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# Joined up thinking in mental health supports - the role of the Mental Health Case Coordinator in third-level education

In December 2017, Trinity College Dublin (TCD) became the first third-level institute in the Republic of Ireland to employ a Mental Health [Case Coordinator](#) to specifically work with students with complex mental health difficulties. Trinity has endeavoured to implement the [Ahead Mental Health Matters – Mapping Best Practice in Higher Education](#) findings and recommendations when assisting students with mental health difficulties. Trinity has noted the year-on-year increasing trend of students registering with the Disability Service with a mental health diagnosis. This year mental health was the single largest disability category in Disability Access Route to Education (DARE) applications to Trinity ([361 of 1551 students with disabilities in Trinity or 25% of total of new entrants in 2017-18](#)).

Previous to being appointed the TCD Case Coordinator, I worked as a community mental health nurse before joining Trinity. Most of my experience came whilst working in child and adolescent mental health services (CAMHS) in both an outpatient and day hospital setting. Like every new role, the role of Case Coordinator is a constantly evolving one. Shortly after commencing the role, I attended the [UMHAN](#) - University Mental Health Advisers Network - annual conference in London and visited universities in Scotland. This highlighted the many differences of the role and purpose of a mental health worker in third-level setting in the UK. It also highlighted the different qualifications and backgrounds of those working in the area.

The role of the Case Coordinator in Scotland is more defined. The Case Coordinators in Scotland all have a clinical background. While their roles varied, they all appeared to have five key areas in common - internal liaison, external liaison, policy development, policy implementation and crisis management.

These key areas are helpful in relation to the potential of the role in Ireland.

## Internal liaison

The findings from 'Mapping best Practice in Higher Education' discussed how some Higher Education Institutions (HEIs) Student Services seemed to operate within 'silos'. There are, by the nature of mental health, many students who avail of the Counselling, Disability and Health Service. It can be hard to ascertain if a student is attending all three services and to join the dots. This is where a Case Coordinator can help ensure a student gets a service with joined up thinking. The role of Case Coordinator in Trinity spans all of Trinity's Student Services which includes College Health, Disability Service and the Student Counselling Service. The Case Coordinator acts as a point of contact between these services with the informed consent of the student.

For instance, when a student presents with moderate to severe depressive symptoms at the Counselling Service and requires an appointment with the GP service, the Case Coordinator can facilitate this. Or when meeting with a student registered with the Disability Service, as well as reviewing reasonable accommodations, the Case Coordinator can assist the student in arranging an appointment with the Student Counselling Service if deemed appropriate.

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For all student services practitioners it is important to know what students are receiving and to coordinate care to ensure they have the best chances of succeeding, to ensure roles are clearly defined and to know that we are not duplicating each others work.

## External liaison

This is one of the more difficult aspects of the role. The mental health services in Ireland are under severe pressure. Waiting lists are ever increasing. Community mental health services are often firefighting and understandably they are trying only to see those most in need. From an HEI perspective, we too are trying to prioritise our own referrals.

While at times it may not be easy to access mental health services, accessing services for international students and students from counties other than Dublin is particularly difficult. Trinity tries to offer these students a psychiatric service if appropriate and available, or prioritise these students for a GP visit. If the student is already engaged with a mental health service at home, Trinity will attempt to liaise with these services to support a student. The Case Coordinator, with consent from the student, can liaise with these external services.

Generally, students who are ordinarily resident in Dublin can avail of their catchment area mental health services – however, this is not always the case. Some catchment areas are more receptive to receiving referrals from their colleagues in student services than others.

Research by McNamara et al (2014) highlighted the difficulties in planning transitioning from CAMHS to adult services in the Republic of Ireland. Many students availing of the DARE scheme will have had a history of regular interactions with CAMHS. This trend of poor transition planning means we will need to encourage students to seek a referral to their adult mental health services (AMHS) from our initial contact.

This year in Trinity at the Disability Service orientation day we encouraged those who had previously, or were currently attending CAMHS, to speak to their team about a transition plan to adult services if they felt this would be appropriate. In addition, information on [transition planning](#) was added to the Disability Service website

## Policy Development

One of the main tasks when commencing the post of Case Coordinator was to work with the Dean of Students on a new college Fitness to Study policy. The philosophy of the policy is to support students with fitness to study difficulties in as positive manner as possible. The role of the Case Coordinator will also involve supporting all stakeholders in any fitness cases, and reviewing and updating existing policies.

## Policy implementation

Policy implementation and the promotion of same is a key area. In Trinity this means implementing current policies such as the International Students in Crisis Policy and the Mental Health Policy, as well promoting and implementing new policies such as the Fitness to Study policy.

## Crisis management

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The final common area of importance for the Case Coordinator is crisis management. There are many times when students present to services in crisis. This can be in any area of college such as to academic staff, admin staff or Student Services. The role of the Case Coordinator is to assist in these crises and to manage, coordinate and follow-up on these cases.

**A Case Coordinator will have other elements** of their role which are particular to their institution. In Trinity this includes working with students on the Learning Educational Needs Summary (LENS), or Placement Learning Educational Needs Summary (PLENS), sitting on university committees and working on a one-to-one basis with students.

There may be the opportunity to work and advise in areas of concern such as adult Attention Deficit Hyperactivity Disorder (ADHD) services for third-level students. This cohort has a high drop-out rate in third-level education. We know from research in Ireland by Tallow-Golden et al (2018) that there is a very obvious difficulty for those transitioning from CAMHS to AMHS with a diagnosis of attention-deficit hyperactivity disorder in Ireland. Better transitioning planning might lead to higher retention rates of this cohort in third-level education.

**In conclusion**, it seems evident that there is very much a need for the role of Case Co-ordinator in all third-level institutions throughout the country. A clear template from the outset of how this role should look is important. It would be useful if the creation of these roles were done on a national, coordinated level, involving all stakeholders from the HEI's to the HSE. There needs to be clear lines of referral from HEI practitioners into community based services for those students who require more intensive input. Students entering third-level education through schemes such as DARE who have engaged regularly with CAMHS should have a transition plan in place before discharge from CAMHS. Confirmation of this transition plan should be included on the DARE application form. A rolling out of the [ADHD in Adults](#) programme nationally to signpost services available to those adults who seek, or receive, a late diagnosis and who wish to remain in education

## References

[Ahead Mental Health Matters – Mapping Best Practice in Higher Education](#) 2016. Free to download

McNamara, N., McNicholas, F., Ford, T., Paul, M., Gavin, B., Coyne, I., Cullen, W., O'Connor, K., Ramperti, N., Dooley, B., Barry, S. and Singh, S. P. (2014) 'Transition from child and adolescent to adult mental health services in the Republic of Ireland: an investigation of process and operational practice', *Early Interv Psychiatry*, 8(3), pp. 291-7.

Tallow-Golden, M., Gavin, B., McNamara, N., Singh, S., Ford, T., Paul, M., Cullen, W. and McNicholas, F. (2018) 'Transitioning from child and adolescent mental health services with attention-deficit hyperactivity disorder in Ireland: Case note review', *Early Interv Psychiatry*, 12(3), pp. 505-512.



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