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This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

MHI 33

**Ymateb gan: | Response from: Cyngor Deoniaid Iechyd | Council of Deans
of Health**





Senedd Health and Social Care Committee: Mental health inequalities

Consultation response

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Organisation: Responding on behalf of the Council of Deans of Health

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Questions

Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

Higher education students in Wales studying healthcare courses are disproportionately affected by poor mental health. Students may be particularly at risk of mental ill-health owing to a number of factors: the transition to university itself, living away from home and pre-existing social networks; balancing studying and employment, and managing finances. For healthcare students there are additional risk factors, including the intensity and length of programmes, the contrast between academic and practice placement environments, practice placement transitions, workplace culture, and unsocial hours. Healthcare students have a unique experience during their studies, undertaking practice placements in settings where they may often meet patients experiencing traumatic circumstances. Alongside students, staff at Higher Education Institutions (HEIs) and working in the healthcare sector are vulnerable to poor mental health.

Student and staff mental wellbeing impacts on risk, regulation and student satisfaction factors. Student mental ill-health can negatively affect participation and outcomes as well as student satisfaction. HEIs have a duty of care to safeguard learners at their institutions. The Equality Act 2010 enshrines in law the need for universities to make 'reasonable adjustments' for students with disabilities, which includes those suffering from mental ill-health. The demand for and cost of student support services are growing.

Currently, more healthcare students and professionals are experiencing poor mental health as a result of the Covid-19 pandemic. Healthcare workers are in a unique position and their contribution to the sector has been key to Wales' response to the pandemic. The increased strain on healthcare workers and students was recognised by the World Health Organisation as a key risk factor for poor mental health. Pre-pandemic, academic burnout and emotional exhaustion were already noted as sources of psychological distress in healthcare students and Covid-19 is known to have had a further negative impact. This has led to a call for self-care to be core to health professional education.

It is important to consider the health and wellbeing of students on placement away from their university. Temporary relocation for placement has been identified as a risk factor for mental ill health in students, and it is important that students are supported when away from their university.

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

Despite many higher education providers introducing high-quality support for students, there is a high demand for support which often outstrips resources. In these cases, providers often do not identify and maintain regular contact with students, and support is often provided on a first come, first serve basis. Learners often face significant waiting lists for support, negatively impacting their confidence and faith in the support system. Other hurdles in accessing mental health support include students not knowing what support is available or how to access it, and concerns around confidentiality. Furthermore, wellbeing support often focuses on students, and there is often a lack of support for staff mental wellbeing,

Another barrier is flexibility in access to services. Since the Covid-19 pandemic, virtual appointments have been required but not always readily available. Alongside this, the nature of placement requirements for healthcare students mean appointments on evenings and weekends are often needed. These appointment times are not always available.

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

The Senedd has highlighted the importance of considering the mental wellbeing of students and NHS staff in [a mentally well Wales](#). It acknowledges that the pandemic negatively affected the ability of students and staff to access mental health services, despite these services being categorised as an essential service. The inclusion of increased funding for mental health services in the budget for 2021-22 shows a commitment to improving health outcomes for those experiencing poor mental health. The support mechanisms developed on an all-Wales basis for NHS Wales staff mean staff and students are able to access a confidential service. Despite this, the amount of healthcare students and staff experiencing poor mental health remains high. Welsh Government should further acknowledge the needs of healthcare students and staff as a discrete group.

Universities continue to provide significant support for the mental wellbeing of healthcare students and academics due to the pandemic. This includes extensive pastoral support for students in academic settings

and in placement areas via link lecturers. Higher education providers have adapted to a 'blended support' model, where support is provided in a range of ways including remote telephone, instant messaging and video calling, and in-person support. In many cases, providers have introduced appropriate interventions which allow for a considered approach to identify and prioritise learners at risk or most in need of support.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Ongoing wellbeing support, such as access to confidential services outside placement circuits, continues to be required. There is also a need for increased financial support for HEIs and practice placement providers to ensure that students and staff have sustainable access to suitable wellbeing support, appreciating the specific needs of healthcare students as a discrete group. This should increase healthcare student retention and assist the transition from student to registered professional.

One way to increase the confidence of healthcare students on placement is through the introduction of simulated placements. Placements away from a practice setting allow students to feel more comfortable when engaging in new processes and lower the risk factors associated with practice placements. Students feel more comfortable about making mistakes and subsequently start practice placements with increased confidence. The sector needs investment in innovation and infrastructure to enhance digital innovation and remote and blended delivery. Simulation is needed to modernise the learning experience and produce staff equipped for the future NHS. This will support HEIs to manage the continued challenges posed by the pandemic and the placement capacity problems considering health service pressures. It will also help create the capacity required for sector growth in future years.

In England, Health Education England (HEE) has recently provided £15 million for the increased use of simulation across healthcare programmes. In Scotland, the Scottish Government has allocated £3,830,557 from 2021 to 2023. Universities will receive different amounts depending on their type of provision/size. The funding is specifically for employing additional staff to develop simulated placements within university settings. This funding particularly supports the Nursing and Midwifery Council's (NMC) recovery standard to increase simulation by an additional 300 practice hours. This allows nursing students the opportunity to develop and rehearse skills as well as gain confidence and competency. Currently, the Welsh Government has not committed to similar funding. This is a significant disparity with Scotland and England, which should be rectified.

The sector can learn from Health Education and Improvement Wales' (HEIW) student Covid-19 impact survey in Wales. This found high rates of support available to students and recognised the positive support provided by HEIs and placement providers in enabling continued student learning and programme progression during pandemic conditions. The Welsh Government may also want to consider learning from Health Education England's (HEE) Pearson Review and its applicability in Wales. This recommended the introduction of NHS Workforce Wellbeing Guardians and Leaders, increased support for placement transitions, space for rest and downtime in NHS settings, and rapid access referral pathways for NHS learners.

There is a need for ongoing wellbeing support, including from practice placement partners, such as access to confidential services outside of student's placement circuits. This includes increased financial support for HEIs and practice placements to ensure that students and academic staff have sustainable access to suitable wellbeing support appreciating the needs of healthcare students, as a discrete group of students. These aims are consistent with the Quadruple Aim ambitions set out in [A Healthier Wales](#), specifically developing a motivated and sustainable health and social care workforce, as well as the Wellbeing of Future Generations Act. To address this, the Welsh Government should work with universities and practice placement providers to ensure healthcare students have ongoing access to adequate mental health services tailored to their needs to support students to complete their programmes, including in practice placement settings.

For more information contact: