Mental health care at tertiary institutions of learning:
What would fit best practice?

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Mental health care needs of students in institutions of higher learning

- In Great Britain mental health care needs of students observed to be increasing.
- Student suicides, suicidality, depression, substance abuse, poor academic performance of otherwise intellectually capable students, strained relationships and disrespect of authority.
- Countries that have a tracking mechanism in institutions of higher learning have these systems driven internally
- The resolution of the problems are mainstreamed into country health care systems.
- Social stigma and discrimination are international and not typical of the South African scenario only. Leads to reluctance to seeking help.
- Implications more widespread making

The South African situation

- No studies found regarding our South African situation in higher learning
- Own experience: underdiagnosed mental health needs of students (campus health & academics)
- Need intensification of ability of healthcare workers to diagnose the problem
- Commonly seen as suicidality, suicide, depressions, aggression, substance abuse, poor self care, change in academic performance
- Conversion disorders and what we would otherwise call problems of living turned into medical illness (POLITIMI)
- Social contexts that impact on students and student life (home, relationships, finance, etc.)
- Healthcare system not supportive to prompt care

The SMU experience

- Campus health services with a doctor (no need if relationships are sound: Power plays)
- As a health sciences campus we have access to an academic department of Psychiatry
- Access to an academic department of Clinical psychology
- Possibilities of admission in case of debilitating illness
- Referral to an academic hospital
- Access to an educational psychologist (useful for student screening where academic performance is an issue)
- Have an IGT office with academic guardians collaborating from an academic point of view.

Where should we start to become centres of excellence?

- Campus health facilities should have clinical psychology support
- Establish referral centres for psychiatry consultation (note campuses that train health care professionals: colleagues being present in their consultations)
- Institutions should establish student support offices that document encounters that have the potential to disrupt student throughput.
- Document in collaboration with academics the needy students as part of their academic record
- SRC academic representatives should be included in the campus health review teams that assess the quality of services.
- A model that starts from peers, tutors and then specialist

Recommendations

- Appreciate that we host a community with volatile dynamics (personal, interpersonal and societal). A grooming industry.
- Deliberate *systems* in place to identify the students in need
  - Test schedules
  - Consultation
  - Monitoring and follow up
  - Support in residences and lecturers
  - Set up a place/desk to submit such problems (director of schools)
- Appropriate career counselling
- Reality with financial support (loss of sponsorships due to repeating the year)
- University rules regarding healthcare (exclusions and exemptions)


thank you
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gracias
merci
obrigado
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