

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

MHHE 22

**Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan
Response from: Aneurin Bevan University Health Board (ABUHB)**

Generally, students in Higher Education Institutes (HEIs) will have access to counselling and well-being services provided within their HEIs, however there will be times when students may need to access more specialist provision and access to these NHS services can be a challenge.

Assessment and possible intervention from secondary mental health services for all students can be accessed via a referral from primary care services or via part 3 of the Mental Health Measure if applicable.

Urgent and crisis services are accessible to all regardless of registration with a local GP practice.

As a Health Board we are looking to introduce 24hr Single Point of Contact over the next 6 months which will simplify the contact route for advice, signposting and, when needed, onward referral.

Currently the route to access NHS services would traditionally be through their GP or via existing crisis services. However, waiting times for psychological interventions or other treatments will be the same as for the broader population and therefore better support would be more quickly available if there was further investment in these core NHS services to reduce NHS waiting times. Clearly there are additional challenges with students in arranging appointments based on their term time availability and NHS providers need to be flexible in their approach to this.

Consideration also needs to be given in supporting students with existing or newly identified mental health conditions to ensure links are developed with the NHS providers in their area of permanent residence to ensure continuity of care and make sure students do not 'fall through the cracks' and do not get the support they need whether at home or living away in Higher Education. Engaging with families is also often more difficult where students live away from their permanent family home.

The identification and support for individuals with Neurodevelopmental disorders needs to be improved. The awareness of these conditions (eg ADHD, ASD) is growing and the links and awareness of available local services needs to be strengthened. Increasing demand as a result of increased awareness will have an impact on local NHS services and will need to be resourced to reduce already long waiting times.

A range of local and national resources are available to the whole population and in Gwent the Health Board and partners have developed the MELO website which offers a broad range of self help and support mechanism for individuals with mental health issues. HEIs should be encouraged to contribute to sites such as this and to signpost students to a range of evidence based resources to help support their own mental health.

At a local level, students are able to access primary care mental health resources through their registered GP including speaking to psychological wellbeing practitioners on-line or in person, as well as being referred for a more in depth assessment or intervention. As HEIs run their own counselling services it is important that links are built with local NHS providers to ensure referral routes are known and publicised.

The impact the pandemic has had on young people and students in HEIs is reported to have been significant nationally. This is likely to lead to increased demand in areas with significant numbers of students and this will need to be recognised when planning future support needs and resources. Clearly it is essential that students are put at the centre of any service redesigns/developments and that service and individual plans are co-produced.

There are a number of innovative approaches being implemented in engaging with young people across the UK, such as in-reach services etc. However, it needs to be recognised that primary care and community mental health services are stretched and developing new services to meet these needs will need resourcing and cannot be met within the existing financial envelope.

We have had recent examples of running pilots in providing Road to Wellbeing courses for students within HEI (University) settings which have now stopped as Universities started charging health for the use of their accommodation.

It is also important that HEIs are aware of all relevant foundation tier resources and also other specialist services such as substance misuse, early intervention, eating disorders, integrated autism service etc as well as the work on areas such as mental health first aid training, suicide prevention etc being led through public health.

In ABUHB a Transition Arrangements Development Group has been established to ensure improved transition from children to adult services and parity of care with equal access to specialist services for those that require them. The outcome of the inquiry into mental health support in Higher Education would feed into this project to determine whether there are further structures and safeguards that can be implemented to support young people's mental health whilst in a HEI. All those known to mental health services will receive ongoing support through their transition into Community Mental Health teams if required or signposted to primary services through their GP. There is currently a development register of young people known to the CAMHS teams within Gwent.

It would be a positive move for HEI's to engage with local health boards to establish the level of need for both primary and secondary mental health services in the area. If a young person is known to CAMHS/Adult MH services (if consent is gained) a transition/support plan could be established between services and HEI's to ensure best support for individuals through a variety of routes, including education based counsellors.

Within ABUHB a transition panel has been established to discuss young people who are known to CAMHS services. This is attended by senior managers and clinicians and provides a forum for advice and consultation, if better links are

forged with HEI's this could be a useful space to discuss the more complex mental health needs of students. It is important to recognise that if transition for young people is managed well from the beginning and there are regular opportunities to discuss wellbeing before the young person enters a HEI then early, proactive interventions which can include self-directed strategies can be embedded and in place prior to starting their period of study.

Since 2019/20, the Health Board has developed CAMHS Schools In-reach, CAMHS Whole School Approach and School Nursing Emotional / Wellbeing teams as part of an integrated, whole-system, Gwent region approach to deliver services that support the emotional health and well-being of children and young people in Schools/HE; ensuring the schools/pupils/student have timely access to appropriate support when needed.

The Health Board has continued to build on this development in 2022/23, with our teams working on a model of easily accessible consultation and liaison for young people in HE, including offer of short, focussed intervention in conjunction with school staff, provision of preventative/lower-level need group work and transition plans for our more vulnerable students.

Our teams also work alongside partner agencies to access appropriate training for school staff/interventions for specific young people and help create environments where all members of the education community can flourish and thrive. Their work has been key in achieving both the objectives set out in the Welsh Government Framework for Whole School approaches and the work of the T4YP/NEST national framework.



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