Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anghydraddoldebau iechyd meddwl](#)

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

MHI 84

Ymateb gan: | Response from: Cyngor Cyllido Addysg Uwch Cymru | Higher Education Funding Council for Wales

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Cyngor Cyllido Addysg
Uwch Cymru
**Higher Education Funding
Council for Wales**

28 February 2022

Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Russell

Consultation on mental health inequalities

HEFCW welcomes this opportunity to respond to the Health and Social Care Committee inquiry into mental health inequalities.

Contact details

Ryan Stokes, The Higher Education Funding Council for Wales, Equality and Sustainable Development Manager:

Question 1. 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
The number of students in higher education presenting with mental health conditions has been increasing in recent years. The proportion of students in eight Welsh declaring a mental health condition such as depression, schizophrenia or anxiety disorder has increased by 46% (from 3,715 to 5,425) during the period 2017/18 to 2019/20. Increasing volumes of students declaring mental health conditions, living and studying in towns and cities across Wales will create demand for, and pressure, on existing public health services.

A Universities UK report Minding our Future highlights that students '*are now not an elite minority, stating half of all young adults will access higher education by the time they are thirty. Support within universities and NHS services needs to build from a nuanced understanding of the differing identities and characteristics of individual students[1]'.*

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[1] UUK Minding our Future (p5)

Mr Rob Humphreys
Cadeirydd Dros Dro | Interim Chair

Dr David Blaney
Prif Weithredwr | Chief Executive

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The report also highlights the following factors that contribute to worse mental health within the student population:

Geographical
- *In many instances, students move to a new county or even country to enrol at university. This may result in registering with a new GP in their university area. Those who move away to study typically return home at the end of each term for several weeks or months.*

Educational
- *Students enrolling at university transition to an education system that requires more independent learning than the teaching they experienced at school or college.*

Service
- *Many students are at the age at where the mental health services they receive move from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).*

Personal
- *Students who move away from home to attend university acquire financial and domestic responsibilities and pressures. Some might also be experimenting sexually for the first time, having relationships and experiencing break-ups.*

Higher Education Students and the Covid19 pandemic
Students in Higher Education were impacted by the pandemic and restrictions, and research conducted over the last year has demonstrated this.

A report by the Centre for Mental Health evaluating the impact of the Student Space programme which provided web-based intervention supporting student mental wellbeing over the pandemic found that that not all students were impacted equally, and that some groups of students experienced greater challenges. Those they identified were:
- Students from racialised communities
- Students with disabilities
- International students
- Students from 'widening participation/ access' groups.

Student Minds in their University Mental Health Charter state '*Inequality can, in and of itself, have negative effects on mental health. There are numerous causes of this, which can include adverse experiences, not feeling understood or accepted, feeling actively rejected or being threatened by the surrounding culture*'.[2]

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[2] Hughes, G. & Spanner, L. (2019).

Question 2. 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?

A report by Universities UK[3] identified the following barriers for students accessing mental health services:

- *'more students are arriving at university with pre-existing mental health disorders. Some of these disorders in particular eating disorders and autistic spectrum disorder require effective coordination of specialist care and adjustment of the student environment'*

- '*although the NHS is starting to consider students as an atypical population, significant difficulties remain with the coordination of care between primary and specialist care and with the support provided by universities'* and

- '*as students move between GP and university services, information about their condition and treatment rarely travels with them. This means that students either need to repeat their situation several times, acting as their own case co-ordinators, and access treatment and support with incomplete information, or not access it at all. Better sharing of patient records is essential to address potential discontinuity of care'*.

A Wales 2021 fiscal analysis briefing[4] suggests that the pandemic is likely to have greatly affected the mental health and wellbeing of the population as a whole. The briefing outlined the following data analysis:

- *'survey data suggests the proportion of the population with a severe mental health problem increased from 11.7% in February 2020 to 28.1% in April 2020. Overall, mental health problems increased by 17% between February 2020 and November 2020';* and

- '*given this worsening picture for mental health among the population we would anticipate increased demand for mental health services over coming years. Modelling for England suggests the pandemic may cause a surge in referrals for such services. If these trends were replicated in Wales, additional pressures on mental health services would amount to £75 million to £98 million in 2021-22'*.

With an increase in demand by students for NHS mental health support set alongside growing need in the wider population, it is likely that there will be extended disruption in the higher education to NHS mental health care pathway, placing financial pressures on both systems in Wales. The effects could impact disproportionally on students with protected characteristics and those who come from a socio-economically disadvantaged backgrounds.

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[3] UUK; Starting the conversation about the support of student mental health
[4] *The NHS and the Welsh Budget: Outlook and challenges for the next Welsh Government* (2021)

Question 3. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

We consider there to be a strategic and policy gap in how schools, further education colleges and HE providers, the NHS in Wales, students' unions and the third sector work in a collaborative way to address student mental health and well-being needs.

The Welsh Government ten-year strategy Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012) states '*Students facing challenges in moving away from home for the first time and/or adapting to or coping within an academic environment may require additional support. College and university staff have a crucial role to play in promoting the wellbeing agenda and ensuring students have access to the right support, when necessary.*

We suggest the current strategy does not capture the complex whole system approach needed to support the well-being, health, including mental of students.

With the Commission for Tertiary Education and Research (CTER) progressing through the Welsh Parliament seeking to create a cohesive post-16 sector, we suggest future national well-being and health strategies need to consider the interaction between schools, the post-16 learning sector, NHS and Public Health Wales and the third sector in order to support the well-being and mental health of students.

Another concern that has been raised by HE student support services staff is the lack of universal mental health criteria or thresholds to determine what support is provided by the university and what is provided by the NHS across Wales. This means that there is inconsistency in care transition across Wales.

HEFCW currently funds a pilot project: 'Working in partnership to improve student mental health in South East Wales'. The project aims to create a multi-agency South East Wales 'Mentally Healthy Student Hub' that seeks to improve access to a range of third-party support provided by health and third sector agencies for students who need it and create a step change in understanding of student mental health across the region. We would be happy to provide further information on this project to the Committee.

Question 4. 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?

UK and Welsh Government
The UK and Welsh Government should consider the recommendation by the Institute for Public Policy Research[5] in piloting a digital NHS Student Health Passport, to improve the continuity of healthcare and treatment for students who move between home and university several times a year sometimes for several months at a time, and ensure that students have control over their own health data.

Welsh Government

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[5] Not by Degrees: Improving student mental health in the UK's universities (2017) funded by Universities UK and the Mental Health and Wellbeing In Higher Education (MHWBHE) Group
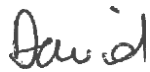
The Welsh Government could consider commissioning a national student mental health review with a focus on a whole education/health system approach. This would seek to identify how schools, colleges and HE providers, the NHS in Wales, students' unions and the third sector could work more collaboratively to address student mental health and well-being issues.

The review could consider amongst other things national and regional strategic planning to account for students in regional and local well-being assessments, current data capture and use, data sharing and transitions across the system, use of language and care thresholds.

The review should also consider the extent of the availability of Welsh language support across the system. An HEFCW-funded project led by Bangor University is creating new Welsh medium well-being and health support using online platforms. However, this facility aims to prevent well-being becoming poor mental health and cannot support people with poor mental health, particularly when they become unable to study. This project has identified a shortage of Welsh-speaking health care professionals in higher education.

Welsh Government could use the findings from the suggested national student mental health review in future Welsh Government mental health and well-being strategies.

Yours sincerely

David Blaney