

## CYPE(6)-21-22- Paper 4

### 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 14

**Ymateb gan: Cyngor Cyllido Addysg Uwch Cymru (CCAUC)**  
**Response from: Higher Education Funding Council for Wales (HEFCW)**

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HEFCW welcomes this opportunity to respond to the Children, Young People and Education Committee Inquiry on mental health support in higher education.

#### Extent of need

The current situation with regard to the mental health of students in higher education, and any particular challenges they face with their mental health and ability to access support.

1. The number and proportion of students in higher education in Wales presenting with mental health conditions has been increasing in recent years. The number and proportion of student enrolments in the nine Welsh universities and three further education colleges regulated by HEFCW<sup>1</sup> declaring a mental health condition such as depression, schizophrenia or anxiety disorder has increased from **2,065 students in 2014/15 (1.6% of students) to 6,245 students (4.3% of students) in 2020/21**. Increasing volumes of students declaring mental health conditions, living and studying in towns and cities across Wales creates demand for support by universities and colleges and puts additional pressure on existing public health services and third sector organisations.

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<sup>1</sup> Universities of Bangor, Aberystwyth, Cardiff, Cardiff Metropolitan, Open University in Wales, South Wales, Swansea, Trinity Saint David, Wrexham Glyndŵr. Further education colleges Coleg Llandrillo Menai, Gower College, Neath Port Talbot Group of Colleges.

Mr Rob Humphreys  
Cadeirydd | Chair

Dr David Blaney  
Prif Weithredwr | Chief Executive



2. A Universities UK report [Minding our Future](#) highlights that students ‘are now not an elite minority’, stating ‘half of all young adults will access higher education by the time they are thirty. Support within universities and NHS services needs to build from a nuanced understanding of the differing identities and characteristics of individual students<sup>1</sup>’.
3. The Welsh Government ten-year strategy [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#) (2012) states:

*‘Students facing challenges in moving away from home for the first time and/or adapting to or coping within an academic environment may require additional support. College and university staff have a crucial role to play in promoting the wellbeing agenda and ensuring students have access to the right support, when necessary.’*

4. Some of the challenges students face in relation to their mental health are highlighted in the *Minding our Future* report. The following factors can contribute to worse mental health within the student population:

**Geographical:** In many instances, students move to a new county or even country to enrol at university. This may result in registering with a new GP in their university area. Those who move away to study typically return home at the end of each term for several weeks or months.

In Wales, there were **62,185 Welsh domiciled full-time undergraduate students** enrolled at UK higher education providers in 2020/21 of which 38.5% (23,925) were studying outside Wales, In the same year there were **84,888 full-time undergraduate students enrolled at higher education providers in Wales** of which **38,257 (45.1%) were Welsh domiciled**.

**Educational:** Students enrolling at university transition to an education system that requires more independent learning than the teaching they experienced at school or college.

**Service:** Many students are at the age where the mental health services they receive move from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). This transition is challenging even for those who have not changed address and remain within the same health service.

**Personal:** Students who move away from home to attend university acquire financial and domestic responsibilities and pressures. Some might also be experimenting sexually for the first time, having relationships and experiencing break-ups.

5. Turning to barriers to accessing mental health services outside of higher education, a report by Universities UK<sup>2</sup> identified the following barriers for students accessing mental health services:
  - *‘more students are arriving at university with pre-existing mental health disorders. Some of these disorders in particular eating disorders and autistic spectrum*

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<sup>2</sup> [UUK; Starting the conversation about the support of student mental health](#)

*disorder require effective coordination of specialist care and adjustment of the student environment'*

- *'although the NHS is starting to consider students as an atypical population, significant difficulties remain with the coordination of care between primary and specialist care and with the support provided by universities'* and
- *'as students move between GP and university services, information about their condition and treatment rarely travels with them. This means that students either need to repeat their situation several times, acting as their own case co-ordinators, and access treatment and support with incomplete information, or not access it at all. Better sharing of patient records is essential to address potential discontinuity of care'.*

Whether there are different challenges with regard to mental health for different groups of students, and if there are any groups of students in higher education who are disproportionately affected by poor mental health.

6. In relation to the intersection of mental health and other protected characteristics<sup>3</sup>, the Equality and Human Rights report *Is Wales Fairer 2018* confirmed that *'in 2015, disabled people reported poor mental health nearly three times more frequently (48.0%) than non-disabled people (16.9%). Younger disabled people also reported higher rates of poor mental health than older people, varying between 66.6% (aged 16–24) and 34.4% (aged 75+)'*.<sup>4</sup> The report also notes that in the general population **'Fewer men (22.3%) than women (31.1%) reported poor mental health in 2015. More women than men are treated for mental health conditions, which may be partly because women are more likely to disclose a mental health problem than men'**. The pattern of presentation is the same for female students in higher education (HE). We know that suicides are higher in male students<sup>5</sup>. The implications of men being less likely to disclose mental health conditions than women are that services need to be designed to engage and treat not just those students who proactively seek them out.
7. The Welsh Government has enacted the socio-economic duty of the Equality Act 2010 and socio-economic disadvantage can negatively impact on students' mental health. Student Minds in its University Mental Health Charter state *'Inequality can, in and of itself, have negative effects on mental health. There are numerous causes of this, which can include adverse experiences, not feeling understood or accepted, feeling actively rejected or being threatened by the surrounding culture'*.<sup>6</sup> The Mental Health Foundation states that evidence from the Child and Adolescent Mental Health Survey found that the prevalence of severe mental health problems was around

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<sup>3</sup> Protected characteristics under the Equality Act 2010 are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and belief, sex, sexual orientation. See also the Welsh Government statutory duty on socio-economic disadvantage [The Socio-economic Duty: guidance](#).

<sup>4</sup> [Is Wales Fairer? The state of equality and human rights 2018 \(equalityhumanrights.com\)](#)

<sup>5</sup> Universities UK [Stepchange mentally health universities](#) quotes (Gunnell et al, 2019).

<sup>6</sup> [Hughes, G. & Spanner, L. \(2019\).](#)

three times higher among children in the bottom quintile of family income than among those in the top quintile.<sup>7</sup>

8. There is some early evidence of the negative impact of the current cost of living increase on students with protected characteristics, student carers and students with a care background, students estranged from their families and students from lower socio-economic backgrounds and international students. An NUS report in 2022 indicated that cost of living increases are 'having a negative impact on student mental health, with 90% of students reporting a negative impact, and 31% reporting this to be a 'major' impact.'<sup>8</sup> The September 2022 National Union of Students and Higher Education Policy Institute report [Student Cost of Living Support](#) reports that:
  - food bank usage is more likely among mature students, those in further education, disabled students, and students from lower socio-economic backgrounds;
  - trans and non-binary students, as well as students of colour are more likely to have less than £500 a month in income; and
  - parents and carers are more likely to report extreme concern about their ability to get by financially than other students and are more likely to have sought assistance from a number of sources including credit schemes and credit cards.
9. A [Student Minds](#) commissioned report noted a '*meta-analysis of health surveys that covered 94,818 participants across the UK found that lesbian, gay and bisexual people in the UK - particularly younger and older individuals - have higher prevalence of poor mental health and low wellbeing*'<sup>9</sup>. In 2019 [Advance HE](#) confirmed that: '*some LGB+ and/or trans students may experience higher rates of non-continuation in studies, have specific needs around mental health support, and may face higher rates of harassment*'.
10. The Equality and Human Rights Commission's 2019 report stated that '*our evidence shows that, for many students and staff in our universities, racial harassment results in humiliation, isolation, loss of confidence and serious harm to their mental health. Our call for evidence heard how harassment both caused and worsened existing mental health conditions.*'<sup>10</sup> People facing identity-based violence and abuse include women of all backgrounds. Women students and staff whose mental health is affected by domestic violence, abuse and sexual violence were further adversely impacted on by the lockdown during the pandemic. Universities support women and families living in these conditions.
11. In terms of suicide, incidents are higher among male than female students<sup>11</sup>. Office for National Statistics (ONS) data for England and Wales indicate that: '*The student suicide rate for those aged 17 to 24 years was 1.7 per 100,000 students (25 suicide deaths) for the academic year ending 2020. This was statistically significantly lower than the rates seen in academic years ending 2017 and 2018. This is in line with the trend seen in the general population*'. '*For context, the overall suicide rate in*

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<sup>7</sup> Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). [Mental Health of Children and Young People in Great Britain: 2004](#). ONS.

<sup>8</sup> [Cost of Living Research June 2022 - Students and Apprentices @ NUS](#)

<sup>9</sup> [LGBTQ+ Student Mental Health: The challenges and needs of gender, sexual and romantic minorities in Higher Education](#) Student Minds, Dom Smithies and Dr Nicola Byrom

<sup>10</sup> [Tackling racial harassment: Universities challenged \(equalityhumanrights.com\)](#)

<sup>11</sup> [Stepchange: mentally healthy universities \(universitiesuk.ac.uk\)](#)

*the general population (which includes higher education (HE) students) is statistically significantly higher (12.5 deaths per 100,000 general population) compared with students (3.9 deaths per 100,000 students) for the academic year ending 2017 to academic year ending 2020.’ We fully recognise that one suicide is one too many.*

12. See also the students identified as being more adversely impacted by Covid-19 in paragraph 14 below.

The effect, if any, that Covid-19 had generally on students’ mental health and well-being and the pandemic’s impact on the levels and type of support provided by the higher education sector.

13. A Wales 2021 fiscal analysis briefing<sup>12</sup> suggests that the pandemic is likely to have greatly affected the mental health and wellbeing of the population as a whole. The briefing outlined the following data analysis:

*‘survey data suggests the proportion of the population with a severe mental health problem increased from **11.7% in February 2020 to 28.1% in April 2020**. Overall, **mental health problems increased by 17% between February 2020 and November 2020**’; and*

*‘given this worsening picture for mental health among the population we would anticipate increased demand for mental health services over coming years. Modelling for England suggests the pandemic may cause a surge in referrals for such services. If these trends were replicated in Wales, additional pressures on mental health services would amount to £75 million to £98 million in 2021-22’.*

14. Students in higher education were impacted by the Covid-19 pandemic and restrictions, and research conducted over the last year has demonstrated this. A report by the [Centre for Mental Health](#) evaluating the impact of the [Student Space](#) programme which provided web-based intervention supporting student mental well-being over the pandemic found that that not all students were impacted equally, and that some groups of students experienced greater challenges. Those it identified were:

- students from racialised communities;
- students with disabilities;
- international students; and
- students from ‘widening participation/ access’ groups.

15. We are unclear as yet of ongoing and longer-term pandemic impacts on applicants and students. The British Academy published [The COVID Decade: understanding the long-term societal impacts of COVID-19](#). One of the report’s conclusions was:

*‘The pandemic and various measures taken to address it have resulted in differential mental health outcomes. Access to support for new cases and for those with pre-existing conditions has also been disrupted, in addition to services for children and*

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<sup>12</sup> [The NHS and the Welsh Budget: Outlook and challenges for the next Welsh Government \(2021\)](#)

young people. Both have the potential to result in long-term mental health impacts for particular groups if there is not a renewed focus on the causes and solutions for sustaining mental health across society, including by tackling the structural and root causes of inequality.’ and:

*‘The consequences of lost access to education at all levels, coupled with changes to assessments, will be felt for years to come, and wholly recovering lost education is unfeasible. This has exacerbated existing socioeconomic inequalities in attainment and highlighted digital inequality. Because a high-skill economy will be essential for future prosperity and for society to thrive, it will be vital to consider whether lifelong educational opportunities are sufficiently comprehensive, diverse and flexible.’*

## Identification and provision

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

16. HEFCW’s first policy guidance to universities on well-being and health in higher education was issued in 2013. The guidance identified current practice in higher education and confirmed that all 2014/15 fee plans included support for mental health and well-being.<sup>13</sup> [Higher education for a healthy nation student well-being and health](#) included more than forty case studies of higher education activities and services to promote well-being and health and support students with their mental health. In 2021 we published [Higher education for the nation supporting students](#) with more recent well-being and health-related case studies.

17. In 2019, HEFCW launched its [Well-being and Health in HE Policy Statement](#) at a national conference. In 2019, the Wales Audit Office published its examination: [Higher Education Funding Council for Wales – Well-being of Future Generations: A plan for wellbeing and health in higher education](#) which noted that:

*‘HEFCW is enthusiastically driving collaboration and there are a range of practical and strategic steps it can take to build on its positive relationships with partners’.*

18. In 2019, HEFCW funded five, collaborative innovative well-being and health projects to improve and support student well-being and health in higher education. We also invited Well-being and Health Strategies from FY 2020-21. The projects are ongoing or embedded and include:

- The [Myf.com](#) Welsh language web-based information and advice service for students with mild to moderate well-being mental health conditions. The project was led by Bangor University in partnership with Aberystwyth University and University of Wales Trinity Saint David and launched in the Senedd in May 2022;
- The [South East Wales Student Mental Health Partnership](#) has created a multi-agency ‘Mentally Healthy Student Hub’ to improve access to a range of third-party support provided by health and third sector agencies, as well as

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<sup>13</sup> [W13-31HE Equality-and-Diversity-in-Higher-Education-Promoting-Mental-Health-and-Wellbeing.pdf \(hefcw.ac.uk\)](#)

developing a shared protocol for defining mental ill-health, and critical health referrals to NHS partners, working with Cardiff and Vale Health Board Trust. The project was launched in the Senedd in June 2022. Joint health board/university services are located in Cardiff University, Cardiff Metropolitan University and the University of South Wales;

- The Open University in Wales partnered with Wrexham Glyndŵr University and Adult Learning Wales to develop online [well-being and health modules](#) for students with low level mental health conditions;
- Wrexham Glyndŵr University partnered with the University of South Wales and the Betsi Cadwaladr Health Board Trust to develop [social-prescribing](#) to support students with low level well-being and mental health conditions and to enhance its triage processes to enable more rapid support for students.
- The [Connect](#) project led by Swansea University with the University of Wales Trinity Saint David tackles loneliness and increases the sense of belonging to higher education communities through proactively connecting lonely, unconfident students with connector staff and students, services and activities. The project was presented to the [UK Healthy University Network](#) in 2021.

19. During the pandemic, HEFCW allocated additional Welsh Government funding of **£50m** to support students in higher education, including for well-being and mental health, see circulars [W20/32HE](#) and [W21/04HE](#). Additionally, HEFCW jointly funded, with the Office for Students, the [Student Space](#) project to provide expert advice and information to students impacted by the pandemic. Between 1 July 2020 and 31 July 2022 HEFCW Student Space funding was **£220,000**. Student Space has been extended to 2025 with HEFCW's funding securing Welsh medium resources.

20. All universities in Wales, unlike in England, have Well-being and health strategies and implementation plans, funded through HEFCW circulars [W20/35HE](#), [W21/22HE](#), [W22/29HE](#). HEFCW has allocated funding of about **£6.7m** between 2020/21 and 2022/23 to support strategies and implementation plans, suicide-safer strategies and self-assessment reviews of student services using a specialist [UK assessment framework](#). Universities in Wales have committed to whole university approaches underpinned by the [Universities UK stepchange framework](#) which calls on universities to see mental health as foundational to all aspects of university life, for all students and all staff. It is HEFCW's intention, subject to decisions made by the new Commission for Tertiary Education and Research and the budget allocated to it, that well-being and health-related funding should remain as an annually recurrent funding allocation in order to sustain the university services.

21. HEFCW's analysis of the findings of universities' self-assessment of their student services concluded that there are 'elements of good practice' and some 'widespread good practice' and some 'areas of challenge', including in relation to resources and/or whole university approaches<sup>14</sup>. Areas of challenge for three universities related to working with NHS services across Wales.

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<sup>14</sup> Such practice is defined by Universities UK as ELEMENTS OF GOOD PRACTICE: Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments. WIDESPREAD GOOD PRACTICE: There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students. MAJOR CHALLENGE Minimal progress has been made but there is evidence of actions to move work forward.

22. In December 2021 we allocated additional Welsh Government funding of **£1.3m** to support universities to work with their Students' Unions to promote well-being and health<sup>15</sup> activities as we began to emerge from the immediate aftermath of the pandemic. Activities were delivered against the following themes:

- i. promoting safe and inclusive higher education, including tackling identity-based discrimination, harassment and victimisation and fostering good relations between people who have protected characteristics and those that do not;
- ii. tackling sexual violence and harassment, taking account of the Universities UK briefing on [The intersection of sexual violence, alcohol and drugs at universities and colleges](#) (July 2021);
- iii. supporting period dignity for students wherever they are located;
- iv. supporting those students whose well-being and health, including mental health, has been particularly impacted by Covid-19 changes to living and learning;
- v. supporting loneliness and encouraging a sense of belonging to the HE/FE community;
- vi. providing well-being support in Welsh and promoting Welsh culture and the diverse cultures of Wales; and
- vii. supporting well-being and health that is inclusive, regardless of domicile or mode or level of study, including with partner higher education providers.

23. All universities in Wales have student services, with Cardiff University, for example recently opening its new Centre for Student Life. All universities provide online and in person support, recognising that online support has become increasingly popular and accessible for students since the pandemic. All universities provide mental health first aid training for staff. All Universities work with local health board trusts and a range of third sector organisations such as [Mind Cymru](#), [Papyrus](#), [Barnardo's Cymru](#), [Welsh Women's Aid](#), [Togetherall](#), [Student Minds](#) and [Disability Wales](#).

24. Universities in Wales continue to enhance and extend their support for students' well-being and mental health, but they are not complacent, recognising that demand from service users continues to increase and resources are finite.

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

25. The full-time higher education applications process through UCAS includes an option for applicants to declare a mental health condition<sup>16</sup>. This enables universities to contact applicants to discuss appropriate support. Universities may not be able to support fully applicants and students with severe mental health conditions that would significantly impact on their ability to study, conversely many students with mental health conditions study effectively and succeed in higher education. See the [Student stories](#) on the [Student Space](#) website<sup>17</sup>.

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<sup>15</sup> HEFCW circular [W21/39HE Covid-19 Well-being and health additional financial support for higher education students](#)

<sup>16</sup> [Sharing a mental health condition on your application | Undergraduate | UCAS](#)

<sup>17</sup> HEFCW will fund to 2025, jointly with the Office for Students, the Student Space project providing information and support for students' well-being and mental health.



26. Universities proactively take steps to identify early in the applications and admissions process students self-identifying mental ill-health that may require additional support. For example the Royal College of Music and Drama repeatedly asks students about mental health conditions at pre-entry, entry, induction and choosing accommodation following acceptance stages as it is aware of some students' reluctance to declare any pre-existing conditions, believing that these might negatively prejudice their application.
27. Student Services have triage processes to ensure that students are directed appropriately to relevant services in a timely manner. Services, for example, include counselling, wellbeing advice, specialist mental health mentoring, and support to access external services all promoted through universities' websites: [counselling](#), [well-being advice](#) and specialist [well-being mentoring](#).
28. Universities are aware that male students in particular are likely to attempt suicide without ever contacting student services or confiding in family or friends<sup>18</sup>. Awareness of students most at risk enables universities to proactively monitor student engagement with learning and teaching, student services, social activities and resources such as libraries and information technology to identify early patterns of disengagement and potential mental health concerns. We grant fund [JISC](#), with an allocation of **£130k** in 2021/22, to work with universities to develop approaches to, and share practice in, using data as early indicators of student retention and well-being. In 2022/23 we will allocate **£225k** to the sector to continue this work.

How effectively the higher education sector and the NHS work together to deliver the right mental health support for individual students when and where they need it.

29. All universities work with NHS services with specific examples including:
- The South Wales Mental Health Partnership noted above, working with Cardiff and Vale Health Board;
  - Wrexham Glyndŵr University's social prescribing activities with Betsi Cadwaladr University Health Board;
  - Bangor University's translation of the Moving On app, originally supported by Welsh Government and the North Wales Area Planning Board and delivered by the Betsi Cadwaladr University Health Board Substance Misuse Services and other service providers across Wales (e.g., Drugaid, North Wales Recovery Community, Recovery Cymru);
  - Swansea University's work with Public Health Wales and integrated autism services
  - University of Wales Trinity Saint David's work with NHS Mental Health Crisis teams to support students; and
  - Aberystwyth University's meeting with GP practices and liaison with local social services on safeguarding matters.

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<sup>18</sup> Universities UK Suicide Safer Universities 'Male students are more than twice as likely to take their own lives than females'. Other groups at higher risk of suicide include those that have experienced suicide, refugees and asylum seekers, those that have experienced abuse, trauma, bullying, conflict, and LGBTQ+ students. See p.11 of the report).

30. As noted in para 21 above, effective working with the NHS is a challenge for universities, as set out in the Universities UK Step change guidance<sup>19</sup>. Some key challenges include:
- fragmented primary care arrangements, especially when students live and study in different locations;
  - problematic information sharing between NHS services and universities both within Wales and across borders; and
  - the variability of access to secondary and specialist care which is indicative of a wider treatment gap in young adult care.
31. Universities tell us that there is a lack of universal mental health criteria or thresholds to determine what support is the responsibility of the NHS rather than universities, resulting in inconsistency in students' care transition, including for the most vulnerable students.

Whether there are specific issues with access to NHS mental health support, for example the impact of changing GPs more frequently; that many students are at an age where they are transitioning from CAMHS to adult mental health services; any issues with data sharing.

32. There are specific issues with accessing NHS mental health support, including the examples noted above, and as identified in this Committee's terms of reference and used as headings for this submission.
33. In our view the current Welsh Government strategy, [Together for Mental Health](#), does not capture the complex whole system approach needed to support the well-being, health, including mental of students as we set out in the section below on Welsh Government strategy and policy.
34. In relation to data sharing, the UK and Welsh Government should consider the recommendation by the [Institute for Public Policy Research](#) to pilot a digital NHS Student Health Passport, to improve the continuity of healthcare and treatment for students who move between home and university within and outside Wales, several times a year sometimes for several months at a time, and ensure that students have control over their own health data.
35. In terms of data, a Welsh Government review of mental health in higher education/the post-16 sector could consider, amongst other things, how national and regional strategic planning, including regional and local well-being assessments, current data capture and use, and data sharing takes account of post-16 learners and students, including at key transition points.

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

36. The education and health systems are complex. They require a clear, strong national strategy with guidance to ensure that schools, further education colleges,

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<sup>19</sup> Universities UK Step change: mentally health universities, p.31

universities, local authorities, the NHS in Wales, students' unions and the third sector work collaboratively to address pupils', learners' students', apprentices' and post-graduates' mental health and well-being needs.

37. With the Tertiary Education and Research Act having received royal assent in September 2022, there is an opportunity to create a more cohesive post-16 sector approach to well-being and mental health. Future national well-being and health strategies should consider the interaction between schools, the post-16 learning sector, NHS, Public Health Wales and the third sector to support learners, to and through pre- and post-16 education, training and lifelong learning.

### **Welsh Government policy, legislation and funding**

How effectively the Welsh Government's policy, funding and regulatory arrangements for the sector support the mental health of students in higher education, and whether there is more that the Welsh Government could do.

38. The Welsh Government ten-year strategy [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#) (2012 to 2022) and [delivery plan](#) should be refreshed following evaluation and consultation, to take account of current issues including: data and evidence, the impact of the pandemic, issues of intersectionality, increased digitalisation of staff and students' lives, cost of living and financial pressures, and the Welsh Government's socio-economic duties enacted under the Equality Act 2010.
39. The delivery plan, apart from the establishment of Higher Education and Improvement Wales (HEIW) and a reference to a higher and further education mental health framework, makes no reference to higher education students and 'whole' organisation approaches are framed only in terms of schools.
40. The [Welsh Government's Programme of Government](#) commits to '*service redesign to improve prevention, tackle stigma and promote a no-wrong door approach to mental health support*' and to '*prioritise investment in mental health*' (p.1). We welcome these commitments, which can only be delivered through cross-Government and cross-sector partnerships and we will work with the Welsh Government to realise these ambitions.
41. In terms of investment, HEFCW welcomes the funding of £2m provided by Welsh Government for mental health funding, but this funding is having to stretch to address the mental health needs of continuously increasing numbers of students as set out at the start of this submission. Funding that is long-term to secure sustainable well-being and mental health support for students is key to a system that is prevention- and safety-focused rather than crisis-focused.
42. Equality of opportunity is one of two fee and access plan priorities. HEFCW's regulatory function includes approving, or otherwise, fee and access plan commitments to support students' with protected characteristics<sup>20</sup>. We consider the current fee and access plans to be blunt instruments with limited regulatory power to challenge or improve sector performance. HEFCW undertakes annually, formal risk

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<sup>20</sup> Students with protected characteristics include students with disabilities, including mental health conditions.

assessment of regulated higher education institutions. Institutional risk reviews take account of processes for managing, governing and supporting equality and diversity and the student experience.

43. In addition to a general population strategy for mental health, the Welsh Government could consider commissioning a specific national student mental health review with a focus on a whole education/health system approach. The new Commission for Tertiary Education and Research could provide the architecture to contribute to a 'whole post-16 education system' approach to address strategic and policy gaps in mental health and well-being in post-16 education for staff and students.

In the context of the Tertiary Education and Research (Wales) Act, what a whole-system approach to mental health and well-being in post-16 education may look like, and what the role of higher education and healthcare providers would be.

44. An 'whole system' approach to mental health and well-being in post-16 education should be informed by an evaluation of existing approaches and a review of current practice to build on evidence-based practice and provide a benchmark against which to measure success.

45. A completely 'whole system' approach should include policies, priorities and guidance that relate to supporting staff in the post-16 sector (including schools' sixth forms). A mentally healthy workforce that is appropriately trained and 'mental health aware' is fundamental to staff delivering effective learning and teaching and supporting students' needs, where appropriate.

46. An 'whole system' post-16 approach should embed the [Well-being of Future Generations Act five ways of working](#), with priorities to include, amongst other things:

- long-term, cross-government expectations on education, health, housing and social services sectors to collaboratively support students' well-being and health;
- effective regulatory powers for the new Commission to challenge and support the post-16 education sector to meet the well-being and mental health needs of staff and students;
- sustainable, long-term funding for well-being and health that takes account of the volume of student demand and cost inflation;
- integrated national and regional strategic planning which takes account of students in regional and local well-being assessments;
- collaborative and clearly articulated transition pathways across the system for learners, applicants to further and higher education and workbased learning students with mental health conditions to prevent adverse issues arising;
- agreed, clearly articulated and shared care thresholds and definitions of need, and the responsibilities of education providers, NHS, social services and others and underpinned by a principle of duty of care to vulnerable children and adults to prevent 'no-wrong door' situations;
- high quality student support and/or referral to external secondary and specialist care providers, where appropriate;

- equity of student support across post-16 education, including equitable collaboration with, and support from, secondary and specialist health care providers across Wales;
- integrated approaches to effective data capture and use across the post-16 and school sectors in Wales and across borders where required, including appropriate data and information sharing protocols for students at pre- and post-16 years of age;
- collaborative working with NHS services and third sector services as appropriate;
- the availability of Welsh language support services across the system.

These priorities should be underpinned and informed by:

- consultation and collaboration with learners, students and their representative bodies, including those with lived experience of mental health conditions;
- action to remove learners' and students' reluctance or stigma to disclose a mental health condition in post-16 education in Wales;
- staff who are supported with their own mental health and well-being and trained to support or signpost learners and students, as appropriate.
- shared practice across Wales and the UK and more widely, taking account of the UK and international context in which higher education operates;
- the awareness raising and promotion of well-being and health, including mental health services by post-16 providers.

How the new Commission for Tertiary Education and Research should approach mental health and well-being for students in higher education, and in the wider tertiary education sector

47. The new Commission should consider the following points when developing further its mental health and well-being approach for students in higher education, and the wider tertiary education sector:

- i. work closely with the Welsh Government in any review of well-being and health in the post-16 sector, taking account of findings and recommendations;
- ii. contribute to closer working between the Welsh Government, NHS services, Public Health Wales, third sector organisations, higher and further education, schools, students' unions and other representative bodies including Universities UK, Universities Wales and the Association of Managers of Student Services in Wales;
- iii. take account of the Well-being of Future Generations Act's five ways of working to ensure its approach and funding commitment is long-term and sustainable;
- iv. contribute to developing the Welsh Government's next mental health strategy and other related strategies and plans;
- v. consult on, impact assess and publish its position on well-being and health, including mental health, for all post 16 education;
- vi. prioritise 'whole system' approaches' which include staff and students;
- vii. support Welsh medium well-being and mental health provision;
- viii. use data and evidence, including identifying what works in other sectors, to inform its risk assessment and policy development and implementation;
- ix. use regulatory processes to challenge higher education providers to continue to make ambitious progress to meet students' needs;

- x. monitor and review progress against the higher education well-being and mental health statement and monitor higher education providers' implementation of strategies, plans and their progress against agreed measures;
- xi. continue to work with other funding councils, UK-wide sector bodies and international higher education to share practice with, and learn from, the wider higher education community;
- xii. publish guidance and briefings on well-being and mental health to influence and inform post-16 education providers' strategic and operational developments;
- xiii. promote the post-16 education sector's support for students' well-being and health, including mental health, to reduce any stigma and barriers to success in higher education.

## **Recommendations for change**

### Whether there are any recommendations that the Committee should make

48. Some of our recommendations are included in the text above and repeated in this section. Other recommendations are informed by UK-wide evidence and research. Recommendations the Committee should consider include encouraging Welsh Government to:

- i. set long-term, cross-government expectations on education, health, housing and social services sectors to collaboratively support post-16 students at Welsh providers' well-being and health and ensure its 'no-wrong door' commitment is realised;
- ii. involve the new Commission at an early stage of developing mental health strategies and related policies prior to public consultation;
- iii. include post-16 learners, students and staff in revised mental health strategies, taking account of intersectional and Welsh language considerations and informed by the lived experiences of learners, students and staff;
- iv. ensure learner, student and staff mental health considerations are embedded in all relevant strategies, including on violence against women and identity-based violence, abuse and harassment<sup>21</sup>;
- v. provide long-term, sustainable investment to support mental health in the post-16 sector; and
- vi. work with the UK Government, to take forward the recommendation by the [Institute for Public Policy Research](#) to pilot a digital NHS Student Health Passport, to improve the continuity of healthcare and treatment for students;

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<sup>21</sup> [Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 | GOV.WALES](#)

49. We look forward to working with Welsh Government, our universities including the wider post-16 sector, students and partner organisations to improve and sustain support for student well-being and mental health in Wales.