

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 30

Ymateb gan: Prifysgol Caerdydd

Response from: Cardiff University

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

The current situation

Universities are a microcosm of the society we live in. Society today is more mental health literate, with a greater willingness to engage in help seeking. This is especially true of the younger generation. We also live in a society where reporting of incidents of violence and abuse and financial hardship are growing concerns; arguably also a more significant risk to younger generations with a direct effect on mental health and wellbeing.

Across the sector demand on university professional student support services has grown year on year, but it has transformed over the past five to ten years. Like all UK universities we must manage both the increase and a change in demand for the support we offer. This has been overlaid with a change in the complexity of cases and the impacts of Covid-19. It therefore affects current and prospective students.

It is important focus is maintained on our core purpose of helping our students achieve the best possible academic outcome and removal of barriers to achievement. This can be a challenge where university staff are increasingly often the first point of disclosure of complex and sustained mental health issues and crises, often of a highly emotive and risky nature.

In this context Cardiff University has diversified the professional student support offer. We operate a tiered support model with dedicated professional teams who aid students affected by violence and abuse, and a dedicated team to support students in crisis. These teams operate alongside our wider student support services (counselling, wellbeing, financial support, welfare advice, disability support). We

provide training to academic and other staff across the university on how and when to refer to these services.

Across our Health and Wellbeing Services (counselling, wellbeing, disclosure response, student crisis intervention) we saw a 15% increase in demand between 2020-21 and 2021-22. In the five years since 2016/17, volume demand has doubled, with about 5,800 of our 33,000 students actively engaging with counselling and wellbeing services during the 21/22 session; independently of this we have also seen a growth of 89% in students disclosing mental health as a disability over the same period.

The overall increase is not necessarily a 'crisis', as is often reported in the media. Our view is that it is a good thing that students are pro-actively seeking to use our services to develop the skills they need to deal with issues that may be impeding their achievement. It is also a good thing that services are effective and accessible.

However, concerningly, underneath these figures we see:

- a 25% increase in disclosures of violence and abuse (DRT) in 21/22 compared to 20/21. Since we established a dedicated function in 2018/19 demand has increased by 150% (note our service does work with students presenting historic cases).
- a 70% increase in the number of hardship applications in 21/22 as opposed to the last year (18/19) before Covid-19 impacted.
- A significant increase in presentations where issues have reached a crisis point for the individual affected, e.g. suicide ideation.

Groups affected disproportionately

We know there are groups whose mental health is disproportionately affected. These largely align with issues we see across society. For example, there is substantial evidence LGBTQ+ students are more likely to experience a mental health crisis during their studies.

Our experience at Cardiff University suggests there may be specific support needs for students on professional healthcare programmes, an issue we are addressing. It may be the Covid-19 pandemic has impacted these students particularly badly, with underlying concerns about future career and placement experiences in healthcare settings during the pandemic.

The effect of Covid-19

During the early stages of the pandemic we observed challenges regarding access to GP registration, with consequent challenge around access to NHS mental health care

locally. We worked with surgeries in the city to address this through an online registration process.

There has always been a degree of confusion around the boundary between student support in universities and mental health care provided by statutory services. This has been exacerbated over recent years, partly through media coverage of incidents at other universities in the UK.

Our new student population can appear less prepared to move away from home to study, have lower levels of resilience and greater reliance on family involvement than we saw in previous years. This is set against a position where education providers must relate to that individual student as an adult with capacity to make decisions about their own life and health care needs.

2. Adnabod a darpariaeth | Identification and provision

Promoting an ethos of good mental health

The Stepchange model was piloted at Cardiff University. We continue to seek to enhance our approach within this framework. We commissioned an external audit of our approach in 2021 and, as we adopt new student experience governance in 2022, will seek to enhance our approach and learn from practice elsewhere.

It is right that we are expected to be a role model workplace, deliver services to students which enable academic success, and remove barriers created by crises. Stepchange sets out a framework which helps us to deliver on these elements, though full implementation of the approach is a long-term iterative exercise.

In this context challenge for all education providers lies in where the boundary is between what we do and the role of statutory services, which we recognise are under pressure.

We provide pre-emptive and personal development resources for students, this includes a wide range of resources (on our intranet/behind the firewall). We also have a range of peer support programmes delivered through the University. We also work with Talk Campus, a private company, and have their platform for people to talk in safe space online 24-7. We provide all first years with a peer mentor trained by our Student Life department and peer support in residences with a focus on community building. This both upskills the peer supporters and provides a first tier for engagement with our professional support services. We know emotional dysregulation has been a growing issue, therefore we offer emotional tolerance presentations on a regular basis. We also provide campus wide access to training in

suicide awareness and prevention and bystander training which can also aid in early identification and response.

Early identification

We know mental health illnesses often develop before we reach about 25 years of age as the brain continues to mature¹. The most straightforward way to deliver early identification of an established mental health issue is via the UCAS application. This generally does work for those students with long term managed conditions, and there has been a significant increase in these numbers. In the five years since 2016/17 there has been an 89% increase on the number of students who have disclosed a mental health condition through this process. However, many students do not choose to disclose mental health conditions before enrolling at University, or conditions may emerge after they begin their studies.

In response to the growth of 'in crisis' presentations Cardiff University's Student Intervention Model builds on North American behavioural intervention models in a UK legal context. It addresses short term, high risk, in crisis presentations and onward referral. It seeks to meet both the needs of the person in crisis and the impacts they may be having on the people around them. In practice it is a dedicated professional team combined with a new [Student Intervention Procedure](#) which sets out the terms under which the University will act if an 'intervention' is required. The Procedure also replaces outmoded language around 'fitness to study'. The professional team both work with students who are in crisis by referral; and with academic and other staff across the university with regard to training and awareness of what to do when a student may be in crisis. This model, unique to Cardiff at its inception, is now being adopted by other HEIs around the UK.

Working with the NHS

We worked with Cardiff and Vale UHB, Cardiff Metropolitan University and the University of South Wales to deliver the South East Wales Mental Health Partnership. The partnership has provided a detailed separate submission to the inquiry on its work. We note here that delivery of the unique NHS Mental Health University Liaison Service is significant in terms of: improved referral or presentations; and pro-active partnership between the HE sector and NHS; and ongoing management of the most mentally unwell students.

We have observed issues around lengthy waiting lists for Autistic Spectrum Conditions (ASC) and Attention Deficit and Hyperactivity Disorder (ADHD) assessments. Impact of relocation to university can mean a student loses their place on a waiting list and has to start referral process in their new location. The Disabled

¹ <https://www.nature.com/articles/s41380-021-01161-7>

Students Allowance (DSA) offers a range of support in relation to ASC and ADHD, but the evidence requirement is a barrier because of these lengthy waiting times.

Access to CAMHS

There are issues around access to CAMHS and the transfer of patient care, within Wales and across borders. The SEWMHP clinical pilot (Mental Health University Liaison Service) has begun to help us address some of these issues. It does not address the entire problem and there remain concerns around the various age and geography related barriers to care.

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

Funding

Welsh government funding provided to the sector via HEFCW for the past three years to enhance strategic delivery of mental health has been impactful. It has enabled institutions to respond to demand and develop services for students and support our staff. The short-term nature of the funding and the monitoring focus on specific activity does impede the potential impact of this funding.

Generally supporting student mental health relies on qualified staff in some form. The job market for these types of workers is highly competitive and short-term contracts are less attractive. Year by year funding also means that any activity we fund is very quickly challenged in terms of sustainment. A longer-term allocation model, for example an annual commitment over a period of years, would enable a more strategic outcome focused approach.

HE sector role in a whole-system approach

There is scope for student support to be more holistic in a whole system approach. This might include improved information sharing at enrolment or sharing practice and expertise beyond the boundaries of different parts of the tertiary education sector. There is also scope for NHS services to be enhanced, for example along the SEWMHP model.

CTER role

We would welcome a role for CTER which focuses on partnership and engagement sector expertise. This might include engagement with and support of regional partnerships/coalitions which could build on the approach taken with the South East Wales Mental Health Partnership. It may be beneficial to introduce a subject matter

expert to advise and aid government and the Commission on matters related to student support and wellbeing.

4. Argymhellion ar gyfer newid | Recommendations for change

We support the recommendations made by [Universities Wales regarding post-16 mental health](#). We would place particular focus on the following points:

1. **NHS/HE interface.** We consider the NHS Mental Health University Liaison Service (delivered through the South East Wales Mental Health Partnership) to represent a range of successes at the interface between professional student support and the NHS. Therefore, we recommend:
 - a. Sustained regional partnerships/coalitions across HE, NHS and the third sector;
 - b. The clinical service is used as a model to resource and deliver similar services across Wales on a regional basis.
2. **GP registration.** A national model which puts GP registration online and makes it accessible to students before they move to the location where they will study. The issue of cross-border GP passporting of patient records is also a significant issue, as set out in the IPPR report 'Not by Degrees'.
3. **HE sector funding.** Funding to institutions provided to aid in development of mental health and wellbeing as a strategic priority to be provided on a planned/long-term basis, with a strategic monitoring focus on outcomes rather than specific activity.
4. **Expertise and engagement.** There would be merit in terms of both sector engagement and sustainability, in establishing a subject matter expert Policy Adviser to work with the minister, government, institutions and other stakeholders around student support and mental health.

5. Arall | Other