

CYPE(6)-20-22 - Paper 6

Mind Cymru Initial Response

October 2022

“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.”

We welcome the Children, Young People and Education Committee’s inquiry into mental health support in higher education as one of the growing issues areas for the sector. We know the sector are making every effort to support as many students as they can and work with the relevant NHS services.

Higher education institutions need to address a particular set of issues in order to meet the needs for their students, including:

- Enabling supportive staff and courses
- Creating an open culture and tackling mental health stigma, both within the staff base and the student body
- Clear signposting to what support is available
- Robust referrals to services in and between the university and the NHS, to ensure no student “falls through the gap”
- Students facing the transition from CAMHS to AMHS receiving adequate help
- A person-centred, needs-based approach to mental health and wellbeing

We are aware that demand has been increasing for support with the number of UK applicants through UCAS declaring a mental health condition having risen by 450% in the last 10 years to 3.7% of all applicants¹. Due to the nature of much of the data in the higher education sector being held privately by universities, there is little to be gleaned beyond service user testimony, such as those quoted above. For demand to be appropriately assessed 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 in this area.

Whilst anyone can experience poor mental health, we know that our mental health is affected by a range of different determinants, much like our physical health. Inequalities can impact on access to appropriate mental health support, and this must be recognised in the context of this inquiry. The pandemic highlighted how these inequalities fundamentally impact on the risk of experiencing poor mental health. There is a need for higher education institutions to consider in particular how support is provided to students who experience poverty, from Black and other ethnic minority communities

¹ <https://www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address>

(including international students), those with caring responsibilities and some course specific support for those undertaking certain degrees, such as medical students.

"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."

In the 2019/20 academic year, Mind worked with a series of universities in England as part of our Mentally Healthy Universities programme with outcomes of:

- Ensuring students were equipped to manage their mental health and thrive at university.
- Ensuring students had the knowledge and tools to manage their mental health and wellbeing.
- Ensuring students were prepared to manage their mental health in future employment.
- Reducing stigma and improving peer support for university staff.
- Making positive changes to the way universities think and act about mental health

To achieve this the programme we developed delivered six workshops/interventions:

- Wellbeing Essentials sessions for students.
- Tools and Techniques for Mental Health: a four week resilience-building intervention for students.
- Looking After Your Mental Health at Work sessions for students.
- A training course and ongoing support for new Staff Mental Health Champions: volunteers whose role is to reduce stigma and raise awareness of mental health.
- A training course and ongoing support for new Staff Mental Health Peer Supporters, whose volunteer role is to provide peer support to their colleagues in their workplace.
- Worked with universities to meet the Mental Health at Work commitment

Just under three-fifths of students (58%) and 73% of staff had personal experience of mental health problems. A third of students (33%) and over half of staff (53%) used or had previously used mental health services. 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%).

The programme identified a range of recommendations both for Mind as a provider but also for government and higher education institutions themselves:

- Ensure mental health and wellbeing in the education system is prioritised and sufficient funding is allocated for support services, training and resources. This includes staff as well as students.
- Prioritise supporting staff with their mental health – Universities should sign the Mental Health at Work Commitment and embed the six standards within their institution and invest in research on the causes of poor mental health for university staff, including those from diverse backgrounds to inform future work.
- Invest in providing training and tools for students – Mental health training, information and support should be provided throughout students' university experience, not just at the start.
- Implement Peer Supporter and Mental Health Champion roles – Support should be provided by higher education institutions to staff to carry out these roles.

- Senior leadership prioritise mental health and support future initiatives – Higher education settings should encourage senior management to prioritise the mental health of their staff and students.
- Take a whole university approach – Apply for Student Minds’ University Mental Health Charter and take forward Universities UK’s Stepchange: mentally healthy universities.
- Review and address the systematic causes of mental health problems for students and staff – Higher education institutions should review and address the causes of mental health problems within their specific demographic of students and staff.
- Invest in research on best practise approaches to support the mental health needs of students from a range of backgrounds. This should include international students, students from racialised communities, LGBTQ+ students, disabled students and those with caring responsibilities.

“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.”

The relationship between university based mental health support and that available in the wider community is critical in providing students with consistent support. If a student has a more severe and enduring mental health problem it is likely that their support would be placed within the Local Health Board delivery rather than within the university. Creating a seamless support between these services is key to the overall student mental health experience.

As the quote from one of the young people we spoke to testifies to, confusion between home services and those near university can lead to issues with things such as medication, which can have enormous wellbeing implications. 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 and not much understanding from the staff distributing the documents as to how the healthcare system would work as a student.

It is not just an issue of getting a consultation, it is the quality and nature of the consultation itself that is often the issue. For some, going to see their GP could be a daunting experience. Mental health discussions can be a nerve-wracking, vulnerable experience for many. Where possible, students need to be given clear guidance as to what this step could involve, if it is the right one for them, and what they can expect from the university support services in tandem. There needs to be a no wrong door approach, with different professions communicating effectively.

“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.”

We feel it is important to highlight the specific experiences of young people arriving at university having moved from CAMHS to adult 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:

- 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 is not being fully and consistently implemented, leaving young people without support

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. The warmer the relationship students can have with university support services from the first moment of their studies, the more likely they are to feel settled during their studies, and hopefully achieve their potential.

A rarely discussed 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 careers a limited few advice appointments after finishing their studies to help them into their futures, but a similar provision does not exist for mental health support.

There are several clear mitigating reasons for this, such as the demand for services already being high. However, there is need to ensure that there is ongoing support for a young person who may be moving away from the support mechanisms they have developed both in terms of services as well as socially. 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 if the higher education sector (and this inquiry) would like to evaluate the student mental health journey in full. 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”.
- 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 momentum feels like it is not 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 with urgency.

Mind Cymru will be submitting more substantial written evidence to the Committee in due course.