

## **Responses from Aneurin Bevan University Health Board to the unasked questions at the meeting on 19 October**

### **4. Interactions between healthcare and education providers**

4.1 We have heard concerns that students do not understand the different roles that education and health providers have with regard to student mental health. How useful and realistic would it be to have a consistent threshold or guidelines on where the responsibility of healthcare providers begins with regard to mental health conditions?

4.2 What are the barriers to effective information sharing between education and health providers in terms of student mental health, and how could these be addressed?

4.3 What is your view of the suggestion to pilot an NHS student passport, to overcome difficulties with data sharing? Is this realistic? To what extent could such a pilot mitigate difficulties in continuity of care, particularly for students who frequently move between university and home addresses?

4.4 How could initiatives such as the Mental Health University Liaison Service (MHULS) in Cardiff provide a model for improved working between healthcare and education providers? Are there any limitations to that model, particularly with regard to non-campus-based and distance learners?

### **5. Challenges in accessing mental health services**

5.1 [To Health Board representatives] How confident are you that primary and secondary care services in Wales are meeting the needs of the higher education student population? What more, if anything, could you be doing to deliver a comprehensive service to this population?

Response:

Currently, at a local level, students can 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 several 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. Extending the model of schools In Reach Practitioners into Higher education would be one model of supporting transition and providing this support but would require additional resource.

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.

To understand the needs of the higher education population it would be helpful to extend the SHRN (Schools Health Research Network) data collection beyond 16 and into further education (17-18year olds) and as young people prepare for the next step into higher education (generally 18+) by overlapping this data collection into the first year of Higher education and possibly up to the age of 20. In younger students this information has identified the needs of the school population and therefore services can be developed according to need.

5.2 What is your view on the potential benefits of a transition service for young people aged 16 to 25, to serve as a bridge between CAMHS and adult mental health services? How could such a service be implemented, and are there other solutions that you would propose to support young people moving from CAMHS to adult mental health services?

Response

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

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.

The eating disorder teams in both Adults and CAMHS in ABUHB have been working closely to support transition of young people at age 18. One of the challenges when young adults go to university, is that they often do not know who their personal tutors will be and therefore the best points of contact. Having 'In Reach' style mental health Practitioners as a named contact (consent permitting etc) would provide that transition from school into Higher education. These could also be useful for parents who often remain a useful source of support all be it from a distance.

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.

5.3 What is your view on evidence from the NUS that the next iteration of the Welsh Government's Together for Mental Health Delivery Plan should "have more of a focus on supporting students in higher education"? How do you think this could most usefully be incorporated?

Response:

There should be more focus on supporting students in Higher education – this is a vulnerable time for young people and given the disruption due to Covid that the present students have experienced there is likely to be an increased demand.

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

5.4 Are there any other recommendations that you would make to Welsh Government to improve mental health support for students in higher education?

Response:

These have been discussed in previous responses.