hours given to each student (by way of face-to-face contact, text messaging, phoning, emailing, and case management e.g. report writing and contacting others on students' behalf) according to their diagnosis.

Figure 7: Number of students, diagnosis and time use 2004-09

From 2004-08 students with depression requested more of the therapist’s time than any other student group. However, in 2008-09 students with ADD/ADHD became the most frequent users of the service in terms of time allotted. Their time use tripled between this year and the year previous. This is due to the particular problems those with ADD/ADHD experience in relation to executive functioning skills, that is they often experience distress around planning and organisational issues as time is a concept that is difficult for them to comprehend and therefore they need more frequent contact with the service.

e. Time use and staff

Despite there being a fivefold increase in hours worked by staff from 2004-05 to 2008-09 the proportionate distribution of those hours across the three time use categories – student contact time; text/email/phone time; case management time – remained very similar, i.e. there has been consistency in how time has been spent. Time spent in student contact varied between 60 and 64% across this five-year period. Thirty to 33% of time has been devoted to case management while between 4 and 10% of time has been given over to text messaging/emailing/phoning students.

Figure 8: Time use of staff 2004-09
Section 2

This section describes the achievements, the value of the service to the college community and the future objectives for the unilink service.

Outcomes for service users

Table 5: Outcomes of students using the unilink service 2004-08

<table>
<thead>
<tr>
<th></th>
<th>07-08</th>
<th>06-07</th>
<th>05-06</th>
<th>04-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated</td>
<td>11</td>
<td>19</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td>Continuing in college</td>
<td>29</td>
<td>15</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Withdrew from course</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Changed course</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Off-books</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>*TAP student</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>39</td>
<td>48</td>
<td>21</td>
</tr>
</tbody>
</table>

*Trinity Access Programme
These figures only include 4 years 2004-08 as the outcomes for 2008-09 were not available at the time of this report.

At the year end 2007-08 more students (n=29) attending unilink were continuing to study in college than had graduated (n=9), withdrawn (n=4) or gone off-books (n=3). This may reflect changes in the year standing of students attending the service and in the change in referral pattern. Of the total number of students who withdrew from college the majority 90% (n=20) were in the freshman (1st and 2nd) years only 10% were from the sophister (3rd and 4th) years. Interestingly of those students who are off books the majority 67% (n=6) are also from the freshman years.

Value of unilink to college community

The prevalence of depression amongst third level students is estimated to be one in thirteen (McKeon & Mynett-Johnson 1999). Students who experience an episode of mental ill health during college often have to take time out from their studies, which may result in having to repeat a year. This can add pressure to the individual, as they may have to integrate with a new group of students. In an external review of the unilink service in 2008 it was found that as unilink improves academic outcomes for students, it has a positive impact on progression and retention rates for TCD. This review also found unilink to have reduced the workload on other support services, in particular the psychiatric student health services as well as assisting Trinity College to achieve its disability and social responsibilities and policies.
The Disability Service has attributed the reduction in time spent with students with mental health difficulties to the additional support that these students are receiving from the unilink service.

In its annual report 2006-2007 the Disability Service identified that the students with mental health problems take up a disproportionate amount of time. The report stated that... “the demand for supports in this group decreased dramatically this year, down from 8 students last year. This was due to increased learning supports offered by the Disability Service unilink” (Disability Services Annual Report 2006-2007).

The Disability Service (DS) undertook a survey of students registered with their service in April/May 2009 for the academic year 2008-2009. Students were asked a number of questions regarding the efficiency and efficacy of DS supports. Of the 585 actively registered students, 164 accessed the survey giving a response rate of 35%. Figure 10 depicts the outcomes for the unilink service within this survey. As can be seen from this survey students felt that the level of support provided by the unilink service was excellent to very good. Equally, they felt that the staff were available, contactable and responded efficiently to their needs.

Figure 9: Outcomes for unilink service

![Figure 9: Outcomes for unilink service](image)

Source: Disability Student Survey 2008-2009

In addition to providing a valuable service from the point of view of the college, another very legitimate source of feedback on the service’s worth and value comes from those who use the service – the student service-users. On leaving college it is the unilink’s policy to conduct an exit-interview with students. The following are some of their comments on the service; what it meant to them; and how it supported them while attending Trinity.

“Very useful...yes it has provided an organisational framework which is something that I am not great at myself...the exercises were by far the most useful thing for me, providing someone to go to and say...what I achieved did not achieve…partially achieved this goal, but these absolute deadlines are the important things I want it this way or that way and all of the seriously important stuff that’s gone fine.”

Male Student with AS 12th March 07

“Yea Exactly...yes the Thursday I find difficult cause I really only have the Friday and then on a Monday I would find it really hard to get back into it yea and it would be Thursday again before I really knew it...you know but...even so it was useful meeting on Thursday cause it helped me so much having the timetable you know...even to be able to say I could sit down for two hours and work on this now…”

Female Student with ADD 12th March 07

“She is very good with helping with the structure of the project and she understands everything even though it’s mathematical and engineering”

Female student with Depression 24th April 07

“Yes it has been good just in terms of learning strategies and coping with the course...all the really simple and obvious things like how to plan and organise my work”

Male Student with Dual Diagnosis of Depression and Alcohol Abuse 2nd May 07

“Yes to have to come here and say what I did...if I don’t say it out loud to someone that I didn’t do something I will keep deluding myself...so from that point of view it helps”

Female student with a diagnosis of Depression 24th April 07

“Yes I am very happy with it...I had so much more structure on my year this year and that is very important for me”

Female student with a diagnosis of Depression 24th April 07
Future Objectives

The main objective of the unilink is to grow the service by strengthening communication pathways both within and external to Trinity College.

Visibility of the service to both staff and students will be strengthened by the development of posters and the unilink website.

Research activities will continue to develop through the development of new programmes being offered to students such as the ADD and Asperger’s Syndrome project and the continued evaluation and dissemination of the service activities.

Continued professional development will continue to be a priority for the service to ensure the delivery of best possible practice to students.

In order to create and maintain stability and develop the service by meeting future objectives alternative sources to the European Social Fund must be secured.

From these accounts it is apparent that some of the service’s strength have been in helping students set realistic goals, organise their time effectively and complete college work satisfactorily.

The Discipline of Occupational Therapy in collaboration with the Disability Service through the unilink service have supported an increasing number of students with mental health difficulties over a five year period from 2004-2009. Across this time the unilink service has had over 2,500 hours face to face contact with students as well as over 300 hours in sending text messages, emailing and phoning students, and almost 1,300 hours of liaising on behalf of the student.

The unilink service is evidence-based and research active and in recent years the dissemination of the unilink work has been gathering momentum. This has not been confined to just peer reviewed conferences, and publications but staff have also been invited by other institutions to share the ‘model of service’ as well as their knowledge and understanding of students with enduring mental health difficulties.

The occupation focus of the service practically tackles the students’ main concerns and difficulties and enables them to participate in college life and engaging with their student role. In doing so it is fulfilling a need that exists amongst the Trinity student population that previously went unaddressed.
Section 3

Background and the development of the unilink service

The mental health of students has been the focus of many studies over the last decade (Tyrell 1993, Mental Health Foundation 2001, Stanley and Manthrope 2001, Royal College of Psychiatrists 2003, Bovier, Chamot and Perneger 2004, Misra and Costillo 2004 and Lindsey 2005). These studies have identified mental health as a central determinant to quality of life and in particular, they have identified that the mental health needs and levels of stress amongst the student population is increasing. In Ireland we have also seen an increase in the numbers of students suffering from depression (McKeon & Mynett-Johnson 1999) and an increase in the numbers of those attending counselling services with mental health problems and learning difficulties (Maloney, 2008). Eight percent of our total student population who register with disability support services at our third level institutions disclose that they have a mental health difficulty (Ahead, 2008).

This increase in numbers registering with a mental health problem has come about because of

1. Improvements in access to third level institutions for students with disabilities, and the emphasis within the national policy to promote social inclusion.

2. Legislation such as the Disability Act 2005 along with the Equal Status Acts 2000-2004 have ensured services for those with Disabilities have been developed.
A further study, which examined the main concerns experienced by postgraduate and undergraduate students at Trinity College, Dublin in 2008 revealed that students were experiencing difficulties with studying, sleeping, maintaining a balanced diet, managing their time, dealing with work overload, managing finances and balancing college life with life outside college. This study found that undergraduates experienced statistically significant more difficulty with this than did postgraduates. Junior Freshmen were found to have the most difficulty with diet and getting enough sleep, Senior Freshman and Junior Sophisters experienced the most difficulty in getting started with their studies and maintaining their concentration whilst studying whereas it was the Senior Sophisters who were experiencing the most difficulty with ‘getting down to writing’ (Dolan, Maye, Monahan 2008).

Support for students with mental health problems are as diverse as are the organisations in which they are established. A review of Irish third level institutions found that a wide range of supports are available including:

- counselling services
- disability support services
- health services
- study skills courses
- stress management
- individual learning support
- examination accommodations
- subject tuition
- photocopying cards
- technological support
This is a fantastic range of support services but quite often, those with significant mental health problems lack the confidence to access these services. Those that do access them can also encounter difficulties applying the learnt knowledge.

Unger (1993) by way of promoting integration of individuals with psychiatric disabilities into the university environment developed three prototypes of supported education programmes.

The first type was a ‘special unit/classroom within the university’ where students could attend classes at the college or university with other students who are also characterised as having special needs. The students within these classes followed a specialised curriculum. The second prototype describes the ‘onsite support model’. In this model, the students attended regular classes at the college or university, but received on-site support from on-site education staff members. The third prototype described was the ‘mobile support’, which was similar to the on site-support model except that Mental Health Association staff members based at the local college or university provided it. (Bellamy and Mowbray 1998).

Unlike Unger who placed an emphasis on the integration of individuals from psychiatric rehabilitation services accessing the university, we at Trinity College wanted to support students with enduring mental health difficulties who are already within the university environment. Taken the needs of the students into account at Trinity College an occupational therapy ‘onsite’ support model following Unger’s second prototype was developed in 2003. This was possible because unilink staff have a knowledge of the university system and an understanding the environmental ‘constraints and demands’. In this way, the practical occupational focus of the service is enhanced.
Cancellation of appointments

By staff – should a staff member for any reason need to cancel an appointment they will text or contact the student in the first instance by mobile phone to cancel the appointment and to rearrange another appointment that same day or week where possible. Other means of contact is made in the event of the student not responding.

By student – should a student cancel their appointment the student will be offered an appointment where possible that day, the following week at the same time or as near as possible to the original appointment. It is the policy of the service to follow up on cancellations and rearrange appointments.

Contact with students

It is the policy of the service to check in with all students using the service at least once a term either by placing a call to the student or by sending a text or emailing the student to ensure that they are coping well with college life, and to offer support where needed.

Record keeping

The prime purpose of records is to facilitate the care, treatment and support of a client. A written record of professional intervention, advice given and outcome of decisions taken is a requirement of good practice. It is the policy of this service since 2008 that all students will undertake the ‘Trinity Student Profile’ (TSP) Occupational Self Assessment (OSA) [Kielhofner] and Lifestyle Assessment [Collins] and any other assessment that are deemed necessary to enable the student and staff identify difficulties.

Unless otherwise stated all written assessment and documentation relating to the student are to be photocopied and given to the student.

All records are stored in a lock cabinet within the unilink office. Electronic records are stored on the unilink’s computer and are password protected.

It is the policy of the unilink service that reports about the students progress in the service will be given to the referring agencies where appropriate with the students permission and where possible countersigned by the student.
Confidentiality

The unilink service is a confidential service. All the occupational therapists employed by the service, are bound by the Association of Occupational Therapists of Ireland’s Code of Ethics and Professional Conduct (www.aoti.ie). This means that all the personal information pertaining to a student must be kept confidential and information is only passed on with the students consent. It is the policy of the service that all information relating to a particular student is shared with that student, and that any reports of progress within the service, sent to others only with the students’ permission.

Occupational therapy students

In order to protect the identity of students and maintain confidentiality, students who are studying Occupational Therapy in the Discipline of Occupational Therapy, Trinity College, unlike all other students, are not referred to the coordinator of the service, as she is a member of the academic staff (and thus these students’ lecturer) in the discipline. Instead, they are referred directly to the senior therapist within the service who then reports directly back to the Disability Service or referring agency, thus ensuring that the students’ identities are protected from members of the academic staff within their discipline.
References


Nolan, C., Quinn, S., & MacCobb, S. (In Press). The use of mobile phone technology, in particular text messaging, as a means of maintaining communication and developing relationships with third level students in the provision of a mental health service. Occupational Therapy Journal of Mental Health.


ASPIRE in association with Education Department Trinity College. (2009). DVD for parents and teachers on support services available to individuals with Asperger’s Syndrome. Dublin.
Appendices

Appendix 1

Operational definitions

‘unilink’
The name ‘unilink’ is an abbreviation of the two words ‘university links’ coined by Clodagh Nolan the founder of the service. It symbolises the difficulties experienced by disabled students.

Significant mental health
A significant mental health problem can be defined as a mental illness, which interferes with thought processes, perceptions of reality, emotions and judgement. All of which can in turn result in low self-esteem, poor concentration, poor organisational skills, inability to complete projects or reach deadlines, make decisions and have difficulty in establishing and sustaining relationships as well as inappropriate behaviour. Mental illness impacts significantly on social, occupational and vocational functioning.

Trinity student profile (tsp)
The Trinity student profile is an assessment form which has been designed by this service that profiles concerns the student have about themselves (person) the environment (physical and social) and their role as a student (occupation) (appendix 1).

Occupational self assessment (osa)
The OSA is a self assessment of occupational functioning (volition, habituation and performance capacity) designed by Gary Keilhofner in 1998. This assessment is in keeping with the Model of Human Occupation.
Appendix 2
Examples case studies
These case studies are fictitious and in no way are any students identified. The objective of these case studies is to give and example of the type of work done within the unilink service.

Darren: 21 years
First Arts, Humanities and Social Sciences

Background/reason for referral:
Referred for assessment and to establish structure, routine and balance in academic and social activities.

Background gleaned from initial interview:
Darren really wanted to fit in and not to be perceived as a nerd. He wanted to become involved in college life but not in the way he had done in his last college. He had studied in another university for two years where he was chair of the science-fiction society and blames his absorption in this for his failure to pass his exams.

Areas identified/goals:
1. Development of skills in structuring and organising of daily activities, routines and attendance at lectures/tutorials.
2. Development of skills in goal orientated revision and effective study behaviours.
3. Development of skills in essay writing and note taking.
5. Improvement in contact with course peers.

Work done/areas covered:
1. Devised a healthy routine incorporating sleep, cooking, and shopping.
2. Organised time in weekly lists and timetables to incorporate important instrumental activities of daily living, such as applying for grants, promptly and efficiently.
3. Developed a study timetable. As time went on he devised and applied timetables to structure his academic practices, independently. He identified subjects of most difficulty to him and organised his study time accordingly.

Outcomes:
• Darren made great improvements in the management of his daily and weekly activities. Development of study and activities timetable.
• Socially, Darren’s aim to make many friends in Trinity changed during the course of the academic year. While he joined a society, attended regularly and made friends he became more content with the company of established friends and ceased making such an effort to form new friendships. He was advised, however, to establish a network of friends/contacts within his own course of study and made efforts to meet these socially throughout the college day.
• His attendance improved to 100% in the third term. He submitted all essays and has sat all required exams.


5. Darren tended to react to situations and information without due thought and consideration and to act in haste often leading to brash decisions and misinterpretations. Darren learnt to implement strategies to manage this, such as checking and rechecking instructions/guidelines, re-reading exam questions, talking through options before making decisions.

6. Darren learnt and practiced breathing exercises that helped him pause and refocus. He learnt to identify stressful situations in which such strategies were useful.
Jason: 23 years  
Postgraduate Engineering, Maths and Science  

Background/reason for referral:  
Jason was referred for ongoing support in managing his difficulties with social situations.

Areas identified/goals:  
1. To organise free time efficiently and effectively, creating a balance between study and non-study routines.  
2. To develop effective study habits, improving planning ability, ability to meet targets, and decreasing procrastination.  
3. To develop techniques to manage negative thinking in relation to self-in-work and self-in-leisure occupations; to develop techniques to manage peer relationships and reduce situational anxiety by meeting graded social targets.  
4. To refine academic writing skills and management of project work.

Work done/areas covered:  
1. Planned and reviewed assignments.  
2. Practiced using the library facilities (to familiarise Jason with these and to increase his confidence in exploring their use further).  
3. Addressed Jason’s negative thinking about himself and his abilities, working through ways he could challenge and manage these. We developed a list of context-relevant strategies (e.g. recording thoughts, contacting trusted support, leaving situation). Jason practiced these strategies, in addition to using breathing exercises and progressive relaxation.  
4. Devised weekly timetables to structure Jason’s time particularly in the third term when Jason had no formal lecture time.  
5. Discussed individual social situations that perplexed Jason and role played alternative ways of interacting.  
6. Encouraged Jason to reconnect with old friends and re-engage with previous leisure pursuits especially those requiring physical activity.  

Outcome:  
• Jason met all assignment deadlines and successfully passed each also.  
• Jason found his weekly timetables very useful and relied on these to organise his exam study. Jason passed all his exams.  
• Jason made friends on his course and socialised with them occasionally.
Report on the unilink service – An occupational therapy mental health initiative

5 Years on
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