Cyflwynwyd yr ymateb hwn i ymchwiliad y <u>Pwyllgor Plant, Pobl Ifanc ac Addysg</u> i gymorth iechyd meddwl mewn addysg uwch

This response was submitted to the <u>Children, Young People and Education Committee</u> inquiry into Mental Health support in Higher Education

### **MHHE 28**

Ymateb gan: Platfform Response from: Platfform

FORM

Platfform is the charity for mental health and social change.

We are a platform for connection, transformation and social change. We're driven by the belief that a strengths-based approach is the foundation to sustainable wellbeing for everyone. We do not believe that people or communities are "broken" or in need of fixing.

Our work takes a trauma informed approach to understanding mental health and emotional distress, and we see the current mental health, and wider health, social care and public sector systems as no longer fit for purpose. Based on illness and deficit models, they deny people the hope and agency to heal.

# **Comments on the Inquiry**

Platfform would like to focus on making three general comments to help inform the committee's inquiry.

### **Social Determinents of Mental health**

Our mental health is largely determined by the conditions in which we are born, grow, work, live, age along with the wider set of forces shaping the conditions of our daily lives.

It's therefore not about what's wrong with us. It's about what's happened to us, what emotional needs we didn't or aren't getting met and what impact this then has on our mind, body, and soul.

Mental health in its simplest form is about nervous system overwhelm and a loss of connection to self, others, and the world.

This means it is not just a problem for the 'one in four' of us, it is an issue for everyone. Every single one of us experiences distress, pain and suffering. This is part of our human condition. Therefore, mental health is relevant to all of us. The intergenerational nature of trauma and distress means this is a problem for our future generations too.

When it comes to higher education, there are specific points relevant to the experience of students that are important;



#### Continued

Essentially students from less privileged and economically disadvantaged backgrounds are less likely to enter higher education in the first place. For those that do, more barriers await. The financial support available is often inadequate, with part time work essential for many. This means balancing employment commitments and study. Overdrafts and credit cards will be involved for many, and without the backup of having parental income to help. The cost of living crisis will inevitably make these matters worse.

The links between financial difficulties and Mental Health are well-established so we won't repeat them here, other than to emphasise the impact of such difficulties is not randomly distributed.

This will also impact on relationships. Students from a disadvantaged background may find it more difficult to relate and find understanding friends (perhaps feeling 'imposter syndrome' when socialising with those who have had different life experiences and who can afford to focus on their studies).

#### Prevention

A lot of feedback we get is that universities are not doing enough proactively to ensure mental health and wellbeing is a priority – there is little in the way of a universal approach and things students can get involved with to promote wellbeing. Most services offered are good when accessed but this is at a time when things have become a lot worse for students and there can still be waiting lists.

Many have told us that getting help sooner or knowing how to access support (clearly communicated) would be of benefit and would help. Students have told us that during the pandemic, there was nothing offered or available and they lost the relationships with lectures and tutors due to learning being remote. Isolation was huge as restrictions meant not being able to meet up with friends, or for those who started courses during the pandemic, the ability to make friends initially. This is hugely important for Mental Health given the importance of connection to well-being.

When it comes to those already known to services, we are aware of examples of people dropping out due to not being able to continue under the circumstances and having no support. This is of course against the backdrop of statutory and health services being difficult to access for people aged 16+ due to age cut offs and a lack of support for transition to child to adult mental health services.

There is a similar lack of joining up of services for students coming into an area – the feedback we've had is that it's very hard to go straight to access support/transfer into mental health services from one area to a new one, so people fall through gaps and have to fight to gain access to support.



#### Continued

# Non-medicalised approach

Platform believes that despite the challenged noted, we should not be medicalising those students having a tough time. Starting higher education is a big change, and young people need to be supported more in their journey to becoming independent (especially where they may not have access to supportive relationships, are leaving care etc). The stress they are placed under through exams, social life, finding their identity and career path is huge. The anxiety this creates is normal – but little is done to help young people understand this – and so often students can be given medication too quickly or receive a diagnosis for normal responses to change and stress. This can potentially lead to stigmatisation and further problems.

We have outgrown the story that people having a tough time with their mental health are just experiencing the fate of biology, chemical imbalance, genetic potluck and lacking 'personal resilience'.

If we understand that distress and mental health is not rooted in disease, illness, and pathology then it makes no sense to construct our understanding from this starting point.

Relationships are key. Change happens through relationships and through the sharing of experience. It occurs in relationships based on trust and through sharing power. Research has found that our current connectedness (followed by our history of connectedness), and not our history of adversity, is the best indicator of our current functioning.

For us, the starting point in improving Mental Health services across Higher education must be in ensuing that the importance of connection and relationships is at the core in helping students experience difficulty.

