

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

MHHE 9

**Ymateb gan: Coleg Brenhinol y Seiciatryddion Cymru
Response from: Royal College of Psychiatrists Wales**

Nodwch eich barn mewn perthynas â chylch gorchwyl yr ymchwiliad. | Record your views against the inquiry's terms of reference.

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

1. Student service managers, counsellors and Mental Health Advisors (MHAs) report increasing numbers of clients and an increase in the severity of the problems that trouble them. Some of this increased demand is a result of the unprecedented expansion in the number of young adults entering higher education.
2. About 3.7% of students declare a mental health condition when they apply to university representing a 450% increase between 2011 and 2021.¹ This figure represents about half of those who have a mental health issue. Once at University, first-year students have to adapt to new environments and ways of learning. Academic demands and workload increase, and university courses require much more self-directed learning and the capacity to manage time and prioritise work. These can be disrupted by mental disorder, neurodevelopmental issues, and misuse of drugs and alcohol. As a result, students can face academic decline that can result in the need to repeat academic years or even to withdraw from university or college.
3. For those who need specialist services, there can be several barriers on the pathways to care:
 - Some students, particularly international students and men, may be sensitive to the fear of stigmatization
 - There may be long waiting lists for services such as clinical psychology and psychotherapy
 - Achieving access and maintaining continuity of care can be difficult when students are in one place during term time and return home or go elsewhere during holiday periods.
4. The student group is one whose education and experience have often fostered capacities for reflection and introspection. They are more likely to seek some form of counselling or psychotherapy and have a greater chance of benefiting from it. They are generally less enthusiastic about psychotropic medication and less tolerant of medication side-effects such as drowsiness, poor concentration and sexual dysfunction.² It is important that service provision is designed with these factors in mind to maximise the acceptability and effectiveness of treatment.
5. The student population is becoming increasingly diverse and some of this diversity is creating new pressures on counselling and mental health services. At the same time, there have been changes in universities and other higher education institutions (HEIs) which have made them less able to cope with mental disorders in students, for example staff: student ratios have declined through failure to increase staff numbers in proportion to the

¹ [md-7067-mental-health-report-2021-v4 \(1\).pdf](#)

² [mental-health-of-higher-education-students-\(cr231\).pdf \(rcpsych.ac.uk\)](#)

increase in numbers of students. Academic staff are under constant pressure to maintain and improve research output as well as to develop their teaching, and this can mean that less time is available for pastoral care. It seems likely that pressure on public finances will exacerbate these problems in the next few years.

Vulnerable groups.

6. Some groups of students in higher education are disproportionately affected by poor mental health or face different challenges when attempting to access support. Young women, international students and people from the LGBTQ+ community are three of these groups, and their particular challenges are highlighted below.

Young Women

7. Since 1993 the NHS in England has been carrying out surveys every seven years of mental ill health in the population. The most recent was carried out in 2014 and was reported in 2016. Since 1993 there has been a steady increase in the prevalence of 'common mental disorders' in women. The levels in men have risen to a much smaller degree. In 2014, the one-week prevalence of such disorders was 20.7% in women and 13.2% in men.
8. The gender gap has become more pronounced since 1993, and especially in young people, to the point that the report designates young women as a high-risk group. In the 16-24 age group 26% of women compared to 9% of men reported a common mental disorder in the week preceding the survey. One in four young women reported that they had harmed themselves at some point in their lives. In 2000, the figure was much lower at 6%.
9. In common with findings in the general population, female students report increased rates of mental health symptoms. The impacts of childhood sexual abuse, sexual victimisation, and abuse perpetrated by intimate partners may contribute to this. There is a need for health promotion efforts to focus on both would-be perpetrators and potential victims to tackle this problem.

International Students

10. It's important to be aware of the struggles an international student may have as they adjust to living and studying in the UK, with the possible impact on their mental health. This can be challenging for practitioners working with students, with limited time to provide an effective and sensitive response.
11. Seeking help from a mental health professional may present additional barriers, particularly if the student is from a society where mental health difficulties carry a particularly strong stigma.

12. Institutions and health providers share a desire to support their student populations and help them to succeed, whatever their social or cultural background. It is incumbent on HEIs and health providers to work together to make the support available comprehensible, transparent and accessible for all students, including international students, with sensitivity to their varying needs.

LGBTQ+

13. UCAS data shows that Transgender applicants are 6.1 times more likely to share a mental health condition in their university application, while bisexual applicants are 6.0 times more likely to declare, and gay women/lesbians are 5.7 times more likely.³ Research shows that people from the LGBT+ community experience high levels of poor mental health and wellbeing and report suicidal thoughts and actions.⁴

COVID-19

14. The COVID epidemic has thrown up a new raft of issues that will have to be considered in the context of student mental health. These will apply to all students but will weigh more heavily on those with histories of mental ill health. Such students may already find it difficult to integrate with a new social environment and to build relationships with clinicians, support staff, academic staff and their fellow students. These difficulties will be exacerbated by the restrictions arising from COVID. Problems may arise in the following areas:

- Increased general anxiety and/or depression amongst the student population arising from: anxiety about getting COVID; the effects of the COVID crisis on their course and their assessments; anxiety about finances because of fewer opportunities for paid work; anxiety about future career prospects; anxiety about family back home being at risk of, or ill with, COVID; anxieties about living in shared accommodation.
- Social isolation of students because of increased use of remote learning
- Impacts of social distancing on engagement with student clubs, societies, and social events
- Possible changes in use of alcohol from social to solitary drinking
- A larger proportion of NHS and student support services being provided virtually rather than face-to-face, with a likely reduction in effectiveness and engagement, possibly leading to under-recognition of problems and failure to provide treatment, therapy or support
- Effects of COVID on GP registration of students, it being even more important for Higher Education Institutions to ensure that students are registered, allowing a prompt response to students who develop symptoms of COVID or who test positive
- The international student cohort likely being reduced in the next year or two but likely to need enhanced support (both from HEIs and NHS)

³ [md-7067-mental-health-report-2021-v4 \(1\).pdf](#)

⁴ [LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf \(lgbthealth.org.uk\)](#)

- An increased need to promote physical activity in students, possibly preventing the development of COVID and ameliorating symptoms in those who do contract the illness
- The majority of first year students having been offered places on the basis of predicted, rather than actual, exam results; some students with predicted results below their potential and others whose prediction has inflated their grades; some students being angry and disappointed at not getting on to the course of their choice and other struggling with the academic demands of their courses.

NHS and HEI collaborative working

15. The Welsh University's, and NUS Wales, have all launched their health and wellbeing strategies over recent years. Universities are working in partnership with staff, students and the wider community to ensure that supporting positive mental health and wellbeing is an integral part of university life. Student mental health is an increasing priority as the evidence shows that students are at higher risk of developing many mental health problems than the general population, and many individuals first experience issues whilst at university.
16. Higher education institutions have long provided counselling and disability support for their students. A newer professional group that has grown in numbers since the 2003 report is Mental Health Advisors (MHAs) and, more recently, Mental Health Mentors. These individuals and, increasingly, teams are expected to adhere to standards of professionalism which ensure safe and effective practices within HEIs, and to undertake a range of roles. They assess how mental health difficulties affect learning, assess needs, and assist students in developing context-specific, individualised, self-management strategies. They recommend appropriate adjustments within the higher education setting to enable learning, and liaise with external agencies to support students in accessing appropriate treatment and support. Many have professional NHS backgrounds and are thus well placed to coordinate activity at the interface between HEIs and the NHS. MHAs are often also given responsibility for mental health promotion. They advise on mental health policy and disability rights for students with serious and enduring mental health difficulties.
17. The Student Health Association (SHA) is an association of general practitioners and primary care nurses who provide services to students, either exclusively or as part of a larger practice population. There is an involvement and experience in the management of student mental health which is considerably greater than that provided in routine GP settings. They are more cognisant the effects of mental disorder on academic progress and the impact of academic pressures on student mental health. In such cases, GPs often liaise directly with student counselling services, disability services, MHAs, academic staff and university support services, NHS specialist services and voluntary services.

18. The Mental Health University Liaison Service is also available for students living in Cardiff. This is a service which supports students who experience sub-crisis mental health difficulties, or those who have long-standing complex needs. This will address a gap which has been identified between the mandate for Student Support Services at university and the threshold for NHS Secondary Care Mental Health Services, where students require an NHS referral or assessment.⁵

Early identification of individuals who need targeted support

19. General practitioners (GPs) and their teams make vital contributions to the prevention of mental illness, early detection, and longer-term management.
20. Liaison with NHS services is an important part of the MHA role. Many students find accessing mental health services challenging, particularly if it is the first time they have required a formal mental health assessment. A MHA may be able to offer consultative support to staff to facilitate an early intervention response to emerging concerns. The adviser can act as a bridge between higher education, the NHS, and other providers outside the higher education sector, often playing a key role in coordinating a network of support services and acting as a central focus for external agencies wishing to share information or consider support plans for students. When appropriate, they will be active in sharing issues of concern with GPs and statutory services involved in a student's treatment, particularly when supporting the student in accessing services.
21. In many institutions MHAs and counsellors have developed good links with early intervention and crisis assessment and treatment teams, and direct referrals to these have proved very beneficial to students.

Issues with NHS service access

22. The fact that students often divide their time between home, university and other locations creates difficulties in providing continuity of care for those with long term mental health conditions. An additional factor is that the transition to university-based services may require transition from Child and Adolescent to Adult Mental Health Services. When students manage to access treatment, there can often be big gaps when they return home or are travelling during vacations while still receiving care.
23. The student going to university should be advised to contact and meet the Mental Health or Disability Advisor at their intended place of study to discuss any support that may be required and to consider applying for Disabled Students' Allowance.
24. It is important that all possible efforts are made to ensure that students register with a general practice as soon as possible after arrival at university. The fact that a patient cannot be registered with more than one practice at

⁵ [Supporting students' mental health - News - Cardiff University](#)

a time can lead to discontinuities as the student moves from home to university and back again. There may, for example, be delays in the transfer of medical records and in the timely prescription of medication.

25. The NHS should consider how better to manage the issue of registration in students who divide their time between home and university. This should be done in a way that does not lead to financial detriment in university-based general practices. One option might be the creation of a common electronic and/or patient-held medical record.
26. The efforts of NHS services and those provided by HEIs can be better coordinated. Although they tend to focus on different parts of the spectrum of psychiatric disorder, there is a large overlap between the activities of these services and considerable scope for improvement in collaborative working. There is a need to consider developing appropriate protocols for the sharing of confidential and sensitive information.
27. The Mental Health University Liaison Service (MHULS) is a new NHS mental health service in Wales, being piloted for all students living in Cardiff and studying in one of the city's universities. The service provides support for students from Cardiff University, Cardiff Metropolitan University, University of South Wales and The Royal Welsh College of Music and Drama who experience sub-crisis mental health difficulties, or those who have long-standing complex needs.
28. The pilot has been developed by the South East Wales Mental Health Partnership and will address the identified gap between the mandate for Student Support Services at each university and the threshold for NHS Secondary Care Mental Health Services, where students require an NHS referral or assessment. Students can access this service – which is based on their university campus - through referral from their University Student Services team, Adult Liaison Psychiatry, or their GP. NHS mental health nurses are based on campus to provide students with a means to be assessed, referred and guided through NHS mental health services. Their universities are also involved in ongoing support plans. Such coordinated initiatives will be fundamental to improving collaborative working between universities and the NHS and facilitating access to mental health provision for students.

The wider post-16 education sector promotion of good mental health

29. Universities in Wales, as across the rest of the UK, are increasingly adopting a whole university approach to mental health and wellbeing and recognise mental health as a strategic priority. All aspects of university life promote and support staff and student mental health.

30. This whole university approach requires that all aspects of university life promote and support staff and student mental health and recognises the effect of culture and environment, and inequalities, on mental health and wellbeing. For some time now, the higher education sector in Wales has been working to transform universities into healthy settings. This approach recognises that all university staff and students have a role to play and that universities must also continue to develop partnerships with healthcare providers and other external organisations to further develop coordinated approaches to improving access to mental health care.
31. Universities are working to embed health and wellbeing in both course design and curricula development and delivery. Programmes have been developed in Wales to support student health and wellbeing, for example, mental health literacy courses, which may either be embedded within core curricula or provided as additional courses that students can choose to undertake. Universities and Student Unions in Wales have developed learning communities, peer mentoring programmes, reflective practice groups as well as more targeted mental health interventions. The evidence base for some of these interventions is growing however funding is required to enable research to provide evidence in relation to specific programmes and interventions and their impact on student health and wellbeing, both in the short and long-term. Co-creation with students should be a core requirement for research in this area.
32. Transition to university is now well recognised as a risk period in relation to mental health and wellbeing, both transition to university and the various transitions through which students progress throughout their university journey. Programmes to support specific groups of students in their transition to university life in Wales are being introduced, for example those supporting widening participation students, students with autistic spectrum or mental health conditions. Again evaluation of such initiatives is essential in further developing the evidence base around student health and wellbeing.

Welsh Government policy, legislation and funding

33. Welsh Government would be able to better support students' mental health by introducing stricter controls on energy prices and the cost of living. Balancing study and work, many students already struggle to make ends meet without the added pressure of rising energy costs. To combat this, Welsh Government could also work with universities to ensure that warm spaces are provided on campus for students.
34. Additionally, debt is a cause for concern when considering the mental health of students in higher education. Students must anticipate going into a highly competitive work environment. They will often enter working life

saddled with large debts incurred from student loans, which takes its toll on the mental health of students.

35. Funding for research to develop an evidence base around student health and wellbeing would be a useful step that the Government could take, as well as continuing to fund the MHULS.

Tertiary Education and Research:

36. In the context of the Tertiary Education and Research (Wales) bill, when looking ahead to what a whole-system approach to mental health and wellbeing in post-16 education may look like, it's essential that there is continuity across all providers of mental health care, namely universities and health boards.
37. The new Commission for Tertiary Education and Research could have a role in:
 - a) Overseeing student wellbeing and support services
 - b) Looking at ways schools, HEIs and universities could join up information flow about student needs (ensuring confidentiality and provision of opt outs)
 - c) Looking for shared protocols between universities, the third sector, accommodation providers, university health services, GPs and secondary care.

Recommendations for change

1. Consider approaches to information sharing between schools and universities around mental health needs of students whilst respecting privacy and choice.
2. Consider having someone who can be nominated as a point of contact in the event of a student mental health crisis.
3. Enhance university provision and encourage joint working between wellbeing services, student health services and external agencies including third sector and NHS.
4. Develop shared agreements between FE, Universities, accommodation providers, the third sector and the NHS on a geographical basis.
5. All HEIs should have a working group that oversees the implementation of good practice in relation to student mental health.
6. Services should be integrated – students who are mentally troubled may come into contact both with NHS mental health services and those provided by universities, such as counselling. Outcomes will be better if these inputs are integrated and coordinated.
7. Resource allocation – it's important to ensure that services based in both HEIs and NHS are given sufficient resources to meet demand.

8. Improve communication with families – anyone who is involved in helping mentally troubled students should, wherever appropriate, seek the consent of the student to engage their family in the processes of assessment and treatment.
9. Research – the development of existing and new services in students will only be effective if it is informed by up-to-date research.
10. COVID – The NHS and HEIs should be alert to the impacts of the COVID pandemic and do whatever is possible to minimise their effects and find alternative ways of meeting the needs of students.