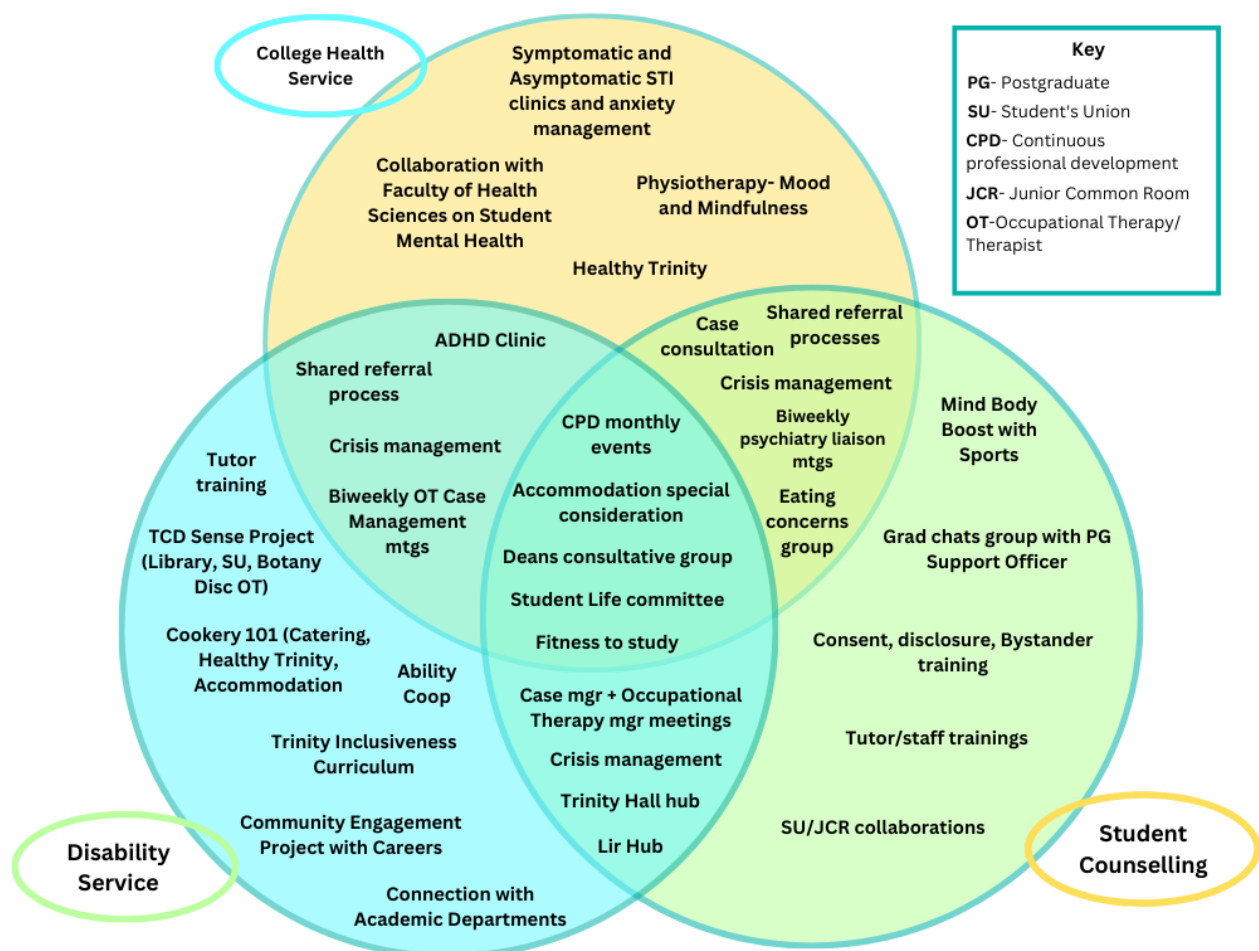Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Thematic Review of Student Mental Health Services
Trinity College Dublin
27-30 March 2023

Interconnections Between the Three Services

College Health Service

Symptomatic and Asymptomatic STI clinics and anxiety management

Collaboration with Faculty of Health Sciences on Student Mental Health

Physiotherapy- Mood and Mindfulness

Healthy Trinity

ADHD Clinic

Shared referral process

Crisis management

Biweekly OT Case Management mtgs

Case consultation

Shared referral processes

Crisis management

Biweekly psychiatry liaison mtgs

Eating concerns group

CPD monthly events

Accommodation special consideration

Deans consultative group

Student Life committee

Fitness to study

Case mgr + Occupational Therapy mgr meetings

Crisis management

Trinity Hall hub

Lir Hub

Disability Service

Tutor training

TCD Sense Project (Library, SU, Botany Disc OT)

Cookery 101 (Catering, Healthy Trinity, Accommodation

Ability Coop

Trinity Inclusiveness Curriculum

Community Engagement Project with Careers

Connection with Academic Departments

Student Counselling

Mind Body Boost with Sports

Grad chats group with PG Support Officer

Consent, disclosure, Bystander training

Tutor/staff trainings

SU/JCR collaborations

Key

PG- Postgraduate
SU- Student's Union
CPD- Continuous professional development
JCR- Junior Common Room
OT-Occupational Therapy/ Therapist

Review Team:

1. Ms Hannah Bell, Head of Disability Support & Inclusion (MH), Kings College London, UK

2. Dr. Michael Byrne, Head of Student Health Department, University College Cork, Ireland

3. Professor Anne Duffy, Department of Psychiatry, Queens University Ontario, Canada

4. Dr. Todd Sevig, Director of Counselling & Psychological Services, University of Michigan, USA

5. Ms Sinead Lynch, Student Reviewer, Dublin City University, Ireland.

Internal Facilitator:
Professor Kevin O'Kelly, Trinity College Dublin

Thematic Quality Review Mental Health
Trinity College Dublin

1.0 Introduction

Trinity College Dublin (College) was founded in 1592 and is a leading higher education institution with a longstanding reputation for excellence and innovation in teaching and research. The College has consistently ranked first among universities in Ireland and in the top 100 universities worldwide (98th in Times Higher Education, 2023). The campus is spread across 51 acres in central Dublin and there are over 170 student societies and sports clubs.

During the peak of the pandemic in 2020/21 the College, like others globally, experienced significant challenges to university life and finances. However, the university continued to operate safely and successfully. The College experienced a rebound in 2021/22 with an increase of about 1,100 students, enrolling a total of 19,052 students. Similarly, a number of fiscal key performance indicators (KPI) saw some improvement in 2021/22 following a negative impact of COVID-19 and the hope is these will remain on track to meet the strategic plan KPI targets in 2025. The College has responded to financial underfunding from the public sector by diversifying its income streams, especially targeting significantly increased fees for non-EU students.

Current College enrolment in 2022/23 sits at an estimated 21,324 undergraduate and postgraduate students across all the major disciplines in arts and humanities, and in business, law, engineering, science, and health sciences. This represents an estimated 22% growth in the past 7 years, mostly from students domiciled outside of Ireland (7,195 in 2022/23 compared to 3,774 in 2015/16). The student body attending College is diverse and multicultural. There has been a focused effort to widen enrolment through educational access pathways for socio-economically disadvantaged students, students with disability, and mature students.

The transition to higher education is associated with significant psychological and social stress, which is compounded for Trinity College students with strained finances, given the limited affordable accommodation options in central Dublin, and for those students without local support or coming from different cultures. At the same time, the transition to College presents a unique opportunity in an student's life to develop healthy socio-emotional coping and to prevent or identify early on and treat any emerging mental health difficulties. Universities have an important role to play in supporting the well-being and mental health of its' students. In keeping with international trends, there has been a surge in demand for College-based mental health services over the past ten years in Ireland, peaking during the pandemic. Students have unique mental health support needs, given the short-concentrated study terms, often attending university away from local supports, and given that they are in a transitional age, falling between traditional CAMS and adult services. Further, in Ireland community mental health services have been severely underfunded.

In Ireland, national mental health services are provided by the Health Service Executive (HSE) and state supported private bodies such as St. Patrick's mental health services, Jigsaw and Pieta House. These supports are supplemented by General Practitioners (GPs) and private providers of psychotherapy. The HSE has long waiting lists for psychological support and even the private options for Psychiatry and Psychotherapy have significant waitlists. These issues, together with significant accommodation struggles and financial hardship, put extra pressure on College students in need of mental health support.

Student mental health support across a spectrum of need and severity, spanning from wellbeing and health promotion to support for psychological often transient or situational distress to clinically

diagnosable mental disorders is delivered principally by three College Services: Disability Service, Counselling Service, and College Health (referred to collectively as the Services). Each of these three Services has had recent performance reviews that recognized the high quality of evidence-informed support and care provided, and the collaborative and professional nature of the Services. However, the reviews also highlighted the need for improved physical space that was fit for purpose and a significant increase in the staff complement and skill mix across the three Services.

Since the most recent Service reviews, the College Health and Disability Services have moved into adjoining space in a designed for purpose new state of the art facility located centrally on campus and the Counselling Service has taken over the former College Health Space providing additional counselling rooms and space for Student association-led mentoring and peer support (Student 2 Student), while the central Counselling Service is located on the periphery of campus (South Leinster St), as well as an embedded (satellite counselling) counselling service which has been organized in Trinity Hall (residence for 1,000 students). There has been an increase in staffing levels in the Counselling Service since the last review, which has not been replicated in either of the Disability or College Health Services, in part owing to a lack of appropriate space to accommodate new staff over the ensuing period.

There continues to be a significant contribution of other groups across College to the student mental health support effort including the College Tutorial System overseen by the Senior Tutor's Office (often the first contact for distressed or struggling students and a vital student welfare and signposting role), the Postgraduate Advisory Service, Trinity Sport and the Student Capitated Bodies (Student Clubs and Societies, Students Union), all of whom play a considerable and important part in student welfare and intersect with the Counselling, College Health, and Disability Services.

2.0 Purpose of the review

Increasingly students seek multidisciplinary support and Trinity College believe it is at the intersection of the Services where further value could be added. As three distinct but closely related Services the shared intention is to offer students who seek help a more holistic and integrated approach, in line with the whole-of-institute approach identified as essential in both the National Mental Health and Suicide Prevention Framework and the 3SET report. The whole-of- institute approach to the support of health and wellbeing is further underpinned by Trinity College signing the HEA Healthy Campus Charter and committing to implement the HEA Healthy Campus Framework. This Thematic Review should provide a lens with which to assess, improve, and extend the core student mental health services in a more coordinated and student friendly way. Specific objectives of the Thematic Review include:

i. to provide a structured opportunity for the three Services to reflect critically on their activities and plans for development, in the context of both College's and the Area's strategic plans and other strategic initiatives.

ii. to benefit from constructive commentary on College Services from external reviewers who are experts in this area.

iii. to ensure that quality and standards are being maintained and enhanced, and that any areas of concern are identified and addressed.

iv. to identify the appropriateness of the Area's Governance Structures and Resources (funding, staffing and physical infrastructure) to provide high quality, best practice services to students in need.

3.0 Terms of reference of the review

The review panel was invited to assess and make recommendations to the College under the following categories:

i. The internal quality assurance of each of the Service Areas under review.

ii. The collaborative efforts/initiatives on which the Service Areas act to maximise the impact of student mental health services and the sustainability of such provision for both staff and systems.

iii. The effectiveness of the three services in providing support to College Strategy in terms of the following areas:

    a. Student specific issues such as complex student case management and risk assessment, crisis intervention, fitness to study, clinical fitness to practise, safety & security of students;

    b. Institutional Infrastructure in relation to mental health (Access, Academic, Library, Accommodation, Sensory spaces, international students);

    c. Policy development and delivery (Student Mental Health Policy; Reasonable Accommodation Policy, Alcohol & Drug Policy, Dignity & Respect Policy etc.).

iv. Internal and external impact of each of the Service Areas under review on topics relevant to Student Success and Support Services in Higher Education

v. Benchmarking with similar institutional services nationally and internationally.

4.0 Overview of review procedure

<u>External Review Members</u>
Chairperson: Professor Anne Duffy, Department of Psychiatry, Queens University, Canada, and Department of Psychiatry, University of Oxford, UK.
Ms. Hannah Bell, Head of Disability Support and Inclusion (MH), Kings College, London.
Dr. Michael Byrne, Head of Student Health Department, University College Cork.
Dr. Todd Sevig, Director of Counselling and Psychological Services, University of Michigan, USA.
Ms. Sinead Lynch, Student Reviewer, PhD Student, Dublin City University

<u>Timetable of Visit</u>
The timetable organised by the College Quality office was appropriate, allowed for consultation with relevant stakeholders, and included time for private meetings and discussion between the review panel. The reviewers met with College Officers and Directors involved in student welfare, Managers and staff from the Disability, Counselling, and College Health Services, College support staff, external stakeholders, and students with lived experience. In hindsight, the reviewer panel believe an additional meeting with students involved in an advisory capacity to the Services may have helped develop a more in-depth understanding of how Services partner with students to address student mental health needs in acceptable and engaging ways. The review panel were grateful for the opportunity to hold individual discussions with each of the Directors of Service and for the addition of the Chairperson of the Neurodivergent Society to the student meeting.

The review panel would like to thank all faculty, staff, students, and external stakeholders who made themselves available during the review panel site visit. In particular, the Senior tutor, Associate Professor Stephen Smith, the Director of Disability Services, Mr. Declan Treanor, the Director of Counselling Services, Ms. Trish Murphy, and the Director of College Health Services, Dr. David McGrath and their staff for their cooperation. The review panel would also like to express gratitude to the internal facilitator Professor Kevin O'Kelly for ensuring meetings ran to schedule, kept on topic, and for providing additional context when necessary.

<u>Development of the Report</u>
The review panel explored experiences and perspectives across the College and from students and stakeholders to understand their roles, responsibilities, relationship, and experience with the College Mental Health Services. Discussion centred on the challenges and opportunities for stronger collaboration and integration of the three Services to optimally support student mental health.

The review panel Chair, Professor Anne Duffy, presented an overview of the primary findings to the Heads of Service, interested parties, and University Officers on the final day of the site visit. The review panel members then developed a full report through online video meetings and email. All members had collective responsibility and input into the final report. Neither the internal facilitator, Professor Kevin O'Kelly, nor Trinity College contributed to the primary findings or final report.

5.0 Brief overview of the College Mental Health Services

College Mental Health Services include the Disability, College Health, and Student Counselling Services which sit within the Corporate Services Division of the College. The Director of each Service reports to the Director of Student Services who reports to the Chief Operating Office of the Corporate Services Division, who in turn reports to the Provost. The Services are available throughout the year, free of charge to all registered students at the College. Below is a brief overview of each Service relevant to this Thematic Review based on the self-assessment of services, past reviews, and interviews held as part of the current review (detailed description of each service, organizational structure, and executive summaries of recent reviews see Appendix):

5.1 *Disability Service (12 FTE):* The Disability Service (DS) is comprised of a multidisciplinary team including Disability Officers, Occupational Therapists (OT), an Assistive Technology Officer, an Educational Psychologist and an Assistant Psychologist.

<u>Mandate:</u>
The Disability Service (DS) has a specific mandate to provide support and services to the College's disabled community which includes students, staff and indirectly visitors. DS is required to ensure the College is compliant with the Disability Act 2005, alongside other relevant legislation and codes of practice. As with other higher education institutions, the DS has experienced an increase in numbers of students disclosing disabilities, which are often complex and impacted by mental health conditions. The number of students disclosing a mental health condition as a primary disability represents 28% of all students disclosing a disability within College (the largest disability category for accommodations applications). The DS has adapted to meet this demand by placing a focus on individually tailored and responsive support including Occupational Therapy, Specialist Academic Support, Assistive Technology, Professional Placement Planning, as well as ongoing support and case management around disclosure, implementation, and review of reasonable accommodations. The DS has also pioneered collaborative ways of working with the other Services; an example being the ADHD clinic organized conjointly between the DS and College Health.

Funding for DS comes from a range of sources, the majority of which are non-Core Trinity sources. The DS budget for 2021/22 was comprised of the following funding sources: Higher Education Authority (HEA) Core Access grant (38%), HEA Fund for Students with Disabilities allocation (34%), HEA Fund for Students with Disabilities (24%), Once Off HEA Strategic Initiative Fund for students with disabilities. Reasonable accommodations in Irish Higher Education Institutes (HEIs) include course-based accommodations, principally in the form of examination accommodations, based upon a needs assessment meeting. However, it was evident to the review panel that DS work collaboratively across the College both in student societies and other services to work around funding restrictions to meet the needs of all students who may be awaiting a diagnosis or not be able to provide the evidence required for disability support.

The review panel was convinced of the commitment and competency of the leadership and staff of the DS in meeting the mandate by the impact and effectiveness of DS; for example, in establishing the Occupational Therapy Service and through placing the student's needs at the heart of the Service. This was evident by the OTs meeting with all students disclosing a mental health difficulty and working in an integrated OT approach to identify and implement reasonable accommodations. Furthermore, it was clear to the review panel that DS are committed to working collaboratively to support students with disabilities. For example, the DS has worked with the College Health Service to provide support for students with ADHD, Autism Drop in, Trinity College Dublin Sense project, The Trinity Ability Co-op which is a collaborative initiative between students, staff and other stakeholders, and through the College forum for Disabled Staff and PG Students.

The review panel was impressed with the level of collaboration across Trinity College as a whole, working innovatively around the restrictions of funding to provide an inclusive space for the student and staff community. However, the increasing demand on the DS rising from 4.9% of the student population in 2010-2011 to 10% in 2020-2021 is substantive, exceeding the national average of 6.6%. The rising caseload of disabled students per disability staff is 318 students representing a 51% increase in the last 8 years. The review panel recognise there is a risk that disabled students' needs, particularly those with mental health conditions, are not being fully met. One solution would be to support the DS in pathways to work more collaboratively across the three College Services to prevent students reaching a crisis and to utilise the skills mix across the Services more optimally. For example, in communicating effectively to students the purpose and scope of the services in clear Statements of Service, as well as streamlining the referral processes across the Services (which is often confusing for students), more efficient sharing of information between Services when appropriate for specific joint cases and support for identified priority need services that could benefit from being delivered conjointly (i.e. ADHD clinic).

<u>Staffing</u>
The DS is a multidisciplinary team in 2021-22 included the Director of the Disability Service, Head of Disability Student Supports/Deputy Director, DS Systems, Assistive Technology and IT Manager, Occupational Therapy Manager, Disability Officer and four Occupational Therapists. In total staffing equated to 6.5 FTE in direct student-facing roles. In addition, 1 FTE DS Administer and Graduate Intern. Sessional Specialist Academic Support includes an Educational Psychologist and Assistant Psychologist in Semester Two of 21-22. Pre-COVID the DS funded a case manager role working alongside College Health, but the role is no longer in place. However, the increase in disabled students and the rising complexity of student needs supports the requirement for a clinical case manager within each of the Services reporting to the respective Service Director and an additional case manager position dedicated to liaising between the Services and the academic College

Officers to manage complex student cases that involves 2 or more of the College mental health services and have academic and fitness to study concerns.

Operating Hours
The DS is open from: 9am-5pm Monday to Friday. Drop ins are run daily 11 am -3 pm where students have the option to book a slot in-person or online. Alongside various events, student led groups, and DS led groups to support students.

Accommodation
The DS has recently relocated to the disAbility hub in Printing House Square which is located physically adjacent to the College Health Service. The space includes 7 accessible individual meeting rooms, a team meeting room, administrative office, and shared meeting space with College Health. The shared space allows the DS independently or together with College Health to deliver student and staff workshops and host collaborative meetings and trainings for campus stakeholders. Whilst this move has enabled the whole DS team to be located in one space and is generally accessible to meet the needs of the Disabled community, it was noted there are some remaining logistical issues around full accessibility as the space is located on the lower ground floor, which was noted by the review panel in speaking to the DS team.

Access/Referrals
Students can register with the DS online which is supported by a clear and comprehensive step by step guide. Once registered, students have the option to book a 1:1 appointment with the team members allocated to them on registration via the DS website or the option to book into one of the daily drop-in sessions accessible either online or in-person. In addition, there are weekly self-referred student-led groups (i.e. Autism drop-in for neurodivergent students). Referrals can be made to the DS team by other Services such as College Health, Counselling, and Academic Tutors. In addition, the OTs will make written referrals or telephone requests to the College Health and Counselling services as needed which leads to more pressure on all Services. There is currently no system in place to co-ordinate or streamline referrals for students involved in the DS and other Services, which was highlighted by students to the review panel. Students found that it was difficult to navigate the Services and to know what was expected of them (i.e. what had been shared, what they had to share, why they were being referred), nor did they have a full understanding of how the Services collaborated or what their specific mandates were. Although the Services collaborate quite extensively behind the scenes about referrals, the review panel recognized an opportunity to align and streamline the referral process between the Services, as well as the need for facilitating sharing of information (verbal and written) for complex cases involving 2 or more Services. A clear statement of Service would help clarify for students what each Service offers, how they intersect and perhaps support more realistic student expectations. Finally, it would be helpful for the Services to identify where they can improve efficiency in priority service areas and training through collaboration and conjoint delivery.

Supports/Services
DS provides support through an initial needs assessment with each student to offer tailored support to meet individual student learning and mental health needs. The OTs support students with mental conditions to provide reasonable academic accommodations which are shared with the academics who teach the student. These can also include exam accommodations. For example, the student may be provided with assistive software, ergonomic equipment dependent on their needs and will be offered training to utilise these. In addition, the Trinity College Dublin Sensory Project is working to make the campus a comfortable, safe space for disabled students particularly for neurodivergent students and/or those with mental health conditions which are inclusive and accessible to the whole

student population (i.e. low stimulation areas in libraries). As highlighted above support is offered to students via group workshops and student-led DS initiatives.

<u>Key actions from last service review</u>
Key recommendations from the last review that have been fully implemented: (i) the provision of new fit-for-purpose premises; a disability module within SITs to make the Service more accessible to students; implementation of the Trinity College Reasonable Accommodation Policy for students with Disabilities to provide a framework for reasonable accommodations for students with disabilities alongside the Fitness to Study policy; further development of KPIs to demonstrate the impact and effectiveness of the DS connecting with the wider Student Services KPIs which are reviewed annually.

Key recommendations from the last review not yet implemented in full: (i) continued reliance on external funding from HEA and ESF with risks reviewed annually preventing key staff being made permanent or in some cases positions withdrawn (i.e. case manager for complex cases), (ii) the relocation of some activities such as support for disabled staff have yet to be enacted, which could free up resources to support students and (iii) there remains pressure on the DS to meet the high demand for student mental health support by utilising the expertise amongst the OTs in certain clinical areas (i.e. eating disorders). There are several opportunities where DS expertise and collaboration would clearly benefit student well-being and mental health support; however, with current demand it is unclear what responsibilities will remain to make room for new initiatives and a clear Statement of Service supported by the College leadership and the other Services would be helpful to define, focus and guide the scope, mandate and priorities of the DS.

5.2 *College Health (13 FTE):* comprised of a primary care mental health team, a psychiatry team, and health promotion.

<u>Mandate</u>
The College Health (CH) Service has a very wide-ranging mandate that includes responsibility for staff as well as for student health across the whole spectrum of issues that present in primary care, with the added unique responsibilities that relate to the College setting. These responsibilities include providing diagnosis and treatment of mental health conditions, but also extend to cover other domains including physical illnesses, injuries and sports medicine/physiotherapy, contraception and sexual health, vaccination/screening for infectious diseases, travel health, and fitness to study matters. This mandate is the widest mandate of all College Health Services in Ireland.

The review panel was convinced of the commitment, professionalism, and competency of the CH Service in meeting this very broad mandate. The CH staff work effectively and collaboratively with each other, across Services and the College. Further, the impact, effectiveness, and essentiality of this expert embedded CH Service during the recent COVID-19 Pandemic was highlighted by many College Officers over the course of this review. The commitment to assess, diagnose, treat, and prevent the wide range of mental health conditions and concerns presenting was evident to the review panel, as was the commitment to collaborate effectively with the Disability and Counselling Services and the broader College community in support of student health and mental health.

The CH Service has worked particularly effectively in tailoring its service and collaborating with the other Services to meet its mandate in the context of ever-increasing demand and limited resources. The CH Service models of care for students with ADHD and Eating Disorders being possible exemplars for other higher education Health Services in Ireland. However, all members of the CH Service expressed real concern that the (i) increase in the numbers of students presenting for care,

(ii) increasing complexity of mental distress and mental illness presentations and (iii) limited staffing were overwhelming the CH Service's capacity to meet the demand and maintain the high-quality of care delivery. Furthermore, this workload was having a direct negative impact on their capacity to deliver the other, non-mental health services element of their mandate. Following a recent month-long audit of its service, College Health estimated that approximately 60% of presentations to the GPs related to mental health concerns or mental illness. This is double the rate described for primary care practices in Ireland. The review panel was convinced of the real corporate risk that this represents for the College, and that the CH Service will be unable to continue to meet its mandate unless the issues relating to staffing levels, skill mix, and College and student expectations of the CH Service are addressed.

Staffing
The College Health Service staff is comprised of 13.3 FTE (+3.6 from last review*) including: Director 1.0, Assistant Director/Psychiatrist 0.7, GPs 4.8(+2.6) Nurses 2.0 Physiotherapist 0.6 (-0.1) Psychiatric Nursing 1.0 (+1.0) Health Promotion 0.6 (+0.1) and Administration 2.6.(+0.1) (*The figures in brackets represent change from last review in 2015). The skill mix changes since the 2015 review include the addition of psychiatric nurse and the introduction of nurse prescribing, both welcome changes building capacity and facilitating CH staff to work closer to their professional potential. All staff members contribute to the support of students with mental illness. Since last review a new role of Case Manager (1.0 FTE) funded by the FSWD was established in the CH Service, with responsibilities to co-ordinate supports across College Services for students with complex mental health needs, attend fitness to study meetings, and following up with emergency and urgent care referrals to community services. This critical Case Manager role no longer exists since (2019).

While the staffing complement and skill mix is at least comparable to and often exceeds the provision of other higher education Student Health Services in Ireland, given the wider mandate for staff and students, the complexity of presenting pathology, and the increased number of students being cared for by the CH Service, the staffing levels are clearly inadequate in certain areas. The increased staffing in the Counselling Service since 2015 (7.5 -16.8 FTE; excluding the Director but including 3.43 FTE sessional staff) has had impact on the CH Service, contributing in part to increased referrals, with no increased capacity in the CH Service to meet this increased demand. Further, the CH administrative team manages a complex high-risk service, with vast quantities of clinically sensitive and critical health data. There are only two staff responding to what are possibly the busiest incoming telephone lines on-campus. The CH administration team also hold the responsibility to handle financial transactions and manage fee income and expenditures to remain in budget annually. There is no staff member with a dedicated expertise in data management, reporting or data analysis. The advantage of having this expertise is clear when comparing the excellent data analysis and reporting outputs from the Counselling Service in comparison to the minimal data analysis and reporting from the CH Service (based on their respective self-assessment reports).

There is a clear need to significantly increase staffing levels in the CH Service. All staffing areas need to be considered given the broad mandate, increased demand, and new premises now able to properly support and accommodate the needed increase in CH Service staff. Certain new income generating opportunities such as the government-funded free contraception scheme, may make these new roles self-funded. Immediate priorities include (1) an increase in the number of GPs with a special interest in mental illnesses, (2) an increase in administration staff with data analysis and reporting expertise, (3) restoration of the role of the College Health case manager. A future area that merits consideration in the short to medium term is (4) an increase in the Psychiatry cover, with a further 0.5 FTE role in term-time to support the current 0.7 FTE current role.

Operating Hours
The CH Service is open from: 9am-5pm Monday to Friday. Out of hours care is provided by the Out of Hours GP Service by DubDoc (https://www.dubdoc.ie). The review panel considers these hours of operation to be reasonable in the context of current staffing levels and a primary care practice mandate embedded in a campus setting. The review panel agree that while the CH Service sees students with complex mental health needs, they are not resourced or mandated to and should not be expected to operate as an emergency service.

Accommodation
The CH Service has recently relocated to a new medical centre on campus, co-locating with the Disability Service in premises that compare with best in class in Ireland, the UK and the EU. The new medical centre has capacity to support the delivery of the full range of College Health and Disability Services and has enough space availability to appropriately accommodate a larger staffing complement, host collaborative meetings, and deliver training workshops for campus stakeholders.

Access/Referrals
Students access GP and Psychiatric appointments on request through telephone booking for routine and urgent services. Drop-in requests for on the day/future appointments have been restored since the end of COVID-19 pandemic and with the opening of the new premises. The routine waiting times exceed 10 working days at busier times of the year, including for mental health follow up. Urgent appointments are provided on the day with, in theory, no fixed limit to the number of students being seen by a College Health GP. Referrals from College Health, including to the Disability and Counselling Services, are arranged through written referrals or telephone requests. Referrals to the CH Psychiatrist are made directly by College Health GPs/Psychiatric Nurse, Student Counsellors, local GPs, and local HSE Mental Health Teams. This level of access to the Consultant Psychiatrist, open to a wide range of referring professionals, has led to a large continuing operational caseload for the Psychiatrist, reducing availability for Psychiatric participation in strategic development of other College mental health services and initiatives.

Mental Health Service
All members of the CH Service are involved in the care of students who present with mental health concerns, including students with existing diagnoses and those yet to be formally assessed and diagnosed. There is clinical guidance and advice available to all members of the Primary Care Team from the professionals on the CH Psychiatry Team which is comprised of Consultant Psychiatrist (0.7 FTE) and Psychiatric Nurse (1.0 FTE). The CH GPs play a primary role in the provision of mental health care, being the clinicians who manage all acute and urgent presentations needing referrals to secondary and tertiary psychiatric care. This means that the CH primary care role could be considered the most critical in providing mental health support to the College community, especially in the areas of highest clinical risk.

Key actions from last service review
Key recommendations from the last review that have been implemented in full: (i) the provision of a new fit for purpose premises, (ii) the embedding of Health Promotion into the CH Service, (iii) the commitment of the University to WHO Healthy Campus/Health Promoting University Status, and (iv) the introduction of Nurse Prescribing to build capacity.

Key recommendations from the last review that have not yet been implemented in full relate primarily to staffing levels. In 2015, with a student population of approximately 20,000 envisaged, a GP complement of 6.5 FTE with an accompanying increase in administration and nursing support was recommended. There has been an increase in GP staffing to 4.8 FTE, with no increase in

administrative or nursing staff (which remains at 2.0 FTE), with the student numbers reaching 21,324, one third of whom are international students. Therefore, the review panel strongly feel that College Health staffing levels remain inadequate putting the Service and the College at risk.

5.3 *Student Counselling Service (26 FTE):* comprised of a Student Counselling Service, Student Learning Development (SLD) and a student association-led peer mentorship support (S2S).

<u>Mandate</u>
The Student Counseling (SC) Service works to promote positive student mental health, wellbeing, and resilience using evidence-based approaches to provide emotional support and help students build and strengthen healthy socio-emotional coping. The main functions of the overall SC Service include: clinical psychological services (crisis intervention, ongoing therapy (individual and group therapy), learning support through academic skill building (SLD), and support for a student-led mentoring and signposting association named S2S (student to student).

<u>Staffing</u>
The staff is well-engaged and have a high-level formal training and expertise in delivering student mental health counselling and psychological support. Currently there is a Director (1.0 FTE clinical psychologist), a Deputy Director, 3 Clinical Managers, an Administrative Manager, and a Strategic Development Manager. At present, there are 10.38 FTE Counsellors and 2 FTE Assistant Psychologists. As a strategy to help build capacity and fill vacancies/absence gaps, there are 3.43 sessional Counselors appointed on a temporary basis during peak referral times during the academic year. The total staffing would therefore equate to 16.8 FTE staff (excluding the Director and including 3.43 sessional) delivering clinical counselling services. There is a self-identified need to continue to strive to increase the diversity in the staff to better reflect the diversity of the student population where possible.

<u>Mental Health Service</u>
The SC Services are based on a short-term therapy model in accordance with a stepped care framework, and (since the pandemic) services are delivered using a hybrid (remote and in person) approach. In addition, the SC Service has taken on increased responsibilities in training and supporting faculty tutors and College staff in mental health literacy and providing training around working with students in distress and response to sexual assault. In addition, the SC Service has a leadership role in Healthy Trinity and other whole campus mental health initiatives.

Of particular note, there are 3 recent occurrences relevant to this Review:

i. The year after the "lockdown year", there was a substantial increase in demand from students for Counselling services – a trend seen internationally with increases seen in many countries of around 30-40%. Of note, the last reported year of data showed that the SC Service is seeing ~14% of the total population vs ~11-12% the last few years prior. While this is a "good thing" as it means that students are reaching out, this represents a substantial increase in demand.

ii. Given the pandemic-associated and cumulative increases in student demand, the SC Service is often operating more in a crisis intervention mode, thus reducing time to address the full spectrum of their clinical mandate (i.e. including new appointments and ongoing work). The ongoing work is what has suffered the most; currently many students are seen every 2-3 weeks instead of weekly.

iii. The SC Service Clinical Load Index (CLI) is high compared to other higher education counseling centers nationally and internationally. While the staffing ratio to students is now within the IACS recommended range of (1-1,000/1,500), the CLI is reported to be 240. When a CLI is this high, access to and quality of support can suffer, and the staff not utilized to their full potential. Further prevention of what would be mild-moderate cases can shift to more severe and refractory due to delayed access to support. Changes to a more optimal CLI could be achieved through: (i) re-defining the scope of SC Services (i.e. therapy groups that are well attended and in scope) on offer to align with a clearly articulated Statement of Service, (ii) improving efficiencies (ie triage, referrals, sharing information between Services around conjoint cases), and (iii) working collaboratively with the other Services to share the responsibility for deliverables (ie faculty and staff training, conjoint clinical services for identified suitable priorities).

Accommodation and Operating Hours
The SC Service operate in 3 locations: i) the main center at South Leinster St with the hours of 9-5 pm, with 2 evenings/week til 8 pm, and every 2nd Saturday morning, ii) space in Trinity Hall with the hours of M-F 10-6 pm, and iii) a small effort at Lir Academy with the hours of T/W from 4 pm-8 pm. Drawing from the last unit review, additional space was identified which is notable.

The responsive and collaborative nature of the SC Service leadership and staff are a strength, also noted in prior reviews. Other Services and the College noted that the SC Service is responsive in terms of accommodating crisis appointments, being available to College staff for consultation, and working collaboratively with the other Services. Another notable strength was the tracking and compilation and communication of data. Systematic data collection is key to service planning and resourcing, as well data can help to educate and combat myths around student mental health, engage the campus community around issues of import and/or sensitive topics, and highlight efficiencies and inefficiencies. In 2010, the SC Service invested in a gold-standard electronic record system to support data collection, participation in CCMH, and use of local data. However, there is currently no secure process in place to share important clinical information with the other Services, each of which use a different electronic record system. The SC Service has also been involved in collaborative efforts such as developing a conjoint clinical service for students with Eating Issues/Disorders and in the Trinity Health well-being initiative Mind-Body Boost. Further investment in such collaborative efforts with the other Services, such as delivering conjoint clinics and College faculty/tutor and staff training in suitable priority areas would be an important opportunity to support further innovation, efficiency and continued excellence.

Key actions from last review
Many recommendations from the last review in 2015 have been acted upon, with a few still in discussion or in the process of being implemented. There are two areas that stand out in this review that warrant closer attention:

i. The case manager role. Counselling is the only service with a dedicated case manager role. However, the role is only half-time and apparently not solely dedicated to classical case management duties. The review panel recommend keeping this role within the boundary of what it was created for – true case/care management or case/care coordination. What is happening at times now is that this role is supporting students in an ongoing basis and filling clinical gaps and needs.

ii. The relocation of SLD and S2S. It was recommended in two prior reviews that SLD (learning support) and S2S (student association-led peer mentoring) be removed from

the SC Service and re-situated as part of the larger 'landscape' of College (non-clinical) support resources. The review panel strongly endorse the relocation of SLD and S2S from SC Service to elsewhere in the College organization, although perhaps still reporting to the Director of Student Services. By relocating these resources outside of clinical Mental Health Services, the SC Service can more appropriately focus on their mandate. This would also free up space, resources, and finances that may be re-allocated to support priority clinical services clearly aligned within the SC Service mandate and reduce potential risk to the SC Service and by extension the College; as neither SLD nor S2S are clinical services and as such they are not bound by the same governance, professional standards or benchmarks.

In summary, the review panel were impressed with the dedication of the SC Service leadership and staff and the high-quality of service they provide to students and the College. While resources in terms of staffing and services have significantly increased since the last review, the demand for Counselling Services continues to grow. To support the SC Service and prevent burn-out and reduce risk, it seems sensible to recommend that the SC Service develop a clear Statement of Service setting out a clear mandate and scope of the services it offers, which is supported by the leadership of the College and the other Services. In addition, students and staff would benefit from further collaboration with the other Services and wider campus community, which could reduce the burden on the SC Service for the delivery of training and clinical services they are currently leading and often undertaking alone. Through the recommendations, the review panel would like to support the SC Service in reviewing, and based on the evidence, tightening their menu of services and modes of delivery. It is hoped the recommendations would assist the Counselling Service to better focus on what they are trained to do, and shift from a crisis-oriented mode of operation to one which has an optimal balance of the tripartite mission that includes provision of new assessments and ongoing therapy within a clearly defined scope. In addition, the recommendations should free up resources and time to support the Counselling Service to continue an active collaborative role in the planning and delivery of the broader mental health mandate across the College.

6.0 Addressing terms of the Thematic Review

6.1 *Internal quality assurance of the services*

i. The Disability Service (DS) places the Quality Assurance at the centre of the service provision and delivery underpinning the service's strategic plan. DS's work is evidence-based and guided by the legislation of the Disability Act 2005, Equality Employment Act 1998 and the Equal Status Acts 200-2018. In addition, the DS holds biennial peer reviews presenting on KPIs for the semester and highlights any challenges the service may face for the upcoming period. All staff within the DS team hold relevant qualifications at undergraduate and PG levels and are registered with the appropriate professional bodies to provide high quality standards for academic support. In addition, DS are required to provide evidence of supporting documentation of the support in place for students by the HEA so meet the criteria for funding and can be audited via a site visit to monitor the service.

ii. The College Health Service ensures the internal Quality Assurance as all GPs, Nurses and the Psychiatrist are required to maintain professional competence and professional registration at the Medical Council of Ireland and the Nurses and Midwifery Board of

Ireland, respectively. All GPs and the Consultant Psychiatrist at College Health are required to maintain their registration on the Specialist Register for General Practice or the Specialist Division of Psychiatry, respectively. Enrolment on, and completion of, an Annual Approved Professional Competence Scheme is a mandatory requirement for all doctors in Ireland. The Professional Competence Scheme for General Practitioners is managed by the Irish College of General Practitioners and for Psychiatrists by the Irish College of Psychiatrists. These Schemes involve at least 50 hours of annual training, with a variety of Internal and External Training and Educational aspects as well as a Clinical Audit.

iii. The Counselling Service ensure the Quality Assurance of the service by Counsellors are trained to a minimum clinical Master's level in various disciplines and registered with the appropriate professional bodies to including: All counsellors are members of PCHEI (the professional association of Student Counselling in Ireland) and the whole service is a member of SAI, Student Affairs Ireland (see Appendices for links). All staff members of SCS/SLD/S2S are garda vetted on a 3-year cycle, and this includes sessional workers, trainees and volunteers. IACS (International Accreditation of Counselling Services) will be sought in the summer of 2023. Bi-weekly meetings with the college Psychiatrist provides an opportunity to communicate about care plans for students attending both counselling and psychiatry visits. In addition, the Counselling Service regularly receives feedback from students and stakeholders to maintain the quality of the service.

6.2 *Collaborative efforts/initiatives to maximize impact and sustainability*

As mentioned prior, one of the strengths of the College Mental Health Services (individually and in concert with each other) was the willingness to collaborate and explore ways to develop innovative and efficient resources and services. Examples, of such collaborative initiatives include the Mind-Body Boost, ADHD clinic, and an Eating Disorders clinic. The willingness to collaborate and the evidence-base models grounding these efforts was impressive, and early data show these offerings are improving efficiency and making a difference in students' lives (e.g., CCAPS score changes, anecdotal evidence, number of visits in a single clinic day).

What was equally important and noted by the reviewers were the existing "ingredients" of collaboration that can serve as an important foundation for future growth and collaboration on the evolution of a campus-wide approach to student mental health. These include:

i. Expertise from all 3 Services, as well as across the College that support student mental health promotion (i.e., Trinity Sport)
ii. An approach that is truly collaborative, with shared responsibility and governance
iii. Effective and positive interpersonal dynamics and communication of the staff involved – e.g., a culture of respect and trust
iv. A focus on priority student mental health needs that are suitable for cross-service collaboration, and areas that by definition are better served via collaboration

The review panel, based on process findings, wondered if there were other areas within the collective mandate or intersection of the Service that might benefit from a collaborative approach.

For example:

i. Students on the Autism spectrum. The Disability Service is currently doing quite a bit of quality work in this area. The Counselling Service and College Health could add to these efforts (although recognizing that this is a subspecialty clinical area and would require upskilling and adequate resourcing)

ii.   Complex case clinical discussions that would benefit from expertise in all 3 Services (as well as other College staff). As noted elsewhere in the report, we recommend creating a systemic structure for this work with clear communication pathways

iii.   Alcohol/other drug use. While this content was not prominent during the review, it was noted often in the self-assessment reports

Again, the review panel were impressed with the existing collaborative efforts between the Services which were felt to be outstanding and recommend continuing and possibly extending this approach to other identified priority in-scope areas and deliverables. Collaborative service delivery and training takes time and relies on the appropriate processes and resourcing, taking away to a certain extent from each of the individual Services. However, when one sees the benefits of a cross-service collaboration, these seem to outweigh the costs (in key areas). Systematically collected data and student feedback will help assess the value and efficiency of any such collaborative efforts and data-informed decision-making around service planning and delivery across the Services is key.

6.3   *Effectiveness of the Services in providing support to the College*

a.   <u>Student-specific issues</u>. The Services each contribute to the College procedures for complex case management, crisis intervention, risk assessment and fitness to study matters, being represented at Head/Director of Service level at relevant College-level committees. The College committees have wide representation from across the College academic, administration, support services and avails of external expert independent opinion on medical and mental health matters when required. The Directors must balance their responsibilities as advocates/treating clinicians with their role as advisors to each committee. The review panel was impressed with the College policies and procedures in these matters. The procedures that operate between each of the three Services in supporting students in crisis appear to rely on inter-service paper-based or phone referral between Counsellors, GPs, OTs, and Disability Officers. The procedures for closed loop feedback to the referring service should be reviewed and agreement reached to formalise these collaborative case management efforts.

There is currently a weekly meeting between Student Counselling and the College Health Psychiatrist to discuss joint cases. The review panel note that there is no single agreed shared record of these meetings with the potential for separate and differing notes of these discussions being entered into the Service-specific electronic clinical record. This was identified as a risk to the Professional, the Service, and the College and an opportunity for an improved collaborative process. Therefore, it is recommended that a single agreed note of these meetings is entered into each Service clinical record (ie a singular note). The review panel is also concerned that e-mail is used as a means for exchange of information relating to the mental health and mental health care of students. In some circumstances, this risk is further exacerbated by the use non-encrypted emails. The review panel recommend urgent re-consideration of the use of non-secured email for exchanges of health-related data and urge the College to explore other secure and GDPR compliant means of electronic communication of this sensitive personal health information. Ultimately, the sharing of a singular electronic record system with secure internal messaging capabilities between the Services would be the safest, logical and most efficient solution and would facilitate collaboration of Services around individual cases.

b.   <u>Institutional infrastructure</u>. The overarching framework for health and wellbeing in the higher education setting in Ireland is the HEA Healthy Campus Charter and Framework. The College Health Service Health Promotion Officer is Co-Chair of Healthy

Trinity and represents the College at the HEA National Healthy Campus Network. The Counselling Service was deeply involved in the 3Set project and has collaborated with UCD, TUS, PCHEI and the HEA to develop the Student Mental Health and Suicide Prevention Framework Each of the 3 Services is strongly represented on the Healthy Trinity Steering and Action Groups, providing leadership and clinical expertise to these initiatives. There is an opportunity for more formalised collaboration between the three Services in campus (faculty/tutor and staff) mental health training and educational initiatives.

c. _Policy development and delivery_. Each of the three Services has contributed to the development and operation of policies pertaining to student mental health, including Student Mental Health Policy (currently under review), Student Fitness to Study Policy, Fitness to Practise Policy, Drug and Alcohol Policy and Reasonable accommodations Policy. The Counselling Service has had a leadership role in developing and implementing the College Sexual Consent Framework. The review committee recommend that all three Services collaborate and share the leadership role in developing and implementing policies pertaining to student mental health to leverage the full scope of expertise and further foster collaboration between the Services.

6.4 _Impact (internal and external) of Services on student success and support in HE_

The importance of including the student voice within policy design is highlighted in the National Student Mental Health and Suicide Prevention Framework, which supports the inclusion of staff-student partnerships to build greater student engagement and collaboration when designing mental health frameworks. The student voice is apparent within the Counselling and Disability Services, where the review panel noted that there was evidence of regular collection of student feedback and implementation of suggestions. The review panel recommends that College Health adopt a similar approach, to facilitate staff-student collaboration, allowing for greater understanding of student needs and reassessment of work being done that students are not engaging with.

The review panel noted that there was regular communication between the Services by the staff members to ensure students are supported. However, students had no understanding of this and felt that each Service was working in isolation. Students expressed that having to repeat personal information in each Service was a barrier and felt this could be easily resolved by putting into place structures to support the Services in sharing of their information when clinically indicated and with their consent. The review panel believe that a resolution to this may benefit staff and students alike, removing access barriers and lowering workloads. Transparency around the behind-the-scenes work may also have an additional benefit for students to better understand the relationships between Services. The review panel was concerned that having to repeat personal information and the lack of clear understanding of how to navigate between the Services was a real barrier for students.

The review panel were also made aware that although comprehensive information regarding the College Mental Health Services is sent to all incoming students, critical information pertaining to requisite documentation of pre-existing mental health conditions (ie ADHD diagnosis), organization of prescriptions and appointments, is not being fully appreciated or proactively acted upon by the students. International students may be particularly affected as they may not be aware or know what to expect in terms of the services on offer and requirements of the College Mental Health Services or know what they have to organize privately or in the community and how to go about this. The

review panel recommend continued co-partnership with students to gain their input as to the look and content of student-facing communications, which should help to raise student awareness and engagement with the Services and more proactive organization of their own mental health care needs before arrival at College, and in this way lower the strain on both the students and staff.

6.5 *Benchmarking with similar institutions nationally and internationally*

[OECD in 2018](#) convened a meeting of mental health experts from across disciplines and those with lived experiences to outline key principles to govern benchmarking of mental health services performance. These principles include individual centred care (engage, empower, and ensure ownership), high-quality and accessible care (evidence-based, timely, safe and continuity of care), integrated and multi-faceted (whole person, psychosocial and medical), preventative (focusing on health promotion, mitigation, and prevention), strong leadership and governance (continued evaluation, improvement and responsive) and future-focused (research and data informed, capacity building, solution oriented). When reviewing the current status of the College Mental Health Services, there is good evidence to support that the Services deliver high-quality and evidence-based care and that each Service benefits from strong leadership and a formalized governance structure with direct reporting to the leadership of the College. However, there was recognition that despite good collaborative relationships within and between the Services, both at the leadership and at the staff level, more aligned referral processes, note taking and data/record sharing would improve the integration and continuity of care and facilitate planning and development. Moreover, more aligned, and shared clinical records and data would reduce risk and improve efficiency for individual providers, the Services, and the College. Shared data and records together with aligned referral processes would also support and improve the student experience, providing a more joined up clinical journey and continuity of care, whilst the extensive behind-the-scenes efforts to collaborate would be more apparent to the students, who expressed a sense of fragmentation in communication and care between the Services. In addition, shared data and processes would also foster stronger formal collaborative efforts in cross-campus faculty and staff training, student mental health promotion and whole campus mental health agendas. In terms of Mental Health Promotion and Prevention, a formally organized and properly trained and supervised peer mental health promotion program overseen by the Health Promotion Officer at College Health in collaboration with the other Services, would build capacity and strengthen the campus presence of all three Services.

In benchmarking College Mental Health Services against those in other HEIs nationally, the review panel was convinced of the leading position in their respective fields occupied by College Health, Student Counselling, and the Disability Service. The College Disability Service has been a national leader in the area of development of an embedded OT service and in providing examples of how to optimise physical environments in terms of accessibility and sensory experiences. The Counselling Service has had remarkable success in terms of building capacity over the past 10 years to approach the recommended IACS counsellor to student ratio of 1:1,000/1,500. It's data reporting and analysis is exceptional and its leadership, in terms of developing the national 3set report and HEA Student Mental Health and Suicide Prevention Framework, are clear examples that the Counselling Service far exceeds the benchmarks set by other Counselling Services in Ireland. The landmark ADHD and Eating Disorder evidence-based models of care developed by the College Health Service in collaboration with the Disability and Counselling Services, respectively, combined with the level of expert Consultant Psychiatry again demonstrate that Trinity College Services are leaders in the field of mental health services support in Ireland. However, the data provided by each of the Services show the increased number of students at College who present for mental health support and care

relative to national counterparts, which calls out the need in the near future for increased funding and resourcing to maintain this leadership position, combined with a strategy to consolidate and clearly demarcate the scope of services and their intersections to sustain the quality of student mental health support and care and the well-being of the faculty and staff providing these services.

7.0 Thematic Review summary and recommendations

The review panel were impressed with the high level of collegiality, collaboration, and commitment to the provision of quality student mental health support and care across Trinity College. Further, the review panel appreciate the comprehensive and thoughtful self-assessment reviews that each of the Mental Health Services undertook following up on the recommendations of the most recent formal reviews in 2014 and 2015, which were enormously helpful to this Thematic Review. The review panel commend Trinity College Leadership for recognizing the need to prioritize student mental health support. This approach is commensurate with the strategic objectives of ambitious targets for academic performance and for increasing the proportion of international students, whilst in an economic downturn and in recovery from the impact of the COVID pandemic. As part of this cross-campus effort, the review panel acknowledge the exceptional and incredibly important College Tutorial System, which serves as a vital non-stigmatizing first line of contact and early identification for students at risk for poor academic and mental health outcomes. The review panel strongly endorse the continued and vigorous support of the Tutorial System, and their important intersections and collaboration where appropriate with the College Mental Health Services.

Focusing on purpose of this Thematic Review to assess, improve and extend the core student Mental Health Services in a more coordinated and student friendly way, the review panel provide the following list of high-level recommendations, mindful of economic constraints and the mandate and strategic priorities of the university:

i. *Define and publish a statement of services.* By <u>defining and publishing a clear Statement of Service for each of the Mental Health Services</u> (College Health, Student Counselling and Disability Services) that clearly sets out what the Service will be able to provide and what services and resources will not be on offer, students coming to College will have more realistic expectations and be better prepared in knowing how to reach out to College Services and more proactive in organizing for themselves support not provided by College from local community and private providers. Furthermore, a clear Statement of Service will help the Services focus their efforts and resources on what they are mandated to provide, rather than trying to fill gaps and extend themselves beyond capacity. The leadership of the university should clearly endorse these Statements of Service, which should be developed collaboratively by the Services.

ii. *Prioritize staff well-being.* As expectations and demand continues to exceed mandate and resources, dedicated staff will continue to feel stretched and at risk for burn-out. A sensible and supported Statement of Services should help service leadership and staff clarify and manage their own expectations and to focus on quality delivery of in-scope services that are appropriately resourced and sustainable. <u>Time dedicated for regular scheduled meetings between the Services around complex cases and the planning of joint or collaborative services and training initiatives would be of benefit.</u> <u>Collaborative approaches and delivery of upskilling and training of faculty and staff jointly by the Services</u> would share the burden of deliverables more evenly and foster further

collaboration and communication. The planning and scheduling of joint initiatives needs to be built into the normal working week, with an accompanying workforce plan to facilitate attendance by reducing services and/or increasing service backfill during these times.

iii. *Strengthen cross-service collaboration.* Services have already started to collaborate in the innovative conjoint delivery of care, and this could be further supported and strategically planned for to leverage expertise across Services in in the provision of student mental health care and in staff and faculty training. Opportunities for collaboration, more efficient use of service resources and supportive structures across Services would be fostered through shared planning and resources. For example, sharing the responsibility across the Services for the delivery of staff and faculty training activities (i.e., active listening, managing the distressed student workshops) and reinstating the shared cross-service case manager for complex cases involving all Services and Academic Officers such as involving fitness to study committee. The Services could work to streamline, align, and coordinate triage and referral processes and identify key services that would benefit from conjoint delivery (i.e., as in the ADHD clinic). These cross-cutting services and supports would reduce risk, improve efficiency, and provide a more integrated and continuous student experience.

iv. *Improve information and data sharing.* Ideally, the three Services would maintain a shared clinical record or a singular note for meetings involving individual students (i.e., complex) and for students involved in care across or in conjoint Services (i.e., ADHD clinic, eating disorders) to foster an integrated care experience, improve communication and collaboration, and reduce risk (i.e. risk related to different versions of notes in different clinical records). Sharing of information should rely on secure means other than email. Ideally, moving forward Services could target a shared electronic record system (EMR) again to reduce risk, foster secure communication and clinical collaboration over shared cases and provide a more "joined up student journey" through the three Services.

v. *Optimize resources across Services.* Whilst the Counselling Service has improved resourcing significantly, the scope of services also continues to expand. The College Health and Disability Services have moved to a new facility that can accommodate further resourcing and staff, but this has not yet happened. For example, in the Counselling Service there has been an increase in Counselling/Applied Psychologists from 7.5 FTE to 16.8 FTE between 2015 to 2023, an improvement in the Counsellor to Student ratio from 1: 2,500 to 1:1,500 (approaching the international benchmark). However, the GP: patient ratio in College Health remains significantly below the benchmark of 1 GP: 2000 student population. The Director of Student Services should be mandated to develop an overall staffing and resourcing plan working with each of the Directors of Mental Health Services (Counselling, Disability, College Health). The staff and resource plan across Services should take into account the varying needs and varying maturity of the development of each of the Services.

Specific recommendations for consideration in the short-term would be to immediately recruit another 1.0 FTE GP to improve the GP to student ratio, recruit another 1.0 FTE College Health administrative staff to increase to 3.0 FTE, and

consider increasing the level of Psychiatry cover to 1.0-1.2 FTE in College Health. It is also recommended to recruit a Case Manager for each of the Disability and College Health Services and redefine/protect the time/role of the Case Manager in the Counselling Service. Further, it would be of benefit to assess the cost to benefit of the extensive range of groups run by the Counselling Service to help rationalize and optimize resource investment.

vi. *Data informed decisions.* Moving forward, to continue to support coordinated Mental Health Services within a clearly defined scope, decisions around new and continued clinical, education and training initiatives, and related resourcing requirements should be data driven and collaborative. In this way, decisions can be both responsive to changing needs of the student population, but also aligned with strategic priorities of the university and based on accepted benchmarks. A minimum core dataset of variables collected across each Service would facilitate this coordinated and collaborative effort. To aid collaboration and to minimize duplication of initiatives, the review panel recommend that twice yearly planning sessions involving the three Services be established in order to develop a shared annual plan which describes continuing service provisions and any new projects for that year. These minimal agreed datasets and progress against the shared annual plan should be formally reviewed at least quarterly with the Director of Services. The annual plan of Services could be shared widely across the College emphasizing the coordinated and collaborative approach to addressing student mental health need.

vii. *Embed mental health in the Trinity Healthy Campus Initiative.* The Healthy Trinity Mental Health Action Group is a whole institution group with academic lead from the School of Nursing and Midwifery and operational lead from Student Counselling Services. The review panel recommend that the Healthy Trinity Mental Health working group be the whole-institution group for mental health as called for in the Student Mental Health and Suicide Prevention Framework. This will ensure an approach consistent with the Healthy Campus Charter and Framework is adopted in the area of Mental Health and avoids duplication of effort. The review panel recommend that in the context of the recent welcome move of the Healthy Trinity to lie within the Sustainability Office, the overall clinical governance for the Healthy Trinity initiative should remain with Director of College Health in the role as operational lead of Healthy Trinity.

viii. *Build capacity in mental health literacy and health promotion***.** The review panel recommends the development and support of an evidence-based comprehensive Peer Mental Health Program, with governance, training, supervision and reporting through the Health Promotion Officer and the Director of College Health. The College Health Promotion Officer could also coordinate and facilitate conjoint and collaborative mental health promotion literacy and upskilling for faculty, staff, and students. Health promotion in College Health should be integrated across all operations, services, and units of the College. Health Promotion capacity could be efficiently increased through a properly supported and resourced peer mentor program supervised by the Health Promotion Officer and mandated to develop a coordinated whole campus student mental health and well-being program. This would provide

high quality supported peer mentorship providing mental health literacy for the student body in student friendly language and aligned with the healthy campus framework and suicide prevention frameworks.

ix. *Relocate non-clinical student support (S2S and SLD).* Two previous reviews have proposed moving the S2S (peer mentoring and support provided via Student Association) and the SLD (non-clinical learning support) out of the Student Counselling Service to sit more appropriately within the broader (non-clinical) landscape of the College. Given the difficulties expressed by the Counselling Service to meet its primary mandate of supporting students' mental health and strengthening socio-emotional coping through evidence-based psychological approaches, the review panel recommends this proposal be actioned immediately. This should free up space, time, and resources for the Counselling Service, reduce risk to the Counselling Service and Trinity College, and ensure these supports are positioned more suitably in the College organization and broader (non-clinical) student support landscape.

x. *Increase student involvement in the Services.* The review panel recommends that an overarching Student Mental Health Advisory Group be established that covers all aspects of the three College Mental Health Services. Encouraging students to continue to be part of the discussion will ensure representation of students and support stronger student engagement in the development of the Services. As part of this effort, the review panel recommends regular systematic collection and implementation of student feedback across all three Services to ensure the student voice is central to policy.

Involving students as partners to develop communication guidelines may be beneficial in ensuring information provided by the College and the Services is student-centred, engaging, and uses language students are comfortable with. We recommend that the Services develop a process to partner with students around student-facing communications and guides for new students using the language and formats that are effective, acceptable, and useful to students. The review panel also recommends the development of transparent processes within the Services to improve students' understanding of the behind-the-scenes work within and across the Services to support their mental health.

Appendix

I. Prior Reviews

     (i)   Report to Board on the Review of the College Health Service
2014

     (ii) Report to Board on the Review of the Student Counselling
Service 2015

     (iii) Report to Board on the Review of the Disability Service 2016

II. Thematic Quality Review "Mental Health": Self-Assessment Report of the
Student Counselling, College Health and Disability Service February 2023

III. Financial Strategy Report Trinity College Dublin November 2022

IV. Briefing Document for External Reviewers Quality Office Trinity Teaching
and Learning November 2022

Thematic Quality Review Mental Health: Joint Response from Student Counselling, Trinity Disability Services and College Health

Student Counselling, Trinity Disability Services and the Health Service would like to thank the following for making this review, the first thematic quality review to take place in Trinity, possible:

- the external reviewer team, who gave so generously of their time and expertise.
- the Student Counselling, Trinity Disability Services and the Health Service teams, who contributed so wholeheartedly to the Self-Assessment and Review.
- the Quality Office for their excellent guidance.
- Professor Kevin O'Kelly being so generous with his time and knowledge as Internal Facilitator.

We welcome the External Reviewers' recognition of the commitment and competence of our staff, the quality of our services and our collaboration across the university community. We highly value collaboration and collegiality across the three services and the opportunity that a thematic review gave us to reflect critically on our activities and plans for development together, in the context of providing a whole-of-institute approach to optimally support student mental health.

We appreciate the reviewers' comprehensive assessment and recommendations for improving and extending the core student Mental Health Services at Trinity. We fully support the goal of enhancing student mental health support in a coordinated and student-friendly manner, as well as further developing the close connection with students in designing and improving our approaches.

The reviewers recognise the substantial increase in demand on SCS services (both as a good thing in terms of students seeking help and the challenge of increased workload) and we note their suggestions that redefining the scope of services, improving efficiencies across the three Services and working collaboratively with the other Services in the area of campus mental health training and education initiatives, as well as conjoint clinical services, may help to address the increased pressure and reduce the high Clinical Load Index.

We also note the review panel's statement that "collaborative service delivery and training takes time and relies on the appropriate processes and resourcing, taking away to a certain extent from each of the individual Services. However, when one sees the benefits of a cross-service collaboration, these seem to outweigh the costs (in key areas)". As noted in the Self-Assessment Report, the number of students disclosing a mental health disability and applying for reasonable accommodations through the Disability Service, has increased very significantly over the past ten years, at a rate far higher than national data (AHEAD, 2022). We also note the increasingly neurodiverse student population, who are connecting with services in ever increasing numbers.

College Health notes the increasing numbers of students presenting for all types of care, but particularly the increasing complexity of mental distress and presentations of mental illness.

These cases now represent 60% of presentations to College Health GPs. The determination of the reviewers that GP and administrative staffing levels at College Health are inadequate mirrors the day-to-day experience of the service. The new College Health Service at Printing House Square was designed to future-proof for additional student numbers and demand, an opportunity to increase staff numbers is only now possible due to previous space constraints.

Below is our response to the review recommendations (which will be further detailed in our implementation plan to follow):

i) Define and publish a Statement of Services:

We agree that a clear Statement of Service for each of the Mental Health Services will benefit students by setting realistic expectations and helping them understand the available support within the university. In addition to collaborating with each other and other services, we recognise the importance of including the students' perspectives in shaping these Statements of Service. Therefore, we are committed to actively involving students in the co-production process to ensure their needs and preferences are thoroughly considered, making the mental health support services more inclusive, relevant, and effective for the entire student community. As part of this process, we will investigate getting professional communications help on outlining our services to students and we will focus on student need, rather than on what each individual service offers. This will put the student at the centre and make sourcing support easy and accessible. An example of this is Easy Access to Mental Health Support from the University of Toronto.

ii) Prioritise staff wellbeing:

We acknowledge the importance of prioritising staff wellbeing to prevent burnout and maintain quality service delivery. Expanding upon the existing regular scheduled meetings between the three services and joint training initiatives would foster collaboration and even distribution of responsibilities. Examples of these include:
  - the expansion of the Joint monthly CPD sessions extended to 1.5 hours to allow for connection between services;
  - extension of the Colleague Connect programme from the Student Counselling Service to staff from College Health and Disability, with staff connected across services (1.5 hours monthly);
  - professional debrief supports for all staff across the three services.

To facilitate this, we support the idea of workforce planning / increasing service backfill to facilitate staff attendance during these joint initiatives.

iii) Strengthen cross-service collaboration:

We recognise the value of cross-service collaboration in providing comprehensive student mental health care. We are open to further collaboration across the three reviewed services, and with other areas of the university community, to leverage expertise and improve efficiency.

Streamlining triage and referral processes, as well as identifying opportunities for conjoint delivery of services, would enhance integration and provide a more seamless student

experience. A cross-service Case Manager is central to this endeavour, and this along with full-time Case Manager roles in each service would ensure streamlining, alignment and coordination of the triage and referral process both between services and externally to the wider mental health community of support.

As stated in the review, regular meetings already occur between services, but these can be extended and made more efficient, with dedicated pathways for complex cases with regular meetings between services.

The reviewers also recommended "A shift from a crisis-oriented mode of operation to one which has an optimal balance … that includes assessments and on-going therapy" for Student Counselling. We will investigate the possibility of a cross-service emergency/duty response (involving case managers) with an aim of reducing duplicate referrals and increasing collaboration and treatment.

iv) Improve Information and data sharing:
We understand the need for secure and efficient information sharing among the Mental Health Services. We recognise that a shared electronic record system would promote better communication, collaboration, and risk reduction. We will explore how a shared record can be made for students involved in care across or in conjoint services, with a system currently under review for Student Services. We support the implementation of such a system to facilitate a more integrated care experience.

v) Optimise resources across services:
We acknowledge the need to optimise resource allocation across services to meet increasing demands. We agree that a staffing and resourcing plan should be led by the Director of Student Services and reviewed, in line with the changing needs of the student body.

We support the recommendation to immediately increase staffing levels in College Health, including the recruitment of additional Doctors and administrative staff.

We agree that appointing Case Managers for Disability and College Health Services, and redefining/protecting the time/role of the Case Manager in the Counselling Service would be key appointments in the integration of services, in addition to a cross-Service case manager - however, additional budget would be needed to resource this.

We would also like to note a correction to the report statement that "resources in terms of staffing have significantly increased" in Student Counselling since the last review in 2015. There has been an increase of an FTE of 3, which has been funded through the HEA Mental Health and Wellbeing initiative.

vi) Data informed decisions:
We agree that data-driven and collaborative decision-making is essential for coordinated Mental Health Services. A minimum core dataset and twice-yearly planning sessions

involving the three services would facilitate this process. We endorse the review panel's recommendation to review progress against the shared annual plan and communicate it widely across the university.

vii) Embed Mental Health in the Trinity Healthy Campus Initiative
The review suggests the Healthy Trinity Mental Health working group be the whole-institution group for mental health as called for in the Student Mental Health and Suicide Prevention framework. This is agreeable and could be subject to review. We support the further integration of mental health initiatives into the Healthy Trinity Mental Health working group. Delivery of this requires specific resourcing of Healthy Trinity.

viii) Build capacity in mental health literacy and health promotion:
Development of Student 2 Student (S2S) peer mentoring and peer support programmes and the funding of a Health Promotion Office and Mental Health Nurse has served to build capacity in both mental health literacy and health promotion. Capacity can be further extended through:
- increased collaboration among these parties
- wider college engagement, for example, in partnership with the College Risk Office's planned Mental health symposium.

ix) Relocate non-clinical student support:
The Student Counselling Services' integrated Stepped Care Model, which includes Student 2 Student (S2S) peer support and Student Learning Development (SLD) academic support as essential steps of prevention and intervention, is at the core of what is on offer in a collaborative approach to student mental health and the three teams work together to meet student wellbeing needs. Developing resilience in the student population is a core aim of S2S, and recent research (3SET) funded by the HEA supports peer interventions in an overall programme for dealing with student mental health. SLD provide an essential academic support service addressing academic anxiety and distress. We are, therefore, not in favour of implementing the recommendation to completely relocate SLD and S2S outside of SCS.

x) Increase student involvement in the services:
Student partnership is core to the work of Disability and Student Counselling Services, with both having long established student advisory bodies, volunteers and ambassadors. Student ambassadors are also involved in the Health Promotion programme in College Health. In addition to the student ambassadors, College Health will reinstate a student advisory body. We value student co-production and involvement and believe it is essential to include the student perspective in shaping Mental Health Services. These partnerships can be extended and can also focus on communicating our collaborations and processes in a transparent way to the larger student body. We are committed to incorporating student-centred communication guidelines and involving students in the development of student-facing materials to enhance their accessibility and effectiveness. To ensure transparency and accountability, we will actively report on the progress and outcomes of our student

partnerships, clearly defining the terms of references for each student advisory body and ambassador program. Unfortunately, the Students Union were unable to attend the review panel, and this may be the reason that the student voice was less evident.

In conclusion, Student Counselling, Trinity Disability Services and College Health look forward to rolling out the review implementation plan with renewed and increased collaboration in the delivery of high-quality, evidence-based services for, and with, students.

(ends)

Thematic Review Mental Health (Student Counselling, College Health and Disability Services)

We thank all involved in this review including the External Review Team, Internal Facilitator Professor Kevin O'Kelly and the management and staff of Student Counselling, College Health, and Disability Services who contributed so wholeheartedly and most especially for their work every day in supporting Trinity's students and staff. We thank the Quality Office Team for their expert guidance through the process.
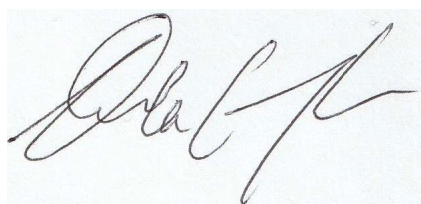
As the first ever integrated thematic quality review in Trinity, this review had the ambitious but challenging scope to review three services in one week. Notwithstanding one small overstatement of increases in Counselling staffing levels since last review, the review is considered an accurate reflection of the work of the units.

We note the confidence expressed by the Review Team who were: "Convinced of the commitment and competency of the leadership and staff in all three services; "Impressed with the level of collaboration across Trinity College as a whole, working innovatively around the restrictions of funding; "Observed effective and positive interpersonal dynamics and communication of the staff involved e.g., a culture of respect and trust; and "Acknowledge also the exceptional and incredibly important College Tutorial System".
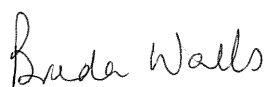
We draw your attention to some important recommendations noted as having been implemented since the previous Review:
- New fit-for-purpose premises for College Health and Disability Services;
- Reasonable Accommodation Policy implemented for students with Disabilities;
- Disability module built within SITs enabling needs reports (LENS) to be more easily accessed by School staff;
- Health Promotion introduced as an integral part of College Health Service;
- Commitment of Trinity to WHO Healthy Campus/Health Promoting University Status;
- Upskilling of Nurse Prescribers to build capacity in College Health;
- Case Manager role introduced in Counselling;
- Physical relocation of S2S – Peer Support from within Student Counselling to the old College Health Centre creating a hub of peer support on campus.

We welcome the Recommendations arising from this most recent Review and subject to Council approval of the Review Report, an action plan will be submitted to the next Quality Committee.

Orla Cunningham, Chief Operating Officer

Breda Walls, Director of Student Services