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 15

Ymateb gan: Prifysgol Metropolitan Caerdydd

Response from: Cardiff Metropolitan University

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**

   - The current situation with regard to the mental health of students in higher education, and any particular challenges they face with their mental health and ability to access support.

Since 2018, Cardiff Met has seen a doubling of demand for support with students' mental health. Just over 15% of all new students in 2022-3 declared a mental health issue or disability prior to enrolling at Cardiff Met, and we would expect this to double during the course of the year. Support requests range from general poor wellbeing (social isolation, low levels of anxiety, homesickness) through to complex medical conditions which may include elements of suicidality, self-harm, psychosis or other distressing and enduring conditions. In general, the trend has been for needs to become more complex, as well as having greater volume, and to see more co-morbidity of conditions, for example ADHD combined with generalised anxiety. These comorbidities require complex support from a multi-disciplinary team, often involving colleagues from outside the university as well as within.

   - Whether there are different challenges with regard to mental health for different groups of students, and if there are any groups of students in higher education who are disproportionately affected by poor mental health.

In common with the wider population, students who are from lower socioeconomic groups, Black, Asian or other Minority Ethnic groups, or who identify as LGBT+ are more likely to report poor general mental health. Finding specialist and/or affordable support services for these groups of students is exceptionally challenging. NHS provision may not accommodate their precise needs, and in any case is over-stretched, and specialist charity or non-governmental providers often have uncertain funding and may not have the capacity to support students who are highly mobile.

- The effect, if any, that Covid-19 had generally on students' mental health and well-being and the pandemic's impact on the levels and type of support provided by the higher education sector.

It is too early to judge the long-term impact of Covid-19 on students' mental health. As the sector returns to normal in 2022-23 it will be possible to examine how behaviours have changed and what impact this is having. One early impact seems to be a greater struggle to manage relationships and conflict, which contributes to poor wellbeing and mental health. Cardiff Met's Wellbeing team has already received a higher number of referrals (c400 vs c300) than at the same time in the last equivalent year 2019). While this is is early data, and can't be attributed wholly to the impact of the pandemic, it is a significant increase.

Cardiff Met moved to offer all services through video appointment throughout the duration of lockdown. This innovation was welcomed by students, and saw higher levels of engagement, as measured by a fall in 'no-shows', than previous in-person only provision. The option for video-based appointments will be retained into the future to ensure that all students are able to access support when they need it.

2. Adnabod a darpariaeth | Identification and provision

- How effectively higher education providers promote an ethos of universal good mental health and well-being to all students, and whether this an integral part of the learning experience and interactions with staff.

Every student at Cardiff Met has a named personal tutor who has been trained in how to respond to any mental health concerns should they arise. Following our Universities UK StepChange self-assessment in January 2021, we established a Programme Board which oversees cross-university workstreams designed to address areas of development. This is a long-term project expected to last 3-5 years. The

Board generates a small number of its own projects, but also feeds into key institutional priorities such as Curriculum Development, Estates Masterplanning and the development of the new corporate strategy. The focus of the work is in creating systemic change to i) ensure students are able to seek help when and where they need it and ii) to ensure that university systems, processes and environment do not inadvertently cause unnecessary stress (while accepting that studying at a university level is an inherently pressured environment).

- How effectively the sector ensures early identification of students who need individual and targeted support.

All students applying through UCAS can declare a disability or health problem at the point of application. Where this is done, students are offered support and advice in advance of arrival at university in order to mitigate any risk of escalation of their condition.

Once enrolled, students at Cardiff Met can self-refer or be referred into support by a friend, tutor, family member or member of university staff. All referrals are risk-assessed based on information provided, and the most at-risk are prioritised for contact within one working day. Since 2021, we have also piloted a dedicated Student Retention Team who are tasked with reaching out to students who have stopped attending or not submitted work for unknown reasons. Around 1/3 of the students contacted by this team were referred on for mental health support. In addition to this, all services within Student Services collaborate, so a student presenting with money issues which are causing stress or anxiety will be supported by both teams using a single set of records so that students don't have to explain themselves more than once.

- How effectively the higher education sector and the NHS work together to deliver the right mental health support for individual students when and where they need it.

- Whether there are specific issues with access to NHS mental health support, for example the impact of changing GPs more frequently; that many students are at an age where they are transitioning from CAMHS to adult mental health services; any issues with data sharing.

The gateway to most NHS support is through GP registration, which can present an immediate barrier for both students and university support staff aiming to help them. The need to develop individual data-sharing agreements with each GP surgery is time-consuming, and so at Cardiff Met we have concentrated efforts on the surgeries we recommend to students who are moving to the city. This does not capture, however, students who commute from other areas of Wales and choose to remain at their home GP surgery, or those who don't register at all. In some cases, GPs or other healthcare providers are not recording that a patient is a higher education student, which prevents effective data-gathering and a clear, system-wide, understanding of the issues.

Students who have previously received secondary mental health care in another area of Wales or the UK face a different set of challenges. Transfer of care and records can be slow, and cause additional stress and distress to a student. NHS systems are not well-connected and data can be lost in the transfer. This can result in students having to recommence the assessment, diagnosis and treatment process, which can exacerbate even stable mental health. Given students are likely to be mobile across their higher education studies, including spending time in family or parental home, term time residence, on a work placement or experience overseas, this presents a significant problem in maintaining continuity of support.

On a more positive note, the Mental Health University Liaison Service (MHULS) pilot between the three Cardiff-based universities and Cardiff & Vale University Health Board has already demonstrated that with the right structures in place, students can be referred effectively directly from university practitioners into NHS services. MHULS is submitting separate written evidence, which will give full detail, but we would note that the development of common terminology and risk measurement frameworks, as well as the formal development of professional relationships between university staff and NHS medical professionals have been the most significant contributors to the success of this pilot.

- How well the wider post-16 education sector works to promote good mental health, particularly with regard to transitions.

There is more potential for work to be done in this area, and it is hoped that this will progress over coming years. Cardiff Met works with key partners to demonstrate available services and support, but there are no formal information-sharing

arrangements in place between, for example, FE colleges and universities, which would allow a smoother transition for students who had previously received mental health support.

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

- How effectively the Welsh Government's policy, funding and regulatory arrangements for the sector support the mental health of students in higher education, and whether there is more that the Welsh Government could do.

- In the context of the Tertiary Education and Research (Wales) Bill, what a whole-system approach to mental health and well-being in post-16 education may look like, and what the role of higher education and healthcare providers would be.

- How the new Commission for Tertiary Education and Research should approach mental health and wellbeing for students in higher education, and in the wider tertiary education sector

Recent funding through HEFCW for projects in relation to student mental health has been very welcome. However, its short-term nature has mitigated against the long-term, systemic change which is required to have an impact on students' mental health. If CTER is to retain this as a priority area, we would suggest multi-year funding which allows for longitudinal outcomes to be delivered. The funding structure at the moment prioritises 'activity' over 'change' and forces universities to take actions which we know will be less effective but which are in line with reporting requirements for grants.

We would welcome CTER considering in detail the interface between higher education and healthcare services. As identified previously, students are a highly-mobile population, and developing interventions on a university or city-based level is less efficient than identifying commonalities across Wales and developing pathways which will work for the majority of students (allowing for the small minority who will need highly-personalised support). This would also allow for the potential development of a consistent, Wales-wide regulatory framework on this issue. At the moment, the need for each university to develop bespoke relationships with a wide range of external stakeholders, which will vary according to resourcing and willingness on all sides, makes fair comparisons across the sector very challenging.

4. Argymhellion ar gyfer newid | Recommendations for change

- Whether there are any recommendations that the Committee should make.

The recommendations suggested by Cardiff Met are as follows

- Creation of a Wales-wide working group of higher education and NHS to develop common pathways and understanding for university students.
- Development of a standard data-sharing agreement agreed by GP surgeries and education providers to eliminate the need for individual approaches.
- Develop a system which allows students to 'port' their medical records with them throughout their higher education journey.
- Multi-year funding for this work to be made available through CTER to focus on systemic change, rather than one-off initiatives.
- Recognition that mental health issues should not be viewed separately from other issues which affect students' ability to study eg specific learning disabilities.
- Welsh government to recognise that student mental health is not a separate issue from population mental health more generally.

5. Arall | Other

Please submit any views that don't correspond to the terms of reference.

It is important to note that student mental health is not a separate issue from population mental health. While it is easier to access data on students as universities provide services and record student interactions, this does not mean that there is a greater problem within this population than in wider society. While statutory services are generally over-stretched and under-funded, naturally universities find ourselves stepping in to bridge the gap, to ensure that students are able to attain their academic potential. This, however, is not a sustainable model for ensuring long-term population wellbeing, and would not be expected in the management of long-term physical health conditions such as Diabetes where expert clinical support would clearly fall to the NHS. Once students leave the relatively-protected environment of higher education, they will need access to well-funded, appropriate support through statutory provision. In short, the focus on universities may simply distract from addressing the wider challenge.