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 29

Ymateb gan: Cymdeithas Cwnsela a Seicotherapi Prydain

Response from: British Association for Counselling and Psychotherapy

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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

Student mental health and wellbeing are a growing concern among both higher education stakeholders[1] and the general public.[2] Undergraduate students have been found to report substantially lower levels of subjective wellbeing than the general population aged 16 to 24.[3] In addition, some evidence suggests that students now report higher levels of psychological distress at university than previous cohorts, with an increasing demand for university mental health services.[4] Between 2012 and 2017, for example, 61% of university counselling services reported an increase in demand of over 25%,[5] while rates of student suicide and self-injury have also increased during the same period.[6] It is estimated that 75% of students requiring professional support do not access university mental health services.[7] Minoritised student demographics in particular, such as students from ethnic and sexual minorities, and lower socio-economic backgrounds, evidentially experience additional mental health challenges and barriers to accessing support services at university, resulting in disproportionately poor mental health outcomes.[8] Emerging evidence further indicates that the COVID-19 pandemic crystalised and accelerated these trends towards increasing mental health demand, complexity and inequality across the UK higher education sector.[9]

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5. Thorley C. Not by degrees: improving student mental health in the UK's universities. Institute for Public Policy Research. [Online.] www.ippr.org/publications/not-by-degrees (accessed 13 June 2022).

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9. Savage M, James R, Magistro D, Donaldson J, Healy L, Nevill M, Hennis P. Mental health and movement behaviour during the COVID-19 pandemic in UK university students: prospective cohort study. [Online.] Mental Health and Physical Activity 2020; 19(1): e100357. https://doi.org/10.1016/j.mhpa.2020.100357

2. Adnabod a darpariaeth | Identification and provision

Why does mental health at university matter?

Supporting mental health at university is intrinsically interrelated to other institutional agendas, and has important educational and economic implications.[10] Students experiencing mental health difficulties are more likely to withdraw from university, to underperform academically, and are less likely to progress to higher level employment or postgraduate study.[11] There is also a significant financial cost to the institution and potential for reputational damage.[12] Alternatively, good wellbeing among students is associated with multiple affective and cognitive academic processes and outcomes, including improved concentration, creativity, motivation, problem-solving and exam performance.[13]

Why we need a whole-university approach to mental health

Against this backdrop, university mental health services are increasingly positioned within a whole-university approach,[14] positing that '...isolated interventions or services are inadequate to address the multifactorial challenge of multiple mental health determinants and consequences', and '...a whole university approach means not only providing well-resourced mental health services and interventions, but taking a multi-stranded approach which recognises that all aspects of university life can support and promote mental health and wellbeing'.[10] Informed by dual continua, systems-based, socioecological, and salutogenic theories,[15] mental health and wellbeing are positioned on a continuum, within a whole-university approach, as '...the ability of an individual to fully exercise their cognitive, emotional, physical, and social powers leading to flourishing' in interaction with the environment.[10] Given that no single intervention has been found to be effective for all students[16] and that the

majority of students experiencing distress at university do not present to support services,[7] a whole-university approach may be the most effective strategy to improve mental health outcomes for the whole university community.[17]

What does a whole-university approach look like?

The University Mental Health Charter outlines principles of good practice to operationalise a whole-university approach, informing and incentivising UK universities to demonstrate effective university-wide approaches to improving mental health and wellbeing outcomes for the whole university community.[10] Comprising four domains and 18 themes, a whole-university strategy comprises one enabler to ensure cohesiveness of support across the provider, alongside holistic structural and cultural provision.[10] 'Since a policy provides a basis for all subsequent actions and ensures the sustainability of the initiative, failure to develop a healthy policy can negatively affect all other efforts to become a health promoting university.'[17]

What are the barriers to a whole-university approach?

In spite of the growing interest, there remains a lack of clarity and consensus on how a whole-university approach should be implemented and evaluated in practice.[18] The use of inconsistent definitions and measures across research and practice have prevented clear evidence about what works in which context.[19] Furthermore, while there can be no 'one-size-fits-all' template, and every university must necessarily develop a whole-university strategy attuned to its institutional context and population, the lack of specific practical guidance on how to create a whole-university strategy is a significant barrier to implementing an effective whole-university approach in practice.[19]

How effective are the NHS and HE working effectively together?

The Office for Students (OfS) published a toolkit on how best to work together to explore referral pathways between 5 leading universities and the NHS to support cross-sector partnerships with key findings including a focus on navigating complex systems which highlighted a difficulty in mapping, difficulty in a shared language and terminology and no single solution to developing joint work:

- Context matters. There is no single solution to developing partnerships – providers will need to understand the funding, organisational and political priorities in their regions, and what stage of the journey they are at. For example, the universities and NHS partners in Bristol are now developing an

integrated Student Liaison Service, similar to the Liverpool model. This development is now possible because of the collaboration generated by the Bristol Hub over the previous two years.

- People and relationships matter. Professional identities and cultures underpin decision making. The roles of professionals within organisations who have an understanding of and can reach across different professional communities and the leaders who enable and can legitimise network activities are hugely important and need to be recognised. It is important to build trust – networks and practical opportunities can help create shared ways of doing things.

As the transition from school or college into university is a period of significant change, greater communication between schools, colleges, and universities is needed, and a joined-up approach between schools, colleges, and universities would be beneficial in order to achieve continuity of support. For example, universities could receive more information from schools or colleges on their students' needs and any difficulties they may have encountered. This information could be provided, with the consent from the student, to universities for information, and an evaluation of this would be necessary. Similarly, joined up working between universities and mental
health services is urgently needed.

More specifically, an integrated approach between universities and the NHS is required where there are clear referral pathways and shared protocols. This should be monitored and evaluated. FE and HE institutions cannot themselves offer clinical-level care and support and, with support services so stretched, there is a clear need to improve communications and pathways from educational organisation-led support through to the local specialist mental health services. A bespoke post-secondary student focussed pathway could provide a way forward to address these escalating, unmet needs.

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contexts: a systematic review. Global Health Promotion 2016; 23(1): 46-56.

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

We welcomed Welsh Government's funding in 2020 of £37 million to support the wellbeing of university students during the pandemic. This was managed by the Higher Education Funding Council for Wales (HEFCW) and included £10m for mental health support and £27m for the Higher Education Investment and Recovery Fund. The Welsh Government has increasingly viewed student mental health as a priority, and alongside pockets of discreet funding we would welcome a joined-up strategy that connects provision in education with NHS services, by committing to a **mental health and wellbeing strategy** for students in the post-16 education sector that is supported by long-term funding.

Scotland is currently the only nation of the UK to provide funded provision for counselling in Higher Education settings – as part of a £20million programme of Government commitment to **place 80 additional counsellors in Scotland's FE colleges and Universities**. This is underpinned by a Scottish Student Mental Health and Wellbeing Strategy. We would like to see a similar ambition and approach from Welsh Government to invest in university counselling services, delivered by qualified counsellors working within a whole system approach to mental health.

4. Argymhellion ar gyfer newid | Recommendations for change

Recommendation one: Investment in university counselling services, delivered by qualified counsellors working within a whole system approach to mental health, using ta similar model to Scotland with a £20 million investment into HE and FE counselling services. This should be underpinned by a mental health and wellbeing strategy for students in the post-16 education sector https://www.bacp.co.uk/news/news-from-bacp/2022/29-september-we-support-calls-to-extend-scotland-universities-counselling-funding/

Recommendation two: Create a national data set for pooling data which would include an assessment of trends in student mental health over time (see ''[Profiling student mental health and counselling effectiveness: lessons from four UK services using complete data and different outcome measures''](#) 2021

Recommendation three: All HE providers of mental health support services sign up to the [Smarten Network](#) to share data, measure impact and help create an evidence base for professionals .

5. Arall | Other

BACP submitted a Freedom of Information request to all universities across the UK and discovered universities spend an average of just £39 per student on mental health support. This is particularly disappointing when compared to £2,690 per student spent on marketing.

BACP's research highlights the woeful level of funding being invested in crucial mental health services to support students. We would like to see investment in professional, qualified counsellors working in embedded counselling services, ensuring students have access to the right support, at the right time. University counsellors are well placed to support students with issues that are particular to this client group.