Disability Service Supports for students with mental health difficulties in higher education

November 2016

Declan Treanor
Director, Disability Service
Trinity College Dublin
The Student Journey – Disability Service Strategic Plan 2015-20

Phase 1
Pre-entry, admission and the first year experience

Phase 2
Building and maintaining a College career

Phase 3
Progressing through College to employment
The Balancing Act

1. Enabling participation: The here and now of being a student (retention, progression, meeting academic demands)

2. Enabling participation: Building for the future (employability; graduate attributes; personal and professional development)
Interesting facts

1 in 4 people will experience a mental health (MH) difficulties every year. **Source: Mind UK**;

In UK higher education 0.8% disclose/seek support for MH from Disability Services. **Source: Equality Challenge Unit, UK**;

In Trinity 0.2% and 0.06% in HE disclose/seek support for MH from Disability Services. **Source: AHEAD, HEA & Trinity data**;

12.5% of students with MH in HEI nationally and 27% in Trinity. **Source: AHEAD & Trinity data**;

11.2% new entrants with MH nationally and 29% in Trinity. **Source: AHEAD & Trinity data**;

520 students with MH eligible in DARE 2015-2016 = 43% increase. **Source IUA**
How might a mental health difficulty impact upon the student?

**Learning environment** – large lecture theatres, noise, sensory overload, group work, participating, interacting, fatigue, medication impacts;

**Delivery of teaching and learning** – concentration, energy levels, maintaining attention (verbal & listening), taking information in, note taking and fluctuating moods;

**Course work and assessment** – submission of course work causes anxiety, meeting deadlines, maintaining motivation, giving a presentation may cause anxiety;

**Examinations** – stress and anxiety higher rate than other student, method of examination may also impact
Trinity Disability Service supports for students with Mental Health difficulties

• All students who declare a disability at registration or during their studies are invited to register with the Disability Service (DS);

• All students with mental health difficulties are assigned a Mental Health Occupational Therapist as their key contact in the DS;

• Students offered opportunity to discuss supports in a needs assessment meeting that covers reasonable accommodations, disclosure of mental health in college, demands of course, impact of mental health, strategies and on-going support - Individual needs assessment report LENS or Professional LENS produced;

• On-going OT support if required
Typical RA provided to this group of students

- Occupational Therapy support
- Specific assistive technology for example audio recorder to record lectures
- Adjustment to course assessment, for example alternative assessment types, alternative exam arrangements, and extensions and adjustments to deadlines if required
- Flexibility with attendance
- Placement planning support
Philosophy....

- Aims to move from a transactional service delivery model, to a transformational resource.
- Process that moves from the provision of accommodations by the HEI (transactional) to a dialogue with the student in the acquisition of transferable skills (transformation).
- Student taking ownership of the accommodation, applying and refined to his / her life.
- Proactive strategy as opposed to traditionally reactive models.
- Facilitates the acquisition of skills such as self-awareness, self-determination and self-advocacy
- Student at the centre.
Pre-entry, admission and the first year experience

Building and maintaining a college career

Progressing through College to employment

Strategy

Progression

Graduation

Placement / FTP

Repeat Year

Graduation

Reality

Absence

Course Change

Withdrawal

Needs Assessment, RAs in place, LENS report, Connection to department, Developing support structures in college, Course specific RAs, Ambassadors.

Support for repeat years, Deferral of exams, Extensions as required, Peer support, Transitioning in and out of college, Learning personal strategies, AT, Placement planning, Human Support, Onward referral.

Enabling participation: Engaging Students

- The supportive role in providing RAs is a key aspect.
- Strengths based approach.
- Not just focusing upon the academic roles, but what student is engaging in / has to do outside of academics.
- Maintaining a connection to staff, college, and to role of student.
- Support in developing own awareness of strengths and giving insight to the possible issues and pitfalls in college. Especially important with recent diagnosis / onset.
- Collaborative approach in fostering self-management and ownership of personal strategies.
Occupational Therapy support in Trinity

- Student Counselling
- Health services within and external to colleges
- Tutorial System
- Peer Support (Formal and Informal)
- Careers Department
- Placement Supervisors
- Other Staff

Getting Settled in College

Developing a Routine

Social / Leisure Activities

Planning Academic Workload

Communicating With Others

Work & Placement
Managing my Environments

Managing my Disability in Trinity

Fatigue Management

ASD Specific Supports

ADHD Specific Supports

DCD Specific Supports
OT Process with Students in Trinity
6 Step OT Process

1. Referral
2. Assessment
3. Collaborative Planning
4. Goal Setting and Prioritisation
5. Intervention
6. Evaluation
# Year 2015-16 DS13

KPI 2: Number of Student Appointments.

<table>
<thead>
<tr>
<th>Year</th>
<th>OTs</th>
<th>Student Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>2.6 OTs</td>
<td>1599</td>
</tr>
<tr>
<td>14-15</td>
<td>4 OTs</td>
<td>1908</td>
</tr>
<tr>
<td>13-14</td>
<td>4 OTs</td>
<td>2073</td>
</tr>
</tbody>
</table>
Year 2015-16
KPI 3: The number of appointments per student.

Range of Appointments: 0-36 appointments
Average Appointments: 5 Appointments per student
Average Appointments: UG: 4.9 Apt: PG: 5.8 Apt
Year 2015-16 audit of cases

**Inactive:** Did not attend in the academic year 2015-16.

**Informative:** Attended an introductory meeting, but chose not to engage further in the service, or the issue was resolved.

**Timed Intervention:** These students were introduced to the service, either engaged for a short period of time or did not engage following introduction, but re-engaged for a shortened period of time later in the year for specific supports.

**Intervention:** These students were seen by OTs over prolonged periods, during which time each stage of the process was completed.
Year 2015-16
KPI 4: Audit tool of cases per year – activity levels and type 1 to 4

<table>
<thead>
<tr>
<th>Level of Engagement</th>
<th>Number of Students (n=234)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informative:</td>
<td>38</td>
</tr>
<tr>
<td>Timed Intervention:</td>
<td>83</td>
</tr>
<tr>
<td>Intervention:</td>
<td>113</td>
</tr>
</tbody>
</table>
### Year 2015-16 DS13

**KPI 4 – Audit tool of cases per year – activity levels and type 1 to 4**

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>114</td>
<td>120</td>
<td>234 /552 (46%)</td>
</tr>
</tbody>
</table>

**Year of Students 2015-16**

- **Year 1**: 92
- **Year 2**: 45
- **Year 3**: 37
- **Year 4**: 29
- **Year 5**: 1
- **PG**: 27
- **Foundation Studies**: 3
Trinity Observations

Trinity College has the highest number and the highest proportion of students with mental health difficulties of any HEI in Ireland.

Mental health conditions are regarded as the most prevalent of all disability types and therefore it is likely that they are simply under diagnosed and under disclosed in other HEIs.

In Trinity, 33% of all students with disabilities who withdraw are students with MH (91 of 277, 2003-2013);

Students are choosing to disclose more often than students did 5 to 10 years ago but do not identify with the disability label or service;

Do better academically when they register for support early (use or uptake of support varies considerably);

Often take longer to progress through HE compared to students without disabilities (medical repeats or time off);
Disability Services and MH issues

Student with MH do not identify with a disability or want to engage with Disability Services (DS);

Need to define supports better for this group – better communication of types of supports available;

HEI struggling to know how to effectively support this student cohort;

DS not always confident in understanding the needs, impacts of the MH on student and how to get students to engage;

Unclear what Reasonable Accommodations will work;

Fitness to study issues and lack of policy;

Fitness to practice issues and difficulties dealing with students with MH in this arena.