

CYPE(6)-20-22 - Paper 2

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](#)

Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan

Response from: Aneurin Bevan University Health Board

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

This section refers exclusively to Higher Education in ABUHB public health colleagues have been linking with the student's union to produce resources which are available on the Melo website.

The focus of some of this work has been on the needs of the LGBTQ+ student group who have been proactive in identifying the needs of that student population.

Across the age range the impact of the social distancing and isolation associated with Covid has affected different young people in different ways, some report missing out on face to face – peer and classroom opportunities. Others seem to have enjoyed the remote learning but have found it more anxiety provoking as activities revert to face to face provision.

2. Adnabod a darpariaeth | Identification and provision

How effectively higher education providers promote an ethos of universal good mental health and well-being to all students, and whether this an integral part of the learning experience and interactions with staff.

The work undertaken by ABUHB public health and Coleg Gwent has been publicised widely on the Coleg Gwent social media channels to raise awareness for staff and students of the resources. The public health team have the Gwent Connect 5 training

package for staff across health and local authority to undertake a short module (1.5 days) around understanding how to talk about mental health and wellbeing.

How effectively the sector ensures early identification of students who need individual and targeted support:

YP in schools and FE

In ABUHB Schools InReach Practitioners are working closely with schools to support teachers and schools' staff to identify those young people who need additional support. They have a specific, named CAMHS professional attached to each school. The staff can contact In Reach to arrange a consultation regarding any young person in the school. Any discussion regarding children in sixth form and over 18 would require consent from the young person prior to seeking consultation.

How effectively the Higher education sector and NHS work together to deliver the right mental Health support for individual students and when they need it:

YP in schools and FE

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Are there specific issues with access to NHS mental health support for individual students and when they need it: - transitioning from CAMHS to adult services – issues of sharing data?

Young people known to CAMHS, and actively working with the service, would have the opportunity for care to be discussed as required with any professional to whom they transition as part of a move once 18. This is usually local adult services and young people are usually 18+ by the time they move away to Higher education and start changing GP.

In the last few years, no one has approached the team about someone who is past

their 18th birthday. If this request were made, on the basis of an anonymous conversation, In Reach would direct the teacher to some resources that the young person could use (e.g. Silver cloud).

Specific transition arrangements have been made for YP with Eating disorders, this starts well before their 18 Birthday at around 17.5 years and links are made between the adult ED clinicians and the CAMHS team, joint sessions are planned and the YP is prepared for the handover of services. Some young people have co-produced a preparing for adulthood group which they attend as part of the move from the CAMHS to adult clinical models in ED care. Seamless care can become a little more complicated if the YP is planning to go away to study in HE but there are lots of examples where on a case-by-case basis this has been discussed and care plans discussed between clinicians to ensure a smooth transition. With Clinical teams being flexible around their offer to support the YP.

How well the wider post- 16 education sector works to promote good mental health particularly with regard to transitions.

In Reach Consultation post 16: using the same model of approach as we do with our secondary schools, a fortnightly x2 hour consultation slot has been booked for each term. This is for staff at the college (learning coaches etc) to access an In-Reach practitioner for advice around a young person's emotional wellbeing and mental health. In Reach have adapted the parent/young person's consent form for consultation so that our 16- and 17-year-olds can consent to their name being discussed in consultation (and consequently entered onto electronic records to share information in CAMHS). Staff can also ask for more general advice around themes and topics of interest, as well as anonymous consultations. The team have been very clear with staff that they can only discuss 16- and 17-year-olds in FE colleges. It does seem that extending the In Reach offer to all age students in FE is needed.

Training: all staff who work at the campus can access the online training modules In Reach offer. They can also access bespoke training delivery, face-to-face, at the school or college (FE) campus as long as they have a minimum of 6 staff who will attend.

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

It is a positive step forward that funding for further education settings will now come under one funding stream, with a unifying strategic vision, there is however little reference made to establishing a whole system approach for mental and health and wellbeing.

Within ABUHB we have shaped our whole school approach for school communities using the Welsh Government Framework for Embedding a Whole School Approach to emotional health and wellbeing. This provision is available to all school communities, so will include comprehensive where there is a sixth form provision. Central to this approach is the importance of listening to young people and staff to understand the unique wellbeing challenges facing the community. It is through using inquiry-based approaches that communities are able to identify their wellbeing needs and, with the support of the Whole School approach for wellbeing team, design a whole system approach which is tailored to the needs of the community. The elements of a whole school approach will include a commitment to staff wellbeing, access to advice and support, access to specialist consultation (ie. InReach) signposting to other agencies for more specific support, opportunities for play, interaction, and fun. A whole school approach to wellbeing should increase students and staff sense of safety, belonging, efficacy, agency, and care.

4. Argymhellion ar gyfer newid | Recommendations for change

The School Health Research Network SHRN data collection only covers young people up to school year 11. It does not gather information from the school years 12 and 13 (16+). Clinicians working in both adults, CAMHS and school based services all expressed a view that there is a gap in understanding the mental health and wellbeing needs of these post 16 learners.

To really understand the transition issues at age 18 and from FE to HE a similar data collection in first year in HE would be most valuable.

Silver Cloud has been well received in ABUHB and the uptake reflects this. The data collection does not ask about education status, so it is not possible to extract from the report what percentage of the YP accessing the resource are students.

5. Arall | Other