

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 27

Ymateb gan: Mind Cymru

Response from: Mind Cymru

About Mind Cymru

We welcome the Children, Young People and Education Committee's inquiry into mental health support in higher education. Student mental health presents a wide range of challenges that the Welsh Government must address with suitable scope. An effective response from the committee that is aware of these issues is likely to have a strong impact on young lives across Wales.

In Mind's strategy¹ we identified three key priorities for our work: supporting young people, becoming a truly anti-racist organisation and fighting for those living in poverty. Higher education mental health has clear intersections with each of these themes, and much more besides. Our Mentally Healthy Universities programme pilot indicated further work that needed to be done to meet the challenges presented by these three areas. We are looking at how we can apply this learning across our work.

We have sought the views of current and former students to feed into this submission, which appear in quotations.

"The pandemic also worsened students' anxiety and depression, and the university services could not handle the number of students who wanted to get support. The waiting lists got longer, and students had to wait instead of being able to get help faster. The long waiting time between self-referral and first appointment negatively contributed to their mood."

Overview

Mental health support in higher education can be analysed through an individual's journey. When students arrive at their institution from across Wales, the UK or around the world, a significant proportion will have pre-existing mental health conditions, considering that we know that 50% of adult mental health conditions manifest themselves by age 14 and 75% by age 24². Others will develop conditions

¹ <https://www.mind.org.uk/media/7248/we-are-mind-mind-strategy-2021.pdf>

² Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593

during their studies, or experience periods of engagement with mental health support due to circumstance.

The largest proportion of the student body will consist of young people. They have told us that experiences of trauma, whether from a broken relationship, bullying or something else, underpin much of their mental health need as they grow up. They often feel unable to ask for help, finding themselves stuck on waiting lists that can stretch for months or years. These issues do not vanish when they leave to study at university.

This presents universities with a particular set of challenges to meet a particular set of needs for their students, including:

- Supportive staff and courses
- Clear signposting to what support is available, as well as implementing a no-wrong-door approach to care
- Robust referrals to services in the university and the NHS
- Students facing the transition from CAMHS to AMHS receiving adequate help, particularly from sCAMHS
- A person-centred, needs-based approach to mental health and wellbeing
- Strong relationships with the NHS to ensure no student “falls through the gap”

A positive culture around mental health must permeate through the student body, workforce, and the organisation itself. This will encourage greater empathy, earlier conversations, and more effective support.

After their studies, students must not feel abandoned by in-house mental health support services. In much the same way as some students recently turned 18 will be navigating the often-difficult journey to adult services, students engaging with university mental health services must not feel cut off when they graduate.

We know that if you are young, Black, from an ethnic minority background or live in poverty, you are more likely to experience poor access to mental health support. Inequity such as this must underpin this inquiry. Collective leadership is needed within the sector and government to maximise the effect of this vital work.

We would expect work with clear intersections with this inquiry to be coordinated in a complementary way. This would include the inquiry into mental health inequalities currently being undertaken by the Health and Social Care Committee, not to mention the replacement strategy for Together for Mental Health.

1: What is the current situation with regard to the mental health of students in higher education?

The student population is becoming increasingly diverse³, which is bringing an equally diverse range of experiences. With enrolments at Welsh higher education providers having risen by 6.5% in the year to 145,175 in 2020/21⁴, a figure just shy of the population of Newport, the student body has never been larger. Alongside this increase, so has disclosure of mental health conditions through UCAS: up by 450% in the last 10 years to 3.7% of all applicants⁵.

This rise has precipitated an increase in demand for mental health services. 94% of universities in the UK have reported increased demand for counselling in the last five years⁶, with some reporting that their demand has tripled. In 2019, a survey by The Insight Network of 30,000 students across the UK found that 21.5% had a current mental health diagnosis and a further 33.9% had experienced serious psychological issues which they needed professional help for⁷. Some of this greater demand is likely due to an increasingly positive attitude towards mental health discussion, particularly in the younger population. Also, it could reflect an increase in the expectations of students, where they increasingly look to their higher education providers as not just educators, but also mental health and wellbeing support providers.

Students transitioning from different healthcare systems, from different backgrounds to an often unfamiliar location represent a huge pressure for any higher education provider. Even for those from Wales, going to university can be an enormous change, from living away from home to managing your own finances for the first time. As one of the young people we spoke to explained: "This is a transitory period, not a destination in adulthood." Another added: "It's a big transition in general. They [students] may be moving far from home, or their friends might have gone to other universities. Change, good or bad, can cause incredible distress."

"During my time at university I attempted to access support but was put on multiple waiting lists or offered one session. I think due to difficulties in accessing support many students feel like there's no point seeking help as not much will change."

"Same as with university services, the waiting lists are very long and not enough counsellors. Considering that adult services are for those over 18s, those NHS waiting lists are far lengthier than university ones since it is not just students trying to get help."

³ <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-data-resources-2020/2020-entry-ucas-undergraduate-reports-sex-area-background-and-ethnic-group>

⁴ <https://gov.wales/students-higher-education-september-2020-august-2021>

⁵ <https://www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address>

⁶ <https://www.walesonline.co.uk/news/education/nhs-mental-health-nurses-based-24284862>

⁷ <https://www.mind.org.uk/workplace/mentally-healthy-universities-programme/>

Facing this major transition stage in their lives, students are often presented with difficulties in accessing adequate, appropriate and timely mental health support

Universities themselves are visibly aware of this issue, as evidenced by schemes such as the South East Wales Mental Health Partnership's newly established **Mental Health University Liaison Service (MHULS)**.

The scheme has seen mental health nurses installed at Cardiff University since April 2022 and is open to all 50,000 students from the city's four universities. Its data sharing with the NHS is a strong example of the robust information channels that need to be embedded in institutions and the healthcare system. This data is helping to create understanding of case severity and symptoms to help limit the number of students "falling through the gap".

The model offers a streamlined service for students deemed to meet certain criteria. Strong referral routes from student mental health services, GPs or NHS adult psychiatry encourage clear and timely care. A wide-ranging offer of support, such as a mental health assessment; onward referral or signposting to specialist services; post-discharge follow-up from secondary or unscheduled care; or completing HEI-NHS safety plans demonstrate a much-needed person-centred, needs-based approach.

This is a model that we hope the Welsh Government intends to monitor closely, including the evaluation of the impact this has on students who experience the support. It provides other higher education institutions with an example of best practice that enhances the traditional student mental health support model.

Evidencing student mental health need

Despite some illuminating data in parts of the higher education sector on student mental health, there are still clear gaps that urgently need resolution. Much of this information is held internally by universities themselves. For demand to be appropriately assessed by the Welsh Government, a joined-up approach to data sharing is needed from the sector. UCAS regularly produce helpful admissions data, and perhaps a top-down approach in this model would greatly assist strategy development.

Useful data would include identifying pinch-points for students. For example, we have heard that around exam times, there is an increase in the numbers needing support. With further evidence, universities could establish whether greater resource could be targeted at times like this. Other key areas include what universities hold in terms of access and throughput of their wellbeing services, as well as detailing what type of support is being sought.

The replacement strategy for Together for Mental Health offers a key opportunity to develop a unique and targeted dataset that can provide the mental health sector with greater insight into how best to support students across Wales.

Stigma:

“Students might not feel like their problem is unimportant or not big enough to share and therefore not mention it. Because it is such a personal and sometimes specific issue, they might feel like people did not understand them or validate their experiences in the past, which often results in shutting down.”

Despite improvements, we know that mental health stigma is still an issue for many in Wales, and we can assume that this includes those in the higher education sector. In 2021, Time to Change Wales published their follow-up Public Attitudes to Mental Illness Survey. There was a decline in the number of people agreeing that most people with mental health problems go to a healthcare professional to get help (dropping to 30% from 36%). However, 52% of respondents had either experienced or knew someone with an experience of a mental health problem in the last 12 months, doubling the 2019 figure. 9 in 10 people knew of someone who has experienced a mental health issue.

Also, notably, Time to Change Wales reported during the pandemic an increase in people experiencing self-stigma⁸. This is where we seek to minimise our mental health, as we believe there are bigger issues we or others are facing. This may lead us to neglect the signs that we need support, even if it is just to talk to someone about our feelings and emotions. For those experiencing this during their studies, it can lead to further isolation and a deterioration in emotional wellbeing. Also, people from certain communities are more likely to self-stigmatise. We know that talking about your mental health can feel very risky for some people. People from these backgrounds are more likely to internalise these feelings further when they enter their studies.

Stigma is also an issue for staff. The Equality Challenge Unit found in 2014 that 38 per cent of university staff surveyed had not told colleagues about their mental health problems due to a fear they would be treated differently or thought less of⁹. Higher education institutions must promote a better ethos of mental health in their workplace as caring and supportive employers. It is welcome that several universities have signed the Time to Change Wales Organisational Pledge, and we hope to see this filter in to foster a healthy attitude for staff to speak out about their experiences of mental health.

⁸ <https://www.timetochangewales.org.uk/en/about/news/increase-self-stigma-amongst-those-sufferingmental-health-issues-covid-19-lockdown/>

⁹ <https://www.mind.org.uk/workplace/mentally-healthy-universities-programme/>

2. Are there any different challenges with regard to mental health for different groups of students?

Much like our physical health, our mental health is affected by a range of different determinants. Inequalities can affect access to appropriate mental health support. The pandemic is relevant on this point but will be discussed in greater detail later in this response.

Students will arrive at a university with a range of different experiences, from international students to those from poorer backgrounds. This inquiry must endeavour to approach these differences in experience with a sensitivity and care to ensure recommendations that suggest an equitable set of improvements.

For each of these factors, there is an obvious need for mental health support to be tailored to the needs of the individual. It could be cultural competency for those from racialised communities or students from non-UK countries, or flexibility in appointment scheduling for students with caring responsibilities.

Students from poorer backgrounds:

UCAS has reported that the latest intake of students across the UK includes a record high proportion of those from disadvantaged backgrounds¹⁰. Wales has the highest poverty rate of the UK nations, with 34% of children living in poverty¹¹, so it is likely that some of these young people will be entering higher education. Some will be the first to attend university in their families. Others will intersect with other groups discussed in this document, such as carers or those from racialised communities.

Despite access to university becoming less of an issue, poor mental health for those from disadvantaged backgrounds is still more likely. 20% of Welsh adults in the most deprived areas report being treated for a mental health condition, compared to 8% in the least deprived¹². During studies, issues with finances for students will not vanish. With the biting pressures of the cost-of-living crisis only set to intensify as we approach winter, poverty is a very real issue, both for those living at home or for those living in student accommodation.

The findings of the National Student Accommodation Survey 2022, conducted by Save the Student, indicate that, of those that pay rent, 53% struggled to keep up with the cost this year, including 11% that found it a constant struggle¹³. 56% of those surveyed have borrowed money during the year 2021-22, with 30% of this figure asking parents for money. The link between poor living conditions and mental health problems has been well documented by Mind¹⁴. For students from poorer

¹⁰ <https://www.ucas.com/corporate/news-and-key-documents/news/record-applications-disadvantaged-students-higher-education>

¹¹ <https://www.childreninwales.org.uk/news/end-child-poverty-child-poverty-statistics/>

¹² <https://research.senedd.wales/research-articles/a-mentally-well-wales/>

¹³ <https://www.savethestudent.org/accommodation/national-student-accommodation-survey-2022.html#key>

¹⁴ <https://www.mind.org.uk/information-support/guides-to-support-and-services/housing/housing-and-mental-health/>

backgrounds, keeping up with rent and bills, many without the same ability to borrow from parents, poverty while studying is a real risk, and with it, an increased risk of poor mental health.

Students from racialised communities:

Students from different ethnic backgrounds and countries are likely to have different experiences and needs. Universities must be conscious of this difference in their approach to mental health care.

In 2020, people from racialised communities in Wales reported on average more than 4.1 problems associated with mental distress on the GHQ-12 score, whilst White British individuals reported 2.7, a difference of 55% in relative terms¹⁵. Students from these backgrounds and their close circle could have complex experiences of racial trauma, which demands sensitive and competent support from their universities, ideally with staff they can relate to. The risk of retraumatisation from outlining your story over and over again to different mental health professionals, particularly those lacking adequate cultural competency, can have an enormous impact on wellbeing. Most Welsh universities are striving to improve the environment for people from racialised communities to ensure they feel as welcome as possible, but experiences of racism and discrimination are likely to persist, so care is needed to ensure mental health support is equitable. This includes mental health support that is:

- Delivered by staff with strong cultural awareness and sensitivity
- Appropriate and respectful
- Tailored in a person-centred, needs-based way to meet the challenges of specific trauma
- Available through the medium of their preferred language. We recognise that this is not necessarily viable, but through our discussions with young people, we have heard certain countries were signposted through university support services more than others (usually European countries were the focus). This led to one respondent feeling discriminated against

International students:

"I would love it if the universities had a few international-born counsellors that lived and worked in the UK. The experiences we as international students might have are sometimes very different from the ones of a British student."

For universities with a diverse student population, language will be fundamental to helping many feel that they can reach out for support. This is especially true for international students, who are becoming an increasing presence at Welsh universities. The 2021 admissions cycle saw an increase of 19% more UCAS

¹⁵ https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

acceptances for students from non-UK countries for Welsh universities¹⁶. Our feedback from engagement with current and former students had indicated that there are several issues felt by non-British students with their mental health while studying:

- Loneliness and homesickness
- "Struggling to fit in, social anxiety and peer pressure could result in difficulties such as having a hard time meeting new people and making friends"
- The "drinking culture" can be intimidating for students from countries with different attitudes to alcohol. This was described as exclusionary and isolating
- Different work regulations and insurance requirements can impact the ability to access counselling services, according to one respondent
- The pandemic limited many international students to not travelling to their university, so they were increasingly isolated
- Counselling services during the pandemic were often seen as sporadic, or lacking cultural competency, leading to one person "feeling uncomfortable"
- Specific resources and guidance were limited for those from abroad, particularly those needing assistance with English in accessing support

Students with caring responsibilities:

"I think that students who are estranged or mature students do have family and child-bearing commitments which can impact their ability to procure mental health services. The university does have a Mature Students Association to support Mature Students within their studies but I think a closer link can be created with Mature Students related to Mental Health at my university."

There are two aspects of the needs of carers that must be considered by higher education institutions. The first is that any mental health support must work around the needs of the carers themselves. 23% of adults in Wales (approximately 584,134 people) provide unpaid care to family or friends. This is a higher percentage than in any of the other UK nations¹⁷. Many of these are young people caring for family members. Students balancing their caring responsibilities and studies are likely to feel intensely pulled between trying to meet deadlines and look after their loved ones. Adaptive care could include provisions such as flexible timetabling or maintaining service if a session is missed due to personal reasons.

Secondly, carers often intersect with those living in poverty, which is likely to increase their likelihood of facing a mental health problem. Carers Trust research in February 2022 found that 48% of unpaid carers surveyed had to give up paid work because of their caring role. 42% said they had to cut back on other household costs, and 31%

¹⁶ <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-sector-level-end-cycle-data-resources-2021>

¹⁷ <https://research.senedd.wales/research-articles/fuel-prices-and-the-cost-of-living-making-a-bad-situation-worse-for-unpaid-carers-and-domiciliary-care/>

cut back on food¹⁸. The Welsh Government must work with universities to target assistance, whether funding, grants or something else, to provide reassurance that carers will not be left behind.

Healthcare students:

“Medical students have a lot of stigma and are worried about disclosure of mental health problems as they feel this may impact their future employment.”

Healthcare students represent a significant proportion of the student population in Wales, yet are often overlooked, despite having different pressures on their mental health, from factors such as placements and high demand in the healthcare system for their chosen profession.

The healthcare sector is under extreme strain, and students entering the workforce through placements or qualifying will often be confronted with an environment of poor staff wellbeing, which is likely to impact their own experiences of mental ill health. There are several examples of poor mental health in healthcare staff across different professions, such as the RPS and Pharmacist Support Mental Health and Wellbeing Survey 2021 of 1014 pharmacists. This showed that 40% of respondents said their mental health and wellbeing was poor or very poor in the last year¹⁹. 70% said their work had negatively impacted their mental health. Over half of respondents had not taken any time off work for sick leave within the last year.

Demands on healthcare students are likely to be high for other reasons, such as a below-capacity workforce. We know that there are not enough mental health nurses being trained. Nursing students are incomparable to normal students, due to the issues they face with placements, a shortage of breaks and a demanding work schedule. They have highlighted that it is common for them to develop mental health issues during their studies as a result. For some, this can mean not completing their training.

This landscape makes it even more necessary to prioritise the wellbeing of students studying healthcare-affiliated subjects. Care needs to be taken to ensure access to university mental health services is as accommodating as possible. Those on placements, those living near a hospital campus (which can often be away from the main university hub) and those working demanding schedules will likely feel isolated if they do not receive support flexible for them.

¹⁸ <https://carers.org/news-and-media/news/post/169-over-90-of-adult-unpaid-carers-feel-ignored-by-the-government>

¹⁹

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Workforce%20Wellbeing/Mental%20Health%20and%20Wellbeing%20Survey%202021-211207-C.pdf?ver=--ridjQdJxkWQG6MMNvSNaw%3D%3D>

3. What has been the effect of the Covid-19 pandemic on student mental health, and how has it affected student mental health support?

"Some people were used to in-person appointments or sessions from their university rooms. Having to do them at home with family present all the time puts many people off from getting the support they need. Some people had to pause or quit appointments because being at home with others around offered the exact opposite of privacy. Feeling uncomfortable with others hearing conversations or not wanting parents to know they are getting help for their mental health increased low mood and anxiety."

The pandemic increased demand for mental health services across Wales. Mind Cymru's survey of pandemic mental health, *Coronavirus: the consequences for mental health in Wales*, published in July 2021, paints a stark picture of the impact of Coronavirus on vulnerable people in accessing services²⁷. 68% of young people say their mental health worsened during the pandemic. Around 50% said that their mental health had become **much worse**.

Coronavirus presented an enormous challenge to keep higher education mental health services operating as close to normal as possible. Cardiff University have reported that more than 4,000 (15-20%) of their students access the counselling service each year. The university has seen a 30% rise in requests for help from in-house support services since 2020²⁰.

Many students lived at home during this time, rather than move to their university city, and those who did move were often faced with the isolation of experiencing their studies through a laptop. Some found it unsuitable when most mental health support moved online. We heard that people who lived in houses of multiple occupation that a lack of privacy made digital support uncomfortable. However, others were transformed by the move to online support, as they could access services that they would not normally feel comfortable walking into in person. As universities adjust their support model following the pandemic, individual preference must be at the heart of options made available to students.

It is important to note here that many Welsh students face a particular set of geographic pressures. Rural areas in Wales are often limited in their access to connectivity, with 13% of households in Wales lacking access to the internet²⁹. Students living in these communities are likely to have been affected by the digitisation of mental health support from universities disproportionately, compared to students from city hubs like Cardiff and Swansea.

International students:

²⁰ <https://www.walesonline.co.uk/news/education/nhs-mental-health-nurses-based-24284862>

Many international students faced the challenge of working from home, with many choosing to not travel to their campus at all. One of the young people we spoke to said:

"Because of different working regulations and insurance requirements, international students who are not living in the UK cannot access university counselling services. During the pandemic, many international students did not come to the UK to study since it was online. Therefore, they did not have access to university mental health services. As an international student myself, I find that quite sad."

Students from non-UK countries will often be coming to Wales for the first time, often alone and with limited understanding of how to access mental health support. The pandemic has increased the demand for university mental health services, but international students must not be left further isolated. Interim support, strong signposting and a caring system will help ensure every student gets the support they need.

4. How effectively do higher education institutions promote an ethos of universal good mental health and wellbeing to students?

Students have indicated to us that greater 'mental health literacy' and signposting would help improve the culture of mental health on campus. One said:

"I would love to see short training courses on mental health first aid to give students the confidence to open up and help others if needed. There is not much information and advice on supporting others, and many people do not have the confidence to approach a friend or start a conversation about mental health because they might not know what to say."

Another highlighted the benefits that wellbeing workshops could provide:

"One of the first things is to normalise mental health issues and getting support for them. This could be done by advertising more frequently the workshops the university provides and not just on the mental health section of the website but the main one. Activities such as workshops, self-help pages and support groups could also be helpful, and it is already something that some universities do. However, you will know about them only if you specifically look for them on the university's intranet page."

To tackle pinch-points such as exam times effectively, proactive campaigns about where to seek support will be useful for students. We have heard that although there is information available, often it can be passive and easily missed. A more engaging and robust approach to signposting from universities would likely reach beyond those who just so happen to come across the information by chance, which may not necessarily be the students who need help the most.

We have demonstrated the value of workshops and signposting for both students and staff. In the 2019/20 academic year, Mind's Mentally Healthy Universities programme pilot introduced several elements that are informative here:

- 2,500 students from across the UK participated in sessions on topics such as wellbeing essentials. Sessions were delivered by local Minds in universities
- Over 450 staff were supported to set up a network of Staff Mental Health Champions and Staff Mental Health Peer Supporters
- Universities worked with Mind to meet the Mental Health at Work commitment, and Mind published follow-up guidance for the wider sector
- A national student mental health hub was created which collated wellbeing resources

All workshops, the staff schemes and the wellbeing resources were well received by service users. The data we do have is limited in some areas. The majority of students who engaged with the programme evaluation were UK/EU students (86%) who were female (73%), white (88%), aged 16-24 (77%) with personal experience of mental health problems (42%). This deficiency is important to note for future planning.

Peer support is a powerful tool. It is more than going for a cup of tea with someone. It is training people to be able to talk about their own experiences in order to support others. The local voluntary sectors could provide some of these facilities if links are improved with universities. Links between higher education institutions and the local voluntary sector can have a strong impact on student mental health. For example, Newport local Mind has been coming into schools to offer support to students for two days (later extended to five due to demand). An organisation such as this could offer groups and activities accessible for students of any age.

5. Are there any specific issues with accessing NHS mental health support?

"I personally experienced so many difficulties accessing services and my antidepressant medication and I was not allowed to be registered at two GPs at once. I found whenever I went home I had to get my parents to post my medication which was expensive and I often missed many doses."

NHS mental health services do not and should not disappear for a student when they are at university. It is important to define during this inquiry where in-house mental health services sit in the context of the NHS.

The MHULS sets a precedent of student services being able to refer students into secondary care, which is something that needs to be reviewed in the wider context of this inquiry. If a no-wrong door approach is to be implemented functionally and effectively across Wales, there needs to be clear guidance as to which pathways are available for students to access appropriate and person-centred care. Also, a consistent offer is needed throughout the country, regardless of where a student is,

Aberystwyth to Bangor to Cardiff, whether living at home or on campus. In tandem, students need to be made aware of what is available, to ensure that they do not miss out.

Primary care and general practice

We know that primary services are overwhelmed. The Royal College of General Practitioners (RCGP) has indicated that GPs are currently working massively above capacity. With the new cohort of students arriving this Autumn, there will be a further impact on the GP workforce. Some students will be registered in Wales already, but many will need to register near their new university to be able to access services such as prescriptions and GP appointments.

Despite capacity issues, some are not turning to GPs for help with their mental health. Time to Change Wales's public attitudes survey in 2021 noted that there has been a significant fall in the number of people who say they are likely to contact their GP for help with a mental health problem (dropping from 80% in 2019 to 66% in 2021). This fall has been sharply seen in the 16-34 age group (67% fell to 49%), which will likely include most of the student body. Whilst we recognise that this drop is in part due to the pandemic, where people were less likely to be seeking help, it must not be overlooked that other factors, such as poor accessibility and confusion over registration, could be playing a part.

After seeking help from a GP, it is not just an issue of getting a consultation, it is the quality and nature of the consultation itself that can be an issue for some students. Seeking help for your mental health can be a daunting experience, let alone living in an often new, unfamiliar city, often on your own. Mental health discussions can be a nerve-wracking, vulnerable experience for many. For healthcare students, or others with professional registration, this can cause anxiety as to the impact on their future career.

As the above quote from one of the young people we spoke to testifies to, confusion between home GP services and those near university can lead to issues with things such as medication, which can have enormous wellbeing implications, on top of this transition to a new environment. Moving from different devolved healthcare systems, such as Scotland or England to Wales, can also cause poor clarity about where the individual stands. This could involve different thresholds for support that may put immense pressure on the student.

Joined-up thinking and clear pathways, as well as easy-to-understand guidance can make all the difference. Another recent graduate we spoke to recalled sign-up forms for a transfer to a GP surgery near their halls of residence being handed out in induction week, but with little follow up.

Beyond primary care, young people under the care of secondary services should have a care and treatment plan. That plan will identify a number of areas of life, such as finance and education. If it works effectively, it should be a cornerstone document to identify what a young person needs in terms of their ongoing care, whatever part of the country they are going to, whether they are moving health board in Wales or moving to Wales from another part of the UK.

The quality of care and treatment plans needs to be improved, but what is in place is an already effective vehicle. Open and honest conversations with young people about their move to university will help lay a firm foundation for their care while studying. It can cover what support they will need, what the local provision is, how it can be accessed and what the opportunities are for them. This can be something for them to take with them and use as a valuable resource. Young people with these plans in place have indicated to us that being involved in their own care planning has been life changing.

For somebody seeking help, the most important thing is that they are seeking help. This person must not need to worry about retraumatisation through having to tell their story to different professionals repeatedly. They must be directed to an appropriate place with appropriate staff ready to provide appropriate care. This may well be within the NHS rather than in student support services.

Where possible, students need to be given clear guidance as to what seeking mental health support could look like, what type of support best suits their needs and what they can expect from the university. There needs to be a no-wrong-door approach, with different professions communicating effectively. The MHULS has demonstrated where robust links with the NHS can be effective, and we hope to see these positive signs emulated across the rest of the sector. Health boards will need to engage with universities, working within the framework of the investment available to them and the policy direction around mental health to define this no-wrong-door approach.

Transitions:

"At university age, the transition to AMHS from CAMHS will be ongoing for anybody. Perhaps the additional transition of starting university would put added pressure here. The main issue I can think of is keeping in touch with their therapist if they already have someone and they are moving to a university away from home, they may not offer remote treatment. Also in regard to moving their GP maybe this would cause an issue if someone wants to stick with their therapist, but they're based in a different health board and so would have to stop seeing them. Breaking away from their home, family, friends, schoolteachers and then ALSO their therapist, could be incredibly difficult."

Any point at which you are transitioning in life to a different stage, such as leaving school or getting married, creates stresses and pressure that can impact your mental health. The move to university, which, for many young people, will involve living on their own for the first time, as well as managing their own finances, relationships and their studies, can be enormously stressful. They can be left to feel isolated.

It is important to not overly medicalise this initial transition. There are students who have a mental health condition that they are receiving support for. There will be a large number of young people who feel the pressures of entering adulthood for the first time. For some, this will be a temporary situation while they are readjusting and finding their feet. It is important to not rush to label this in mental health terms.

The new curriculum and whole-school approach can allow delivery of a step change in how young people think about their mental health. We can hope that it will help develop their confidence and vocabulary to talk about it; their coping mechanisms; and their familiarity with the topic. This education can help ease this transition to university for the upcoming cohorts of young people entering university after this new curriculum has been fully implemented.

There are two key transitions that we would like to highlight for the purpose of this inquiry:

1) The first is from child to adult mental health services. [Mind's Sort the Switch report](#), published in May 2022, spoke to young people who had experienced the move to adult services and found that, published in May 2022, spoke to young people who had moved to adult services and found that:

- Their needs, thoughts and feelings about moving to adult services are often unheard
- Many feel abandoned at 18 with inappropriate or no support
- Trying to move between services can make mental health problems worse
- Welsh Government guidance isn't followed, leaving young people without support they're entitled to

Many young people will be entering university at the age of 18, and some are likely to have experienced this transition. They may be feeling vulnerable and isolated from their familiar mental health support services, which is why it is so vital that, where suitable and possible, university services can communicate effectively with the NHS.

Even if young students enter adult services as their primary means of mental health support, clear information with universities along this journey can make all the difference. Strengthening this would enable institutions and academic schools (as well as personal tutors) to streamline access more effectively to provisions like extra time and specialist academic support. The warmer the relationship students can have

with university support services from the first of their studies, the more likely they are to feel settled during their studies, and hopefully achieve their potential.

2) An often overlooked issue for students is the transition from student support services to something suitable afterwards, whether with the NHS or otherwise.

Some universities are known to offer recent graduates a limited number of career advice appointments after finishing their studies, but a similar provision does not exist for mental health support. There are several clear mitigating reasons for this, most notably the demand for services already being high. However, there is a danger of considering students' completed pathways as finishing firmly with the end of a degree, rather than supporting a transition. An end of studies may be a suitable time for some to cease their current mental health support, but for others it can trigger a series of issues, as graduation can be a daunting experience.

Solutions to this will require creativity and innovation, but it is a pressing issue that must not be overlooked. Ideas may include:

- Improving integration with the NHS, not just for specialist care. Strong links with GPs (particularly if the student is staying in their study city) would be enormously beneficial to stop graduates feeling like they have "fallen through the gap". Cross-border and cross-devolved healthcare systems are obvious challenges that would require further planning
- One or two post-graduation appointments, whether with the counselling service itself or with a mental health adviser assessing options could offer good signposting and ensure it does not feel like momentum has been lost
- Wider ideas could include things schemes such as social prescribing or something in the model of Mind's Active Monitoring service. These could offer interim support or help move some of the care more into the community

At the heart of both of these transitional issues is the necessity for students to be listened to. At these sensitive times in their lives, they must feel that their needs are being taken seriously. This needs to be recognised at a Welsh Government and an institutional level urgently.

6. How effectively do the Welsh Government's policy, funding and regulatory arrangements for the sector support the mental health of students in higher education?

We hope that in the decade since the introduction of the Together for Mental Health strategy, the Welsh Government recognises the sea change that has happened in:

- The awareness of prospective and current students of their mental health needs
- The state of student mental health in light of the Covid-19 pandemic
- The demand for a base standard of effective, timely and needs-based support

The original strategy faced the challenge of its breadth, covering everything from early intervention through to people experiencing crisis and severe and enduring mental illness. This had its benefits, but lacked the nuance needed to be as comprehensive as intended.

Several of the groups raised in this document as more likely to experience poor mental health at university are the same groups more likely to experience poor mental health in the general population. If you are young, from a Black or ethnic minority background or live in poverty, you are more likely to experience challenges accessing support for your mental health. With this in mind, we hope to see the ongoing inquiry into mental health inequalities also feed into this work, so as to maximise the effective outcomes of both projects.

7. In the context of the Tertiary Education and Research (Wales) Bill, what would a whole system approach to mental health and wellbeing in post-16 education look like?

We welcome the establishment of the Commission for Tertiary Education and Research. We know the link between lack of economic activity, poverty and poor mental health. It is encouraging that the implementing Bill recognises this. This 'whole systems' approach should better focus support in a strategic, equitable manner. Other key points include:

- The Commission must remain at arm's length to protect its impartiality and maximise its effectiveness. We welcome the Bill including the requirement to develop and deliver strategic plans, as well as the prioritisation of a person-centred, needs-based approach
- A firm foundation rooted in the Wellbeing of Future Generations (Wales) Act 2015 is important
- Improved learner satisfaction is a positive goal, but must be measured and reviewed consistently and appropriately
- The encouragement of all parts of the tertiary education sector to communicate with each other offers a key chance to strengthen the transition from youth to adult mental health services
- An increase in the provision through the medium of Welsh ensures greater cultural competency is embedded into the institutions. Further consideration for other languages and cultural backgrounds would be a good addition, to make every learner feel truly included
- It is important to note that what might work in an urban university might not be suitable for a more rural university too. It will always be necessary to respond to the demands of the student population
- This inquiry has identified the need to transfer knowledge, so the new body provides an apex to be able to bring stakeholders together and identify what

is working well across the sector. There is an opportunity to link the new curriculum and the whole-school approach

- As with any institution, a positive and open mental health culture is vital. Higher education institutions are staffed by people who may have had experiences of mental health themselves. We know that, where somebody has a good understanding of their own mental health and the impact that poor mental health can have on others, they are more likely to be empathetic and supportive to people who they come into contact with who may be displaying poor mental health outcomes. With this in mind, a strong staff focus with this new body with a healthy workforce will likely seep into a healthy culture for students too

8. What are your recommendations for change?

"Addressing and understanding students' struggles can vary significantly from university to NHS counsellors. I do not have experience with counselling through the NHS and only through an independent mental health service- but after a few appointments, I can say that as a student, I felt more understood by university counsellors. It would be helpful if there would be a choice to talk to counsellors within NHS who specialise in student mental health.

Also, it is always a back-and-forth exchange because of waiting lists- NHS services and GPs recommend accessing university services, and university services recommend talking to GPs. It can feel like there is no correct answer, and you have to register for both and see which one will take you first."

1. **Invest in student mental health.** This should include funding for support services, training and resources, based on known best practice approaches to support the mental health needs of students from a range of backgrounds
2. **Ensure that mental health support is also available and adequate for staff**
3. This inquiry should **work in tandem with other ongoing mental health work in the Senedd and Welsh Government**, such as the inquiry on mental health inequalities
4. **Universities need to promote a positive mental health and wellbeing culture.** This includes supportive staff and courses; good signposting; robust relationships with the NHS; and a person-centred and needs-based approach from the top-down
5. **Waiting times for students should be improved**, whether through filtering demand through schemes like the MHULS or greater investment
6. **Universities should be encouraged to cooperate more on data sharing** with the NHS and also more generally, to help truly assess the picture of student mental health in Wales
7. **Universities should take ownership of the battle against mental health stigma.** Students and staff need to be encouraged to have open discussions

in an environment that feels *for them* and respective of their needs, regardless of their background

8. **The Welsh Government should work with universities to improve financial support for students.** Issues such as fuel poverty and struggling to pay bills should be confronted, particularly in light of the cost-of-living crisis
9. **Implement tailored support for those with different experiences, such as those from racialised or poorer backgrounds.** Students from these backgrounds are likely to have a set of very specific needs, triggered by specific trauma that requires adequate training and cultural competency. International students must also be supported in a sensitive and person-centred way that meets their needs
10. **Carers, or other students with extenuating reasons that affect timetabling of mental health access, must be allowed a flexible service.** This could include flexible hours or simply not feeling cut off from service provision if they miss an appointment. This includes healthcare students
11. **A hybrid appointment approach is most suitable.** The pandemic has demonstrated that fully virtual or fully in-person appointment models are not suitable for everyone. The more accommodating a university can be with a hybrid approach, the better
12. **Improved signposting and mental health literacy amongst staff and students will develop a better culture of wellbeing on campuses.** This could include workshops, resources or in-house campaigns. Mind's Mentally Healthy Universities Programme is a good model for this
13. **Improve and standardise GP registration where possible.** Cross-border and cross-healthcare systems issues must be strategised through carefully. This would improve accessing prescriptions and general appointments
14. **Implement a no-wrong-door approach for students looking to access help**
15. **Improve transitions for students moving from child to adult mental health services in line with Mind Cymru's recommendations in its Sort the Switch campaign**
16. **Improve transitions from students graduating and accessing student mental health services**
17. **Incorporate this inquiry's work into the replacement strategy for Together for Mental Health**
18. **The Tertiary Education and Research (Wales) Bill must:**
 - a. Keep the new Commission at arm's length to maintain its impartiality and maximise its effectiveness
 - b. Develop a firm foundation in the Wellbeing of Future Generations (Wales) Act 2015
 - c. Review and measure learner satisfaction carefully and appropriately

- d. Encourage greater communication between all aspects of the education sector. This could greatly improve transitions between mental health services
- e. Improve cultural competency in institutions by increasing the provision of Welsh. It would be good to see this emulated for other cultural backgrounds too