INDIVIDUAL STUDY

Student health service at a college of further education

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THE provision of an integral health service is now considered essential for university students. The increasing undergraduate population and the awareness of the need for such a service has stimulated the growth of student health services recently. (Mair, 1967). In most residential universities, full-time student health physicians are employed to provide the psychiatrically-orientated general practice required because of the high incidence of psychosomatic conditions. In smaller colleges, general practitioners are often employed part-time.

Colleges of further education have also increased both in numbers and in scope in the last few years but until recently the subject of student health in these colleges has not attracted much attention.

This paper describes a student health service at a non-residential college of further education. It provides, primarily, some analytically-orientated psychotherapy in a non-psychiatric setting. The service is organised and run by a general practitioner who had attended training seminars at the Tavistock Clinic, London. It started in September 1968, as the first such service in the United Kingdom.

Background

Boreham Wood is a town of about 30,000 inhabitants in south Hertfordshire, 20 kilometres from London. The College of Further Education opened in 1964 and by 1968 had approximately 2,500 students, mainly part-time and day-release but with a substantial full-time section. During 1967, I discussed with the principal my interest in psychiatry in general and young people's problems in particular. Plans were made for a service to deal with emotional or behaviour problems, especially those in young people; and with particular relevance to study aptitude and application. This was formally structured and presented to the County Health and Education departments who agreed to sponsor and finance the operation.

Organisation

The service was from the start, distinct from the college authority, and this will continue to be so. I am responsible to the college Principal and governors for the physical equipment of the office—but in all professional matters, including the provision of records, I am responsible only to the County Medical Officer. The students are assured of medical confidentiality and at no time has this been questioned by the college authorities.

Although referrals are made by tutors with the student's co-operation, most attendances arise directly from the students.

There is one afternoon session each week and a nursing sister is available regularly (though also part-time) to organise the service, provide contact with the students and make appointments. During the first year, Dr Shirley Nathan and a psychiatric social worker, Miss Madeline Manoucian also attended but it was later found that the college doctor and sister alone were enough.

The college lecturers and tutors are told of the service early in each academic year.

Meetings are held with the staff, the work explained and their co-operation requested. Lecturers are reminded that they may notice shortcomings in achievement and social adaptation in students or even more overt signs of emotional disorder in the setting of the tutorial or lecture room. In such cases, referral is requested.

The students are informed of the service and what it provides by means of an open meeting at the beginning of the academic year organised by the student union to which the college doctor and sister are invited. Practical information related to appointment procedure and times of attendance are displayed in the College.

A Student Health and Welfare Council was created and has continued to meet regularly. It consists of the Principal and the college Chaplain, the Director of liberal studies, the Director of engineering studies, the Overseas Liaison Officer and the Tutor Youth Officer, representing the college staff; the chairman, vice-chairman and secretary of the student union; the divisional medical officer and the senior divisional social worker and the college sister. The college Registrar is secretary of the Council and the doctor its Director. This gives full opportunity for active participation of all concerned in the structure of the organisation. A recommendation to make the service available to college staff was made within the Council, resulting in change of title to College Health Service in 1970. An annual report is prepared by the doctor and is submitted in confidence to the County Medical Officer and to the Board of Governors of the College.

Although the service offers patients direct access, relationships with other general practitioners have remained excellent. Patients presenting with overt physical conditions are referred directly to their general practitioner and, in many cases of long-standing behaviour disorder, consultations occur between the college doctor and the general practitioner. Good contacts also exist with local family planning clinics and other specialist agencies for referral when indicated.

Therapy

The majority of patients seen have been students aged between 16 and 22. Although some presented with ' calling card ' symptoms, the majority came because they felt the service could help them in an emotional or a learning problem. In all, considerable distress was apparent, and common features included depression and pronounced difficulties in personal relationships. Frequently, authority-induced ambivalence resulted in study difficulties with incomplete identification.

Treatment by means of minor exploratory and interpretative psychotherapy was rewarding and a satisfactory measure of equanimity was achieved in most cases.

Example 1

A young man of 21 presented with difficulty in working as an apprentice draughtsman. Through several interviews he showed himself to be an obsessive, over-anxious and remarkably unsuccessful fellow with a strong, dominating and hypercritical father, who now seemed to expect (or to induce) his son's failure. Incomplete identification with a succession of surrogate fathers, while away from home, had only increased the man's sense of impotence, resentment and uncomprehended anger, while in no way diminishing his dependence. The resulting ambivalent attitude to authority prevented him from making cogent relationships with authoritarian figures and contributed to his almost inevitable need to fail at each turn. Interpretative and cathartic therapy helped his understanding and, at the end of his college course, he had improved greatly.

Example 2

A girl of 16, who had recently immigrated with her family presented with considerable distress as her period was one week late. There was no possibility of pregnancy, and the real problem was of a transcultural nature. Her family did not allow any boy friends and would arrange for a suitable husband when she was considered marriageable—probably at 20 or 21. Meanwhile, while taking a secretarial course at the college, she was mixing with young people living the contemporary life of this country. Her young man was of her race and religion but their friendship was a complete anathema to her family.

While being virginal and pure, their courting took place in the public library and on a snow-covered

park bench with an ever-present and sympathetic girl friend providing the alibi for her family. Her ambivalence to authority and her need to decide between the two cultural milieu were made use of in therapy and a considerable amount of equanimity was reached after only two sessions. Her periods rapidly returned to normal.

Example 3

A young woman was severely distressed and depressed as the result of unrecognised and therefore unresolved conflict between the need for personal freedom (represented by the grass and trees outside the lecture room) and the need for personal security (represented by the objective of entry to teacher training college, and gained by working on the college course). Her ambivalence resulted in poor achievement and caused considerable anxiety, which she had been unable to tolerate without the occasional relief obtained by smoking cannabis (off the campus). After three sessions she achieved sufficient insight to improve her frustration tolerance, ease her perturbation—and dispense with the cannabis.

Other Schemes

Since 1969, other colleges of further education have asked for information with a view to organising similar schemes. Further developments may occur if the respective education and health authorities approve.

Summary

A student health service at a non-residential college of further education is described. The service provides some psychotherapy and is administered and operated by a Tavistock-trained general practitioner. It is sponsored and financed by the county health and education departments.

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REFERENCE

Mair, A. (1967). *Student Health Services in Great Britain and Northern Ireland*, London: Pergamon.

GENERAL PRACTITIONERS' WORK

A study has been recently reported of the work of all the general practitioners and their 24,000 patients working in a small Scottish town and its rural hinterland. The survey took place in 1968 and provides some useful and interesting information as to how these general practitioners used their time.

The times of consultations were measured and it was found that the more patients a doctor had to see in a surgery the less time he devoted to each. Diaries were kept which indicated whether the doctors were available to answer emergency calls and it was found that at times, particularly about mid-day, none of the 11 participating doctors would have been immediately available in an emergency. This situation arose because of their visiting habits. On the other hand it was found that of six or seven doctors on call during week nights not more than three were required at any time and after midnight not more than one. The overall consultation rate was 5·2 per person and the average consultation time 5·7 in the surgery and 7·7 minutes in the patient's home.

Macdonald, A. & McLean, I. G. (1971). *The Practitioner*, **207**, 680–688.