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"Discuss the need for Specialised Healthcare Provision for those in Higher Education"

In the academic year 2013-14, there were a total of 2,299,355 students in higher education at UK institutions including a large number of international students (Higher Education Statistics Agency, 2014). The demographics of this group are markedly different to the general population as a whole and therefore, they have differing health needs. The following report investigates the need for specialised healthcare provision for people in higher education.

Background

Past, Present & Future

Many of the UK's Higher Education institutions have a rich history spanning hundreds of years. Back then, there was very little beyond basic services such as First Aid in terms of specific healthcare for students. Now, dedicated health service departments are commonplace with a breadth of services. These are often closely linked to pastoral care and mentor schemes. Although limited to the services they can provide, they ensure that students have a place, which is often on campus, to go to seek help and information. Services can include travel advice and immunisation, sexual health and counselling *(University of Bristol, 2015)*. The future of the services within the institutions can be influenced by a range of things including demand and feedback from students.

Funding

Funding is a significant factor in provision of specialised healthcare. Alongside services run within the university, General Practioners within the local area with whom students are registered are a key element to healthcare provision. The minimum practice income guarantee (MPIG) was withdrawn by the government in April 2014. This resulted in an increased pressure on GPs to treat elderly patients in order to meet funding targets. Consequently, student GP practices struggled to maintain their services for students *(Cooper, 2014)*. In comparison to funding for the elderly population, student healthcare funding was small, even before the cuts.

From a political point of view, students in Higher Education are an interesting population in that the majority are eligible to vote in elections and so, if they harnessed their power and influenced politicians who may be drawn to attempting to gain favour of a young group of people who could potentially become loyal to a party for many years to come, there is mutual benefit to be gained.

Additionally, these are the people of the next working generation who will be economically supporting the country's increasing aging population so it is in the government's interest to ensure they are in the best possible physical and mental health to do this effectively for a long time.

Discussion of Key Issues

Specific Patient Population

As a healthcare professional, it is rewarding to take care of students as they are generally well, and even in the instances where they deviate from this, their youthfulness often means they recover well and promptly. Higher Education institutions have dedicated services for disabled students to supplement the care and support they already receive so in some cases, the specialised student care may be an adjunct to existing care.

Certain conditions, for example, sexually transmitted infections, are more prevalent amongst students and it could therefore be argued that healthcare professionals who specialise in these should be more closely linked to their care. Sexual health and contraceptive advice should also be easily accessible, and although may be stigmatised, efforts should be undertaken to reduce this in order to ensure that students, a group who are particularly prone to self-consciousness, feel comfortable coming to a non-judgmental health service, knowing that confidentiality will be maintained. Communication skills are essential, particularly when dealing with stigmatising conditions, but also in building rapport with students.

Students communicate in a variety of ways; in person and online, and so innovation should be encouraged in order to engage the student population. Technologies such as apps are often cheap and easily accessible. They encourage students to self-manage and take an interest in their wellbeing, even with simple things such as pedometers and heart rate monitors. Apple have a new health feature on their products in which this data can be recorded and reviewed over time. Developing such pro-active attitudes towards their health helps put an emphasis on wellbeing as opposed to illness and bodes well for the remainder of their lives. The NHS have a dedicated student health section on their website which has information and articles on key issues pertinent to young people as well as links to external organisations who specifically cater for this audience *(NHS Live Well, 2015)*. It links to a website on which students can mail their problems and have a response published on the problem page *(StudentHealth.co.uk, 2005)*. Having attempted to trial this facility, I have found a technical fault which does not allow submission of a problem so although in theory, this may appear a good idea as it enables a student to submit a problem anonymously which they may not wish to speak about with anyone else, I would be concerned about regulating responses and the legal implications of any advice which is given.

Travelling is a common interest amongst students and may also be incorporated as part of their course and so it may be beneficial to have a service for the health aspect of this; offering information about health precautions and vaccinations although much of this information is available online.

20 per cent of students consider themselves to have a mental health problem *(National Union of Students, 2013)* and so it is vital to consider mental as well as physical health. Transitioning to life in a new environment, perhaps away from home and detached from their usual support networks, can be a vulnerable time for students. This new stress can be an initiating or exacerbating factor of various conditions such as Obsessive Compulsive Disorder and anxiety. It is therefore even more important that students have robust services that they can turn to and rely on. Following a report by the Royal College of Psychiatrists, there are now 120 University Mental Health Advisers Network (UMHAN) members working in universities across the country. The UMHAN network helps General Practioners co-ordinate care for their student patients *(NHS Choices, 2013)*. It is imperative that mental health services are robust to encompass the wide range of issues that students may have so that they can be dealt with early on before they progress and students feel unable to cope and may even resort to suicide.

Mental health also encompasses eating disorders. At the University of Bristol, a scheme called First Step has been launched to offer patients more immediate treatment in GP surgeries for eating disorders so that fewer people are referred to specialists further down the line by which time their condition has become more severe. This was initiated by an increase in demand for the local Specialist Eating Disorder Service and highlights the importance of monitoring health trends within local student populations in order to target the limited resources and achieve the most effective outcomes *(University of Bristol, 2013)*.

Diet and exercise are key aspects of the healthcare of students. With obesity levels rising, the healthcare profession should utilise the opportunity to educate and facilitate healthy lifestyles from an early age. Students are stereotypically considered to purchase fast-foods and live off convenient foods such as pasta and this may be due to a variety of factors such as lack of knowledge about how to achieve a balanced diet, budgeting or time constraints. The university timetable reserves wednesday afternoons for sporting activities although it is largely down to the individual what they choose to do with this time. A closer relationship with universities and healthcare professionals from a multi-disciplinary team, such as dieticians may be beneficial in tackling this issue and preventing serious health implications in later life.

Although fortunately we have seen a recent reduction in the number of people smoking, largely due to changes in legislation, it is not uncommon for students to be smokers and so smoking cessation should be offered to those who are willing to attempt quitting. Students often will not have been smoking for very many years and so may find it easier to quit than someone of the general smoking population. It is equally important health promotion to ensure people do not start smoking when the begin university.

In-keeping with lifestyle factors, services such as Talk to Frank are available to students who are seeking help about their drug habits. Legal highs are a topical issue amongst the student population as are performance enhancing drugs. It is essential that the professionals responsible for these students health are knowledgeable on these matters and work to prevent serious incidents and presentations to emergency services.

Conditions such a migraines may not be considered to be particularly serious but they can have detrimental effects on quality of life, disrupting a student's ability to perform academically. It is important to work with these patients to identify the causes of problems in order to create effective but practical solutions, encouraging compliance.

The student population of today is the working population of tomorrow so it is in the interest of economy to ensure that they are in the best possible health. They have specific needs as discussed above, and it could be strongly argued that it would be to their benefit if this was delivered as a specialist service.

Logistics

Students may encounter logistical difficulties when trying to access healthcare. Registering with local services should be a relatively straightforward process, once all the necessary documentation is at hand, but may be an unfamiliar one and Higher Education institutions normally provide support with this at enrolment.

As with the general population, students may find it difficult to arrange an appointment, particularly as they may be unavailable during the day. Services offered on campus may be more convenient to access.

Perception of the problem

Typically, students are not unwell frequently and when they are, they often turn to over the counter remedies before seeking medical attention. As they are young, they often utilise their coping mechanisms well.

There are various factors which may trigger them to consulting a healthcare professional. This includes how much the symptoms are impacting on their ability to do the things they want to do, for example, studying or socialising. Another reason may be their perception of the severity of their symptoms and the rate at which they progress. Cosmetic manifestations which trouble a patient may be more likely to trigger consultation. Students may seek advice from peers, friends and family who may then encourage them to see a medical professional based on things they have experienced or read about. Family history of some conditions may lead some students to seek help earlier.

Education is an important aspect of healthcare. Instilling an attitude which encourages students to think about their health needs and enables informed decision making. Services are often commissioned based on demand and so students may be empowered to secure the services that they deem beneficial *(Caleb, 2014)*.

Student opinion

I was interested to find out what students thought about the healthcare services available to them and so created a discussion topic on an online forum. This had 35 participants.

Many participants took to comparing what was available to students to what was on offer to the general public and many came to the conclusion that all services are stretched for manpower and would benefit from additional funding.

Previous points about logistics and accessibility were highlighted by one student who said "I don't use healthcare services where I go to uni as I did not want to change my GP. If I feel ill I just put up with it, or buy over the counter remedies. I pick up my regular medication when I visit home." This may have been to the detriment of her wellbeing but ultimately was a choice that she made based on the options available to her.

The comment "As a student in Manchester I've had absolutely no complaints. Just don't go to A&E on a Monday night - 5/6 hour waits!" raises the point about transferring pressure to emergency and secondary care services. A&E staff may often come across intoxicated students and their injuries. It makes it difficult to draw a line between student services and services for use by all.

Comments such as "They are usually quite good as students can register to be treated at local GP surgeries and they also sometimes have access to University/college nurse services and a pastoral care person they can discuss any problems with and get advice from too" showed that some participants were well-informed about the services available to them whereas, surprisingly, a number of others were unaware that additional services existed for students.

Overall, this was an interesting exercise as people were free to say what they really thought. It would have been interesting to collect demographic data about participants to see whether there was regional variation between services and opinions.

Conclusion

Being an interesting debate encompassing social and economic issues, there are many stakeholders in student healthcare; some who advocate specialised services and others who are more apprehensive of its need.

It could be argued that there is not a need for specialised healthcare provision because the services available to the general public are adequate in meeting students' needs and there are not sufficient funds available to facilitate ideals. Efforts could be spent on inexpensive endeavours such as encouraging utilisation of current support networks before offering new ones.

If however, we accept that there is a need for specialised healthcare, the problem arises as to who is responsible for providing it. Interestingly, the student accommodation company Unite has joined forces with the support organisation Nightline, to offer a service to its residents *(Glover, 2015)*. Although it is unlikely to take of nationally, it is a refreshing concept.

With funding issues, there is a risk of decline instead of progress. Some GP's are having to restrict their services to students in order to meet their targets for other population groups *(Matthews-King, 2014)*. Perhaps there is a middle-ground with the use of everyday technology to offer more cost-effective and flexible solutions that engage the student population, for example, an expansion on to the online platform with skype consultations. These may have a limited role but could be used as a

screening tool for identifying students who require further services, perhaps a physical examination by a doctor or a blood test.

There appears to be very little research about student healthcare services and I would be interested to see some quantitative research and data, particularly about the impact of services which have been cut or expanded.

To conclude, I believe that there would be numerous benefits to specialised healthcare provision for students in higher education but feel that there are certain restrictions, particularly financial ones, which make this difficult to achieve in practise. However, by increasing cohesion between NHS services and those offered by higher education institutions, it may be possible to maximise efficacy of existing services, providing a platform on which to develop these further based on the needs and opinions of students. I predict that technology will play a part in this if applied appropriately.

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