

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 20

Ymateb gan: Rhwydwaith Cyngorwyr Iechyd Meddwl Prifysgolion

Response from: University Mental Health Advisers Network

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

We are a charity and membership organisation with over 500 members, the majority of whom are Mental Health Practitioners working in HE. We have 27 members working in Wales, and hold regular meetings for members, as well as an online forum and regular surveys. Our feedback reflects information from our members.

The complexity of presentation of students with mental health conditions is increasing, with co-occurring, dual and comorbid diagnoses common, especially Autism and other neurodevelopmental conditions. Additionally, students are presenting with complex ACEs as well as current issues such as financial problems and caring responsibilities. Many of our members find themselves working in a case management capacity, similarly to a social worker (some members are qualified social workers).

Many students with neurodevelopmental conditions have only recently been diagnosed due to long waiting times, or are awaiting diagnosis. The current Higher Education system along with the expectation of moving away from home mean that these students can be particularly vulnerable to poor mental health; this transition can also exacerbate existing mental health conditions for all students.

Students with diagnosed mental health conditions have suffered from the lack of local provision of specialist support in some areas (such as Eating Disorders) or long waiting times (e.g. for DBT).

Feedback from members shows that the move to more flexible means of providing support, due to the pandemic, has benefitted many, with cancellation levels dropping significantly. However, there has been pressure from HEPs and Student Loans Company to return to on-campus support.

Improved online support has improved access and uptake for some hard-to-reach groups, such as men, students on placements, diverse ethnic groups and autistic students. Similarly, some members have introduced text and chat functions into their work.

2. Adnabod a darpariaeth | Identification and provision

Disclosing a mental health condition and DSA

Many HEPs now also operate triaging of wellbeing/mental health services to ensure that students can access the most appropriate support. However, as recent coroners' reports and research into student deaths by suicide has shown, some of the most vulnerable students are not known to either NHS or University MH services.

The sector also ensures the early identification of those most in need through disability disclosure processes. This is reliant on students being aware that mental health conditions are counted as a disability, as well as understanding what support this might provide. However, there are multiple reasons for students not disclosing at an early stage, despite this information being fairly readily available e.g., many young people with MH conditions feel they want to "start afresh" at university or underestimate the difficulties of transition.

People with mental health conditions are often not recognised as "disabled" or do not identify with that label themselves and so additionally, many are not aware of the support they might receive through Equality Act legislation (e.g. DSAs and reasonable adjustments). Part of the issue is the separation of mental health and SEN support at school and college. However, current HEI processes mean that there is a risk that simply encouraging disclosure will swamp university support services and mean that it is much harder to triage those most in need of support.

We know that students in receipt of DSA highly value the support provided by Specialist Mental Health Mentors, but there are recruitment challenges in some areas of Wales for DSA-funded Specialist Mental Health Mentors. This may be due to the 2 quotes system meaning that pay has been decreasing for these roles, or the sparse populations in some areas.

NHS

Many university mental health services have informal referral routes into the NHS, however, they report that thresholds have increased, meaning that more risk is being “held” by practitioners. This can also have consequences such as students being taken through Fitness to Study procedures with enforced interruption of study.

There are frequent stories of very unwell students being discharged from hospital without any understanding of the role of university support services and the limitations of the support that can be provided.

More formal partnerships seem to be having a positive effect, especially in supporting staff who do not have clinical backgrounds, however, services created by these partnerships can only be accessed by a very small number of students; referral criteria may be strict, and there seems to be a very small impact on caseload numbers for university practitioners at the current time. Universities often have campuses across different Trusts meaning that provision for students within one university may not be equitable if services are provided on a geographical basis (e.g. the Cardiff MHULs service).

Transferring care between CAMHS and adult services can be time-consuming and difficult, particularly across borders, with many students being told to simply register with a GP on arrival at university, rather than a formal transfer having taken place. Tackling continuity of care has been a recommendation of many reports into student mental health, including the most recent RCP report:

[https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2021-college-reports/mental-health-of-higher-education-students\(CR231\)](https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2021-college-reports/mental-health-of-higher-education-students(CR231))

Data sharing is often difficult due to the strict protocols for NHS staff. Some university staff have been able to obtain an NHS email address to get around this issue by being set up as “honorary” staff in the same way as academic clinicians.

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

The new Commission may look to replicate work undertaken by the Office for Students in the area of Mental Health. The Mental Health funding competitions have provided opportunities for innovation and creativity; however, we would caution against funding projects which are not sustainable – we feel projects need practitioner input to ensure that outcomes are functional and complementary to

existing work. Additionally, there seems much duplication within the sector rather than sharing best practice and adaptable common resources.

We feel funding would be better used in researching barriers to learning for students with mental health conditions, the role of reasonable adjustments (and therefore how to focus work on more inclusive practice), and the effectiveness of current provision as well as supporting and increasing the current workforce. Many students find that their mental health is exacerbated by the inflexibility and bureaucracy of university processes (including academic assessments) having to manage these complex systems alongside health and other issues and yet this area is rarely tackled in research or project funding.

4. Argyhellion ar gyfer newid | Recommendations for change

5. Arall | Other

We support much of what is included in the Universities' Wales Post-16 Mental Health Policy document. We agree that medicalising and pathologising some aspects of mental health and wellbeing are not helpful and have led to a huge increase in students who do not recognise normal emotional responses to common situations. However, it is also important to recognise that many people have poor mental health due to well-documented determinants, and also the particular effects of the academic environment, throughout school to HE. The increasing focus on "resilience" and "self-care" can be detrimental to mental health and wellbeing (see <https://www.bera.ac.uk/blog/the-problems-with-resilience-thinking>).

Please see our Member survey report from 2021 for more information on practitioners' work, including increased caseloads and complexity:

<https://www.umhan.com/pages/member-survey-report-2021>

We have also recently published a report with the British Association for Counselling & Psychotherapy about Information Sharing and Student Suicides:

<https://www.umhan.com/pages/information-sharing-and-student-suicide-report> Our recommendations within this report were:

- Clear information sharing principles
- Informed decision making
- Working with the NHS - clarifying boundaries and establishing processes

- Review of data collection and case management systems
- Mental Health Service Team Governance
- Common Codes of Practice across the sector
- Appropriate CPD for staff