

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 11

Ymateb gan: AMOSSHE Sefydliad Gwasanaethau Myfyrwyr Cymru

Response from: AMOSSHE The Student Services Organisation Wales

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

1. Maint yr angen | Extent of need

Professional student support can often have a transformative effect on the student experience, including academic achievement and progress. It is important this is recognised in the context of the challenges we face.

Across the HE sector, in Wales, the UK and abroad, student services have observed a step change in demand for student mental health support. This extends to the period before the Covid-19 pandemic¹. The growth and complexity of student mental health presentations has accelerated during the period since Covid-19 restrictions ended. New students have not had the same opportunities as previous intakes to develop relationships and explore independent living prior to arriving at university. Many are finding the transition more challenging. Simultaneously parents and families are much more involved in their lives than before, and are testing the boundaries of the legal definition of an adult in regard to their involvement with HE providers.

The growth in the number of individual students engaging with student support should not be perceived as a negative: the population is more mental health aware, more willing to seek help and often does so earlier. Our higher education institutions

¹ for example Cardiff University has seen an engagement with professional student support related to mental health increase the five years from 2016-17 2839 students to 5805 students in 2020-21

(HEIs) have pro-actively taken measures to diversify the support they offer; Government has assisted, via HEFCW, through dedicated specific funding.

There are a series of key concerns student services leaders have identified summarised as follows:

1. A change in the nature and volume of presentations. This requires different approaches and commensurate resources allocated to meet the need in HE providers, and a different approach from the NHS.
2. There is confusion about boundaries and purpose of university based mental health support in the public discourse e.g. media, next of kin. Consequently managing expectations beyond our duty of care is increasing the workload for HE providers.
3. Factors in students' lives which pre-date entering higher education create demand. We know across society poor mental health is more prevalent among people from lower socio-economic groups, BAME people, disabled people and those of us who identify as LGBT. This pattern is mirrored in the student populations. The impact of Adverse Childhood Experiences (ACEs) and trauma affecting people moving to Wales from regions experiencing conflict also creates a demand on our student services. University support teams often deal with complex lives and entangled issues. These may not directly relate to the learning experience, but they can have significant implications for progress and achievement unless effective support is provided.
4. Disabled students and those with diagnosed and long term mental health issues have increased in total number. There has been an increase in the number of students with more than one disability where a mental health condition is one of those disabilities. This creates complexity in terms of support needs.
5. The intersection with financial wellbeing is of concern as we seek to support students through the cost of living crisis. Stress around finances is extending the psychological challenges being experienced by many students within our communities.

2. Adnabod a darpariaeth | Identification and provision

The Universities UK Stepchange Framework provided HEIs with a model which facilitates a whole university approach to mental health. All Welsh universities have adopted the model. In addition to providing an imperative to treat mental health as a

whole institution strategic priority Stepchange provides a flexible vehicle to escalate the visibility and role of student (and staff) support services within our institutions.

The sector has improved on early identification, as outlined above, but this is often resource intensive (e.g. supporting people with ACEs); identification is often a 'moving target' as students go through changes inherent in a period of life where a lot changes very quickly for many people.

Institutions do use information provided via the UCAS application (i.e. care leavers, disability and long term medical conditions) to take pre-emptive action and make reasonable adjustments. However, this does not necessarily capture mental health vulnerability with evidence in many cases of a reluctance to declare (e.g. Cardiff Metropolitan University has a dedicated team which follows up non-engagement; they supported over 100 new students who were impacted by a non-disclosed a mental health concern during 21-22).

In the past five years models of working have emerged across the UK which sit at the interface between the NHS and HE. The South East Wales Mental Health Partnership (SEWMHP) model has delivered a distinct, Welsh model of practice across the Cardiff and Vale UHB area. In its first six months of operating over 200 mentally unwell students were supported into appropriate NHS mental health care through the NHS clinical service the partnership has delivered.

The SEWMHP model is garnering interest from across Wales and beyond. Our view is this model could translate well to three or four regional coalition/partnerships, delivering NHS mental health care on campuses or remotely depending on local context.

There remain areas where improvements can be made, many of these were set out in the IPPR report '[Not by Degrees](#)' report; recommendations around development of a digital Student Health Passport to aid GP registration are significant. This would address continuity of care for what is a more mobile population, though we recognise cross-border issues could complicate this for students whose domicile is in another home nation.

3. Polisiâu, deddfwriaeth a chyllid Llywodraeth Cymru | Welsh Government policy, legislation and funding

Funding

Welsh Government has provided dedicated funding, via HEFCW, for the past three years. This has been impactful and is welcomed. However, short term (year by year

allocation) is not the ideal model when seeking to resource both a strategic shift in the HE sector responds to mental health, and improvements in support provided to our students.

There are two primary issues; firstly, the aspiration to see culture change in our institutions around mental health requires a long term approach. Short term, year to year funding is less impactful to this end.

Secondly, service improvement of this nature most often requires qualified staff to deliver. The job market for appropriate practitioners is highly competitive and short term contracts are less attractive. Therefore, Welsh Government should fund mental health improvement through a commitment to multi year funding.

CTER role

The new Commission should work in partnership with the sector, taking into account appropriate boundaries of care between the sector and statutory support and recognising the expertise and commitment of professional staff in our institutions.

A specific consideration should be provision of support across a differing geographical settings, and engaging with the reality of access to NHS services and qualified practitioners differing across the nation. A further priority should be longer term monitoring approach, e.g. over five years, to provide stability and sustainable service improvements in the context of the points made about funding above.

Whole education sector approaches

A long term strategy which considers mental health support, management and competency across the educational journey; through school, FE, HE and into employment.

Continuity of care and provision, effective partnership and transitions support is imperative in ensuring that students are aware of support in advance of moving from one setting to another.

Other stakeholders

A growing number of third sector and commercial organisations are entering the HE student support space, for example offering services on a for-profit basis or through offering quality marks for a fee. Welsh Government and CTER should exercise caution in both directly engaging with such bodies, and directly funding activity external to education providers where learners are registered and/or statutory services. Welsh Government/CTER should not direct institutions to engage with any specific third

parties; such decisions should remain with institutions based on local context, expertise and need.

3. Argymhellion ar gyfer newid | Recommendations for change

1. Communication and understanding

An overarching recognition should be applied which recognises that aspects of higher education learning are inherently challenging. Higher education providers are not healthcare providers. There should be created a clear, common language around what support students can expect from HE provider in Wales, (i.e. support which enables achievement and removes barriers to learning); and what they should seek from the NHS, (i.e. medical healthcare).

2. Funding

- a. Maintain and grow the dedicated mental health strategic funding provided to the sector, as established over the past three years. This enables HE providers to grow appropriate student support 'in house'. However, funding should move to a multi-year model. This will both aid long term strategy development and service improvement; and provide certainty for institutions and their employees.
- b. Create a new fund whereby local health and education partnerships can bid to provide joined up mental health services for ages 0-25, potentially under the auspices of either CTER or the NHS, but with a focus on areas with high student populations.

3. NHS-HE interface and supporting the most clinically unwell students

Recommend the adoption of the SEWMHP model, with appropriate adjustment to regional contexts. Fundamentally this should be a national model for work at the interface between HE providers and the NHS. It will enable the most unwell students to access NHS care more easily in their place of study. Thus providing a common approach to risk management support for the most mentally unwell students across Wales.

4. GP access

- a. Recommend there is in place a national approach to registering for a GP online.
- b. Recommend funding of piloting of a digital health passport for students, with a view to national adoption. This will aid access to GP and other healthcare and aid continuity of care; work to be undertaken with relevant departments

in the other UK nations to enable benefits for students from the other home nations and for Welsh students studying elsewhere.

5. Oversight and supporting the sector

To aid and advise on the deliver of this work, and the longer term approach proposed, recommend appointment of a Specialist Policy Adviser in student mental health and support to work with government, the new commission and institutions.

4. Arall | Other

n/a