STUDENT HEALTH NEEDS ASSESSMENT
PORTSMOUTH

Public Health, Portsmouth City Council

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EXECUTIVE SUMMARY

Introduction

Students form a significant part of the Portsmouth population with 18,500 undergraduate students representing approximately 9% of the Portsmouth population. Of these 12% are international students and 56% male (nationally, females make up a greater proportion of the student population). Students are known to have distinct health needs with mental health, sexual health, healthy lifestyles and access to healthcare services being key issues. This report sought to assess the health needs of students in Portsmouth through a description of services and their use by students. Stakeholder involvement and a survey of undergraduate students with 81 responses were used to complete this picture.

Main findings (also see 'discussion' section, page 48)

Note - survey respondents represent a small sample of the student population and should be treated with caution

Sexual health

Sexual health is an important area for student health and wellbeing with provision in Portsmouth generally seeming to meet needs. Demand for Emergency Hormonal Contraception from students may warrant attention to encourage considering needs and methods offering longer term contraception.

Over two thirds of students who responded to a survey reported to have accessed a sexual health service in Portsmouth. Generally, where services had been accessed, the majority found it easy to do so. Nearly all students who responded to the survey said that sexual health services in Portsmouth met their needs.

Over a recent six month period, approximately 40% of Emergency Hormonal Contraception use from community pharmacies was by students, with increased levels of unprotected sex as a trigger factor amongst students compared to other clients. Over this time period, 90% of Emergency Hormonal Contraception activity was through community pharmacies, with 10% from the sexual health service (using the 18-22 age group as a proxy measure for students).

Mental health and wellbeing

Nationally, attention has been drawn to the apparent increase in level of need for mental ill-health in the student population. The seriousness of the issue is made clear by the rise in numbers of completed suicides within this cohort over the last decade. Locally, discussions with stakeholders highlighted a reduction in resilience as well as an increase in awareness and acceptance as explanatory factors for a perceived rise in mental health and wellbeing concerns amongst students.

There appears to be a degree of unmet need in relation to University of Portsmouth students regarding their mental health and wellbeing. Nearly three-quarters of survey respondents reported problems with their mental health or wellbeing in the past academic year, including worry and stress. Of these, a third of individuals also reported that they had not accessed any support (which included from family/friends). Some had sought help from their lecturers or supervisors. From the student survey, just over half (57%) of those who reported mental-ill health felt that current mental health services met their needs.

It is also not clear whether service design meets the particular needs of students. For students referred from the University Wellbeing Service to the psychological therapy service (referrals are also made through other routes but not captured in this assessment), the drop-out rate from psychological therapy support for students was twice the national average drop-out rate for all ages. This may be because the treatment course does not fit neatly with University term times, or due to cyclical stressors of University life and warrants further understanding.

18-22 year olds represented 22.9% (n=643) of all Emergency Department attendances due to self-harm over three years from September 2014, although this age group accounted for 9.3% of total Emergency Department attendances over this time frame. Poisoning including overdose was one of the most common reasons for Emergency Department attendance in this age group (849 attendances).
Healthy lifestyles

Survey respondents had low awareness of Portsmouth City Council Wellbeing service for weight management, smoking cessation and alcohol reduction. However, 27% (16/60) of survey respondents reported to require assistance with addressing their behaviour in smoking tobacco which is higher than the adult Portsmouth population of current smokers (20.1%). As well as low awareness of available services, there may be a perception that alcohol consumption, use of substances or not maintaining a healthy weight are not significant health issues.

Primary healthcare

Generally, survey responses indicated that students feel well supported and able to navigate healthcare options in the city. The majority of students are also registered with a GP in Portsmouth. The picture was not so clear for International students, or other specific groups, due to small numbers of responses to the survey and may benefit from further insight. However, there are areas of specific concern. For those with a long term health condition, the majority found it difficult to continue their care for their condition when moving between home and University.

A literature review of the evidence base for providing digital access to healthcare professionals showed a lack of good quality evidence regarding benefits to healthcare workload and long term health outcomes.

85% of students who responded to the survey reported that they would choose a face to face appointment with their GP over novel digital options such as email or video conference.

Urgent and emergency care

Over three years from September 2014, there were 12,458 attendances to the Emergency Department at Queen Alexandra Hospital by 18-22 year olds (9.3% of all activity) and 9,869 attendances to the Walk-in Centre at St Mary's Hospital (9.2% of all activity). This is almost proportionate to the size of the student population of the total Portsmouth population (approximately 9%). In both services, highest demand occurs in September, October, November and January, February for this age group (which matches University term time, although student status is not recorded in routine data).

Although a high volume presented to both services, compared to Emergency Department attendances, slightly more sprain/ligament injuries and dislocation/fracture/joint injury/amputation presented to the Walk-in Centre, while more lacerations presented to the Emergency Department. Poisoning and head injury featured in the most frequent diagnoses for the 18-22 age group in Emergency Department attendances, whereas ear nose and throat conditions featured as a common category of Walk-in Centre presentations. Over six months from September 2017, 75 ambulance callouts for the same age group were recorded as related to alcohol intoxication.

Recommendations (see page 51 for further explanation)

There is much success to recognise in the provision of healthcare to students in Portsmouth with a wide range of services that are generally well received. However, this report has suggested the following could be helpful:

- Improving data collection and availability from services to inform understanding about health needs of students
- Undertaking a larger scale survey or target a survey to improve understanding of health needs of specific student groups
- Continue supporting students to minimise impact of risky behaviour, including sexual health and alcohol drinking. This includes reducing demand on emergency contraception
- Consider action to build student resilience and ensure appropriate, timely support is available for those living with mental illness
- Consider how to optimise information provision to students from the start of the academic year
- Consider further opportunities for services and partners to collectively address health needs of students as a city, including gathering data to understand and monitor health and wellbeing needs and in recognising the University as a setting to promote health and wellbeing
- Take opportunities to advocate for improvements to support provision of healthcare where students frequently move for University term and holiday times.
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## Objectives and Scope

### Objectives:
1. To describe the demographic characteristics of the current student population in Portsmouth and how this may change over the next 5 to 10 years
2. To identify health and wellbeing needs of students in Portsmouth
3. To describe healthcare provision for students in Portsmouth and how students are currently accessing managing their health and using healthcare (including barriers). This work will focus on primary healthcare provision, but will also consider use of urgent and emergency care.
4. To review evidence on 'does digital access to healthcare advice offer benefits to students?'
5. To identify how or whether healthcare provision could better meet needs of students

### Within scope:
- **Defining the population:** University students in Portsmouth i.e. those registered with any course at the University of Portsmouth (any age, but not all of which will reside in Portsmouth). Students at other Higher Education Institutions are not the focus of this work.
- **Defining the health needs:** Health needs which may present to and are supported through primary healthcare provision as well as health issues which are features of student health (including lifestyle behaviours, sexual health, some communicable diseases)
- **Defining primary healthcare:** This work will be used to inform commissioning of medical (GP) primary healthcare provision. GP practices in Portsmouth which are primarily used by students are Guildhall Walk and the University Medical Centre. However, use of other healthcare services including community pharmacies, dentists will be explored.

### Outside of scope:
- How students engage with communities (e.g. volunteering / work experience / other)
- Community safety aspects e.g. crime
- Wider determinants of health (beyond description of type of accommodation living in, and other factors identified as barriers e.g. financial pressures)
- Comparative analysis with other areas

### Methodology / data sources:
- **Evidence review:**
  - To use published evidence to gain an understanding of health needs for the student population and how this is anticipated to change.
  - To review, 'does digital access to healthcare advice offer benefits to students?'
- **Quantitative analysis**
  - University data for students registered on a course (demographic profile)
  - University medical practice data (demographic profile, information gathered at registration, presenting health needs)
  - Guildhall walk medical practice data (demographic profile, information gathered at registration, presenting health needs)
  - Emergency Department, St Marys Walk in Centre, Ambulance data (for 18-22 year olds)
Other services including sexual health service data, EHC from community pharmacies, PCC Wellbeing Service, University Wellbeing Service, other student support services, immunisations, Talking Change (scope what is able to be used)

- Student survey data (consider how to access students using primary healthcare services and those who are not e.g. through student union / other)

  - Qualitative analysis
    - Student survey to identify expressed needs (to explore what health needs are, how currently being met, how using healthcare services, what do they want from GP services)
    - Stakeholder engagement, including, a small number of University staff and staff at Guildhall Walk and the University Medical Centre

**BACKGROUND**

**NATIONAL CONTEXT**

The student population in the UK is currently expanding rapidly, since 2006 there has been a 31% increase in full-time first degree entrants in the UK with the number of non EU students increasing by 37%.\(^1\) Student health is important because it is a population undergoing transitions, in terms of education, health and life experiences. The advice and care that young people receive at this age will have long term consequences in their approach to self-care and how they manage their health in later adulthood.

Students are also at risk for some particular health issues. Alcohol is a well-recognised health concern amongst students, particularly in light of large social groups, alcohol promotions and lack of adult control. A majority of students in the UK consume alcohol in a "binge drinking" pattern and other risky behaviours such as tobacco and illicit drug use are important concerns. Being at university can make engaging in healthy behaviours more difficult; across the UK 86% of undergraduates report eating less than the recommended amount of fruit and vegetables and a majority don’t meet the recommended requirement for cardiovascular exercise.\(^2\) Students are at risk of communicable diseases, including meningococcal disease and sexually transmitted infections are known to be most common in young adulthood.

Mental ill health amongst the student population is an increasingly recognised problem. Attending university can be a particularly stressful time for young people with deadlines and exams, as well as the loss of previous support networks contributing to mental distress. In the UK in 2015/16, 2% of first year students declared a mental health condition, a fivefold increase from 10 years before. Worryingly, the number of suicides amongst students increased by 79% from 2007 to 2015.\(^3\) A call to strengthen links between Universities and the local NHS, in particular to provide adequate support for mental health and wellbeing needs of students was reiterated recently by Universities UK\(^1\).

In England the percentage of UK full-time first degree students receiving Disabled Students' Allowance increased from 1.6% in 2000/01 to 7.1% in 2015/16.\(^4\) For students with disabilities and long term conditions, change of location and potentially a changed lifestyle can interrupt self-care and management of these conditions. Particular challenges are posed by the need to receive services in two geographical locations (home and university), and fit appointments around lecture timetables. Students may not be well informed about how health services work locally; this can be especially difficult for international students and those who don’t speak English as their first language.

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1. Universities UK; Minding Our Future; starting a conversation about the support of student mental health; May 18 accessed via [https://www.universitiesuk.ac.uk/minding-our-future](https://www.universitiesuk.ac.uk/minding-our-future)
LOCAL CONTEXT

The city of Portsmouth has a large student population; the University of Portsmouth had over 18,500 undergraduate students in 2015/16. This represents approximately 9% of the total Portsmouth population and is reflected in population data where the proportion of 20-24 year olds is significantly more than the rest of England as can be seen in Figure 1. Regarding the University of Portsmouth demographic, 12.3% of undergraduate students were international students (non-EU) in 2015/16 which is a decrease of 1.4% from the year before. In 2015/16 59% of international students classified themselves as Chinese, this number had fallen by 6% from 2014/15. 12% of students declared themselves to have a disability, a proportion that is in line with the national average. Interestingly the University of Portsmouth has a higher proportion of male to female undergraduate students, 56%:44%, which is the inverse of the national picture. It has not been possible to illicit from the University information about how this may be anticipated to change over coming years.

![Resident population estimates by gender and 5 year age band, Portsmouth compared to England](image)

**Figure 1** Resident population estimates by gender and 5 year age band, Portsmouth compared to England

The majority of University of Portsmouth teaching and residential buildings are located around the Central Portsmouth district. Residential buildings, operated by both the university and private providers, are currently undergoing an expansion with a number of new residences recently built or being built within the centre of Portsmouth. Current and proposed buildings and their respective sizes are detailed in Figure 2. This represents concentration of accommodation around the city centre more than an anticipated expansion of student numbers.

Typically students in Portsmouth live within university residences in their first year of study and then share private rented accommodation in subsequent years. The south of Portsmouth is the most common area for this. The impact of centralisation of university residences on how health services are accessed remains to be seen. Students in Portsmouth are registered at a number of GP practices across the city, however due to proximity to university
buildings the majority are registered at two GP practices; Guildhall Walk Healthcare Centre & The University Surgery which are the closest practices to the main university teaching buildings and residences.

Figure 2 Map of current sites and number of accommodation units identified and which have permission for student halls of residence in Portsmouth, 2016-2021 (source Portsmouth City Council)
LITERATURE REVIEW

STUDENT HEALTH NEEDS

There are a number of similar pieces of work that have been commissioned in recent years evaluating the health needs of students in similar university cities. Evaluation of existing assessments was useful in identifying health needs to describe and as a benchmark with which to compare the current local provision. Key findings from these health need assessments are detailed below.

Manchester & Medicine - Student health needs in the city. March 2016. 8

986 students were surveyed, via a social media survey and a street survey with a focus on barriers to accessing healthcare and mental wellbeing. Male students were significantly less likely to be registered with a GP with lack of time and remaining with a home GP cited as the most common reasons for this. 25% of students surveyed had experienced mental health issues in the past year with a majority seeking support from friends/family over primary healthcare providers.

York Student Health Needs Assessment. June 2017. 9

The project sought to quantify health needs of students at all higher education institutions in York via online surveys, focus groups and quantitative data on service usage from local organisations. Increasing levels of depression were identified with a third of students with mental health issues not finding services helpful. Interestingly, a fifth of students with chronic health problems/disabilities had not informed the university. Students were well educated on how to access sexual health services but had low knowledge of the available smoking cessation services. International students in particular reported difficulty in accessing services, citing differing cultural approaches to healthcare as a key factor. Uptake of the MenACWY vaccination was 45% in EU students and 29% in non EU international students.

Health Needs Assessment of university students studying in Newcastle. October 2012. 10

Although the age of this study limits some of its applicability, it did identify some useful trends particularly amongst international students. 5355 responses were obtained in total from an online survey. 68% of international students knew how to access sexual health services, significantly less than UK students. GP registration was also found to be lower amongst international students; 48% of those not registered were unaware of how to access services. Some useful qualitative responses were obtained; a majority of students were aware of safe drinking messages but felt like campaigns were not relevant to them or were not interested.

DOES DIGITAL ACCESS TO HEALTHCARE ADVICE OFFER BENEFITS TO STUDENTS?

Digital access to healthcare is a key area for future NHS practice. The NHS England General Practice Forward View 2016 allocated £45 million for development of IT and technology practices. 11 A key part of this is a framework to deliver better access to healthcare digitally, encompassing online consultations, education and support. This ranges from online access to prescription repeats and text message reminders of appointments to video consultations as well as being able to access health information online. This shift in healthcare provision is particularly pertinent to the student population who are typically time short and technologically adept and used to being able to access information, food and transport online. Same day video consultations with a GP are a burgeoning industry in the UK and offer unique solutions as well as presenting a new set of challenges. Push Doctor and GP At Hand are two of the most popular services, with the former offering a private service and the latter an NHS service. 12,13 The most recent CQC report of the former identifies a number of difficulties of working within this format and conversations around
the latter raise issues regarding the selection of the least complex patients into this service.\textsuperscript{14,15} However, evidence on digital access to healthcare and its effect on patient outcomes is sparse, particularly regarding UK students.

A literature review was conducted to answer the question; "Does digital access to healthcare advice offer benefits to students?" NICE Evidence, PubMed and the Cochrane library were used as initial search databases. Given the fluid nature of online development, search was limited to studies completed within the past 10 years. Combinations of the following key terms were used; "digital access", "online consultations", "video consultations", "student", "healthcare", "primary healthcare", "general practice", "eHealth". A citation search of the articles identified provided further literature. There was a lack of available evidence focusing on a student population in the UK, the search was therefore broadened to include student populations elsewhere. Even with this concession the evidence base regarding the benefits of digital access to healthcare remains remarkably small. Digital access to healthcare can be broadly split in to two streams; digital access to health information and digital access to healthcare professionals via methods such as video/email and text.

**Conclusion**

Increasing uptake of information technology across all spheres, particularly in a young student population, means that its use within medicine seems intuitively useful. However, the evidence on the efficacy of both digital healthcare education and access remains largely unclear, particularly regarding longer term health outcomes and costs. Future research should seek to widen the evidence base of online interventions with a focus on long term effects and quantitative outcomes. Given the early adoption of technology amongst UK university students further research should seek to focus on the benefits to this population group.\textsuperscript{31}

**Digital access to health information**

Five research articles were identified which evaluated the use of digital health information in university/college students, one of these was a systematic review. One article looked at US college students, one at Australian university students, one at Finnish university students and one at UK university students. One further study was included which looked at a general population use of the NHS Choices website.

Across US colleges in 2011, 60% were found to include health information on their institutional websites.\textsuperscript{16} A majority of these focused on mental health and substance abuse, only a small proportion provided interactive information on general health and reproductive health. Despite the availability of information, a 2011 systematic review of seven studies across the US and Finland found that generally students lack the necessary skills to adequately source and assess online health information.\textsuperscript{17} Students had convenient access to the internet but across the included studies were found to have poor eHealth literacy skills and also tended to overestimate their skills to find appropriate health information. A 2016 study of Australian university students found that although a majority had access to the internet at all times only 10% used the internet to access information on health and wellbeing.\textsuperscript{18} The study surveyed behaviour over two months and despite education on the availability of online health information this proportion remained the same.

Finnish university students have access to a free student specific web advice service that covers a wide range of health issues. In a 2004 survey of over 3000 students only 12% had used this service.\textsuperscript{19} Levels of common self-reported health issues were compared between those who had used the web service and those who hadn’t. Female students using the services were found to have higher levels of chronic mental health than those not using the service. Male students using the service reported higher levels of acute rhinitis. This supports the use of an online service for providing confidential and easy to access information. However, there was no difference in self-reported health status between those who used the service and those who didn’t. Other health outcomes or change in use of traditional health services were not evaluated in this study.
Information regarding health outcomes following use of online health information is scarce. A 2011 study surveyed users of the NHS Choices website and of six GP practices across London. Of those surveyed who used the NHS Choices website, 33% reported that it decreased the frequency of their GP visits. The majority of these were defined as younger users although data is not presented on a student age range. The study also relies on self-reported use of GP services which allows for recall bias. A 2013 study at Leeds University evaluated the use of an online feedback intervention to reduce levels of alcohol consumption. Monitoring alcohol consumption over time reduced the level of drinking and the study predicted a further benefit of online feedback however the study was limited by high numbers of dropouts.

**Digital access to healthcare professionals**

No articles were identified that looked at digital access to healthcare in a student population, therefore population wide studies were included. Nine suitable studies were identified, of which seven were review articles.

A 2017 study of 36 GP practices in South West England evaluated a trial of an online consultation model that sought to provide a response to online queries and presentations within one working day. 32% of interactions led to a subsequent telephone consultation and a further 38% of interactions required a face to face appointment. Due to the clinician time required for triage the online model was not found to reduce the cost or work required in dealing with appointments. Uptake was also found to be low, representing 0.002% of all consultations on average. However this is inherent in adoption of a new technology, barriers to uptake were not investigated. Qualitative analysis of a similar online model, "Tele-Doc", in an inner London GP group revealed similar themes of low uptake and an increased administrative burden. It does recognise that the model worked best with simple problems and with further development could provide useful variety in dealing with these types of issues.

Being able to use digital access must also be considered; does an individual possess the resources and education to be able to use this tool? Although adoption of information technology is typically high amongst a student population any adoption of digital access must consider the entire student population. A 2017 literature review of e-Health shows clearly that those at risk of social health inequalities were also those who were least likely to be able to access healthcare online. Subsequent implementation of online healthcare models can then further increase their risk of health inequality.

The Cochrane Library have undertaken a number of systematic reviews of different digital modalities of accessing healthcare. Although some are now five years old they represent a comprehensive review of available evidence. Email as a method of communication compared to standard methods was assessed. All of the included studies were found to be of low quality and lacked sufficient data to comment on health outcomes. Only randomised trials were included, cross-sectional surveys were not evaluated.

There is moderate evidence that mobile phone text reminders can increase attendance compared to no reminders. Mobile phone reminders, both text and voice, have been assessed in improving adherence with contraception. High quality evidence showed an improvement in contraception post abortion care using voice messages and there was low quality evidence improved adherence to oral contraception with text message. Continued health outcomes and cost-effectiveness of this intervention were not assessed. Mobile phones have also been assessed as a method of providing preventative messages, such as smoking cessation or healthy eating behaviours. Four randomised controlled trials were included with the strongest evidence shown for increasing rates of smoking cessation with text reminders, evidence for an effect with other messages was graded as weaker. Again, evidence on long term health outcomes was not available for any intervention.

Mobile phone messaging prompts have been studied in improving outcomes in long term health conditions such as diabetes and asthma. Amongst published studies the evidence on outcomes is limited with improvement in some domain of self-management but again lacking data on long term effectiveness, costs and feasibility. A systematic
review looking at text messaging results to patients only identified one suitable paper with limited evidence that text messaging a negative result may decrease anxiety in pregnant women awaiting a prenatal screen.\textsuperscript{30}

In addition, a recently published study aimed to gather transferable knowledge about implementation of video consultations in an outpatient (diabetes, diabetes antenatal and cancer surgery) setting of three London hospitals\textsuperscript{2}. This multi-level, mixed method study which collected data over a 28 month period identified a range of challenges in scaling up use of the technology with only 2\% to 22\% of consultations being undertaken by participating clinicians by the end of the study. The reality of implementation was complex and time-consuming not helped by the lack of 'organisational slack' to accommodate.

\textsuperscript{2} Greenhalgh, T., Shaw, S. et al.; Real-world implementation of video outpatient consultations at macro, meso and micro levels: mixed method study; Journal of Medical Internet Research (2018) 20; 4; e150
OVERVIEW OF CURRENT SERVICES

Information was collated regarding available health services across the city and what specific provisions are made for the student population. This was achieved through a search of publicly available data and input from different providers.

QUANTITATIVE DATA

Quantitative data regarding the number of students accessing various health providers was obtained. This was done for the following services within Portsmouth:

- GP practice data - 2 practice datasets were used - The University Surgery and Guildhall Walk Healthcare Centre. Given their proximity to the university buildings, the majority of students in Portsmouth are registered at these practices.
- Accident & Emergency at Queen Alexandra Hospital and Urgent Treatment at St Mary’s hospital
  - These centres provide all emergency and urgent care to Portsmouth and the surrounding area.
- South Coast Ambulance Service
- Talking Change psychological services
- University Wellbeing service
- Emergency hormonal contraception (EHC) available via community pharmacies
- Portsmouth City Council Wellbeing service

Data requests were sent out to clarify the number of students attending the service and where applicable their demographic and common presenting problems and further management. Data on attendances to and use of services was requested for the 3 year period from 01/09/14 to 31/08/17. Data on student status was not recorded by all of these services, where this was not available an age range of 18-22 was used as a surrogate measure.

Data was analysed to identify key trends over time and the level of use of services by different student groups.

QUALITATIVE DATA

Meetings were held with key providers of healthcare to students to identify current levels of service provision, perceived healthcare trends and barriers in engaging with this group.

Existing surveys from health needs assessments of students in other cities were reviewed and common questions identified. This was used as a base for survey design and then tailored to local context and provision. Questions focused on GP registration and engagement, mental health, sexual health and healthy behaviours. Qualitative feedback was gained to assess how students felt their health needs could be better met. The survey was disseminated online from the 20th February to the 9th of March. The survey was advertised at intervals amongst University of Portsmouth students via the Students Union and their social media pages. Leaflets with details of the survey were also handed out to university students in the Student Union buildings and by the university library. Survey respondents were able to self-select as being undergraduate students at the University of Portsmouth.

Qualitative feedback was reviewed and divided into key themes.
RESULTS

OVERVIEW OF CURRENT SERVICES

The University Surgery

GP practice based within university buildings with 18,500 patients registered in total, approximately 84% of these are students. The age profile of registered patients can be seen in Figure 3 and the geographical spread across Portsmouth given in Figure 4. Specific provisions for a student population are as below:

- Extended hours on Tuesday evenings and Saturday morning
- Physiotherapy service
- Regular mental health team clinic in the practice (includes crisis care)
- Tuesday morning sexual health clinic - booked appointments covering contraception and sexually transmitted infections (STIs)
- Online access to records, prescriptions and appointment booking
- Provides lectures during start of academic year to university students regarding registration and available services with a focus on international students
- All day triage service with same day appointments available

![Age Profile](image)

Figure 3 Age profile of patients registered with The University Surgery (Dr Lawson & Partners) compared to CCG and England average

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Density of the University Surgery (J82199) registered patients as at January 2018.

Number of University Surgery patients registered within a lower super output area (LSOA) - shaded areas; and the University Surgery patients as a percentage of all registered patients within the LSOA (pie charts). Halls of residence with 90 rooms and over overlaid for context.

Sources: Numbers of patients registered at a GP Practice, Health & Social Care Information Centre; and Halls of residence locations from LLPG.

Figure 4 Registrants of University Surgery - number and proportion within Portsmouth lower super output areas, January 2018
Guildhall Walk Healthcare Centre

GP practice provided by Partnering Health Limited based out of premises within Portsmouth city centre in close proximity to university buildings. 7,300 patients are registered with the practice, with a large proportion of these being university students. The age profile of patients registered with the practice can be found in Figure 5 and the geographical spread across Portsmouth given in Figure 6. Provisions applicable to the student population are as below:

- Walk-in appointments every day with routine appointments also available
- Extended hours Monday and Friday evening and Saturday morning
- Meet university students during “Fresher’s week” with “goodie bags” containing information regarding registration and services as well as condoms
- Online access to appointment booking and prescriptions
- Employ students as reception staff
- "Safe Space" based out of practice 10PM-3AM Friday and Saturday. Run by ambulance staff offering support and first aid for people on a night out.

![Age Profile](image)

**Figure 5 Age profile of patients registered with Guildhall Walk Healthcare Centre compared to CCG and England average**
Figure 6 Registrants of Guildhall Walk Healthcare Centre - number and proportion within Portsmouth lower super output areas, January 2018
University of Portsmouth services

Offers a range of services via University Support and the Student Union.  

- Provide access to What'sUp app that offers confidential information and support regarding mood and mental wellbeing and signposts to appropriate services  
- Student Wellbeing services offers wellbeing and mental health advice and initial counselling to a maximum of 6 sessions  
- Additional Support and Disability Advice Centre offers support regarding conditions that affect academic studies  
- Student Union website signposting to online and local services for physical, mental, sexual health and substance misuse  
- New students receive information packs covering GP registration and available health services  
- Sabbatical officer for welfare within the Student Union  

Talking Change psychological services  

Solent NHS Trust provides community psychological services as Talking Change. Main premises are found in the Pompey Centre.  

- Range of psychological treatments for mental health and community workshops  
- Assessment and treatment clinic at the University of Portsmouth with links to University Wellbeing service  
- Run courses at the university on stress management, panic and depression  

Portsmouth City Council Wellbeing service  

Service launched in 2015 to combine smoking cessation services, alcohol intervention and health trainers. Offer a range of appointments, group sessions and drop-in clinics accessible via GP referral and direct contact in sites across the city.  

Emergency services  

Accident & Emergency services available 24/7 at Queen Alexandra hospital in Cosham, approximately 5 miles from the main university buildings. St Mary's NHS Treatment Centre provides a Minor Injury and Illness Unit operated by Care UK. This service is available between 8AM and 10PM daily and is located two miles from the University of Portsmouth.  

Sexual health services  

Sexual health services are also based with St Mary's hospital. Offer treatment for STIs and contraception prescribing.  

- Offer both drop-in and bookable appointments. Online booking for appointments available  
- Specific clinic for people under age of 20 on Thursday afternoons  
- STI testing kits available to order online via Let's Talk about It website  
- Emergency hormonal contraception available from pharmacies across city
The Queen Alexandra Hospital is located in Cosham, which is towards the north of Portsmouth. Student status is not recorded in routine data and an age range of 18-22 was therefore used as a surrogate measure and data from 01/09/14 to 31/08/17 examined. Those recorded as registered with a Portsmouth CCG GP or resident at a Portsmouth City address were included. 12,458 attendances were recorded over this period with no noticeable trend in volume of activity over these three years.

Attendances by month for those aged 18-22 years and all ages can be found in Table 1. The proportions of attendances by 18-22 years old are also displayed in Figure 7. A&E attendances by 18-22 year olds represented 9.3% of total A&E attendances over the 3 year period. The proportion of attendances by 18-22 year olds, of all ages, peaked fairly consistently in all three years in September, October, November and also in January and February. It is not certain from this data if this activity can be attributed to students, however, it is worth considering that months are during University term times.

While 18-22 year olds represented 9.3% of total A&E attendances over the 3 year period, 18-22 year olds represented 22.9% of attendances due to self-harm (643 episodes) and 22.5% of attendances due to assault (394 episodes).

### Table 1: Number of Attendances by 18-22 Year Olds as Proportion of All Ages to QA Hospital Emergency Department by Month, Pooled Data September 2014 to August 2017

<table>
<thead>
<tr>
<th></th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 18-22 years</td>
<td>362</td>
<td>416</td>
<td>394</td>
<td>306</td>
<td>342</td>
<td>336</td>
<td>349</td>
<td>317</td>
<td>362</td>
<td>304</td>
<td>303</td>
<td>348</td>
<td>4139</td>
</tr>
<tr>
<td>All age</td>
<td>3572</td>
<td>3705</td>
<td>3583</td>
<td>3740</td>
<td>3454</td>
<td>3150</td>
<td>3821</td>
<td>3795</td>
<td>3994</td>
<td>3975</td>
<td>4082</td>
<td>3959</td>
<td>44830</td>
</tr>
<tr>
<td>Aged 18-22 years as a proportion of all ages</td>
<td>10.1%</td>
<td>11.2%</td>
<td>11.0%</td>
<td>8.2%</td>
<td>9.9%</td>
<td>10.7%</td>
<td>9.1%</td>
<td>8.4%</td>
<td>9.1%</td>
<td>7.6%</td>
<td>7.4%</td>
<td>8.8%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

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Figure 7 First attendances by 18-22 year olds as a proportion of all ages to QA Hospital Emergency Department, September 2014 to August 2017

The most common time for attendances was 2200-2259 with over 2250 attendances by those aged 18-22 over this 3 year period. Attendances by time of arrival can be found in Figure 8. Deliberate self-harm, other accident, sports injury, assault and road traffic accident accounted for between 15% (11am til 2pm) and 26% (2am til 5am) of all attendances in this age group. Attendances due to assault occurred most frequently between 11pm and 8am with 11% of all attendances of 18-22 year olds between 2am and 5pm for this reason.

Figure 8 Number of first attendances by 18-22 year olds to QA Hospital Emergency Department by patient group and time of day, pooled data September 2014 to August 2017
Recorded data on diagnosis and presenting complaint are limited reflecting the nature of A&E assessment and care. With this caveat, the seven most common diagnoses recorded were sprain/ligament injury (996 episodes), laceration (900 episodes), poisoning including overdose (849 episodes), dislocation/fracture/joint injury/amputation (784 episodes), gastrointestinal conditions (772 episodes) and head injury (694 episodes) (Figure 9). Poisoning (including overdose) accounted for 9% of all attendances in this age group between 11pm to 2am and 13% between 2am and 5am.

![Number of first attendances by 18-22 year olds to A&E, QA hospital, by top 7 diagnosis conditions and time of day. Portsmouth residents or Portsmouth GP registered, 2014/15 to 2016/17 academic years](image)

**Figure 9** Number of first attendances by 18-22 year olds to QA Hospital Emergency Department by diagnosis and time of day, pooled data September 2014 to August 2017

With regards to attendance disposal for 18-22 year olds during this three year time period, (Figure 10) 6.4% (794) of attendees left the department before being treated. 35.4% (4,412) were discharged not requiring any follow-up treatment. 20% of attendees were admitted to a hospital bed when presenting between 8pm and 11pm compared to under 10% of those who presented before 11am.
Numbers of attendances by day of week are shown in Figure 11. A&E saw most attendances over the weekend, with 1,940 attending on a Saturday and 1,906 on a Sunday over this 3 year period. Almost half (48%, n=188) of all road traffic accidents among this age group were presented at the weekend; and sports injuries were presented more frequently midweek in this age group compared to other days (22% of all sports injuries were presented on Wednesday).
Figure 11 Number of attendances by 18-22 year olds to QA Hospital Emergency Department by day of attendance and patient group, pooled data September 2014 to August 2017

Practice level data is available for total A&E attendances related to mental health across Portsmouth CCG. Although student status and age is not recorded for this data the highest rates of attendance within Portsmouth were for patients registered at Guildhall Walk Healthcare Centre (71 from 04/14-08/17). The lowest rates of emergency mental health attendances were for patients registered at The University Surgery (15 admissions over the same period).

ST MARY'S WALK-IN CENTRE

St Mary's Walk in Centre is located in Milton, Portsmouth and is open from 7.30am until 10pm weekdays and 8am until 10pm on weekends. Student status is not recorded and an age range of 18-22 years was also used for Walk-in Centre data over the same period 01/09/14 to 31/08/17. Those recorded as registered with a Portsmouth CCG GP or resident at a Portsmouth City address were included. 9,869 18-22 year olds were seen (Table 2), representing 9.2% of total assessments over this time (Figure 12). Over the three years of data examined, there appears to have been a noticeable increase in activity for all ages and for the 18-22 age group.

The proportion of attendances by 18-22 year olds, of all ages, peaked fairly consistently in all three years in September, October, November and also in January and February. It is not certain from this data if this activity can be attributed to students, however, it is worth considering that months are during University term times.
### Table 2 Number of attendances by 18-22 year olds as proportion of all ages to St Mary’s Treatment Centre by month, pooled data September 2014 to August 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>255</td>
<td>272</td>
<td>324</td>
</tr>
<tr>
<td>October</td>
<td>277</td>
<td>301</td>
<td>414</td>
</tr>
<tr>
<td>November</td>
<td>247</td>
<td>281</td>
<td>343</td>
</tr>
<tr>
<td>December</td>
<td>218</td>
<td>225</td>
<td>294</td>
</tr>
<tr>
<td>January</td>
<td>218</td>
<td>250</td>
<td>357</td>
</tr>
<tr>
<td>February</td>
<td>230</td>
<td>316</td>
<td>382</td>
</tr>
<tr>
<td>March</td>
<td>233</td>
<td>280</td>
<td>320</td>
</tr>
<tr>
<td>April</td>
<td>242</td>
<td>250</td>
<td>307</td>
</tr>
<tr>
<td>May</td>
<td>209</td>
<td>271</td>
<td>321</td>
</tr>
<tr>
<td>June</td>
<td>239</td>
<td>198</td>
<td>215</td>
</tr>
<tr>
<td>July</td>
<td>213</td>
<td>304</td>
<td>272</td>
</tr>
<tr>
<td>August</td>
<td>214</td>
<td>311</td>
<td>294</td>
</tr>
<tr>
<td>Academic Year Total</td>
<td>2767</td>
<td>3259</td>
<td>40042</td>
</tr>
</tbody>
</table>

### Source
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Over this three year period, the most common time for attendances was 11am to 2pm; however, the volume of attendances remains high and fairly consistent until 8pm (Figure 13). Deliberate self-harm, assault, road traffic accident, sports injury and other accident, accounted for approximately a third of all attendances in this age group throughout the day. Attendances due to assault accounted for about 1% of activity, sports injury was just under 10% and other accidents nearly a quarter of activity for this age group.

The seven most common diagnoses were sprain/ligament injuries (1,167 attendances), ear nose and throat conditions (926 attendances), soft tissue inflammation (879 attendances), muscle/tendon injury (637 attendances), laceration (631 attendances) and dislocation/fracture/joint injury/amputation (615 attendances) (Figure 14). (816 attendances was assigned a ‘diagnosis not classifiable’ code). Compared to Emergency Department attendances over the same time period, slightly more sprain/ligament injuries and dislocation/fracture/joint injury/amputation presented to the walk-in centre, while more lacerations presented to the Emergency Department. Poisoning and head injury feature in the most frequent diagnoses for the 18-22 age group in ED attendances, whereas ear nose and throat conditions feature as a common category of Walk-in Centre presentations.

With regards to attendance disposal for 18-22 year olds who presented over this three year period (Figure 15), approximately six of every 10 attendances were discharged not requiring any follow-up treatment and another approximately 25% of attendances required follow up to be provided by the GP.

Figure 13 Number of first attendances by 18-22 year olds to St Mary’s Treatment Centre by patient group and time of day, pooled data September 2014 to August 2017
Figure 14 Number of first attendances by 18-22 year olds to St Mary’s Treatment Centre by diagnosis and time of day, pooled data September 2014 to August 2017
For the 18-22 age group, Monday was the busiest day with 1,605 attendances over the three year period, with 1,265 attendances on a Friday representing the quietest day (Figure 16). The proportion of attendances by patient group and disposal method appear fairly consistent by day of week (Figure 16 and Figure 17).
Figure 16 Number of first attendances by 18-22 year olds to St Mary’s Treatment Centre by patient group and day of week, pooled data September 2014 to August 2017

Figure 17 Number of first attendances by 18-22 year olds to St Mary’s Treatment Centre by attendance disposal and day of week, pooled data September 2014 to August 2017
An age range of 18-22 years was also used for emergency hospital admission data over the same period 01/09/14 to 31/08/17 (Figure 18). This includes direct admissions to hospital as well as admissions from A&E. Those recorded as registered with a Portsmouth CCG GP or resident at a Portsmouth City address were included. There were 3,443 admissions over this period, of these 2,247 were for female patients and 1,196 for male patients. A proportion of the female attendances were for pregnancy related issues and childbirth, given the wide ranging issues related to pregnancy it was not possible to ascertain from coding level data this exact proportion.

The five most common coded diagnoses were as follows; "abdominal and pelvic pain" with 327 instances, "poisoning by non-opioid analgesics, antipyretics and anti-rheumatics" with 219 instances, "haemorrhage in early pregnancy" with 143 instances, "maternal care for other conditions predominantly related to pregnancy" with 122 instances and "poisoning by psychotropic drugs, not elsewhere classified" with 102 instances.

Figure 18 Number of emergency admissions by 18-22 year olds as a proportion of all ages to QA Hospital, September 2014 to August 2017
Data was available on the number of people aged 18-22 registered with a Portsmouth CCG GP or a Portsmouth address using the ambulance service. It was not possible to specifically identify student status as this was recorded in a free text box that was not readily searchable and not universally recorded. It was only possible to gain data on incidents covering the six months 01/09/17 to 26/02/18. During this period 1,305 incidents for those aged 18-22 were assessed by the ambulance service (Table 3). Of these, 415 were recorded as female, 232 as male and 658 had no gender status recorded. Call outs for ambulances were higher over the weekend, with 234 incidents (17.9%) on Saturday and 209 (16.0%) on Sunday.

<table>
<thead>
<tr>
<th>Day of week</th>
<th>Number of incidents (total = 1,305)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>159 (12.2%)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>167 (12.8%)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>189 (14.5%)</td>
</tr>
<tr>
<td>Thursday</td>
<td>167 (12.8%)</td>
</tr>
<tr>
<td>Friday</td>
<td>180 (13.8%)</td>
</tr>
<tr>
<td>Saturday</td>
<td>234 (17.9%)</td>
</tr>
<tr>
<td>Sunday</td>
<td>209 (16.0%)</td>
</tr>
</tbody>
</table>

Table 3 Number of incidents by day of week for those aged 18-22. South Central Ambulance Service. 01/09/17-26/02/18

Data on presentation by month of year is presented in Table 4. The highest number of incidents was in October (21.8% of total call outs for 6 month period). However, the data for a complete year is not available to be able to establish a complete chronological pattern.

<table>
<thead>
<tr>
<th>Month &amp; year</th>
<th>Number of incidents (total = 1,305)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-2017</td>
<td>242 (18.5%)</td>
</tr>
<tr>
<td>10-2017</td>
<td>285 (21.8%)</td>
</tr>
<tr>
<td>11-2017</td>
<td>236 (18.1%)</td>
</tr>
<tr>
<td>12-2017</td>
<td>195 (14.9%)</td>
</tr>
<tr>
<td>01-2018</td>
<td>199 (15.2%)</td>
</tr>
<tr>
<td>02-2018</td>
<td>148 (11.3%)</td>
</tr>
</tbody>
</table>

Table 4 Number of incidents by month & year for those aged 18-22. South Central Ambulance Service. 01/09/17-26/02/18
The highest number of incidents was between the hours of 11pm and 1am (Figure 19).

Figure 19 Number of incidents by time of day for those aged 18-22. South Central Ambulance Service. 01/09/17-26/02/18

Where available the registered GP practice of the patient was recorded in the ambulance service data. In the callouts recorded for 18-22 year olds, the most common recorded GP practice was The University Surgery (138 incidents), followed by the Portsdown Group Practice (56 incidents) and Guildhall Walk Healthcare Centre (29 incidents). However in 707 out 1,305 incidents the GP practice was recorded as unknown. It was not noted if because this was not known by the patient or because they were not registered with a GP practice.

Information on the nature of call and symptom group was recorded as pre-populated options. The information in these boxes is of limited value given the uncertainty of diagnosis on initial assessment and the wide variety of possible coded diagnoses. There is also overlap between the nature of call and symptom group and a large proportion had no information recorded. The most common recorded call outs were due to "Unconscious not breathing", "Trauma" and "Breathing problems". Further information as to the nature of these was not available.

75 incidents were recorded as related to alcohol intoxication in a pre-populated option (Table 5). Saturday was the day where this was most frequently recorded. 28 call outs were recorded as an attempt on one's own life, 17 for mental ill-health. Deliberate self-harm was also recorded as a reason for these callouts.

<table>
<thead>
<tr>
<th>Day of week</th>
<th>Number of incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Tuesday</td>
<td>12</td>
</tr>
<tr>
<td>Wednesday</td>
<td>12</td>
</tr>
<tr>
<td>Thursday</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Friday</td>
<td>11</td>
</tr>
<tr>
<td>Saturday</td>
<td>20</td>
</tr>
<tr>
<td>Sunday</td>
<td>13</td>
</tr>
<tr>
<td>Grand total</td>
<td>75</td>
</tr>
</tbody>
</table>

Table 5 Number of incidents with alcohol intoxication as nature of call by day of week for those aged 18-22. South Central Ambulance Service. 01/09/17-26/02/18
The origin of the ambulance call was recorded and divided by whether it originated from a 111 interaction or not. 304 incidents arose from a 111 call with an even distribution by day of week.

**UNIVERSITY WELLBEING SERVICE**

The number of users of the University Wellbeing Service was available from the start of the academic year 2015 to 21/02/18. This was further divided by age and gender. The number of students accessing the service increased from 1,265 in the 2015/16 academic year to 1,361 in the 2017/18 year to date. This represents an increase of 7.6% over this time, as can be seen as in Figure 20. This does not include the entirety of the 2017/18 academic year so there is potential for further increase. Approximately 7.4% (n=1,361) of the University student population accessed the University Wellbeing Service in 2017/18. A greater proportion (8.2%) of the female student population were represented in those supported through the University Wellbeing Service (compared to males, 6.1% of the male student population) making up two thirds of clients in the service (Figure 21). Of the total number of students accessing the service during this time, 81.4% were aged 17-25 (3,251 students) and 9.9% were 26 years and over (395 students). Age was not specified or recorded in 8.7% of those accessing the service.

![Number of students accessing University of Portsmouth Wellbeing service, 2015-2018 academic years.](image)

**Figure 20**: Number of students accessing University of Portsmouth Wellbeing service by academic year from 2015 until 21/02/18

![Number of students accessing University of Portsmouth Wellbeing services by gender, academic years 2015-2018.](image)

**Figure 21**: Number of students accessing University of Portsmouth Wellbeing services by gender and academic year from 2015 until 21/02/18
The University Wellbeing Service offers mental health and wellbeing support through a counselling service and also through the What'sUp app. No data was available to describe the cohort to which counselling support is offered or delivered to. As of 21/02/18 there were 822 registered users of the What'sUp mental health app services. Further information on these users was not available given confidentiality of the service.

## TALKING CHANGE PSYCHOLOGICAL SERVICE

Data was available on the number of students that accessed the Assessment and Treatment Clinic of the Talking Change Service which is provided within the University of Portsmouth. The students accessing this service were referred in from the University Wellbeing Service as a higher level of support than the University Wellbeing Service is able to offer. It was not possible to identify the number of students referred into psychological services from other services such as GPs and therefore this represents activity generated through one referral pathway. Data was available for the period 29/10/15 to 05/02/18. Over this period 169 students were referred into the Talking Change service from the University. There were no referrals during the summer months, outside of University term times. The greatest number of referrals received at Talking Change from the University of Portsmouth Wellbeing Service was three times higher in November 2017 than at any other point in the previous two years. Another peak in referrals was also observed in January 2018. It is unclear whether this represents a change in practice by the University of Portsmouth Wellbeing Service in making these referrals e.g. a greater awareness of Talking Change or increase in propensity to refer, for example, or whether it reflects a greater number of students coming forward with mental health and wellbeing concerns which would benefit from further support.

Provisional diagnoses for each referral were recorded. As lots of these referrals were for assessment these may not indicate the true diagnosis. The most common diagnoses are summarised in Table 6 below. Depression (43.2%) was the most common diagnosis followed by anxiety disorders (18.9%). Other presenting diagnoses were significantly less common such as stress which was recorded only in a small number of instances. Data was not available to further understand the demographic profile of those presenting.

<table>
<thead>
<tr>
<th>Provisional diagnosis (at initial assessment)</th>
<th>Number of students (total = 169)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>73 (43.2%)</td>
</tr>
<tr>
<td>Anxiety disorders, including generalised anxiety and specific anxiety</td>
<td>32 (18.9%)</td>
</tr>
<tr>
<td>Obsessive compulsive disorder (OCD)</td>
<td>13 (7.7%)</td>
</tr>
<tr>
<td>Phobias</td>
<td>11 (6.5%)</td>
</tr>
<tr>
<td>Panic</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Stress</td>
<td>&lt;10</td>
</tr>
<tr>
<td>PTSD</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Other</td>
<td>28 (16.5%)</td>
</tr>
</tbody>
</table>

Table 6 Provisional diagnoses for students referred to Talking Change. 29/10/15 to 05/02/18.
Psychological treatments were offered within this service. Of those no longer in the service 38 students were recorded as completing their scheduled treatment. 26 were assessed as not suitable for the offered psychological service and 10 students either declined the offered treatment or were referred on to other more appropriate services. 53 students dropped out of treatment before completing it which represents a drop-out rate of 42% of those who are no longer in treatment. The drop-out rate for IAPT nationally for all ages in the years 2016-17 was 21%.\textsuperscript{42} For the 124 students who have left the service (out of the total 169 referred in), the length of time that patients were undergoing assessment and treatment can be found in Table 7. Almost a third of those referred remain in the service one month, with another third remaining in the service up to three months.

<table>
<thead>
<tr>
<th>Time with service</th>
<th>Number of students (total = 124)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>39 (31.5%)</td>
</tr>
<tr>
<td>2 months</td>
<td>27 (21.8%)</td>
</tr>
<tr>
<td>3 months</td>
<td>19 (15.3%)</td>
</tr>
<tr>
<td>4 months</td>
<td>&lt;10</td>
</tr>
<tr>
<td>5 months</td>
<td>&lt;10</td>
</tr>
<tr>
<td>6 months</td>
<td>13 (10.5%)</td>
</tr>
<tr>
<td>&gt;6 months</td>
<td>12 (9.7%)</td>
</tr>
</tbody>
</table>

Table 7: Length of time with Talking Change service by number of students. 29/10/15 to 05/02/18

In both 2016 and 2017, April and particularly May were months where the highest number of individuals dropped out of treatment. University summer exams usually take place in May and June. It is therefore unclear whether dropping out of treatment could be associated with completion of exams and therefore removal of the trigger of stress / anxiety, or returning home after the end of term. It is also possible that dropping out of treatment may be occurring during preparation for exams perhaps due to pressure on time and potentially at the time when individuals could be at the most vulnerable to mental ill-health.

PORTSMOUTH CITY COUNCIL WELLBEING SERVICE

Student status is not recorded by the Portsmouth City Council Wellbeing Service and as such an age range of 18-22 years was used. Data on referrals for different interventions was available for the period 01/04/16 to 27/02/18 by financial year quarter. There were 200 referrals for this age group in 2016/17 and 136 in 2017 to February 2018. Referrals by quarter for stop smoking and weight management support can be found in Figure 22. The majority of referrals were for smoking cessation with 198 referrals over the two year period although this level has been decreasing. A very small number of individuals in this age group were supported with reducing alcohol drinking. Outcomes have not been reported here.
SEXUAL HEALTH SERVICES

Pharmacy providers of Emergency Hormonal Contraception (EHC) in Portsmouth have recorded student status since September 2017. Data was collated from 01/09/17 to 20/02/18. During this period 989 students received EHC out of a total 2,429 users. Of these students 23% (20.4%-25.7%) reported alcohol being a factor in having had unprotected sexual intercourse. This compares to 17.6% of non-students (15.8-19.7%). 62% of students had used EHC on at least one occasion before this. This is comparable to 60% of non-students who had used EHC before. Reasons for using EHC are summarised in *calculated using Chi squared test for difference in proportions

Table 8 (confidence intervals can found in brackets and p values for significance). Students cited unprotected sex as the reason significantly more than non-students, with significantly higher proportions of non-students citing failed condoms. 75% of students received EHC from the two pharmacies closest to the University buildings; Boots chemist, Commercial Road and Lalys chemist, Guildhall Walk.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Non student Frequency</th>
<th>Proportion(CI)</th>
<th>Student Frequency</th>
<th>Proportion(CI)</th>
<th>P value*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed condom</td>
<td>506</td>
<td>35.1%(32.7-37.6)</td>
<td>298</td>
<td>30.1%(27.4-33.1)</td>
<td>0.011*</td>
<td>804</td>
</tr>
<tr>
<td>Missed pill</td>
<td>113</td>
<td>7.8%(6.6-9.4)</td>
<td>58</td>
<td>5.9%(4.6-7.5)</td>
<td>0.073</td>
<td>171</td>
</tr>
<tr>
<td>Reduced pill efficacy</td>
<td>&lt;15</td>
<td>Not calculated</td>
<td>&lt;10</td>
<td>Not calculated</td>
<td>Not calculated</td>
<td>&lt;15</td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>805</td>
<td>55.9%(53.3-58.4)</td>
<td>630</td>
<td>63.7%(60.7-66.6)</td>
<td>&lt;0.001*</td>
<td>1435</td>
</tr>
<tr>
<td>Vomited previous EHC</td>
<td>&lt;10</td>
<td>Not calculated</td>
<td>&lt;10</td>
<td>Not calculated</td>
<td>Not calculated</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1440</td>
<td></td>
<td>989</td>
<td></td>
<td></td>
<td>2429</td>
</tr>
</tbody>
</table>

*calculated using Chi squared test for difference in proportions
Table 8 Reason for using EHC: frequency and proportion by student status.

Data capturing activity at the sexual health service at St Mary's for 18-22 year olds, Sept 2014 to Aug 2017 inclusive, showed there were 16,844 contacts over this time, from 8,183 individuals. With some fluctuations, there has been a consistent pattern of activity over this three year time period (Figure 23). Especially evident in 2016, the highest activity was seen in October and November falling to the lowest level in the months corresponding with the summer break. Over this time, almost three-quarters (74.0%, n=12,461) of the contacts with the service were by females. 0.6% (n=99) of contacts recorded sexual orientation as bisexual, 1.0% (n=161) homosexual and 0.1% (n=20) lesbian.

![Number of contacts into the sexual health service at St Mary's Community Health Campus for 18-22 year olds, September 2014 to August 2017.](image)

**Figure 23. Number of contacts into the sexual health service by month, Sept 14 to Aug 17**

In October 2016, the sexual health service began online access to STI testing kits. It remains to be understood who online access is reaching and whether this relieves demand on the clinics. During the academic year from October 2016 to August 2017, 41.0% (n=2,197) of activity was recorded as clinic appointments, 34.6% (n=1,854) was 'wait to be seen' activity (i.e. drop-in) and 4.9% (n=265) was online (Figure 24). The remaining 19.5% (n=1,854) of activity was recorded as 'single point of access'. This describes activity where contact was made by telephone and then triaged through another route - some of this may have been to online services or to the clinic setting.

![Proportion of contacts by route into the sexual health service by month, in 2016.](image)
Figure 24: Proportion of contacts by route into the sexual health service by month, in 2016.

Diagnoses
1,583 diagnoses of chlamydia, gonorrhoea and syphilis were made during this three year time period. 90.4% (n=1,431) of these diagnoses were for chlamydia, 9.9% (n=141) for gonorrhoea and 0.7% (n=11) for syphilis. 4.1% (n=58) of chlamydia diagnoses were through online testing and a small number of gonorrhoea diagnoses. Two-thirds (65.2%, n=933) of chlamydia diagnoses were in females.

Activity
There were 754 contacts into the service during this three year time period for EHC, 1,802 contacts for Long Acting Reversible Contraception (LARC) and 799 contacts for termination of pregnancy (Figure 25). Community pharmacy provision of EHC seems to be the route most frequently used to access this service accounting for 90% of EHC provided in the 6 months September 17 to February 18 inclusive (the section on pharmacy provision of EHC showed 989 students accessed this service in this approx. 6 months).

Figure 25. Number of contacts by activity type into the sexual health service by month, Sept 14 to Aug 16

GENERAL PRACTICE

Data sourced from coded interactions and coded patient records. Snapshot data given for February 2018. Given necessity for information to be coded correctly to be captured there may be significant amounts of data that are not identified here. This is discussed further in limitations. Data is broken down by practice as below.

The University Surgery
19,460 students listed as registered; 10,885 male and 8,575 female. English is the most common first language, spoken by 10,347 students. The next most common languages spoken were given as Chinese (1948), Arabic (841), Indian (451), Spanish (312), German (189), French (188), Polish (117), Italian (113) and Pakistani (106). Of chronic health problems that were coded on initial registration there were 51 students with asthma, 18 with mental health issues and none with type 1 diabetes mellitus.
The most common services referred to were sexual health services, mental health services and Portsmouth Council Wellbeing service. From 01/01/17 to 31/01/18 there were 348 referrals to sexual health (this includes the GP’s in-house sexual health clinic), 120 to mental health service and <10 to the PCC Wellbeing Service.

**Guildhall Walk Healthcare Centre**

The number of registered patients aged 18-22 years was given as per Table 9 by year. The number of patients aged 18-22 has increased from 1,179 to 1,799. It was not possible to obtain any other information from the practice’s recording system.

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>868</td>
<td>931</td>
<td>1,799</td>
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<tr>
<td>2017</td>
<td>808</td>
<td>844</td>
<td>1,652</td>
</tr>
<tr>
<td>2016</td>
<td>543</td>
<td>636</td>
<td>1,179</td>
</tr>
</tbody>
</table>

*Table 9 Number of registered patients aged 18-22 at Guildhall Walk Healthcare Centre by year.*

**Meningitis ACWY uptake**

Uptake levels of the meningitis ACWY vaccine for those within catch up cohorts born between 01/09/96 to 31/08/99 is available from rates reported to the ImmForm database by GP practices for the period 01/09/16 to 31/08/17. Of most significance to this report is uptake of the MenACWY vaccine amongst those born between 01/09/97 to 31/08/98. This age cohort represents those turning 19 within the 16/17 academic year i.e. first year university students attending university straight from school.

The national uptake of the MenACWY vaccine is reported as 35.5% in this age cohort. Across Portsmouth CCG the uptake is 40.9%. Of the two GP practices focused on here the uptake was 57% at the University Surgery; 780 out of 1369 patients. The uptake level was 32% at Guildhall Walk Healthcare Centre which represents 123 out of 384 patients. Of note, the uptake level includes all patients within the given age range and not just university students who are targeted by the campaign as being at higher risk.  

**QUALITATIVE DATA ANALYSIS - STUDENT SURVEY**

There were 81 respondents to the student survey. This represents a response rate of approximately 0.4% of the undergraduate student population. One further survey response was excluded from analysis as the data it contained was too limited. No other quality control of the data was made. Not all respondents answered all of the questions, where proportions are given this is out of those who responded to that question. Actual figures are given in brackets. Where open ended questions were asked, common responses were grouped and key themes identified and summarised.

In the other health needs assessments focused on, there was a higher response rate from the surveys conducted. In the Manchester assessment the response rate was approximately 1.4%, in York 6% and in Newcastle 10.5%. Aiming for a 5% response rate in Portsmouth would require 925 responses from undergraduate students. Future work could consider repeating the survey or using the survey to enquire about specific groups within the student population.
For instance, a greater response rate from international students is required to obtain a reliable picture in this population. Further targeting could also ensure greater response rates from male students.

**DEMOGRAPHICS**

71% of respondents were female (55/78), 24% male (19). 83% of respondents were heterosexual (65) with the remainder of responses made up of gay, bisexual, other or preferred not to say. The age spread of respondents can be seen below in Figure 26 with the majority of respondents aged between 18 and 21. The majority of respondents lived within the PO4 and PO5 areas as can be seen in Table 10. 79% lived in private rented accommodation (57/72), with the remainder living in university halls or with parents. 67% lived outside of Portsmouth during the University holiday term (48/72). <10 respondents reported a physical disability and 10 (13%) reported a learning disability.

<table>
<thead>
<tr>
<th>Postcode</th>
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<tr>
<td>PO1</td>
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<td>PO6</td>
<td>&lt;10</td>
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<td>PO7</td>
<td>&lt;10</td>
</tr>
<tr>
<td>PO9</td>
<td>&lt;10</td>
</tr>
</tbody>
</table>

Table 10 First 3 letters of postcode for survey respondents

![Figure 26 Age distribution of survey respondents](image)

*Number of respondents in this category was <10.

**GENERAL PRACTICE**

58% of respondents (42/73) were registered at The University Surgery and 16% (12/73) at Guildhall Walk Healthcare Centre with the remainder of those registered in Portsmouth, registered elsewhere. Of those who were not registered with a Portsmouth GP and who gave further information (<10 respondents), some were registered at a GP practice outside of Portsmouth a small number reported not needing to visit or reported that it was too difficult to register or hadn’t had time to register. The number of reported visits to the GP in the past academic year, since September 2017, can be found in Figure 27. Of 59 respondents to this question, the majority of students reported to have visited the GP either not at all, once or twice. However, a fifth of respondents (13/59) had visited 5 times or
more. It is not known whether this represents management of a long term condition, frequent acute illness, or whether there is another explanation.

![Graph showing number of visits to GP practice since September 2017 by survey respondents.](image)

**Figure 27** Number of visits to GP since September 2017 by survey respondents

*Number of respondents in this category was <10.

The survey asked respondents what they would do if they needed to see a GP but were away from their usual practice. 61% (35/57) reported that they would attend a Walk-in Centre. Others said that they would register with a different GP, return to their usual GP, attend a GP as a temporary resident or attend A&E.

Use of online services was asked in the survey including use of email, online consultations and online appointment booking. 25% (16/65) reported that they had used online services at their GP in Portsmouth, with the remainder either reported to not having used online services or reported that online services were not available. Respondents were also given a list of ways to access their GP, including online options, and asked to rank their top three choices. These responses were weighted as follows; 1st choice was given a weighting of 3, 2nd choice was given a weighting of 2 and the 3rd choice was given a weighting of 1. The total weighted response for each option is given as a proportion of the summed total for all responses in Figure 28. The most common first choice was a face to face appointment, chosen by 85% (60/71) of respondents.
Figure 28: Preferred way of accessing GP with weighted answers by survey respondents

The reported ease of being able to see a GP is summarised in Figure 29 with responses shown as proportions out of the total answered. 60% (35/58) of respondents rated their GP as being quite or very easy to see. 80% (47/59) of respondents reported that their GP met their overall health needs.

Figure 29: Reported ease of being able to see a GP, proportions of survey respondents

*Number of respondents in this category was <10.

The survey respondents that answered that their GP did not meet their needs were asked what could be improved so that their needs were met. Out of the 11 responses to this open ended question, topics mentioned were increased availability of appointments, increased mental health provision or awareness of available services and a desire to book appointments online.
SEXUAL HEALTH

69% (42/61) of students that responded to questions on this topic reported to have used a service, showing this to be an important area of health and wellbeing for students. Students were asked which sexual health services they had used in Portsmouth and how easy they found it to access these services. Students may have used more than one of the service options. 36% of respondents (22) had used the sexual health service at St Mary's hospital, 33% (20) had used a sexual health clinic provided by their GP practice, 54% (33) had used a pharmacy and 36% (22) had used the Let's Talk About It sexual health website. Generally, where services had been accessed, respondents showed broad consensus in that the majority had found services easy to access, albeit based on relatively small numbers.

94% (61/65) of students said that sexual health services in Portsmouth met their needs. Those students who said that sexual health services did not meet their needs were asked an open ended question about what could be improved so their needs were met. Responses requested increased numbers of clinics.

MENTAL HEALTH

72% of respondents (47 out of 65 responses to these questions) reported having experienced problems with mental health or wellbeing since 2017, including depression, anxiety, worry or stress. Of these 34% (16/47) respondents also reported that they had not accessed any support - whether that be the pre-specified support options or anything else in an 'other' category. It is not known what type of mental health and wellbeing problem was being experienced by these individuals but it does demonstrate unmet need.

Students were asked where they had sought help for mental health in Portsmouth and how easy they had found it to access this help. The support options that students had used is summarised in Figure 30. Generally, where services had been accessed, the majority of respondents had found them easy to access, although this was based on relatively small numbers and fluctuated between services.

Figure 30: Use of support options for mental health in Portsmouth, by proportion of respondents

*Number of respondents in this category was <10.
57% (27/47) of respondents said that mental health services in Portsmouth met their needs. Those who said that their needs were not met were asked what could be improved so that their mental health needs were met. There were 11 responses to this question. Suggestions included improving the waiting time for psychological services, increasing awareness of what services are available and who students could go to when in need and increasing awareness of mental health issues such as eating disorders.

HEALTHY LIFESTYLES

Survey respondents were asked where they would prefer to go for support in Portsmouth if they wanted to stop smoking, reduce alcohol consumptions or reduce use of other substances. 73% of respondents (44/60) said that they didn’t need to address smoking and 85% (50/59) said that they did not need to address use of other substances. Regarding reducing alcohol consumption; 50% (29/58) said they did not need to address this behaviour, 26% (15/58) said they would use a national helpline/website to reduce drinking, others said that they would use their GP, use their local pharmacy or use the Portsmouth City Council Wellbeing service.

49% of respondents (31/63) said that local services for reducing use of smoking, alcohol and substances met their needs, with the remainder either reporting that these issues were not applicable to them or that their needs were not met (32 respondents, 51%). An open ended question was asked to those who said their needs were not met as to what could be improved. Responses included increasing awareness of the issues and a desire for services to be perceived as more open.

Students were asked what support they would look for if they wanted to address healthy weight and to select all options that they would use from the list found in Figure 31. Joining the gym and eating a healthier diet were cited as the two most common options followed by use of online information and being able to engage with active travel. 46% (27/59) of respondents said that healthy weight support in the city met their needs, 36% (21/59) said this was not applicable to them and a further 19% (11/59) said that their needs were not met. An open ended question was asked as to what could be improved so that their needs were met. Of the responses to this question, ideas included increased advertising and availability of advice, better coherence of information from different services as well as assisting with the obstacle of needing to pay to use gyms or sports clubs to lose weight effectively.

![Preferred support options to address healthy weight in Portsmouth, by proportion of survey respondents.](image)

Figure 31: Preferred support options to address healthy weight in Portsmouth, by proportion of survey respondents

*Number of respondents in this category was <10.
INTERNATIONAL STUDENTS

Fewer than 10 respondents classified themselves as international students - either EU or non EU. Due to the small number within this sub-group further analysis is limited and would warrant a larger scale survey to explore in more detail. Select points are identified here with this caveat.

OVERALL HEALTH

The majority of respondents described their general health as good or very good, 89% (59/66) of respondents. All responses are summarised in Figure 32.

![Self-described general health, proportion of survey respondents.](image)

*Number of respondents in this category was <10.

83% (55/66) of respondents were not registered with a dentist in Portsmouth. 66% (37/56) of survey respondents reported that they had received the MenACWY vaccination, 34% (19/56) said they hadn't or were unsure of their vaccination status.

44% (29/66) of respondents took regular medication. 25% (17/67) of respondents reported a long term or chronic health condition. Of these, the majority reported that it was either extremely difficult or not very easy to continue their care for this condition when they had moved to University.

Respondents with a chronic health condition were asked the open ended question; what could have been done differently regarding moving care between home and university? Of the responses to this question, more awareness of chronic illness and a computer system that would enable sharing of notes and test results between GP practices were suggested improvements.

Survey respondents were asked which health services they had used in Portsmouth since September 2017. This is shown in Figure 33. GP practices and community pharmacies were the healthcare services which the most respondents reported to have used.
77% (49/64) of respondents felt very or quite confident that they knew which health service to use in different circumstances, as summarised in Figure 34.

Use of online information for health was also assessed, previously identified common online sources of health information were used as options as per Figure 35. 55% (47/85) had used the NHS Choices website, 21% (18/85) had used an internet forum for health information. Other smaller numbers of respondents reported that they had used the University of Portsmouth website, had used social media or hadn't used the Internet for health information. 76% (41/54) of students reported that they were given information regarding local health services when they first started University in Portsmouth.
82% (46/56) of respondents were quite or extremely satisfied with overall healthcare in Portsmouth. See Figure 36.

The survey was concluded with an open ended question asking what could improve the overall experience of healthcare in Portsmouth. There were 21 responses to this question. Responses mentioned improving waiting times for appointments, improving knowledge of where to go in different situations with a detailed list of available services when starting University, making sexual health checks more accessible and making healthy living services more accessible. Survey respondents were also given the opportunity to detail anything else they wanted regarding health and wellbeing services for students in Portsmouth. There were 10 responses to this question. Responses mentioned increased help for mental health within the University itself and considering the idea of subsiding or incentivising health options for students.
Meetings were conducted with clinicians from Guildhall Walk Healthcare Centre, The University Surgery, Talking Change psychological services, University of Portsmouth Department of Curriculum and Quality Enhancement. Key themes were identified from these interviews and synthesised. Stakeholder views have been combined and divided into significant themes.

GP registration
- Students with chronic health issues often remain registered at home practice
- Some students will register with Portsmouth GP and then re-register with home GP during holidays and not realise that this de-registers them from services in Portsmouth
- Need to frequently update patient demographics in view of frequently changing addresses and contact details

General health
- Care can be interrupted when moving to Portsmouth and difficult to join up, particularly with ongoing secondary care
- Poor awareness of how to manage minor illnesses amongst the student population

Mental health
- Increasing levels of mental ill health with reduced levels of resilience
- Increased presentations with mental ill health at the beginning of the academic year and during exam season
- Increased awareness and reduced stigma regarding mental health linked to increasing levels of diagnosis
- Service provision felt to be increasing in response to rising need
- Mental health felt to be well integrated into university with clear pathways for referral
- Students with mental health issues in addition to other issues such as self-harm or autism spectrum disorders felt to be “falling through gaps” between different services
- Group therapy offered as initial talking therapy - concern that students didn’t want to engage with this

Sexual health
- Felt that students didn’t like accessing centralised sexual health service due to distance from campus and need to wait for appointments
- Expressed wish for sexual health services within GP practices and point of care testing

Smoking, alcohol, drugs
- Students often don’t see dangerous levels of alcohol consumption as a problem due to normalisation
- Smoking and alcohol cessation services previously offered within GP practices - concern that students not attending centralised services when referred

International students
There can be language barrier - this is overcome with use of translating services, translating apps, friends but slows down consultations
- Expectations of services can be higher due to cultural differences
- Can be limited window to provide ongoing treatments such as talking therapies
DISCUSSION

Key issues identified for students nationally include sexual health, mental health, healthy behaviours and access to healthcare both for those coordinating care of long term conditions and international students. These domains will be used as a structure to discuss the findings from this assessment.

SEXUAL HEALTH

STIs disproportionately affect people of student age, in the South East region 53% of new STI diagnoses in 2016 were in those aged 15-24. Portsmouth has considerably higher rates of STI diagnosis than the England average. Sexual health clinic activity for 18-22 year olds peak and trough in line with University term times. During the 2016/17 academic year, accessing sexual health support online (the first year of the online access) accounted for 4.9% of all initial contacts into the service. Booked and wait to be seen appointments accounted for over three-quarters of initial contacts in the service for this age group. Community pharmacy provision of EHC was the most frequently used route to access EHC accounting for 90% of EHC provided in the 6 months September 17 to February 18 inclusive (10% through the sexual health service). 41% of EHC accessed through pharmacies between September 2017 to February 2018 (inclusive) were for individuals recorded to be a student. Three-quarters of EHC accessed by students during this time frame from community pharmacies was from two sites. Students accessing EHC through pharmacies cited unprotected sex as a reason for needing EHC significantly more than non-students (64% compared to 56% of cases). Alcohol was recorded as factor in 23% of cases where emergency hormonal contraception was issued. This gives an indication of an increased level of risky sexual health behaviours although further information on rates of STIs amongst students in Portsmouth is needed.

Discussions with stakeholders raised concerns that the location of sexual health services away from University buildings had an adverse effect on attendance by students. This was not reflected in the survey of students with the majority of who had used the sexual health service or via the Let's Talk About It website, reporting that it was quite or extremely easy to use with the vast majority of students reporting that local provision of sexual health services met their needs. Current provision appears to meet the needs of students in Portsmouth in regards to ease of use and access. Nevertheless, sexual health remains an important component of health needs for students and the demand on services, especially for EHC, warrants attention.

MENTAL HEALTH

Levels of mental ill-health are known to be increasing amongst University students. Illustrating the seriousness of the issue, published data shows that the number of completed suicides within the student population of England and Wales has increased over the last decade with 134 instances recorded in 2015. Nationally, 2% of first year undergraduate students disclosed a mental health condition to their educational institution in 2015/16. In a similar assessment to this one in Manchester, 25% of students had reported a mental health condition in the past year. There is variation between levels of mental ill health self-reported in surveys and reported to Universities and there is also a discrepancy between what constitutes mental ill-health with not all measures including worry and stress. The survey included in the Manchester student health needs assessment included depression, worry, anxiety or stress in their measure which is the same question asked in our survey. 72% of respondents in our survey reported mental ill-health in the past year which is a stark finding of this work (albeit from a relatively small sample (47 out of 65 respondents)). Of these 47, 16 (34%) respondents also reported that they had not accessed any support. It is not known what type of mental health and wellbeing problem was being experienced by these individuals but these findings demonstrate unmet need amongst the local student population.
The number of students accessing the University Wellbeing Service had increased by 5% (1,265 to 1,332) over the same period. While it’s not clear what support students typically seek from the University Wellbeing Service (due to lack of data available for this assessment) the service does offer time limited counselling to support mental health and wellbeing needs. Furthermore, there is a referral route into psychological services from the University Wellbeing Service. Referrals to Talking Change (psychological therapy service) from the University Wellbeing Service increased by 25% (40 to 50) from the academic year 2015/16 to 2016/17. This is only one referral route into Talking Change and may not represent the full picture. It is not clear whether the increase in onward referrals through this route is due to increasing numbers of students accessing the University Wellbeing Service generally, or it may be a reflection of increasing need for mental health support at a higher level than the University Wellbeing Service can respond to, or perhaps a lowering of the threshold for onward referral being applied.

Discussions with stakeholders highlighted a reduction in resilience and increasing levels of awareness and acceptance as key factors for this rise in mental health and wellbeing concerns. The student survey responses raise concerns that apparent increasing need is not being met by current service provision. Of students responding to the survey who reported to have a mental health and wellbeing concern, 20 out of 47 (43%) respondents said that mental health services in Portsmouth did not meet their needs.

The drop-out rate from Talking Change psychological therapies for the student cohort referred from the University Wellbeing Service is twice the national average for all age drop-out from similar psychological therapies (42% v 21%). There are a number of factors that could be responsible for this. Students may find it difficult to continue therapy when needing to move away from University outside of term time or given the cyclical stressors inherent in a University term may only experience periodic levels of stress not warranting continued engagement with psychological therapies. High rates of drop-out could also indicate dissatisfaction with current service provision.

A proportion of students reported that they had sought help for mental health from their lecturers or supervisors. However it is known that academics do not always feel prepared or supported to be able to offer help to students with mental health needs. There has been some training offered to University staff to be alert to and to recognise signs of distress. No data has been gathered as part of this assessment on the reach of this training. While there has been innovative crisis provision accessible through University Medical Practice (no evaluation available), the significant number of 18-22 year olds attending A&E with poisoning and self-harm also gives an indication of unmet mental health need in this population that are presenting to hospital in crisis.

HEALTHY LIFESTYLES

Healthy behaviours are of key concern in a student population. As an example, 27% (16/60) of survey respondents reported to need to address their behaviour of smoking tobacco which is higher than the adult Portsmouth population estimated prevalence of smoking (20.1% current smokers). There is low awareness of the Portsmouth City Council Wellbeing service amongst the student population and there is also concern from stakeholders that even when students are referred to this service they do not attend. Use of this service amongst 18-22 year olds is low. As well as low awareness of available services there may also be a perception amongst students that their alcohol consumption, use of substances or maintaining a healthy weight are not significant health issues. This survey did not ask questions about level of alcohol consumption or types of substances used, but this could be an area to explore further in future work. Furthermore, initiatives in place with bars and clubs to be alert to alcohol intoxication have not been included in this assessment but are key measures which aim to minimise the impact of risky behaviour.

Less than half of students surveyed felt that support to maintain a healthy weight in Portsmouth met their needs. A majority of students would look to join a gym or change their diet to address weight although concerns were raised that joining a gym can be prohibitively expensive to a student population. Only a minority of students would look to wellbeing services, their GP or pharmacy for help with weight.
80% (47/59) of survey respondents felt their GP met their health needs and approximately three-quarters of respondents felt confident that they knew which health service to use in different circumstances. This is indicative that students feel well supported and able to navigate healthcare options in the city. The majority of students are also registered with a GP in Portsmouth.

However, there are specific areas for concern. For those with a long term health condition, the majority found it difficult to continue their care for this condition when moving between home and University. This is difficult to address at a local level and would require concerted national effort to coordinate care between differing health providers and IT systems. There were small numbers of survey respondents who reported to be international students and therefore a larger scale survey would be needed to understand the experience of health and healthcare for this group. Data from GP practices regarding their registered international student population is incomplete and information gathered in primary care regarding languages spoken is also lacking.

Use of Emergency Department and urgent care services may give an indication of availability of GP services, health seeking behaviours and the types of presenting complaints occurring which necessitate emergency medical treatment. During the sampled period, two thirds of attendances to the St Mary's Walk in Centre by 18-22 year olds fell within the hours of 0800 and 1700. Guildhall Walk Healthcare Centre and the University Surgery both offer same day appointments within these hours as do a majority of other GP practices.

For 18 to 22 year olds, compared to Emergency Department attendances, slightly more sprain/ligament injuries and dislocation/fracture/joint injury/amputation presented to the Walk-in Centre over a three year period, while more lacerations presented to the Emergency Department. Poisoning and head injury featured in the most frequent diagnoses for the 18-22 age group in ED attendances, whereas ear nose and throat conditions feature as a common category of Walk-in Centre presentations.

With regards to attendance disposal for 18-22 year olds who presented to the Walk-in Centre over this three year period, approximately six of every 10 attendances were discharged not requiring any follow-up treatment and another approximately 25% of attendances required follow up to be provided by the GP. Of ED attendances, just over a third of attendances were discharged not requiring any follow-up treatment.

The appetite for digital access to healthcare in a student population is less clear than had been assumed. Whilst a majority of survey respondents had used online information such as NHS Choices, the vast majority, 85%, would prefer to see their GP face to face rather than through a digital medium. Although assumed that the appetite for digital access to healthcare professionals would be most amongst a "tech savvy, early adopter" student population. The current literature base for the efficacy of digital access to healthcare is also not clear with a dearth of evidence regarding benefits to long term health outcomes and cost benefits and indicating that it may be easier to use where a clinician-patient relationship has already been established.

**LIMITATIONS**

A number of points should be made regarding the limitations of this assessment. The student population encompasses a wide variety of individuals; from 18 year old undergraduate students living away from home for the first time to mature, part time college students living at home. The health needs of these groups will be markedly different. This assessment has focused on undergraduate university students in that it has used a proxy measure of 18 to 22 year olds to extract data for most services. It should be remembered that this is an artificial measure and that it is difficult to delineate the specific health needs of the wide ranging groups who are all classed as students.
During this assessment a number of providers were making plans to start recording student status for their patients but unfortunately this comes too late for this report. The issues with data also extend to that which is readily available and recorded. One significant barrier discovered regarding primary care was that due to an influx of students at the start of the university term a majority of records were not recorded to the system until a number of months later. This limits the number of chronic health problems that could be identified from GP data.

This assessment has been completed rapidly in order to meaningfully contribute to commissioning discussions which may have limited the quality of data that could be obtained. The impact was felt most on the student survey as the survey could only be distributed for a three week period and coincided with Student Union elections which further limited the possibilities to publicise the survey. The survey was distributed online for ease of ensuring wide distribution and maintaining confidentiality of respondents. However this meant that survey respondents were self-selected and undergraduate student status was not proven. This could also have limited reach to students not engaging with online services and analysing health needs by subgroups within the student population not possible.

A greater understanding of GP activity, as well as the apparently high rate of drop-out of students attending Talking Change are key areas for further investigation. Further enquiry into urgent and emergency care use by GP practice is possible. This assessment also struggled to ascertain how the student population in Portsmouth may change over the next five or ten years and therefore, changes will need to be monitored carefully to ensure changing health needs or demand is met or addressed.

**RECOMMENDATIONS**

The following areas could be helpful to improve the health and wellbeing of students in Portsmouth:

**Improving data collection and availability from services to inform understanding about students health needs:**

While changing routine data collection systems is more challenging, improving recording of student activity within primary care and local services should be achievable. For instance, in GP practices, it would be useful to have greater clarity of the profile of long term conditions which students are living with, the number of students offered support within the practice for specific issues and the number of referrals made for specialist investigation, or further specific support. Furthermore, the data included in this needs assessment for the Talking Change service is from one referral pathway direct from the University to ensure specificity to student activity. However, this may miss activity where referrals from GPs or via other routes and therefore does not provide insight into the full picture. Recording of student status where EHC is issued from community pharmacies, while relatively recent, has given a useful insight into the high demand and factors which drive this activity.

**Undertaking a larger scale survey or target a survey to improve understanding of health needs of specific student groups:** Consider working as a city to undertake a larger scale survey or a survey to gain greater insight into health and wellbeing needs of specific groups, for example, international students, students who are LGBT, students living with disabilities. The survey could be used in future years to monitor changes in students expressed needs. Gaining more in-depth insight into specific areas could also be useful, such as level of alcohol consumption.

**Continue supporting students to minimise impact of risky behaviour:** For instance, ensuring that EHC provision is part of a pathway to offer Long Acting Reversible Contraception, as well as ensuring that campaigns on sexual health issues and alcohol drinking reach students and are supported by all partners. Continued work to minimise the impact of risky alcohol drinking as part of the night time economy is a key measure in tackling this.

**Taking action to build student resilience and ensure appropriate, timely support is available for those living with mental illness:** A stark finding of this work is that 72% of respondents in our survey reported mental ill-health in the
past year and that some of these individuals had not sought support, including from family/friends. While this was a relatively small sample, it indicates that Portsmouth is unlikely to be different to other student populations with mental ill-health being recognised nationally as an area requiring attention. The factors driving mental ill-health and low wellbeing have not been fully explored but these are likely to include factors which are related to academic, financial or social pressures, among others. There are referral routes in place from the University Wellbeing Service and GPs to access psychological therapies and some academic staff have also had training in recognising signs of deteriorating mental health. However, with the majority of students who responded to our survey reporting their mental health and wellbeing needs are not being met, it is clear that this is an area which needs to be carefully reviewed in how services are tailored to consider student specific needs, how students are equipped with skills to maintain resilience and to ensure that students feel able to disclose when they are experiencing difficulties.

**Considering how to optimise information provision to students from the start of the academic year.** The information provided seems to be reaching students. However, at a time when students who may be new to the city are receptive to information, optimising this information could be useful. For instance, there may be opportunity to ensure this meets the needs of all groups, such as considering whether the information is accessible for international students. Information about local healthcare services, a reminder of the importance of meningococcal ACWY vaccination and advice about how to keep safe with the aim of ameliorating the demand on urgent and emergency care which peaks during the autumn term time months are potential components of this.

**Considering further opportunities for services and partners to collectively address health needs of students, including gathering data to understand and monitor health and wellbeing needs and in recognising the University as a setting to promote health and wellbeing.** There is success to recognise in the provision of healthcare to students in Portsmouth with a range of services available that are generally well received. There are some good initiatives through the University Wellbeing Service and both GP practices e.g. mental health crisis support and sexual health provision, although activity or impact of these is not fully understood and they seem to have been planned to date as standalone initiatives, rather than through a more co-ordinated approach to address student needs. Furthermore, while not fully explored as part of this work, there may be opportunities to take a whole University approach to student health and wellbeing through utilising considering opportunities in halls of residence (e.g. communications), ensuring facilities promote active travel, separating e-cigarettes from tobacco smoking in recognising vaping as a harm reduction measure, offering students meaningful engagement with leisure and community activities and ensuring that pastoral support is accessible including that all staff recognise signs of mental ill-health.

**Take opportunities to advocate for improvements to support provision of healthcare where students frequently move** for University term and holiday times. Although somewhat beyond the scope of this report, the issue of joined up healthcare for students should be reviewed nationally. Students and stakeholders both raised issues with students requiring access to primary healthcare in multiple locations as well as ensuring continuity of care across disparate IT systems and providers. Further integration of NHS IT systems across the country would go some way to addressing this issue. The idea of an NHS passport for students has also been suggested to allow continuity of care and control of health data by students.³
APPENDIX

SURVEY QUESTIONS

For distribution to University of Portsmouth undergraduate students

1. How old are you in years?
   
   List to select

2a. How would you describe your gender?
   
   Male, Female, Other, Prefer not to say

2b. How would you describe your sexual orientation?
   
   Heterosexual, Gay, Lesbian, Bisexual, Other, Prefer not to say

2c. Do you consider yourself to have a physical disability?
   
   Yes/No

2d. Do you consider yourself to have a learning disability?
   
   Yes/No

3. What is your student status?
   
   UK student

   International - EU

   International - non EU

4a. Is English your first language?
   
   Yes/No

4b. (4a=N) Please detail your first language.
   
   (Free text)

5a. Where do you live during term time?
   
   PO1, PO2, PO3, PO4, PO5, PO6, Outside Portsmouth

5b. What kind of housing do you live in during term time?
   
   University halls, Private rented accommodation, With parents, Other

5c. Where do you live outside of university term time?
   
   Portsmouth, outside Portsmouth

6a. Which GP practice in Portsmouth are you registered with?
6b. Have you used online services at a GP practice? (e.g email, online consultant, booking appointment online)

   Yes/No

6c . How would you prefer to have a consultation with your GP, if available? (Rank top 3 choices)

   Online
   Text message
   Email
   Video conference
   Telephone
**Face to face**

6d-6g only if registered in Portsmouth

6d. How many times have you visited your GP practice since September 2017?

0, 1, 2, 3, 4, 5+

6e. If you needed to see a GP and were away from your usual practice, what would you do?

*Register with different GP*
*Return to usual GP*
*Attend walk-in centre*
*Attend A&E*
*Other (Please describe)*

6e. How easy do you find it to be seen at your GP practice?

*Very easy, quite easy, neutral, quite difficult, very difficult*

6f. With regards to your overall health, do you feel that your GP practice currently meets your needs?

Yes/No

6g. (6f=N) What could be improved so that your needs were met?

*Free text*

6h. (If 6a = not registered) Why you are not registered with a GP in Portsmouth?

*Registered at GP practice outside Portsmouth*
*Unsure if eligible to register*
*Haven’t had time to register*
*Not needed to visit*
*Found it too difficult to register*
*Other (please describe - free text)*

7. Are you registered with a dentist in Portsmouth?

Yes/No

8a. How would you describe your general health?

*Very good, good, moderate, bad, very bad*

8b. Do you have a long term or chronic health condition (e.g. diabetes, epilepsy, HIV)?

Yes/No
8c. Do you take any regular medications?
   Yes/No

8d. (8b=Y) How easy have you found it to continue your treatment for your health condition when moving between Portsmouth and your home?
   Extremely easy, quite easy, neutral, not very easy, extremely difficult

8e. (8b=Y) Could anything have been done differently to make this easier?
   Free text

9a. Which health services have you used in Portsmouth since September 2017? (Please select all that apply)
   GP practice
   Accident & Emergency department, Queen Alexandra hospital
   St Mary’s Walk-In Centre
   111 telephone service
   Dentist
   Sexual health service (Let’s Talk About It)
   Talking Change
   High street pharmacy
   Other (Please describe - free text)

9b. How confident do you feel that you know which health service in Portsmouth to use in different situations?
   Very confident, quite confident, neutral, quite unconfident, very unconfident

10a. What sexual health support have you accessed within Portsmouth? (e.g. contraception, sexually transmitted infections, termination of pregnancy)

Please select below what support you have accessed and how easy it was to do so. (Select appropriate box for each option)

<table>
<thead>
<tr>
<th>Support</th>
<th>Not used</th>
<th>Extremely easy</th>
<th>Quite easy</th>
<th>Neutral</th>
<th>Not very easy</th>
<th>Extremely difficult</th>
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<tbody>
<tr>
<td>Sexual health services at St Mary’s hospital</td>
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<td>Sexual health clinic at GP practice</td>
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<tr>
<td>Pharmacy</td>
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<td>Let’s Talk about It website</td>
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<td>Other (free text)</td>
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</table>
10b. With regards to your sexual health, do you feel that the services in Portsmouth currently meet your needs?

Yes/No

10c. (10b=N) What could be improved so that your needs were met?

Free text

11a. Since September 2017, have you experienced problems with your mental health or wellbeing? (e.g. depression, anxiety, worry, stress)

Yes/No

11b. (11a=Y) What mental health support have you accessed within Portsmouth?

Please select below what support you have accessed and how easy it was to do so.

(Select appropriate box for each option)

<table>
<thead>
<tr>
<th></th>
<th>Not used</th>
<th>Extremely easy</th>
<th>Quite easy</th>
<th>Neutral</th>
<th>Not very easy</th>
<th>Extremely difficult</th>
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<tbody>
<tr>
<td>GP practice</td>
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<tr>
<td>Talking Change service</td>
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<td>University Wellbeing service</td>
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<tr>
<td>WhatsUp? App</td>
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<tr>
<td>Other (free text)</td>
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</table>

11c. With regards to your mental health, do you feel that the services in Portsmouth currently meet your needs?

Yes/No

11d. (11c=N) What could be improved so that your needs were met?

Free text

12a. If you wanted to stop smoking, reduce the amount of alcohol that you drink, or reduce any other substances that you use (including cannabis, solvent, new psychoactive substances, other illicit drugs), where would you prefer to go for support in Portsmouth?

(Select appropriate box for each option)

<table>
<thead>
<tr>
<th></th>
<th>Stop smoking</th>
<th>Reduce alcohol drinking</th>
<th>Stop use of other substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
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<tr>
<td>Your GP</td>
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<tr>
<td>Portsmouth City Council Wellbeing service</td>
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<tr>
<td>National helpline/website</td>
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<tr>
<td>Other(Please describe)</td>
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</tbody>
</table>
12b. With regards to cigarettes, alcohol and other substances, do you feel that the information and support available in Portsmouth currently meet your needs?

   Yes/No/NA

12c. (12b=N) What could be improved so that your needs were met?

   Free text

12d. If you wanted to address weight while you were in Portsmouth, what information and support would you look for? (Select all that apply)

   Online info
   Active travel e.g. cycle around the city
   Go to GP
   Portsmouth City Council Wellbeing service
   Pharmacy
   Join gym
   Eat healthier diet
   Attend weight watchers or slimming world

12e. With regards to addressing weight, do you feel that the information and support available in Portsmouth currently meet your needs?

   Yes/No/NA

12f. (12e=N) What could be improved so that your needs were met?

   Free text

13. Have you received the Meningitis ACWY immunisation as a teenager or when starting university?

   Yes/No/unsure

14. What online sources have you used to find information regarding a health condition? (Select all that apply)

   NHS Choices website
   University of Portsmouth Website
   Internet forum
   Social media
   Haven't used the internet regarding my health
   Other (Please describe)

15. When you first started at the University of Portsmouth were you given any information on local health services?

   Yes/No
16a. How satisfied are you with your overall experience of healthcare in Portsmouth?

Extremely satisfied, quite satisfied, neutral, not very satisfied, extremely unsatisfied

16b. What would improve your overall experience of healthcare in Portsmouth?

Free text

16c. Please detail below anything else that you want to tell us about health and wellbeing services for students in Portsmouth

Free text


7. Map of current sites and number of accommodation units identified and which have permission for student halls of residence in Portsmouth, 2016-2021. Portsmouth City Council


12. Push Dr Limited. https://www.pushdoctor.co.uk/

13. GP at hand Partnership. https://www.gpathand.nhs.uk/


40. Talking Change psychological services website. Available from URL: http://www.solent.nhs.uk/page-service.asp?fldArea=23&fldMenu=0&fldSubMenu=0&fldKey=327
41. Let's Talk About It website. Available from URL: https://www.letstalkaboutit.nhs.uk/